

30 October 2012

# Submission on the Social Security (Benefit Categories and Work Focus) Amendment Bill 67-1

To the Social Services Committee

## **Personal Details**

This submission is from **Stephen Blackheath**

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## **Submission**

I oppose this bill for the reasons given below:

### **Psychiatric surveillance**

Clause 25 says that this applies to beneficiaries with dependents:

- (3) A person to whom this section applies has the following social obligations:
- (d) to take all reasonable steps to ensure that every dependent child under the age of 5 years is up to date with checks under—
- “(i) the programme that immediately before 15 July 2013 was known as Well Child; or
  - “(ii) any similar programme established in its place; and

Well Child includes the “B4 School” check, which Maria Bradshaw has shown (see the article in Exhibit 1 below) is **psychological screening**. Well, indeed.

Psychiatry can be dangerous, however: It is well known that in the Soviet Union, psychiatry was used as a means to suppress dissent. From “Medicine Betrayed: The Participation of Doctors in Human Rights Abuses” p66:

*In the period from the 1960s up to 1986 (the date of the first BMA report), abuse of psychiatry for political ends was reported to be systematic in the USSR, and sporadic in other Eastern European countries such as Yugoslavia, Czechoslovakia, Hungary and Romania.*

The reason for this is that (p65)

*it hinders the campaign for open legal proceedings and for the release of such people, since even the most impartial man will, if he is not personally acquainted with a patient of this sort, always feel a twinge of uncertainty about his mental health; it deprives its victim of what few rights he would enjoy as a prisoner, and it provides an opportunity to discredit the*

*ideas and actions of dissenters and so on.*

Would New Zealand engage in these practices? It did, in the case of Clare Swinney, who was held against her will for 11 days in a psychiatric ward and called “delusional” because she said that the September 11 attacks were orchestrated by criminal elements inside the US Administration. That is, for her political opinions.

Psychiatric abuse in the United Kingdom is out of control, as detailed in Exhibit 2 – “The 'experts' who break up families.” Here's a short excerpt:

*The Mail has been contacted by scores of parents who believe they have been mistreated on the word of these 'experts'. We have been told by lawyers about clinicians charging £1,800 a day to appear at family courts, on top of the thousands of pounds a time they receive for writing the reports, which often contain lies, ambiguities and insinuations.*

*One mother said she had her children taken away because an 'expert' said she 'liked shopping'; another was criticised as mentally unfit for 'burning the toast', and lost her child, too.*

These stories are not hard to find, because psychiatric abuse is running rampant worldwide.

But that's not all. The United Nations wants to centralize mental health – or should I say – psychiatric abuse – worldwide:

On January 20, the WHO Executive Board released a resolution entitled “Global Burden of Mental Disorders and the need for a comprehensive, coordinated response at the country level.” The document calls for, among other measures, collaboration between national governments and the global health body in developing a “comprehensive mental health action plan” for the world.

<http://www.thenewamerican.com/world-news/europe/item/8939-un-seeking-global-%C3%A2%E2%82%AC%C5%93mental-health%C3%A2%E2%82%AC%C2%9D-plan>

## **Where we are headed**

Of course this bill is just the beginning. Through a succession of small steps, we will eventually get compulsory psychological surveillance, compulsory early childhood education and compulsory vaccination for everyone.

And we'll force everyone back to work. OK – here's a question for you. Why is it that no country has had 0% unemployment in the last 40 years? That's because the debt-money system mathematically guarantees it.

The jobs don't exist, but the New Zealand Government will make you neglect your children and go back to work anyway, because that drives the cost of labour down. Work hard, because there are a hundred starving people queueing up for your job! The big corporations that will take control of the economy through the secretive **Trans Pacific Partnership Agreement** will like that very much, because they know the score: Cheap labour equals slavery.

If you voice any dissent, then maybe we can find something juicy in your psychiatric records.

## **Overview**

So here's what's really going on:

This government, along with every other government, is – as I write in 2012 – turning tyrannical. This is, of course, supposed to be a secret, but they're not doing a very good job at that. Tyranny is effected quite simply by maximizing on many fronts the power of the state over the individual.

The means are chiefly economic and political, but with classic police state measures such as

surveillance, arbitrary arrest, etc. Psychiatric surveillance and the resulting psychiatric abuse help enable that arbitrary arrest – a small piece in a much larger puzzle, and that is the province of the **Social Security Amendment Bill** at issue here.

## **Recommendations**

Pass whatever laws you like without my consent. I am powerless to stop you. You know it and I know it.

But I do have a message for you. First, decide which category of politician you are:

1. Well-intentioned but ignorant
2. Well-intentioned and aware
3. Servants of insiders, hoping for reward
4. Insiders

Then pick the recommendation that applies to you below:

1. You are only supposed to see the individual pieces of the puzzle and not put them together. The **Trans Pacific Partnership Agreement** is bad, but... The **Search and Surveillance Bill** is bad, but... The **Copyright Amendment Bill** is bad, but... The **Food Bill** is bad, but... the **Social Security Bill** is bad, but...  
But nothing. These are not isolated events. They are written by very clever people, and they originate at the international level. That's why the same laws pop up like mushrooms everywhere in the world around the same time. Please, please – inform yourself. In the meantime, please vote against this bill in its entirety. We can do without the creeping social engineering agenda embodied in this bill.
2. Thank you for your good work.
3. You may not get the reward you seek. Learn your history. After the mass of the people are neutralized, you are the remaining clear and present threat and the first to be purged.
4. We will get you. And (after the initial shock) you will be glad we did.

Stephen Blackheath

# Exhibit 1 – B4 School is psychiatric screening

<http://www.madinamerica.com/2012/03/universal-psychiatric-screening-for-nz-pre-schoolers/>

## ***Universal Psychiatric Screening for NZ Pre-Schoolers***

**Posted on 15 March, 2012 by [Maria Bradshaw](#)**

In September 2008, the New Zealand Government rolled out a new universal four year old health screen, the B4 School Check. In addition to the general health, vision, hearing and dental checks traditionally conducted on kiwi kids, the B4 School Check includes a screening test for mental disorders, an initiative that arose out of a government plan for addressing conduct disorder in New Zealand children.

In the following year prescribing for 0-4 year olds in New Zealand increased over 140% while Ritalin extended release prescriptions for pre-schoolers doubled.

The lack of effectiveness and potential harm of pre-school mental health screening programmes is well established. A randomized controlled trial of a public health and education screening program which included 4,797 four to five year old children found that at the end of the third school year, no differences were found between children who screened positive for disorders and received intervention and the “no intervention” groups using individual academic achievement, cognitive, and developmental tests.<sup>[1]</sup>

In its policy paper on the B4 School Check, the Ministry of Health acknowledges that “research does not support the use of mass screening for mental disorders in pre-schoolers” but does not explain why it is then proposing its introduction in NZ.

The mental health screen used in the new B4 School Check, the Strengths and Difficulties Questionnaire (SDQ), was developed by child psychiatrist and neurologist Dr Robert Goodman of the Institute of Psychiatry at King’s College in London.

This screening test has been introduced despite the Ministry of Health acknowledging that the test is “still being evaluated for predictive validity, reliability, sensitivity and specificity.”

Even if the test was valid elsewhere it would not be in New Zealand given that health professionals conducting the test are told by the Ministry that the scoring sheet being used in NZ “is based on the SDQ for older children, and the wording differs in three questions.” No explanation is provided as to why the scoring sheet for an older population has been substituted for the one designed for the pre-school test or how the wording differences affect validity.

Research shows the SDQ produces more false positives than false negatives, resulting in many children with no disorders being referred for diagnostic assessment<sup>[2]</sup> with false positive results affecting 15% to 30% of children.

So how does it work?

The SDQ involves the child’s parent and early childhood teacher completing a child behavior checklist. In the case of children who attend playcentre, the ‘teacher’ completing the questionnaire will be the parent of another child at the centre. The questions are of course highly subjective and likely to be influenced by recent events involving the child. Below is a link to the SDQ Questionnaire for 4-10 year olds.

[SDQ\\_English\(Austral\)\\_pt4-10single](#)

The child’s combined parent and teacher rating produces a result of normal, abnormal or borderline.

The vast majority of parents whose children undergo the B4 School Check have no idea their child

is being screened for mental illness. This is as a result of a deliberate campaign of disinformation promulgated by our Ministry of Health.

In their pamphlet on the B4 School Check, the Ministry advises parents that the check “helps to make sure your child is healthy and can learn well at school” and “is a chance to discuss your child’s health and development with a nurse.” Parents are not told that rather than a discussion with a nurse, they are agreeing to participate in a structured and scored child behaviour checklist based on the American Psychiatric Association’s diagnostic manual for psychiatric disorders.

A separate pamphlet for teachers advises that the SDQ is a tool designed to get an overall picture of the child’s strengths and difficulties, is used to assess social and emotional development and is not used to diagnose or label children.

Health Professionals however are told that the B4 School Checks help capture children with “behavioural or mental health problems [which] may not be identified even if they are receiving regular health care.”

The Ministry advised government in their paper on the B4School Check that “An increase in referrals to child and adolescent mental health services is likely to be one result of implementing the B4 School Check.” They advise those conducting the tests that referral of children for diagnostic evaluation will result in a diagnosis of:

- a mental health disorder
- behavioural issues; or
- normal behaviour

Research conducted in 2010 notes that the use of the SDQ includes evidence that is associated with increasing rates of clinician-rated diagnoses of child mental disorder across its full range.

So what is the truth? Is the SDQ a ‘school readiness check’ or a psychiatric screen?

Dr Goodman, the developer of the test and other researchers who use the test in clinical studies are clear that the test is not designed to assess health but to screen for mental disorders. They make it clear that the SDQ is a test designed to identify how likely a particular child is to meet the diagnostic criteria for a range of psychiatric disorders.

The following are quotes from research papers by Dr Goodman and others on the use of the SDQ:

*A computerised algorithm was developed to predict child psychiatric diagnoses on the basis of the symptom and impact scores derived from Strengths and Difficulties Questionnaires (SDQs) completed by parents, teachers and young people. The predictive algorithm generates “unlikely”, “possible” or “probable” ratings for four broad categories of disorder, namely conduct disorders, emotional disorders, hyperactivity disorders, and any psychiatric disorder. [3]*

*A primary aim of both questionnaires is to identify children at high risk of psychiatric disorders and who therefore warrant further assessment. [4]*

*This study supports the usefulness of the Strengths and Difficulties Questionnaire as an effective and efficient screener for child and adolescent mental health problems in the United States. [5]*

*The reliability and validity of the SDQ make it a useful brief measure of the adjustment and psychopathology of children and adolescents. [6]*

In respect to screening, Dr Goodman advises “In community samples, multi-informant SDQs (ie SDQs completed by both parents and teachers) can predict the presence of a psychiatric disorder with good specificity and moderate sensitivity.”

Contrary to assurances by the Ministry that the SDQ is not used for diagnostic labeling, the SDQ website advises that the screening test identifies symptoms and behaviours of the psychiatric disorders and identifies disorders such as ADHD and Generalised Anxiety Disorder as defined by

the DSM-IV and ICD-10.

The Ministry of Health goes beyond failing to inform parents and teachers of the purpose of the SDQ and the rights of parents to decline it, but actually instructs health professionals conducting the screen to withhold this information from parents. In its manual for health professionals the Ministry states the following:

***Important:*** Do not use the words 'borderline' or 'abnormal' when communicating the results back to the parent. Use the terms 'concerning' to acknowledge parents' concern. Avoid saying things like, 'I need your permission to administer the SDQ' or 'Sorry for having to put you through this' or 'You don't have to do this if you don't want to'. These statements may engender a negative or fearful reaction in parents.

*Emphasise to parents and teachers that the SDQ's purpose in relation to the B4 School Check is not to judge or label children, but to make sure the child has no problems that might hinder the child from learning and to get appropriate support and help for the child and their family/whanau if any problems are identified.*

*Parents may be intimidated by the SDQ or it may raise anxieties about their child. Introduce and discuss the SDQ in a way that minimises parental anxiety and reassures parents about the purpose of the questionnaire.*

The Ministry advises health professionals that a total difficulties score between 17 and 40 (an 'abnormal' or 'concerning' score) on either the Parent or Teacher questionnaire "identifies possible mental health disorders, socio-emotional issues or other developmental disorders affecting the child and their family/whanau." Health professionals are told to "Refer a child with 'concerning' scores to a paediatrician, a child mental health specialist or the Child and Adolescent Mental Health Services, or Group Special Education (GSE), depending on the type of further evaluation and management the child needs."

Interestingly, while the SDQ is promoted as a school readiness check, the results are not shared with the child's school but sent to their doctor. The vision and hearing test results however are given to the child's early education centre, kohanga reo, and/or school.

In an official information act request, CASPER was advised that parents have the right to have their children screened for physical health while refusing to participate in the SDQ. Parents are however not told this before or during the B4 School Check. In our discussions with parents we are told that they agree to fill in the SDQ because they believe failure to do so will result in being unable to have their child's hearing and vision tested.

The roll out of the B4 School Check occurred following a pilot programme, the results of which have not been published by the Ministry but which CASPER obtained under the Official Information Act. The pilot showed strong resistance from parents to the rating scale used, the applicability of the questionnaire and specific questions about lying, cheating and stealing. The evaluators reported that parents stated that "these questions were not appropriate to the age group and were reluctant to label their child in the areas concerned." Advice to the Ministry was that the SDQ should not be introduced but that if the Ministry chose to implement it, it should run a publicity campaign using a New Zealand celebrity to promote it in order to overcome parental resistance.

Remembering that the results of this test will remain on a child's file for at least 10 years, what happens if a parent disagrees with the results or the assessment provided by the teacher?

In response to this question, the Ministry advises that it is unlikely the assessment will be removed from the child's record. Apparently the usual course of action when a patient (or parent) believes that there has been a misdiagnosis or disagrees with information placed on the record by a health provider is that the information is not removed but that a note that the parent disagrees with it is placed on the file.

So what results has screening NZ four year olds produced?

Dr Pat Tuohy, the Ministry of Health's Chief Advisor on Child and Youth Health advised in a press release on 23 Sept 2010 that the mean scores of four-year-old New Zealand children on the SDQ were comparable to those of preschoolers in Australia, the United Kingdom and the United States. He warned however, that the assessment raises some concerns about the higher rates of conduct problems seen in New Zealand preschoolers[7]

Dr Tuohy presented the following data from the SQD at the Annual Conference of the Public Health Association of NZ held from 22-24 September 2010[8] which he claimed showed our children had higher rates of conduct disorder and difficulties relating to their peers than international averages.

|           | International comparisons |           |         |     |
|-----------|---------------------------|-----------|---------|-----|
|           | NZ                        | Australia | Britain | USA |
| Total     | 7.3                       | 8.2       | 8.6     | 7.4 |
| Emotional | 2.2                       | 2.1       | 1.9     | 1.5 |
| Conduct   | 2.5                       | 1.5       | 1.6     | 1.4 |
| Attention | 3.2                       | 3.1       | 3.6     | 3.2 |
| Peer      | 2.1                       | 1.6       | 1.4     | 1.3 |
| Prosocial | 8.4                       | 8.3       | 8.6     | 8.4 |

In fact, Dr Tuohy's claim that he was comparing NZ preschoolers with those in other countries is completely untrue. The US data he used is from 2001 and was taken from a random sample of 9,878 children aged 4-7. The British data was taken from a representative sample of 5,766 5-10 year olds. The Australian data was taken from a 2005 study involving a random sample of 910 children aged 7-17.

The average scores for populations that span age ranges of 3-10 years are not appropriate comparators for a population of NZ children who are all the same age and are far younger than those populations.

I have no doubt the goals of the interagency working group on conduct disorders have been met. The government has been provided with data showing that public funds should be invested in addressing New Zealand's high rates of conduct disorder. The 'infant mental health' units and specialists in NZ hospitals have secured ongoing funding.

The results for our kids don't look so great though. New Zealand pre-schoolers are being given stigmatising labels that will follow them through to their teenage years and affect the way parents, teachers and health professionals view and treat them and more and more children are being prescribed dangerous psychiatric drugs which are clinically proven to induce suicidality, violence, obesity, diabetes, cardiac arrest, impaired growth and infertility.

I sincerely doubt this is what parents expect from 'child wellness checks' in New Zealand.

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[1] D Cadman, L W Chambers, S D Walter, R Ferguson, N Johnston, and J McNamee

1987 Evaluation of public health preschool child developmental screening: the process and outcomes of a community program. *Am J Public Health*. 1987 January; 77(1): 45–51.

[2] Goodman R, Renfrew D, Mullick M (2000) Predicting type of psychiatric disorder from Strengths and Difficulties Questionnaire (SDQ) scores in child mental health clinics in London and Dhaka. *European Child and Adolescent Psychiatry*, 9, 129-134.

[3] Goodman R, Renfrew D, Mullick M (2000) Predicting type of psychiatric disorder from Strengths and Difficulties Questionnaire (SDQ) scores in child mental health clinics in London and Dhaka. *European Child and Adolescent Psychiatry*, 9, 129-134.

[4] Achenbach, T. M., Becker, A., Döpfner, M., Heiervang, E., Roessner, V., Steinhausen, H.-C. and Rothenberger, A. (2008), Multicultural assessment of child and adolescent psychopathology with ASEBA and SDQ instruments: research findings, applications, and future directions. *Journal of Child Psychology and Psychiatry*, 49: 251–275.

[5] [Karen H. Bourdon](#), M.A., [Robert Goodman](#), Ph.D., [Donald S. Rae](#), M.S., [Gloria Simpson](#), M.S., [Doreen S. Koretz](#), Ph.D. 2005 The Strengths and Difficulties Questionnaire: U.S. Normative Data and Psychometric Properties *Journal of the American Association of Child and Adolescent Psychiatry* [Volume 44](#), [Issue 6](#), Pages 557-564

[6] Goodman, R 2001 Psychometric Properties of the Strengths and Difficulties Questionnaire, *Journal of the American Association of Child and Adolescent Psychiatry* [Volume 40](#), [Issue 11](#), Pages 1337-1345

[7] [http://www.moh.govt.nz/moh.nsf/indexmh/nz-preschoolers-can-get-along-well-with-others?](http://www.moh.govt.nz/moh.nsf/indexmh/nz-preschoolers-can-get-along-well-with-others?Open)  
Open

[8] Dr Pat Tuohy, 2010 The mental health of New Zealand preschool children  
Strengths and Difficulties questionnaire at 4 –5 years  
<http://pha.vcsnet.co.nz/Day2-64-mental-health-4-year-olds.pdf>



# Exhibit 2 – The 'experts' who break up families

<http://www.dailymail.co.uk/news/article-2121886/The-experts-break-families-The-terrifying-story-prospective-MP-branded-unfit-mother-experts-whod-met--nightmare-shared-families.html>

## ***The 'experts' who break up families: The terrifying story of the prospective MP branded an unfit mother by experts who'd never met her - a nightmare shared by many other families***

DAILY MAIL

By [Sue Reid](#)

**PUBLISHED:** 22:45 GMT, 28 March 2012 | **UPDATED:** 11:57 GMT, 29 March 2012

A little over a year ago, Lucy Allan led what most people would regard as an eminently respectable life.

The middle-class mother, a Tory councillor, was happily married to her stockbroker husband, Robin, and doted on their ten-year-old son, who loved going to school and was a passionate cricketer.

Indeed, such was Mrs Allan's standing in the community that this accountant and former investment banker was on David Cameron's A-list of potential MPs and a prospective Conservative candidate at the last election.

She devoted her spare time to her council duties. Twice a month, she sat on the local fostering panel, which oversaw the removal of children from their parents and placed them with new families.

It was heart-rending work, as she recalls. 'At each fostering meeting we were presented with horrifying cases of abusive parents, almost always depicted as "substance abusers", mentally unstable or "unable to put the needs of their children over their own needs".'

'Often, this portrayal was supported by an expert report from a psychiatrist, psychologist or medical doctor,' says Lucy.

'It never occurred to me, or any member of the panel, that the information we were presented with might be a distorted, twisted fiction — or that the reports were anything other than independent.'

Now, her view has changed. She suspects that many of the damning reports were written by experts who had never met the families in question, to suit the wishes of social workers under pressure from the Government to increase the number of children adopted.

As a result of this process, more and more children are being taken into state foster care.

So why has her faith in the system she once facilitated been shattered? Because, thanks to a bewildering chain of events, this eloquent, educated woman found herself under attack from social workers and fighting to stop her own son being taken into care.

Hers is a Kafkaesque story involving family experts who passed judgment on her fitness as a mother without, in some cases, even meeting her.

Lucy's story is particularly disturbing in the light of a report released this month which found that decisions about the futures of thousands of children are being based on flawed evidence from well-paid 'experts', some of whom are unqualified and, time and again, never meet the families concerned.

The damning study by Professor Jane Ireland, a forensic psychologist, examined more than 127 expert witness reports used in family court cases in three areas of England. She found that 90 per cent were produced by clinicians who no longer practise, but instead earn their living entirely as ‘professional expert witnesses’ paid for by council social work departments. Sixty-five per cent of the reports were poorly or very poorly carried out.

This has led to accusations from MPs, lawyers and families that many of the experts are on a gravy train — ‘hired guns’ paid to write precisely what social workers want to read.

This month the Mail reported how just such an accusation has been levelled against one leading psychiatrist, Dr George Hibbert — who faces allegations that he deliberately misdiagnosed parents as having mental disorders, which led to them having their children taken by social services.

John Hemming, a Lib Dem MP who is calling for a national inquiry into the use of expert testimonies in family court hearings, says this dubious system has resulted in families being torn apart and hundreds of children being wrongly taken for adoption from innocent parents.

It is a scenario Lucy Allan feared could happen with her own son. Her nightmare began last March when, aged 46, and having begun to feel depressed for no apparent reason, she decided to go to see a doctor.

‘I am close to my son, so I was worried that he knew I was feeling sad. I went to my local GP surgery expecting to be given a course of anti-depressants and then feel better,’ she recalls.

She was seen by a young female locum, who listened to what Lucy had to say, and then told her she wanted to refer her to social services to ‘see if the family needed support’.

The locum turned to Dr Peter Green, a consultant forensic physician and head of child safeguarding in Wandsworth, South London, where Lucy lives. A flamboyant figure with flowing grey hair and a penchant for bow ties, he has written thousands of reports for the family courts.

According to documents seen by the Allan family, Dr Green told the locum his view was that Lucy was ‘very self-centred’ — this despite the fact he had never set eyes on Lucy or spoken to her. (When she later complained about the conclusions he had drawn without even having seen her, the doctor is alleged to have told her he had relied on a ‘gut feel’).

To Lucy’s horror, following Dr Green’s assessment, the locum informed social services that Lucy’s son was at significant risk of harm from his mother.

Thus it was that a woman whose job it had been to make decisions on the fostering panel about which children should be removed from their families suddenly found herself under the most intense scrutiny.

‘Instead of reading reports on another mother’s “emotionally abused” child or her “chaotic” home life, I was reading the same accusations in reports about me and my family,’ she says.

Social services insisted they interview her son, but as the inquiry unfolded, the evidence from his teachers suggested he was happy and thriving. An independent report from an NHS psychiatrist also said Lucy was ‘no risk to anyone, including her son’.

But social services hired their own psychiatrist from the Priory Hospital in Roehampton, south-west London — at taxpayers’ expense naturally.

Without meeting Lucy or her son, and based only on information provided by social services, the private psychiatrist stated in an ‘expert’ report that there was an ‘urgent need’ for the assessment and treatment of Lucy.

The psychiatrist added that there was ‘no way’ her depression would not have a ‘significant impact on her parenting’.

As the investigation dragged on, Lucy underwent a series of interviews by social services and by

experts paid by them to examine her and her family. Many of their subsequent reports, says Lucy, were inaccurate, biased and took her family's words out of context.

For example, her son had mentioned that when he got off the school bus, he always asked Lucy how she was, but this was described in one report as: 'Her son demonstrates inappropriate anxiety for the wellbeing of his mother on a daily basis.'

When Lucy admitted taking sleeping pills for insomnia and diazepam for anxiety, another report on her said such 'drug abuse would make her barely conscious on a daily basis'.

Her confession of sharing a bottle of wine with husband Robin most nights was written up as 'alcohol abuse', and the risk of Lucy harming her son was deemed to be 'substantiated'.

All this begs the question of how often such judgments are passed down by 'experts' and social workers on those less well equipped than Lucy to defend themselves.

She has spent the past year trying to clear her name, paid out £10,000 on legal fees and has had to pull herself off the A-list of David Cameron's potential Tory candidates, quit as a school governor, and, of course, resign from the fostering panel. 'I am now ineligible for the Criminal Record Bureau check required for working with children or young people,' she says sadly. Her son's social services records state that she was once considered a 'risk' to him, and it will remain on his file till he is 18.

Finally, at Christmas, the council's social services said officially no action was required concerning Lucy. She is trying to rebuild her life with the help of husband Robin — who, incredibly, was never interviewed by social services — but still fears she could come under scrutiny again.

'The system is designed to silence people,' she says. 'I have been prescribed anti-depressants and I am better. But at the back of my mind is the fear that if I complain too loudly about the child protection system they will be back at my door.'

No doubt she would agree with Nigel Priestley, a lawyer involved in family law, who said recently: 'Just about the most draconian act the state can carry out is to remove a family's child. What is at stake is the loss of their children, and on the basis of a report which might, or might not be, questionable.'

Those who write these reports — often psychologists or psychiatrists, but also medical doctors and consultants — do not face the glare of public scrutiny precisely because of the secrecy of the family court system. Lucy can describe her ordeal only because her case never got as far as those closed courts — no parent who appears at one of these hearings, which operate in every town and city in the land, is allowed to speak to anyone later about what has happened there, even to their own MP.

Every year, 200 mothers or fathers are jailed for 'contempt of court' for breaking this silence — while the same family courts request the removal of 225 children each week, 97 per cent of whom are never returned to their families.

Now, there are demands for an American-style 'class' legal action against the Government by parents who have had dubious or even bogus reports written about them. Paul Grant, a legal adviser at Bernard Chill & Axtell Solicitors in Southampton, says devastated parents have contacted him after his firm took on the case of a mother, known only as Miss A, who claims she was misdiagnosed with bipolar disorder by psychiatrist Dr George Hibbert because social workers wanted her baby adopted.

Now, Hibbert could be struck off by the General Medical Council, which is investigating extraordinary suggestions that he deliberately misdiagnosed 'caring' mothers as having 'personality disorders' in order to help social workers take away children.

When he was confronted with the allegation about Miss A, Hibbert offered to surrender his licence to practise as a doctor.

This week, his spokesman said he is 'unable to comment due to his professional duty of

confidentiality'. But I have learned that Porsche-driving Dr Hibbert amassed up to half-a-million pounds a year from his work as an expert witness, and from his reports on parents and children for social services departments.

Accounts for his company, Assessment in Care Ltd, show that profits soared from £23,000 in 2001 to a peak of £468,000 in 2007. It is now worth £2.7million, according to Companies' House records.

Paul Grant says that Miss A's distressing case 'may be the tip of a very large iceberg'. He adds: 'We contend that when a practising clinician becomes a professional expert witness with a private company, there is no registration process, and no machinery to vet what they do.

'By failing to put in a regulatory framework, we would argue that the state is failing to protect families under Article 8 of the Human Rights Act, which says everyone has the right to a private and family life.'

As Dr Hibbert's professional conduct comes under scrutiny, it is emerging that he is not the only one whose actions are being questioned.

The Mail has been contacted by scores of parents who believe they have been mistreated on the word of these 'experts'. We have been told by lawyers about clinicians charging £1,800 a day to appear at family courts, on top of the thousands of pounds a time they receive for writing the reports, which often contain lies, ambiguities and insinuations.

One mother said she had her children taken away because an 'expert' said she 'liked shopping'; another was criticised as mentally unfit for 'burning the toast', and lost her child, too.

In another case, an expert was paid handsomely to write a report based on the observations of a social worker who said a five-year-old girl was 'monosyllabic'.

Yet we are told a secret tape recording of the social worker's interview showed the child chatting away about school, her family and her home. The little girl has since been removed from her mother.

We have also been told about a gregarious 47-year-old business adviser in the north of England who had to fight to keep her five-year-old daughter after being labelled a 'totally isolated schizoid' by a psychologist, who we understand is trained only to treat children, and should never have been involved in the analysis of adult behaviour.

The psychologist in question (who writes up to 100 expert reports a year) charged £6,000 for his written opinion on the mother, her husband and child. Yet the mother says she was given no chance to deny the 'schizoid' report — and kept her girl by the skin of her teeth only after the child's nanny vouched for her parenting skills.

In another extraordinary case, after a woman was found by a psychologist to be a 'competent mother', the social workers are said to have insisted on commissioning a second expert's report. It agreed with the first.

They then commissioned a third, which finally found that the mother had a 'borderline personality disorder'. All three of her children were taken away for adoption.

So how have such apparent travesties been allowed to go on virtually unchecked in child protection?

No other country in Western Europe removes so many children from their parents. The numbers taken into care — the first step towards adoption — have doubled in a decade to more than 10,000 a year.

The last Labour government set adoption targets and rewarded local councils with hundreds of thousands of pounds if they reached them.

The targets have been scrapped after protests from MPs and lawyers, but the dangerous legacy persists. Social workers now get praise and promotion if they raise adoption numbers. David Cameron is also demanding more adoptions — and that they are fast-tracked.

Since the case of 17-month-old Baby P, more youngsters than ever before in British history are being removed from families every week. Many say this is a knee-jerk reaction, which is probably true. But it's not the whole story.

It is the 1989 Children Act — which introduced a blanket secrecy in the family courts — that is the real culprit. It encouraged a lack of public scrutiny in the child protection system and what MP John Hemming calls the 'twaddle and psychobabble' peddled there, which has caused dreadful miscarriages of justice.

Ian Joseph, who has written a book on forced adoption, told me this week: 'It's time the criminal rules of justice applied in the family courts. We need parents to be considered innocent until proven guilty and also be free to talk about what is happening in those courts without being thrown into jail.'

Until that happens, hundreds more children may be seized from their families on the word of experts — many of whom are either not qualified or are receiving huge sums of money to play God.