

CAMBRIDGESHIRE LEARNING DISABILITY PARTNERSHIP 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's Social Care (CSC) 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 criteria and definitions
- The referral pathway
- The role of the LDP in the assessment process

1.3 This protocol is underpinned by Cambridgeshire County Council's and Cambridge and Peterborough Foundation Trust local practises and policies and national health and social legislation as follows:

- Care Act (2014)
- Children Act (1989)
- Enabling Disabled Adults to Fulfil Parenting Roles
- Every Child Matters
- Good Practice Guidance on Working with Parents with a Learning Disability
- Supporting Parents with a Disability Com Care 4.5
- Safeguarding Children Handbook
- Safeguarding Children who have a Parent or Carer with a Mental Health Problem.
- The Framework for the Assessment of Children in Need and their Families
- Transforming Lives
- Valuing People
- Working Together (2015)
- Young Carers Protocol

This protocol seeks to clarify the role of LDP and CSC 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 recognises that no single agency can meet all the needs arising in families where there are disabled/ill parents. **It is the responsibility of all health and social care professionals to keep children safe and to adhere to the local safeguarding principles and processes.** A detailed framework can be found in the Council's policy and practice guidance (see 1.3) and in the Department of Health's (DoH) Good Practice guidance on working with parents with a learning disability.

2.2 The Council's policies set out procedures and joint responsibilities between CSC and the Adult Social Care services, including the LDP when the parent(s) or carer(s) of a child meets eligibility criteria under the Care Act (2014).

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.

2.3.3 **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 PATHWAY

3.1 A referral to the LDP via the Contact Centre/First Response Emergency Duty team (FREDt) or Children's Social Care Unit may occur where an involved professional or member of the public:

- Identifies 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 and

- Has 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 by LDP 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 **20 working days or prior to child protection conference or agreed initial MAPSA (Multi Agency Parenting Skills Assessment) meeting**, complete an assessment of their cognitive/adaptive functioning to determine whether:

- the person has or is likely to have a learning disability, based on their strengths, skills and functioning.
- is eligible and has a need for support from the LDP, whether that be around information and advice, short term intervention or an ongoing need for statutory support.

3.2.3 The CSC Single Assessment for children in need and their families needs to be completed in 35 working days (this period may be extended to 45 days only in exceptional circumstances). The LDP assessment of the parent(s) or carer(s) needs will contribute to this assessment and is therefore expected to adhere to the 35 day timescale. All recording protocols apply.

3.3 At the point of referral to the LDP it will be screened to establish if a person is already known to services or if Access needs to be determined. If on the basis of this screening it is clear that the person does not have a learning disability then the referrer within CSC should be contacted immediately informing them of this and the basis on which the decision has been made.

4.0 LDP ASSESSMENT PROCESS

4.1 The assessment process involves as many contact visits as necessary to; complete a health and social care assessment 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 These assessment visits may include a representative from CSC or other agency as indicated and agreed with CSC.

- 4.3 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.
- 4.4 If the assessment identifies the parent as someone who meets LDP criteria for specialist health intervention (Access criteria) and/or Adult social care (Eligibility criteria under the Care Act 2014) the relevant procedures and policies will apply.
- 4.5 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 CSC and LDP assessment processes and is required under certain circumstances under the Care Act (2014)
 - Specific pieces of work can be undertaken by health professionals in the LDP Team. This also includes facilitating access to mainstream services.
 - Social care support will be provided in accordance with the Transforming Lives agenda.
- 4.6 If the parent does not have a learning disability feedback will include suggestions (based on assessments and information gathered) that the CSC and other agencies 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.
 - Offering information and advice or signposting to community support/services.
- 4.7 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.
- 4.7 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 raise this with their safeguarding lead and ensure it is immediately passed to CSC via the Contact Centre.
- 5.0 Review**
- 5.1 LDP / CSC services will be involved in the required reviewing process.

6.0 Arbitration

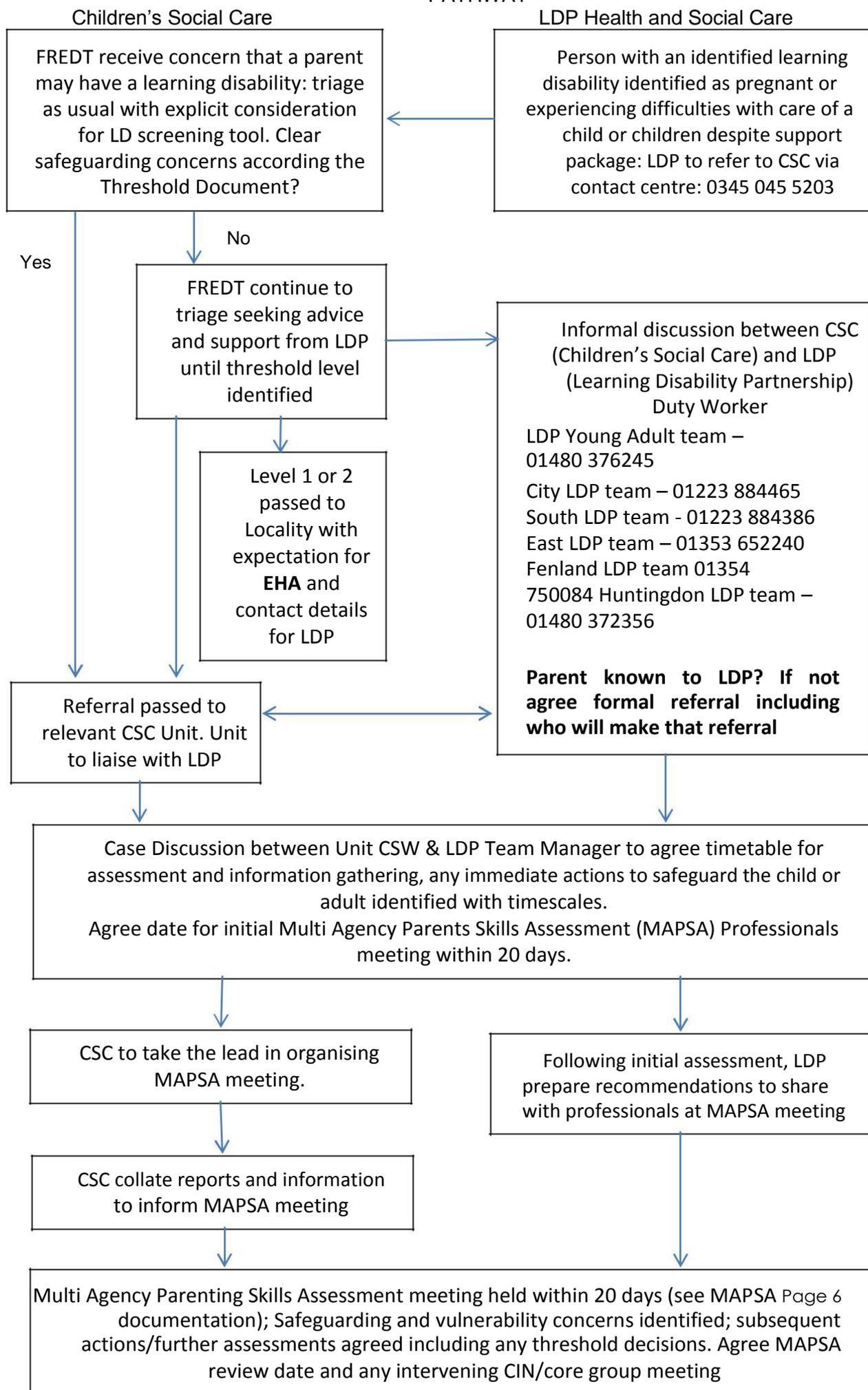
- 6.1 Any difficulties in implementing this protocol should be brought to the attention of the relevant senior managers who are responsible for convening the required 'Escalation Panel' membership to reflect CCC requirements.

7.0 Training

7.1 All LDP staff will complete and keep up to date with mandatory safeguarding adult and children training.

7.2 All CSC staff working directly with families will attend relevant basic training such as 'An introduction to Working with Parents with Learning Disabilities' and additional and further training commensurate with their role and responsibilities.

PATHWAY



Signatures

Signed on Behalf of the LDP

Name

Job Title

Signed on behalf of CSC.....

Name

Job Title

October 2015