



European partnership for
health, equity & wellbeing

EuroHealthNet Country Exchange Visit

– Preventing child poverty to reduce health
inequalities

Host: Public Health Scotland

19-20 June 2024, Glasgow



On 19-20 June 2024, EuroHealthNet, in collaboration with [Public Health Scotland](#) (PHS), hosted a Country Exchange Visit (CEV) in Glasgow. This event brought together representatives from national public health agencies as well as universities and regional governments across the EU, to address the pressing issue of child poverty and its associated health inequalities. Participants shared challenges and good practices for mitigating child poverty on local, national, and European levels. They also explored innovative approaches, such as Scotland's intersectoral collaboration model exemplified by the [Child Poverty \(Scotland\) Act 2017](#).

The CEV provided a platform for strategising on fostering environments conducive to addressing child poverty through collaborative efforts. Attendees learned about Glasgow's pioneering initiatives aimed at integrating poverty eradication into all policies, emphasising its importance for child health in urban settings. They visited organisations supporting vulnerable pregnant women to prevent poverty and heard from NHS Scotland about how health services can empower communities to combat child poverty proactively. This report summarises the programmes, activities, and key discussion points from the visit.

Caroline Costongs, Director at EuroHealthNet, Ruth Glassborow, Director of Population Health & Wellbeing and Rachel McAdams, Service Manager – Fairer Healthier Economy, at Public Health Scotland, moderated the meeting. Eleven EuroHealthNet member organisations took part in the meeting (See Annex 1 for the list of participants).

The visit falls within EuroHealthNet's contract agreement with the European Commission's DG Employment, Social Affairs and Inclusion programme of the European Social Fund Plus (ESF+).

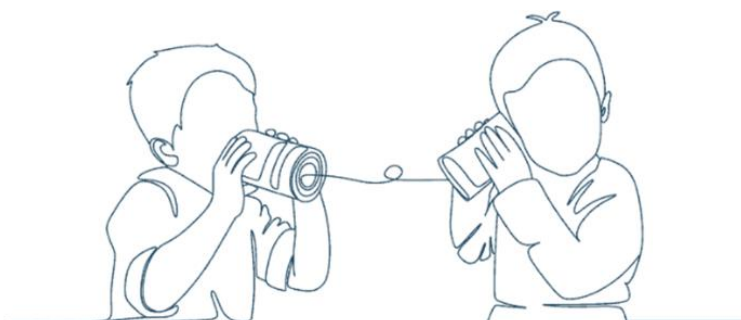


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Country Exchange Visit participants at Glasgow City Council on 19 June 2024

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1 Setting the scene: progress and challenges addressing child poverty for better health

Understanding and overcoming intergenerational poverty

Prof Hugh Frazer, National University of Ireland, Maynooth

in his [presentation](#), Prof Hugh Frazer highlighted Intergenerational Perpetuation of Poverty (IGPP) as a central issue in the debate on combating poverty and child poverty, drawing on his [recent publication](#) on the perpetuation of disadvantages through poverty. IGPP occurs when people remain in poverty over a long period, passing economic disadvantages from one generation to the next, reducing their chances of breaking free from this cycle. When children inherit these economic disadvantages, they face higher risks of health inequalities throughout their lives.

IGPP can result from various factors, including lack of access to social protection systems, inadequate housing, educational disadvantages, and malnutrition. Typically, it stems from a combination of these factors, which can both be a cause and result from IGPP.

Children growing up in poverty due to IGPP are at significantly greater risk of poor health, which negatively impacts their long-term prospects, development, and overall wellbeing. For instance, children in poverty experience twice the amount of unmet medical care compared to their peers.

To overcome the problem of IGPP and child poverty, more resources must be mobilised, through the implementation of progressive tax policies and the broadening of the tax base. Additionally, a comprehensive and integrated approach is essential, coordinating policies across six key areas:

- Ensuring adequate income
- Investing in early childhood
- Promoting inclusive education
- Investing in inclusive health services
- Investing in decent housing and safe living environments
- Investing in access to sport, culture and leisure activities.

Prioritising early childhood investments is crucial, as the first 1,000 days of a child's life are the most formative for their health and growth. Addressing early childhood inequalities will have the most significant positive impact on a child's development.

To ensure the effective and consistent delivery of services in these areas, it is vital to raise public and political awareness, calling for clear commitments and integrated, holistic policies that follow a multidimensional strategy. Approaches such as a whole-school or whole-system strategy enable the integration of services across various organisations and stakeholders within the community, promoting better coordination and cooperation. Notable examples include the [multiservice schools in Finland](#) and [family centres in Sweden](#).

Insights from the discussion:

- **Structural vs. individual approach:** IGPP can lead to an individualised approach, but focusing on structural solutions is crucial to addressing poverty. This includes tackling the stigma and judgement associated with poverty. It is not about blaming parents for transferring poverty but about addressing the structures that perpetuate it. Public and political engagement is vital for a holistic approach.
- **Awareness:** increasing awareness and easing access to services and employment are vital. Public understanding of the drivers of poverty is essential, which can be aided by a strong narrative from public health institutes and academia. Scotland has a clear understanding of what drives child poverty, supported by data and a coalition of partners.
- **Coalition support:**
 - Scotland benefits from a mature coalition of partners with a clear narrative about the drivers of child poverty, aiding cross-party support. This coalition includes academic institutions, informal coalitions at the United Kingdom level, and more formal coalitions in Scotland.
 - Ireland also shows how academic research can change public opinion and the political climate.
 - The Netherlands involves funding bodies, supermarkets, and knowledge centres in their efforts.
- **Media and narrative:** media coverage often blames individuals, but subtle changes in framing can highlight systemic issues. Scotland's media has started to shift its view following a change in government discourse. Repeating consistent messages and effectively communicating the impact of small cost/high impact initiatives is crucial.
- **Language and prevention:** language matters, and focusing on the drivers of demand and the benefits of prevention can influence public perception and policy. Prevention does not always take time; reframing examples like vaccines show quick impacts. Calculating the return on investment helps break myths about the time needed for prevention efforts.
- **Resources and political will:** upstream investments are useful for future sustainability but can be hard to argue for. Data on economic investment and practical resource allocation are needed. Despite the will and ideas being present, securing

resources remains a challenge. Repeating consistent messages over time is critical for reinforcing the narrative.

- **WHO resolution on child and adolescent health** is in the making, but requires support from Member States.

Tools and initiatives from EU institutions for addressing child poverty to reduce health inequalities

Lina Papartyte, EuroHealthNet

In her [presentation](#), Ms Lina Papartyte indicated that there are different tools and sources of funding at EU level that are 'earmarked' to help organisations initiate or further strengthen actions to improve the quality of life of children.

The most notable tool being the [European Child Guarantee](#) (ECG), introduced in 2021, which underscores the EU's commitment to support breaking the cycle of inequality. The health sector plays a crucial role in implementing multi-sectoral policies to uplift communities and improve health outcomes. The ECG aims to support children in need across various domains, including ensuring access to free early childhood education and care, education, healthcare, as well as ensuring effective access to healthy nutrition and adequate housing. Status reports, published every two years, outline progress, although these reports and the National Action Plans (NAPs) often lack the innovation needed to effectively combat child poverty and its related health inequalities, instead listing existing policies. In late 2023, the first monitoring framework was published, enabling the Commission to analyse Member States' progress in combating child poverty using current EU indicators and additional relevant data.

The [EU Strategy on the Rights of the Child](#), developed with input from children, ensures the protection of children's rights at the EU level and helps children understand these rights through child-friendly versions co-designed by children. Since its adoption, significant progress has been made in protecting and promoting children's rights, including the launch of the [EU Children's Participation Platform](#) in 2022 to embed children's voices in EU decision-making. Additionally, the [Commission adopted a Recommendation](#) on 23 April 2024 to support Member States in developing integrated child protection systems, emphasising a multidisciplinary approach to safeguard children from violence.



The European Pillar of Social Rights (EPSR) – The [EPSR Action Plan](#) sets out concrete initiatives to help Member States make progress in delivering on key principles of Social Protection and Inclusion, Equal Opportunities and Access to the Labour Market, and Fair Working Conditions, and encouraging to invest in those areas where they fall short.

EuroHealthNet developed the [EPSR Flashcard Tool](#) to encourage engagement of the health sector and the country-level implementation of EPSR principles by providing policy guiding and sharing resources on how this can be done from a health and wellbeing perspective.

EuroHealthNet will develop 20 flashcards covering all the key EPSR principles by the end of 2025. 9 have been published so far.

Adopted in 2022, the European Council recommendation on [Pathways to School Success](#) aims to improve educational outcomes by enhancing basic skills, reducing early school leaving, and promoting wellbeing. It addresses challenges such as insufficient competencies in math, reading, and science among 15-year-olds, high rates of education non-completion, and issues of safety and bullying in schools. The Recommendation urges Member States to adopt a whole-school approach, implement integrated strategies, provide targeted support for at-risk groups, improve data collection, and utilise EU funds for necessary investments.

The [European Care Strategy](#) for caregivers and care receivers aims to ensure quality, affordable and accessible care services across the European Union and to improve the situation for both care receivers and the people caring for them, professionally or informally. The Strategy is accompanied by two Recommendations for Member States [on the revision of the Barcelona targets on early childhood education and care](#), and [on access to affordable high-quality long-term care](#).

[European Social Fund Plus \(ESF+\)](#) supports anti-poverty and employment-related projects throughout Europe and invests in Europe's human capital – its workers, its young people and all those seeking a job. At least 25% of the fundings available has to be invested to promote social inclusion. Countries with higher-than-average child poverty are required to use at least 5% of ESF+ funding to combat child poverty.

The [Technical Support Instrument \(TSI\)](#) is an EU programme that provides tailor-made technical expertise to authorities in Member States to design and implement policies and reforms on a range of topics. The support offered takes the form of strategic and legal advice, studies, training and expert visits on the ground. It can cover any phase in the reform process and does not require co-financing from Member States. An EU Member State wishing to receive technical support submits a request to the Commission, via a national Coordinating Authority. This request must be submitted by 31 October of each year. Examples of projects and how to find your national contact point, [here](#).

The [EU4Health programme](#) and the [Horizon Europe Research Programme](#) are most suitable for funding pilot or research projects.

Insights from the discussion:

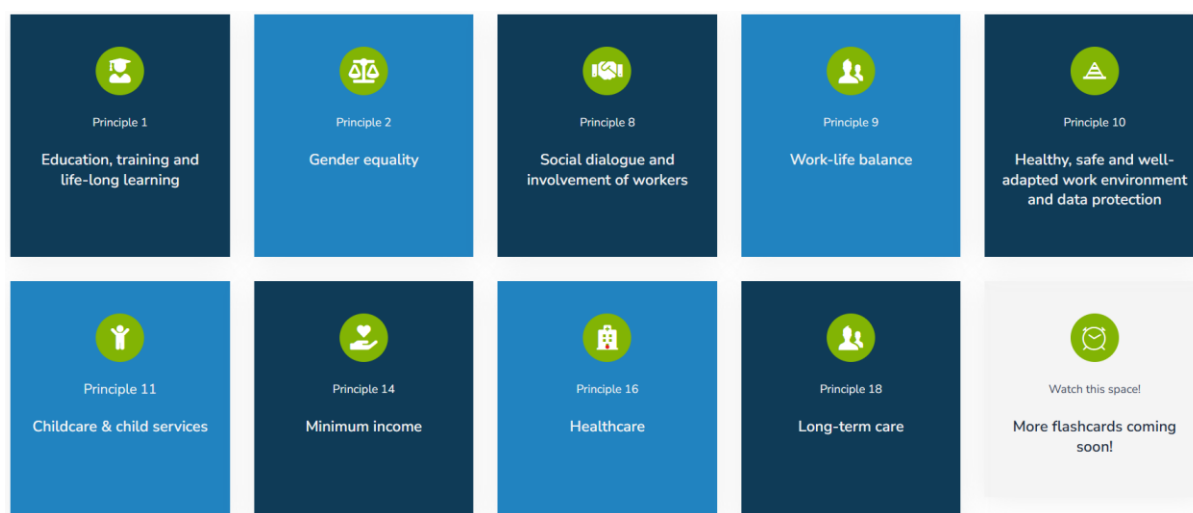
Caroline Costongs mentioned EuroHealthNet's work to advance children's health. EuroHealthNet is active in various EU initiatives and projects, including:

- The EU4Health funded [Schools4Health](#) initiatives by EuroHealthNet members strives to introduce, strengthen, and sustain the adoption of participatory health promoting school approaches (HPS). This initiative works with schools to implement and evaluate best practices in healthy nutrition, physical activity, and mental health. By fostering participatory health-promoting school environments, the project seeks to

encourage healthier behaviours, enhance academic performance, improve health literacy, and address challenges like equity and climate change.

- [Icehearts Europe](#), also funded by EU4Health, supports children's mental and physical wellbeing through team sports, modelled after a successful practice from Finland. This project uses sports to engage vulnerable children with social work, providing consistent, long-term support. The project trains partners across Europe to adapt and implement this model in various contexts.
- EuroHealthNet also participates in the [EU Alliance for Investing in Children](#), to highlight the importance of investing in healthy environments for children, bringing these issues to the attention of EU decision-makers.
- EuroHealthNet's video 'first 1000 life changing days' in [English](#), [French](#), [German](#), [Greek](#), [Italian](#), [Polish](#), [Portuguese](#) and [Spanish](#), emphasises the critical importance of investing in early childhood development.
- The [GRADIENT research project](#) (2009 - 2011), coordinated by EuroHealthNet, focused on identifying measures to level socioeconomic health gradients among children in the EU. The project developed a European Framework to monitor and evaluate public health policies, assessing how children and families from different socioeconomic backgrounds respond to these policies.

Currently available EuroHealthNet EPSR flashcards include:



2 Scotland's whole-government approach to tackling child poverty

Scotland has introduced an innovative, intersectoral approach to address child poverty as a driver of health inequalities. Recognising child poverty as a root cause of these disparities, the Scottish government has initiated comprehensive measures at all governmental and societal levels to reduce both the prevalence and impact of child poverty.

Prioritising prevention over reactive measures, Scotland's health services and public health initiatives focus on addressing the socioeconomic determinants that contribute to child poverty. This section outlines the current state of child poverty in Scotland and details the actions taken by the Scottish government to combat this critical issue.

The situation in Scotland

Ruth Glassborow, Director of Population Health & Wellbeing, Public Health Scotland

In her [presentation](#), Ms. Ruth Glassborow explained why and how child poverty is a public health priority in Scotland. Over recent years, life expectancy in Scotland has declined, with significant disparities among different socioeconomic groups. The gap in healthy life expectancy is 25 years for women and 26 years for men between the highest and lowest socioeconomic levels.

Child poverty impacts health and health inequalities, affecting not just childhood but extending into adulthood. For example, children with lower educational attainment often end up in lower-paid and poorer-quality jobs, leading to poorer health throughout their lives. Recognising these implications, the Scottish government has made **tackling and preventing child poverty a top priority**, emphasising its profound effects on a child's development.

Although child poverty has been decreasing in Scotland, it remains far from the target goals of reducing absolute poverty to 5% and relative poverty to 10% by 2030. Meanwhile, child income poverty rates in the United Kingdom have increased by 20%, being among the highest in OECD and EU countries.

Public health plays an important role in addressing child poverty, and a clear path is needed for effective intervention. Public Health Scotland (PHS) focuses on several priority groups to maximise impact: families from ethnic minorities, young parents, single parents, large families, families with a disabled person, and families with babies under one year old. By targeting these groups, PHS aims to prevent child poverty in the most vulnerable situations.

Scotland's approach to addressing child poverty

Julie Humphreys, Deputy Director, Tackling Child Poverty, Scottish Government

In her [presentation](#), Ms. Julie Humphreys discussed the innovative [Child Poverty \(Scotland\) Act](#) from 2017 and its role in driving policy action to address child poverty. The act establishes four ambitious income-based targets aimed at reducing the proportion of children living in poverty to 10%, effectively lifting around 140,000 children out of poverty by 2030. To achieve these goals, Scotland is implementing three successive four-year plans, each with specific measures and objectives, unfolding over a 12-year period to advance this agenda.

Scottish ministries, along with local authorities and health boards, are required to publish annual status and local child poverty action reports. This transparent process ensures that targets are public and the government is held accountable, thereby promoting tangible change.



Julie Humphreys, Public Health Scotland and Country Exchange Visit participants

The current plan [Best Start, Bright Futures](#) (2022-2026) aims to provide opportunities for parents to (re-)enter the workforce and maximise available support for families, ensuring they meet their basic needs and live dignified lives. To help the next generation thrive, Scotland has proposed 100 key policy interventions within this plan. Addressing child poverty is a moral, social, and economic imperative, as growing up in poverty significantly worsens educational and health inequalities. It affects children's educational attainment, future earning potential, and overall health, reducing their years lived in good health compared to their peers.

In their work, the Scottish government focuses on three main drivers to reduce poverty: income from employment, the costs of living, and income from social security benefits. Tackling these issues cooperatively helps break the cycle of poverty by promoting a holistic approach, ensuring people in vulnerable situations receive not only financial support but also the autonomy to make active choices and access necessary training.

An important tool in effectively tackling child poverty is the [Child Poverty Practice Accelerator Fund \(CPAF\)](#), which builds knowledge among local authorities and health boards. CPAF supports local institutions with small grants, fostering innovation by allowing authorities to experiment with various ideas and projects without needing to present detailed plans in advance.

Another approach is the [Child Poverty Pathfinder](#) which offers holistic support for parents and families through keyworkers who engage with individuals in their homes, addressing their specific needs. The [No Wrong Door](#) approach aims to create integrated cross-sectoral

services, addressing overlapping inequalities such as homelessness, domestic violence, and poverty.

Successfully tackling child poverty requires an economic transformation that shifts focus from mere economic growth to a wellbeing economy. This shift would make the economy fairer, greener, and more sustainable, positively impacting the social determinants of health.

Insights from the discussion:

- **Government continuity and cross-governmental approach:** the success of the Child Poverty Act's overarching strategy relies heavily on the continuity of government policies and workers. Integrating a cross-governmental approach is also essential to break down existing silos and promote cohesive action.
- **Addressing relative poverty through employment:** the UK government determines the minimum wage across all nations, with different rates for those under 25. However, this wage often falls short of covering basic needs, leading to a widening gap between income and living costs, further aggravated by austerity measures and the need for costly mitigation strategies like the bedroom tax. While having a spare room in their apartment leads to a reduction in social benefits in the UK, the Scottish government offsets this reduction by providing payments to ensure those affected are not left worse off. To support people escaping relative poverty it is important to raise the minimum wage to meet the basic needs as well as enabling them in moving up the labour market and increasing their chances of receiving higher wages.
- **Addressing unemployment due to chronic diseases** requires spending on disease prevention, flexible work opportunities, and skills training, while also considering the impact of sick pay measures, increased conditionalities for single parents, and the circular connection between poverty, chronic disease, and mental health.

Health Board actions to address the drivers of child poverty

Rachel McAdams, Service Manager – Fairer Healthier Economy, Public Health Scotland

In her [presentation](#), Ms Rachel McAdams explained how Scotland is progressing on empowering health services and addressing child poverty as a public health imperative. She emphasised the inextricable link between health and the economy, noting that economic conditions influence various aspects of life, such as food, housing, working conditions, and public services. These



Rachel McAdams, Public Health Scotland and Country Exchange Visit participants

factors shape socioeconomic positions, impacting behaviours and exposure to both harms and benefits.

Public Health Scotland (PHS) has promoted a holistic approach, aiming for a Well-being Economy that supports fairness and environmental sustainability, alongside economic growth. By leveraging economic influence as a large employer itself, PHS aims to steer the economy towards more social and sustainable practices to tackle child poverty.

This innovative concept of [Anchor Institutions](#) is central to promoting local wellbeing and wealth. Large public organisations employing significant numbers of people can contribute to community wealth by ensuring that resources are spent and earned within the community, thus improving overall community welfare. These institutions collaborate with local partners to increase access to fair work opportunities and make purposeful use of land and assets, ensuring wealth remains local.



Scotland's approach includes legislative efforts like the Community Wealth Building Bill, expected by the end of 2026. The bill may introduce new duties and targets for public bodies to keep money within communities. Additionally, employment projects focus on non-clinical roles (administrative, catering, etc.) and entry-level jobs, providing placements and career development opportunities.

The [Health and Social Care Anchors](#) programme, initiated in 2023, supports these efforts through a comprehensive strategic plan that outlines deliverables for each health system. The plan focuses on four key areas: workforce, procurement, land and assets, and data and evidence. This programme aims to integrate health and social care anchors into community wealth-building initiatives.

In procurement, large projects such as hospital construction emphasise community benefits and adhere to fair work criteria. This approach ensures that private companies involved in public projects contribute to local community wealth, influencing the organisations they engage with to uphold these standards.

While anchor institutions play an important role, the integration of green policies is currently managed through a separate strategy. However, there is potential to align net zero goals with both greening and anchor institution policies in the future.

A notable example of community wealth building and health anchors in practice is the collaboration between Public Health Scotland and [NHS Lanarkshire Demonstrator](#). PHS works with One Parent Family Scotland to support lone parents in becoming job-ready through intermediary labour markets, offering entry-level roles where they can gain experience in a supportive environment.

Insights from the discussion:

- The [Cartesius neighbourhood](#) of Utrecht city has the ambitious goal to become a 'blue zone', an area where people live exceptionally long lives. This initiative includes innovative approaches to procurement, particularly in the construction of new homes. The project aims to create a sustainable and health-focused living environment, making it a fascinating and progressive endeavour.

Other resources:

- [Tackling child poverty delivery plan: progress report 2022 to 2023](#)
- [Gross Domestic Wellbeing measure](#)
- [How to talk about the social and economic determinants of health and poverty](#). Both of these resources were developed by [Frameworks UK](#).
- [PHS work on prevention and role of health](#)
- [An Economy of Wellbeing for health equity](#) – EuroHealthNet's policy précis
- [Creating an impactful and sustainable Wellbeing Economy for better public health](#) – EuroHealthNet and [Institute of Public Health Ireland](#) report
- [Act on Integrated Services in the Interest of Children's Prosperity](#) - Iceland

3 National policies and strategies across Europe on reducing the impact of child poverty on health

The EuroHealthNet Country Exchange allowed for a rich round table discussion amongst the representatives of participating organisations on progress and challenges in reducing the impact of child poverty on health (see an [overview presentation](#)). Refer to the Annex 1 for the list of participants. This section highlights relevant initiatives both in addressing child poverty for public health and addressing the health impact of child poverty.



Country Exchange Visit participants, roundtable discussion

3.1 Austria

Austria is grappling with issues related to child poverty, with [23% of children and young people aged 0-24 at risk of poverty and social exclusion](#) in 2023. Austria has a long tradition of various social security benefits and financial supports for families, including a childcare benefit ([Kinderbetreuungsgeld](#)), family allowances ([Familienbeihilfe](#)), family bonuses ([Familienbonus](#)), free travel for pupils, and reduced kindergarten fees. Additionally, measures such as funding for school meals and participation in school events aim to alleviate financial burdens on families. These benefits and measures have shown some positive effects, as otherwise the above mentioned poverty and social exclusion rates would be even higher. The pandemic and rising inflation have prompted recent additional supports, including the valorisation of social security benefits and programs like the special family allowance ([Sonder-Familienbeihilfe 2022](#)), a subsidy for rental debts ([Wohnschirm](#)), and an electricity price brake ([Strompreisbremse](#)) among others.

The Austrian early childhood interventions programme ([Frühe Hilfen](#)) provides nationwide support for families with children aged 0 to 3 living in burdened life circumstances, offering in-depth family support. This includes facilitating the access to financial, psycho-social, and

therapeutic assistance. The programme succeeds to reach families at an early stage (considering the age of the child) and those being socially disadvantaged (about 50 % are poor or at risk of poverty). The basic child protection model ([Kindergrundsicherung](#)), was developed and piloted by the NGO '[Volkshilfe](#)'. It proposes a combination of universal and income-dependent financial support but has not been implemented so far.

[Austria's National Action Plan](#) (NAP) under the [European Child Guarantee](#) (ECG) aims to halve the proportion of children and young people at risk of poverty or marginalisation. Measures include expanding childcare services, promoting healthy school meals, enhancing housing security, and reforming child support, among others. The NAP was developed under the lead of the Federal Ministry for Social Affairs, Health, Care and Consumer Protection and in close cooperation with an interministerial steering group. Multiple stakeholders on national and regional level were involved in the process by nominating contact persons as well as existing and planned measures from their respective area of influence. About 600 measures were collected that way and published in the annex of the NAP.

3.2 Czechia

The Czech Republic faces notable challenges in addressing child poverty and health inequalities, primarily due to varying definitions of poverty and living conditions across its 14 regions. Despite being a relatively small country, there are significant disparities in living conditions, with regions enjoying considerable autonomy in financing and healthcare. The decline in the public services sector, which often provides essential care for disadvantaged people, poses a challenge that can lead to increased health inequalities.

Accurate data collection remains a challenge, but the country benefits from reliable and politically neutral data sources, much of which is provided by the OECD. The media, such as the investigative journalism programme Czech Television Reporters (Reportéři ČT) of the public broadcaster Czech Television and many others, are also instrumental in showing that the quality of life in more rural areas can be different and not comparable to the life in the capital city region despite the common belief, which helps raise public awareness on existing problems and may draw greater attention from policymakers. This growing public knowledge, coupled with the rising visibility of these issues, holds promise for increased engagement from various sectors and parties.

While disparities and political sensitivities persist, there is ongoing effort to address segregated schools in some regions. The private and non-governmental sector's involvement in filling service gaps is significant, and a strategic approach is necessary to manage this involvement effectively, ensuring equitable distribution of resources and services.



Martin Chaloupka, National Institute of Public Health in Czechia, and Country Exchange Visit participants

3.3 Finland

Finland faces several challenges in addressing child poverty and health inequalities, despite a strong commitment to social welfare. In 2022, about 12% of children lived in low-income families, and nearly one in ten families with children received social assistance at least once. Additionally, a quarter of 8th and 9th graders rated their family's financial situation as moderate or worse, with significant risk factors including single parenting and migration background.

The country excels in data collection, providing comprehensive information on these issues. However, political resistance from certain factions limits focus on migrant issues. Despite this, the Ministry of Social Affairs and Health is working on implementing the [Child Strategy 2021](#), with ongoing preparation of the implementation plan.

Recently, the shift to a right-wing government has led to cuts in social benefits, exacerbating financial constraints and reducing support for families. This economic tightening presents a significant hurdle in efforts to prevent poverty and reduce inequalities. Communication and public awareness remain key, as Finland historically had strong child protection rights and policies.

Additionally, the high cost of leisure activities, sports or hobbies is contributing to the segregation of children, underscoring the need for affordable extracurricular activities. Despite acute policies and a strong will to address these issues, the current lack of resources hampers effective implementation. Finland's commitment to social welfare is clear, but the economic and political landscape presents ongoing challenges.

3.4 Greece

Greece continues to face significant challenges in combating child poverty and food insecurity, with notable efforts such as the [DIATROFI](#) programme making substantial impacts. DIATROFI combines funding mainly from the private sector and is under the auspices of the Ministry of Education, Religious Affairs and Sports. It has been combating food insecurity and promoting healthy eating among school children in socioeconomically disadvantaged areas since 2012. Over the years, the program has reached more than 941 schools, benefited over 198,600 children, provided more than 18.7 million meals, and conducted over 400 educational activities. During the 2023-2024 school year alone, the program supported 6,764 schoolchildren and provided 774,072 meals.

The need for such initiatives is underscored by alarming statistics: unpublished data from the school year 2022-2023 shows 27% of children face food insecurity, 10% experience hunger, and 36% come from low socioeconomic status (SES) backgrounds. Furthermore, 39% of children do not have a normal BMI. Since its launch in 2012, the program has achieved significant results, including a 26% reduction in families experiencing food insecurity, a 45% reduction in families facing hunger, and a 32% improvement of children's BMI status, promoting a healthier and more balanced growth trajectory.

Despite these efforts, Greece still faces high poverty rates, with [27.1% of children and 18.6% of the total population at risk of poverty](#), according to the National Centre of Social Solidarity (2023). The persistent socioeconomic challenges highlight the critical need for continued support and expansion of programs like DIATROFI to address food insecurity and improve the wellbeing of children in Greece.

3.5 Hungary

Hungary has implemented various national initiatives aimed at enhancing the health and wellbeing of school children. Initiatives such as the [School Milk](#) program since 2004 and the [Hungarian Aqua Promoting Program in the Young](#) (HAPPY) since 2010 have focused on improving nutrition and water consumption. The Realising Holistic Health Development Act of 2011 mandated comprehensive health programs in schools, including daily gym lessons starting in 2012.

Additionally, Hungary introduced a public health product tax in 2011 to discourage the consumption of unhealthy items like soft drinks and chips, alongside nutritional health prescriptions for school catering since 2014. Recent efforts include the School Police Officer program launched in 2020 to enhance school safety and the [Active School Program and Network](#) initiated in 2022, promoting physical activity and overall wellness among students.

At the local level, municipalities and institutions have also implemented practices to foster healthy eating habits, such as self-service school canteens and school gardens. Small-scale EU-funded projects further support initiatives promoting healthy nutrition within communities.

However, Hungary still faces challenges in combating child poverty and health inequalities. Significant territorial disparities exist, with varying child poverty rates observed across regions, counties, and rural areas. Socioeconomic status continues to play a crucial role in determining health outcomes, contributing to disparities based on household income. A new initiative is the [Single Parent's Centre](#) operating since 2018. This is both a helping and a communal space, supporting single mothers and fathers with children in their special needs.

The type of educational institution attended also affects health status, with vocational schools graduates encountering extra challenges compared to those who complete traditional high schools. Mental health issues among children and adolescents remain a pressing concern that requires targeted interventions.

3.6 Lithuania

In Lithuania, progress has been made in improving child health and wellbeing through various healthcare initiatives. Mandatory annual medical check-ups for all children in pre-primary education and school ensure that healthcare services are both free and accessible. Mental health services have expanded under Integrated Family Services, providing

psychologist consultations close to home. However, persistent challenges include long waiting times for mental health services, particularly impacting children from low-income and single-parent households who face difficulties accessing consistent psychological support. Urban areas experience higher rates of mental health issues compared to rural regions, affecting a notable number of adolescents dealing with psychological and behavioural disorders.

Vaccination rates, especially among Roma children, remain insufficient, posing gaps in disease prevention efforts. Lifestyle factors such as lack of physical activity are also prevalent, often linked to parental disengagement and financial constraints.

Furthermore, disparities persist in healthcare access for vulnerable groups, including children from low-income families, those with disabilities, and migrant or refugee backgrounds. Although medical care is universally available, there are significant data gaps that hinder understanding of specific health needs and access barriers for these groups.

3.7 The Netherlands

Child poverty remains a pressing issue, with estimates indicating that between one in nine and one in twelve children in the Netherlands grow up in poverty. The government has been proactive in tackling this problem. The national goal, as articulated by the Junior Minister from the Department of Social Affairs and Employment, is to halve the number of children living in poverty from 9.2% in 2015 to 4.6% by 2030. This commitment is backed by substantial financial investments, including €500 million annually for labour market reform, reintegration, and tackling poverty and debt, along with an additional €300 million per year to support small and medium enterprises (SMEs). Furthermore, €100 million is allocated annually specifically to combat child poverty, with €85 million directed to municipalities for school supplies, sports, music lessons, and school trips. The youth fund sports and culture (Jeugdfonds Sport & Cultuur) also aids children from low-income families in participating in creative or sporting activities.

Various national programs aim to mitigate the effects of poverty on public health and ensure equal opportunities for children. Programs such as child benefits (kinderbijslag), child budgets (kindgebonden budget), and the promising start action program (Kansrijke Start) provide policy measures and/or financial support. The National Action Plan against Child Poverty, introduced in 2022, includes earmarked funding to further these efforts. National alliances like the child poverty alliance (Alliantie Kinderarmoede), involving 150 public and private parties, foster diverse initiatives across various sectors. The Healthy and Active Living Agreement (GALA) launched in 2023, focuses on health inequalities at the municipal level, aiming to stimulate intersectoral collaboration.

Municipalities in the Netherlands have considerable autonomy to support families through various initiatives aimed at promoting healthier lifestyles. They can formulate local or regional strategies in line with the National Prevention Agreement, focusing on issues such as smoking, obesity, and problematic alcohol use. The specific programs implemented by municipalities can vary based on available resources. For example, in Amsterdam, the Work,

Participation, and Income department provides income support, and several foundations offer additional assistance. Programs like Wellbeing at School, led by the [Trimbos Institute](#) and [Pharos](#), aim to reduce health inequalities and ensure equal opportunities for students within educational settings. This flexibility allows municipalities to tailor their approaches to the unique needs of their communities, fostering more effective and inclusive public health interventions.

However, challenges persist, including administrative challenges in accessing benefits related to poverty, alleviation, stigma, and other social economic factors.

3.8 Poland

Poland has seen progress and ongoing challenges in addressing child poverty through redistributive social policies. In 2009, a substantial 30.3% of children were classified as severely deprived, but by 2020, this figure had [dramatically decreased to 6.3%](#). A key initiative contributing to this improvement was the '[Program 500+](#)' introduced after the 2015 elections, offering 500 zloty per month for the second child and subsequent children. As of now, the [program has been expanded](#) to provide 800 zloty per month for every child, regardless of birth order. Despite the program's intent to provide financial relief to families, it is not tied to specific outcomes in healthcare or education, allowing families to spend the funds as they see fit.

However, the impact of these policies has been mixed. In 2022, extreme child poverty saw a slight increase from 5.3% to 5.7%. Economic policies and reforms have not consistently reduced child poverty rates, leading to disparities in wealth distribution and resource access among children. Vulnerable groups, such as ethnic minorities and children with disabilities, continue to face significant barriers in accessing essential services like education and healthcare. This situation perpetuates the inter-generational transmission of poverty, with children born into impoverished conditions having limited opportunities for social mobility.

Regional disparities also contribute to the complexity of child poverty in Poland. Urban areas generally have better economic opportunities and access to services compared to rural regions, which often experience higher poverty rates. External shocks, such as economic crises, natural disasters, and global pandemics like COVID-19, exacerbate these issues by impacting family incomes, employment opportunities, and access to social services.

3.9 Spain

Andalusia

Andalusia has launched the [Strategic Plan for Children and Adolescents' Health for 2023-2027](#), focusing on several key initiatives to improve health outcomes for young people. The plan starts with a comprehensive update on childbirth preparation and parenting methods to ensure a solid foundation for newborns and their families. An important aspect is the full implementation of the Andalusian Child and Adolescent Health Programme, which aims to monitor the health of children and adolescents in Andalusia (up to 14 years of age) through prevention and health promotion activities and is now being updated in response to new scientific evidence, new child health challenges and changes in family structures and social contexts. It creates a seamless healthcare model for adolescents that continues the support provided during childhood. This includes humanising care and adapting healthcare environments to be child-friendly, alongside reinforcing resources for child and adolescent mental health care.

The plan emphasises early intervention and comprehensive models to address child adversity and establish a robust care model for complex chronic paediatric patients. A comprehensive information system will be developed to monitor child and adolescent health effectively. The strategy also involves creating alliances for collaborative efforts in care, research, and advocacy for children's rights and wellbeing. A rights-based approach will be strengthened to ensure children's visibility in the Andalusian Public Health System's plans and services.

Additional interventions include:

- The Technical Support Instrument initiative, [Child & Youth Wellbeing and Mental Health First](#), supports children's and youths' wellbeing, education, training, social protection, and labour prospects. This project addresses the mental health and emotional wellbeing needs of children and adolescents within the care and protection system in Andalusia.
- The [Open Window to Families](#) platform facilitates communication between the Andalusian Public Health system and families to support them in relation to the information needs regarding health, parenting, and developmental milestones of their children. It continues to provide essential support to families.
- A [common protocol for health action](#) against violence in childhood and adolescence has been established in 2023.
- The [Strategy for the Promotion of Healthy Living](#) in Andalusia aims to promote healthy habits in the entire population and ages as well as actions on social determinants of health, through interventions at the local level.

- Promoting positive parenting through the [Apego](#) program. This includes proposals aimed at encouraging parents to acquire skills and abilities that help them in raising and supporting their children.
- A [program for the detection and management of adverse childhood experiences](#) is in place, aiming to increase knowledge and professional awareness about the nature of childhood adversity as well as improving the capacity of the health system to prevent and identify adverse childhood experiences early.

Canary Islands

The Canary Islands, an autonomous region of Spain comprising seven islands, faces the highest level of child and youth poverty in the country, with a staggering 43% of its population under 18 living in poverty. This situation is exacerbated by inadequate educational resources, including a shortage of places in schools and a need for significant improvement in the quality of after-school care. Additionally, there is a pressing need to expand the availability of mental health services for children and adolescents.

One of the primary challenges is the lack of consistent evaluation and data collection, leaving authorities uncertain about the effectiveness of existing interventions. To address this, the government is taking steps to encourage systematic data collection, and Laguna University has recently signed an agreement to facilitate this process. Key areas requiring attention include increasing public investment to combat child poverty, improving the impact of social transfers, and enhancing employment and housing opportunities for families.

Other critical objectives include promoting positive parenting practices, expanding mental health services, and implementing health promotion initiatives aimed at reducing overweight and obesity among children and adolescents. The government also focuses on preventive measures and strengthening medium- and long-term planning to address these issues. By increasing rigorous, evidence-based knowledge on child and adolescent poverty, the Canary Islands aim to develop more effective strategies and interventions to support their young population.

4 Site visits

4.1 Glasgow City Council

For the city of Glasgow, child poverty is no longer an item on the agenda. It is the agenda. In their [presentation](#), representatives from the Glasgow City Council (see Annex 1 for the list of the hosts) showcased how the city is working on eradicating child poverty through a whole-system change. Many different actors in Glasgow are coming together to address child poverty collaboratively, with a high focus on prevention and early interventions as key strategies to tackle various inequalities.

Child poverty in Glasgow is a severe problem, with 24% of all children in the city – totaling 24,252 in 2023 – living in poverty. These children are, on average, £115 under the weekly poverty line, necessitating bold and radical measures to eradicate child poverty. The Child Poverty Act 2017 set ambitious targets before the pandemic, but the pandemic has underscored the severity of the issue, highlighting the need for systemic change.

In Glasgow, numerous organisations work together, with over 4,000 third-sector organisations involved. The [child poverty pathfinder](#) sets the basis for this whole-system change, aligning policies across different areas to create a systematic, holistic approach, ensuring that funding is distributed evenly across various fields to effectively combat child poverty. A key aspect of this collaboration is the sharing of data and information to reduce fragmentation and duplication of projects and funding. Additionally, there has been a cultural shift from crisis support to early intervention and prevention measures aimed at lifting



Image 6. Country Exchange Visit participants at the Glasgow City Council on 19 June 2024

children out of poverty. This shift has fostered a human-centered approach, prioritising citizens' needs in all policies and practices.

To tackle poverty meaningfully, it is crucial to engage with people living in poverty and involve them in discussions and decision-making process. Glasgow has initiated a system of co-creation, fostering collaboration with families to establish longer points of contact and understand their needs. Building trust with families in poverty is essential to adapting the system and providing necessary support.

[Glasgow Helps](#) is a project designed to support people in vulnerable situations in Glasgow. While primarily addressing financial struggles, it also takes a holistic approach, easing access to other needed services, applying a 'no wrong door' approach. Glasgow Helps conducts initial conversations with individuals in poverty to identify underlying causes and then refers them to appropriate organisations within 24 hours, ensuring timely crisis intervention as well as sustainable support. This project is part of Glasgow's 20-year journey, initiated with the

Community Planning Partnership in 2004, showcasing the city's commitment to long-term, sustainable change.

One example of this support is the [Glasgow Pathway to Advice and to Cash \(PACS\)](#) which aims to alleviate poverty and end the use of foodbanks in Scotland through holistic crisis advice. PACS offers a coordinated approach, combining benefits advice, financial capability support, and advocacy to provide tailored assistance.

Glasgow's commitment to eradicating child poverty is a long-term effort. The city's extensive network of partnerships, including collaborations with the police and other sectors, is a testament to its dedication. The pandemic highlighted the need for whole-system change, revealing the potential of a cohesive approach to address what has been described as a 'poverty pandemic'.



[Elizabeth McKechnie, Audrey Laing and John Sherry, Glasgow City Council](#)

4.2 Maternity Matters Blossom Service, Govan

The [Maternity Matters Blossom Service](#), together with the [Money Matters](#) team offers financial advice and support to maximise the income of vulnerable pregnant women (see Annex 1 for the list of the hosts). Pregnancy is a pivotal time for encouraging positive changes, making this an ideal period to enhance financial literacy and educational attainment. A health staff survey revealed that health professionals frequently encounter poverty, reinforcing their commitment to act.

For all pregnant women in Scotland, a routine questionnaire on financial wellbeing is administered, and pathways are provided based on their needs. Additionally, a gender-based violence assessment is conducted. The Blossom Service offers more intensive support for particularly challenging cases.

The service employs a twofold approach where advisors and advocates work closely with pregnant women in need. Advisors provide financial advice, while advocates assist with other essential administrative matters, such as securing bus tickets for hospital appointments, opening bank accounts or helping with government entitlements for maternity. Through individualised support, this holistic approach addresses the multifaceted needs of the women/ The service also accommodates women with chaotic lives, including those who are homeless, by offering home visits and flexible appointment times

The aim is to create a partnership of maternity services to address existing financial or welfare issues and build resilience for the future. Services are adapted to each woman's personal circumstances, ensuring they are as accessible and flexible as possible. Midwives serve as the first point of contact, referring women to advisors and advocates and setting up the necessary support system. The success of this system relies on strong collaboration between midwives, social workers, and other health services.

However, the program's funding remains unstable, and securing long-term financial support has been challenging. Geraldine Cotter, CEO of Money Matters, emphasised that referrals from maternity wards were initially very low in 2016. A randomised control trial was conducted, leading to the Blossom Midwives Project, which ensured committed referrals by having midwives physically present in hospitals. This approach proved effective as women were more likely to engage with individuals who did not appear 'bureaucratic'.

The program focuses not only on maximising income but also on ensuring women will be able to manage their finances sustainably in the future. Success stories include women retaining custody of their babies and establishing strong relationships with their children, who might otherwise have been taken into care. The exit strategy involves engaging women with other services after nine months of support, ensuring a smooth transition.



Image 8. Nicola McCaskill and Brenda Tamburrini, Maternity Matters Blossom Service

5 Final discussion and next steps

Participants discussed and agreed that addressing economic determinants of health and focusing on poverty prevention is crucial and should be part of the work of public health policymakers and professionals. Tackling intergenerational poverty, alongside overcoming the stigma and judgment associated with poverty, emerged as fundamental elements. Scotland's approach, particularly through the Child Poverty Act of 2017 and its delivery plans such as 'Every Child Every Chance', illustrates a comprehensive strategy involving clear, public targets and ministerial accountability. This innovative approach of putting child poverty central to all policymaking is supported by the formation of coalitions and effective use of data to drive policy changes and political discourse.

A holistic, intersectional approach to services is essential, especially during the critical first 1,000 days of life. Scotland's initiatives, such as Glasgow Helps, the concept of Anchor Institutions and the 'No Wrong Door' policy, demonstrate effective navigation of services and support for financial wellbeing and broader social and health needs. The discussions emphasised that child poverty is not just a social issue but an economic one, requiring a shift toward a Wellbeing Economy, a framework that balances economic prosperity with social, health and environmental objectives. For this, local organisations play a significant role both

in offering crucial services but also amplifying communal work opportunities and investing in the communities.

Experiences from Poland, Czechia and Hungary highlight the challenges related to economic versus social and cultural capital, reflecting how historical and political contexts influence social and health policies. Austria and The Netherlands emphasise the need for long-term collaborative platforms and integrating services under one roof. Meanwhile, Finland and Greece illustrate the impact of framing and narrative in elevating child poverty issues on the policy agenda, with Scotland's framework potentially serving as a model for other regions.

Securing stable funding and using resources most effectively are ongoing challenges. There is a clear need for funding reform and a focus on preventive measures, similar to approaches in areas like vaccines and smoking cessation, which is evident for achieving quick and impactful results. Political dynamics also present challenges to sustained public and political engagement.

Effective communication and repeated messaging are crucial in maintaining focus on poverty reduction and addressing structural inequalities. Participants also highlighted the importance of legal frameworks, coalition-building, and the integration of a Wellbeing Economy approach in driving systemic change.

The discussions reinforced the value of a collaborative, multi-sectoral approach and the need for adaptable strategies to effectively combat child poverty. Rather than attempting to address every issue simultaneously, for example, Glasgow prioritises targeted actions that deliver the most significant impact. The city's commitment to eradicating child poverty is demonstrated through its collaborative efforts, extensive partnerships, and a strong focus on meeting the needs of its citizens in every policy and practice.

Overall, Glasgow's strategy exemplifies the effectiveness of community-driven change, where every organisation and individual contributes to building a better future for all children. This approach serves as a powerful model for other regions, illustrating how targeted, inclusive actions can drive meaningful progress in the fight against poverty.



Country Exchange Visit participants

Conclusion

To advance the debate and state of affairs on child poverty across Europe, the EuroHealthNet Partnership will continue to focus on strategic actions in different political contexts at European, national, and local levels.

Recommendations for the national and local levels:

- Employ consistent and effective communication strategies that raise awareness about the causes and impacts of child poverty and the intergenerational perpetuation of poverty.
- Use framing and narratives that highlight systemic issues rather than individual blame, shifting public perception and reducing stigma.
- Put child poverty as a cross-cutting priority of national government, embedded in a legal framework to ensure long-term, sustainable commitment and joint accountability. ‘Everyone must see this as their job’.
- Encourage greater investment in preventive measures that address early childhood development, as the first 1000 days are crucial. Highlight the long-term economic benefits of early interventions to gain political and public support, building a narrative around ‘reducing the drivers of demand’.
- Advocate for policies and approaches that address the root causes of poverty, such as inadequate access to education, employment, healthcare, and housing. Ensure these policies are inclusive, taking into account the diverse needs of different population groups, including migrants and those affected by chronic diseases, etc. Set up financial support and debt relieve services, improve financial literacy and ‘financial wellbeing’ of families to mitigate the high costs-of-living.
- Encourage local partnerships between public health bodies, social services, and community organisations to create a unified approach to tackling poverty, unlocking resources that are already there.
- Encourage local public organisations to become ‘anchor institutions’ that increase access to fair work opportunities, and make purposeful use of community assets, ensuring wealth remains local. Public health services also have a role in community wealth building.

- Encourage local governments to adopt holistic service models, such as Glasgow Helps, reducing barriers and ensuring all services are accessible and free from stigmatisation.
- Promote the 'No Wrong Door' approach to streamline support for families in need, reducing bureaucratic barriers.
- Support initiatives that involve the community in decision-making processes, ensuring that the voices of those affected by poverty are heard and considered.

Next steps for the EuroHealthNet Partnership:

- Advocate for stronger European Union policies and funding that prioritise child poverty reduction, ensuring they are integrated into broader social and economic policies and systems change.
- Promote the adoption of the European Child Guarantee into Member States' legislation that commits them to specific targets and accountability measures. Additionally, data collection on child poverty indicators to better understand the scope and impact of policies and programmes should be improved. This data will be crucial in informing evidence-based policymaking and tracking progress against set targets.
- Highlight the intersectionality in overcoming child poverty, with children in poverty having less access to healthy food, physical activity and green environments.
- Work with the World Health Organisation on including child poverty as part of the new strategy on Child and Adolescent Health.
- Raise awareness on the impacts of child poverty within the health community through organising/participating in European conferences and national events on health to foster knowledge exchange (e.g. the [European Public Health Conference](#) in Lisbon, 12-15 November 2024, national congress [Poverty and Health](#) in Germany, on 17-18 March 2025).
- Utilise the data and success stories from models like Glasgow to build a compelling case for comprehensive child poverty strategies to reduce health inequalities.
- Provide training and resources to member organisations to enhance their ability to advocate for and implement effective child poverty reduction initiatives.

By focusing on these actions, the EuroHealthNet Partnership plays a pivotal role in advancing the fight against child poverty in Europe, ensuring that every child has the opportunity to do well and thrive and thereby reducing health inequalities.



EuroHealthNet

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Our mission is to help build healthier communities and tackle health inequalities within and between European States.

EuroHealthNet is a not-for-profit partnership of organisations, agencies and statutory bodies working on public health, promoting health, preventing disease, and reducing inequalities.

EuroHealthNet supports members' work through policy and project development, knowledge and expertise exchange, research, networking, and communications.

EuroHealthNet's work is spread across three collaborating platforms that focus on practice, policy, and research. Core and cross-cutting activities unite and amplify the partnership's activities.

The partnership is made up of members, associate members, and observers. It is governed by a General Council and Executive Board.

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