  

**How do adult services engage with parents with learning disabilities?**

# About the project

Parents with learning disabilities are over-represented in the child protection system (Burch et al., 2024) and are disproportionately likely to have their children removed from their care. They often require support to ensure their children’s wellbeing and are entitled to support from adult services under the Care Act (2014) if they meet stated eligibility criteria.

Literature addressing children’s social workers’ response to parents with learning disabilities indicates they are concerned about their lack of knowledge about parents’ needs, lack of appropriate services, and insufficient communication between workers/services. Little, however, was known about adult social workers’ response to these parents.

So this project explored:

• how Adult social workers recognise that a parent has a learning disability, how they engage with parents and if this engagement is guided by any local policies or protocols.

• how parents experience working with Adult social workers.

### Research methods

In 5 Local Authorities, any relevant policies discussing how parents with learning disabilities should be supported were analysed using an interpretative policy analysis. 4 out of 5 areas had joint working protocols between Adults and Children's services.

Online interviews were undertaken with managers and commissioners about the local policy context and how they believed services responded to parents.

Online focus groups with social workers from:

* Learning Disability team (4 out of the 5 areas had a learning disability team)
* Generic team
* Children's services

In these focus groups a vignette was used to discuss how workers perceived the parents’ needs, which service would respond to the parents and any relevant local policies. The vignette initially indicated that the parents might have a mild or borderline learning disability, it was then revealed that they had a diagnosed learning disability.

Interviews with parents with learning disabilities focused on the characteristics of a good adult social worker. Parents were invited to take part through adult services and in two areas via a local advocacy group and were provided with easy read materials and videos about the project. There was an option of using relationship map and pictures etc in the interview.

The project was guided by 2 advisory groups: parents with learning disabilities from SpeakUp Rotherham and professionals including service managers, advocates, social workers, ADASS representatives.

### Research participants

5 LAs were involved in the study. One LA the learning disability team was fully integrated with health, in 3 areas the learning disability team worked closely with health. There was one fully generic team.

There were 18 key informant interviews with social work managers and commissioners (five from learning disability services, seven from general teams and three from children’s services) and three commissioners and focus groups with 19 learning disability social workers, 22 general social workers and 12 children’s social workers. All participants were provided with detailed information about the study via an information sheet which specified that information would be kept confidential unless there were serious safeguarding concerns, and specific consent was asked to use quotes and archive the information shared anonymously.

# Key overall findings

## The Care Act

* As the Care Act is the legislation under which support is provided by Adult Social Care, it was central to this research addressing professional responses.
* Managers of Adult social care teams were concerned that the expectations about what could be provided for parents under the Care Act were ‘unrealistic’ as it was not accompanied by new or additional resources for the provision of support.
* The Care Act eligibility criteria provide no guidance on how to assess how adults’ support needs impact on their parenting role or if a parent has a learning disability. Adult social workers often did not feel equipped to undertake these assessments, despite the Care Act statutory guidance stating that assessments should be carried out by suitably qualified persons.
* Approaches to identifying eligible care needs varied by worker with some actively trying to identify a second care need while others did not, resulting in some parents who might have benefitted from support being deemed ineligible.
* A parent’s consent is needed for a Care Act assessment and there were examples of workers making huge efforts to try and engage parents so that they could be assessed. However, some workers’ unquestioned acceptance of the parent’s right to refuse consent did not align with the recognised understanding that parents with learning disabilities often need support to parent.
* It is not clear that parents were fully informed about the purpose of the assessment (sometimes confused with an assessment of parenting capacity) or the consequences of refusing a Care Act assessment, ie that they would not have access to support in their own right.

## Joint working protocols and wider policy context

* 4 out of the 5 Local Authorities had a joint working protocol for supporting parents with learning disabilities. 3 of these focused on parents with learning disabilities and one on disabled parents more generally.
* While the protocols usually indicated a positive stance to providing parents with support, they also indicated that parenting by an adult with learning disabilities was potentially a risk and some had a particular focus on safeguarding issues.
* Statutory guidance *Working Together* was only mentioned in one protocol and was not mentioned by any of the professionals.
* *Think Family* as a way to support families and reduce child protection concerns was mentioned in one protocol and by several professionals.
* In the interviews, there was variable recognition of the *Good Practice Guidance on working with parents with a learning disability* (WTPN, 2021) and the need for reasonable adjustments under the Equality Act (2010).

## Social workers’ understanding of parents with learning disabilities

* The number of parents with learning disabilities was thought to be very small.
* Adult social workers generally did not make assumptions about parents’ support needs, preferring to investigate their situation in a person-centred way.
* There was an expectation that parents would be fearful of engaging with adult services because of the stereotypical perception that social services would remove their children, and it would therefore be more difficult to build relationships with them.

## Access to learning disabilities team

* The local authorities with a learning disabilities team often used ‘IQ below 70’ as part of their eligibility criteria, combined with a functional assessment of parents’ abilities. This resulted in parents with mild or borderline learning disabilities being unable to access the specialist support provided by learning disabilities teams.

## Responding to parents with learning disabilities

* *Children’s services* involvement was often expected, even when there were no reported concerns regarding the welfare of the children. This was either directed in local protocols or as response to adult workers’ perceived inability to assess the adults’ parenting and the impact of their learning disability on the children.
* *Learning disabilities teams* were regarded by generic social workers as having specialist expertise, knowledge and skills necessary to work with parents with learning disabilities, including carrying out assessments, and having access to a wide range of additional professionals such as Speech and Language Therapists and Psychologists. They were thought to have the capacity to respond creatively and were able to work alongside parents over the longer-term.
* Support from the learning disabilities team could be delayed due to the team’s inability to carry out an assessment of learning disability immediately as a result of high caseloads. The assessment process was lengthy and time consuming.
* *Generic teams* felt under-prepared and under-resourced to work with this group of parents. These teams traditionally worked with older people and people with physical disabilities. They did not have access to the wide range of professionals and services that the learning disabilities team did.
* Generic workers utilised the following strategies to provide the best support they could to parents:
  + They shared skills and expertise within teams
  + Asked for advice from the Learning Disabilities team or other specialists.
  + Tried to make use of community resources.
* In some LAs, once adult services had put a care package in place, it would be reviewed annually, and parents did not have on-going contact with an adult social worker.
* Support providers who were normally commissioned to deliver services by the generic teams were not well set up to offer support to parents with learning disabilities and were not registered to work with children.
* *Joint working between Adult and Children’s services* was advocated by the protocols and by all the professionals involved. Positive practice included:
  + Joint funding – although this did not always result in immediate agreement over who should pay for what aspects of support.
  + Regular communication between workers and attendance at appropriate meetings
* However, joint working was inhibited by:
* A lack of understanding of the other teams’ processes and inability to access their recording systems. Adult workers often did not understand child protection processes and thresholds for intervention. This lack of knowledge meant that parents were often referred to Children’s Services by Adult workers, which inhibited their relationships with parents.
* Generic teams often being unable to assess parents’ eligibility for support and to put a support plan in place, in a timescale that aligned with Children’s services processes. Generic services had long waiting lists and parents’ involvement with child protection did not necessarily lead to prioritisation. Professionals noted that children had been removed in the time it took for parents to be allocated and assessed.
* Children’s services referring parents to adult services late in the child protection process, this was exacerbated by a lack of understanding of the eligibility criteria for the learning disabilities team and for a Care Act assessment.
* Training was requested by adults’ and children’s services regarding the other team’s processes and working with parents with learning disabilities, as there were perceptions of very different cultures and ways of working.
* Specific services to support parents with learning disabilities were not commissioned because the numbers were believed to be small. There was some concern that commissioning new services for this group may divert resources from other, larger groups with more well established/ understood needs.

## Parents with learning disabilities

* Parents are inhibited from engaging with adult services because they do not know the difference between adults' and children’s social workers who they believed removed children from their parents’ care.
* Parents felt that adult social workers should be trust-worthy and empower them. They defined ‘helpful’ workers as those who also reach out and take the initiative and go ‘above and beyond’.
* Parents felt that adult social workers should be ‘in their corner’. There was a perception that often they had no one advocating on their behalf.

## The Care Act

Social workers and managers were very aware of parenting aspect of the Care Act, but felt that they did not have the skillset to understand how an individual’s learning disability would impact on their parenting.

## Local policy context

* Policies such as the joint health and wellbeing strategies and Early Help Strategy for Children, Young People & Families are very broad so as to be applicable to a wide range of groups, so did not specifically mention parents with LD
* The Good Practice Guidance on working with parents with learning disabilities was not mentioned in any of the documents.
* The [All Age Learning Disability Strategy 2022-2027](https://beta.southglos.gov.uk/static/fa063a0857e5b55163c1999e768d6a45/All-Age-Learning-Disability-Strategy-2022-27-1.pdf) only mentioned parents with LD in relation to avoiding unplanned pregnancy and the conflict that carers might experience between supporting and avoiding risk of harm in sexual relationships.
* Preparing for adulthood policy also only addresses parenthood in relation to sexual health by providing information about unity sexual health clinic, which provides early pregnancy support.
* There was no protocol regarding joint working between Adults and Children’s services. Some professionals felt the development of a protocol would be very helpful to practice.
* There did not seem to be much awareness of the Good Practice Guidance on working with parents with a learning disability.

## Professionals understanding of parents with learning disabilities

* Workers from both adults and children’s services emphasised that parents with learning disabilities can be good parents if they have the right support in place and demonstrated empathy towards these parents.
* There was some ambiguity on the distinction between learning difficulty and learning disability and a sense that “learning disability means all things to all people”.
* The term learning difficulty was also used in the authority. This term was adopted with People First who expressed a preference for this.
* Both adults and children’s SWs pointed to negative previous experiences or trauma as a reason why parents may not engage with services. Some of these negative experiences related to social services, however there was a difference in how adults and children's framed this. Adult services discussed how parents might be afraid of children's services, so they would make it very clear that they worked differently and where here to meet their needs as the parent as a was to earn trust. The Children’s workers discussed negative experiences more broadly.
* There was an understanding that parents with learning disabilities might find parenting to be another arena where they face significant disadvantage and discrimination. there is a perception that not everyone is supportive of their desire to be parents

## Responding to parents with learning disabilities

* Professionals from Children’s services felt they worked with parents with LD ‘daily’ while Adult services reported coming across parents with learning disabilities infrequently.
* The importance of treating parents with learning disabilities the same as all other parents was emphasised. This was linked to the Equalities Act
* It was noted that society appears to have accepted that people with learning disabilities can be parents so there might be an increase in the number of parents but at the same time people with LD are still viewed as not having the skills to parent effectively.
* Adults team emphasised they would support anybody and everybody eligible under the care act while some Children’s social workers suggested that the eligibility criteria for adult support was high and that they had seen many parents with LD go unsupported.
* Adults social workers felt huge pressure in having to have a broad knowledge base including older people, people with physical impairments and parents with learning disabilities. They worried they were letting parents down by not having enough specialist knowledge. It was felt that very few adult social workers would feel confident to work with parents with learning disabilities.

### Positive practice

* Both adults and children's SWs empathised the importance of building trusting relationships and discussed working from a strengths-based approach and to turn negative assumptions on their head and ask what people can do with support.
* ‘Reasonable adjustments’ are being made within the assessment process. Care Act ‘conversations’ are undertaken informally with the ‘human touch’.

## Parents with learning disabilities’ views.

We were only able to speak to one parent who had received support from Adult Services. This parent spoke of the need for advocacy for parents to support them to understand and navigate their engagement with Children’s services.

Adult social workers need to develop a long-term, understanding and empathic relationship with parents.

## Issues to consider

* Training for social workers and raising awareness of the Good Practice Guidance
* Developing a protocol to support joint working between Adults and Children’s services.

# Overall conclusions and recommendations from the 5 sites

* LAs need to be aware of the number of parents with a milder or borderline learning disabilities in their area who may be eligible for support under the Care Act.
* LAs should develop joint working protocols between Children’s and Adult services. These should involve generic services as well as the adult learning disability team and discuss how support for parents will be funded. (Example outline protocol available here: [Resources | School for Policy Studies | University of Bristol](https://www.bristol.ac.uk/sps/wtpn/resources/)
* LAs should ensure effective communication between Adult and Children’s services. Strategies could include joint meetings/practice discussions, parents with learning disabilities champions or the development of communities of practice.
* LAs should recognise that parents with learning disabilities may need long term support. Creativity regarding the provision and funding of support for these parents is needed and LAs need care providers who can work with adults and their children, taking a whole family approach. LA could consider the use of direct payments or Shared Lives.
* Adult services should review their response to parents with a milder or borderline learning disability who show an appearance of need and may be eligible for support under the Care Act, and review their eligibility criteria for support from learning disabilities teams.
* For Adult social workers there can be a tension between empowering parents and the consequences for the parents of refusing a Care Act assessment, i.e. parents may not be able to access support with their parenting. Parents need to be supported to understand the purpose of a Care Act assessment and workers need to be satisfied that parents understand the possible consequences of withholding consent for this.
* Training should be provided to Adult and Children’s social workers about working together and working with parents with learning disabilities.
* Parents were unclear about the difference between Children’s and Adult social workers so clear and accessible guidance is needed.
* Parents with learning disabilities should always have a named social adult worker available to them.
* All social workers, managers and commissioners need to be aware of the *Good Practice Guidance on working with parents with a learning disability*  [FINAL 2021 WTPN UPDATE OF THE GPG.pdf (bristol.ac.uk).](https://www.bristol.ac.uk/media-library/sites/sps/documents/wtpn/FINAL%202021%20WTPN%20UPDATE%20OF%20THE%20GPG.pdf)

# Reference

Burch, K., Simpson, A., Taylor, V., Bala, A. and Morgado De Queiroz, S. (2024). Babies in care proceedings: What do we know about parents with learning disabilities or difficulties? Nuffield Family Justice Observatory. <https://www.nuffieldfjo.org.uk/resource/babies-incare-proceedings-what-do-we-know-about-parents-with-learningdisabilities-or-difficulties>

Resources

The Working Together with Parents Network is a free network for any professional working with parents with learning disabilities. wtpn.co.uk

There are wide range of resources available on this site, including:

* Examples of positive practice
* Guidance documents for the development of inter-agency protocols
* Easy read materials for parents

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