Children and Adolescent Health and Wellbeing

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Kent County Council
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Welcome and opening remarks

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The European Perspective

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Obesity, Body Image and Mental Health

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EPHA

European Public Health Alliance

Children and Adolescents' Health and Well-being in the EU policy and decision making

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Dorota Sienkiewicz

[Health Equity and Policy Coherence Coordinator]

Who we are

EPHA is a European platform of around 100 member organisations in Europe working on health and health-related issues

What is our mission?

- To bring together the public health community to provide thought leadership and facilitate change.
- To build public health capacity to deliver equitable solutions to European public health challenges.
- To improve health and reduce health inequalities.

- Children and Adolescents' Health and Well-being – underserved, under-represented, quite a wide age range (0-18) so where to focus?
- EPHA and its members decided to fill in the gap by addressing early years (antenatal, 0-5); while working in partnerships with other NGOs covering the wider group
- Most urgent public health challenges of children and adolescents population group – transition from infectious to chronic non-communicable disease, accidents and injuries, poverty-related conditions including poor diets, sedentary lifestyle, mental health
- Those public health challenges only for 25% are explained by health system/services, 75% remains within the remit of wider socio-economic-commercial determinants of health
- Since up to 80% of national/regional/local level policy and decision-making is in effect influenced by global/European/EU priorities, we decided to concentrate our joint efforts at those levels in order to shape friendlier, more public health and children-accountable policy environments (health in all policies, children in all policies)

- Poor diets of the child population and subsequent poor diet-related chronic non-communicable disease (NCDs): a strong link between excess adiposity and detrimental health and psychosocial outcomes in later life. These include, but are not limited to, cardiovascular diseases, type 2 diabetes, certain cancers and musculoskeletal disorders, as well as social stigmatisation and mental health problems
- Despite action at the European level to reverse the rising trend in overweight and obesity (EU Action Plan, WHO Action Plan on Nutrition), the proportion of the population who are overweight or obese remains worryingly high for (adults and for) children and young people
- According to estimates from the WHO's Childhood Obesity Surveillance Initiative (COSI), around 1 in 3 children in the EU aged 6-9 years old were overweight or obese in 2010. This is a worrying increase on 2008, when estimates were 1 in 4. (Iceland, Malta, UK – worst prognosis on general obesity; UK – 67% men, 57% women GBD2013; UK -More than a quarter of children are also overweight or obese – 26% of boys and 29% of girls)
- To add to a gravity, the recent report by the World Obesity Federation rounding up its EU-funded project ToyBox put a finger on pre-school children's obesity numbers: 10-20% of 3.5-5.5 year-olds (www.toybox-study.eu)
- WHO Childhood Obesity Factsheet (May 2014): in 2012, 40 million children under-5 were obese or overweight; if this trend to continue, in 2025 there will be 70 million

- The Lancet's article (29 May 2014) Global, regional, and national prevalence of overweight and obesity in children and adults during 1980—2013: a systematic analysis for the Global Burden of Disease Study 2013: *Not only is obesity increasing, but no national success stories have been reported in the past 33 years. Urgent global action and leadership is needed to help countries to more effectively intervene.* If anything, the increase in developed countries has slowed down at best.
- What could it mean if left unchecked? Direct health costs (out- and in-patient services, co-morbidity, currently 7-9% of all health budgets going to treatment of obesity and co-conditions, can go up to even 20% like in the US), indirect costs – societal resources 'foregone as a result of a health condition' (future unproductivity, sickness absence, chronic disability), economic costs, environmental costs (externalised impact of over-consumption).

- So…
- What should be done? (EPHA and partners' recommendations)
- Publish and promote new official guidelines on healthy sustainable diets
- Introduce clear and mandatory procurement standards for sustainable healthy food (pre-schools, schools, hospitals)
- Ensure that Common Agricultural Policy (CAP) reform delivers a European Healthy Sustainable Food & Farming Policy that pays attention to child nutrition (EU School Fruit Scheme)
- Provide the policy coherence and the political will to use the levers that only governments have (including regulatory and fiscal instruments), beyond sheer reliance on self-regulation, consumers' education, delegating responsibility and accountability for health of the child population to private actors
- WCRF International's Nourishing Framework – good tool for policy-makers to work towards influencing a coherent and comprehensive package of policies to promote how and what we eat (focus on food environment, food system, behaviour change communication) (http://www.wcrf.org/policy_public_affairs/nourishing_framework/)
- Consumers International's recommendations towards Global Convention to protect and promote healthy diets – tobacco-control like (binding) fight against obesity; Measures include placing stricter controls on food marketing, improving the provision of nutrition information, requiring reformulation of unhealthy food products, raising standards for food provided in public institutions and using economic tools to influence consumption patterns(http://issuu.com/consint/docs/global_obesity_report)

- What can be done? - what are the existing political levers (elections), cross-border collaboration, multi-stakeholder, cross-sector (building synergies but also cutting the costs), greater EU competence for health (beyond Art. 168 TFEU), WHO new policy for health and governance for health (incl. revising its relationships with non-state stakeholders), using the crisis as an argument for changing the status quo…
- Limited EU competence for health – Art. 168 TFEU – '*Community action shall be directed towards improving public health, preventing, human illness and diseases, and obviating sources of danger to human health by encouraging cooperation between the member States and lending support to their action*'; '*monitoring, early warning of and combating of cross-border health threats*'; '*the Commission may take initiative to promote Member States coordination, especially to establish guidelines and indicators, organise exchange of best practices, and prepare the necessary elements for periodic monitoring and evaluation*';
- the EP and the Council may also adopt incentive measures to '*protect and improve human health and in particular to combat the major cross-border health scourges, measures concerning monitoring, early warning of and combating serious cross-border threats to health, and measures which have as their direct objective the protection of public health regarding tobacco and the abuse of alcohol, excluding any harmonisation of the laws and regulations of the Member States'*. However, the clear nature and scope of these incentive measures are not defined in the Treaty.
- Article 9 on Public Health as an overarching objective '*In defining and implementing its policies and activities, the Union shall take into account requirements linked to [...] a high level of education, training and protection of human health*'

- What is proposed to be done? (EU Action Plan, EU-funded projects, Horizon2020 – self-regulation, main focus on education and consumer education, intrinsic links with the industry)
- EU Action Plan on Childhood Obesity – agreed by the High Level Group on Nutrition, Physical Activity and Health: a range of voluntary activities aimed to halt raise in childhood obesity by focusing on 8 areas of action – support a healthy start in life (healthy pregnancy, breastfeeding, early years lifestyle, primary prevention), promote healthier environments (esp. pre- and schools), make the healthy option the easier one (encouraging reformulation of less healthy food options and taking nutritional objectives into consideration when defining taxation, subsidies, pricing or social support policies), restrict marketing and advertising to children (beyond TV, incl. social media, internet, in-store, promotional actions), inform and empower families, encourage physical activity, monitor and evaluate, increase research.

- The concept of Body Image of children and adolescents as influenced by the EU policies – protection and promotion of positive image, or undermined/incoherent efforts?
- '*person's feelings of the aesthetics and sexual attractiveness of their own body that may be forced by others or social media*'
- Evolution: a product of one's personal experiences, personality, and various social and cultural forces; a person's sense of their own physical appearance, usually in relation to others or in relation to some cultural "ideal,"
- Linked to socio-economic-commercial determinants – sexualisation, body size, subsequent bullying
- a culture-wide sexualisation of girls (and women) contributing to increased female anxiety associated with body image (see the EP report on sexualisation of girls - after disagreement between EP political parties, mainly the liberals, draft report rejected by EP FEMM Committee upon assumption it '*intervenes too much into how parents should raise up their children*'); the draft report intended to contest gender stereotyping in daily life, marketing and advertising, gender-based violence, introduce dedicated subjects into school curricula)

- Mental health of children and adolescents at the EU level
- The foundation for good mental health is laid in the early years and society as a whole benefits from investing in children and families.
- Fortunately, the majority of young people in the EU enjoy good mental health. However, on average, one in every 5 children and adolescents suffers from developmental, emotional or behavioural problems and approximately 1/8 have a clinically diagnosed mental disorder. Unfortunately, new and applicant countries are facing larger problems in the field of children and adolescent mental health, revealed by strikingly high rates of ill-mental health among children and young people, children taken into custody, experiencing violence, (un)intentional accidents and injuries, institutionalisation of mental health care services for children (especially of disadvantaged backgrounds – the Roma, migrants, low-income) (http://ec.europa.eu/health/ph_determinants/life_style/mental/docs/camhee_infrastructures.pdf)
- Until now only one recent EU-level action: 2013 European Joint Action on Mental Health and Well-Being (built on 2008 European Pact on Mental Health and Well-being – youth and education as one of areas)
- Focus on children can be found in: promotion of mental health in school settings, promoting action against suicide and depression (affects children as well), developing community mental health care (alternative to institutionalisation of children), promoting the integration of mental health in all policies

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Healthy Children, Healthy Lives

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“Healthy Children, Healthy Families”

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Introduction

- Background and aims
- Evidence gathering
- Volunteer recruitment
- Volunteer training
- Volunteer activities
- Sustainability
- Lessons learned/Recommendations

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Background & Aims

- Children and families from deprived backgrounds have poorer health but are often hard to reach with traditional health services.
- Asset-based approaches have shown some promise in engaging hard to reach groups, including use of lay people from within the target communities.
- Multi-national collaboration formed: Denmark, Norway, Spain, Croatia, Italy & UK
- Funding obtained from EU Health Programme for three year project

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Background & Aims

Aims:

1.To form effective partnerships between a university, a municipality, and local civil society organisations

2.To design and deliver a community-based healthy lifestyle programme for at least 100 vulnerable children and their families

3.To recruit and train 2 x 10 volunteers to deliver the programme

Project Management

- Project manager in Denmark and a project co-ordinator in Brussels to co-ordinate the project and partners
- Six-monthly partner meetings in EU countries
- Skype meetings between partner meetings
- Learning partnerships between countries
- Use of Google Sites to share documents and tools
- Work packages included: Creation of evidence base, Training needs analysis, Development of training, Trial-out phase, Evaluation, Dissemination

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Project Management - UK

- Partnership between Coventry University (ARC-HLI) and Coventry City Council (Be Active, Be Healthy).
- Main responsibilities:
  - CU – Evidence gathering, training needs analysis, bespoke training, evaluation & dissemination, project oversight
  - CCC – Volunteer recruitment and support, training co-ordination, community & NGO engagement
- Project manager at Coventry University (0.4 FTE)
- Project co-ordinator at Coventry City Council (0.5 FTE)

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Evidence Gathering

Each partner country gathered evidence via; Literature searches, web searches for best practice, interviews with local stakeholders and potential service users.

Evidence compared across countries and used to inform training needs analysis and local strategies.

Key learning:

- Some countries had an established volunteer culture, others did not
- Recruitment and retention of volunteers was perceived as the biggest concern
- Some precedents existed in the UK
- UK target areas identified as – pregnancy, childhood obesity, men's/dad's health, and under-represented ethnic minority groups

Volunteer Recruitment

- **Citywide recruitment process**
  - **First cohort June-August 2011.**
  - **Second cohort September-October 2012.**
- **Recruitment targeted to priority areas of Coventry**
- **A variety of different methods were used to advertise the Volunteering Opportunity:**

Health E Link – Email sent out to Health Professionals

VAC Voluntary Action Coventry – Posted on website

Coventry University – Advertised the opportunity to students

Libraries – Posters

Primary & Secondary Schools – Posters

Community Centres/Churches - Posters

Volunteer Recruitment Process

- Application Form (Email or Paper)
- Volunteers required to commit 4 hours per week
  - Second cohort also asked to provide ideas for activities as part of the application process
- Interview with project co-ordinator
- CRB Full Disclosure

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Volunteer Training

Mandatory Training

Brief Interventions Training ½ day Workshop

Health Development Team, CCC

Communication, Motivation & Effective Coaching ½ day workshop

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Ethics & Organisation ½ day workshop

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HeartStart Basic First Aid ½ day workshop

Paramedic, Warwickshire Ambulance Service

Safeguarding Children/ Child Protection E Learning (6 month) distance learning.

8 Health workshops Provided by Educare. Including:

- ✓Child Protection Awareness in Health
- ✓Protecting Vulnerable Adults
- ✓Safer Recruitment - Equality & Diversity
- ✓Effective Teamwork

Volunteer Training

Optional Training

Exercise & Physical Activity Workshop (1/2 day)

Health Development Team, CCC

CIEH Level 2 In Healthier Food and Special Diets (Full Day)

Public Health Nutritionist, CCC

Walk Leader Training - (Full Day)

Healthy walks Coordinators, CCC

Access to One Body One Life Nutritional Workshops (CCC)

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Volunteering Activities

There have been 4 main areas where the volunteers have used the skills they had developed in training:

Health Promotions – Multi agency health events

Supporting existing Healthy Lifestyle Programmes – One Body One Life /Coventry Health walks

Assisting at Community Events

Developing New Projects & Activities

Health Promotions

The volunteers attended many health promotion events across Coventry throughout the Healthy Children Project.

Their role was to engage with parents and children, deliver simple health messages, and promote existing healthy lifestyle services.

Events Included:

VAC – Community Information Fayres

Healthy Neighbourhood meetings

Parents' evenings at primary schools

Community Events

The volunteers contributed to planning and delivery of community sports events.

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Events included

Sport in the Park at Edgwick Park(Foleshill) a fantastic 3 Day Event orgainsed by Foleshill Baptist Church

Paradise Games at Redhouse Park a 3 day multisport activity event for famlies in the Foleshill Area.

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Existing Health Projects

The volunteers assisted on existing health programmes run by the Be Active Be Healthy team at Coventry City Council

4 Volunteers became trained Walk Leaders and assisted on the Coventry Healthy Walks programme.

3 Volunteers assisted on the One Body One Life programme, a 10 week Healthy Lifestyle programme for families run in Primary Schools and Community Centres.

Volunteer-initiated Activities

- Health walks in the workplace – targeting Muslim women
- Health and Lifestyle related games and activities – aimed at healthier lifestyles and integration of immigrant families into the local community.
- Engaged local stakeholders, school and residents – aimed at co-ordinating Healthy Lifestyle Community days and encouraging better use of the community facilities.

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Evaluation

- Volunteers asked to record their activities using simple templates
- Questionnaires to evaluate training
- Case studies to demonstrate local impact & collaborations
- Partners recorded project implementation and reflected learning – available on website
- Local conferences
- Digital stories

- Interview study to assess impact on volunteers

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Successes

- Multi-national collaboration - highlighting new ideas, methodologies and perspectives.
- Local partnerships – CU & CCC forged ongoing relationship.
- Volunteer recruitment - easier than anticipated & volunteers widely representative of the Coventry population.
- Training well received and valued by volunteers.
- All volunteers feel they have benefitted from the project.
- Several volunteers have secured new employment.

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Issues & Challenges

- Volunteer-initiated activities limited.
- Maintaining volunteer engagement.
- Few volunteers completed case studies or records of activities/interactions.
- Difficult to reach end user groups.
- Volunteers sometimes felt isolated.
- Little success targeting Dads and pregnant women.
- Difficulties integrating volunteers into NHS.

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Lessons learned & recommendations

- Promote a sense of community within the volunteers
  - More frequent/informal meetings
  - Social networking
- More time needed together in early stages to develop activities **OR** recruit to specific projects
- Facilitate development of group projects
- Think outside the box to record achievements and impact on end users e.g. photos, videos, diaries
- Biggest outcome is the positive impact on volunteers

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Sustainability

- Consider alternative settings
  - Schools
  - Job centre
  - Other community volunteering programmes
- Engage more NGOs – recruit volunteers & embed project within existing groups/programmes
  - Charities, Community/Religious groups, Sports clubs, etc.
- Enable volunteers to become trainers/co-ordinators
- Develop a recognised qualification for the training

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Wendy's story

https://www.youtube.com/watch?v=pc2Qo6OX8Z0

Further information

Project website & toolkit

www.healthy-children.eu

ARC-HLI website

www.coventry.ac.uk/hli

Contact

lou.atkinson@coventry.ac.uk

Digital Stories

http://www.youtube.com/watch?v=HSd36ALceko&list=PLgcU7IR3mNfwWi14a5h4ElmpkpMA3_BIP

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