

Revised draft 12th April 2011

**CAMBRIDGESHIRE LEARNING DISABILITY PARTNERSHIP (LDP)
AND
CHILDREN AND YOUNG PEOPLE'S SOCIAL CARE**

**PROTOCOL TO SAFEGUARD THE WELFARE OF CHILDREN AT RISK WHEN THEY ARE
RESIDING WITH A PARENT(S) OR CARER(S) WITH A LEARNING DISABILITY.**

1.0 PURPOSE

1.1 To describe arrangements between Children and Young People's Services and the Learning Disability Partnership (LDP) when:

a) A child identified as being at risk is residing with parent(s) or carer(s) who are thought to have a learning disability.

and/or

b) There is a query regarding the impact of a parent (s) or carer (s) learning disability on their ability to parent including responding to the child's mental health, emotional and physical well being.

and/or

c) It is unclear if the parent(s) needs meet Learning Disability Partnership's Access and eligibility criteria.

1.2 This protocol sets out:

- The referral pathway
- The criteria and definitions
- The role of the Learning Disability Partnership

1.3 This protocol is underpinned by Cambridgeshire County Council's comprehensive policy and documents guidance (available on the intranet) as follows:

- Enabling Disabled Adults to Fulfil Parenting Roles
- Supporting Parents with a Disability Com Care 4.5
- Young Carers Protocol
- The Framework for the Assessment of Children in Need and their Families
- Every Child Matters

This protocol does not replace this guidance but seeks to clarify the role of LDP professionals in establishing the presence and possible impact of learning disability issues on the parent(s) rights and responsibility as a parent, independence and capacity.

2.0 BACKGROUND

- 2.1 Adult and Social care legislation recognise that no single agency can meet all the needs arising in families where there are disabled/ill parents and there is a duty of all health and social care professionals to adhere to systems that safeguard children. A detailed framework can be found in the Council's policy and practice guidance (see 1.3) and in the Department of Health's (DH) Good Practice guidance on working with parents with a learning disability.
- 2.2 The Council's policies set out procedures and joint responsibilities between Children and Young People's Services and the Adult Social Care services, including the LDP when the parent(s) or carer(s) of a child meets Adult Social Care Fair Access to Care criteria.

2.3 **Definitions**

- 2.3.1 The Department of Health defines a learning disability as
"A state of arrested or incomplete development of mind that includes significant impairment of intelligence and social functioning".

A **learning disability** is indicated when the person has:

- A significantly reduced ability to understand new or complex information and learn new skills (impaired cognitive functioning: generally taken to mean an IQ below 70) with;
- A reduced ability to cope independently (impaired adaptive/social functioning);
- This started in childhood, with a lasting effect on development.

All three factors have to be in place together. Other reasons for impaired cognitive and adaptive/social functioning must be excluded, such as mental illness, brain injury, lack of opportunity for learning or abusive environments.

- 2.3.2 **Learning difficulty** describes a range of difficulties in specific areas such as reading, writing, language or memory that can lead to special educational needs, where as learning disability is indicated by more global delay across the board. This protocol only relates to parent(s) or carer(s) who have a learning disability.

- 2.4 Joint policies on the sharing and exchange of information between agencies apply in all cases.

3.0 **REFERRAL ROUTES**

- 3.1 A referral to the LDP via the contact centre may occur where the Children and Young People's Service:

- Identify a child is at risk and there is a query as to whether the parent/carer may have a learning disability and therefore access and eligibility to services is unclear.
- Have concerns about the impact of a learning disability on a parent(s) / Carer(s) ability to adequately parent their child including the ability to keep them safe from harm.

3.2 **Time scales**

- 3.2.1 Where a request for assessment is made, the LDP Team Manager will ensure an appropriate response is made in line with the inter-agency child protection and child in need procedures

The LDP Team Manager will ensure that any request for assessment where a child is considered 'at risk' or 'in need' will be given the highest priority

The Team Manager will determine which; of several disciplines will be allocated the case

- 3.2.2 The LDP will subsequently within **7 working days** complete an Access Assessment to determine whether:
- the person has a learning disability
 - is eligible and has a need for support from the LDP
 - and communicate the outcomes to referrers
- 3.2.3 Core assessments for children need to be completed in 35 working days. The LDP assessment of the parent(s) or carer(s) needs will contribute to this core assessment and is therefore expected to adhere to the 35 day timescale, for the group to whom this protocol applies. All recording protocols apply.
- 3.3 On receiving the referral, the LDP may ask the referrer to complete a 'Request for Support' form to gather further information before proceeding with an assessment. The Request for Support form requires:
- a) The immediate risk to the child
 - b) the background of the parent
 - c) why a learning difficulty or disability is suspected
 - d) the kind of support being requested
- 3.4 If the referral and Request for Support form indicates the possibility of a learning disability, the LDP will initiate the Access and Eligibility Assessment process. If on the basis of this information it is clear that the person does not have a learning disability then the referrer within CYPS should be contacted immediately informing them of this and the basis on which the decision has been made.

4.0 ASSESSMENT PROCESS

- 4.1 The assessment process involves as many contact visits as necessary to; complete a health and social care contact assessment (SAP) to:
- establish level of need;
 - gather more information on background and developmental history;
 - perform a screening for impairment of cognitive functioning;
 - to get a full picture of the parents' everyday skills and ability to respond to the child's mental emotional and physical wellbeing;
- 4.2 If the initial screening for cognitive impairment does not clearly indicate whether someone has a learning disability, the LDP will need to carry out more formal assessment in the areas of cognitive and adaptive/social functioning. At this stage the initial findings will be provided to the referrer within the 7 working day response time however this more detailed assessment will take longer but will give more accurate information. Recording protocols will be followed.
- 4.3 If the contact assessment identifies the parent as someone who meets LDP criteria for Specialist Health intervention (access criteria) and/or Adult social care (FACS criteria) the relevant procedures and policies will apply (see relevant guidance as listed at 1.3).

- 4.4 Where a learning disability has been identified in the parent/carer:
- A referral for an independent advocate will be offered at an early stage. Parents will benefit from this support during the CYPS and LDP assessment processes
 - Specific pieces of work can be undertaken by Health professionals in the LDP Team.
 - Where the parent is assessed as also meeting FACS criteria they will also receive support from Care managers in the LDP.
- 4.5 If the parent does not have a learning disability feedback will include suggestions that the Children's teams may find helpful in supporting the parents. These suggestions may include:
- Referral to appropriate services i.e. Advocacy Service, Mental Health or Substance Abuse Services
 - Advice about how best to work with the parent on the basis of the assessment findings.
- 4.6 Parameters
- The LDP will keep to the time limits required by the inter-agency child protection procedures.
 - Recording protocols will be followed.
 - Workers who feel that a particular situation is drawing them into work beyond their competence must raise the matter immediately with their line manager, clinical supervisor, or specialist supervisor from a child protection background.
- 4.10 Should any issue of concern regarding the safety and wellbeing of the child come to light during therapeutic interventions It is the responsibility of the employee to make an immediate referral to the Child Protection service.

5.0 Review

- 5.1 LDP service will be involved in the required reviewing process.

6.0 Arbitration

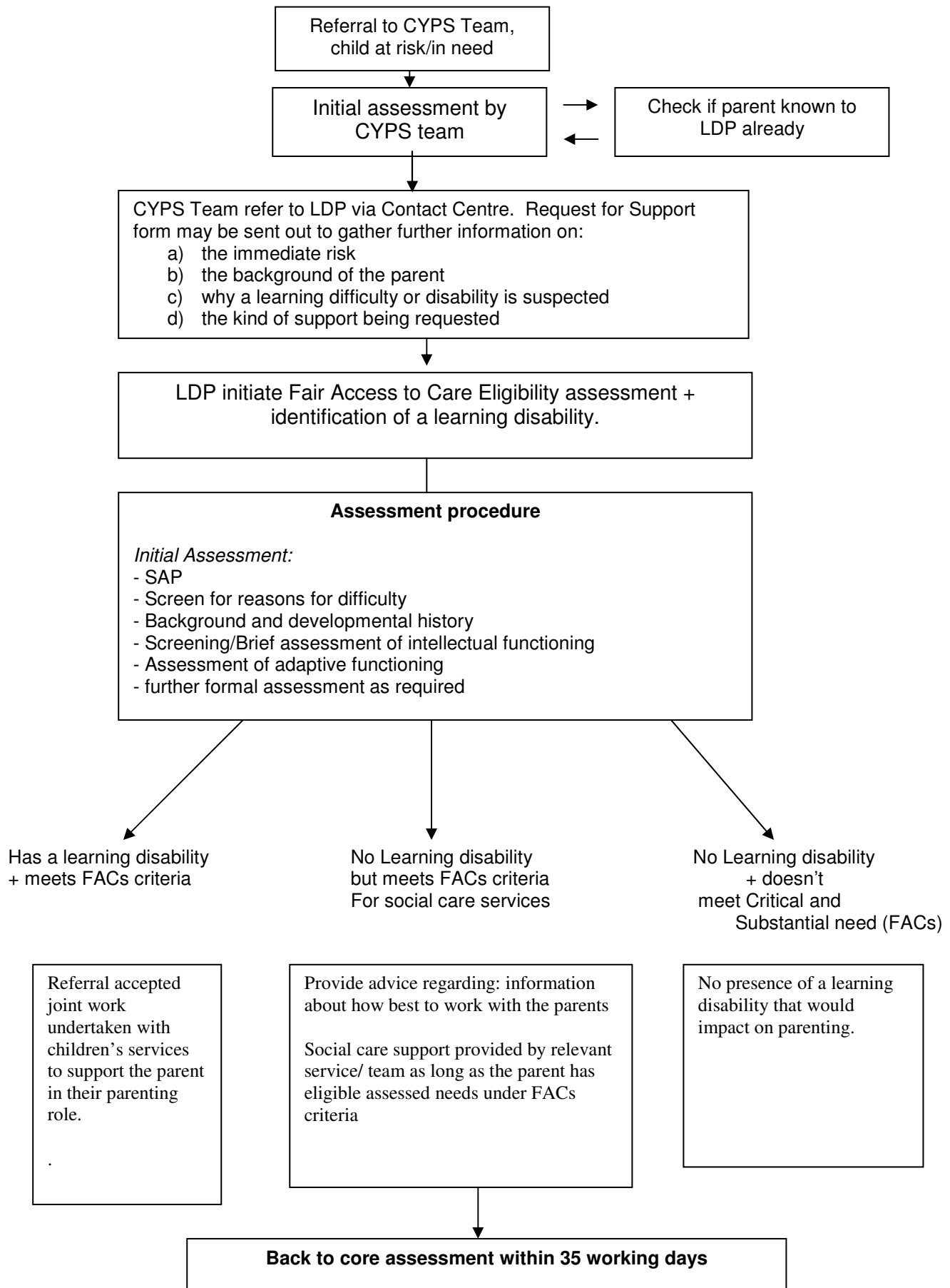
- 6.1 Any difficulties in implementing this protocol should be brought to the attention of the relevant senior managers who are responsible for convening the required 'Escalation Panel' membership to reflect CCC requirements.

7.0 Training

7.1 All LDP staff will attend 'An introduction to Child Protection' training.

7.2 Children and Young People's services staff will attend 'An introduction to Working with Parents with Learning Disabilities' training.

Flowchart showing how protocol works



Signatures

Signed on Behalf of the LDP

Name

Job Title

Signed on behalf of children and Young People's Services

Name

Job Title