

## **Amy – Written evidence (PSC0005)**

### **How well do public services address underlying causes of child vulnerability within families, such as domestic abuse, mental ill health and addiction?**

From personal experience I would say not very well. One of the underlying issues within my family which created child vulnerability was domestic abuse which led to mental ill health and then addictions. The domestic violence was ignored and untreated or not believed. Mental ill health was treated as a high risk factor for the children to stay in my care and so meant I hid it rather than seeking help. Finally, without recourse to public support for fear of losing my children I turned to alcohol and became powerless to excessive use.

When this came to light the children were removed from my care and given to their father, the perpetrator of the previously mentioned domestic violence. He had a criminal record of being arrested for the abuse and social services still supported him exercising his PR. Dad then did commit more domestic violence on the children and they were taken into formal care, which was deemed less risk than the children remaining with me with guarantee of receiving support and my mother moving in to take responsibility for the children.

I had hit a crisis point and was incapable of looking after the children at that point however the fact that the domestic violence and poor mental health were not treated properly meant the children were then exposed to more abuse from dad and an 8 month process of not knowing if they would ever be returned home. The lasting damage of which we are still dealing with today 3 years later.

### **Do vulnerable children, parents, guardians and families receive sufficient support from early intervention and preventative services? If not, how might such support be improved? Can early intervention and prevention deliver more efficient and effective public services?**

Over a year before my family and I hit our crisis point I reach out to GP's, pharmacists and mental health services within the local area. The GP and pharmacists both told me not to worry and I sounded like I was having a really fun life that they would enjoy. The therapist I went to see didn't offer therapy but did phone social services and report a concern for the childrens welfare due to my poor body image (characterised as body dysmorphia which I don't have) and I had reported at the time I was drinking more than I wanted but needed help to stop. I had said that I didn't have the children on nights when I drank and my mother had them. This was not entirely true but I was hoping it would mean I could get help without an investigation.

Trying to find help and support was a huge step for me at a time when I felt vulnerable and frightened. When the call was made to social services I panicked

and hid all symptoms of poor mental health or drinking. At the time social services were involved with the family only because of dad's domestic violence (he had left the family home at that time but child arrangements were fraught with issues). A social worker visited my home and accepted that the therapist had gotten the situation wrong and there were no issues. No support was offered.

This was a real missed opportunity for an early intervention with my family. If the mental health and related domestic violence issues had been dealt with at that time then we may have been able to avoid what did happen over a year later.

**At the local level, where does responsibility rest for addressing cross-cutting issues that affect children's vulnerability, such as parental mental health, addiction and domestic abuse issues? How are those who are responsible for such issues held to account, and how might such accountability be improved?**

I would argue that within the cases of the families who face these issue it is social services who have the leadership role with other local services.

I believe that this isn't the best way to organise support for families. Due to the way that social services operate under the children's act and within really demanding roles there is a conflict of interest for families. Social workers are responsible for assessing risk and making recommendations before the courts and to local services however this does not take on a 'full family' approach and plans are rarely without bias or clear on how families can achieve peaceful outcomes.

Social services simply don't have the time or resources to work with families as closely and compassionately as they need. They have to focus on a child centred risk assessment which struggles to appreciate the nuance within different situations and families.

I work with 20 women who have gone through this situation in one way or another. In 75% of cases domestic violence was present and the related issues untreated by public service. The expectations for mam to 'get over' her issues simply because she has children and 'should' be able to prioritise there needs is naive and unfair. These women, as I was, were dealing with the complicated impact of domestic violence which included chronic co-dependence. Something which has more similarities to addiction than any other mental health condition but is not treated with the same respect.

**How effectively do statutory services collaborate with the voluntary sector and community groups to support vulnerable children and their families? Could such collaboration be improved?**

This could be far more effective. So many times I have witnessed professionally and personally the dramatic impact that peer support can have on individuals

and families. These environments offer people the opportunity to be honest in ways they might fear reprisals for within the public sector environment.

My experience shows me that when people get honest, they get help and get better. Third sector organisations do a wonderful job of providing those spaces and services for people who need it most.

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