



directors of
adass
adult social services
West Midlands

Who's to Blame for Parental Blame?

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Associates - West Midlands Association of Directors of Adult Social Care

Autism in Practice ; Changing Conversations, Improving Outcomes
Tuesday 30th June 2026



UNIVERSITY OF
BIRMINGHAM



We will share...

- Who we are
- Background and Context
- What is parental blame?
- Our approach – methods and design
- Phase 1 and 2 results
- Findings and Reflections
- Q & A

Project Contributors

Advisory Group:

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Project Team



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Phase 1 – NHSE (Midlands) & WMADASS

Phase 2 - WMADASS

Background and Context

Parent advocacy is the reason this project happened

- Parents speaking out for themselves and others against parental blame

Historical Context

- An enduring narrative of parent blaming – from refrigerator mothers to paracetamol in pregnancy

System Context

- Autism diagnoses up 787% between 1998 and 2018 (Russell et. al., 2022).
- High number of referrals, long waits for assessments

Political Context

- Reviews and reforms - opportunities for improvements or cost cutting?
- Debates are increasingly politicised with polarised opinions

What do parents mean by Parental Blame?

Blame means to hold someone responsible for doing something bad or causing something bad to happen.

The ways in which parents feel blamed can include:

- *Professionals, such as social workers, teachers, health care providers questioning, criticising, or making judgemental comments about their parenting.*
- *Professionals questioning a parents account of their child's behavioural symptoms or the need for an autism assessment.*
- *Professionals accusing the parent of causing the child's behaviour.*

Collaborative research with parents and practitioners

A **sequential mixed methods** approach in 2 phases

- Phase 1: *How do parents of autistic children and young people experience blame when they approach health, education and social services for support?*
- Phase 2: *How well equipped are professionals to recognise autism in children and provide the support families need?*

**Parents'
Perspectives**

+

**Practitioners'
Perspectives**

Survey – 685
respondents

2 Focus Groups
– 9 participants

Report –
November 2024

Survey – 96
respondents

3 Focus Groups
– 13 participants

Report – June
2026

Systematic Literature Review

Systemic Literature Review: Method

Search terms:

- Children & Young People
- Autism
- Parents & Carers
- Parental Blame
- Fabricated and Induced Illness

- **5 databases** searched for peer reviewed articles
- **Grey literature** search
- Consulted with experts by experience for **relevant literature** to include
- Initial search returned **231 papers** after duplicates removed
- 59 papers assessed against quality criteria, 23 papers removed which did not meet the threshold.
- 32 papers were assessed using the Critical Skills Appraisal Programme (CASP).
- **14 identified for full critical analysis**

Literature Review Findings

- Parents experience blame from **multiple sources**
 - community
 - family
 - friends
 - and professionals
- **Blame from professionals'** manifests as:
 - blaming parenting as a cause of child's autistic presentation
 - not listening to or believing parents
 - accusations of neglect or FII
- **Parents/families impacted** by blame from professionals
 - describe battling the system
 - experience guilt, symptoms of trauma
 - become informed and knowledgeable to advocate for themselves and their children
- Limited evidence of **professional perspectives** of parental blame
- **Majority of studies examine mothers** – little research about fathers, other family members

Online Survey of Parents' Perspectives

685 responses from parents of autistic children.

Survey open for 6 weeks in Spring 2023

Eligibility: Parent/carer of an autistic child/young person in England.

99% parents of autistic children
1% were grandparents or a formal guardian.

92% of participants birth mothers
5% were birth fathers, 2% adoptive parents.

64% of participants aged 40 -54
24% were aged 25 – 39
11% were over 55
1% were under 25

95% of participants White
2% were Asian or Asian British
2% were from mixed or multiple ethnic groups
1% were Black, Black British, Caribbean or African
1% other ethnic groups.

Nine Local Authority regions in England
West Midlands -24%
Remaining eight regions returned between 6 and 10% of responses each.

What we wanted to find out:

Where and when in the autism diagnostic process does blame occur?

How is blame expressed and which services and professionals does the blame come from?

What is the impact of blame on parents, children and young people and their families?

Is there a connection between obtaining an autism diagnosis and parental blame?

Is there a connection between challenging or complaining about professionals and parental blame?

Is there a connection between being an autistic parent and parental blame?

Key Findings

- 86% of respondents experienced parental blame prior to their child's autism assessment and diagnosis.
- Blame described as judgemental or discriminatory statements about parents, disbelief about child's presentation, criticism for being under or overprotective.
- Blame comes from everywhere and everyone:
 - Education Services - 77%
 - Health Services - 63%
 - Friends and Family - 46%
 - Social Services - 26%
 - Self - 22%
 - Partner- 22%
- 37% experienced parental blame after they had made a complaint about a service.

Key Findings

Impact of blame

- Lack of support for families – 90% of respondents
- Worsening mental health for children (and parents) – 70% (94%)
- Children at increased suicide risk - 25%
- Children feel negatively about autism - 46%

Impact of diagnosis

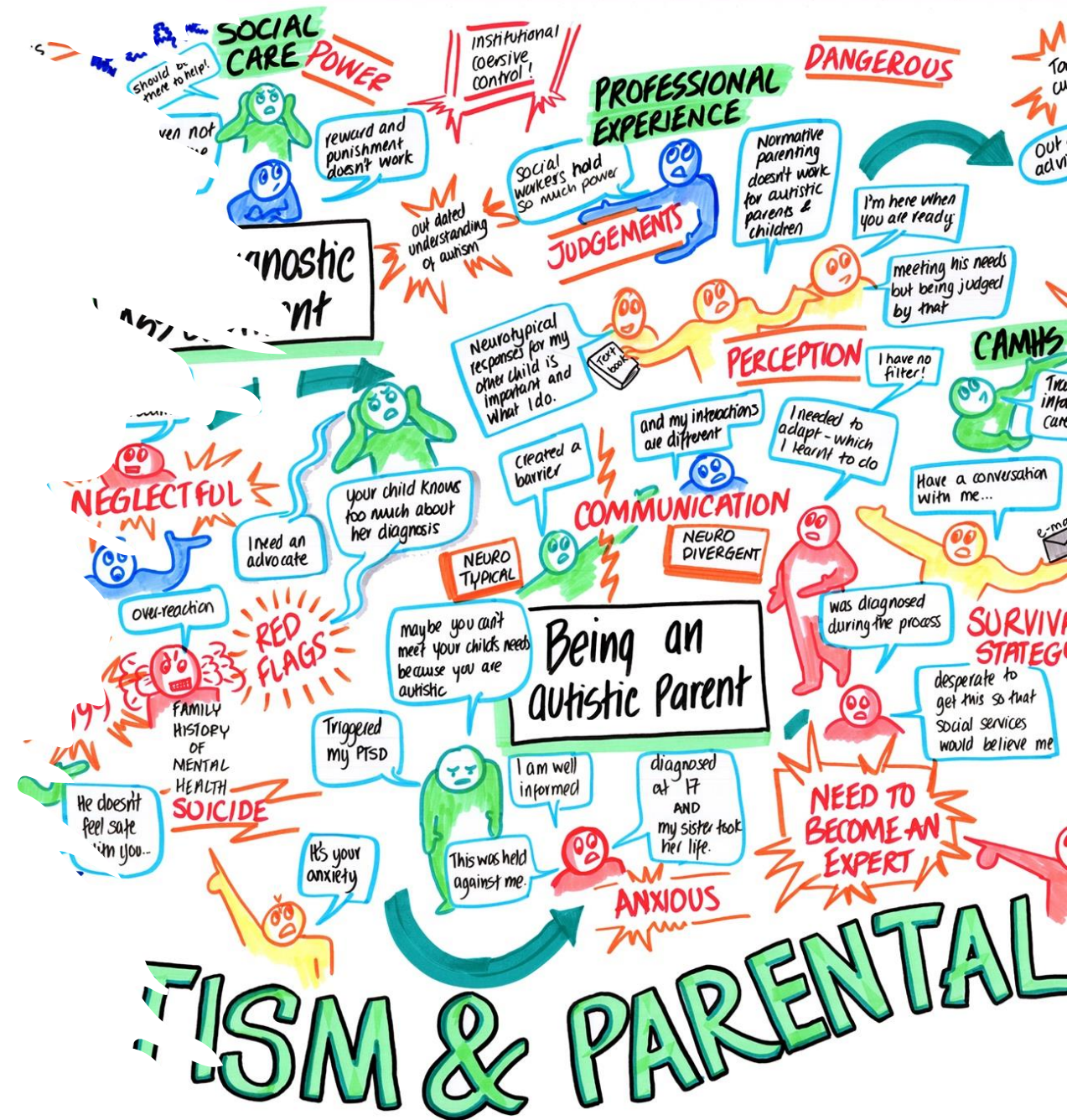
- An autism diagnosis improves the incidence of parental blame on average for most (but not all) parents across all sectors.
- Biggest reduction in blame is from partner, friends, and family

Impact of being an autistic parent

- Autistic parents 3 times more likely to be accused of FII than non-autistic parents.
- And twice as likely to face safeguarding or child protection investigation

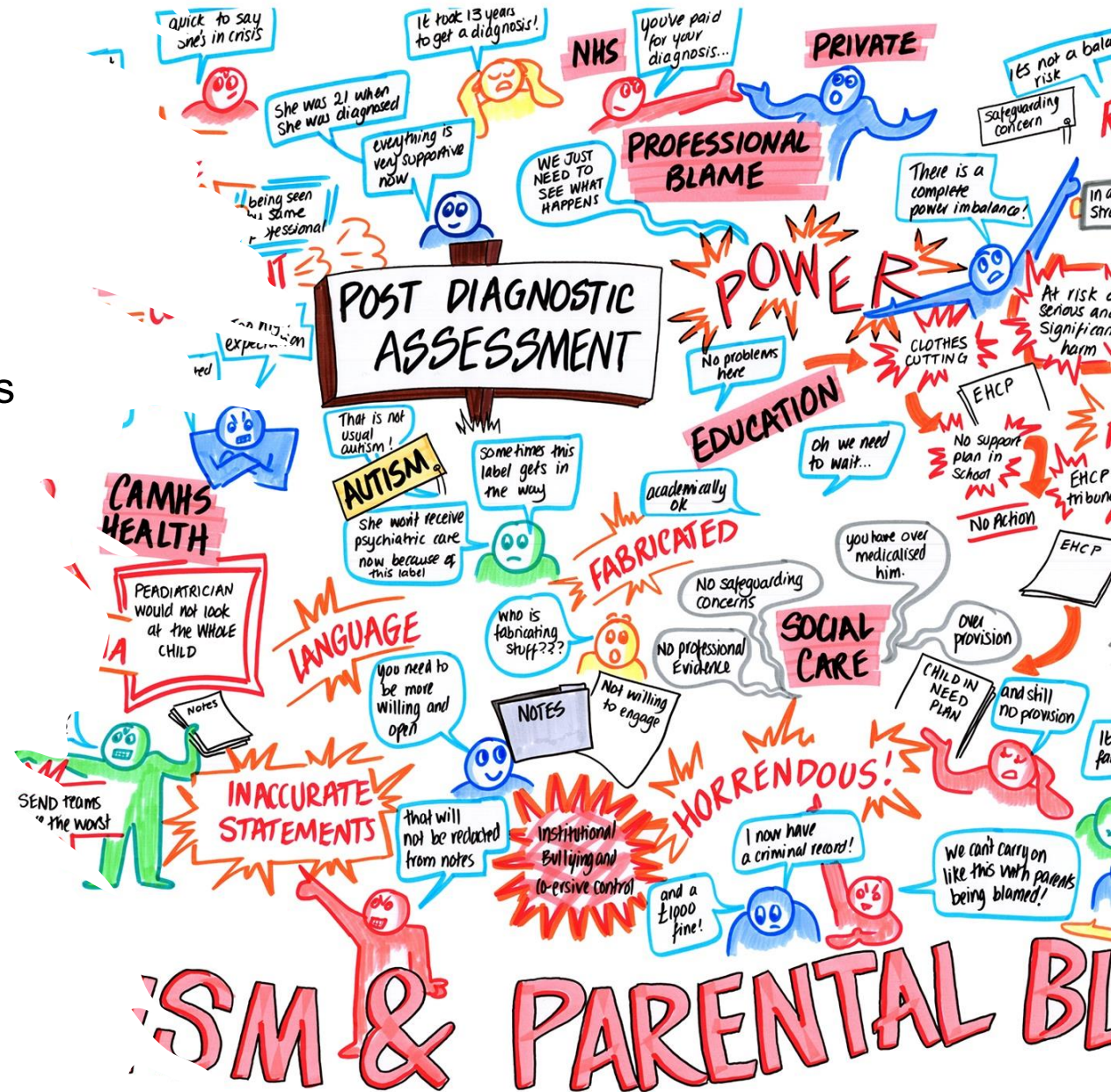
Parents' Experiences

- Parents **felt judged** and **accused of poor parenting** when using strategies that worked best for their child.
- Parents were often **not listened** to, felt **dismissed**, and **not believed** by professionals.
- Professionals were often **quick to make assumptions** based on little or no evidence or validation.
- Professionals **failed to follow their own guidelines** and policies.
- Professionals **lacked training and understanding** of autism and hidden disabilities and mistook this for trauma which in turn caused trauma.
- Evidence of **multiple devastating and lasting impacts** of parental blame. Examples of child protection issues including accusations Fabricated and Induced Illness, fractured relationships, and family breakdown.
- Parents felt it necessary to quickly become **knowledgeable experts** so that they could defend themselves.
- Parents felt that they needed to **fight the system** to get the basics for their child and to be heard as parents.
- Parents' **best experiences** of services were when they were supported by a **neurodivergent professional** who just "gets it".

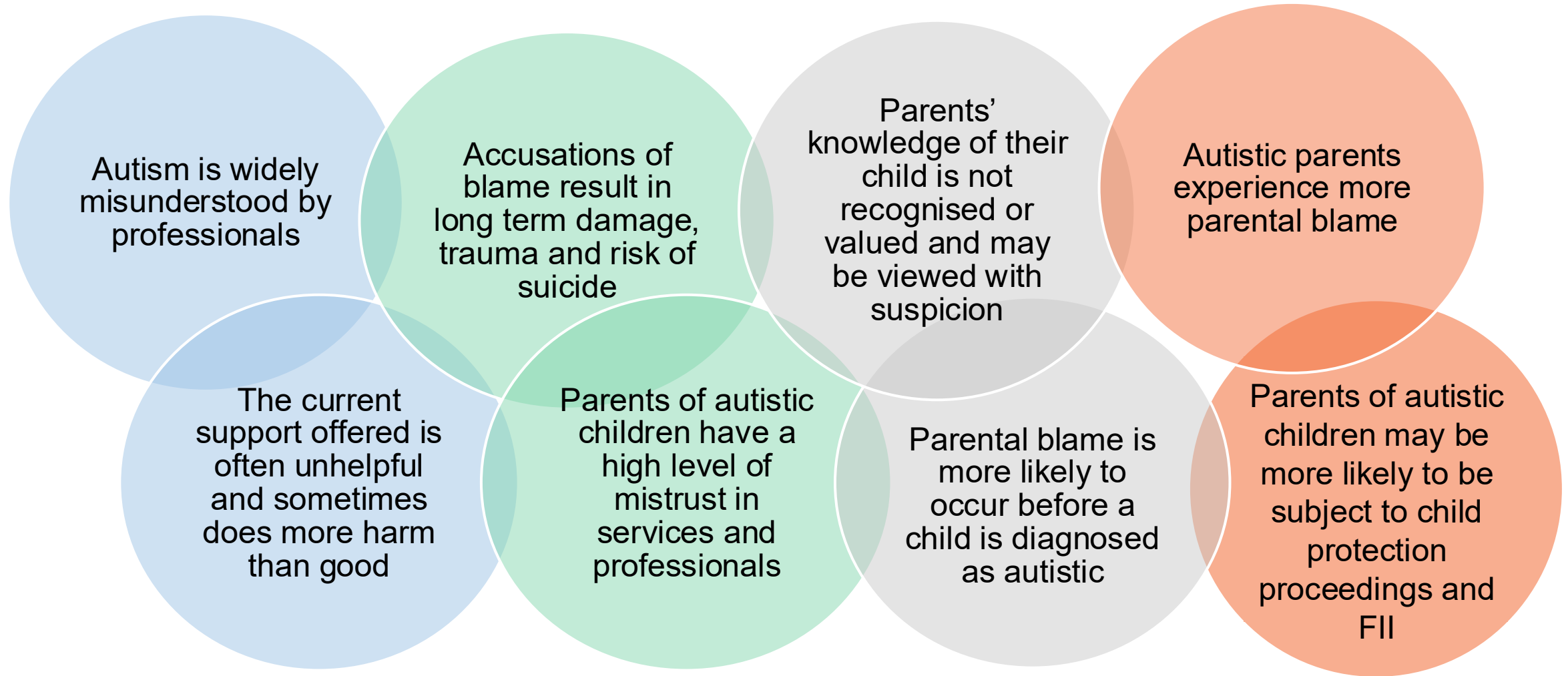


Areas for Change

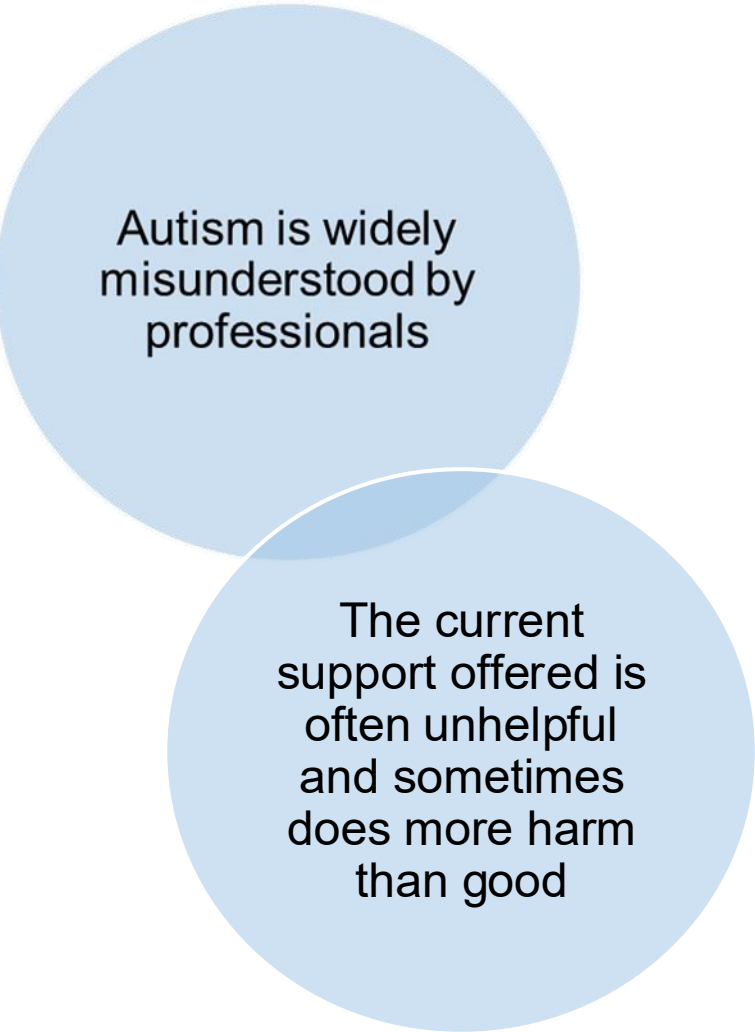
- Recognising **parents as experts**. Parents and professionals **working in partnership**.
- Professionals viewing parents that are **asking for help as positive**, not a challenge.
- Start from a position of **believing the parent** unless there is a real reason not to.
- More awareness through **training for professionals** about autism, hidden disability, and the risks of parental blame.
- **Accountability** in the system when professionals make mistakes.
- **Support for parents** who are or have experienced parental blame by the system.
- More reasonable adjustments in place to support a **productive working relationship with autistic parents**.
- More **neurodivergent practitioners as champions**.
- More use of autism services in the third sector as the **autistic community support each other** well.



8 Areas for Consideration



Misunderstanding can cause harm



Autism is widely misunderstood by professionals

The current support offered is often unhelpful and sometimes does more harm than good

Vast majority of parents said they:

- Experienced parental **blame prior to their child's autism assessment and diagnosis (80%)**
- **Weren't believed** about their child's autistic presentation **(80%)**
- Experienced **open criticism of their parenting** abilities **(70%)**
- Most parents were **not offered any support or information** whilst their child was waiting for an autism assessment.
- **Less than 2%** of all participants said they **get the help they need** from services.
- The most frequently used word to describe post-diagnosis **support was "non-existent"**.

Misunderstanding can cause harm

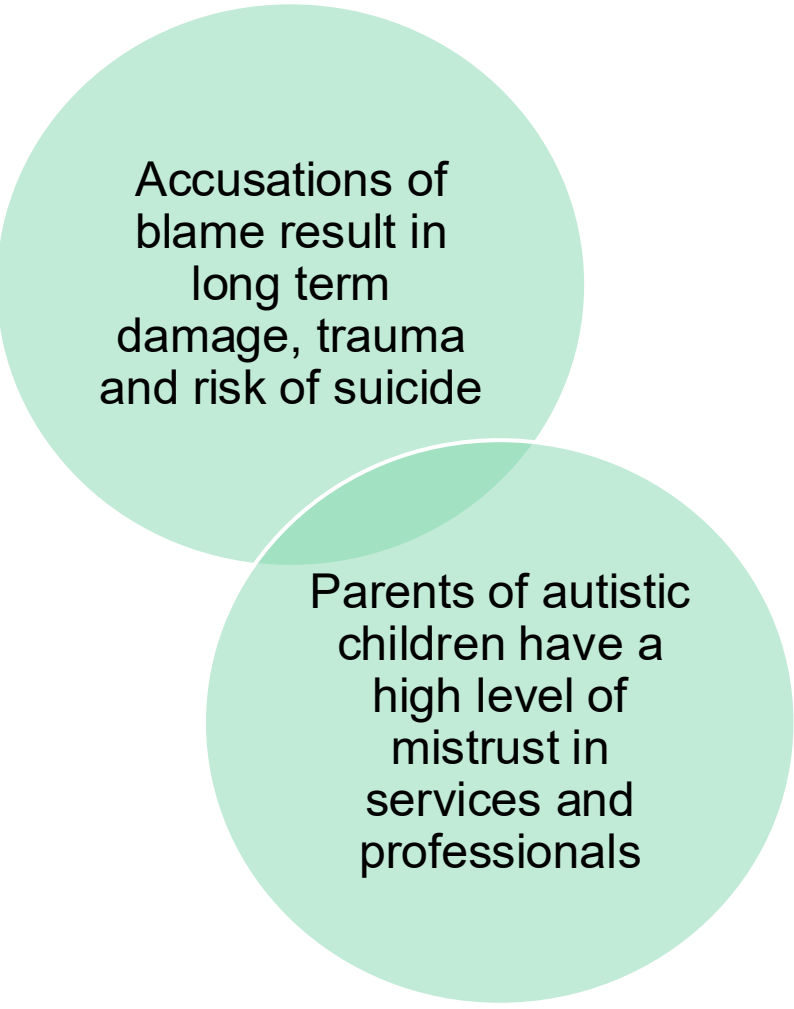


"Not understanding how girls present differently"

"SENCO & head teacher say, 'we're all a bit autistic'".

"I was made to feel completely stupid"

Blame from practitioners leads to harm, trauma and mistrust

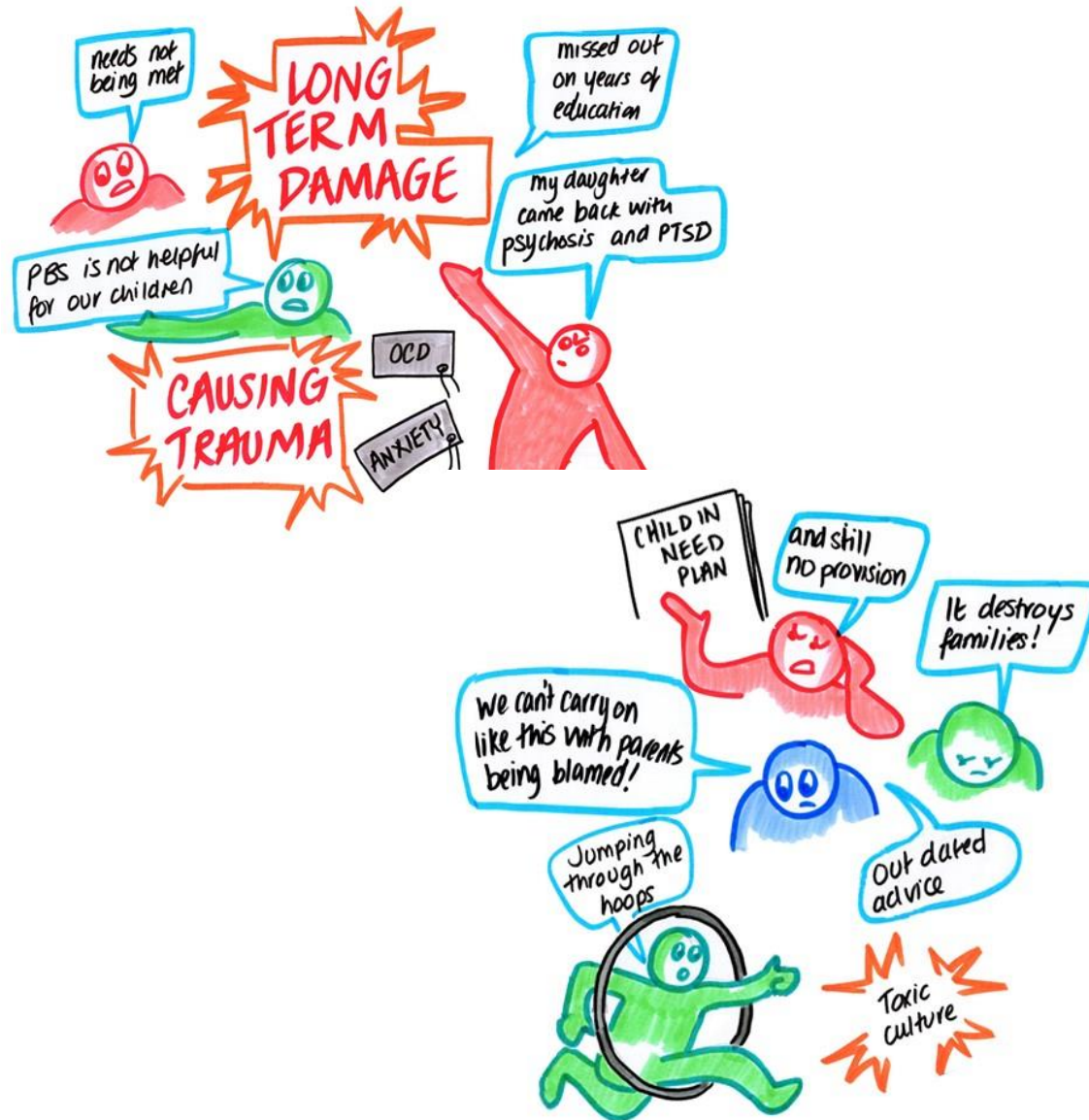


Accusations of blame result in long term damage, trauma and risk of suicide

Parents of autistic children have a high level of mistrust in services and professionals

- 1 in 4 parents reported their child at a **high risk of suicide** following parental blame.
- 1/3 of parents were **fearful their children might be removed** from their care.
- Almost half reported **loss of income** due to increased caring responsibilities.
- Nearly 3/4 participants **lost trust in services** and professionals because of their experiences.
- Over 1/3 experienced parental blame **after they had made a complaint** about a service.
- Parents felt a **power imbalance** weighted towards professionals. They felt there was **no accountability or consequences** for professionals who get it wrong.

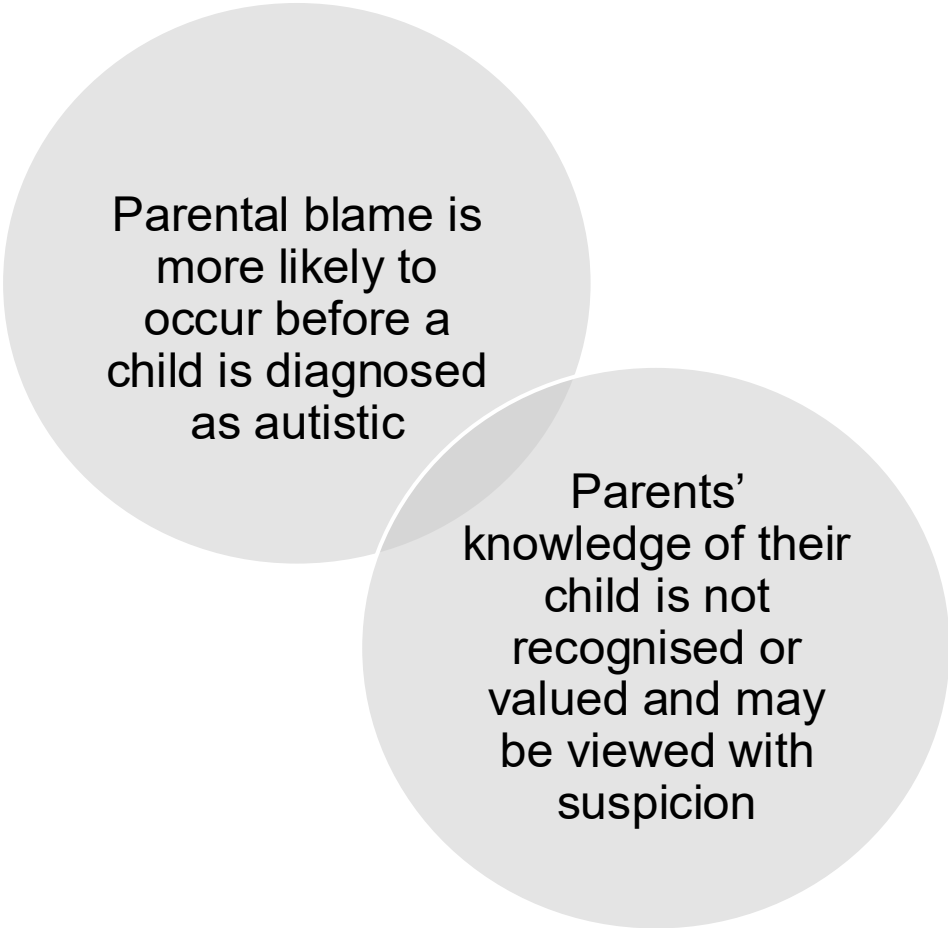
Blame from practitioners leads to harm, trauma and mistrust



"I feel frustrated, yet I don't show any emotion in meetings because that's deemed to be a weakness and I might get more blame. It feels like they are all working together to push my child out of education"

"The school did not believe our evidence concerning our child's health and found us guilty of undermining the "supported placement" objectives. Our child was physically and mentally unwell which precipitated him attempting to take his own life at this time ... This has been a very difficult response to articulate and write as recalling these events are particularly triggering for us as parents."

Parents knowledge and expertise is disregarded



Parental blame is more likely to occur before a child is diagnosed as autistic

Parents' knowledge of their child is not recognised or valued and may be viewed with suspicion

86% of parents said their **parenting was criticised** prior to a formal autism diagnosis

- Education 77%
- Health 63%
- Friends and Family 46%
- Social Care 26%
- Self and/or Partner 22%

81% of parents who experienced parental blame said they **weren't believed** about their child's autistic presentation.

An **autism diagnosis improves the incidence of parental blame** for parents across all sectors.

But it doesn't eliminate it. **For some parents blame got worse after the diagnosis**

Parents knowledge and expertise is disregarded

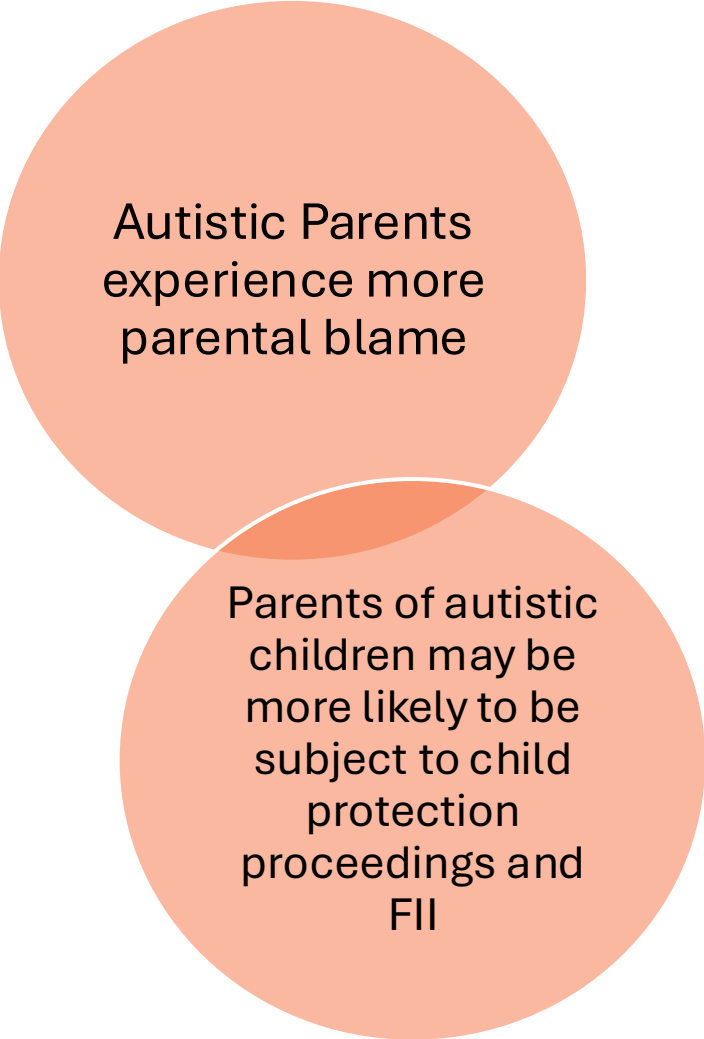


"Despite having 27-year[s] autism experience in a Professional capacity and having been involved in delivering and developing training... I was shocked how my opinion no longer counted as I was now a parent."



"It was implied that my child's anxiety was triggered by me being overprotective and that I am preventing my child from being resilient. It was implied that ...she was fine when I am not around"

Safeguarding, FII and Autism



Autistic Parents
experience more
parental blame

Parents of autistic
children may be
more likely to be
subject to child
protection
proceedings and
FII

One in four parents were subject to a **safeguarding referral**

Approximately **one in six accused of FII**. – very rare in general population (est. between 0.5 and 2.8 per 100,000 children)

1/3 of survey participants identified as autistic.

(11% formal diagnosis 22% self-identified)

Parents with a formal diagnosis of autism were **3x more likely to:**

- be accused of FII
- have their children removed from their care.

Safeguarding, FII and Autism



"I was told – 'maybe you can't meet your child's needs because you are autistic'"

"The head of year at the mainstream school my child attended accused me of FII and made several reports to children's services. These reports were eventually considered to be vexatious because of the amount and frequency"

"Accused of FII 3 times by a health professional. I had to make complaints to 2 separate trusts and the local authority...a stage 2 independent investigation and then a stage 3 tribunal both upheld in my favour and apologies eventually received"

Phase 2: Exploring Practitioners' Perspectives

Why:

- Limited evidence in the literature on practitioners' perspectives
- To create a balanced picture
- To understand the drivers for blame
- To identify opportunities for change

Approach:

- Mixed methods – qualitative and quantitative data
- Underpinned by Phase 1 literature review
- Online survey – 96 practitioners
- 3 focus groups – 13 participants

Online Survey of Practitioners' Perspectives

96 responses from health, education and social care practitioners

Open from Nov 2025 to Feb 2026

Eligibility: Health, Education & Social Care practitioners in England whose role brought them into direct contact with autistic children and young people and their families.

51% Social Care

25% Health

24% Education

Responses from 8 Local Authority regions in England

93% of respondents were female

5% male

2% preferred not to say

90% of participants were White

4% were from Mixed or Multiple Ethnic groups

3% were Black, Black British, Caribbean or African

2% were Asian or Asian British, 1% were from other ethnic groups.

18% of respondents said they were disabled

10% of respondents said they were autistic

33% of respondents were the parent or carer of an autistic child

Aims of the study

Quantify baseline knowledge

Evaluate self-assessed understanding of autism and masking across health, education, and social care.

Measure confidence in practice

Assess professional confidence in distinguishing autistic traits from parenting styles or Fabricated and Induced Illness (FII).

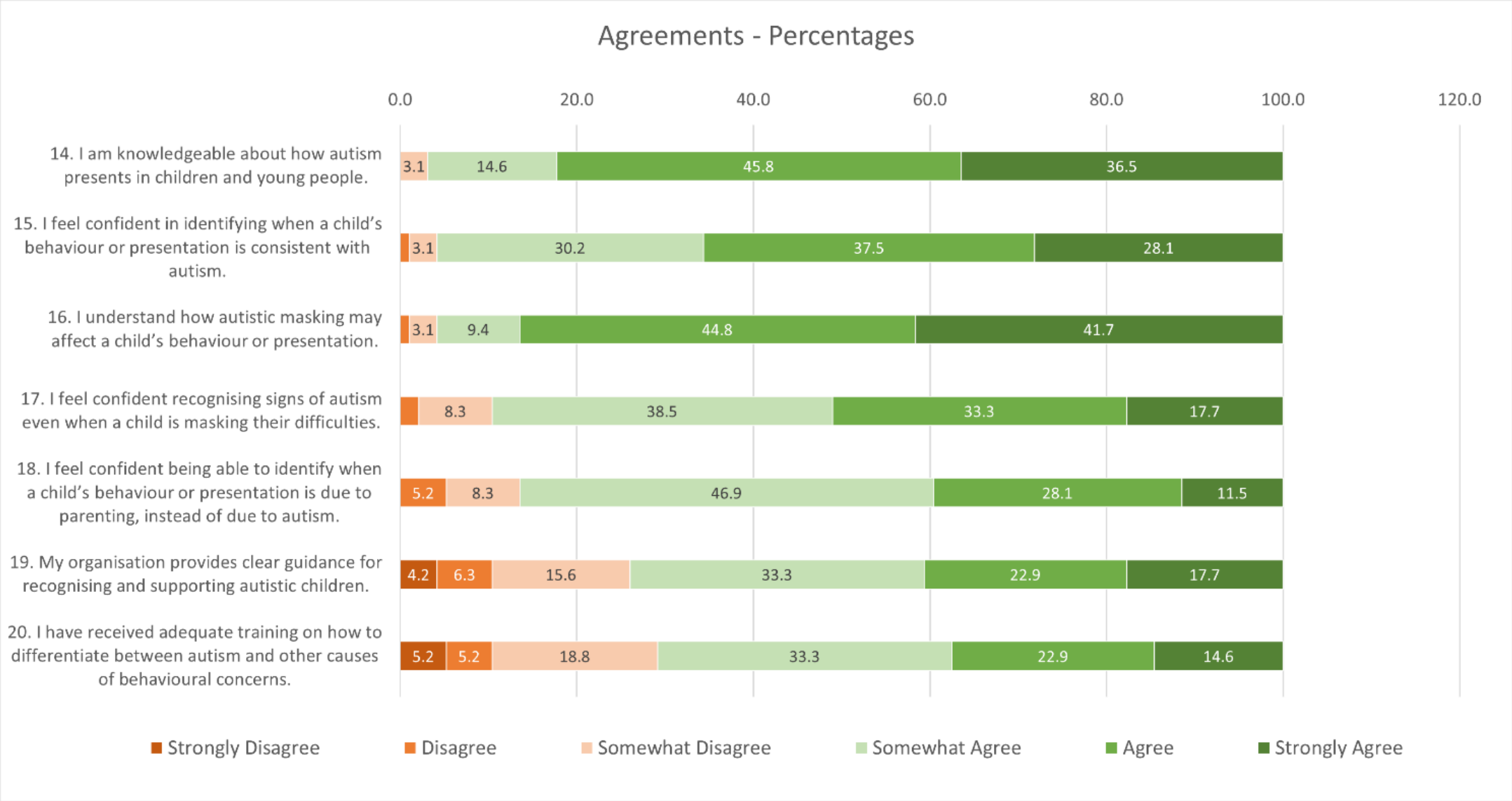
Analyse practitioner experience

Explore what factors, if any, might impact a practitioner's professional insights

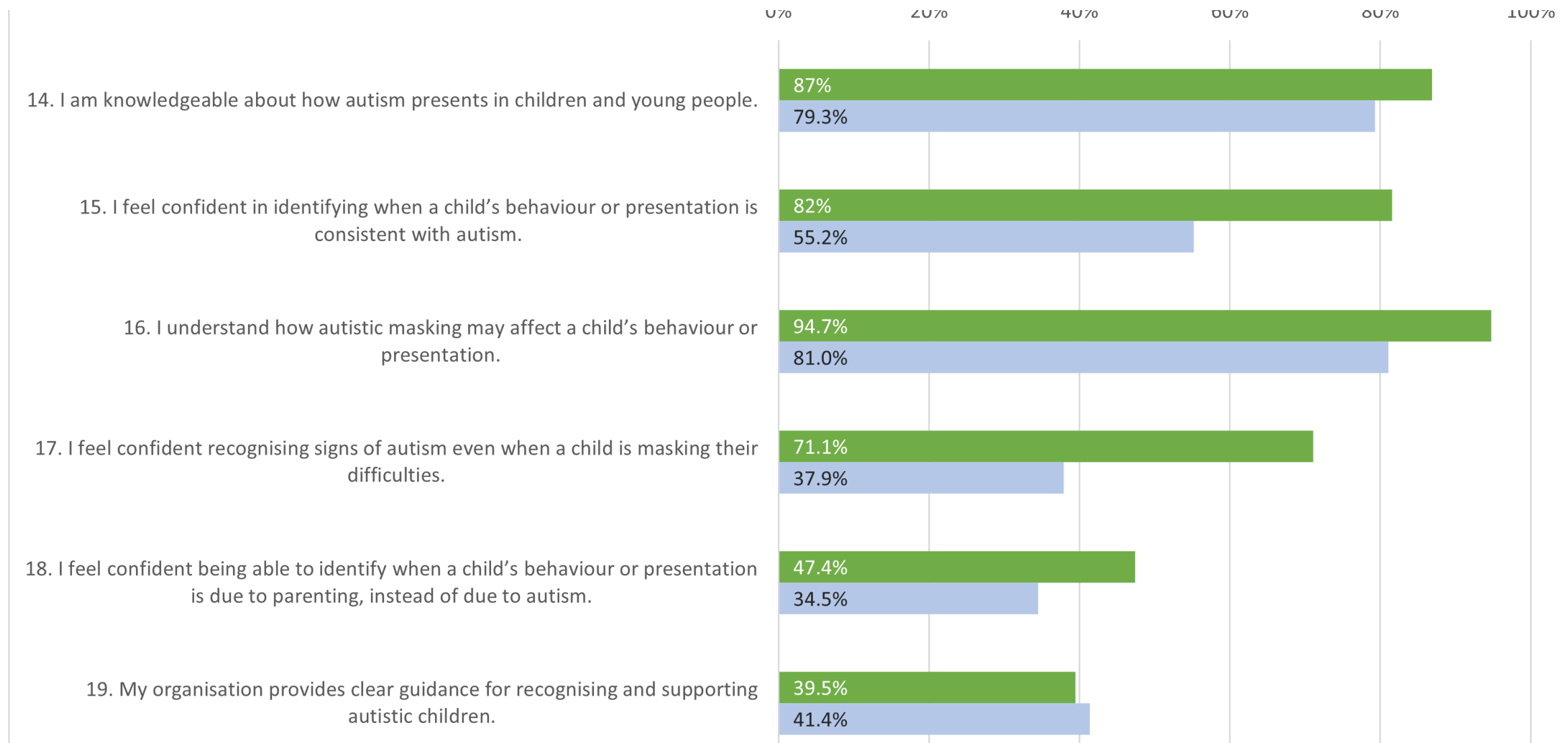
Identify barriers and challenges to supporting families

Uncover the pressures, gaps, and shortages that frustrate practitioners efforts to support families and which may contribute to parental blame

Practitioners feel knowledgeable in theory but less confident in practice



Lived experience of autism increases practitioner confidence



There is a gap in FII knowledge and training

- **64.5%** of respondents **had zero training in FII**, however, **29% of practitioners** have been **involved in cases** where FII is a concern.
- Of the **13** practitioners who had **investigated concerns** about FII, **only 3** had had **formal training**.
- **56% of all respondents were unsure** if their workplace had a **FII policy** and **over 75% were not aware of FII guidelines** produced by British Association of Social Workers or Royal College of Paediatrics & Child Health.

“You're almost taught in this field that it's better to get it wrong. It's better to be wrong [about a safeguarding concern] than to have missed it and have a serious case review”

Social Care Focus Group

Children's needs and voices get lost

“Even when they're gathering children's voices, it's very much about how does that fit around the worry [referral reason]...the lived experience isn't broad enough, such a small part of that is the child's voice” – Social Care

“[MDT meetings] can be quite intimidating...there are lots and lots of people all talking about your child, and your child may or may not be there, and they may not feel that they can be there. They may not be invited” Health

“It almost feels like there's a disconnect between the family and the child and the systems...they don't recognise that we're missing the needs of the children” – Health

Challenges in providing support – practitioner perspectives

- **Service capacity and system constraints**
- **Professional knowledge and collaborative working**
- **Trust, communication, and practitioner's perspectives on parents**

Service capacity and system constraints

- Long waits for assessments
- Diagnosis as gateway to support
- Delayed diagnosis = poorer outcomes

"The length of time it takes from point of referral to the initial appointment with the Community Paediatrician – around 4 years at present." – Education

"Accessing appropriate support/services specific to the needs of the child/young person who displays autistic behaviour and challenges but [has] no formal diagnosis" – Social Care

I worked with one young person where he got a diagnosis at age 16, after concerns were raised...at 11 years old...Consequently, his secondary education was significantly impacted (negatively) by not having the correct diagnoses which would have meant appropriate support measures would have been put in place - Social Care

Professional knowledge and collaborative working

- Practitioners have inadequate knowledge about autism
- Outdated diagnostic criteria risks missed or mis-diagnosis
- Diagnostic overshadowing can cause uncertainty
- Fragmented services and school-centric assessment disrupt and delay support

“Community paediatric services in my area not providing guidance on what to do when healthcare professionals & families believe the child is autistic but education setting disagrees/refuses to fill out paperwork.” (Health)

“there's this attitude that autistic young people and children can't have mental health problems alongside autism. And actually, you could have trauma and be autistic.” - Social Care

“There are many myths around autism, and these may well impact on whether an individual has a diagnosis or whether it may well be other, or a mixture of difficulties, such as ADHD. In other words, we have to be careful not to assume that autism is the actual outcome when it may not be.” (Education).

Trust, communication and practitioner perspectives on parents

- Parent-practitioner relationships and blame
- Parental expectations, understanding, and beliefs can be challenging
- Parents resist competing narratives for autistic presentation
- Autistic parents may face and present unique challenges

"If the child is coping while at school, they [the school] perceive the issue as being around parenting, or parental anxiety... some settings are quite quick to 'blame' parents rather than looking in more detail." (Health)

"Some parents are only focused on getting a diagnosis and don't want to try different strategies" (Health)

"... how much is a need for a diagnosis... and how much of it is an excuse to allow behaviours to continue." (Social Care)

"Neurodivergent parents may present as though they are disabling or speaking for their own child" (Education)

Phase 2 Summary...

Practitioners feel confident about what autism and masking look like -
80% agree or strongly agree

Less confident about identifying autism or when a child is masking -
40 - 60% agree or strongly agree

Lack clear guidance and adequate training, especially on FII – *only 6% had formal FII training*

Some language and attitudes consistent with parental blame – *e.g. “parents just doing it for the welfare benefits”*

Concerned about missing safeguarding risks - *a culture of fear prevents “uncertain but safe” practice*

All sectors feel the child’s voice is missing from decisions made about them - *the child’s lived experience is overlooked*

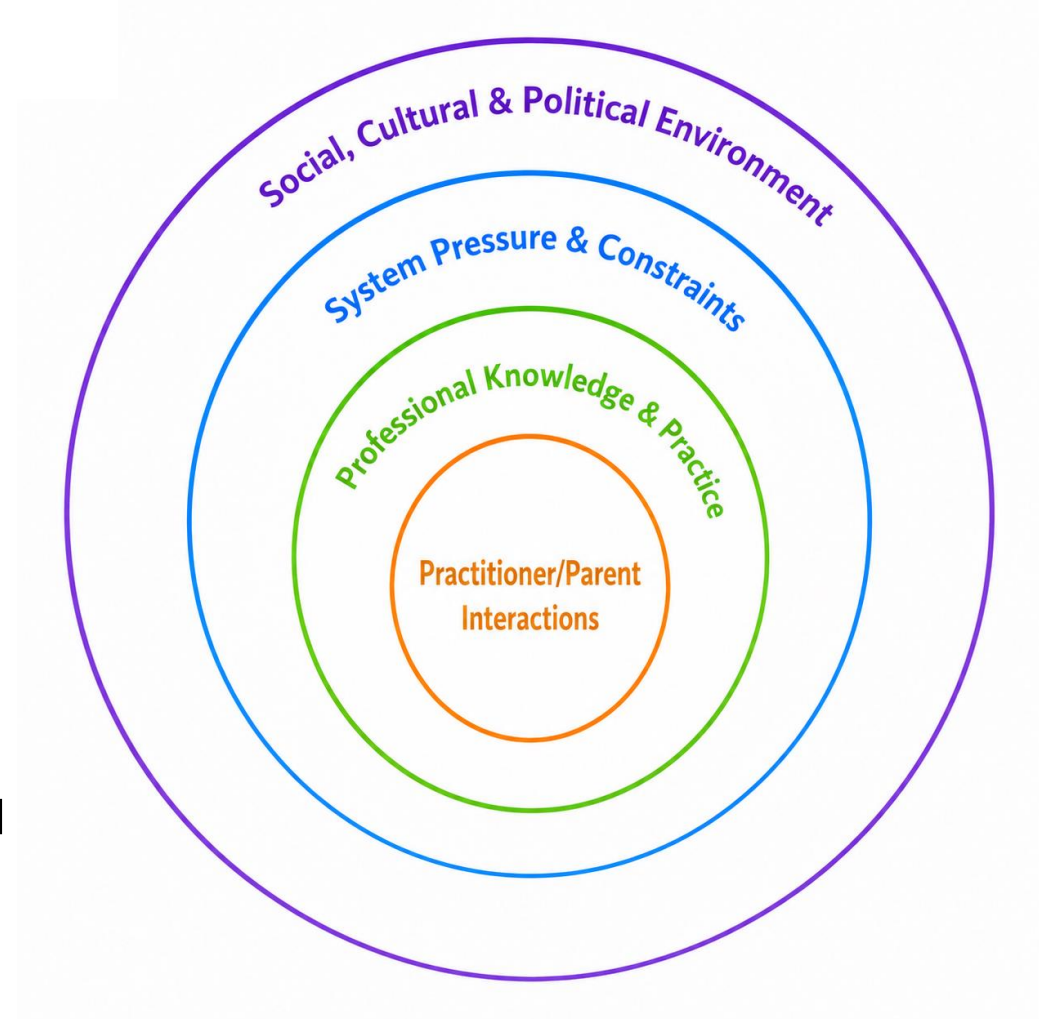
Synthesis of Findings – Phase 1 & 2

Parental Blame occurs across 4 domains

- **Social, Cultural and Political Environment**
- **System Pressures & Constraints**
- **Professional Knowledge & Practice**
- **Parent/Practitioner Interactions**

Plus, cross cutting themes:

- **Recognition, value and integration of lived experience**
- **Professional curiosity, holding uncertainty and managing risk**



Social, Cultural and Political Environment

- Poor understanding of lived experience
- Stigma towards autistic people
- Polarised narratives and beliefs about entitlement to support

- Be curious not judgemental
- Challenge stereotypes and discrimination

System pressures and constraints

- Long waits for assessment without support
- High service demand, low resource and capacity
- Risk averse procedural cultures
- Fragmented services
- Diagnosis-led vs needs-led support gatekeeping

- De-couple early intervention from diagnosis
- Update assessment and safeguarding processes
- Improve safeguards against system-led abuse and trauma
- Provide advocacy for families
- Prioritise relational ways of working

Professional Knowledge and Practice

- Knowledge – practice gap
- Decision making constrained by need for certainty
- School centric assessment process
- Poor understanding of autistic parents
- Lived experience of parents and colleagues not valued

- Improve autism and FII training
- Promote reflective, curiosity-led practice in all sectors
- Recognise neurodiverse workforce experts

Parent/Practitioner Interactions

- Parents knowledge & expertise not valued
- Power imbalance weighted towards practitioners
- Assessing need through safeguarding lens only
- Judgemental & critical language or tone
- Disbelieving parents accounts

- Increase awareness of the harm caused by parental blame
- Encourage care-filled conversations across practice
- Value parents lived experience

What good looks like

"A couple of teachers in my son's school have been amazing – they seem to really see his difficulties and understand they are part of his [autism], not down to parenting. They work with us to find effective strategies" (parent)

"The clinical psychologist was immensely supportive. It really helped when she praised us all for picking up my child's autism so young" (parent)

"Social care actually spent 4 hours assessing my child in the home and built a relationship with them" (parent)

"The GP was the first person to believe my child might be autistic. He was sympathetic to my near-suicidal child and immediately sent off letters requesting help and input from different agencies. Without his help nothing would have happened towards investigating whether my child was autistic and what was causing their poor mental health" (parent)

"I don't see this as a challenge, [parents] need support, empathy, clear guidance and relevant information. Extended time to listen to their view and their child's views. and collaborative working and liaison with schools and external pathway services. Ideally a multi-disciplinary/agency/peer support" (practitioner)

Lessons Learned...and reflections

Parental blame is widespread – it causes harm and distrust

- Not just a parent/practitioner interaction
- Welfare system design inadequacies shift pressure onto families

Build a shared understanding rather than competing narratives

- Move from “*Who is right?*” to “*What is happening for this child?*” - Children’s voices need to be central
- Value different perspectives especially parents lived experience
- Support practitioners through training and mentoring

Every interaction matters

- Repeated negative experiences destroy trust
- Be curious not judgemental
- Each conversation can create positive change



**Thank you for joining
us today**

**Please scan for more information about
the project**