**Working together to support parents with a learning disability:**

**Torbay’s Joint Protocol**

1. **Summary**

This multi-agency joint protocol sets out how professionals should work with each other and with parents who have a learning disability or learning difficulty, so that they can be supported to parent safely and effectively, with the overall aim of achieving positive outcomes for children and their families.

This protocol is jointly agreed and owned by Adult Services and Children’s Services and was first developed in 2017 to improve positive joint working between services who support parents with a learning disability and their children. This joint protocol has now been reviewed and updated to reflect current good practice.

A learning disability is a life-long condition defined by the Department of Health 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”

(Department of Health, Valuing People, 2001, p14[[1]](#footnote-1))

Approximately 1.5 million adults in the UK are living with a learning disability, which amounts to more than 2% of the population (Mencap[[2]](#footnote-2)).

In addition, there are many more people who do not meet the full diagnostic criteria for a learning disability, but who may have a learning difficulty or additional needs in relation to their learning such as with literacy, numbers, budgeting, problem-solving, or retaining, applying, or processing information. These individuals often face the same struggles as those with a formally diagnosed learning disability and may require support to enable them to meet the needs of their children. As such, it can be more helpful to focus on the support needs of the parent, rather than whether they meet specific criteria for diagnosis. The guidance set out in this protocol is applicable to both parents with a learning disability and those with learning difficulties.

It is important to recognise that individuals with a learning disability are some of the most socially isolated and vulnerable groups in the UK (DOH Valuing People, 2001). As a result of the intersection between learning disabilities and discrimination, health and social inequality, and multiple disadvantages, parents with a learning disability may have very complex needs which extend wider than the direct impact of their diagnosis[[3]](#footnote-3).

A learning disability can impact all aspects of a person’s life, including housing, finances and employment, mental health and self-esteem, social engagement, and access to support, as well as on their role as parent to their children. A learning disability can mean someone is more vulnerable to negative life events, including poverty, stigma, discrimination, harassment, and/or harm from others. Equally, as for any parent, a parent with a learning disability may be experiencing additional difficulties such as domestic abuse, substance misuse, mental health difficulties, or physical disability. Of course, these factors are not uncommon to many of the parents we work alongside, however, they highlight that the impact on parenting of a learning disability may be only part of a much wider picture.

There should be no assumptions made about parenting capacity as a result of a parent having a learning disability. However, parents who have a learning disability may need support in the short-, medium- or long-term, to help them to increase their understanding of parenting, develop their skills to meet the needs of their children, and build up their resources. This is particularly important where there are additional factors such as domestic abuse, poor physical health, or the parent being care experienced.

Families where one or both parents have a learning disability are more likely to come into contact with Children’s Services, including within child protection processes and care proceedings. Sadly, a higher proportion of parents with a learning disability do not have their children in their care when compared with parents who do not have a learning disability [[4]](#footnote-4).

Families often have a wide range of needs, and no one service can necessarily meet all of these alone. This may include support to meet the child’s care needs, to meet the parent’s own daily needs, to develop the parent’s understanding of risk, or other day-to-day living or parenting tasks. This shows how important it is that children’s services, adult services, and health services work closely, collaboratively, and creatively to offer co-ordinated support to help families to overcome challenges and work towards positive outcomes for children and their parents. This support may need to be provided on a one-off, ongoing, or changing basis, as the child grows and develops.

We all have a responsibility to safeguard the welfare of children[[5]](#footnote-5). A lack of appropriate support could leave a child at risk of harm or neglect, and care may further deteriorate over time. Support will be most successful when it is appropriate and provided in a planned way at the right time. Early identification of additional learning needs is essential for fair and effective service delivery, which supports parents and ensures that children are safe and having their needs met consistently.

Equally, there exists a duty on public agencies to advance equality of opportunity for people with learning disabilities, including making reasonable adjustments to practices, policies, and procedures.

This protocol provides information and guidance for all agencies about good practice when working with parents who have a learning disability, their children, and families.

This protocol should be read alongside [the 2021 Good Practice Guidance on working with parents with a learning disability](https://www.bristol.ac.uk/media-library/sites/sps/documents/wtpn/FINAL%202021%20WTPN%20UPDATE%20OF%20THE%20GPG.pdf).

1. **How we will work with Parents who have a Learning Disability**

This protocol has been developed to set out how services for adults *and* children will work together to support individuals with a learning disability who are also parents.

We will;

* Identify parents who have a learning disability or difficulties. We will do this by speaking to the parent about whether they see themselves as a person with a learning disability, whether there are things they find more difficult, and about their educational and employment history. We may also speak to other agencies, such as their GP.
* Recognise the needs of individuals who have a learning disability and are also parents and supporting them to access services to meet these needs by making reasonable adjustments to facilitate their participation.
* Build supportive relationships which are respectful and based on informed consent and straightforward two-way communication which is open and honest.
* Acknowledge and understand the impact that a learning disability can have on being a parent, and in turn the impact on their children. We will support and promote safe, positive parenting.
* Promote the early identification of needs and provide early multi-agency support for families where one or both parents have a learning disability, including during pregnancy, with the aim of preventing difficulties from escalating and reaching a crisis point, which may require an escalation in intervention into their lives.
* Prioritise the welfare, needs, and safety of children as paramount while respecting the legal rights of families, including under the Human Rights Act 1988 and the Equality Act 2010. All professionals have a responsibility to safeguard the safety and well-being of children.
* See the parent and child within their context and taking a ‘whole family’ approach including by recognising that the most helpful, natural, and easily accepted support may come from informal support networks made up of family and friends.
* Support joint working, communication, and information sharing between agencies, in particular children’s services, adult services, and health services. Enable creative problem solving achieved through collaboration, which supports the best possible outcomes for children and their families.

This protocol will inform the work of children’s services within Torbay Council, adult health and social care services provided by Torbay and South Devon NHS Foundation Trust, schools, health visiting services, midwifery, advocacy services, and the carers service.

1. **Our Principles and Good Practice**

We will follow the good practice guidance[[6]](#footnote-6) on working with parents with a learning disability when offering support and providing services. These include;

* Clear information provided through accessible forms of communication.
* Clear and co-ordinated referral processes, eligibility criteria, assessment procedures, and care pathways.
* Providing support which is designed to meet the needs of parents and children, based on assessments of their needs, strengths, and any identified vulnerabilities or risks.
* Joint working between agencies and services to provide effective multi-agency support and remove organisational barriers. This may include providing long-term support where necessary and appropriate.
* Access to independent advocacy support (see section 6).
* Provision of training to staff to support them to work alongside parents who have a learning disability.

The legislative and policy context to our practice is based on;

* Human Rights Act 1998
* Equality Act 2010
* Care Act 2014
* Children Act 1989, Children Act 2004, and Children and Families Act 2014
* Good Practice Guidance on Working with Parents with a Learning Disability (2021)
* Working Together to Safeguard Children (2018)
* Independence Matters (2003)
* Improving the Life Chances of Disabled People (2005)
* Valuing People Now (2009)
* United Nations Convention on the Rights of Persons with Disabilities
* United Nations Convention on the Rights of the Child

1. **A Restorative Approach**

Torbay Children’s Services has adopted a restorative model of practice across their work with children, young people, and their families. Restorative Practice is a way in which we can build and maintain positive, healthy relationships and a way to resolve difficulties and repair harm.

We recognise that listening to children, young people and families and working ‘with’ rather than doing things ‘for’ or ‘to’ is the best way we can help support. It means our practitioners will focus on building positive relationships through respectful communication, collaboration and shared decision making to help create positive change.

As for many parents, a parent with a learning disability may have many worries and difficult feelings about Children’s Services being involved in their lives. There is a common fear around removal of children when Children’s Services become involved. As such, parents may feel overwhelmed, lack trust in, or be fearful of our involvement. Parents with a learning disability are more likely to have previously been involved with services than other parents, whether in respect of their children or for themselves directly, which may further impact their feelings about our involvement. All of which can create obstacles to seeking support and fully participating in services.

We need to work in partnership with parents to build relationships built on trust through taking a trauma-informed, non-judgemental, and restorative approach which sees the person as an individual with their own set of needs and vulnerabilities but also strengths and capabilities. We must avoid making sweeping generalisations, assumptions, or snap judgements, including about capacity to parent safely. We must work openly but sensitively with parents in a way which reduces the risk of these emotions causing blocks to effective participation in assessments and interventions. The quality of each interaction can impact how much they trust or do not trust services going forwards.

Our ‘ways of working’ clearly sets out our intention to be inclusive within our practice. In collaboration with children, young people and families we have produced six principles which emphasise the need to work restoratively together with children, young people, and families so they feel respected, listened to, and heard.

You can find our principles here: [Our Ways of Working - Torbay Council](https://www.torbay.gov.uk/children-and-families/our-ways-of-working/)

These principles are designed to give clear guidance to all Children’s Services staff, including senior leaders, and managers in respect of their roles and responsibilities as professionals. If we are not working with children, young people, and families in these ways, then our practice needs to improve.

1. **The Role of Children’s Services Teams**

All Children’s Services practitioners must read and follow [the 2021 Good Practice Guidance on working with parents with a learning disability](https://www.bristol.ac.uk/media-library/sites/sps/documents/wtpn/FINAL%202021%20WTPN%20UPDATE%20OF%20THE%20GPG.pdf). This guidance is applicable at all levels of Children’s Services involvement and to parents with a learning disability, learning difficulties, or learning needs. All Children’s Services workers must also read and follow this joint protocol.

The referral into Children’s Services may make it clear that the parent has a learning disability. Equally, a family may have been referred to Children’s Services without knowledge of the parent’s learning disability. It is vital that any learning needs are identified at the earliest opportunity, as this enables appropriate adjustments to be made so that our work with the family is most effective. We can do this by asking the parent directly whether they have a learning disability or by exploring more widely their experience of education and learning or through using a screening tool.

We must always be aware of the stigma which can be associated with having a learning disability, and which may result in parents being unwilling to disclose, or perhaps even accept, that they have a learning disability, for fear of being judged. It can help to focus on a need for particular support, rather than a label, and also to use the language that the parent is comfortable in using to describe themselves, following our Language that Cares Policy.

Once a learning disability or difficulty is identified, we must make ‘reasonable adjustments’ which are relevant to the individual we are working with. Seeking expert advice is essential to ensure that the support we provide – including assessments, referrals, and interventions – are tailored in a way which makes them accessible to, and effective for, the parent.

Expert advice usually takes the form of a cognitive assessment (see section 7), undertaken by a psychologist, which will identify the impact of the learning disability and make recommendations about the support or adjustments needed. These reasonable adjustments will be different for each individual but may include changes to the way we communicate and share information, such as use of pictures, provision of information in easy read or audio format, avoidance of complex language or jargon, and regular checking that we are being understood.

Where there are concerns that a child is at risk of significant harm and in need of protection, the parenting capacity and risks to the child must be assessed, alongside identification of strengths and protective factors. This is best achieved through planned assessment which gathers information from all agencies involved supporting both the child and the parent(s).

Parents should be told in accessible language the purpose of our assessments and interventions. This includes what the assessment or intervention is, what its purpose is, why we are recommending it, what it will involve, and what the outcome(s) may be. You may need to provide this information more than once and/or in different ways.

Parents who have a learning disability need interventions to be adapted to meet their particular needs, for example mainstream parenting classes are unlikely to be delivered in an accessible way. Adaptations will need to be individual to the parent but may include the use of visual prompts or aids (e.g. step-by-step pictures showing how to undertake a task), the use of role-play, modelling or videos for discussion and reflection, offering extra time for explanation and feedback, and regular repetition. Clear communication and ensuring that the information or skill practice has been understood is key, which may take more time, more intensive input, and repetition / revisiting.

Where they are involved with the family, representatives from adult services should be invited to attend Child Protection Conferences, Core Group meetings, Child in Need meetings and any other relevant multi-agency meetings. Advocacy should also be offered (see section 6). The roles and responsibilities of each professional in any ongoing work with the family should be set and regularly reviewed.

Individuals who have a learning disability may need support to develop new skills at different points of their parenting lives to care for their children safely and effectively, as their child’s needs change or when there are changes in their own lives.

A need for repeated periods of support or long-term support does not necessarily mean that a child cannot safely remain in their parent’s care. However, there can be concerns that high levels of on-going support can in effect become ‘substituted parenting’, which can be harmful to the child’s welfare. Where there are concerns of this nature regarding a proposed care plan, it will be essential that the social worker can evidence this through a balanced analysis of the different options for the child and their likely impact and outcomes, and whether the risk of ‘substituted’ parenting can be addressed or reduced, or not. Wherever possible, parents should be enabled to become as independent as possible in their caring responsibilities, and care plans/packages which disrupt the child/parent relationship should be avoided.

.

1. **Access to Independent Advocacy**

Access to independent advocacy for parents with a learning disability is recognised as a key feature of good practice. The role of an independent advocate is twofold. Firstly, it is to help the parent to understand the nature of what is being discussed, including any concerns that professionals hold and any expectations of them. Secondly, it is to strengthen the voice of the parent, to support the parent to both be heard and to feel heard. The purpose of an advocate is to represent and promote the parent’s rights and views, particularly when they cannot or feel unable to do so themselves, to enable them to participate fully and reduce the existing power imbalances between the parent and professionals.

If the child of a parent who has a learning disability is subject to child protection enquiries or a child protection plan, or if they are involved in the pre-proceedings (also called the ‘public law outline’ or ‘PLO’) process or care proceedings, the parent should be supported to access independent advocacy. Independent advocacy support is especially important when parents have been separated from their child within care proceedings. Workers must inform the parent about independent advocacy and support them to access this. Advocacy support is optional but should be encouraged. Advocacy can be sourced at other levels of intervention, if required, through the access to resources panel.

Should the parent choose not to have an independent advocate, they should be encouraged and supported, wherever possible and appropriate, to have a family member, friend, or member of their community to support them. Advocacy should be re-offered to the parent again at relevant points during our interventions, for example at the Review Child Protection Conference, even where this may have been declined before.

Advocacy support should be consistently available. For example, should the parent have the support of an advocate at an initial child protection conference, this should be available to them at core group meetings and subsequent child protection review meetings. Ideally, where possible, this should be the same advocate for consistency and relationship purposes, thereby avoiding the parent having to ‘re-tell’ their story to different advocates.

The support of an advocate is an addition to and must not be a substitute for other forms of support, for example the social worker, community care worker, legal representative, etc. It remains the responsibility of all professionals and agencies to provide information clearly and appropriately to the needs of the parent, and to ensure that the parent is offered the opportunity to express their views.

Advocacy can also support the views of older children and young people to be heard (see section 20).

1. **Cognitive and Capacity Assessments**

Expert advice should always be sought at the earliest opportunity when a learning disability is suspected. This helps to ensure that the work we are undertaking with the parent, for example our assessments and interventions, are tailored to be appropriate for and accessible to the parent and are therefore more likely to be effective. This usually takes the form of a cognitive assessment undertaken by a psychologist, which will identify the impact of the learning disability on the parent and make recommendations about the support or adjustments they need.

Where it is thought that a parent may have a learning disability, a screening tool such as the STRAP tool should be used. This can be undertaken with the parent by a social worker or other professional and is then reviewed by a psychologist for advice as to whether a need for further assessment is indicated.

If so, a cognitive assessment should then be undertaken. This requires funding agreement through the Access to Resources (ATR) panel. Undertaken by a psychologist, a cognitive assessment is an assessment of a person’s cognition and learning, and the impact of this on them. A cognitive assessment will identify whether the parent has a learning disability or any other form of learning need(s) and will make recommendations as to how best to work with the parent. These recommendations will be specific to the parent, and it is essential that these are followed in all of our work, and others’ work, with the parent. A cognitive assessment should not be relied upon as the only nor a primary measure of parenting capacity.

The recommendations of a cognitive assessment will be different for each individual but may include changes to the way we communicate and share information, such as use of pictures, provision of information in easy read or audio format, avoidance of complex language or jargon, and regular checking that we are being understood. We may need to make adjustments to our interventions, such as the use of role-play or modelling, provision of prompts or props, offering extra time for explanation or feedback, and regular repetition.

The outcome and recommendations of a cognitive assessment should be shared appropriately with professionals who are working with the parent, so that they too can work in the right way with them. This includes, but is not limited to, parent and child foster carers, family time supervisors, and community care workers supporting the parent.

Where the Local Authority has plans to enter the pre-proceedings process or issue care proceedings in respect of a child or young person, and there are concerns about the parent lacking capacity, for which a learning disability may be one cause, seeking a capacity assessment would be appropriate. A capacity assessment is also carried out by a psychologist, and can be undertaken separately, or more commonly, alongside a cognitive assessment. This assessment is specific to a parent’s capacity to instruct their solicitor and participate within legal proceedings.

The STRAP tool and cognitive assessments require the fully informed and freely given consent of the parent.

1. **Parenting Assessments**

Parenting assessments understood by and appropriate for parents who have a learning disability so that they can be given every opportunity to show that they can be ‘good enough’ parents, with appropriate support.

Parents who have a learning disability will need to be assessed using a specialist form of parenting assessment, and those with learning difficulties may also need this specialist assessment. A cognitive assessment will inform practitioners of what form of assessment will be needed. In Torbay, the Parent Assess model or the PAMS models are used, with preference given to Parent Assess. For either model, the assessing social worker needs to be trained in the model being used.

**Parent Assess** uses a range of interactive tools, visual aids, and a traffic light system to consider both the emotional and practical elements of parenting in a way which supports the parent to understand and take part in the assessment process. Based on the Department of Health’s Assessment Framework for Children in Need and their Families (2000), the assessment considers both strengths and risk factors through focusing on 5 specific areas; the child’s experience of being parented, parental functioning, specific issues (such as domestic abuse or alcohol/substance misuse), the parent’s daily living skills, and support. Parent Assess can be used where the child is in their parent’s care (including in a parent and child placement) or where the child is having supervised family time with their parent, and also for pre-birth assessment. Although designed for use with parents who have a learning disability, Parent Assess can also be used with parents who have other additional needs, including Autism.

More information about Parent Assess can be found here [Parenting Assessments | Parentassess | United Kingdom](https://www.parentassess.com/)

The **PAMS** model, created by Clinical Psychologist Dr Sue McGraw, uses a combination of practical assessment activities, predictive assessment methods, and computer software, to assess what a parent is able to do now and predict what they will be able to do as the child grows and develops in the future.

Workers across Children’s Services have been trained in using the Parent Assess model. These social workers and their team managers should be approached in the first instance when seeking to undertake a parenting assessment with a parent with a learning disability.

Should a trained Parent Assess assessor not be available, an application would need to be made to the Access to Resources (ATR) panel for funding for a suitably trained Independent Social Worker (ISW) to undertake the assessment.

While expert assessments are essential, the responsibility for ensuring a thorough and appropriate assessment remains with the allocated social worker, overseen by their team manager. This includes, but is not limited to, ensuring that the assessing social worker has the necessary information about the parent’s individual learning needs and is following both this protocol and the guidance around assessing parents with a learning disability.

Often, a learning disability may be only one of multiple factors impacting parenting capacity. There may be other factors such as domestic abuse, mental health difficulties, substance misuse, or lack of positive support network. As for any assessment, a parenting assessment must focus on the key issues that impact on the child, of which a parent’s learning disability may or may not be a significant factor. It is important that the interaction between each of these factors is understood to analyse what this means for the child and to inform the right support, intervention, and care planning.

Wherever possible, a parent with a learning disability should be assessed and taught skills in their own environment, ideally in their own home. Where this is not possible, for example where a parent and child placement is being considered, it is particularly important that this is close to the parent’s community and support network.

1. **Involving Wider Family Support Networks**

Identifying the support available to children and parents within their wider support networks is important for all parents, and particularly so parents with a learning disability and their children.

It is important to draw on any positive informal support networks, such as non-resident parents, family members, and friends, when undertaking our assessments, making plans, and providing support. While professional support and independent advocacy can and do offer many benefits, informal support may feel more natural for the parent.

Family Group Conferences (FGC)

A family group conference should be offered to all parents as a helpful opportunity to identify and plan support.

A family group conference provides parents and carers with the opportunity to lead in the planning for their children and ensures that everyone’s voice is heard. It draws in support from the wider network to identify what support they already have, what support the family and friends’ network could offer, and what the family require from professionals in order to ensure their plan is safe and robust. The aim is to empower families to be able to work together to ensure the safety and well-being of their children with a view to minimising the level of professional input in the child’s life.

When working with parents who have learning difficulties, the FGC team will ensure that they liaise with the parents’ advocates to ensure that information is provided in an appropriate format so that they can understand the benefits of a family group conference, what the process entails, and how they will be supported before, during, and after their meeting has taken place. There is an easy read version of the FGC literature which can be provided to parents to inform them about this service. Joint working will take place with the advocate to ensure that parents with learning difficulties are offered the same opportunity as other parents.

The recommendations of any cognitive assessment should be shared (with consent) with the Family Group Conference co-ordinator, to ensure that the right reasonable adjustments can be made.

More details about FGC can be found here; [Family Group Conferences - Torbay Council](https://www.torbay.gov.uk/children-and-families/services-and-support/fgc/)

1. **The Role of Early Help Services**

The role of Early Help Services is to support parents who have a learning disability who may not meet threshold for the provision of services by Children’s Services or services for adults, as well as signposting, and coordinating services effectively.

Early intervention is crucial and provides a range of benefits for parents. Parents who have a learning disability are entitled to have equal access to all services and this includes Early Help services, parenting support, and information services.

Early Help allows for the needs of parents to be considered at an early stage and involves a shift away from a model that is crisis driven, to one which allows preventative work to take place. Timely support offered at an early stage can prevent escalation to child protection processes. Involving parents in this is the key to success.

More information about the Torbay Partnership Early Help provision can be found here - [Early Help - Torbay Council](https://www.torbay.gov.uk/earlyhelp)

1. **Support at the Pre-Birth Stage**

To provide support from the earliest opportunity, for some families this will mean prior to the baby being born. The guidance provided throughout this protocol applies equally to this stage of a child’s life and development.

When an adult or adults with a learning disability become, or wish to become, parents, all services should take steps to ensure that they know about the support that is available to them, as well as to understand their role and responsibilities as parents.

Midwifery and other health care providers play an important role in providing support and information as they are often the first to be in contact with expectant parents, usually during the early stages of their pregnancy or even before pregnancy. Parents accessing and understanding their ante-natal care and choices regarding their health is important for both the mother’s and unborn baby’s health.

Any expecting parents need to be provided with accessible information and support which is tailored to their specific learning needs. Parents with a learning disability will need to be offered early support to give them the opportunity to learn the skills needed to safely care for their baby.

At this early stage it is important that there is acknowledgement of any additional learning needs, and identification and use of the best forms of communication to support parents to fully understand our processes.

1. **Pre-Proceedings and Care Proceedings**

While the Family Court recognises that children’s welfare and best interests are paramount, the rights of parents with a learning disability to have equality of opportunity to maintain the care of their children is rightly a focus of the Family Court. The Courts are increasingly focused on whether parents with a learning disability can safely parent their children “with support”. Where it is in line with the child’s best interests, the Courts will expect the Local Authority to provide such support to parents to enable them to care for their children, even when this support is required on a long-term basis.

It is essential that Children’s Services’ work with parents who have a learning disability is both timely and appropriately tailored to the parent. Otherwise, the court is likely to order the Local Authority to ‘start again’ – for example by re-starting assessments and/or interventions. This creates harmful delay for children and their families, and is unfair to parents, which increases the risk of creating distrust between the parent and the Local Authority. It is also a waste of resources and therefore costly for the Local Authority. This highlights the need for expert assessment of the parents’ learning needs (see section 7).

A key issue for parents with a learning disability involved in pre-proceedings or care proceedings, is support for them to understand the decision making and processes that are taking place. This includes accessible information (for example easy read pre-proceedings letters), the support of an independent advocate (see section 6), and to be fully involved in assessments and care planning. Appropriate referrals should be made to adult services for support, particularly if the parents are finding it difficult to receive support from those directly involved in the planning for their children.

Where consideration is being given to entering legal proceedings, we must also think about whether the parent has ‘capacity’ to instruct their solicitor (see section 7). Where a parent ‘lacks’ capacity to instruct their solicitor, they will be entitled to additional support to understand and take an active part in the proceedings and in decisions affecting their life.

Social workers need to set out in their written and verbal evidence to the Court that they have both recognised that the parent has a learning disability, and how they have worked alongside and supported the parent in light of their individual learning needs. This also applies to other professionals who are working with the family.

Children’s Services workers are responsible for ensuring that communication with parents who have a learning disability is accessible, for example that information around issues such as family time (contact) with their child is in a format which is accessible and that they are able to understand.

1. **Needs of Parents who are Unable to Care for their Children**

We know it is best, where it is consistent with the child’s welfare, for children to remain in their parents’ care. However, it is recognised that this is not always possible and there will be some instances where parents with a learning disability may be unable to live with or care for their child. In these circumstances, Children’s Services will work alongside, as far as is possible, parents to achieve permanence for children within other care arrangements. However, our commitment to parents extends beyond any final decisions made by the Family Court about where a child should live.

Children’s Services have a responsibility to involve and keep informed all parents, including those with a learning disability, who are unable to live with or care for their children. All parents will be supported to spend time with their children, be supported to share their views and have these considered within the Care for Child processes, including having the opportunity to meet with their child’s Independent Reviewing Officer (IRO), and be signposted to relevant services.

Being separated from or unable to care for their children can cause parents significant distress and can affect their mental health. Parents in this position may have significant support needs which need to be recognised and will require sensitive and compassionate support from both Children’s and Adult Services. Some parents may find it difficult to accept support from Children’s Services in these circumstances, and a referral to Adult Services for support should be considered. Equally, some parents may respond to the loss of the care of their child through anger or upset at services, which may cause them to disengage from support. This needs to be seen as an understandable emotional response to significant loss and trauma, and services should endeavour to remain in touch and revisit offers of support when the parent is ready.

Breathing Space

Breathing Space is a voluntary support service available to any parent residing in Torbay, who has experienced a child or children having been removed from their care. The service is also available to parents expecting a baby when there is a chance that baby may not be able to remain in their care following birth.

Breathing Space offer support to mothers and fathers, whether in a couple or as individuals. The support Breathing Space offer is parent-led and encourages autonomy and self-determination through a relationship-based approach, underpinned by trauma-informed practice.

The aim is to support parents to rebuild their lives and to reach their individual potential. Breathing Space offer support both on a 1:1 basis and within groups. It is important that parents understand that engagement with the service is not a stepping stone to having their child(ren) returned to their care, but to enable them to be the best version of themselves and to reach stability in their lives. However, it is hoped that through working with Breathing Space, parents may be able to address vulnerabilities which could undermine their capacity to care for any child they may have in the future.

Some of the key areas we can support with:

Safe and rewarding relationships

Overcoming adverse life experiences

Achieving stable accommodation and finances

Reaching good health and general wellbeing

Increasing self-confidence and self-esteem

Getting into employment or education

Parenting for the future

1. **Adult Social Care – Eligibility for Assessment and Accessing Services**

Adult social care assesses the needs individuals under criteria of the Care Act (2014) under the following criteria:

* Do your care needs for care and support arise from or are related to a physical or mental impairment or illness?
* As a result of these needs, are you unable to achieve two or more of the listed outcomes?
* As a consequence, is there, or is there likely to be, a significant impact on your wellbeing?

Managing and Maintaining Nutrition

Managing personal hygiene

Managing Toilet needs

Being appropriately clothed

Being able to make use of my home safely

Maintaining a habitable home environment

Developing and maintaining family/personal relationships

Accessing and engaging in work, training education and volunteering

Making use of necessary facilities in the local community including public transport recreational facilities and services

Carrying out any caring responsibilities for a child

We will provide information and communicate in an accessible format for the person and take into account their parenting role, and role as a carer.

Where the adult requires advocacy under The Care Act or safeguarding process or under The Mental Capacity Act we will refer for advocacy support this excludes child protection proceedings

1. **Roles and Responsibilities of the Adult Health and Social Care Teams**

To complete assessments under The Care Act (2014) and where capacity of an individual is questioned regarding a particular decision a mental capacity assessment should be undertaken in line with The Mental Capacity Act (2005). Adult social care also has a responsibility to Safeguard adults from harm.

Adults social care have a responsibility to work with parent/carers with learning disabilities and to take a whole family approach to the child and to refer to appropriate agencies if needs or risks are identified.

Torbay Health and Well-being teams are an integrated NHS trust and as such can access community health and social services for adults with needs such as:

Nursing

Physiotherapy

Occupational therapy

Sensory (gearing and sight impaired)

Intermediate care

Finance and benefits team

Carers services

Advocacy

Continuing Heath Care

Transition to adulthood

Mental Health social care

Learning disability nurses

Safeguarding adults

Drug and alcohol teams

We can also refer to IATT (Intensive assessment and treatment team) who work with individuals with a learning disability with complex communication needs, health needs and or challenging behaviour and mental health (both run by DPT).

Where appropriate we will also signpost to the voluntary sector.

If the Health and Social care teams have any concerns regarding a child welfare they would discuss with a lead and where appropriate make a referral to MASH or if not meeting the threshold to children’s social care.

1. **Identifying and Responding to Domestic Abuse and Sexual Violence**

People with learning disabilities who have experienced domestic abuse (including coercive control) and/or sexual violence tell us that they find it challenging to get help. They feel that professionals sometimes make decisions on their behalf, have low expectations of them, and treat them like children, and therefore don’t recognise the signs of abuse meaning that opportunities to access specialist support are missed.It is important to be able to recognise patterns of behaviour that may indicate domestic abuse including coercive or controlling behaviour from an individual connected to the person (not necessarily a partner, it could be another family member or a caregiver). In terms of sexual violence, the key issue is that of consent – whether the individual willingly agreed to sexual activity (see section 7 re capacity).

The most important thing to do if the person you are speaking to tells you something that may indicate they are a victim of domestic abuse, and/or sexual violence, is to listen to what they say, and let them know they are believed. Do not rush to make judgements about what you think may have happened. It is also important to note that children of households who witness domestic violence and abuse are now defined as victims in their own right under the Domestic Abuse Act 2021 and therefore should be referred for an assessment of their needs.

Specialist support for people experiencing domestic abuse is available from [Torbay Domestic Abuse Service](file:///C:\Users\HOOPN99\AppData\Local\Microsoft\Windows\INetCache\Content.Outlook\0GJ0R4JK\1.%09https:\www.sanctuary-supported-living.co.uk\support-services\domestic-abuse\torbay-domestic-abuse-service-tdas-torbay#enquire_now) (TDAS). They can undertake a specific domestic abuse risk assessment (a DASH risk assessment) which has been tailored for the needs of those with a learning disability. Other professionals can also undertake the DASH assessment with the parent, and often this would be best undertaken by the professional with the strongest relationship with the parent. TDAS can provide support as well as safe accommodation if the person is unsafe in their home. They also provide support for those at high risk of harm through the Multi Agency Risk Assessment Conference (MARAC) which is a fortnightly multi agency meeting where high-risk cases are discussed and actions agreed to keep the person safe and address the behaviour of the person causing harm.

Help for those who have experienced sexual violence can be obtained from the Sexual Assault Referral Centre ([SARC](https://sarchelp.co.uk/exeter-sarc/)). A referral to the SARC does NOT mean that the assault has to be reported to the police. The SARC also has a [specialist paediatric service](file:///C:\Users\HOOPN99\AppData\Local\Microsoft\Windows\INetCache\Content.Outlook\0GJ0R4JK\1.%09https:\sarchelp.co.uk\exeter-sarc\paediatric-forensic-centre-excellence\) for children who are victims of sexual abuse. More information can be found below:

There is help for professionals and the wider community on recognising domestic abuse and sexual violence on the Council’s [Are You OK](https://www.areyouok.co.uk/) website along with other helpful resources and information.

1. **Referral Pathways, Assessment Responsibilities, and Co-Ordination of Support**

Our referral pathways and support must be clear and co-ordinated with the aim of recognising support needs at the earliest opportunity to prevent children experiencing harm or neglect, and to avoid unnecessary later escalation in intervention.

Referrals for assessment should be made to the existing referral points in Children’s Services and Adult Services. Referrers are encouraged to include details of any parental learning disability or other learning need within any referral they make.

For professionals working outside of Children’s Services, a referral should be made to Children’s Services in line with the referral procedure should you have concerns of a safeguarding nature, about a child’s welfare, and/or about the parent’s capacity to care for and meet the needs of their child safely.

At the point that the Children’s Services team believe a parent or parent-to-be has a learning disability, there should be an early referral to Adult Services.

They can request support from the Community Learning Disability Nursing Service within the relevant bay-wide Health and Wellbeing Team. Support could be provided in regards to making information about pregnancy easier to understand, support with accessing capacity, and support with attending medical appointments. Referral to the Community Learning Disability Nursing Service is through the normal Adult Services Referral Process.

In determining eligibility for services, the protocol recognises the importance of being a parent and acknowledges that the need to provide additional support to families who may not have previously met the threshold for adult-focused services. This protocol recognises that parents may need to be assessed in their own rights as adults, and as potentially needing support to maintain family life. This protocol aims to enable services to work together to provide early help to prevent families from reaching crisis point, which may require an escalation in intervention into their lives.

Adult Services are responsible for assessment and care planning when there are no concerns for the child’s welfare, but the adult requires support with their daily living tasks, which may include tasks involved in looking after their children.

Adult Services and Children’s Services will jointly co-ordinate services and care planning where the parent requires support to meet their child’s needs in the medium to long term.

Children’s Services will lead assessment and planning, with input or support from Adult Services, where intervention is required to prevent the child from experiencing significant harm or impairment to their health or development, or where there is a child with a disability in the family.

Whatever the level of concern, needs relating to the parent’s learning disability should be enquired about and identified at the earliest opportunity, considered, and their entitlement to timely and appropriate support should be recognised.

The involvement of a range of professionals and agencies can feel overwhelming and confusing to parents who have a learning disability and their children. Where more than one agency or professional is involved in supporting a parent with a learning disability, a consistent and co-ordinated approach is vital for support goals to be achieved and to avoid conflicting messages being given to the parent. This may include the identification of a key worker to coordinate support, regular and ongoing communication between professionals, and setting agreed goals with identified responsibilities and accountabilities. Where possible, the number of professionals who are directly involved with the family should be kept to a minimum. Consideration could be given to Early Help Team Around the Family support.

1. **Provision of Accessible Communication and Information Sharing**

Parents who have a learning disability have the same legal rights to access to information about any services, assessments, and interventions that are recommended or planned for them and their families throughout their child’s life.

All professionals and services have a responsibility to provide information in an accessible way, to promote good communication, and to check in that this information has been thoroughly understood. This may include use of ‘easy read’ versions of written information (e.g. leaflets or letters), information being provided via audio or visually instead of written, accessible websites, and use of face-to-face visiting. It is likely to involve allowing more time to explain things, using different forms of communication, avoiding the use of jargon, and use of repetition. More advice about accessible communication can be found in Appendix 1.

Effective accessible communication is a two-way process which combines professionals supporting parents to understand information that they are sharing, and the parent being supported to share their views (see advocacy in section 6).

Information provided in the right way will maximise parental engagement and in turn, increase the likelihood of the child’s needs being met.

1. **Confidentiality and Sharing Information Between Services**

Timely and effective information sharing is crucial to successful inter-agency working which promotes safety for children and improves outcomes for all service users. Good information sharing allows professionals to carry out their statutory obligations, make informed decisions, and provide timely support, based on accurate and up-to-date information.

Professionals should work in line with existing information sharing protocols, while recognising that extra time and efforts may be needed when seeking consent for information sharing from a parent who has a learning disability, where this is applicable.

Confidentiality and an individual’s right to privacy are important, as are the laws which support these rights, but they should not be seen as a barrier to appropriate information sharing to protect children, and adults, from harm. This can include sharing information about the child or parent without consent where this is necessary and proportionate.

More details about Torbay Children’s Services confidentiality policy can be found here - [Confidentiality Policy (proceduresonline.com)](https://torbaychildcare.proceduresonline.com/p_confid_pol.html)

1. **Funding for Support and Care**

When additional financial resources are required, the circumstances of the whole family must be considered. Consideration should be given to using monies from the individual’s personal budget (should they be eligible under the Care Act eligibility criteria), monies provided under s17 of the Children Act 1989, or both. The needs of both the parent and the child should be clearly identified so that the costs of appropriate packages of support can be agreed, if appropriate. In some circumstances, one or other services will have financial responsibility, or there may be agreement to apportion costs.

Services should be arranged immediately where needed and should not be delayed due to organisation of funding.

1. **Needs, Views, and Wishes of Children and Young People**

As highlighted in ‘our ways of working’ principle 3 we are committed to hearing the wishes and feelings of children of parents who have a learning disability, meeting their needs, and prioritising their safety and wellbeing.

The views and wishes of children and young people who have a parent or parents who have a learning disability must always be heard and considered within care planning. They have a right to be involved in assessments, in line with their age and level of understanding. As is the case for parents, provision of an independent advocate for the child or young person can help their voice to be heard.

The lived experiences of children who are cared for by a parent who has a learning disability must aways be considered. This must include consideration as to how their parent’s learning disability impacts them and their needs, and also how any support provided impacts them too. In particular, the impact on the child must be considered when decisions are made about support being offered to parents, especially when planning any changes or reduction in intervention and support.

While remaining committed to supporting parents who have a learning disability, it is important to remain child-focused. We must keep the child at the forefront of planning. We must avoid unacceptable levels of risk, harm, or neglect, even where these are wholly or partially attributable to the parent’s learning disability. While recognising that where a parent’s needs are well met, this makes it more likely that they will be able to meet their child’s needs, we must be avoid care plans which may meet the parents’ needs but not those of the child.

Young Carers

Seeking informed consent for a referral to Young Carers should always be considered for children and young people who are living with a parent who has a learning disability. A Young Carer is a child or young person aged under 18 years old, who is involved in the care tasks for a parent, either as a sole carer or alongside other family member(s), or who are involved in providing care for younger siblings as a support to the parent. These tasks may be practical, organisational, or emotional in nature. These caring responsibilities can have an impact on young person’s home life, education, social life, own wellbeing, or life more generally.

More details can be found here; [Young carers - Torbay Council](https://www.torbay.gov.uk/children-and-families/services-and-support/young-carers/).

1. **Feedback and Complaints**

All services and agencies should ensure access to agency feedback and complaints policies and forms in a format accessible to service users with a learning disability. [Complaints and Representations (proceduresonline.com)](https://torbaychildcare.proceduresonline.com/p_reps_complaints.html)

For children and young people, they can use the ‘Point of View’ feedback service. More information can be found here: [Point of You, feedback service for children and young people - Family Hub (torbayfamilyhub.org.uk)](https://torbayfamilyhub.org.uk/topic/point-of-you-feedback-service-for-children-and-young-people/)

1. **Review of Protocol**

This protocol will be reviewed every 12 months to ensure legislation and processes are up to date. This review will be joint between Children’s Services and Adult Services, with the Court Manager taking the lead. Any significant changes may require a wider group input.

**APPENDIX 1**

Advice for clear communication;

Remember, each parent with a learning disability is an individual and will have their own individual communication needs and preferences.

Listen to the parent and take time to understand how they communicate, and how best you can communicate with them.

Face-to-face conversations are often best, but this will depend on the parent.

Plan what you want to say before meeting with the parent.

Use straightforward, concrete language. Use the same words as the parent uses. Be consistent in using the same words to describe the same thing, even if this sounds repetitive.

Provide information in small amounts. Break down complex information or tasks into smaller parts.

Limit information to what the parent really needs to know, and make sure this is very clear. Cut out any non-essential information or unnecessary detail which may confuse your message.

Avoid ambiguity, unnecessary technical details, or jargon. If you do need to use complex words, make sure you explain these.

Consider the use of alternative forms of communication, such as pictures or providing prompts in writing. This should be in addition to, not instead of, verbal communication.

Repetition is important.

Advice for clear written communication;

Limit your writing to key information only.

Write in short, clear sentences. Limit each sentence to one topic or idea.

Structure your writing clearly. Stay on one topic before moving onto another. Try to keep one topic to one page. Use clear headings. Don’t split words over lines or sentences over pages.

Break up the text into small chunks with lots of space around them.

Use bullet points for lists or instructions. Use boxes to make the most important points stand out. Avoid using columns.

Use personal language by referring to the parent as ‘you’, and you and the parent as ‘we’, etc. This makes your writing more relatable.

Do not use abbreviations (for example write ‘do not’ instead of ‘don’t’, or ‘example’ instead of ‘e.g.’).

Use numbers instead of words (for example write 22 instead of twenty-two). Use a picture of a clock for timings.

Use full stops but avoid using other forms of punctuation.

Use a font which is easy to read (e.g. Arial) and a large font size (at least 14pt).

Use **bold** to highlight important words – *italics*, underlining, and CAPITAL letters can be harder to read.

Some people find it easier to read on coloured paper. Make sure the type stands out from the paper.

Use page numbers if providing more than one page or consider providing the information in a booklet format rather than lots of individual pages.

Consider using photos, pictures and/or symbols, instead of or alongside words. The picture or symbol needs to have a clear meaning, and the same picture should be used consistently for the same purpose. Keep the pictures and words separate, putting the picture on the left with any writing on the right-hand side of the page helps to make it clear which picture relates to which part of the text. Avoid using childish cartoons or pictures which can be infantilising.

Emails can be harder to read, as the formatting can change once sent.

**APPENDIX 2**

**Resources**

[FINAL 2021 WTPN UPDATE OF THE GPG.pdf (bristol.ac.uk)](https://www.bristol.ac.uk/media-library/sites/sps/documents/wtpn/FINAL%202021%20WTPN%20UPDATE%20OF%20THE%20GPG.pdf) – Good practice guidance for working with parents with a learning disability, which all Children’s and Adult Services professionals are recommended to follow. Originally government guidance, this was most recently updated in 2021 by the Working Together Parents Network.

[CHANGE - Learning Disability Rights Charity - Easy Read (changepeople.org)](https://www.changepeople.org/)

Photosymbols - <https://www.photosymbols.com/> - Pictures for making easy-read information for people with a learning disability. Subscription needed.

Mencap – <https://www.mencap.org.uk/> - Information for people with learning disabilities and professionals alike, all in accessible formats, and covering topics such as healthcare, relationships, finances and care.

Mencap’s easy read service - ‘Make it Clear’ - [Mencap’s (advocacyproject.org.uk)](https://www.advocacyproject.org.uk/wp-content/uploads/2014/06/make-it-clear-apr09.pdf)

[Improving Health and Lives - IHaL - NDTi](https://www.ndti.org.uk/projects/improving-health-and-lives-ihal)

[Home | Easy Read Online (easy-read-online.co.uk)](https://www.easy-read-online.co.uk/) – Makes websites easier to read.

[Home | A Picture of Health | Making Health Information Easier (southwest.nhs.uk)](http://www.apictureofhealth.southwest.nhs.uk/) – Easy read information to help people with learning disabilities better understand health, illness, lifestyle and treatments.

Working Together with Parents Network – Network of professionals and others involved with parents with learning disabilities and their families, which aims to support the development and sharing of positive practice in supporting parents with learning disabilities and their children.

[www.wtpn.co.uk](http://www.wtpn.co.uk)

[Helping families Helping children - Family Rights Group (frg.org.uk)](https://frg.org.uk/)

Disability Law Service – free legal advice and support for people with disabilities and their carers about community care, employment, housing, and welfare benefits [Home | Disability Law Service (dls.org.uk)](https://dls.org.uk/) - Disability Law Service, The Foundry, 17 Oval Way, London, SE11 5RR 0207 791 9800 [advice@dls.org.uk](mailto:advice@dls.org.uk)

Disability, pregnancy and parenthood international (DPPI) - [Disability, Pregnancy & Parenthood: Information and support for disabled parents and professionals](https://www.disabledparent.org.uk/) – Information and support for parents with a disability, family members, and professionals, provided by parents with a disability. The organisation promotes awareness for people with disabilities who are parents or are pregnant.

[Equality Advisory and Support Service (equalityadvisoryservice.com)](https://www.equalityadvisoryservice.com/) – Advisory service as part of the Equality and Human Rights Commission ([www.equalityhumanrights.com](http://www.equalityhumanrights.com)). Providing information and guidance about discrimination and human rights.

1. Department of Health (2001) - Valuing People - A New Strategy for Learning Disability for the 21st Century - GOV.UK (www.gov.uk) [↑](#footnote-ref-1)
2. <https://www.mencap.org.uk/learning-disability-explained/research-and-statistics/how-common-learning-disability> [↑](#footnote-ref-2)
3. MacIntyre, G and Stewart, A (2011) For the record: the lived experience of parents with a learning disability [↑](#footnote-ref-3)
4. Booth, T and Booth, W (2005) The Prevalence and Outcomes of Care Proceedings Involving Parents with Learning Difficulties in the Family Courts [↑](#footnote-ref-4)
5. [Working together to safeguard children - GOV.UK (www.gov.uk)](https://www.gov.uk/government/publications/working-together-to-safeguard-children--2) [↑](#footnote-ref-5)
6. [FINAL 2021 WTPN UPDATE OF THE GPG.pdf (bristol.ac.uk)](https://www.bristol.ac.uk/media-library/sites/sps/documents/wtpn/FINAL%202021%20WTPN%20UPDATE%20OF%20THE%20GPG.pdf) [↑](#footnote-ref-6)