

ACCORD PROTOCOL

Working together
To support families
In Suffolk

Practice Guidance

For staff working with families
**where a parent has
a learning disability**

2007

The ACCORD Protocol has been agreed
between
Suffolk County Council
Suffolk Mental Health Partnership NHS Trust
Norfolk and Waveney Mental Health
Partnership NHS Trust

**ACCORD Practice Guidance
for staff working with Families where a Parent has a
Learning Disability**

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ACCORD Practice Guidance for Staff working with Families where a Parent has a Learning Disability.

Part 1

Context

Introduction

Over the last two decades, since the closure of long stay hospitals, and advances in community-based care, the number of people with

learning disabilities who are forming relationships and having children has increased.

According to "Valuing People", the Government's White Paper **(1)**, people who have learning disabilities are amongst the most socially excluded and vulnerable groups in Britain today. It states that,

"Parents with learning disabilities are amongst the most socially and economically disadvantaged groups. They are more likely than other parents to make heavy demands on child welfare services and have their children looked after by the local authority.

People with learning disabilities can be good parents and provide their children with a good start in life, but may require considerable help to do so. This requires children and adult social services teams to work closely together to develop a common approach. Social services departments have a duty to safeguard the welfare of children, and in some circumstances a parent with learning disabilities will not be able to meet their child's needs. However, we believe this should not be the result of agencies not arranging for appropriate and timely support."
(Valuing People, pp 81-82)

In 2006, a review **(2)** detailed the following as some of the major issues facing parents with learning difficulties and the workers who support them:

- Negative stereotypes and assumptions
- Lack of awareness of parents with learning difficulties and their support needs
- Fixed ideas about parenting and what should happen to children
- Lack of consistency and clarity on what constitutes "good parenting"
- Parents' lack of engagement with children and family services

- Late or crisis point referrals
- Lack of time, resources and service co-ordination
- Concerns about the implications of the Adoption and Children Act 2002

Also in 2006, a Countywide representative group of practitioners from Adult and Community Services, Children and Young People's Services, Suffolk Mental Health Partnership Trust, Suffolk County Council Legal Services, ACE independent Advocacy Service, Suffolk County Council Equalities Unit, and the Ormiston Trust, met to discuss local issues and concerns around meeting the needs of parents with a learning disability and their children **(3)**. They were:

- A lack of services to meet parents' needs
- A need for inter- and intra-agency training across adult and children and young people services
- Concerns about the processes for securing and funding independent advocacy services
- The understanding of staff in services about the role of the independent advocate
- Need for greater support for parents to understand the safeguarding and Court processes
- Concern by adult services social workers as to how they can best support parents, when – once the Local Authority has issued Care Proceedings – they are obliged to follow Court rules limiting communication with the other parties' representatives.
- Services picking up on people's support needs too late
- Services dropping away from a parent following the removal of a child. They are not helped through the grieving process - parents often go on to have more children

- Parents falling through the net of universal services – it is possible that parents with a learning disability are marginalized because of the inaccessibility of information and services
- Families being dealt with by different social workers, and the separate professions (children and adults) have different perspectives.
- Assessments for families, children and parents should be holistic.
- Adult services are bound by the Fair Access to Care Services criteria, currently pitched in Suffolk at substantial and critical need, which means that a lot of preventative work does not get addressed
- Timescales needed for expert assessment of a parent with a learning disability may exceed Children Services timescales, e.g. in assessment, and in care proceedings

and clearly echo much of the national research.

This practice guidance takes its lead from the County ACCORD Protocol, and has been drawn up to ensure that parents with a learning disability and their families get the support they need. It also seeks to address the above issues, by improving the local environment for partnership working, giving practitioners clearer routes for referral, and promoting practical tools to enhance enlightened assessment and intervention. If the practice guidance is successfully implemented, families will be supported more effectively so that children will stay with their parents wherever possible, and parents will be positively supported if a child is removed from their care.

What is a learning disability?

Valuing People defines a **learning disability** as **a significantly reduced ability to understand new or complex information** or to learn new skills,

along with a **reduced ability to cope independently** which **started before adulthood**, with a lasting effect on development.

This definition includes people with low IQ scores. However, in social care services, staff may often have heard “IQ less than 70” put forward as one of the criteria determining whether a person receives a service from adult learning disability services or not. This is wrong - no one should be excluded from the services they have been assessed as needing on the basis that their IQ score is too high. It is important to assess the person’s functional ability more broadly. With adult teams being reconfigured under a generic umbrella, this issue should not continue to arise. Also, when carrying out an assessment, it is important to take into account the fact that many people with learning disabilities also have physical and/or sensory impairments and may experience mental health problems.

How many people have a learning disability?

Producing precise figures on the number of people with learning disabilities in the population is difficult. The government’s estimate in 2001 was that there were 210,000 people with severe and profound learning disabilities in England (4 per 1000) and for people with mild to moderate learning disabilities the estimate was about 25 per 1000, ie., 1.2 million in England. However, the prevalence of mild to moderate learning disability is linked to poverty and rates are higher in deprived and urban areas. In Suffolk, it was estimated in 2001 that there were 2,674 people with severe learning disabilities and 16,714 people with mild to moderate learning disabilities. In reviewing the 2001 census categories, it is estimated that apart from white British people, in Suffolk, there are 167 people from ethnic minority communities who have

severe learning disabilities, and 1,045 people who have mild to moderate learning disabilities (4), see Fig. 1 below.

Estimated number of people who have a learning disability Nationally & in Suffolk (taken from the 2001 Census)		
	mild-moderate learning disability	severe learning disability
Nationally	1,200,000	210,000
Suffolk	16,714	2,674
Ethnic minority communities in Suffolk	1,045	167

We do not have accurate local or national figures for the numbers of parents with learning disabilities because it is not routinely recorded. Consequently, neither do we know how many parents with learning disabilities in the community are parenting successfully. What we do know is that the outcomes for parents with learning disabilities who come to the attention of services are frequently worrying. A disproportionate number of their children are removed from their families and placed in local authority care (5). Anecdotally a local government solicitor estimated that at least a third of his Child Proceedings caseload involved parents with a learning disability. Also, Valuing People notes that: *“There are tensions and even conflicts within social services departments between those whose focus is the welfare of the child and those concerned with the parent.”* (p81).

Identifying a parent who may have a learning disability

A learning disability is usually formally diagnosed by a medical practitioner or a psychologist. Assessments are conducted on an individual basis and cover a comprehensive assessment of a person's ability, coping and self-help skills. The assessment also includes consideration of their developmental history.

The local specialist health learning disability services would be an appropriate port of call for anyone seeking such an assessment. However, there are certain signs that may alert anyone working with a family that the parent may have a learning disability. The following list can be used as a checklist to determine whether or not an onward referral is needed.

Checklist

Firstly, if the person has a history of having attended special school, remedial class, or some other form of special educational provision, then a further assessment may well be helpful, unless it is clear the special educational needs were very specific, such as for dyslexia only.

Secondly, if the person shows 5 or more of the signs listed below, an onward referral is warranted:

- **Inability to travel using public transport;** always brings another adult with them to appointments.
- **Literacy:** Inability to write: writing minimal, factual information only (always takes forms away for someone else to complete), limited reading skills with limited understanding of what is read.
- **Erratic appointment keeping:** Often either late or very early, gives odd excuses, comes on the wrong day, confusion about which appointment it is.

- **Provides vague or naïve information about basic facts:** Cannot say what hospital the baby was born in, unsure about basic facts such as whether the child is on baby milk, not sure if the child is in special education, does not know how to recognize when the child has a temperature.
- **Finances:** Poor financial management, inability to budget, cannot work out how much change is due from simple transactions.
- **Demands:** Overwhelmed by routine demands to the extent of missing important appointments etc. (e.g. regularly late for school because of an inability to get the child dressed on time), can't organize the household, unable to keep track of grocery needs, cannot prioritise demands or activities. (Sometimes parents cope with this by setting up a rigid routine that they find very hard to bend, for instance, refusing to arrange a visit on a Wednesday because that is the day they go shopping etc.)
- **Child care:** Excessive difficulties in managing children, poor eye contact with the child, telling the child off more than praising the child, inappropriate feeding or picking up of the child, little sense of what would be age appropriate toys/play, unable to sense the child's needs, child appearing to be in control of parent.
- **Compensation strategies:** Rigid routines, covering up difficulties
- **Making use of informal support more than would be expected for tasks:** such as filling in forms, using public transport, arranging appointments and making phone calls.
-

Legislative and Policy Context

There is a web of law, regulation and guidance affecting practice. The key points are outlined here, but there are websites where further information for those seeking more detail and they are listed following the References.

Underpinning legislation requiring public authorities to protect and support everybody's human rights is enshrined in the Human Rights Act 1998. Many of the rights set out in the Act are broad and subject to limits and qualifications, but the key Articles affecting parents with a learning disability are Article 8, a right to respect for private and family life, and Article 12 the right to marry and found a family.

Legislation requiring public authorities to eliminate discrimination and promote equality are set out in the Disability Discrimination Acts 2005 and the Race Relations (Amendment) Act 2000. Website links to the Single Equality Schemes/Disability Equality Duties for Suffolk County Council, Suffolk Mental Health Partnership Trust and Norfolk and Waveney Mental Health Partnership Trust can be found in the Useful Websites section at the end of the document.

Definition of a Disabled Person

An adult with a learning disability is defined as disabled within the law and entitled to assessment for community care services. s29 National Assistance Act 1948, s4 Disabled Persons (Services Consultation and Representation) Act 1986, Health Service and Public Health Act 1968; Chronically Sick and Disabled Persons Act 1970; National Health Service Act 1977; Mental Health Act 1983.and more recently, the Disability Discrimination Act 1995, are amongst the legislation confirming entitlement. In the ACCORD Protocol, a disabled parent includes any parent with a disability or an additional support need and therefore includes parents with a learning disability.

Further information about the legislative framework is in Appendix ... of the Universal Protocol

Practice Principles

Good Communication

Parents with a learning disability have the same rights as all parents to be consulted regarding all assessments concerning their child and to be kept informed about any services or interventions that are being planned. The parent's potential difficulties in understanding are never a reason to ignore their rights.

Professionals working with parents with a learning disability have a responsibility to promote good communication, and to check that they have been fully and properly understood.

Key messages from parents

Social workers who are good at communication:

- are respectful
- turn up on time
- speak directly to parents with learning disabilities
- don't use jargon
- think before they talk to you
- listen and "hear" you
- explain what is happening
- do what they say they will do
- be honest if they cannot help you
- are patient
- make enough time to communicate with you.

with acknowledgements to training materials developed by CHANGE

Advocacy

An advocate can be a voice for parents, and a go-between or interpreter supporting the links between families and services.

- If the child of a parent with a learning disability is involved in child protection enquiries or in care proceedings the parent should be helped to find independent advice and advocacy

- If independent advocacy is not available, parents should be encouraged to involve a friend, relative or member of their local community to support them through the process
- The use of advocacy must be consistent and fair. This means that if an advocate attends a child protection conference they should also attend subsequent core groups.
- The use of an advocate should never take away the responsibilities of social work and other professionals,

Self advocacy

Lack of confidence and low self-esteem can create parenting difficulties. For example, a parent may fail to attend a mother and baby group because of a lack of self confidence.

- A self-advocacy group can help boost self-esteem and confidence, and thereby encourage the development of parenting skills
- A self advocacy group can help parents develop strategies for coping with harassment and bullying.

Please note: many people prefer to be addressed as having learning difficulties rather than disabilities. In Suffolk, the term disabilities is used in line with national policy documents, and also to distinguish from the use of the term difficulties in Education circles which covers a much broader range of conditions.

Tailored support packages

Research has shown that parents with a learning disability are better able to respond to support if it is delivered in a way that suits their needs.

- Support should be long term, rather than just in response to a crisis. This approach acknowledges that learning disability is a permanent condition
- Good planning proactively recognises the support needs a parent may have as their child develops
- Support should build on a parent's strengths, rather than focusing solely on their shortcomings
- Parents may learn best either at home or in another environment that is familiar and comfortable for them
- Skills are developed through practice and modelling, rather than knowledge and theory.

Part 2

About Practice

This Section gives practical working information for staff in both adult and children's services on

- Eligibility, and Finding a Fit
- Referral Pathways, including Safeguarding
- Assessment and Delivery of Services
- Joint Working
and
- Trouble Shooting

Eligibility - a preventive approach

Parents with a learning disability may be referred to services for an assessment of needs in their own right, and/or an assessment of their need for support in their role as parent. Their children may also be referred as being in need of support in their own right.

Eligibility Criteria for Parents

Further to the outline given under 'Frameworks Governing Practice', the practical application of Fair Access to Care Services (FACS) is developed here. FACS provides the framework within which Social Care Services assesses adults' needs and judges their eligibility for services. There are 4 eligibility bands: critical, substantial, moderate, and low; and 4 aspects central to a person's independence:

- Health and safety and freedom from harm
- Autonomy and freedom to make choices
- Ability to manage personal and other daily routines
and
- Involvement in family and wider community life.

Each aspect is supported by a set of statements, which indicate the degree of risk, and into which eligibility band a person's needs fall.

In Suffolk, the Council has decided that it will work with those adults whose needs fall into the critical and substantial bands. This also includes people whose needs may be moderate or low, but where it is clear that without intervention, those needs would become critical or substantial.

When assessing a parent, the social worker must take into account the needs of the person in their own right, and also needs they may have in relation to parenting. The Critical FACS criteria clearly identify "vital family and other social roles and responsibilities cannot or will not be undertaken" as placed within the most serious level of risk.

In addition, whilst it might be argued that neither the parent nor the child would, *on their own*, be eligible for services, in FACS statements, as members of the same family they *do* qualify.

The ACCORD Protocol applies the eligibility criteria rigorously, proactively and in a spirit of prevention.

If children are accommodated or placed in care, and no longer living with the parent, there is often a risk that the parent will lose their eligibility for services. However, this is often a point at which their eligibility should be reviewed in the light of their needs around their own health and safety, the maintenance of relationships and freedom of choice:

- to help them grieve for their loss
- to help them assert their views in the ongoing planning for the child, particularly the plan for contact

- to help them understand the reason for what has happened and
- to help them "move on," and begin to plan for the future.

(See below for an example of how the adult and children's eligibility frameworks can work together in 'Frameworks: Finding a Fit')

Eligibility Criteria for Children and Young People

The referral process will vary depending on whether the child and family live in a part of the County where the Common Assessment Framework has been implemented. The CAF is expected to be county wide by the end of 2008.

Areas using the Common Assessment Framework (CAF)

Staff working with parents who have a learning disability and who wish to refer the child for help and support should do so using the CAF Form. This is the first stage in making a referral to CYP Social Care. Completed CAF forms are considered at a Multi-Agency Forum where an Action Plan is made regarding future services. Not all Common Assessments will lead to a referral to CYP Social Care Services but if the Multi-Agency Forum decides that a referral is necessary, because the child may be In Need according to the Children Act 1989, the CAF form and the Action Plan together will form the referral and no further documentation will be needed.

Areas not yet using the Common Assessment Framework (CAF)

Staff working with parents who have a learning disability and who wish to refer the child for help and support should contact Customer First, and may be asked to complete a standard referral form. This will be forwarded to the relevant Assessment and Family Support Team.

The eligibility criteria for Children and Young People's Social Care Services are enshrined in the Assessment Framework for Children in Need and their Families. A child shall be taken to be in need if:

- a) he is unlikely to achieve or maintain, or to have the opportunity of achieving or maintaining, a reasonable standard of health or development without the provision for him of services by a local authority
- b) his health or development is likely to be significantly impaired, or further impaired, without the provision for him of such services, or
- c) he is disabled.

There are eight children in need categories, listed below. The category that covers the children of parents who have a learning disability is set out in detail. Depending on the child's circumstances other categories may also apply.

1. abuse or neglect
2. child with significant disabilities or intrinsic condition
3. **parental illness or disability** – *the parent has a diagnosable medical condition which is primary in limiting their parenting capacity. This includes serious disabling mental illness, learning disability, alcoholism, or drug addiction. Young carers who take on caring responsibilities for disabled and chronically ill parents match this category*
4. family in acute stress
5. family dysfunction
6. socially unacceptable behaviour
7. low income
8. absent parent

Frameworks – Finding a Fit

Paragraph 9 of the “Eligibility Criteria for Adult Social Care” **(6)** issued with the Local Authority Circular LAC(2002)13 Fair Access to Care Services, addresses the adult services’ role in assessing parents in some detail, along with how FACS and the Assessment Framework can dovetail :

*“In the course of assessing an individual’s needs, councils should recognise that adults, who have parenting responsibilities for a child under 18 years, may require help with these responsibilities. In this respect, in addition to the provision of adult care assessment and support, councils should be prepared to address their duty under the Children Act 1989 to safeguard and promote the welfare of children in their area. Where appropriate, councils should consider use of the “Framework for the Assessment of Children in Need and their Families” **(7)** (DoH 2000) to explore whether there are any issues relating to children in need and their parenting. The Assessment Framework should be used if it appears that there are children in need. On occasions, within one family, it may be necessary to concurrently assess the needs of an adult parent using the appropriate format for adult assessment, and the needs of the children and related parenting issues using the Framework for the Assessment of Children in Need and their Families”.*

An example of how the the frameworks should be applied proactively to prevent a deterioration, comes from The Framework for the Assessment of Children in Need and their Families (DoH 2000):

“A mother with a mild learning disability may not reach the criteria for help from an adult service team, and her child’s standard of care may not be sufficiently poor to meet the criteria for children’s services intervention. However, the failure to recognise the need for early intervention to provide support to

the child and family on a planned basis from both children's and adult's services may result in the child's current and future development being impaired."

Referral Pathways

This section includes the referral route when a referral is made from an agency outside CYP or ACS, where neither the child nor the parent is an "open" case.

All referrals for social care services should be made to Customer First. Part of ACCORD's job as a new policy is to track how many disabled parents with families need support and in what kinds of ways.

A referral may be of a child (or children) to Children and Young People Services, or of a parent to Adult and Community Services. ***Whichever team receives the referral should accept it, and carry out an initial assessment to decide which ACCORD pathway should be followed.***

Referral Pathway: ACS

The relevant Adult team will normally be responsible for leading and co-ordinating the assessment at this stage regarding the support for the disabled adult with parenting responsibility.

The Team Manager from this team will, with the Assessor, decide upon the urgency and depth of assessment required in line with FACS policy and guidance. The fact of having parenting needs and responsibilities may mean a person is eligible for a service whereas they may not have been eligible without these responsibilities. The assessment should include the information required in the Assessment Framework (see

section on the assessment of parents below) which is also recorded in the CAF where that is in operation.

If the worker assesses that, even with appropriate services, the parents cannot completely meet the needs of their child or young person, or the child or young person has additional needs, this should be taken further. The social worker should discuss this with the parent and, if appropriate, the child or young person, and permission sought to complete a CAF or make a referral to children's social care services.

If concerns about the safety of a child arise during the course of the work with the family, the social worker must make an immediate referral to Customer First according to the **safeguarding** guidance found at www.onesuffolk.co.uk/scb/

Referral Pathway: CYP

A child referral will be received via Customer First. It may be from a partner professional or directly from a member of the public, the child or the family. The Social Care Manager, Assessment and Family Support, will decide within one working day the actions to be taken.

Where it is clear that the child or young person may be "in need", the Children Services social worker will carry out an initial assessment of the child's needs under the Framework for Assessment. The assessment covers parenting capacity and family and environmental factors, and will identify if the parent/carer has a disability.

If the parent/carer may have a learning disability, the Children Services social worker will also establish whether the parent/carer is known to the relevant Adult Community team. If the parent is not known, or not currently receiving a service, the Children and Young Persons social

worker will, with permission, consult with colleagues in the Adult Community Team, and if appropriate, make a referral for a full assessment of the parent's own needs, including their needs around parenting.

The CYP social worker will ensure that the 'I Need Help' form is completed with the parent or by self assessment and sent through to the Adult Team via Enhanced Customer First with the referral. It enables workers and parents to focus on the nature of support needed (*see Appendix 1*)

If the CYP social worker considers the parent/carer may be a vulnerable adult in need of protection, they should make an immediate referral to Enhanced Customer First – see the section on Safeguarding Adults below.

Safeguarding Children and Adults

Safeguarding Children: If the assessor *"has reasonable cause to suspect that a child is suffering or is likely to suffer significant harm,"* then Suffolk Safeguarding Children Board Child Protection procedures must be followed. Assessors in Children and Young People Services should notify the responsible Social Care Manager. Assessors in Adult and Community Services should consult their manager and, with agreement, refer the child to Enhanced Customer First as a "child protection" case.

Further guidance on making a referral when someone has concerns about the safety of a child or young person is found at www.onesuffolk.co.uk/scb/ (8)

Safeguarding Adults: Where a person or agency has a knowledge or suspicion that a vulnerable adult may be suffering harm, or is at risk of significant harm, they should refer those concerns immediately to Suffolk County Council Social Care Services via Customer First on 08456 023 023.

A vulnerable adult is any person aged 18 or over who:

- (i) is or maybe in need of community care services by reason of mental, physical or learning disability, age or illness, and who
- (ii) is or may be unable to take care of him or herself against significant harm or serious exploitation which may be occasioned by the actions or inactions of other people”.

“Abuse is a violation of an individual’s human and civil rights by any other person or persons.” (Adaptation of the Department of Health’s guidance “No Secrets” – March 2000

Further guidance on making a referral when someone has concerns about the safety of a vulnerable adult is found at www.suffolkvapc.org(9)

Assessment and delivery

Consultation: Teams from both Adult and Community Services, or the Children and Young People’s Services must ensure that a worker with sufficient knowledge is available for consultation by a worker from the other service to clarify issues around referral, assessment or service delivery. This will normally be a Duty Worker as part of their usual duties.

Assessment and Delivery in ACS

Specialist social workers based in Professional Social Work and Therapeutic Teams are familiar with the needs of adults who have learning disabilities.

When an adult with a learning disability is referred for support needed in their own right and/or as a parent, the social worker is responsible for leading and co-ordinating the assessment.

The starting point is to promote independence in parenting. It is known that some parents hesitate to approach services for assistance because they fear they may be considered inadequate, or even that their children may be removed from home.

Therefore for parents with a learning disability:

- Information will be provided in clear and accessible formats, as well as in appropriate languages and/or through an interpreter where required, to explain the assessment process, and possible service entitlements and outcomes, and to reassure parents.
- Existing assessment tools will continue to be used to ensure all needs are identified.

A Community Care Assessment is holistic, addresses the needs that the person presents and any other needs which emerge, and then determines which needs are eligible for help according to the eligibility criteria. Assessing practitioners (social workers and community care practitioners) liaise with the referrer to gain a clear picture of the reasons for the referral and to ensure an appropriate, proportionate response.

In view of the particular needs of people with learning disabilities around communication, the assessing practitioner collaborates, with the person's agreement, with other professionals, advocates and informal carers who know them well, to build up a comprehensive picture. Observational visits may be needed to assess different aspects of the parent's life.

In addition to the collation of information for the Community Care Assessment, where the adult is a parent, the social worker must record, as a minimum, the following information about any family members under 18:

- full names (including alternative names if relevant)
- dates of birth
- schools or pre-schools attended
- name and contact details of Health Visitor (for children under 5 years) and
- names and contact details of any other professionals in contact with the child or young person.

(Assessment of Children in Need and their Families 2001).

As an additional tool, the "I Need Help" form, which can be completed jointly or as a self assessment, will enable workers and parents to focus on the nature of support needed (**Appendix 1**). Once the assessment is completed and the individual is in agreement with the contents, it becomes a legal document and is entered electronically onto the COMPASS system. A copy is also given to the individual.

Once the assessment has established the eligible needs and how they can be met, it may result in a funding application to the Commissioning, Housing and Purchasing Panel (CHAPP) which meets

once a month, is chaired by the Commissioning Manager and is attended by Health and Social Care representatives. The application is presented by the Assessing Practitioner or Team Manager. The Panel screens applications to ensure that the criteria has been met and that the funding sought for those eligible needs represent best value. The application may be recommended for agreement, refused, or returned for more information. Recommendations are then put to the Assistant Director for final authorisation.

People receiving funding are reviewed on a regular basis, to monitor whether their needs continue to be met or if any adjustment in the funding is warranted. The CHAPP often determines, by its funding timescales, when care must be reviewed for further bids, but FACS requirements are for review at the 3 months' stage and yearly thereafter.

Alongside the CHAPP, local panels can recommend funding applications of up to £300 for approval, which are then put to the Assistant Director for a final decision.

Assessment and Delivery in CYP

The assessment of parenting capacity will include low level needs which left unaddressed are likely to lead to difficulties for parents and undermine the child's welfare

- The assessment will recognise the support needs in the early stages of parenting, assessment
- The assessment will anticipate needs which may arise at later stages.

The initial assessment will identify if a child is “in need” and if so what services they need. Services will be delivered through a Family Support Plan, and the work may be transferred to a specialist Family Centre, Adolescent Team or team for children with disabilities. Family support plans should involve all the agencies working with a child, and be regularly reviewed.

If the initial assessment identifies child protection concerns a strategy meeting will be arranged to plan child protection enquiries. These may lead on to the child being registered, and services being delivered through a child protection plan, which is also interagency in its make-up and subject to regular review. It is only through this route, where there are substantiated concerns about significant harm, that a child can enter care proceedings and a court may order the child’s removal.

In some situations there are concerns for a child even before they are born. This may be because of professional concerns about the parent’s abilities, or because older children have suffered significant harm. In these situations, a pre-birth assessment will be completed. The child might be registered before they are born and it may also be decided to enter care proceedings as soon as the child is born, so there is a court order preventing the child from returning home with its mother. All children on the child protection register will have a core assessment. This in depth assessment is completed within thirty five working days. The core assessment is also used in complex cases, particularly where families are close to breakdown.

Where children have complex needs, or their families have difficulty caring for them, they can be “accommodated” by an informal agreement. This may be for a series of short breaks or a time limited

period, but in some cases it will be until the child grows up. Parents keep all their rights and responsibilities, and the Council does not acquire any rights over the child.

Budgets for family support and child protection planning are delegated to local team managers. Children who are “looked after” have their costs met through a central budget. Decisions to accommodate a child or to initiate care proceedings have to be made at a senior manager level, and decisions about where children are placed are subject to the agreement of an inter agency panel.

Service Delivery Pathways and Financial Responsibility

Where either an adult or a child meets existing criteria for funding for a service in their own right then current processes will continue.

The guiding principle in the case of services to parents with a learning disability should be that services provided to support the adults in exercising their role as parents are the responsibility of Adult Service Teams.

If more than one service is involved a common text will be used on care plans where different frameworks are in use, for example, care management and the family support plan.

Other processes regarding financial entitlements will be explored e.g. Direct Payments, Individualised Budgets.

Wherever services are provided through Adult Services the Fairer Charging Policy will apply and an assessment to determine the level of the service user's contribution towards the service will be undertaken (unless the parent is eligible for aftercare under s117 of the Mental Health Act 1983).

Services to families in the community provided by CYP teams will generally be under Section 17 (Children Act 1989) and there will be no cost to the service user.

Services will be arranged immediately, where needed and will not be delayed for assessments to be completed, or funding organised.

Where the responsibility for funding is not clear, for example, where a parent needs therapeutic help that will impact on parenting, ***there will be a common approach and an equal contribution by each service involved.*** This will prevent delay, is straightforward to manage, and is the most equitable on a principle of "swings and roundabouts".

Where there may be an overlap in responsibility for funding, for example:

- ❖ Assistance with travel to/from school/nursery/playgroup (if the parent wishes to accompany the child it will be important to enable this)
- ❖ Provision of child care while parent rests/prepares evening meal/does family shop.
- ❖ Assistance with other family responsibilities, for example, housework, to enable parent to spend time with child.

There will be a common approach and an equal contribution by each service involved. This will prevent delay, is straightforward to manage, and is the most equitable on a principle of “swings and roundabouts”.

In order to ensure we capture an accurate picture of numbers and funding, a separate funding code has been established to record and monitor expenditure.

Joint Working

Whilst recent government policy has focused upon ACS social care working more closely with health services (10), and CYP social care services integrating with the education and health services (11), there has been less emphasis on the crucial partnership relationship between the adult and children and young people social care authorities. This section seeks to address that gap.

Case Co-ordinator or Lead Professional

Where the family is receiving more than one service, for example, where both CYP and ACS are involved, one of the professionals involved will, by agreement, be identified as the Case Co-ordinator. Literature will also refer to this role as the Lead Professional.

Practice experience shows that co-ordination of support helps to improve the experience for a family and effectiveness in achieving good outcomes.

The Case Co-ordinator’s role is to ensure the services continue to be joined up - not to provide all the support themselves as each

professional will continue to work with the family as agreed and according to need. However, the Case Co-ordinator will ensure that:

- Services are joined up through being assessed, planned, delivered and reviewed in a co-ordinated way (without unnecessary duplication, gaps or inconsistency)
- Information is communicated appropriately between all parties to make sure the plans remain effective and changes in circumstances are known and resolved in the best possible way.
- Organisational issues which are affecting services to the family are brought to the attention of the relevant workers and their managers and/or brought to the next planning meeting, to be resolved .
- Although individual workers will normally be the best person to answer queries about their own service, the Co-ordinator may be the point of contact for a family where it is unclear who should respond.

The Co-ordinator can, by agreement, be from any profession or service but often it will be the worker from the agency which became involved first and/or provides the greatest share of the overall service. It may transfer to another worker in response to changing need or circumstances.

The exception is where the name of any child in the immediate family is on the Child Protection Register or the child is Looked After, where the Case Co-ordinator will always be the social worker from the Children and Young People Service.

The Case Co-ordinator will usually be agreed during a planning meeting where the family and everyone else concerned is present. If for some reason, it is necessary to to nominate a Case Co-ordinator outside of a meeting, it is the new Co-ordinator's role to make sure

everyone concerned knows and understands what has happened and to request that case records are amended accordingly.

Although this role will require skill and sometimes persistence, it is likely to be within the scope of most professional workers supported by their managers.

Sometimes Case Co-ordinators may be called Key Workers, Lead Professionals or Care Co-ordinators but for the purposes of this Protocol the role will be the same.

Family Group Conferences

One service which may be of particular interest to parents with a learning disability and their families, where there are difficulties affecting their children, is that of the Family Group Conference.

The aim of a Family Group Conference is to support the family to take the lead in making a plan about how they can manage their difficulties together – in a more family centred way. In many cases there is multi-agency involvement and the Family Group Conference offers an opportunity for mutual understanding and agreement in a less formal environment.

Use of accessible materials and formats, such as those used in person centred planning can support parents to participate fully in their own solutions and give meaning to many of the complexities they face.

Some professionals are concerned that the plans made by families at a Family Group Conference are less robust than a conventional service package - or even that they may be dangerous. However the child's well-being and safety is placed at the heart of the process and

experience and research has shown that families reach positive and creative solutions in very complex situations.

The actions taken as a result of Family Group Conferences can also reduce the need for more intrusive and costly interventions from professional agencies in the long run.

This is the link to further information about Family Group Conferencing in Suffolk

<http://www.suffolk.gov.uk/CareAndHealth/ChildrenAndFamilies/FamilyGroupConferencing.htm>

If a Family Group Conference takes place, the role of any professional already working with the family is to:

- continue the existing support until the outcome of the Family Group Conference is known and the plan is changed as a result.
- share information with the Conference
- contribute to the ongoing plan as agreed and
- participate in subsequent reviews.

Person Centred Planning

There is a project in Suffolk which facilitates those adults in learning disability services who want a Person Centred Plan, to have one. The priorities have focused upon adults in NHS campus sites, those attending large day services and living in residential or supported living, but a bid could be made to extend this to parents.

Family Carers

A parent with a learning disability may also be reliant on other people to support their needs, for example, their partner, a relative or a friend. People who have this role are known as Family Carers and their views

should routinely be taken into account when the needs of the parent are being assessed. If they also provide substantial care to the disabled parent on a regular basis, they have a right to a separate family carer assessment, under the Carers (Equal Opportunities) Act 2004 and associated legislation.

A local authority also has a duty to inform a family carer of the right to an assessment and must undertake it on request. It is good practice that this occurs during the assessment or review of the disabled person, but it can occur at any time the carer wishes to access this right.

It is the responsibility of the assessor/team that is looking at what is required to support the parents' disability to complete the carers assessment. This information should then be used to assist with planning services to support the parent

Information Sharing

Information about any family member, for any purpose, will be shared according to the Suffolk Charter for Information Sharing to which all the relevant agencies are signatories.

The Charter provides a framework and guidance for the secure and lawful sharing of information to achieve the best outcomes and to give families the confidence that it will be used responsibly and appropriately.

Consent to share information – particularly sensitive personal information - is complex and not always well understood. In essence however information should normally only be shared with explicit and informed* consent, except where to seek consent will put a vulnerable person at risk (Children Act 1989 and Data Protection Act 1998), or to prevent a crime, or as directed by a court (Data Protection Act 1998).

*"Informed consent means that the person concerned must be made aware of who it will be shared with and how it will be used. In addition the person must have the capacity to understand and retain the information relevant to the decision and the consequences of giving consent" (Suffolk Information Sharing Charter 2006 para 8.5)

Link to Suffolk Information Sharing Charter:

<http://www.suffolk.gov.uk/CouncilAndDemocracy/SuffolkCountyCouncilDirectorates/ChildrenAndYoungPeople/CYPInformationAndResources.htm>

Caring Responsibilities of Children and Young People

"Young people should not be expected to carry inappropriate levels of caring which have an adverse impact on their development and life chances. It should not be assumed that children should take on similar levels of caring responsibilities as adults" (Framework for Assessment of Children in Need and their Families 2000 para 3.62)

It is fundamental to this Guidance that suitable support is afforded to parents to enable them to care for their children themselves to avoid their children taking on inappropriate caring roles.

Tasks and responsibilities identified as inappropriate are those which are time consuming and/or likely to impact adversely on a child or young person's emotional, physical, educational or social development.

However, it is also recognised that roles and relationships within families are complex and that some children and young people may be involved in caring within their families to some degree.

Workers need to use their professional judgment when assessing these situations.

- Where a worker from the Adult Services considers that a young person in a family where a parent has a learning disability is carrying out some aspects of caring for their parent, and there is no worker from the Children and Young people Service involved, the worker should complete a Common Assessment Framework referral with the young person and parent, with a view to agreeing in a multi-agency setting, whether there should be an Initial Assessment and/or a Carer's Assessment to determine the young person's own needs.
- Where the the Children and Young People service are already involved they must carry out a Carer's Assesment.
- While it should never be tolerated or expected that children carry out caring tasks which are inappropriate for their age and stage of development, or which create anxiety, or which they are reluctant to do, the precise activities considered acceptable should be determined after careful assessment.
- Making decisions about what it is appropriate for a young person to do should always be based on what is right for the young person and never on financial or purely pragmatic grounds.
- It is also recognised that some children may want to support their parents by being involved in some aspects of caring and that this may bring some personal benefits for them and the family as a whole. Therefore workers must use their professional judgement and knowledge of the family to come to a suitable conclusion and keep this under constant review.
- Workers must give information to all family members about the Young Carers Project which aims to provide emotional and practical support for children over 8 years who are involved, to any degree, in caring for a disabled family member. If the family

wishes, the worker will help them contact the Project or contact them on their behalf. Details of Suffolk Young Carer's Project and how to refer may be found at:

<http://www.suffolk.gov.uk/CareAndHealth/FamilyCarers/YoungCarers.htm>

and further general information about Young People with Caring Responsibility is at

<http://www.youngcarer.com/showPage.php?file=index.htm>

The Young Carers project offers additional support and leisure opportunities for the child or young person and is not a substitute for social care or other support services which are assessed as needed for any family member.

- In the few cases where a family may be reluctant or anxious about agreeing to an Initial or a Carer's Assessment for the young person, perhaps fearing that the child will be taken away from the family or that unsuitable or no alternative provision will be made, the workers involved should make every effort to reassure the family that the aim is to support not undermine, and that they will work with the family to meet their needs as far as possible. (If this involves making a Child in Need referral this will be made according to the criteria and process above).

Services from Supporting People and Housing Support

Where a parent with a learning disability is experiencing housing related problems e.g. setting up home, maintaining a tenancy, rent arrears or neighbour disputes, the worker will give the family information

about the help offered by Supporting People Services so they can either refer themselves or, by agreement, the worker can make a referral on their behalf.

Supporting People offer the following services:

- They commission and fund services that provide housing related support to anyone experiencing difficulty living independently or keeping to the terms of a tenancy agreement.
- Some services offer “floating support”, in that they will visit people in their own homes, regardless of where this is or what sort of accommodation they live in.
- Supporting People services are focused on housing issues and do not provide care, parenting or specialist counselling, but can often provide practical support to prevent homelessness occurring and to develop independent living skills and coping skills for the future.

Funding for Supporting People services

- The Supporting People programme is administered by the County Council, although as they do not fund the care element of any services, there is no requirement to meet FACS criteria to be referred to them.
- “Floating” support services are usually free to people who need services for less than 2 years and are funded by the Supporting People budget.

Eligibility for services

- Individual services will have their own eligibility criteria. These are generally based on priority of support needs and risk assessment.
- Some services may have a waiting list

- In Suffolk, Supporting People are developing a “gateway” to accept and channel referrals towards services that can best meet people’s assessed needs.

Details of the services available and referral procedures are available from the Supporting People team on 01473 581517 or www.supportingpeoplesuffolk.org

Homelessness

If families should become homeless the 7 District or Borough Councils have legal responsibilities to respond where people are homeless or under threat of homelessness and need assistance or advice with this.

Contact details can be found at:

www.babergh.gov.uk; www.forest-heath.gov.uk; www.ipswich.gov.uk;
www.midsuffolk.gov.uk; www.stedsbc.gov.uk;
www.suffolkcoastal.gov.uk
www.waveney.gov.uk

Applications for Housing can also be made through the District or Borough councils - each Council has different arrangements for applying and detailed information can be found using the links above.

Advocacy

All workers providing services to families act as advocates, since it is a central aim of caring to promote adult and children’s rights and independence and ensure their needs are met as far as possible.

However, family members also have the right to an independent advocate. The Case Co-ordinator plays a crucial role in ensuring that independent advocacy is sought and offered at an early stage to support the parent to participate fully.

Workers will, where circumstances indicate and/or by request, inform parents and older children about the independent advocacy service, and if necessary, enable them to make contact with and use the service. The role of an independent advocate is essential where the parent has a learning disability and needs more accessible formats, additional or ongoing support to understand and/or give informed consent to certain processes. The advocate supports the parent to participate in unfamiliar or formal meetings, court, tribunal hearings or other similar settings, or where the parent disagrees with decisions made and needs help in challenging them. The advocate's role is to represent and promote the family member's rights and point of view where they cannot easily do this for themselves and ensure that the person has a "voice" in the process of service provision at all stages. The advocate is also in a position to lobby for services where these are needed but not being provided, and offer practical and emotional support.

Learning disabled parents whose children receive services under child protection procedures may benefit particularly from advocacy support, particularly during Child Protection Conferences and Core Groups. It is essential that parents are helped to understand the nature of any concerns, and the expectations that are made of them in child protection plans. It is equally essential that they have an opportunity to express their views during these meetings.

The Adult team social worker's role as an advocate for the parent will inevitably be restricted if care proceedings are issued. This is because the agency the social worker represents - Suffolk County Council - is a party to the proceedings. Council employees are consequently expressly forbidden to discuss the case with the legal representatives of

other parties, including parents. It is often at this point that the need for independent advocacy becomes clear.

Whilst an independent advocate can explain processes using specialised methods and taking time as required, this does NOT replace the agencies' responsibility to present information clearly and appropriately to the needs of the parent.

The Learning Disability Partnership Board (LDPB) agreed 2 new bids for parents, under the heading of "Advocacy" this year. Firstly, it agreed a bid from Pauline Martin in the Customer Rights Team to fund independent advocacy for parents with a learning disability and their families and also disseminate Advocacy Awareness Training for staff - Where independent advocacy is sought, workers should contact the advocacy rights officer, in the Customer Rights Section (01473 260709) at the earliest stage possible to try to facilitate communication and resolve difficulties before they become more complex and harder to deal with. The involvement of an independent advocate is, overall, likely to improve the service users' experience and reduce possible tensions, delays and complaints.

Secondly, the LDPB also made a sum of money available to the "Chat n' Do Group", a support group in Ipswich for parents with a learning disability, which meets weekly. The funding will support a part-time advocacy worker who will support parents to find out about, take part in, and join mainstream activities.

Resolving Differences

Professional Meeting

Decisions affecting family members will normally be agreed at a meeting with all parties present. This gives the opportunity for everyone concerned to state their views and reach a consensus.

On the rare situation where professional workers have significantly different and opposing views about what should happen, they must, with the support of their Line Managers and with reference to the ACCORD Protocol, call a **Professionals Meeting** and negotiate to reach agreement. Family members should be kept informed of and involved in these negotiations along with their advocate as appropriate.

Professional differences should **not** normally cause delay in meeting assessed need. If some delay is inevitable and/or in the interests of the family or family member, then this must be kept to a minimum and all concerned kept informed of the timescales involved.

Complex Case Discussion

In exceptional cases where, despite a Professionals meeting, significant differences still impede progress, a **Complex Case Discussion** meeting will be called, requested by the Manager of any of the teams involved. It should be attended by the relevant professionals involved and their Line Managers, convened, chaired and minuted by the Safeguarding Service from either ACS or CYP, depending upon which team the Case Coordinator comes from.

The job of the Complex Case Discussion meeting is to:

- consider the issues, using the ACCORD Protocol as its starting point
- decide the course of action
- agree a single plan to which all the professionals contribute and which as far as possible meets the needs of all family members

- agree how the plan will be monitored and evaluated.

The County Council Legal Service should be invited as appropriate and should attend where court proceedings are being actively considered or have been initiated.

The Complex Case Discussion will be held as soon as it can be practically arranged to enable all the relevant participants to attend, within 15 working days of the decision to convene it.

The decision of the meeting will be final and all the professionals must agree to work within the plans made, to reach the best outcome for all concerned.

Further details of the Suffolk Safeguarding Children Service are at:
www.onesuffolk.co.uk/scb/ Local Safeguarding Children Services can be contacted on

- North Area via 01502 405176
- West Area via 01284 352052
- South and East Area via 01473 583303

Further details of the Adult Safeguarding Service are at:
<http://www.suffolk.gov.uk/CareAndHealth/Disabilities/SafeguardingAdults.htm>

ACCORD Practice Guidance for Staff working with families where a parent has a learning disability

Part 3

Promoting Good Practice

"...people with a learning disability can be 'good enough' parents, but may need more support and time to learn new skills than parents without a learning disability" (2).

The following are further pointers, ideas and suggestions about how professionals can work effectively with parents who have a learning disability. It will be noted, as with the quotation above, that there is a consistent need for informed, on-going support.

Communication

Think about how to engage with families to offer emotional and practical support, how to use language to present information and explain processes; and how to involve an Advocate if possible. It is easy to assume that people with a learning disability understand more than they actually do for example, a parent may respond to voice tone or seek to agree with someone in authority in order not to make for difficulties.

- **Engagement.** There may be people the parent knows and trusts who would be willing to help support them. There may be people who know the parent well who can advise on best ways to communicate. It is important to check out with the parent who the allies might be.
- **Language.** Use straightforward, unambiguous language. Do not use jargon or complicated words. Make sure you are clear, and specific. Plain English can be enhanced by pictures. Facial

expression is important and is sometimes misinterpreted. Check out as you go along whether the parent has understood you.

- **Presenting Information and explaining processes.** Letters and reports should be prepared in plain English. Where possible, prepare key information documents for parents in user-friendly formats, including pictures e.g. Information Leaflets, Care Plans (The Change Picture Bank pictures are on the 'O' Drive). For some parents, using objects of reference to focus attention, listening to information on tape, or watching a video or DVD can be particularly helpful.
- Formal meetings in statutory services must adapt to the needs of the parents. This can be facilitated through preparatory meetings to explain the process and content to parents, a fully-briefed Chairperson re: communication, use of accessible formats, and advocacy support
- Some parents learn best through demonstration, through being shown how to do something – make sure that where different workers are involved, that methods are consistent and that workers are able and willing to demonstrate as many times as it takes for the activity to become part of everyday functioning.
- Limit the introduction of new information or ideas to one or two per meeting, consider the theories and approaches you are using and how these will need to be adapted.
- Take time – the parent may be unsure of the listener's willingness to try to understand, and responses might take longer.

- **Advocacy.** Some parents will need advocacy support to put across their views. The Advocate's role is to make sure that the parent's voice is heard and their rights promoted. Whilst the Advocate may assist in ensuring a parent's understanding, in order to make informed choices, or help parents to look at

reports, it is not the Advocate's responsibility to "translate" documents so that they become accessible. This is the responsibility of the agency preparing the information.

Where independent advocacy is sought, workers should contact the advocacy rights officer, in the Customer Rights Section (01473 260709) at the earliest possible stage to try to facilitate communication and resolve difficulties before they become more complex.

Quick Checklist for Effective Communication

- Teach in people's own homes
- Guide practice in a range of settings – doing the same thing in different environments
- Don't overload the parent
- Simplify language
- Watch out for ambiguities – be precise
- Watch out in case people misinterpret what is being said
- Check a parent's understanding
- People learn best if they have repeated successes
- Develop the positive
- Help parents with their portfolio of skills to be good enough parents
- Present information in a variety of ways
- "errorless learning" – show and demonstrate
- Break down tasks into small units

Targeted Support

Many parents benefit from support in particular situations. There are significant gaps in services but the following suggests what supports

might be particularly helpful and gives pointers towards appropriate development.

Strategies which Can Help Parents Engage with Services

Parents are often seen at home by agency workers because of a desire on the part of the worker to avoid the stigma the parent may face. Whilst there are circumstances in which this is clearly appropriate, such action can serve to isolate parents further.

- Disability Equality Schemes set out organisations' intentions to make their services more accessible and user-friendly, so it is important to help parents to have their needs met. Where there are universal services, workers need to check out that services are meeting their obligations, and encourage and actively support prospective parents to link into these services e.g. antenatal and midwifery services.
- If the assessment which has been carried out is positive, and promotes competency, it will affect the approach of other agencies who can see the skills and abilities of parents as well as their support needs
- Make it clear to other services how parents want to be addressed
- Help parents remember different workers by providing photographs of them, and help parents to understand each worker's role with their family
- Reach an agreement with other professionals on expectations, and help parents understand what is expected of them by simplifying information and presenting it clearly
- Attend meetings with parents, e.g. to help teachers at school to listen to parents
- Encourage parents to access mainstream services, such as Home-Start or Sure Start, or appropriate parenting skills classes

and parenting support groups. In order to facilitate integration, it may be important to provide awareness-raising or communication training to mainstream services, or run groups in conjunction with those mainstream services, or map services in an accessible booklet to encourage parents along.

Practice tips to help parents with learning difficulties to achieve good outcomes.

Be healthy

Health has many facets. These are some key points of support that universal services or support workers can facilitate.

- Encourage breast feeding
- Practical support e.g. easy to follow cookery aids
- Help G.P.s to listen to parents
- Help G.P.s to understand the specific needs of the parent/child
- Help parents to understand symptoms and when to seek help
- Make sure parents know how to make an appointment
- Explain the importance of exercise
- Help parents manage their own physical and mental health needs. Support them to access adequate psychological or psychiatric help
- Provide appropriate educational provision
- Provide speech and language provision

Stay safe

Children have the right to be protected from harm, and for their interests to be paramount. They also have the right to receive the necessary support in order that, where possible, they remain living with their parents.

Parents whose children are subject to s.47 enquiries should be given advice about independent sources of advice and advocacy, local and national.

Where it is a partner of a parent of a learning disabled parent who poses a risk of harm to the child, the non-abusing parent with learning disabilities should be supported to protect the child.

Meetings, especially case conferences, can be very disempowering for parents who have a learning disability. Jargon should be avoided and parents should have someone to support them in preparing for the meeting and taking part in it.

When a key worker is appointed for a child whose parent has a learning disability, it is important that the worker has some understanding of learning disability or else access to such expertise.

Where a child is subject to a child protection plan it is good practice to appoint a key worker for the parents with learning disabilities as well as for the children. Where a child protection plan involves actions to be taken by the parents, the conference chair should ensure they understand what is required and are provided with support.

Extended family members who have a role in supporting the family should be included in the core group

Where it is necessary, to protect children, for them to be placed in care, all of the safeguards for looked after children will apply. In particular

- parents should receive support to maximise their chances of improving their parenting capacity

- placement with extended family members or adults already known to the child should always be considered
- if possible placement should be made with carers who have experience and/or training in working with parents with learning disabilities
- contact must be promoted unless the court has given permission for contact to be refused

When the child protection process concludes with the child's permanent removal, parents should be helped to access emotional and practical support.

Enjoy and achieve

Communication with schools is particularly important. Parents have a responsibility to ensure their children attend, and are expected to be involved in their children's education. Schools must think carefully about how to communicate effectively with parents and involve them.

Parents with learning disabilities may have had a poor experience of schooling, and need support and encouragement to overcome their negative views. Their involvement in family learning programmes will help them learn about what their children are doing in school, and how they can support and encourage their children in homework and out of school activities. Schools should not lower their expectations of a child because the parent has a learning disability.

Bullying may occur in school. It is possible that the children of parents with learning disabilities are more likely to be bullied, while their parents have less access than others to community and family resources that

will help. Schools must consider how parents with learning disabilities will be supported in these circumstances.

Make a positive contribution and achieve economic wellbeing

Although a parent with learning disabilities can learn how to do things, their cognitive impairment will not go away. Children and their needs change. Plans should recognise that parents may need more assistance as new situations arise, and as far as possible anticipate support needs that may arise at different stages in the family's life cycle.

Parents with learning disabilities are entitled to expect that organisations providing support with parenting teenagers make the necessary reasonable adjustments so that they can use such services.

It is against children's interest if support is provided to enable their parents to look after them while they are young but the necessary support is not provided as children grow older and needs change.

Parents need accessible information about relevant services at *all* the different stages of their children's lives – from midwives and health visitors, through schools all the way to youth services and Connexions

Parents are important role models for their children, and supporting a parent in finding employment and learning how to budget and save will usually be in the child's best interests.

The research evidence indicates the main risk to children arising from their parents' needs is to their attachment and normal development.

Long term relationships between children and significant adults are an important protective factor.

(Drawn from DH/DfES Good Practice Guidance June 2007)

Team Champions

The ACCORD Protocol and this Practice Guidance will be promoted through Team Champions. Each relevant team will nominate one of their workers with an interest in this area of practice to take on the role of Champion by becoming a resource to colleagues. In particular the Team Champion will:

- Be familiar with the practice and principles of the Protocol
- Keep up to date with practice developments relevant to working with families where a parent is disabled and therefore
- Be a point of contact for people both inside and outside the team seeking information about the Protocol or associated practice issues
- Liaise with Champions in other teams over general issues as required - but **not** to become involved in decision-making for individual cases which will remain the responsibility of the caseholders and their Managers
- To attend occasional information and training events as required

Ongoing training for the Champions will be agreed through the Joint Training Commissioning group and the role will also be supported by the Professional Advisors.

This role could be part of a Senior Practitioners role in promoting best practice, or it could be carried out by another team member with a particular interest in parents with a learning disability. It is seen as

contributing to the ongoing professional development of both the worker and other team members, will not necessarily be time consuming, and there is no expectation that the Champion would take all the cases involving parents.

The Professional Advisor for the relevant service should maintain an up-to-date list of current Team Champions with the co-operation of Team Managers.

Ongoing Development and Training

Mutual understanding between workers from different services and the sharing of issues, knowledge and best practice is fundamental to the success of the Protocol. It is therefore essential that staff from all services involved share regular professional development activities.

Training Needs, including the training needs of the Champions, and training in communication skills, will be considered jointly by all the services involved.

There will be a range of other development opportunities, for instance local seminars, joint library resources, joint case discussions and team meetings as required.

Commissioning Parenting Support Services

Parenting support services tend to be most effective where they are commissioned through a Joint Commissioning Strategy. Commissioning is defined as the process of identifying, specifying, securing and monitoring, and evaluating services at a strategic level. The involvement of service users is an essential component at all stages.

There will be a phased approach to achieving a fully integrated commissioning process starting in the first year of implementation with the development of a Joint Commissioning Strategy between People Who Use Services, CYP, ACS and the Suffolk and the Norfolk and Waveney Mental Health Partnership Trusts. Information will be gathered on gaps in services, and strengthening services that work well.

In the second year of implementation there will be a further phase involving

- Agreeing priorities for service development
- Allocating funding and resources
- Monitoring and evaluating service provision

which will feed into the ongoing Commissioning Cycle.

All stages of commissioning will include the need to consider a range of universal and specialist provision and therefore will involve both statutory and the voluntary, independent and community sectors.

References

- (1) Department of Health (2001) Valuing People: A New Strategy for the 21st Century. A White Paper. *Cmnd 5086*
- (2) Tarleton B, Ward L, & Howarth J (2006) Finding the right support? A review of issues and positive practice in supporting parents with learning difficulties and their children. Norah Fry Research Centre, available online at www.bris.ac.uk/Depts/NorahFry/ or www.baringfoundation.org.uk
- (3) Seaward, P et al (2006) Towards a Policy for Meeting the Needs of Parents with Learning Disabilities. Minutes of a meeting held at 12, Gt. Whip St. Ipswich. 21st March 2006
- (4) Department of Health (2004) Learning Difficulties and Ethnicity: A Framework for Action. Appendix 2: Audit Tool. Completed by Susan Balaam, for Suffolk Learning Disability Partnership Board
- (5) Social Services Inspectorate (2000) A Jigsaw of Services: Inspection of services to support disabled adults in their parenting role
- (6) Department of Health (2002) Fair Access to Care Services. Guidance on Eligibility Criteria for Adult Social Care LAC(2002)13 28 May 2002
- (7) Department of Health (2000) Framework for the Assessment of Children in Need and Their Families

Framework for the Assessment of Children in Need and their Families Suffolk County Council (2001)

- (8) Safeguarding guidelines for children and young people on the Suffolk County Council website at: www.onesuffolk.co.uk/scb/
- (9) Adult Protection guidelines on the Suffolk County Council website at: www.suffolkvapc.org and <http://www.suffolk.gov.uk/CareAndHealth/Disabilities/SafeguardingAdults.htm>
- (10) Morris, J & Wates, M (2006) Supporting disabled parents and parents with additional support needs. Adults' Services Knowledge Review 11. Social Care Institute of Excellence

Useful Weblinks and Websites

People's rights: www.direct.gov.uk

Department of Health: www.dh.gov.uk

Social Care Institute of Excellence: www.scie.org.uk

Every Child Matters: www.everychildmatters.gov.uk

Valuing People: www.valuingpeople.gov.uk

Norah Fry Research Centre: www.bristol.ac.uk/norahfry/

Learning Curves: The assessment of parents with a learning disability
www.acpc.norfolk.gov.uk

Suffolk Disability Equality Schemes:

Suffolk County Council:

www.suffolk.gov.uk/CouncilAndDemocracy/EqualOpportunities/DisabilityEquality.htm

Suffolk Mental Health Partnership Trust: www.smhp.nhs.uk and click on "Single Equality Scheme" in the list on the left hand side of the home page

Norfolk & Waveney Partnership Trust: www.nwmhp.nhs.uk and click on "About us" in the list on the left hand side of the home page, then click on "Equality and Diversity"

Suffolk PCT: www.suffolkpct.nhs.uk and click on "Equality" in the list on the right hand side of the home page

Link to Suffolk Family Group Conferencing:

<http://www.suffolk.gov.uk/CareAndHealth/ChildrenAndFamilies/FamilyGroupConferencing.htm>

Link to Suffolk Information Sharing Charter:

<http://www.suffolk.gov.uk/CouncilAndDemocracy/SuffolkCountyCouncilDirectorates/ChildrenAndYoungPeople/CYPInformationAndResources.htm>

Suffolk Young Carer's Project and how to refer:

<http://www.suffolk.gov.uk/CareAndHealth/FamilyCarers/YoungCarers.htm>

and further information about Young People with Caring Responsibility is at:

<http://www.youngcarer.com/showPage.php?file=index.htm>

Suffolk Supporting People: www.supportingpeoplesuffolk.org

Suffolk Housing Departments:

www.babergh.gov.uk

www.forest-heath.gov.uk
www.ipswich.gov.uk
www.midsuffolk.gov.uk
www.stedsbc.gov.uk
www.suffolkcoastal.gov.uk
www.waveney.gov.uk

Suffolk Safeguarding Children Service: www.onesuffolk.co.uk/scb/

Suffolk Adult Safeguarding Service: www.suffolkvapc.org and
<http://www.suffolk.gov.uk/CareAndHealth/Disabilities/SafeguardingAdults.htm>

Appendices

Appendix 1: "I Need Help" Self Assessment

Appendix 2: ACCORD flowchart