

Putting children and young people first

The Health Protection Agency has developed a Children's Environment and Health Strategy for the United Kingdom (UK). This Strategy makes recommendations on measures necessary to reduce the environment-related burden of disease amongst children and young people, and ensure they grow up in environments that nurture good health and wellbeing. Generally, children and young people in the UK experience high standards of health and wellbeing, in part, due to a clean and healthy environment. However, there remain specific areas that would benefit from further improvement. This article provides a summary of the Strategy and its development.



Children and young people can be more vulnerable to the health impacts of environmental hazards than adults. This is because their bodies are still developing; they have different levels and patterns of exposure than adults, and as a result of their behaviour, and lack of awareness of environmental hazards and risk.

In 2004, the World Health Organization (WHO) developed the Children's Environment and Health Action Plan for Europe (CEHAPE) to help bring about a reduction in the burden of disease amongst children attributable to environmental risk factors. All 53 countries of the WHO European Region, including the UK, committed to develop national children's environment and health action plans and, specifically, to address four Regional Priority Goals, which are to:

- (i) reduce gastrointestinal disorders by ensuring access to safe, affordable water and adequate sanitation
- (ii) prevent and reduce the health impacts of accidents and injuries, and pursue a decrease in morbidity from lack of physical exercise
- (iii) prevent and reduce respiratory disease by ensuring children live in an environment with clean indoor and outdoor air quality
- (iv) reduce exposure to chemical, physical and biological hazards.

Why do we need a Strategy?

Children and young people (under 19 years of age) represent a substantial proportion (about 25 per cent, 14.8 million) of the UK population (ONS, 2008), the majority of whom experience excellent health and wellbeing.

Whilst it is difficult to quantify the burden of disease amongst children due to environmental factors, it is well established that the environment can have a significant impact on health and wellbeing, particularly amongst children.

For example, clean water and food influence gastrointestinal disease, and levels of air pollution respiratory health. Environmental factors also influence obesity, unintentional injuries, mental health and wellbeing, and environmental factors have been implicated as a cause in conditions such as cancers and congenital abnormalities. These are amongst the main causes of mortality and morbidity amongst children and young people in the UK today (Box 1).

Given the influence of the environment on many aspects of child health, there is a real opportunity to improve children's health by ensuring that they live in a clean and healthy environment which nurtures good health and wellbeing. Whilst this has previously been addressed on a single issue basis, this now needs to be taken forward in a coordinated and comprehensive fashion across the UK, and within regions, to ensure that all children, regardless of their socio-economic status or geographical location, enjoy the same standard of environmental health. Such an approach has the potential to bring about further reductions in the environment-related burden of disease experienced by children in the UK and to promote the development of environments that facilitate good child health and wellbeing.

Developing the UK Strategy

To develop a coordinated strategic approach to tackle environment and health issues of relevance to children and to meet the UK's commitments to CEHAPE, the Health Protection Agency (HPA) was commissioned by the Department of Health (DH) and the Department of the Environment, Food and Rural Affairs (Defra) to develop the Children's Environment and Health Strategy. This was undertaken on behalf of the Interdepartmental Steering Group on Environment and Health which comprised of a range of government departments, agencies and the devolved administrations.

BOX 1**PRINCIPAL CAUSES OF MORTALITY AND MORBIDITY AMONGST CHILDREN IN THE UNITED KINGDOM****Mortality**

Childhood mortality has been decreasing and there are currently about 5,000 deaths per year from birth to 14-years-old. The main causes of death in children and young people include:

- congenital abnormalities
- injuries (including poisonings)
- cancers.

Hospital admissions and visits to general practitioners

The main reasons for being admitted to hospital include perinatal conditions, acute respiratory infections and asthma, diseases of the digestive system, injuries and poisonings. Children's visits to general practitioners are mainly for infections (notably respiratory tract infections and intestinal infectious diseases) and, to a lesser extent, for non-infectious conditions (notably nervous system problems, skin diseases, other respiratory diseases e.g. asthma) as well as injuries and poisonings. For example, there were:

- 22,542 hospital admissions for asthma in under-14s in 2005/06
- over 10,000 hospital admissions for poisonings in England in under-14s in 2005/06
- around 50 per cent of GP consultations for children and young people under-15 years for intestinal infectious diseases.

Other health conditions

Obesity is also a growing problem with a third of boys and girls currently overweight or obese in the UK. Mental health is also a growing concern, with approximately one in 10 children having an identifiable mental health problem.



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A review was undertaken during 2006/07 to assess the status of children's environmental conditions and their health in the UK (HPA, 2007). The evaluation was used to identify areas where children's health could be improved by better management of exposure

to environmental hazards and/or promoting environments that facilitate good health. Recommendations were collated into the Children's Environment and Health Strategy document, which was put out for public consultation in spring 2008 (HPA, 2008).

Over 100 consultation responses were received from a wide range of organisations and individuals, including academics, charities and campaign groups, government departments and agencies, local authorities, primary care trusts and professional organisations. Overall, the Strategy was well received by the consultees with strong support for the recommendations put forward and the overall approach.

What do children and young people think and want?

An integral aspect of developing the Children's Environment and Health Strategy has been the involvement of children and young people to ensure it meets their needs and addresses their priorities. Perhaps, unsurprisingly, children and young people feel strongly about certain environmental issues affecting them. During the development of the Strategy a number of consultation exercises were organised to find out what children and young people think about the environment and their health and what is important to them.

Amongst the highest priorities for young people is mental health; it was considered a key component for general good health and for being happy. Obesity and healthy eating, lung cancer, asthma, allergies and air pollution, and being safe, were also amongst the top concerns for children and young people. Other issues of concern included banning smoking; access to clean, green safe spaces; personal safety; and access to leisure facilities. A number of surveys of children's views on issues of relevance to the Strategy were also taken into account, which identified the standard of school toilets and access to drinking water in schools as important issues, particularly among younger children.

Issues raised in the Strategy for the UK

The UK, through a wide range of initiatives and policies, has already addressed many of the key areas under CEHAPE and, as a consequence, is in a good position relative to other WHO European countries. The Strategy aims to build on and complement policies and activities already undertaken by government departments, devolved administrations, local and regional authorities and the National Health Service. The Strategy aims to provide a comprehensive assessment of children's health in relation to their environment and identify areas that, if addressed, may reduce the environment-related burden of disease amongst children, improve children's health and wellbeing and/or our understanding of children's health in relation to their environment. Overall, the Strategy provides a comprehensive strategic approach to addressing environmental risk factors in order to protect and improve children's health and wellbeing throughout the UK. The principal areas considered in the Strategy are identified in Box 2.

Over-arching issues

A number of over-arching issues are identified in the Strategy that have an impact and influence on all of the four key areas of CEHAPE. These include ensuring inequalities are addressed and that children in lower socio-economic groups are not disadvantaged. Considering settings (e.g. the home, outdoors or the school), rather than solely taking a hazard-based approach; considering sustainable development and its links with child health; taking into account



Photo: HPA

emerging problems, such as climate change and new technologies (e.g. WiFi and nanotechnology); and considering the impact of the environment on the mental health and wellbeing of children and young people.

Taking action to improve children's health

The Children's Environment and Health Strategy for the UK was published on 24 March 2009 on the Agency's website and in hard copy (available on request from cehape@hpa.org.uk).

The recommendations made in the Strategy may need to be addressed at a local, regional and/or national level, and there will be different approaches taken to address the recommendations within England and the devolved administrations. A key to success will be to ensure a coordinated approach is followed that takes account of ongoing initiatives and policies to avoid duplication or overlap of efforts. The Agency, in particular through the HPA's Local and Regional Services (LaRS), will be taking forward relevant recommendations (e.g. contributing to good hygiene in schools through a hand-washing initiative) aimed at reducing the environment related burden of disease amongst children and young people.

ACKNOWLEDGEMENTS

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BOX 2

Water, sanitation and health

The UK has an excellent public water supply and very high levels of sanitation provision. Additionally, bathing water quality has improved substantially over the past 10 years, with high compliance with the relevant standards.

Current priorities include:

- improving hygiene (including hand-washing), access to drinking water and sanitation facilities in schools
- ensuring compliance with the drinking water standard for lead
- investigating disease outbreaks from waterborne sources.

Accidents, injuries, obesity and physical activity

Injury remains a leading cause of death and hospital admission amongst children in the UK, although deaths and admissions are amongst the lowest of developed nations. Obesity, however, is a growing public health problem. In 2004, approximately one-third of boys and girls were overweight or obese. Priorities identified include:

- ensuring adequate surveillance of injuries
- ensuring adequate surveillance of levels of overweight and obesity
- ensuring easy and safe access to well maintained green and open spaces.

Indoor and outdoor air pollution

Outdoor air quality in the UK has improved substantially over the past few decades and is generally very good, although there remain some areas (mainly in cities) where not all the relevant standards are met. Our understanding of indoor air quality is less well developed, although the recent ban on smoking in public places throughout the UK will result in reductions in exposure for children. The priorities identified include:

- developing a coordinated approach to indoor air quality
- further protecting children from exposure to environmental tobacco smoke
- improving understanding of acute and chronic carbon monoxide poisoning.

Chemical, physical and biological hazards

Children's exposure to hazardous chemical, physical and biological agents has been decreasing. Particular success has been seen in reductions in exposure to lead, some persistent organic pollutants, and a decrease in unintentional poisonings. However, some areas of concern remain, particularly the continued rise in skin cancer amongst young adults.

Areas identified as priorities include:

- improving surveillance and understanding of childhood poisonings
- ensuring a coordinated approach to monitoring chemical exposures
- improving sun protection behaviour amongst children and young people
- ensuring children are fully taken into account in emergency planning exercises
- ensuring children are protected from noise, particularly in educational settings.

Further information:

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