



HIPS LSCP Protocol for Children of Parents with Learning Disabilities

Contents

1. **Introduction**
2. **Definition of Learning Disability**
3. **Recognition and Screening of Parental Learning Disability**
4. **Impact of Parental Learning Disability**
5. **Multi-Agency Working**
6. **Pre-Birth Need for Multi-Agency Support**
7. **Post Birth Need for Multi-Agency Support**
8. **Consultation and/or Referral to Children's Services**
9. **Assessment and Planning**
10. **Parental Considerations as Part of the Assessment, Planning and Support Process**
11. **Interventions**
12. **Multi-Agency Case Management**
13. **Related Documents**

Version 1	November 2018
	To be reviewed November 2020

1. Introduction

This protocol has been written to address the needs of safeguarding and protecting children where the parent(s) have a learning disability, to support the parents and make the work undertaken effective and clear. It has been written for use by all statutory Adult and Children's Services, non-statutory, private and voluntary sector services across the HIPS LSCP area, Hampshire, Isle of Wight, Portsmouth and Southampton.

This should be read in conjunction with DoH Good practice guidance on working with parents with learning disabilities (2007), updated September 2016.

When approaching any assessment it is important to be reminded that people with learning disability have the same rights and are entitled to the same expectations and choices as everyone else regardless of the extent or nature of the disability, the gender and ethnicity. 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. Workers should bear in mind the implications of the Human Rights Act 1998 and guard against treating parents with learning disabilities less favourably than others.

2. Definition of Learning Disability

For the purpose of these procedures, the definition of 'learning disability' is based on that set out in the White Paper 'Valuing People' (2001):

- A significantly reduced ability to understand new and complex information, to learn new skills (impaired intellectual functioning [IQ < 70]), with;
- A reduced ability to cope independently (impairment of adaptive and social functioning);
- Which started before adulthood, with a lasting effect on development.

This is considered a 'pervasive' definition of learning disability. A person with a learning difficulty may be described as having specific problems processing certain forms of information.

Unlike a learning disability, a learning difficulty does not affect general intelligence (IQ). An individual may often have more than one specific learning difficulty (for example, dyslexia and dyspraxia are often encountered together), and other conditions may also be experienced alongside each other.

When a parent is identified to have Learning Difficulties consideration must be given to how this impacts on their functioning and parenting and how best to support the parent so that they understand the work being undertaken.

3. Recognition and Screening of Parental Learning Disability

It is not always clear whether or not a parent/carer has a learning disability, but the following information (if available) may help its identification:

- Reference to medical records can sometimes provide evidence;
- Reference to educational records (where it is less than five years since leaving school) can provide evidence of a learning disability e.g. an **Education, Health and Care Plan**;

- Personal history involving attendance at special schools;
- Severe difficulties with literacy or numeracy (verbal reasoning often masks this difficulty);
- Enquiries made of t their GP, or the Learning Disability Register maintained by Adult Care Services where it is available.
- Enquiries made of the records held by Adults Health Care

When a learning disability is suspected, practitioners should contact the Local Learning Disability Team to discuss, seek advice and consider referral.

The national eligibility criteria for these services, as detailed in the Care Act, are based on different needs:

- Diagnosis of a pervasive Learning Disability, as per the definition above; IQ below 70 with impairment of social and adaptive functioning present before the age of 18

In cases where there are significant safeguarding concerns and it cannot be confirmed if a parent has a Learning Disability (but there is significant evidence to suggest this is the case), consideration needs to be given to commissioning a cognitive assessment.

4. Impact of Parental Learning Disability

The ability of parents with a learning disability to provide a reasonable standard of care will depend on their own individual abilities, circumstances and the individual needs of the child.

The issues which most frequently give rise to concern in relation to parents with learning disabilities arise from a lack of skills, understanding or knowledge of the child's needs, rather than deliberate abuse. Consequently learning disabled parents may need considerable support to develop the understanding, resources, skills and experience to meet the needs of their child.

Such support is particularly important if they also experience additional stressors e.g. having a disabled child, domestic violence, poor physical or mental health, substance misuse, social isolation, poor housing, poverty or are a care leaver.

Such increased stressors, when combined with parental learning disability, may lead to concerns about the care of children.

Learning disabled parents are sometimes targeted by individuals who may pose a risk to children and the children could in these situations be vulnerable to abuse and neglect.

Professionals should be alert to the possibility of significant harm and signs of neglect in children cared for by parents with learning disabilities. Children who may be more vulnerable are:

- Unborn babies or infants under one year old;
- Toddlers;
- Children with a disability or special educational needs;
- Children in a caring role;
- Children experiencing domestic violence;

- Parents with a history of violence or sexual abuse.

Due to the increased vulnerability of this group of children they may require a rapid multi agency response to assess parents' learning disability and potential for adequate parenting.

Assessments will be in accordance with the Framework for the Assessment of Children in Need and their Families (2000) and Working Together to Safeguard Children (2015).

Parental Considerations as part of the Assessment Process:

When parental learning disability is likely, there will be additional parental considerations as part of the assessment process.

Aspects of the parent's intellectual functioning (cognitive ability) can have an effect on the child's experience and development. The parents' ability to learn to respond to the needs of their child and the time-scale over which this learning is required to take place, will be an important aspect of the assessment.

The following assessments may be required:

- Parenting Assessment Manual (PAM) as part of the multi-agency assessment of parents.
- cognitive functioning
- functional assessment (also known as living skills assessment)
- communication assessment
- psychological factors that may impact on parenting ability, e.g., loss, mental illness, emotional issues resulting from trauma, etc.

Where a parent does not have a diagnosed Learning Disability but does have identified Learning Difficulties consideration needs to be given to how to effectively communicate and whether use of the PAM or PAM tools would assist in the assessment process.

Ultimately, regardless of whether or not the parent has a learning disability, the **quality of care experienced by the child** determines whether or not a referral should be made for assessment by Children's Services.

Before making an enquiry you need to consider if the child or young person's needs can be met by services from within your own agency, or by other professionals already involved with the family.

It is appreciated that it is sometimes difficult to decide the appropriate point of intervention. To help you to determine levels of need when making your own assessment, please refer to your Local Safeguarding Children Board's Threshold Guidance.

Mental Capacity Act 2005

Responses to a parent with a learning disability must reflect the five key principles of the Mental Capacity Act (MCA) 2005. In which the person aged 16 years and over is assumed to have capacity and, therefore, be able to make their own decisions (even unwise ones). Practitioners will need to have regard for the five statutory principles of the MCA 2005:

- It must be assumed that a person has capacity.

- All practicable steps must have been taken to help them understand the information relevant to the decision.
- People have the right to make unwise or eccentric decisions that carry risks.
- A decision made on behalf of the person who lacks capacity must be done so in their best interests.
- When making the decision on behalf of the person, regard must be given for achieving this in a way that is least restrictive for the person.

A person's mental capacity should be considered regularly. Where a person is found to lack capacity in any area of decision-making, a best interest decision will be made and this must take into account the adult's views and wishes in accordance with the MCA Code of Practice.

It is vital that the adult has as much control and choice as possible, and that the process is guided by their needs and circumstances. Personalised information, advice, support and good advocacy are essential components to this.

Having access to information and advice will assist the adult to make informed choices about support and will help him/her to weigh up the benefits and consequences of different options.

5. Multi-Agency Working

Effective working between professionals supporting parents with learning disability and those supporting children is at the core of effective systems to protect children. Each service will have its own criteria for prioritising referrals. This must not become an obstacle to co-operation at an early stage.

Sharing Information

Sharing information is an intrinsic part of any frontline practitioners' job. The decisions about how much information to share, with whom and when, can have a profound impact on individuals' lives. Information sharing helps to ensure that an individual receives the right services at the right time and prevents a need from becoming more acute and difficult to meet. Fears about sharing information cannot be allowed to stand in the way of the need to safeguard and promote the welfare of children at risk of abuse or neglect.

Every practitioner must take responsibility for sharing the information they hold, and cannot assume that someone else will pass on information, which may be critical to keeping a child safe. It is always important to record what, when and with whom information has been shared and the purpose for sharing it.

The GDPR and Data Protection Act 2018 do not prevent, or limit, the sharing of information for the purposes of keeping children and young people safe. For more information and guidance please refer to your own organisations processes and policies on information sharing.

6. Pre-Birth Need for Multi-Agency Support

It is important to jointly assess the needs and plan any support for learning disabled parents as early as possible.

Where the prospective mother is known to the CLDT or it is known that she has a learning disability the GP and midwife should make referrals to the CLDT for an assessment of

- The pregnant woman's needs and capacity for self-care; and
- Her ability to provide adequate care for the baby.

This assessment should consider strengths and the nature of any support available from family and partner. A referral to Children's Services should be considered alongside this if it is reasonable to believe that threshold is met to do this and parental agreement should be sought. A referral to Adult Social Care should also be considered, as one of the eligibility criteria is that a person is not able to meet parental responsibilities as a result of disability or impairment

7. Post Birth Need for Multi-Agency Support

Where evidence of a learning disability is present in one or both parents, the paramount consideration of all the agencies will be the welfare and protection of the child(ren) with each service providing assessment and support directed at the family members identified as the primary focus of that service's provision.

8. Consultation and/or Referral to Children's Services

If there are support needs or concerns arising for the prospective care of the unborn baby, threshold should be considered and if appropriate a referral made to Children's Services

Children's Social Workers are also available in each of the Multi Agency Safeguarding Hubs to assess appropriate referrals.

Pre-Birth: If any professional or agency has **any** concerns about the capacity of the pregnant woman and her partner to self-care and/or to care for the baby, it should be discussed with the line manager / supervisor, recorded and a referral should be made to Children's Services in line with pre-birth procedures as set out in Multi-Agency Pre-Birth Protocol.

Some parents with learning disabilities may not recognise that they are pregnant, and this should be considered if there are suspicions that a parent is concealing or has concealed a pregnancy.

Post-Birth: If any professional or agency has any concerns about the capacity of the parent(s) to self-care and/or to care for the child, a referral should be made to Children's Services in line with these procedures.

9. Assessment and Planning

Where a parent meets the CLDT's threshold criteria, all assessments (SAF, pre-birth, **Assessment** and **Section 47 Enquiry**) must involve CLDT and Adult Social Care Teams, and be in accordance with the Framework for the Assessment of Children in Need and their Families. The focus should include **all** parents / carers, regardless of their intellectual level and include the parent / carer's ability to:

- Recognise the child's needs, including emotional needs;
- Place needs of the child before their own;
- Anticipate the child's needs;
- Adapt to the growing and changing needs of the child;

- Learn and retain information (including consideration of different learning styles);
- Use available support for themselves and their child(ren).

The Parenting Assessment Manual (PAM) may be used as part of the multi-agency assessment of the parents. The PAMS assessment takes into account parents who have a learning difficulty/disability and gives the assessor techniques which they should use when they are working with parents and families with a learning difficulty/disability

Specialist assessments may also be appropriate e.g.:

- Cognitive functioning;
- Functional / living skills assessment;
- Emotional factors.

Child Protection Plans should clearly focus on how to achieve better outcomes taking into account:

- The specialist assessments above;
- The way the parent(s) / carers are able to understand and learn.

Additional support to child protection professionals in the way of consultation and/or supervision should be sought from specialist adult services both within CLDT, Adult Social Care and elsewhere in health in particularly complex cases.

10. Parental Considerations as part of the Assessment, Planning and Support Process

Key meetings should be kept short to cope with the parent(s)' attention span. Information must be provided well in advance of any meetings to enable parents to explore with their advocate or trusted person. Notes and plans may need to be adapted to be comprehended by the parent(s).

Consideration should be given to parents' needs for an independent advocate and/or a facilitator during the assessment phase.

Suitable methods for providing advice and helping to set routines should be identified e.g.:

- The parent may find it easier to learn in her/his own home to maximize transference of learned skills;
- Tasks broken down into small steps;
- Use of practical demonstrations and concrete examples;
- Instruction / information to match the parent's level of understanding and comprehension and include pictorial material;
- Provide more time for each process and task;
- Written agreements may be helpful, but will need to be very clearly written.

The number of people involved in the network of support should be limited to avoid confusion and inappropriate intrusion.

The professionals involved must be clearly identified and communication pathways developed to facilitate a cohesive, coordinated service, that is supportive to all those involved.

Parents / carers with learning disabilities are likely to require long term support to be able to meet their child's needs. Where this cannot be provided within the family or community, the parent is likely to require support from professionals.

11. Interventions

Parents with Learning Disabilities need interventions which are:

- Based on the outcomes of the Parenting Assessment Manual assessment
- Are set up at home to maximise transference of learned skills
- Reduce the discrepancy between parent's ability and the child's essential needs.
- Long term
- Broken down into small steps
- Matched to the parents level of understanding and comprehension including demonstration
- Included pictorial information in addition to verbal instruction.
- Sharing information in a way that is sensitive, respectful and appropriate to the level of understanding of the parents is crucial. This is in order to ensure that professionals' contact is effective.

Parents often need more time and concrete examples to understand communications. Clear language and accessible information is therefore important. Written agreements may be helpful if they are clear and easy to understand. The parents understanding should be checked at all stages.

Parents can find the involvement of different professionals and agencies overwhelming and confusing, resulting in a further decline of their functional ability.

It is paramount that the professionals who have contact with parents with learning disabilities are identified and that communication pathways are developed to facilitate a cohesive, co-ordinated service, which is supportive to both parents and professionals alike. This also reduces the need for high numbers of professionals directly involved

12. Multi-Agency Case Management

To ensure effective working professionals must consider:

- Early communication and referral if it is suspected that a parent (or prospective parent) has a learning disability;
- Regular meetings should be held;
- Involving Speech and Language therapists when communication has been assessed to be an issue.

Multi-Agency Work as Part of the Child Protection Process

Joint working is essential as part of the child protection process (assessment, Child Protection Conference decision making, Core Group planning and provision of support) and should take place from outset. This is to ensure appropriate services are provided by all agencies, needs are addressed, visits co-ordinated to avoid duplication and to prevent professional conflict.

Children's Services Lead Social Worker is responsible for case co-ordination.

Where parental health and/or social needs are identified, the CLDT should identify lead health and/or social professionals to support the parents.

Each service should consult with or advise colleagues in order to facilitate case management.

For cases that do not fit criteria for Learning Disability Services consultation and advice about assessment and intervention is available.

13. Related Documents

Documents that should be considered alongside this policy:

[Valuing People](#) (2001)

[DoH Good Practice Guidance on Working with Parents with Learning Disabilities](#) (2007), updated September 2016

[Family Proceedings: Parents with a Learning Disability - Presidents Guidance](#) (10 April 2018)

[Parenting Assessment Manual](#)

[Mental Capacity Act](#) (2005)

[Information Sharing: Advice for practitioners providing safeguarding services to children, young people, parents and carers](#) (July 2018)