

# **Fabricated or Induced Illness: Finding a Fair Way forward**

**A St George's House Consultation**

**17<sup>th</sup> – 18<sup>th</sup> March 2025**



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## Introduction

The consultation on "FII: Finding a Fair Way Forward" at St George's House met in March 2025 to discuss the current impact of false FII allegations and the steps that can be taken to reduce its level of harm. Following an introduction which explained the legacy of Meadow's Law as the basis of current Royal College of Paediatrics and Child Health (RCPCH) guidance, and the lack of evidence base for most FII training, the group shared their initial concerns about the causes and impact of false allegations. Some initial concerns were:

- RCPCH guidance lacks an evidence base and leads to overreaction and moral panic amongst professionals in health, social services and education. FII is a term that can be applied to a parent who is simply 'anxious' and to one whose actions are likely to kill their child.
- The conflicting guidance that has been issued concerning FII is creating significant problems in practice – in particular the guidance issued the RCPCH, the Royal College of Psychiatrists and the British Association of Social Workers (BASW). It is vital that professional guidance approaches the question of FII: (1) using a common set of principles – for example the need for a proportionality and equality impact assessment before interventions occur; and (2) grounded in research based evidence and containing warnings about the harm resulting from incorrect allegations being made against families.
- The prevalence of FII allegations targeted usually at mothers, many of whom are professionals themselves, and the number of allegations aimed at mothers who either have disabilities or neurodivergence themselves or have children who do.
- The cost borne by the state when false allegations are shown to have been made.
- The lack of funding across the NHS which increases workload pressure on practitioners and could result in families falling into crises: 'preventable crises'.
- A system which in practice all too often vilifies parents and defers to the opinion of a single professional rather than encouraging collegiate decision making, professional curiosity and humility.
- A lack of accountability across all sectors following a false accusation of FII which adds to the trauma felt by families who have experienced such cases.
- A 'safeguarding first' culture which targets parents and all too often fails to consider in sufficient detail (1) the disproportionate harm that may result from state interventions; and (2) the vital importance of providing support.
- Professionals overstepping their roles in making FII referrals despite lacking the relevant safeguarding expertise.
- The trauma faced by professionals giving evidence during trials either in the capacity of a court appointed expert or in relation to their role with the family. This can be a difficult experience and can involve challenging cross examination including as to credibility.
- Normal reactions to a false FII allegation such as anxiety, confusion or assertiveness are treated with suspicion and used to build a case against parents.

In a legal panel discussion, experts shared their views on false allegations of FII. Some key concerns were:

- The cost of court cases and the emotional impact on all involved.
- The high numbers of women accused versus men, particularly women with disabilities or who have children with disabilities.
- The tendency of judges (with honourable exceptions) to defer to medical professionals and their use of the label of FII as if it somehow constitutes a substitute for factual analysis and risk assessment of the evidence, particularly for children with poorly understood or complex conditions.
- Large variation in regional understanding and practice around this area and of differing guidance in different hospitals which can lead to injustice.

Wider conversations amongst all members of the consultation revealed the impact that false accusations of FII have on families. This includes the removal of children from their homes and



parents, often for extended periods of time which impacts their sense of belonging and can cause extreme emotional distress. Parents, especially mothers, since they are the primary targets of accusations, experience high levels of distrust and fear following a false accusation. The financial toll on a family after legal proceedings also impacts a child's life in the long term. The inability of many families who have experienced false FII allegations to have these allegations expunged from the medical and social care records was of particular concern: that false accusation can follow a family around and become, as one member described it, a "life sentence".

It was agreed that a more humanising and collaborative approach, such as a combined Public Law Outline (PLO) and Children Protection Conference would ensure the treating doctors, lawyers, professionals and the family are together in one place to discuss concerns and find constructive ways forward. Training and guidance should provide better detail on the true number of FII cases and the impact of false allegations on families. It was also agreed as vital that training and guidance concerning the risks of FII should include the experience and knowledge of all professions involved with FII. Families who have experienced false allegations (and examples of genuine cases) should be involved in the creation of new guidance and training. New language in terms of 'alerting signs' is vital in this process since FII covers a broad range of possible harms, and there is no evidence that these harms relate to each other.

The consultation views these changes as long overdue. The public is unaware of the very real risk of false allegations to many and so the group encourages those in politics and the media to help shine light on the issue.

Correcting the existing approach to FII requires cultural change across sectors. Health and social care services are under enormous pressure which leads to crisis management rather than early support for families. The present approach brings injustice and long-term devastation to innocent parents and their children. Professionals in healthcare, social care and legal sectors must feel empowered to challenge FII claims where they find a lack of evidence. Similarly, all those involved with families must engage with families only as their role permits and professionals in other sectors must intercede if they observe unprofessional behaviour. The current emphasis on safeguarding a single child against potential FII is out of proportion and ignores other forms of harm to the child such as a separation from their family, long-term family debt and enduring unnecessary invasive inquiries.

## Note on Format

Due to the profound personal impact of false FII investigations for families and professionals witnessing injustices, and the current lack of research based on large datasets, this report will follow a largely testimonial style with the hope that readers will be able to understand the diverse and complex experiences of those involved without adding to the effort and will required by affected families to speak out, support others or simply rebuild their lives.

As part of the consultation proceedings, members of the consultation listened to a personal account of someone impacted by wrongful FII accusations. There were other members of the group who had survived allegations. Some of their experiences are anonymously referenced in the report as they are also key contributors to its contents. In order to preserve their privacy, the report will instead highlight the impact of false allegations on those who were falsely imprisoned in relation to inaccurate information given by Roy Meadow as his research continues to be influential in the training and Royal College guidance concerning FII as these cases are well-documented in the media and courts.

In the section that follows ('Meadow's Law') reference is made to media reports and court proceedings to demonstrate that there has been a public conversation about the injustice of false FII allegations since the turn of the century. The commentary from journalists, legal professionals and the families affected will act as a testimony to the outrage, frustration and devastation that persists today.



The experiences of families falsely accused of FII are almost unimaginable to the public and yet anyone could find themselves in the same unfortunate position. It is vital that the experiences of those who have become experts in FII allegations through such horrendous ordeals are front and centre of all discussions to remind everyone involved of their duty and to inform the public, most of whom are unaware of FII, of the risks they face.

As the consultation group repeatedly emphasised, humanity, empathy and understanding are vital for creating collaborative and productive solutions. Indeed, the consultation met in the belief that conversation and witnessing the perspectives of others brings greater clarity to all and leads to humane, intentional change.

One member of the group involved in social work, a sector which received a good deal of criticism throughout the sessions, explained that they thought they knew about FII and false allegations but was shocked by the testimonies they heard and felt compelled to share what they had learned with more people in their profession.

## Note on Terminology

This report records a discussion concerning allegations made against parents that they are fabricating or inducing illness (FII) in their child. FII is a term developed by the RCPCH which it describes as:

"a clinical situation in which a child is, or very likely to be, harmed due to parent(s) behaviour and action, carried out in order to convince doctors that the child's state of physical and/or mental health and neurodevelopment is impaired (or more impaired than it actually is)".

FII is a broader concept than the related concept of Munchausen's Syndrome by Proxy (MSbP) which concerned similar behaviour by parents but required that it was motivated by for their own personal gain. Neither FII nor MSbP are recognised clinical diagnoses. A condition known as 'Factitious Disorder Imposed on Another' is however a clinically recognised diagnosis. Unlike FII it requires evidence that the individual intentionally produced or falsified physical or psychological symptoms or signs in a person in their care for emotional or psychological reasons.

## Background to FII

The consultation opened with an introduction on "Background to FII: The Contemporary Context and the Challenges Ahead" from an individual working in child services with a substantial research background. They acknowledged that their concern with the high rates of FII referrals meant that they could not be "partisan" on the issue. They attributed this to:

1. The vagueness of the RCPCH guidelines,
2. A lack of evidence or testing regarding the RCPCH 'alerting signs',
3. The apparent association between parental complaints/challenges and subsequent FII referrals, and
4. A lack of communication between different safeguarding parties (i.e. the police, paediatrics, social care)

One member of the group summarised their professional experience as the following:

"[I spoke with families] put through an investigation because of an accusation of having been abusing their children [through FII] and their stories were horrendous. Since then, I've heard time and again, as I work with groups of parents who have children with disabilities, of them being taken through really, really awful situations. I think that this [current approach] isn't working."



## Meadow's Law

The "controversial background to FII" lies in what became known as Meadow's Law, named after Sir Samuel Roy Meadow who originated the term 'Munchausen by Proxy' (a predecessor term concerned with parents who fabricated or induced an illness in their child).

*There is now substantial experience of mothers who repetitively smother consecutive children ... "One sudden infant death is a tragedy, two is suspicious and three is murder until proved otherwise" is a crude aphorism but a sensible working rule for anyone encountering these tragedies. (Meadow, 2000, p.29)*

It should be noted for the reader that Meadow contributed to the wrongful convictions of several mothers accused of murdering their babies. These cases received a great deal of media attention, many of which highlighted the role of Meadow as an expert witness in these miscarriages of justice. Many issues shared by members of the consultation from their own experience feature in the events of these trials.

A particular tragedy caused by Meadow's account concerned the trial of Sally Clark in 1999 who was accused of killing her 11-week and 8-week-old sons, Christopher and Harry, in 1996 and 1998 (R v Sally Clark 1999). While Clark's conviction was overturned in 2003 by the Court of Appeal, an inquest in 2007 concluded that the experience led to her death of acute alcohol poisoning. A key concern of many members of the St George's consultation was an observed correlation between FII allegations and mothers with high levels of education and a professional career. In Clark's case, this could have been a factor, since she was a solicitor.

A spokesperson for Clark's family following the inquest into her death, shared this statement:

Sally was unable to come to terms with the false accusations, based on flawed medical evidence and the failures of the legal system, which debased everything she had been brought up to believe in and which she herself practised.

The hope is that some good may come out of the tragedy of her untimely death and that a sense of balance will be restored which will not only protect infants but also their innocent parents.

John McManus, who co-founded the Miscarriages of Justice Organisation, attributed Clark's death to her experience of a false FII allegation, prior to the inquiry's ruling:

The death of Sally Clark is the day we have been waiting for and dreading... Something like this was bound to happen. People like Sally Clark go through hell after being released. We don't know how she died yet. But it will have been stress-related - you can be sure of that.

The government needs to put a system in place before there is another Sally Clark tragedy. People need a retreat after leaving prison - a decompression chamber, the experts would call it. Then they need specialist long-term help.

We see people with every problem you can imagine. Drugs, drink, you name it. And it's not just them, it's their families. They are living in constant stress. Constantly on the edge. It's time the government helped. We've been saying it for years. Now hopefully someone will listen.

Coroner's officer John Phelby told the inquiry that Clark had tried to rebuild her life after her release from prison but, following assessments, was diagnosed with several serious psychiatric problems:

These problems included enduring personality change after catastrophic experience, protracted grief reaction and alcohol dependency syndrome.



This lack of support for families after a false allegation featured heavily in discussions at the consultation. Another repeated concern of the consultation regarding the impact of false FII allegations was the impact on children, including the siblings of children who are wrongfully believed to be victims of FII. Similarly, fathers are far less likely to be accused of involvement yet they suffer in numerous ways, such as the separation of their partners from the family unit or removal of their children, as well as complex legal proceedings. Clark was survived by her husband and son.

Stephen Clark, Sally Clark's husband, experience was reported by the Guardian in 2003 following Clark's successful appeal. The article was titled "Husband's unwavering belief ended five years of grief and frustration":

If all this can happen to a responsible and reputable couple like us, people who are reasonably intelligent, who have a bit of money and supportive contacts, what on earth would it be like for those people who haven't got those advantages?

Stephen Clark's view was echoed through the St George's consultation by those who have experienced FII claims and were able to procure and afford legal support. The same article also shares the emotional impact on Clark who looked "gaunt and dazed" and her father, Frank Lockyer, who feared he would die before his daughter was released.

Clark's case was widely reported in the media including an interview with Lockyer conducted by David Frost. Articles drew attention to both Sally and Stephen Clark's careers as solicitors as well as her father's work as a police superintendent, in-line with Stephen Clark's concern about how false accusations could have irreversible consequences even for those with an understanding of the systems which failed them. A member of the consultation who was falsely accused repeated this idea; that "if it can happen to us, it can happen to anyone."

John Sweeney recently wrote for the *Observer* in 2021 about his experience reporting on the cases of Clark and other mothers falsely accused of FII. His account was titled "I fought for Sally Clark and other cot death mothers. I'm still haunted by their fate". He uses a term that was common through the consultation: "modern witch-hunt".

[Clark] was sentenced to life in prison. There was a secret sentence, crueller even than that. The murder charge meant that in the family court, behind closed doors, she lost the right to be a mother to her surviving son, and that extra cruelty broke her. The British state committed child abuse by depriving her third boy of his mother for no good reason.

The question at the heart of Sally's tragedy – and those of Angela Cannings and Donna Anthony – was not, "Who murdered this child?" but, "Was there a crime?". And the truth was there had been no crime. In none of these cases was there any good evidence of child abuse, let alone child murder.

Members of the consultation (as discussed in the legal section below) shared this opinion – that the impact of false FII allegations on children and siblings could be considered abuse and, at the very least, should be considered within the realm of safeguarding rather than an unfortunate but necessary side-effect which achieves 'safeguarding'. A member of the group who experienced separation from their child used the term "abused by the state" to describe the suffering experienced by the child and the lack of understanding of their complex needs. Sweeney highlights Meadow's role as an expert witness:

Back in 1999 Professor Sir Roy Meadow was a kind of child abuse god, author of *The ABC of Child Abuse* and star witness for the crown. He advanced "Meadow's Law", that "unless proven otherwise, one cot death is tragic, two is suspicious and three is murder" and told the jury at Sally Clark's trial that the chances of someone like Sally, a middle-class, non-smoking mother, having two cot deaths was "73 million to one". This was an arrow that shot [through] Sally's defence and one, it seemed at the time, for which there was no answer.



Sweeney investigated the extent to which incorrect data played a role in the miscarriages of justice – in Meadow's "73 million to one" for BBC Radio 5 Live. According to Peter Donnelly, professor of statistics at Oxford University, Meadow's mathematical working was "just plain wrong". Donnelly concluded that the chances of a second "cot death" following the first were 60-1. Sweeney believes this false statistic had a devastating impact on the trial and was "poisonously untrue".

Lockyer brought a complaint to the GMC about Meadows's misleading statistics, specifically about the chances of two "cot deaths". The GMC's Fitness to Practice Panel (FPP) struck Meadow from the register. However, this was reversed in 2006 in *Meadow v. General Medical Council* by Sir Andrew Collins, the presiding judge. Collins ruled that Meadows should never have been brought before the GMC's Fitness to Practice Panel: that regulators such as the GMC could take action only if a complaint about an expert witness was referred by a judge to such bodies.

There can be no doubt that the administration of justice has been seriously damaged by the decision of the FPP [fitness to practise panel] in this case, and the damage will continue unless it is made clear that such proceedings need not be feared by the expert witness.

The unwillingness of some practitioners, who are sceptical about the accuracy of the RCPCH guidance, to stand as expert witnesses was another key point made by members of the group, as was the lack of accountability following false accusations of FII. These points are expanded upon in the legal section of this report. Meadow was again struck from the register by the GMC following similar conduct in the case of Angela Cannings.

Cannings was falsely convicted in 2002 for the deaths of her 7-week-old son, Jason, and her 18-week-old son, Matthew, in 1991 and 1999 respectively. In 1989, her daughter Gemma died aged 13 weeks which was recorded at the time as Sudden Infant Death Syndrome (SIDS). Cannings was convicted of smothering her children, either to restrict their airways or kill them. This was partially due to Meadow's role as an expert witness, following his belief in Meadow's Law that a second "cot death" was extremely unlikely. Meadow maintained throughout the trial that Cannings suffered from MSBP since the babies were healthy up to their deaths. This view was contradicted by SIDS experts.

Cannings had phoned her husband first once she found that Matthew had stopped breathing. The prosecution argued that this was suspicious. Another important concern of the consultation was that normal behaviour by parents in stressful or distressing situations is often used to build a case against them in the earlier stages of FII accusations. This was described as part of the trauma by those families present who had experienced false allegations which later made them uncertain about their conduct in normal life in case it was misinterpreted by others. Mothers, who have professional careers and full lives, noted that they felt unsafe without their husbands present.

Following Cannings's release after her retrial, there was large media coverage that explored the impact of a false FII allegation on the family, as with this *Evening Standard* article from 2005.

At Bullwood Hall prison, in Essex, she has had boiling water thrown over her, and been subjected to whispers of "baby killer" whenever she walked out of her cell. Her husband Terry has had to look after their one surviving child, a seven-year-old daughter, alone. The girl, who cannot be named for legal reasons, has had to cope with a 15-hour round trip once a month to visit her mother in prison. Care orders, the trial and the prison sentence mean that mother and daughter have not lived together for four years.

This is a woman torn apart not just by the tragedy of cot death, but by being accused of killing her own children. "This has made her much harder, much more cynical," said Jacqui Cameron, a member of her legal team. "She was a very innocent person before her arrest;



now she is much more cynical of authority figures. But she never gave up hope. If she hadn't had hope, she wouldn't have got through this."

Cannings later attributed the trauma of the family's experience to the breakdown of her marriage of 20 years. Tony Cannings, who suffered depression that left him unable to work as a result of the experience, told the media:

The authorities tore our lives apart at a time when we were two grieving parents. I can understand why Angela needed a break.

In 2005, the BBC released a film, *Cherished*, about the family which starred well-known actors Sarah Lancashire and Timothy Spall. Cannings was denied damages in the same year which brought coverage of other FII cases also denied damages, like this *Guardian* article:

Mrs Cannings' case prompted the attorney general, Lord Goldsmith, to launch a review in January last year of similar cases. The court said no prosecutions should be brought where medical experts were in dispute about the cause of death and there was no other cogent evidence.

The review trawled the previous 10 years of parents and carers convicted of killing children under two to see if they raised similar concerns to those in the Cannings case. The review took 11 months and investigated 297 cases.

To date, 28 people have had their cases referred to the Criminal Cases Review Commission, but only six of them have asked the CCRC to look into their convictions and refer them to the court of appeal.

Meadow used the same "one in 73 million" statistic at other cot death trials. Media coverage at the time informed the public of the connection between these cases. It is especially notable since Cannings had a previously unsuccessful appeal and her second appeal was expedited following the overturned convictions of Clark and another parent, Trupti Patel. The above *Evening Standard* article mentions Clark and Trupti Patel under the subtitle "SUCCESSFUL APPEAL IS FAR FROM THE END OF THE MATTER":

Trupti Patel was cleared of murdering three of her babies in June this year after the Court of Appeal was told Professor Sir Roy Meadow's theories about cot death were the subject of considerable doubt.

Ms Patel, 35, has to live with the legacy of suspicion created by the murder accusations. Like Mrs Cannings, she has a surviving daughter. But in the aftermath of the case, restrictions were left in place on how she lives with her child. "I'm not allowed to cook for my daughter, serve her food, or give her a drink. Perhaps they think I might poison her," she said in a recent interview.

This article continues the media concern about professional mothers experiencing FII allegations, noting that Patel was a pharmacist and Clark was a solicitor. In 2004, Meadow's ex-wife, Gillian Patterson, came forward to share her view that Meadow was misogynistic and had a "serious problem with women". It was the professional opinion of those at the consultation, unanimously, that FII allegations in general are overwhelmingly aimed at mothers.

Meadow was effectively banned from court work following Patel's case by the then Solicitor General for England and Wales, and later the Chair of the Labour Party, Harriet Harman. She warned that the defence should be aware of criticism of Meadow's evidence. In 2005, Harman's sister, Sarah Harman, also worked in a high profile FII case and criticised the former Minister of State for Employment and Welfare Reform, Margaret Hodge, for her work with FII. She described the injustice for parents who were falsely accused as "craven, absolutely craven".



In 2006, the Appeal Court overturned the High Court's decision so that expert witnesses could be disciplined again but ruled that Meadow was not guilty of professional misconduct. One of the three judges involved was Sir Antony Clarke who argued that Meadow was "guilty of serious professional misconduct". Lord Justice Auld agreed Meadow was guilty of some professional misconduct but said he "fell far short of serious professional misconduct".

Ultimately, Meadow voluntarily relinquished his registration with the GMC which meant he was no longer answerable to the GMC if concerns were raised about his previous professional conduct. As these cases show, Meadow's Law led to miscarriages of justice since it was not based on clear scientific evidence and research. The group, in its discussion, noted that similar criticisms can be levelled at the current RCPCH FII guidance.

## Group Concerns

Following discussions in breakout sessions, the group reconvened to share their concerns about the current approach to FII and the prevalence of false allegations. They discussed the impact and causes of false allegations.

## Perceived Causes

There were a number of perceived causes shared by members of the group, including:

**The lack of clear information about FII in terms of definition, guidelines and training:** FII covers a wide range of possible events, many of which are highly subjective, and there is no evidence that they are related. This makes it hard for professionals to accurately identify it and respond proportionately. A member of the group explained that vague terms around 'Perplexing Presentations (PP)' and FII have major consequences for autistic families who they work with, particularly autistic parents. One issue with FII is that much of the claims relate to emotional abuse which is a complex term that can be controversial since it often depends on who is defining it in specific instances. For autistic parents or parents of autistic children, it is much harder to fairly make claims since autism is still misunderstood by many professionals. The same was said of families of children with complex conditions in general since they all have their own specific circumstances.

There are several distinct and differing guides for professionals concerning FII, not all of which detail the rarity of FII cases, and as a result, it is difficult to understand the true risks to a child where FII might be a possibility. A paediatrician in the group shared their professional experience of FII, noting that they were involved in 1 genuine case of harm which did not relate to PP, and 17 wrongful accusations. The group considered that some FII specific training greatly exaggerates the true number of cases which leads to fear amongst professionals, - including education practitioners who appear to make relatively high numbers of FII referrals. It was noted that a relatively small number of people are responsible for training thousands of practitioners across the entire country, and that this training does not properly convey the true risk of FII. Existing training appears to be based predominantly on the RCPCH guidance: guidance that lacks a rigorous evidence base. One member of the consultation found that, when challenged, training groups were unable to provide evidence for extreme claims (that FII was 'a massively undiagnosed condition') which they made to hundreds of people. Part of this issue was attributed by a group member to the industrial scale of FII training and the risk that this could incentivise fear-mongering. This overexposure to FII, with little evidence of an urgent need to act, creates a real risk of leading to overdiagnosis and a disproportionate response. The RCPCH was noted by the group for drawing greater attention to FII in 2021 with an emphasis on the danger of missing signs of FII. In recent years, this has caused, in the group's opinion, more wrongful referrals. The RCPCH guidance, on which much of the training appears to be based lists normal emotions as 'alerting signs' which means that professionals are more likely to become suspicious of basic human responses such as parents having high levels of anxiety because they do not agree with a practitioner's assessment of the causes of their child's



condition or of their child's needs or suggested treatment. Naturally, this causes more referrals, putting both parents and professionals in troubling positions where there can be no wins.

### **Failing to challenge injustice and unqualified individuals acting beyond their role without repercussions:**

Schools appear to be one of the largest sources of referrals for FII. Although an assessment of FII is beyond the qualifications of education practitioners, the evidence suggests that some teachers are taking it upon themselves to make such a finding. Similarly, social workers often 'mis' diagnose parents, particularly professional mothers, with mental health issues (not uncommonly with Borderline Personality Disorder 'BPD'). Social workers do not possess qualifications to diagnose people with mental health disorders but in cases of FII, it appears that unqualified opinions can be taken as facts. Notes written by professionals and shared amongst different sectors are often taken as fact. A number of members of the consultation referred to a common example that illustrated this problem. A social worker may ask a headteacher if a child with autism has any issues in school. The headteacher may say that the child is 'fine' in school even though the parents say their child has complex needs. The social worker and the headteacher may then attribute the difference to FII when, in fact, the child is masking in school. A safeguarding referral is then made and the whole traumatic process for the family can be attributed to a lack of professional understanding of autism or of the child specifically. One member of the group described a paediatrician stepping in to advocate for a family. The paediatrician highlighted that no experts had been consulted and that the family's medical record had been ignored, which was a key piece of evidence in the accusations against them. Another member of the group attested to a paediatrician who had been responsible for a number of wrongful allegations but had not been challenged by their peers. In all cases, a lack of consideration of a differential diagnosis and reasonable curiosity leads to devastating and pointless investigations.

One member of the group described the lack of checks and balances during the process of a referral as "professional herding". The general view was that this is a major area where reform is needed in order to prevent "snowballing" in an investigation. Part of this behaviour was attributed to an "us versus them" approach - where parents are effectively bullied by groups of professionals. Members of the group discussed communications between professionals which were later disclosed to them via Subject Access Requests. These communications included strong language about "getting" the parents and methods of (in effect) 'tricking' them into certain actions which would harm their defence, as discussed in the impact section below. Members called for professional humility which includes starting from an assumption that the parents have a better understanding of their child since they are always with them, and also admitting that complex conditions may be difficult for them to diagnose or understand. As part of this, diagnoses from appropriately registered and regulated private providers/assessors care should be respected where it is reasonable. It is well known that NHS assessments to diagnose complex needs and neurodivergent conditions have long-waiting lists and that delay of this kind can pose a material risk to the health of a child. In such situations, where it is practical, it is not unusual for parents to take all steps they can to protect their child. This point was reinforced by members of the group who also noted that contracting experienced and knowledgeable teams working in the private/independent sector could save time and money which would benefit all involved.

The evidence suggests that professional women are disproportionately involved in terms of FII allegations and the group considered that this may relate to the ability of these mothers to advocate for themselves and ask questions about decision-making. Alongside the risks of unconscious sexist bias, this professionalism can be intimidating for social workers and other professionals because it challenges an expected power dynamic which can then lead to retaliatory behaviour and persecution.

Members of the group agreed that, to a degree, this behaviour could be exacerbated by the amount of pressure on health and social care practitioners due to a lack of funding. In tandem with this, the group also cited an erosion of trust in these services, largely because the system is under so much strain. One member of the group attributed some actions to a degree of



defensiveness as a result of these factors. Similarly, the pressure on the system means that parents have to be more assertive in order to advocate for their child which makes these parents more difficult for professionals and more likely to come under suspicion, especially since the majority of guidelines list such behaviour as 'alerting signs' of FII. In complex cases, and with PP, medical professionals often experience great pressure to come up with answers and solutions which can/could contribute to incorrect diagnoses or explanations of Medically Unexplained Symptoms (MUS). If parents reject these conclusions, they are at risk of being accused of FII. However, it should be assumed that multiple professionals from different expertise must be consulted in order to find the truth. In complex cases, usually there are many health conditions which can only be uncovered through collaboration.

Finally, the group shared the risk of accepting a single professional opinion at the court level. All too often, judges defer to doctors and, as seen in the case of Meadow. This can result in evidence being considered which is not only outside the witness's field of competence but also inaccurate.

**Safeguarding culture:** The group expressed concern about the emphasis on safeguarding children that impedes level-headed decision making. Considering:

1. The adverse impact on children (discussed above) resulting from an FII investigation (debt in the family from legal fees, parents unable to provide their full attention to them during legal proceedings, family separations etc.), and
2. The fact that most investigations do not appear to result in any formal safeguarding interventions: there is a strong case for arguing that the harm to the child is more likely to come from wrongful allegations of FII than from true cases (which the research suggests to be rare or very rare).

A member of the group, who is involved in social care, likened it to the Cleveland Inquiry where many children were wrongfully removed from their families due to a small number of paediatricians (using a controversial diagnostic test) suspecting that they had been sexually abused. The Cleveland Inquiry was mentioned as a way of explaining the social and cultural contexts of social work and healthcare. Safeguarding is the current approach to child protection which, as with any solution, has its own specific limitations. Safeguarding culture has a great impact on FII allegations since it assumes that the child must be removed from potential threat and that the State is a better caretaker than the parents. Safeguarding also can also contribute to very narrow ideas of good parenting that make all parents vulnerable to FII allegations, especially once a referral has been made. It is also based on immediate fear for the child's safety, with the view that it is better to overreact than underreact. For children in general, but especially for children with complex needs, this approach can be destructive.

## Impact

The impact of false allegations on families and children is personal and varied; however, based on their professional and personal experiences, the group established the following key areas:

**Trauma from separation:** This impacts parents, children and their siblings. The nature of separation can vary from ordering a parent to leave the family home or taking a child into care for months, years or even permanently. This leaves families feeling hopeless and powerless. One member of the consultation who experienced separation from their child was unable to protect their child from harm during this time. Another member described being unable to tell the separated child that they loved them since they were told it would cause distress. They were also unable to express distress themselves even when the child had to be "carried away" with much resistance. Needless to say, the separation is devastating for parents and also, despite the focus on safeguarding, it has long-term consequences for the child. One member of the consultation explained that, after separation that lasted years, it was difficult to re-integrate the



child into the family unit since, for a large part of their life, they were unable to see their siblings and the time apart was irreplaceable at such formative ages for all the children in the family.

**Parents are pressured into agreeing to things they deem unreasonable:** The significant power imbalance between families and the 'safeguarding authorities'; was discussed. During this the point was made that some parents felt compelled to agree to things they did not deem reasonable and were often unsure about their rights. In this context, one issue discussed was that parents might wish to see their child's medical records and that this request would be refused incorrectly. Parents who were able to access good legal counsel would be considered to be in a much better position and able to avoid agreeing to unreasonable actions that could actively harm their case. However, even in these instances, parental resistance, concern, confusion, anxiety, anger and fear may all be used by professionals as 'evidence' of FII. Additionally, parents and children lose trust in institutions which has the potential to lead to future harm as they may be less likely to seek help.

**Time and money is taken away from families due to legal battles:** While there is legal aid available if a case progresses to a section 47 investigation, families can still experience huge financial burdens by seeking legal advice during earlier stages of an FII allegation in an attempt to avoid matters escalating and losing their children. This leads to debt which has an obvious impact on the life of a child. Children with complex needs are especially impacted by financial issues in a family since they require additional help in daily life which is not covered as care. Members of the consultation noted the number of parents, particularly mothers, who are told by Children's Services to quit their jobs in order to dedicate themselves to full-time care. Since there is a risk of losing their children, many parents have no choice but to abandon their careers. This has an impact on the child's future and the mental health of the parent. Debt in a family is another area where siblings are harmed. Since parents are overwhelmed by long legal battles, their parenting and careers are unavoidably impacted which makes it harder to care for children with complex needs and also their siblings.

**FII Allegations and section 17/47 investigations are a permanent record that follows a family around for life:** Even when a family has been found to be innocent, the fact that an allegation was made will, almost invariably, remain on the social services and NHS databases. Not infrequently this 'fact' will trigger 'pop ups' and 'alerts' on computer screens at medical appointments and meetings with social workers. This is particularly difficult when families move to a new area since it can lead to new suspicions and another false allegation.

**Professionals and parents are often traumatised by their experiences in Family Court:** The intensity of Family Court proceedings can lead to 'character assassinations' for all who take the stand, including expert witnesses. Some practitioners at the consultation explained that they now refuse to act as expert witnesses due to the impact it could have on their careers and their mental health. It has led to a shortage of experts willing to take the stand which impacts the legal right parents have to a fair trial. Parents at the consultation also reflected on their experiences in court since they were accused of mental health issues without any qualified diagnosis and found that all aspects of their lives were turned over to find negative information or reframe normal behaviour as sinister.

### **Non-Accidental Injury Law Perspective:**

A legal member of the group whose experience included involvement over many years in cases of mothers wrongfully accused of FII referred to an increase in allegations related to PP. Their key points were:

Mothers are largely the targets of false allegations, particularly autistic mothers whose needs are often overlooked in hospital and social care setting. If court proceedings are initiated, such problems should be resolved by assessments for ASD and intermediary assessments, but this is not always the case especially in some regions.



Court proceedings can be exceedingly drawn out, well beyond the 26 week guidelines, for at least a year, sometimes two years or more. Prior to proceedings, parents are subjected to interventions like Child Protection Planning and section 47 investigations, some of which have an indefinite time scale and limited guidelines.

During proceedings, children are often separated from their parent/s which is traumatic for all involved. All too often the removal of children is not proportionate to the accusation especially in cases based on PP evidence which are allegations of misreporting symptoms. Such instances can be managed more easily through steps like assistance in medical appointments.

FII court cases are a great expense to the tax payer, sometimes reaching 7 figures when the costs of all legal teams and the court time are added up. The individual expects 6 figure total costs for their public funding certificates, which multiplies for the state since there are usually at least 4 parties involved. Costs are attributed to the complexity of these cases, which require multiple expert witnesses for specific areas, 10's of 1,000s of document pages, large medical records; and two barristers supporting a solicitor, a KC and a junior.

Regional differences are an important factor in their experience:

In the courts:

- There is a wide variation in the knowledge of and understanding of the caselaw with some practitioners and judges often providing their own guidance which is not in keeping.
- Cases are allocated far less than the necessary time which means that they have to be rescheduled months later.
- Expert witnesses are hard to find in many areas of medicine and some courts restrict the instruction of experts, which impacts a parent's right to a fair trial.

In hospitals:

- Hospitals are the main source of the referrals they observe.
- There is great inconsistency in how different hospitals prep and manage cases, and their adherence to guidelines.
- Parents are often left confused by medical professionals, and a lack of coherence surrounding their child's health is mistaken for something sinister:
  - Many medical professionals involved are unaware of the complex needs of parents which impact their understanding of information regarding their child's health.
    - They noted a hospital in South Wales which still lacks guidelines for working with disabled and neurodivergent parents even though it was highlighted in court.
  - Medical professionals often ignore the complexity of the information given to parents.
  - Safeguarding procedure which requires a designated paediatrician is regularly ignored. This means parents can have conversations with as many as 40 medical professionals, who may share conflicting information.
    - Chronologies are often ignored and/or scant, with doctors making assertions in court which come from one-sided chronologies that do not match.

### Human Rights Perspective:

Another member of the group with experience in Human Rights Law shared their experience, starting with possible redress for families facing wrongful FII allegations. They explained that there are comparatively few judgements where a court has made findings about FII in Family Law and Human Rights Law contexts, and when they do, they fall into two categories:

1. Family cases where the court makes findings on whether FII has occurred or not.
2. Human Rights damages cases where the court focuses on the slightly more nuanced questions over whether an accusation was reasonable in the first place.



In the second case, the court almost always finds that it was a reasonable allegation due to the safeguarding imperative and because of the normal principle that a judge will not question a clinician's decision, subject to some unreasonableness standards. The individual added:

The judgements themselves don't really tell a story about either what the remedy is, about the prevalence of FII accusations, or about good practice. There is no theme readily discernible from the judgments themselves and that's partly due to the polarising effect of the adversarial system.

So what mechanisms are available for parents and families who experience wrongful allegations? Firstly, there are approaches beyond legal proceedings:

### Local authorities or NHS complaints processes:

1. Complaints concerning actions by local authorities are generally dealt with by way of the statutory Children's Services complaints process. Complaints concerning the actions of NHS practitioners are generally administered by Integrated Care Boards (ICBs). Such complaints cannot be made in relation to matters that are within the jurisdiction of courts (for example if care proceedings have been initiated). The local authority/NHS complaints process is low cost compared to legal proceedings, although there is no legal aid. They are a backward-looking process which means the investigator is able to look at the facts in a more forensic manner than the courts, especially regarding clinical evidence.
2. If the local complaints process does not resolve the issue, then complainants have, in general, recourse to the relevant ombudsman: in the case of local authority complaints, the Local Government and Social Care Ombudsman and in the case of the NHS, the Parliamentary and Health Ombudsman. Like the above, they can ask for files and disclosure to independently examine the decision making process.
3. In respect to handling data, families can make a complaint to the Information Commissioner. This covers matters like unlawful retention processing, data sharing, incorrect data, failure to correct data. As a starting point, families may also want to make a subject access request under the Data Protection Act.

### Court Process/legal claim:

Regarding the benefits of a human rights damages claim, there is potential for what is known as 'just satisfaction' which can achieve many things beyond financial claims such as expunging of records or apologies, depending on what family ask for under that process. Human Rights Act damages tend to be low compared to the damages that are available for other civil 'wrongs' (such as compensation for personal injuries resulting from negligence).

What needs to be done at a strategic level to address this issue?

One topic that was mentioned by many members of the group were silos. In some FII cases, paediatricians focus on the child not the mother, but the mother is presenting with hard to manage anxiety around the child's health. The member of the group speaking on Human Rights Law, said the following:

There is a constellation of systemic pressures which are resulting in the increase of FII allegations. It might be more productive to look at all of them holistically than any one part of the process. Why? There's pressure on access to CAHMs and on getting a diagnosis. That anxiety might be wholly rational, wholly expected, wholly reasonably and an utterly foreseeable response.

A member of the group highlighted issues with internalised marketisation which prevent holistic approaches to care within the NHS since medical professionals are subject to profit margins. However, in other areas of care like unidentified lumps, it is usual for multiple experts from



different fields to work together to recognise and treat symptoms in a patient. In circumstances where the guidance from the Royal College of Paediatrics is in place, those working with a family often presume to raise a mental health diagnosis of an adult that they're not qualified to reach. This was a large point of discussion amongst the group since many mothers experience accusations of mental disorders such as BPD. One of the key problems found in the experience of the consultation as a whole was the possibility of underqualified individuals making a FII referral, and for that individual then to avoid accountability at a later stage. A member of the consultation group had experienced such an allegation and attributed this, in part, to the pressure on the healthcare system.

Another aspect of this pressure is 'backloading' which one group member believed to be a large issue. Backloading of local authority support for vulnerable families occurs, in effect, when no action is taken by the authority for a long period of time before a crisis occurs which then leads to the PLO process. The crisis results in precipitant action – for example the child going into care. In one group members experience, many judges note that they are witnessing another case where timely support could have completely avoided proceedings. However, there is no financial incentive for those involved to act this way, so care proceedings become a form of crisis intervention. The money spent on these proceedings would be better used for the family involved and, indeed, other families since the cost is so high.

It's a product of starving local authorities of sufficient funds.

Within care proceedings there is a 'blame game' that creates polarisation. There is also a lack of trauma informed support and a lack of appreciation as to how the whole safeguarding process generates trauma. There was a general group consensus that while cases can be incredibly drawn out, they also wanted to emphasise that prior to proceedings commencing, it is incredibly difficult to get a parent in need of reasonable adjustments properly assessed to ensure they have the correct support. Once in proceedings, this can be easier to manage though there are still differences across the country in the approach towards cognitive, intermediary and ASD assessments that can make it hard to put this in place. When the appropriate support and adjustments are not in place, it makes it impossible for them to provide their best evidence and for the court to accurately assess their evidence. It was suggested that there was not inconsiderable case law regarding this and the use of intermediaries was becoming more widely recognised. The 26 week imperative makes it hard to stop proceedings and adjust to parental needs, though this process should be carried out well before a case reaches court.

The member speaking on Human Rights Law explained that the NHS is under enormous pressure in terms of resources; systems under pressure have a propensity to engage in confirmation bias, victim blaming and other biases like gender bias as seen in many allegations of FII. In addition to this, allegations often lack an evidence base. The group stressed the need for empirical learning to challenge a dominant safeguarding culture. All of these aspects can lead to injustice from a legal perspective since the true position is almost impossible to discern because it is obscured.

### The Human Rights Perspective:

A member of the group with experience outside of Family Law offered observations during the legal panel discussion. Following this, they gave analysis of circumstances where statutory powers are used or misused; which included section 47 enquiry investigations, making a child subject to a protection plan, emergency orders or full-scale care proceedings.



## Observations based on the experience of the courts and working with families

It is indisputable that the courts find that FII exists, that is to say that they find genuine cases of parents or carers who intentionally fabricate or induce illness in their child for their own gain. However, the empirical evidence suggests that courts find this very rarely. It is also important to highlight that there are differences between fabricated and induced illness – the latter being a crime.

In regards to the guidance of FII, a group member stated: "It seems to me that the available guidance as to FII- the tools from which we may work- from the government, and the Royal College of Paediatrics and Child Health- are very broad and unspecific. Each of them pose a series of 'alerting signs' which, by the guidance's own admission, are untested. In my experience these alerting signs appear to catch the behaviour of autistic or neurodivergent parents and their children more than it does for non-disabled parents and their children. The point is that there is a lack of evidence for indicators of FII and often enquiry leads to false positives, rather than true cases."

In their experience working with clients, it seems that complex presentation in suspected FII can often instead be due to rare or misdiagnosed illness; and a lack of professional curiosity particularly in cases where presentations cannot be immediately medically explained. "More concerning still, guidance is not referred to or followed or known about yet social workers and others will take drastic actions."

"I have seen the deep family trauma that is created following the making of an allegation; families receive these allegations as a form of parental blame - and this can lead to stigma, isolation, distress, family breakdown as the direct result of being viewed as possible perpetrators of child abuse. They are often left without necessary support."

Three further observations made included:

- Parents often develop expertise of their child's conditions through experience - and have to do so in order to advance themselves, and their children, "through a messy, complex maze of care and community provision."
- Allegations often follow parental complaints about the actions of a specific public authority.
- Those services lack involvement of parents and those with neurodivergence in terms of design and delivery.

## What does the law say about FII allegations?

Since others focused on the Children Act 1989, one individual focused instead on the role of the law of tort and statutory duties; and how they are interpreted and understood by the courts. They stated: "It is now clear - and has been for some 20 years - that children are owed duties by the various statutory bodies; but their parents are not treated in the same way."

They referred to the "leading case" as *JD v East Berkshire*, a 2005 House of Lords case, in which parents unsuccessfully argued that a clinician, who treated their child and made false allegations of harm in the form of Munchausen by Proxy (MSP), owed a duty of care not to make negligent allegations.

At the time the decision was seen as radical as it confirmed that children who suffer harm as a result of negligence in child protection can maintain an action for damages - a decade earlier the same court denied any duty of care could be owed to children.



That change was as a result of developments in the European Court of Human Rights, but also probably a societal shift in the understanding of the rights of the child. As a result of that case, children had a right of redress.

"But as I say, the position of parents remains different - they remain excluded from the protection of the law. There is in effect an immunity from suit in respect of contentions by parents."

Lord Nicholls, the leading judge in that case, put it in these terms:

*"A doctor is obliged to act in the best interests of his patient. In these cases the child is his patient. The doctor is charged with the protection of the child, not with the protection of the parent. The best interests of a child and his parent normally march hand-in-hand. But when considering whether someone does not feel "quite right", a doctor must be able to act single-mindedly in the interests of the child. He ought not to have at the back of his mind an awareness that is his doubts about intentional injury of sexual abuse prove unfounded he may be exposed to claims by a distressed parent."* ([2005] UKHL 23; [2005] 2 AC 373 at [85]; and see also per Lord Rodger at [110] and Lord Brown at [129]).

As a result, a claim can generally only lie if a social worker acts in bad faith or recklessly - so in effect would be guilty - in civil terms - of misfeasance or misconduct. That is a very high threshold indeed and rarely in my view met. And given the wide scope and reach of the guidance on FII, on which decision ought to be based, challenges by parents will rarely succeed if ever.

Human rights law may allow more oxygen for challenge of negligent allegations but it is still in my view very limited.

The point is this: the Human Rights Act has not altered the policy judgements as to the appropriate balance to be struck between the interests of children and the interests of persons suspected of child abuse.

As an example, in *ABC v Derbyshire County Council and others* 2023, it was alleged that child protection professionals were negligent and in breach of the families' human rights by wrongly removing a child. This was heard by Mrs Justice Hill.

That case related to safeguarding concerns of FII raised by a paediatrician about a family of four.

The parents were taking their children to non-mainstream medical practitioners in private practice, although they were GMC regulated, and were said to be procuring invasive tests and treatment for them.

The LA and police decided to take the most extreme options open to them:

- the parents could not be told of the suspicions of FII
- they were to be arrested and
- the children removed from their care.

As a result the children and parents were separated for several months. Ultimately the LA withdrew its application for a care order because the parents were working well with professionals to address concerns.

The parents argued in court that the evidence available at the time of removal had not been sufficient to justify the emergency removal powers - this was not accepted.

In *ABC*, the court accepted the LA's evidence that the child protection measures it adopted - including not informing the parents - were justified and lawful.



Of particular note, the Judge accepted the LA's submission that the Human Rights Act question of whether social workers genuinely and reasonably believed they were acting in the least interventionist way available - which is the test for assessing whether there had been an unlawful interference with their human rights - whilst not the same as the Bolam test (i.e. whether the professionals were acting with the reasonable standards of skill and care) raised very similar issues.

That is to say that when considering the allegedly wrongful removal of children, there is a close alignment in the principles and the approach taken both in the European Court of Human Rights in Strasbourg and in the domestic courts, as would be treated under the common law.

In the case of *Haase v Germany* (2004), the following was found:

*If no action is taken, there exists a real risk that harm will occur to the child and that the authorities will be held to account for their failure to intervene. At the same time, if protective steps are taken, the authorities tend to be blamed for unacceptable interference with the right to respect for family life.*

## Strategic Issue Regarding Guidance

The individual concluded their account with the following:

"I don't know if the courts would treat the issue any differently today, 20 years later. I suspect not. And in any event, it would have to be an issue decided by the Supreme Court. There has been a lot of focus in the courts on failure to remove cases - but not necessarily in what I would argue is a progressive direction.

## Solutions

To close the consultation, members discussed solutions in break-out groups and then as a whole. The main solutions which were discussed were based on four points:

1. Protecting children and families from wrongful allegations.
2. Saving money spent on wrongful allegations.
3. Bringing accountability after wrongful allegations.
4. Providing support and recompense to families falsely accused.

## Guidance

The group focused primarily on the need for coherent evidence-based guidance which must be adhered to, to prevent miscarriages of justice and unnecessary expense to the state. It was largely agreed that there was a need for National Government guidance, which includes feedback from all affected professions and the experiences of families wrongfully accused of FII as well as those who have experienced genuine cases. It should include support for families who have been wrongfully accused as well as information for professionals about the impact on these families. There should be an emphasis on accountability, with checks and balances to mitigate the occurrence of wrongful accusations. Guidance should emphasise that all professionals must only engage in areas where they are qualified and legally permitted, and that it is possible for all professionals to make mistakes surrounding FII. Judges should be advised that medical professionals may not always be correct (since medical opinion can vary) and so should not be deferred to completely in court. This requires detail on the specifics of the law and proper procedure. It is also important to explain the consequences of overreacting and a lack of professional curiosity to prevent a "snowball" effect. It should be clear to professionals that false accusations are deeply traumatising for the child and their siblings so collaborative approaches with the family and other professionals are essential. The 'good news' interview



should be removed and guidance must explain the complex, and often reasonable, reactions of parents when their child is unwell. Finally, the terms FII and PP should be avoided and replaced by language that is more specific and nuanced for differing circumstances currently covered.

## Training

It was first noted by the group that some training currently overrepresents the true incidence of FII and leads to well-meaning overreaction. As such all training must emphasise how few cases there actually are of FII. It was agreed that training should aim to bring a cultural shift which encourages clarity and appropriateness regarding use of terminology, supports reactions commensurate with evidence of harm, and cautions against straying into areas of practice without appropriate qualifications to do so. Training should also encourage professionals to respectfully question accusations of FII at every stage to prevent injustice. Proper training, grounded in quality research and scientific evidence, should be disseminated through as many channels as possible. This also requires more data to be published. Inaccurately delivered and thus harmful training, should be stopped immediately. Social workers and BASW should be involved in warnings about "moral panic".

## Law

Regarding law and regulation, the group focused on de-escalation and collaboration to ensure the best outcome for all involved. This requires a multi-agency oversight board. This is a role that could be fulfilled by the National Panel, with (if needs be) additional powers. The current process should be considered an access to justice issue since it obscures facts. This requires an in-depth look by the Transparency Project. There should be an advocacy program for families who are accused since help is only available in the form of legal aid at the severe level. Each borough has its own Safeguarding Children partnership who can all look at their data for erroneous allegations and increase awareness of these instances. Sex and disability discrimination test cases could also help bring change since there are disproportionate numbers of families referred who have disabilities or children with disabilities, and most parents accused of FII are mothers. For expert witnesses, there should be a "playbook" should they suffer abuse in court so that the culture of Family Court will change over time. It was also suggested that there be an acronym equivalent for health and social care so that a wrongful allegation does not mar a family's medical record.

It was also suggested that a combination of a PLO and Child Protection conference would allow all the treating medical professionals, lawyers and the family to gather together for a shared solution with adequate transparency. It would also allow for the miscommunication of information between parents and professionals, which appears to be a feature in these cases, are cleared up. This process would also bring legal aid for the family from the beginning. This would be useful for most FII allegations since they are investigations of emotional abuse not immediate threat which requires police involvement. The Working Together Document was considered imperfect but worth replicating to some degree so that there is a process with repercussions if it is not followed.

## Other

It was also suggested that media involvement could help bring public awareness and challenge the current culture of safeguarding before all else. Political involvement and select committee hearings could also help protect the public from false accusations.



## Conclusion

The consultation's closing solutions are intended to encourage urgent change and collaboration across all sectors. While the group expects that action will continue to be an uphill battle, it is hoped that, after decades of misery for families and professionals, something better is on the horizon. False allegations of FII are a constant risk to the public, to families and especially to vulnerable children who are consistently failed by aggressive safeguarding responses that ignore evidence and empathy. While media attention could help inform the public, we are all reliant on the constant, unseen work of those in social care, health care and the legal profession. A culture shift in these sectors will help bring accountability to protect all involved.. Cases of actual harm to children directly caused by parents are tragic and extremely rare, yet wrongful allegations of FII are devastating and far too common. Fit-for-purpose guidelines achieved through collaboration of affected professions and a focus on support at all levels will help ensure a safer and more humane way forward.



## Appendix

### Participants

<b>Names</b>	<b>Roles</b>
Grace Bailey	<b>St George's House</b> Rapporteur
Emeritus Prof. Andy Bilson	<b>University of Central Lancashire / Parents Families and Allies Network</b> Emeritus Professor
Dr Rachel Bryant-Waugh	<b>South London and Maudsley NHS Foundation Trust &amp; Kings College London</b> Honorary Consultant Clinical Psychologist / Visiting Senior Lecturer
Rachel Carter	<b>Wollens Solicitors Family</b> Solicitor/Partner
Elly Chapple	<b>Elly Chapple (self-employed)</b> Trainer, Public Speaker and Consultant for various organisations
Prof. Luke Clements	<b>University of Leeds</b> Cerebra Professor of Law & Social Justice
Kaydence Drayak	
Dr Judy Eaton	<b>Help for Psychology</b> Consultant Clinical Psychologist
Laura Ferguson	<b>West Midlands ADASS (Association of Directors of adult Social Care)</b> ADASS Associate
Dr Luke Geoghegan	<b>British Association of Social Workers (BASW)</b> Head of Policy and Research
Dr Fiona Gullon-Scott	<b>Newcastle University</b> Senior Lecturer/Deputy Research Director, Clinical Psychology
Debbie Hollingsworth	<b>West Midlands ADASS</b> Project Co-Lead
Mark Isherwood	<b>Senedd Cymru/Welsh Parliament</b> MS/Member of the Senedd
Stephen Kingdom	<b>Disabled Children's Partnership</b> Campaign Manager
Minal Lawrence	Parent / Academic Researcher
Scott Lawrence	Entrepreneur/Company Director
Daniel Lemberger-Cooper	<b>Imran Khan and Partners</b> Solicitor, Partner
Cathie Long	<b>Vivacity</b> Independent Social Worker
Prof. Daniel Monk	<b>Birkbeck, University of London</b> Professor of Law
Sherma Polidore	<b>Miles &amp; Partners LLP</b> Associate Solicitor
Dr Georgie Siggers	<b>Starjumpz</b> Consultant Neurodevelopmental Paediatrician
Amanda Weston K.C.	<b>Garden Court Chambers</b> King's Counsel



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