Point of view

. . . And children first?

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Why do the English dislike children?

One hundred years ago, the dependence of each generation upon the next to provide food and shelter for the poor or to inherit estates from the rich was self evident, personal, and compelling. Health was necessary for employment, education for improvement; neither was taken for granted.

Changes in our social structure have increased the dependence but dimmed the awareness. As the average 'working' life is eroded by extended education at one end and earlier retirement at the other, and life expectancy continues to increase, so those who dream dreams become increasingly dependent upon those who see visions. But because dependence is less often direct, and more often mediated through state agencies, it is less clearly discerned.

Is this at least part of the reason why the recognition of children as the nation's heritage is dwindling? Dwindling it certainly is, as evidenced by the actions (and inactions) of central and local government agencies, of professional groups with responsibilities to children, and of individuals responsible for the creation and care of children.

Since it became clear that resources could not match demands within the British National Health Service, health departments have from time to time identified priority groups. The elderly and the handicapped (that is, the incurable) and the mentally ill (often incurable) take pride of place. Up to 1977¹ children were also identified as a priority group but, with the exception of the newborn, they have since been conspicuous by their absence.

Until the last major National Health Service reorganisation, each health district had a Specialist in Community Medicine (Child Health) and each health area had an Area Nurse (Child Health). Both posts disappeared in 1982. Individual doctors and nurses remain for the time being to contribute their particular skills, but there are no medical or nursing posts within district or regional health authorities with exclusive responsibility for children. It seems inevitable that the new posts which subsumed those responsibilities will increasingly be filled by people

with little personal experience of the particular needs of children. Over the same period, health visitors, who form the historical backbone of preventive health services for children, have increasingly been diverted to offer comfort and succour to the old.

On the social services side, the Care of Children Committee was set up within a month of the end of hostilities in 1945. Its report (the Curtis Report) a year later² paved the way for local authorities to establish children's departments, each headed by a children's officer 'of high standing and qualifications, who would be a specialist in child care'. These departments worked well, if allowance is made for the facts that they were understaffed and that some of the staff were, by today's standards, insufficiently trained. The Seebohm Report³ in 1968 abolished all this at a stroke and created non-specialist, generic social workers, many of whom have, over the years, been publicly pilloried (especially in connection with child abuse) for not behaving like specialists.

The Court Report on child health services⁴ took as its starting point the needs of children, which a cynic might see as the main reason why its recommendations were 'accepted in principle', a time tested technique for creating the impression of action while remaining supine. One of the few proposals to be implemented—A Voice for Children (the Children's Committee)—was strangled shortly after its birth.

Departments of Health and Social Services are not unique in demeaning the status of children: the same phenomenon can be seen in the field of education. Paediatricians have long regarded teachers as close allies, putting the needs of the young above all else, and surely this is still largely true. It is therefore painful to see, at the time of writing, frustrated teachers organising strike action, which is bound to harm their pupils' education and to jeopardise their prospects in important examinations. Can the merits of their cause possibly justify such measures?

Of more sinister and long standing concern are

the actions of extremists who are prepared to exploit the educational system to further ends which are doctrinal rather than educational. This constitutes a grave abuse of the next generation, akin to the actions of those who, for no more subtle reason than riches, push drugs, pornography, and video nasties on the young. There will be a harvest to reap from that sowing.

The Chief Medical Officer's annual report *On the State of the Public Health* is compulsory, and in places compulsive, reading.⁵ In England in 1983 almost 100 000 children (one sixth of all births) were born illegitimate, in spite of 121 500 legal abortions. Changing social *mores* do not alter the fact that in the same year the perinatal and infant mortality rates were 33% higher for the illegitimate than for the legitimate. To mothers under 20 years of age there were 33 650 abortions and 51 000 live births. Nearly 4000 of the abortions were done on girls aged 15 or younger: more than half the live births were illegitimate. Paediatricians must be concerned about the humans behind the statistics. What a way to begin your childhood, and what a way to end it.

So what is to be done? At the level of the family, children have the same needs as they always have had—in addition to food and warmth; protection from danger (moral as well as physical); a framework of discipline, because no society can survive without rules; and guidance towards independence. Since women journalists, trying perhaps to resolve their own inner conflicts, systematically destroyed the public image of the 'stay at home mother', it has become commonplace for both parents (when there are two) to escape the rigours of domesticity by 'going out to work'. Do we know how important an omnipresent parent is to a very young child? And do we look as critically at parent-deputising services as we do at doctor-deputising services?

At the community level (using 'community' in its true sense of a group of people and not as some mythical place), paediatricians and teachers must accept special responsibilities. They must be prepared, with or on behalf of parents, to protect children from exploitation for selfish ends, whether personal, political, or commercial.

What can national organisations do? There are voluntary bodies, such as the National Society for the Prevention of Cruelty to Children, Dr Barnardo's, and many others, which have a long and distinguished history of service to children, and a wide experience of helping them and their families. They can raise their voices for children, but their main energies and resources are rightly devoted to the immediacies of helping. Are paediatricians doing all that they can to regain a place for children among the priority groups in society?

The great humanitarians of the Victorian age—Shaftesbury, Forster, Dickens—forced influential people out of their complacency and made them aware of what the industrial revolution was doing to children. Today's social revolution is having equally far reaching consequences, and today's children—tomorrow's parents, politicians, and prostitutes—may not thank us for our indifference.

References

- ¹ Department of Health and Social Security, *The way forward: priorities in the health and social services*. London: HMSO, 1977.
- ² *Report of the Care of Children Committee*. London: HMSO, 1946.
- ³ *Report of the Committee on Local Authority and Allied Personal Social Services*. London: HMSO, 1968.
- ⁴ *Report of the Committee on Child Health Services: Fit for the future*. London: HMSO, 1976.
- ⁵ Department of Health and Social Security, *On the State of the Public Health for the Year 1983*. London: HMSO, 1983.

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