

An examination of Fabricated and Induced Illness cases in Gloucestershire

A report from the Parent and Carer Alliance C.I.C

Introduction

The Parent and Carer Alliance (PCA) has some 500 members who have signed up to its Facebook page. The PCA, through its Facebook group, offers a platform for parents of children with additional needs to give and receive support on a range of issues they face when trying to meet the needs of their children. Without prompting, parents from the group have shared their 'stories' with each other, Unfortunately most of the stories tell of people's experience of poor service, of frustration when trying to work with agencies, of not being listened to and of being accused of being poor parents. The PCA has been surprised by the rapid growth of the group, which suggests there is a measure of dissatisfaction amongst parents in Gloucestershire with the level and quality of service they receive from agencies, whose role it is to provide support and ensure children's additional needs are identified and met. The PCA sees itself as a vehicle to challenge and support agencies improve the services they offer by identifying where things are not working well and offering advice about how poor service can be improved.

The PCA became aware that parents were sharing experiences about being accused of Fabricated or Induced Illness (FII) and were telling of the trauma these allegations were having on them and their children. During the autumn of 2018 the PCA asked members of its Facebook page if they were willing for the PCA to use their stories to talk directly to agencies within Gloucestershire to improve the way parents are being treated. Twelve families asked if their stories can be included. The PCA are aware that this is only a small sample of the total number of parents who have shared similar experiences.

It should not be necessary to remind readers that, by definition, life for parents of children with additional needs is already difficult. They have to cope with their own feelings of being a parent of a child who is not going to have a 'normal' experience of childhood and adulthood; as well as having to meet the additional needs of their children, whether that be coping with very challenging behaviour or very complex and often life threatening medical conditions and illness. These parents are already exhausted before they knock on the door of agencies asking for additional help and support. When that help and support is not forthcoming or does not meet the needs of their children the impact can be devastating. When child abuse allegations are made about the way these parents care for their children, the impact is profound and long lasting. Finding a way around the complex and bureaucratic assessment, review and complaint procedures is quite simply too difficult to cope with on top of managing their families and meeting the additional needs of their children. Families have described the emotional impact they experience graphically as they come close to collapse.

Eleven of the 12 parents who responded have been contacted by the author to clarify aspects of their story. Allegations about one parent were made twenty years ago, this parent was not contacted subsequently, although her account has been included in this report. Eleven allegations were made within the last five years, eight were made within the last three years.

This summary highlights some of the findings arising from this exercise. An addendum on page 7 includes a summary of the parents' accounts.

The author of this report is a member of the PCA management committee, and no payment has been made with regard to the writing of this report. He is a qualified social worker with over 30 years of experience in children's services including being a safeguarding social worker, social work team manager and a Child Protection Conference Chair.

Individual family details have been left out of this Summary as many of the parents have expressed genuine concerns that they will be ‘targetted’ by agencies if they are identified, and problems will continue or will begin again.

Findings

Date allegation made:

Before 2015	1
2014	1
2015	2
2016	3
2017	3
2018	2

Agency/professional that made the allegation:

Consultant Paediatrician*	5
Psychologist	1
CSC	2
GP	1
Nursery	2
School	1

* Two allegations were made by the same Gloucestershire Paediatrician. One allegation was made by a Paediatrician from outside Gloucestershire.

Unsubstantiated Allegations

In 11 out of the 12 submissions the allegations were not substantiated and child protection procedures were not instigated or were ended very quickly. In only one case the children were made the subjects of a child protection plan, although in this case there were additional concerns about domestic abuse and it is unclear that child protection procedures would have been used without the issue of domestic abuse. The plans were ended after three months and the case closed after 12 months.

Complaints or requests for a service

Ten of the twelve parents felt strongly that the allegations of FII (or child abuse) came about as a direct result of a request for additional support or as a response to making a complaint. In all those cases where a complaint had been made prior to the allegation of FII, the complaints were about a lack of support or the inappropriateness of services that were already being offered.

Experience of service offered by children’s social care

Ten of the twelve parents said that they had had a poor experience of the services offered by children’s social care. Issues raised included the length of time it took to complete assessments and

make decision, a lack of explanation about what is happening and why, not listening to parents, taking the views of medical professionals without due regard to the views of parents, focusing on the safeguarding issue and ignoring other needs of parents and children at such difficult times.

Vindication of parents views

Nine families told that diagnoses were made during or after the FII allegations that demonstrated that they were correct to ask for services or to challenge the approach taken by professionals. In one case a diagnosis is available but is not being recognised by service providers in Gloucestershire, the child is therefore not receiving the services he requires.

Impact on parents and families

Below are the accounts of the parents who were asked to describe the impact of the allegations that were made against them:

- **Family 1:** One mother explained that family and young person went through a nightmare that lasted three years. The mother now feels she is unable to go back out to work because of concerns about what will be on her Disclosure and Barring Service check and because of embarrassment she feels from colleagues who will view her as a bad mother.
- **Family 2:** The parents from another family describe how difficult and stressful the whole episode has been. They still suffer from depression and anxiety as a result. They remain very distrustful of some services and still feel the need to make complaints, mainly about the way services providers work with the parents, where they feel they are not being listened to. They say they are still experiencing collusion between professionals to coerce them into a certain course of action.
- **Family 3:** Mother and child said that they have been left distrusting the authorities, especially hospital services and children's social care. They felt powerless and badly let down. They understood the extent hospital professionals were prepared to go in order, so they believe, to cover up errors and mistakes that they had made.
- **Family 4:** For this mother the comments demonstrated a power imbalance between the family and the professional and they left her feeling very angry and vulnerable subsequently. They remain very wary of asking for any support or help.
- **Family 5:** Both mother and child have described how frustrated, emotionally drained and devastated they feel when they are not believed and being left having to fight for what they know is the levels of service they are entitled to. They feel exasperated at the failure of agencies to work together and their failure to make child centred decisions. Accusations that the needs of their child have been fabricated, when they know them to be genuine, having watched and cared for their daughter while going through major surgery, has destroyed their family life and trust in the agencies. The parents feel that the deep anguish that has been caused to them through the systematic abuse of failing services has stolen years from them, years with their children that should have been far easier and enjoyable. This episode is one in a series of similar difficulties that have occurred throughout the young person's childhood, issues of concern continue and are being investigated through the complaint procedures.

This Mother explained that unfounded allegations, inaccuracies and false information in the records go uncorrected. This makes it very difficult to ask for more support when needed, as they feel distrusted and disbelieved. Further she fears that she is unable to work with children

because of information that will be revealed on her DBS. She is worried that she now has a police record and hopes lessons will be learned from sharing their story.

- **Family 6:** not obtained
- **Family 7:** This mother explained that the allegation has had a huge impact on the family. The mother had a nervous breakdown and left the family home for two years. The relationship between the mother and her son broke down because of the time and effort spent on fighting the support services. The mother feels she missed out on the childhood of her two other children as she was unwell and didn't have time to parent them. As a result of her experience the mother has suffered a loss in confidence and now experiences high levels of anxiety, which in turn has impacted on her son's emotional wellbeing. It has affected her ability to go out to work.
- **Family 8:** The entire family feel they have been severely traumatised by the process, causing numerous mental and physical symptoms. Both parents are now extremely suspicious and distrustful of the Local Authority. They are exhausted by the efforts they are having to make to right the injustices, whilst still fighting to have their children's needs met. The mother has Post-Traumatic Stress Disorder. The false allegations exacerbated these symptoms and prevented her recovery and means that she is unable to work. This has had an obvious impact on family finances. The psychological impact on the children of this process has also been significant. And has also undermined the children's trust of professionals, who should be there to help them.
- **Family 9:** The mother is now fearful of future contact with GP services, which has meant she has gone private for her own medical needs. There continues to be a red warning on her and her children's medical records that, according to the mother, says 'this mother has Munchausen by proxy'. This is flagged up at every A&E visit as well as any GP visits. This results in a telephone call from children's social care after each attendance at A&E. The mother feels that all this could have been avoided had someone from the GP service sat down with the mother to discuss the concerns they held. She advised that anyone in a similar situation should ask for their medical records so that they can understand what lies behind the actions of GPs and health visitors.
- **Family 10:** This parent has lost confidence in social workers, who she believes have too much individual power and influence over the management of cases. She remains concerned about the impact on her grandchild of being separated from her mother, placed in foster care for over a year, before being moved again with her grandmother.
- **Family 11:** The father has since been diagnosed with depression and stress, thought to be as a result of the allegation and a lack of support. This mother feels that the lack of understanding of PDA and difficulties getting support in Gloucestershire is absolutely heart breaking. It is insulting to parents and downright harmful to our children. And it is all completely unnecessary. Our children are different, not disabled, and people just need to educate themselves about these differences and make the reasonable adjustments to help our children feel more comfortable.
- **Family 12:** This mother has been left constantly wary, always looking over her shoulder, petrified that social workers will knock the door at anytime. She has emotional difficulties that have been made worse by her experiences. She is not able to sleep properly. The child protection concerns have never gone away, an alert is flagged up when she attends A&E with her children and is bombarded with lots of questions.

Common themes

1. **Impact:** In every case these parents (and their children) have experienced high levels of distress that has had a huge impact on their lives, including feelings of deep anxiety, fear, Post-Traumatic Stress Disorder are common, financial loss, loss of career and sadly in some cases eventual breakdown of the family unit. It has affected how they feel about the services they require and their ability to request help and support. The impact of making such allegations must not be underestimated. Professionals should be very sure of their ground before making such allegations.
2. **Material benefits:** In all but one case there was no material benefit for the child or parent arising from the allegations. Allegations of FII were either not acted on or were found to be unsubstantiated and did not result in additional services being provided. For the one parent who received additional services from children's social care for twelve months, the trauma of the experience and the long term negative implications arising from it significantly outweigh any perceived benefit for the family. A better way of meeting need is required urgently.
3. **Lack of a diagnosis:** Allegations of FII were made in ten of the twelve cases without a diagnosis of the children's condition having been made (or in one case a diagnosis being disregarded). The distress caused could have been avoided had medical services carried out the investigations and assessments required to achieve a diagnosis. Where concerns of this nature are raised professionals should spend time discussing with and listening to parents and arranging the appropriate investigations of assessments based on what is being said, before allegations of FII are made.
4. **Localised practice:** Gloucestershire Hospital Trusts should take steps to reassure themselves that there is no localised issue within their paediatric services.
5. **Children's social care services:** A review of practice by social workers assessing need in cases where child protection concerns have been raised should be carried out, with a view to make the service more responsive and more effective at meeting need. A restorative practice approach should be employed.
6. **Long term implications:** All twelve parents described how the allegations continue to affect them months and years later. This is because allegations, even when unsubstantiated, remain on agency records. The concerns the parents express include:
 - The allegations remain in records and reappear on a regular basis, either through assessments or on health records through alerts, impacting on how parents feel they are being treated by service providers.
 - Parents feel they are unable to work in care professions as child protection concerns will be included on their DBS records.
 - Parents find it difficult to ask for additional support when needed, increasing the likelihood of greater stress within the family.
 - Parents find it difficult to take themselves and any of their children to access health services (GP and A&E for example) because of the response they expect to receive, potentially putting themselves and their children at risk.

The PCA feel that there is a lack of understanding about what it means to parent a child with additional needs in health and social care practitioners, which may be caused through

inexperience, inadequate training or simply a lack of time given to get to know the families. This all adds up to a major service failure.

A clear and unambiguous message should be sent to all agencies involved with families where concerns are found to be unsubstantiated so that records can be updated accordingly and, where appropriate, health alerts can be removed.

7. **Long term issue:** The concerns raised by these parents go back over a 20-year period that suggests difficulties experienced by parents are long standing. The two most recent OFSTED inspections, which found safeguarding services in Gloucestershire to be inadequate, confirms the view that children and parents have received a poor service for some years. This suggests that the issues are deeply imbedded in the culture of Gloucestershire health and children's social care services and that a radical approach is required to permanently and fundamentally address the approach these agencies are taking.

Duncan Slet
(on behalf of the Parent and Carer Alliance C.I.C)
12/1/19

Addendum to report – parent’s accounts

Note: These accounts are directly from the parents involved and are reported here by the PCA without verification. They do not necessarily represent the views of the PCA.

Two parents have asked that their accounts are not included because of fears that they will be identified and subjected to reprisals.

Family 01

Introduction

The young person concerned is a 15 year old young woman with Ehlers-Danlos syndromes (EDS), Autistic Spectrum Disorder (ASD), who uses a wheelchair and has long term health needs. An allegation of FII was made at an Multidisciplinary Team meeting at the Gloucestershire Hospital in 2015 and came about when medical notes of another young person were accidentally filed in with the young person’s patient’s notes by local mental health practitioners (from the 2gether Trust). As a consequence the young person was admitted to a psychiatric unit for young people, where she remained for 12 months.

Allegation

The FII allegation was made by a Consultant Paediatrician, who reviewed the girl’s records, and was supported by other health professionals subsequently. The health notes were different from the symptoms described and the mother was accused of fabricating the symptoms. The allegation came after the young person’s mother complained to hospital services, stating that something had gone wrong as she did not recognise the symptoms described in the notes. The mother felt the complaint made matters worse, it led medical staff to claim that the complaint was a symptom of the fabricated illness and confirmed their fears. The allegation was first made to the mother at a meeting at the girl’s school and was made before a diagnosis of EDS and associated conditions was made. At the meeting the mother was told her daughter’s problems were psychological and were caused by the parenting she received. It felt as if anything said by the mother was used against her.

Safeguarding procedures

The mother went to children’s social care to ask for support as she was not able to get the hospital services to listen to her. This did not help as social workers listened to the medical professionals and viewed the mother in the same way. Social workers also told the mother her pleas for help were a characteristic of FII.

Three referrals were made to children’s social care during the 12 month period the young person was in hospital, resulting in section 47 enquiries. None were substantiated however. The mother felt that she was kept well informed about what was happening by children’s social care but felt the hospital services were very secretive and did not explain what was happening or why.

The FII allegations stopped once a diagnosis of EDS was made and the girl was discharged from hospital.

Access to records and complaints

The mother asked for her daughter’s records from the hospital services and discovered the error made by the mental health service. She described the records as being full of assumptions and inaccuracies. All services provided copies of records except Great Ormond Street Hospital, who ignored the request. The complaint against the hospital services did not succeed, the mother was accused of providing too much information and was eventually told the complaint was more than five years old and so was out of time and could not be investigated.

Support from Children's Social Care

The hospital services recognised the young person as having disabilities but this was not recognised by children's social care. A disability social worker was assigned in 2016 when the parent and child were at Bristol hospital receiving training on total parenteral nutrition; she remained allocated until late 2017 when she said there were no longer any social care needs. The support promised before leaving hospital, once a week overnight support, never happened. Social workers said there was no funding. On the young person's discharge from hospital the social work services closed the case leaving the mother unsupported at a time when she felt very stressed and very vulnerable. A social worker has subsequently been allocated and the family now feel more supported, but this is five years later!

Impact

The family and young person went through a nightmare that lasted three years. The mother now feels she is unable to go back out to work because of concerns about what will be on her Disclosure and Barring Service check and because of embarrassment she feels from colleagues who will view her as a bad mother. The young person is now at school, is being supported through an Education, Health and Care Plan (initiated by the mother) and is really enjoying it.

Family 02

– Not included

Family 03

Introduction

This third scenario concerns a 14 year old young woman who has complex medical needs. An allegation of FII was first made in June 2018, although the mother has subsequently discovered the concerns were first raised in March 2018. At the time of the allegation the young woman had been admitted to hospital and was very poorly, she remained in hospital in early 2018 for four months.

Allegation

The allegation was made by a Consultant Paediatrician and was initially supported by another Paediatrician. The mother discovered that there had been 'secret' meetings between the hospital and children's social care between March and June 2018. In June the mother was told by children's social care that there was nothing wrong with her daughter and that the symptoms were being fabricated by her mother.

Safeguarding Procedures

Children's social care initiated section 47 procedures that resulted in a Child Protection Conference. At the Conference the mother was told that social workers had sought legal advice about care proceedings and had the papers prepared and ready to issue.

The Initial Child protection Conference was not straightforward. It was only hospital staff who pushed for a child protection plan. This was resisted by the family GP who argued that the child's illness was caused by an addiction to prescribed medication, although this was never acknowledged by hospital professionals. The Conference was attended by the second paediatrician. The Chair of the Conference asked for his view of the concerns as expressed in the paediatric report to Conference, however he was only prepared to confirm one statement from the report, the rest he refused to comment on. It is the mother's belief that the Conference report had been written by the first paediatrician (who was not present at the Conference). Despite doubts about the allegation of FII at

the Conference, a child protection plan was agreed, the Conference Chair told the mother that the Conference attendees felt that they did not feel they could go against medical opinion.

After the Conference the mother showed the social workers a video of her daughter in pain which demonstrated her suffering was genuine, social workers took steps to end the child protection procedures at that point. At about the same time the young woman went to Bristol for a second medical opinion, this confirmed the diagnosis of addiction and reaction to the drugs that were being administered to her. A Review Child Protection Conference was held four weeks later and the child protection plan was ended.

Access to records and complaints

The allegations of FII were made very quickly after the girl's mother made a complaint against the hospital services. The daughter's illness meant that she suffered extreme pain and on one occasion the mother was appalled to find her daughter had been restrained by male adult porters, who held her to the hospital bed for over 5 hours as staff refused, for 4 hours, to summon the on call consultant onto the ward to give medication, which then took over an hour to arrange. The mother told the ward staff that she regarded this as a criminal offence and would call the police. The mother made a complaint against the hospital. The complaint did not progress but resulted in an allegation of FII within days. The mother tried to complain to the Care Quality Commission but was advised to wait until her child is older, she is still very frightened that her child will be removed from her care if she makes a further complaint.

Support from Children's Social Care and other services

This mother did not feel supported by children's social care. There was very little explanation or discussion about the procedures around safeguarding or FII, decisions were made in secret. When asked about assessment, the mother said these were also done in secret, she does not remember being part of an assessment. Support to the young person was withdrawn immediately after the ending of the child protection plan, at the time mother and daughter were at their most vulnerable.

Impact

Mother and daughter have been left distrusting the authorities, especially hospital services and children's social care. They felt powerless and badly let down. They understood the extent hospital professionals were prepared to go in order, so they believe, to cover up errors and mistakes that they had made.

Family 04

Introduction

This story concerns a 16 year old young woman who suffers from chronic fatigue and ME. Her mother was accused of FII in November 2017.

Allegation

The allegation was made by a Consultant Paediatrician from Bath at a meeting that was held at the girl's school. One month prior to this the mother and the young person had an initial Consultant Paediatrician appointment where there was discussion about dietary needs and a specific diet was being recommended. However no FII allegations were made at the meeting. The allegations happened totally out of the blue at a meeting with the headmaster.

The mother was aware of the diet and had concerns about the impact of that specific diet on the health of her daughter. She told the Paediatrician that the diet was not appropriate for her daughter and was accused of FII.

Safeguarding Procedures

It is unclear if the allegations were repeated elsewhere, although it is clear that no safeguarding procedures were carried out. There has been no repeat of the allegation since that meeting.

Access to records and complaints

No complaint was made and no subject access request was made.

Support from Children's Social Care and other services

Children's social care have not been involved with this family, however they have had support for the young woman's education through an EHCP.

Impact

For this mother the comments demonstrated a power imbalance between the family and the professional and they left her feeling very angry and vulnerable subsequently. They remain very wary of asking for any support or help.

Family 05

Introduction

This family includes a 17 year old young woman with complex medical needs. She has required numerous admissions to hospital after becoming unwell and has undergone extensive surgery. She requires high levels of care, especially when unwell. This care is provided by care agencies, jointly funded through children's social care and health. An allegation of FII was made by the social work team manager from the team supporting the young woman in May 2016.

This family was involved in the same project as Family 02. They were asked to attend a six hour meeting in which they planned for better outcomes for their daughter, the purpose of which was to improve the way agencies were working together. This family did not have a follow up meeting, and were told much later that the project was cancelled for all families in Gloucestershire.

Allegation

The family first heard about the allegation after receiving a social care assessment. It was made at a time the young person and her mother (and main carer) were both very unwell. The mother had diagnosed pleurisy and pneumonia and the young girl ended up having further major surgery. The mother made a request to children's social care for additional support in Dec 2015 in line with the daughter's care plan, which included a degree of flexibility in recognition of the fluctuating needs that she had. The mother was told that a social worker would come out within three days to discuss. Nobody came out and she was eventually told there would have to be a new assessment. In the event this was hugely delayed. The request for additional support was turned down.

Safeguarding Procedures

Safeguarding procedures were initiated but were quickly ended. A meeting was held between children's social care and the young woman's Consultant Paediatrician, who confirmed that the daughter's illness was genuine. Despite this a strategy discussion was held to discuss concerns that the mother was exaggerating her daughter's medical condition. The child protection procedures were ended after the Strategy Discussion.

All meetings were held without this family's knowledge, and they were not allowed a voice in the process at any point. They have spent the last two and a half years trying to make sure their daughter's records are accurate.

Access to records and complaints

These parents took legal action against the Local Authority (LA) which eventually resulted in admissions from the Local Authority that mistakes had been made. The family made a complaint, however the LA refused to do an independent investigation and the family then appealed to the Local Government Ombudsman (LGO). The LGO ruled that the family has suffered injustice and service failure and has requested Gloucestershire County Council now do a stage 2 independent investigation. The complaint was made under Children Act complaint procedures, and is ongoing. The whole process has been exhausting for the family.

This family reported their concerns to the Ofsted Inspector when they were inspecting in 2017. The inspection judged safeguarding within Gloucestershire to be inadequate and questioned the integrity of the senior leadership team.

A complaint to the ICO ruled that a data breach had occurred with the daughter's information.

The decision to make a complaint to the LA came after a SAR, which identified that the social work service had misrepresented the views of the mother and failed to record accurately information provided by health professionals. The service recorded misleading and untrue statements in the social work record. Although the Local Authority admitted mistakes had been made, this information was not changed on the young person's record and has been reproduced subsequently. Further, no notice has been sent to other agencies to correct inaccurate information and the mother and daughter feel that they continue to be treated with suspicion by a range of professionals who provide support.

There has been a history of poor decision making by different agencies supposedly supporting this young woman, and a number of previous complaints have been made throughout her childhood, all of which were upheld.

Support from Children's Social Care and other services

Multi-agency support continued throughout this episode and was increased (by half an hour a day) as a result of the legal proceedings, approximately 9 months after the original request.

Impact

Both mother and daughter have described how frustrating, emotionally draining and devastated they feel when they are not believed and are left having to fight for what they know is the levels of service they are entitled to. They feel exasperated at the failure of agencies to work together and their failure to make child centred decisions. Accusations that the needs of their child have been fabricated, when they know them to be genuine, having watched and cared for their daughter while going through major surgery, has destroyed their family life and trust in the agencies. The parents feel that the deep anguish that has been caused to them through the systematic abuse of failing services has stolen years from them, years with their children that should have been far easier and enjoyable.

This episode is one in a series of similar difficulties that have occurred throughout the young person's childhood, issues of concern continue and are being investigated through the complaint procedures. Unfounded allegations, inaccuracies and false information in the records go uncorrected. This makes it very difficult to ask for more support when needed, as they feel distrusted and disbelieved.

Family 06

Introduction

In this instance an allegation of poor care was raised with children's social care by a nursery of a preschool child. An initial assessment was carried out and the child protection procedures were concluded as unsubstantiated. The allegations were made approximately 20 years ago. The

response of children's social care was the subject of a complaint and the social worker was found to have been at fault and an apology was given. At the time the family lived in a small and close knit community. Neighbours learned about the allegations and two further allegations were made by them within the next year, both resulted in a further Initial Assessment and no further action. Children's social care then agreed not to respond to future concerns raised by neighbours because of the stress they were putting the family under.

Family 07

Introduction

This family had a child of 6 (now aged 22, hence 14 years ago) when concerns started to be raised about the care he was receiving from his mother and father. The young man has two siblings of a similar age. When this young man was 3 it became apparent that something was not right for him and by the age of 6 he was admitted into hospital for six months. He was cared for by his mother throughout this time. It is now thought that his condition is related to a vitamin deficiency that means his immune system attacks his nervous system, leaving him paralysed and with other life limiting conditions. At the time it was unclear what was causing his difficulties. As an adult he requires 24 hour care and is unable to do anything for himself, except use a computer. At the age of six he found he was unable to move his limbs or turn when in his sleep. He became terrified of going to bed and for a period slept sitting upright in an electric wheelchair. His mother spent the nights next to his bed, moving his arms or legs or turning him whenever he called out. It quickly became clear to his mother that his needs were increasing and that she would be unable to meet his need on her own at home. He needed a significant care package. This was not recognised by medical staff and, particularly, by children's social care.

Allegation

Allegations started to be made when the child was being prepared for discharge from hospital aged six; his mother demanded support and this was being resisted by children's social care. Social workers assessing his needs started to say that his mother was exaggerating his condition, exaggerating his inability to move himself and the impact this was having on his emotional wellbeing. For a time the child had the support of a TA at school, but this was taken away because social workers believed he was developing a dependency on the support. By the time the child was eight social workers were telling the mother that he was relying on her to do everything for him and she must do less for him. At this point in time the mother felt that she was being bullied by social workers. It felt as though she was getting no respite from the allegations and criticisms, they came on a daily basis.

When the child was eight a new multi agency team consisting of nurses and social workers, called the Horizons Team, was put together by children's social care and started working with this family. However the mother felt the bullying only intensified. She continued to be accused of poor parenting and fabricating her child's condition. A number of night assessments were carried out over the years by members of the Horizons team, to check mother was not lying. Each assessment confirmed the child struggled throughout the night and needed to be moved and turned. On one occasion children's social care paid for private assessor, which also confirmed the needs were as described by the mother. Children's social care ignored the outcome of all the assessments.

Comments by social workers were insulting and inappropriate. Throughout this time the family were experiencing financial difficulty as the mother was unable to work. At one point, when told the family were struggling to meet their mortgage payments, a social worker advised that the mother and father should allow their house to be repossessed by the mortgage company so that they could be provided with social housing. Very personal questions were raised about the parent's sex life, which were inappropriate. The child's father worked away from home a lot and child care, and the additional care

needs of this child, were left largely to the mother. When limited care was agreed, carers would not stay, leaving because they found the child's care needs were much greater than they were employed to meet.

Safeguarding procedures

No safeguarding procedures were initiated, although at one point, when the child was approximately 14 years of age, five core assessments were carried out in one year.

Access to records and complaints

A number of parents (up to 12) had gone to a voluntary support agency called Carer's Gloucestershire for help and so a group complaint was made to the Local Authority when this child was eight years old. The parents had the support of the local MP. The complaint did not help. It was at this time the Horizon's Team was brought in and things got a lot of worse. The mother remembers many meetings were held, however she is not certain under what procedures or what was the purpose the meetings. The mother asked social worker to see her records, but the social workers refused this request.

The parents sought legal advice and took the Local Authority to court, this helped clarify the level of need for their child. The family have subsequently been accused of fraud as a result of their management of their son's personal budget. An investigation was carried out but nothing was substantiated.

Support from Children's Social Care and other services

Throughout this boy's childhood social workers were quick to make allegations against the mother. They were of no practical help to the family at all. Things only started to get better once the child reached 18 years of age and became the responsibility of adult social care; funding for the care package also transferred to Continuing Healthcare.

Impact

This has had a huge impact on the family. The mother had a nervous breakdown and left the family home for two years. The relationship between the mother and her son broke down because of the time and effort spent on fighting the support services. The mother feels she missed out on the childhood of her two other children as she was unwell and didn't have time to parent them. As a result of her experience the mother has suffered a loss in confidence and now experiences high levels of anxiety, which in turn has impacted on her son's emotional wellbeing. It has affected her ability to go out to work.

Family 08

- Not included

Family 09

Introduction

This concerns a family with a 7 year old child with attachment disorder and a number of allergies.

Allegation

The allegation was made by the family GP, who made a referral to children's social care. The referral came two years after a difficult visit by a health visitor, who, the mother felt, was rude and patronising to the children and the mother. This resulted in a note being put on the children's medical records stating 'child in need'. During the next two years the mother took her child to see the GP because of his allergies. These were mistakenly recorded as individual episodes to address the presenting

medical concern rather than a series of the same episode. On an unrelated visit two of her three children attended an appointment with the GP. They had to wait an hour for the appointment and the children were 'high as kites' when they went into the consulting room. The GP suggested they had ADHD and asked to see them both on a separate appointment. At this point the mother did not trust the GP and booked an appointment to see another GP, this was refused by the surgery and the referral to children's social care was made; alleging that the mother was fabricating the symptoms brought on by her son's allergies. The referral was made in September 2016.

All this occurred during a very messy separation, divorce and family court custody proceedings; and the birth of a new child. The mother was very low and vulnerable at this time.

Safeguarding procedures

The referral resulted in a single assessment of three of the mother's children and two stepchildren. The outcome was that there were no child protection concerns and no additional social care needs. No further action was taken.

Access to records and complaints

These issues were picked up by the children's father and used against the mother in custody proceedings. The father asked for all the children's medical records and it was discovered that the GPs had concerns about this mother for two years. The mother explained that the Judge in the legal proceedings ordered medical investigations into the allergies to see if there is any truth in what the mother was saying. This resulted in a diagnosis and a subsequent treatment plan.

No complaint has been made about social care or the GP services. There has been too much else going on for this family.

Support from Children's Social Care and other services

The mother is generally sympathetic to the social services, although she felt that the investigation was too wide in scope (including her stepchildren) which delayed the completion of the assessment. It took six months to finalise. The social work assessment focused on the allegation and did not look at her support needs at the time, she really needed help not accusations of poor parenting.

Impact

The mother is now fearful of future contact with GP services, which has meant she has gone private for her own medical needs. There continues to be a red warning on her and her children's medical records that, according to the mother, says 'this mother has Munchausen by proxy'. This is flagged up at every A&E visit as well as any GP visits. This results in a telephone call from children's social care after each attendance at A&E. The mother feels that all this could have been avoided had someone from the GP service sat down with the mother to discuss the concerns they held. She advised that anyone in a similar situation should ask for their medical records so that they can understand what lies behind the actions of GPs and health visitors.

Family 10

Introduction

This concerns a grandmother, whose daughter gave birth to her first child. The daughter was not able to cope with caring for her child and was the subject of a children's social care assessment. The grandmother put herself forward to care for her grandchild but was initially turned down by an agency social worker. The grandmother was told of the allegation of FII in November 2018.

Allegation

As it happens the grandmother was present at her daughter's home when the social worker first visited. The interview did not go well, it felt like the social worker was not willing to listen to the mother or grandmother; and that the social worker took an immediate dislike to the grandmother. Within a couple of days the daughter had given up her child under section 20 of the Children Act 1989 and run away to a 'boyfriends' home. The social worker placed the child in foster care without giving consideration to placing her with her grandmother. The social worker then went on holiday for two weeks. On her return she issued legal proceedings and indicated that the child would not be placed with her grandmother but should be put forward for adoption. The grandmother took advice and ensured she was party to the legal proceedings.

The grandmother first heard about FII concerns after she received a copy of the draft social work assessment. No explanation was given, just that the social worker held these concerns. She believes this was the explanation used by the social worker to justify the legal proceedings and for not considering placement with the grandmother. The grandmother has since been assessed as a kinship carer and there has been no mention of FII in that assessment. The assessment has been positive and at the point of writing this, the care plan is for the grandmother to care for her granddaughter at the completion of the legal proceedings.

Safeguarding procedures

No additional safeguarding procedures were instigated.

Access to records and complaints

No complaint has been made. The grandmother has been told she cannot make a complaint while she is party to legal proceedings and she fears making a complaint would jeopardise her application to become carer for her granddaughter.

Support from Children's Social Care and other services

The grandmother says she has had an appalling experience of children's social care services. From her position she feels legal proceedings were unnecessary and her granddaughter has been in foster care for twelve months when she should have been caring for her.

Impact

The grandmother has lost confidence in social workers, who she believes have too much individual power and influence over the management of cases. She remains concerned about the impact on her grandchild of being separated from her mother, placed in foster care for over a year, before being moved again with her grandmother.

Family 11

Introduction

This case concerns an 8 year old boy who has a diagnosis of autism with pathological demand avoidance (PDA), he has traits of PDA and strategies used at home are highly effective. Parents have asked for a referral to the Paediatric Service but this is slow coming. The parents are concerned that PDA is not recognised by school or paediatric staff in Gloucestershire.

Allegation

The allegation was made in the summer of 2017 while the mother attended a meeting at the school. She was seeking advice and support because of challenging behaviour from her child after he returned home from school. The Early Help Team spoke on behalf of the school and asked the child's father if he was physically abusing him. The father was struggling to cope at the time with managing the boy's challenging behaviour and what the parents really needed was recognition of this. The mother understands that PDA means the boy suffers high anxiety when at school but masks it

because he feels unsafe. The anxiety comes out in violent behaviour when he returns home. The mother asked for a meeting to look at strategies the school could employ to ease the transition from school to home. According to the mother the school responded by telling the mother that the difficulties were caused by her own mental health problems and that she was not strict enough with her son - 'letting him walk all over her'. In short the parents were abusing their son.

Safeguarding procedures

Children's social care had been invited to the meeting by the school for advice, the social worker heard the concerns made by the school. However no safeguarding procedures were initiated.

Access to records and complaints

No SAR or complaint has been made.

Support from social care and other services

The family have not received any additional support from children's social care. They have only had a reports from the Advisory Teaching Service and OTs.

Impact

The father has since been diagnosed with depression and stress, thought to be as a result of the allegation and a lack of support. This mother feels that the lack of understanding of PDA and difficulties getting support in Gloucestershire is absolutely heart breaking. It is insulting to parents and downright harmful to our children. And it is all completely unnecessary. Our children are different not disabled and people just need to educate themselves about these differences and make the reasonable adjustments to help our children feel more comfortable.

Family 12

Introduction

This issue concerns a family with two children with additional needs, a 10 year old son who has autism, ASD and associated conditions. The boy has a sister who has recently been diagnosed with autism and other associated conditions. The allegation of FII was made at a multi agency meeting by a manager from a pre-school nursery. The meeting was attended by staff from a number of agencies, including children's social care, nursery and a health visitor. The meeting took place in 2014.

Allegation

The allegation was made soon after the mother requested extra support to help cope with the children. The family had got to breaking point and were under a lot of stress. An argument between the parents led to a referral to social care at around the same time. The two issues led to the instigation of child protection procedures.

Safeguarding procedures

A children's social care assessment upheld concerns and resulted in a Child Protection Conference and the two children were made the subjects of child protection plans for a three month period, although it is unclear if the concerns related to FII or domestic abuse. At the same time the mother was told she had to leave the household and take the children with her as their father was considered a risk through domestic violence. She was eventually allowed to return after taking legal action against the father while being supported by domestic abuse support services. The mother was told that without the legal action she would not be allowed to return to the home. The child protection plans were discharged after three months and social work support continued for a further six months under a children in need plan.

Access to records and complaints

The mother feels that agencies who were supposed to have been supporting her and her family let her down, didn't listen to her and forced her to do things she did not want to do. She has considered making a complaint but is terrified by what social workers might do to her family in future.

Support from Children's Social Care and other services

No support was provided at the time of the allegation, although her daughter is now getting support at school.

Impact

This mother has been left constantly wary, always looking over her shoulder, petrified that social workers will knock the door at any time. She has emotional difficulties that have been made worse by her experiences. She is not able to sleep properly.

The child protection concerns have never gone away, an alert is flagged up when she attends A&E with her children and is bombarded with lots of questions.

The Parent and Carer Alliance C.I.C wishes to thank all the brave families involved in this report and hope that by raising awareness positive changes may be made.

For further information about issues raised or for advice and support please look at our website

www.parentandcareralliance.org.uk

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