

# **ASSESSING THE NEEDS OF PARENTS WITH LEARNING DISABILITIES AND THEIR CHILDREN**

*Joint Protocol between Haringey Children & Young People's Service and  
the Combined Team for Adults with Learning Disabilities*



# ASSESSING THE NEEDS OF PARENTS WITH LEARNING DISABILITIES AND THEIR CHILDREN

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## **Appendices:**

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- II. Assessment Framework – sample charts*
- III. Risk screen for children in risk or need for adult workers*
- IV. Risk screen for Learning Disabled Parents for Children and Families workers*
- V. Relationship between Assessment Framework and issues for learning disabled parents*
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**This joint protocol was endorsed by the Haringey Local Safeguarding Children Board in March 2007.**

## **I Aim**

1.1 The aim of this joint protocol is:

- To assess the needs of adults with learning disabilities and their children appropriately
- To deliver a safe and effective service to both parties

## **2 Definitions**

- 2.1 A learning disability can be defined 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 function), which started before adulthood and has a lasting effect on a person's development<sup>1</sup>. Associated conditions may be: autism, communication difficulties, epilepsy, sensory impairments, behavioural difficulties and physical disorders. When doing an assessment the Combined Team for Adults with Learning Disabilities will give greater weight to a person's ability to function and adapt to their environment than they will give to a person's IQ level.
- 2.2 The Children & Young People's Service was created in 2005, bringing together children's social work services with services that had previously been part of the Local Education Authority. The social work part of the service is known as Children & Families. Assessments of children's support needs are performed on different levels by different universal, targeted and specialist services. In some circumstances and where a multi-agency intervention is necessary, a common assessment will be undertaken on a child, led by an identified lead professional from within any involved agency.
- 2.3 This protocol is primarily concerned with the specialist assessments of children considered to be in need or at risk, under sections 17 and 47 of the Children Act 1989.
- 2.4 Children who are defined as 'in need' under S.17 Children Act 1989, are those whose vulnerability is such that they are unlikely to reach or maintain a satisfactory level of health or development without the provision of services, plus children who are disabled. Children who are defined as 'at risk' under S.47 Children Act 1989, are those judged to be suffering or likely to suffer significant harm. Assessments of the latter will form part of a child protection investigation.
- 2.5 The Combined Team for Adults with Learning Disabilities is made up of a range of learning disability specialists from different disciplines. Prior to the creation of the Combined Team, social workers and care staff made up the Learning Difficulties Team within Social Services. They have now been joined by health professionals: learning disability nurses, occupational therapists, physiotherapists, music therapists, speech and language therapists and psychologists, to create a complete support network around the disabled adult..

## **3 Summary**

- Children's social workers should always find out if a parent has a learning difficulty.
- Adults' social workers should always identify if there are children living with, and/or dependant on their client. A 'child' is defined by the Children Act 1989 as anyone under the age of 18 years, or under the age of 25 with a learning difficulty if receiving services under the Learning & Skills Act 2000.

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<sup>1</sup> Department of Health "Valuing People" 2002

- Both areas of service provision require the use of systematic assessments (See Appendices III and IV)
- If there is any concern that a child's needs are not being fully met, then consideration should be given to a joint assessment (Appendix I)

## **4 Context**

### **4.1 Legislation & Guidance**

This protocol is informed by:

- The Disabled Person's Act 1986
- The Children Act 1989
- The NHS & Community Care Act 1990
- The Disability Discrimination Act 1995
- The Human Rights Act 1998
- Framework for the Assessment of Children in Need and Their Families (DoH 2000)
- Valuing People 2002
- Supporting Disabled Parents in their Parenting Role (Joseph Rowntree Foundation 2002)
- London Child Protection Procedures 2003
- Supporting People Programme 2003
- The Children Act 2004
- Working Together to Safeguard Children (revised 2006)
- White Paper 'Our Health, Our Care, Our Say' 2006

- 4.2 Parents with learning disabilities can sometimes fall through the gap between the provision of services for children and the provision of services for adults, as each 'sector' focuses on its own service users and fails to coordinate effectively. As a result, some may miss out on support services that they need in order to prevent problems from arising.
- 4.3 The context in which people with learning disabilities have children is one that has been dominated by the perception of risk and the assumption that parenting will not be good enough. The Children Act 1989 brought about a shift in emphasis, requiring that children be supported to stay within their own families as much as possible. This in turn led to the need to assess disabled parents within a wider social and environmental context rather than by their parenting skills alone. Assessment by parenting skills in isolation merely tended to add weight to the commonly held assumption that a learning disability weakens the ability to parent, when this is not necessarily the case. Adults with learning disabilities may need support to develop the understanding, resources, skills and experience to meet the needs of their children. This will be particularly necessary if they are experiencing additional stressors such as domestic violence, poor physical or mental health, having a disabled child, substance misuse, social isolation, poor housing or poverty.
- 4.4 It is worth noting that evidence suggests that deliberate abuse by a mother with learning disabilities is rare; when it does occur it is more often than not at the hands of an abusive

partner, who is likely to be abusing the mother as well. However, where a mother with learning disabilities deliberately abuses it is a strong indicator that the abuse will reoccur.<sup>2</sup>

- 4.5 Many parents with learning disabilities fall below the thresholds for provision of support via adult social care services. They therefore will not qualify for the kind of services through which they might learn effective parenting skills. Although the learning disability is outside the threshold criteria for one service, the lack of additional support for the parent can make it more likely that the children meet Children & Young People's Service criteria.
- 4.6 The interventions made by children's social workers are more likely to be short-term in nature; the interventions of adult's service professionals long-term. Practitioners need to understand the context to each other's operational practice.

## **5 Principles**

- 5.1 Children's needs are paramount
- 5.2 Children's needs are best met when parents are supported
- 5.3 Children of parents with disabilities should not automatically be seen as in need (Children Act 1989)
- 5.4 Parents with learning disabilities have the right to be supported in fulfilling their parental roles and responsibilities
- 5.5 Assessment processes must explore potential strengths as well as any weaknesses in order to determine degrees of risk.
- 5.6 Children have the right to be protected from harm and to receive services when their health or development is at risk
- 5.7 A multi-agency approach to assessment and service provision is in the best interests of parents and children
- 5.8 Risk is reduced when information is shared effectively across agencies
- 5.9 Risk to children is reduced through effective multi-agency and multidisciplinary working
- 5.10 Services should be needs-led
- 5.11 Resources may influence the services that can be provided to meet identified need
- 5.12 While many parents with learning disabilities safeguard their children well, children's life chances may be limited as a result of those factors, and all professionals need to consider this possibility for all clients with children

## **6 Practice Standards**

- 6.1 The needs of parents with learning disabilities should be defined as including the ability to meet a child's needs, as well as their' own personal needs, e.g. personal care of the child; preparation of meals and drinks; attending to the child's health needs; parental involvement in indoor and outdoor play; support in education. This ability should be measured not just in the immediate but assessed into the future.

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<sup>2</sup> Tymchuk & Anderson 1990; Mothers with mental retardation who do or do not abuse or neglect their children (Child Abuse & Neglect 14)

- 6.2 Parenting needs should also be seen as tasks that do not directly involve the parent, but support their parenting choices, e.g. providing childcare while a parent rests.
- 6.3 When a referral is made to children's social workers to consider an assessment of a child's needs, parents and children (where appropriate) need to be informed of the referral and their consent obtained to contact other agencies. If a referral is made where there is likely or actual risk of harm to a child, consent is not required.
- 6.4 Parents and children (where appropriate) should receive copies of assessments in formats accessible to each individual.
- 6.5 Assessments and both adult's and children's care plans should always be inter-agency in their approach.
- 6.6 Care plans must ensure a clear focus on the welfare of the child.
- 6.7 Adults and children (where appropriate) should always be advised as to how to make representations or complaints about any part of the assessment and care planning process and be supported should they wish to do so.

## **7 Referrals from Children & Families Social Work Teams to the Combined Team for Learning Disabilities**

- 7.1 Children's social workers should routinely record whether a parent has a diagnosed learning disability at the Initial Assessment.
- 7.2 A decision should be made about whether the child is potentially a child in need, or a child in need of protection within the terms of Haringey's threshold criteria, within 24 hours of a referral.
- 7.3 If a child is **not** identified as 'in need', and a parent has a learning disability, consideration should first be given to referring any concerns to the client's GP. Where the problem is significant and the person is previously known to the Combined Team for Adults with Learning Disabilities then referral back to the Combined Team would be appropriate.
- 7.4 If a child is potentially 'in need' and the parent is known to have a learning disability, a referral should be made to the Combined Team, and arrangements made for a joint initial assessment. This should be led by adult social care staff, who should take responsibility for contacting the family.

## **8 Referrals from the Combined Team for Learning Disability to Children & Families Social Work Teams**

- 8.1 Adult care workers should routinely record whether there is a child in the family.
- 8.2 If the children are not judged to be 'in need', the Combined Team social worker should carry on with their usual assessment and care planning process. This should always include frequent and active consideration of whether the child's needs are being met.
- 8.3 If the children are potentially 'in need', or in need of protection, a referral should be made to the Children & Families Referral and Assessment Teams, and arrangements made for a joint initial assessment..

- 8.4 If there are concerns about possible significant harm to a child, an immediate telephone referral is required to the relevant Referral and Assessment team, followed by a written referral record within 24 hours.
- 8.5 Children's social workers will determine whether or not an Initial Assessment will occur within 24 hours of receiving an inter-agency referral record or Common Assessment. This record will include questions as to whether the consent of the service user has been sought and that they are aware of the referral. Consent is necessary for all referrals of children in need but not if children are judged to be at risk of significant harm.
- 8.6 Explicit and recorded conversation should take place at this point between relevant Children's and Adults' Team Managers, or persons acting in their absence, as to who will lead on the case.
- 8.7 Children's social workers will automatically take the lead in all child protection referrals.

## **9 Young Carers**

- 9.1 When a young person is undertaking any caring role within the family the first consideration should be for their wellbeing.
- 9.2 Referrals to the Children & Young People's Service in relation to young carers should also be referred to the Combined Team for Adults with Learning Disabilities and a joint assessment carried out, led by the Combined Team worker. This is to make sure that the adult is receiving appropriate support services, provision of which may reduce the responsibility on the young carer.
- 9.3 A risk assessment should be undertaken on the young person to determine the level of additional support and/or investigation required.

## **10 Pre-Birth Assessments**

- 10.1 Where an agency or individual anticipates that a prospective parent may need support services to care for their baby or that a baby may be at risk of significant harm, a referral to Children & Families Referral & Assessment Service should be made as soon as the concerns are recognised. Arrangements should then be made for a joint initial assessment.
- 10.2 Delay should be avoided when making referrals in order to:
- Provide enough time to make plans for the baby's protection
  - Provide enough time to make a full and informed assessment
  - Avoid approaching parents in the last stages of pregnancy, which is likely to be more emotionally charged
  - Enable parents to contribute their own ideas and solutions and increase the likelihood of positive outcomes
  - Enable the early provision of support services so as to facilitate optimum home circumstances prior to birth
- 10.3 Concerns should be shared with the prospective parent and consent obtained to refer to Children & Families unless this may place the welfare of the unborn baby at risk. The sharing of concerns should not delay a referral to Children & Families.

- 10.4 A pre-birth initial assessment should be completed on all pre-birth referrals and a strategy meeting held where:
- There has been a previous unexplained death of a child whilst in the care of either parent
  - A parent or other adult in the household presents a risk to children
  - A sibling in the household has a Child Protection Plan
  - A sibling has been previously removed from the household either temporarily or by court order;
  - Domestic violence is known to have taken place;
  - Parental substance misuse is likely to significantly impact on the baby's safety or development;
  - There are concerns about the mother's ability to self care and/or to care for the child
  - Any other concern exists that the baby may be at risk of significant harm.
- 10.5 The strategy meeting should consider the need to move to a child protection investigation (s.47 Children Act) and initiate the process immediately if this is agreed. Combined Team workers should attend and make a contribution to the strategy meeting.
- 10.6 The meeting should be chaired by a Children & Families Senior Team or Team Manager and involve all agencies with relevant information, including the midwifery service. Where required, a legal advisor should be invited.
- 10.7 The meeting must decide:
- Whether a s.47 enquiry and pre-birth core assessment is required
  - What areas need to be considered for assessment
  - Who needs to be involved
  - How and when the parent(s) are to be informed of the concerns
  - Required action by ward staff when the baby is born
- 10.8 The assessment should be completed within 7 working days. In the event of a decision to proceed to a child protection investigation, an initial Child Protection Conference should be held within 15 days of the strategy meeting.
- 10.9 Social workers should support parents to express their views at the conference in ways that are comfortable for them.
- 10.10 The assessment plan must be consistent with standards required for possible court proceedings, including clear letters of instruction
- 10.11 The parents should be informed as soon as possible of the concerns and the outcome of the assessment.

## **11 Children & Families Initial Assessment**

- 11.1 The initial assessment is multi-agency in nature and should be completed within 7 working days of referral to Children & Families, who will take responsibility for co-ordinating the

process. The Children & Families social worker is expected to see the child and complete the assessment framework documentation. The Combined Team worker should complete their assessment forms.

#### 11.2 The initial assessment should:

- Identify the needs of the parent with learning disability
- Explore the degree of the parent's learning disability
- Identify the child's developmental needs, and the parents' capacity to meet those needs within the context of their environment
- Take account of known variations in the need for assistance, such as additional support during school holidays, at weekends, etc.
- Agree a joint action plan with the parent(s) and child (if appropriate) which identifies the care package to be provided, responsibility for provision and timetable for review. Clear links between child care procedures and adult social care procedures should be apparent
- This plan should include contingencies such as fluctuating medical conditions, hospitalisation of parent or child, and partner's absence, so that should any of these eventualities occur a reassessment is not required, and prior authorisation of services has been obtained
- Decide whether a core assessment is required

## 12 Criteria for a Children & Families Core Assessment

#### 12.1 A core assessment should be carried out when:

- The needs of the parent are complex;
- There is a risk of significant harm to a child in the family;
- The adult's impairment is stable, but the child's/children's needs are complex.
- The absence of a full/core assessment is likely to lead to a re-referral.
- Three or more initial assessments have been carried out within the last 12 months.

## 13 The Core Assessment

- 13.1 The core assessment is an in-depth assessment of need, which should be carefully planned and involve all relevant agencies. It should be completed within 35 working days from commencement. Information from the Combined Team's Comprehensive or Overview report should be shared as part of this assessment.
- 13.2 At the start of a core assessment, a planning meeting should take place between a member of staff from each service and the family and relevant professionals from other agencies who might be asked to contribute to the assessment process.
- 13.3 At the end of a core assessment, a care plan should be jointly agreed between the Children & Young People's Service and the Combined Team. This should be recorded on Framework I within both the child's and the adult's records. Both Team Managers should

approve the care plan and agree the allocation of resources to support a care package before presentation to the Adults Joint Funding Panel.

### **13 Care Packages**

- 13.5 Packages when required will be commissioned through the purchasing mechanisms and contracts available to the Combined Team. Any contract should ensure that staff in services providing packages to either children or vulnerable adults are subject to Criminal Records Bureau (CRB) checks.

### **14 Direct Payments**

- 14.5 When adult service users wish to purchase their own care packages via 'direct payments', the staff member from the Combined Team should undertake this component of the assessment.

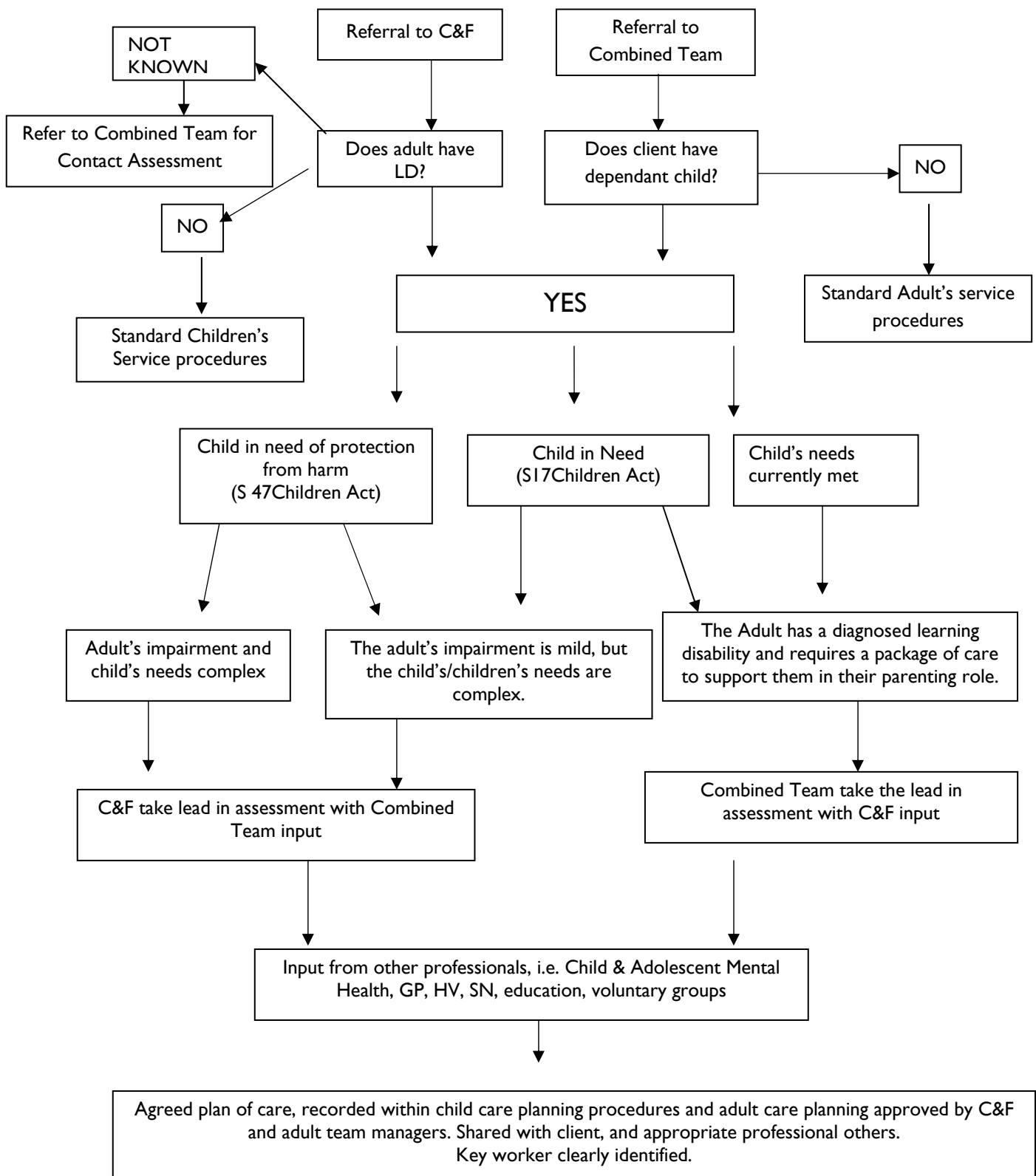
### **15 Finance Administration**

- 16.1 The following process is designed to formalise joint responsibilities and sharing of costs whilst ensuring that there is sufficient flexibility to meet identified needs.
- 16.2 If the child is a child in need, any financial support identified will be provided via the Referral & Assessment team's family support budget. Support for the parent is provided through the Combined Team resource.
- 16.3 In the event that a child has to be taken into the care of the local authority, care packages will be discussed by the Children's Service Resource Panel and authorised by the Deputy Director, Children & Families.
- 16.4 If the child has a Child Protection Plan, any additional services required as part of the Child Protection Plan should be identified by the core group and purchased separately by the relevant children's team.

### **16 Review**

- 17.1 Timescales for review will be identified at the point that a joint action plan or joint care plan is agreed.
- 17.2 The review process should take account of the fact that the needs of people with learning difficulties can change. A timescale should therefore be set in response to:
- the particular circumstances surrounding the needs of the adult service user
  - the changing needs of the child, and
  - the complexity and size of the package being provided.
- 17.3 Should the priority for review differ between the two services then the one with the shorter timescale will be adopted.

# APPENDIX I: Flowchart for Assessment of Learning Disabled Parents & Children in Need





## **APPENDIX 2: FRAMEWORK FOR ASSESSMENT OF CHILDREN IN NEED**

The inclusion of this as an Appendix is designed to assist everyone and adults' service practitioners in particular. Social workers from the Combined Team will need to be aware of indicators that suggest a child might be in need of protection – these charts can be used as guides.

There are three levels for children in need and a universal level (U).

### **Level U (Universal)**

These are children and young people who make good overall progress in all areas of development. Broadly, these children receive appropriate universal services, such as healthcare and education. They may also use leisure and play facilities, housing or voluntary sector services.

### **Level 1**

These are children and young people whose needs require extra support from a targeted service. They are children who 'would benefit from extra help from public services in order to make the best of their life chances'.

### **Level 2**

These are children and young people whose needs are more complex. This refers to the range of needs and depth or significance of the needs.

### **Level 3**

These are children and young people whose needs are complex and enduring and cross many domains.

See over for charts detailing the criteria for the different levels of need.

## Level U (Universal)

These are children and young people who make good overall progress in all areas of development. Broadly, these children receive appropriate universal services, such as health care and education. They may also use leisure and play facilities, housing or voluntary sector services.

<b>Child's Developmental Needs</b>	
<p><b>Health</b></p> <ul style="list-style-type: none"> <li>• Physically well</li> <li>• Adequate diet/hygiene/clothing</li> <li>• Developmental checks/immunisations up to date</li> <li>• Regular dental and optical care</li> <li>• Health appointments are kept</li> <li>• Developmental milestones</li> </ul> <p><b>Education</b></p> <ul style="list-style-type: none"> <li>• Skills/interests</li> <li>• Success/achievement</li> <li>• Cognitive development</li> <li>• Access to books/toys, play</li> </ul> <p><b>Emotional and behavioural development,</b></p> <ul style="list-style-type: none"> <li>• Feelings and actions demonstrate appropriate responses</li> <li>• Good quality early attachments</li> <li>• Able to adapt to change</li> <li>• Able to demonstrate empathy</li> </ul>	<p><b>Identity,</b></p> <ul style="list-style-type: none"> <li>• Positive sense of self and abilities</li> <li>• Demonstrates feelings of belonging and acceptance</li> <li>• A sense of self</li> </ul> <p><b>Family and social relationships,</b></p> <ul style="list-style-type: none"> <li>• Stable and affectionate relationships with care-givers</li> <li>• Good relationships with siblings</li> <li>• Positive relationships with peers</li> </ul> <p><b>Social presentation,</b></p> <ul style="list-style-type: none"> <li>• Appropriate dress for different settings</li> <li>• Good level of personal hygiene</li> </ul> <p><b>Self-care skills,</b></p> <ul style="list-style-type: none"> <li>• Growing level of competencies in practical and emotional skills, such as feeding, dressing and independent living skills</li> </ul>
<b>Parenting Capacity</b>	<b>Family &amp; Environmental Factors</b>
<p><b>Basic care</b></p> <ul style="list-style-type: none"> <li>• Provide for child's physical needs, eg food, drink, appropriate clothing, medical and dental care</li> </ul> <p><b>Ensuring safety</b></p> <ul style="list-style-type: none"> <li>• Protection from danger or significant harm, in the home and elsewhere</li> </ul> <p><b>Emotional warmth</b></p> <ul style="list-style-type: none"> <li>• Shows warm regard, praise and encouragement</li> </ul> <p><b>Stimulation</b></p> <ul style="list-style-type: none"> <li>• Facilitates cognitive development through interaction and play</li> <li>• Enables child to experience success</li> </ul> <p><b>Guidance and boundaries</b></p> <ul style="list-style-type: none"> <li>• Provides guidance so that child can develop an appropriate internal model of values and conscience</li> </ul> <p><b>Stability</b></p> <ul style="list-style-type: none"> <li>• Ensures that secure attachments are not disrupted</li> <li>• Provides consistency of emotional warmth over time</li> </ul>	<p><b>Family history and functioning</b></p> <ul style="list-style-type: none"> <li>• Good relationships within family, including when parents are separated</li> <li>• Few significant changes in composition</li> </ul> <p><b>Wider family</b></p> <ul style="list-style-type: none"> <li>• Sense of larger familial network and good friendships outside the family unit</li> </ul> <p><b>Housing</b></p> <ul style="list-style-type: none"> <li>• Accommodation has basic amenities and appropriate facilities</li> </ul> <p><b>Employment</b></p> <ul style="list-style-type: none"> <li>• Parents/carers able to manage the working or unemployment arrangements and do not perceive them as unduly stressful</li> </ul> <p><b>Income</b></p> <ul style="list-style-type: none"> <li>• Reasonable income over time, with resources used appropriately to meet individual needs</li> </ul> <p><b>Family's social integration</b></p> <ul style="list-style-type: none"> <li>• Family feels integrated into the community</li> <li>• Good social and friendship networks exist</li> </ul> <p>Community resources</p> <ul style="list-style-type: none"> <li>• Good universal services in neighbourhood</li> </ul>

## Level I

These are children and young people whose needs require some extra support from a targeted service. They are children who, 'would benefit from extra help from public services in order to make the best of their life chances'.

<b>Child's Developmental Needs</b>	
<p><b>Health</b></p> <ul style="list-style-type: none"> <li>• Defaulting on immunisations or checks</li> <li>• Child is susceptible to minor health problems</li> <li>• Slow in reaching developmental milestones</li> <li>• Minor concerns re diet/hygiene/clothing</li> <li>• Starting to default in health appointments</li> </ul> <p><b>Education</b></p> <ul style="list-style-type: none"> <li>• Have some identified learning needs that place him or her on 'school action' or 'school action plus' of the code of practice</li> <li>• Identified language and communication difficulties</li> <li>• Poor punctuality or pattern of regular school absences</li> <li>• Not always engaged in learning, eg poor concentration, low motivation and interest, no equipment</li> <li>• Not thought to be reaching his or her educational potential</li> <li>• Reduced access to books and toys</li> </ul> <p><b>Emotional and behavioural development</b></p> <ul style="list-style-type: none"> <li>• Some difficulties with peer group relationships and with adults, eg 'clingy', anxious or withdrawn</li> <li>• Some evidence of inappropriate responses and actions</li> </ul>	<ul style="list-style-type: none"> <li>• Child can find managing change difficult</li> <li>• Starting to show difficulties expressing empathy</li> </ul> <p><b>Identity</b></p> <ul style="list-style-type: none"> <li>• Some insecurities around identity expressed, eg low self-esteem for learning</li> <li>• May experience bullying around 'difference'</li> <li>• May be perpetrating bullying behaviour</li> </ul> <p><b>Family and social relationships</b></p> <ul style="list-style-type: none"> <li>• Some support from family and friends</li> <li>• Child has some difficulties sustaining relationships</li> <li>• Child choosing not to talk in some environments</li> </ul> <p><b>Social presentation</b></p> <ul style="list-style-type: none"> <li>• Child can be over-friendly or withdrawn with strangers</li> <li>• Can be provocative in appearance and behaviour, eg inappropriate clothes or make-up</li> <li>• Personal hygiene starting to be a problem</li> </ul> <p><b>Self-care skills</b></p> <ul style="list-style-type: none"> <li>• Not always adequate self-care, eg poor hygiene</li> <li>• Child slow to develop age-appropriate self-care skills</li> </ul>
<b>Parenting Capacity</b>	<b>Family &amp; Environmental Factors</b>
<p><b>Basic care</b></p> <ul style="list-style-type: none"> <li>• Parent or carer engagement with services is poor</li> <li>• Parent or carer requires advice on parenting issues</li> <li>• Practitioners are beginning to have some concerns around child's physical needs being met</li> </ul> <p><b>Ensuring safety</b></p> <ul style="list-style-type: none"> <li>• May experience some exposure to dangerous situations in the home or community</li> <li>• Parent or carer stresses starting to affect ability to ensure child's safety</li> </ul> <p><b>Emotional warmth</b></p> <ul style="list-style-type: none"> <li>• Inconsistent responses to child by parent or carer</li> <li>• Child able to develop other positive relationships</li> </ul> <p><b>Stimulation</b></p> <ul style="list-style-type: none"> <li>• Child spends considerable time alone, eg watching television</li> <li>• Child is not often exposed to new experiences</li> </ul> <p><b>Guidance and boundaries</b></p> <ul style="list-style-type: none"> <li>• Child can behave in an antisocial way in the neighbourhood, eg petty crime</li> </ul>	<p><b>Family history and functioning</b></p> <ul style="list-style-type: none"> <li>• Parents or carers have some conflicts or difficulties that can involve the children</li> <li>• Child has experienced loss of significant adult, eg through bereavement or separation</li> <li>• May be needed to look after younger siblings</li> <li>• Parent or carer has physical or mental health difficulties</li> </ul> <p><b>Wider family</b></p> <ul style="list-style-type: none"> <li>• Some support from friends and family</li> <li>• Child looked after by many different adults</li> </ul> <p><b>Housing</b></p> <ul style="list-style-type: none"> <li>• Poor housing</li> <li>• Family seeking asylum, or are refugees</li> </ul> <p><b>Employment</b></p> <ul style="list-style-type: none"> <li>• Periods of unemployment of the wage-earning parent or carer</li> <li>• Parents or carers have limited formal education</li> <li>• Parents or carers starting to feel stressed around unemployment or work situation</li> </ul>

<ul style="list-style-type: none"> <li>• Parent or carer offers inconsistent boundaries</li> <li>• Lack of routine in the home</li> </ul> <p><b>Stability</b></p> <ul style="list-style-type: none"> <li>• Child's key relationships with family members not always kept up</li> <li>• Child may have different carers</li> <li>• Starting to demonstrate difficulties with attachments</li> </ul>	<p><b>Income</b></p> <ul style="list-style-type: none"> <li>• Low income</li> </ul> <p><b>Family's social integration</b></p> <ul style="list-style-type: none"> <li>• Family may be new to the area</li> <li>• Some social exclusion experiences</li> </ul> <p><b>Community resources</b></p> <ul style="list-style-type: none"> <li>• Adequate universal resources but family may have access issues</li> </ul>
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## Level 2

These are children and young people whose needs are more complex. This refers to the range of needs and depth or significance of the needs.

<b>Child's Developmental Needs</b>	
<p><b>Health</b></p> <ul style="list-style-type: none"> <li>• Concerns re diet, hygiene, clothing</li> <li>• Child has some chronic or recurring health problems</li> <li>• Missing routine and non-routine health appointments</li> <li>• Overweight/underweight/enuresis</li> <li>• Smokes, substance misuse</li> <li>• Developmental milestones are unlikely to be met</li> <li>• Some concerns around mental health</li> </ul> <p><b>Education</b></p> <ul style="list-style-type: none"> <li>• Identified learning needs and may have a statement of special educational needs</li> <li>• Not achieving key stage benchmarks</li> <li>• Poor school attendance and punctuality</li> <li>• Some fixed-term exclusions</li> <li>• No interests or skills displayed</li> </ul> <p><b>Emotional and behavioural development</b></p> <ul style="list-style-type: none"> <li>• Child finds it difficult to cope with anger or frustration</li> <li>• Atypical grieving</li> <li>• Disruptive or challenging behaviour at school or at home</li> <li>• Underage sex</li> <li>• Significant difficulties with managing change</li> <li>• Child appears regularly anxious, stressed or phobic</li> </ul>	<p><b>Identity</b></p> <ul style="list-style-type: none"> <li>• Child subject to discrimination, eg racial, sexual or due to disabilities</li> <li>• Demonstrates significantly low self-esteem in a range of situations</li> <li>• Eating disorder, eg anorexia or bulimia</li> </ul> <p><b>Family and social relationships</b></p> <ul style="list-style-type: none"> <li>• Child has lack of positive role models</li> <li>• Misses school or leisure activities</li> <li>• Peers also involved in challenging behaviour</li> <li>• Involved in conflicts with peers or siblings</li> <li>• Lack of friends or social network</li> <li>• Child appears to have undifferentiated attachments</li> </ul> <p><b>Social presentation</b></p> <ul style="list-style-type: none"> <li>• Child is provocative in behaviour/appearance</li> <li>• Clothing is regularly unwashed</li> <li>• Hygiene problems</li> </ul> <p><b>Self-care skills</b></p> <ul style="list-style-type: none"> <li>• Poor self-care for age, including hygiene</li> <li>• Child precociously able to care for self</li> <li>• Child lacks a sense of safety and often puts himself or herself in danger</li> </ul>

## Level 2 (cont'd)

Parenting Capacity	Family & Environmental Factors
<p><b>Basic care</b></p> <ul style="list-style-type: none"> <li>• Non-compliance of parents or carers with services</li> <li>• Parent or carer is struggling to provide adequate care</li> <li>• Child previously looked after by local authority</li> <li>• Practitioners have serious concerns</li> <li>• Child caring for siblings or parent</li> </ul> <p><b>Ensuring safety</b></p> <ul style="list-style-type: none"> <li>• Child perceived to be a problem by parents</li> <li>• Child may be subject to neglect</li> <li>• Experiencing unsafe situations</li> </ul> <p><b>Emotional warmth</b></p> <ul style="list-style-type: none"> <li>• Child receives erratic or inconsistent care</li> <li>• Child has episodes of poor quality care</li> <li>• Parental or carer instability affects capacity to nurture</li> <li>• Child has no other positive relationships</li> </ul> <p><b>Stimulation</b></p> <ul style="list-style-type: none"> <li>• Child not receiving positive stimulation, with lack of new experiences or activities</li> </ul> <p><b>Guidance and boundaries</b></p> <ul style="list-style-type: none"> <li>• Erratic or inadequate guidance provided</li> <li>• Parent or carer does not offer a good role model, eg by behaving in an antisocial way</li> <li>• Boundaries are too loose/tight/physical chastisement</li> </ul> <p><b>Stability</b></p> <ul style="list-style-type: none"> <li>• Child has multiple carers</li> <li>• Child has been 'looked after' by the local authority</li> </ul>	<p><b>Family history and functioning</b></p> <ul style="list-style-type: none"> <li>• Incidents of domestic violence between parents or carers</li> <li>• Acrimonious divorce or separation</li> <li>• Family have serious physical and mental health difficulties</li> </ul> <p><b>Wider family</b></p> <ul style="list-style-type: none"> <li>• Family has poor relationship with extended family or little communication</li> <li>• Family is socially isolated</li> </ul> <p><b>Housing</b></p> <ul style="list-style-type: none"> <li>• Poor state of repair, temporary or overcrowded</li> <li>• Intentionally homeless</li> </ul> <p><b>Employment</b></p> <ul style="list-style-type: none"> <li>• Parents or carers experience stress due to unemployment or 'overworking'</li> <li>• Parents or carers may not see enough of children due to working hours</li> <li>• Parents or carers find it difficult to obtain employment due to poor basic skills</li> </ul> <p><b>Income</b></p> <ul style="list-style-type: none"> <li>• Serious debts or poverty impact on ability to have basic needs met</li> </ul> <p><b>Family's social integration</b></p> <ul style="list-style-type: none"> <li>• Parents or carers socially excluded</li> <li>• Lack of a support network</li> </ul> <p><b>Community resources</b></p> <ul style="list-style-type: none"> <li>• Poor quality universal resources and access problems to these and targeted services</li> </ul>

### Level 3

These are children and young people whose needs are complex and enduring and cross many domains.

<b>Child's Developmental Needs</b>	
<p><b>Health</b></p> <ul style="list-style-type: none"> <li>• Child has severe or chronic health problems</li> <li>• Persistent substance misuse or smoking</li> <li>• Developmental milestones unlikely to be met</li> <li>• Early teenage pregnancy</li> <li>• Serious mental health issues</li> </ul> <p><b>Education</b></p> <ul style="list-style-type: none"> <li>• Child is out of school</li> <li>• Permanently excluded from school or at risk of permanent exclusion</li> <li>• Has no access to leisure activities</li> </ul> <p><b>Emotional and behavioural development</b></p> <ul style="list-style-type: none"> <li>• Regularly involved in antisocial or criminal activities</li> <li>• Puts self or others in danger eg missing</li> <li>• Suffers from periods of depression</li> <li>• Self-harming or suicide attempts</li> </ul>	<p><b>Identity</b></p> <ul style="list-style-type: none"> <li>• Child experiences persistent discrimination, eg on the basis of ethnicity, sexual orientation or disability</li> </ul> <p><b>Family and social relationships</b></p> <ul style="list-style-type: none"> <li>• Periods of being accommodated by the local authority</li> <li>• Family breakdown related in some way to child's behavioural difficulties</li> <li>• Subject to physical, emotional or sexual abuse or neglect</li> <li>• Child is main carer for family member</li> </ul> <p><b>Social presentation</b></p> <ul style="list-style-type: none"> <li>• Poor and inappropriate self-presentation</li> </ul> <p><b>Self-care skills</b></p> <ul style="list-style-type: none"> <li>• Child neglects to use self-care skills due to alternative priorities, eg substance misuse</li> </ul>
<p><b>Parenting Capacity</b></p>	<p><b>Family &amp; Environmental Factors</b></p>
<p><b>Basic care</b></p> <ul style="list-style-type: none"> <li>• Parents or carers unable to provide 'good enough' parenting that is adequate and safe</li> <li>• Parent or carer's mental health problems or substance misuse significantly affect care of child</li> <li>• Parents or carers unable to care for previous children</li> </ul> <p><b>Ensuring safety</b></p> <ul style="list-style-type: none"> <li>• Instability and violence in the home continually</li> <li>• Parents or carers involved in crime</li> <li>• Parents or carers unable to keep child safe</li> <li>• Victim of crime</li> <li>• Unexplained injuries</li> </ul> <p><b>Emotional warmth</b></p> <ul style="list-style-type: none"> <li>• Parents or carers inconsistent, highly critical or apathetic towards child</li> </ul> <p><b>Stimulation</b></p> <ul style="list-style-type: none"> <li>• No constructive leisure time or guided play</li> </ul> <p><b>Guidance and boundaries</b></p> <ul style="list-style-type: none"> <li>• No effective boundaries set by parents or carers</li> <li>• Child regularly behaves in an antisocial way in the neighbourhood</li> </ul> <p><b>Stability</b></p> <ul style="list-style-type: none"> <li>• Child beyond parental or carer's control</li> <li>• Child has no-one to care for him or her</li> </ul>	<p><b>Family history and functioning</b></p> <ul style="list-style-type: none"> <li>• Significant parental or carer discord and persistent domestic violence</li> <li>• Poor relationships between siblings</li> </ul> <p><b>Wider family</b></p> <ul style="list-style-type: none"> <li>• No effective support from extended family</li> <li>• Destructive or unhelpful involvement from extended family</li> </ul> <p><b>Housing</b></p> <ul style="list-style-type: none"> <li>• Physical accommodation places child in danger</li> </ul> <p><b>Employment</b></p> <ul style="list-style-type: none"> <li>• Chronic unemployment that has severely affected parents' own identities</li> <li>• Family unable to gain employment due to significant lack of basic skills or long-term difficulties, eg substance misuse</li> </ul> <p><b>Income</b></p> <ul style="list-style-type: none"> <li>• Extreme poverty or debt impacting on ability to care for child</li> </ul> <p><b>Family's social integration</b></p> <ul style="list-style-type: none"> <li>• Family chronically socially excluded</li> <li>• No supportive network</li> </ul> <p><b>Community resources</b></p> <ul style="list-style-type: none"> <li>• Poor quality services with long-term difficulties with accessing target populations</li> </ul>

## APPENDIX 3: CHILD IN NEED AND RISK FORM for ADULT COMBINED TEAM STAFF

*To be completed if adult client has/likely to have dependent children or contact with children*

Name of Client:

Names and ages of children:

Name/Designation of assessor:

Signature

Date of assessment     /     /

<b>Consider the impact of the client's learning disability on the child/ren identified:</b>							
	YE S	NO	Don't know		YE S	NO	Don't know
SYMPTOMOLOGY/BEHAVIOUR OF ADULT LD THAT INVOLVES THE CHILD Also consider risk due to low level of service use, lack of continuity of care				IMPACT ON EMOTIONAL WELLBEING OF CHILD: e.g. evidence in child of increased fearfulness/anxiety, behaviour difficulties, withdrawn, isolation from peers, parenting behaviour			
IMPACT ON PHYSICAL WELLBEING OF CHILD: e.g. not dressed for the weather, unkempt, not being protected from danger, injury to child				SUPPORT NETWORK NOT AVAILABLE: e.g. single parent, partner with physical/mental illness, low input from extended family, socially isolated			
IMPACT ON COGNITIVE WELLBEING OF CHILD: e.g. poor school attendance, high or low expectations, lack of stimulation				CHILD AND/OR FAMILY KNOWN (or previously known) TO CHILDREN & FAMILIES SERVICE			

*These indicators are intended to guide assessment – not to be added up or used to produce a numerical score.*

*Also take account of other relevant information, and the extent to which information is available to you. **The younger the child the higher the risk and the quicker the intervention/change will need to be in place.***

### **ACTION REQUIRED**

1. If you answered **No** to all the questions stop here, unless there is a child under five years old – identify the family's health visitor and/or GP and ensure appropriate level of information sharing. Referral to C&F as a 'child in need' can be considered with client consent.
2. If you answer **Yes**, and there is a concern that the child is actually or likely to be suffering significant harm - discuss with team and/or refer immediately via telephone to your local Children & Families R&A team with or without consent.
3. If you answered **Yes**, and there are no concerns about actual or likely significant harm, the child should be thought of as 'in need', and a referral (with consent) to your local Children & Families R & A Team considered.
4. Complete your assessment, recording information in clinical notes
5. Update the **care plan** appropriately, ensuring risk forms are placed in clinical notes. Ensure issues for the child/ren are considered and spelt out.

6. Consider whether the children are young carers, and complete as appropriate, **Carers Assessment Form**

## APPENDIX 4: RISK SCREEN FOR ADULTS & GUIDE TO REFERRING TO COMBINED TEAM - FOR USE BY CHILDREN & FAMILIES WORKERS

- ✓ To be completed for any parent of a child in need or at risk (or adult associating with the child)
- ✓ For child and family social workers to assess and refer parents / involved adults who have learning disabilities to the Combined Team for Learning Disabilities

Name and DOB of parent / adult:

Full address & postcode of adult:

Assessor:

Designation:

Date:

Contact details:

	Yes	No	Not known	Action taken / Date
1. Are you concerned about the parent / adult's levels of understanding?				
2. Does the problem appear to be significant or acute?				
3. Does the adult appear to be an immediate risk to themselves or others?				
4. Has the adult had previous contact with or is known to LD services?				
5. Is the child potentially 'in need'?				
6. Have concerns been raised by a Primary Care Worker such as the Health Visitor?				
7. Is the child a young carer for an adult with diagnosed learning disabilities?				

## **ACTION REQUIRED**

If you answer **yes to question 1 or 2** record details and consider the possibility of referring the person to their GP

If you answer **yes to question 3** consider immediate contact with emergency services (A&E) or the Haringey Crisis Team. See appendices for addresses.

If you answer **yes to questions 3 and 4** ensure local learning disability services are involved. See appendix for contact list of local LD services.

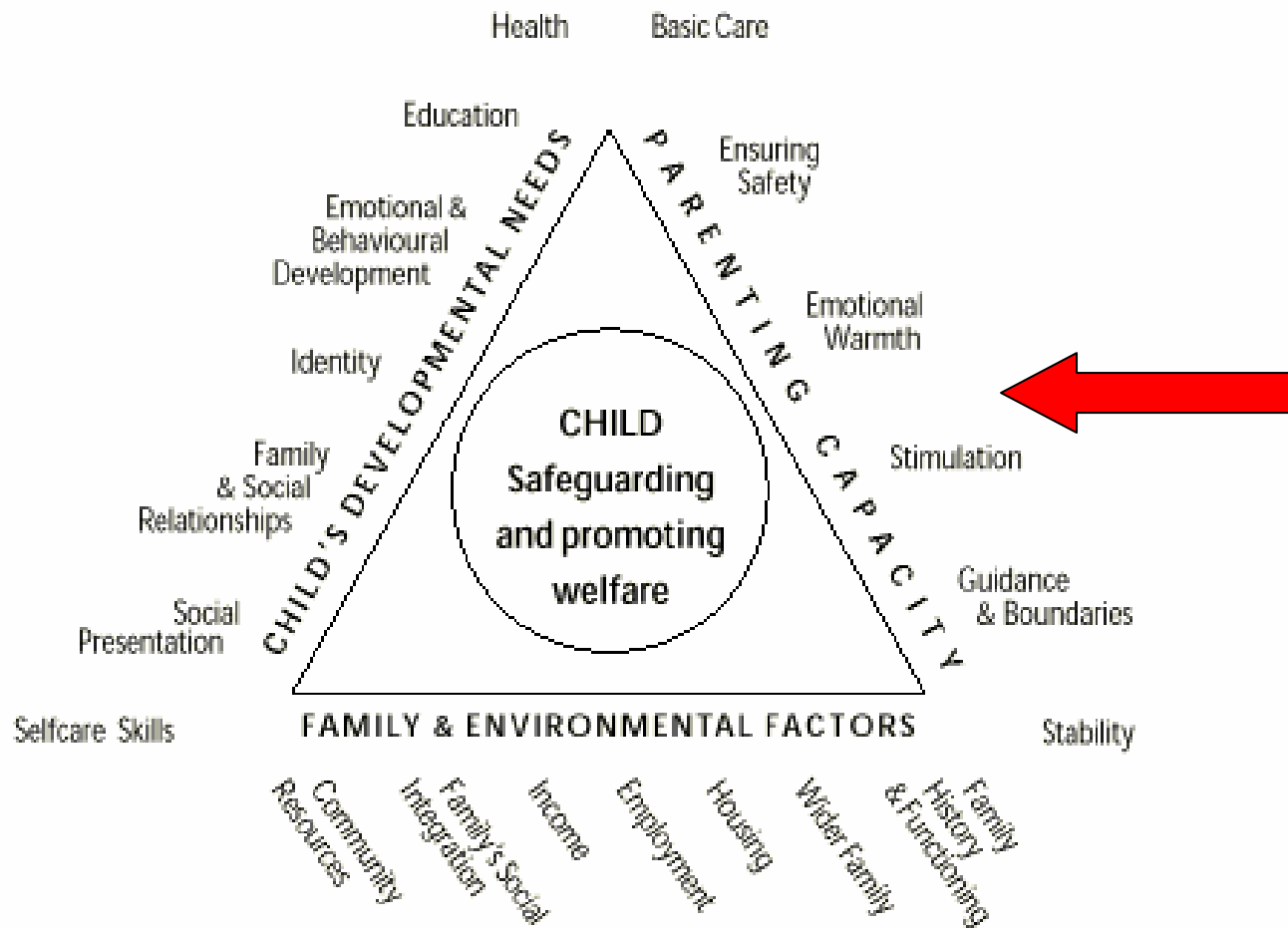
If you answered **yes to question 5** Consideration should first be given to referring any concerns about the adult to the patient's GP. Where the problem is significant and the person is previously known to the LD Combined Team, refer to a Haringey Community Team for Learning Disability who should take responsibility for contacting the family and leading a joint initial assessment.

If you answer **yes to question 6** refer any concerns to the mother's GP.

If you answer **yes to question 7 refer** to the local Community LD Team to see if the adult is already known. If the adult is already registered with the Community Team or becomes registered following referral to the GP a joint assessment should be carried out led by the Combined Team.

## APPENDIX 5:

# Relationship between Key Issues for Adults with Learning Disabilities and the Parenting Capacity Aspect of the Framework for the Assessment of Children in Need and their Families (DoH 2000)



- Parent's strengths and coping mechanisms
- Nature, frequency, severity, pattern, timing and duration of learning disability
- Child's exposure to or involvement in behaviours and symptoms
- Dual diagnosis
- Supports, treatment issues, insight and compliance
- Impact on behaviour and functioning
- History



## **APPENDIX 6: CONTACT DETAILS**

### **THE COMBINED TEAM FOR ADULTS WITH LEARNING DIFFICULTIES**

Combined Team Duty Desk (for referrals)  
**020 8489 1384**

### **THE CHILDREN & YOUNG PEOPLE'S SERVICE**

Referral & Assessment Team (Hornsey)  
**020 8489 1856/1805/1806**

Referral & Assessment Team (Tottenham)  
**020 8489 5402/03/04**

Emergency out of hours social work team  
**020 8348 3148**

Child Protection Advisers  
**020 8489 1061/1866/5426/5462**

Disabled Children's Team Duty Desk  
**020 8489 3655**