

Social paediatrics: past, present and future

Professor Nick Spencer, ESSOP
2010, October 2010

THE UNIVERSITY OF
WARWICK

Presentation objectives

- To discuss the importance of the social paediatric approach to child health by examining its history, present and future

What is social paediatrics?

- *A global, holistic, and multidisciplinary approach to child health; it considers the health of the child within the context of their society, environment, school, and family, integrating the physical, mental, and social dimensions of child health and development as well as care, prevention, and promotion of health and quality of life.*

Where does social paediatrics act?

- *Social paediatrics acts in three areas—child health problems with social causes, child health problems with social consequences, and child health care in society—and encompasses four*
- *areas of child health care—curative paediatrics, health promotion, disease prevention, and rehabilitation.*

Social medicine for children

- Social paediatrics is essentially social medicine focusing on children. Unlike social medicine, however, social paediatrics, as an organised strand of thought within paediatrics, is relatively recent and remains in its infancy compared with the biomedical strands of paediatrics.

Social paediatric societies are relatively recent

- The first international grouping of social paediatricians was the Francophone *Club Internationale de Pediatrie Sociale* formed in 1969 followed by ESSOP in 1977. Many European countries now have social paediatric societies/groups and Latin American and US groups have recently been formed
- Red Iberoamericana de Pediatria Social

What can we learn from the past?

- Long tradition of social medicine ideas and interventions directly affecting the lives of children
- Villerme 1820 – height & living conditions
- Chadwick 1842 – U5MR & living conditions
- John Snow 1854 & cholera

Historical evidence - Villermé

- *‘Human height becomes greater and growth takes place more rapidly, other things being equal, in proportion as the country is richer, comfort more general, houses, clothes and nourishment better and labour, fatigue and privation during infancy and youth less; in other words, the circumstances which accompany poverty delay the age at which complete stature is reached and stunt adult height’*
[quoted by Tanner p.162]

Chadwick – U5MR & living conditions

- In his 'Report on the Sanitary Conditions of the Labouring Population of Great Britain, 1842', Chadwick demonstrated that U5MR varied from 176/1000 among the gentry to 554/1000 among labourers, weavers & factory hands

John Snow & cholera

- In August 1854, a cholera outbreak occurred in Soho. After careful investigation, including plotting cases of cholera on a map of the area, Snow was able to identify a water pump in Broad (now Broadwick) Street as the source of the disease. He had the handle of the pump removed, and cases of cholera immediately began to diminish.

Early social paediatricians

- Abraham Jacobi, founder of the American Pediatric Society (fore-runner of the AAP), conceived paediatrics as the infusion and integration of personal commitment, child advocacy, social justice, epidemiology, public health, and science

Early social paediatricians

- Michel Manciaux – founder member of the Club Internationale de Pediatrie Sociale & later ESSOP
- Bertil Lindquist – founder member of ESSOP & Lennart Kohler's mentor
- Ihsan Dogramaci – President of the IPA, founder member of ESSOP and pioneer of social paediatrics in Turkey
- Sir Donald Court & John Emery – inspirational pioneers of UK social paediatrics
- Lennart Kohler
- ... Any many others not named here

Contribution of these pioneers

- Biomedical aspects of paediatrics necessary but not sufficient for the promotion of child health
- Social and environmental influences critical in understanding & promoting child health
- Paediatricians have a role in addressing these influences

What has ESSOP done?

- To quote Lennart Kohler:
- ‘ESSOP is a small organization with great ambitions, very little money, and not much professional time to tackle the enormous task of spreading social paediatric views, attitudes and knowledge’.
- However

We have done the following

- Annual meetings on a range of social paediatric themes
- Training courses & an on-going series of summer schools organised by Croatian colleagues on early childhood themes
- Published a book
- Published position statements in our journal *Child* and a glossary of social paediatrics in *JECH*
- Organised seminars at the IPA & the EAP

What we haven't done

- We have no active members in a number of European countries (tho' we have in some non-European countries)
- We are still a long way from establishing social paediatrics in the mainstream of paediatric teaching, practice & research
- We have insufficient funds to employ an administrator

What are social paediatricians doing today?

- All child health work should have a social paediatric dimension even highly specialised tertiary care – often missing but some good practices
- In line with the definition of social paediatrics - we act in the areas of *curative paediatrics, health promotion, disease prevention, and rehabilitation.*

How does social paediatrics work in these areas?

- Asthma as example:
- How are social paediatric principles and practice relevant to asthma in these 4 areas of work?

Social paediatrics in treatment of asthma

- Social causes – treatment non-compliance
- Social consequences – school absence & educational under-achievement
- Child health care in society – ensuring all children have access to high quality asthma management & ensuring children's rights are recognised in treatment regimes/multidisciplinary work

Social paediatrics in health promotion/disease prevention

- Social causes – public health interventions to reduce exposure to pollutants/ Exposure to Tobacco smoke
- Child health care in society - Advocacy for the rights of children with asthma and for high quality care: individual level – damp housing; community level – housing, hospital & access to treatment facilities

Social paediatrics in rehabilitation

- Social consequences – ensuring that parents, school staff and the child are fully aware of strategies to limit exposure to allergens & have adequate knowledge of optimum treatment to minimise attacks/multidisciplinary work
- Child health care in society - ensuring access to optimum treatment facilities

Other areas of work

- Child public health
- Primary care paediatrics
- Child protection
- Developmental paediatrics
- School health
- Care of children in state care
- Advocacy

Limitations of current practice

- Insufficient evidence base for some aspects of our work
- Over-emphasis on secondary prevention and developmental screening
- Under-emphasis on effective child public health practice, advocacy and children's rights

Challenges for the future

- To convince more of the paediatric & child health professional community of the key importance of social paediatric principles in promoting child health
- To establish a more robust evidence base
- To reorientate our practice towards the needs & rights of children and the main determinants of their health & well-being

Future strategy at the international level

- ISSOP
- Developing international collaborative research to improve evidence base
- Using & increasing our position statements
- Improving our links with national societies – not just paediatric societies
- More effective working in IPA and other international forums
- CHILD2015

Future strategy at the national level

- National societies
- Using position statements
- Developing national agendas for advocacy and children's rights
- Developing national equity strategies
- Strengthening national social paediatric research particularly focused on the evidence base for our interventions

Strategies at the local level

- Evidence-based practice
- Improving individual advocacy skills
- Using the UNCRC as a tool in individual practice
- Changing local practice to meet children's health needs
- Equity audit

Social paediatrics is key to improving child health

- Social paediatric principles & practice are as important as biomedical paediatrics in promoting & improving the health of children
- We should be confident in arguing for our principles in paediatric & child health practice to ensure that, in the future, our approach becomes an integral part of mainstream paediatric & child health practice