ABC of 1 to 7

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SERVICES FOR CHILDREN: SOCIAL SERVICES

Many children seen in hospital have social as well as medical problems, and a medical social worker can help to ensure that the whole family receives appropriate care. Health visitors work closely with social workers and many share the observation and support needed by some families. The medical social worker in the paediatric department is part of the community-based service and can decide whether the social work for the family should take place in the hospital or the community. Most of her time is spent helping parents with marital problems and teaching the skills of being a parent. In paediatric units and child psychiatric clinics experienced social workers may work with particular families over a long period. Medical social workers help mothers to obtain services, especially for children with handicaps, and they link child and parents with specialist units providing temporary care, fostering, or adoption. They also supervise the rehabilitation of children who have been abused.

Child abuse

Inflicted physical injury is only one aspect of abnormal child rearing: others are emotional deprivation, physical neglect, failure to thrive, and proneness to accidents. Accurate diagnosis is essential and must be made against a background of a wide variety of normal child rearing patterns and the vast majority of genuine childhood accidents. An area review committee for non-accidental injury co-ordinates the policies of various agencies, provides guidelines, arranges training to increase awareness of the problem, and reviews the work of case conferences.

If a social worker suspects non-accidental injury she checks whether the child is on the non-accidental injury register (maintained by the social services department) and whether the family is known to the social services department, the health visitor, or the National Society for the Prevention of Cruelty to Children (NSPCC). Social workers then decide whether admission to hospital should be requested or whether the child should be taken into care or left at home. Parents will usually accept admission to hospital, where the child will be cared for and helped sympathetically and confidentially. A child can be fully examined and medical, social, and psychiatric investigations started. The family doctor must be told at an early stage and nursing and medical staff should be aware of the reason for admission, although this suspicion should not be discussed with the parents at this stage.

If the parents refuse a child's admission or try to remove him too soon the consultant and hospital social worker usually ask the social services department to seek a Place of Safety Order, which allows the hospital to detain the child for 28 days.

Within a few days a case conference is convened to determine whether an injury was accidental, to notify the register, and to decide whether the child should be allowed home, taken into care voluntarily, or removed from home through court proceedings. Psychiatric help may be offered to the family. The selected key worker (usually a social worker) sees the family regularly and the case is kept under review by the principal social worker to decide when the child may be removed from the non-accidental injury register. All the interested agencies are asked to attend subsequent conferences and for their opinion on removal from the register. After the child's name has been removed from the register the case records are destroyed.

The poor long-term results of children in care make social workers reluctant to separate a child from his parents unless evidence of serious injury is conclusive. They may differ from doctors in their estimation of the degree of parental incompetence or personality disorder, but the social services department makes the final decision. If a child is removed from his parents fostering may prove more effective than placing the child in a children's home; it is also cheaper.

Mothers of injured infants often already have a social worker, who may find it difficult to defend the child's rights against the mother's needs. The parents may blame the social worker for their child being put on the non-accidental injury register. The appointment of a solicitor for the child does not necessarily help if he receives his brief from the mother, who may have done the injury, and he may have little experience in child care. Case conferences can only recommend, and their lack of "teeth" to implement their decisions may be frustrating.

Practical preventive help—The use of social services departments' ancillary services may allow children to stay at home. Home helps are particularly helpful for single parents, especially fathers. Peripartetic foster parents may enable children to remain in their own homes. Day nurseries, nursery schools, and opportunity playgroups help reduce the stress on parents and allow the physical and emotional development of the child to be monitored. A few experimental day nurseries have been set up to teach mothering skills; the mother's interaction with the child can be observed and encouraged and she can be taught simple domestic skills.

Professional problems

Most social workers manage problems in every age group (generic practice). The social worker looking after a family will therefore have little experience of specific paediatric problems such as non-accidental injury or chronic handicap in infancy, as these are relatively rare. The family may have a new worker every few years, who may find it difficult to help with evolving problems in a handicapped child. Specialist social workers supervise the fieldworkers but may not be easily available in a crisis.

The lack of precise definitions of problems and of their effects highlights the need for more research into the work of social workers. Too little attention has been paid to the feasibility of providing all the services proposed by governments, and there have been few studies into the effectiveness of social work methods. Much of the research has been by sociologists rather than social workers, which has made it difficult to translate research findings into practice. Social workers themselves need to take part in this research.

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