

House of Lords Hansard

17 October 2001

Child Abuse

6.21 p.m.

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

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

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

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

I should like to talk today about two of the triggers for false accusations. The first one is a phenomenon known as "recovered memory". Noble Lords may remember that about 10 years ago a number of cases were reported in the press of families being torn apart as a result of adults--usually women--making retrospective accusations of childhood sexual abuse against a member of their family. The accused person--most often a father of hitherto impeccable character--would protest his innocence. A common thread in many cases was that the grown-up daughter had undergone a course of psychotherapy, during which she and her therapist had apparently unlocked memories of previously unremembered traumas in childhood.

In 1998 the Royal College of Psychiatrists set up a working party under Professor Sydney Brandon to look into the whole question of recovered memory. Its unequivocal conclusion was that when apparent memories appear to be recovered after a long period of amnesia there is a high probability that those memories are false. A key passage of its report reads as follows:

"Despite widespread clinical support and popular belief that memories can be blocked out by the mind, no empirical evidence exists that supports the existence of repression or dissociation".

Despite the acute dangers highlighted in that report, and clear warnings issued by responsible professionals, there are still some committed followers of the more extreme theories of memory repression who continue to practise and lecture. The British False Memory Society has records of hundreds of cases of the kind I have outlined. I myself have received several dozens of letters from sometimes quite elderly parents who, after having enjoyed a normal and loving relationship with a daughter, suddenly find that following psychotherapy that daughter has suffered a profound change of character, making accusations against a father or stepfather about childhood abuse alleged to have been committed many years earlier. Quite often she cannot recall any details of the abuse, but she is so convinced of the truth of the memories that she severs permanently all connection with her parents.

That is tragedy enough, but when the police become involved the injustice can be magnified. When allegations of this kind are made, it ought to be clear to all, in the light of the Brandon report, that guilt should not be taken for granted. The consequences of a miscarriage of justice are so grave that the utmost care is needed before there can be any question of criminal charges being laid.

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However, many cases are still occurring that are characterised by an uncritical acceptance by the police and social workers of claims about newly remembered abuse. The possibility of false memory is often either ignored or overlooked. Indeed, the lack of any objective evidence of abuse seems to be overridden by a need to protect the person perceived as being the victim.

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

I believe that harmful psychotherapeutic techniques are wreaking havoc with people's lives. It is a great pity, to say the least, that the psychotherapy bodies are unable to speak with one voice about this issue. Indeed, it has been put to me that they are often unwilling to investigate malpractice when it is brought to their notice. Regulation of the profession will be a step in the right direction, but for as long as the profession fails to confront the damage that can be done, my fear is that such damage will simply continue unchecked.

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

care. In the past 10 years or so the MSBP theory has been widely promoted in this country and is a firm feature of social work training.

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

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

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

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

In quite a number of the cases I have encountered, when an allegation of MSBP has been made, the mother, in protesting her innocence, has pointed to unexplained symptoms or behaviour in her child. She may have raised her concerns about these with the doctor on more than one occasion. Unfortunately, the act of denial is itself seen as a marker of MSBP--a "Catch 22" if ever there was one. But the danger of having, as it were, an identikit profile of an adult considered likely to be an abuser or potential abuser is that judgments can be made too much by reference to perceptions of the parent and not enough--sometimes not at all--from a proper and thorough examination of the child. I have been made aware of cases where MSBP has

been alleged without any outward sign whatever of harm to the child, beyond some odd or atypical behaviour. Often, the allegations have been pursued doggedly by social workers over a long period, and it is only after months of anguish, when children have been placed on the "at risk" register and proceedings have been brought in the family courts, that the parents have been completely exonerated--exonerated, that is, if they are lucky; but exoneration, when it comes, is frequently by way of a specialist diagnosis of an unobvious clinical condition in the child: a congenital disorder, a birth injury, an allergy, autism, Asperger's syndrome, an adverse reaction to a vaccine, attention deficit and hyperactivity disorder, chronic fatigue syndrome, and so on.

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

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

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

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

The damage that can be done by the mere suggestion of MSBP is enormous. Chinese whispers begin--what one researcher has referred to as "the first

gossamer breath" of rumour--about unexplained illness in a child and about a fussy parent. These can swiftly turn that parent into a potential murderer in the eyes of the community. Members of the family become local pariahs. Social workers are sometimes not clever at handling situations of this kind. Children are made to live in constant fear of being parted from their parents. The climate is like that of a witchhunt in which the voice of reason and all sense of proportion is lost.

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

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

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

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

6.36 p.m.

**Lord Warner:** My Lords, I welcome the opportunity provided by the noble Earl to discuss a number of issues relating to child protection work. I declare an interest as a retired member--with the emphasis on "retired"--of the

Association of Directors of Social Services. However, I do not have a social work qualification, so I bring to this topic a degree of detachment or ignorance--depending on one's point of view.

I have a good deal of sympathy with the concerns raised by the noble Earl. When I was a director of social services I had direct experience of the kind of obsessive behaviour to which he referred by way of an NHS consultant with a total attachment to anal dilation. It took a huge effort by social services, the police and others to remove that person from child protection work. Therefore, I can identify with much of what the noble Earl said.

I share the noble Earl's concern over false or recovered memory. However, it is an extremely difficult area to regulate. It sits in the complex area of what transpires between a therapist and an unhappy person. Some therapists in the US in the 1980s, and in the UK in the 1990s, have undoubtedly taken the area of sexual abuse and used it to convey a belief to their clients that it is at the root of their unhappiness. The unhappy person then uses the idea to satisfy his or her own needs as much as anything else. It is a serious and difficult problem.

Having acknowledged many of the problems, however, I am not totally convinced about the noble Earl's suggestion of a way forward. Perhaps I may refer briefly to the current situation and identify some

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of the strengths in present methods of dealing with the issues surrounding false allegations. They are much stronger than the noble Earl acknowledges.

I have seen on a day-to-day basis what social workers have to deal with in the area of child abuse and the management and the multi-agency context in which they work. It is not a pretty sight uncovering layers of physical, emotional or sexual abuse within families. This is the sordid end of family policy upon which most people prefer not to dwell. Those who perpetrate abuse inevitably lie and deceive; it is in the nature of the problem. Social workers are called upon to exercise extremely difficult judgments. I have found that most people prefer the position of 20/20 hindsight, rather than recognising some of the things that social workers must deal with in difficult situations.

Because protecting children from abuse presents hugely complex problems of detection, assessment and remedial action, we do not at present leave everything to social workers. That is why we have established systems of multi-agency sharing of information and assessing that information, which involves social workers, health visitors, teachers, doctors, police and others pooling their information and then taking agreed action. Despite individual cases that go tragically wrong and capture newspaper headlines, this "working together" system of child protection has served us very well as a country. WHO data comparing homicide rates for all children aged 0 to 14 show the rate falling from 66 million to 27 million per year between 1974-78

and 1993-97. In the US, those homicide rates have increased by about 50 per cent. We are second only to Sweden in our low rate of child injury deaths, so it is not a failing system. We are actually picking out a very large number of vulnerable children, and dealing with false allegations in that context.

We have not only required social workers--and, indeed, other professionals--to operate in a multi-agency way when dealing with child abuse allegations; we have also placed them within a management hierarchy that determines the resources available and the nature of their training and support. Social workers do not have the professional independence of doctors. I do not believe that we can give them that independence in the system that we are choosing to operate in this country. If they are given too many cases to handle, or have too little training and support to enable them to cope with the complexity of their cases, that is not primarily their fault. It is the fault of the managers who manage them; the councillors who determine the local resources for child protection in social services departments, and--uncomfortably--the government departments that largely determine national policy on the length and character of training for social workers. It is interesting to note the finding of a new report produced by the Social Services Inspectorate and the Audit Commission on failing social services departments. It is not social workers who take the blame: the report actually attributes the blame to failures of management.

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Despite the complexity of some of the issues with which social workers have to deal when they handle child abuse cases, we have decided as a matter of public policy that much of this work can be carried out by a generalist social work profession. If we want to improve the situation, I believe that we must look at the training and the resourcing of child protection work. I hope that my very good friend, the noble Lord, Lord Laming, who is not with us for today's debate, will, in his current inquiry into the tragic death of Victoria Climbié, take account of these wider issues when he makes his recommendations.

6.43 p.m.

**The Lord Bishop of Birmingham:** My Lords, the noble Earl, Lord Howe, is to be thanked for raising this important issue. There are, indeed, cases of false accusations of child abuse. They are distressing and they can be very damaging to families. We are therefore right to be concerned. Nevertheless, I am bound to say that we would do well to be even more concerned about our failure as a society to respond adequately to the issue of abuse itself. Adults can speak for themselves; children often cannot.

The notion of "false accusations" deserves some critical examination. It is often used to refer to cases in which an investigation does not lead to a criminal conviction. But we know a great deal more now than we did only a few years ago about the abuse of children and young people. We know about the skill and cunning of many abusers, the powerlessness of children and young people, the difficulty that we have in listening to them and the difficulty

that people experience for very many years in speaking about traumatic experiences, together with the inherent difficulty of securing convictions in situations where it is very unlikely that there will be other witnesses.

We also know that there is a great deal of hidden abuse. When convictions are secured, it is common for several--often a large number--of other incidents to emerge. Very many cases never come to court, even though there is a moral certainty that there has been abuse. I can remember a case where a priest was brought to trial. Two boys were involved. The prosecution outlined the case. One boy gave evidence, but the other, the younger brother, panicked and would not go into the witness box. The case collapsed. The man in question went around saying that he was not guilty. The police knew, and I knew, otherwise.

A debate of this kind must not be taken as a sign of any weakening in our institutional and corporate commitment to make the interest of the child "paramount"--to use the language of the Children Act. We must not forget that the much-criticised child protection teams (police and social services) have a statutory duty laid upon them by Parliament to investigate wherever there are grounds for suspecting abuse. If I may speak for myself, I have learned the hard way that when I receive allegations about a priest or a Church officer, however flimsy they may appear, I have a duty to refer them to the police or to the social services. It is very hard for a bishop to feel that he is shopping one of his clergy, but it has to be done. That

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is because questions about trust between a priest and a bishop have to be subordinated to issues of trust between families, especially children, and the Church.

No one doubts that the experience of being investigated is thoroughly unpleasant and can be traumatic for everyone concerned. I have seen individuals and families terribly hurt by the experience. There are malicious and vindictive individuals who make false accusations. But the fact that the process is hurtful and the fact that accusations are sometimes false do not add up to any reason whatever for not investigating accusations of abuse against children and young people when they are made. Accusations are not false because they are denied.

But one factor that does cause unnecessary hurt and damage is the length of time that is taken both in investigation and in bringing cases to trial. Sometimes this is a matter of incompetence, sometimes a matter of administrative muddle, but more often a matter of inadequate resources. My own experience, though limited, is that the police are very good, but that the social services, while including excellent individual officers, are often understaffed and demoralised. Because of staff shortages, cases are not followed up quickly enough and staff with insufficient experience, through no fault of their own, are put in charge of complex and difficult cases. Our social services have an essential role to play in the defence and protection of



children and families. We depend on them. If they are demoralised, we have to ask ourselves who is responsible for undermining their confidence and their competence. We have to take steps, for everyone's sake, to put matters right.

The issue of child abuse is very serious. It is most important that we do not allow ourselves to become diverted into throwing away the progress made in recent years. There is a danger that people who are unaware either of the extent and depth of the problem or of the professional sophistication of most experienced child protection teams may be misled into supposing, "Perhaps the pendulum has swung too far". It has not. Child abuse is hideously common. It is not confined to any one class, race or gender. Abusers are very good at hiding their crimes. People must be protected as far as possible from false accusations, but not at the cost of weakening in any way our paramount duty to protect and to listen to children and young people.

6.48 p.m.

**Lord Carlile of Berriew:** My Lords, I, too, welcome the opportunity to take part in a debate on this very important subject. I should declare two interests: first, as a barrister, I have conducted prosecutions and defences in some extremely serious child abuse cases. They include some of cases which I know the noble Earl has in mind from his research, and which have given rise to controversy. My second interest is as chairman of an independent review that will report next March to the Welsh Assembly on the safety of children in the National Health Service, which has

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relied to an extent upon work carried out in the past by the noble Lord, Lord Warner. That will be a very full review of all the connected issues.

I am concerned that this debate should have a proper balance. Indeed, the right reverend Prelate sought to take steps in that direction.

Anyone who has sat in court--and I hope that the noble Earl has taken the trouble to look through case papers and to sit in court through some trials--and listened to damaged adults giving evidence of terrible things that happened to them 20, 25 or 30 years ago cannot underestimate the importance of something being done to bring closure to those cases.

I shall comment on whether what we do is the right way of achieving that in a moment or two. That prosecutions are justified in many cases is self-evident from the very large numbers of pleas of guilty which have been recorded in the majority of child abuse cases. People do not plead guilty, knowing they will receive long terms of imprisonment, without being guilty on the whole.

There has been criticism of the way the police obtain evidence. Detective Chief Superintendent Robbins of Liverpool is on record as saying that the police adopt a quite different approach to obtain evidence in these cases, but his remarks have been totally misunderstood. How else are the police to

obtain evidence save by asking people in an even-handed way without creating prejudice if anything happened to them when they were in an institution years ago of which they wish to make complaint?

When cases are brought to court we have a system which is called jury trial which enables people like myself and my noble friend Lord Thomas of Gresford, who also has great experience in this field, to test the evidence and to present it, to call expert witnesses and to explore precisely such issues as recovered memory syndrome, which have been raised by the noble Earl. I have done that in particular myself in only one case. I would challenge him to tell the House how many cases there really have been in which recovered memory syndrome has been relied upon by the prosecution as evidence towards conviction. I believe there have been very few--probably less than five in this country, and possibly no more than one or two.

It is very important that the House should not think that absolutely any memory that comes back is the result of recovered memory syndrome. It is a term of art and refers only to memories which have been recovered as a result of a form of therapy which, as the noble Earl said, is largely discredited in this country. That is why it is not relied upon in court.

The noble Lord, Lord Warner, mentioned anal dilatation. I do not believe that there has been a case based on anal dilatation ever in a criminal court in this country, certainly not in the last ten or 15 years. It was discussed in the Cleveland abuse inquiry and was thoroughly discredited then; and anyone in practice has seen repeated statements by a celebrated doctor from Manchester, Dr. Raine Roberts, in which she supports the view that you cannot rely on that kind of evidence at all, ever, ever. With great

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respect to the noble Lord, to raise anal dilatation in this debate is to talk about ancient history that does not apply to the present time at all.

Again, regarding Munchausen's syndrome by proxy, can the noble Earl tell us how many prosecutions have been brought as the result of a false diagnosis of this syndrome and, if so, whether that diagnosis was incapable of challenge in court? I do not believe that he can refer the House to any such case.

In the minute or so left to me I should like to put forward a particular view, which may be of assistance to the House, based on my experience of spending many months in court dealing with these cases. I believe that the criminal justice system is a very blunt instrument, especially for dealing with events which occurred 20 or 30 years ago. I am not sure that making people go through giving the evidence of what happened to them is cathartic at all. I have certainly seen very little evidence of catharsis: I think it may be quite the opposite. Child abuse is quite as much a problem as a crime. I would raise the question: do we really achieve much by sentencing people to 10, 12 or even--in a case which I am pleased to say I prosecuted--18 years' imprisonment for child abuse? Does that really serve much of a purpose? Possibly we should

take a fresh look in an attempt to find a different way of closing these cases which would help to resolve the problem for the future and bring closure to the victim.

6.54 p.m.

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

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

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

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

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

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

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

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

7 p.m.

**Baroness Pitkeathley:** My Lords, I declare two interests. First, I am a qualified social worker and, secondly, I am the interim chair of the General Social Care Council.

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Listening to some speeches in the debate I begin to feel that social workers are damned if they do and damned if they don't. Society is quick to condemn social workers for not taking action. "How could they have missed that obvious abuse?", we ask in the tragic cases of Victoria Climbié and Lauren Wright. On the other hand, inquiries as to whether children may be in danger of physical, emotional or sexual abuse are seen as interfering in family life and with the rights of parents, and are therefore unacceptable.

Of course it is right that we should be concerned about false accusations and I am most grateful to the noble Earl, Lord Howe, for giving us the opportunity to debate the matter. But in our anxiety to protect parents let us please take care lest, to borrow the right reverend Prelate's metaphor, the pendulum does not swing back to the horrendous situation in which I worked as a social worker 30 years ago when child abuse was simply not acknowledged. In fact, when I once raised with my senior officer my anxieties about three small boys having been sexually abused by their parents I was told "to go away and take

my dirty mind with me". The memory of those three small boys--now, no doubt, fathers themselves--and my failure to protect them because sexual abuse was a no-go area, haunts me still. Therefore, we must be aware and beware of throwing out babies with bath water.

I am grateful to the noble Earl, Lord Howe, for acknowledging the dedication and commitment of most social workers because they are--I believe that we should acknowledge this--a very easy group to take to task and even to pillory. It is interesting that the criticism about social workers is often stronger, and certainly more self-righteous, than any reaction we hear to doctors, nurses, teachers and clerics, although in child protection cases those professions are often equally as involved. We also conveniently forget that doctors can close their lists if they have too many patients, that teachers can send children home, or even close the school if they do not have enough teachers, yet no social work department can ignore a report of a child being abused, however overworked and overburdened it is.

We know that social workers should be there to protect children, to support elderly people and to organise community care for those who have been discharged from hospital, but do we really know anything of the conditions under which they do that? How many of your Lordships have been into a household where no cooked food is ever prepared or eaten, where the notion of there being a responsible person to get the children up and off to school does not exist, where the only purpose anyone in the household has is that the next drink or the next "fix" is available, no matter how, where no notion of privacy, or of there being things children should be prevented from witnessing exists, so that any kind of drug taking or sexual activity takes place in front of children? Have any of your Lordships been to houses where children are routinely brutalised and abused? As the noble Lord, Lord Warner, reminded us, most of us prefer not to admit that these things even exist,

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let alone have to deal with them. Yet for most social workers, often young and inexperienced, these are day-to-day issues. They are faced with the knowledge that changes in human behaviour are hard to bring about, but that social workers are expected to do so.

Although I defend social workers--your Lordships will no doubt say, "Well she would, wouldn't she?"--I do not for a moment want to suggest that no improvements can be made. That is why the Government have recently put into place the most far-ranging set of reforms ever seen in the social care world. They have set up the National Care Standards Commission which will inspect all social and healthcare services, including residential establishments and domiciliary care agencies. The other body they have established, of which I am the interim chair, the General Social Care Council, has been eagerly awaited for about 25 years. It is the first ever regulatory body for the social care profession. It will establish codes of conduct and practice for social care workers, set up a register of approved practising professionals and regulate and support social care education and training about which your

Lordships have expressed concerns. We aim to provide leadership for the profession, to be the champion of good practice and the guardian of standards. We aim to raise the profile of the profession, to improve its image and to put social care as firmly on the political agenda as health currently is. Once the register is established we shall be able to receive complaints about social care workers and take appropriate action if necessary, including striking them off the register. Social workers themselves will be the first tranche of workers to be registered.

I remind your Lordships that every criticism which is made of those who work in this field sends the already low morale of an undervalued profession plummeting down. The GSCC intends to improve recruitment by increasing public confidence, championing good practice and challenging bad practice and improving the public image of the profession. Social care workers are in a unique position of responsibility working with some of society's most vulnerable members. We in the General Social Care Council aim to ensure that we can recruit and retain a skilled and well qualified workforce so that there will in future be fewer opportunities for criticising and many more for praising this unjustly maligned profession.

7.6 p.m.

**Baroness Carnegy of Lour:** My Lords, it is disturbing to say the least that only 12 years after the carefully considered Children Act became law its arrangements in some respects of child protection are having the reverse effect of what was needed. My noble friend has brought together a far wider collection of facts than that to which he spoke this evening. He points out that out of a smaller number of children being put on the child protection register, a higher proportion are now going into care than used to be the case. Above all, in relation to this debate, no fewer than 160,000 cases of child abuse a

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year are alleged, of which only 40,000 go to a case conference and only 25,000 result in children being put on the register.

I want to make one point only and I make it as an outsider who has not been involved in the system at all. In identifying what must be done it seems to me that it is important that the Government should not be bamboozled by the detailed, sometimes dubious and often conflicting theories and explanations offered by those who have the job of thinking about these problems and by the lobbying groups in the background.

It seems to me that what has to be accepted first and foremost is that the system we have is simply not robust enough to withstand the pressures under which social workers, the police and, to an extent, doctors now have to operate. The pressures come from the media and from an increasingly anxious public. It is not easy, alas, to lessen those pressures. It is a fact that newspapers and television compete by means of ever more shocking headlines and lurid reporting and, of course, nothing is more shocking than

the abuse of a child, proved or alleged. The good side of this is that nowadays we are all more vigilant in our local communities and that organisations such as ChildLine exist. The bad side is mounting public anxiety which, as we all know, rises sometimes to near hysteria and frequently seeks a witch-hunt.

Whatever those in charge of the various parts of the system say, the prevalent atmosphere is very frightening indeed for the social workers and police who have to make the initial decisions of what to do in families when abuse is first alleged. Common sense and legislation may say that they should talk with the parents and the child, offer support and keep in close touch, but it is all too easy to picture the headlines and the letters to the local paper if things go wrong and to play safe by recommending taking the child away.

Even the more senior social workers who later chair case conferences are not immune from pressure. Solidarity with a junior colleague is attractive and it is tempting to uphold the original decision.

I apologise to the knowledgeable people who have spoken for oversimplifying. I do so to make the point that the strong public emotion that surrounds social workers puts unfair pressure on professionals who are not equipped to withstand it. That fact above all leads to some of the suggestions that my noble friend has made in his document. He suggests that better training for social workers and the police is crucial. Perhaps there should be more stringent selection of those involved. The person who chairs a case conference should be independent, not from one of the agencies involved in the case. There should be closer monitoring, not, as at present, by advisers, but by inspection of how resources are used. Lead responsibility for investigations should be taken by legally qualified teams. Perhaps social workers

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should be personally liable in civil law for negligence. To reduce public irresponsibility, there might be legal sanctions against malicious false allegations.

Something has to be done in general about the problem. I hope that the Government will not be bamboozled by all the detailed issues, but will see the problems clearly. Children who go into care needlessly suffer unnecessarily from it. About 120,000 innocent adults who are accused every year need not suffer.

7.12 p.m.

**The Countess of Mar:** My Lords, I am grateful to the noble Earl, Lord Howe, for introducing this debate. I echo all the condemnation of actual abuse of children. I declare an interest as patron of a number of ME associations. I shall restrict my remarks to children suffering from ME. My sister is a social worker, but I have not involved her in any of my parliamentary work.

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

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

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

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

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



enough to go to the doctor, their complaints are often dismissed as somatisation.

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

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

7.17 p.m.

**Viscount Bridgeman:** My Lords, when a subject such as child abuse is raised, I am minded to see a parallel with the dreadful events of 11th September, when the sheer dreadfulness of the event has meant that many topics that are in some way connected are in effect taboo. The situation is similar, in a somewhat different way, with child abuse. The subject raises such strong emotions that objective discussion is in many ways inhibited. That is why my noble friend Lord Howe has done the House a service in initiating a debate in which such frank and informed discussion is possible.

It is widely agreed that facts relating to possible cases of false accusations of child abuse are notoriously difficult to get, but an experienced lawyer in the field has made two remarks to me. First, in a

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case of false accusation, a decision the wrong way either way ends up as a disaster for the child. Secondly, he reminded me of the saying, "Once an abuser, always an abuser".

Any inquiry into the subject reveals many different and often contradictory impressions of different social services departments. On the one hand we have the Climbie case. On the other hand there are authorities that say that the Children Act is working well and many cases are largely resolved without recourse to the courts--a key plank of the Children Act. Some critics will say that Section 17 of the Children Act--the initial assessment--is hardly ever used, but others will say that they use it many hundreds of times a year.

Some social services departments appear to be consistently good, while others are consistently bad, but few, if any--good or bad--will not have a significant number of vacancies unfilled. Recruitment for the profession is not good and it does not enjoy high public esteem at the best of times. Nor is it well paid. That is why we particularly welcome the information provided by the noble Baroness, Lady Pitkeathley, about the Government's initiative. Add to that the universal complaint, if not of under-funding, then certainly of inefficient use of resources, and it is a depressing situation.

It has been said rightly that in potential child abuse cases preventive measures are better than reactive action after the event. My noble friend Lord Howe drew attention to that. But the preventive approach is inherently more expensive--the social services are shooting at moving targets. With limited resources of money and manpower, the preventive approach goes by default with all the unsatisfactory outcome that that entails. Examples of that have been cited in the debate.

Therefore, I am saying that many of the scandals about which we have heard can be traced back to a shortage of resources to perform the work adequately. While they cannot in any way be excused, it is as well to remember that that is frequently a contributory factor.

I take the opportunity in this debate to pay tribute to the many voluntary organisations which play a part in the fight against child abuse. One such organisation of which I have some knowledge is the St Michael's Fellowship. However, it is one of many similarly admirable organisations.

St Michael's was formed at the turn of the last century to assist what were euphemistically called "fallen middle-class women". Typically, it organised adoption for the baby and arranged for the mother to be trained for a career. Now it is involved at the hard end, where parents and children are sent by social services to be accommodated in one of the St Michael's houses under close supervision. Many of those cases are of suspected child abuse, and that is why I mention it.

At St Michael's, specialised treatment from, for example, social workers and psychotherapists is made available as required. At the end of, usually, three

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months, an assessment is made as to whether the child should be taken into care. The aim of the organisation is to make the right decision for the child in the longer term. That decision is made under conditions of close observation, and it is hoped that the possibility of false accusations of child abuse, of which we have heard this evening, will be minimised.

Sadly, institutions of that type are comparatively rare. However, even with a capacity as modest as 30 cases a year, serving all the London boroughs, there are frequently vacancies at St Michael's due to the inability of social

services to fund the residential cost. Sadly, that serves as a further reminder of the funding crisis to which I referred earlier.

7.22 p.m.

**Lord Lucas:** My Lords, I do not share the impression that I gained from the speech of the right reverend Prelate that, because of the horrendousness of the effects of child abuse, we should pay any less attention to the horrendousness of the effects of false accusations of child abuse. Nor do I share--I am sorry that the noble Lord is not in his place--the impression given by the noble Lord, Lord Carlile, that the problem lies in cases that reach the courts. It appears to me that the problems lie in cases that do not reach the courts and in what happens in the months and years before that stage is reached.

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

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

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

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

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

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

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

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

Unlike the noble Lord, Lord Carlile, I do not like the practice of trawling. One can imagine it applied in a totalitarian society where the police might offer people £1,000 if they were able to give evidence against me that I had said something rude about the Government. It is too much of a temptation, particularly where the people being asked are themselves criminals or damaged people for one reason or another. It invites false accusation, especially when there is no penalty for making a false accusation. I believe that such a technique should be used with a great deal of care and be subject to the type of supervision which might be possible if an independent element were introduced into case conferences.

7.28 p.m.

**Lord Mitchell:** My Lords, I want to speak about a case which involved a woman called Sally Clark, a woman who may well have been falsely accused of the ultimate child abuse; namely, the crime of murder, and, in this case, double murder. I know that I am changing the debate slightly but perhaps your Lordships will bear with me.

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Noble Lords may recall this case at the end of 1999 because it attracted much media publicity. Mrs Clark was accused of killing her two infant boys, Christopher and Harry. She was convicted and is now serving two life sentences.

I declare a personal interest. I do not know Sally Clark but I do know her father, Frank Lockyer. Mr Lockyer is a retired police divisional commander. He is not a close friend but is one of those people one meets in one's lifetime who makes one proud to be British and restores one's faith when sometimes it lapses. In these days, when we hear all too frequently reports of police misconduct, Frank Lockyer stands out as the total antithesis--a fine policeman of total integrity. He is a man who has lived his life with absolute faith in the legal system which all in this House represent, but he is a man who today is totally devastated, convinced both as a police professional as well as a loving father that the British legal system has committed a terrible injustice.

As stated by the noble Earl, Lord Howe, a fundamental tenet of our judicial system is that everyone is presumed innocent until proven guilty. When a family suffers the unbelievable tragedy of two infant deaths, the pathologist may say that each individual child died of cot death. But increasingly our police and prosecution services are treating such an occurrence not as a tragic coincidence but as a double murder. In practice the mother is treated as being guilty of those deaths unless she is able to prove her innocence to a jury's satisfaction.

Sally Clark is a typical young woman of our age. She is a solicitor, married to Stephen Clark, who is also a solicitor. She bore three sons: Christopher, who died aged 12 weeks, and Harry who died 14 months later, aged seven weeks. Their third son survived, thanks to hospital care in the early weeks. He is nearly three. She was convicted of murdering Christopher and Harry because of a series of false accusations.

Mrs Clark was originally advised to plead guilty to infanticide on the grounds that if she did so it would be highly unlikely that she would receive a custodial sentence but, as she has said, she refused to lie. She was charged with murder because Professor Michael Green, one of the country's leading eye experts, certified that Harry, the second dead child, suffered from shaken baby syndrome. For 20 months that is what everybody believed. To add to the confusion, prosecution expert pathologist, Dr Alan Williams, changed his opinion on the cause of death of the first child, Christopher, from natural causes to smothering to death. Mrs Clark was charged with double murder.

The day before the trial began, Professor Green signed a new statement saying that he was sorry, but he had made a mistake. There were no retinal haemorrhages and Harry did not have the classic signs of having been shaken. Defence expert, Professor Phillip Luthert, who encouraged Professor Green to admit his terrible mistake, said last week on national television that he fully expected the case to

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be dropped and that Mrs Clark would be set free when the prosecution case collapsed. But the prosecution case did not collapse. The prosecution team thought that they could still win the case if they switched Harry's cause of death from shaking to smothering. They did and they succeeded. All the

prosecution experts who at committal had supported shaking now said that what they had found was consistent with smothering. I am not a lawyer, let alone a criminal lawyer, but I find that conclusion baffling. I say that because I am informed reliably that there is no known medical test to prove that a baby has not been smothered. So, how could they have said that he had been?

The case was a minefield of medical and legal gobbledegook. Jargon was thrown all over the court and it was impossible for anyone except the experts to comprehend what was said. The jury must have been totally confused until, out of the blue, one single fact was introduced by the prosecution which sealed Mrs Clark's fate. Professor Sir Roy Meadow, a leading authority on child abuse, told the jury that the chances of there being two innocent cot deaths in any one family were in excess of one in 73 million. How did he reach that figure? He multiplied the chances of one cot death--one in 8,600--again by 8,600. That is interesting, but it is mathematical nonsense.

The jury probably did not understand the ins and outs of a highly technical case but they certainly understood how to interpret betting odds. People who play the National Lottery have no problem in understanding clearly the basic principles of probability theory. As noble Lords will imagine, the tabloids, with their instinct for the jugular, had a field day. Every newspaper in the land was plastered with that headline-grabbing number. The Clarks know of 40 families who have suffered the tragedy of two babies dying from cot deaths. How does that square with the assertion that was made? Not particularly well. It is not surprising that Sir Roy Meadow has since refuted the statistic.

However, the story gets worse. The Court of Appeal rejected Mrs Clark's appeal. It said that juries take no notice of statistics. I think not. The truth is that that mistaken statistic of one in 73 million continues to haunt the case. Now there is a possible breakthrough. It appears that a team in Manchester has isolated a gene which could be the cause of inexplicable cot death. Now it is being said that if both parents carry that gene, the chances could be as low as one in four.

I know that I have gone over my time. In conclusion, perhaps I may say that we hope for a successful resolution to this case.

7.35 p.m.

**Baroness Fookes:** My Lords, the distressing story described by the noble Lord, Lord Mitchell, reminds me of my intention to mention sudden cot death as another trigger to add to those mentioned by my noble friend Lord Howe. In New Zealand there has

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been a breakthrough in the prevention of cot deaths as a result of changes in the mattresses used for infants. I understand that fire-retardant mattresses can set off an unfortunate chain of events which can lead to cot deaths. Since that change, over the past five years, there have been virtually no cot deaths

in New Zealand. That seems to me to be a striking statistic. It might even be helpful in dealing with the distressing case described.

That indicates clearly the danger of false accusations. I am deeply grateful to my noble friend for introducing the debate. The fact that there is real child abuse, which we all abhor and detest, does not mean that we should not consider those innocent people who may be accused and deal with them as fairly and expeditiously as possible.

I have tried to think what it might be like for a loving and innocent parent suddenly to find himself or herself in a welter of accusations. That must be a complete nightmare and something about which one could not think with any degree of belief. We owe it to such people to do the best we can when investigations are being carried out. I rather liked the suggestion that there should be a friend or supporter in a case conference for an accused person. There should certainly be a presumption of innocence until proven guilty. That is the normal manner of our judicial proceedings but that seems to get lost in these proceedings. I understand that if a prima facie case of abuse is of such a serious nature that one cannot afford to wait, that that should take precedence. However, that is not always the case. It is important for natural justice to be observed.

Furthermore, as has been mentioned by one or two noble Lords, there may well be a role for outside charities. There has been criticism of the NSPCC by my noble friend. I have connections with that organisation. My understanding is that the NSPCC is now involved far more in preventive work and support for parents rather than simply engaging in inquiries leading to prosecution. If, as I understand, social services departments are under severe stress, it seems reasonable to make use of charities such as the NSPCC, which has a wealth of expertise. I hope that that is a matter which the Government, in considering the future of social workers, will consider closely.

It also seems to be a prudent and sensible suggestion to have an inquiry by a Select Committee. That could be by this House, which I believe would be admirably suited to do that; by the other place, or by a Joint Committee, if that were considered a good idea. I do not think that we can leave things as they are. This is all much too serious. We need to be concerned not only with child abusers, whom I would dearly like to strangle, if I am allowed to make such an impolitic a remark. It is equally important that we support those who are innocent of any wrongdoing.

Finally, in response to the right reverend Prelate, one should not overlook the effect on a child if the so-called abuser is innocent. Let us imagine what it must be like for a child with a loving family and

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where nothing is wrong suddenly to find himself or herself taken out of that family unit and put into care. I cannot imagine what bewilderment there must be. How would one explain that to a child? If accusations are made and the

child is taken away without proper controls being in place, that in itself could be a form of abuse. I shall end on that point, with renewed thanks to my noble friend.

7.40 p.m.

**Lord Northbourne:** My Lords, I intend to focus briefly on the recent sexual abuse of children, not on things that took place a long time ago. I intend to argue that the child himself--and it is a point the noble Baroness has just made--may be gravely damaged, not only by the accusations but also by the process. It is a point that the right reverend Prelate tended to ignore.

The noble Lord, Lord Carlile, referred to the good record of the courts in abuse cases. That has been confirmed to me by others. I have a great respect for the courts. Sadly, the damage is caused long before the case gets to court; so, it is the process. Different local authorities work in different ways. There is no set pattern. Sometimes intrusive questioning of the child by social workers or psychiatrists is used to try to reveal supposedly hidden memories. A child's hesitant statements can be seized upon by an anxious or over zealous adult whose unshakeable conviction is of the accused's guilt. That allows premature closure of the mind to alternative explanations. Parents and other accused persons do not have any right to make representations or to be present at case conferences; I am sure that that situation ought to be remedied.

When a decision is made it will probably take nine months before the case comes to court. Bear in mind that currently only about one-sixth of all accusations lead to a conviction.

From my own work with the Stepney Children's Fund over 14 years I am absolutely in no doubt that sexual abuse does cause great damage to the child. That damage is mainly emotional damage and it often lasts for life. Abuse is most serious when it is perpetrated by an adult who is an authority figure in the child's life, an adult whom the child respects and trusts. Abuse is worst of all when the accusation is against "my mum" or "my dad". That sort of accusation destroys the child's whole world, destroys his security. It destroys his trust and belief in human goodness. It destroys his trust in his own self-worth. A parental haven of safety suddenly becomes a source of alarm and anxiety.

At what stage is the damage caused? Clearly, if there is an abuse that will be the trigger. If there has been no abuse the child's world can still be torn apart. A child is damaged by a false accusation. A child is damaged when dad is led away by the police. A child is damaged when he is torn away from his family and put into a children's home for his protection. A child is damaged when he is intrusively questioned by an adult who tries to make him

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remember being abused, who tries to sow doubts in his mind, who tries to persuade him to testify against his father. Long before the case gets to court the damage is done. Even if the court finds the parent innocent there will always remain in the child's mind a lurking suspicion. Trust once doubted cannot be restored. The shock and sense of betrayal can and often does affect the child for life.

I am truly sorry for those who have to make decisions in this type of case because there is no safe option. Either way it may destroy the quality of life of a child and his family if they get it wrong. A judgment has to be made at every stage and the quality of those judgments is crucial.

What can be done to improve the chances that the right decisions will be made at each stage? A number of proposals have been made this evening. I suggest the following. All concerned must realise that there is no safe option. These decisions are so serious that they must be taken only by experienced, responsible, well trained professionals who understand the inherent problems which may arise as a result of the decision they make. If we do not have enough professionals we must buy some more. The criterion for decision, I believe, should be: is more damage likely to be caused to the child by pursuing the case or by not pursuing the case? Before deciding to pursue the case it would be logical to ensure that there is corroborative evidence, that the accuser does not have a private agenda: for example, revenge or financial gain.

There will be a need to change government guidelines and possibly the law. It has been suggested that false accusations of sexual abuse should become a criminal offence. The Royal College of Psychiatrists has provided guidelines for practitioners questioning children. These guidelines should be strictly adhered to by all adults questioning children. The Government should ensure that all local authorities enforce this rule.

Finally, all parents need to understand their responsibilities towards their children. It is no good punishing parents who fail to live up to a code of behaviour which has never been communicated to them. All parents should know how much damage they will cause to their child if they make a false accusation against their partner.

7.46 p.m.

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

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

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

A further complication results when parents deny this accusation and seek a medical diagnosis for the child. Social workers have been known then to use MSBP as an explanation for the parents' behaviour. In several extreme cases where families were placed in family assessment units at the request of the social services, the referring social workers have still refused to accept the diagnosis when the assessment units confirm and validate the diagnosis, even sometimes commenting on the excellent parenting skills. This places untold stress on the family, and ultimately the child's real needs are not being met.

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

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

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

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

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

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

7.51 p.m.

**Lord Brookman:** My Lords, as the last speaker before the debate is wound up, it is my duty to be brief, if for no other reason than that I have listened intently to people who have far more experience than I in the field of false memory syndrome. Indeed, I am somewhat humbled having heard the contribution of the noble Lord, Lord Astor of Haver.

First, I declare an interest. Last year I succeeded Lord Wise of King's Lynn as president of the Welsh Trust for the Prevention of Abuse, whose object it is to protect children from paedophiles and the aged and mentally handicapped from sexual and physical abuse. It does good work and is supported strongly by the Churches in Wales and indeed the police.

As noble Lords may be aware, Wales has had some of the most horrendous cases of child abuse that one could imagine. But now, probably as a result of that fact, Wales has a children's commissioner whose principal aim in exercising his functions will be to promote and safeguard the rights and welfare of children. I well recall, as will many other noble Lords, the delicate handling of the Bill through this House by my noble and learned friend Lord Williams of Mostyn, now Leader of the House. All that will help.

I agree very much with the NSPCC. Unlike the noble Lord, Lord Lucas, who has lost faith in that organisation, I have not. I agreed with it when it recognised that false accusations can be extremely damaging to the individual and the families. But it makes the point that from its own research it is vital that children are listened to. The NSPCC goes on to say that all too often children and young people who suffer abuse have no one they can trust or turn to.

So my point is, as is the society's, that false allegations must not leave children suffering in silence. It is still the case that most child abuse and neglect remains hidden because children find it too difficult to speak out. A report published by the NSPCC entitled Child Maltreatment in the United Kingdom, showed that nine out of 10 young people--2,869 18 to 24 year-olds took part in the survey--had a loving family background. But significant minorities suffered serious abuse or neglect.

Therefore, while fully understanding the merit in the noble Earl's eloquent raising of the issue we are debating this evening, and agreeing with views expressed that it is an extremely complex matter and that from time to time

serious issues arise (as highlighted by the British False Memory Society) I take the view that nothing should in any way interfere with the support of children in what is, as I said before, a very complex area. I look forward to hearing the Minister's response.

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7.58 p.m.

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

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

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

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

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

Many groups feel an acute sense of grievance in relation to false accusations made, many of them parents of children with ME, autism or respiratory problems that were only diagnosed after parents had been accused of abuse, notably through the diagnosis of Munchausen's syndrome by proxy. As regard diagnoses of MSPB for parents of children with ME, Dr Nigel Speight, of

University Hospital, North Durham, described it as a "mini epidemic". Paul Shattock of the Autism Research Unit at Sunderland University described the same trend for parents of children with autism as "horrifying". Some have likened the use of MSBP allegations to the subject matter of Arthur Miller's *Crucible* and alleged that this is a new Salem.

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

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

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

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

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

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

we surely should not finalise the guidance until the college's review is available.

It must be made clear by the guidance that, where no criminal offence is alleged, a parent would have an adequate opportunity to contest the evidence put forward at case conferences. There must be a proper opportunity for parents to participate in the discussion. Equally importantly, the child in question, if of sufficient age, must have his or her views heard and considered. There should be a right

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

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

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

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

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

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

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

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8.4 p.m.

**The Parliamentary Under-Secretary of State, Department of Health (Lord Hunt of Kings Heath):** My Lords, under our rules, I have only 18 minutes left to respond to what has been a very wide-ranging debate. I echo the sentiment of the noble Viscount, Lord Bridgeman, that it has been a very balanced and objective debate.

We owe a great debt of gratitude to the noble Earl, Lord Howe. I can tell him that neither I nor the Government underestimate the impact of false accusations of child abuse on individuals, parents and the children concerned. However, as the noble Lord, Lord Clement-Jones, suggested, that has to be balanced against our fundamental duty, both as a responsible Government and as responsible individuals, to safeguard vulnerable children from abuse and neglect.

As my noble friend Lord Brookman said, child abuse is a very real problem for many children in this country today. The latest research, in 1993, by the Home Office shows that at that time over 100,000 adults in the UK had convictions for sex offences against children. The right reverend Prelate the Bishop of Birmingham referred to the scale and depth of the abuse and of the damage that can be done to many young people in our society.

We recall the recent dreadful cases of Victoria Climbié and Lauren Wright. Surely, they provide a chilling warning of what can happen when child protection concerns are not picked up or acted upon. As the noble Viscount, Lord Bridgeman, pointed out, when vital information is not shared between the relevant agencies with child protection responsibilities, or when there is an enormous variation in the performance of those authorities, tragedies can occur. Because of those failures, the Government have taken a series of measures to improve the performance of local authorities. I hope that I shall yet have time to deal with those.

However, in rightfully criticising poor performance, we must not overlook the tremendous work undertaken by many social workers and others directly involved in protecting children. We cannot ignore the difficult job that they do

daily, nor the scale of the decisions that they are required to make. My noble friend Lord Warner placed this country's overall performance on child protection in a proper international context. My noble friend Lady Pitkeathley said that social workers are damned if they do and damned if they do not. I have some sympathy with that view. It reflects the very difficult balance that they have to maintain at all times.

I listened with great interest to the noble Earl, Lord Howe, and the noble Lord, Lord Astor. I shall be happy to discuss with the noble Lord, Lord Astor, the specific issue of autism, which he has again raised in your Lordships' House. I am sure that all parents would be concerned if children were being taken away from their families on the basis of false accusations, founded on misguided and scientifically unproved theories.

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I turn to the issue of false memory or recovered memory, raised by the noble Earl, Lord Howe. I cannot emphasise strongly enough the importance for patients and their families of a full, unbiased, accurate assessment in all cases in which abuse may feature or is alleged. I am well aware of the risks that therapists may unwittingly, or wittingly, lead their patients to the wrong conclusion or fail to establish the full facts. That is a grave allegation. However, it is also important that in this debate about false memory we should not obstruct an objective consideration of all relevant issues.

I certainly agree with the noble Earl, Lord Howe, that issues concerning psychotherapists and their professional regulation cannot be ignored. The noble Earl will know that we have started an open-ended consultation with stakeholders, including independent psychotherapy and counselling practitioners. If the noble Lord, Lord Alderdice, were here today, I have no doubt that he would be able to speak about the discussions he has had with the many schools of psychotherapy in this country with a view to trying to introduce some form of regulation of them. The Government strongly support the work being done by the noble Lord, Lord Alderdice, in that area.

With regard to Munchausen's syndrome by proxy, I understand that it was first described by Professor Roy Meadow in 1977. I also understand that there is a widespread dispute about whether the syndrome exists. I know that cases have been identified involving suffocation, poisoning, often with prescribed drugs, active interference with medical treatment, fabrication of illness, and active withholding of food. It is very difficult for us to enter into the whys and wherefores of Munchausen's syndrome by proxy. It has been a long-running and at times very technical debate.

We are concerned to protect children from harm. That is why we have issued for consultation guidance on children in whom illness is induced or fabricated by carers with parenting responsibilities. I listened with great interest to the comments made about that consultation and I can assure noble Lords that they will be fed into the consultation process.



The noble Countess, Lady Mar, again raised her concerns about CFS/ME. She will know that the Chief Medical Officer has put together a group which is examining the whole issue of CFS/ME and there is a sub-group examining particular issues in relation to children. The group has been aware of some of the issues surrounding child protection and it is hoped that when the whole group comes to a conclusion the guidance which will then be issued will include that in relation to clinical management. That will be most helpful to social workers in their understanding of some of the issues involved.

The noble Countess raised with me a number of specific cases. My honourable friend Ms Jacqui Smith has invited the noble Countess to provide more details and has assured her that we will examine those cases within the limit of the terms of the Children Act 1989.

The noble Earl, Lord Howe, and the noble Lord, Lord Clement-Jones, raised police trawling methods. The police have a duty thoroughly to investigate all

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allegations of child abuse and to undertake a complete investigation. The aim is to obtain evidence either to support or to disprove the original allegation and not to produce fresh evidence. I can assure the House that the police are aware of the need to ensure that their investigation procedures in these cases incorporate the necessary safeguard against false allegations while fulfilling their duty to ensure that those who have committed serious crimes against young people in care do not escape justice.

Surely the problem is that sex offenders generally do not commit their offences in public view and therefore there are usually no known witnesses to the allegations. It is here that the police must try to track down any witnesses. However, I agree with the noble Lord, Lord Lucas, that that responsibility must be exercised with care. In relation to guidance, I say to the noble Lord, Lord Clement-Jones, that the Association of Chief Police Offices is currently drawing up a manual for senior investigation officers working in child abuse cases which will include a section on good practice in tracing potential witnesses and in obtaining corroborative evidence. I hope that that will provide the detailed operational guidance which is necessary and will also lead to greater consistency throughout police forces, but I will pass on to ACPO the comments made in tonight's debate in order to ensure that it is able to take account of them.

My noble friend Lord Mitchell would not expect me to comment on the specific case he raised and indeed I cannot do so. However, as regards sudden infant death syndrome, in recent years there has been a considerable reduction in the number of cot deaths. It is believed that that is due to a change in parental behaviour, particularly in relation to the sleeping position of babies and since the Back to Sleep campaign began there has been a 70 per cent reduction in sudden unexpected infant deaths. However, we must be alert to the fact that infanticide occurs and that death by homicide is commonest in the first year of life.

As regards the point raised by the noble Baroness, Lady Fookes, the theory of toxic gas in babies' mattresses has been considered by an independent expert group and its report was published in May 1998. That was a thorough investigation but it concluded that the hypothesis was unsubstantiated and that there was no evidence to suggest that the compounds used as fire retardant in PVC or other cot mattress materials were a cause of sudden death syndrome.

I say to the noble Lord, Lord Lucas, that I understand the pain of families falsely accused of child abuse; the parents and the children concerned. The noble Lord, Lord Northbourne, rightly reminded us of that. It is the aim of social service authorities to enable families to stay together wherever possible. Many inquiries following referrals to social services result in families being classified as those whose children are in need of support and who need assistance to promote the well-being of the child and to aid families to cope. I suggest that that is the reason for the gap between the number of children referred and the number of

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children taken into care at the end of the process. In a sense, that is the preventive part of the work of social workers. My noble friend Lord Warner provided some reassurance in that area.

As regards child protection conferences, parents should normally be invited to attend and helped to participate fully. If the parents are excluded, or are unable or unwilling to attend a child protection conference, they should be enabled to communicate their views to the conference by another means. The focus of the conferences is on the welfare of the child and it is not an adversarial process. I repeat that in working together we say that parents should normally be invited to attend the conference; they should be helped fully to participate; and social services should give parents information about local advice and advocacy agencies and explain that they may bring an advocate friend or supporter to the case conference. Parents have a right to be heard.

In relation specifically to the medical issues raised tonight, where parents disagree with a medical diagnosis made in their child's case, they have the right to seek a second opinion. If that opinion is given, they have the right for it to be taken into account by statutory agencies when assessing their child's case. In addition, proper complaints procedures are an essential safeguard for people receiving social service services. We require local authorities to publicise their social service complaint procedures to ensure that service users, carers and their representatives are properly informed about them and how to use them.

The noble Lord, Lord Eden of Winton, suggested that sometimes social workers jump in too quickly. My belief is that social services do not instigate child protection inquiries lightly or on a whim, but under the Children Act 1989 they have a statutory duty to make inquiries where they have reasonable

cause to believe that a child is suffering or is likely to suffer significant harm. But I also say to the noble Lord that no one can be complacent about how those child protection procedures are operated in practice--certainly not me--and I have taken careful note of the concerns that have been raised. I also noted the comments of the noble Lord, Lord Carlile, about the appropriateness of the use of the criminal justice system.

There is no doubt that we need to do more work to drive up standards in the area of child protection. First, we have established an inter-agency working group which is reviewing procedures for investigating the abuse of children in care or looked-after children in the context of taking forward the Government's response to the Waterhouse report, Lost in Care. That review will lead to the development of practical procedural guidance to the police and social services on the handling of complex abuse investigations.

I also accept the point, as have many noble Lords, in particular the noble Lord, Lord Northbourne, and my noble friend Lady Pitkeathley, that if we are to ensure that we have the highest quality service in child protection, we clearly have to do much to raise the morale, professionalism and training of our social workers. I believe that the General Social Care

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Council will have a profound impact in doing so and I am delighted my noble friend is continuing as its acting chair. The National Care Standards Commission will be responsible for ensuring consistency in the quality of service provided, particularly in relation to children's homes, foster care and childcare, alongside the introduction of the Social Care Institute for Excellence.

The noble Lord, Lord Lucas, challenged the Government to take an evidence-based approach in social services and child protection procedures as it has done in the NHS. We shall very shortly establish the Social Care Institute for Excellence which will have the very purpose of publishing robust evidence in relation to the performance of social care provision. I am sure that that will prove extremely helpful.

I agree with the right reverend Prelate the Bishop of Birmingham that we need to build up the professionalism and confidence of social workers and do much more in the area of recruitment and retention. This week a recruitment and retention campaign will be launched at the social services conference. It is clear to me that in the past workforce planning and strategic decisions and policies about the social service workforce have been considerably lacking. We must put it right. We must attract more high quality people to the profession and do everything we can to ensure that those who work in it receive the support they require. As my noble friend Lord Warner suggested, I am sure that the extension of the current social work qualification from September 2003 from a two-year certificate to a three-year degree level course will be enormously helpful.

The right reverend Prelate the Bishop of Birmingham raised the question of funding, which is very important. This year and next social service departments should receive a 3.5 per cent growth in funding, and clearly we need to build upon it. As to the performance of social service authorities overall, I agree with my noble friend Lord Warner that we are not talking simply about the individual performance of social workers but the role of managers and counsellors. I believe that the new approach of the social service inspectorate, our intervention powers, best value and the ability of councils to take special measures are a symbol of our efforts to improve overall performance.

In conclusion, it is not easy to inquire into allegations of abuse, some of which inevitably will be mistaken, misplaced or even false, but we must never encourage a culture of non-interference, turning a blind eye or passing on the other side. Our effort must be to obtain a child protection service where the procedures are operated with fairness, rigour and, above all, the interests of children at heart. I have no doubt that our determination to do that will be informed by the debate tonight.