House of Lords Hansard

17 October 2001

Child Abuse

6.21 p.m.

Earl Howe rose to call attention to the damage caused to families by false accusations of child abuse; and to move for Papers.

The noble Earl said: My Lords, the abuse of children, whether violent, sexual or emotional, is a criminal and wholly repugnant act. As a society it is incumbent upon us to do all that we can to protect children from such abuse and to ensure that the perpetrators are dealt with in an appropriate fashion.

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Nothing I am about to say should be interpreted as a desire to underplay or belittle such conduct. Indeed, quite the contrary.

My concern can be summed up very simply. It is that alongside the worrying numbers of genuine child abuse cases there is a parallel cause for worry, which is that many innocent people are being wrongly accused of child abuse and whose lives in consequence are being turned upside down without due justification.

I should like to talk today about two of the triggers for false accusations. The first one is a phenomenon known as "recovered memory".

(passage deleted on fms)

Those criticisms also apply, incidentally, to cases in which abuse is alleged retrospectively against a care worker or teacher many years after the supposed event. The police often assume guilt from the outset and the burden of proof is effectively reversed. I regret greatly that lack of time prevents me from exploring this important aspect of the topic more fully.

(second passage on fms deleted).

I come now to the second major trigger for false accusations that particularly concerns me, and that is the condition known as Munchausen Syndrome by Proxy or MSBP. MSBP is one of a number of terms used to describe the fabrication or deliberate creation of illness in a child by a parent or carer. The existence of such a syndrome was first put forward in the 1970s and received a good deal of publicity a few years ago during the trial of Beverley Allitt, a nurse who was subsequently convicted of murdering several children in her care. In the past 10 years or so the MSBP theory has been widely promoted in this country and is a firm feature of social work training.

The term MSBP is used to describe two types of behaviour. In the first type, a parent--most often the mother--invents an account of illness in the child, for example by reporting falsely that the child is suffering from chronic diarrhoea. Often this leads to the child being subjected to a range of unnecessary clinical tests. In the second type, the parent is claimed to have deliberately induced illness in the child, for example by poisoning. Again a referral to a doctor often leads to extensive clinical tests which are necessary only because of the parent's interfering actions. MSBP therefore encompasses a wide range of behaviour, from an excessively anxious parent inventing an illness or exaggerating quite minor symptoms, right through to inflicting deliberate physical harm.

The danger of such a broad spectrum of behaviour being packaged into a single portmanteau term, MSBP, is that in the hands of those who are not sufficiently trained or experienced to know better, it is a label that is all too easily applied without due care. This is all the more true when one considers the so-called profile of characteristics that are said to mark

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out a person suffering from MSBP. These characteristics include such things as privation during childhood, repeated bereavement, miscarriage, divorce and past health problems. An over-intense relationship with the child and a desire to be the perfect parent are other supposed markers.

Regardless of the fact that there are very many perfectly innocent, sane people around who might have such characteristics, the very idea of a tell-tale profile of this kind is an open invitation to apply the MSBP label without properly looking at what may or may not be happening to the child. Put at its simplest, there is all the difference in the world between a Beverley Allitt, whose severe personality disorder led her to murder young children, and a mother who invents reasons why she and her child should visit the doctor. Yet under the all-embracing banner of MSBP, and in the hands of the untrained, the two are treated as being practically indistinguishable. It does not matter whether one calls the condition "MSBP" or "factitious illness by proxy", or by any other name. The point remains the same.

In quite a number of the cases I have encountered, when an allegation of MSBP has been made, the mother, in protesting her innocence, has pointed to unexplained symptoms or behaviour in her child. She may have raised her concerns about these with the doctor on more than one occasion. Unfortunately, the act of denial is itself seen as a marker of MSBP--a "Catch 22" if ever there was one. But the danger of having, as it were, an identikit profile of an adult considered likely to be an abuser or potential abuser is that judgments can be made too much by reference to perceptions of the parent and not enough--sometimes not at all--from a proper and thorough examination of the child. I have been made aware of cases where MSBP has been alleged without any outward sign whatever of harm to the child, beyond some odd or atypical behaviour. Often, the allegations have been pursued doggedly by social workers over a long period, and it is only after months of

anguish, when children have been placed on the "at risk" register and proceedings have been brought in the family courts, that the parents have been completely exonerated--exonerated, that is, if they are lucky; but exoneration, when it comes, is frequently by way of a specialist diagnosis of an unobvious clinical condition in the child: a congenital disorder, a birth injury, an allergy, autism, Asperger's syndrome, an adverse reaction to a vaccine, attention deficit and hyperactivity disorder, chronic fatigue syndrome, and so on.

I have the highest regard for the social work profession and I admire the dedication and commitment that the vast majority of social workers bring to their often difficult jobs. But I suggest that it takes a lot more than a recently acquired social work diploma to be able to diagnose a condition such as MSBP and to attribute symptoms in a child to the wilful actions of a parent. Dare I say also that there are some paediatricians who are not qualified to do this? If MSBP is a valid term at all, it identifies what

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amounts to a serious psychiatric disorder. That kind of diagnosis should be left to those who are properly trained to make it; namely, qualified psychiatrists.

We should remember that all the indications from research are that MSBP is very rare. But it is worth noting that the scientific basis for MSBP as a recognised condition is, at best, thin. As a theory it rests on a small number of anecdotal cases. It has never been tested under clinical conditions and none of the evidence has ever been approved by a national medical or scientific body. Even the connection with the Beverley Allitt case turns out on investigation to be illusory. An official inquiry into the Allitt case rejected any association between MSBP and the murders that Allitt committed. Despite that, the supposed relationship between the homicidal Allitt and MSBP has remained firmly embedded in the public consciousness.

None of this is to deny that there are people who intentionally set out to inflict harm on children in a covert fashion. Where real physical harm is inflicted secretly on a child there is no difference between this type of violence and any other sort. The point, however, is that before jumping to conclusions about MSBP, social workers and doctors ought to look at what is actually going on, or not going on. They should investigate the family's circumstances in the round, including all relevant medical information, in a professional, informed and unbiased manner. They should carry out an assessment of the family's needs in accordance with Section 17 of the Children Act. Quite often, that process is hardly even attempted.

The damage that can be done by the mere suggestion of MSBP is enormous. Chinese whispers begin--what one researcher has referred to as "the first gossamer breath" of rumour--about unexplained illness in a child and about a fussy parent. These can swiftly turn that parent into a potential murderer in the eyes of the community. Members of the family become local pariahs. Social

workers are sometimes not clever at handling situations of this kind. Children are made to live in constant fear of being parted from their parents. The climate is like that of a witchhunt in which the voice of reason and all sense of proportion is lost.

There is a considerable weight of published research on these matters. It is this that gives me good grounds for believing that we are dealing with a substantive problem. In that context, the Government's recent consultation document on safeguarding children in whom illness is induced or fabricated, despite some laudable features, is deeply flawed--principally because it fails almost wholly to acknowledge that the topic is highly controversial and that erroneous diagnosis is a real risk.

There are several lessons to be learnt from the points I have outlined. Clearly, lessons need to be learnt about the training of social workers, and about making it far more skills-based than at present. There is a good case for making social workers personally and legally accountable for what they do. Presently--perhaps uniquely among professional people--they are not.

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There is a need to improve the monitoring and inspection of social work and the ways in which resources are directed by social services departments. The channelling of considerable resources into chasing the falsely accused and the pursuit of flimsily based allegations have the effect of removing resources from where they are really needed; namely, in the active prevention of real physical violence, such as was inflicted on Victoria Climbie. We need to consider whether the rights of parents to present evidence at child protection conferences should be strengthened in some way. We should attempt to determine whether the complaints system is adequate in cases where a number of agencies, not merely the NHS or social services, are involved. There is also a need to examine the law: for example, to ensure that it is the duty of local authorities, in the first instance, to help and support families in difficulties. Somehow we need to strike a better balance.

I hope that the Government will take these issues in hand and examine them seriously. It is a subject which a Select Committee, either in this House or in another place, could examine to advantage. Having made a personal study of these matters, I believe them to be of deep significance for the well-being of countless children and families up and down the country. My Lords, I beg to move for Papers.

6.36 p.m.

Lord Warner:

(Lord Warner speech deleted)

6.43 p.m.

The Lord Bishop of Birmingham:

(Bishop of Birmingham speech deleted)

6.48 p.m.

Lord Carlile of Berriew:

(Lord Carlile speech deleted)

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6.54 p.m.

Lord Eden of Winton: My Lords, I think it is important to underline the fact that this debate is about false accusation of child abuse and the damage that that can cause to families. I put the emphasis on that because I want to talk primarily about it, but at the outset I would make clear what I am sure is the view of every noble Lord involved in this debate: our wholehearted condemnation of any form of child abuse. Obviously we must do everything we possibly can to ensure that action is taken to prevent that or to deal with it when it does arise in the most effective and efficient manner.

I very much support the thinking behind the NSPCC's "Full Stop" campaign. For example, it is most important to provide child protection and family support projects and to give children someone to whom they can turn, someone in whom they can confide away from the immediate home circle, which is possibly the origin of their anxiety, unhappiness or distress. When children are frightened they sometimes do not want to talk about their fears; so it is better for them to talk to a third person independent of their own environment.

However, we must be warned by the growing weight of evidence that the experts in the social services, the medical profession and the police can get things tragically wrong. It arises either because they have been conditioned to believe that everything the child says has to be true or they fail to interpret

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correctly the physical symptoms they may be examining. What is most dangerous of all is that they might have a pre-conceived presumption that abuse has taken place. If so, the child is then subjected to suggestible questioning designed to substantiate that opinion.

They appear to be too ready to jump to a conclusion on the flimsiest of evidence. In one or two cases I have heard about, when the police are brought in they sometimes trawl the neighbourhood to seek corroboration for that so-called evidence.

It is well known that children can become unhappy for many reasons. There may be trouble in the home, problems at school, jealousy, anxiety brought on by physical changes in their own body or simply by being different from their peers. They might perceive themselves as being too tall, too small, too fat or too thin, and might find themselves unhappy for those reasons. They will then crave attention and in the process of craving attention they will deliberately put themselves into trouble and might even inflict harm upon themselves.

I have met several victims of false accusations: teachers and social workers. Some of them are in prison, some have served prison sentences and all of them have had their reputations completely destroyed. Some have maintained their innocence to this day and others have been proven innocent. I will concentrate on one particular family which I know about, where the child became ill and the doctor advised that she should have a certain form of hormonal drug treatment. Her condition deteriorated and the parents were then advised to have the child referred to a psychiatric hospital unit. More drugs were administered and the child was subjected to questioning. Elements of abuse were brought into the questioning and the experts decided that the father was responsible for the abuse. The experts then visited the family but did not use a shred of common sense. They did not study the circumstances of the family or realise what a loving family situation was there. Instead, they threatened to remove the other children unless the father was kept away. Finally, the child herself was kept away from the family for several years--what amounted to institutionalised kidnapping. In the end no case of abuse was found and yet there was no redress whatever for the family or for the innocent victim and not a word of apology from anyone in authority. The family and, more importantly, the child have been deeply damaged.

I support very much what my noble friend said from the Front Bench. I hope that all professionals involved in child abuse cases will proceed with caution and first study the family circumstances. They and, above all, the police involved in these cases should be seekers of the truth. Truth is in the best interests of the child.

7 p.m.

Baroness Pitkeathley

(Baroness Pitkeathley speech deleted)

7.6 p.m.

Baroness Carnegy of Lour:

(Baroness Carnegy speech deleted)

7.12 p.m.

The Countess of Mar: My Lords, I am grateful to the noble Earl, Lord Howe, for introducing this debate. I echo all the condemnation of actual abuse of

children. I declare an interest as patron of a number of ME associations. I shall restrict my remarks to children suffering from ME. My sister is a social worker, but I have not involved her in any of my parliamentary work.

I first became involved in the subject three years ago. I was approached by a paediatrician who was very concerned about the wellbeing of a boy who had been diagnosed with ME. I shall not go into detail because, as I have been told repeatedly, Ministers cannot intervene in individual cases. Time is also restricted.

Like the noble Earl, I have had a large number of letters from parents and grandparents accused of child abuse. Their children or grandchildren have been put on the "at risk" register, taken into care or made wards of court. What I read and have been told profoundly distresses and disturbs me. I am reminded of the witch hunts of previous centuries. This time, the victims are frequently nice middle class families whose only fault is to be concerned about their child, who has ill-defined symptoms from which he or she does not rapidly recover. For various reasons, some social workers--I repeat that it is some, not all--are not prepared to consider that those conditions might be organic. Suspicion leads to referral, which leads to a huge investment in social services, health services and court resources. There is no presumption of innocence, as there is in other similar situations, and there seems to be no requirement for social services to prove guilt.

A terrible injustice is done to the families involved. Virtually without warning, the parent or parents find that they have been unjustly and unnecessarily investigated under the child protection proceedings of Section 47 of the Children Act 1989. Somehow, the Act has been so misconstrued as to enable some social services departments, paediatricians and organisations such as the NSPCC to abuse their powers, through misplaced zeal and ideology or through sheer incompetence, to create tremendous distress and psychological damage to parents, children and the wider family, sometimes destroying the family structure. There is no measuring the levels of anxiety or the harm done to children and their carers while the whole weight of the law is brought to bear on them.

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Even when accusations of child abuse against a parent or parents have subsequently been withdrawn, often after prolonged and costly legal action, the stigma of being branded a child abuser by the local authority remains with the parents. Once a social services referral is placed on their Samson database, the details remain for ever, no matter what the outcome of later inquiries. The referral becomes common knowledge in the local community. Those who work with children, either as carers or teachers, are refused employment and those who have been active in the community or in voluntary work find that they are no longer required, especially if children or young people are involved.

These are people who have been proved innocent, yet they are treated like criminals. What is more, their sentence never ends. Their child, who is wrongly perceived as having been abused, is pitied. Parents are afraid to seek medical treatment for themselves or their children. If they are brave enough to go to the doctor, their complaints are often dismissed as somatisation.

I know that many social workers, doctors and voluntary workers do wonderful work with seriously deprived children and their families. I know that they bridle against the incompetence of a small number of their colleagues. We need to think again about what we expect from social workers and to ask whether we are expecting too much. The communal hysteria that is generated around child abuse must have an effect on those who work with children. Are we being reasonable in our expectations? I think that perhaps we are not.

When I originally asked for an inquiry, I had no idea that the problem was so widespread. I am grateful that the Minister in another place has agreed to meet me with some of the parents concerned, but I fear that that may not resolve the problem. There is a need for an inquiry to resolve the problem, even if it is a Select Committee inquiry, as the noble Earl has suggested. Abused parents need to be able to tell their stories. Solutions need to be sought and these dreadful injustices must be put right as far as possible. There needs to be a cleansing.

7.17 p.m.

Viscount Bridgeman

(Viscount Bridegeman speech deleted)

7.22 p.m.

Lord Lucas:

(paragraph deleted – refers to speeches already deleted)

With regard to the question raised so aptly by my noble friend, my feeling is that things do not feel right. There is too much pain, and too many of the expressions of pain feel real and justified. The outlying situation is one in which we could reasonably expect there to be a witch hunt.

Child abuse is a particularly nasty crime and one about which I feel extremely strongly. I would impose penalties on child abusers that this House would not contemplate. It has devastating effects on the children concerned. It is extremely hard to detect and prosecute, and abusers habitually deny any involvement in it. It raises great fear and concern among the public to the extent that occasional outbreaks of mob violence take place and, certainly among the media, rabble-rousing.

Professionals, too, have over the years consistently shown their ability to lose a sense of balance and professionalism. I lost trust in the NSPCC a few years ago when it ran an advertising campaign claiming that one in eight children is subject to child abuse. The NSPCC cannot see that child abuse is a term which should be reserved for the serious abuse of children, which is far too common. Its claim would suggest that 100 of your Lordships had suffered child abuse and that perhaps 50 of your Lordships were child abusers. That is so far from reality and reason. It is very important that such an organisation maintains a sense of balance and professionalism.

Within the prosecuting professions, if I may call them that, the succession of ideas from anal dilatation to recovered memory and, currently, Munchausen's syndrome by proxy create a very

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difficult situation. Faced with someone who is determined to pursue an allegation of child abuse, it is extremely difficult for professionals to gather together information, to resist pressure, to calm people down and to form a reasoned debate in a case conference. Great public concern and passions and diversions aroused in the profession do not create an easy atmosphere in which to operate.

I am particularly disappointed that the Department of Health should have published its consultation document as it has. The department has made great strides under this Government in evidence-based medicine. I applaud it for NICE, and I applaud it for doing the things that have needed doing for a long time. But here is an example of the Department of Health publishing a document which simply is not based on research or proper consideration. I hope that the department will recover its balance in this matter.

I believe that this is an area which demands our attention. We should expect the professional systems which deal with these extremely difficult cases to have high standards, to be open, to be subject to review and to provide a situation in which it is possible for the accused to have real rights. I am most encouraged by what the noble Baroness, Lady Pitkeathley, said about what she and this Government are doing. I hope very much that matters will lead in that direction.

I want to pick up two particular points. I should be encouraged if it were possible for the accused to be given greater representation at case conferences. I believe that if a case conference had a professional present to look after the interests of the accused--be it a lawyer or anyone else--that would tend to hold the level of rationality and proper professionalism of the conference at a consistently better level than is sometimes the case.

Unlike the noble Lord, Lord Carlile, I do not like the practice of trawling. One can imagine it applied in a totalitarian society where the police might offer people £1,000 if they were able to give evidence against me that I had said something rude about the Government. It is too much of a temptation,

particularly where the people being asked are themselves criminals or damaged people for one reason or another. It invites false accusation, especially when there is no penalty for making a false accusation. I believe that such a technique should be used with a great deal of care and be subject to the type of supervision which might be possible if an independent element were introduced into case conferences.

7.28 p.m.

Lord Mitchell:

(Lord Mitchell speech deleted)

7.35 p.m.

Baroness Fookes:.

(Baroness Fookes speech deleted)

7.40 p.m.

Lord Northbourne:

(Lord Northbourne speech deleted)

7.46 p.m.

Lord Astor of Hever: My Lords, I want to raise the concerns of some parents of children with autism and attention deficit hyperacitivity disorder. I declare an interest. My wife and I have one daughter with autism and another with ADHD. My wife is patron of the ADHD charity, ADDIS.

One child in every 100 in the United Kingdom is autistic. The National Autistic Society is extremely concerned about false accusations of child abuse. They are directly and personally involved with families affected by it. ADDIS is also concerned about these false accusations. Because of the unwillingness of some social workers to accept

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ADHD as a recognised condition they sometimes wrongly assume that the symptoms of ADHD are symptoms of abuse.

A further complication results when parents deny this accusation and seek a medical diagnosis for the child. Social workers have been known then to use MSBP as an explanation for the parents' behaviour. In several extreme cases where families were placed in family assessment units at the request of the social services, the referring social workers have still refused to accept the diagnosis when the assessment units confirm and validate the diagnosis, even sometimes commenting on the excellent parenting skills. This places

untold stress on the family, and ultimately the child's real needs are not being met.

The effects of having an impaired and disabled child both on the family and the child are enormous. No words can do justice to the emotional pain, the sheer physical hardship and the financial drain on these families. They rightly look for assistance from the statutory authorities. But it is a sad fact that a small minority of authorities and their staff charged with providing services to disabled people and their families are turning the problem back on to the parents due to their over reliance on psychoanalytical theories. Such officials blame the parents for causing the child's problems when it is the child's problems causing the family to malfunction. This has led to parents and children with autism and ADHD being labelled wrongly as child abusers. These officials fail to understand the constant difficulties of managing the effects of a child's disruptive behaviour on a family.

Like my noble friend Lord Howe, I admire the dedication and commitment that the vast majority of social workers bring to their difficult jobs. I agree with the right reverend Prelate the Bishop of Birmingham that the interests of the child must be paramount; that a significant minority of children suffer quite horrific experiences and must be protected.

However, I am concerned that a small minority of social workers are misusing their enormous powers. Families have powerful evidence of cases where child protection procedures are not being implemented in an impartial, objective and even-handed manner. The evidence to prove their innocence when charged with child abuse is not being admitted to child protection conferences. I agree with my noble friends Lord Howe and Lord Lucas that the rights of parents should be strengthened in that regard.

The NAS is particularly concerned about the draft guidance on identifying MSBP. Worryingly, all the symptoms described are also applicable to autism. But the guidance is likely actively to encourage people to focus attention on MSBP--as my noble friend Lord Howe said, a very rare condition--before discounting other possibilities such as autism.

Can the Minister tell the House why, given the far higher prevalence of autism, it is so neglected in terms of adequate guidance? Also, does the Minister agree

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that autism and ADHD awareness training is needed for social workers, area child protection committees and the police?

7.51 p.m.

Lord Brookman:

(Lord Brookman speech deleted)

7.58 p.m.

Lord Clement-Jones: My Lords, I start by congratulating the noble Earl, Lord Howe, on raising this very difficult issue in the debate today. We heard some thoughtful and heartfelt speeches from all round the House. I am particularly pleased to see the noble Baroness, Lady Pitkeathley, in her place today making such a good speech.

Recognising that false allegations can be and are made and discussing how to avoid those cases is crucial. It is not an "either or" issue. I strongly support campaigns such as the NSPCC's Full Stop campaign, mentioned by the noble Lord, Lord Eden of Winton, which are designed to prevent child abuse and neglect. The incidence of neglect is still unacceptably high, as a recent NSPCC survey shows.

The law of child protection has rightly evolved over the years. The recent Victoria Climbie case however demonstrates that, despite that, horrendous abuse and the death of young defenceless children still takes place. We must therefore always be on the alert to child abuse and we should expect an interventionist approach of those responsible for child protection. We expect a great deal, rightly, of social workers in particular and heavily censure them when they fail. The right reverend Prelate the Bishop of Birmingham made a powerful case for ensuring that we do not weaken our commitment to the protection of children. I share that view.

I agree that there is a paramount need to prevent child abuse and the Bryn Estyn cases which were the subject of Sir Ronald Waterhouse's report stick particularly in my mind. I understand that guilty people will often protest their innocence even after a fair trial. But we must also be on the alert for false accusations and poor process which lead to family break-up and misery.

In that regard, I say to my noble friend Lord Carlile that we are not here talking largely about criminal cases and the result of criminal trials; we are talking about the situation beforehand, as the noble Lord, Lord Northbourne, reminded us. That is the situation where children are put into care and put on the child protection register even before the process of going through the criminal courts.

Many groups feel an acute sense of grievance in relation to false accusations made, many of them parents of children with ME, autism or respiratory problems that were only diagnosed after parents had been accused of abuse, notably through the diagnosis of Munchausen's syndrome by proxy. As regard diagnoses of MSPB for parents of children with ME, Dr Nigel Speight, of University Hospital, North Durham, described it as a "mini epidemic". Paul Shattock of the Autism Research Unit at Sunderland University described the same trend for parents of children with autism as "horrifying". Some have likened the use of MSBP allegations to the subject matter of Arthur Miller's Crucible and alleged that this is a new Salem.

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The line of cases through Rochdale, Cleveland and the Orkneys must surely convince us all of the dangers. Use by a powerful group of individuals--paediatricians, social workers and the police--of some dubious diagnostic technique or social work theory, whether it is recovered memory, belief in satanic ritual abuse or anal dilatation, can lead to massive injustice and family break-up without any objective justification at all.

I confess that I am disquieted about the use of the diagnosis of MSBP, the way in which allegations of abuse are made and the draconian way in which they are sometimes acted upon. I am doubtful about the level of understanding by doctors and social workers of the condition. Indeed, I am doubtful as to whether it really is a scientifically or medically established condition. I share that view with the noble Earl, Lord Howe. Where is the scientific scrutiny of the condition?

I am doubtful too about what the diagnosis consists of and who should make it. After all, what are the clear and unambiguous symptoms? Is it for a paediatrician to make or a psychiatrist? How qualified are paediatricians to make what often appears to be not a physical diagnosis about a child but a psychiatric diagnosis about a parent? I am doubtful about whether the paediatricians involved have become too hooked on the diagnosis and have, in many cases, acted as judge and jury. The discoverer of the condition, Professor Roy Meadow, admitted that,

"there is a real danger of the term being overused".

As a result, I doubt whether child protection agencies have in all cases established whether a child has a real disorder before making an MSBP diagnosis. Above all, I am worried that MSBP by its very nature can be a self-fulfilling prophesy. Attention-seeking behaviour confirms the diagnosis; so does denial. Much can be made to fit into an MSBP profile. As a result, parents can, as the noble Earl, Lord Howe, said, find themselves in the classic catch-22 situation.

I therefore welcome the fact that, following the North Staffordshire inquiry, a new draft guidance has been produced by the Department of Health on induced or fabricated illness. However, I am disappointed that the review of MSBP as a condition, due from the Royal College of Paediatricians, has not yet emerged. The question is whether the guidance will perform the dual task of protecting children and preventing injustice and false allegations. However, we surely should not finalise the guidance until the college's review is available.

It must be made clear by the guidance that, where no criminal offence is alleged, a parent would have an adequate opportunity to contest the evidence put forward at case conferences. There must be a proper opportunity for parents to participate in the discussion. Equally importantly, the child in

question, if of sufficient age, must have his or her views heard and considered. There should be a right

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to independent advocacy. I am disappointed that the only body that I believe had a role in that respect was disbanded as a result of lack of government funding.

As many noble Lords have said, there must be proper training in investigative techniques for social workers, general practitioners, hospital staff and others involved in case conferences. As was made clear by the Butler-Sloss Report on the Cleveland case, it is important that social workers should not act solely on the basis of medical diagnoses. A full investigation and social assessment should be carried out. If covert surveillance techniques are to be used, strict safeguards must be put in place. As the draft guidance indicates, the minimum requirement is that they should be used only by the police. I believe also that they should be used only where evidence of abuse cannot be obtained by other means. On the basis of those tests, the guidance needs considerable amendment; and in that respect, I share the doubt expressed by the noble Lord, Lord Lucas.

With regard to the practice of trawling by the police, I differ somewhat from my noble friend Lord Carlile. Even among those who are not concerned about the specific issues of false allegations that I have mentioned today, there is considerable concern about the way in which, in certain cases, the police have fished for complaints, especially where there is evidence that complainants have been encouraged by the prospect of compensation to come forward. That amounts to starting with a suspect and then trying to find a crime--the opposite of the usual police practice--which can create considerable injustice, especially when the events in question happened 15 to 20 years ago.

What assurance can the Minister give about those police practices and about a tightening of investigative procedures in such cases? What guidelines apply, and who ensures that they are followed? What training do the police receive to enable them to investigate those cases? This is not an academic issue; it is highly topical. A massive investigation is currently taking place in Merseyside--Operation Care--with some 547 suspects and 106 establishments under investigation. However, we should not demonise paediatricians or social workers, nor should we persecute patients. Professionals have a very difficult line to tread. I echo the words of the noble Lord, Lord Warner, that training and resourcing for our child protection services is absolutely crucial.

In a recent BMJ article, Dr Richard Wilson, a leading consultant paediatrician, said:

"Munchausen's by proxy has had an honourable life and valuable effects beyond its own confines".

I am not so sure. Having participated in this debate, I am keener to ensure that some of the family tragedies about which we have heard today will never happen again.

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8.4 p.m.

The Parliamentary Under-Secretary of State, Department of Health (Lord Hunt of Kings Heath):

(Lord Hunt speech deleted)

Comment.

It is recommended that those considering evidence and making recommendations following the death of Victoria Climbie read the full Hansard text of this important debate.

Some passages and some speeches were removed from this version on behalf of Parents Professionals and Politicians Protecting Children with Illness and / or Disability purely to reduce the length of this submission.

Passages retained are those referred to in our submission.

Many speeches supporting our view were removed along with those we would dispute in whole or in part. The majority of speeches appeared to support our view that many children and families are damaged and considerable social services resources misused or wasted by wrongful allegations of child abuse against the parents of children with Autistic Spectrum Disorders, Myalgic Encephalitis and other childhood illnesses and disabilities.