



Children's Environment and Health Strategy for the United Kingdom

Consultation Questionnaire

Instructions

Please complete the consultation questions below and return your response by Friday 13 June 2008, to:

CEHAPE Consultation Officer
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If you wish your response to be treated confidentially, please indicate this when sending us your response.

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Are you under 18 years of age? (please tick)	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
If responding on behalf of an organisation, please state who the organisation represents and, where applicable, how the views of members were assembled.	<p>The Chartered Institute of Environmental Health (CIEH) is a registered charity and the professional voice for environmental health. It sets standards, accredits courses and qualifications for the education of members and other environmental health practitioners.</p> <p>It provides information, evidence and policy advice to local and national government and environmental and public health practitioners in the public and private sectors. As an awarding body, the CIEH provides qualifications, events, and support materials on topics relevant to health, wellbeing and safety to develop</p>

	<p>workplace skills and best practice.</p>
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As a campaigning organisation, the CIEH aims to promote improvements in environmental and public health policy. It is based in the UK with offices in London, Northern Ireland and Wales.

Regional Priority Goal I: Water, Sanitation and Health

- 1** Do you agree that the areas highlighted need to be addressed with regards to water, sanitation and children's health in the UK?

Generally agree but it is our understanding that private drinking water supplies are fairly well documented. There would seem to be an adequate legislative basis to tackle issues that may arise, however the latest Drinking Water Directive still remains to be implemented. Perhaps the key issue is the need to assist private water supply owners to upgrade their supplies. There is a precedent for financial support that can be seen in Scotland

- 2** Are there any additional areas concerning water, sanitation and children's health that you feel need to be addressed in the UK, but aren't highlighted in this strategy? If so, please explain.

Whilst RPG1 talks about the affordability of water the main text of the document focuses on water quality. Although children in the UK would not be expected to die from thirst, their wellbeing might be affected by restricted water use, including for play. The Government has acknowledged that there is an increasing number of households suffering from "water poverty" due to rising prices and changes in policy on charging and assistance.

- 3** What issues concerning water, sanitation and children's health, if any, do you feel are a priority for the UK over the next few years?

CIEH recognises the need to conserve water but we also believe that it is essential to ensure that every household should be enabled to have access to all the wholesome water it reasonably needs. There should also be an underpinning principle to ensure that the most vulnerable in society have adequate and appropriate provision.

- 4** Is there anything else you would like to add?

Whilst there is no specific legislation on the hygiene of swimming pools per se, many local authorities will monitor and enforce water quality standards through the use of the generic Health and Safety legislation

Regional Priority Goal II: Accidents, Injuries, Obesity and Physical Activity

- 5** Do you agree that the areas highlighted need to be addressed with regards to accidents and injuries, obesity and physical activity, and access to green spaces and children's health, in the UK?

Yes. CIEH believes that is important to ensure that accurate surveillance of unintentional injuries is carried out, not only to identify the effectiveness of interventions but also to highlight emerging issues. We are pleased to note that the text in the document identifies "the need for a proportionate approach towards health and safety and injury reduction initiatives to ensure that children's opportunities to learn about and experience risk and participate in physical activities are not adversely restricted" Amongst other things we believe, and have stated in our Health and Safety policy, that "The education of the public, especially young people, in understanding risk and how to manage it as a life skill will contribute towards a significant reduction in occupational health and safety risks"

- 6** Are there any additional areas concerning accidents and unintentional injuries, obesity and physical activity, and access to green spaces and children's health, that you feel need to be addressed in the UK, but aren't highlighted in this strategy? If so, please explain.

Whilst there is a suitable legislative framework in place to protect young people in the workplace, we believe that more might be done to provide support to, and develop skills in, those required to assess the safety of workplaces for young people seeking work experience during the educational process.

In respect of the National Child Measurement programme it may be worth investigating the most appropriate measurement scheme i.e. is BMI suitable for children?

Tackling obesity must be a key priority due to the potential adverse health impacts. Whilst progress is being made in a range of areas, the issue controlling the marketing of junk food to children still remains contentious. Much of the debate has been around the impact that marketing has on food choices and consequently further objective research would appear warranted.

- 7** What issues concerning to accidents and injuries, obesity and physical activity, and access to green spaces and children's health, if any, do you feel are a priority for the UK over the next few years?
- 8** Is there anything else you would like to add?

Regional Priority Goal III: Respiratory Health, Indoor and Outdoor Air Pollution

- 9** Do you agree that the areas highlighted need to be addressed with regards to outdoor air pollution and indoor air pollution and children's health in the UK?

Yes. However it should be recognised that the largest influence on indoor air quality is outdoor air quality. In respect of indoor air quality it will be important to establish a sound base of knowledge, about the risks of adverse health effects arising from specific components, before determining any Government strategies i.e. they must be evidence based.

It should also be noted that the information about the declaration of a Local Air Quality Management Area is not accurate. The duty to declare a LAQMA arises where the Local Authority identifies that one or more Air Quality objectives will not be met

- 10** Are there any additional areas concerning outdoor air pollution and indoor air pollution and children's health that you feel need to be addressed in the UK, but aren't highlighted in this strategy? If so, please explain.
- 11** What issues concerning outdoor air pollution and indoor air pollution and children's health, if any, do you feel are a priority for the UK over the next few years?
- 12** Is there anything else you would like to add?

Regional Priority Goal IV: Chemical, Physical and Biological Hazards

- 13** Do you agree that the areas highlighted need to be addressed with regards to chemicals, ionising and non-ionising radiation, noise, biological hazards and emergency preparedness and children's health in the UK?

Yes. CIEH has long been concerned about the need to reduce the incidence of skin cancer and because many of its members work in Local Authorities, has made recommendations about actions that Local Authorities might take in this area. One such has been exploring the possibility of seeking shade provision when approving plans for schools and similar buildings. The issue of sunbeds has been highlighted in the document and CIEH has campaigned (relatively successfully) for Local Authorities to remove these from their leisure facilities. Currently we are working with a number of partners, including Cancer Research UK, to restrict the use of cosmetic tanning facilities. We believe that there is sufficient evidence to ban the use of commercial artificial tanning facilities by under 18s. We also believe, that given the inherent lack of control in unmanned facilities, these should not be permitted to operate

Separately we would suggest that whilst noise mapping can identify schools likely to be affected by given levels of sound energy, there would need to be further work done to establish pupil exposure.

- 14** Are there any additional areas concerning chemicals, ionising and non-ionising radiation, noise, biological hazards and emergency preparedness and children's health that you feel need to be addressed in the UK, but aren't highlighted in this strategy? If so, please explain.

- 15** What issues concerning chemicals, ionising and non-ionising radiation, noise, biological hazards and emergency preparedness and children's health, if any, do you feel are a priority for the UK over the next few years?

- 16** Is there anything else you would like to add?

Overarching Issues and Priorities

- 17** Are there any other overarching issues not highlighted that you feel should be taken into account in developing the Children's Environment and Health Strategy and action plans?

Although the issue of vulnerable groups is touched upon in the document we would wish to ensure that in determining priorities for action, health inequalities will always be a major element of the consideration.

We note the reference to climate change in the document and believe this must be a major consideration in determining the strategy both for "today and tomorrow". One example of this might be in relation to RPG1 i.e. consideration of the impact and consequences of flooding and the need for arrangements and/or appropriate mechanisms to protect the health of children

Organising to Deliver

- 18** Do you agree with the proposed general approach for addressing the CEHAP priorities in the UK?

Yes. However it must be recognised that the priorities of the CEHS will be in competition with the priorities of a wide range of other strategies. Resources are limited and therefore there will need to be measures in place to support implementation. Perhaps one key mechanism would be the alignment of CEHS priorities with other strategic/delivery frameworks of those organisations given responsibility for delivery. At a regional and local level this might be through linking into Local Area Agreements. There might also be consideration of the need to identify cross governmental national priorities. An example of such a process can be seen in the Rogers review, which identified national enforcement priorities for Local Authority Regulatory Services, using evidence of the risk the policy area sought to control and the effectiveness of interventions

- 19** Do you consider the use of environment and health indicators a useful means of measuring environmental determinants of children's health and the overall impact of the Children's Environment and Health Strategy?

To a large extent, however social and economic factors will always impact on overall outcomes

- 20** Are there any other means of monitoring the impact of the Children's Environment and Health Strategy that should be considered?

- 21** Over what timescales do you think the Children's Environment and Health Strategy should operate?

This is difficult to quantify as the range of proposed activities involve different timescales. The key must be to establish baselines and incorporate effective evaluation measures. Alongside this there will need to be regular reviews to

determine progress and establish any need for change.

Consultation Process

22 Are there any ways we could improve similar consultations in the future?

The workshop for stakeholders was extremely useful and though perhaps limited in the numbers it can include would appear a useful mechanism to take forward

Anything Else?

23 Is there anything else you would like to add concerning the Children's Environment and Health Strategy?

Thank you for taking the time to consider this document