

GLOSSARY

Social paediatrics

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J Epidemiol Community Health 2005;59:106–108. doi: 10.1136/jech.2003.017681

Social paediatrics is an approach to child health that focuses on the child, in illness and in health, within the context of their society, environment, school, and family. The glossary clarifies the range of terms used to describe aspects of paediatric practice that overlap or are subsumed under social paediatrics and defines key social paediatric concepts. The glossary was compiled by a process of consultation and consensus building among the authors who are all members of the European Society for Social Paediatrics. Social paediatricians from outside Europe were included giving a more international perspective.

the Netherlands, it has the status of a paediatric specialty.

COMMUNITY PAEDIATRICS

Term used to describe preventive and curative paediatrics practised in non-hospital, community settings. It is frequently called community child health to emphasise that its concern with healthy as well as ill children and its practitioners may be a range of child health professionals. Having initially been concerned exclusively with secondary prevention in maternal and child health clinics and schools, community paediatrics gained more recognition in the UK after the 1976 Court Report⁵ that promoted the establishment of paediatric services working outside hospitals. Community paediatrics encompasses a number of strands of paediatrics and child health including developmental paediatrics, behavioural paediatrics, educational medicine (school health), ambulatory paediatrics, and child public health. In the UK, it also includes social paediatrics but more narrowly defined as protection of children from abuse and children who are adopted or fostered.

Social paediatrics started to come of age in 1969 with the formation of the Club International de Pédiatrie Sociale (see <http://www.pediatre-sociale.org>). An anglophone group with similar objectives, the European Society for Social Paediatrics (see <http://www.essop.org>) was formed in 1977.¹ The coming together of paediatricians with an interest in the social context of child health and illness formalised a strand of thought within paediatrics stretching back to Abraham Jacobi (1830–1919), the first professor in the diseases of children in the USA and president of the American Medical Association.² Similar experiences were developed in Latin America as a consequence of local initiatives.³

Terms such as risk and socioeconomic status are common to social medicine and public health across all age groups. The glossary focuses on those terms that are specific to childhood but there is inevitable overlap with more generic terms. References to terms that have their own specific entry are in SMALL CAPITALS.

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. 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.⁴ In some countries, such as Turkey and

DEVELOPMENTAL PAEDIATRICS

Also known as neuro-developmental paediatrics, this term refers to the health care of children with developmental problems and the study of normal and abnormal child development. Most effectively practised in multidisciplinary teams including social workers and educationalists, developmental paediatrics includes the assessment of a child's development through surveillance and screening (see SECONDARY PREVENTION IN CHILDHOOD) and the long term management of children with developmental abnormalities (see TERTIARY PREVENTION IN CHILDHOOD).

BEHAVIOURAL PAEDIATRICS

In response to the increasing prevalence of behaviour problems in childhood and the recognition that many problems presenting to paediatric services are psychosocial rather than organic, behavioural paediatrics has developed as a strand within paediatrics linked to child psychiatry but tending to deal with children at the milder end of the spectrum of behaviour disorders. As with DEVELOPMENTAL PAEDIATRICS, it is ideally practised in multidisciplinary teams with links to child psychiatric services and in liaison with the family, schools, and day care settings.

SCHOOL HEALTH

Term refers to both the delivery of health services within school settings and the study of the

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Accepted for publication 7 May 2004

effects of health on educational attainment and the effects of school on health. Although mainly concerned with health surveillance and identification of children with physical, psychological, learning and adaptive problems, school health services have been used in some under-served communities, particularly in the USA, to provide primary curative child health services. Schools are also a setting for CHILD HEALTH PROMOTION through the Health Promoting Schools initiative (see <http://www.euro.who.int/eprise/main/WHO/Progs/ENHPS/Home>).

AMBULATORY PAEDIATRICS

Term used, particularly in the USA, to refer to paediatrics practised in emergency room, outpatient, or office settings. It covers both curative and preventive work with children and their families focusing on both well and ill children who do not need in-patient paediatric care. In the UK, the term has been used to refer to paediatricians working at the interface between hospital and primary care services. In other countries, such as Spain, it was used in the past before Alma Ata and primary health care development promoted the use of the term "Paediatrics Primary Health Care".

CHILD PUBLIC HEALTH

Child public health is concerned with child health at the population rather than the individual level and has been defined by Kohler⁶ as:

... the organised efforts of society to develop healthy public health policies to promote child and young people's health, to prevent disease in children and young people and to foster equity for children and young people, within a framework of sustainable development

Public health, the "science and art of preventing disease, prolonging life and promoting health through the organised efforts of society",⁷ has a long tradition of addressing the health of children; however, the health of child populations has received less attention in recent years as a result of a focus on lifestyle and adult disease. Child public health as a special interest has emerged recently associated with increasing recognition of CHILD RIGHTS and of childhood as a critical period in LIFE COURSE EPIDEMIOLOGY.

SALUTOGENIC DEVELOPMENT

Term used to describe exposures and experiences in childhood that promote and increase physical and mental health and wellbeing.⁸ It derives from Antonovsky's original concept of salutogenesis, which is the capacity, known as sense of coherence, to use available resources, known as generalised resistance resources, to develop in the direction of good health. A wide range of social, psychological, spiritual, and physical factors are subsumed under this definition: exposure to optimal fetal conditions (see LIFE COURSE EPIDEMIOLOGY); secure attachment; nurturing home environment and helpful parenting; adequate home economy and absence of material disadvantage; adequate housing and shelter; affordable and accessible health care; affordable and accessible education; societal measures to ensure child health protection and child rights.

PATHOGENIC DEVELOPMENT

Essentially the opposite of SALUTOGENIC DEVELOPMENT, the term refers to exposure to risk factors that are detrimental to child health. A comprehensive list of risk factors would be too long to include here. Major risks, at family, societal, and environmental levels, are poverty and material disadvantage, environmental pollution, abusive, violent or coercive

parenting, absence of social protection for children and families (see CHILD HEALTH PROTECTION), marginalisation, and racism and cultural insensitivity. Globally, war and its consequences (refugees and displacement), and malnutrition are major risk factors for child health.

RESILIENCE

Refers to the capacity of a child to live well and develop positively despite difficult conditions of life such as those outlined under PATHOGENIC DEVELOPMENT. This concept, originally developed by Werner⁹ based on a longitudinal study in Hawaii, has been used to inform interventions designed to assist children to overcome the legacy of violent or disadvantaged childhood. It is linked with SALUTOGENIC DEVELOPMENT factors such as sense of coherence.⁸

LIFE COURSE EPIDEMIOLOGY

Refers to the study of the effects of earlier exposures (particularly in fetal life, infancy, and childhood) on later health outcomes.¹⁰ Poor fetal growth associated with the programming of fetal cells, so called fetal programming, is associated with premature mortality from cardiovascular disease and with early onset of type 2 diabetes mellitus. Material disadvantage and absence of secure attachment and/or helpful parenting have been shown to negatively influence adult health.

CHILD HEALTH INDICATORS AND OUTCOMES

Measurement of the health status of child populations is an important component of social paediatrics allowing determinants and trends to be identified and interventions to be tested. Mortality rates (infant—deaths in the first year of life/1000 live births; under 5—deaths in the first five years of life/1000 live birth) remain key global indicators of the health status of child populations and countries. However, in developed countries where deaths in childhood are rare, indicators reflecting child ill health as well as positive health are being developed.¹¹ Key groups of indicators include: demographic and socioeconomic (for example, children in poverty); child health status (for example, mortality rates, morbidity, injuries, mental health); health determinants, risk and protective factors (for example, breast feeding rates); child health systems and policy (for example, immunisation coverage) (see Rigby *et al*¹¹ for comprehensive list).

CHILD HEALTH PROTECTION

Refers to measures taken at the population level to protect children from illness, injuries, and specific risks to their development. Child health protection is a form of primary prevention that, in contrast with CHILD HEALTH PROMOTION, gives individuals a passive role. Protective measures are numerous and stretch from legislation to immunisation and involve healthy public policy across all sectors of government not just health departments. Of particular note are legislation to protect children from abuse, neglect, and corporal punishment, social protection for children and families through taxation policy to redistribute societal wealth and reduce child and family material disadvantage, and education policy ensuring affordable childcare and schooling for all children.

CHILD HEALTH PROMOTION

Health promotion is the process of enabling children and families to increase control over, and to improve, their health. It includes measures taken at the population and individual level to promote the health of children through personal skills development, building healthy public policy, and creating supportive environments. Child health promotion focuses on health rather than disease prevention and requires the active participation of individuals or families. Health

promoting measures seek to ensure that children and their parents have the opportunity to adopt healthy lifestyles through the provision of education and information and health supportive environments (for example, with legislation). Therefore, health promotion is not just the responsibility of the health sector, but goes beyond health lifestyles to wellbeing.¹²

SECONDARY PREVENTION IN CHILDHOOD

Refers to screening and surveillance at birth and throughout childhood aimed at the early identification of treatable conditions. Biochemical screening in the neonatal period for conditions such as phenylketonuria and congenital hypothyroidism has a strong evidence base and meets stringent screening criteria. Screening in later childhood, particularly for developmental delay, has a weaker evidence base and is being abandoned in the UK and Australia although not in many parts of mainland Europe. Child health surveillance involves whole populations and places emphasis on a continuous relationship between families and health services rather than simply focusing on screening tests.

TERTIARY PREVENTION IN CHILDHOOD

Refers to therapies, symptomatic treatments, rehabilitation, and case management strategies aimed at the reduction of the adverse effects of established chronic conditions. These measures are used extensively in DEVELOPMENTAL PAEDIATRICS and include a range of therapies such as physiotherapy for children with cerebral palsy and speech therapy for children with speech and language disorders. The concepts of impairment (loss or abnormality of psychological, physiological, or anatomical structure or function), handicap (disadvantages experienced by people as a result of impairment or disability), disability (physical or mental impairment that substantially limits one or more major life activities) play a key part in tertiary prevention.

CHILD RIGHTS

Refers to the rights of children, embodied in the UN Convention on the Rights of the Child (UNCRC, <http://www.uncrc.info>), which has three complementary dimensions: rights to be protected from threats to life, wellbeing, and development; rights to be provided with basic needs and services; rights to actively participate in social life and in any decisions concerning the child.

CHILD ADVOCACY

Refers to efforts at the individual and/or population levels to support children and their families and represent the case with government bodies and policy makers for the health and wellbeing of children and the enactment of healthy public

policies (see CHILD HEALTH PROTECTION). The UNCRC is an invaluable tool in child advocacy (see CHILD RIGHTS).

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Funding: none.

Conflicts of interest: none declared.

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