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Strategic
Briefing



Supporting parents who have learning disabilities

Dartington

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Introduction

The exact number of parents with learning disabilities is not known but it is likely that, as a result of moves away from institutional living over recent years, more people with learning disabilities are becoming parents. There is a wider group of parents who do not have a formal diagnosis but are considered to have learning *difficulties*, as a result of which they may struggle with some aspects of parenting.

While individual circumstances vary, overall parents with learning disabilities/ learning difficulties are a significantly disadvantaged group. In addition to any needs for support directly linked to their learning disability, they may also be facing a range of other challenges including poor health, poverty, unemployment, social exclusion and/or social isolation; any or all of which will impact on their capacity to cope with the ongoing challenges of parenting. It is critical, therefore, that services are cognisant of the needs of this group of parents and are geared to providing relevant and accessible support.

Terminology

There are a range of different terms used in practice, research and literature, including learning *disabilities*, learning *difficulties*, *intellectual* disabilities and *cognitive* impairments. Broadly these terms are all used to refer to people who have:

A significantly reduced ability to understand new or complex information, to learn new skills (impaired intelligence); with a reduced ability to cope independently (impaired social functioning); which started before adulthood, with a lasting effect on development.

Department of Health (2001)

In the UK, the term ‘learning *disability*’ is commonly used in social care policy and practice and is usually diagnosed with reference to an IQ score of less than 70. The wider group of people who have learning *difficulties* do not meet the criteria for diagnosis of a learning disability but struggle with similar issues in their everyday lives.

In this briefing, unless there is a reason to be specific, we will refer to ‘parents with LD’ to cover both parents with a diagnosed learning disability and those with a learning difficulty as strategic leaders and commissioners will need to be mindful of the needs of parents across this spectrum. When directly citing research or other texts we use the terms found in the original source.

Context

A range of law and policy provides a framework for engagement with parents with learning disabilities. Starting with the general duty that local authorities have, under s17 (1) of the **Children Act 1989** ‘(a) to safeguard and promote the welfare of children in need; and (b) so far as is consistent with that duty, to promote the upbringing of such children by their families, by providing a range and level of services appropriate to those children’s needs’.

Other key legal and policy measures of relevance include:

United Nations Convention on the Rights of Children (UNCRC) - Article 18.2 This states that Parties shall ‘render appropriate assistance’ to parents and legal guardians in the performance of their child-rearing responsibilities.

United Nations Convention on the Rights of Persons with Disabilities (UNCRPD) – Article 23.2

States Parties shall render appropriate assistance to persons with disabilities in the performance of their child-rearing responsibilities.

European Convention on Human Rights (ECHR) – Articles 6 (right to a fair trial), **8** (right to family life), **14** (right not to be discriminated against) as incorporated in the **Human Rights Act 1998**.

Equality Act 2010 – section 20 duty to make reasonable adjustments. **Section 149** Public Sector Equality Duty.

Children and Families Act 2014

Section 13: Control of expert evidence and assessments.

Section 14: time limits and timetables in family proceedings.

Care Act 2014 and associated regulations address wellbeing, eligibility, preventative action and independent advocacy.

(More detail on these provisions is provided in Appendix 1).

Taken together it is clear that, from a moral perspective (right to family life), a child welfare perspective (promoting best outcomes for children) and a financial perspective (costs associated with family breakdown and court proceedings), there is a clear imperative to ensure that accessible and, where necessary, continuing or recurrent support is available to families that include parents with learning disabilities.

These parents’ needs are likely to cut across service and budget systems of the standard organisational split between adults and child and family services. Parents with LD may not meet the IQ-based criteria for access to adult learning disability services; however, support may be critical to help them parent and promote good outcomes for the children. This briefing is aimed at leaders and commissioners *across* adults’ and children’s services, with a view to identifying common concerns and strategic responses. It will also be of interest to local authority legal teams, managers and frontline staff. It is intended to support the development of effective provision by setting out key messages drawn from research, law, current policy and ‘best practice’ guidance.

'Austerity politics' is having a profound impact on the lives of many disadvantaged families, while resources to address their difficulties decrease as a result of repeated reductions in central government funding. With the rise in demand, eligibility criteria for services become more restrictive and more stringently applied. While this briefing argues for a reappraisal of some aspects of service commissioning and delivery, it does so with full recognition of the pressures that local authorities are facing and of the challenges ahead.

Key messages

- > Law and policy entitle parents with LD to receive support to carry out their parenting responsibilities so that, where possible, children can remain with their families.
- > Parents with LD may need long-term, ongoing or recurrent support in order to address the changing challenges of parenthood over time.
- > Parents with LD often face a wide range of additional barriers - including poor physical and/or mental health, poverty and lack of social support.
- > The children in these families may themselves have a range of additional care and support needs, and benefit from ongoing support from a trusted adult. In some cases, children's outcomes are poorer than their peers; this seems to be related to their parents' poor socio-economic status as much as parental learning disabilities.
- > Addressing families' inter-connected support needs requires clear commissioning strategies involving both adults' and children's services. Service managers need to work together to enable practitioners to build an effective multi-professional 'team around the family'.

Parents with Learning Disabilities

Issues for parents with LD

The literature is clear there is no direct link between IQ and parenting ability above the IQ level of 60 (Tymchuck and Feldman, 1991). However, there may be a number of issues that pose additional challenges for parents with learning disabilities:

- > They may find it harder to deal with some of the practical tasks of everyday life - they may have difficulties with reading, understanding abstract concepts, telling the time or remembering information.
- > They may not have had the chance to gain everyday experience of caring for children (for example, by babysitting) or have easy access to information about parenting (Tarleton et al, 2006). This impacts on the knowledge and skills they bring and may contribute to concerns for the welfare of their children.
- > They may experience harassment or feel embarrassed because of their learning disabilities (Cleaver and Nicholson, 2008; Darbyshire and Stenfert Kroese, 2012; SCIE, 2005).
- > Their needs may not be immediately obvious as they may cover up what they can't do, or agree to things when they don't understand, not wanting to let others know that they have difficulties. This may be the case particularly in a formal setting and/or if they fear the consequences of acknowledging a lack of understanding or capacity (for example, in child protection proceedings).

Practitioners need to have time to get a good sense of individual strengths; to identify areas where additional support is needed and to ensure that information is communicated in a way that is accessible and understood so that parents are able to be properly involved in assessment, planning and decision-making in relation to their family.

Family and social factors

- > A study carried out by McGaw et al (2007) found that three-quarters of the parents involved with a specialist service for parents with learning disabilities in Cornwall reported abuse and neglect in their own childhoods. A later study (McGaw et al, 2010) suggested that 'high risk parenting' was associated with parents who have experienced abuse themselves, have additional special needs (physical disabilities) or are parenting children with special needs (rather than being related to parental IQ age, relationship status, employment, support, resources or perception of need).
- > Other risk factors include mothers with LDs' vulnerability to exploitation by partners without LD and/or who are involved in criminal/anti-social behaviour. Both men and women with LD may be vulnerable to exploitation from different sources - for example, lack of social connection may mean they are less likely to question or challenge apparent 'friends' who make financial demands on them or, indeed, who could be a danger to their children.
- > Parents with LD may experience a range of other pressures that make parenting more of a challenge for anyone, such as poverty, poor mental health, physical health problems, substance use, social isolation or inadequate housing (Cleaver and Nicholson, 2008; Emerson and Brigham, 2013; Emerson et al, 2015; Masson, 2008; Powell et al, 2017).

In summary, these parents are potentially very marginalised and vulnerable. There is a key role for service managers in brokering support across family support, housing and benefits agencies, along with community outreach services that can assist parents to develop financial and budgeting skills, build social connections and promote social inclusion.

The views of children of parents with LD

The small amount of (mainly retrospective) research into children's views of their upbringing highlights:

- > The importance of informal support for families and the impact of stigma related to their parents' learning difficulty (Booth and Booth, 1998; Faureholm, 2010; O'Neill, 2011; Ronai, 1997; Wolowicz-Ruszkowska and McConnell, 2017).
- > As children grow older, they became increasingly aware of their difference from their peers (Faureholm, 2010). Children in one study saw their upbringing as '*different but ordinary*' and found stigma more impactful than their mothers' learning disabilities (Wolowicz-Ruszkowska and McConnell, 2017).
- > Children's family situations vary but they benefit from stability in the home and ongoing contact with a significant adult (other than their mother). This might include carers who relate to the children independently of their parents and support them in their interests (Collins et al, 2017).

Outcomes

There is evidence (for example from a small Danish study involving 21 children) that, *with the right support*, outcomes for children can be similar to those of their peers (Faureholm 2010). A summary overview of the literature concluded that there is evidence to suggest poorer outcomes for these children, *but that*:

...disadvantage and social isolation contribute to a heightened risk of child maltreatment and the relative influence of parental LD per se cannot easily be disentangled from these other social factors.
Collins and Llewellyn (2012)

More recent research generally confirms this conclusion (Powell et al, 2016; Wickstrom et al, 2017). These studies help to untangle some of the factors affecting children's wellbeing and highlight that factors such as poor housing and lack of support are 'amenable to change through policy interventions' (Emerson and Brigham, 2014), underlining the value of practical support to address families' financial, housing and social difficulties.

Emerson and Brigham (2014) found that (even when adjusted for group differences in exposure to low socio-economic position) parental intellectual developmental delay was associated with an increased risk of child developmental delay and speech and language problems, but not with child behaviour problems or frequent accidents or injuries. This emphasises the importance of good early assessment of developing speech and language skills and a key role for early years, education and health services.

The evidence that children benefit from the support of a trusted adult invites consideration of how schools and/or community provisions can ensure that children and young people are emotionally supported to understand their family circumstances and process the emotional impact of living with 'difference'. The extensive literature on young carers may provide a useful resource for planning support, including peer/group work, for children and young people who may be making sense of 'differentness' from their peers, and are negotiating a path between stigma and support.

Involvement with Children's Social Care

Child neglect

Where parents with LD come to the attention of children's social care, concerns are typically and primarily in relation to neglect - which may include failure to offer appropriate protection or meet children's basic needs. Neglect is the largest category of concern for children who are the subject of a Child Protection Plan (CPP) and has the potential to negatively affect children's outcomes across all developmental domains (DH et al, 2000) and to affect factors that promote resilience (Tanner and Turney, 2003).

The complex and enduring nature of neglect makes it a challenging issue for practice on a number of levels - conceptual, practical and organisational (Daniel et al, 2011; Gardner, 2016; Horwath, 2007 and 2013; Tanner and Turney, 2003).

Neglect and poverty

There are a number of familial and environmental factors that appear to increase the risk of neglect. Poverty is a highly significant factor and the quality of social networks has also been identified as a salient factor (Tyler et al, 2006), both of which are highly relevant to the circumstances of parents with learning disabilities. Recent research exploring links between poverty and child abuse and neglect highlights:

...the strong association between families' socio-economic circumstances and children's chances of being subject to abuse or neglect. It is essential that this association is framed as a public issue and a matter of avoidable social inequality, not as a further source of shame and pressure on individual disadvantaged families.

Bywaters et al (2016)

With this in mind, it is critically important that assessments of neglect are focused on identifying the specific factors contributing to the neglect in each case - that is, assessment should be aimed at understanding *causes* so that an effective response can be framed. Poverty is not the same as neglect and does not automatically lead to poor parenting but it must be recognised as a powerful stressor that may make already vulnerable parents more likely to struggle.

Identification and assessment of neglect

In addition to the Assessment Framework (DH, 2000), there are tools and resources to support the assessment of neglect which may not have been adapted specifically for parents with LD but may offer resources that can be helpful; for example:

Graded Care Profile 2:

In the national evaluation of the GCP one of the issues raised was the length of time it took to conduct an assessment, with parents' 'lower literacy levels, learning disability or mental impairment' noted amongst factors likely to increase the time taken (Johnson and Cotmore, 2015). It was noted that practitioners adapted the GCP, making changes to the language used (either verbally or in writing) to make it more accessible. This suggests that there may be opportunities to develop a more systematic approach to making the GCP more accessible.

Horwath model:

Focuses on the daily lived experience of the child, and supports assessment that is child-focused and based on understanding the *impact* of parental issues and behaviours on each child within the family. The framework (Horwath, 2016), with its visual formats which capture the child's experience using 24-hour 'clocks', appears to be eminently adaptable for use with parents with LD.

Childhood Neglect - Improving outcomes for children:

Framework and accompanying training resources (DfE, 2012). These include some useful guidance and practical suggestions for working with parents with learning disabilities.

Working with neglect

Chronic, ongoing neglect is likely to require long-term engagement and provision of services (Daniel et al, 2011; Farmer and Lutman, 2012; Horwath, 2013; Stevenson, 2007). Continuing or recurrent need for support may be a particular issue for parents with LD as their intellectual impairment will remain constant. Support to maintain an adequate standard of care may need to start early and be required for an extended period, changing over time to meet the developmental needs of the child and family.

For some families, consistent, long-term engagement with services may be needed; for others, the availability of support on a more ad hoc basis may be critical to maintain family functioning. This is problematic in a practice context in which resource constraints inhibit extended support and increase pressure to 'move the family on' within a defined timescale.

Although they do not target neglect per se, some parenting programmes, such as Mellow Futures (which is specifically adapted for parents with learning disabilities) and an adapted version of the Triple P programme may be helpful (Glazemaker and Deboutte, 2013; Tarleton and Turner, 2016).

Commissioning and leading effective services for parents with learning disabilities

The Good Practice Guidance on Working with Parents with a Learning Disability (DoH and DfES, 2007). The law and policy references in this document were updated in 2016 by Working Together with Parents Network - see: www.wtpn.co.uk.

The five key elements of good practice:

- > Accessible information and communication.
- > Clear processes and pathways.
- > Support to meet the need of both parents and children.
- > Long-term support where necessary.
- > Access to independent advocacy for parents.

Section 2 focuses on **practice where safeguarding procedures are necessary and stresses:**

- > the importance of ensuring that parents understand the concerns regarding their children
- > that using an advocate is beneficial
- > that the wider issues impacting on the family should also be addressed
- > that support should continue to be provided, according to assessed need, even when the child is no longer the subject of a child protection plan so that improvements are maintained.

This kind of 'parenting with support' (Tarleton et al, 2006; Tarleton and Ward, 2007) - also known as 'supported parenting' in Scotland (SCLD, 2015; 2016 and 2017) - would reduce 'revolving door' referrals which do not adequately respond to need. Ongoing support should involve both adult and children's services (Section 2.2.11).

Section 3: Commissioning strategies should be jointly developed between adult and children's services, encompassing health, education, housing and social care in both the statutory and voluntary/independent sectors, with joint responsibility taken at all four stages of commissioning (identifying needs and mapping existing service provision; allocating resources; developing services; monitoring and review).

Appendix B sets out the policy and legal context. Case law examples include:

- > **Parenting with support** - Re D (A Child) (No 3) 2016; Medway v A & Others (Learning Disability: Foster Placement) 2015; Kent CC v A Mother 2011. These cases emphasised the importance and relevance of breaches of the Good Practice Guidance and existing research into what works for parents with LD.



Research in Practice and Research in Practice for Adults Partners can access Case Law and Legal Summaries online - a monthly overview and analysis of selected public law cases, highlighting implications and recommendations for practice:

www.rip.org.uk/resources/case-law-summaries

www.ripfa.org.uk/resources/case-law-summaries

- > **Assessments** - Re C, 2014. Targeted and suitable expert assessments are required - see also *Parenting assessments for Parents with Learning Difficulties* (Working Together With Parents Network, 2014):
[www.bristol.ac.uk/media-library/sites/sps/documents/wtpn%20assessment%20doc%20finalDec2014%20\(1\).docx](http://www.bristol.ac.uk/media-library/sites/sps/documents/wtpn%20assessment%20doc%20finalDec2014%20(1).docx)
- > **Communication** - re G (Care: Challenge to Local Authority's Decision) 2003. Where parents cannot readily understand the written word, the local authority must take whatever steps are necessary to ensure parents with LD are not prevented from playing a full and informed part in the decision-making.
- > **Fair processes** - re G (Care: Challenge to Local Authority's Decision) 2003. Article 8 guarantees substantive and procedural rights. i.e. fairness at all stages of child protection before, during and after proceedings.

Case law published since 2016 continues to emphasise local authority's responsibility to provide support, for example *Cambridgeshire County Council v P*, 2016.

Taking *The Good Practice Guidance* forward: A framework for practice

Relationship-based practice

Where neglect is a concern, research emphasises the importance of an empowering and empathic relationship with parents who may lack a belief in self-efficacy, and experience themselves as powerless (Iwaniec, 2004; Jowitt, 2003; Turney and Tanner 2001). This may be particularly pertinent to parents with learning disabilities.

The ability of skilled practitioners to be *'in the relationship at the same time as working on the relationship'* (Turney and Tanner, 2001) may be particularly important in addressing critical issues around attachment and patterns of care. Relationship-building with parents must however be balanced with an *'eyes wide open'* awareness of the child or young person at the centre of concern.

'It can be extremely hard to balance the rights of a parent with the rights of a child, but when there is a conflict of interest the needs of the child must always come first.'

DfE (2012)

Strengths-based working

Approaches promoting a sense of self-efficacy within families alongside a considered awareness of areas of concern and risk. Many children's services organisations have adopted the Signs of Safety framework, which puts a premium on presenting information simply, clearly, and honestly, to ensure that parents are aware of concerns (danger statements) but also things that are going well. Family Group Conferences may be a way of identifying sources of support in the wider family network.

Effective communication

A key element of good practice is ensuring that all communication with parents is accessible. Written communication should be provided in *'easy read'* format and agencies should be mindful of this in preparing all standard documentation.

Working within the child's time frame

It is imperative that practitioners have a thorough understanding of children's developmental needs so that identified concerns are considered in relation to relevant time scales.

Advocacy - to support parental engagement and joint working

Parents have a legal right to participate fully in the child protection process (Article 6 *Human Rights Act 1998*). If the parent is struggling, all efforts should be made to ensure an advocate is available to secure this entitlement.

Advocacy is recognised as a key element of best practice when these parents are involved with child protection proceedings (DoH and DfES, 2007; McGhee and Hunter, 2011; Tarleton, 2013; Working Together with Parents Network, 2016):

- > Advocacy reduces the power imbalance between practitioners and parents with LD, supporting them to understand the child protection process and the concerns for their child/ren's welfare, and to participate by contributing their views (Booth, 1998; Tarleton et al, 2006; Ward and Tarleton, 2010; Tarleton, 2013).
- > Advocates support parents to understand reports and think about their response, accompany parents to meetings and provide ongoing emotional support, enabling other professionals to focus on their own roles.
- > Statutory guidance in this context provides that:
In circumstances where parents may not have the capacity to engage fully with the process, all efforts must be made, such as working in partnership with adult services, to secure appropriate advocacy to ensure that local authority actions are fully understood by parents.
DfE (2014)

Human rights case law requires steps to be taken to enable parents' 'full participation' in the process, not merely 'full understanding of local authority actions'.

Advocacy may be particularly important if care proceedings are being considered: Masson et al (2008) found that 12.5 per cent of the parents involved in care proceedings in England and Wales had 'learning difficulties' (though the term was not specifically defined).

Coordinated multiagency working

Regarded as vital to providing appropriate support for parents with LD (Aunos and Pachos, 2013; SCIE, 2006; Tarleton et al, 2006) and highlighted in the *Good Practice Guidance* and recent case law:

Good practice is promoted where there is clear agreement between Adult and Children's social care as to the circumstances in which single or joint assessments are required and who should take the lead.

Good Practice Guidance 1.2.5

At the heart of the problems in this case has been the division of the local authority's work between Adults' social services and Children's services... they did not work together or form a consistent view of the case.

Case S [2013] EWCA Civ 1073

There had been no referral to adult services and no input from social workers experienced in working with adults with care needs and who were 'not focusing simply on child protection issues, but are able to bring their knowledge and experience to bear on the case.

Medway v A & Others (*Learning Disability: Foster Placement*, 2015)

Joint protocols and care pathways should discuss issues such as: eligibility and referrals; roles, responsibilities and accountabilities; communication; joint training and development (DoH & DfES, 2007; SCIE, 2006; Tarleton et al, 2006; WTPN, 2016). Examples of joint protocols:

- > Suffolk - Accord:
www.suffolkscb.org.uk/assets/Working-with-Children/Policies-Guidance-and-Protocols/ACCORD/2016-02-03-The-ACCORD-Protocol-Principles-and-Guidance-v5.pdf
- > The Cornish - Working Together to Support Parents with a Learning Disability:
www.bristol.ac.uk/media-library/sites/sps/documents/JOINT%20AGENCY%20PROTOCOL%20FOR%20WTN%20-%20CONFERENCE.pdf

The 6 Ts (Turney and Tarleton, 2015)

These show in a simple format what staff need to be able to do (and the resources that need to be available) to work well with parents with LD. It summarises the necessary ingredients for meaningful relationship-based work and highlights the critical importance of provision that allows for purposeful longer-term and/or recurrent involvement to promote best outcomes for both children and parents (McGaw and Newman, 2005; SCIE, 2005; Tarleton et al, 2006).

Each element interacts to promote effective practice to address families' needs and children's wellbeing:

Time

Extra time is needed to get to know parents and communicate appropriately with them. Parents need more time to take on board information/new skills/knowledge).

Trust

Parents and practitioners need to trust each other for the support to be effective; time is needed to develop this trust.

Tenacity

Workers need to keep working on issues with parents over the longer-term, as necessary.

Truthfulness

Practitioners need to be honest with parents and be really clear what the issues are.

Transparency

Practitioners need to be really clear about what is happening, when and by whom.

Tailored response

Working with parents in a way that works for them.

This approach requires a 'broad spectrum' response to families' difficulties with support in a variety of forms - for example, practical, emotional, therapeutic - and involving a number of different practitioner inputs. Tailored packages of support, involving coordinated multi-professional working will need to be developed.

Valuing Parents Support Service: An example of successful support

Valuing Parents Support Service (VPSS) is a jointly funded venture between Adults' and Children's Services in Medway, England. It aims to provide holistic assessment, intervention and support to parents with learning disabilities with children under eight years of age while also identifying 'high risk' families where children should not be cared for by their parents. Workers:

- > build relationships with parents based on trust and respect
- > communicate with parents clearly and regularly and work with them at their own pace, often providing easy information about parenting tasks
- > support parents with everyday tasks such as shopping, paying bills, household organisation, safety and cleanliness, as well as specific teaching/role-modelling of parenting skills
- > support parents to access mainstream parenting groups
- > enable parents to engage with issues that impact on their ability to parent, such as poor housing, domestic violence and the grief of having previous children removed, by supporting them to access specialist services.

VPSS also provides advocacy support to parents where team members help parents to understand reports and accompany them to meetings and court. The team would have preferred the involvement of independent advocates.

If children have been removed from their parents' care, team members support parents to move on with their lives and, when appropriate, to remain in contact with their children through supported contact or the letter-box process (keeping in contact with an adopted child by post).

An evaluation by Tarleton et al (2012) using a Matching Needs and Services Audit (Dartington Social Research Unit, 1999) found that:

- > In comparison to parents being supported by the local authority assessment (AS) service the parents were multiply disadvantaged (over a third had been in care themselves) and 41 per cent had previously had children removed from their care (AS 12 per cent).
- > Despite this, it was considered that a similar number of their children's needs were more fully or partially met (87 per cent, AS 88 per cent).
- > A higher number of children's needs were considered to be fully met: 50 per cent (AS 29 per cent) when support was provided by the VPSS.
- > Nearly two thirds of the children in families supported by the VPSS were considered as not at risk of significant harm (AS 6 per cent) (Tarleton and Porter, 2012).

The qualitative evaluation showed that VPSS was regarded as 'vital' to child protection plans.

Parents were recognised as understanding the concerns about their children's welfare and engaging more positively with children's social workers. Child protection social workers noted they had 'discharged' (closed cases) early as they were confident in the service's ability to monitor and provide ongoing support to families and refer cases back to Children's Services if the need arose.

Parenting with support: What can commissioners and strategic managers do?

Research and practice suggest that, in many cases, the provision of appropriate support through time will enable parents with learning disabilities to parent their children safely and well. **Key messages to inform an effective framework for parenting with support:**

- > UK policy and case law provide the legal and moral imperatives to provide support to adults with learning difficulties in their parenting role to meet both children's and parents' identified needs.
- > Many difficulties parents with LD face could be ameliorated with positive support/attention to their poor socio-economic and social networks.
- > Systems need to recognise that the support needs of parents with LD are potentially long-term and/or recurrent as parents' learning disabilities/ difficulties do not go away. Services may need to be available on an 'as needed' and, where necessary, ongoing basis to ensure children receive the standard of care they need.
- > Effective relationship-based practice allows for the development of trust, which in turn provides the context within which honest - and sometimes difficult - conversations about parenting can take place, particularly if there are concerns about children's safety or wellbeing.

The '6 Ts' summarise the ingredients for meaningful relationship-based work and the importance of purposeful longer-term and/or recurrent involvement. To enable this kind of input, strategic managers and commissioners will need to factor in to their local authority plans, forecasts and budgets the *Time*, *Tenacity* (i.e. long-term approach) and *Tailored response* ingredients.

This will require consideration of how best to promote joined-up responses and effective joint commissioning. This is clearly a potential area of tension at a time when resources are increasingly scarce, but case law repeatedly holds that a statutory duty cannot be avoided on the basis of insufficient resources.¹

The benefits of joined-up working in terms of effective engagement of families and promoting better outcomes for children point very clearly to the need for coordinated responses. Scotland is leading the way with the development of Supported Parenting services (SCLD - 2015, 2016, 2017).

¹ For example, see *Re T (Children: Care Proceedings: Serious Allegations Not Proved)* [2012] UKSC 36 which noted that 'The local authority's hard-pressed resources could not release it from its clear statutory duty.'

The Scottish response:

'Supported parenting' is based on the same principles as the English *Good Practice Guidance*, recognising that support should be provided from an early stage, may need to be ongoing and is best provided in their own extended families and communities. Support should be respectful of parents and their bond with their children. Parents should be seen as a resource, be supported to develop their skills and to feel in control (SCLD, 2015).

Parenting projects piloted in Scotland in 2017 included:

- > Peer Support.
- > Parenting support and capacity building at home.
- > Mellow Futures Toddlers (adapted parenting programme for parents with learning difficulties focusing on the toddler years).
- > Knowledge exchange between partners in the Fife Care Pathway for mothers and fathers during pregnancy and shortly after.
- > Relationship counselling.

Scottish Commission for Learning Disability (SCLD) provides details of the projects - including how they were run, their impacts, how they could be improved and the costs of providing these services (SCLD, 2017).

www.sclld.org.uk/wp-content/uploads/2017/08/PARENTING-GUIDE-FOR-WEB.pdf

Preliminary cost-benefit analyses of support for parents with learning difficulties (Bauer, 2015) indicate that the expected return on investment, per £1 spent, resulted in a short-term return of £1.80 to £3 to the government and that there was the possibility of long-term savings.

The services considered in this study included advocacy, Shared Lives (when a parent/s and their child live with a carer) and intensive family interventions including VPSS and Mellow Futures, an adapted attachment-based parenting programme (Tarleton and Turner, 2016). All of these services worked on principles of ongoing supportive relationships between parents and practitioners that inform, educate and empower parents to meet their children's needs or engage with support to ensure the best outcomes for children.

In developing provision for working with parents with LD where there are concerns about neglect, commissioners and strategic managers need to consider the following:

- > Lack of pooled budgets can create tensions between adult and children's services. For example, deciding whose responsibility it is to provide an independent advocate 1) for a *Care Act* eligibility assessment regarding support to parent and 2) to enable full participation in the child in need/ child protection process, as required by law, may be harder to resolve without a shared approach to commissioning and resourcing services.

There are no restrictions on local authority adult and children's services pooling resources, and local authorities may also pool resources with 'relevant partners' such as District Councils under section 10 of the *Children Act 2004* (see also the *Good Practice Guidance*, 2016).

- > It is critical that all those working with parents with LD in mainstream services have access to basic information about different services and are able to signpost families to the appropriate resources (Cleaver and Nicholson, 2008; Goodringe, 2000; Tarleton et al, 2006; Strnadová, 2017).
- > Mainstream practitioners may have little experience of working with parents with LD and may need support from LD practice specialists and/or in using specialist assessments. Existing frameworks for effective joint working, such as the Suffolk Accord, provide a template to draw on.
- > Lack of access to family support services can lead to a 'revolving door' for families to Child Protection teams. To address this, it is important that potentially vulnerable families are identified early (for example, at the point that maternity services are first involved) so family strengths and needs can be identified.

Family support has been particularly hard hit by budget restrictions, but it is practically and ethically imperative that parents with LD have access to a range of 'everyday' and specialist support services, to reduce the need for statutory interventions.

- > Lack of clarity and consistency amongst different professionals involved with a family as to what constitutes good parenting (Tarleton et al, 2006) is an issue that applies more widely than just to this group of parents, and is a particular challenge when working with neglect. A focus on working together to develop clear, inter-professional understandings and to promote effective information-sharing will be key to successful assessment and intervention.
- > It should be a priority for local authorities to ensure that all their communications are provided in accessible format. There may still be a need for practitioners to adapt particular documents to suit the needs of individual parents and they may need advice and support to do so. A resource bank for different practitioners to draw on can be useful.
- > Use of IQ testing is still common and can be inappropriately used as a proxy for parenting ability (where low IQ is assumed to equate to lack of parenting ability). To address this, it is important that staff understand when specialist assessment is required and that there is expertise within the agency to undertake this work. The *Parent Assessment Manual* (McGaw, 2009) is the most commonly used specialist assessment.

Conclusion

Policy and legal frameworks already exist to ensure fair and effective processes for parents with learning disabilities and their children. However, system change may be necessary to ensure that these families receive the input they need as provision is typically offered on a short-term basis and re-referral at a later stage may be viewed (in some cases unfairly or incorrectly) as evidence of 'failure' of previous involvement.

Apart from the significant human and social cost that follows from family breakdown, where this can be linked to a lack of adequate support, local authorities are exposed to the risk of proceedings for breach of families' human rights and consequent awards for damages. This is avoidable.

Where longer-term support is provided on an 'as needed' basis, positive and effective working relationships can be established between practitioners and parents, and these can become the vehicle for promoting the safety and wellbeing of vulnerable children of vulnerable parents.

Appendix 1: Policy and Legal Framework for Supporting Parents with Learning Disabilities

Policy and legal context entitles adults with learning disabilities to support in their role as parents.

United Nations Conventions

- > The Rights of Children – article 18:
States shall render appropriate assistance to parents in the performance of their child-rearing responsibilities.
- > 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 (incorporating the European Convention on Human Rights)

- > Article 6: Right to a fair trial (includes full participation in family proceedings and the formal processes leading to court proceedings).
- > Article 8: Right to a family life.
- > Article 14: Right not to be discriminated against.

Equality Act 2010

- > Section 149: Public Sector Equality Duty to eliminate discrimination and actively promote equality of opportunity.
- > Section 20: Duty to make ‘reasonable adjustments’.

Children Act 1989

A key principle of the *Children Act 1989* is that children should usually be brought up in their own family. This is clearly stated in Section 17 (1):

It shall be the general duty of every local authority [...]

- > *to safeguard and promote the welfare of children within their area who are in need; and*
- > *so far as is consistent with that duty, to promote the upbringing of such children by their families by providing a range and level of services appropriate to those children's needs.*

Section 17 (10) defines the criteria for identifying a child as 'in need', as follows:

(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 under this Part;

(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 .

The *Children Act 1989* sets out the expectation on local authorities to support families by offering a range of services appropriate to the child's needs. The Act assumes that services are best delivered working in partnership with parents and emphasises the need to identify and work with the wishes and feelings of parents and child(ren).

Children and Families Act 2014 (Extracts from s.13 and 14)

Section 13 - Control of expert evidence, and of assessments, in children proceedings:

- (1) A person may not without the permission of the court instruct a person to provide expert evidence for use in children proceedings.
- (6) The court may give permission as mentioned in subsection (1), (3) or (5) only if the court is of the opinion that the expert evidence is necessary to assist the court to resolve the proceedings justly.
- (7) When deciding whether to give permission as mentioned in subsection (1), (3) or (5) the court is to have regard in particular to:
 - (a) any impact which giving permission would be likely to have on the welfare of the children concerned ...
 - (b) the issues to which the expert evidence would relate
 - (c) the questions which the court would require the expert to answer
 - (d) what other expert evidence is available (whether obtained before or after the start of proceedings)
 - (e) whether evidence could be given by another person on the matters on which the expert would give evidence
 - (f) the impact which giving permission would be likely to have on the timetable for, and duration and conduct of, the proceedings
 - (g) the cost of the expert evidence
 - (h) any matters prescribed by Family Procedure Rules.

(References in this section to providing expert evidence, or to putting expert evidence before a court, do not include references to the provision or giving of evidence by a person who is a member of the staff of a local authority in proceedings to which the authority is a party, in the course of the person's work for the authority or authorised applicant.)

Section 14 Care, supervision and other family proceedings - time limits and timetables:

- (1) The *Children Act 1989* is amended as follows.
- (2) In section 32(1)(a) (timetable for dealing with application for care or supervision order) for 'disposing of the application without delay; and' substitute 'disposing of the application -
 - (i) without delay, and
 - (ii) in any event within twenty-six weeks beginning with the day on which the application was issued; and

(3) In section 32 (care and supervision orders) after subsection (2)

'A court, when drawing up a timetable under subsection (1)(a), must in particular have regard to -

(a) the impact which the timetable would have on the welfare of the child to whom the application relates; and

(b) the impact which the timetable would have on the conduct of the proceedings.

(4) A court, when revising a timetable drawn up under subsection (1)(a) or when making any decision which may give rise to a need to revise such a timetable (which does not include a decision under subsection (5)), must in particular have regard to -

(a) the impact which any revision would have on the welfare of the child to whom the application relates; and

(b) the impact which any revision would have on the duration and conduct of the proceedings.

(5) A court in which an application under this Part is proceeding may extend the period that is for the time being allowed under subsection (1)(a)(ii) in the case of the application, but may do so only if the court considers that the extension is necessary to enable the court to resolve the proceedings justly.

(6) When deciding whether to grant an extension under subsection (5), a court must in particular have regard to -

(a) the impact which any ensuing timetable revision would have on the welfare of the child to whom the application relates, and

(b) the impact which any ensuing timetable revision would have on the duration and conduct of the proceedings;

and here 'ensuing timetable revision' means any revision, of the timetable under subsection (1)(a) for the proceedings, which the court considers may ensue from the extension.

(7) When deciding whether to grant an extension under subsection (5), a court is to take account of the following guidance: extensions are not to be granted routinely and are to be seen as requiring specific justification.

(8) Each separate extension under subsection (5) is to end no more than eight weeks after the later of -

(a) the end of the period being extended; and

(b) the end of the day on which the extension is granted.

Care Act 2014: Eligibility Regulations and Care and Support Statutory Guidance

Part 1 of the Act sets out the local authority's statutory responsibility for promoting individual wellbeing, ensuring early intervention and preventing needs for care and support.

The outcomes to be achieved, as set out in Care and Support (Eligibility Criteria) Regulations 2015, include a variety of tasks central to parenting such as maintaining a habitable home environment; developing and maintaining family or other personal relationships; carrying out any caring responsibilities the adult has for a child.

An adult's needs meet the eligibility criteria if (amongst other factors) the adult's needs arise from or are related to mental impairment (Reg. 2(1)(a)) – clearly, this definition covers learning difficulties as well as diagnosed learning disabilities.

- > Section 4 of the Act requires local authority to provide information regarding services available. Section 6(4) requires local authority to make arrangements for ensuring cooperation between adult services and children's services.
- > Sections 6 and 7 of the *Care Act 2014* impose a duty of cooperation. See, for example s6(4)(a) and (c) (adults and children).
- > Section 6(4) A local authority must make arrangements for ensuring cooperation between:
 - (a) the officers of the authority who exercise the authority's functions relating to adults with needs for care and support or its functions relating to carers
 - (b) the officers of the authority who exercise the authority's functions relating to housing (in so far as the exercise of those functions is relevant to functions referred to in paragraph (a))
 - (c) the Director of Children's Services at the authority (in so far as the exercise of functions by that officer is relevant to the functions referred to in paragraph (a)), and
 - (d) the authority's director of public health (see section 73A of the *National Health Service Act 2006*).
- > Section 67 requires local authority to provide an independent advocate to facilitate an individual's involvement, where the relevant criteria are met.
- > Statutory Guidance Chapter 2 - effective intervention at the right time can stop needs from escalating.
- > Statutory Guidance Chapter 6 - even if a person has needs that aren't eligible at that time, the local authority must consider providing information and advice or '*other preventative services*'.

Appendix 2: Basic audit of policies and practices in relation to parents with learning disabilities for commissioners and strategic managers

UN Conventions:

- > As a local authority - what is the 'appropriate assistance' that you provide to parents with learning disabilities in accordance with the UN Conventions?

What steps are you taking to ensure you are fulfilling your duties under:

- > The *Care Act 2014* - wellbeing / preventative / advocacy / outcomes / cooperation?
- > The *Human Rights Act 1998* - Articles 6, 8, 14?
- > The *Equality Act 2010* - s. 20 reasonable adjustments / s.149 Public Sector Equality Duty?
- > The *Children Act 1989* - s.17(3)?

Good Practice Guidance on working with parents with a learning disability (2016):

- > How are the 5 key principles of the Good Practice Guidance incorporated in your policies and practices:
 - Accessible information and communication?
 - Clear and coordinated referral and assessment processes and eligibility criteria?
 - Support designed to meet the needs of parents and children based on assessment of their needs and strengths?
 - Long-term support, if necessary?
 - Access to independent advocacy?

Joint working:

- > What systems are in place to ensure effective joint working between adults' and children's services?

Budgets:

- > Which budget pays for an advocate to assist parents with LD, where there are concerns for the children?
- > Are budgets pooled to promote a more integrated approach to commissioning, eligibility and care planning, service provision, and to prevent parents with LD falling between adults' and children's services?
- > Does the local authority know what its current and future needs are concerning parents with LD?
- > What support, preparation or training is available for people with LD who are thinking of becoming parents?
- > Has the local authority conducted an audit of current service provision covering universal as well as specialist services, to meet its statutory duties under the *Care Act 2014* and *Equality Act 2010*?

Expertise:

- > What training, skills and knowledge do your *Care Act* assessors have in relation to assessing people with LD and, in particular, parents with LD?
- > What training, skills and knowledge do your children's services social workers have in relation to working with parents with LD? In particular, those social workers who are likely to be giving evidence in court in cases involving parents with LD.
- > Do you have specialised foster placements available for parents with LD? If not, what is your policy for ensuring appropriate placements in such cases?

The Care Act 2014:

- > What preventative services are available to help prevent, delay or reduce the development of the care and support needs of parents with LD, as required by s.2?
- > What systems are in place to meet the local authority's duty to ensure cooperation between, for example, adults' and children's services, as required by s.6 and 7?

The Equality Act 2010 – Public Sector Equality Duty s.149:

- > What steps have you taken to meet your duty under s.149, in relation to parents with LD?

The Human Rights Act 1998:

- > How do you ensure that parents with LD are able to participate fully in proceedings that interfere with their rights to a private and family life?

General duties under the law of tort:

- > Has the local authority taken all reasonable steps to meet its duty to prevent 'foreseeable harm'?

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