

# PARLIAMENTARY SURVEY

## THE CROSS-PARTY GROUP

### MUNCHAUSEN SYNDROME BY PROXY

**This Attachment contains an electronic version of the Parliamentary Group's 'questionnaire' first distributed by hard-copy on 5 October 2006.**

**You are invited to make an electronic return to this survey, i.e., to complete the questionnaire on this attachment, and return this attachment, as completed, to: [mail@cyriax.freemove.co.uk](mailto:mail@cyriax.freemove.co.uk)**

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**Please feel free to distribute this questionnaire/attachment by email to other potential respondents.**

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The next page of this attachment is an electronic copy of the covering letter which went out with the hard-copy version of the questionnaire. The ensuing four pages are the questionnaire which you may wish to complete.

**House of Commons  
Westminster  
SW1A 0AA**

**STANDARD COVERING LETTER**

October 2006

Dear

**Munchausens Syndrome by Proxy / Fabricated or Induced Illness  
Child Protection, Social Services and 'easy-to-misdiagnose' disorders**

You may perhaps be aware that a Cross-Party Group of MPs is calling for the withdrawal of the guidelines on MSBP and FII. The guidelines were originally issued in 2002 by the Department of Health under the title '*Safeguarding Children in Whom Illness is Fabricated or Induced*.'

These same 2002 guidelines are incorporated without amendment at Section 6.6 of the new 2006 DfES initiative, '*Working Together - A Guide to Inter-agency Working*.'

The Cross Party Group's present objective is to ascertain the extent of any problems that may have flowed from implementation of these 2002 guidelines.

I wonder if you might help?

We would be grateful for any information which provides an indication of the prevalence of MSBP-type suspicions put forward each year. For your assistance we include a 'questionnaire' for a free-text response.

We look forward to receiving your evidence.

It would help to have any replies by **one month from date of posting** .

Yours sincerely

Dr Richard Taylor MP

**Cross-Party Group**

Munchausens Syndrome by Proxy / Fabricated or Induced Illness  
Child Protection & Social Services: 'Easy-to-misdiagnose' disorders  
**Evidential Survey: Template for a Free-Text Response**

October 2006

**Please return this form to:** Dr Richard Taylor MP, MSbP/FII, House of Commons, Westminster SW1A 0AA.

Name:  Position / Qualifications:  Organisation / Agency:  Address:  Phone: Email: Date:	<p><i>At this stage the Cross Party Group seeks only a <b>summary</b> of your evidence and experience. It may help to marshal your response under the three main headings set out on the next two pages.</i></p> <p><i>Please read the attached information, including:</i></p> <ul style="list-style-type: none"><li>• <b>NOTES for GUIDANCE</b> - see below</li><li>• <b>'Flawed Intellectual Architecture'</b> - official sources on the 2002 guidelines</li></ul> <p><i>For queries about your submission, contact Oliver Cyriax at <a href="mailto:mail@cyriax.freemove.co.uk">mail@cyriax.freemove.co.uk</a> (0208 748 1081)</i></p>
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**PLEASE SEE NEXT PAGES FOR QUESTIONS**

**NOTES FOR GUIDANCE**

**1. Background: the MSBP / FII Guidelines**

In 2002 the Department of Health introduced a set of guidelines on 'MSBP' (also known as 'fabricated illness') entitled *Safeguarding Children in Whom Illness is Fabricated or Induced*.

These guidelines provide lists of ordinary adult behaviours as part of the profile for adult MSBP / FII child-abusers. They also provide lists of many ordinary childhood behaviours as part of the profile for MSBP / FII abused children. The guidelines, which can be downloaded from the DfES website, affirm that any possibility of MSBP/FII should be referred to Social Services.

**2. The Cross Party Group ('CPG')**

The CPG is interested in the consequences of rolling-out these guidelines nationwide. The nature and the scale of any problems are matters of potential concern.

**3. Areas of Possible Concern**

The Guidelines create various possible areas for misconceived interventions by Social Services:

- misconceived suspicions of MSbP/FII
- the consequences of MSbP-type thinking<sup>1</sup>

<sup>1</sup> *MSBP-type cases, or MSBP-type thinking, can include instances where parents of children with*

Respondents to this survey may have views on whether the workings of the Child Protection sector in this area are capable of improvement.

**4. Evidential Requirement**

At this stage the CPG is interested in an overview of your evidence. More detailed submissions may be relevant at a later date. For the time being, respondents are asked to focus on three primary areas:

- [i] specimen case studies
- [ii] the prevalence of any problems
- [iii] the guidelines' influence on Child Protection

*genuine medical conditions (perhaps of a relatively*

*easy-to-misdiagnose nature) are suspected of causing their children's problems. This might, for instance, mean that real medical problems are dismissed as imaginary, exaggerated, 'behavioural' or the result of poor parenting skills. Characteristics of this institutional approach include a rush-to-judgement; non-consideration of alternative diagnoses; and draconian pre-emptive interventions, either in absence of signs of abuse or in the absence of clear evidence that the child's symptoms derive from parental abuse. This approach, which may lead to 'false-positives', is typically conducted under a presumption of parental guilt.*

Please give your name / your organisation's name:

For Office Use:

The attached forms may prove helpful in directing your thoughts. It will help if your initial response is kept to these two pages.

## HEADING 1: INDIVIDUAL CASE STUDIES

*Please give a sample of brief cases-notes on MSbP or FII cases with which you are familiar ♦ Cases which involve 'MSBP-type thinking' (see Notes for Guidance) may be included ♦ Five or ten lines of basic information will do for each case. The first question on the next page asks how many similar cases you are aware of ♦ Please anonymise the cases ♦ Please obtain the permission of the adults concerned to put their case forward ♦ You may include your own case*

*In each case, please give the year when the case came to your attention ♦ Please distinguish between cases which directly involve accusations or suspicions of MSBP and FII specifically - as opposed to cases which you consider involve 'MSBP-type thinking'*

*If the local MP is familiar with the case, please give the MP's name ♦ Where known, please give the local authority involved. This information will not be released without your consent.*

Please give your name / your organisation's name:

For Office Use:

Please return your response to: Dr Richard Taylor MP, MSbP / FII, House of Commons, Westminster SW1A 0AA. Queries in preparing your submission: Oliver Cyriax, 0208 748 1081 ([mail@cyriax.freeserve.co.uk](mailto:mail@cyriax.freeserve.co.uk)).

Email responses to this address are acceptable.  
October 2006

## HEADING 2: The Prevalence of MSBP / FII Problems

1. Please indicate how many cases involving accusations or suspicions of 'MSBP' or 'FII' you know of. Please indicate the source and nature of your knowledge and the approximate rate of new cases p.a. which come to your attention

2. Please indicate how many cases involving 'MSBP- type thinking' you know of? (see Notes for Guidance). Please indicate the source and nature of your knowledge and the approximate rate of new cases p.a. which come to your attention

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## HEADING 3: Your Thoughts on Child Protection Procedures

What problems(if any) do you discern in Child Protection procedures as a direct result of the MSBP / FII guidelines (see next page) introduced in 2002 to raise awareness the conditions known as 'MSBP' and 'FII'? Are the initial allegations or referrals made on good evidence? Subsequent to an allegation/referral, is there adequate provision in the Social Services process to ensure the innocent are not treated as guilty? What indirect problems may have resulted from these guidelines in the form of 'MSBP- type thinking'? (see Notes for Guidance) Does the current model of CP, involving multi-agency working, allow for identification and monitoring of genuine risk while filtering out bogus cases? Please set out your thoughts carefully.

Please return your response to: Dr Richard Taylor, MSbP / FII, House of Commons, Westminster SW1A 0AA. Queries in preparing your submission: Oliver Cyriax, 0208 748 1081 ([mail@cyriax.freeseve.co.uk](mailto:mail@cyriax.freeseve.co.uk)). Email responses to this address are acceptable.  
October 2006

## ‘Safeguarding Children in whom Illness is Induced or Fabricated’

### Problem Areas with the official 2002 Guidelines on MSbP / FII

Summary prepared by the Cross-Party Group, June 2006.

## FLAWED INTELLECTUAL ARCHITECTURE: 19 Structural Shortcomings

1. The 2001 departmental Working Group (‘WG’) adopted a mistaken remit<sup>2</sup>
2. The WG’s *stated* aim was to devise “correct” methods of “identifying” FII cases<sup>3</sup>
3. The WG went off on a tangent, setting up machinery to process *supposed* FII cases<sup>4</sup>
4. The WG’s membership lacked expertise/qualifications to evaluate the FII hypothesis<sup>5</sup>
5. The WG did not consider medical evidence sceptical of the FII hypothesis<sup>6</sup>
6. “A defective WG, working to the wrong brief, produced the wrong guidelines”<sup>7</sup>
7. “Sick children were reclassified as abused children”. The 2001 draft Guidelines:<sup>8</sup>
  - (viii) lowered the standard requirement for significant harm<sup>9</sup>
  - (ix) listed many ordinary behaviours as telltales of abusive FII parents<sup>10</sup>
  - (x) listed many ordinary behaviours as telltales of abused FII children<sup>11</sup>
  - (xi) directed referrals to Social Services on a ‘possibility’ FII ‘might’ be involved<sup>12</sup>
  - (xii) gave no / almost no consideration to medical explanations other than FII<sup>13</sup>
13. Statistics cited by the Department concede that there is no significant FII problem<sup>14</sup>
14. The 2001 departmental public consultation on the draft guidelines was misdirected<sup>15</sup>

<sup>2</sup>Official Sources for the CPG’s concerns (as first put to the Minister by letter 27 April 2006)

See *Report of a Review of the Research Framework in North Staffordshire Hospital NHS Trust (Department of Health, 2000b, ppd 8.5.2000) para 12.4, ppd 8.5.2000*, and *Hansard, 10 October 2000, Column 149 (Lord Hunt)*; cf *DoH/DfES Guidelines (ref 28835, Safeguarding Children in Whom Illness is Fabricated or Induced, Aug 2002), paras 1.11, 1.12.*

<sup>3</sup> See 1 above

<sup>4</sup> See 1 above

<sup>5</sup> See *Hansard, Written Answers, House of Lords, 12 March 2001, Column 418 W*

<sup>6</sup> See *The Guidelines, ref 28835 throughout (differential diagnosis is hardly mentioned at all)*; see the WG’s *Reading List* in *The Guidelines* and *Draft Guidelines*; see *Hansard* at 4 above

<sup>7</sup> See Items 1, 4 and 5 above.

<sup>8</sup> See *The Guidelines, ref 28835, paras 1.24, 2.5, 2.6, 2.7, 2.9, 2.10, 2.11, 2.12, 2.13, 2.18, 2.20, 2.21, 2.22, 2.23, 2.26, 2.28, 2.29, 2.30, 2.31, 2.32, 2.7, 3.64, 4.75*

<sup>9</sup> *The Guidelines, ref 28835 para 1.15*, define ‘significant harm’ as including (i) future harm (ii) potential future emotional harm. The Guidelines define MSbP and FII throughout to carry at the least a risk of emotional harm (*e.g. para 2.18*). A possibility that MSbP / FII might be involved passes the significant harm test via its potential for future emotional harm.

<sup>10</sup> See *The Guidelines, ref 28835, e.g. paras 1.24, 2.6, 2.7, 2.9, 2.13, 2.26, 2.28, 2.29, 2.30, 2.31, 2.32, 2.7*

<sup>11</sup> See *The Guidelines, ref 28835, e.g. paras 2.5, 2.6, 2.9, 2.10, 2.11, 2.12, 2.18, 2.20, 2.21, 2.23, 2.22, 3.64, 4.75*

<sup>12</sup> See *The Guidelines, ref 28835, para 3.12*

<sup>13</sup> The possibility of innocent explanations is occasionally mentioned, briefly and in passing, say half-a-dozen times in a 69p A-4 document of some 40,000 words affirming the reverse. See the Consensus report for what may be a full listing

<sup>14</sup> See *The Guidelines, ref 28835, para 2.3.*

<sup>15</sup> See *DfES Circular, July 2001*, issued by Room 113, Wellington House, SE1 8UG

15. The widespread reservations about the draft guidelines were not taken into account<sup>16</sup>
16. In 2002, the flawed guidelines went to tens of thousands of non-medical practitioners<sup>17</sup>
17. During this wide dissemination, the flawed guidelines were further ‘dumbed down’<sup>18</sup>
18. Official training in the guidelines has added elements of anti-medical extremism<sup>19</sup>
19. The promised review of the FII hypothesis (post-Cannings) was circumvented<sup>20</sup>

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<sup>16</sup> See *Hansard, HoL, 17 October 2001* generally

<sup>17</sup> See *DfES Circular, 8 August 2002*

<sup>18</sup> See e.g. [www.kcpc.org.uk/sup\\_procedure](http://www.kcpc.org.uk/sup_procedure)

<sup>19</sup> See e.g. *Next Steps in Parenting the Child Who Hurts ISBN 13: 978 1 85302 802*, etc

<sup>20</sup> See *DfES Circular, 24 February 2004*