

Making Europe a better place for our children

“By spending itself for the benefit of its children, the human race ensures the progressive development of all.”

James Connolly



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The true measure of a nation's standing is how well it attends to its children; their health and safety, their education, and their sense of being loved, valued and included in the society into which they are born.^{1,2,3,4,5}

Child poverty rates vary from under 3% to more than 25% in Europe. Whether measured by physical and mental development, health and survival rates, educational achievements or job prospects, incomes or life expectancies, those who spend their childhood in poverty of income and expectation are at a marked and measurable disadvantage. They are more likely to have learning difficulties, to drop out of school, to resort to drugs, to commit crimes, to be out of work, to become pregnant at an early age, and to live lives that perpetuate poverty and disadvantage into succeeding generations.⁶

Indicators of health and safety of children across Europe

The infant mortality rate (IMR) is a standard indicator of child health. IMR ranges from under three per 1,000 births in Iceland to over six per 1,000 in Hungary and Poland. A society that can effectively reduce infant mortality to

below five per 1,000 live births is one that has the capacity and commitment to deliver critical components of child health (**Figure 1**).⁷

Immunisation rates serve as a measure of national commitment to primary healthcare for children. Failure to reach high levels of immunisation reduces herd immunity, which means that more children may fall victim to disease.

Furthermore, immunisation rates may be indicative of the effort made by each nation to provide each child, and particularly the children of marginalised groups, with basic preventive health services (**Figure 2**).⁸

Sweden, the United Kingdom, the Netherlands and Italy are the four countries that have reduced the incidence of deaths from accidents and injuries to a remarkably low level, fewer than 10 per 100,000. The likelihood of a child being injured or killed is also associated with poverty, single parenthood, low maternal education, low maternal age at birth, poor housing, weak family ties, and parental drug or alcohol abuse (**Table 1**).

Other indicators of child well-being (**Table 2**) include:

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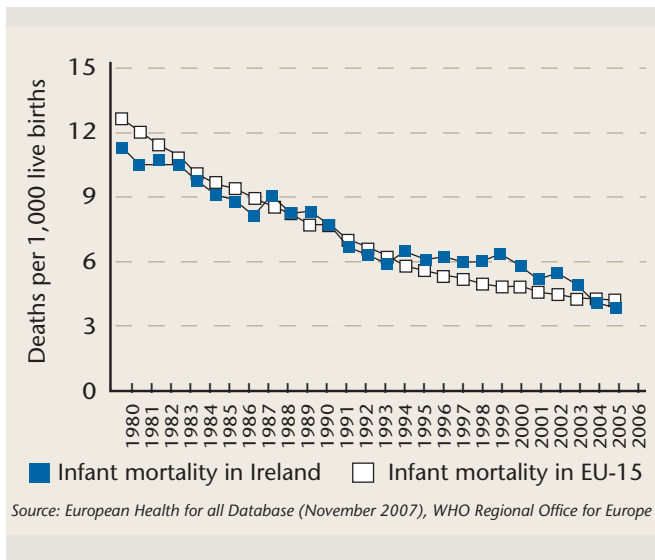


FIGURE 1: Infant mortality rates in Ireland and the EU 15, 1908-2006.

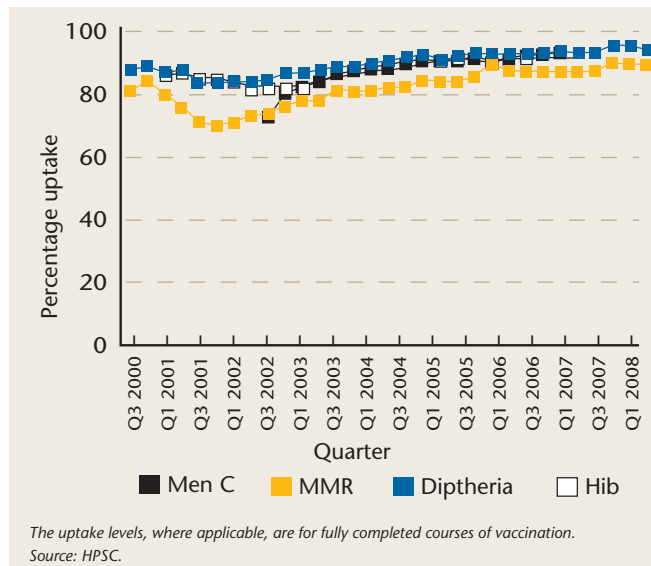


FIGURE 2: Quarterly immunisation uptake rates at 24 months of age, Q3 2000 to Q1 2008.

Table 1: Comparisons of social policies and poverty rates with Scandinavian countries.²⁸

Country	Average ranking position for all six dimensions of child well-being	Child poverty rate	% GDP spent on social protection	Expenditure per capita in PPS	General government contributions	Social contributions
The Netherlands	4.2	7.7%	29.3	9 099	20.1	69.5
Sweden	5.0	2.6%	30.7	8 998	48.9	48.7
Denmark	7.2	2.4%	29.1	8 601	62.8	30.8
Ireland	10.2	16.8%	18.2	6 321	53.2	41.8
The United Kingdom	18.2	19.8%	26.4	7 410	50.4	47.9

- educational achievement (average achievement in reading, mathematical and science literacy, the percentage of 15- to 19-year-olds remaining in education and the percentage of 15-year-olds expecting to find low-skilled work);⁶
- family structure (percentage of children living in single parent families, percentage of children who report eating the main meal of the day with parents more than once a week and percentage of 11-, 13- and 15-year-olds who report finding their peers "kind and helpful");⁶
- health behaviours and risks (includes the percentage of children who eat breakfast daily, are physically active and not overweight);⁶
- risk behaviours (percentage of 15-year-olds who smoke, who have been drunk more than twice, who use cannabis, who have sex by age 15, who use condoms, or who may have experienced violence in the last 12 months);⁶ and,
- subjective well-being.⁶

In particular, eating habits in childhood and adolescence are indicators of both present and future well being. Those who eat

unhealthily during the early years of life are more likely to continue the pattern into adulthood and to be at increased risk of diabetes, heart disease and cancer.

Effects of poverty and lessons from Europe

A child living in a household with either no working adult or only one working adult is more likely to fall below the poverty line than a child in a two-income household. There is a clear link between child poverty rates and the percentage of full-time workers who are low paid (defined as earning less than two-thirds of the national median wage).⁵ Children from poor households are much more likely to have low educational achievement, to become teenage parents, to serve a prison sentence, and to have less success in the labour market. Recent evidence from Germany shows that children from the poorest fifth of households (assessed by averaging the income over their childhood years of 6-13) are only one-quarter as likely to attend a gymnasium secondary school – the best route to university – as

Table 2(a): Child well-being: EU comparisons.²⁸

		Dimension 1	Dimension 2	Dimension 3	Dimension 4	Dimension 5	Dimension 6
Dimension of child well-being	Average ranking position (for all 6 dimensions)	Material well-being	Health and safety	Educational well-being	Family and peer relationships	Behaviours and risks	Subjective well-being
Netherlands	4.2	10	2	6	3	3	1
Sweden	5.0	1	1	5	15	1	7
Denmark	7.2	4	4	8	9	6	12
Finland	7.5	3	3	4	17	7	11
Spain	8.0	12	6	15	8	5	2
Switzerland	8.3	5	9	14	4	12	6
Norway	8.7	2	8	11	10	13	8
Italy	10.0	14	5	20	1	10	10
Ireland	10.2	19	19	7	7	4	5
Belgium	10.7	7	16	1	5	19	16
Germany	11.2	13	11	10	13	11	9
Canada	11.8	6	13	2	18	17	15
Greece	12.3	15	18	16	11	8	3
Poland	12.3	21	15	3	14	2	19
Czech Republic	12.5	11	10	9	19	9	17
France	13.0	9	7	18	12	14	18
Portugal	13.7	16	14	21	2	15	14
Austria	13.8	8	20	19	16	16	4
Hungary	14.5	20	17	13	6	18	13
United States	18.0	17	21	12	20	20	-
United Kingdom	18.2	18	12	17	21	21	20

those from the richest fifth.⁵ For practical purposes, poverty is usually interpreted as those whose incomes fall below half of the average income, as measured by the median, for the nation in which they live. For the best part of 20 years the Nordic countries of Denmark, Finland, Norway and Sweden have held child poverty at around 5%. These consistently low rates, even in the face of economic recession and rising unemployment during the early 1990s, suggest that these countries share effective policies that offer lessons for elsewhere.⁶

Scandinavian policy places emphasis on helping people into paid work. This is complemented by a wide range of social policies aimed at redistributing income to reduce inequalities. One element of the drive for high employment rates has been the focus on promoting gender equality and stimulating a more

equal share of responsibility for childcare between men and women. Nordic countries have legislated in favour of extended parental leave schemes, which allow one parent to care for a child at home until the age of three without losing their job. Daycare is universal in all Scandinavian countries except Norway.⁹ High investment in family policy means high social expenditure. Tax and social contributions in Denmark, Finland and Sweden averaged 52% of GDP compared to an average of 41% in other European Union (EU) Member States. It is clear, however, that higher government spending on family and social benefits is associated with lower child poverty rates. Most EU countries that devote 10% or more of GDP to social transfers have child poverty rates lower than 10%, of which the notable exceptions are Ireland and the United Kingdom. Comparatively,

Table 2(b): Overview.

- Child poverty rates in the world's wealthiest nations vary from under 3% to over 25%.
- One in every six children in the EU is living in poverty.
- There is a close relationship between child poverty rates and the percentage of households with children in which there is no adult in work.
- Countries with the lowest child poverty rates (especially the Scandinavian countries) allocate the highest proportion of GNP to social expenditure.

no country devoting less than 5% of GDP to social transfers has a child poverty rate of less than 15%.¹⁰

Interestingly, there appears to be little relationship between levels of employment and levels of child poverty. Rather, the distribution of employment among different households, the proportion of those in low paying jobs, and the level of state benefits for the unemployed, are the factors that contribute most to these differences.¹⁰ International variation in the proportion of children growing up in single-parent families also does not correlate with poverty rates.

Sweden, for example, has a higher proportion of its children living in single-parent families than the United States or the United Kingdom but has a much lower child poverty rate.⁶ Single-parent households, distribution of employment, wage inequality and state transfers to the unemployed and low paid are all contributory to childhood poverty, but no one cause predominates.

One-fifth of Britain's children live in poverty, a rate more than twice as high as France or the Netherlands and five times higher than in Norway and Sweden.¹² About half of Britain's poor

children live in households where parents are unavailable for work, through sickness, disability or because a child is below school age. Many children continue to depend on state benefits that currently leave them well below the poverty line. The best performing countries have child benefit systems with certain common characteristics. These include comparatively generous universal child and unemployment benefits, adequate social assistance, lower childcare costs, guaranteed child support, and housing benefits that help a large proportion of families on low incomes.⁵ An Irish anti-poverty strategy involves a process of building and sustaining a national consensus. The main challenges are to first create an awareness of poverty and its effects, to debunk myths and to demonstrate the need for action. Regardless of a country's economic status, policy interventions can significantly lessen the burden of poverty.¹²

The statistics outlined in this article indicate that most of the variation in child poverty levels among EU countries can be attributed to government policy. A realistic target for all EU countries would be to reduce child poverty rates to below 10% and, for those countries who have already achieved this, to emulate the four Nordic countries in bringing child poverty rates below 5%.

Conclusions

Child poverty is clearly linked to child health and well-being. Successful strategies to reduce poverty seek a balance between improved child benefits while maintaining incentives to work. Countries with low child poverty rates have common policies that include jobs with sufficient pay, flexible hours and leave, parental leave arrangements, skills training for parents and excellent childcare. These aspirations have been consistently achieved in Scandinavian countries as a result of national social policies. If we wish to eradicate child poverty across Europe we need to emulate these policies.

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