

Eyes on – Enhancing our Practice

Learning from a SCR: Parental Disability and Mental Health

Background :

This learning summary uses the example of a child involved in child sexual exploitation in Oxfordshire. She was on a child protection plan from birth for neglect, and was on a child protection plan 4 further times before the age of 13 under the categories of neglect and/or emotional abuse. She became looked after when she was 13 by which time her parents had separated.

Both her parents were disabled and had severe and complex disabilities. Details of their disabilities have been removed to protect the child and family's confidentiality. Her father had mental health issues which made him volatile at times. Domestic abuse was a feature of his relationship with his wife and this was known before the child was born.

Professionals were aware that the child had significant caring responsibilities for her disabled parents and she was referred to Children's Social Care when she was 6 because of this. By the time the child was 11 her father was requiring significant levels of care and his daughter was often caring for him on her own. Parents separated when the child was aged 13.

SCR Findings:

- Some domestic abuse incidents were reported when the child was between 18 mths and 5 years when the case was closed to children's social care but no action was recorded. This was concerning given the history and the known vulnerability of the family and the nature of the parents' disabilities.
- The child took on caring responsibilities for her disabled parents from an early age and because of this became more independent and self-reliant than was age appropriate.
- Extended family offered some practical support but this led to the child spending time alone with a male relative who was seen as a risk to children.
- Adult Services referred the child to Children Social Care for excessive caring responsibilities when she was 6 but professionals increasingly relied on her to care for her parents as she became older. Adult Social Care decided not to put in care for her father when she was 13 because she was there and could provide the care he needed.
- The child and her mother both at times refused to have support from paid carers in the family home. They started to rely on other adults who offered informal care and adults used this as a way to manipulate and exploit the situation for their own ends. It is important that professionals remain alert to the need to scrutinize the risks to children in these circumstances.
- The child felt increasingly alienated from professionals and services because she felt she had not been listened to or supported. She had sought and developed her own support networks which were not safe. When she became looked after social workers and residential staff worked hard to engage with her. However, by trying to keep her engaged, at times she was given too much leeway and this meant she continued to be exploited.
- Some parents of the children involved in the SCR were aware their child was being exploited and did not act protectively.



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- The child was anxious about her father's safety and well being when she became LAC. Staff at her children's home supported her to have safe supervised contact with her father. This was good practice.

Key areas for improvement in relation to child living with disabled parents were:

- Social workers lacked understanding of the vulnerability of a young carer living with disabled parents and how much care a child can provide for their parents from a young age (preschool as well as primary school). Professionals did not take proactive steps to address this vulnerability and to build a supportive network for the child. They listened to the parents rather than paying attention to the child's voice. In doing this they lost the child's trust.
- There was a failure to respond to parental behaviour which had safeguarding implications because professionals had empathy towards the disabled parents. The father's behaviour was disinhibited because of his mental health problems/acquired brain injury and this clearly presented safeguarding risks. Proactive steps should have been taken to safeguard the child and this did not happen.
- Specialist interpreters were used for communication with parents at key meetings (larger meetings required multiple interpreters) although the child was also used to interpret for her parents from around 6 years. Professionals did not consistently 'tune into' or understand how particular words were used in this family to communicate meaning eg 'naughty' had a sexual connotation. Professionals did not pay attention to some of the significant statements made by the parents which indicated the child was at risk and was being abused. When professionals find it difficult to communicate with disabled parents eg because the parents do not communicate orally or have limited verbal abilities, there must be greater efforts made across the professional network to share understanding about how to understand and interpret what the disabled parents say so that this information can be used to best effect.
- Professionals needed to be more aware that the child could and did at times manipulate the family dynamics and the professionals supporting her and her disabled parents. She had learnt how to use her position in the family to avoid boundaries and restrictions on her own agency which would have kept her safe. More opportunities for reflective supervision or case mapping with the wider professional network supporting the child could have helped here.

Themes in common with other SCR's in Oxfordshire

- Cases being closed prematurely, thinking it will make parents engage better
- Professionals not recognising domestic abuse as a high risk
- Child on recurrent CP plans for neglect
- Concerns about removing children from their families in case it makes the child more vulnerable
- Professionals needing to understand what is behind the child's behavior and apparent confident and coping. Reflective supervision and opportunities to discuss cases with colleagues can help with this.

Learning points for managers

- When a child lives with disabled parents, the child will start to take on caring responsibilities for them at a young age, often preschool. Their caring responsibilities are likely to increase as the child gets older as adults including professionals will see the child as 'capable' of caring. The child often knows that s/he is a skilled carer too; the child knows how important their caring is for their disabled parent's well being and safety.. This needs to be taken into account when deciding whether to close or step down cases.
- Disabled parents' advocates who attend planning meetings about support for the family or about the child's needs will draw attention to the importance of meeting the disabled parents' needs as a way of supporting the family. This can distort planning meeting discussions, with much of the time being spent looking at the parents needs rather than the child's. It is easy to lose the focus on the child.
- Adult Services who are assessing disabled parents' eligible care needs should not take into consideration informal care provided by child carers. The disabled parent's support plan should ensure that their child does not take responsibility for caring for the parent and keeping them safe as these are adult roles.
- All managers should be aware of the Mental Capacity Act and understand its implications. Where there are concerns that disabled parents eg those with a learning disability, acquired brain injury, or mental health difficulties may lack capacity to make informed decisions about their child's health, well being or where they should live, Mental Capacity assessment should be undertaken by professionals trained in this role.
- Young carers with disabled parents are safeguarded by easy access to responsible adults who are concerned for the child's well being and who are sensitive to the child's concerns about their parents. At times of transition eg from primary to secondary school, access to these trusted adults can be lost. Ensuring the child with disabled parents can develop an appropriate and safe support system through these transitions requires close attention and proactive planning.

Action points for practitioners

- Important for professionals to obtain young carers support for children at an earlier age, as younger children are more likely to accept help :
<https://www.oxfordshire.gov.uk/cms/content/young-carers-services>
- Important for professionals to acknowledge the emotional strain and effect on the child caring for a parent. Children will pick up on adult conversations and vulnerabilities.
- Important for child to be encouraged to build relationships with a trusted professional in a readily available setting eg school
- Ensure interpreters and translators are involved in all key meetings, court proceedings etc
- You need to 'listen' to what disabled parents say and be attuned to what the meaning is, what they are trying to get across
- Always focus on the child's need – do not let the focus be drawn back to the parents needs and vulnerabilities



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Key messages for inter-agency learning

- Physically disabled parents are vulnerable to emotional and mental health issues. If they become depressed/anxious, they will become more dependent on their children for support. The child carer will respond to these increased demands and this can make them more vulnerable to exploitation. Excessive caring responsibilities isolate young carers from their peers and can lead them into dependency on 'helpful' adults intent on exploiting them..
- Important to build links between young carers and positive extended family members, who may become kinship carers. This may be blocked by parents.

Communication and Language

- Documents and verbal communication must be kept simple and given in a suitable method of communication for the parent eg DVD, Audio tape. .
- Written and verbal communication with deaf as well as learning disabled parents needs to be kept simple. A reading age of 9 years is typical of a deaf school leaver of average intellectual ability (Maybury 2002) whose first language is BSL. Communication should be in the parent's first language e.g British sign language.
- People using sign language as their main language may use signs in particular ways that are personal to them. It is important that professionals understand this interpretation and pick up on the importance of meanings of certain words for people
- The child will have a better understanding of the parents language and meaning, whereas professionals may only pick up 'the gist' of the conversation
- A hearing child growing up with deaf parents will grow up bilingual. If placed away from the deaf parent, it is vital that BSL is maintained, so the parent and child are able to maintain communication.

Reminder to practitioners

- **Young Carer checklist**
- **OSCB online training** – the OSCB offers a variety of face-to-face and online courses to suit most safeguarding needs including Safeguarding Disabled Children and Young Carers. If there is a course you feel we should be running, tell us!
- **Planning to question someone who is deaf**
www.theadvocatesgateway.org/toolkits
- O'Rourke and Beail (2005) and O'Rourke and Grever 2005) assessment and treatment of deaf people
- **Young Carers Oxfordshire** – <http://www.carersoxfordshire.org.uk/cms/content/young-carers>
- **Mind website and Young Minds website** - <http://www.oxfordshiremind.org.uk/>
- **Multi-agency safeguarding procedures** – The OSCB multi-agency procedures cover a wide variety of situations you may encounter. You can access them at <http://oxfordshirescb.proceduresonline.com/>
- **Thresholds document** – Professionals need to know the thresholds for accessing services within Oxfordshire. The OSCB has on the website a copy of the Thresholds document. You can access it here:
http://www.oscb.org.uk/user_controlled_lcms_area/uploaded_files/Threshold%20of%20Needs%20Matrix.pdf



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- **Good multi-agency practice guidance** – The OSCB have created a model of good multi-agency practice incorporating the Local Assessment Protocol.
http://www.oscb.org.uk/user_controlled_lcms_area/uploaded_files/OSCB%20Local%20Assessment%20Protocol.pdf
- **Seven Golden Rules for Information Sharing** – Professionals should familiarise themselves with the golden rules for sharing information. There is a downloadable flyer available on the OSCB website:
http://portal.oxfordshire.gov.uk/content/publicnet/other_sites/oscb/documents/professionals/Neglect/7_Golden_Rules.pdf
- **Multi-Agency Safeguarding Hub (MASH)** – For all new referrals or concerns please call the MASH team on 0845 0507666
- **No Names Consultation** – Use the no names consultation service for advice and information on a child or young person, without having to divulge full information. Contact your Locality Social Worker who will advise you on next steps and whether you need to make a referral
North: 01865 323039
South: 01865 323041
City: 01865 328563