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Experts and Child Abuse

SIR,—All those who are concerned with the welfare of children welcome the continued ventilation of the subject of child abuse in your columns. The Maria Colwell report¹ contains, as you say (14 September, p. 641), evidence of the need for closer co-operation between all the experts. It is the experts from different professions who provide the teams whose importance is stressed by Dr. Selwyn M. Smith and Mrs. Ruth Hanson in their study of families of children injured badly enough to be admitted to hospital (14 September, p. 666).

Effective co-operation requires not only the will to work together, which has not always been present in the past, but also understanding by the various experts of each other's function. We read therefore with dismay in your leading article the comment, as though this is wrong, that "day-to-day responsibility for children known to be at risk is nowadays generally in the hands of social workers." You are referring to the regret expressed by Dr. Smith and Mrs. Hanson at the apparent abdication of responsibility by the medical profession to local authorities and voluntary societies. In fact the local authorities through the social service departments have a statutory obligation to carry out the protective function of society towards all children in need of care, an obligation shared in part by the N.S.P.C.C. The doctor cannot abdicate a responsibility that has never been his.

However, in the discharge of this statutory duty of child protection the social worker relies on observations many of which are

essentially medical. It would be an invasion of the function of the social worker if the doctor tried to perform day-to-day supervision of the child in the family. It is equally an invasion of the doctor's function if the social worker always makes the assessment of progress and of the health of the child within the confines of the social service department. These are complex cases. Evidence is never plain, concealment of fact usually successful, decision always difficult. Such well-known characteristics must be accepted by everyone.

It is because of the inherent difficulties that even when there are no injuries that require hospital treatment we recommend the admission of the child for medical and psychiatric as well as social diagnosis of the family whenever there is suspicion, unless a doctor with experience of deprivation, abuse, and battering takes responsibility for leaving the child at home. Later periodic medical reports provide information without which the social worker cannot properly decide whether the plan that is being put into effect is succeeding. The old experienced children's officers could recognize impending disaster, but the same precision cannot be relied on from the generic social worker, at least not yet. Many general practitioners get the feel of this problem, but it is our view that their best and safest course is to refer suspicious families to the local department of child health. This should lead into the system of assessment and supervision suggested by the Department of Health and Social Security and fully supported by the

British Paediatric Association, the British Association of Paediatric Surgeons, and the Tunbridge Wells Study Group.

So far from abdication, paediatricians throughout the country spend more and more time in original assessment, in mobilizing and presenting evidence to courts, and in playing their full part in review committees and case conferences. And of course many other members of the medical profession are deeply involved with paediatricians in treatment and management, especially psychiatrists, paediatric surgeons, accident doctors, radiologists, neurosurgeons, and ophthalmic and orthopaedic surgeons. The doctor cannot intervene uninvited.

What is apparent from the report by Dr. Smith and Mrs. Hanson is that the right doctor is not called in soon enough or often enough. The lesson will be there for all to read when the Maria Colwell report becomes generally available.—We are, etc.,

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¹ Report of the Committee of Inquiry into the Care and Supervision Provided in Relation to Maria Colwell. London, H.M.S.O., 1974.

SIR,—Dr. Selwyn M. Smith and Mrs. Ruth Hanson state (14 September, p. 666) in regard to battered children that "it almost