Response

Children in care: are social workers abusing their authority?

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Author's abstract

In reply to Dr Benians's article which suggests that social workers at times abuse their authority, three areas can be considered: the broader context of the social work task, the legal process itself, and the contribution made by child psychiatrists.

Local authority Social Services Departments are responsible for the provision of social care in a geographical area and consist of residential and day care establishments, research and planning facilities and community social work provision. Social workers are based in area teams (at a ratio of two social workers for every three general practitioners) and are expected to act as planners and rationers of the limited resources for the frail elderly, the mentally ill and disadvantaged families; to counsel individuals and families in difficulty, to promote community networks with local residents and other agencies, and to investigate possible instances of children being harmed by their parents (1). It is the latter task of which Dr Benians has experience.

Investigations into allegations of children at risk require social workers, the generalists in the case, to co-ordinate all the information available. For this they depend on the perceptions of their specialist colleagues: doctors, health visitors, teachers, psychiatrists, educational psychologists, the police, and legal advisers, whose participation in preliminary case conferences is often essential in deciding if care proceedings should be started, contrary to the impression given in the article. In Case 1 the paediatrician, the social worker, head teacher and educational psychologist must have all been agreed on the need for care proceedings. Medical and educational evidence was likewise crucial to the proceedings in Cases 2 and 3.

The cases described by Dr Benians give a vivid picture of the ingrained and complex difficulties frequently present in families referred to social services departments. It is, however, inaccurate to accuse social

workers of abusing their legal authority in the incidents quoted. They have a statutory obligation to intervene in family problems on several grounds under the Children and Young Person's Act 1969, notably 'if a child's proper development or health is being avoidably neglected or he is being illtreated' (Case 1 and 2) and if 'he is not receiving efficient full-time education' (2) (Case 3). However, not only do these specific criteria have to be demonstrated in a juvenile court, when medical evidence may be crucial, but the court must also be satisfied 'that the child is in need of care or control which he is unlikely to receive unless an order is made'. The psychiatrist's involvement as a witness for the defence illustrates the role of the court in mediating between the conflicting rights of the parents and the duty of the State to safeguard the interests of children.

Contrary to the assumption made in the article, social workers rarely view the reception of a child into care as a long-term solution to a serious family problem, but it can sometimes form part of a treatment plan (as proposed in Case 3). Social workers are familiar with the secondary problems that such intervention can create for a child (as demonstrated in Case 2) – for example the sense of rejection, the stresses of group living, the bewildering staff changes due to shift work – and hence the need to avoid hasty action. Some Social Services Departments have introduced a policy of 'permanence' in an attempt to improve children's experience in care, whereby a permanent home for the child must be sought after six months in care.

Dr Benians expressed concern at the absence of a psychiatric opinion in the cases quoted. Social workers recognise that child and family psychiatrists have a particular contribution to make through their knowledge of mental disorders and family relationships. Their assessment of a disturbed family's functioning can provide important information when decisions have to be made – although a single interview, taken out of context of past events, might possibly create an erroneous impression. Their ability to modify distorted or strained relationships can save families from breakdown.

It is implied that the social workers in the cases were either too ignorant or too egocentric to seek a

Key words

Social work; child welfare; social services; child psychiatry.

psychiatric assessment but alternative facts should be considered before this view is accepted. The distribution of child psychiatrists throughout the country for example, is likely to be uneven, leaving some areas with negligible coverage. There may be an assumption amongst other professionals that families will not meet the local criteria for treatment or that the waiting lists are too long (3). For instance, the mother in Case 2 did not speak English and the mother in Case 3 was unlikely, because of her condition, to have attended a clinic. The structural division with psychiatry under the health service and social services departments under the local authorities may also serve to emphasise different professional attitudes and priorities. This gulf in understanding is illustrated by a child psychiatrist who regularly requested Place of Safety Orders on children in hospital from the duty social worker at 4.00 pm on a Friday as if he was asking for a simple physical test to be carried out. Finally in contrast to the examples given, few family psychiatrists make domiciliary visits which excludes a large number of non-coping families from their orbit.

While the cases presented in the article are of interest, its tone is of more concern. The writer shows an element of distrust of social work as a profession in relationship to child psychiatry and does not appear to

see a working relationship between them, echoing the views expressed by another psychiatrist (4). With limited resources at the disposal of the disadvantaged in society it is surely time to build bridges across professional divides, not accentuate them. Much could be done at a local level. For instance, regular discussions between the child psychiatrist and social workers at an area office could increase understanding of policies and procedures and provide the psychiatrist with an informal view of the needs of some families in the neighbourhood. In this way more child psychiatrists might become familiar with the political and legal context of the social worker's task and social workers might more readily recognise and use the skills of the child psychiatrist.

References

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- (3) Jones D N, ed. *Understanding child abuse*. London: Hodder & Stoughton, 1982.
- (4) Brewer C, Lait J. *Can social work survive?* London: Temple Smith, 1980.

Books received

This is a list of books received for review consideration in the *Journal of Medical Ethics* from January 1984.

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