



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

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

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Executive summary

In March 2025, the UK Academy of Medical Sciences convened over 40 experts from 10 high-income countries¹ in a policy workshop to address the continued worrying decline in child health and wellbeing and an increase in inequities seen in almost all high-income countries. This built on the Academy's '[Prioritising early childhood to promote the nation's health, wellbeing and prosperity](#)' report and was identified as a next step in its [Thrive by five statement](#). Participants included parents, researchers, healthcare professionals and policymakers who discussed several issues where the health and wellbeing of children and young people is at particular risk, including the impact of social media on mental health, marketing of junk foods, and migration. All three of these examples demonstrate areas where decisions are directed by powerful economic, societal and cultural drivers and the unintended direct consequences on children are not considered.

The social and environmental factors surrounding a child are highly influential for their health and wellbeing. Since the turn of the 21st century, there have been stark changes in many of these factors, including the rise in the prominence of digital devices and social media, reduced or stagnant economic growth leading to fewer job opportunities, and reduced expenditure on public services. Participants also noted that the traditional community and extended family networks, important for support in the early years, are now largely absent in high-income countries due to changing social norms. Children are often now raised by parents or caregivers who also need to juggle full-time, part-time or multiple jobs and are reliant on other forms of care. These factors can leave parents and caregivers isolated, feeling like there isn't adequate time and support for children and young people to thrive. This is compounded further by the seemingly universal reduction in public health and parenting support programmes for families due to the pressures of meeting acute needs and cost pressures. With growing health inequities (preventable inequalities) in a number of countries, more attention needs to be given to services to mitigate the impacts on families, as well as to policies to address rising rates of child poverty.

Participants noted that 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 who may be more at risk – is an opportunity to improve the healthy life expectancy and overall wellbeing of the population, and can help address challenges faced due to an ageing population.

It was evident that many factors impacting child health are global challenges, despite the country-specific contexts. This means that international cooperation could have a scaled global impact. Examples of initiatives from the workshop, such as free school meals in Sweden, or rigorous nutritional school curriculum in Japan, can create the building blocks of long-lasting impacts to reduce inequities, improving child health and wellbeing in the short- and long term. The following five key themes emerged as priorities in influencing policy for the equitable and healthy development of children and young people in changing social and political environments.

¹ These were: Australia, Canada, Denmark, Japan, New Zealand, Singapore, Sweden, the United Kingdom and the United States

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 to 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.

Annex 1: 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 Guttman**, 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
- **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

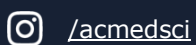
Participants

- **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
- **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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