Child abuse

Two draft documents, ‘Child abuse: working together for the protection of children’ and ‘Child abuse: working together—a guide to interagency cooperation’, have recently been referred to the British Paediatric Association (BPA) by the Department of Health and Social Security (DHSS). The BPA welcomes these documents, which provide helpful guidelines for professional agencies, but considers that they underestimate the vital role of paediatricians, who usually hold the key position in the diagnosis of child abuse and neglect. The DHSS recommendations should therefore be amended to encourage staff in accident and emergency departments to seek paediatric advice rather than refer to other specialist colleagues who may be more familiar with the specific injuries than with the problem as a whole. In many cases continuing paediatric and child psychiatric support is also vital.

The suggested change in name of the ‘Child Abuse Register’ to the ‘Child Protection Register’ will, the BPA hopes, reflect a shift in emphasis towards identifying children at risk. Information on the register should be readily available at all times to all medical staff who treat children.

The role of the community child health services is acknowledged in the draft documents, and the BPA believes that the increasing number of consultant paediatricians who have responsibilities for community child health will enable the community service to provide the necessary support and surveillance at a specialist level. The consultant should also act as the link between health, social, and education services. Each school should have a named doctor who would be notified of children at risk in the school. The proposal for increased involvement of general practitioners in child abuse is welcomed by the BPA, but it is essential that they be adequately trained.

Case conferences should be attended only by those working with the child and the family, who can give first hand information and focus on the interests of the child. The social worker should be accompanied, however, by a senior who is able to make decisions about management. The time needed to attend case conferences must be taken into account in assessing the workload of consultant paediatricians and their staff, and secretarial help must be provided if the proceedings of the conference are to be properly recorded. Although parents must be fully informed of the results of case conferences, the BPA does not consider that parents should normally attend.

The BPA wishes to retain the area review committee system under the social services department rather than set up joint consultative committees, which would have no legal status or responsibility.

Detailed arrangements for dealing with child sexual abuse need to be worked out locally and a BPA joint standing committee with the British Association of Paediatric Surgeons is currently drawing up a suitable scheme. Examination of children suspected of being sexually abused should be carried out in hospitals or health centres rather than in police stations, and paediatricians who perform these examinations must be adequately trained to collect forensic evidence.

The BPA recommends an increase in the number of special centres with experience in particular types of child abuse. They might, for example, be established on a regional basis to advise on difficult cases and promote education and training.

These documents are accepted by the BPA as a guide to good practice but their recommendations could be ignored when expedient. They should not be used as substitutes for legislation to protect children. As always, developing an effective service has resource implications and these must be recognised.

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