Bath & North East Somerset Council

NHS
Bath and North East Somerset
Clinical Commissioning Group

working together for health & wellbeing

Protocol for Supporting Disabled Adults in their Parenting Capacity

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Protocol for Supporting Disabled Adults in their Parenting Capacity

Contents

1. Introduction

Bath and North East Somerset Council (the Council) and NHS Bath and North East Somerset Clinical Commissioning Group (the CCG) seek to ensure that people are able, regardless of their age, abilities, and circumstances, to live the life they want to live, achieve their greatest potential, and be valued for the contribution they make to our community.

This document describes the principles and processes related to work with parents, prospective parents or people with parental responsibility who are disabled, and supports the rights of parents with disabilities to be independent, equal in society, in control of their own lives, and able to fulfil their role and responsibilities without undue expectations of their children. These principles are based on the social model of disability and aim to ensure that people in this situation, and their children:

- have their health and social care needs properly considered (assessed);
- have access to co-ordinated services which are focussed on meeting those needs effectively;
- are not restricted in their life choices by barriers connected to their disability.

Disabled parents are at a disproportionate risk of socio-economic disadvantage, including high levels of unemployment, living in low income households, living in poor quality housing in disadvantaged neighbourhoods, being subject to additional financial burdens associated with impairment, negative attitudes towards them as parents, and social isolation.

> Parents with additional support needs may experience a range of difficulties, many of which have nothing to do with impairment, illness or addiction but which are correlated with and exacerbate these conditions. They may have pressing needs for information, advice and advocacy in respect of housing, benefits and debt. Some will need support relating to immigration status, their children's schooling, finding a GP and other health services, and so on.
>
> (Supporting disabled parents and parents with additional support needs: J.Morris and M.Wates - Social Care Institute for Excellence 2006)

No single agency can meet all the needs arising in families where there are disabled parents. Therefore, effective collaboration between all relevant statutory and voluntary agencies is paramount in providing effective and co-ordinated services to disabled adults and their children.

This protocol applies to all agencies working in Health and Social Care and covers parents who:

- have a learning disability;
- have physical, sensory or cognitive impairments;
- are problematic drug and/or alcohol users;
- have autistic spectrum conditions (including Asperger's).

Parents with mental health needs or parents who have a dual disorder (of mental illness and drug/alcohol misuse) are not covered by this protocol. The Bath and North East Somerset Local Safeguarding Children Board Protocol for Joint Working across Adult Mental Health, Primary Health and Children's Services (2015) provides guidance for Children's Services, Primary Health Care, and Avon and Wiltshire Partnership staff working in the Bath and North East Somerset area, to promote effective joint working incorporating Think Family principles.

In the interest of brevity, in this document all services working with adults whatever their impairment are referred to as 'adult services'. References to 'a child' or 'children' may be taken to cover one or more child or young person up to the age of 18.

The Good Practice Guidance on working with parents with a learning disability (2007 - updated 2016) identifies five key features of good practice in working with parents with learning disabilities, which to varying degrees are common to all parents with disabilities:

1. Accessible information and communication.
2. Clear and co-ordinated referral and assessment procedures and processes, eligibility criteria and care pathways.
3. Support designed to meet the needs of parents and children based on assessments of their needs and strengths.
4. Long-term support where necessary.
5. Access to independent advocacy.

2. Principles Underpinning Good Practice

- The needs of the child in any situation are paramount and children should always be protected from harm;

- The rights of disabled adults to start families and live as other families, and the rights of children to live in families that provide for their needs as children are upheld by Articles 8, 12 & 14 of the Human Rights Act 1998;

- The impact of a disabled adult’s impairment will change in accordance with the needs of their child, whose life chances should not be compromised by their parent’s disability;

- Disabled parents should be supported to enable their families to stay together and succeed in the interests of the child;

- The focus should be on the support needs of the family rather than the difficulties parents may have in carrying out their parenting role;

- The needs of the child are best met when disabled adult’s support needs, including needs arising from their parenting role, are acknowledged, assessed, facilitated and regularly reviewed;

- Children of disabled parents should not be assumed to be ‘children in need’ or ‘at risk’;

- Disabled parents should be supported to fulfil day-to-day tasks concerning the maintenance of their children’s welfare, personal care, domestic routines, education, relationships, social and peer group support systems and community life;

- The needs of all carers, including young carers and young adult carers will be recognised and addressed;

- The combination of disability and parenting responsibilities within the overall context of the individual families circumstances may result in a higher degree of need for support than a personal assessment of the disabled adult alone;

- The needs of disabled parents and family members for interpreters, facilitators, accessible information and advocates should be established at an early stage;

- Early identification of parent’s needs is essential and multi-agency assessment in the antenatal stage is likely to achieve more positive results;

- A family-centred approach should be taken to parenting support, responding to the needs of all family members (including fathers), rather than just the mother or just the child;

- Support should be delivered in a non-judgemental and empowering way;

- Specialist teams should provide a professional consultation service to other professionals and agencies;

- Parents with disabilities are entitled to equal access to services, including parenting support and information services;

- This protocol must be used in full compliance with the Bath and North East Somerset Council Equality Policy Commitment (2013). No parent should be excluded on the grounds of age, sex, disability, gender, gender reassignment, pregnancy, maternity, race, religion and belief or sexual orientation. Diversity must be taken into account and fully respected.

3. The Wellbeing Principle

Sections 1 and 2 of the Care Act place overarching duties on the Council to promote an individual's "wellbeing" and to provide preventative information and/or support that could delay or reduce any needs identified during the assessment process.

Wellbeing is a broad concept, and is described as relating to the following area in particular:

- personal dignity;
- physical, mental and emotional wellbeing;
- protection from abuse and neglect;
- control by the individual over day to day life;
- participation in work, education, training or recreation;
- social and economic wellbeing;
- domestic, family and personal;
- suitability of living accommodation;
- the individuals contribution to society;

There is no hierarchy in the areas of wellbeing listed above. All are equally important.

The Wellbeing Principle applies equally to adults with care and support needs, and their carers. In some specific circumstances it also applies to children, their carers and to young carers when they are subject to transition assessments.

4. Consent

Consent to share information should be obtained from parent(s) and/or child prior to the sharing of information, unless it is judged that to do so may place the child at risk of significant harm. Requests for consent should be made in a way that is accessible and appropriate to the particular parent or child, and where necessary the use of advocacy support to facilitate informed consent should be considered.

In some circumstances the Data Protection Act 1998 may apply. Reference should be made to: Information Sharing: Guidance for Practitioners and Managers: HMG 2008.

5. Integrated Working

Good co-ordination and communication between children's and adult services is key to effective interventions.

A survey of research literature and examination of good practice concerning parents who have additional support needs (including parents with learning disabilities) concluded that the following measures are required:

- Collective ownership (across adult and children's services, and across health, social care housing and the non-statutory sector) of the need to provide early support;
- Financial structures which make transparent the benefits of providing support in time to prevent higher levels of need arising;
- Clear procedures for appropriate referrals at the point of first contact;
- Positive action to overcome parents' potential distrust of, and disengagement with, services;
- Recognition that adult services should have a lead role in responding to parental support needs;
- Recognition that housing needs can be a significant barrier to parenting capacity, and that disabled parents may need assistance in supporting their children's education;
- Recognition of adult services' continuing role of supporting parents when children's services carry out their responsibilities under section 47 of the Children Act 1989.

(Social Care Institute for Excellence: 2006)

Statutory and voluntary organisations should seek to work in partnership with families to provide appropriate services and support to allow each family member to fulfil their needs, rights and potential.

There should be clear and written details about who will take the co-ordinating role between the family and the various agencies involved in the provision of services. Copies of these details should be provided to families in an appropriate format.

Where there are children 'in need', or children 'at risk', social work representation for children should always be provided by Children's Services.

Where there are young carers, the Bath and North East Somerset Young Carers Strategy 2016-2020 - *No wrong doors: working together to support young carers and their families - A memorandum of understanding,* should be followed.

6. Eligibility

Disabled parents are entitled to assistance with parenting as a service for themselves if they meet the national eligibility threshold for adults with care and support needs, as set out in the Care and Support (Eligibility Criteria) Regulations 2014. The threshold is based on identifying how a person's needs affect their ability to achieve relevant outcomes and how this impacts on their wellbeing.

NHS staff are not bound by the national eligibility threshold and so may be involved with an individual or family ineligible for social care.

7. Identification of Need

In identifying need it is important to avoid being influenced by stereotypes about the capacity of parents with disabilities to parent.

> *"When problems are seen as rooted in people's personal deficits and limitations they may seem intractable and out of reach. Shifting the focus onto features of people's lives that can and should be changed challenges the negative stereotypes that inform such thinking and opens up possibilities for social action in support of families"* (Booth and Booth, 1997 - Exceptional childhoods, unexceptional children, London)

Disabled parents and their needs should be identified at the earliest possible stage, preferably when a pregnancy is confirmed. In practice this may present difficulties as not all impairments are obvious. GP’s, midwives and health visitors should be provided with training in identifying needs, along with an understanding of available services and referral pathways, including the Common Assessment Framework for Children.

Where needs are identified in the early stages of pregnancy, joint working between maternity services, children’s services and adult’s services will be necessary. At this stage, the early identification of post-natal and parenting support needs is likely to help prevent avoidable problems arising.

Pregnant women with disabilities are entitled to universal services and under the Equality Act 2010. Such services are required to make “reasonable adjustments” regarding accessibility.

8. Common Assessment Framework

> *We know very little about the experiences of children of parents with learning disabilities, other than that which concerns their parents’ experiences of children’s social care and the child protection system. A study of assessments of families affected by parental learning disability found that half the children had severe developmental needs and two-thirds were experiencing family and environmental disadvantages* (Cleaver and Nicholson - 2003 - Children living with learning disabled parents)

When it is identified that a child has needs which require a multi-agency response, or where needs are unclear but do not meet the threshold for Children in Need or Child Protection, and with the consent of the young person, parent or carer, consideration should be given to whether the Common Assessment Framework (CAF) for children and young people should be used. The CAF is a standardised approach to undertaking an assessment and aims to help the early identification of a child or young person’s additional needs, and promote co-ordinated service provision to meet them.

Since its introduction the CAF has been used where the difficulties experienced by children are, at least partly, due to the disability/illness of a parent and may be resolved if the parent had appropriate support.

9. Referrals

It is likely that referrals will enter the system in a number of ways.

At the point of contact with Adult or Children's Services the presenting needs of the family and presence of parents with disabilities should be identified.

As a general rule, referrals for assessing the needs of disabled parents should be directed to Adult Services, as the support is for the disabled adult with parenting responsibility. The referral should clearly indicate that it is for a disabled parent and since such referrals involve a child's wellbeing, they should be allocated a high priority.

Where a referral is received by Children's Services or a specialist team, contact should be made with all other relevant services to engage their participation in a joint assessment

In circumstances where there is concern regarding the risk of significant harm to a child of a disabled adult, all agencies must follow the child protection procedures at: http://www.proceduresonline.com/SWCPP/

10. Assessment - General Responsibilities

Under section 9 of the Care Act 2014, the Council has a statutory duty to assess the needs of any adult or carer who appears to have needs for care and support and then to determine whether those needs are eligible for support or services from the Council.

> *'Where a parent has a learning disability it will be important not to generalise or make assumptions about their parental capacity. 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 needed where they experience additional stressors such as having a learning disabled child, domestic violence, poor physical and mental health, substance misuse, social isolation, poor housing, poverty and a history of growing up in care. It is these additional stressors when combined with learning disability that are most likely to lead to concerns about the care a child or children may receive'.*
>
> (Working Together to Safeguard Children 2006 DFES

The purpose of an assessment is to identify what needs the person may have and what outcomes they are hoping to achieve to maintain or improve their wellbeing. It provides an opportunity to help people find ways to reduce difficulties or prevent needs from escalating, and to build upon their personal strengths, capabilities, and the support that may be available in their wider network to meet their needs.

11. Lead Responsibility for Assessment and Care Planning

Effective joint working is characterised by strong co-ordination by a single professional. Care management responsibilities must be made clear from the outset and recorded on the appropriate computerised client records system (Liquid Logic).

To promote good practice and the efficient delivery of services to disabled parents and their children it is important to be clear about the circumstances in which single or joint assessments will be undertaken.

11.1 **Adult Services**

Where there are no child welfare concerns but a parent is unable to provide the appropriate level of care due to disability, and needs support with day to day parenting tasks, Adult Services will take responsibility for assessment and care planning. Day to day parenting tasks could include the maintenance of:

- the child's personal care;
- preparation of meals and drinks;
- daily routines;
- domestic routines;
- travelling to and from school;
- engaging in their child's education;
- planned healthcare appointments;
- relationships;
- social support systems and community life.

The assessment should distinguish between the assistance the parent requires to perform tasks, and the assistance that is required to help them learn new skills.

11.2 **Adult and Children's Services**

Where a parent needs support in the medium to long term in order to enable them to meet the developmental needs of their child, or:

- Adult Services identify complex needs within the family affecting a child's development, or;
- a role for the involvement of Children's Services is identified.

Adult Services will co-ordinate a joint assessment in partnership with Children's Services.

A lead professional will be identified and care planning will be jointly co-ordinated and undertaken by both Adult's and Children's services.

11.3 **Children's Services**

Where a child is at risk of experiencing impairment to their health or development, or:

- at risk of significant harm, or;
- the child's needs are complex, and/or;
- there is disabled child in the family, or;
- to facilitate a resumption of parental responsibility following Children's Services intervention.

Children's services will lead the assessment and care planning.

Where Children's Services take the lead, they must involve the appropriate adult team in their assessments in situations where the parent or parents have a disability or long term illness.

12. Care Plan

The care plan will identify the eligible needs of parents and children and how these will be met, the cost (if any) to the service user, the source of funding, the start and finish dates of services provided and contingency plans for emergencies. The care plan should distinguish between the assistance the parent requires to perform tasks, and the assistance that is required to help them learn new skills. Services provided by non-statutory agencies will also be recorded together with the input of any informal carer and a copy of the care plan, in an appropriate format, will be provided to the service user.

Care management responsibilities must be made clear from the outset and recorded on the computerised client records system (Liquid Logic).

Where a care plan is agreed that involves joint working, all parties must carry out their roles and responsibilities as agreed, and in accordance with the timescales established in the care plan or review, and each agency involved is responsible for keeping accurate and timely records of their activity. Reviews should take account of other service requirements and be co-ordinated to avoid duplication.

Children's Services recognise the need for continuing involvement in some cases. The delivery of services may change over time to reflect the changing needs of the child, their resilience and capacity for independent activity. Where long term involvement is required, the case will be reviewed every six months and where appropriate the provision of support may be delegated to another agency or service provider.

13. Format of Assessment

The Council's approach to assessment will depend on the presenting needs and circumstances and will normally take a ***whole family* approach**. The intention of a whole family approach is to enable a holistic view of the (adult) person's needs, and to identify how the adult's needs for care and support impact on family members and others in their support network.

At times, families may be referred who do not fall neatly into a service category. In these circumstances, Children's Services should be prepared to offer specialist advice and assistance to Adult Services on a short term consultancy basis and vice versa, without regard to eligibility.

Where an urgent assessment of a disabled parent's needs is required, for example on discharge from hospital, this may need to take place before Children's Services are able to respond. In such circumstances, Children's Services will engage in the assessment process at the earliest possible opportunity.

Parents with disabilities may be understandably concerned that involvement with statutory services may result in their child being taken into care and this fear may create barriers to conducting an accurate assessment. Thought should be given to who is the most appropriate person to conduct the assessment and whether specialist support may be required.

Where assessments involve more than one member of staff at the same time, care should be taken to ensure that the roles of each professional are explained and understood.

13.1 **Combined Assessment**

An adult's assessment may be completed alongside a carer's assessment and/or an assessment relating to a child, so that interrelated needs are properly captured and the process is as efficient as possible.

Those being assessed must consent to the assessments being combined, otherwise they will be carried out separately.

13.2 **Joint Assessment**

A Joint Assessment takes place where relevant agencies work together to ensure that the person's needs are fully understood and to avoid the person undergoing multiple assessments.

Where a person has health needs and social care needs, the assessor should work with health professionals to ensure the person's health and care services are aligned.

13.3 **Community Based Assessment**

When a child becomes subject to a child protection plan and the concerns escalate, a referral should be made to the Children's Services Legal Panel and consideration given to the need for a pre-proceedings process. In these circumstances the need for a Community Based Assessment (CBA) will be considered.

A CBA is a model to co-ordinate assessment where it is likely that an application will be made to the court for an order regarding a child, and such order may result in the removal of the child from the family home. It is designed to respond to situations where the parent has an additional need and other agencies are involved or need to contribute to an assessment.

A CBA will be instigated by the allocated children's social worker and a commissioning meeting will be convened by Children's Social Care to which all relevant agencies will be invited to attend. The content of reports will be commissioned and put in writing to the relevant agencies. In circumstances where there is no CBA, the child care social worker will need to complete a parenting assessment and will liaise with adult disability services as required.

13.4 **Specialist Assessment**

If a person being assessed is deafblind, a specialist assessment must be triggered. A specialist assessment must be undertaken by an assessor or team that is trained to a minimum of QCF or OCN level 3, or above where the person has complex needs. It may be necessary to use a qualified interpreter, for example where the adult uses sign language.

14. Carers

Prior to the enactment of the Care Act, legislation stated that a carer must be providing a "substantial amount of care on a regular basis" in order to qualify for an assessment of their needs. Carers had no legal right to receive support, although local authorities could provide support at their discretion. The Care Act gives local authorities a responsibility to assess a carer's needs for support where the carer appears to have such needs.

Where it appears to the Council that a carer may have needs for support (whether currently or in future) the Council must assess whether the carer does actually have those needs (or will have in the future) and if they do, what those needs are (or are likely to be).

The duty to carry out a carers' assessment applies regardless of the Council's view of the extent of the carer's needs, or the level of the carer's financial resources or those of the adult needing care. Carers have the option to have their assessment combined with that of the person they care for, or to have it carried out separately.

Carers' assessments must seek to establish not only the carer's needs for support, but also the sustainability of the caring role, the carer's likely future needs for support, and whether the carer is willing to and able to continue in their caring role.

The assessment should also take into account the outcomes the carer wishes to achieve in their normal daily life, their activities beyond caring, and the impact of their caring role on those activities.

In relation to adult carers (from April 2017) Bath and North East Somerset Council has delegated its responsibilities for assessment, support planning and reviewing, to Virgin Care.

15. Young Carers

Research by the Carers Trust and the University of Nottingham found that almost a third of young carers surveyed (29%), reported that their own physical health was 'just ok', 38% reported having a mental health problem, 12% a physical disability and 16% reported having dyslexia. Only 15% had received a formal assessment of their needs.

(Young adult carers at school: Experiences and Perceptions of caring and education: Sempick & Becker - University of Nottingham/Carers Trust)

Under the Children and Families Act 2014, Local Authorities are required to take "reasonable steps" to identify young carers in their area. The Act defines a young carer as a person under 18 who provides or intends to provide care for another person.

Section 17ZA of the Act states:

(1) A local authority in England must assess whether a young carer within their area has needs for support and, if so, what those needs are, if

(a) it appears to the authority that the young carer may have needs for support, or

(b) the authority receive a request from the young carer or a parent of the young carer to assess the young carer's needs for support.

In addition, a local authority must carry out an assessment if:

- The young carer has already been assessed but the needs or circumstances of the young carer or person receiving care has changed;

- A previous assessment did not cover the young carer's needs in relation to another person they care for.

The Care Act 2014 created rights for young carers who provide care or support to an adult, together with a Young Carers' Transition Assessment during transition to adulthood. Taken together, the Children and Families Act and the Care Act require the Council to adopt a ***whole-family approach.***

The assessment must consider the young carer's view of their situation and what they want to happen. The Council must consider the option of providing services to the person who receives care from a young carer and then assess the support that a young carer will still require once that is in place.

A young carers needs assessment may be combined with the assessment of the person that requires care and support. However, this may not always be appropriate and should be subject to the agreement of both parties. It may be very difficult for children to say how they really feel in the presence of an adult who may also be the person they care for.

When carrying out an adult's or carer's assessment, if it appears that a child is involved in providing care, the Council must consider:

- the impact of the person's needs on the young carer's wellbeing, welfare, education and development;
- whether any of the caring responsibilities the young carer is undertaking are excessive or inappropriate.

A young carer becomes vulnerable when their caring role risks impacting on their mental or physical wellbeing or their prospects in education and life. This may include:

- preventing a young carer from accessing education/regular absences from school;
- preventing a young carer from building relationships and friendships;
- impacting upon any other aspect of a young carer's wellbeing.

Inappropriate tasks and responsibilities undertaken by a child or young person which adversely affect their emotional, physical, educational or social development should be prevented by providing adequate and appropriate support to the parents and their family. This may include accessing services from young carers' projects facilitated by Bath and North East Somerset Carers' Centre. Reference should be made to the Bath and North East Somerset Young Carers Strategy 2016-2020.

An assessment of a child carer/young carer should be approached in a manner that is age-appropriate for the young carer, taking into account their level of understanding, their family circumstances and whether independent advocacy is required.

Consideration must be given to whether a young carer is a “child in need” under the Children Act 1989.

The assessment must establish if the child is unlikely to achieve or maintain a reasonable standard of health or development without the provision of services, and whether their health or development may be impaired if they or their family are not provided with support.

16. Young People-Transition Assessments

Under the Care Act there is a duty on the Council to carry out a Transition Assessment for a young person or carer if they are likely to have needs once they (or the child they care for) turn 18. The following three groups have the right to a transition assessment:

- Young people under 18 with care and support needs who are approaching transition to adulthood;
- Young carers under 18 who are preparing for adulthood;
- Adult carers of a young person who is preparing for adulthood.

A young carer must consent to a transition assessment. In circumstances where a young carer lacks capacity or is not competent to consent, if the Council considers that carrying out an assessment would be in the young carer’s best interests then the consent condition within the Care Act will be deemed to have been met. If a young carer refuses a young carers assessment, and the young carer is experiencing or at risk of experiencing abuse or neglect, the Council must nonetheless carry out the assessment.

17. Advocacy

If a disabled adult would have substantial difficulty in being involved in their assessment and adaptations to the process would be insufficient to overcome this, the Council must ensure that there is an appropriate individual, such as a friend or relative that can facilitate their involvement. If there is no one who can fulfil the role, an independent advocate must be arranged to support and represent the person in the assessment process. The aim is to enable people who would have substantial difficulty in being involved in the various processes to be supported as fully as possible, and where necessary to be supported by an advocate to speak on their behalf.

The Equality Act 2010 requires that reasonable adjustments should be made to ensure that disabled people have equal access to information and advice services. The provision of such adjustments may reduce or remove the substantial difficulty a person may have in understanding and facilitate participation.

An advocate can assist by supporting the parent(s) to engage more fully with professionals, assist with communication issues and support the parents to understand the expectations of others, as well as supporting the parents to understand the more complex issues arising from child protection procedures and legal action.

Advocacy can be sought from a number of sources and it is important to consider the specific needs of the parent(s). It is important to be aware that some advocacy will be ‘free at the point of contact’, but some will need to be commissioned and in these cases funding needs to be formally agreed prior to making the referral.

Where the parent is suspected to have a learning disability but no formal assessment of needs has taken place, a referral to learning disability services will be required to establish eligibility to receive advocacy support.

If the person does not have the mental capacity to decide upon an appropriate individual or advocate, then the responsible organisation must make a best interests decision as to who would be the most appropriate person to facilitate the person’s involvement in the assessment process. This may involve the appointment of an Independent Mental Capacity Advocate (IMCA) under the Mental Capacity Act 2005.

Subject to the criteria specified in the Care Act the duty to provide advocacy may also apply to carers, and to children who are approaching the transition to adult care and support, when a child’s needs assessment is carried out, and when a young carer’s assessment is undertaken.

Where appropriate, the Council must arrange an independent advocate to facilitate the involvement of a person in their assessment, in the preparation of their care and support plans, as well as in safeguarding enquiries and Safeguarding Adults Reviews (SARs).

18. Accessible Information

> *‘Accessible information and communication is crucial to enabling parents with learning disabilities to engage with services and to therefore maximise the chances of children’s needs being met. It is also a legal requirement under the Human Rights Act 1998 that parents should be able to participate fully in the process’*
>
> (Working Together with Parents Network update of the DoH/DfES Good Practice guidance on working with parents with a learning disability (2007) Updated 2016

All information that is provided to disabled parents should be presented in a way that is compliant with the provisions of Accessible Information Standard SCCI1605, in that it is understandable and meets their individual communication needs.

Accessible information provided by Children's Services can be very helpful to assist parents with learning disabilities overcoming the fear they may have in asking for support when they need it.

Similarly, Adult Services should provide disabled parents, and particularly those with learning disabilities, with clear and accessible information about their rights as this may help overcome the fear that engagement with statutory services may result in their child being taken into care.

The Accessible Information Standard SCCI 1605 was approved by the Department of Health and NHS England under Section 250 of the Health and Social Care Act 2012.

The standard directs and defines a specific consistent approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of patients, service users, carers and parents where those needs relate to a disability, impairment or sensory loss. The standard applies to service providers across the NHS and adult social care system and is effective from 31.07.2016.

For parents and prospective parents with disabilities, information should be in suitable formats, such as:

- Easy Read leaflets
- Fully accessible websites
- Audio and/or visual information

19. Training Needs

All agencies have a responsibility to complete the appropriate level of safeguarding training in accordance with their roles and responsibilities.

The LSCB provide a wide range of training including working with adults with disabilities, mental health needs and substance misuse problems within the context of Child Protection.

Staff undertaking assessments must be suitably trained and possess the required skills and knowledge in order that their perspective and experience supports a better understanding of particular needs, outcomes and wellbeing.

Think Autism - DoH (2014) sets out that Local Authorities should:

- make basic autism training available for all staff working in health and social care;

- develop or provide specialist training for those in roles that have a direct impact on access to services for adults with autism;
- include quality autism awareness training within general equality and diversity training across public services.

The Care Act strengthens this guidance in relation to assessors having specialised training to assess an adult with autism. The Act places a legal requirement on local authorities that all assessors must have the skills, knowledge and competence to carry out the assessment in question. Where an assessor does not have the experience in a particular condition (such as autism, learning disabilities, mental health needs or other conditions), they must consult someone with relevant experience.

Regular face-to-face supervision and reflective practice, from skilled managers is essential to support staff and identify training needs.

Joint training between Adult and Children's services should be encouraged in order to promote a common understanding of issues and responsibilities.

19. Financial Responsibility and Charging

In general terms:

- A care plan to meet the assessed needs of the disabled adult parent only will be funded by Adult Services;
- A care plan to meet the assessed needs of the family will be funded by Adult Services or jointly with Children's Services;
- Where the disabled adult parent does not meet the eligibility criteria but there are concerns about the welfare of the child, support to the child will be funded by Children's Services.

Where independent advocacy is provided to a disabled adult in order to support their ability to fulfil their parenting role, this will be arranged by, and will be the financial responsibility of Adult Services. This will also include an adult carers assessment and (if necessary) an adult's specialist assessment.

Where independent advocacy is required to conduct a needs assessment, prepare a care and support plan (or review the same), or engage in a carers assessment for a child of a disabled parent, this will be arranged by and will be the financial responsibility of Children's Services. This will also include advocacy for Care Leavers up to the age of 25 and children in pre-proceeding processes.

Where advocacy is required for a child or young person subject to child protection proceedings, Children's Services will be responsible for arranging the advocacy. Financial responsibility will be decided on a case by case basis.

The provision of Parenting Classes will be considered on a case by case basis and Children’s Services will take the lead in preparing these plans.

The financial administration of services provided directly for children ‘in need’ or ‘at risk’ (where disabled parents have no eligible care needs of their own) will be carried out by Children’s Services.

Issues about financial responsibility and charging should be addressed in ways that support families and avoid delays for service users and staff.

Where possible, a child’s transport to and from school should be met from the family’s own resources. It may be that a parent receives higher level mobility allowance and can provide their own transport. Various options should be considered. It could be that a child is capable of walking to school if someone can accompany them.

Where the ability to parent and the needs of the child cannot be met without funding care packages created to meet those needs, packages may be provided by commissioning from appropriate independent providers, or parents arranging them using Direct Payments or Personal Budgets.

Appendix 1

Service Contact Details

ASIST Team
Tel: 01225 396000

Children's Services
Children's Assessment and Duty Team,
Children and Families Assessment and Intervention Team,
People and Communities Department,
Bath and North East Somerset Council
Tel: 01225 396313
Main Switchboard: 01225 477000

Complex Health Needs Service
Virgin Care,
Ash House,
St Martin's Hospital,
Clara Cross Lane,
Bath BA2 5RP
Tel: 01225 831566

Bath Learning Disability Locality Team,
Virgin Care,
Carrswood Centre,
Cleve Green,
Twerton,
Bath BA2 1RS
Tel: 01225 396063
Fax: 01225 429770

North East Somerset Learning Disability Locality Team,
Virgin Care,
Connections,
Frome Road,
Radstock BA3 3LL
Tel: 01225 395904
Fax: 01761 437953

Autism Spectrum Condition Case Management Service,
Virgin Care,
Ash House,
St Martin's Hospital,
Clara Cross Lane,
Bath BA2 5RP
Tel: 01225 831566

Bath and North East Somerset Recovery Team,
Bath NHS House,
Newbridge Hill,
Bath BA1 3QE
Tel: 01225 731631

Bath and North East Somerset Community Drug and Alcohol Services,
DHI,
The Beehive,
Beehive Yard,
Walcot Street,
Bath BA1 5BD
Tel: 01225 334734

Bath and North East Somerset Specialist Drug and Alcohol Services,
Avon and Wiltshire Mental Health Partnership NHS Trust,
Rock Hall,
34 Oldfield Road,
Bath BA2 3ND
Tel: 01225 359900

Hearing and Vision Service,
Keynsham Health Centre,
St Clements Road,
Keynsham BS31 1NL
Tel: 01225 395331
Fax: 01179 869054
Text Number: 07812260515

Adult Care and Commissioning,
P.O. Box 3343,
Bath,
BA1 2ZH
Tel: 01225 477983
Melanie_Hodgson@bathnes.gov.uk

Bath Carers Centre,
The Woodlands,
Lower Bristol Road,
Bath BA2 9ES
Tel: 01761 431338

Radstock Carers Centre,
1 Riverside Cottages,
Radstock,
BA3 3PS
Tel: 01761 431388

Footprints,
117 Newbridge Hill,
Bath,
BA1 3PT
Tel: 01225 421686
Email: liz_o'gorman@bathnes.gov.uk

(Supporting parents to make positive changes)

Appendix 2

Relevant Legislation

- The UN Convention on the Rights of Persons with Disabilities (UNCRPD)
- The UN Convention on the Rights of the Child (UNCRC)
- Mental Health Act 1983
- Children Act 1989
- Carers (Recognition and Services) Act 1995
- Equality Act 2010
- Human Rights Act 1998
- Health and Social Care Act 2012
- Care Act 2014
- Care and Support (Eligibility Criteria) Regulations (2015)
- Children and Families Act 2014
- Working Together to Safeguard Children 2015 (statutory guidance)
- Court Orders and Pre-Proceedings - for local authorities (statutory guidance)

Appendix 3

Relevant Documents

- Working Together to Safeguard Children (2015: Department for Education)
- Family Justice Review (2011: Department of Justice) https://www.gov.uk/government/publications/family-justice-review-final-report
- Good Practice Guidance on Working with Parents with a Learning Disability (2007: London Department of Health) www.dh.gov.uk
- Good practice guidance on working with parents with a learning disability (2000 &updated 2016 http://www.bristol.ac.uk/media-library/sites/sps/documents/wtpn/2016)
- Think Child, Think Parent, Think Family: A Guide to Parental Mental Health and Child Welfare
  (2011 Social Care Institute for Excellence) www.scie.org.uk
- Supporting Disabled Parents: A Family or Fragmented Approach? (Commission for Social Care Inspection 2009)
- What To Do If You're Worried A Child Is Being Abused - advice for practitioners. HM Government, 2015.
- Finding the Right Support: A Review of Issues and Positive Practice in Supporting Parents with Learning Disabilities and their Children (Morris J. 2003: Social Care Institute for Excellence) www.scie.org.uk
- Bath and North East Somerset Young Carers Strategy 2016-2020 - No wrong doors: working together to support young carers and their families - A memorandum of understanding.
  http://www.bathnes.gov.uk/sites/default/files/young_carers_strategy_2016-20.pdf
- Information Sharing: Guidance for Practitioners and Managers: HMG 2008.
- Bath and North East Somerset LSCB Protocol for Joint Working across Adult Mental Health, Primary Health and Children's Services, 2015.

  http://www.bathnes.gov.uk/sites/default/files/sitedocuments/Children-and-Young-People/ChildProtection/protocol_for_joint_working_across_adult_mental_health_primary_health_and_childrens_services.pdf