

Working Together to Support Parents with a Learning Disability or Learning Difficulty.

**Joint working protocol: Brighton and Hove City
Council; Directorate of Families, Children and
Learning and Health and Adult Social Care.**

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1.0 Executive Summary:

This multi-agency joint working protocol has been written for any staff or volunteers working with people who experience challenges associated with their learning disability or learning difficulty, that might impact on their ability to care for children and for those working with children whose parents or carers have complex problems and need support, as a result of having a learning disability or difficulty.

This joint working protocol has been drafted as a response to recommendations made as part of Brighton and Hove City Council's Fairness Commission Report (2016).

A working group representing the Directorate of Families Children and Learning and key stakeholders have collaborated to produce a protocol to inform the work of children's and adult's services to ensure that parents with a learning disability and learning difficulty receive better co-ordinated multi-agency support.

Questions about childcare and parenting are clearly sensitive and can have important implications for people with challenges in relation to cognitive functioning and the stigma and difficulties associated with having with such difficulties may make parents reluctant or unable to ask for help.

Fear of a child being removed from their care has been expressed by parents as an obstacle to seeking help or fully engaging with services. Practitioners from all agencies need to be aware of this fear and should work with the parents and families openly, building on their strengths.

Families may struggle for a long time with a high level of stress, delaying seeking help until a crisis situation; thus leaving little opportunity for preventative intervention. Children in this situation may fear being removed or may themselves be requesting support. Balancing the rights and needs of both children and adults in families can pose difficult dilemmas that need to be owned, articulated and answered. It is government policy to promote the well-being of children through timely and appropriate support whilst the principle of wellbeing is also promoted in the Care Act 2014 for adults who would struggle to meet 2 or more specified outcomes (including carrying out caring responsibilities if the individual has a child)

This protocol gives information about research and guidance for good practice to assist in supporting the needs of children and their families and stress the importance of all agencies adopting a Whole Family Approach in the context of their work to support Parents who have a learning disability or learning difficulty.

2.0 Definitions:

The 'formal' definition of the commonly used expression 'learning disability' as set out by the Department of Health (2001) is:

'A significantly reduced ability to understand new or complex information, to learn new skills (impaired intelligence); with a reduced ability to cope independently (impaired social functioning); which started before adulthood, with a lasting effect on development'.
(Department of Health, 2001, page 14)

There is also a far wider group of adults who may be described as having a learning difficulty. These adults do not have a formal diagnosis (because their impairment is milder) and may relate to difficulties in learning experienced as a result of trauma and would not generally fit the eligibility criteria for support services in their own right from Learning Disability Services, however their needs for services may still be significant and they may be eligible for support from Health and Adult Social Care services.

This protocol uses the term 'learning disabilities or difficulties' to include this far wider group of parents who often struggle with the same issues when parenting but who might not be involved with specialised services (Edgerton 2001).

Research estimates that there are 985,000 adults in England with a learning disability, equivalent to an overall prevalence rate of 2% of the adult population. Estimates of the number of adults with learning disabilities who are parents vary widely from 23,000 to 250,000. (Public Health England - Improving Health and Lives: Learning Disability Observatory).

Learning Disability or Learning Difficulty:

In general the difference between a learning disability and learning difficulty is highlighted as:

Difficulty = obstacle

Disability = something that incapacitates

Learning difficulty: Any learning or emotional problem that affects, or substantially affects, a person's ability to learn, get along with others and follow convention.

Learning disability: A lifelong condition that can range across a spectrum of ability and starts before adulthood affects development and leads to help being required to:

- Understand information
- Learn skills
- Cope independently

There may be other neuro-developmental conditions which can impact upon a person's functioning, such as Autism, which would not be classified as a Learning Disability. The principles upheld in this joint working protocol include the need for consultation and collaboration between Adult and Specialist Services and Children's Services applies, alongside an appreciation of the need to jettison stereotypes and to appreciate the individual circumstances of each child and their particular family circumstances.

http://www.mindroom.org/index.php/learning_difficulties/what_are_learning_difficulties/learning_difficulty_or_learning_disability/

The protocol should be read by staff and volunteers working across children's, adult services, health, family justice and criminal justice and the community and voluntary sector.

3.0 Policy Context:

The Protocol should be read in conjunction with:

- Pan Sussex Child Protection Procedures.
- Working Together to Safeguard Children 2015
- Valuing People Now: A New Three year Strategy for People with Learning Disabilities 2009 HM Government

The legal framework for the Protocol is:

- The Children Act 1989
- The Children Act 2004, sections 10, 11.
- Children and Families Act 2014.
- Care Act 2014
- The Mental Capacity Act 2005
- The Mental Health Amendment Act 2007 (Deprivation Of Liberty Safeguards)
- Human Rights Act 1998
- Disability Discrimination Act 2005
- Equalities Act 2010.

Good practice guidance is:

- Finding the Right Support? A review of issues and positive practice in supporting parents with learning difficulties and their children. Norah Fry Research Centre, University of Bristol, 2006
- Good Practice Guidance on Working with Parents with learning Disabilities (DoH 2007)
- Independence Matters (2003)
- Improving the Life Chances of Disabled People 2005
- Working Together to Safeguard Children 2015

4.0 Aims of the Protocol:

The aim of this protocol is to improve joint working to support adults with a learning disability or learning difficulty who are parents by:

- Improving interagency and departmental communication and assessment through the use of this protocol.
- Acknowledging and understanding the impact of the individual's cognitive impairment or condition on their ability to parent their children.
- Considering the needs and safety of children.
- Recognising the individual needs of the parents as defined in the Care Act 2014.
- Supporting family life and positive parenting, where considered safe to do so.
- Promoting the early identification of an early help for parents with learning needs and assessment during pregnancy
- To offer a basis to enable learning together, to further develop practice.

Brighton and Hove City Council promotes a Whole Family Approach across all services that support Families and Children. This Whole Family Approach requires adult and child services to work together towards positive outcomes for parents and their children.

People with learning disability or difficulty are amongst the most socially excluded and vulnerable groups in Brighton and Hove. Parents who have a learning disability are often subject to multiple disadvantages, experiencing very significant levels of health and social inequality as compared to other families. Nationally, research suggests parents with a learning disability are at greater risk of having their children become subject to Child Protection Plans and Care Proceedings (Emerson et al 2005, Booth &Booth, 2004).

People with learning disability or learning difficulty can parent their children well but many require support to do so. Services face challenges to understand and meet the needs of parents with learning disabilities and parents with a cognitive impairment/ condition may need support to develop their understanding, resources, skills and experience to meet the needs of their children. This requires all services to work closely together to develop an approach based around commonly understood principles of good practice.

5.0 Overarching Principles of Good practice:

- Local authorities and all other agencies working or in contact with children have a responsibility to safeguard and promote children's welfare.
- Children's needs are usually best met by supporting their parents to look after them.
- Professionals should respect and support the private and family lives of parents who have additional support needs associated with physical or sensory impairment, learning disability/ difficulty, disability, mental health problems, long-term illness or drug or alcohol problems.
- Support needs should be addressed by enabling parents to access universal and community services wherever possible and appropriate, with reasonable adjustments made to facilitate engagement with support on offer.
- Additional support needs should be met by the timely provision of specialist assessments and services.
- Agency responses should be needs-led, aim to support family and private life and prevent unnecessary problems from arising.

- Agency responses should address the needs of parents and children in the context of the whole family and not as individuals in isolation from one another.
- Inappropriate tasks and responsibilities undertaken by a child or young person which adversely affect their emotional, physical, educational or social development should be prevented by providing adequate and appropriate support to the parent(s) and their family.
- The wellbeing principle needs to be at the core of Care Act assessments for parents who are eligible for support.
- Diversity should be valued and fully considered in agency responses.

6.0 Eligibility for Assessment and Access to services: preventative approaches.

Some parents with a learning disability or learning difficulty will become eligible for support through consideration of their family circumstances.

In determining eligibility for services the protocol recognises the importance of the parenting role and acknowledges the need to provide additional support to families who may not have met the threshold for certain adult focussed services.

This protocol acknowledges that parents should be assessed not only in their own right as adults but also as potentially requiring of support in order to maintain family life, as set out in the Care Act (2014). The protocol aims to enable services to work jointly to offer help and support at an early stage in order to prevent crisis and prevent children from reaching the threshold for child protection intervention.

Where a child is at risk of significant harm and in need of protection, the parenting capacity and the risks to the child must be assessed. This is best achieved through a planned joint assessment by all agencies involved in supporting both the child and the parent.

7.0 Key Recommendations:

Provision of services and support from all agencies to parents with a learning disability or learning difficulty must include:

- Information that is accessible and communication that is clear.
- Eligibility criteria and assessment pathways and processes that are coordinated and clear.
- Supports designed to meet the needs of parents and children that are based on assessment of needs and strengths.
- Long term support where necessary.
- Access to independent advocacy.
- Early help and intervention.
- Support provided for parents who are unable to care for their child.

- Parental engagement in learning and education and planning for a family.
- Flexible funding and coordinated packages of support.
- Children's welfare and safety as paramount. All professionals involved have a responsibility for the safety and wellbeing of children.
- Multi-agency training opportunities.

8.0 Whole Family Approach:

The child's needs must always be paramount and it needs to be understood that support for the adult as parent or carer will in turn support the child. Taking a whole family approach enables universal services and adult and children's services to work together to offer co-ordinated support to help families overcome challenges and to work towards positive outcomes for all concerned. It is of equal importance to listen to the views of children who live with adults with a learning disability or learning difficulty. Any assessment needs to consider how the cognitive impairment/ condition of the parent or carer impacts on the lives of the children in the household and the experience and welfare of the children must be considered when offering support and interventions to parents and carers.

Services and professionals need to think about how we can work together to remove organisational barriers in order to see the family as a whole and think about how capacity to parent can be supported by effective multi-agency working and support to prevent crisis.

Supporting families where a parent has additional needs often requires the support of many and often begins prior to babies being born

Social inclusion is a significant factor in promoting the strength and resilience of families where there are additional support needs. A degree of support and facilitated referral may be required to navigate introduction to community support to enable engagement and participation regardless of circumstance or ability.

Any assessment at **Level 2/3/4 (B&HCC Threshold of Need)** must consider the needs of children who have caring responsibilities for a parent, carer or sibling. Research tells us that children who have parents with a learning disability or difficulty do not always feel that their views are considered by services. The assessment of Young Carers is addressed later in this protocol.

9.0 Sharing Information:

"Whilst the law rightly seeks to preserve individuals' privacy and confidentiality, it should not be used (and was never intended) as a barrier to appropriate information sharing between professionals. The safety and welfare of children is of paramount importance, and agencies may lawfully share confidential information about the child or the parent, without consent, if doing so is in the public interest. A public interest can arise in a wide range of circumstances, including the protection of a child from harm, and the promotion of child welfare. Even where the sharing of confidential medical information is considered inappropriate, it may be proportionate for a clinician to share the fact that they have concerns about a child." The Protection of Children in England: a Progress Report The Lord Laming 2009.

<http://www.education.gov.uk/publications//eOrderingDownload/HC-330.pdf>

Practitioners working with adults should identify and record at an early stage:

- The adult's relationship with any children
- Parenting responsibilities
- Which other agencies they need to work with if they have concerns about unborn babies, children or young people.
- Practitioners should discuss concerns with the family and seek their agreement to making referrals to services for children and families unless this places a child at increased risk of significant harm. The child's interest must be the overriding concern in such decisions.
- Young carers need to be identified, as this can have detrimental effects on children and young people's education, health and emotional well-being.

Data protection law should not be used as a barrier to appropriate information sharing between professionals to protect children or adults from harm. Sharing information in a way that is sensitive, respectful and appropriate to the level of understanding, of the parents and child, can be crucial to ensuring the delivery of timely support.

Consent or the refusal to give consent to information sharing about children should always be recorded. For further information see Information Sharing: Guidance for practitioners and managers, HM Government, 2006, the aim of which is to support good practice in information sharing by offering clarity on when and how information can be shared legally and professionally, in order to achieve improved outcomes.

<http://www.governornet.co.uk/linkAttachments/Information%20sharing%20guidance%20for%20practitioners%20and%20managers.pdf>

Parents with a learning disability or learning difficulty often need 'reasonable adjustments' in order to help them to understand and act on information communicated to them. Reasonable adjustments need to be based on an individual assessment and may need to include more time and consider providing concrete examples to help support learning, which may require repetition over a longer time period. Clear and concise language is important and consideration needs to be given to using visual cues and reminders, if appropriate to aid understanding.

The involvement of a range of professionals and agencies can feel overwhelming and confusing to most parents. This can be further compounded with a parent who has a cognitive impairment/ condition and can contribute to a decline in their functional abilities. Professionals must work together to facilitate a cohesive and coordinated service offer and communication strategy, which is supportive to both parents and professionals alike and where possible reduces the number of professionals who are directly involved with the family.

Where there are worries about a parent's capacity to manage the care of their child safely, information should be shared with the Front Door for Families (01273 290400/ www.brighton-hove.gov.uk/frontdoorforfamilies). Where a child is felt to be in immediate danger or in an

emergency 999 call should be made to the Police, for example, when a young child is left unsupervised.

The Front Door for Families can offer advice in the event that a professional is uncertain as to whether a referral should be made or not.

Please see Appendix 1 for referral and joint assessment flow chart.

10.0 Equal Opportunities:

The assessments of Parents with a learning disability or difficulty are sometimes influenced by stereotypes about the capacity of people with cognitive impairment/ condition, to parent.

When making any assessment it is important to be reminded that:

'People with learning disabilities have the same rights and are entitled to the same expectations and choices as everyone else, regardless of the extent or of the nature of their disability, their gender and ethnicity' (DOH 2000) 'Parents with learning disability can in many cases be supported by family and supportive networks and professionals, enabling them to respond effectively to the needs of their children (DOH, 2000) It is the minority of children whose parents have a learning disability who experience serious developmental problems, the type of problems which can be found among this minority are not unique to children whose parents have a learning disability.

When assessing parents with a learning disability or difficulty we need to undertake the following checks and balances:

- Do we have a clear idea of the **Reasonable Adjustments** and kinds of help needed by each parent to support them to understand and respond to what is being asked of them?
- Is the support on offer **Needs Led?** The family's views about their own support needs and the way in which they want services to be provided to them is as important as collating professional views about the family and their needs.
- Does the support on offer require **A Specialised Response?** Parents with a learning disability or complex autism require professionals who can provide specialised knowledge and response.
- Are we **Intervening Early enough?** Parents are more likely to be receptive to support during pregnancy and early infancy than at a later date, once difficulties have become more entrenched. Early identification and support is more effective in offering proactive services to avert crisis and future harm.
- Are we offering a **Competence Led** model of assessment? Attention needs to be paid to competence and strength, with interventions provided to reduce deficits.
- Are we allowing enough **Time?** Parents with a learning disability/difficulty or autism often need longer to assimilate knowledge and understanding of concepts. Are we providing in our interventions a range of teaching and support techniques over a period of time to enable competence to develop?

Are we considering **the perspective of the child?** We need to consider each child individually and look at the interplay of factors in the child's particular and unique circumstances, which may differ between siblings.

11. 0 Commitment from Children's Services:

- Children's Services will receive and record contacts expressing concerns about risks to children. They will be clear with other agencies about their threshold for involvement and give feedback on what will happen as a result of a contact. They will be open to having discussions with other services regarding their concerns.
- All contacts about concerns will be recorded, whether they trigger an assessment or not, and in the event of subsequent referrals being received, will contribute to building a picture of issues and concerns which may trigger further action, which will be fed back to referring agencies.

Children's Services will, throughout their involvement with children and their families:

- Employ a policy of openness with families where information from other agencies impacts on planning for the child.
- seek consent from family members to share information with other agencies in the best interests of the child (but bear in mind this should only be done if the discussion and agreement-seeking will not place a child at increased risk of significant harm).
- be clear whether an assessment using the Strengthening Family Assessment has been undertaken or needs to be undertaken and, if so, its outcomes.
- assess the child's needs and identify desired outcomes for the child.
- provide a child-focused service to families with whom they are involved
- ensure that the wishes and feelings of child/ren are ascertained
- ensure the child is given the opportunity to be seen/heard on their own, but be aware that the child's view of 'normality' and what is acceptable may be influenced by the parenting and care they have received thus far.
- Make sure that the assessment includes both partners, not just the mother and will give consideration to what support is available in the wider family network.
- consult with primary and secondary mental health services, learning disability and adult services teams for information to support assessment of parenting capacity, and for realistic assessment of any risk, undertaking joint assessment where possible
- invite representatives from adult services, mental health and learning disability to attend Child Protection Conferences, Core Groups and Child In Need Network Meetings where they are involved with the family.
- together with relevant agencies, identify roles and responsibilities for any ongoing work with the family: a meeting is preferable where decisions need to be made and owned.

12. 0 Commitment from Adult Services/ Learning Disability Services:

- identify at an early stage any children within families and specifically those with a caring responsibility, and share this information with Children's Services.
- ensure, when assessing adults' needs as defined under the Care Act 2014, that any support to help their caring responsibilities as a parent is taken into account.
- retain a Whole Family Approach, ensuring that they are not focusing solely on the adult, making the children 'invisible'
- understand that although a parents functional abilities may impact on their abilities as a result of their learning disability or difficulty which may pose a risk that children may be harmed, it is not a predictor alone of harm or neglect. Consideration needs to be given to other risk or ameliorating factors such as social networks, mental health/ emotional wellbeing.
- invite representatives from Children's Services or other services to multi-professional care planning meetings where they are involved with the family, with the agreement of the service user
- provide a representative to attend Child Protection Conferences where at all possible or at the very least, provide a report on the support being provided to the parent(s).ensure they are kept informed about plans for any children and incorporate these into future care planning in respect of the adult family members they are supporting.
- Consider parents' caring responsibilities when caring planning for adults with a learning disability/difficulty or autism so support packages do not disrupt the parent/child relationship
- Timely consultation and assessment to identify whether reasonable adjustments are likely to be needed and the nature of these.
- Any assessment or potential interventions need to be shared with the network around the parent / carer, so that recommendations can be utilised in all settings.
- CLDT will be providing training to child care professionals to support development and delivery of information in more accessible formats, including "easy read" formats for standard documents, such as reviews and reports.

13.0 Together:

- CLDT and Child Lead Practitioners will provide a library of resources and tools.
- Common shared approach to early joint child and adult assessment with shared plans and timescales for completion.
- Direct Consultation and facilitation with Parents and Professionals involved in Statutory Child Care processes.

14.0 Mental Capacity:

A parent's learning difficulty or disability may impact on their capacity to make decisions. The mental capacity of all adults and young people between the ages of 16-18 years must be considered in the context of an assessment of need.

- Every adult must be presumed to have capacity unless it is established that they lack capacity through an assessment.
- All practicable steps must be taken to assist a person lacking capacity to make a decision.
- An unwise decision does not mean that a person lacks capacity.
- Any decision or action taken on behalf of a person lacking capacity should aim to be the less restrictive option available in terms of their rights and freedom of action.

In the context of the Mental Capacity Act (2005) the decision maker is the person who wants to take the action. They are responsible for the assessment of capacity. The capacity of the individual to make a decision is determined by using a two stage test:

1. Does the person have an impairment of, or disturbance in the functioning of their mind or brain?

If yes, and you consider that the person is unable to make the decision then the 4 stage test of capacity *must* be carried out.

2. Four stage capacity test. On the balance of probabilities does the person:

- Understand the information relevant to the decision.
- Retain the information (long enough to make the decision).
- Use or weigh up the information to make the decision
- Communicate the decision by talking, using sign language, or any other means.

If a person fails to sufficiently demonstrate one part of this test they are deemed to lack capacity in relation to that specific decision.

If the person lacks mental capacity to make the decision in question the identified decision maker should make the decision in their best interests. They may also need to consider whether to engage an Independent Mental Capacity Advocate. The decision maker should always make reference to the Mental Capacity Act (2005), Code of Practice (3).

.. There may be a number of decisions that need to be assessed by a Social Worker in Adult Social Care (Learning difficulties) or the Community Learning Disability Team (Learning Disability and/ or complex presentation requiring specialist clinical intervention) to obtain an overall understanding of the adults ability to assess risk and carry out functional tasks that would help to inform the children's social workers assessment of the adults ability to be an effective parent/ caregiver. Any assessments of an individuals ability mental capacity to meet their own needs or understand the risk of not doing so for themselves or their child would need to be influenced by consideration of appropriate clinical supports such as the use of Speech and Language Therapy to develop communication guidelines.

Children's Services must remain mindful of the need to exercise influence with due regard to the issue of a person's capacity, particularly in relation to agreements entered into voluntarily

(s.20 CA 1989). When there are doubts regarding a parent/carers mental capacity, joint work between Adult Services and Children's Services is crucial and the need for a Mental Capacity Assessment, completed by either Children's services (with appropriate support and guidance) or Adult Services must be considered to inform planning.

15.0 Screening and Assessment Considerations:

Professionals intervening where parents have a learning disability or learning difficulty need to consider their communication as part of the assessment process. A parent's intellectual functioning (cognitive ability) may be impacted and as a consequence this may have an effect on the child's daily lived experience and their development. Parents with a learning disability or learning difficulty may take longer to understand and learn how to respond to their children's changing needs.

The timescale of any assessment will be an important consideration and this needs to be agreed in respect of any joint assessment process between Children and Adult Services, at the outset of the assessment.

It is acknowledged that some parents may not have the cognitive abilities to parent their child safely through to adulthood. In these circumstances Children's Services will work with parents, as much as possible, to achieve permanence for children with alternative carers.

There are some instances where a parent with a learning disability or difficulty may be unable to live with or care for their child. Where such issues arise with parents with such disabilities/conditions deliberate harm is rarely identified against their children, with harm most commonly arising out of an act of omission. (McConnell and Llewellyn, 2002; Tymchuk, 1992).

Being separated or unable to care for their children can cause parents significant distress and sometimes mental health issues. Sensitive and compassionate support from both children's and adult services is required. In these circumstances please consider referral to the Looking Forward team based at City View Children's Centre at Brighton General. This team will work with children and adult services partners to support parents with their loss and work to address issues relating to capacity to parent.

All services need to offer support to help parents in this situation make sense of the decision making/process that has/is taking place. Some parents may not want to receive support from children's services in these circumstances and a referral should be made to the appropriate adult services for support.

It is important for all services to remember that some parents may respond to the loss of their child with anger and disengagement from services, this is an understandable emotional response to a significant trauma and loss and services should endeavour to remain in contact to revisit the offer of support at a later date.

16.0 Screening and Assessing Possible Indicators of Learning Disability:

- Consider parents educational background – did they attend special school? Did they have extra help in mainstream school?

- Did they sit any exams at school, and if so, what grades did they achieve?
- Health Background GP records.
- Employment/Unemployment, what did they do after leaving school? Have they acquired any qualifications, did they attend a day centre? Are they in receipt of any benefits e.g. PIP?
- Are they responsive, do they seem to understand written communication or requests and comments made and do they follow through on matters agreed? Are they aware of the areas with which they need help? Do they find complex questions frustrating and overwhelming?
- Do they see themselves as having a learning disability?
- Are they/have they ever been known to social care services?
- Do we need to consider further assessment to assist in our understanding of likely impact upon the child for e.g. cognitive, OT etc?

17.0 Accessible Information and Communication.

Parents with a learning disability have the same rights as all parents to be consulted regarding all assessments concerning their child and to be kept informed about any services or interventions that are being planned. Any potential difficulty in understanding is not a reason to override these rights.

All professionals working to support families have a responsibility to promote good communication and to check that they have been fully and properly understood. The Good Practice Guidance of Working with Parents with a Learning Disability (2007) and updated by the University of Bristol provides further information and advice.

All services should ensure that documentation and reports are written in a way that is accessible to parents to ensure that they can understand the decision making process and take measures to ensure that their views and rights are represented. Independent advocacy support is particularly important for parents who are separated from their children or involved in care proceedings.

Children's Services have a responsibility to continue to ensure that communication with parents around issues relating to contact continues to be presented in a format which is accessible and understood by the parent.

Parents and carers with a learning disability often need more time and concrete examples to help understand communications. Communication with multiple different professionals needs to be kept to a minimum and pathways developed to facilitate two-way communication?

18.0 Pre-birth assessment and Early Help Services.

All services should take steps to ensure that adults with a learning difficulty or disability who become a parent or wish to become a parent knows about the support available as well as their responsibilities as parents.

GP's, Midwifery and other health providers often come into contact with expectant parents with a learning disability either prior to or during early pregnancy. These health providers

have an important role in ensuring appropriate support is in place for parents to access and understand their ante-natal care and make choices regarding their health care and the need for onward referrals.

It is particularly important that parents with a learning difficulty, disability and /or autism are offered early support to learn the skills necessary to care for their baby. New parents, where a learning disability is identified should be provided with information and support tailored to their specific learning needs.

Children's centres also play an important role in the identification and support of parents with learning disabilities. Parents with a learning disability should have equal access to all services within Children's Centre's, Community Nursing, via the Teenage and Vulnerable Parents Team and to those supports provided by early help services.

Assessment must concentrate on the harm that has occurred or is likely to occur and the impact upon the child of maltreatment, in order to inform planning and service provision.

'Ultimately whether a parent has a learning disability or not, it is the quality of care experienced by the child which determines whether a parenting capacity can be regarded as sufficient or not' (Cotson, et al 2000)

All services should:

- Provide enough time to make plans for the baby's protection.
- Provide enough time to make a full and informed assessment of parenting capacity.
- Where possible avoid approaching parents for an assessment in the last stages of their pregnancy.
- Involve wider family support networks when making assessments and planning support needs.
- Avoid making premature assessments of parenting capacity before opportunities for developing skills to meet the needs of their child have been formulated.
- Enable parents to contribute their own ideas and solutions to increase the likelihood of positive outcomes.
- Offer or signpost packages of support and care that will enable parents to meet their child's needs in the future.

19.0 Parental Assessment/ Risk Considerations:

"Risk management cannot eradicate risk; it can only try to reduce the probability of harm".

(The Munro Review of Child Protection Part One: A Systems Analysis, Professor Eileen Munro, Department for Education 2010)

Most children and young people who are seriously harmed or killed are not involved with specialist mental health or probation services and subject to their risk assessments. They are much more likely to be receiving help and support through universal services such as those offered through the GPs, health visitors, walk-in centres, schools, voluntary sector or local council services such as housing.

The circumstances of people's lives and health can change frequently, meaning that the stresses and risks both for individuals and the family also change and need frequent holistic re-assessment.

It is unclear whether the frequency of neglect is any greater when a parent has a learning difficulty or disability, than that seen amongst other disadvantaged families. It is however understood that where a parent has an IQ of 55 to 60 or below the severity of their cognitive impairment, will impact upon their parenting capacity (McGaw et al, 1999), but understanding of an IQ alone is not sufficient to be able to predict neglect. The best overall predictor (Booth and Booth, 1993) is the absence of suitable societal or familial supports, which can actively prevent neglectful conditions from arising (Tymchuck,1992) Therefore active consideration needs to be given by all agencies to identifying key family and community based supports that are available to the family at an early stage.

The most significant risk identified in respect of a parent with a learning disability or difficulty and is with regard to the understanding of the need for health care and a safe, emergency response when illness or other emergencies arise (Cleaver et al 2011). These circumstances often require good identification and understanding of the significance of symptoms and often require a complex response (e.g. responding to a child choking, avoiding hazards in the home), knowing when medical care is required. Practitioners need to work to assess, teach, rehearse and model if necessary appropriate responses in the event of an emergency.

The needs of a parent or carer with a learning disability or difficulty can be wide and varied and we should not make assumptions that a parent having a learning disability or learning difficulty will lead to harm.

20.0 Funding for Support and Care:

Where additional financial assistance is required as a result of a parent's learning disability or difficulty, a whole family approach from services is required. Consideration needs to be given to funding being allocated from Children and Adult Services and consideration should be given to the consequence of not providing the service. Needs of parents and children should be clearly identified in any planning/discharge meetings so that the cost of appropriate packages of support can be agreed, if appropriate.

In some circumstances responsibility may fall to one or other service or there may be agreement to apportion costs as appropriate. Any decision to split costs needs to be brought to the Children's Care Planning Forum, with representation being made by both adults and children's services with the relevant directorates financial decision makers present.

All adults with eligible needs under the Care Act have the option to have a personal budget in relation to purchasing support to meet assessed need.

21.0 Young Carers.

*"A young carer becomes **vulnerable** when the level of care-giving and responsibility to the person in need of care becomes **excessive or inappropriate for that child**, risking impact*

on his or her emotional or physical well being or educational achievement and life chances.”
(ADASS/ADCS MOU 2009)

<https://www.adass.org.uk/adass-and-adcs-draft-template-for-mou/>

Carers (Recognition and Services) Act 1995 – young carers are entitled to an assessment of their needs separate from the needs of the person for whom they are caring.

<http://www.legislation.gov.uk/ukpga/1995/12/contents>

Carers (Equal Opportunities) Act 2004 – identification of young carers can be problematic. Many children live with family members with stigmatised conditions such as mental illness or learning disability/difficulty. As stated in many cases, families fear where professional intervention may lead, if they are identified. Some families may also have concerns about stigmatisation of being assessed under children’s legislation.

<http://www.legislation.gov.uk/ukpga/2004/15/contents>

A whole family approach should be adopted when working with Young Carers. This means that children’s and adult services must have arrangements in place to ensure that no young person’s life is unnecessarily restricted, because they are providing significant care to an adult with an identifiable community care need.

For services to provide effective support for young carers and their families, it is vital that all members of staff working with them begin with an inclusive, wide-ranging and holistic approach that considers the needs of:

- the adult or child in need of care
- the child who may be caring and
- the family

Many Young Carers have stated that often services focus on the adult in front of them without thinking through the implications of the disability on the children in the family, which can lead to children taking on a caring role which proves harmful to them in the longer term.

22.0 Children with additional needs:

Children with disabilities have exactly the same rights to be safe from abuse and neglect as non-disabled children. Having a disability must not mask or deter appropriate enquiry and response where concerns are identified.

Over identification with parents/carers, i.e. accepting neglectful situations, which would not be accepted for other children, due to sympathy felt as result of a parent having a learning disability or as a result of a child having a disability need to be guarded against.

23.0 Purpose of the Protocol and Future Developments:

This protocol aims to form the basis for establishing that where parents are given support tailored to their particular learning styles and their family’s needs, they are enabled to parent effectively, despite potential negative expectations and the very real difficulties they face. It is proposed that through joint work between services, the aims and provisions of the Children

Act 1989 and Care Act 2014 alongside broader legislative frameworks can be put into practice for the benefit of parents and children alike. The protocol acknowledged that positive outcomes for children and their families can be achieved in a range of different ways.

We plan to continue to develop our offer and propose this protocol to be a starting point for further developments in our practice and support for parents with a learning disability. To this end the protocol will be subject to an annual review by the Directorate of Families, Children and Learning.

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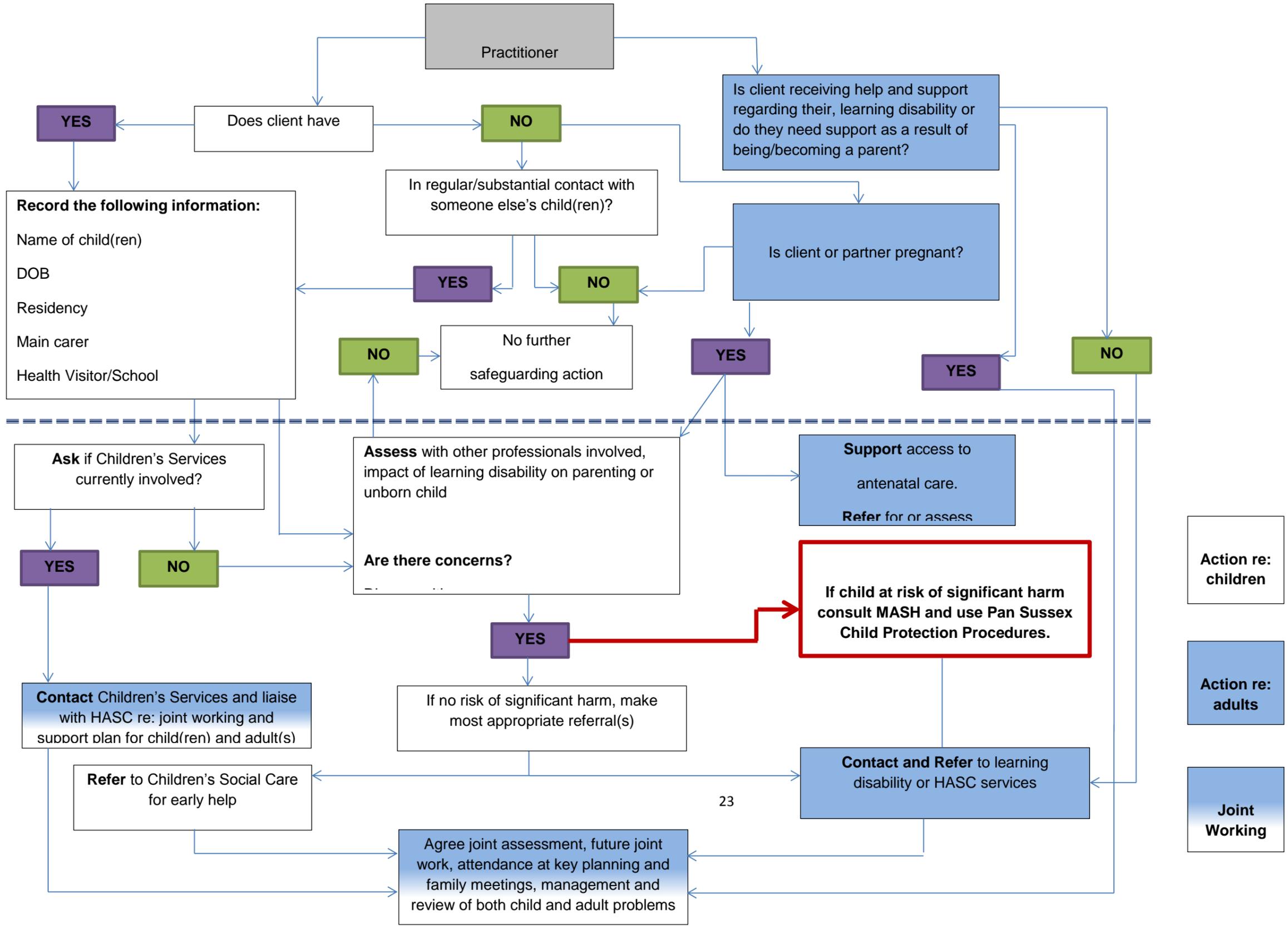
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Learning Disability: Joint Working Process – Pre/Post Referral to FDFP.

**Appendix I
Sharing Information. Pre/post Referral – Joint Working Flow Chart**



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- Action re: children
- Action re: adults
- Joint Working

