



## Collective Action by Parents and Complicating Family Life

This chapter explores how parents began to mobilise collectively from the 1960s, 1970s, and 1980s, and to contest child protection policy and practice. Initially, and in part in response to the studies of parental psychology analysed in Chap. 2, parents mobilised in partnership with long-standing professional agencies, notably the NSPCC. However, parents also began to mobilise independently, for example in the formation of new self-help groups and to establish new helplines. This activism was often inspired by the work of American support groups, but nonetheless was also shaped by a distinctly British context.

In particular, the development of British groups relied on growing interest in contesting family privacy and the ‘stiff upper lip’ by making the challenges of family life public.<sup>1</sup> Indeed, these new collective groups were significant in presenting a complex view of family life that was created by parents themselves. The groups also explicitly challenged the ability of professionals to understand family life, and sought to combat interventionist and paternalist interactions with social work and medical agencies. In the mid-1980s, support groups for parents who had been falsely accused of child abuse extended such challenges and argued that professionals in medicine and social work should themselves draw on experiential and emotional forms of expertise.

The ability of parents to conduct such critical work occurred in a context of reform for social services. The *Local Authority Social Services Act of*

1970 consolidated previously disparate departments such as Children's Welfare, Physically Handicapped, and Mental Welfare into a broad and generic 'Social Services'. At a similar time, the *Children and Young Person Act* of 1969 introduced care orders, a new mechanism through which social services would manage all children when referred by local authorities, police, or the NSPCC.<sup>2</sup> Contemporary news coverage suggested that introducing both of these pieces of legislation at once was a 'fundamental political and administrative miscalculation', and gave examples of a system struggling to adapt.<sup>3</sup>

In these contexts, from the 1960s families were increasingly responding to crises of health, social life, and identity by writing to newspapers, reaching out to those with similar experiences and, indeed, by founding voluntary groups. Parental activism was likewise visible, for example, in the establishment of the Society for the Prevention of Cruelty to Pregnant Women in 1960 and in the foundation of the Stillbirth and Perinatal Death Association in 1978.<sup>4</sup> It was in these shifting contexts of professional, voluntary, and media life that parents themselves were able to enter debates around child protection for the first time in the late 1960s, 1970s, and 1980s. While these groups made significant criticism of professional expertise, their own activism remained reliant on the professional skills and emotional labours of their figurehead leaders. Because these leaders had significant skillsets, and were able to mobilise media and political interest in experience and emotion, parent activists yielded significant influence in the late twentieth century.

## PARENTS AS PARTNERS

Chapter 2 of this book traced the ways in which clinicians and the NSPCC developed interests in parents who 'battered' their children, and positioned these parents within broader rhetoric about social problem groups. In part, this interest continued over the 1970s. The NSPCC maintained its research into the 'well-marked personality characteristics' of violent parents, pinpointing factors such as 'social inhibitions', shyness, immaturity, and vulnerability to emotional upset.<sup>5</sup> At the same time, from the 1960s and 1970s parents themselves were also able to work with the NSPCC's social workers to manage their own family situations, as well as, in a more limited sense, to reshape child protection policy. Parents, while being observed and categorised by professional agencies, also critiqued and challenged social work and medical practice.

Parents were partners in an everyday sense with NSPCC staff, working closely together. This was particularly the case in an NSPCC experiment which began operating in 1968—the Battered Child Research Project, which was organised by four social workers led by psychiatric social worker Joan Court.<sup>6</sup> Court was interested in the emotional, not the mechanical, side of her work and wanted to build up a ‘trusting relationship’ with parents, believing that parenthood did not necessarily come naturally to everyone.<sup>7</sup> The experiment provided twenty-four-hour advice and assistance to up to 50 families, recruited from the hospitals of London.<sup>8</sup> Parents played a role in shaping their relationships with this social service, governing when, how, and why the NSPCC entered their family homes.

Significantly, parents were also the NSPCC’s partners in seeking political reform. Testifying to the Select Committee on Violence in the Family in November 1976, representatives from the NSPCC’s National Advisory Centre for the Battered Child (the later name for the Battered Child Research Project) were joined by five parents who had used the organisation’s programmes, identified as Mr and Mrs A., Mr and Mrs B., and Mrs C.<sup>9</sup> Discussions centred on the experiences of these parents, who the Committee’s chairman, Labour Member of Parliament Joyce Butler, called ‘parents who find that a child is too much to cope with’.<sup>10</sup> Mr and Mrs B., for example, came to the NSPCC ‘in the middle of the night’ when their child was eight months old, because they were struggling with his hyperactivity. The parents had since relied on the service to take the child into their care on a number of occasions and had seen a ‘tremendous improvement’ in his behaviour.<sup>11</sup> Mrs C. likewise referred herself, when her child was three. She was living in ‘appalling conditions’ in a small single room and had given her child ‘superficial injuries’. She was aged 18, had no family support, and had separated from her husband, whom she had married at 16. She could not cope with her child and ultimately decided that he should be adopted.<sup>12</sup> These parents—Mr and Mrs B. and Mrs C.—then had very different experiences of child-rearing. The former were at risk of harming their child, while the latter had already been violent. The former family kept their child, while the latter decided to have hers adopted. The NSPCC hence worked with a variety of family situations daily, and, significantly, this interaction shaped its broad definitions of abuse and maltreatment.

One key narrative which emerged from the parents’ testimony to the select committee was that professional services were failing. Mr A. reported that for two and a half years he and his wife had been ‘everywhere’, ‘to

hospitals and health visitors—quite a number of people’, but that they had not received adequate help until their health visitor put them in contact with the NSPCC.<sup>13</sup> Mr and Mrs B. likewise had had a similar experience of struggling to access help from doctors and hospitals before reaching the NSPCC. Subsequently, they felt that doctors and ‘normal welfare workers’—outside of the NSPCC—did not know enough about the ‘social problems in connection with babies’.<sup>14</sup> These parents criticised doctors for forgetting to perform the social work of asking parents what was wrong, and for merely ‘writing out a prescription as soon as you walk in the door’, rather than listening to parents’ complaints.<sup>15</sup>

Parents thus accompanied NSPCC representatives at the Select Committee on Violence in the Family hearings, and acted in partnership with social workers in the day-to-day interactions of the Battered Child Research Project. The dynamics of this partnership were not entirely equal: the NSPCC was the only organisation other than police and local authorities with the legal powers to apply for care orders on behalf of vulnerable children, and thus could theoretically prosecute parents, as well as offering rehabilitative support. At the same time, the parents testifying to the Select Committee at least were broadly supportive of these powers, arguing in fact that health visitors should also wield them, given that ‘the child’s life is far more important than anything else’.<sup>16</sup>

The NSPCC’s work around battered children thus demonstrates the ways in which the social spaces of child protection were highly contested in the late 1960s and 1970s, involving parents, social workers, charities, and government. The idea of social life which emerged was the atomised, individualised family unit, rather than a broad vision of ‘society’ or ‘community’. Medical expertise remained significant: the Battered Child Research Unit had a Scientific Advisory Committee chaired by a paediatrician and including representatives from psychiatry and radiology.<sup>17</sup> Nonetheless, the work of this organisation was revealing of a moment in which experiential expertise was also becoming significant on the public stage. Testifying to the Select Committee on Violence in the Family, Mrs A. emphasised that it was the ‘personal contact’ with the professional, ‘not just a telephone number’, that was important, and further that parents should interact with social workers and clinicians as equals, on a ‘human’ level.<sup>18</sup> Mrs A. also criticised how alienating it was to experience professionals at the clinic who ‘never swear or lose their temper’, giving the example, ‘if a baby piddles over their hand they say “Oh, dear me, I must go and have a wash.”’<sup>19</sup>

The calls made by Mrs A. and other parents in this context were not only for a shift in the management of child protection from medical to social professionals. Rather, this critique suggested that all professionals involved in child protection should draw on personal experience when working with parents, breaking down a hierarchical model of professional–parent relations through reference to common life experiences. While these calls were not necessarily heeded, they became influential within the limited space of this select committee, where individual politician members responded by sharing their own experiences of family life. One Member of Parliament, for example, reported that his youngest child would for ‘a very long time’ wake up ‘almost every night’, which ‘created considerable problems’.<sup>20</sup> Likely—and as Selina Todd has argued with reference to Family Service Units and the Family Welfare Association—the work between parents, NSPCC staff, and indeed Parliamentarians modified the thinking of social workers and politicians.<sup>21</sup>

In working with parents in this way, promoting a ‘more understanding approach’, the NSPCC also forged a new role for itself, defying voluntary sector concerns that charities would cease to be important after the post-war extension of state provisions for children.<sup>22</sup> The long-established hierarchies between professions and the recipients of state and charitable ‘aid’ would not be flattened, but they would be reshaped. In the context of the 1970s, reductions in statutory medical and social work services provided new opportunities for voluntary action to become further impactful.

### EARLY SELF-HELP GROUPS

Parents themselves began to have influence in the practice and policy of child protection not only through the mediatory agency of the NSPCC, but also through the establishment of self-help groups. In Britain, these groups were founded in the 1970s and 1980s for parents ‘in crisis’ and at risk of, or already, harming their children. Internationally, the first of such groups was Parents Anonymous, initially known as Mothers Anonymous, and established in America in 1967 by a parent, Jolly K., in collaboration with her psychiatric social worker Leonard Lieber. The group became a model for 500 chapters which developed across America by 1977, gaining federal and charitable funding.<sup>23</sup> Parents could self-refer or be referred by social agencies, courts, and police. Once members, parents were offered weekly meetings and a peer support network.<sup>24</sup> Parents Anonymous was subject to clinical and

social interest, and its representatives spoke at the first International Congress on Child Abuse and Neglect, held at World Health Organisation in September 1976.<sup>25</sup> There, representatives described the case of a 21-year-old married mother of an infant diagnosed with ‘failure to thrive’ but returned to the family home under supervision by a public service agency. When referred to Parents Anonymous, fellow parents realised that the mother had no knowledge of infant care or nutrition and was scared of her social worker. Members provided ‘basic education for parenthood’ and role-playing techniques ‘to ease her fear of authority’, leading to ‘marked improvement’ in three weeks.<sup>26</sup>

Parents, social workers, nurses, and midwives established multiple similar groups across Britain: Dial-for-Help, a helpline in Ashton-under-Lyne; a walk-in centre in Cambridgeshire; Help-a-Mum in Glasgow; Target and Scope in Southampton; Tell-a-friend in Sittingbourne; Parent Child Concern; and Parents Anonymous.<sup>27</sup> The very names of these organisations positioned them in a tradition of mutual aid and self-help, providing a forum for collective action even as state social work pushed an individualist model of family and parental responsibility. Helplines were a key service provided by these organisations, but they often also offered regular meetings and personal contact.<sup>28</sup> The groups focused on overcoming social isolation and rehabilitating damaged relationships between parents and children by building parental confidence and skills.<sup>29</sup> Parents who had themselves been through the programme often led classes.

While overtly all parents were welcome, mothers were often the focus of these groups’ work. Parent–Child Concern, for example, primarily cared for mothers and lobbied for further research into post-natal depression and pre-menstrual tension.<sup>30</sup> When presenting their work to the Select Committee on Violence in the Family, the group were asked whether husbands were ‘rebellious’ or resistant to the organisation’s aims. One group representative answered that they would ‘like to include them, but there is the question of baby-sitting’.<sup>31</sup> Nonetheless, the notion of the mother as the primary carer and also perhaps as the parent most likely to be engaged with, and rehabilitated through, talking therapies was prominent. Facets of this work held parallels with feminist consciousness-raising and community-based mental health provision, though this link was not made in published or Parliamentary documents.<sup>32</sup> Instead, Parliamentary reports and media coverage framed these projects as equally beneficial for all members of the nuclear family.

With parents themselves acting as partners, leaders, and evaluators of self-help groups, several things happened. First, the ideas of abuse offered by the groups—as defined with and by parents—were very broad. Both Parents Anonymous in England and America recognised, and were willing to help, parents who had committed physical abuse, physical neglect, emotional abuse, emotional deprivation, verbal assault, and sexual abuse.<sup>33</sup> Parent-Child Concern stated that their members ‘define abuse and neglect in their own terms’, which varied from verbal abuse to severe physical violence.<sup>34</sup> In a review of the American group, assessing 613 questionnaires provided by a sample of Parent Anonymous chapters, 77 per cent reported verbal abuse, 53 per cent physical abuse, 43 per cent emotional abuse, 28 per cent emotional neglect, 7 per cent physical neglect, and 4 per cent sexual abuse.<sup>35</sup> By recognising a range of forms of abuse, and particularly the interplay and overlapping nature of physical, verbal, and emotional forms, the groups broadened focus from the battered child syndrome alone, pointing to the ways in which abuse needed to be managed and prevented on a variety of levels.

A second result of parents becoming voluntary leaders was that they promoted a highly sympathetic approach. Parent group organisers argued that many parents had considered hitting their child at some point; that the boundaries between punishment and physical abuse were blurred; and that the majority of physical abuse cases emerged from people who desperately wanted to stop hurting their children.<sup>36</sup> These groups encountered sexual abuse only rarely, and saw this as a fundamentally different—and far more serious—issue. Parents Anonymous London, reporting in 1991 that one in ten calls they received surrounded sexual abuse, argued that this was never acceptable. The organisation stated that their more typical contacts were from women who wanted to change, whereas men who were ‘ambivalent’ about reforming were the typical perpetrators of sexual abuse.<sup>37</sup>

The reconstruction of physical, emotional, and verbal abuse as something which ‘most parents’ had perpetrated on one occasion, or as conducted by ‘everyday mothers and fathers’ as well as by ‘seriously troubled people’, marked a rejection of the psychological and charitable focus on parental pathology in the 1960s.<sup>38</sup> At the same time, this interpretation also represented a troubling normalisation of family violence, and a construction of boundaries between parental discipline and violence as blurred. Beyond the complex ethics of this position, such accounts suggested that listening to the lived experiences of parents, rather than studying parents, provided the best means through which to fulfil the

social policy aims of family maintenance and child protection. These campaign groups recognised, to an extent, the controversial nature of their reinterpretation of ‘abuse’, emphasising that they were ‘militantly anti-child abuse’ and ‘[a]bove everything else ... a service for children’.<sup>39</sup> Nonetheless, they insisted that parental testimony was important, and expressed a level of confidence in conveying parental experiences in this area which both continued and also extended broader clinical and social work sympathies.

These groups sought to shift public and political focus towards the lived experiences of parents, which were conveyed through lengthy descriptions in published materials, newspaper interviews, and consultations with select committees. In 1977, the American Parents Anonymous contributed to the new international journal of *Child Abuse & Neglect*, including an appendix of testimonies from involved parents, making statements such as, ‘We are human and want and need help’, and ‘It’s a sickness that can be treated and even prevented if we can reach people in time’.<sup>40</sup> Attention was turned to the emotions as well as the experiences of parents involved—anger, frustration, fear, shame—which were said to be ‘honest, human and universal feelings’.<sup>41</sup> In a *Guardian* interview of 1981, likewise, the parent-founder of Parents Anonymous in Britain stated that her desperation came as no one ever asked just how ‘angry and tired’ she was, and because of ‘overwhelming guilt coupled with hostility’ towards ‘the authorities’.<sup>42</sup> She argued that the group’s aim was to ‘encourage people to just be more honest about their feelings’.<sup>43</sup> By sharing their emotions publicly to professional fora but also in media interviews, these parents sought to become human subjects of professional and public analysis, rather than research objects analysed in demographic studies and decoupled from their human experiences. The descriptions of emotion, again, as in the discussions in Chaps. 3 and 4, were seen as markers that an ‘authentic’ or ‘real’ form of experience had been accessed and portrayed.

This framing of parental emotions as intrinsically valuable—and universal—served to bring further attention to the inner lives of parents, but also to promote a radical model of peer support, with testimony from mothers of Parent-Child Concern stating that the group was ‘so friendly’, and provided a ‘feeling that somebody cares’ and ‘emotional help’.<sup>44</sup> The emotions visible in professional accounts of the period remained—anger, hostility—but for parents, such emotions were directed against professional intervention. Intervention from peers meanwhile was coded in



terms of empathy, care, help, and friendliness; descriptions not detached from the female-dominated membership of the groups. Ingrained in this model was professional critique, within which parents could support one another better than professionals could. The groups testified that many parents involved shared a ‘mistrust of authority and fear of service providers’ which would prevent them from seeking help, while voluntary organisations were perceived as ‘more acceptable and less threatening’.<sup>45</sup>

At the same time, many groups were founded and run in partnership between parent volunteers and social work or therapeutic professionals and, the American Parents Anonymous testified, emerged ‘out of an informal interchange of ideas between parents and professionals’.<sup>46</sup> For this group, including a professional as a consultant could beneficially create a ‘positive image of an authority figure—a service provider’ for parents.<sup>47</sup> Parent-Child Concern in England also invited professional speakers to its weekly meetings, including—and showing multiple frameworks of authority in late twentieth century Britain—a psychotherapist, a marriage guidance counsellor, a headmistress of an infants’ school, and a teacher and counsellor from a local comprehensive.<sup>48</sup> These parent-support groups thus did not entirely dismiss professional expertise but rather mediated, tested, and evaluated it according to parental preferences. Furthermore, a blurring between professional and personal forms of expertise was also evident: one representative from Parent-Child Concern told the Select Committee on Violence in the Family that when attending weekly meetings, ‘I do not go as a health visitor, I go as a parent’.<sup>49</sup>

Significantly, the success and reach of these self-help groups in part reflected broader aims in clinical and social work settings towards taking a sympathetic approach to parents, and to taking their emotional inner lives seriously—as was also visible in Chap. 2. Parents ran these self-help groups, but they also drew on advice, speakers, and support from social workers and clinicians involved in the everyday practices of child protection. At the same time, the collective action within these groups, by and between parents, marked a development from the NSPCC partnership work of the 1960s. Indeed, such groups signalled growing parental interest in forming collective solutions to individual problems, whether without, in conflict, or in partnership with professional interventions. This work became publicly visible, and was examined and interrogated by media, in following decades.

FALSELY ACCUSED PARENTS<sup>50</sup>

From the inception of concerns about the ‘battered child syndrome’ in the 1960s, clinicians in Britain and North America discussed the potential for false accusations to emerge against parents.<sup>51</sup> Writing to the *British Medical Journal* from Vancouver, Canada, in 1964, Reginald A. Wilson emphasised the ‘danger’ that the ‘punitive pendulum may swing too far’, giving an example of a case in which clinical scepticism about a parent’s account was unwarranted.<sup>52</sup> This concern about false accusations remained on a low level throughout the 1960s and 1970s but did not fully emerge and become publicly contested until the 1980s, as multiple new voluntary groups were formed to defend parents falsely accused of abuse. These new groups contributed further to processes of making family life increasingly visible in press and policy, and portrayed the modern family as powerful—but also under siege.

The largest group working in this area, Parents Against Injustice (PAIN), was formed by two parents, Susan and Steve Amphlett. PAIN had clear and well-established aims, to lobby for: the creation of a complaints procedure for parents involved in child protection cases; greater rights for parents to challenge child protection proceedings; the right for parents to be assessed in their own homes; and the right to a secondary medical opinion in all cases.<sup>53</sup> To fulfil these aims, the group engaged in lobbying and in detailed support work with families—PAIN worked with 13,000 parents during its life course between 1985 and 1999.<sup>54</sup> Importantly, the Amphletts took parents’ protestations of innocence at face value, believing that an ‘anxious climate’ had emerged where false accusations were common, and that guilty parents would not seek out further attention.<sup>55</sup>

Despite conducting significant work, PAIN was relatively small. The group’s income was just £4428 in the financial year ending in April 1987, £19,169 in 1988, and £52,528 in 1989.<sup>56</sup> Nonetheless, the group found spaces for media and political influence and, importantly, also had some contact with its large-scale American equivalent—Victims of Child Abuse Laws, which was founded in 1984 and had over 10,000 members by 1992.<sup>57</sup> This transatlantic contact was limited, however, most likely due to lack of resources on both sides. Nonetheless, PAIN commonly used false accusation cases in America as a warning in its policy work, for example telling one public inquiry, ‘Let us not take the same road as America, we can learn from their mistakes’.<sup>58</sup>

PAIN's work made family life visible. Notably, the organisation's leaders made their own experiences and life histories public in describing their work. The group's publicity materials described how the Amphletts' daughter had sustained bone fractures in 1983 and, when the child was taken to an accident and emergency ward, the parents were referred to social services and placed on the Child Abuse Register; a list of children considered at risk of abuse.<sup>59</sup> Nine months later, when the child sustained another fracture, the parents sought further medical advice and found that she had brittle bone disease. This explained why she had sustained fractures after relatively minor falls.<sup>60</sup> While the parents were removed from the Child Abuse Register, they wrote in publicity materials that they remained 'appalled' by their experiences.<sup>61</sup> They felt strongly that involved professionals had barely listened to their experiences and perspectives during the processes of this case. For example, during the key case conference to discuss the child's future, sixteen professionals attended, only one of whom (a general practitioner) knew the family. The parents were not allowed to attend but rather were nominally represented by a social worker who they had only briefly met.<sup>62</sup>

In addition to describing the challenges that their family had faced, and describing confrontations with social services which may have previously been kept secret, the Amphletts also made public the inner mechanics of how their organisation worked, and its relationship to their family life. Internal newsletters described how the group was run from the Amphletts' home with the assistance of secretaries, one of whom described this as an 'unusual' place to work, with piles of papers acting as 'an obstacle course across the floor'.<sup>63</sup> Suggestive of the significance of the familial relationship across this organisation, another secretary wrote for the group's newsletter that she did not just work for a charity but rather 'a Family ... a very loving and caring family'.<sup>64</sup> This level of openness about the processes of running a voluntary organisation again marked a new level of visibility. The Parents Anonymous organisations of the 1960s and 1970s, by contrast, had not transparently discussed such logistical or material challenges.

In addition to sharing their own experiences, the Amphletts also shared testimonies from other parents, often focused on their emotions. PAIN's publicity materials and media comments emphasised 'anguish, anxiety, shame, helplessness', 'fear', 'anger', 'disbelief', 'despair', 'horror', 'terror', 'helplessness', and 'sheer desperation'.<sup>65</sup> PAIN further encouraged parents and affiliates to be self-representative, and to make their own struggles public. Notably, the group advised its supporters to write to elected officials and

made submissions on their behalf to public inquiries.<sup>66</sup> PAIN gained most exposure through its media work and, through PAIN, many parents shared their experiences with journalists.<sup>67</sup>

PAIN sought to provide fora for children, as well as parents, involved in child protection cases to share their views. In 1989, PAIN established a 'children's sub-group', Children Against Injustice (CHAIN).<sup>68</sup> The group invited 'children old enough to voice their opinions' to use this as a vehicle to tell PAIN about their problems, how these could be alleviated, and what help they may wish to receive.<sup>69</sup> PAIN promised to facilitate the children's meetings and to 'help them to make representations to whomever they wish'.<sup>70</sup> While PAIN suggested a level of popular interest, stating that some children had asked them to put them in touch with their peers, there are few archival traces of CHAIN.<sup>71</sup> Nonetheless, its existence demonstrated the significance, for PAIN, of making the lived emotional and practical effects of child protection cases public.

Raising further media and political awareness of false accusations, local action groups also developed in response to alleged abuse cases in Cleveland, Rochdale, and Orkney. These groups varied significantly in terms of their shape and services provided. The Cleveland group was particularly large—formed of 45 parents meeting weekly under the supervision of Reverend Michael Wright, a clergyman who also managed a unit caring for the elderly and mentally infirm.<sup>72</sup> While Wright's role echoed the historic significance of religious figures as mediators and experts in local communities, the Amphetts represented a model of self-help led by parents themselves. Yet it was significant nonetheless that the establishment of a voluntary group for parents became a key response to false accusations in the 1980s.

Particularly significant were the ways in which these groups sought to make the dynamics of family life visible, but also that they were rarely successful in this endeavour until they found clear leadership. The groups in Rochdale and Orkney, established following the removal of children from their homes after allegations of satanic ritual abuse, relied on Susan Amphlett to inform their foundation and to hold initial press conferences.<sup>73</sup> Testifying further to this point, the public inquiry into the Cleveland case emphasised that the 'voices' of accused parents were not 'heard publicly' until they had met with Wright and, through this group, their local Member of Parliament, Stuart Bell, and a local police surgeon, Dr Irvine.<sup>74</sup> These men, in existing positions of power, were able to generate 'enormous media coverage' and to disseminate 'some of their [the parents'] stories'.<sup>75</sup>

Leaders and established political and professional figures were key to gathering media coverage, and to driving the work of these new voluntary organisations. Such leaders would shape the parental ‘voice’ that emerged, and would thus both amplify but also reshape the narration of parental experience. Media coverage, drawing on overarching cultural tropes, further reframed the experiences of involved parents. In the Cleveland case, for example, newspaper coverage was coded in clichéd and dramatic terms: interviews emphasised that parents were ‘as white as a sheet’, and lighting cigarettes with ‘shaking fingers’.<sup>76</sup> Nonetheless, these parental groups were significant new sites of activism, which enabled parents to share their experiences and emotions and, to some extent, to guide media narration of false accusation cases.

### PROFESSIONAL TENSIONS

In the 1960s and 1970s, parent groups worked both with professions and also critically against professional intervention. By the 1980s, groups of falsely accused parents raised new levels of critique against clinicians and social workers. Such critique became particularly significant and visible following the satanic ritual abuse cases, false memory ‘wars’, and Cleveland case of the 1980s. In this moment, and to a new extent, collective action by parents led the way in defining new spaces of professional reflection, and in pushing media commentators to rethink who they consulted as ‘expert’.

In part, the critique offered by groups of falsely accused parents, such as PAIN, was agitating for a radical rethink of relations between parents and professionals, whereby the testimony of each would be placed as equally significant. Fundamentally, this was a challenge to the nature of professional ‘evidence’. At the Cleveland public inquiry, for example, PAIN argued that medical opinions were neither ‘objective’ nor ‘sacrosanct’ but ‘only an opinion’, and that social workers could be unreliable and inexperienced.<sup>77</sup> As through the 1960s and 1970s, however, parental advocacy groups also continued to form strong relationships with specific professionals. PAIN, for example, had a trustee who was a social worker, and who testified in the group’s newsletter that PAIN promoted ‘the highest professional standards’, making sure that social workers would have to reflect on the potential ‘hardship and trauma’ that parents may experience, and give them the benefit of the doubt.<sup>78</sup>

Hence, PAIN drew support from a social worker who placed value on hearing about the ‘hardship’, ‘trauma’, and experiences of the PAIN families, and who reflected on the ways in which parental experience could

inform social work practice. Notably, this was a vision which extended beyond social workers acting in partnership with PAIN alone. When reviewing the work of case conferences in 1986, for instance, the social workers Jonathan Phillips and Mike Evans argued that ‘great care’ must be taken to respect parents, who may be innocent, in need of help, and would likely be going through ‘the most stressful time’ of their lives.<sup>79</sup> Suggesting that the willingness of accused parents to put forward their personal experiences may have shifted professional thinking, Phillips and Evans acknowledged that parental advocacy groups had played a key role in illustrating cases where ‘professionals made poor recommendations based on insufficient information’.<sup>80</sup>

PAIN also formed a significant relationship with a controversial professional figure: Dr Colin Paterson, who invented the diagnostic category of ‘Temporary Brittle Bone Disease’ (TBBD).<sup>81</sup> Based on a study of 39 children who had fractures before they reached the age of one, Paterson argued that the disease caused temporary fragility of the bones, and that physicians may then subsequently mistake children’s injuries for abuse.<sup>82</sup> PAIN put several families in touch with Paterson, and by 2003, he had given evidence in over 100 legal cases in Britain and America.<sup>83</sup> While PAIN consulted Paterson as expert, his theory was highly contested. In 1995 Mr Justice Wall stated during a High Court case that Paterson’s evidence should be treated with ‘the greatest caution and reserve’.<sup>84</sup> In 2000, the Royal College of Radiologists called the idea of TBBD ‘an unproven theory promulgated by a one-man band’.<sup>85</sup> In 2004, Paterson was struck off by the General Medical Council for having provided misleading evidence in court.<sup>86</sup>

Paterson’s relationship with PAIN spoke to a context in which, in the last two decades of the twentieth century, voluntary organisations were forging themselves a role in deciding *who* held expertise. In 1987, for example, PAIN spokespeople expressed significant gratitude and deference to Paterson, telling *New Society* that he had provided ‘expert medical advice’ to families who had been the ‘victims of inadequate medical knowledge’.<sup>87</sup> Even as Paterson’s work was increasingly challenged in the 2000s, Susan Amphlett nonetheless told the *Daily Mail*, ‘Parents would be devastated that think that Dr Paterson’s career is in trouble.’<sup>88</sup> In the *Daily Mail* article discussing this case, Amphlett’s testimony about parental feelings was placed alongside quotes from a senior law lecturer at Sheffield University and a chairman of the health union Unison.<sup>89</sup> Voluntary leaders, as well as academics, lawyers, trade unionists, and clinicians, had a role

to play in criticising or promoting ‘experts’, in part because of their ability to represent the experiences of marginalised communities.

This voluntary sector role—in constructing expertise—was further visible in media coverage of Roy Meadow, a paediatrician who, in the late 1990s and early 2000s, argued that having multiple cot deaths in one family was highly improbable. Meadow’s evidence was used as part of several criminal trials in which mothers were convicted of child murder, but later exonerated. Parents and voluntary organisations played a key role in protests that challenged the legitimacy of this evidence. In 2003, the *Daily Mail* reported that a ‘handful of mothers and fathers’ who had had their children taken away were demonstrating outside the High Court in London.<sup>90</sup> The article quoted one involved mother, who stated that the protest aimed to ‘expose the secrecy of the family courts in which Professor Meadow and other experts have given evidence’.<sup>91</sup> Acting as informed readers and critics of media representations, also, in 1999 the Foundation for the Study of Infant Death wrote to the *Independent* to criticise how the paper had reported on Meadow’s research.<sup>92</sup> Criticising the headline, ‘Some “cot deaths” may be murders’, the group argued it paid too much attention to the low number of cases in which cot deaths were unnatural, and would cause parents ‘renewed grief, pain and anguish’.<sup>93</sup> From the 1980s, therefore, voluntary leaders and individual parents used representations of experience and emotion to challenge the expertise of clinical and legal witnesses—even entering into debates around controversial cases.

Further indeed, small parental campaign groups demanded that professionals were sensitive to, and indeed themselves displayed, experiential and emotional expertise. PAIN newsletters featured one social worker arguing that the experiences of falsely accused parents were ‘the other side of the coin’ to the ‘fear and anguish’ which social workers faced when working on child protection cases.<sup>94</sup> In broader media coverage, Susan Amphlett told the *Independent on Sunday* in July 1995 that ‘social workers need to be more aware of the realities of normal family life’.<sup>95</sup> Social workers took up PAIN’s expectation—and indeed argued that they already had ‘normal lives as children ... [and] children of our own’.<sup>96</sup> Echoing the paediatric radiologists discussed in Chap. 2, Paterson and Meadow likewise stated that they were ‘upset’ and made ‘physically sick’ by child abuse cases.<sup>97</sup> The 1980s thus marked a period in which professionals explained and explored their emotions and experiences in order to justify and defend claims to expertise. While these types of clinical explanation echoed accounts offered in the 1940s, 1950s, and 1960s, from the 1980s, the

boundaries between ‘professional’ and ‘experiential’ expertise were increasingly blurred. Parental activism and media interest in child protection also increased, calling for and providing spaces in which professionals could offer personal accounts.

The process of breaking down hierarchies between professional and personal expertise went two ways. While social workers and clinicians increasingly discussed their family life with media, parent campaigners also, particularly in discussion with public inquiries and conferences, emphasised their professional credentials. In evidence to the Cleveland inquiry, Susan Amphlett opened by stating that she was a nurse before working for PAIN—as, indeed, were two of the group’s regional co-ordinators.<sup>98</sup> By making their family dynamics public, and by challenging professional decisions, parent campaigners thus opened up a range of questions about what types of evidence and expertise were of value. The work of parent campaigners was contested. For example, in the aftermath of the Cleveland case, a husband and wife team, a pathologist and a medical secretary, formed the ‘Campaign for Justice for Abused Children’. The group organised a letter to the *Guardian* from 11 paediatric consultants, which was published in 1989 and criticised the media for having, ‘blown up the criticism of the paediatricians out of all proportion’.<sup>99</sup> This letter therefore challenged the representativeness of small voluntary groups, and the ways in which they directed and shaped media attention. This kind of challenge showed that experiential and emotional expertise were becoming important, but also foreshadowed a broader professional backlash which developed in the 1990s and 2000s.

### EMOTIONAL LABOUR

Through the mid-1980s and the 1990s, as parent campaigners made their family lives more visible, they were also increasingly open about the emotional labours of campaigning work, and about the struggles of maintaining multiple roles as parents, professionals, campaigners, supporters, and lobbyists. In 1991, parent volunteers running crisis phone lines told the *Independent* that they felt that they could ‘catch people’s problems, especially if they touch your own unresolved feelings’.<sup>100</sup> Collective action groups examining this problem recognised that it was gendered. In draft responses to government, PAIN staff wrote that mothers felt particular pressure to leave their jobs after they were accused of abuse, motivated by ‘fear’ that they would be perceived as ‘uncaring’ should they remain at



work.<sup>101</sup> One regional co-ordinator wrote in PAIN's newsletter that she felt she did not spend enough time volunteering for PAIN while her children, she interpreted, 'feel that I spent too much'.<sup>102</sup> In both examples, the maternal role was constructed in terms of emotions of fear and expectations of care, notably in the latter example around the co-ordinator's wistful testimony that, 'many a bedtime story is missed'.<sup>103</sup>

Psychologists and media, as well as parents themselves, began to discuss the emotional burdens of activism in the 1980s and 1990s. In 1989, a psychotherapist from the Tavistock Institute of Marital Studies examined the emotional labour that volunteer helpline leaders performed. Running workshops for helpline volunteers at Parents Anonymous London, the psychotherapist found that the 50–60 primarily female helpline volunteers were placing unrealistic demands on themselves, and were left with 'feelings of helplessness, inadequacy', and 'sick with anxiety'.<sup>104</sup> Volunteers also reported difficulties in understanding the situations which were reported and in distinguishing between real and hoax calls; a concern that echoed criticisms of the volunteer workforce at ChildLine, seen in Chap. 3.<sup>105</sup>

In part, media, voluntary, and psychological concern about the emotive effects of child protection work were not new. Such concerns had been raised around the work of social workers at the NSPCC since the mid-1970s, for example.<sup>106</sup> However, interest in the mental states of parents emerged hand-in-hand with closer examination of family life, and with the mobilisation of collective parental activism through the 1970s and particularly in the 1980s. This developing concern thus in part reflected the lived difficulties for individual figurehead leaders looking to run voluntary organisations, to provide services and support, and to critique and reshape social policy, all the while adeptly manifesting and utilising experiential and professional forms of expertise. The next chapter further explores the emotional pressures placed on mothers to narrate their experiences and emotions in the late twentieth century; an analysis which is key to understanding the gendered politics of experiential expertise.

## CONCLUSION

This chapter has explored the emergence of collective action by parents around child protection. Such action first emerged in the 1960s. At the same time as parents were becoming objects of psychological and clinical research, the NSPCC also made innovative efforts to engage parents as

partners through their Battered Child Research Project. Through this project, NSPCC social workers collaborated with parents in the daily practices of child protection, and NSPCC leaders gave parents platforms from which to represent their own experiences to Parliament. While parental activism initially started in partnership with statutory agencies, it later developed as an alternative to professional interaction. This shift—from partnership to opposition—was fuelled by the challenges which social work and statutory agencies faced from the 1960s and 1970s. As these professions were reorganised and lost resources, parental support groups newly conceptualised their role as ‘relieving some of the pressures’ on the state.<sup>107</sup> As well as acting to support state work, parental activism also policed and criticised it, particularly from the late 1980s. Activism from falsely accused parents looked to reshape professional practice, and to encourage social workers and clinicians to discuss and to use their own personal, experiential, and emotional resources.

Disparate forms of parental activism developed between the 1960s and the 1990s, as this chapter has demonstrated. However, common themes have emerged. All of the strands of activism studied here created collective responses to child protection issues: peer support, pastoral services, legal advice, and media representation. At the same time, individual figurehead leaders directed this collective action. Notably nonetheless, the groups in this chapter all represented the challenges of family life. The groups displayed and discussed complex experiences and emotions through media collaboration, working particularly with print journalists to represent the emotional labours of activism, the family politics of violence, and the lived effects of false accusations. Making these experiences visible reflected the will of parent leaders and parent members of these groups, as well as growing media interest.

From the late 1990s, many of the parent groups traced in this chapter had faded away. Phone lines and support groups run by and for parents at risk of committing violence had dissipated, and professional intervention instead managed this complex terrain. PAIN lost its grant money and employees after 1999. Susan Amphlett believed that the organisation had lost momentum, and that prospective funders no longer regarded it as ‘new and innovative’.<sup>108</sup> In part, the spaces in which parent groups emerged and gained media and political attention were reactionary ones, dependent on these groups being subversive and ‘new’. A change in government was also significant, and the following two chapters examine how

the New Labour governments worked with parent and survivor communities through partnership with individual figurehead leaders.

Nonetheless, while the influence of the specific groups studied in this chapter faded, a social policy interest in consulting with parents had formed between the early 1960s and the late 1980s. By the end of this period, the *Children Act* of 1989 stated that professionals and parents must work in partnership to protect children. This meant that those involved in child protection proceedings must ‘seek the views’ of parents, and that the state should avoid intervention unless there was evidence that a child was at risk of ‘significant harm’.<sup>109</sup> This policy was driven by social policy research, public inquiries, daily social work, and, relatedly, by the entwined and prominent campaigning of parents.<sup>110</sup> Parental activism in child protection took a specific collective form in the 1960s, 1970s, and 1980s, and in that moment such activism was able to influence media and social policy debate, representing complex—and at times controversial—visions of family, voluntary, and professional experience, emotion, and expertise.

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