The Academy of Medical Sciences

Child health, wellbeing and inequities: influencing policy in changing social and political environments

Academy of Medical Sciences' report from an international policy workshop.

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Child health, wellbeing and inequities: influencing policy in changing social and political environments

Contents

Executive summary

In March 2025, the UK Academy of Medical Sciences convened over 40 experts from 10 high-income countries[1] to explore how to influence policy for child health in rapidly changing social and political environments. Building on the Academy's 2024 report Prioritising early childhood to promote the nation's health, wellbeing and prosperity and the Thrive by Five statement, the workshop addressed the continued decline in child health and widening inequities across high-income nations.
The workshop examined three critical areas where global decisions, driven by powerful economic and cultural forces, often fail to consider impacts on children: (1) social media and mental health; (2) migration and health; and (3) junk-food marketing.

Participants – including parents, researchers, healthcare professionals and policymakers – identified that traditional support systems have eroded while new challenges have emerged. Digital devices, reduced public expenditure, and loss of extended family networks have fundamentally altered childhood. Many countries now have fewer children, making investment in those children both a moral imperative and an economic necessity.

Key strategies for effective policy influence

Map all stakeholder perspectives

Successful influence requires understanding the positions of policymakers, regulators, companies and even 'adversaries' – whether food companies, tech platforms, or anti-immigration lobbies.

Use international comparisons for leverage

No country wants to be at the bottom of child health rankings. Creating and publicising international comparisons on child health metrics effectively spurs policy action.

Build unexpected coalitions

Progress comes from uniting diverse stakeholders, including healthcare professionals, educators, affected families, and those working for change within relevant industries.

Centre children's, parents' and carers' voices

Combining robust research evidence with personal testimonies creates more impact than data alone. Family voices have unique power to influence policymakers.

Frame through children's rights

Rights-based approaches transcend political divides more effectively than deficit models, particularly for migration (emphasising that migrant children are children first) and social media (balancing protection with connection rights).

Maintain persistent presence

Policy change requires patience and learning from both successes and failures. Building relationships during unfavourable climates positions advocates to act when opportunities arise.

The workshop confirmed that effective policy influence needs to move beyond documenting problems to co-designing solutions with affected communities. Academic institutions must evolve to recognise policy impact alongside traditional metrics. By combining evidence, persistence, strategic thinking and authentic family voices, advocates can achieve meaningful policy change even in challenging political environments.

[1] These were: Australia, Canada, Denmark, Japan, New Zealand, Singapore, Sweden, Switzerland, the UK and the USA

Introduction

On 4–5 March 2025, the UK Academy of Medical Sciences convened an international policy workshop to address a critical challenge: the continued worrying decline in child health and wellbeing, and rising inequities seen across almost all high-income nations. Chaired by Professor Rosalind Smyth CBE FMedSci, the workshop brought together over 40 experts from 10 countries, including parents, researchers, healthcare professionals and policymakers. Participants came from the UK, Australia, Canada, Denmark, Japan, New Zealand, Singapore, Sweden, Switzerland, and the USA to explore how to influence policy for child health in rapidly changing social and political environments.

This workshop built on the Academy's 2024 report 'Prioritising early childhood to promote the nation's health, wellbeing and prosperity' and the 'Thrive by Five' statement, which called for urgent action to reverse troubling trends in children's health. This project seeks to expand the Academy's international work on child health. Central to the Academy's approach was the inclusion of parent voices throughout the workshop, recognising that those with lived experience of raising children in today's challenging environments must be at the heart of policy solutions. Experts in attendance cited the Academy's role in convening this event as crucial to expanding their contacts and connections in this space. This will inform how organisations will be advocating for legislation regarding social media harms and allow for more cross-national exchange of ideas, facilitating interdisciplinary collaboration. Other attendees came away from the meeting more motivated to integrate evidence-based approaches into their research, and to advocate for important issues such as equitable healthcare access for migrant children. More specifically, the Academy's work in this area has encouraged other countries such as New Zealand to pursue projects on improving child health policy.

Participating countries

Australia
Canada
Denmark
Japan
New Zealand
Singapore
Sweden
Switzerland
United Kingdom
United States

The social and environmental factors surrounding children have undergone stark changes since the turn of the 21st century. The rise of digital infrastructure and social media, reduced economic growth, diminished public service expenditure, and the erosion of traditional community and extended family support networks have fundamentally altered the landscape of childhood. Parents and caregivers, often juggling multiple jobs and responsibilities while managing the increased demands put on children by schools, can feel isolated and unsupported, lacking adequate time and resources for children to thrive. Indeed, parents at the workshop specifically identified lack of time as their primary challenge, with multiple competing demands from work, school requirements and family responsibilities leaving reduced space for meaningful engagement with their children's health and wellbeing needs.

Compounding these challenges is the seemingly universal reduction in public health and parenting support programmes, with parents reporting difficulties accessing children's health services and overstretched specialist support, particularly for children with special educational needs and disabilities. With health inequities widening in many countries, there is an urgent need both for services that mitigate impacts on families and for policies that address rising rates of child poverty.

The workshop examined three critical areas where decisions with global reach are being made with powerful economic, societal and cultural drivers, often without adequate consideration of their unintended consequences for children:

the effects of social media on mental health

migration and health

junk-food marketing

In each area, participants explored not just what needs to change but, crucially, how to influence policy in diverse political contexts.

Many communities within high-income countries are experiencing declining numbers of children and young people. Supporting all families to thrive – especially those who are most vulnerable or at risk – represents both a moral imperative and an opportunity to improve population health and address challenges posed by ageing societies. As participants noted, investment in children's health also makes economic sense: a failure to invest sufficiently in future generations is profoundly short-sighted.

This report synthesises discussions from the workshop, highlighting evidence-based approaches to influencing policy, the critical role of parents' and children's voices, and practical strategies for creating change. While each country faces unique contexts, the global nature of these challenges suggests that international cooperation and shared learning can create scaled impact. The insights and recommendations that follow are intended to support policymakers, practitioners and advocates in their efforts to create environments where all children can thrive. Five key messages emerged from the workshop discussions, which informed all subsequent deliberations.

Key messages

Research should be designed with solutions and policy translation in mind

Technological advances are accelerating at such a fast pace that research for policy must be rapid, targeted, and should identify short- and long-term benefits. Funding programmes and publication processes must be similarly nimble and efficient to allow timely access to research for policy translation. Successful policy influence requires understanding of the language and needs of your audience. For example, currently 'evidence' for policy change often means different things to researchers (scientific findings) than to policymakers (justification for decisions, with scientific findings as one aspect).

Researchers and policymakers need to create better networks for knowledge exchange and learn to understand the perspectives of companies and regulators to design effective policies

Successful evidence-based policy requires going beyond traditional boundaries within sectors through increased communication and knowledge-sharing networks. Large companies and regulators have a major influence on the health and wellbeing of children and young people – as seen with digital infrastructure and marketing of unhealthy foods to children. Understanding these perspectives can help with advocacy strategies. Research excellence must go beyond publication and traditional academic metrics. Building relationships with policymakers and other actors is essential but undervalued in academic contexts.

The voices of children, young people, parents and carers can be powerful in directing research, influencing policy and energising advocacy work

Co-designing research and policy with communities can be game-changing to create effective solutions to reduce inequities and improve health and wellbeing. Policies must strike the right balance between protecting children from harm and allowing access to benefits. Keeping children and young people central to these decisions can ensure their effective implementation.

Sustained advocacy is necessary even without immediate success

Policy change requires patience, learning from both successes and failures, and can be facilitated by individuals who understand policy and regulation who can broker relationships and shared accountability for rights-based approaches, such as the UN Convention on the Rights of the Child. The research community should work pre-emptively to continue to build usable evidence, which incorporates lessons from elsewhere, being mindful of dynamic social and political environments.

International comparators provide powerful evidence to influence policy

No country wants to be bottom of the list that highlights areas where national performance lags behind other countries. Key issues driving inequities and impacting child health and wellbeing are global challenges, which will benefit from a coordinated approach, despite different cultural contexts. Creating a global community of researchers can facilitate knowledge-sharing around best practice. This in turn can empower those involved to create or implement solutions for impact at scale.

Key policy considerations and opportunities

Many of the global decisions shaping children's lives today are driven by powerful economic, societal and cultural actors who do not fully consider their impact on young people. Throughout the workshop, participants examined how these unintended consequences disproportionately affect the most vulnerable children, and explored practical strategies for influencing policy in changing social and political environments to reduce these inequalities.

Social media and mental health

Parents described the daily tension of protecting their children from digital harms while avoiding social isolation, with one noting how attempts to restrict access can lead children to feel excluded from peer groups. Participants discussed how social media has become so embedded in children's lives that attempts to restrict access can lead to social isolation, yet unrestricted use brings its own risks. This tension between protection from harm and access to benefits emerged as a central challenge.

Indeed, the evidence presented revealed a complex picture. While social media can provide vital connection for some young people – particularly those from marginalised communities or with specific health conditions – research also demonstrates clear associations with anxiety, depression and disrupted sleep patterns. Parents specifically highlighted how gaming can lead to a lack of synchronicity with family routines, particularly around mealtimes, further fragmenting family connection.

It was also acknowledged that digital technologies are increasingly embedded not just in children's lives but in family life more broadly, with parents and researchers alike recognising the complexity of the influence of digital infrastructure. While they acknowledged that social media serves as a vital way of connecting people (a trend that accelerated during COVID-19), they also expressed concern about their own phone use and its impact on parent–child attention and interaction.

Policy-influencing strategies

Participants reported that successful advocacy in this area has combined powerful parent testimonies with robust research evidence. The importance of involving young people themselves in policy development was emphasised, along with applying existing knowledge about children's health needs (sleep, physical activity, social connection) by working with technology experts. Several participants noted that framing discussions around children's rights has been more effective than focusing solely on risks, as this acknowledges both the need for protection and the benefits of digital connection.

International approaches were discussed, with participants noting variations in strategies. Some countries are exploring age verification and minimum age legislation, while others focus on digital literacy and family support. Participants observed that cooperation from social media companies to ensure products promote health and wellbeing is not currently incentivised, nor are responsible practices mandated. The multinational nature of large tech companies requires coordinated international responses.

Equity considerations

Solutions must consider populations for whom social media serves as a lifeline, acknowledging that blanket restrictions may disproportionately harm already marginalised young people who rely on online communities for support.

Migration and health

The workshop heard directly from people with migration experiences, whose testimonies highlighted both the resilience of migrant children and the systemic barriers they face. A parent with migration experience shared her story of becoming a mother as a refugee, describing how she 'didn't even know what a GP was' and struggled with hospital communication, highlighting the systemic barriers migrant families face. It was also noted that refugee and forcibly displaced populations often contain high proportions of children and young people, yet migration contexts are highly heterogeneous, requiring flexible support systems to address diverse needs.

The evidence presented showed that refugee children and young people can provide great economic benefit to society, but they – along with their families – need support to access the full range of services in their host country. Language acquisition, particularly by mothers, emerged as essential for integration, while maintaining heritage language and culture remains important for wellbeing. Participants discussed how current support programmes are often brief and insufficient, failing to address long-term social determinants including housing, safety and social inclusion.

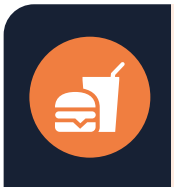
Policy-influencing strategies

Participants reported that successful advocacy has centred on rights-based approaches, emphasising that the United Nations Convention on the Rights of the Child (UNCRC) applies to all children regardless of migration status – a migrant child is a child first. Building coalitions between migrant communities, healthcare providers, educators and legal advocates was discussed as an effective approach. Participants stressed the power of personal narratives combined with economic arguments about the long-term benefits of successful integration.

International examples were shared, demonstrating varied approaches. Participants discussed different national programmes for supporting migrant families and integration pathways. However, concerning trends toward more restrictive policies in several countries were noted, often driven by political pressures that fail to consider children's best interests.

Equity considerations

Policy must recognise the diversity within migrant populations and avoid one-size-fits-all approaches. Collaborative approaches between countries to share knowledge and resist temporary political pressures can help protect migrant children's rights.



Junk-food marketing

Parent voices were particularly powerful in this session, with participants describing the challenging choices between affordable food that their children recognise and aspire to, versus healthier options that may be culturally unfamiliar or economically out of reach. For migrant families especially, it was noted that brand-name foods can be aspirational and represent belonging in their new country. Nonetheless, the evidence on junk-food's health impacts is unequivocal.

Marketing of unhealthy foods contributes significantly to childhood obesity and dental decay, and establishes lifelong unhealthy eating patterns. Participants discussed how the strategic use of marketing techniques is pervasive, targeting children through multiple channels including social media, sports sponsorships and product placement. These impacts are not equally distributed – such marketing tactics disproportionately impact lower-income communities. Ultimately, the group stressed that such marketing practices undermine children's rights to the highest attainable standard of health, as recognised in the UNCRC.

Policy-influencing strategies

Participants reported that success has come from combining different advocacy strategies: using international comparisons, persistence over many years, and building coalitions including health professionals, parents and food-industry reformers. It was emphasised that comprehensive approaches must address price, product and promotions rather than focusing on single interventions.

Participants discussed international regulatory approaches, sharing examples of different policy interventions. Some countries have implemented restrictions on marketing to children, front-of-pack labelling, and taxes on sugary drinks. Japan's approach to school nutrition education was highlighted as demonstrating how a healthy food culture can be actively shaped, while Sweden's free school meals have also had documented positive impacts. The UK's advertising restrictions were discussed, with some participants noting the concerning impact of recent implementation delays.

Equity considerations

Interventions must be designed from the ground up with equity in mind. Taxation alone may widen inequities if not combined with subsidies for healthy foods and support for families to develop healthy food relationships. Cultural factors must be considered to avoid stigmatising traditional foods while addressing the health impacts of ultra-processed products.

Strategies for effective policy influencing

The session on sharing lessons learned for policy engagement brought together experiences from across the different policy areas, with experienced advocates sharing what works in practice. Several key strategies emerged, building on the workshop's key messages:

Map all stakeholder perspectives

Understanding the policy landscape is crucial. This includes not just understanding policymakers' priorities and constraints but also knowing the adversary – whether that's the food industry, tech companies or anti-immigration lobbies. Participants noted that evidence means different things to researchers (scientific findings) and policymakers (justification for decisions).

Build unexpected coalitions

Participants noted that successful advocacy often comes from uniting diverse stakeholders. In the migration context, building coalitions between migrant communities, healthcare providers, educators and legal advocates was discussed as an effective approach. For addressing junk-food marketing, participants reported success from building coalitions including health professionals, parents and food-industry reformers. These diverse alliances demonstrate broad-based concern that can be more difficult for policymakers to dismiss.

Design rapid, solutions-focused research

The gap between research and policy action often stems from research that doesn't answer policymakers' questions or isn't communicated in accessible ways. Moreover, technological advances are accelerating so quickly that traditional research and publication timelines cannot keep pace. Participants emphasised the need for agile funding mechanisms and expedited publication pathways to ensure that research remains relevant for policy decisions. Successful examples involved researchers working directly with policymakers from the outset and remaining impact-aware throughout the process. Several participants noted that academic incentive structures undervalue policy engagement. Institutions should therefore move toward recognising and rewarding policy impact alongside traditional publication metrics.

Highlight the voices of children, parents and carers

While research provides the foundation, personal stories create emotional connection and urgency. The most effective advocacy combines robust evidence with compelling human narratives.

Frame approaches around children's rights

Participants across all three thematic areas reported that rights-based approaches proved more effective than deficit-focused messaging. For migration, emphasising that the UNCRC applies to all children regardless of status – a migrant child is a child first – transcended political divisions. In discussions about social media, framing through rights acknowledged both the need for protection and children's rights to connection and participation. For food marketing, participants stressed how marketing practices undermine children's rights to the highest attainable standard of health. This rights-based framing provides a universal language that resonates across political divides.

Use international comparisons for leverage

Participants noted that no country wants to be at the bottom of international rankings. Creating and publicising international comparisons on child health metrics has proved to be effective in spurring policy action.

Maintain a sustained presence

Policy change requires patience and learning from both successes and failures. Even imperfect policy opportunities can create incremental progress. Building relationships and maintaining presence, even during unfavourable political climates, positions advocates to act when windows of opportunity open.

The workshop demonstrated that while each country faces unique political contexts, shared learning about effective influence strategies can accelerate progress. By combining evidence, persistence, strategic thinking and – crucially – the authentic voices of families, advocates can create meaningful policy change, even in challenging political environments.

Conclusion

The workshop reaffirmed that child health, wellbeing and inequities represent urgent challenges requiring coordinated international action. Across all participating countries, participants recognised similar patterns: concerns about mental health; widening inequities; and social environments that present challenges for healthy child development. Despite this, the workshop also demonstrated reasons for optimism, showcasing effective strategies for policy influence and the power of international collaboration.

Central to all discussions was the recognition that children, young people, parents and carers must be more than consultees in policy development; they must be genuine partners in creating solutions. Their lived experiences provide insights that research alone cannot capture, and their voices carry unique power in influencing policymakers. Participants reflected on how parent descriptions of daily challenges in raising children can have powerful impacts on policy discussions.

Moving forward, the insights from this workshop will inform ongoing efforts to create environments where all children can thrive. By sharing learning across borders and maintaining the connections formed, participants can continue to strengthen their collective impact. The Academy will continue to drive forward efforts to support collaboration as countries work to address these shared challenges through evidence-based, equity-focused approaches that centre the voices of children and families.

Annex: Attendee list

Steering Committee

- **Professor Rosalind Smyth CBE FMedSci (Chair)**, Vice President (Clinical) of the Academy of Medical Sciences; Vice Dean (Research) of the Faculty of Population Health Sciences and Honorary Consultant Respiratory Paediatrician
- **Professor Astrid Guttmann**, Co-Director, Edwin S.H. Leong Centre for Healthy Children and Paediatrician and Senior Scientist,University of Toronto, Hospital for Sick Children
- **Professor David Taylor-Robinson**, W.H. Duncan Chair in Health Inequalities, Professor of Public Health and Policy, Honorary Consultant in Child Public Health, University of Liverpool
- **Professor Denise Wilson**, FRSNZ Associate Dean of Māori Advancement and Professor in Māori Health, Auckland University of Technology
- **Dr Evelyn Law**, Assistant Professor, Yong Loo Lin School of Medicine; Principal Investigator, Translational Neuroscience Programme; Senior Consultant, Department of Paediatrics, National University of Singapore; Singapore Institute for Clinical Sciences (SICS); National University Hospital
- **Professor Hyewon Lee**, Seoul National University
- **Professor Louise Baur**, AM PresAHMS, Professor of Child & Adolescent Health and Consultant Paediatrician, University of Sydney
- **Dr Naho Morisaki**, Director of Department of Social Medicine, National Center for Child Health and Development, Japan
- **Ngawai Moss**, Parent; Charity Manager & Co-Founder of Elly Charity; Global Commission Co-Chair, Better Research, Information and Data Generation for Empowerment
- **Dr Oliver Mytton**, Clinical Associate Professor and Honorary Public Health Consultant, University College London Great Ormond Street Institute for Child Health

Participants

- **Amarilda (Ilda) Sinani**, CEO, Welcome to the UK
- **Dr Amy Orben**, Programme Leader Track Scientist, MRC Cognition and Brain Sciences Unit, University of Cambridge
- **Professor Anders Hjern**, Karolinska Institutet
- **Assistant Professor Andrew Yee**, Nanyang Technological University
- **Professor Anna Sarkadi**, Uppsala University
- **Associate Professor Bridget Kelly Gillott**, University of Wollongong
- **Professor Catherine Law CBE FMedSci**, Professor of Public Health and Epidemiology, University College London
- **Associate Professor Charlotte Moore Hepburn**, Medical Director, Child Health Policy Accelerator, Hospital for Sick Children
- **Cyndy Au**, Nanyang Technological University
- **Dan Segetin**, Parent
- **Professor Dipesh Navsaria**, Clinical Professor of Human Development and Family Studies, University of Wisconsin–Madison
- **Professor Dr Heather Payne**, Senior Medical Officer for Maternal & Child Health, Welsh Government
- **Professor El-Shadan Tautolo**, Associate Dean – Pacific Advancement, Auckland University of Technology
- **Dr Francine Buchanan**, Program Manager, Patient and Family Engagement in Research, Ontario Child Health Support Unit, SickKids
- **Gwendolyn Moncrieff-Gould**, Policy Lead, Child Health Policy Accelerator, SickKids
- **Professor Helen Minnis FMedSci**, Professor of Child and Adolescent Psychiatry University of Glasgow
- **Jens Karberg**, Parent
- **Professor John Lynch FAHMS**, Professor of Epidemiology and Public Health, The University of Adelaide

- **Dr Julia Brandenberger**, Paediatric Emergency Department, Inselspital, University of Bern
- **Justine Menzies**, Principle Researcher – early years, Scottish Government
- **Dr Lola Solebo**, Principle Clinical Research Fellow, University College London
- **Professor Lucy Chappell FMedSci**, Chief Scientific Advisor, Department of Health and Social Care
- **Professor Melissa Wake FAHMS**, Scientific Director of GenV Initiative, The Royal Children's Hospital Melbourne, Murdoch Children's Research Institute
- **Mickey Conn**, Senior Research Programme Manager, Department of Health and Social Care
- **Patricia Jamal**, Parent
- **Professor Paul Ramchandani**, LEGO Professor of Play in Education, Development and Learning, University of Cambridge
- **Pauline Leeson**, Chief Executive, Children in Northern Ireland
- **Associate Professor Polly Atatoa Carr**, University of Waikato
- **Russell Viner CBE FMedSci**, Chief Scientific Advisor, Department for Education, UK
- **Professor Ruth Gilbert**, Professor of Clinical Epidemiology, University College London
- **Associate Professor Sarah-Jane Paine**, Associate Professor in Māori Health and Research Director of the Growing Up in New Zealand longitudinal study, University of Auckland
- **Professor Sharon Goldfeld FAHMS**, Director, Centre for Community Child Health (CCCH) the Royal Children's Hospital
- **Dr Simon Russell**, Senior Research Fellow and Unit Manager of the NIHR Policy Research Unit in Obesity at the UCL Great Ormond Street Institute of Child Health.
- **Professor Susan Sawyer**, Chair of Adolescent Health, Department of Paediatrics, The University of Melbourne
- **Professor Trine Flensburg-Madsen**, National Institute of Public Health, University of Southern Denmark
- **Professor Ulla Toft**, Steno Diabetes Center Copenhagen
- **Professor Yap Seng Chong**, Dean of Yong Loo Lin School of Medicine, National University of Singapore

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