

European Child Guarantee: Thematic Area "Healthcare"

AGF recommendations for a national action plan

The AGF welcomes the "European Child Guarantee" and sees in it a chance to intensify the fight against child and family poverty and for more equal health opportunities. Its implementation is underpinned by the hope and expectation that the fight against child poverty will receive new impetus.

The Federal Government is expected to ensure that the national action plan that is to be drawn up will make substantial progress towards the inclusion of disadvantaged children in the individual thematic areas. The basis must be the demands of the Child Guarantee and its fundamental objectives seen in the context of the current situation in Germany in the area in question. This means that the action plan must where appropriate go beyond the demands specified in the Child Guarantee in order to reach its objectives. It is not sufficient simply to cite existing measures.

Background to the Child Guarantee

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.

Objective: "Effective and free access to quality healthcare, rehabilitation, health promotion and disease prevention"

In order to achieve the objective of "guaranteeing children in need effective and free access to quality health care", the Child Guarantee specifically requires the following commitments by Member States:

- 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 habilitation 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."

The Association of German Family Organisations (AGF) and the Cooperation Network on Equal Health Opportunities hosted an expert discussion on the thematic area of "Healthcare" of the European Child Guarantee on 30 August 2021 (see [report](#)), the results of which form the basis of this paper.

AGF recommendations for the goal "Effective and free access to quality healthcare, rehabilitation, health promotion and disease prevention"

The national action plan must be guided by a comprehensive concept of health and must place health-promoting, proportionate preventive measures that target physical, mental and social influences on child health at the centre of its political strategy.

The relevant health policymakers and experts, as well as child and family associations, must be systematically involved in the preparation and implementation of the action plan. To achieve the goals of the Child Guarantee, close cooperation is necessary between federal, state and municipal structures, health and child/family-related actors and civil society.

General remarks on the relationship between poverty and health and on the implementation of the Child Guarantee

The link between poverty and health is still rarely emphasised in political discourse, so the explicit focus of the Child Guarantee on the context of "poverty" is very welcome.

- Improving the inclusion of children in need in the health system is an important aim that can bring about lasting changes in their circumstances. In addition to mitigating the consequences of poverty, the actual fight against poverty must also be intensified. Child poverty is a consequence of family poverty.
- At the heart of the policy strategy must be clear reference to the most vulnerable target groups, a focus on their circumstances (rather than solely on individual behaviours) and a basic concern to empowerment. The national action plan must be based on a comprehensive concept of health, taking into account physical, mental and social aspects.
- To achieve the objectives of the Child Guarantee, interdepartmental cooperation with a multidisciplinary steering group and a joint, cross-sectoral budget is necessary. The interdepartmental structures must be characterised by cooperative thinking and action. Constructive cooperation between federal, state and local structures is urgently needed.
- Structures for exchange and cooperation must be created that enable the children in need and their families, as well as associations and civil society initiatives, to participate to a large extent.
- In the area of healthcare, there are already approaches / initiatives to promote the health of children, such as the national centre for early support ("Nationales Zentrum Frühe Hilfen") and the "Health target: growing up healthy – life skills, exercise, nutrition". Their results need to be systematically included in the process of implementing the Child Guarantee.

Further developing early intervention and follow-up measures

The early support services established in Germany in 2007 provide parents of children in the early years, from pregnancy to the age of three, with access to medical as well as psychosocial and educational support services.



Linking health services with child and youth welfare services is particularly beneficial for vulnerable target groups.

- Within the framework of the implementation of the Child Guarantee, the heterogeneity of the services should be standardised as far as is reasonable by creating a stronger nationwide profile. The aim should be to make it easier for parents to identify and find their way to the services.
- Positive effects of the early support services (“frühe Hilfen”) that support parents with young children up to the age of three years) are proven. In order to continue these effects after the child turns four and to give targeted support to their families, follow-up structures must be created. A social work-supported structure must be established for children from the age of four and their parents. It should offer counselling to help with social and health-related problems and must advocate for families and help them gain access to facilities or programmes. It must be geared to target groups that existing services have hitherto found hard to reach. Additionally, it has to be located in the settings in which the target groups live and where relevant outreach offerings are available.

Preventive medical checkups

Preventive medical checkups for children and adolescents are established procedures in Germany to detect health disorders or abnormalities in development at an early stage. They have high take-up rates in the younger age groups. However, take-up declines with the age of the children. In addition, there is a lower take-up rate in families with a low socio-economic status and among families with a migration history.

- Within the framework of the Child Guarantee, measures should be taken to encourage screening of children and young people in all social groups as fully as possible. This includes, among other things, providing more target group-specific information and counselling, taking steps to overcome language barriers and promoting cultural sensitivity among all healthcare professionals involved.
- Doctors and medical practitioners involved in screening should further develop their awareness of and ability to spot mental abnormalities, family violence or child neglect. In addition, they should increase their knowledge of local referral possibilities when a need for educational or social counselling is identified. Furthermore, paediatricians and adolescent doctors should, where possible, be more firmly embedded in municipal networks of medical, psychosocial and counselling support structures, including child and youth welfare.
- Overall, access routes and support services for families and children under stress must be developed in such a way that the necessary support can actually be taken up if risks and stresses are identified in the course of early detection examinations.
- In order to increase the value of school entrance health examinations for research and evaluation of health-related measures in early childhood, a far-reaching standardisation of the parameters of such examinations and the procedures used should be aimed for. In health examinations at the time of school entrance and at other standard health examinations in children’s lives, reference should be made, if necessary, not only to school-related special support and other options but also to low-threshold, family-related services such as family centres, family education and family counselling.

Facilitating access to rehabilitation for children and young people

Medical rehabilitation services for children and adolescents are of great importance in mitigating the physical and psychological consequences of disabilities, illnesses or accidents and thus maintaining the children's ability to go to school and their social inclusion, among other things. For young people, such services also increase the chances of finding their way into training and employment. Thus, in the case of mother/father-child measures, the children also benefit considerably, although the mother or father is initially at the centre of the intervention. Although Germany has an extensive system of outpatient and inpatient medical rehabilitation services, there are still barriers to accessing them.

- The national action plan for the implementation of the Child Guarantee should therefore include measures to facilitate access to child and youth rehabilitation and mother/father-child therapy.
- It is important to accentuate the family orientation in child and adolescent therapy, which takes into account the psychological and physical stresses of the entire family environment. In this way, family ties can be deepened and the family's ability to function for healthy child and adolescent development can be secured, even when they are suffering from health challenges.
- In order to improve education in hospital or clinic schools for children and adolescents and thus help them to achieve academically, these schools need increased financial resources.

Expanding prevention chains nationwide and promoting family health more vigorously

With its child-centred and resource-oriented approaches to combating poverty and preventing the consequences of poverty, the concept of "prevention chains" is directly compatible with the objectives of the Child Guarantee. The aim is in particular to enable children in precarious situations to grow and thrive. Prevention chains combine measures of health promotion and prevention, youth welfare, education, early support and early assistance and other departments at the level of the districts, cities and municipalities. Services are also interlinked across life transitions. Family health promotion offers a concept for action and structure in which, based on the needs of families and children, health-promoting conditions and interventions are coordinated and quality standards are formulated.

- The national action plan must include strong encouragement to implement community prevention chains across the board, from the earliest days of life to adolescence.
- The status of family health promotion should be specified and stressed in the national Prevention Act and in the health service laws of the states (Länder).
- Particular attention needs to be paid to improving family health promotion services for single parents, migrant families, foster families and children in residential care.

Boosting the health-promoting functions of family-related services

In Germany, there are family-related services and structures whose health-promoting effects should be brought into sharper focus in the implementation of the Child Guarantee and which must be strengthened in their health-promoting function. These include, above all, family centres, family education and family counselling facilities and public welfare-oriented providers of family recreation.

- Family centres are low-threshold contact points for families, although there are major regional differences in their design. They not only provide meeting points, educational and relief services for families but also take on important health promotion and guidance functions to further health-related counselling and



support services. The national action plan should include a federal "Centres for Families" initiative, which, inter alia, should support and expand the health-promoting functions of family centres.

- Family education as a preventive service not only expands educational and parental competence but also encourages the healthy upbringing of children and adolescents and supports the competences and self-care skills of parents and children. Within the framework of the Child Guarantee, family education as a legal entitlement in the child and youth welfare system should be designed to meet the needs of families and firmly embedded in the municipal prevention chains.
- Family recreation enables low-income and stressed families to spend a holiday together. This supports families who would otherwise be excluded from the opportunity for a health-related break and for parents and children to experience themselves outside of everyday family life. Family recreation also provides low-threshold access to health, nutrition and exercise-related services during this time. The health-promoting function of family recreation must be recognised and enhanced.
- Family and educational counselling reduces health-related psychological stress in partnerships and in educational settings, as well as in separation processes. Appropriate counselling must be made accessible to all social groups throughout the country, tailored to the needs of the clients, and the sometimes long waiting times for help must be shortened.

Strengthening social work and health professionals in daycare centres and schools

The German 9th Family Report has pointed out the important tasks that school social work takes on in supporting and advising children and young people, in parental work and in reinforcing the educational partnership, as well as in networking institutions in the social space. It helps children and adolescents to experience their living environment as changeable. Health professionals can make direct preventive health offers in childcare centres and schools. Through this promotion of self-efficacy experiences and other health-related activities and consultations, school social work and health professionals have a health-promoting effect.

- The implementation of the Child Guarantee must include the comprehensive introduction of school and childcare social work. Standards must be implemented with regard to personnel, qualifications, space and equipment, as well as their structural integration into school and childcare teams.
- The integration of health professionals in multidisciplinary teams in schools and childcare centres must be promoted.

Promoting a health-promoting healthy eating and physical activity culture in childcare centres and schools

The AGF has already expressed its views in various papers on the quality of childcare in daycare centres and on the requirements of all-day care in primary schools in the areas of health, nutrition and physical activity.¹

- Children must be able to experience themselves as competent and useful in childcare centres and schools in order to have positive (health-related) experiences of self-efficacy. They must have the space and time for non-educational encounters with other children, as well as for independent activities and for exploring the environment.

¹ These papers include, but are not limited to: https://www.ag-familie.de/media/docs20/AGF_Positionpaper_All_day_care_older_children_June_2020.pdf and https://www.ag-familie.de/home/kitastandards_en.html and https://www.ag-familie.de/media/docs21/AGF_CG_Recommendations_Nutrition_2021.pdf.

- Indoor and outdoor spaces must take the children's need for physical activity appropriately into account and rules for their use must not curtail this natural urge for activity. The framework must be designed in such a way as to positively encourage movement during breaks and in free play situations. This also includes organised sports, which can be offered through cooperation with, for example, local sports clubs.
- The implementation of the Child Guarantee should be accompanied by an initiative to increase a culture of healthy eating in daycare centres and schools, where meals should teach children about good nutrition and encourage the enjoyment of food and the joy of social interaction at mealtimes.

Attracting and qualifying specialists, promoting diverse teams and facilitating cooperation

Qualified staff and successful cooperation are central features in the areas of family health promotion, education, childcare and healthcare. To enhance the promotion of health, especially among the target groups of the Child Guarantee, good staffing ratios and well-qualified multiprofessional teams are needed. This includes multilingual professionals, as well as those with a migration background.

- The Child Guarantee must give a boost to the training and recruitment of professionals in the fields of family health promotion, healthcare, education and childcare. The Federal Government and the states (Länder) are responsible for ensuring that the training is geared towards producing sufficient numbers of qualified workers. This also includes meeting the demand for suitable university and technical college teachers to deliver the training.
- Within the framework of the Child Guarantee, measures should be implemented to sensitise professionals to their own tendency to discriminate against people living in poverty, as well as to the structural conditions. This aspect must be given greater emphasis in the training of the relevant professionals, which must also include developing their ability to consider different perspectives and assess resources with respect to disadvantaged target groups.
- Health promotion work with families, children and adolescents based on social situation and social space can only be successful if there is good inter-institutional, interprofessional cooperation and networking in the social environment. Networking is a fundamental and highly demanding condition for the functioning of systems and between systems that are relevant for young people and families. Professionals in education and care, health promotion and social work cannot cope with it on the side by, but network has to be recognized as an essential core component of successful professional work.
- Within the framework of the Child Guarantee, a mechanism must be found to consider the costs of networking and cooperation in the funding of care, education and support services, as well as of counselling services that may be needed.