

BRINGING SYSTEMATIC IMPROVEMENT TO CHILD HEALTH IN THE EU



Today's children are tomorrow's workers, parents and carers. In order to create a bright future for us all, we must promote and protect children's health and well-being. Across the European Union, child health services take many different forms, which has a direct impact on the delivery of primary care. Countries are keen to make improvements and learn from each other by engaging in comprehensive evaluation and collaborative partnerships. Truly child-centered health care will help achieve life course health outcomes for children, and the adults they will become.

THE MOCHA PROJECT

The Models of Child Health Appraised (MOCHA) consortium has examined the current state of primary child health care across 30 European countries, in close collaboration with 22 EU and global partners.

Results of the consortium's study are both challenging and inspiring. MOCHA determined that there is a scarcity of data regarding child health. But this data is necessary to make a robust intra- and inter-country appraisal of primary care system quality. In particular, when looking at clinical and health status measures.

A FOCUS ON CHILD NEEDS

However, the rights and needs of every child are never in dispute. Children want—and deserve—accessible, engaging, and trustworthy health professionals. Prevention is vital. Sufficient investment is needed for services like mental health

promotion or immunisation, to allow effective and equitable provision. Increasing numbers of children with chronic or complex conditions need coordinated and continuous care with health, social care and community components. Extra skills training is needed in, for example, interdisciplinary working or assessing emotional reactivity in adolescents.

MOCHA also confirmed that social, cultural and political factors play a crucial role in child development. While standards are often set with an optimal family structure in mind, in reality, families struggle with issues like poverty, poor housing, fractured and fluid families, and imperfect parenting. Parents often lack the skills or resources to identify the best health decisions for their children. The great potential of technology is underutilised. It's no wonder, then, that the current state of child healthcare is so fragmented.



A DRIVE TO ACT

In order to use the findings of MOCHA's three-year investigation to create true impact in society, a movement is required. One that can help identify modern child health challenges and offer systematic and replicable solutions for addressing them.

All Children Thrive (ACT) aims to create cities and communities of the future, in which families flourish and all children thrive. ACT is creating a framework and learning platform to engage and activate multiple service sectors, along with multiple levels of government, in new ways. Ways that are more collaborative, ambitious and purposefully innovative. ACT is creating tools, policies, practices that will enable municipalities to ensure that all children succeed, achieve their full potential, and thrive. By transforming cities into microenterprises of social innovation, ACT communities will not just solve their own problems, but also network their contributions into regional and national solutions to optimize the health, development and wellbeing of all children.

A SYSTEMATIC APPROACH

ACT focuses on transformative goals. A strategic set of 'big dot' outcomes, collaborative implementation, common metrics, child- and family-centred design, and shared best practices are the optimal way to make swift and fundamental changes to child health initiatives. Its modular approach helps cities and regions implement the programme and ensure

sustainable success. The current ACT city-focused strategy uses a three-tiered development model for action, innovation and improvement (see textbox).

ACT's successes show that shared outcomes lead to health equity. Also, parents are central figures with a powerful voice. They are the champions for integrated, seamless services that address the needs of the whole child.

While pathways to sustainable financing are not yet clear, the opportunity to demonstrate short- and long-term cost savings across sectors and government agencies, along with other social benefits, is part of the work that lies ahead. In order to scale neighbourhood successes to citywide successes, and to replicate city successes in new cities, a centralised support structure is needed. It can catalyse collective impact, stimulate and accelerate growth and secure sustainable success.

A FOCUS ON THE FUTURE

Although MOCHA's work as a consortium is ending, the real work has yet to begin. The consortium identified ways to improve the current systems across the EU. It is now time to inspire and implement fundamental change. Collaboration with ACT will utilise the potential of this systematic, integrated, replicable approach.

In order to safeguard the future of children—and indeed our own futures—we must continue the momentum ACT is

creating. The more places that work, learn and improve together, the faster and further they will go, and the greater the transformations that can be realized.

We invite cities and foundations to embrace the ACT movement. The more cities in the EU that participate, the sooner we will be able to celebrate the moment when every child—regardless of background, nationality, race, standard of living or education—will be given every opportunity to not only survive, but to thrive.



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www.childhealthservicemodels.eu
www.allchildrenthrive.org
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MODULAR APPROACH OF ACT

– Tier 1: Engagement and Activation

A variety of stakeholders come together and commit to improving child health and well-being. They select strategies and access tools, materials and support. They learn tangible skills during special learning sessions. During Tier 1, some stakeholders have, for example, developed a family agency measurement instrument or learned about effective transitions from hospital to home care.

– Tier 2: Building Capacities

Here, the activated city begins to build the skills and capacities necessary to make significant, enduring, transformative and sustainable improvements to systems that serve children. Data-driven strategies help the city focus on key opportunities in leadership, community engagement, use of resources and more. Recently, hospital and school nurses in a Tier 2 city designed an effective care transition system that accounts for cultural differences and responds to medical and social needs.

– Tier 3: Transforming Systems

After successfully progressing in capacity and change, the city begins a more advanced, intensive and long-term transformation. It begins to focus on innovation and engages with other advanced ACT cities. Some examples of Tier 3 goals include the eradication of infant mortality or a pledge to ensure all children can read by a certain age.