Society has rightfully become concerned that we might miss cases where children are in danger of abuse. However, Child Protection investigations are not benign processes and when families are incorrectly caught in the net, serious harm can result.

Schools or other agencies may notice a child with difficulties and instigate processes, which make assumptions without questioning "why?"

In cases of difficult-to-recognise familial and heritable conditions, such as Autism Spectrum Differences & Difficulties (ASCs) including developmental dyspraxia, and collagen deficiency including Ehlers Danlos Syndrome (EDS), Marfan Syndrome and Osteogenesis Imperfecta, more than one generation will probably be affected. The situation may be very different from how it appears to the uninformed eye.

- Prominent sources cite lack of eye contact or poor social skills as potential symptoms of abuse, but these may also be symptoms of ASCs.
- Parental persistence may be indicative of an undiagnosed ASC which may be misinterpreted as overzealousness or rudeness.
- Observers may misinterpret a mother's determination to access support for her child who has difficulties, as indicative of Fictitious and Induced Illness (MSBP/FII).
- Professionals are rightly worried by bruising or broken bones, but the systems currently in place trigger invasive investigation or removal of children, without looking for underlying medical conditions which could cause the child's symptoms and require treatment.
• Conditions which cause easy bruising or breakages, may also cause clumsiness and therefore increase the likelihood of damage.
• Families may have untidy homes or disorganised lives because of illness or disability, but they are often judged without any effort to understand why.

Research suggesting that children with disabilities are sometimes abused, has led to increased surveillance of families with disability. Commensurate training is needed to enable education, health and social services personnel to identify hidden disabilities and to understand the emotional, social and financial impact on all family members, including young carers and siblings.

Attempts at interagency working appear to mean that many people are functioning outside their area of expertise and experience, resulting in mistakes. Organisations and professionals concerned with ASCs and with EDS and related disorders are concerned that they are hearing of more and more cases of erroneous accusation of FII amongst affected families. A few months into the ECHP pilots, support agencies observed an increase in investigation of families with chronic illness and hidden disability.

Effects of such investigations include: inability of child or parent to access appropriate healthcare, isolation and bullying, educational disruption, undermining of family and community relationships, loss of career precipitating financial meltdown and loss of home or inappropriate removal of a child to care or adoption.

We have seen cases where hormonal imbalance surrounding essential gynaecological surgery, has resulted in accusations of maternal mental illness and actual or attempted removal of their children.
Other cases have been triggered by the effects of ME / CFS, bereavement, decisions about birthing style, home schooling, the effects of young carer responsibilities etc.

• The case of Ashya King highlighted the issue of Child Protective measures being threatened because of arguments about medical procedures and treatments.

• The tragic death of the three disabled children of Tania Clarence, demonstrated the terror which can be caused by professionals, intervening to observe and criticise, but failing to offer support.

Parents Protecting Children UK has access to about 80 completed questionnaires confirming that ASCs and EDS are statistically significant in cases of erroneous Child Protection investigations.

We are working with Prof Clive Baldwin of St Thomas University, Canada to set up a two year narrative study, but the current rise in cases means that a more urgent and shorter duration project is also required.

It is imperative that the right cases are investigated and that cases which are not Child Protection matters are identified in such ways that appropriate referrals can be made and support given.

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