**Parenting Capacity & Learning Disabilities**

1. Learning disabilities or learning difficulties?

Many people who have the label ‘learning disability’ have said they prefer to be called ‘people with learning difficulties’. They use this term to mean “people who since they were a child had a real difficulty in learning many things. We do not mean people who just have a specific difficulty in learning, for example, people who only have difficulty with reading which is sometimes called dyslexia” (Emerson et al, 2005).

One of the objections that people have to the term ‘learning disability’ is that it can be taken to mean that they are not able to learn. Such an assumption has particular implications for parents who may be facing a situation of having to prove that they can look after their children.

On the other hand, the term ‘learning disabilities’ is used within the statutory framework for social care support while the term ‘learning difficulties’ is used within the special educational needs statutory framework, and the two definitions are not the same. Indeed, it is clear that when people self-define themselves as ‘people with learning difficulties’ they mean people who, within the statutory framework, would be referred to as ‘people with learning disabilities’.

This practice guidance is about helping practitioners to promote good practice in fulfilling their statutory responsibilities in terms of both supporting parents and safeguarding and promoting children’s welfare. Therefore it is more appropriate to use the term ‘parents with learning disabilities’ because this is the term that is used within the legislation and statutory guidance.

However, practitioners will want to be sensitive to how people define and describe themselves and to use language that parents are comfortable with in their contact with them (Good Practice Guidance on working with parents with a learning disability, 2016 update).

In the context of parenting, it is more helpful to identify support needs associated with learning disability than to take a rigid approach to the definition of learning disability. Parents with learning disabilities may have support needs associated with impairment, but they may also have support needs associated with other factors such as poor health or inadequate housing.

All agencies must recognise that their primary duty is to ensure the promotion of the child's welfare, including their protection from any risk of harm.

1. Key considerations:

* 40% of children born to parents with learning disabilities live away from the family home.
* Parents with a learning disability are overrepresented in the court arena, often without adequate support to explain the court process.
* Communication is often a key barrier to successful engagement with services.

Learning disabled parents may need support to develop the understanding, resources, skills and experience to meet the needs of their children.

Such support is particularly necessary where the parent/s experience the additional stressors of:

* Social exclusion;
* Having a disabled child
* Experiencing domestic abuse
* Having poor mental health
* Having substance misuse problems
* Having grown up in care

In most cases it is these additional stressors, when combined with a parent's learning disability, that are most likely to lead to concerns about the care their children may receive. If a parent with learning difficulties appears to have difficulty meeting their children's needs, a referral should be made to Local Authority children's social care, who have a responsibility to assess the child's needs and offer supportive and protective services as appropriate.

In addition, the following factors may contribute to a child having suffered, or being more likely to suffer, significant harm:

* Children of parents with learning disabilities are at increased risk from inherited learning disability and more vulnerable to psychiatric disorders and behavioural problems, including alcohol / substance misuse and self- harming behaviour;
* Children having caring responsibilities inappropriate to their years placed upon them, including looking after siblings
* Neglect leading to impaired growth and development, physical ill health or problems in terms of being out of parental control;
* Mothers with learning disabilities may be targets for men who wish to gain access to children for the purpose of sexually abusing them.

1. Recommendations for Practice:

* Timely commencement of assessments, starting as soon as pregnancy has been confirmed, and prior to 20 weeks. This ensures best practice in terms of compliance with the Care Act/Equality Act and providing reasonable adjustments. Any assessment and referral pathway should including engagement with:
  + Children’s services
  + Adult services
  + Community health learning disability services
  + Advocacy
* LA children's social care, vulnerable adult's services and other agency services must undertake a multi-disciplinary assessment using the Assessment Framework, including specialist learning disability and other assessments, to determine whether or not parents with learning disabilities require support to enable them to care for their children. Such assessment will also assist in considering whether the level of learning disability is such that it may impair the health or development of the child for an adult with learning disabilities to be the primary carer.
* A Parental Assessment Manual (PAMS) should commence as soon as a pregnancy is known, with a real emphasis placed on providing the required support necessary to develop parental capacity. The assessment is designed to identify development needs, and then implement support to help the parent/s develop the necessary skills required to offer ‘good enough’ parenting. Local policy/procedure/pathway with clear practice guidance is required to ensure there is an understanding of the purpose of the PAMS, and why it was developed to assist assessment.

 

* Group education combined with home-based support increases parenting capacity. Supported parenting should include:
* Accessible information;
* Advocacy;
* Peer support;
* Multi-agency and multi-disciplinary re/assessments
* Long-term home-based and other support.
* An adequate parenting programme should be developed and implemented which encompasses the needs of the parent/s, (such as the mellow futures parenting programme; <https://www.mellowparenting.org/our-programmes/mellow-futures/>) *Solihull ‘From Bump to 12 months’ online course. Solihull ‘Understanding Your Child’s Behaviour,0-18 years’. ‘Stepping Stones’ part of the Triple P suite of courses. BABs (Building bonds)*
* Multiagency training programme to improve the knowledge of practitioners focussing on individual need in order to prevent pre-conceived ideas regarding parental ability, and discrimination towards the individual or ‘groups’. Training should include exploration and understanding of professional roles (children’s services, adult’s services, health colleagues) to support the multiagency approach to assessment

1. Case Study: ‘guidance, practice and the lived experience’

Clare has a diagnosis of mild learning disabilities. Clare is currently 12 weeks pregnant with her first child, and concerns have been raised regarding her ability to provide care to her child once born. Professionals have reported that Clare does not appear to understand their concerns, or the impact that her lack of understanding will have on her baby. Clare does not have a partner to support her, but her family are very supportive and are willing to offer support once the baby is born. Clare is concerned that professionals are involved as her friend ‘lost’ her children because of her learning disability.

Children’s social care became involved with Clare and started their assessment immediately rather than waiting until she was 20 weeks pregnant. There was an acknowledgement that to remain complaint with the Equality Act 2010, reasonable adjustments needed to be made. Commencing assessment early meant that more time could be given to Clare to maximise her understanding. A referral was made to adult social care for a Care Act 2014 assessment to be completed; this would identify Clare’s support needs, if any. A referral was made to community health learning disabilities team, and a speech and language assessment commenced. After assessment, the speech and language report identified that Clare’s level of understanding of complex language was limited, and whilst she would say she had understood, this was not the case and she utilised learnt responses. However, when it was recommended that professions used visual aids and simple sentence structure, as well as asking her to repeat what had been said to her, she was able to develop knowledge and skills which would support her in her parenting role. Clare’s Care Act Assessment identified two eligible needs areas: support to manage her daily budget, and support to prepare daily meals.

A meeting was held with Clare, her family, and all professionals, and it was decided that Clare required a PAMS assessment and would benefit from attending a parenting programme. Starting a PAMS assessment provided an evidence-based breakdown of parenting capacity and ability, with a view of providing support to develop identified skill deficits. Following the outcome of the PAMS, Clare required support with developing her cooking skills and managing household chores. She also required some support with how and when to feed her baby. Adult social care was able to source support to develop Clare’s cooking skills and managing daily routines. Children’s social care was able to implement support looking at meeting the baby’s needs. Clare also engaged with a parenting programme.  
Following intervention, professional concerns were reduced as Clare was able to demonstrate what she had learnt, and that her new skills would meet her baby’s needs, as well as her own. Family would still offer some support, and a minimal package of support was provided from adult social care.

Clare gave birth to a baby girl, and she was able to demonstrate her ability to parent. Clare’s case was closed by children and adult social work teams, leaving her with informal family support and 5 hours per week support, used on a flexible basis, to continue Clare’s development, which would be reviewed as she progressed.

Upon evaluation, a number of key factors can be identified as contributing to the positive outcome:

* **Early commencement of assessments** – this allowed additional time for Clare to be fully involved in her assessments. Reasonable adjustments were able to be made as time allowed this. Information was delivered in sizable amounts to facilitate Clare’s understanding, more frequency of assessments sessions, and the use of visual aids were used to support the assessments.
* **Early referrals to other disciplines** – early assessments recognised the need for input from health and adult social care. Early referrals allowed services to conduct their assessments in time for meaningful input regarding Clare’s ability. This is specifically highlighted in the outcome of her speech and language report.
* **Professional compliance with the speech and language report** – the speech and language report discussed Clare’s methods of communication as well as her level of understanding. Whilst concerns had been raised that Clare was unable to recognise the concerns of professionals, by delivering information in a format that was appropriate for Clare maximised her involvement in the assessment process, and facilitated her learning. These evidenced that she could learn new things and develop her skills and knowledge.
* **Adaptation of parenting programme** – Clare was able to attend a parenting programme, however the facilitator was made aware of her communication style. This allowed for reasonable adjustment to be made, and Clare was able to fully engage in the programme.
* **Agencies working together to develop an holistic view of support needs** – this allowed the development of targeted support, adapted to meet Clare’s communication style, which facilitated the development of her skills and knowledge.

The above measures ensured compliance with the Equalities Act 2010, and the Good Practice Guidance on Working with Parents with a Learning Disability, were adhered to.

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|  | Summary information |
| Definitions | A [**learning disability**](https://www.nhs.uk/conditions/learning-disabilities/) is a reduced intellectual ability and difficulty with everyday activities – for example household tasks, socialising or managing money – which affects someone for their whole life.  Definitions of learning disability (NICE, 2015) generally encompass three core components:   * Lower intellectual ability (usually an IQ of less than 70) * Significant impairment of social or adaptive functioning * Onset in childhood.   Learning disabilities are different from specific learning difficulties (such as [dyslexia](https://www.nhs.uk/conditions/dyslexia/), [ADHD](https://www.nhs.uk/conditions/attention-deficit-hyperactivity-disorder-adhd/) or [dyspraxia](https://www.nhs.uk/conditions/developmental-coordination-disorder-dyspraxia/)) which do not affect intellectual ability. |
| Legal / statutory requirements | [Care Act 2014](https://www.mencap.org.uk/advice-and-support/social-care/care-act)  [Mental Capacity Act](https://www.mencap.org.uk/advice-and-support/mental-capacity-act)  [Equality Act 2010](http://www.tenfold.org.uk/resources/publications/equality-act-2010-easy-read/#:~:text=Equality%20Act%202010%20%28Easy%20Read%29%20The%20Equality%20Act,as%20a%20pdf%20below.%20Equality%20Act%202010%20%28pdf%29)  [Good Practice Guidance on Working with Parents with a Learning Disability (2007)- updated 2016](https://www.bing.com/search?q=good+practice+guidance+for+working+with+parents+with+a+learning&src=IE-SearchBox&FORM=IESR3S) |
| Reasonable adjustments | [Reasonable adjustments: a legal duty](https://www.gov.uk/government/publications/reasonable-adjustments-a-legal-duty/reasonable-adjustments-a-legal-duty)  [Reasonable adjustments: small changes that can help people with a learning disability](https://www.bing.com/search?q=reasonable+adjustments+mencap&src=IE-SearchBox&FORM=IESR3S) |
| Assessment tools/ screening tools |  |
| Directory of services/ professionals  to support assessments | Local areas/ local liaison  Adult social care – 0151 443 2600  Children social care – 0151 443 2600  Speech and Language – 0151 244 4387  Advocacy services – 0151 649 8700  Early Help – 0151 443 2600 |