

European Federation for Street Children in cooperation with the Society of the Friends of Children (TPD) Poland

10-11 December 2009

Hotel Felix, Warsaw, Poland

„Child Poverty and Drug Addiction: Challenges and Lessons in Central and Eastern Europe to improve the dialogue with the EU institutions on a Child inclusive Health”

„Each and every child is talented

They have the right to grow up in good health and safety”

Honoured Presidents, Director,

Ladies and Gentlemen,

Dear Participants,

Dear Children,

Let me welcome those children in the first place who do not know at all that – among others - this conference is organized about them, for them: I would like to welcome the unattended children, the street-children.

Let me introduce myself: I am Ágnes Cser, president of the Democratic Trade Union of Health and Social Workers in Hungary and I am also a member of the Employees’ Group of the European Economic and Social Committee.

Our Committee is the Advisor Committee of the European Parliament, the Commission and the Council. We represent the Organized Civil Society and we are the bridge between the European citizens, migrants (documented or undocumented) and the European Institutions.

From the 27 Member States we represent the employers, employees and the other civil organizations, such as patient organizations, consumer organizations, farmer organizations, families’ organisations, etc.

For that reason we need a permanent and living connection between you and our committee, in order to create a cooperative and participatory democracy and to give a meaning to the term: European Citizenship.

In October on the European Health Forum, in Bad Gastein, where we all agreed on the Recognition of Fundamental and Shared Health Values, universality, access the good quality care, equity, and solidarity. We expect to see the principle of “The Health in all policies”.

Therefore it feels that trade, competition and economic policies in the Single Market must be coordinated and harnessed in order to achieve the EU's political objective of ensuring a high level of public health and thus promoting, preserving and improving human health.

Why do I regard this conference as highly important? Why do I want to welcome unattended children? I am ashamed, but I do not know exactly how many of you are living on the streets around EU and especially Eastern-Europe. We do not even have numbers about how many children are born on the street, absolutely defenceless. For example there are no datas about hungarian street-children too, but their number is increasing day by day.

1. Who is liable in this matter?
2. The global financial crisis caused numerous loss of workplaces, jobs, so it raises the risk, and the number of the people on the streets.

The question is: in whose hands is the responsibility of this matter? Is it the local government, or does it need deeper liability, like European political protection? What kind of collaboration is needed to change anything on this situation?

We, who gathered together in this room have a huge responsibility for the present and the future of them. In reality not we are who is responsible principally, but the authorities and offices – let them be either local, regional, national or European – that deal with them a lot, but in spite of this the number of children growing up in the street – considering its dynamics - is on the increase. Unfortunately we have to say that their efforts are not efficient enough. That reasons we need to change not only our strategy at every levels but our working methods also, and we have to collaborate and cooperate all together with them. And we need a lot of money.

We do not call street-children only those, who live on the streets 24hours, but those who spend the most of their times over, do not go to schools, make criminalities, and use drugs and alcohol. They live in underprivileged families, their parents are unemployed, or they grew their kids without their wives or husbands.

In the former socialist countries the new 12 member states impoverishment is peculiar. The poors have no social protection network around them. The constrained and uncontrolled privatizations and the high-rated of corruption divided all these societies into two main parts very rich and very poor. There are very few rich people, there are numerous poors who are really very poor, and many of them are starving. The social safety is disappearing among them. Impoverishment has economic and social reasons. To join the European Union did not help, and caused a worse situation for the poor mess. Especially for those who live in rural area, their situation is even harder, they started to move to the

bigger towns and cities. The minorities have much more difficulties with their integration because of their ethnic status, the worst situations is within romas.

The size and scale of the differences in health of people living in different regions of the EU and between socially advantaged and disadvantaged EU citizens represents a challenge to the EU's commitment to solidarity and equality of opportunity.

There is a political will to act and bridge these differences and we hope the Communication from the Commission: "Solidarity in health: reducing health inequalities in the EU" will meet the expectations of citizens and civil society in this regard.

Our Committee in their opinions several times supported children's rights, supported youth, worked against children criminalities and alcohol and drug related harms. Initiated a better involvement of civil organization, and more cooperation with the authorities within countries and among Member States.

I would like to address health determinants and health inequalities from the global perspective - differences between Member States - and from the point of view of EU citizens/children regardless of their place of residence.

Looking at the statistics, it is not difficult to see the substantial differences in overall life expectancy at birth and in the years lived in good health (Healthy Life Years indicator). This is especially true for people in many new Member States, who live shorter lives than their western counterparts. In 2002, the difference in life expectancy at birth between EU-15 and EU-10 was 7 years for men and almost 5 years for women,

I agree with the WHO Commission that the structural determinants and conditions of daily life constitute the social determinants of health and are responsible for a major part of health inequities between and within countries. I also agree with the European Commission that large differences in health status also exist within EU Member States where there is a clear social gradient in health status. People with a lower level of education, a lower occupational class or a lower level of income tend to die at a younger age and to have a higher prevalence of behaviours unfavourable to health.

Healthy lifestyles concluded that the lower level of education is conducive to poor health literacy which results in unhealthy life styles. However low education attainment often also means worse living conditions and relying on cheap low-quality food, less frequent health screens and increased tobacco and alcohol consumption.

Similar gaps in health exist between some ethnic and migrant groups and the general population. Our Committee opinion on Health and Migrations concluded that irregular migrants, including their families and especially children, experience worse health problems than legal migrants. They are affected by health risks taken gaining entry, worse economic and social conditions and insufficient access to services. We observed that while migrants are generally healthier than people in their country of origin, they may experience more health problems than the average for their host community. This is due to a variety of reasons, including: psychological and social stresses (resulting from an unknown culture, illegality, change of environment, lack of knowledge of foreign languages, lack of trust and information, mental health issues), poverty as well as poor housing conditions.

It is true that most of those determinants also affect non-migrant populations in the EU. This will be aggravated by the current economic downturn which has an enormous impact on daily lives and individuals' perception of health. Due to worse economic conditions and the risk of social exclusion. This can have powerful effects in terms of stress and mental health, stress is an important role in contributing to the large social status difference in health.

Our Committee is ready to cooperate and work together with you for a better health for all in an inclusive society and that is why we need health in all policies.

Child poverty has a severe impact on children across a range of issues such as health, education and even a child's future "life chances" of ever breaking out of the poverty trap. Member States need to immediately implement policies addressing the entire spectrum of these issues.

The EESC urges the Commission, in recognition of its treaty obligations, to show strong leadership by actively supporting Member States in their efforts to provide a high level of health protection by reducing alcohol related harm and to ensure that Community action complements national policies.

The EESC strongly supports children's rights and believes that children, due to their vulnerability and special needs, require special safeguards and care, including appropriate legal protection. The EESC recommends that, for the purposes of the strategy, the child should be defined as any person under the age of eighteen years, in line with the UN Convention on the Rights of the Child.

The EESC welcomes the creation of the Alcohol and Health Forum which could be a useful platform for dialogue, between all relevant stakeholders, and lead to concrete action aimed at reducing alcohol related harm. The EESC would welcome the opportunity to be an observer at the Alcohol and Health Forum.

The EU policy that wants to reach that everybody can be given appropriate health care without any discrimination.

Our Committee's goal is to give a separate issue for the politics of childcare within the European Integration and Migration Forum. We really want to reach that children could have a share in universal human rights and human dignity indeed and all authorities, officials, civil organized employees or the everyday people feel responsibility for each and every children they notice straggling in the street. We want a Europe where children do not wander unattendedly, where the expression street-child does not exist at all, where the authorities do not regard children as objects or statistical data and the health authorities receive the necessary subsidies, information, training and assistance with which they can approach children in their own language, in accordance with their own cultural background so that they receive human treatment, where volunteers, the civil organizations and the authorities not only spontaneously but also compulsorily co-operate for a single objective: that street-children receive the same mental and physical health related assistance and social support, that they can adapt to communities and live with the principle that they are also talented.

In conclusion, why is it so important to bring our attention to the children?
Because they are our future.

Observational research and intervention studies show that the foundations of adult health are laid in early childhood and before birth. Slow growth and poor emotional support raise the lifetime risk of poor physical health and reduce physical, cognitive and emotional functioning in adulthood. We think that access to high quality, affordable and accessible childcare is not only the key for enabling parents, primarily women, to work but also an opportunity for children to meet their developmental and health needs. Quality childcare has an impact on the quality of family life and parents', communities' and children's life, including health.

Every children are talented, so this is our common responsibility, that they could get an equal chance for health, education, and family background not just in the future, but now.