

# Children's charter for lung health

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Every child and young person has the right to breathe clean air, with healthy lungs. Preconception, in utero and early life exposures, affect children's lungs, their lung growth and their long-term health. Government, societal and individual action to address this is needed, including the provision and distribution of the necessary resources, both to protect children now and to prevent future ill health, disability and premature death.<sup>1-5</sup> Government, charities, professional bodies and other organisations must consider impacts on child health in all their policies and ensure that children, as well as their families and carers, have appropriate protection and support.

To address this, the Asthma UK and British Lung Foundation Partnership Children's Charter for Lung Health, endorsed by The British Paediatric Respiratory Society and the British Thoracic Society as well as the Association of Chartered Physiotherapists in Respiratory Care and the Association of Respiratory Nurse Specialists sets out 10 principles in three groups to guide policy development and action (figure 1).

## PROMOTING AND SUSTAINING LUNG HEALTH

### Giving lungs the best start—parental health and health in pregnancy

Healthy lung growth and development starts before birth. Healthy babies require healthy parents. Addressing inequality, social deprivation, structural racism and the corporate determinants of health<sup>6</sup> is fundamental to

this, so that preconception and pregnancy risk factors like poverty, poor housing, smoking, dietary factors, obesity and stress can be reduced or avoided. Parents must have the capabilities to live in as healthy a way as possible, in all aspects of daily life, in the home and at work.

### Growing lungs need to breathe clean air

Exposure to particulate and other forms of pollution harms lung growth, increases the risk of developing lung disease and causes acute attacks in children who have lung disease. Exposure to pollution must be brought down by legally enforcing WHO limits. This requires action across government on areas including transport, energy generation, farming practices as well as action more broadly to reduce global heating, which itself increases ground-level pollution. Indoor air quality is also vital, and no child should have to live in a cold, damp home or be exposed to passive smoke.<sup>7</sup>

This will require the development of local/personalised plans for reducing the impact of these factors. Examples include enforcement of housing regulations; action to reduce and help people avoid areas of high pollution; provision of smoking cessation support. Closer relationships between health and local authority services should identify common local trends and help populations/individuals to address them.

## Raising a smoke-free generation—supporting steps to achieve the Smokefree 2030 ambition

Smoking, both active and passive, increases the risk of lung disease in children, impairs lung growth and increases the risk of infections. To prevent child uptake of smoking, action is needed to reduce the appeal, affordability and accessibility of smoking.<sup>8</sup> Measures include raising the age of sale from 18 to 21 to take smoking completely out of schools, increasing prices, expanding smoke-free spaces and preventing the targeting of children and young people by the tobacco industry. E-cigarettes and similar devices must only be marketed to adults as alternatives to smoking, not be packaged and marketed in a way that appeals to children.

## CARING FOR CHILDREN AND YOUNG PEOPLE WITH LUNG CONDITIONS

### Improving community and long-term care for respiratory disease

Lung health should be considered routinely as part of child development. Most care for children with breathing problems takes place in the community. Community care must be able to ensure timely and accurate diagnosis including access to appropriate investigations and referral for specialist support where necessary. Long-term care for lung conditions should both acknowledge differences between the care of adult and paediatric conditions and ensure that transitions to adult care are seamless. The identification of children with respiratory conditions needs to be proactive.

### Improving emergency care for children with lung disease

Children need universal, timely access to safe, high-quality care based on their needs. This

## A Children's Charter for Lung Health



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**Figure 1** The Asthma UK and British Lung Foundation Partnership Children's Charter for Lung Health.

must apply from acute self-limiting illnesses through to life-threatening conditions requiring complex intensive care support. Children and carers should have the information to monitor and self-manage their condition and know when and from whom to seek care in a timely way. Pathways of acute care for conditions like asthma, bronchiolitis and pneumonia must be subjected to a transparent process of audit and improvement. Following discharge from hospital, children and their carers must receive the information, support and follow-up that they need.

### Improving management of rare diseases

The care of children with some rare diseases can be complex. Bronchiectasis, parenchymal lung disease, cystic fibrosis and home ventilation services for children with neuromuscular problems are examples of this. Ensuring access to high quality expert care, wherever in the country children live, is essential. There needs to be coordination of care and sharing of information across acute and long-term services and settings and support for palliative and end of life care. Services must support the transition from paediatric to adult care.

### Support for carers

The healthcare system must address the needs of families and carers of children with lung disease. This must include providing sources of high quality, clear information, emotional support and counselling as well as respite where this is needed. Provision of this must match individuals' language needs, literacy and varying digital access. Support should extend to formal and informal carers, so that the needs and responsibilities of, for example, teachers and youth club leaders around lung health are included.

Facilities should be provided to allow carers to support children in hospital.

### The healthcare workforce needed to support children with lung disease

Children with lung conditions need support from a range of health and social care professionals. This requires training and recruitment to a range of roles within the multidisciplinary care team, including, but not limited to, nurses, paediatricians, general practitioners, physiotherapists, paediatric respiratory physiologists, play specialists, occupational therapists and social workers. Substantial staffing gaps that have been allowed to develop in the healthcare workforce need to be reversed urgently.

## LUNG HEALTH—POLICY AND RESEARCH

### Research priorities need to be identified and pursued

Urgent attention is needed to address knowledge gaps including, but not limited to (1) research that will influence policy, for example, estimated costs of preventable poor lung health, and the mechanisms that impair healthy lung development, (2) better diagnostics for paediatric lung disease and lung function assessment in early life, (3) facilitating digital health recording of child lung health parameters to enable data linkage to advance knowledge of the impact of early child lung health for adult health, (4) the case for routine lung health checks including spirometry around secondary school entrance as a marker of a poor respiratory outcome, (5) behavioural studies for prevention and treatments/activation, (6) the management of both common conditions and rare high impact diseases, (7) addressing the fact that the evidence for many medications used by children is based only on extrapolation from adult data, (8) health services research to consider optimum delivery across primary and secondary care.

Research is required across the whole translational range from underpinning biology, through therapeutic innovation to health services research on implementation.

Research prioritisation should be a transparent process, including children, young people and their carers.

### Child health in all policies

The health of children is fundamental to the future health of society and is a matter for us all. The impact of any policy on the health of children and young people, particularly their respiratory health, should be considered prior to implementation and considered in the post-implementation evaluation of their impact. This will require closer working between adult and paediatric respiratory leaders and researchers and policymakers. Opportunities should be taken, where appropriate, to align policies and programmes for adult respiratory health to paediatrics, for example, severe asthma services and diagnostic hubs, especially given that much adult lung disease has its roots in childhood.

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