Health for all children


We find it hard to detect anything here of a genuine thought out philosophy. The title is 'Health for all children' but the book is largely concerned with the identification of defects. The proposals are muddled and contradictory.

The first muddle is 'screening'. The working party persist in using the term screening as a synonym for the detection of abnormality while claiming to be scientific in their approach for surveillance. In recent years screening has taken on a restrictive meaning for certain very limited types of test for specific disorders and criteria for these tests have been established (quoted by the working party pp 8–9). Most medical activity is not encompassed in these very strict criteria and the working party give no reasons why they should be applied to the task of child health surveillance. They admit that even anthropometric measurement 'must not be regarded as simple screening tests. Skill and judgment are required in deciding how to interpret the measures and no single fail/pass criterion can be proposed' (p 46). Yet in their recommended core programme of health surveillance they italicise measurement of height, weight, and head circumference as fulfilling the criteria for screening tests (p 99). Physical examination, checks for testicular descent, and auscultation of the heart are similarly classified not withstanding the skill and judgment required to interpret these procedures. How much more are skill and judgment necessary for the various tests and observations we make of developmental aspects of the child such as in the assessment of speech and language. The Hall report says 'Developmental examination is a term applied to a set of procedures which usually includes a developmental history, observation of the child's behaviour, the administration of various tests in order to establish a stage of development of an individual child, to recognise deviations from normal'. They then say 'Developmental screening involves the performance of developmental examination'. They then use the strict screening criteria, for example, to reject identification of children with speech and language disorders, saying that there are no effective treatments for speech and language disorders—incidentally not true anyway (see for example, Nye et al)[1] but even if it were they are using the screening criteria to reject the identification of disabling conditions. This terrible muddle about screening, examination, and surveillance should have been clearly sorted out at the beginning of the book and it would not then have led them to make daft statements like (p 70) 'We do not think any of the methods of developmental screening can meet the requirements for a screening test'. As they are not screening tests of course they don’t.

The next muddle: a serious misquotation is on p 72 when they say 'Although routine developmental examinations are capable of detecting extreme deviations from normal development, most serious impairments are found by other means'. The statement is backed by reference 45. We had been watching out for it, and it is to Drillien and Drummond’s outstanding work.2 Actually what Drillien and Drummond said was that the very (our italics) severe disabilities could be picked out in this way. This might seem a small error but isn’t if you have studied the Drillien and Drummond book. ‘Very severe’ is one category under which the authors categorise their cases, the others are severe, moderately severe, moderate, and minor. There are of course a number of children—15 in this study of over 4000 children—who do have very severe defects, which indeed we would all pick out and so would their parents. However, many of the children with severe problems were not picked out in that way and many children with problems were as Drillien and Drummond make clear, picked out by the surveillance programme (77%). The best thing to do here perhaps is to quote what the authors said in conclusion to that study:

‘Our study also suggests that there exists, in the preschool population a body of pathology that is largely unrecognised and untreated by either primary care practitioners or hospital-based consultants’. Chapter 12 deals with psychiatric disorders in the preschool population, and also in a final paragraph in the school age child, in just over a page and a half. We think this chapter can only be described as pathetic and indeed the whole tone of it implies that the authors would be quite happy if psychiatric disorders would go away: 77% of three year old children are said to show moderate or severe adjustments problems'. There is no reference after that statement but presumably they were thinking perhaps of some of the work in the Richmond, Stevenson, Graham study which they seem to disregard. Ignoring this sort of study they say there are close parallels between screening for psychiatric disorder and developmental screening. Clearly in their mind there are because they then say quite dogmatically ‘behavioural screening questionnaires should not be used routinely’. No support for this statement, just another Hall dogma.

Finally perhaps their material about parents, which again is so sparse as to be absurd. They draw attention to the fact that parents want to be informed and play a part in developmental surveillance of their children. The writers of this report see this as a change over the last 20 years. It would be good if they could have written something about some of the profound social changes that have taken place in the last 20 years and which have such implications for anyone planning a surveillance programme. We refer to the issues of inner city parents, the increase in one parent families, large numbers of immigrants coming from cultures very different to our own, etc, etc. If you are working in Bradford or in London you do have to think about these issues. Health authorities have a responsibility for the health care of all children, not just a majority; so to prepare a national pattern of surveillance that depends heavily on a hunch unsupported by factual evidence that the parents of a majority of children can be relied upon to spot significant defects (however covert), is unsound. Many among the remaining minority of children will inevitably miss out.

For these and other reasons we regard this report as a
disastrous failure and cannot recommend it to authorities planning a surveillance service.

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It is laudable that at last, representatives of all professional bodies concerned with child health, having taken expert advice from many sources, have finally come together to produce a report on child health surveillance. This in itself is an achievement and long overdue. Any such consensus report is likely to be of value. The report is comprehensive and yet clearly and concisely written. It is true that some of the recommendations are controversial and these have generated anxiety. My own initial response was a cautious welcome: the report requires careful reading and, with time to reflect, I commend the principles of the working party.

As stated by Dr David Hall, one must acknowledge the contribution of the pioneers of child health and development over the last 20 years, but the time has come to use their expertise to develop a more appropriate service for the 1990s. The case for reappraisal is clearly made in the report; some activities may indeed lead to unnecessary parental worry and be unproductive with the consumer, who should now be heard. The 1981 Education Act has happily reduced the need for detailed developmental screening to categorise or label children.

The attempt to define and clarify terms such as surveillance, screening, and assessment is lucid and I feel can be applied to child health, although others disagree. Few would argue about the importance of early detection of certain disorders, the need for an active surveillance programme, or the contribution made by parents to this process.

Being mainly research based, the sections on physical examination and laboratory screening do not appear controversial. The approach to child psychiatry and the emphasis on the importance of health education and promotion, although not proved, reflects a balanced view.

The recommendations on growth measurements and their recording seem to me, a non-expert, a reasonable compromise in the light of available data. As the report suggests, regular weighing reassures parents and professionals but is perhaps of less benefit to the child.

The general comments on vision and hearing screening are sound and in particular, the need for meticulous training. The recommendations on vision are imprecise, however, and perhaps districts should await further research before abandoning the preschool visual acuity test.

Throughout the report the need for research in child health surveillance is emphasised, which I wholeheartedly endorse. In busy district child health departments, however, time, money, and methodological expertise is often lacking despite the enthusiasm.

The section on screening for developmental impairments has caused the most controversy among professionals in the field, but I sympathise with the working party’s view that routine detailed developmental screening is unnecessary. Experienced practitioners will detect abnormal development by the commonsense approach; that is by listening to parents, taking proper histories, and observing children at play. Nevertheless I believe that the trainees will still learn best by the developmental check lists. The important subject of training is well addressed in some considerable detail.

I commend any worker in the child health field to read this report. It must be remembered that modifications will be necessary in the light of new research and papers presented at the British Paediatric Association annual meeting this year have already brought into question two of the recommendations.

There are three reasons why I think this report should be read in detail by all paediatricians.

1) It is a scholarly report. Read in conjunction with Butler’s report,1 it is the best analysis, from this country or abroad, of the principles and detail relevant to the health surveillance of children.

2) The report is directly relevant to the United Kingdom. It takes account of the organisation of primary care in this country. The committee members, unanimous in their report, represent the British Paediatric Association, the British Medical Association, the Health Visitors’ Association, the Royal College of General Practitioners, and the Royal College of Nursing. Further the Secretary of State for Health, both in his forward to the report and in his proposed contract for general practitioners, supports the report and intends that it be implemented.

3) There is much to be gained by implementing the report’s recommendations across the country. Such a programme could be evaluated. The surveillance of children who change districts would not be disrupted. Training programmes for nurses and doctors could be standardised. The alternative is for each district or primary health care team to continue to adhere to its own judgments and prejudices in the vain hope that it has found the perfect programme and can implement and evaluate it.

When reading the report, try not to relate it too much to your own experience and views. The committee recognises that there are some uncertainties about surveillance that the scientific evidence cannot yet resolve and where therefore it had to make a ‘best buy’ judgment. Even enthusiasts for frequent, detailed developmental examinations of preschool children recognise that there is little evidence, for or against, what they do. It is important that what is of proved value is delivered to all children. In the present state of knowledge, the emphasis should rightly be shifted from repeated, detailed examinations of children who happen to come to a clinic to the systematic examination of all children using a small number of tests uniformly applied.


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