


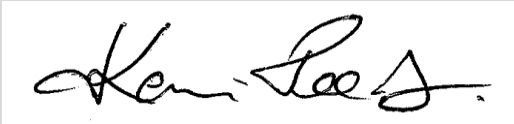

## A Multi-agency Protocol for Working with Parents with Learning Disabilities Living in Dorset

December 2018 (updated July 2019)

Purpose	<p>To enable children’s and adult services to work to a common set of core principles and achieve clarity about the respective roles and responsibilities of their relevant agencies.</p> <p>To keep families together and provide a structured approach for agencies to work together to provide appropriate resources and services to ensure this happens. When it has not been possible to keep families together to ensure that the parents with learning disabilities have been afforded a fair process. This process must include reasonable adjustments, ensuring that an accurate assessment and subsequent recommendations are made, which includes avoiding delay and drift for the child.</p> <p>To provide a holistic assessment of the family, so that the full range of needs are met at the earliest opportunity to families at risk of poor outcomes.</p> <p>To initiate good communication and co-operation between all the departments and agencies working with parents with learning disabilities to limit duplication, ensure decisions are made collaboratively and that arrangements and responsibilities for the family’s care are agreed at the outset.</p> <p>To ensure safe management of risk, whilst still providing a responsive service to parents with learning disabilities where it is considered extra support is required.</p>
Scope	<p>It is not intended to replicate or replace existing policies or procedures through this protocol.</p> <p>Reference is made throughout to the “Good practice guidance on working with parents with a learning disability”</p>

	<p>issued by the Working Together with Parents Network and the Norah Fry Centre in September 2016, and it is highly recommended that this guidance is read in order to provide further detail.</p> <p>The protocol will not attract new resource or services and the relevant teams and agencies already have all the tools and responsibilities that they need to provide good quality interventions for families where a parent(s) has a learning disability.</p>
<p>Areas of Responsibility</p>	<p>Dorset Council staff employed within all children’s operational teams.</p> <p>Dorset Council staff employed within adult learning disability teams.</p> <p>Staff employed by Dorset Healthcare in adult learning disability teams.</p>
<p>Keywords</p>	<p>Accessible information; Advocacy; Care and Support Assessment; Care and Support Plan; Learning Disability; Parenting assessment; Whole family approach</p>
<p>Glossary of Terms / Definitions</p>	<p><u>Adult Access Team (AAT)</u> - the first point of contact for new Adult Social Care enquiries, and for referrals to Community Learning Disability Teams</p> <p><u>Advocacy</u> – <a href="#">Issues-based advocacy</a> can be provided to assist with resolutions to social, personal or practical matters that are of concern to an individual, by ensuring that their voice is heard and that they understand and can utilise their civil and human rights. <a href="#">Care Act advocacy</a> specifically relates to the Care Act assessment, planning or review processes. Local authorities have a duty to identify an appropriate individual who can facilitate a person’s involvement if they consider that they are likely to have ‘substantial difficulty’ in engaging with the care and support process.</p> <p><u>Parent Assessment Manual (PAMS)</u> - a guide to working with and assessing parents and families when there are child protection concerns</p>

	<p><u>Capacity to Instruct</u> – when in Care Proceedings it is essential for the court to know whether a parent/s have the ability to understand proceedings sufficiently to be capable of instructing their solicitor regarding their views and how they wish to proceed. A specific psychological assessment can be completed during proceedings to ascertain this.</p> <p><u>Community Learning Disability Team (CLDT)</u> - co-located (in the main) multi-disciplinary teams of social care professionals and health care practitioners. Includes Social Workers and unregistered social care staff, Nurses, Occupational Therapists, Physiotherapists, Psychologists, Speech and Language Therapists</p> <p><u>Family Assessment Specialist Team (FAST)</u> - deliver expert multi professional complex assessments of the parent's ability to parent their children appropriately and to keep them safe from harm</p> <p><u>Multi Agency Safeguarding Hub (MASH)</u> - Staff from Dorset, Bournemouth and Poole children's services alongside Dorset Healthcare and Dorset Police based at Poole Police Station.</p>
<p>Legislation and Legal Requirements</p>	<p>Care Act 2014 The Children Act 1989 The Children and Families Act 2014 Working Together to Safeguard Children 2018 The Health and Social Care Act 2012 The Equality Act 2010 The Human Rights Act 1998 The Mental Capacity Act 2005 National Framework for the Assessment of Children in Need and Their Families 2000</p>
<p>Equality Impact Assessment</p>	<p>This protocol seeks to address the inequality experienced by parents who have a learning disability, as outlined in the “Good practice guidance on working with parents with a learning disability”. It is evidenced informed and reflects legislative requirements that drive good practice and equality of opportunity. There are no identified adverse impacts upon any group of individuals with Protected Characteristics as defined by the Equality Act 2010</p>
	<p>Dorset Council Care Act policies, particularly:</p>

<p>Related Policies</p>	<ul style="list-style-type: none"> <li>• Promoting Wellbeing Policy</li> <li>• Information and Advice Policy</li> <li>• Preventing, Reducing or Delaying Demand Policy</li> <li>• Self Directed Support Policy</li> <li>• Integration, Cooperation and Partnerships Policy</li> <li>• Independent Advocacy Policy</li> </ul> <p>Dorset Healthcare Policy:</p> <ul style="list-style-type: none"> <li>• Safeguarding Children Practice Guidance for Adult Mental Health Services August 2017</li> </ul> <p>Dorset Council Children’s Services policy:</p> <ul style="list-style-type: none"> <li>• Dorset Safeguarding Children Board Threshold Tool</li> <li>• Pan-Dorset Protocol for the Protection of the Unborn Child</li> </ul>
<p>Authors</p>	<p>Richard Christian, Specialist Manager Learning Disability</p> <p>Catherine Philips, Operational Manager – Family Assessment Specialist Team</p> <p>Gary Billen, Head of Children’s and Adult Learning Disability Services</p>
<p>Approval</p>	<p>On behalf of DCC Adult and Community Services:</p> <div style="display: flex; align-items: center;">  <p>Martin Elliott, Assistant Director</p> </div> <p>On behalf of DCC Children’s Services:</p> <div style="display: flex; align-items: center;">  </div> <p>.....</p> <p>On Behalf of DHC Learning Disability Service:...</p> <div style="display: flex; align-items: center;">  </div>
<p>Review dates</p>	<p>6 monthly initially – May 2019</p>

Next review – July 2020

## 1.0 Why do we need this protocol?

***“Adult and children’s services, health and social care, should jointly agree local protocols for referrals, assessment and care pathways in order to respond appropriately and promptly to the needs of parent and child.” Good Practice Guidance on Working with Parents with Learning Disability (DoH, DfES, 2007)***

Whilst it is widely acknowledged that adult and children’s services need to work closely together to ensure the best outcomes for families, the experience of parents who have a learning disability is that too often this is not borne out in practice.

Indeed recent cases, both locally and nationally, have led to a level of concern that Adults and Children’s Services in many parts of the country do not have an agreed local joint protocol in line with the Good Practice Guidance.

In April 2018 this concern led to Judge Munby, President of the High Court’s Family Division, to issue Guidance and make reference to a 2016 update of the Good Practice Guidance:

***My primary purpose in issuing this Guidance is to bring to the attention of practitioners and judges, and to commend for careful consideration and application by everyone, the very important “Good practice guidance on working with parents with a learning disability” issued by the Working Together with Parents Network and the Norah Fry Centre in September 2016:***  
***<http://www.bristol.ac.uk/media-library/sites/sps/documents/wtpn/2016%20WTPN%20UPDATE%20OF%20THE%20GPG%20-%20finalised%20with%20cover.pdf>***

The 2016 updated document observed that “Over the past few years, the 2007 Good Practice Guidance appears to have fallen into disuse; professionals working with parents with learning disabilities either have not heard of the Guidance, or they fail to apply it”.

It has been acknowledged that Dorset is one of the areas in which the Good Practice Guidance has not consistently been applied, and a local protocol has previously not been in place despite best efforts to develop one. Furthermore, it has been observed in the family court that this gap may have adversely impacted upon outcomes for children and families.

Given this probable impact of a lack of a joint protocol, it bears clarifying that “Law and policy entitle parents who have a learning disability to receive support to carry out their parenting responsibilities so that, where possible, children can remain with their families” (RiPFA, 2018)

*“Parenting can be a challenge. Parents themselves require and deserve support. Asking for help should be seen as a sign of responsibility rather than as a parenting failure.” Working together to safeguard children, (DfE, 2013).*

## 2.0 What is a learning disability?

Whilst a learning disability can be defined clinically, it is less straightforward to describe what a learning disability means in terms of the experience of individual citizens. However, Valuing People, 2001, describes a learning disability as:

*“[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”*

Learning disability can be diagnosed when someone has an Intelligence Quotient (IQ) of less than 70. However, studies have reported that there is no direct correlation between IQ and parenting ability above an IQ level of 60. Therefore, some people with a learning disability will make good parents and may not require assistance from adult services.

Conversely, some parents may have an IQ greater than 70, but may still have significant difficulty with learning, processing and transferring skills for a variety of reasons, and indeed may meet the national eligibility criteria within the Care Act 2014. **Adult Services need to be mindful of the statutory guidance relating to assessment and should ensure that a lawful care and support assessment is carried out. This should be irrespective of the way in which the Local Authority is set up in teams and in terms of responding to groups of citizens with similar needs.**

*“Local authorities must undertake an assessment for any adult with an appearance of need for care and support, regardless of whether or not the local authority thinks the individual has eligible needs.....” (Care Act Care and Support (Eligibility Regulations) 2015)*

Research has evidenced that children of parents who have a learning disability can be at risk of experiencing developmental delay, stigma at school, poor socioeconomic outcomes and having limited support networks.

It is therefore critical that adult teams receiving referrals take a proactive and person-centred approach in ensuring that the care and support assessment duty is met in a timely way. This may

well, in some cases, involve negotiation between, for example, adult learning disability and mental health teams; it is not acceptable to simply return referrals deemed inappropriate to colleagues in The Adult Access Team (see section 5) or to Children's Services for them to redirect.

Referrals to adult community learning disability teams for a Care Act and/or health care assessment must be acted on as per set timescales and **cannot be closed or put on hold pending an IQ assessment to establish a diagnosis of Learning Disability**. It will be important that appropriate triaging and fact finding occurs to identify clearly inappropriate referrals but where there is a likely learning disability any need (or appearance of need) must be assessed and responded to. If in that process it becomes clear that the individual does not have a learning disability but has been assessed as having care and support needs the most appropriate service can be identified and a handover arranged.

### 3.0 What do we want to change?

*"Estimates are that between 40 to 60 percent of parents with a learning disability do not live with their children."  
Ripfa 2018*

Fundamentally, Children's and Adult services need to work in partnership to seek to keep families together, and to provide appropriate resources and services to ensure this happens where at all possible.

When it has not been possible for a child or children to remain in the care of their parent(s) it is imperative that the parent(s) with learning disabilities have been afforded a fair assessment, including reasonable adjustments, ensuring that an accurate assessment and subsequent recommendations are made which includes avoiding delay and drift for the child.

It is the intention of this protocol to provide a clear and effective pathway, whereby assessments are carried out in order that the right support is put in place, enabling parents to succeed in their role as parent(s) and the child(ren) is/are kept safe and well.

### 4.0 What does good look like?

The 2016 Good Practice Guidance refers to five key features of good practice in working with parents with learning disabilities:

- accessible information and communication
- clear and co-ordinated referral and assessment procedures and processes, eligibility criteria and care pathways
- support designed to meet the needs of parents and children based on assessments of their needs and strengths
- long-term support where necessary
- access to independent advocacy.

In Dorset we need to ensure that we are committed to achieving the following outcomes:

***Children have the right to be protected from harm.*** The welfare and safety of the child is paramount.

***The needs of children are best met within the family.*** The needs of the parents and the children should be assessed to ensure the best support is provided to the family, so that the children remain safe in their home.

***Assessments reflect the needs of both parents and all children within the family.*** The intention of the whole family approach is for local authorities to take a holistic view of the person's needs and to identify how the adult's needs for care and support impact on family members or others in their support network

***Regular reviews are put in place.*** The changing needs of both children and parents are reflected in changes in the way that support is provided.

***Parents are able to fully engage in discussions about their needs and the needs of their children.*** Agencies and individual practitioners provide early support in an empowering and non-judgemental way using accessible formats, or with the help of an independent advocate.

***Assessments are carried out at an early point.*** People who are known to have a learning disability, but are currently managing life on their own, should be assessed as soon as they are known to be having a child as this may change their coping capacity, so that the correct support can be put in place as early as possible.

***Assessment should not be unnecessarily intrusive and duplicated by several agencies.*** Adults and children's services should be clear about who is taking the lead role and should share information (in line with General Data Protection Regulations) in order to reduce the numbers of times that people need to re-tell their story, and to ensure the welfare of the child and confidence in the service provision by the parent.

***The parent(s) has clear understanding of who the agencies are, why they are involved, what assessment processes are required and why, and then the options for support.*** This should be provided in the most appropriate way for the parent e.g. Easy Read, or face to face contact.

***The rights of the child(ren) and the parent(s) with a learning disability are upheld for example in line with the Equality Act 2010 and the Human Rights Act 1998.*** Parents with learning disabilities should be given every opportunity to demonstrate that they can be good enough parents, with support if necessary.

## **5.0 How should children's and adult services work together?**

Children's services should consider making a referral to Adult services at the point that they believe that a parent, or a parent-to-be, has a learning disability. An early referral may represent the key difference that could keep a family together.



It is likely that where parents who have a learning disability have come to the attention of staff working in Children's Services it will be in relation to concerns about the welfare of a child. Therefore staff working in Children's Services should share this protocol with colleagues working in the health service – for example Health Visitors in particular – in order to facilitate referrals to Adult Services at the earliest point possible. Dorset Healthcare staff in CLDTs should seek to inform relevant staff working in GP surgeries through the established link-working.

A referral to Adult Services should only be completed with the consent of the parent, except in cases where the adult does not have the mental capacity to make a decision, and in these cases a decision should be made in their best interest in accordance with the Mental Capacity Act 2005: <http://www.legislation.gov.uk/ukpga/2005/9/notes> and in line with the General Data Protection Regulations 2018.

It would be helpful for the referrer to complete the 'Learning Disability Screening Tool' (see appendix) if they have any doubt about whether the parent has a learning disability. *However, the lack of evidence of a learning disability must not preclude a referral to Adult Services if the prospective referrer is of the view that the adult has the **appearance of need for care and support** in relation to the Care Act 2014 Care and Support (Eligibility Criteria) Regulations:* <https://www.legislation.gov.uk/ukdsi/2014/9780111124185>

Referrals to adult Community Learning Disability Teams are made via the Adult Access Team (<https://www.dorsetforyou.gov.uk/care-and-support-for-adults/contact-adult-social-care.aspx> or tel. 01305 221016) who can forward, potentially following further information gathering, to the relevant CLDT through Dorset Council's case management system; this is the agreed shared referral route to the co-located health and social care Team. It may be that the Adult Access Team, following preliminary investigation, are of the view that there clearly is not the appearance of need for care and support, and in these cases they would update the referrer with the decision-making and not refer on the CLDT.

It would be helpful if a referrer describes the difficulties or issues that the parent is experiencing rather than specifying a service response. For example, it would be more helpful to describe a situation where the individual is unable to understand essential information (despite best efforts to present the information in a more accessible way) rather than specifically ask for Speech and Language Therapy intervention.

The nature of the referral will determine priority for allocation to adult services practitioners. Where there is a high possibility that a child's welfare or safety is being compromised, this will be a factor that is taken into account when undertaking the prioritisation. Case allocation will be determined in line with the relevant referral process and by the lead health and/or social care manager within the service. Health care from the team has a minimum standard of 28 days from referral to first contact, or in instances where the health impact is assessed as urgent five working days. Social care assessments should be undertaken within 28 days of contact as good practice; this is a local performance indicator and not a statutory requirement. The referrer should be informed of how the receiving team are intending to deal with the referral at the earliest point possible.

Similarly, the nature of the referral will inform decisions about which member(s) of the CLDT are best placed to respond and undertake an assessment or intervention. It is highly likely that an assessment within the provisions of the Care Act 2014 will be required in most cases, and Dorset Council employed staff are responsible for undertaking these assessments. It is, though, quite possible that a specific health need related to the learning disability is presented solely (or in addition social care needs), and the responsibility for assessing health needs and provision/facilitation of health related interventions lies with Dorset Healthcare employed staff. In many situations it would be good practice to complete Care Act and health assessments or interventions at the same time. It has been noted earlier in this document, but it bears repeating that referrals to adult community learning disability teams for a Care Act and/or health care assessment must be acted on as per set timescales and **cannot be closed or put on hold pending an IQ assessment to establish a diagnosis of Learning Disability.**

If an adult services staff member becomes concerned about the safety or wellbeing of a child whose parent has a learning disability (or indeed any child) they should contact the Children's Services Social Worker if there is one involved without delay, and it may be helpful to refer to the Dorset Safeguarding Children Board Threshold Tool. If there is no Social Worker involved they should contact the Multi Agency Safeguarding Hub on 01202 228866 or visit <https://www.dorsetforyou.gov.uk/children-families/child-protection-and-how-to-report-a-concern.aspx> or email via [MASH@dorsetcc.gov.uk](mailto:MASH@dorsetcc.gov.uk)

It is expected that individual practitioners working together from Children's and Adult Services should make every effort to agree a plan in line with legislation, good practice guidance, and policy. Adult social care staff, in particular, should be mindful that the Care Act 2014 provides that Local authorities must make arrangements to ensure co-operation between its officers responsible for adult care and support, housing, public health and children's services. However, it is acknowledged that it will not always be possible to agree a way forward at Practitioner level, and in the first instance the Area Practice Manager (Dorset Council Adult Services) or the Clinical Lead (Dorset Healthcare Adult Services) should liaise with Team Manager (Children's Services).

The need for issues-based advocacy should be routinely considered and regularly reviewed. Referrals for advocacy support should also be made at the earliest point possible after identification that it is required. The referral will usually be made by Adult Services, who should – at the point of assessment – fully consider the Care Act duties imposed upon the Local Authority in relation to independent advocacy ('Care Act advocacy'). Even if a Care Act advocate is not required the assessor(s) should consider whether an advocate is needed in order to:

- ensure a lawful and proper process is followed
- facilitate understanding and communication
- ensure adherence to the Good Practice Guidance
- ensure the parent(s) understands who is involved and why they are involved
- provide appropriate challenge

It is strongly recommended that referral for issues-based advocacy should be considered (and made unless there are clear reasons not to do so) if there is concern about the parent's ability to safely care for their child.

Issues-based advocacy may, subject to availability, be provided from a block-funded arrangement. However, where there is no capacity on a block contract, consideration should be given to spot-purchasing. Decisions about how the advocacy is to be provided should not be delayed and should not adversely impact upon outcomes for children and families. Adult Services will generally be responsible for making arrangements for issues-based advocacy for parent(s) who have Care Act eligible outcomes. However, following a Care Act Assessment if there is no involvement by virtue of the parent(s) not meeting the national eligibility criteria, advocacy support will not be the responsibility of Adult Services. In these circumstances, Adult Services have a duty to provide advice, guidance and signposting, but Children's Services would be responsible for making arrangements for – and purchasing if necessary – issues-based advocacy. This includes any identified need for advocacy prior to the completion of the Care Act Assessment or subsequent to it, if the Care Act eligibility criteria are not met. Further, Children's Services are responsible for ensuring that any Intermediary Service deemed necessary (for example 'Communicourt') is provided.

1. Children's Services involved. No Adult Services involvement. *Need for issues-based advocacy identified is Children's Services' responsibility*
2. Children's Services and Adult Services involved (open case, not new referral, relevant Care Act eligible outcomes identified). *Need for issues-based advocacy identified is Adult Services' responsibility*
3. Children's Services involved. No Adult Services involvement but need for care act assessment identified and referred for. *Need for Care Act advocacy (for the specific purpose of engaging in the assessment only) identified is Adult Services' responsibility. Need for issues-based advocacy identified prior to identification of care act eligible outcomes at the completion of the assessment is Children's Services' responsibility.*
4. Identification of care act eligible outcomes, one of which specifically relating to carrying out any caring responsibilities the adult has for a child. *Need for issues-based advocacy identified is Adult Services' responsibility*

If there is any doubt about who is responsible for arranging and / or commissioning advocacy a positive approach to resolving the matter should be undertaken based upon a willingness of services to work in partnership with the family at the centre of decision-making. Senior Managers will be able to help to resolve any ongoing lack of agreement if it has not been possible on a team level, or where there has been excessive delay in completing a Care Act assessment.

To facilitate good practice and joint working across teams and systems 'Champion' roles should be adopted as best practice in each Children's Team and each CLDT (to include a Dorset Healthcare and a Dorset Council employee). It is particularly important that this is the case whilst this protocol is being embedded. It is the responsibility of the Area Practice Manager / Clinical Lead / Team Manager in each team to identify a team member. This role should be proactive and should involve sharing resources and learning with team members and colleagues. It should involve establishing and maintaining key relationships across services and agencies. Staff from both services should consider joining the Working Together for Parents Network and access resources such as:

<https://www.ripfa.org.uk/resources/publications/strategic-briefings/supporting-parents-who-have-learning-disabilities-strategic-briefing-2018/>

***In 12.8% of cases of child protection proceedings in the family courts the mother had learning difficulties and 6.8% of cases had a father who had learning disabilities***  
***Ministry of Justice, Care Profiling Study, (Masson et al., 2008).***

Given that there is a high incidence of parents who have a learning disability in cases of child protection proceedings it is clearly imperative that Children's Services staff working with parents who have a learning disability should be suitably experienced and trained to work with this group of people; particularly those workers likely to be giving evidence in court. This knowledge and expertise should, specifically, include a good understanding about presenting accessible communication to individuals who have a learning disability.

Nominated Adult Services staff should similarly be suitably experienced, skilled and knowledgeable to work effectively with people with a learning disability who are also parents, and should be appreciative of working within a 'whole family' methodology. They should have an understanding the needs of the child and the paramourcy of the child.

Staff working in both Children's and Adult services should be committed to working collaboratively, but it would be helpful to establish which service is taking a lead role at any given point in time. The following is provided in order to inform this decision-making:

- where there are no child welfare concerns, but adults need assistance with routine tasks of looking after children, adult learning disability services should take the lead on assessment and care and support planning.
- where parents need support in the medium to long term adult learning disability and children's services should jointly co-ordinate assessment and care and support planning. It is acknowledged that Children's services have a limited long-term role in the lives of most families, and in many cases – when the needs of the child are met – it may be that adult services are best placed to provide long-term support to parents.
- where intervention is required to prevent children suffering impairment to their health or development, or prevent significant harm, children's services lead assessment and planning with specialised input from adult learning disability services.

If a formal specialist parenting assessment is required this will be the responsibility of Children's services but it should be 'joined up' with adult care assessments of the parents needs and relevant health assessments. Any resulting plan should seek to be a shared one across all services. It is important that Adult services do not over-stretch their remit and that workers' reports and interventions remain appropriate to their role and function. Sometimes, unfortunately, it is necessary for decisions about a child's welfare to be made by the Court, and it is critical that the involvement and expertise of adult services that is presented as evidence to Court is evidence-based and within

their area of expertise. If there is a need to assess the parent(s) capacity to conduct proceedings (litigation capacity), this will be the responsibility of Children's Services.

Any staff involved in families' lives should commit to update other involved professionals on a regular basis (in line with any consent considerations) and must inform them of any significant event or change, in particular any decision to cease involvement or close a case.

## 6.0 How should any care and support be provided and funded?

***The recent case of [A Local Authority v G \(Parent with Learning Disability\) \[2017\] EWFC B94](#) has highlighted the importance that all families in which one or more of the parents has a learning disability are given the support that they require to be able to care for their children. However, the judge in this case found that this obligation does not extend to support that is tantamount to substituted parenting.***

It is not within the scope of this protocol to apply arbitrary upper limits to the support that will be offered to families by adult's and children's services, and as already observed it is the intention of this protocol to support parents who have a learning disability to successfully care for their child(ren). The focus of all interventions should be 'supported parenting' with the objective of enabling development of the skills necessary for safe and effective parenting. Nevertheless, it is recognised that it may not be in the interests of the child's welfare to receive 'substituted parenting' from a third party. However, this is a judgement that should be made in Court, and each case must be considered on its own merits, without fettering of discretion, with a view to identifying what support is required to enable the child to continue to live with their family.

In his judgement of the above case Judge Dancey observed that the package of support that would be required would amount to substituted parenting and the children would likely 'suffer' repeated changes of personnel delivering care and support. Consequently, he held, it was likely that the children would be unable to identify primary carer(s) to whom they could form secure attachments. If it is the conclusion of the assessor that a package of support that amounts to substituted parenting would be required to ensure the safety and wellbeing of the child(ren) it is essential that clear evidence is provided to show how this conclusion was reached.

Adult Services are responsible, subject to The Care and Support (Eligibility Criteria) Regulations 2015, for ensuring that there are arrangements in place for provision of the care and support that *the parent needs* in order to care for their child. This may include, for example (but not exhaustively) support with understanding and communication, preparing meals, maintaining a safe living environment, and paying bills. Any care and support provided should be focused on enabling the parent to become as independent as possible, facilitating the parent to confidently develop skills that will enable them to parent safely and successfully in line with any parenting assessment that has been completed by Children's Services.

Children's services remain responsible for costs associated with the child's education or for meeting any specific needs that the child has, such as those associated with a disability or particular health

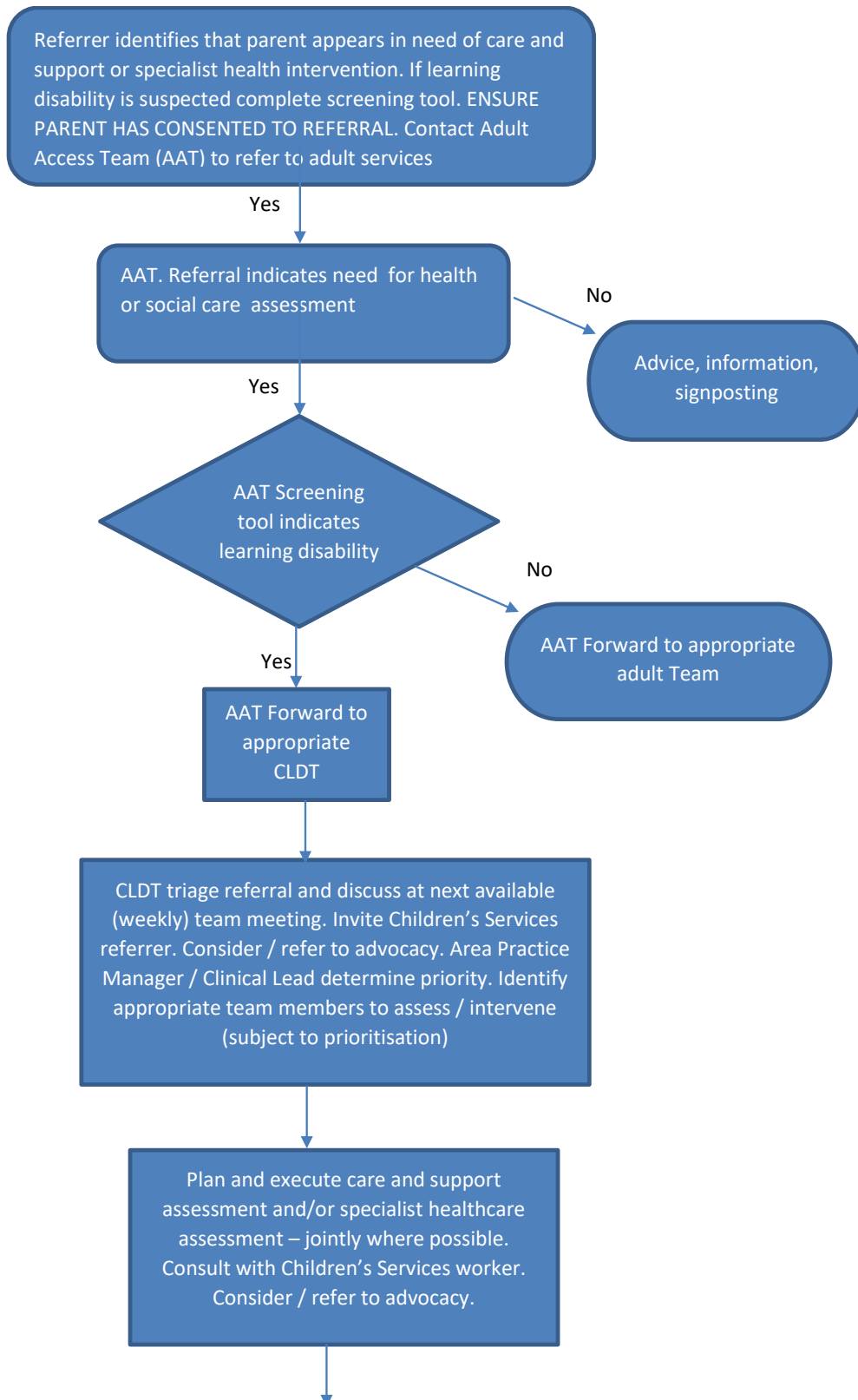
need. Children's Services would be responsible for making arrangements for any care that the child needs in the event that it is determined that they can no longer safely live with their birth family.

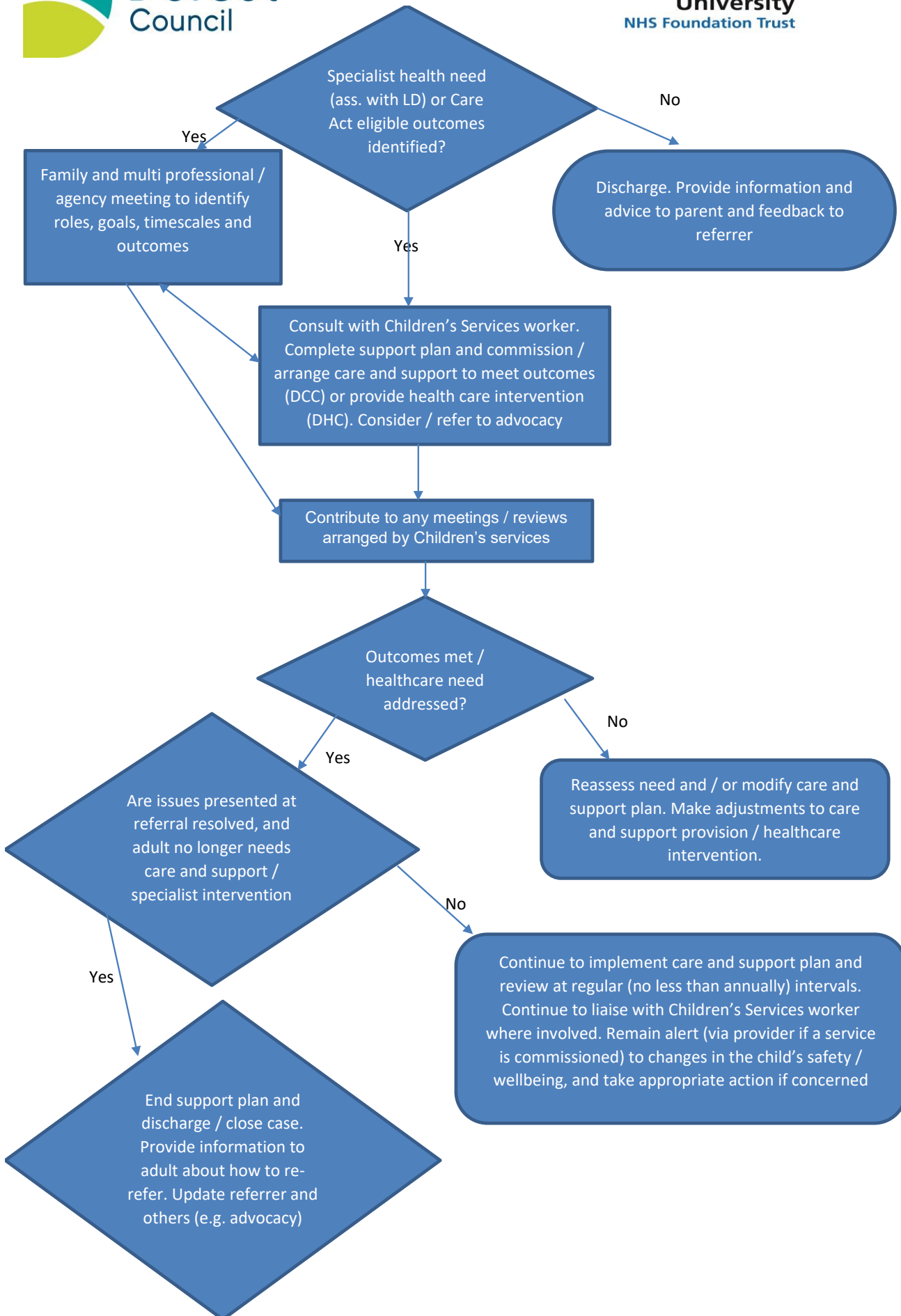
## 7.0 Resources and further reading

- A Local Authority v G (Parent with Learning Disability) [2017] EWFC B94. Available from <http://www.familylawweek.co.uk/site.aspx?i=ed187454> and <http://www.familylawweek.co.uk/site.aspx?i=ed187422>
- Department for Education (2018) *Working together to safeguard children*, [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/729914/Working\\_Together\\_to\\_Safeguard\\_Children-2018.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/729914/Working_Together_to_Safeguard_Children-2018.pdf)
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- Social Care Institute for Excellence (2005) *SCIE Research briefing 14: helping parents with learning disabilities in their role as parents*. Available at <https://www.scie.org.uk/publications/briefings/briefing14/>
- Turney, D., Tarleton, B. and Tilbury, N. (2018) *Supporting parents who have learning disabilities: Strategic Briefing*. Research in Practice / Research in Practice for Adults: Dartington.
- Working Together with Parents Network (2016) *Good Practice Guidance on Working with Parents with a Learning Disability [updated guidance]*, University of Bristol: Bristol. <http://www.bristol.ac.uk/media-library/sites/sps/documents/wtpn/2016%20WTPN%20UPDATE%20OF%20THE%20GPG%20-%20finalised%20with%20cover.pdf>

## APPENDICES

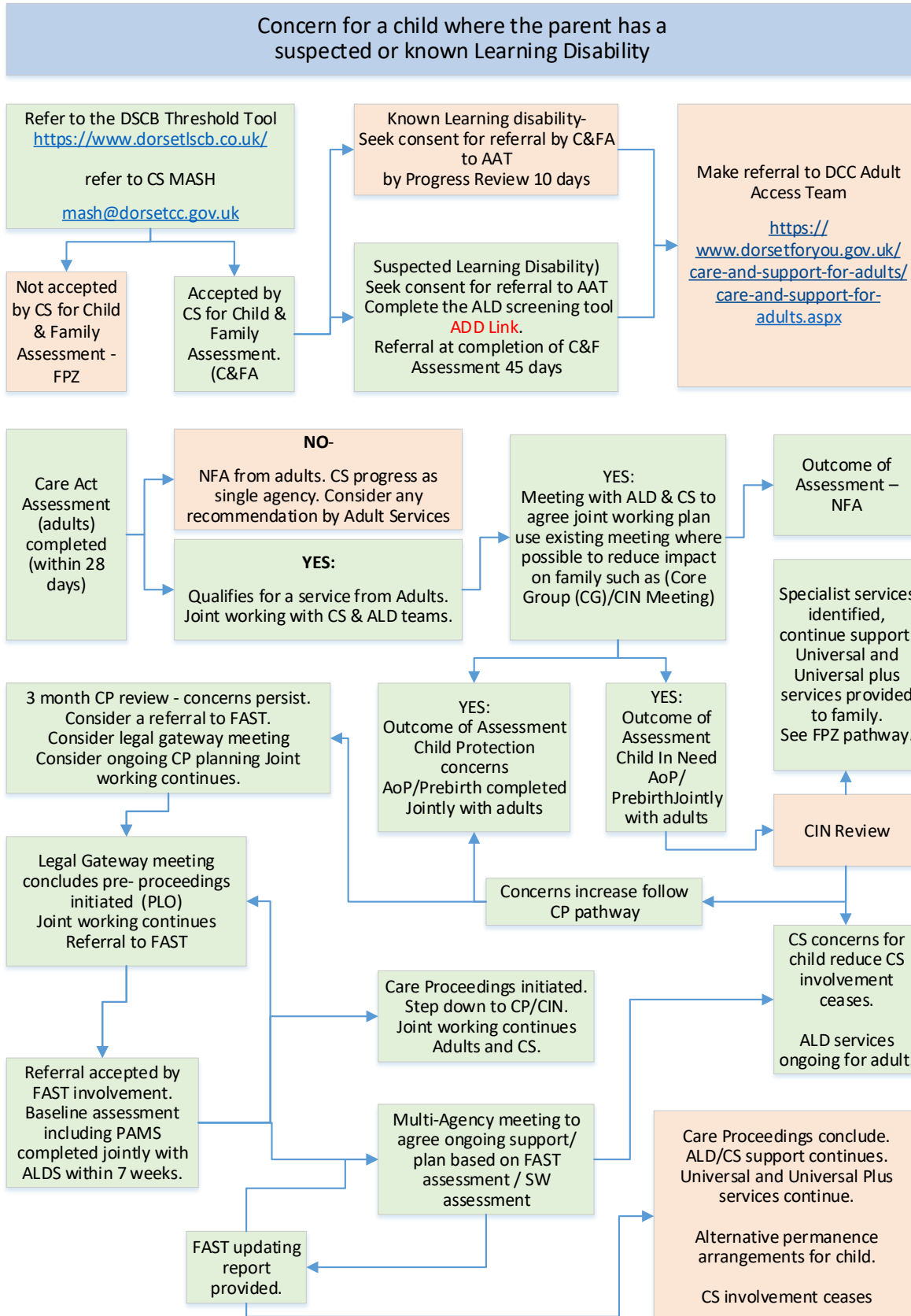
### Appendix A – Adult Services Flowchart







## Appendix B – Children’s Services Flowchart



**IDENTIFYING WHETHER A PERSON MAY HAVE A LEARNING DISABILITY**

Please complete the following information about the client:

<b>Name:</b>	
<b>Date of Birth:</b>	
<b>Address:</b>	
<b>GP name and practice:</b>	

Name of person completing form: \_\_\_\_\_

Date: \_\_\_\_\_

**IMPORTANT INFORMATION**

This form helps us to identify if a person has a learning disability or not. A learning disability means:

- Significant problems in intellectual skills (learning, memory, reasoning, making decisions, solving problems)
- Significant problems with adaptive functioning (everyday self-care skills, shopping, budgeting, etc.)
- These problems must be present from childhood and through their whole life

Most people with a learning disability attended special schools or had a lot of support through school. They don't usually gain GCSE's, and if they do, it is rarely above an F or G grade, and most people don't drive. There are always exceptions, but for most people, a learning disability affects all areas of a person's life.

A learning *disability* is not the same as a learning *difficulty*. A learning difficulty means problems with *specific* things like reading, writing, maths. For example, Dyslexia is a learning *difficulty*.

**Please consider the above information regarding people with learning disabilities and qualifications when continuing with this form and referral.**

Please answer the following questions:

**History**

Where did they go to school?

Primary: \_\_\_\_\_  
\_\_\_\_\_

Secondary: \_\_\_\_\_  
\_\_\_\_\_

College: \_\_\_\_\_  
\_\_\_\_\_

Please provide details of any qualifications obtained:

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**Tick as appropriate**

**Yes**                      **No**

Did they receive extra support at school, i.e. 1:1 support?

Did they attend special school?

Did they have a Statement of Educational Needs?

Has the person completed any assessments in the past, i.e. IQ tests, genetic conditions, psychology assessments etc?

If so, please provide details:

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**CONSENT**

It will speed up the screening process if any relevant assessment reports are returned with this form. If this is not possible, the attached consent form **must be signed** by the individual in order for us to request these documents. If they do not have capacity to make this decision, the appropriate page should be signed by a professional(s) and/or family member(s).

**Tick as appropriate**

**Yes**                      **No**

**Travel**

Is the person able to travel and access the community independently?

Do they need support to go to new or unfamiliar places?



Do they need support to attend appointments, check-ups or meetings etc?



**Literacy**

Are they able to *write* basic words/information?



Are they able to *read* basic words/information?



Are they able to read and understand important documents without support?  
(i.e. bank statements, utility bills etc.)



**Background Information**

Are they able to give a good background history about themselves?



Does the person have a family member who can provide information about early development, education and the level of support needed?



**If so:**

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Contact number: \_\_\_\_\_

**Tick as appropriate**

**Yes**

**No**

**Finances**

Are they able to manage their money independently?



Are they able to purchase items from a shop independently?



Are they able to budget money in-between paydays or receiving benefits?



Are they able to estimate costs of familiar items?



**Self-Care**

Do they need support to complete personal care tasks, i.e. showering, washing hair, getting dressed?



Do they need support to look after their home, i.e. cleaning, tidying, laundry?



Do they need support to prepare food/meals?

**Understanding**

Does the person need new information explained more than once before they appear to understand it?

Does the person forget information quickly?

Does the person need support to follow instructions?

**Level of Support**

Does the person rely on others for help and support to lead a meaningful life?

If so, which areas are most impacted?

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**Housing**

What type of accommodation does the person live in?

1. Independent living

2. Sheltered accommodation

3. Supported living

4. Shared lives

5. With family

6. In a residential home

7. Other (please specify)

**Tick as appropriate**

<b><u>Yes</u></b>	<b><u>No</u></b>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

If the person receives support within their accommodation please provide details (e.g. number of hours, ratio, specific tasks of difficulty):

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**Medical History**

Has the person suffered from any head related injuries in the past?



If so, please provide details:

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Were there complications with the person birth/delivery?



If so, please provide details:

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**Tick as appropriate**

**Yes**

**No**

Does anybody else in their family have a diagnosis of a learning disability, genetic condition, mental health problems or similar?



If so, please provide details:

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**Additional Information**

Is the person able to do paid work independently?



Are they able to support themselves financially as a result of paid work?



Is the person able to drive?



Is there any other information which you feel may be beneficial in determining whether this person has a Learning Disability or not?



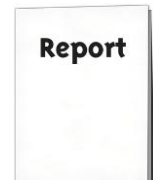
If so, please provide details:



We have been asked to see if we can help you.  
We may need to talk to other people.

We might ask questions about...

- The things you are good at.
- The things you need help with.
- Your health.
- Where you have lived
- Where you went to school or college.



We might ask if we can see reports that people have written about you. We will also write to other people who work with you.

Any information that we get is kept safe and privately in a locked cupboard or on a computer.

People who work with you can see this.

We will not share the information with anybody else unless we are worried about you or someone else getting hurt or about the law being broken.



Sometimes we talk about your information in meetings.

### **Consent to gather and share information**

**Name of Team:** LEARNING DISABILITIES PSYCHOLOGY TEAM



We want to speak to and get reports from different people below.  
We also want to share our information with them.



Please tick if this is OK

Doctor




Within the team




School, College or Educational Psychologist  
Family




To obtain a Statement of Special Educational Needs

Other – please name

NHS Summary Care Record




We can tell hospitals if you might  
need extra help when you are there

Is there anyone you don't want us to talk to or share  
information with

.....

.....

**Your name:** .....

**Signed:** .....

**Date:** .....



**To be completed by health or social care professional if the individual does not have the capacity to consent for background information to be shared or gathered.**

\_\_\_\_\_ (patient name) does not have capacity to consent for background information to be gathered because:

Tick if  
apply

- He/she is unable to understand the information relevant to this decision?
- He/she is unable to retain the information relevant to this decision?
- He/she is unable to use or weigh the relevant information as part of the process in making the decision?
- He/she is unable to communicate his/her decision?
- Does a Lasting Power of Attorney apply?
- Does Deputyship apply?

It is the opinion of (list relevant professionals and others including family where relevant):

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that it is in \_\_\_\_\_ (patient name) best interest for this information to be shared and gathered.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Date: \_\_\_\_\_

**Please return the completed consent to share and gather information form to the Learning Disabilities Team**