

# Community Pediatrics: Role of Physicians and Organizations

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**ABSTRACT.** *The Issue.* This article focuses on the work of the Royal College of Paediatrics and Child Health (RCPCH) related to advocacy and the efforts of the RCPCH to influence the planning and provision of children's services. This should be considered in the context of the current UK government agenda. As the RCPCH agrees with the aims of this agenda, the challenge becomes how to influence the process of achieving them. In 1999 in a document, "Our Healthier Nation," the UK government clearly stated that it is committed to improving the health of the population, reducing inequalities, reducing social exclusion, and improving access and quality of health care while increasing responsiveness to local needs. This commitment of the UK government is important to children, as among the 11 to 12 million children in the country, there are 300 000 to 400 000 children in need, including 53 000 children who are in public care (usually placed in foster care), where the state has direct responsibility to ensure that they receive appropriate health care. These are children who may need support from social services or child care services in addition to health services. There also are 32 000 children on our child protection registers. Overall, approximately 4 million of our 11 million children are considered vulnerable for one reason or another. *Pediatrics* 2003;112:732-734; *advocacy, collaboration.*

ABBREVIATIONS. RCPCH, Royal College of Paediatrics and Child Health; CHANT, Child Health Advocacy Network.

## GOVERNMENT POLICIES AND NEW INITIATIVES

The UK government policies for all children are intended to eliminate poverty, reduce social exclusion, and promote citizenship (community participation). As part of a strategy to advance this initiative, the government has formed a special Children and Young People's Unit. The Royal College of Paediatrics and Child Health (RCPCH) has advocated for a strong health component for the work of the unit. It is chaired by the Chancellor of the Exchequer (Secretary of the Treasury), which is good for its budget. The vice chair is from education, and the minister for young people is from the Home Office (Ministry of the Interior). The government's intention is that the unit will promote collaboration among departments and integrate policy and strategy on children and families in a coherent way. It

also is committed to listening to the opinions of children and young people.

## SOCIAL INCLUSION STRATEGY

The UK government also is working on a number of social-inclusion initiatives. Pediatricians, particularly community pediatricians, are likely to be involved with these endeavors, including Sure Start, which is a local initiative aimed at bringing together various agencies and the input of local people to collaborate on issues of care for children younger than 4 years. The initiatives coming out of the Home Office show that they recognize their role in supporting families. The Department of Education is leading on school inclusion. They have established multidisciplinary youth offending teams, led by the Home Office, that include health representatives and a program focused on child and adolescent mental health services. As adequately trained mental health personnel in the UK are lacking, this program is linked to a joint initiative of the RCPCH and the Royal College of Psychiatry to train pediatricians to work more effectively with children with behavioral and developmental problems.

Other initiatives that are important for the pediatrician include Health Action Zones (ie, geographic areas with populations of approximately 500 000 people where funding is provided for multiagency work on priority health issues) and Caring for Carers. Some carers will be young people; others, of course, will be parents caring for children with disabilities. However, Health Action Zones, Sure Start, and some of the other initiatives are not universal throughout the country. Focusing resources only on deprived areas could disadvantage those people who are deprived or poor but who live in what are considered to be more affluent areas. Child abuse programs are included in all of these initiatives; the challenge is trying to coordinate them.

## ADVOCACY COMMITTEE

The RCPCH Advocacy Committee was established 6 years ago to identify issues on which the RCPCH should be taking action and to define the form that such actions should take. It was anticipated that several of these issues would be identified by members and others from committees within the RCPCH. It was also recognized that the capacity of the RCPCH was limited and that for many issues, there were other organizations that more appropriately should take the lead. Examples include the Campaign Against Landmines and the Children are Unbeatable Alliance. The RCPCH had no problem joining either

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Received for publication Mar 14, 2003; accepted Mar 14, 2003.

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of these initiatives, but the decision to support the latter campaign was difficult as the issue had to go through multiple committees in the RCPCH to ensure that it had the backing of the membership. The committee tries to communicate with other groups within the RCPCH that represent issues on which the RCPCH should be taking an advocacy stance.

Among the strengths that the RCPCH offers is the capacity to provide evidence to support campaigns, either its own or those of others, through the work of the RCPCH research department. Another of our strengths is that the RCPCH is not dependent on quick results from advocacy initiatives to attract funding. We can take part in campaigns that are likely to take a long time to achieve.

The RCPCH also responds to consultations and publications. There is a tradition in the United Kingdom for government departments to include a consultation process when preparing new legislation or new guidance. The RCPCH tries to get involved in as many consultations concerning children as we can, not just those that are directly linked to the provision of pediatric care. Some responses may come to the Advocacy Committee, or other RCPCH committees more appropriately may deal with them. Members of the committee represent the RCPCH on a number of other bodies that are connected with advocacy. The membership is kept up to date with RCPCH activities via the RCPCH newsletter and web site.

#### AGENDA FOR ADVOCACY COMMITTEE

There are a variety of issues considered by the RCPCH Advocacy Committee. Many members, for example, are working with asylum seekers and refugees and have become concerned about discrimination directed against them in the United Kingdom, and that their children do not attain the same rights as other children. The RCPCH has produced guidance for pediatricians who are likely to be caring for these families. This is particularly pertinent, as current policy in the United Kingdom is to disperse the refugee population away from London and the southeast. This means that they are going to areas that have previously not had experience with this group of people.

Another issue with which the RCPCH is dealing is a campaign being led by the Save the Children Fund on the age at which children should be allowed in the armed forces. This is relevant to the United Kingdom, because although we have signed the Convention on the Rights of the Child, we have children younger than 18 years in our armed forces. There is an optional protocol for dealing with this, and the RCPCH and pediatricians need to follow the UK response. The RCPCH also is in correspondence with Save the Children and the United Nations Children's Fund (UNICEF) about evidence of harm being done to children as a result of sanctions in Iraq.

Physical punishment has been the subject of a consultation from our government that has included seeking the views of the RCPCH on how to ensure that children are not physically harmed if parents use physical punishment. This followed a judgment of the European Court requiring the UK government

to change the law to protect children in relation to corporal punishment. We have responded independently and in a coalition with a number of partner organizations advising that it is never appropriate to hit or beat children<sup>1</sup> and supporting the banning of corporal punishment by parents.

With regard to the children's rights commissioner, or an ombudsman for children, the RCPCH has campaigned in alliance with other organizations to establish this position. England is behind Wales, which established a commissioner for children several years ago, and behind Scotland as well.

The RCPCH also has been asked to consider the issue of how to ensure that primary care services are provided to marginalized children. Although every child has a right to a primary care physician in this country, the primary care physician does have some discretion about whom they add to their list and whether he or she registers the child immediately as a permanent resident. If a child is not registered as a permanent resident, then he or she may not be notified when routine care is due (eg, health checks, immunizations). This can be an issue for children who are fostered, children who are refugees, and all who move frequently.

#### INTERAGENCY ADVOCACY NETWORK

The RCPCH has become closely involved with other groups active in advocacy. The Child Health Advocacy Network (CHANT), for example, is a group that was established 8 years ago with the assistance of the National Children's Bureau (the main voluntary organization working for children in the United Kingdom). The aim of this forum is to bring child-oriented professional organizations and associations together with some of the larger children's charities, including the Child Poverty Action Group. The mission of CHANT is to promote the mental and physical health of all children through advocacy with government. Its priorities relate to reducing the impact of poverty on health, improving access to health care for young people in public care, health care provisions for children of refugees, and child mental health and well-being. The work of this group is underpinned by the UN Convention on the Rights of the Child, particularly article 24, which is the article that gives all children the right to access health care and the right to the best possible care that is available.

Networking between professional organizations and nongovernment organizations has led to some joint initiatives.<sup>1</sup> Save the Children, for example, launched a campaign concerning the rights of children seeking asylum that has been supported by CHANT and the RCPCH. The CHANT responds as a group to consultative papers. Often these are the same ones to which the RCPCH might be responding, but the strength of response from CHANT is that it comes from a group that includes individuals from a wide range of backgrounds and professional disciplines. Presently, CHANT is lobbying for universal services in schools to improve teenage mental health and parenting programs for children under the age of 5.

The Inter-Collegiate Forum on Poverty and Health is another group with which the RCPCH is involved. It is hosted by the Royal College of General Practitioners and brings together members from a number of royal colleges to identify strategies to increase awareness of the links between poverty and ill health. Its focus is on the effects of poverty on health, the mechanisms by which poverty affects health, and promoting effective interventions to reduce the impact of poverty on health. This group has international as well as national links.

### CONCLUSIONS

Who are the children who need advocates in the United Kingdom? The list includes children who are disabled, refugees, of minority groups, living in poverty, and of parents who are in prison. These are some of the children in the United Kingdom who are in danger of not having their rights met under the Convention on the Rights of the Child. They also are children without access to the best medical care or, in some instances, any care. Continued advocacy is required for children who are abused and neglected, looked after, homeless, and in families who are on the move. Systems are needed to ensure that all children are known to the health care system. Finally, there is the population of children who are in prison or other types of detention. The RCPCH has become very concerned about the quality of their health care. Likewise, medical care must be offered to children seeking asylum who are placed with their families in detention.

What are some ideas on possible ways to move forward? We certainly have much to do related to professional education for our own profession and for the training of other disciplines. The RCPCH needs to increase the commitment to advocacy by pediatricians. The RCPCH Advocacy Committee has completed a guide<sup>2</sup> for our membership on how they might get involved in advocacy issues at a variety of levels. American Academy of Pediatrics publications were reviewed when planning this work. The guide helps pediatricians advocate on behalf of individual children and groups of children within a community and considers how they can tackle issues at a health authority, district, or national level.

The RCPCH and pediatricians need to be more active in communities and educational systems. How

do we become involved in the education of children and young people? How do we get their participation, and how do we use what they tell us to make campaigns more effective? We also need to learn how to use the media constructively.

The whole issue of child participation is receiving attention throughout the United Kingdom. One project is focused on getting young people to identify what they consider to be the most pressing health issues in their community. They are identifying some frightening concerns about murder and violence. They are concerned about racial attacks and bullying. These concerns are more important to these young people than others that they might be expected to voice. These are 9-, 10-, and 11-years-olds, not older adolescents. They are quite clear that there is too much violence and that it needs to be addressed.

Last but not least, we have to learn how to interact with policy and lawmakers. These are the challenges that can be addressed by the RCPCH and the American Academy of Pediatrics through the Equity Project. Together they could establish a joint Advocacy and Child Rights Committee. The committee could pursue joint advocacy initiatives related to issues affecting children in the United Kingdom, the United States, and worldwide using the articles of the convention as the basis of the committee's endeavors.

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### SUGGESTED READING

- Children and Young People's Unit web site. Available at: <http://www.cypu.gov.uk/>
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*Pediatrics* 2003;112;732

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*Pediatrics* 2003;112;732

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