

Connecting a sociology of childhood perspective with the study of child health, illness and wellbeing: introduction

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Introduction:

Connecting a sociology of childhood perspective with the study of child health, illness and well-being

Geraldine Brady, Pam Lowe and Sonja Olin Lauritzen

The health and well-being of children and young people has been studied from a range of different perspectives within social science and health sciences at large. Much of the research to date has been *for* or *on* children and has focused on promoting health, detecting illness and its causes, or investigating the social determinants of health. While these make vital contributions to making the world better for children and young people, we would argue there is also a need for research *with* children, research from a child perspective, to fully understand the meaning and impact of health and illness in children's lives. Furthermore, there is a need to explore the social and cultural contexts of child health that frame the lived experiences of children and their parents. More specifically, there is a need to interrogate the explicit as well as implicit perceptions of childhood and 'the child' in health policy and discourse that are reproduced in various health and social practices. The purpose of this monograph is to contribute to a further understanding of these issues by bridging developments in the sociology of childhood and the sociology of health and illness.

In the last decades we have seen a growing interest, across disciplines, in research on children's own experiences and understandings of health and illness. It can be argued that this increasing interest has been stimulated by developments in the sociology of childhood. Through the 1990s a body of work emerged which criticised dominant notions of child development where children were largely depicted as immature and passive objects of socialisation (Burman 1994, Halldén 1991, James and Prout 1997, Qvortrup 1994).

Scholars within the sociology of childhood problematized these notions of the child by theorising the ways 'childhood' is socially constructed and understandings of 'the child' vary across different sociocultural contexts. Importantly, the focus was shifted from seeing children as immature 'becomings' on their way to adulthood to a focus on children as 'beings' and as competent actors with a social agency of their own, not only influenced by but also influencing their social worlds (James et al 1998; James and Prout 1997; Qvortrup 1994). Moreover, by understanding children as a specific social group, attention could be directed at children's rights and the structures that enabled and restricted control over their lives (Alanen and Mayall 2001).

Since these early years, the theoretical positions and central concepts in the sociology of childhood (and its place within sociology) have been, and are, debated (see for example Alanen

2014, James 2010, Moran-Ellis 2010,). At the same time, empirical studies of children and childhoods have been burgeoning within sociology and across other disciplines. Although a full account of these developments and disciplinary differences falls outside the scope of this monograph, we here want to draw attention to some of the central concepts and theoretical points of departure in this tradition that we find of particular interest for studies of child health and well-being.

First, seeing children as a social (minority) group draws our attention to the ways this group is placed and perceived within the structures of societies. Children as a social group need to be understood in relation to other social groups. Importantly, work on children as positioned within inter-generational relations has added to understanding of the dynamics in relations between children, parents and adult society (Mayall 1996, 1998). This involves power relations and the ways children (as a group) are listened to and taken account of in different social settings, such as in health care settings and at school, but also prevailing discourses and images of 'the child' in social and health policy and health promotion interventions addressing children and young people.

Second, understanding children as social agents and as co-constructors of their social worlds is fundamental to studying children's experiences and ways of dealing with health and well-being in everyday life. Child agency is a core issue in the sociology of childhood, but has also been debated within this tradition in recent years. Agency is not to be seen as just something 'positive', or a personal competence, but as a more complex and multidimensional concept (Valentine 2011). Children's agency is 'bounded' by/within intergenerational relations as well as within wider socio-economic contexts and bodily, social and material resources. This raises questions about whose actions should impact on whom (Tisdall and Punch 2012). Power and participation are situated and changeable, which calls for attention to how children's agency is perceived, facilitated and restrained in specific settings.

Third, in recent years, there has been a turn towards seeing children as 'beings' (not just becomings). However, it is also argued that *all* humans are 'becomings', subjects who develop and change as they experience the world and in relation to different social contexts (Lee 2001, 2005, Prout 2005, Uprichard 2008). Further, there is an issue with diversity and variation in children's lives. There is no 'typical' child. Children are of different ages, gender, ethnicity, social-economic circumstances and capacity. They live within different national and cultural contexts and attend different educational institutions. Thus, they are subject to different structures and discourses on children and childhoods (Prout 2005). Increasingly, conceptualisations of 'the child' that homogenise and de-contextualise children and their lives are being viewed as problematic (see for example Singal and Muthukrishna, Special Issue in *Childhood* 2014).

We argue that there is a need to reflect more broadly on learning from the sociology of childhood in research on child health. The social studies of childhood is now well established and there is much evidence to indicate that children are competent social actors, yet we are in agreement with Tisdall and Punch when they state that 'Focusing on children and young people's perspectives, agency and participation is no longer sufficient; greater emphasis is needed on the intricacies, complexities, tensions, ambiguities and ambivalences of children and young people's lives across both Majority and Minority World contexts' (2012: 22).

These issues also raise questions about research methodology. The risk of homogenising and de-contextualising children of course also applies to the context of research on children's lives. If it is important to do research *with* children, how do we locate children at the centre of knowledge production? How can we access children's perspectives and lived experience? One avenue suggested can be to use a range of methods to take account of diversity between children (see for example Christensen and James 2000) or to involve children as actors in research as a way to overcome the power imbalance between the child and the researcher (Alderson 2000, Mason and Hood 2011) which however might create new methodological problems (Harden et al 2000). On the other hand, whether research with children is necessarily different to research with adults is also being questioned. 'If children are competent social actors, why are special "child-friendly methods" needed to communicate with them?' (Punch 2002: 321). These, and other, methodological issues are part and parcel of research with children, and need to be addressed to obtain a child perspective on health and well-being.

So, what are the child health issues and concerns in contemporary society? Children are diagnosed with an increasing range of conditions and subject to more elaborate child health and welfare interventions, reflecting a medical perspective on the changing panorama of illness and health risks in the 21st century. Health behaviour approaches have almost universally been adopted by those involved in health care research, with little critical attention paid to the conceptualization of health behaviour (Cohn 2014). The assumption that there are easily identifiable and observable forms of health behaviour can be difficult to challenge, not least because the way in which health behaviours are seen as the outcome of individual choices has become established as the norm. This model also draws on ideas about agency, particularly in relation to choice and personal responsibility, often devoid of the social, economic and political context in which such agency is being enacted. We see today a growing concern with mental health (for example. the autistic spectrum), as well as emerging contested illnesses (ADHD), life-style related conditions (obesity and allergies) or 'new' infectious diseases (HIV/AIDS). However, we would argue that in trying to bridge the sociology of childhood with that of health and illness, it is important to look beyond what is discussed as child health issues and take account of issues currently debated in the sociology of health and illness more generally. For example, a focus on health risks and 'surveillance medicine', as well as on lay understandings

and patient perspectives are relevant also in the study of child health. However, research on these health issues, similarly to the 'old' issues of chronic or life threatening illness, have largely been limited to the 'taken-for-granted' adult person (Williams 2000). Expanding research to other phases of the life-course to include childhood is important not only to understand the meaning of child health and children's experiences but also to add important knowledge at a more general level to the understandings of health issues.

Themes of the Monograph

As outlined above, we will in this volume focus on the ways socially and culturally constructed understandings and conceptualisations of 'childhood' and 'the child' impact on issues of child health and well-being, and on the ways children themselves exercise agency and competence in dealing with health, illness and well-being. A further consideration is how agency is bounded within inter-generational relations; whilst the focus of this monograph is on children, the role of parents as mediators and facilitators in the health care division of labour (Stacey 1988; Mayall 1996) cannot be underestimated. Further, health, we argue, can only be understood by locating children as embodied beings (Bendelow, 2009) within different social and cultural contexts. To advance our understandings of child health, it is necessary to situate child health issues within wider social, economic, cultural and national contexts as well as the variety of public and social policies that will impact on dominant ways of understanding childhoods and on children's lives and opportunities.

Children's daily lives play out across the social contexts which structure their lives. The settings of school and home largely organise children's lives, while movement between such settings straddles the public and private domains. Messages about health are communicated to children both explicitly and implicitly so that they begin to learn social norms around health and, in some cases, change their behaviour in response to such messages. Mayall has argued that 'child health is not a neutral, factual concept; notions of child health are constructed out of essentially political considerations' (Mayall 1996:22). It may be assumed that children are relatively passive and conforming when faced with illness or diagnoses, yet children do exercise choices. Children have an active role in the management of health risks, their conditions and interactions with healthcare services. Also, they develop a repertoire of strategies to cope and sometimes to resist adult defined agendas (Bluebond-Langner 1978, 1996). Adults can be unaware of the ways in which children are interpreting information regarding health and making it meaningful to their lives. Previous health research has shown that even chronologically young children are competent reporters of their illness experiences (Alderson 1993) and that children can understand complex information if presented in appropriate ways (Alderson and Goodey 1996).

It can be argued that since Mayall's 1998 paper in this journal, calling for 'a sociology of child health', research published in this area has increased but is sometimes disparately located. In this volume, the aim is to contribute to the development of a sociology of child health by bringing together current research that draws on the sociology of childhood and address three cross-cutting themes that we have identified as important in the study of child health and well-being:

- Theme 1) **situating children within health policy**, which sets out the significance and pervasive influence of health policy in shaping the lives of children and their families;
- Theme 2) **practices of children's health and well-being**, which focuses on health policy in action through looking at interactions between professionals, parents and children;
- Theme 3) **children as health actors** with a specific focus on the lived experiences of children and young people themselves.

Taken together, these three themes can offer examples of differing contexts and encourage reflection on current and culturally specific ways of knowing and understanding children's health.

Theme 1 - Situating children within health policy

The health of the child is seen as signifier for the current and future health of the nation, placing their bodies at the intersection of ideas about social order. Armstrong's (1995) influential work on 'surveillance medicine' clarified how this new medical paradigm in the 20th century became particularly concerned with the child, and child development over time and into the future. Children are thus a critical object of state policy where the main focus is on children as future citizens (Mayall 1998), (which raises questions as to whether the future-focus of policy is always in the best interests of children in the here and now). The health policy focus is on 'risks' and includes a pre-occupation with children's body-size, development and behaviour. These developments are reflected in an increase in preventive medicine and various programmes for health promotion as well as early detection and intervention in groups of people considered to be 'at risk', to a large extent directed at children and their parents. Whilst surveillance of child health is not new, it is important to understanding the ways children are categorised as healthy or ill, normal or deviant; categorisations that contribute to shaping the embodied lives of children and young people. For example, research on medicalisation as well as psychiatrisation of child development and behaviour (Le Francois and Coppock 2014), followed by a 'pharmaceuticalisation' (Williams et al 2011) has raised the question of how categories of child deviance are constructed in the process of health surveillance and also how diagnosis can function as a tool to categorise individuals (Jutel 2009).

Health promotion information aimed at parents often raises awareness of risk and also of 'protective' factors – it is professed that knowing about risks can help parents to consider the best ways of supporting and optimizing the wellbeing of children. The 'risk' is usually described as potentially increasing the likelihood of a child or young person developing physical, mental or social difficulties. One main issue with this kind of approach is that many of the factors that put children at risk are not amenable to change by families as they are structural factors, such as poverty, stigmatization, and poor educational and welfare provisions. Not being in a position to minimize such risks, coupled with an emphasis on long term consequences for children, can leave parents feeling inadequate and also contributes to the depoliticisation and individualisation of social problems (Zola 1972; Conrad 1976).

Against this backdrop, and in a world of health and social inequalities, a critical engagement with the ways in which health policy and practice impacts on children is required. It is important to analyse the ideas and images of children and childhood present in policy documents and health interventions. Such ideas and images are typically taken for granted, but in-depth analysis of child health policy documents and programmes tell us something about prevailing understandings of 'the child' in our societies. It also reveals the ways in which deviance from perceived norms becomes a matter for concern and intervention. The ways in which child health and normality are reflected in health policy and practice thus have implications for children and young people as well as their parents and carers.

Theme 2 - Practices of children's health and well-being

Within a sociological approach to health, health care is recognised as part of a social process, carried out in the public domain by paid professionals and privately by unpaid, lay carers (Stacey 1988). Health may also be understood variously; for example, professional beliefs may differ from lay beliefs, adult beliefs may differ from children's beliefs and all are variously influenced by a range of factors. Understandings of child health are thus to be seen as relational and constructed in communication between different actors in everyday life. Also, ideas about child health and how children should be treated vary across social and cultural contexts both within and between different societies, not least between the global North and South, which stresses the importance of seeing children's health and well-being as contextually embedded (Watson et al 2012).

As we cannot assume a linear relationship between policy and practice, it is important to consider how health policy becomes translated into practice in health care encounters at different levels: in surveillance and intervention programmes directed at populations of children and young people (or those considered as being 'at risk') – initiated and carried out by the social and health services - and at the level of the clinical encounter initiated by parents (or others) to deal with the health and illness of the individual child.

Sociology of health and illness research has shed light on the impact of surveillance medicine, and has demonstrated how messages of normality and deviance are communicated explicitly as well as implicitly when carried out in health practice (Olin Lauritzen & Sachs 2001). But we still need to know more about the content of these messages. What are the ideas about childhood and 'the child' as well as ideas about normality and deviance inherent in surveillance and intervention and communicated to children and parents? Also, the changing panorama of what is considered a deviance from normal development and behaviour in children needs to be addressed, as well as the fact that the surveillance and monitoring of children's minds and bodies is carried out from an adult perspective and children are not always asked about their views or included in decision-making about their care.

At the level of clinical encounters between professionals, parents and children in various health care settings, the different voices of these parties can be identified and inter-generational aspects and power relations of the interaction can be laid bare and examined. Early work by Strong (1979) and Silverman (1987) explored the details of how the degree of 'medical doubt' concerning the health of the child patient created different 'formats' of the clinical encounter. This has been followed by studies of how professional and moral understandings and disciplinary frameworks, as well as the structural organisation of healthcare, shape health care encounters and the power relations within these encounters (White 2002).

Detailed micro analyses have shed further light on the dynamics of the interaction and power relations between health professionals, parents and children – including the ways children contribute or are excluded in these processes (Aronsson and Rundstrom 1988; Clemente 2009). Dimond argues that research on the triadic relationship between children, parents and health care professionals in clinical settings is much needed (Dimond 2014) to help to enhance understanding. From what is known about the role of adults in health encounters they often dismiss or reframe children's own bodily sensations and experiences (Carter 2002) to fit with existing frameworks of understanding. When it comes to children's voices and agency in health care interaction, important contributions have been made, for instance, on children's consent to treatment (Alderson 1993, Alderson and Goodey 1996) but more knowledge is needed to explore children's experiences and capacities. Importantly, patterns of interaction and power dynamics in health practices need to be explored further from a child perspective and across different socio-cultural contexts.

Theme 3 - Children as health actors

The third theme of this monograph focuses specifically on children's own experiences of health and illness, of living with a condition and on children's active participation in the management of their bodies and minds. Exploring the lived experience of children brings to the fore their role as health care actors. We acknowledge that in the field of child health, the views of children as

'service users' are beginning to be sought, often through consultation or evaluation. However, perhaps unsurprisingly, the social and political context of lay/professional, adult/child interaction and embedded social relations and structures are often not explicated enough to provide a deep understanding of the experience of children. Consequently, the data gained from such exercises can be superficial. Crucially, we cannot fully understand the impact and meaning of health and illness in children's lives without bringing in children's experiences, understandings, competence and agency in dealing with these issues (Mayall 1996, 1998). Examples that show this is possible include studies which have accessed the views of children over a range of areas such as in relation to doctor-patient consultations (Rindstedt 2014), the design of children's health services and spaces (Birch et al 2007) as well as treatment preferences and their impact (Coad 2010). It is clear that by using a range of different methodological approaches, research can show how children's concerns often differ from adult-centred concerns.

One important issue in the lives of children and young people is the social implication and impact of receiving a medical diagnosis. This can have both negative and positive effects on children's identity and embodied lives, both from their own perspective and the way that they are seen by others. Earlier research in this field has indicated that children's competence and understanding in dealing with a medical diagnosis is often underestimated (Berntsson et al 2007; Brady 2005). This may particularly be the case where definitions are contested or there are debates over prevention and/or treatment. Questions are raised about children's own priorities, concerns and agendas and how they can be in conflict with those of adults (Brady 2014; Williams et al 2007).

Children's and young people's experiences and understandings of health, illness and medical interventions are not only interesting per se, but children's understandings also have implications for how they act to promote health, how they deal with illness and manage risks to their health in everyday life. On the one hand, 'Children use their resourcefulness to stretch adult-imposed boundaries to limits more acceptable to themselves' (Punch 2001:34), this is especially evident in research into children's management of risks and of medication. On the other hand, children's dealing with health and illness has to be understood relationally: being healthy or ill, competent or not, 'takes place' so to say in relation to others and in the complexity of local contexts. There is also a spatial dimension to consideration of children's health in that a number of sites of health practices, including early years child care settings, school (the classroom and playground), the family home and wider public space are of importance.

Introduction to the collection of papers

This collection of papers, all taking their points of departure in a sociology of childhood perspective, include contributions from a range of disciplines, countries, and socio-cultural contexts as well as different methodological approaches. They address different cases of health policy and practice as well as children's (and parent's) experiences of a range of conditions and ways of 'doing health'.

The first papers address the ways children are positioned within health policy. In their paper, **Bergnéhr and Zetterqvist Nelson** take mental health promoting interventions to explore the ways in which children are situated within health policy; how young people are viewed, understood, thought about and positioned. Whilst this research analyses the Nordic context, such public health interventions are increasingly being introduced to children and young people across the world. Two themes thread through the analysis – that the child is largely passive and formed by adults and that ideas about health and well-being are often highly individualized and decontextualized. These themes also appear throughout the monograph. The study draws attention to school as a site of health promotion and maintenance and clearly argues for a need to know more about children's experiences of such (mental) health interventions, which are largely normalized and seen as part of school life in some countries.

The second paper, by **Lowe, McVarish and Lee**, also focuses on images of children, and parents, in health policy documents, more specifically on 'brain claims' in English health and welfare policies from 1998 to 2012. The authors describe how determinist ideas about brain development, drawing on quasi neuro scientific discourses, are becoming prevalent in understandings of children and child development. They discuss this development as a drive in policy that amounts to understandings of children's development and growth in increasingly narrow terms. Although focused on England in this instance, it is argued that such 'brain claims' are impacting on policy and practice across the western, neo-liberal world.

Taken together, these two papers demonstrate how a detailed analysis of health policy documents and programs can reveal implicit ideas about 'the child'; ideas that will impact on practice and are 'translated' in communication with parents and children. The papers that follow focus precisely on such practices, and on the complex dynamics in the 'translation' and communication of notions of 'the child' as well as the divides between health, illness or deviance from 'the norm'. **Martin's** paper focuses on public health messages of concern and panic about childhood obesity, and explores how the issues of obesity and additional weight are understood by children and their mothers in Malta. By ethnographically studying the children in a primary school setting she is able to identify the subtle ways in which children understand and depict their own bodies (as fat or not), as well as highlighting interesting differences between the bodily accounts given by younger children (five year olds) and those somewhat older (ten year olds). She argues that the younger children are buffered by robust

protective strategies within their group, while the older group children perceive themselves to be different and are indeed labelled; they develop private coping strategies to manage the levels of exclusion often felt. In doing this, Martin draws attention to the ways children's bodies are both biologically and socially constructed.

The paper by **Alexander, Fusco and Frohlich** also begins by acknowledging increasing public health concerns about childhood obesity. In Canada, public health institutions are emphasizing active play as a way of combatting this. The paper highlights the contrast between public health discourses and children's own diverse, lived experiences of playing. They show how some children adopted the understanding of active play, whilst others highlighted the importance of other more sedentary activities. They argue that there may be unintentional consequences in limiting understandings of play to an active mode. This paper again highlights the need to properly understand the children's lives before interventions are planned and executed. Both these papers highlight the ways messages on one of the major public health issues in the Western world, obesity, are communicated, taken up and understood by children and their parents,

The following paper, by **Wilhelmsen and Dyblie-Nilsen** also explores the practices of children's health and well-being; in this case the focus is on how 'normal child development' is communicated to parents in an Early Years setting, here in a Norwegian day care Centre. The paper addresses the processes and tools used to assess and define children's behaviour as either normal or deviant. The paper shows the complexity of parents' experiences of pathways towards a diagnosis of a 'non-normal' condition, such as ADHD, and a 'special-needs' designation. Parents have their everyday understanding of their child, which may agree or disagree with the professional perspective. The paper also highlights how forms and charts used to map behaviour serve to provide a visual representation of deviance and difference and are regarded as 'evidence', legitimating the forms of power at work in the social construction of knowledge.

The next couple of papers focus on the understandings and experiences of children and young people who have different conditions. In their paper, **Mogensen and Mason** consider the label of autism and the meaning of this diagnosis to a group of five young people in Australia. Through using participatory methods young people were able to choose how they communicated with the researchers and were able to share their understandings of autism and the impact on their sense of self and identity. More specifically, the authors show how the young people integrated their understandings of the autism diagnosis with their sense of self, and the different 'positive' or 'negative' meanings the diagnosis could take on in this process. Also, these young people clearly desired to be in control of how to deal with their diagnosis, and Mogensen and Mason suggest that ways of minimising stigma and marginalisation associated with a diagnosis of autism need to be considered at a policy level.

In their paper **Bernays, Seeley, Rhodes and Mupambireyi** explore children as health actors, in a study of the illness narratives of children living with HIV who are accessing Anti-retroviral treatment (ART). They note that in previous research into HIV, adult views have been the focus, acting as proxy representations of the experience of children. The narratives told by children themselves reveal a complex picture of illness stories, resistance to being defined as ill, and what the authors identify as protest talk – where children strive to come to terms with the ambiguities of being regarded as sick whilst feeling and looking well. Their narratives illuminate the challenge which they have to achieve a sense of ‘normalcy’. Importantly, this paper highlights the social challenges which accompany long-term adherence to treatment (in this case ART), a theme which is also relevant to other papers in this collection.

Within the monograph, various methods and methodologies that researchers are adopting in order to understand the perspectives of children have been utilised. **Jenkins’s** paper is a micro-analysis of children as health actors, drawing on a study that focuses on the interaction which takes place between children and their parents within the family home. Analysis of video recordings of English family mealtimes reveals the ways in which children express bodily sensations which are often redefined or denied by parents. Using conversation analysis (CA) to drill down into the interactions the paper draws attention to the agency of children. In investigating the rights of children to report on their own embodied experience it adds to our understanding of the enactment of power dynamics within families and raises questions about the ways in which, from an early age, children’s own experiences are denied or shaped by more dominant adult understandings which make claims to meaning.

Stjerna’s paper on the management of food allergy, a potentially life-threatening condition, brings to the fore debates about ‘risks’ to children’s health. A study of Swedish young people with food allergy highlights how the everyday management of this condition is contending with health risks as well as social risks, the risk of a severe bodily reaction as well as of being seen as different by their peers or others when trying to avoid the ‘dangerous food’ or using medication. Not only risk is involved here, but also issues of trust and responsibility. This paper sheds light on the relational elements of the agency of the young people in the management of their condition, in the ways they are dependent on contexts, environments and the behaviours of other people.

The final paper in the monograph is a fitting contribution from **Mayall**, who originally called for a sociology of child health in 1998. Building on her previous theoretical and empirical research on the status of childhood, she discusses developments in the sociology of childhood and reflects on possible avenues for future research. She makes explicit the minority status of children and positions children within inter-generational relations by drawing attention to bodily relations between adults and children, particularly focusing on ideas about the body

which structure children's experiences of their bodies and emotions. This paper clearly focuses on health and well-being, rather than illness or sickness, and points out that 'Well-being is associated with being a valued and respected person'.

Spanning the three key themes, the papers in this collection contribute to a critical analysis of child health policy and notions of child health and normality, as well as to our understandings of the active contributions children make to deal with health and illness in their own lives. Through analysing the relationship between concepts of child health and illness – as they are represented in health policy, discourse and dominant understandings – and children's actual lived experiences, a sociological lens is afforded that helps to illuminate the complexities of structure and agency as well as the interaction between biological and social processes.

These papers show how a focus on childhood health can be an appropriate vehicle to appreciate the ways children uniquely experience their childhood whilst being part of the structural category of a generation. In exploring the life-worlds of a range of children, these research accounts show that there is little that is universal about 'the child' and it is more appropriate to refer to a variety of childhoods, which draws our attention to the importance of not uncritically adopting Western values in research and health policy globally. These predominantly empirical contributions, carried out in different socio-cultural contexts, are much needed to contribute to a more substantial volume of research on child health from a sociology of childhood perspective and to generate further developments at a theoretical level.

To conclude, the papers presented here suggest theoretical and empirical research potential for a sociology of children's health and illness. The collection thus goes some way to seriously beginning to address the migration of a sociology of child health from the margins into mainstream sociology of health and illness. In the endeavour to promote the social study of child health, it is of course also important to take account of contributions from 'neighbour' fields such as childhood geographies, child disability studies, studies of children's play and others that we have not been able to include in this volume. Finally, we hope that this monograph will encourage productive debate amongst a wide audience; including academics as well as policy makers, health-care professionals and people who are involved with children, young people, and their parents in everyday life.

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