

**Devon Joint Working Protocol:  
Working with Parents with a Disability or Impairment**



**Version control.**

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## **SECTION ONE: Aims and Principles**

### **1. Introduction**

Everyone who works with children has a responsibility for keeping them safe. No single practitioner can have a full picture of a child's needs and circumstances and, if children and families are to receive the right help at the right time, everyone who comes into contact with them has a role to play in identifying concerns, sharing information and taking prompt action. ([Working Together July 2018](#)).

When staff are providing services to adults, they should ask themselves whether there are any children in the family and consider whether the children need help or protection from harm. Children may be at greater risk of harm or need additional support in families where the adults have mental health problems, misuse substances or alcohol, are in violent relationships or have complex needs or learning difficulties.

### **2. Aims**

This protocol supports early intervention and strengths-based, restorative joint practice that can make a positive difference to outcomes for children and their families.

This protocol is intended to:

- Improve joint working between Children's and Adult Social Care within Devon County Council to support disabled parents/carers or those with impairments, while also safeguarding and promoting the welfare of vulnerable children.
- Support professionals working with adults to consider the needs, safety and welfare of children they care for, live with or with whom are otherwise significantly involved.
- Support professionals working with children to achieve the best outcomes for children through working positively with disabled adults and colleagues from Adult Social Care.
- Enable collaboration, problem solving and the best possible outcomes for families, ensuring inappropriate tasks and responsibilities by a child which adversely impact on their emotional, physical, educational or social development is prevented.

### **3. Principles**

- The welfare of children is paramount (Children Act 1989).
- Most parents and carers have the capacity to provide good or good enough parenting, most of the time.

- Children and Adult Social Care work together using strengths-based approaches to assess and intervene with families, building on individual and family strengths, while recognising risk factors and acting to protect children and adults at risk where necessary.
- All staff use clear, straightforward, honest and respectful communication.
- All staff understand information sharing processes and share information appropriately (see appendix)
- All staff are committed to providing help as early as possible to prevent problems escalating.

#### **4. Protocol Framework**

This protocol is guided by current legislation and national and local policy including:

**The Children Act 1989** The Welfare of the Child is paramount

#### **The Children Act 2004**

Section 10: The Local Authority must make arrangements to promote co-operation between the local authority & each of their relevant partners.

Section 11 (2): The Local Authority should have arrangements in place that ensure that—

(a) their functions are discharged having regard to the need to safeguard and promote the welfare of children; and

(b) any services provided by another person pursuant to arrangements made by the person or body in the discharge of their functions are provided having regard to that need including:

#### **The Care Act (2014)**

‘The general duty of a local authority... is to promote that individual’s well-being... including domestic, family and personal relations.

#### **The Mental Capacity Act (2005)**

The Mental Capacity Act 2005 provides the legal framework for acting and making particular decisions on behalf of individuals who lack the mental capacity to do so. Everyone working with and/or caring for an adult who may lack capacity must comply with this Act. The same rules apply whether the decisions are life-changing events or everyday matters.

## **SECTION TWO – Using the Joint Working Protocol**

### **1. When Should it be Used?**

When one or both parents/main carers for a child or children has or requires assessment for an additional care and support need, and this need affects, or is likely to affect their capacity to meet the needs of children in the family. This applies to all people in a parenting role including birth parents, prospective parents, special guardians, adoptive parents etc. The additional need can result from one or more of the following:

- Learning disability
- Physical disability
- Long term illness
- Sensory impairment
- Autism/Asperger's Syndrome

### **2. Identification of Need - Referrals/Allocation**

#### **2.1 Universal and Community Services/Early Help**

All practitioners in contact with families should enable family members to access universal and community services as early as possible to meet their needs. Providing early help and enabling families to help themselves at an early stage is generally more effective in promoting the welfare of families than to react later.

Early Help is an approach that brings together people from a range of services and teams who will work together with families to help improve their situation. Effective early help relies on agencies working together and providing local support as soon as a problem arises. There is usually a lead practitioner and certain targeted services can be included in the Early Help plan if required.

#### **2.2 Referrals**

The Multi-agency Safeguarding Hub (MASH) is the central resource for the whole of Devon receiving all safeguarding and child protection enquires. Referrals regarding concerns about a Child's or an Adult's welfare should be made using the existing Devon County Council referral pathways into those services. There are no separate Joint Working Protocol referral systems, see below for guidance on referrals.

- Adult Social Care will make a [MASH enquiry](#) regarding any child protection or child in need issues which they do not believe can be met by services within the Early Help area, including at pre-birth stage. The Multi-Agency Safeguarding Hub (MASH) will respond within one working day;
- Children's Services should be notified of a pregnancy by week 13, where a pre-birth assessment is likely to be required or as soon as it is known about if later;
- Children's Services will identify parents with disabilities/impairments at the earliest opportunity so the family can be discussed between Adult and Children Services in the single assessment period. When Children's Services are considering making a referral to Adult Social Care, they should consider the Eligibility Criteria in The Care Act 2014. ([See Appendix 3 for Eligibility Criteria](#)). In the referral it should be stated use of the Joint Working Protocol is provided.
- Referrals to Adult Social Care should be made to Devon County Council, Care Direct Plus (CDP) (contact details below) with enough information, including details of the impairments affecting the parent/carer requiring assessment and the requirement of the Joint Working Protocol. CDP will identify the relevant Adult Team/Service and inform the Children's Team;
- Adult Teams receiving a referral must respond within 5 working days or sooner if risk requires a more immediate response

### **Referral Pathways to Adult Social Care**

CDP North: 01392 381208 (option 1)

Email: [cdpnorthernassessmentreviewteam-mailbox@devon.gov.uk](mailto:cdpnorthernassessmentreviewteam-mailbox@devon.gov.uk)

CDP South: Tel 01392 381211 option 1

Email: [cdpsouthernassessmentreviewteam-mailbox@devon.gov.uk](mailto:cdpsouthernassessmentreviewteam-mailbox@devon.gov.uk)

CDP East: Tel 01392 381206 option 1

Email: [cdpeasternassessmentreviewteam-mailbox@devon.gov.uk](mailto:cdpeasternassessmentreviewteam-mailbox@devon.gov.uk)

### **2.3 Allocation/Joint Working**

Working together should commence as soon as it is recognised both the child(ren) and an adult in the family are open to Devon Social Care. Children and Adult Social Care staff must

work together to plan and co-ordinate initial assessments and actions, including consideration of the communication needs of the individuals involved.

Where an incident arises in a case which indicates there may be a risk to staff (e.g. because of threats, threatening behaviour, assaults, dangerous pets or other issues of concern), the worker with knowledge of these concerns must communicate it to workers in other services at the first opportunity through emailing and telephoning. A recording on either Care First or Eclipse is not enough.

### **3. Involving the Parent**

Professionals Have a responsibility to ensure good communication with all parent's and to check all information is fully understood. Parents with a disability/impairment have the same rights as all parents regarding consultation where it concerns their child. Parents/carers will be informed at the earliest opportunity that staff from adults and children's social care are working together to meet their needs and those of their child(ren).

Parents must be kept informed about any services or interventions that are being considered and any shared information is fully understood by both parent and child. To achieve this, consideration must be given to Advocacy and Communication issues in particular for, Adult's with Learning Disabilities, Physical Disabilities, Autistic Spectrum Conditions and Sensory impairments. Services may need to consider the following:

- Use of specialist interpreters and/or equipment to facilitate effective communication, dependent on the person's disability/impairment.
- Those chairing meetings to be made aware of needs, and ensure all participants are mindful of the most appropriate and accessible ways to communicate and enable the adult to understand and participate as much as possible in the meeting: This may require regular breaks in the meeting and more time.
- The outcomes/records of such meetings also need to be conveyed in an accessible format to adults with additional communication needs.

#### **3.1 Facilitating Communication**

It is essential all workers involved are mindful of the need for reasonable adjustments and the time needed to facilitate effective communication with these individuals as part of an assessments and any planning/actions that follow. Helpful information on facilitating communication can be found [here](#).



There may be specific factors to consider based on the person's impairments. Specialist help and advice can be sought from the following services:

- Devon Adults Sensory Team (DCC) 01392 383000 ask for *Sensory Team* or through [Care Direct Plus](#)
- Devon Autism & ADHD Team (DCC) 01392 383000 ask for *Autism / ADHD team*
- Devon Autism & ADHD Team (Diagnostic team: Devon Partnership Trust (DPT) 01392674250 - e-mail: [dpn-tr.ASC@nhs.net](mailto:dpn-tr.ASC@nhs.net)
- Specialist L.D. Speech and Language Therapists in Intensive Assessment and Treatment Teams (DPT: referral needed through person's GP)

To ensure good communication, all professionals when working with any parent should follow these good practice principles:

- Ensure all professionals working with the family understand their communication barriers and are communicating in the most effective way;
- Turn up on time to appointments;
- Speak directly to parents/carers with a disability, demonstrating respect;
- Avoid the use of jargon; use clear, simple English to explain what is happening and why;
- Give clear and honest explanations about what could happen;
- Avoid giving a false impression of the powers the Local Authority holds;
- Demonstrate patience, plan time effectively to ensure you can offer opportunity for questions, active listening and reflecting back what is said to you to ensure a shared understanding;
- Make/obtain accessible/easy to read documents to facilitate full understanding of the process by the parent;
- Consider the need for any family member to have an advocate;
- Consider capacity issues on an ongoing basis ([see Appendix 2 for details on Guidance for Mental Capacity Act](#)).

Practitioners working with parents with a Learning Disability should consider the [good practice guidance](#) on working with parents with a learning disability.

### **3.2 Advocacy - The Duty to Involve**

Where Adult Social Care identify a person has 'substantial difficulty' (Care Act 2014 Sec. 67 pt. 4) in one of more of the following below, it is likely their Learning Disability, Autistic

Spectrum Conditions, Physical Disability and/or Sensory Impairments will impact on their ability to engage with a Care Act Assessment.

- a) Understanding relevant information;
- (b) Retaining that information;
- (c) Using or weighing that information as part of the process of being involved;
- (d) Communicating the individual's views, wishes or feelings (whether by talking, using sign language or any other means)

Due to the 'substantial difficulty' it must be considered whether there is anyone appropriate who can support the person to be fully involved. This could be a carer, family member or friend. 'Substantial difficulty'

If there is no one appropriate, Adult Social Care should arrange for an independent advocate for a Care Act Assessment. The advocacy support for a Care Act Assessment will be focused and time limited.

- Adult and Children's social workers will agree what advocacy is required for parent(s) and whether this is to be provided under The Care Act 2014 or through Devon County Council CC advocacy services.
- It is expected that information sharing between Children and Adult Social Care is prioritised to inform planning and processes to assist parent(s)'s participation and understanding of procedures.
- Children in care and those subject to a child protection plan have a right to an independent advocate. The child's advocate's key objective is to promote children and young people's central involvement in decisions affecting their lives.

#### **4. Assessments**

Each service will continue to undertake assessments according to their required procedures.

When doing so, the following principles apply;

- Adult's Services have responsibilities for assessment and care planning when there are no safeguarding concerns and where the parent needs assistance with the routine tasks of looking after children.

- Adult's and Children's Services should jointly coordinate assessment and care planning where parents need support for the medium to long-term to enable them to meet their children's developmental needs.
- Children's Services lead assessment and planning (with specialist input from Adult's Services) where intervention is required to prevent children suffering significant harm or where children's needs are complex and/or there is a disabled child in the family.

Adults with disabilities/impairment sometimes have complex interpersonal relationships and may be ambivalent, unclear or unrealistic about their personal circumstances, or may not even recognise that they are victims of abuse, neglect or exploitation. Whilst services should have regard to their views, wishes, feelings and beliefs in deciding on any action it is important that their safety and wellbeing is considered and promoted alongside consideration of capacity issues. Where concerns arise about the safety of an adult at risk in the family, including the parent, the policy and procedure for [Safeguarding Adults](#) must be followed and a referral made.

Research shows that assessments are sometimes influenced by stereotypes about the capacity of parents with a disability / impairment to parent. When approaching any assessment, it is important to remember that people with learning disability have the same rights and are entitled to the same expectations and choices as everyone else, regardless of the extent or nature of the disability. Parents with a disability/impairment may be enabled to care for the needs of their children, often supported by family and supportive networks and professionals. Workers should bear in mind the implications of the Human Rights Act 1998 and guard against treating parents with a disability less favourably than others.

#### **4.1 Where an assessment is undertaken in Children's Services only:**

- The additional needs of the adult must be specifically considered.
- Where there is a worker for the adult they must be consulted regarding the adult's needs and the possible implications for parenting.
- The impact of the parent's additional needs on parenting must be identified, analysed and considered when planning care and support services and outcomes.
- It must be clarified whether a child or young person is a young carer. If the young person is a carer they would be eligible for a Young Carers Assessment from Devon Carers.

There may be complex reasons why a parent or carer appears to have difficulties in understanding or carrying out agreed actions. However, where a parent seems to have particular difficulties for example in reading, grasping, generalising, applying or adapting

parenting information it is essential to consider whether this could be due, or partly due, to an undiagnosed learning disability requiring specialist support.

#### **4.2 Where an assessment is completed only in Adult Social Care of a person who has parenting responsibilities:**

- The impact on family and parenting roles and the needs of the children must be specifically considered.
- Referrals to Children's services is not always necessary regarding the children of adults with disabilities/ impairments, and should be based on individual needs and presentation.
- A Strengths based approach should be applied with possible use of the DCC Reaching for Independence service during the assessment to promote independence as much as possible.
- Services commissioned to support with parenting which may involve direct regulated personal care tasks with the child must be registered with the Care Quality Commission.
- The impact of the parenting role should be considered as it may interact with other needs that increase a person's need for care and support increasing the likelihood of meeting the Care Act 2014 national eligibility threshold, than it would if there was no parenting responsibilities.

#### **4.3 Joint Working Procedures for Adult and Children's Services Assessments and Planning**

Where both Adult's and Children's Services are involved with a family and the child is a child in need and there are no identified child protection concerns, consent must be sought from the parent(s) to share information. Information to be shared between the Adults and Children's worker will include:

- Chronologies of both child and adult
- Previous assessments/information, including specialist assessments e.g. cognitive assessments
- Parenting assessments, including pre-birth assessments
- Risks assessments
- Any other relevant information

It is essential the Children's and Adult's teams communicate at an early stage to plan the assessments and agree the assessment plan. This will enable agencies to have a clear understanding of the family but also identify any gaps in knowledge about the family.

A plan should be agreed in relation to:

- Communication methods, frequency between the teams
- Joint meetings
- Joint visits to family
- Working together on assessments

A written record of the final proposed plan should be shared with the family and their views sought within 5 working days of them receiving the plan.

#### **4.4 Types of assessment**

All children open to Children's Services must have a single assessment completed within 45 days of the referral being accepted and at least once every 12 months and/or when significant changes occur.

It is expected that where applicable, Adult's Services will provide information on the following:

- Identification of any disability/impairment of parent(s) and their support needs to ensure capacity issues are identified and/or appropriate assessment tools are used
- Communication needs of the parent(s)
- Identification of the advocate or unmet need for an advocate.
- Any information pertaining to the risk of harm to child(ren) from the parent(s)
- The need for joint meetings with parents to support them in understanding processes.

#### S.17 Children Act 1989 Child in Need Assessment

The Single Assessment will involve finding out and giving due regard to the child's wishes and feelings regarding the provision of services (as appropriate to their age and understanding). The assessment will also involve talking to parents, other family members where relevant, and professionals involved in the child's life such as an adult social care worker, health visitor or school. Assessments of children in need can only be carried out with the consent of the parents and the child, if of sufficient age and understanding.

#### S.47 Children Act 1989 (Child Protection) Enquiries

Where information gathered during a Referral or an Assessment (which may be very brief) results in the social worker suspecting that the child is suffering or likely to suffer Significant Harm, a Strategy Meeting should be held to decide whether to initiate enquiries under Section 47 of the Children Act 1989. If the parent/carer is an open case to Adult Social Care, the worker is to be invited to contribute to the strategy meeting. Such enquiries can be carried out without the consent of the family although efforts should be made to obtain consent.

### Pre-Birth Assessment

A Pre- Birth assessment is undertaken prior to the birth of a child in order to assess: the parenting capacity of the parents; the needs of the child; the needs of the parents; the relationship between the parents; the support network/environment factors; the risks and the strengths in the family and network and the ability of the parent to protect the child from risk of harm.

### Parenting Assessment

A Parenting Assessment is undertaken to assess the parent's ability to parent to a "good enough" standard of care. The assessment should include all the above and: the ability to meet all children's needs; consistency of care; acknowledging issues and engaging with support; identification of children's needs; identification of risks; wider family support and environmental factors

## **5. Safeguarding Through the Contribution to Child in Need, Child Protection, Public Law Outline, Care proceedings and Child in Care planning and processes.**

Where a family are known/open to Adult Social Care, the adult social worker will be invited to all initial and review meetings and will participate in the planning/action and review of plans. The adult social worker must ensure they share any relevant information with colleagues from Children's Services. Where joint working is needed and has not yet taken place, it must be actively put in place alongside the safeguarding action.

Further information about procedures can be found in [Devon's Children and Families Procedures](#) and in [Devon's Children and Families Partnership Procedures](#).

## **6. Recording**

Where the Joint Working Protocol is being used with a family, this will need to be specifically identified and stated on the family's file. In Adult Social Care this will be on Care First and in Children's Services on Eclipse. This will promote and evidence joint working between the Adults and Children's Services and be used for monitoring and audit purposes.

## **7. Resources and Funding**

Where funding for support may be required the plan will be specific about the purpose, source and timescale and any other relevant aspect. Under the Joint Working Protocol, clear individual agency responsibilities and eligibility thresholds will continue for their respective service users.

**Delays in agreeing funding responsibility should not delay essential services to support families.**

It may be difficult to disentangle exactly which parts of the service are meeting the child's needs, and which parts are meeting the adults needs for "parenting support". In such circumstances, although this should be exceptional, it may be pragmatic for Adults and Children's Services to consider joint funding. Team Managers should escalate to their line management systems as soon as possible if this cannot be resolved locally.

## **8. Family Courts and Care Proceedings**

### **8.1 Devon County Council as one legal entity:**

When making an application to court about a child's future it is important to remember that Devon County Council is one legal entity. Therefore, the Council will present one plan even if there is a difference of professional views between workers from different areas of the service. Should professionals not hold the same view regarding a plan for a child, this must be escalated to the relevant line managers immediately for resolution.

### **8.2 Legal Advice**

Practitioners in Adult Social Care will not provide any statement to the court or opinion to the parent's solicitor without:

- i. being directed to do so by the court and
- ii. taking legal advice from Devon County Council's Legal Department
- iii. sharing their draft statement with their manager for quality assurance and with the social worker in children's social care.

### **8.3 The Child's Welfare is paramount:**

Discussions should be held in the context that the welfare of the child is the court's paramount consideration.

Courts apply the objective test:

- (a) that the child concerned is suffering, or is likely to suffer, significant harm; and
- (b) that the harm, or likelihood of harm, is attributable to—
  - (i) the care given to the child, or likely to be given to him if the order were not made, not being what it would be reasonable to expect a parent to give to him; or
  - (ii) the child's being beyond parental control

This is applied regardless of whether the parent's actions are considered to be within their control (e.g. lifestyle choices) or outside their control (e.g. health problems or disability issues). Courts will only make an order for a child to be removed from their parents if it is shown that the child has suffered and/or is at risk of significant harm and not, for instance, purely because a parent has a learning or other disability.

#### **8.4 Court Proceedings**

Court proceedings by their nature, are usually stressful for those involved. Practitioners from both Adult's and Children's Services working with a family involved in court proceedings have a crucial role in communicating clearly with family members, enabling them to fully understand the issues and to participate as fully as possible in the process.

#### **8.5 Independent Advocacy and Capacity**

It may be important to involve an Independent Advocate or to consider the Mental Capacity Act 2005. (see Appendix 2). Where there are concerns that an adult may not have capacity to understand court proceedings, the court should be informed at the earliest opportunity and a capacity assessment carried out by a suitable professional to enable the official solicitor to be appointed if necessary.

#### **8.6 Capacity and Other Psychological/Psychiatric Assessments to Formally Diagnose Learning Disability/Impairment of Functioning**

It may be necessary for a person to have an assessment regarding their level of learning disability, including capacity to agree to Section 20 Children Act 1989, voluntary care arrangements for a child and capacity to conduct proceedings before or during care proceedings.

Requests for such an assessment will be considered by the Children's Locality Panels. Such assessments are not within the remit of the Devon Partnership Trust (DPT) Learning Disability specialist health teams, and therefore alternative arrangements must be made for these assessments to be commissioned by Children's Services. DPT Learning Disability services only conduct such assessments if there are clinical reasons.

Where a psychological/psychiatric assessment is required, the adult worker is to be consulted regarding any relevant information they may hold and the letter of instruction.

**NB Capacity assessments in relation to capacity to conduct proceedings cannot be completed by or evidenced by a Devon Adult Social Care social care assessment.**



## **SECTION THREE – Governance**

### **1. Escalation of Concerns**

All professionals and teams have a responsibility to work together to resolve any differences so that outcomes for families are not adversely affected.

#### **1.1 Dispute Resolution:**

- I. Where there is an unresolved issue regarding joint working or the outcome of an assessment, the relevant team managers should initially attempt to resolve the issue in a face to face meeting (or teleconference if necessary), attempting to find a resolution within 5 working days or earlier where this is necessary to protect a child or adult at risk or where court deadlines demand an earlier resolution.
- II. If the issue remains unresolved, it is essential to refer it to senior managers at the next level above team managers within a further 5 days or earlier as set out above.
- III. In the rare cases where a solution is still not reached, the Joint Working Protocol 'Agency Leads' will need to meet/discuss the dispute and take it to the relevant operational senior managers to make a final decision about a course of action. They will be the final mediator in the Escalation of Concerns process.

### **2. Agency Leads**

Agency Leads for the Joint Working Protocol are the Principal Social Workers in Children's and Adult's services. Their role is to:

- Ensure the Joint Working Protocol is included and promoted at all levels of practice and in policy making.
- Oversee and monitor the implementation of the Joint Working Protocol.
- Lead conflict resolution over differences or issues preventing the best outcomes for families, which have not been settled at an earlier stage.
- Promote ongoing awareness and commitment within their service e.g. by ensuring there is ongoing communication, liaison & training between services.

### **3. Networking and Fostering Good Working Relationships**

It is key to the success of joint working that all relevant staff in both Children's and Adult Social Care have ongoing opportunities to:

- Network and develop working relationships with each other based on trust, knowledge and understanding of each other's roles and responsibilities, and improve ongoing communication;
- Develop and maintain awareness of the Joint Working Protocol and feedback to service leads on areas of difficulty;
- Through regular Joint Working Meetings/forums problem solve and reflect on practice and outcomes regarding their current cases;
- Attend specialised or joint training and workshops where provided

### **4. Induction, Training and ongoing awareness**

- The Joint Working Protocol will be included in induction for staff in all relevant service areas;
- The Joint Working Protocol will be integrated into all relevant training and workforce development activities;
- A Bi-Annual Review of Devon County Council Joint working partnership to be held to:
  - Review joint working between adults and children's services, and the associated issues for families.
  - Agree revisions/updates of the Joint Working Protocol and consider future developments to support joint working.

## APPENDICES:

### **Appendix 1: Seven golden rules for information sharing**

Personal data must be shared in accordance with the Council's obligations under data protection laws. Following the seven 'golden rules' for information sharing will help guide decision-making and will help ensure information sharing is compliant with our legal obligations under data protection laws.

- i) **Remember data protection laws are not a barrier to sharing information** but provides a framework to ensure that personal information about living persons is shared appropriately.
- ii) **Be open and honest** with the person (and/or their family where appropriate) from the outset about why, what, how and with whom information will, or could be shared, and seek their agreement, unless it is unsafe or inappropriate to do so.
- iii) **Seek advice** if you are in any doubt, without disclosing the identity of the person where possible.
- iv) **Share with consent where appropriate** and, where possible, respect the wishes of those who do not consent to share confidential information. You may still share information without consent if, in your judgement, that lack of consent can be overridden in the public interest.
- v) **Consider safety and well-being:** Base your information sharing decisions on considerations of the safety and well-being of the person and others who may be affected by their actions.
- vi) **Necessary, proportionate, relevant, accurate, timely and secure:** Ensure that the information you share is necessary for the purpose for which you are sharing it, is shared only with those people who need to have it, is accurate and up-to-date, is shared in a timely fashion, and is shared securely.
- vii) **Keep a record** of your decision and the reasons for it – whether it is to share information or not. If you decide to share, then record what you have shared, with whom and for what purpose.

More detailed guidance on information sharing, is available from the [Inside Devon website](#). Practitioners can also access the Council's [Information Sharing Toolkit](#) to help them decide whether it is appropriate to share information. For more detailed advice or guidance, please contact the [Data Protection Officer](#).

## Appendix 2: Mental Capacity

The Mental Capacity Act 2005 provides the framework for acting and making decisions on behalf of individuals who lack capacity to make particular decisions for themselves.

The mental capacity of all adults and some young people between the ages of 16 and 18 must be considered. Any consideration of an individual's mental capacity should be guided by the following 5 statutory principles which underpin the MCA which are:

- Every adult must be presumed to have capacity unless it is established that they lack capacity (**NB** Assuming every adult has capacity should not be used as a reason for failing to consider capacity issues, and assessment under the Mental Capacity Act, if appropriate, when there are concerns).
- All practicable steps must be taken to assist a person lacking capacity to make a decision.
- An unwise decision does not mean that a person lacks capacity.
- Any decision or action taken on behalf of a person lacking capacity must be in their **best interests**

Any decision or action taken on behalf of a person lacking capacity should aim to be the less restrictive option available in terms of their rights and freedom of action.

Mental Capacity assessments must relate to specific decisions and whoever is assessing a person's mental capacity should have the skills and ability to communicate effectively with that person and they should consider Section 2-3 of the Mental Capacity Act and Chapter 4 of the MCA Code of Practice.

Mental capacity is determined by using a two-stage test:

### **Stage 1: Does the person have an impairment of, or disturbance in the functioning of, the mind or brain?**

If so go to stage 2:

## **Stage 2: Can the person do the following:**

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

If the person cannot do one of these 4 things they will be deemed to lack mental capacity in relation to the specific decision.

The decision maker should then make the decision in the person's best interests referring to Section 4 of the Mental Capacity Act and Chapter 5 of the MCA Code of Practice and instructing an Independent Mental Capacity Advocate in circumstances where the person is un-befriended and the criteria are met.

Where a child is at risk of significant harm and in need of protection, the parent's ability to parent appropriately and the risks to the child must be assessed.

This is best done by joint planning of the assessments by all agencies involved.

### **Resources:**

[Mental Capacity Act 2005: Code of Practice](#)

## **Appendix 3:**

### **Eligibility for Assessment and Accessing Services in Adult Social Care**

Workers in Children's Services considering making a referral to Adult Social Care should consider the Eligibility Criteria in The Care Act 2014.

Under the Act Local Authorities must carry out an assessment of anyone who appears to require care and support.

The threshold for eligibility is based on the following 3 criteria:

1. The adult's needs for care and support arise from or are related to a physical or mental impairment or illness and are not caused by other circumstantial factors (including physical, mental, sensory, learning or cognitive disabilities or illnesses, substance misuse or brain injury):
2. As a result of the adult's needs, the adult is unable to achieve two or more of the outcomes specified in the regulations; (<http://www.skillsforcare.org.uk/Document-library/Standards/Care-Act/learning-and-development/first-contact-and-identifying-needs/eligibility-handout.pdf>)
3. As a consequence of being unable to achieve these outcomes, there is, or there is likely to be, a significant impact on the adult's wellbeing.

A person is only eligible for assessment where they meet all three of these conditions.

## **Appendix 4: Information on Disabilities**

### **1. Parents with Learning Disability**

#### **1.1 Definition of Learning Disability**

A significantly reduced ability to understand new and complex information, to learn new skills (impaired intellectual functioning [IQ < 70]), with;

- A reduced ability to cope independently (impairment of adaptive & social functioning) which started before adulthood, with a lasting effect on development. This is considered a 'pervasive' definition of learning disability.

**NB** This should be differentiated from a 'learning difficulty' which describes a range of conditions such as dyslexia which can lead to special educational needs.

#### **Possible Indicators of Learning Disability**

- Educational background - did they attend special school? Did they need extra help at school if in mainstream?
- Health background – GP records
- Employment/Unemployment - what did they do after leaving school? Did they obtain an NVQ? Did they attend a day centre? Are they in receipt of any benefits, e.g. DLA?
- Responsiveness - do they respond to written communication? Do they seem to understand requests or comments and follow them through? Are they aware of areas

with which they need help? Do they seem to get disproportionately frustrated and/or angry when asked questions?

- Do they see themselves as having a Learning Disability?
- Are they/have they been known to any social care services?

### **Working with Parents with a Learning Disability**

Learning disabled parents need interventions which are:

- Based on the outcomes of a parenting assessment;
- Set up at home where possible to maximise transference of learned skills;
- Reduce the discrepancy between parent's ability and the child's essential needs;
- Long term;
- Broken down into small steps;
- Matched to the parent's level of understanding and comprehension;
- Visual / accessible - includes pictorial information and demonstration in addition to verbal instruction.

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

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

## **2. Parents with Autistic Spectrum Condition**

### **Working with Parents with Neurodevelopmental Disorders:**

- Autism Spectrum Condition (ASC)
- Attention Deficit Hyperactivity Disorder (ADHD) and Foetal Alcohol Spectrum Disorder (FASD)

### **Parents with Autism Spectrum Condition**

Autism is a neurodevelopmental disorder. It is characterised by difficulties in three areas (the 'triad of impairments'):

- Social interaction
- Language and communication

- Thought and behaviour

Autistic people experience sensory problems and either under-react or over-react to sensory stimuli; over reactions or hypersensitivity may relate to sound, touch, smell and taste or a combination of these. There may be difficulties understanding and processing language.

Communications need to take account of such impairments, and reasonable adjustments may be needed in written and verbal communication to allow time for the person to understand and process information.

Adults on the autism spectrum include individuals with Asperger's Syndrome, Atypical Asperger's Syndrome and Pathological Demand Avoidance. People with Asperger's Syndrome are of average or above average intelligence. They do not have a learning disability but may have learning difficulties.

### **Potential impact on parenting**

Some adults with autism may have significant difficulties in parenting, based on difficulties associated with the neurocognitive features of autism. These difficulties may include:

- ***Weak central coherence***

Central coherence is the ability to focus on the whole situation as well as the details; to process information in context to draw out meaning; to follow through on various plans; to prioritise what is important.

Individuals with autism often have a tendency to focus on details rather than the whole picture. This could have implications for childcare.

- ***Poor cognitive shifting***

People with autism may have difficulty shifting the scope and focus of their attention; to shift to a different thought or action in response to changes.

Parents often have to deal with conflicting demands, and often have to redirect their attention under pressure. People with autism may react to this pressure by withdrawing, emotionally shutting down, or with sudden outbursts of anger, which would then have implications for the care of a child.

- ***Poor theory of mind***



People with autism may have problems understanding that other people have their own plans, thoughts, views, beliefs, attitudes and emotions. This may affect their ability to interpret and appropriately meet the needs of a child.

Difficulties in determining a child's intentions may also impact on boundary setting and behaviour management.

Difficulties in reading facial expressions and tone of voice may also mean that a parent with autism struggles to interpret a child's behaviour.

### **3. Parents with Attention Deficit Hyperactivity Disorder (ADHD) and Foetal Alcohol Spectrum Disorder (FASD)**

ADHD and FASD are similar in nature with many common features including high levels of the following behaviours:

- Inattentiveness
- Hyperactivity
- Impulsiveness

These result in significant psychological, social and/or educational or occupational impairment. ADHD is more common when there were problems in pregnancy and birth, including premature birth and low birth weight, exposure to drugs or medication in utero, brain infection and exposure to environmental contaminants, in particular lead.

FASD is related to in utero over exposure to alcohol.

#### **Potential impact on parenting**

70% of people with ADHD also have other conditions such as learning difficulties which may include:

Dyslexia; language disorders; autism spectrum disorder; dyspraxia or Tourette's syndrome.

People with ADHD may have additional mental health difficulties including depression and self-harm and anxiety. Drug misuse is more common in adults with ADHD.

Inattentiveness and impulsivity may impact on child safety:

- There may be implications for time-keeping and missed appointments, and for household and financial management;
- There may be difficulties encouraging a child's organisational skills.

- Sudden impulsive actions and decisions may not take account of the implications for the person or their child.

**Recommended resources:**

- Royal College of Psychiatry – free information leaflets [www.rcpsych.ac.uk](http://www.rcpsych.ac.uk)
- UK NICE guidelines on ADHD in children, young people and adults [National support organisations](#)
- ADD / ADHD Online Information [www.adders.org](http://www.adders.org)
- ADDISS The National Attention Deficit Disorder Information and Support Service [www.addiss.co.uk](http://www.addiss.co.uk)
- ADHD Foundation - [www.adhdfoundation.org.uk](http://www.adhdfoundation.org.uk)

**4. Parents with Sensory Needs**

Sensory impairment includes people with a sight loss or hearing loss or both.

Many parents with sensory impairment can parent effectively without additional services. Others however need additional support both for their impairment and with aspects of parenting affected by their sensory issues.

**Possible Indicators of Hearing Loss/ Deafness**

- May communicate in Sign language or have different speech patterns.
- May use hearing aids
- May have visual alerts in home- flashing doorbells
- May avoid phone conversations.
- May agree with everything being proposed and then carry none of the suggestions out.
- Children may be very keen/able to speak on behalf of parents.
- Parents may have unclear boundaries with children
- Complaints from neighbours about noise
- Use of louder speech as unable to moderate voice
- Missing parts of speech or difficulty hearing certain tones if an older carer

**Possible Indicators of Sight Loss**

- Adaptive equipment – talking / large print or tactile
- Use of mobility aids such as a cane
- Difficulties getting out and about
- Tripping on low items

- Different types of vision loss cause different problems e.g. night blindness, tunnel vision, visual field loss – so someone may be able to read but cannot see a lamppost on the pavement
- Bright or low lighting
- Children may 'guide' parents and may read to them
- There may be spillages or mess which has gone unnoticed

### **Possible Indicators of Dual Sensory Loss / Deaf Blindness**

- Many of the above
- People may have some sight and / or some hearing but the combined effect of these impacts on their day to day living
- Dependence on others for support re guiding and communication
- Mobility aids are red and white to indicate hearing and sight loss
- Use of other methods of communication – e.g. tactile hands on signing or manual alphabet.

### **Working with Parents with A Sensory Loss**

- Parents may not be aware that they are missing things because of their sensory loss, or they may be concealing the extent of their sensory loss.
- Establish if the person has a diagnosis of hearing / sight loss and if you have concerns, encourage to be tested.
- Parents must have appropriate communication support for all visits / meetings this may include the use of interpreters or other communication aids – e.g. loop systems <https://inside.devon.gov.uk/task/providing-alternative-formats-and-communication-support/suppliers/>
- Written communication needs to be in plain English without jargon or abbreviations.
- Establish preferred format for communication - large print, braille, email.
- Consult with the Sensory team to ensure support services are appropriate and accessible to Deaf parents.
- Appropriate equipment solutions need to be explored to support with parenting role- tactile baby alarms for example.
- Equipment solutions such as labelling and measuring devices, talking alarms, musical potty.
- Consider the mobility needs for parents with sensory loss when out with children – navigating, safety, training and equipment. The challenges for visually impaired parents who use a cane or guide dog and have child in pushchair.

- Communication support is vital with people with dual sensory loss.

For people with sight loss, the Sensory Team (Devon County Council) has Rehabilitation Officers for visually impaired people (ROVIs) Social Workers with Deaf People and rehabilitation officers for People with Hearing Impairment. These workers can provide an initial assessment to ascertain the functional impacts of sight or hearing loss and identify which areas of help are required. This may result in a Rehabilitation programme covering daily living skills and practical childcare issues and / or mobility training and communication skills. Sensory staff can also signpost to appropriate agencies for further help and advice.

<https://new.devon.gov.uk/care-and-health/disabilities/physical-sensory/sensory-disability-services/>

There are several sources of help and support covering specialised or adapted equipment, technology, support groups, Benefits, accessibility and leisure facilities.

The following organisations have useful info for visually impaired parents:

RNIB:

<http://www.rnib.org.uk/information-everyday-living-family-friends-and-carers/resources-blind-or-partially-sighted-parents>

RNIB online shop: <http://shop.rnib.org.uk/>

Visionaware – American organisation but has some useful info on all aspects of parenting:

<http://www.visionaware.org/info/emotional-support/for-family-and-friends/introduction-to-blind-parenting-series/123>

The Communication toolkit on DCC website can provide information on how to produce other formats, such as Braille: <https://inside.devon.gov.uk/task/providing-alternative-formats-and-communication-support/suppliers/>

Action on Hearing Loss (formally RNID)

A source of information about Hearing loss and Deafness including benefits, communication support and assistive technology

<https://www.actiononhearingloss.org.uk/live-well/products-and-technology/>