

Feature

In February 2008, Ms A, a dedicated and loving mother of two small children, contacted social services for help with extra care for her youngest child and for taking and picking up her other child from school as her disability had worsened. Instead of receiving extra help, however, she faced an intrusive and punitive assessment, which seemed bent on showing that she was an incompetent mother and should have no claim on social services. It took five months, interventions from her local MP and our service at the Crossroads Womens Centre, as well as a formal complaint, before she got the assistance she was entitled to.

Ms A had been granted refugee status because of a war in her country of origin. Her whole family, except one sister, had been murdered, and the torture she had suffered left her with multiple disabilities and chronic pain. She was also left dependent on strong medication.

Confrontational

Following her request for help, and after a delay of some weeks, a social worker finally visited Ms A's home to undertake an assessment of her situation. But the visit so upset Ms A that her friend, a member of the All African Women's Group based at our Centre, suggested she contact us. Recalling the meeting, Ms A described how instead of discussing her health and childcare needs, the social worker, in her view, adopted a confrontational approach to the visit.

Ms A explains: "The social worker arrived and without explaining to me that she had come to do an assessment of the children, and why that was necessary, went round my home inspecting the toilet, bathroom, bedrooms, the children's toys and books, and the contents of the fridge. She spoke to my five-year-old daughter on her own, asking her about her father and how often he came to visit. She commented that I did not have enough fruit for the children – without asking when they last had any. I speak English well but it is not my first language; she spoke much too fast and did not make any attempt to ensure that I understood her. All in all, she had a hostile and judgemental attitude and seemed intent on showing that I was not looking after my children properly."

This attitude persisted in future meetings. "The social worker phoned me at home and heard voices in the background," Ms A continues. "She asked who was there and I told her that it was someone who had come to help with the children. She asked to speak to the person. Is this usual? I had complained about the childminder being unreliable and worried about her spreading lies. Then I found out that the social worker had



Standing in the way of support?

Kay Cherry of Crossroads Women's Centre argues from her recent experiences that disabled mothers face many obstacles getting help from social services to look after their children. Drawing on the example of a disabled refugee who struggled to receive the support she needed, Ms Cherry asks social services providers, including social workers, why they sometimes seem to act against the interests of vulnerable people.

discussed private matters with her [the childminder]. I found out about this when information that I hadn't given the social worker appeared in her reports or was repeated back to me."

This had a knock on effect of deterring Ms A from asking for help with other 'survival' issues. When her Incapacity Benefit was wrongly cut she was at a loss about what to do and was eventually referred to WinVisible, a group for women with disabilities based at

the Crossroads Women's Centre, which helped to ensure the benefit was reinstated. Illness had prevented Ms A from attending two work-focused interviews and although she had informed the Job Centre by phone, the message had not been passed to the right department. As a result, her housing and council tax benefit were automatically stopped and she was left with no money for food or other basic necessities.

A social worker had been helping Ms A

with the reinstatement of her Disability Living Allowance, which had also been wrongly terminated, but once she experienced hostility from social services she did not trust social workers to act on her behalf so withdrew from approaching them. She was worried that they may even pass on inaccurate information – at one point the social worker had assumed she was cohabiting with her boyfriend.

Arbitrarily

A number of other disabled mothers at our Centre have had benefits stopped arbitrarily. Unfortunately, even though the backing of a social worker can be crucial in getting money reinstated, they often direct people to other agencies, are slow to act and careless with details. In Ms A's case, the assessment showed that both children were happy, talkative and developing well. Yet still no help was offered. The social worker seemed more interested in haranguing Ms A about keeping up with the children's health appointments and the youngest child attending her toddler group. I personally witnessed the social worker's rushed, brusque and persecutory approach.

After another delay, the social worker reported that her manager wanted friends to be pursued to find out what help they could offer before any funding could be considered. Ms A has no family here and no friends were available for that sort of assistance. Yet she was put under considerable pressure to "come up with someone", and felt obliged to beg people she knew were overworked, which put her in a position of dependence on friends.

Is it usual social service policy to rely on unwaged friends and family for what should be a statutory provision of care? Women, in particular, are being coerced into supporting people they don't really have the time or opportunity to assist, their distress at seeing friends and acquaintances suffering from a lack of care exploited to the hilt. As mothers are increasingly pushed out to waged work – mothers are now being forced off Income Support and onto Job Seekers Allowance when their children reach the age of 12 – who is left in the community to do this voluntary caring work?

At the end of July 2008, a meeting was called of all the professionals involved in Ms A's case – a lengthy cast list to say the least, including the social worker, the headmistress of her children's school, a teacher, an Early Years officer, a Sure Start representative and a health worker! Ms A was again pressured to find friends to assist her with the children and the school was asked to help, despite having no resources for this work.

A further item for discussion concerned Ms A's pain-killing medication which makes her

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drowsy. Shockingly, the social worker said she would call Ms A's doctor to see if her medication could be changed so she could drive her children to school. It didn't seem to matter that Ms A may end up in more pain; the main thing seemed to be that she became less reliant on social services. Sure Start's offer of one-hour-a-week help in the home was the only concrete proposal to emerge.

The meeting did not aim to provide the necessary care. Instead, it seemed merely to serve the function of saving money for social services, while also attempting to justify the involvement of eight 'experts' who were paid to attend. How much did these professionals cost? Why wasn't this money spent on funding Ms A's needs? Is this typical of how social services operates, as an industry for professionals to deny care to those in need?

With our help Ms A made an official complaint. When the new school term began and Ms A still had no help to get her oldest child to school, on the advice of the Family Support Worker she decided to stop taking her medication and drive her child to school herself. By the end of the week, however, she was in such pain that she could not leave the house and her daughter had to miss school.

Ms A recalls: "I was very frightened that I would be blamed. I had already been criticised because my daughter was occasionally late when I was relying on a friend to help. It feels like social services were waiting for me to fail so they could accuse me of being a bad mother. My fears were borne out when I heard that a new social worker wanted to investigate 'how [my] condition affected [my] day-to-day ability to look after the children' and the Family Support Worker raised [the idea] that my children could be fostered."

Eventually, matters began to turn for Ms A. Seven months after the original request for

assistance, largely as a result of the complaint we helped her to file and the involvement both of the Centre and of Ms A's local MP, social services agreed to provide someone to collect her children from school each day.

In late 2008, however, social services stopped collecting Ms A's children from school and called another meeting. Exhausted and under increasing pressure – the report of the previous Network Meeting was peppered with concerns about her "ability to parent the children appropriately" and the threat of a Child Protection Plan – Ms A withdrew her request for help from social services. Since then there has been little contact and no mention of any action related to child protection, raising a number of serious questions, not least why child protection concerns seem to have subsided in the wake of Ms A dropping her claim on care services.

In my view, Ms A is a responsible parent who has always kept the best interests of her children in mind – that's why she asked for help. Instead of support, she and other parents like her are treated as if they were guilty of wrongdoing because their disabilities prevent them from managing entirely on their own. Prioritising money-saving over the welfare of children and mothers is bad enough, but it doesn't explain why money was squandered on meetings aimed at obstructing Ms A's efforts to get help, or why fostering, which is much more expensive, would be proposed as an alternative.

Was the aim to frighten Ms A into dropping her request? How common is it for children to be taken from parents who have asked for help? If social workers are increasingly expected to 'screen out' people in need, on budget and rationing criteria, individual prejudices are likely to have an influence. Most worryingly, what would have happened to Ms A and her children without the support of our Centre?

If people's welfare is not social service's starting point, then what actually is the aim of social care?

Kay Cherry is a volunteer at the Crossroads Women's Centre, with particular responsibility for single mothers' rights to benefits, child support, health and social care.

Editor's note: Given events of recent months it is clearly a sensitive time to be carrying contributed articles critical of the work of children and families social workers. Also, we appreciate that this article offers only one side of the story. However, we believe that the issues raised in this article, including the rationing of care services, the support available to disabled parents and the factors considered in undertaking child protection assessments, are topical and pertinent. PSW would welcome comments from readers on the article and some of the questions it raises.