

# *Editorial*

## THOUGHTS ON THE SEEBOHM REPORT

*But first you must master their language, their dialect, proverbs and songs.  
Don't trust any clerk to interpret when they come with the tale of their wrongs.  
Let them know that you know what they're saying; let them feel that you know  
what to say.  
Yes, even when you want to go hunting, hear 'em out if it takes you all day.*

Rudyard Kipling.

THE Seebohm Committee was appointed "to review the organization and responsibilities of local authority personal social services in England and Wales, and to consider what changes are desirable to secure an effective family service". The index of the report has this revealing entry: General practitioner—*see* 'family doctor'. There are eight paragraphs cited under family doctor but only in one of these is the general practitioner mentioned under the title 'family doctor'. In one of the paragraphs listed neither is mentioned.

The general-practitioner services in this country are directed not only to curative medicine but also to preventive medicine and social medicine. As the old killing diseases diminish in frequency and virulence, and as the public becomes better educated in dealing with minor ailments, so does more and more of the work of the family doctor become sociological in character. It is a pity that the Seebohm Committee did not consider more fully the place of the general practitioner in the social welfare organization. The line of division between social medicine and social welfare has ever been faint and wavy, and practice differs from one area to another. In our experience requests emanating from the doctor get dealt with by the social workers of the medical department; those reaching the welfare department from outside sources are seldom referred to the doctor. Yet so often it is the doctor who is at the heart of the problem—he may know the family or at least be aware of its difficulties. The report states that "Studies of the relationship between the general practitioner and the local authority social services have . . .

emphasized how little use family doctors make of these services". But how much effort do those who administer these services make to keep the doctor informed of their activities and availability?

The Younghusband working party of 1959 on social workers in the local authority health and welfare services devoted a section of their report to the co-operation of the social worker with the general practitioner, which it considered essential for satisfactory work to be done. "Many medical problems have a social aspect. It was suggested to us by the medical organizations that all social problems have a medical aspect. We do not think that this is invariably the case but we agree with these witnesses that it is essential for social workers to keep the medical aspects in mind." (para 977). The Seebohm Committee wish to perpetuate a situation which is rapidly becoming common. They wish for "a social service department entirely independent of any other department with a head who is not subordinate to the head of any other department or local authority structure". Working links between departments would be forged by "interdisciplinary in-service training" which the committee considers to be essential: this in itself is a warning of the dangers and difficulties of separating the social services from the medical services.

The report is disappointing. What, after all, is social work? We are not told here. Until its scope can be defined, it is difficult to decide how the social services should develop. For whom are the social services maintained? The remit of the committee mentions family service. The social worker is a stranger entering into the household, learning the intimacies, the problems, often the humiliations of the family. He becomes a repository of many secrets. To whom does he report? To whom should he report? How much of what he has learnt should he reveal? Has he autonomy in his work? All these questions are skimmed over. A family distressed is a family dis-eased. These family problems are already becoming and will increasingly become the province of the family doctor.

The council of the college will do well to study this report in detail, and publish widely their views without undue delay.

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