

Assessing and Supporting Parents who have a Learning Disability

A learning disability is a life-long condition defined by the Department of Health as;

“a significantly reduced ability to understand new or complex information, to learn new skills (impaired intelligence); with a reduced ability to cope independently (impaired social functioning); which started before adulthood, with a lasting effect on development”

(Department of Health, Valuing People, 2001)

Between 1-1.5 million adults in the UK have a learning disability, amounting to around 2-2.5% of the population (Mencap; Public Health England). In addition, there will be many more people who may not meet the full diagnostic criteria for a learning disability, but who may have a learning difficulty or additional needs in relation to their learning. We often work with adults whose own childhood experiences may have impacted on their education and, for example, caused difficulties in literacy.

While there are few available statistics, it is generally accepted that families where one or both parents have a learning disability are over-represented within children’s social care, including within child protection processes and care proceedings. Sadly, a higher proportion of parents with a learning disability do not have their children in their care when compared with the wider population (Booth and Booth, 2005).

Some parents who have a learning disability may need short- or long-term support to help them to develop their understanding of parenting, and their skills to meet the needs of their children. The support needed may be on a one-off basis, ongoing, or change as a child grows and develops, and may include support to meet the child’s basic care needs, as well as parent’s own daily needs, to develop the parent’s understanding of risk, and other day-to-day living or parenting tasks. This support will be most successful when provided in a planned and timely manner. As such, early identification of additional learning needs is essential for equitable and impactful service delivery which ensures that children are safe and having their needs met consistently. A lack of appropriate support could leave a child at risk of harm or neglect, which may further deteriorate over time.

For professionals working outside of Children’s Social Care, a referral should be made to Children’s Social Care in line with the referrals procedure should you have concerns that a parent with a learning disability appears not to be meeting the needs of their child.

However, a family may have been referred to Children’s Social Care without knowledge of the parent’s learning disability. It is vital that any learning needs are identified at the earliest opportunity when working with a family. We can do this by asking the parent directly whether they have a learning disability or by exploring more widely their experience of education and learning or through using a screening tool. We must always be aware of the stigma which can be associated with having a learning disability, and which may result in parents being unwilling to disclose, or perhaps even accept, that they have a learning disability.

Once a learning disability is identified, we must make reasonable adjustments which are relevant to the individual we are working with. Seeking expert advice is essential to ensure that the support we provide – including assessments, referrals, and interventions – are tailored in a way which makes them accessible to, and effective for, the parent. Expert advice usually takes the form of a cognitive assessment undertaken by a psychologist, which will identify the impact of the learning disability and make recommendations about the support or adjustments needed. These adjustments will be different for each individual but may include changes to

the way we communicate and share information, such as use of pictures, provision of information in easy read or audio format, avoidance of complex language or jargon, and regular checking that we are being understood. We may need to make adjustments to our interventions, such as the use of role-play or modelling, provision of prompts or props, offering extra time for explanation or feedback, and regular repetition.

The support provided to a family must be tailored to the needs of the parents and the children, as identified within assessment. If a parenting assessment is needed, this will likely need to be a specialist assessment. To date, the most common format has been a 'PAMs' (Parent Assessment Manual) assessment. This is a specialist assessment framework developed by clinical psychologist Dr Sue McGraw, which is based on practical assessment activities and predictive assessment methods. However, looking to the future, Torbay will be moving to use the 'Parent Assess' model. This is a child-focused and strengths-based model based on the Department of Health's Assessment of Children in Need and their Families. Using a range of tools, tables and a traffic light system, the assessment considers the parent's needs, all potential risks, and available support networks, in a way that supports the parent to engage in, and understand, the process. For either model, the assessing social worker needs to be specially trained.

It is important to recognise that individuals with a learning disability are some of the most socially isolated and vulnerable groups in the UK (DOH Valuing People, 2001). As a result of the intersection between learning disabilities and discrimination, inequality and disadvantage, parents with a learning disability may have very complex needs which extend wider than the direct impact of their diagnosis (Macintyre and Stewart, 2012). A learning disability may not only impact on their role as parent to their children but also on their wider life, including in respect of housing, finances and employment, mental health and self-esteem, social engagement and access to support, and additional vulnerability to negative life events (Mencap) or individuals who pose a risk to them. Equally, as for any parent, a parent with a learning disability may be experiencing additional difficulties such as domestic abuse, substance misuse, or physical disability. Of course, these factors are not uncommon to many of the families we work alongside within Children's Social Care, however, they highlight that the impact on parenting of a learning disability may be only part of a much wider picture.

We must be mindful that individuals with a learning disability may have negative perceptions of service involvement, and as such they may feel overwhelmed, lack trust in, or be fearful of our involvement in their lives. We must ensure that we take a non-judgemental, restorative approach which sees the person as an individual with their own set of needs and vulnerabilities but also strengths and capabilities. We must avoid making sweeping generalisations, assumptions, or snap judgements, including about capacity to parent safely. We need to work in partnership with parents to build their trust and consider external support, for example an independent advocate can support parents to have their voice heard (Macintyre and Stewart, 2012). Equally, it is important to draw on any positive informal support networks, such as family and friends, which may feel more natural for the parent. A family group conference can be a helpful opportunity to solidify this support.

Alongside changes to the way we work as individual agencies, research has consistently shown that that effective joint working, co-ordination, and communication across agencies is key to assessing and supporting parents who have a learning disability (WTPN, 2016). The parent, as an individual with a disability, may be entitled to assessment for support in their own right, for example an assessment under the Care Act 2014 through Adult Social Care. A parent being well supported in respect of their own needs, will likely have a positive impact on the child's lived experience.

The needs and rights of parents who have a learning disability is, rightly, a focus of the Family Court. Where consideration is being given to entering legal proceedings, we must also think about whether the parent has 'capacity' to instruct their solicitor. A capacity assessment would usually form part of, or be carried out alongside, the previously mentioned cognitive assessment. Where a parent 'lacks' capacity to instruct, they will be entitled to additional support to understand and take active part in the proceedings. More widely, as professionals we need to evidence to the Court how we have recognised and accommodated a parent's individual learning needs within the evidence we place before the Court. Failure to do so may result in the Court directing us to repeat assessments, which can create significant delay in achieving permanence for the child, as well as being unfair to the parent and impacting on available resources.

While we must ensure we are doing all we can to support the parent, it is important not to lose focus on the child or young person, their needs, and their lived experience. We must avoid tolerance of unacceptable levels of risk, harm, or neglect, even where they are attributable to, or impacted by, a parents' learning disability. This can present an ethical conflict for social workers and other professionals and highlights the need to offer early support and adjust our ways of working to give each parent the best opportunity to make any necessary changes for the benefit of their children.

References

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[ParentAssess | Assessment Framework | Learning Disability | UK](http://parentassess.org.uk)

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