

Maria Colwell and After

For 41 days the circumstances of the death of Maria Colwell formed the subject of a public inquiry in Brighton. Its report is awaited eagerly, not least by the members of the Tunbridge Wells Study Group on non-accidental injuries to children,¹ since the press reports highlighted many of the problems which the group has discussed.

One obvious difficulty in decision making about the care of a child is the weight to be placed on the blood-tie and on the idea of a child as a chattel belonging to the parents. The plea that "I want my child" and therefore that "I have a right to my child" is sound enough in general, and the fact that the family remains the basic unit of society recommends it. But families become sick (there is a psychopathology of family life) and there are families in all social groups in which at least for a time a child is not safe. A satisfying mother-and-child relationship is essential to emotional adjustment as well as to physical growth and intellectual development. But who is the mother? Anna Freud² has written about the "psychological parents," meaning those who have provided the effective mothering and fathering while the bonds between child and parents have been forming. In many of the deprivation syndromes these are not the natural parents. If contact has been lost during the early years of the child's life, if the responsibilities of parenthood have been inadequately discharged or not discharged at all, the natural parents have little or no claim to the possession of the child. The best interests of the child are nowadays often referred to, but those interests are not being treated as paramount when the blood-tie outweighs the emotional attachments that have grown between a young child and its psychological parents.

In the management of non-accidental injury and child abuse, both primary prevention and the prevention of further injury depend in the first place on identifying families at risk. Help should come from studies now being carried out by the N.S.P.C.C. and by research at Oxford and Birmingham. Meanwhile practical results depend on the provision and the proper use of local resources. The most important of the Tunbridge Wells recommendations¹ were those aimed at improving the relationship of mutual trust and respect between the professionals concerned—doctors, social workers, and police. The case conference on the individual case and the area review committee to oversee general policies, and secure the best use of local resources originally proposed by the D.H.S.S. and strongly supported by the study group, did not function for the Keppel family; nor were the services of the local paediatric department ever employed.

At the recent follow-up meeting of the Tunbridge Wells Study Group three reasons were suggested for failure, thought to be far too common, to deploy all available services. There is that most exasperating statement that the busy doctor must not be worried unnecessarily—though only the doctor

himself can properly judge what is necessary and what unnecessary. Any doctor, be he general practitioner, paediatrician, or psychiatrist, is only too ready to exercise that judgement in these cases. It seems that not every social worker understands the ways in which medical aid can be secured. The remedy lies in the hands of directors and supervisors in the social services departments. The third reason is that some general practitioners do not like referring their patients, partly from the feeling that they themselves can control the situation,^{3 4} and partly because they dislike babies and children going into hospital. The study group reaffirmed its belief in the wisdom of hospital admission for the protection of the child if there is any suspicion of abuse. The decision to admit must not be inflexible, but with so much at stake a doctor with experience and with the facilities for a total investigation is surely the best person to decide. Familiarity with the "minor" evidences of real danger will come with better teaching. Education—especially knowledge only lately acquired—is clearly needed. The general practitioner may well in time add "suspicion of non-accidental injury or of deprivation" to his list of suspected diagnoses like acute appendicitis, intussusception, leukaemia, and brain tumour which call almost automatically for referral to the appropriate expert in children's diseases. The report of the deliberations of the Tunbridge Wells Study Group due to be published during the summer should help to strengthen this case.

Meanwhile the D.H.S.S. if it does not direct should at least encourage the collaboration of all the professional workers through the area review committees. There is already evidence of an increase in their numbers as well as of a more widespread use of the case conference technique. Such confusion as remains about the distinct and separate functions of these two bodies, the one general in its studies and constant in its membership, the other specific and manned as required, should soon be dispelled.

The selection of families who need detailed study will always need expertise. They represent only a small proportion of "casualty" patients. They form, too, only a small proportion of the very large numbers who for one reason or another are a responsibility of social services departments. Proposed solutions both in prevention and management of non-accidental injury must be tested by follow-up studies conducted on the basis of highly professional assessments. The continuing interest of the British Paediatric Association and the British Association of Paediatric Surgeons⁵ is all the more welcome, since it ensures the co-operation of the members not only in management but also in the research that is still needed into the medical aspects of abuse and deprivation.

¹ *British Medical Journal*, 1973, 4, 96.

² Goldstein, J., Freud, A., and Solnit, A. J., *Beyond the Best Interests of the Child*, p. 17. London, Collier-Macmillan, 1973.

³ Grogono, E. B., *British Medical Journal*, 1973, 4, 493.

⁴ Lane, M. S., *British Medical Journal* 1974, 1, 79.

⁵ *British Medical Journal*, 1973, 4, 656.