

Kingston Local Safeguarding Children Board

Joint Protocol for the Assessment of Parents with Learning Disabilities

May 2013

Approved by LSCB: May 2013

Review Date: May 2015

This protocol has been developed by Kingston Local Safeguarding Children and Adults Boards to address the specific needs of safeguarding and protecting children where parents have a learning disability. It has been written for use by all statutory Adult and Children’s Services, and non-statutory private and voluntary sector services.

Protocol Principles

- To ensure effective working together and effective multi agency assessments.
- To ensure appropriate multi-agency intervention to support parents and safeguard children
- To ensure access to most appropriate specialist assessments and assessment tools.

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Policy Context

The Protocol should be read in conjunction with:

- London Child Protection Procedures (2010)
- Working Together to Safeguard Children (2010)
- 'Think Family' policy framework (DCSF)
- Valuing People (2001) DoH
- Valuing People Now, Three Year Strategy 2009 DoH
- SCIE Report 39: Protecting adults at risk: London multi-agency policy and procedures to safeguard adults from abuse. SCI E and Pan London Adult Safeguarding Editorial Board. Published: January 2011

The legal framework for the Protocol is:

- The Children Act 1989
- The Children Act 2004, sections 10 and 11 – insert s.11 duty words
- The Mental Capacity Act (2005)
- The Draft Care and Health Bill 2012

An increasing awareness about families where one or both parents have learning disabilities (LD) has resulted in an increase in the number of referrals made to all agencies related to parenting issues. Research¹ evidence shows the need to increase effectiveness of assessment, communication and joint working between professionals from different agencies if parents are to be adequately supported and children protected.

Both children's and adult services face challenges to understand and meet the needs of parents with learning disabilities. They may not be geared up to identify or work with them either as parents or individuals and lack resources and skills to deliver services in appropriate ways.² This is particularly true for those who are not severely disabled and therefore not immediately identified as such.

The issue of parenting by adults with learning disabilities is complex. Perjorative historical perspectives, subjective opinions and limited research all impact on the assessment process.³

¹ McGaw (2000) "What works for Parents with Learning Disabilities". Barnardo's Report, Essex

² Llewellyn et al (1995). "Parents with intellectual disability: report to the Disability Services Sub-Committee. University of Sydney.

³ Tymchuk, A. (1992). Predicting adequacy of parenting by people with mental retardation. Child Abuse Neglect, 16, 165 – 78.

Definition of Learning Disability

For this protocol the definition of “Learning Disability” will be based on the definition set out in Valuing People (2001)

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

This is considered a ‘pervasive’ definition of learning disability and must be differentiated from a ‘learning difficulty’ which describes a range of conditions such as dyslexia which can lead to special educational needs. There will be parents with disabilities who do not meet the criteria for Adult Social Care.

General Principles

Safeguarding is a wider responsibility than child protection. It is therefore essential that all agencies and professionals work together to support children and families especially when parents have a learning disability if common barriers to receiving appropriate support in their parenting role are to be addressed.⁴

Clear guidance on the duty of all agencies to ensure they have regard to the need to safeguard and promote the welfare of children is set out in legislation and statutory guidance and highlighted in all reports concerning child deaths and serious injuries.

Most parents with a learning disability love their children, want to do their best and parent effectively. When harm is suspected or occurs, children have a right to be protected, even if it was unintentional on the part of the parents.

Parents also have a right to services to support them in parenting. Research shows that support can be one of the most critical factors in helping parents with learning disabilities to parent. ‘The most critical predictor is the presence of suitable social and other supports that are matched as closely as possible to the needs of the parent including their learning style and learning capacity’⁵ ‘To some extent, the greater the support available, the greater the capacity to parent’.⁶

⁴ Jenny Morris (2003). The right support: Report of Task Force on Supporting Disabled Adults in their Parenting Role

⁵ Tymchuk, A. (1992). Predicting adequacy of parenting by people with mental retardation. Child Abuse Neglect, 16, 165 – 78.

⁶ Cotson, D.; Friend, J.; Hollins, S. & James, H. (2000). Chapter 18 Implementing Framework for the Assessment of Children in Need and their Families when a Parent has a Learning Disability. In: DOH. (2000) Reader - Framework for the Assessment of Children in Need and their Families. London: Stationary Office.

The 2008 SCIE Report “Listen to what I want” (2008) noted that: “People with learning disabilities were often assumed to ‘lack capacity’, and their ability to make a decision was regularly confused with a negative assessment of their practical skills. (E.g. baby-management skills; financial skills)”⁷.

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 capacity should be guided by the following principles:

- Every adult must be presumed to have capacity unless it is established that they lack capacity
- 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.

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

- 1. Does the person have an impairment of, or disturbance in the functioning of, the mind or brain?**
 - If yes, and you consider that the person is unable to make the decision then the **4 point test of capacity *must*** be carried out
- 2. Four stage capacity test. In the balance of probabilities does the person**
 - Understand the information relevant to the decision
 - Retain that information (longs enough to make the decision)
 - Use or weigh up the information to make the decision
 - Communicate the decision by talking, using sign language, or any other means.

⁷ “Listen to what I want” SCIE (2008), page 16

If the person fails one of these tests they are deemed to lack capacity in relation to that specific issue.

If the person lacks mental capacity to make the decision in question the decision maker should make the decision in their best interests. They may also need to consider whether to engage an Independent Mental Capacity Advocate. The decision maker should always make reference to the Mental Capacity Act (2005), Code of Practice⁸.

Where a child is at risk of significant harm⁹ and in need of protection, the parenting capacity and the risks to the child must be assessed. This is best done by joint planning of the assessments by all agencies involved.

Equal opportunities

Research shows that assessments are sometimes influenced by stereotypes about the capacity of parents with a learning disability to parent.

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

“People with learning disability have the same rights and are entitled to the same expectations and choices as everyone else, regardless of the extent or nature of the disability, their gender and ethnicity.”¹⁰

“Parents with learning disability can in many cases be supported by family and supportive networks and professionals, enabling them to respond effectively to the needs of their children”¹¹

Workers should bear in mind the implications of the Human Rights Act 1998 and guard against treating parents with Learning Disability less favourably than others.

Multi-agency working

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

Joint planning and assessment should take place from the outset.

⁸ The Mental Capacity Act (2005), Code of Practice. Department of Health (2007)

⁹ London Child Protection Procedures 1.6 Glossary

¹⁰ Chapter 18) Reader - Framework for the Assessment of Children in Need and their Families. London: Stationary Office.

¹¹ DOH (2000)Framework for the Assessment of Children in Need and their Families Good Practice Guidance.

Practice Guidelines

Where a worker has a concern about the safety of the child/ren of a client, the concern should be discussed immediately with their line manager or supervisor, and clearly recorded on the case file.

A telephone referral should be made to RBK – Single Point of Access (SPA) in accordance with the London Child Protection Procedures 2010. This should be followed up in writing within 48 hours, using the Children’s Social Care Inter-Agency Referral Form.

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

SPA 020 8547 5004

OUT OF HOURS

0208 770 5000

Email:

safeguarding@rbk.kingston.gov.uk

Professionals need to be alert to the possibility of significant harm and signs of neglect in children. Children who may be more vulnerable are:

- Unborn baby or infant under 1 year old
- Toddlers
- Children with a disability or special educational needs
- Children in a caring role
- Children experiencing domestic violence
- Children whose parents have a history of violence, sexual abuse, substance misuse
- Children whose parents are the subject of adult safeguarding concerns

“The welfare of the child is paramount”¹²

Sharing Information between Professionals and Record Keeping

Where there are concerns about a child being in need, these should be recorded and concerns discussed with the parents. Where a child is felt to be at risk of harm and it is felt too dangerous to inform parents, this should be recorded and the information passed immediately to SPA or out of hours service. Where a child is felt to be in immediate danger, an emergency 999 call should be made to the police. An example of this might be where a young child is left at home alone.

¹² HMSO. Children Act 1989 – Part 1, 1

Assessments

Parental Considerations as part of the Assessment Process

When parental learning disability is likely there will be additional considerations as part of the assessment process. Aspects of the parent's intellectual functioning (cognitive ability) may be impaired and this may have an effect on the child's experience and development. Parents with LD may take longer to understand and learn how to respond to the changing needs of their child. The parents' ability to learn to respond to the needs of their child and the timescale over which this learning is required to take place will be an important aspect of the assessment. Some may not have the cognitive ability to parent their child through to adulthood.

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?

When a learning disability is being queried it is recommended that practitioners use the **initial screening questions outlined in Appendix 3**, to assist in the identification of learning disability.

Assessing significant harm and parental learning disabilities

Assessment must concentrate on the harm that has occurred or is likely to occur and the impact to the child as a result of maltreatment, in order to inform future plans and the nature of services required.

'Ultimately whether a parent has a learning disability or not, it is the quality of care experienced by the child which determines whether a parenting capacity can be regarded as sufficient or not.'¹³

¹³ Cotson, D.; Friend, J.; Hollins, S. & James, H. (2000). Chapter 18 Implementing Framework for the Assessment of Children in Need and their Families when a Parent has a Learning Disability. In: DoH and Home Office Department for Education and Employment. Reader - Framework for the Assessment of Children in Need and their Families. London: Stationary

'Where a parent has a learning disability it should not be equated with abusive parenting or wilful neglect. However learning disabled parents may lack the understanding, resources, skills and experience to meet the needs of their children. Moreover, they may experience additional stressors such as having a disabled child, domestic violence, poor physical and mental health, substance misuse, social isolation, poor housing, poverty and a history of growing up in care'.¹⁴

It is also important to consider the discrepancy between parents' knowledge, skills, experiences, resources and the child's needs¹⁵ and the parents ability to learn within the child's timescales¹⁶

Neglect and Learning Disability

Neglect appears to occur predominantly out of omission, due to lack of knowledge, when parents have a learning disability.¹⁷ It is however unclear whether the frequency of neglect is any greater than that seen among other disadvantaged families. While IQ by itself (55-60) is a predictor of neglect, the best predictor appears to be the absence of suitable societal or familial supports, which can prevent neglectful conditions.¹⁸

The greatest lack of knowledge for healthcare, safety and emergency responsiveness occurs with illnesses or emergencies that require good identification and understanding of the significance of symptoms and often complex responses (e.g. choking or poisoning and for which there is the greatest potential danger for the child).¹⁹

It is important to consider in assessment that parents with LD are a heterogeneous group and that we should not make the assumption that having a learning disability will lead to neglect. Every individual is different.

Referral to the Learning Disability Combined Team

For referrals to the Learning Disability Combined Team see **Appendix 2**

¹⁵ Bakken et. al (1993). Teaching Parents with Mental Retardation: knowledge vs skills. American Journal of Mental Retardation, 97, 4, 405 – 417.

¹⁶ Tymchuk, A. (1992). Predicting adequacy of parenting by people with mental retardation. Child Abuse Neglect, 16, 165 – 78.

¹⁷ Tymchuk, A.; Andron, L; Tymchuk, M. (1990). Training mothers with mental handicaps to understand behavioural and developmental principles. Mental Handicap Research, 3:1, 51 – 59.

¹⁸ Tymchuk, A. (1992). Predicting adequacy of parenting by people with mental retardation. Child Abuse Neglect, 16, 165 – 78.

¹⁹ Tymchuk, A. (1990a). Parents with mental retardation: a national survey. Washington:President's Committee on Mental Retardation.

Tymchuk, A. (1990b). Assessing home emergency skills of parents and others who are mentally handicapped. Mental Handicap, 18,136 - 142.

Parents with Learning Disabilities need interventions which are:

- Based on the outcomes of the a parenting assessment
- Are set up at home if possible to maximise transference of learned skills²⁰
- Reduce the discrepancy between parent's ability and the child's essential needs.²¹
- Long term²²
- Broken down into small steps²³
- Matched to the parents level of understanding and comprehension ²⁴
- Visual - includes pictorial information and demonstration in addition to verbal instruction.²⁵

Sharing information with parents who have LD

Sharing information in a way that is sensitive, respectful and appropriate to the level of understanding of the parents is crucial. This is in order to ensure that professionals' contact is effective. Parents often need more time and concrete examples to understand communications. Clear language is therefore important. Written agreements may be helpful.

Parents can find the involvement of different professionals and agencies overwhelming and confusing, resulting in a further decline of their functional ability. It is paramount that the professionals who have contact with parents with learning disabilities are identified and that communication pathways are developed to facilitate a cohesive, co-ordinated service, which is supportive to both parents and professionals alike. This also reduces the need for high numbers of professionals to be directly involved.

Interagency Case Management

In order to manage cases and make inter-agency communication effective, professionals need to consider:

²⁰ Booth, T. & Booth, W. (1993). Parenting with learning disabilities: lessons for practitioners. British Journal of Social Work, 23, 459 – 480.

²¹ Bakken et. al (1993). Teaching Parents with Mental Retardation: knowledge vs skills. American Journal of Mental Retardation, 97, 4, 405 – 417

And as per 16

²² McGaw, S. (1998). Working with parents who happen to have intellectual disabilities. In: E. Emerson, C. Hatton, J. Bromley & A. Caine (Eds.). Clinical Psychology and People with Intellectual Disabilities. Wiley.

McGaw, S. (2000). What works for parents with learning disabilities? Bernardo's, Essex.

²³ As per 19

²⁴ McGaw, S. (1998). Working with parents who happen to have intellectual disabilities. In: E. Emerson, C. Hatton, J. Bromley & A. Caine (Eds.). Clinical Psychology and People with Intellectual Disabilities. Wiley.

McGaw, S. (2000). What works for parents with learning disabilities? Bernardo's, Essex.

²⁵ As above

- Early communication if suspected Learning Disability in the parents.
- Regular meetings (monthly short meetings, phone calls) in the case of open cases to Combined team for Learning Disability.
- Involving Speech and Language Therapists (SLT) where possible when communication has been assessed to be a problem.
- Involving an advocate (independent from Statutory Services) and / or a facilitator (trained by the Service) from the Initial Assessment phase.

Joint working needs to be agreed at all stages of the child protection process, and especially as part of any child protection planning and in Core Group Meetings. This is essential in order to reduce number of professionals directly involved, enabling increased understanding of Learning Disability and effective tailoring of interventions. This will help to ensure adequate communication, needs are not overlooked, visits are not duplicated and professionals do not become divided.

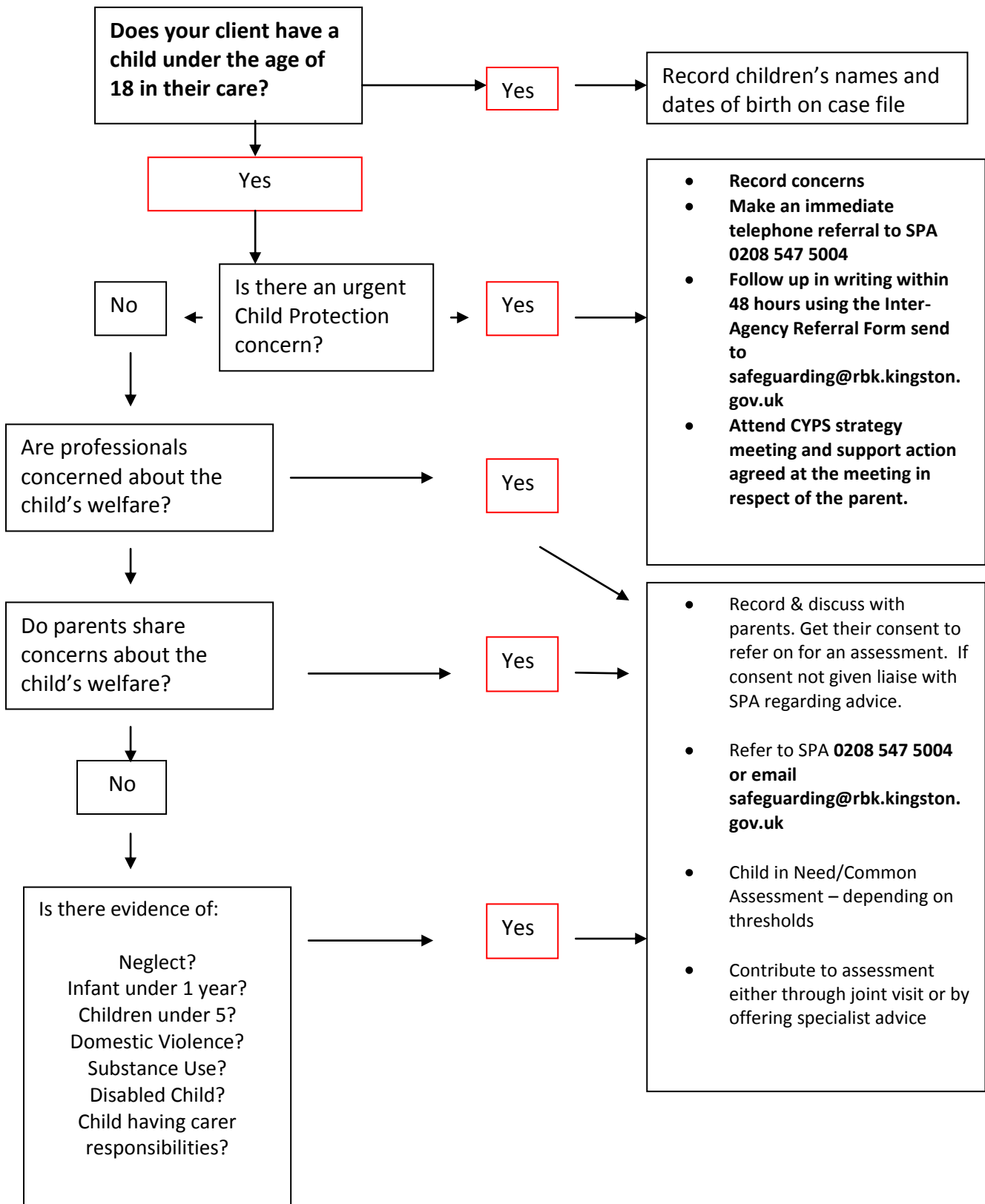
In cases where health and/or social needs are identified, the Combined Team for Learning Disability needs to identify lead health or social lead posts to support the parents.

Workers in children's services can ask for consultation and advice from the Combined Team for Learning Disability, to support tailoring interventions to the level of needs and disability of the parent.

Co-ordination of cases

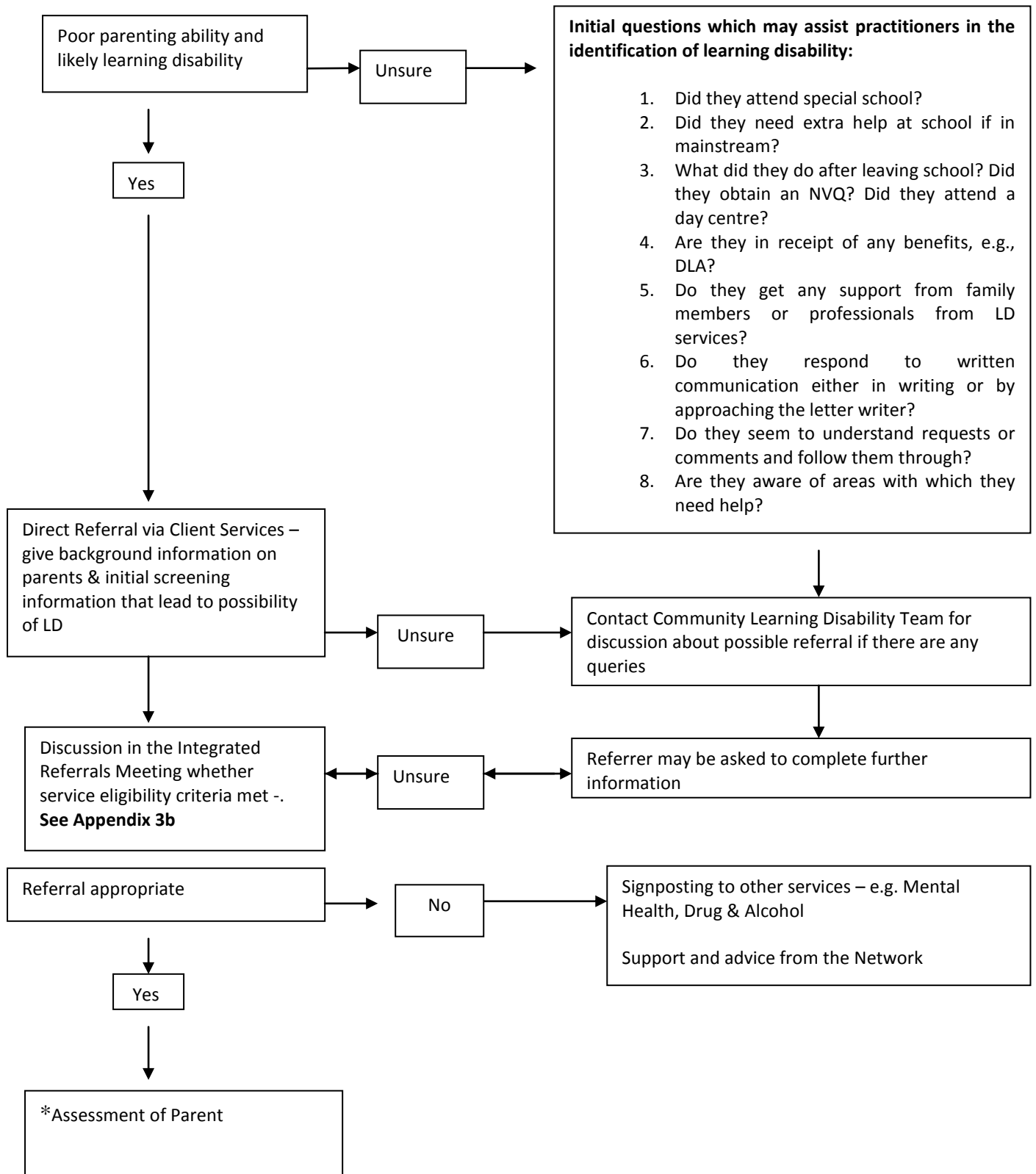
Within the Child Protection process the children's social worker will be the key worker responsible for case co-ordination.

Referrals to Children’s Social Care



Appendix 2

Referrals to Combined Learning Disability Team



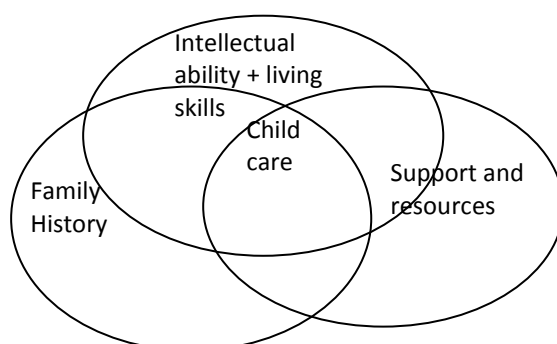
**Children's Social Care will always retain responsibility for completion of the initial and core assessments, when a child is at risk of suffering significant harm. However when an appropriate request for support/ specialist assessment is made, other agencies need to be mindful of the timescales, and referrals given high priority in line with the Child Protection Procedures.*

Multi Agency Assessment Model

The Parental Skills Model ²⁶

Where the parent has a likely learning disability, a **multi agency assessment model known as 'The Parental Skills Model'** has been developed by Dr Sue McGaw et al to assist practitioners in a consideration of the person's parenting capacity.

This model is in line with the Framework for Assessment of Children in Need and their Families. It covers assessment of four interlinked areas (family history, intellectual functioning / independent living skills, support and resources) converging into one area central to the process – child care.



All these areas should be considered in depth and are of equal importance

- ★ Child Care & Development
 - Physical care
 - Affection / Attachment
 - Security
 - Responsibility
 - Ability to guide and control the child
 - Stimulation and independence
 - Ability to respond and adapt to child's development needs

- ★ Intellectual Functioning
 - Problem-solving
 - Logical sequencing
 - Decision-making

²⁶ McGaw, S.; Sturmey, P. (1993). Identifying the needs of parents with learning disabilities: A Review. *Child Abuse Review*, Vol. 2, 101 – 117.

McGaw, S.; Sturmey, P. (1994). Assessing parents with learning disabilities: the parental skills model. *Child Abuse Review*, Vol. 3, 36 - 51.

- Organisational skills
- Basic cognitive skills, i.e. memory, attention, verbal comprehension and reasoning, verbal expression

- ★ Independent Living Skills
 - Functional academic skills
 - Social skills
 - Self-help skills
 - Domestic skills
 - Ability to access community resources
 - Ability to budget and take care of finances

- ★ Support and Resources
 - Family / social support
 - Specialist services
 - Community facilities
 - Employment
 - Transport
 - Housing
 - Socio-economic resources