Parental Learning Disability and Children's Needs:

Family Experiences and Effective Practice

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Executive Summary

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Introduction

Over the past two decades in England attitudes towards adults with learning disabilities have changed; they now have the same legal rights as all adults to live in the community, to enjoy sexual expression and to raise children. These changes have led to a steady increase in the numbers of adults with learning disabilities who are parents. There are, however, continuing concerns over the parenting skills of many adults with learning disabilities.

The government is committed to ensuring the safety and welfare of all children and when parents have learning disabilities this may mean providing parents with considerable help. Once children come to the attention of children's social care services, the social work assessments, multi-agency plans and reviews should ensure the needs of children and their parents are addressed.

This study was commissioned by the government to explore the needs and outcomes of children living with a parent with learning disabilities who are referred to children's social care services.
The specific aims of the research were to:

- explore the process of assessment;
- identify factors related to parental involvement in the assessment process;
- compare the development and circumstances of a group of children living with a parent with learning disabilities with a similar group of children who do not; and
- explore the plans and outcomes for these children.

Methods

The following methods were used to address these aims:

- A study of 228 social work case files, drawn from 10 English local authorities, compared the developmental needs and circumstances of 76 children living with a parent with learning disabilities with a comparison group of 152 children where neither parent had a learning disability;
- An in-depth study of 23 cases, identified from the case file study, explored parents' experiences of assessments. Findings from the interviews with parents with a learning disability and their social workers were compared with those of parents without learning disabilities;
- Three years after the initial referral, case files were revisited and information from reviews and re-assessments identified the progress of children who lived with parents with learning disabilities. Where no information was available on the case file qualified members of the research team carried out an initial assessment.

Findings

Parents with learning disabilities rarely approached children's social care services for help but were more reliant on practitioners seeking help on their behalf than other parents in similar circumstances.

When parents with learning disabilities came to the attention of children's social care services, social workers were committed to working in partnership with them and spent considerable time trying to ensure they were involved in the process of assessment and planning. Despite their efforts, many social workers felt that the learning disability was an obstacle to parents' full involvement, both in terms of their ability to understand complex issues and their ready acquiescence. Moreover, the tendency to respond affirmatively to professionals encouraged over-optimistic assumptions about the extent of parents' understanding and capacity to put agreed plans into practice.

Social workers used a number of strategies to both increase parents' understanding and involvement in the assessment process, and to fully understand their circumstances and assess their parenting skills. These included:

- using a close relative or friend to act as an intermediary;
- holding meetings at the social work office to minimise distractions;
- including known professionals in meetings to reassure parents;
- using family centres to assess parenting skills.

However, in carrying out child in need assessments there was little evidence of social work practitioners using specialist tool kits or of collaborative working with learning disability teams based in adult services. Moreover, there was little relevant information about the process of assessment available in a format accessible to adults with learning disabilities.

Social workers' concerns about their ability to fully involve parents with learning disabilities in assessment and planning were reflected in practice. For example, practically a third of parents were unaware of the child in need plan. The importance of involving parents with learning disabilities in assessments and plans should not be underestimated because the findings suggest this was a key factor associated with their satisfaction with the outcome of the assessment and their take-up of services.

The results of the social work assessments showed that children living with parents with learning disabilities, who were referred to children's social care services, had significantly higher levels of need than a comparison group of children who did not. For example, a third of the sample of children living with a parent with learning disabilities had severe needs in all three domains of their lives: developmental needs *and* parental capacity *and* family and environmental factors, compared with 8% of the comparison group. A key factor was the multiplicity of issues affecting parenting capacity. In addition to a learning disability most parents were experiencing or had experienced one or more of the following: poor mental and physical health, domestic violence, childhood abuse, growing up in care, or substance misuse. Moreover, many parents had the added challenge of bringing up at least one child with learning disabilities, many of whom were also physically disabled.

Although this sample of children referred to children social care services had higher levels of need, it is important not to pathologise all children living with a parent with learning disabilities; two-thirds were not exhibiting severe difficulties in all three domains. Nonetheless, in most cases (89%) children had severe needs in at least one domain and a careful core assessment would be needed to establish the most appropriate intervention.

The extent of the difficulties these children were experiencing was reflected in the response of children's social care services. For example, two years after the referral, cases involving children living with parents with learning disabilities were more likely than the comparison group cases to remain open to children's social care services; to result in children being looked after or their names being placed on the child protection register, and to parents receiving services in their own right.

A detailed follow up of a group of 64 children of parents with learning disabilities, three years after the initial referral, showed that the majority of these children (83%) were living at home with their parents. The findings suggest that key factors distinguishing children who remained living safely with their parents from those who did not show satisfactory progress and those who were removed were the presence of a non-abusive adult such as a partner or relative and the take-up of universal and specialist services.

The eleven children in the sample who were removed from the care of their parents included two freed for adoption and nine children who were continuously looked after for a period of a year or more. Removing children was very much a 'last resort' and the decision to place children away from home was taken after a substantial input of services had failed to bring about the required changes. There was no evidence to suggest that parental learning disability in itself was the reason children were removed from their parents' care.

The children who continued to live with a parent with learning disabilities had high levels of need and as a result considerable services were planned. For example, children's developmental needs, parents' difficulties in meeting their children's needs, and difficulties in relation family and environmental factors practically always resulted in a planned targeted service. Unfortunately, information on whether the service was provided or if families took advantage of it, was not routinely recorded.

Moreover, there was little evidence of contingency planning or the provision of long-term ongoing support and training to compensate for parents' learning disabilities. In most cases the involvement of children's social care services was time-limited; three years after the referral most cases (78.8%) were closed to children's social care services and to learning disability teams within adult services.

The policy of short-term interventions resulted in cyclical crisis episodes for families; over half the cases closed to children's social care services were re-referred, at least once, within three years. In addition, half the children who continued to live with their parents had their names placed on the child protection register during this time.

Following up the progress of these children suggests that the overwhelming pattern was for difficulties to continue regardless of the interventions of different agencies. For example, over three quarters of the children identified by the original assessment as having developmental needs with regard to their education, emotional and behavioural development and health, continued to have similar needs at the point of follow up. This pattern of enduring difficulties was also found in relation to parenting capacity and family and environmental factors.

Of particular concern was the finding that the pattern of enduring difficulties was evident for children with the greatest needs. Over half the children identified as having severe needs in all three domains of their lives (developmental needs *and* parenting capacity *and* family and environmental factors) were in a similar situation three years later.

Although there was a strong trend towards continuity, when changes did occur they were generally in a positive direction. In a limited number of cases children displayed fewer developmental needs, parenting capacity had improved, and factors within the family and environment had been addressed.

The findings suggest that short-term, targeted interventions by statutory agencies on their own are not sufficient. Unless there is continued informal and formal support and contingency planning, there is evidence that these families lurch from one crisis to another, resulting each time in a new flurry of specific time-limited agency interventions. Moreover, the findings suggest that some cases were not subject to regular review and as a consequence children's progress and development were not monitored. There was considerable evidence to suggest that the welfare of a significant proportion of this sample of children was not being promoted and they were continuing to live in unacceptable situations.

Children's social care services should work in partnership with other statutory agencies, including adult services and make best use of the resources within the wider family, community and voluntary agencies. When such committed support is not forthcoming the welfare of children is not safeguarded or promoted and the children ricochet between a variety of statutory and voluntary agencies.

Implications for policy and practice

- Social workers were committed to working in partnership with parents with learning disabilities. However, more needs to be done to enable parents to feel competent and be involved in the assessment and plans for their children. Local authorities should, therefore, ensure that:
    - information about assessments and services is available in a format that is easily accessible to people with learning disabilities;
    - practitioners in children's services have access to experts who have specialist skills in communicating and working with people with learning disabilities, such as workers in adult learning disability teams, voluntary groups, or a knowledgeable 'mentor' within their own team;
    - local authority training programmes cover how best to support parents with learning disabilities to parent their children;
    - managers regularly audit and monitor training in order to identify gaps and plan future courses.
- There was little evidence of collaborative work between adult and children's services despite the raft of Government guidance supporting joint working and information sharing (for example, *Every Child Matters* (Cm5860, 2003); the *National Service Framework for Children* (Department of Health and Department for Education and Skills, 2004); *Working Together to Safeguard Children* (HM Government, 2006a); *Information Sharing Practitioners' Guide* (HM Government, 2006b) and the *Integrated Children's System* (Department for Education and Skills, 2006). Greater priority should be given to the involvement of adult services and other relevant voluntary and community services at the assessment and planning stage. This involvement is likely to encourage a more proactive approach to the delivery of services.
- Different thresholds for services and the diverse legal and ethical considerations hampered collaboration. Local authorities should establish protocols and procedures to ensure adult services and children's social care services work collaboratively with children in need and their parents who have learning disabilities.

- Attention should be given to exploring whether grants from the 'Independent Living Fund' could be used to help adults with learning disabilities with childcare costs or to support needs that relate to parenting a child.
- Interagency and inter-disciplinary training on the Assessment Framework and the Integrated Children's System should ensure that professionals working in adult services are fully involved. The historically low priority that adult services have given to ensuring the wellbeing of their clients' dependent children must change.
- Children living with a parent with learning disabilities who are referred to children's social care services have high levels of need. To ensure the needs of individual children are met, careful attention must be given to each child within the family during the process of assessment, planning and review. Family based assessments and plans, and the cloning of information between the records of children within the same family, were not uncommon at the time of the study. Such practices are not in line with the requirements of the Assessment Framework and can all too easily result in the needs of particular children not being identified or addressed appropriately.
- Social work assessments that involve children living with parents with learning disabilities generally result in a range of planned services to support the family. Reviewing and recording whether the planned service has resulted in the anticipated intervention is essential if the factors affecting children's developmental progress are to be fully understood. Line managers should ensure that recording practice is in line with government guidance. The implementation of the Integrated Children's System should enable social workers' recording practice to be more easily monitored.
- In most cases service provision is time-limited and targeted at addressing specific needs. A long-term package of services will be necessary to meet the diverse and enduring, complex and multiple needs of families where a parent or parents have learning disabilities. Resources must be committed for the duration of these children's childhood. Local authorities need to take account of the continuing demands on services and resources required to ensure the welfare of these children is safeguarded and promoted.
- When parents do not have the day to day support of a caring, safe adult, such as a partner or relative, no single agency will be able to provide all the services and support necessary to keep children safe and improve their wellbeing while living at home. These children are the responsibility of everyone and innovative approaches should be explored which may include both formal service provision and support, alongside the mobilisation of wider family networks and community based services. These could include supported housing, family tenancies, child and adult foster care, open adoption, shared parenting and using volunteer parent mentors. Services provided by statutory agencies should be closely integrated with less formal networks of support (see Department of Health et al, 2007).

- Intervention should be on-going and organised in such a way that parents are enabled to feel competent. Services should supplement and support existing resources and strengths within the family and community and include parents and children in solving their own problems so that they feel they have control over events in their lives.
- Greater use should be made of training programmes geared towards individual parent's learning patterns. An effective approach is for a children's services practitioner working together with a colleague who has the expertise in learning disability, to deliver training to parents within their own home.
- It is essential that in every case the impact of services on children's developmental needs and circumstances is regularly reviewed. The implementation of the Integrated Children's System will support a process of systematic reviews of services provided and outcomes achieved. Currently the research suggests that the provision of services is not always successful in improving the outcomes for these children and some may be left in circumstances that are likely to impair their emotional and physical health and place them at risk of significant harm. Greater vigilance and more careful assessment and analysis of children's needs is required to determine what it is that has to change to improve outcomes for children and whether this is happening.

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