

# Working with parents with a diagnosed learning disability and parents with a mild or borderline learning disability

## Example Protocol

This example Protocol is intended to address the key issues in this area of practice. Local authorities are free to tailor it to meet their own requirements, but are asked to credit the use of this document as follows: **Tarleton, MacIntyre and Tilbury (2024) *Template: Joint working protocol regarding parents with learning disabilities*, University of Bristol.**

This protocol draws on protocols from the following Local Authorities:

Brighton and Hove: [Draft - Working with Parents with a Learning Disability and Learning Difficulty.pdf \(brighton-hove.gov.uk\)](#)

Camden: [working-with-parents-with-learning-disabilities-protocol.pdf \(camden.gov.uk\)](#)

Dorset; [Black info sheet - portrait \(proceduresonline.com\)](#)

Hampshire, Isle of Wight, Portsmouth and Southampton: [Protocol for Children of Parents with Learning Disabilities - FINAL v2 - Sept 19 Update.pdf \(hipsprocedures.org.uk\)](#)

Kingston; [1 \(bristol.ac.uk\)](#)

Manchester: [Joint Working Protocol: Children's Services and the... \(trixonline.co.uk\)](#)

When drafting their own Protocols, local authorities will wish to be clear about which actions are required and which are simply advised. Careful consideration will therefore need to be given to the language chosen e.g. must, will, should etc.

## Introduction and purpose of this Protocol

**This Protocol should be read in conjunction with its two supporting documents: Underlying Core Concepts and Key Contextual issues, and also with the statutory guidance Working Together to safeguard children 2023.<sup>1</sup>**

The approach taken by this Protocol is based on the social model of disability, rather than the medical model on which familiar definitions of disability tend to be based. The medical model views disability as the individual being disabled by their impairment. In contrast, the social model views disability as the barriers created by society, such as negative attitudes towards disabled people, or inaccessible buildings, transport and communication; these are seen as the cause of disadvantage and exclusion, rather than the impairment itself.

This Protocol aims to support joint working between Children's Services and Adult services when a parent has a learning disability. This may involve generic Adult services only or Adult services and/or a Community Learning Disability Team. Parents without a formal diagnosis of learning disability but who have a milder or borderline disability (IQ above 70) and struggle with similar issues (sometimes known as a learning difficulty) are included in this Protocol.

This Protocol recognises the importance of promoting the well-being of children through timely and appropriate family support. It acknowledges and respects the legal rights of adults with a learning disability to parent and the legal rights of children to remain with their parents, where possible.

Joint working between Adults and Children's services is essential, if effective support is to be provided to a family where a parent has a learning disability. Key aspects of this support include:

- Considering the needs and safety of the children.
- Acknowledging and understanding the impact of the individual's cognitive impairment or condition on their ability to parent their children.
- Recognising the individual needs of the parents as provided for in the Care Act 2014.
- Promoting the early identification of early help for parents and assessment during pregnancy.
- Supporting family life and positive parenting.
- Clear interagency and departmental communication and assessment through use of this Protocol and using this Protocol to enable learning together, to further develop practice.

This Protocol includes the following sections:

1. Raising awareness of the Protocol
2. Definitions and eligibility
3. Legal and policy context regarding disabled adults' right to parent

---

<sup>1</sup> [Working together to safeguard children 2023: statutory guidance \(publishing.service.gov.uk\)](https://www.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/101311/working-together-to-secure-the-best-outcomes-for-children-and-young-people-2023.pdf)

4. Key Principles when working with parents with a diagnosed learning disability or a milder/borderline learning disability
5. Service roles and responsibilities
6. Local referral processes
7. Joint / multi-agency working
8. Assessing parenting capacity and needs
9. Funding support
10. Positive practice in working with parents with a learning disability
11. Overview of safeguarding process
12. Monitoring and review
13. Sources of additional information

## **Raising awareness of the Protocol**

It is vital that awareness of this Protocol is raised regularly, and through a variety of ways, so that relevant colleagues can all play their part in ensuring that families are given the best chance to remain together, where possible, and that even when that is not possible, the rights of these families are duly respected. Strategies could include:

- Practice meetings both within teams and multi-agency
- A 7-minute briefing that links to the Protocol
- Placing the Protocol near information about Parenting and Care Act assessments on intranets/staff websites
- Development of a toolkit for working with parents with learning disabilities
- Championing of the document by a senior member of staff or instituting the role of 'parents with learning disabilities champion'
- Provision of easily accessible, regular training about working with parents.

## **Definitions of learning disability (based on the medical model of disability)**

A learning disability is a reduced intellectual ability and difficulty with everyday activities, with onset in childhood. NICE states that: 'A learning disability is generally defined by three core criteria:

- Lower intellectual ability (usually an IQ of less than 70)
- Significant impairment of social or adaptive functioning
- Onset in childhood.'

Similarly, the Department of Health and Social Care, 2001 (as cited in Public Health England 2023) defines learning disability as:

'A significantly reduced ability to understand new or complex information, to learn new skills, with a reduced ability to cope independently, which started before adulthood.'

There are also parents with a milder or borderline disability (IQ above 70) who struggle with similar issues and who would also fall within the second wider definition. These adults can be regarded as having a learning difficulty. This has been a preference by some people with learning disabilities as it is felt that a learning disability equates with incapacity. This use of

the term learning difficulty is distinct from the education sector's use of the term which tends to mean specific learning needs such as dyslexia.

## **Legal and policy context regarding disabled adults' right to parent**

A wide range of UK and International law supports disabled adults' right to parent:

### ***Disabled parents right to support in their parenting role:***

#### **United Nations Convention on the Rights of Children**

- Article 18: 'States shall render appropriate assistance to parents in the performance of their child-rearing responsibilities'.

#### **United Nations Convention on the Rights of Persons with Disabilities**

- Article 23: 'Respect for home and the family: States shall render appropriate assistance to persons with disabilities in the performance of their child-rearing responsibilities'.

#### **Human Rights Act 1998**

- Article 6: Individuals have a right to a fair trial (includes family proceedings and the formal processes leading to court proceedings)
- Article 8: Individuals have a right to family life
- Article 14: Individuals have a right not to be discriminated against

### ***Disabled people are entitled to reasonable adjustment to services to ensure they have equal access to services:***

#### **Equality Act 2010**

s.149 - Public Sector Equality Duty - Local authorities are required to have due regard to eliminating discrimination while carrying out their duties.

s.20 – duty to make reasonable adjustments – This is a proactive duty. When working with a parent with a learning disability, reasonable adjustments may need to be made so the parent is not disadvantaged or discriminated against because of their disability. These adjustments may include extra time and support so that parents are fully informed and able to participate as much as possible. In practice, this means the parent needs to be given time and support to understand information, what is happening and to express their views.

## **Parenting is an eligible need under the Care Act**

#### **Care Act 2014**

- Statutory responsibility for prevention and early intervention. Key details are contained in 'Care and Support Statutory Guidance' issued under the Care Act 2014
- Local authorities are required to "undertake an assessment for any adult with an appearance of need for care and support, regardless of whether or not the local authority thinks the individual has eligible needs....." Care Act Care and Support (Eligibility Regulations) 2015
- Local authorities are required to provide information regarding services available
- Statutory Guidance makes several references to effective intervention at the right time can stop needs from escalating e.g. para 1.14(c)

- Statutory Guidance para 6.6 even if a person has needs that aren't eligible at that time, the LA must consider providing information and advice or "*other preventative services*"

Under the Care Act eligibility framework, the following 3 conditions are considered:

1. The adult's needs must arise from or be related to a physical or mental impairment or illness
2. As a result, the adult must be unable to achieve two or more outcomes from the list below:

- Managing and maintaining nutrition
- Maintaining personal hygiene
- Managing toilet needs
- Being appropriately clothed
- Being able to make use of the adult's home safely
- Maintaining a habitable home environment
- Developing and maintaining family or other personal relationships
- Accessing and engaging in work, training, education or volunteering
- Making use of necessary facilities or services in the local community including public transport, and recreational facilities or services
- **Carrying out any caring responsibilities the adult has for a child**

3. Finally, as a consequence of not being able to achieve two or more outcomes there must be (or is likely to be) a "significant impact" on the adult's wellbeing

Further information and guidance on the Care Act 2014 can be found at.

<https://www.gov.uk/government/publications/care-act-2014-part-1-factsheets/care-act-factsheets>

<https://www.gov.uk/government/publications/care-act-statutory-guidance/care-and-support-statutory-guidance#other-areas>

### **Good Practice Guidance on working with parents with a learning disability** [FINAL 2021 WTPN UPDATE OF THE GPG.pdf \(bristol.ac.uk\)](#)

The Good Practice Guidance on working with parents with a learning disability (2021) identifies five key features of good practice in working with parents with learning disabilities, which to varying degrees, are common to all parents with disabilities:

1. Accessible information and communication.
2. Clear and co-ordinated referral and assessment procedures and processes, eligibility criteria and care pathways.
3. Support designed to meet the needs of parents and children based on assessments of their needs and strengths.
4. Long-term support where necessary.
5. Access to independent advocacy

Courts have strongly criticised local authorities who have not applied the principles of the Guidance when working with parents with learning disabilities. See supporting document Key Contextual Issues for further details.

## **Key Principles when working with parents with a diagnosed learning disability or a milder/borderline learning disability**

- Local authorities and all other agencies working or in contact with children have a responsibility to safeguard and promote children's welfare
- Children's needs are usually best met by supporting their parents to look after them
- Research shows that adults with learning disabilities can parent with appropriate support.
- The children of parents with learning disabilities should not be assumed to be 'children in need' or 'at risk' simply because the parent has learning disabilities
- Early identification of a parent's needs, including the need for an interpreter, advocate or accessible information, is essential.

See also the supporting document Key Contextual Issues for further examples.

## **Service roles and responsibilities**

Children's services will:

- Receive and record contacts expressing concerns about risks to children. They will be clear with other agencies about their threshold for involvement and give feedback on what will happen as a result of a contact. They will be open to having discussions with other services regarding their concerns.
- Engage with families when there are concerns regarding the welfare of the children and ensure the appropriate parenting assessments are undertaken as early as possible.
- Assess the child's needs and identify desired outcomes for the child.
- Provide a child-focused service to families with whom they are involved.
- Ensure that the wishes and feelings of child/ren are ascertained, giving the child the opportunity to be seen/heard on their own, while remaining aware that the child's view of 'normality' and what is acceptable may be influenced by the parenting and care they have received thus far.
- Make sure that the assessment includes both partners, not just the mother and will consider what support is available in the wider family network.
- Consult with primary and secondary mental health services, learning disability and adult services teams for information to support assessment of parenting capacity, and for realistic assessment of any risk, undertaking joint assessment where possible.
- Employ a policy of openness with families where information from other agencies impacts on planning for the child.
- Seek advocacy support for parents.
- Seek consent from family members to share information with other agencies in the best interests of the child, bearing in mind this should only be done if the discussion and agreement-seeking will not place a child at increased risk of significant harm.
- Seek consent from the parent for a referral to be made to Adult services (LD team if available and known diagnosis or diagnosable learning disability is suspected. The LD

team can be telephoned to discuss the case whether or not the parent is being referred.)

- Invite representatives from Adult services, mental health and learning disability to attend Child Protection Conferences, Core Groups and Child In Need Network Meetings, where they are involved with the family.
- Together with relevant agencies, identify roles and responsibilities for any ongoing work with the family: a meeting is preferable where decisions need to be made and owned.
- Be prepared to offer specialist advice and assistance to Adult services when they are supporting a parent with a learning disability to ensure the wellbeing of their children and there are no current concerns for the welfare of the child.

Adult services (generic and Learning Disability)

will:

- Check whether the adult referred to them has parenting responsibilities for a child under 18.
- Gain consent from parents to undertake Care Act Assessments.
- Ensure, when assessing adults' needs as defined under the Care Act 2014, that any support needed to help their caring responsibilities as a parent is taken into account and appropriate reasonable adjustments are put in place.
- Retain a Whole Family Approach, ensuring that they are not focusing solely on the adult, making the children 'invisible'.
- Understand that although, as a result of their learning disability, a parent's functional abilities may impact on their parenting abilities, which may pose a risk that children may be harmed, it is not in itself a predictor of harm or neglect.
- Consider other risk or ameliorating factors such as social networks, mental health/emotional wellbeing.
- Share assessments and potential interventions with the network around the parent / carer, so that recommendations can be utilised in all settings.
- Take responsibility for assessment and care planning where there are no child welfare concerns but a parent is unable to provide the appropriate level of care due to disability and needs support with day-to-day parenting tasks. These tasks could include the maintenance of:
  - the child's personal care
  - preparation of meals and drinks
  - daily routines
  - domestic routines
  - travelling to and from school
  - engaging in their child's education
  - planned healthcare appointments
  - relationships
  - social support systems and community life.
- Ensure care plans/packages do not disrupt the parent/child relationship.

The assessment should distinguish between the assistance the parent requires to perform tasks, and the assistance that is required to help them learn new skills.

When the family is involved with Children's services Adult services will:

- Provide a representative to attend Child Protection Conferences where at all possible or at the very least, provide a report on the support being provided to the parent(s).
- Ensure they are kept informed about plans for any children and incorporate these into future care planning in respect of the adult family members they are supporting.
- Invite representatives from Children's Services or other services to multi-professional care planning meetings with the agreement of the parent.
- Keep cases open while the family is involved with Children's services.

In addition, specific learning disability teams should:

- Provide advice/ consultancy to generic adult services.
- Provide training to childcare professionals to support development and delivery of information in more accessible formats, including "easy read" formats for standard documents, such as reviews and reports.

### **Advocacy support**

The need for advocacy must be considered at the outset of any involvement with the family and regularly reviewed. Decisions about how the advocacy is to be provided (block-funded, spot-purchased, by Adult services, Children's services etc.) should not be delayed, so as not to impact adversely upon outcomes for children and families.

Adult services will fully consider Care Act duties regarding independent advocacy ('Care Act advocacy'). Even if a Care Act advocate is not required the assessor(s) should still consider whether an advocate is needed in order to comply with the Human Rights Act 1998 and Equality Act 2010, to ensure a lawful and proper process is followed and to facilitate understanding and communication.

If there is any doubt about who is responsible for arranging and / or commissioning advocacy a positive approach to resolving the matter should be undertaken based upon a willingness of services to work in partnership with the family at the centre of decision-making, as well as their need to comply with statutory duties.

### **Local referral processes.**

Include local referral flow charts.

### **Joint/multi-agency working**

This Protocol and its two supporting documents are to be read in conjunction with **Working Together to Safeguard Children (2023)** which sets out guidance for interagency working to promote the welfare of children.

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



Social Care Institute for Excellence (2006)<sup>2</sup> found the following principles were key to successful multi-agency working:

- Collective ownership (across adult and children's services, and across health, social care housing and the non-statutory sector) of the need to provide early support.
- Financial structures which make transparent the benefits of providing support in time to prevent higher levels of need arising.
- Clear procedures for appropriate referrals at the point of first contact.
- Positive action to overcome parents' potential distrust of, and disengagement with, services.
- Recognition that adult services should have a lead role in responding to parental support needs.
- Recognition that housing needs can be a significant barrier to parenting capacity, and that disabled parents may need assistance in supporting their children's education.
- Recognition of adult services' continuing role of supporting parents when children's services carry out their responsibilities under section 47 of the Children Act 1989.

Joint working should begin at the earliest possible point, ensuring there is effective and timely communication and effective planning.

To ensure effective working professionals must consider:

- Early communication and referral if it is suspected that a parent (or prospective parent) has a learning disability.
- Improving the understanding of professional perspectives and knowledge outside of a practitioner's specialism.
- Holding regular meetings. These should involve Speech and Language therapists when communication has been assessed to be an issue. If a worker is unable to attend a meeting, they should either:
  - make arrangements for a colleague with relevant experience and knowledge to attend or
  - provide a written report to the meeting outlining the work undertaken with the parent and family.

Where services are working jointly with parents, joint supervision arrangements should be put in place:

- Managers are responsible for identifying relevant cases.
- Joint supervision meetings should take place at a minimum of every 6 months but may be more frequent where there is a high level of risk.
- Managers and allocated workers from both services must attend.
- A record of the discussion should be noted on both services' case records.

Joint supervision should cover the following:

- Background information on each member of the family with whom each service works.

---

<sup>2</sup> And see also SCIE Practice issues from Serious Case Reviews [Lack of communication between children's and adults' social care - SCIE](#)

- Any significant events or changes since the last meeting, including risks.
- Details of each service's plan including any contingency plans, should risk escalate.
- Details of any joint visits to or contact with the family.
- Feedback on progress, what's working well, what isn't.
- Any issues on engagement and working with the family.
- Any equality or diversity issues affecting work with the family.
- Any learning opportunities identified to enhance joint working.

### **As part of the child protection process**

- Joint working is essential as part of the child protection process (assessment, Child Protection Conference decision making, Core Group planning and provision of support) and should take place from outset. This is to ensure appropriate services are provided by all agencies, needs are addressed, visits co-ordinated to avoid duplication and to prevent professional conflict.
- Children's Services Lead Social Worker is responsible for case co-ordination. Where parental health and/or social needs are identified, Adult services should identify lead health and/or social professionals to support the parents.
- Where parents and children are being supported by both services, professionals should maintain regular contact, particularly where there are concerns about the child or the situation is changeable or uncertain. Frequency of contact between the services should be mutually agreed and should be based on the assessed level of risk to the child or parents. In addition, Adult workers should be invited to the following professionals' meetings:
  - Child protection strategy meetings where information about the parent's global learning disability is crucial to assessing risk
  - Initial and review child protection case conferences (including pre-birth conferences)
  - Core group meetings to implement a child protection plan; Child in Need plan reviews.
  - Where the child is subject to a child protection plan, the Adult social workers will be included as a member of the core group and will be jointly responsible for implementing the child protection plan.

### **Decisions on cases**

- No major decisions (such as the removal of children or case closure) should be made without first consulting partner services, unless urgency requires immediate action. In these circumstances the partner agency should be informed in writing as soon as possible, outlining the reasons and the alternative support systems in place.
- Services should always share their expertise and provide consultation where needed, even when not actively involved with a particular family.

### **Information sharing**

- Information sharing is a key aspect of joint working and allows agencies to make informed decisions based on accurate and up to date information and supports multiagency working.
- The Children Act 2004 provides professionals with a legal basis to share information in order to safeguard and promote the welfare of children as part of the shared duty to safeguard children. The GDPR (General Data Protection Regulation) and Data Protection Act 2018 also do not prevent the sharing of information for the purposes of keeping children and young people safe. Partners agencies will have their own information and guidance on information sharing processes and policies.
- Parents should be informed that information will be shared and should be asked for their agreement in advance. If this is refused, professionals may still share information if this is a proportionate response to safeguarding concerns. Fears about sharing information cannot be allowed to stand in the way of the need to safeguard and promote the welfare of children at risk of abuse or neglect.
- Every practitioner must take responsibility for sharing the information they hold and cannot assume that someone else will pass on information, which may be critical to keeping a child safe. It is always important to record what, when and with whom information has been shared and the purpose for sharing it.
- Each service should provide the partner service with copies of any agency assessments, plans or reviews and minutes of meetings to ensure involvement in monitoring the children's and parent's progress.
- Adult services (usually Learning Disability social workers or champions) should also provide Children's services social workers with advice on how best to work with the parents in order to enable and encourage engagement.
- All services should keep partner services informed in the event that the family moves out of area so that action can be taken to continue to support the family and safeguard the child.

### **Information needed by Children's services**

Children's social workers need information about the parents' learning disabilities, their support needs and care plans in order to assess parenting capacity, design care packages and inform risk assessments.

Adult services professionals will therefore need to provide social workers with information on:

- details of parental learning disabilities, learning difficulties and additional support needs
- details of care and support provided, and personnel involved
- any plans to close cases or end or change services and support
- how best to engage and work with parents and any difficulties in engagement.

## **Information needed by Adult services**

- The learning disability team will usually require evidence to support a learning disability diagnosis, if the person is not already known to them.
- The current statutory Children's social work intervention stage (CiN, CP, Pre-proceedings) and the date of the next multiagency meeting.
- What actions and interventions Children's services are likely to take under the Children Act 1989 to safeguard the child, for example child protection procedures, any plans to accommodate the child or pursue care proceedings and details of potential alternative care arrangements.
- The age of the child(ren) or the number of weeks the mother is pregnant.
- What concerns Children's services have about the children's welfare and the parents' parenting capacity and what changes need to happen to reduce concerns.
- What support and services the family will receive from Children's services so that the child can remain at home.
- Any actual or planned changes to the child's status, for example where a child protection plan ends, or is stepped down, or a looked after child returns home, or a case is closed.
- Any difficulties in engaging parents.
- Confirmation that parents have consented to Information sharing and are aware of the information that is being shared. This will avoid repetition and help to speed up a decision, particularly in the case of eligibility referrals.

## **Assessing parents' capacity to parent and their support needs.**

Assessments should only be carried out by appropriately qualified or experienced assessors. In cases of parents with learning disabilities therefore, the assessor must be able to evidence their suitability accordingly.

Parents with learning disabilities may be understandably concerned that involvement with statutory services may result in their child being taken into care. This fear, together with negative stereotypes, can create barriers to conducting an accurate assessment.

Parent assessments will take a whole family approach and be carried out jointly, if the parents consent, so that interrelated needs are properly captured, and the process is as efficient as possible. Where assessments involve more than one member of staff at the same time, care will be taken to ensure that the roles of each professional are explained and understood.

A detailed care plan will:

- Identify the eligible needs of parents and children and how these will be met.
- Confirm the cost (if any) to the service user and the source of funding.
- State the start and finish dates of services provided.
- Provide contingency plans for emergencies.
- Distinguish between the assistance the parent requires to perform tasks, and the assistance that is required to help them learn new skills.
- Include services provided by non-statutory agencies together with the input of any informal carer.

- Be copied in an appropriate format and provided to the parent.

See also the supporting Key Contextual Issues document for further detailed information on assessments.

## **Funding support**

In general terms:

- A care plan to meet the assessed needs of the parent with learning disabilities only, will be funded by Adult Services.
- A care plan to meet the assessed needs of the family will be funded jointly by Adults and Children's services.
- Where the parent does not meet the eligibility criteria for support under the Care Act and there are concerns about the welfare of the child, support to the child will be funded by Children's Services.

## **Positive practice**

The key elements of positive practice are summarised in the Good Practice Guidance (WTPN 2021). [FINAL 2021 WTPN UPDATE OF THE GPG.pdf \(bristol.ac.uk\)](#). See also the supporting Key Contextual Issues document, for further brief information regarding:

- Relationship-based working with parents
- Accessible communication
- Supporting parents to develop parenting skills

## **Overview of Children's safeguarding processes**

### **Child in Need**

A decision is made that a referral meets the criteria under Section 17 Children Act 1989 which starts the CiN process – *a child who is unlikely to achieve or maintain a reasonable level of health or development, or whose health and development is likely to be significantly or further impaired.*

### **Child Protection**

Section 47 Children Act 1989 – *reasonable cause to suspect a child is suffering or likely to suffer significant harm from any form of abuse or neglect.*

Following a strategy meeting and the decision made for a Section 47 enquiry, the enquiry will be completed by the Children's social worker and based on this evidence a decision will be made as to whether the family should then go to initial child protection conference (ICPC). A strategy meeting may be held because of a child being stepped up from CiN (Child in Need) or on receipt of a referral, if the threshold is met.

### **Public Law Outline (PLO) / Pre-Proceedings**

Where there is reasonable cause to believe that a child is suffering or is at risk of suffering significant harm, attributable to the care afforded by the parents, Children's Services will

refer a family to Legal Gateway following consultation and authorisation of a service lead. A decision will then be made whether to initiate pre-proceedings. The threshold for pre-proceedings and S.31 court proceedings is the same.

It is important to recognise that the purpose of pre-proceedings is to formally state the outstanding concerns and to work with the parent(s) to agree a way forward so that court proceedings can be averted. All relevant steps should therefore be taken (if they have not already been) i.e. timely and appropriate assessments and support, effective two-way communication etc. These are essential prerequisites before escalating the pre-proceedings process to the court stage.

The current concerns will be set out by Children's Services in an accessible style in the initial letter sent to parent(s). This is also the request to attend the initial pre-proceedings meeting. Following the meeting (in which the parent will have been supported to enable their full participation) the minutes which include the deal breakers and agreed actions will be shared with the parent(s) (again, in an accessible style) setting out what is expected of all parties.

In most cases the child will already be subject to a child protection plan and the core group and conference meetings will continue concurrently with pre-proceedings.

## **Monitoring and review**

Awareness of and compliance with this protocol will be monitored [*insert how/when/by whom*] to ensure relevance and effectiveness. The protocol will be reviewed [*insert frequency and by whom*].

## **Further information**

### **Relevant policy documents**

2021 WTPN update of the Good Practice Guidance on working with parents with a learning disability: [FINAL 2021 WTPN UPDATE OF THE GPG.pdf \(bristol.ac.uk\)](#)

(Original DH and DfES version is here: [\[ARCHIVED CONTENT\] Good Practice Guidance on Working with Parents with a Learning Disability : Department of Health - Publications and statistics \(nationalarchives.gov.uk\)](#)).

Working Together to Safeguard Children (2023: Department for Education) [Working together to safeguard children - GOV.UK \(www.gov.uk\)](#)

### **Working together with parents network (WTPN)**

WTPN is a free support for professionals working with parents with a learning disability. Resources include:

Supporting parents with learning disabilities and difficulties Stories of positive practice: [positivepractice.pdf \(bristol.ac.uk\)](#)

Parenting assessments for Parents with Learning Difficulties: [wtpn assessment doc finalDec2014 \(1\).docx \(live.com\)](#)

Assessing Parents with Learning Difficulties - Key Messages: [wtpn assessment key messages.pdf \(bristol.ac.uk\)](#)

WTPN Top tips on working with parents with learning disabilities: [Top tips \(bristol.ac.uk\)](#)

### Positive practice

Finding the Right Support: A Review of Issues and Positive Practice in Supporting Parents with Learning Disabilities and their Children [rightsupport.pdf \(bristol.ac.uk\)](#)

Successful professional practice when working with parents with learning difficulties: [GTC SUMMARY REPORT 16.5.2018 designed.pdf \(bristol.ac.uk\)](#)

### Key contacts for relevant LA departments

Service	Contact details

### Version control

Version	Reviewed by	Notes	Date

-----

This document is independent research by the National Institute for Health Research School for Social Care Research. The views expressed in this publication are those of the author(s) and not necessarily those of the NIHR SSCR, the National Institute for Health Research or the Department of Health and Social Care.