

European Child Guarantee: Objective "Healthy Nutrition"

AGF recommendations for a national action plan

Background

On 14 June 2021, the EU Member States adopted a "European Child Guarantee". It is a targeted initiative to support vulnerable children at risk of poverty and social exclusion in the EU. The Child Guarantee defines "children in need" as children living in or at risk of poverty in precarious family situations. However, children experiencing other forms of disadvantage are also classified as "children in need" by the Child Guarantee. Other disadvantages that can make social inclusion and participation difficult include homelessness, disability, migrant background, ethnic discrimination and institutionalisation. The target group-oriented Child Guarantee is embedded in the European Strategy on the Rights of the Child, which was published on 24 March 2021 and is aimed universally at all children.

The aim of the Child Guarantee is to "prevent and combat social exclusion by guaranteeing access for children in need to a range of essential services, thereby also contributing to the protection of children's rights by tackling child poverty and promoting equality of opportunity."

The European Child Guarantee contains commitments by the EU Member States to guarantee children in need access to services and goods such as early childhood care, education, healthy nutrition, healthcare and adequate housing. To this end, the individual EU Member States are committed to developing within nine months a national action plan with measures for implementation by 2030.

The Association of German Family Organisations (AGF) welcomes the initiative and sees it as an opportunity to strengthen the fight against child and family poverty in Germany and throughout Europe. The Child Guarantee is underpinned by the hope and expectation that the fight against child poverty will receive new impetus.

The AGF now expects the Federal Government to ensure that the action plan that is now to be produced lays down the expectation of substantial progress for the social inclusion of children in need and creates effective measures. The basis must be the demands of the Child Guarantee and its fundamental objectives against the background of the current situation in Germany in the area in question. This means that the action plan must, if necessary, go beyond the demands specified in the Child Guarantee. It is not sufficient, however, to list existing measures. It is therefore advisable to systematically involve the relevant actors and experts in the preparation of the action plan. The AGF supports this process with a series of expert discussions in which the individual topics are analysed in relation to the German situation and where proposals for improving the situation are discussed.

Objective: effective access to sufficient and healthy food

In order to achieve the objective of "ensuring that children in need have effective access to adequate and healthy food", the following actions are recommended to Member States:

- 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.

The Association of German Family Organisations (AGF) and the platform "ernährung und bewegung (peb)" ["Nutrition and Activity]" hosted an expert discussion on nutrition-related aspects of the European Child Guarantee on 31 May 2021 (see [report](#)), the results of which form the basis for this paper.



AGF recommendations for the "healthy nutrition" objective

"Healthy nutrition": an important topic in Germany too

The aim of the Child Guarantee to guarantee children in need effective access to sufficient and healthy nutrition is shared by the AGF and considered very important. Inadequate, unhealthy and unbalanced diets are an important issue in Germany, as elsewhere. Major nutrition studies consistently show that most children and adolescents eat too few fruits and vegetables or plant-based foods with a high content of complex carbohydrates. Instead, their diets are overloaded with large quantities of fresh and cooked meats, sweets, soft drinks and snacks.¹ This is significantly truer for children from families with lower socio-economic status than for children from families in the average socio-economic range. Disadvantaged children are also subject to higher health risks. For example, they are significantly more likely to be overweight (27% of girls and about 24% of boys are overweight or obese, compared with an average of about 15% for all children) and have fewer family meals. Although the individual development of health and disease is a complex multifactorial process, family organisations recognise, with concern, the links between socio-economic inequality, the unequal distribution of balanced nutrition and unequal health opportunities that indicate a pressure for action.

In principle, the Child Guarantee offers important starting points that should be supported. In order to improve the situation with regard to nutrition, a comprehensive mix of measures is necessary that strengthens the competence of families as a whole, has a positive effect on the healthy nutritional behaviour of the children, protects them from misleading advertising and enables care and educational institutions to establish "good nutrition" as an educational topic for children and parents and also to implement it in practice.

Teaching skills and supporting families are more than just providing information

The Child Guarantee proposes "to provide adequate information to children and families on healthy nutrition for children". Providing information alone is not enough: a robust initiative is required to improve nutrition education for families in general.

In daily family life, parents are important role models for children, for whom they are the first reference points. Unhealthy eating and drinking behaviours of adults are often adopted by the children. Therefore, it is vital also to reach adults, to make them aware of the long-term consequences for the children of an unhealthy diet and to design a nutritional environment that enables health-promoting diets for themselves and the children. This also means encouraging adults to reflect on their own unhealthy eating habits and taking advantage of the demonstrably high willingness and openness of parents, especially in the first years of life, to ensure good nutrition for their children.

To this end, networked services that offer two-way access between services and users and are integrated into an overall municipal concept should be expanded. This requires services and their providers to be linked to the wider healthcare system. Low-threshold offers such as family centres are good examples, but they are not yet sufficiently available or known. Targeted nutrition information and educational offers must be adapted to the respective family nutrition-related background and prepared in a culturally sensitive manner.

Start early

Support for young families must be improved early on in pregnancy, around birth and in the first 1,000 days, when the nutritional behaviour of children and their families is shaped over the long term and parents are particularly amenable to accepting tips and advice.

Family midwives and other support structures around birth and in the early months of life are particularly good starting points for advising families on nutritional behaviour. However, insufficient access to aftercare midwives and shorter hospital stays in maternity clinics have contributed to a reduction in the opportunities and time for information, counselling and referral to further support services. This particularly affects mothers in stressful circumstances who,

¹ EsKiMo II study and KiGGS.

after discharge from the maternity unit, often lack the resources or the time, in their everyday lives with the child, to search independently for information about "nutrition", among other things.

As breastfeeding is of particular importance for a healthy start in life, the WHO's goal of increasing the rate of exclusively breastfed children in the first six months of life to at least 50% by 2025 should be supported in this context. The establishment of the National Breastfeeding Promotion Strategy of 2021 is therefore fitting. Its goals and actions should dovetail with the Child Guarantee National Action Plan. In particular, an increase in the social acceptance of breastfeeding and the promotion of a breastfeeding-friendly environment in public life, in universities, training and work and the municipal promotion of needs-oriented, networked and low-threshold breastfeeding promotion services should be taken up in the action plan.

In addition, professionals working with families must be supported in their competences, especially with regard to dealing with different cultural backgrounds. There should be given better attention on the possible reservations of professionals with regard to the (breastfeeding and) nutritional competence of the families, especially socio-economically deprived families.

Limit advertising for foods high in fat, salt and sugar

The Child Guarantee calls for the reduction of advertising of foods high in fat, salt and sugar. This makes sense. Given that a media-using child between three and 13 years of age sees about 15 advertisements for unhealthy foods per day and the obvious negative consequences both for the individual child and for society, regulation is urgently needed.

In the view of the family organisations, the National Action Plan should provide for the introduction of mandatory labelling of food products with the Nutri-Score. Parents and children must be able to recognise the nutritional value of products as easily as possible. In addition, the Federal Government should advocate mandatory EU-wide labelling of foods with the Nutri-Score. Children and parents can gain health benefits if they can rely on scientifically independent, colour-coded and easy-to-understand information on the front of food packaging.

School and (early) childcare facilities as central starting points

(Early) childhood education and care facilities as well as schools have central positions in the nutritional development of children. Structures in such places can remain effective over a long period of time. Important goals of health promotion and maintenance among children can thus be achieved through daycare and school catering. It is therefore very welcome that the Child Guarantee also mentions this as an important starting point, posing a challenge at federal, state and local levels to use the potential that already exists in such places. This potential is currently not fully used. According to the EsKiMo II study (2020), for example, 87% of children and adolescents could have a hot meal at school, yet only 43% actually do so. Furthermore, there is a significant difference in the take-up of school and daycare meals between children from socio-economically deprived and stronger families.

Lunch in schools and daycare centres to be gradually made free of charge

Currently, school or daycare lunches are already free of charge for families who are entitled to benefits from the "education and participation package" (BuT). However, despite the reforms in 2019, the AGF believes that the take-up rate is too low and that the application process is still a hurdle for many eligible people. In this respect, it is important in the short term to further reduce the barriers to claiming the "BuT" so that more families benefit from a free lunch. In the medium term, however, lunch should be free for all. This would ensure that all children really benefit. In addition, social discrimination and stigmatisation would be reduced and equal (health and social) opportunities would be promoted for socio-economically disadvantaged families.

Nutrition in schools and daycare centres must be of high quality and follow the German Nutrition Association (DGE) standards.

There is strong support for the requirement of the Child Guarantee to "ensure that nutrition standards in early childhood education and care and education establishments address specific dietary needs". It also rightly calls for limit



advertisement and restrict the availability of foods high in fat, salt and sugar in early childhood education and care and educational establishments". Average nutritional quality in educational institutions is currently too low. Raising this must be a central goal of the efforts to implement the Child Guarantee, for which there are various approaches.

- In Germany, the quality standards of the German Nutrition Association (DGE) are an established factor that enjoy general recognition. These should be used and become mandatory in schools as well as in other institutions of early childhood care, education and upbringing and in other educational institutions. This will create trust and reliability on all sides.
- In addition, far-reaching improvements are needed in conditions in schools and daycare centres. This includes:
 - appropriate space for cooking as well as for communal lunches: the establishment of kitchens with appropriate equipment is necessary for catering and for the usage as teaching kitchens for the practical instruction in nutrition;
 - additional specialists in home economics with nutrition-related training who work closely with the teaching staff.
- If an external caterer is used, good communication with the caterer and a clear definition of quality criteria are necessary when developing the catering concept.
- There is a need for good external quality assurance for school and daycare nutrition. This is too rare in Germany, which is why clear structures must be introduced throughout the country. Central monitoring bodies, such as those that already exist at the state level in Berlin, are a sensible approach.
- The nutrition in facilities should above all be measured by high quality. Currently, however, it is the prices or costs that are uppermost. In the future, the federal, state and local authorities will be required to plan sufficient budgets for the whole area of nutrition for daycare centres and schools. In publicly funded all-day facilities, this means no longer limiting the offer to lunch, but placing more emphasis on fresh cooking on site.
- It is counterproductive for the tenders for school and daycare catering to be awarded mainly on the basis of price. A change to competition on the basis of quality is necessary, which means that the tendering institutions need to have a good concept of healthy nutrition.
- Institutions can make another important contribution by linking daycare and school catering with the curriculum and thus integrating it into their educational programmes. This should be supported by the relevant Ministries of Education.
- School tuck shops and food stalls, which sell soft drinks and food with unhealthy sugar, fat and salt content, mostly in or near the school grounds, should be integrated into the whole concept of nutrition for the school. Consideration should be given to the feasibility of state / regional regulations that would limit the sale of unhealthy options. At the same time, schools should be supported in their transformation towards a healthier food culture by information campaigns and advisory services.

In summary, the AGF argues for the embedding of a health-conscious culture in the everyday offering of food for children. From the parents' point of view, the implementation of the Child Guarantee should be accompanied by an initiative to promote cultural competence around food and eating in daycare centres and schools to ensure social inclusion for all children. Daycare and school canteens need to have broader functions than simply providing food. They should teach children about healthy nutrition and communicate the ability to enjoy food and social interaction when eating, as well as opening up opportunities to help devise meals.

Involving families, children and young people

As in other areas of educational and care institutions, the involvement of parents as well as children and young people themselves is still very much in an early stage of development. They can and should be appropriately involved in the creation of the food and nutrition culture and a respective concept in the institution that forms the basis for everyday catering. Especially if this is done in the context of comprehensive nutrition and health education, very positive results can be expected from involving children and adolescents in decisions about the food offered, as well as its regular evaluation. However, since the question of nutrition has high potential for conflict between the institution and the

parents, institutions need firm rules to regulate the handling of discrepancies between nutrition in the daycare centre and in the child's family environment.

Support and train professionals

Institutions that support families can make a great contribution to education about nutrition. They can communicate information to parents directly; moreover, they are important role models for the children as well as the parents in everyday life. In all fields of support, the professionals therefore need the relevant competences with regard both to their own knowledge about nutrition and to cooperation with parents. At present, for example, there are still too many uncertainties in the application of the quality standards, such as their flexibility or their application with food from other cultures. Nutrition and health-related content must be increasingly included in the training of professionals. With regard to cooperation with parents, it is particularly important to increase understanding of the living conditions and values of families with low socio-economic status and families with a migrant background and to critically question the families' own ideas about nutrition in their particular culture. Professionals have to deal with the fact that families may feel ashamed and unappreciated and that the use of external support services may amount to an admission of their own inadequacy. Families must not be treated top-down and professionals must be helped to approach families in a spirit of appreciation and joint endeavour.