

Working together to support disabled parents



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First published in Great Britain in August 2007
by the Social Care Institute for Excellence

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Written by Jenny Morris and Michele Wates

This PDF document was created in August 2007

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Social Care Institute for Excellence
Goldings House
2 Hay's Lane
London SE1 2HB
tel 020 7089 6840
fax 020 7089 6841
textphone 020 7089 6893
www.scie.org.uk

Working together to support disabled parents

Jenny Morris and Michele Wates

Resource guide 9

Working together to support disabled parents:

How to develop inter-agency protocols to support families in which parents have additional needs related to physical and/or sensory impairments, learning disabilities, mental health, drug and alcohol-related problems or serious illnesses.

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About this resource guide

This guidance is based on the policy and legislative frameworks for adults' and children's services. It also draws on the experiences of local agencies that have worked together to produce joint protocols for supporting parents with additional support needs.

This section of the guidance sets out:

- the principles of good practice, which should form the underlying philosophy for the relationship between agencies and families where a parent or parents are disabled or have additional support needs
- the key features of good practice or the distinguishing characteristics of the relationship between agencies and families.

Principles of good practice

The following principles underpin the development of good practice in the support of families affected by parental disability or ill health:

- Local authorities and all other agencies working or in contact with children have a responsibility to safeguard and promote children's welfare.
- Children's needs are usually best met by supporting their parents to look after them.
- Professionals should respect and support the private and family lives of parents who have additional support needs associated with physical and/or sensory impairment, learning disabilities, mental health problems, long-term illness or drug and/or alcohol problems.
- Support needs should be addressed by enabling parents to access universal and community services wherever possible and appropriate.
- Additional support needs should be met by the timely provision of specialist assessments and services.
- Agency responses should be needs-led, aim to support family and private life and prevent unnecessary problems from arising.
- Agency responses should address the needs of parents and children in the context of the whole family and not as individuals in isolation from one another.
- 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 parent(s) and their family.
- Diversity should be valued and fully considered in agency responses.

Key features of good practice

The following key features or distinguishing characteristics of the relationship between agencies and families were evident among the examples of good practice surveyed for the SCIE knowledge review 11:

- Needs arising from impairment/illness and/or disabling barriers were addressed before making judgements about parenting capacity.
- There was clarity about the rights of individuals and the responsibilities of organisations.
- There were good working relationships between agencies and disciplines.
- Service development and delivery were characterised by a partnership approach between agencies and disciplines.
- There was a continuum of prevention.

Needs arising from impairment/illness and/or disabling barriers should be addressed before making judgements about parenting capacity

Good practice is underpinned by an approach that addresses needs relating to a parent's impairment or illness and the disabling barriers of unequal access and negative attitudes. This approach recognises that if a problem is seen as entirely related to impairment and personal limitations it can sometimes be difficult to understand how to effect positive changes for parents and their children.

If the focus is, instead, on things that can be changed, such as inadequate housing and on support needs that can be met then there are many more possibilities for positive improvements.

Therefore, a key feature of good practice is that adults' services take a lead role in responding to parental support needs. This requires that eligibility criteria for adults' services take parenting needs into account so that significant problems are prevented from arising and adversely affecting children's welfare. In addition, the parent should be a key partner in the process of planning the provision of services.

There should be clarity about the rights of individuals and the responsibilities of organisations

Good practice is underpinned by clarity about the responsibilities of statutory agencies which are set out in legislation and guidance. This means:

- providing parents and children with accessible information about their rights and entitlements

- ensuring that local policies and practices comply with current legislation and guidance
- promoting knowledge among children's and adults' services about the statutory framework within which each are working.

There should be good working relationships between agencies and disciplines

The process of developing joint protocols provides an opportunity for agencies to establish a shared understanding of their respective roles and responsibilities. The good practice examples of joint protocols surveyed for the SCIE knowledge review exhibited the following key features in their relationships with families where a parent or parents were disabled or had additional support needs:

- There was recognition that if an adult's parenting needs are responded to within the adults' social care framework then children are less likely to be in need.
- There was collective ownership across adults' and children's services and across health, education, social care, housing and the non-statutory sector of the need to provide early support.
- Children's social workers were brought in when necessary and worked in partnership with adults' services to prevent further problems from arising.
- Joint assessments were undertaken, when required, to meet a child's and family's needs.
- Joint commissioning and joint working was conducted to provide flexible, ongoing support and to anticipate changes in needs resulting from changes to impairment and/or illness and family circumstances.
- Training was undertaken within and across agencies, and particularly across adults' and children's services.
- There was recognition that adults' services have a continuing role of supporting parents when children's services carry out their responsibilities under Section 47 of the Children Act 1989.
- There was a coordinated approach to assessment and service delivery for individual families.

Service development and delivery should be characterised by a partnership approach

A partnership approach to service development and delivery means:

- children's and adults' services working together to develop joint protocols
- developing collaborative and trusting working relationships across the range of statutory and voluntary sector services
- consultation with and the involvement of parents and children in developing policies, protocols and services

- positive action to overcome parents' potential distrust of and disengagement with services.

There should be a continuum of prevention

A key feature of good practice is the recognition that a preventative approach needs to be taken at all stages of the relationship between services and families. This means:

- preventing unnecessary problems from arising by addressing specialist low-level parenting support needs
- preventing harm to children and family crises which could lead to children being looked after by the local authority
- supporting parents whose children have been removed from home, with a view to reuniting families where possible
- providing post-crisis support aimed at anticipating and preventing future difficulties.

A preventative approach is also key to overcoming the stigma and fear which parents often associate with statutory social services.

The key mechanism for promoting these principles and features of good practice is the collective development by relevant agencies of protocols for responding to the needs of families affected by parental disability or additional needs.

The next section of this guidance looks at the development of local protocols, drawing on lessons learnt from areas that have adopted protocols.

The resource guide also provides a template for developing joint protocols.

About local, joint-working protocols

The role and development of local, joint-working protocols

Written procedures that are agreed by all agencies are key to ensuring that support is delivered effectively to people whose needs cross service boundaries.

Services for supporting parents with additional requirements and their families are necessarily spread over a number of services and agencies, each working to different priorities, budgets, time frames and, to an extent, legislation. Yet there is increasing emphasis throughout the UK on the need for joined-up working to safeguard and promote the welfare of children. In England this has coincided with the organisational separation of children's and adults' social care services. If existing differences between the services are not to grow wider still then there is an urgent need to develop effective links across services for children and specialist services for adults. It is therefore more important than ever to develop agreed procedures and approaches to address the following issues:

- the needs of families where parents have additional support requirements which, if not met, may have a negative impact on their children's welfare
- disagreements between adults' and children's social care about their respective responsibilities and who should meet costs
- lack of clarity about responsibility for assisting parents with specific challenges, such as which service should provide parenting classes or support for getting their children to school
- organisational barriers to good communication and a lack of shared understanding of aims, roles and responsibilities
- families where neither the adult's nor the children's needs meet the threshold criteria to receive services when considered in isolation from one another.

The benefits of universal and specialist protocols

A universal protocol is one that encompasses a range of additional support needs, although it may also refer to procedures which will apply in certain circumstances. Some agencies have developed an overarching universal protocol that lays out the general principles of supporting parents with additional requirements and the procedures to be followed. In other places, agencies have developed protocols that cover particular groups of parents, such as those with mental health support needs or those with learning disabilities. Some agencies have also developed protocols covering specific circumstances, such as where a pregnant woman with additional support needs requires multi-agency support.

A key advantage of a universal protocol, when used in addition to specific procedures covering particular groups of parents, is that it establishes the principle that support should be made available to all parents in a way that families experience as non-stigmatising and approachable. The division of services into relatively impermeable compartments can be a source of great frustration and difficulty for families whose needs span administrative categories. A universal protocol means that possibilities for continuity and flexibility are maximised, and provides a framework within which specialised services can be accessed as and when needed.

The good practice survey conducted for the SCIE knowledge review 11 illustrated the importance of a universal protocol in supporting parents effectively in a wide range of situations. The good practice examples demonstrated that universal protocols clarify the arrangements to be followed in a range of circumstances, from situations in which children's services will not necessarily be involved, through to complex, urgent and difficult situations that involve both adults' and children's services teams. A universal protocol to which all relevant services are committed makes it easier to achieve continuity without undue dislocation as and when urgent needs and crisis situations arise. It also provides a firm foundation and framework for the development of protocols to cover specific groups and situations.

Developing protocols: common goals and local application

The preparation of local protocols frequently arises out of local awareness that the needs of some parents and their children are not being adequately met. Protocols have also been developed in response to specific difficulties that have arisen when service divisions and agencies have worked together. In fact, the good practice survey found that developing joint-working protocols is an important part of the process of achieving joint-working between agencies. Furthermore, as has been said elsewhere, 'the collaboration required to produce them [protocols] is also a model for good working practices in applying them'.¹

At the same time it is useful to be able to draw on other agencies' experiences of developing joint protocols. While the specific context will always be relevant to the development and content of local protocols, there is great value in learning from other agencies' experiences of tackling challenges.

Parents a protocol should cover

All the good practice examples of universal protocols have adopted the broad and inclusive definition of 'disabled parents' employed by the Joseph Rowntree Foundation's Task Force on Supporting Disabled Adults in their Parenting Role. This definition includes:

- parents who may have additional requirements related to physical and/or sensory impairments
- parents with learning difficulties/disabilities
- parents with mental health problems
- parents with drug and alcohol-related problems
- parents with serious illnesses such as HIV/AIDS
- parents who identify as 'Deaf'*
- parents who may or may not identify with the term 'disabled'.*

This guidance covers two broad groups of parents:

People who come under the legal definitions of disabled person used by community care legislation and/or the *Disability Discrimination Acts 1995 and 2005*. In brief, this means people who are substantially and permanently affected by physical and/or sensory impairments, long-term medical conditions, learning disabilities or mental health problems.

A larger group of parents who have support needs in addition to those of most parents. This group includes parents with: physical and/or sensory impairments; permanent and/or long-term health problems; learning disabilities; and mental health problems. It does not include parents whose difficulties do not meet the 'substantial' and/or 'permanent/long-term' criteria contained in the two legal definitions of 'disabled person'. This larger group also includes parents who have problems related to drugs and/or alcohol. Some of these parents will meet the legal definition of disabled person because of impairment/illness associated with their drug and/or alcohol use. The SCIE knowledge review provides an overview of the estimated numbers of parents in each of these categories.

The knowledge review on which this resource guide is based found that for services to become more genuinely inclusive they need to be more responsive to the cultural requirements of black and minority ethnic groups, and other groups such as Deaf people. The review also highlighted the importance of addressing more consciously the needs of disabled fathers, disabled kinship carers and grandparents and non-disabled

* The term 'Deaf' (with a capital 'D') is used to describe someone identifies as part of the Deaf community and who uses British Sign Language (BSL). The term 'deaf' (with a lower case 'D') refers to someone with a hearing impairment who may or may not use BSL.

kinship carers and grandparents who are involved in caring for the children of disabled relatives.

Involving parents is key to developing successful protocols

Pressure from parents has sometimes prompted local authorities to improve communication with parents and the coordination of responses to parents' needs. Disabled people in particular have prompted and been involved in the development of protocols in many places. However, there would seem to be very little involvement of parents with mental health problems and/or drug and/or alcohol problems in the development of protocols and policies for partnership working. It is important to involve a range of parents in the development of protocols and to make particular efforts to involve under-represented groups whose points of view are seldom heard. There is a section in this resource guide about involving parents in developing protocols.

Studies of joint-working protocols for supporting parents with additional requirements have noted a qualitative difference between protocols where parents have been involved^{2,3} in their development and those where parents have not been involved. The issue of approachability in particular is more likely to be addressed in the former.

Parents also have a key role to play in monitoring and evaluating the effectiveness of protocols in practice (as Norfolk County Council did in their protocol).

Agencies and professional groups a local protocol might cover

No single agency or professional group can meet all of the needs arising in families where there are disabled and/or ill parents. Local protocols provide an opportunity to establish working arrangements that systematically involve relevant participants across health, social care, housing, parenting support, welfare rights, advocacy, early years' services and education in the statutory and voluntary sectors.

The following statutory services were all involved in one or another of the good practice examples: community care services (younger people with a physical disability and older people), sensory support, drug and alcohol action teams, community mental health teams, learning disability teams, children's services, education, housing, primary care trusts, hospital trusts, midwifery services, hospital labour ward, post-delivery teams, psychiatric inpatient services, carers' services (including young carers), adult education and leisure.

A range of non-statutory bodies were also involved in some places, particularly in the consultation phases of developing the protocols. These included local and national disability organisations, welfare rights advisory services, parenting and family support

services (including Sure Start), counselling and advocacy services and young carers' projects.

While adults' and children's social care services are the key statutory services involved, careful consideration should also be given to the need to work with other agencies and professions with which families are likely to come into contact. Once inter-agency cooperation on supporting parents is in operation it has been found that specific gaps can be more readily identified and addressed. For example, gaps and difficulties can be identified in:

- the provision of support for parents with learning disabilities/difficulties between ending contact with maternity services and children starting school
- communication between adults' specialist teams and housing authorities
- communication between services and parents, for example, home–school liaison and hospital–parent liaison
- parents with learning disabilities accessing accredited adult education courses.

Given the wide range of statutory and voluntary sector services which have a role in supporting families with parents who have additional support requirements, it would be unwieldy to form a working group that represented all local organisations and services that need to be aware of and part of the protocol. At the same time it is vital for its success that relevant services are familiar with the protocol and have a sense of ownership over it.

Developing local, joint-working protocols

There is no one way of developing a protocol since so much depends on local circumstances and personnel. We identify here some of the key processes and tasks that have formed part of other localities' development of protocols.

1. Identify which services and which managers need to be involved and form a working group

In forming a working group it will be necessary to reach a balance between a workable group and involving managers from all key services. Experience has shown that working groups responsible for developing local, joint-working protocols need to include managers from adults' and children's services. All working group participants should be in a position to progress decisions in relation to the protocol either by virtue of their seniority or through access to decision-makers in their service. The working group should secure senior managers' support from the outset.

Where resources have allowed, it has been found extremely useful to appoint a project manager to liaise between the working group and other relevant services. Where this has not been possible it has been vital to establish at the outset how the working group will communicate effectively with services not represented on the working group.

2. Involve local disability and voluntary sector groups and individual parents

It is essential to identify how parents' involvement will be resourced and to involve them fully. For example, how will their travel and other expenses, including childcare, be paid? Who will arrange for accessible versions of papers to be available and who will pay for interpreters if they are required, including BSL interpreters?

It is particularly important to consider how to involve, or at a minimum to receive feedback from, groups of parents whose views are seldom heard. Experience has shown that careful consideration needs to be given to the most appropriate methods of involving these groups.

The resource guide provides more information about involving parents in developing protocols.

3. Decide on a work plan for the group

Some of the tasks you might want to consider for the work plan and which have proved important in developing support for parents with additional needs include:

- gathering evidence about the needs of local parents with additional requirements
- reading relevant research and getting advice from specialist agencies
- identifying local strategic goals and establishing shared goals
- examining good practice examples of joint protocols from elsewhere
- working with service managers to establish agreement on key issues, including financial responsibilities and arrangements for resolving disagreements between services
- drafting the protocol, or adapting models from elsewhere that have been found useful
- desk testing the protocol against local, anonymous or fictional cases
- presenting the draft protocol to all relevant agencies and at all operational levels to establish how it would work in practice and gathering their feedback
- preparing the final protocol and presenting to senior managers for approval
- securing councillor interest, ownership and formal approval.

4. Plan for implementation, monitoring and evaluation

The creation of a protocol is the first stage of an ongoing process. Identifying and monitoring strategic goals will contribute to its successful implementation and ongoing development.

The good practice survey found that routine and effective support for parents can only be sustained where good practice is embedded in service structures that are backed by flexible financial and monitoring arrangements, and when outcomes across agencies and service divisions are evaluated and responded to accordingly.

The following measures were found useful in implementing and developing protocols:

- Present protocols to professionals and parents in a clear, well-designed format.
- Collect evidence that can be used to evaluate outcomes across services and agencies.
- Keep local councillors and service leaders apprised of progress and evaluations.
- Keep progress towards strategic goals under review.
- Measure evidence and feedback from professionals and service users.
- Maintain inter-agency involvement in training and in monitoring and further developing the protocol.
- Anticipate training and research needs that are likely to arise in the short to medium term and plan how these will be funded .
- Form working groups to progress/clarify specific interface issues.

The next section of this guidance comprises a template for writing a joint protocol, setting out the different procedures that will need to be covered.

Template of a local, joint-working protocol

Introduction

This template provides a guide for the structure of local protocols, the detailed wording of which will need to be developed by local agencies. However, some wording is suggested at various points and is based on current good practice. These suggestions are in boxes below. Links are also given to other relevant parts of the resource.

Generally, local protocols for supporting disabled adults in their parenting role comprise four main sections. These are:

Starting points

The starting points include:

- identifying common principles and desired outcomes
- defining what groups and situations are covered by the protocol and agreeing common definitions and language
- setting out the relevant national policy and legislative framework
- identifying relevant local policies, protocols and guidance.

Processes and functions

This section covers all of the different processes and functions which are part of supporting disabled adults in their parenting role and safeguarding and promoting the welfare of children whose parents have additional support needs.

This section is the core of the jointly agreed protocol as it sets out the responsibilities of agencies and the arrangements for joint working. It is sometimes called 'practice guidance'. A number of protocols also include diagrammatic representations of care pathways and case study examples of how the protocol should work.

Implementation

A protocol will only be effective if there are clear plans for, and resources devoted to, its implementation. The template sets out the steps to be taken, covering for example, dissemination of the protocol and joint training arrangements.

Evaluation and review

Assessing the effectiveness of the protocol is a key part of its implementation and will include, for example, plans for consultation with parents and children, gaining feedback from staff and agencies and monitoring the impact of the protocol on service provision and the accommodation of children.

The aim of this template is to see what these four sections of a protocol might look like.

Starting points

Principles of good practice

To reach agreements on, for example, information sharing, eligibility criteria and service provision, agencies will need to start by identifying the good practice principles that the protocol should be based on. These are likely to be related to the outcomes desired by each agency and by parents themselves. We suggest the following principles of good practice:

- Local authorities and all other agencies working or in contact with children have a responsibility to safeguard and promote children's welfare.
- Children's needs are usually best met by supporting their parents to look after them.
- Professionals should respect and support the private and family lives of parents who have additional support needs associated with physical and/or sensory impairment, learning disabilities, mental health problems, long-term illness, and/or drug and alcohol problems.
- Support needs should be addressed by enabling parents to access universal and community services wherever possible, as appropriate.
- Additional support needs should be met by the timely provision of specialist assessments and services.
- Agency responses should be needs-led, aim to support family and private life and prevent unnecessary problems from arising.
- Agency responses should address the needs of parents and children in the context of the whole family, and not as individuals in isolation from one another.
- Inappropriate tasks and responsibilities undertaken by a child or young person which adversely impact their emotional, physical, educational or social development should be prevented by providing adequate and appropriate support to the parent(s) and their family.
- Diversity should be valued and fully considered in agency responses.

The principles and features of good practice can be used as a starting point for reaching agreement across the agencies, professions and services involved in writing a joint local protocol.

Supporting parents is key to achieving the five outcomes laid out in *Every child matters*, while support to disabled adults in their parenting role is a crucial part of achieving the outcomes for adults' social care laid down in *Our health, our care, our say*.

Coverage, definitions and vocabulary

Another key starting point in developing a joint protocol is to agree what the protocol will cover. The case has been made earlier for a universal protocol, that is, a protocol which covers all groups of parents with additional support needs, with supplementary

agreements concerning specific groups. Nevertheless, it will be necessary to assess whether this arrangement is suited to the specific local circumstances of the agencies concerned. There will also need to be discussion of which agencies are to be directly involved as partners in the protocol. Possible participants include:

- children's services, including children's centres, early years' services and social care services
- education and learning services, including extended schools, educational psychology and education welfare services
- social care services for adults with:
 - > physical and/or sensory impairments
 - > learning disabilities
 - > mental health support needs
 - > drug and/or alcohol related problems
- health services
 - > midwifery and health visiting services
 - > community mental health professionals
 - > services for people with long term health conditions
 - > learning disability nurses
 - > equipment services
- housing services
 - > Supporting People services
 - > housing allocation and homelessness services
 - > housing adaptations and improvements
- probation service.

Discussions on coverage will also enable agencies to reach agreed definitions and a shared vocabulary.

Legislative framework and relevant national policies

The national policy framework and the responsibilities and entitlements set out in legislation and guidance provide the context for the development of local protocols. One important benefit of jointly agreeing protocols across different agencies is an increased understanding of each agency's role and responsibilities. A detailed account of the policy and legislative framework is included in this resource guide.

In summary, the policy and legislative framework establishes that:

- Children's welfare should be safeguarded and promoted.
- Children's needs are usually best met by supporting their parents to look after them.
- Everyone has the right to respect for family and private life.
- Local authorities and all other agencies in contact with children have a responsibility to take account of safeguarding and promoting children's welfare in the course of their work with children and families. Local authorities have a specific

responsibility when a child is the subject of court proceedings to ensure the welfare of the child is paramount and a general duty to safeguard and promote the welfare of children in need in their area.⁴

- Disabled parents, and those who appear to be in need of community care services, have the right to an assessment of their needs for support in their daily lives. Such assessments should include any assistance required with parenting roles and tasks; and they are entitled to assessed needs being met if they meet local eligibility thresholds.
- When determining eligibility for adults' services the agency should take into account any risks in the short and long term to the ability of the parent to carry out family roles and responsibilities. The decision should also take into account the consequences of not meeting needs which do not currently meet eligibility thresholds.
- Adults' and children's services – across health, education and social care – should work together to improve outcomes for children and their families.
- Disabled parents are entitled to equal access to services, including parenting support and information services.
- All public bodies have a duty to actively promote equality of opportunity for disabled people.
- The NHS and local authorities have a duty to promote the health and well-being of their local populations.

The relationship between the joint-working protocol and existing protocols, procedures and practice guidance

Relevant local protocols, procedures and practice guidance can be listed in this first section of the protocol. It is also helpful if specific local protocols and procedures are referred to at appropriate points under the processes and functions mentioned below. Among the most important to be included will be:

- information-sharing and consent protocols
- child protection protocols
- protocols concerning completion of the *Common assessment framework* and of the *Framework for the assessment of children in need and their families*
- lead professional/key worker/care-coordination protocols
- young carers' protocols.

Processes, functions and responsibilities

This section of the protocol covers the different processes and functions which make up the relationship between agencies and families who need support. The processes and functions that should be covered are:

- initial contact and referrals
- sharing information between services

- assessment, planning intervention and review
- prevention of avoidable difficulties
- clarification of responsibilities
- coordinating assessments, planning intervention and review
- linking with a range of services
- enabling parents and children to participate fully in assessments, care intervention and review
- putting in place responses to assessed need
- responsibilities of agencies when children are considered to be at risk of harm and/or are accommodated by the local authority
- financial responsibilities of children's and adults' services
- charging
- commissioning
- care pathways and case studies.

Initial contact and referrals

Adults' and children's services should jointly agree referral procedures to prevent parents' and children's needs from failing to be met by either of the two services. It will be important that whichever service the family initially comes into contact with is aware of the protocol and of referral procedures.

The details of how to respond to initial contact with parents and to referrals will be determined by local procedures, including those which lay down target times for responses. However, common features of initial contact and referral procedures in good practice examples were:

- As a general rule, referrals for assessing the needs of disabled parents should be referred to adults' services teams, unless specific child protection concerns dictate otherwise. In that case local procedures agreed by the Local Safeguarding Children Board should be followed.
- When referring disabled parents to adults' services the referral should clearly state that the case involves a disabled adult with parenting responsibilities.
- When referring parents to a children and young people's team the referral should highlight that the parent has additional support needs relating to mental health, learning disability, physical and/or sensory impairment, a long-term health problem or a drug/alcohol-related problem.
- Accessible information should be provided to parents concerning referral, assessment and information-sharing procedures.

The protocol may also set out local procedures which generally relate to referrals involving adults or children, for example:

- the circumstances in which a referral can be made without an adult's consent
- the roles of the *Common assessment framework* and *Framework for the assessment of children in need and their families*.

Sharing information between services

It is likely that there are already local procedures in place for sharing information between services when making referrals and assessments of disabled parents and their children. Procedures such as these are supported by Department for Education and Skills (DfES) practice guidance on information sharing. However, writing specific protocols which cover the referral and assessment of disabled parents provides an opportunity to assess whether these information-sharing procedures are effective and appropriate and to raise awareness of the procedures across children's and adults' services.

Common features of good information-sharing include:

- the identification of responsibility for information-sharing at all stages of the process, from referral, to assessment, to planning, to service provision and to review
- clarity about when information can and should be shared without consent of the adult concerned
- clarity about the range of potential sources of information, including universal services (for example, the school, GP or health visitor) and specialist services (for example, the community mental health team, Supporting People service or youth offending team)
- the appointment of people responsible for implementing information-sharing protocols within the organisations and who can act in an advisory capacity to help staff share information in a lawful way.*

Assessment, planning intervention and review

At the heart of a joint protocol will be the agreement, reached between children's and adults' services, of their respective responsibilities for assessment, planning interventions and review. In particular, these functions require agreement about eligibility criteria for service provision and the circumstances in which joint work will be carried out.

* In one good practice example the local authority used 'Caldicott Guardians', who were introduced in the NHS following the 1997 Caldicott Report. Within the NHS this is a senior person, usually a health professional, responsible for safeguarding the confidentiality of patient information.

There are four key features of good practice in assessment and planning:

1. *preventing avoidable difficulties*
2. *clarity of responsibilities*
3. *mechanisms for coordination and planning*
4. *making links with a range of services.*

Prevention of avoidable difficulties

An important common feature of all the good practice examples was a clear statement that assessment arrangements and eligibility criteria for the provision of services by children's and adults' services should aim to prevent avoidable difficulties arising by:

- recognising low levels of need which, if unaddressed, are likely to lead to difficulties for parents and undermine children's welfare
- recognising support needs at the early stages of the parenting experience
- anticipating support needs which may arise at different stages in a family's life cycle.

The *Fair access to care services* and the *Framework for assessment of children in need and their families*, recognise the importance of adults' services responding to lower levels of needs in cases where parents are living with the additional challenges of impairment, illness or drug and/or alcohol problems. Criteria for carrying out community care assessments and responding to needs should therefore take this into account. Norfolk County Council's protocol does this by stating:

'... the combination of impairment and parenting responsibilities within the overall context of the individual family's circumstances may generate a higher degree of need for support than a personal assessment of the disabled/ill adult alone.'

It is good practice to emphasise that, when determining eligibility for adults' social care services, support should be given to parents where the risk to independence (as defined in *Fair access to care services*) currently falls within the 'moderate' band determined by local authority eligibility criteria for services provision but where there is reason to suppose that the risk will become 'critical' or 'substantial' if no support is provided. This practice follows the policy guidance set out in *Fair access to care services*⁵ and preventative approach in the *Framework for the assessment of children in need and their families*.⁶

A key aspect of a preventative approach is the recognition that support for parents may prevent children from taking on inappropriate caring roles. It will be important to make

links with the local multi-agency carers' strategy and any local protocols concerning young carers.

Clarification of responsibilities

Another common feature of the good practice examples included in the knowledge review was clarity about the respective responsibilities of adults' and children's services in assessments, planning intervention and review, and the circumstances when joint working would be required. Generally, the protocols agreed that:

- Adults' services have responsibilities for assessment and care planning when there are no safeguarding concerns and where the parent needs assistance with the routine tasks of looking after children.
- Adults' and children's services should jointly coordinate assessment and care planning where parents need support for the medium- to long-term to enable them to meet their children's developmental needs.
- Children's social care lead assessment and planning (with specialist input from adults' services) where intervention is required to prevent children suffering significant harm or where children's needs are complex and/or there is a disabled child in the family.

This agreement on responsibilities is often visually illustrated by a chart setting out the pathways through the assessment and planning process. It may be helpful to look at the flow charts developed by the local authorities whose good practice examples of joint protocols are listed later in this guide.

This section of the protocol will need to be cross-referenced with local procedures for implementing the statutory guidance *Working together to safeguard children*.

A key part of this section of the protocol will be the arrangements for resolving disagreements between services. These arrangements will need to cover the whole process from referrals, assessments and planning, through to financial responsibilities, joint working and reviewing. Each locality will want to develop its own agreements but one example is a protocol which states:

'In the event of a dispute about lead responsibility and/or the allocation of costs between staff at practitioner level, the two team managers should first seek to resolve this by reference to this policy. If they are unable to do so the case should be referred to service area manager level for dispute resolution.'

Coordinating assessments, planning intervention and review

Protocols provide an opportunity to re-affirm or establish new procedures for different agencies and professions to work together on assessments, planning intervention and review. It will be important to set up mechanisms for the following situations:

- where an assessment is being carried out by adults' social services and expertise concerning children's developmental needs is required
- where an assessment is being carried out by children's social services and expertise concerning the parent's additional support needs is required
- where input from another agency, for example, midwifery or education, is required to properly assess the child's and family's needs.

The case examples included in this guide illustrate ways in which protocols can assist with determining responsibilities and in fostering coordination and cooperation between services.

Where assessments, planning and reviews are jointly carried out by adults' and children's social services, the protocol will need to set out:

- the criteria for deciding which service provides the coordination or lead professional/key worker
- the arrangements for ensuring effective communication and involvement of the relevant services and professions throughout the assessment process, service provision and review.

Mechanisms for coordinating assessments, planning intervention and review may include appointing a care coordinator/key worker/lead professional, holding multi-agency meetings and organising joint supervision of the family by children's and adults' social services. Norfolk County Council's protocol, for example, uses 'professional consultation'. In other words, children's and adults' services have appointed named officers who are available at all times of the day or by call-back facility the same day, to enable professional consultation between partner agencies about specific named disabled parents and/or children of disabled parents.

Linking with a range of services

Guidance may also be required, within the protocol, on the contribution and role of services such as midwifery, health visiting, Supporting People services, housing, schools and children's centres. Where representatives from these services are involved in developing the protocol it is an opportunity to coordinate referral and assessment processes and to take account of different services' eligibility criteria.

Enabling parents and children to participate fully in assessments, care intervention and review

Some parents and children will require communication to be in accessible formats and/or their preferred languages. Others will want to be fully involved and to understand what is going on. In some circumstances it will be appropriate to ensure that parents or children have access to an independent advocacy service. Protocols will need to set out responsibilities, including financial responsibility, for the provision of these important

services. Practitioners and managers responsible for implementing the protocol will find it helpful if there are arrangements in place for providing information about services which can put information in accessible formats, assist with communication and/or provide independent advocacy.

Some localities use family group conferencing as an important method of involving all family members in identifying and responding to needs (see Resources, organisations and references for contact details to find out more information about this method). In these instances, local procedures for family group conferences will also need to be referred to in the protocol.

Putting in place responses to assessed need

It is useful to include in the protocol agreements about relationships between adults' and children's services when responding to assessed need. Clarity may be required where:

- adults' and children's services are jointly commissioning service responses to a child and family's needs
- adults' services (when responding to eligible parental needs under *Fair access to care services*) wish to use services that are normally commissioned by children's social care (such as foster carers, shared care, child care agencies and family support workers)
- children's social care (when responding to children's needs under Section 47 of the *Children Act 1989*) wish to use services that are normally commissioned by adults' social services (such as support workers, short-break services and home care agencies).

Protocols should also highlight the requirement to offer direct payments in lieu of services if this is what the family wishes and support their use.

Responsibilities of agencies when children are considered to be at risk of harm and/or are accommodated by the local authority

This part of the template should make links between the protocol and:

-
- local Safeguarding Children Boards and local arrangements for implementing Working together to safeguard children⁷
- vulnerable adults' policies – it is important to recognise that it is not only children who may be at risk of harm in some family circumstances.

Sorting out the responsibilities of agencies when children are considered to be at risk of harm is also an opportunity to recognise that the local authority is one legal entity and that agreement is necessary between its divisions – that is, children's and adults' social

services. This is particularly important when legal proceedings are involved. It is also important to specify within the protocol parents' and children's entitlements, from the perspective of legislation and local policies, to independent advocacy and the arrangements for providing access to such advocacy, including financial arrangements.

Finally, this section of the protocol should set out the responsibilities of children's and adults' social care when children are accommodated by the local authority. Agreement will need to be reached on who has responsibility for:

- supporting parents to maximise the chances of being reunited with their children
- facilitating contact between parents and children, as appropriate
- enabling parents and children, where appropriate, to be fully involved in child protection conferences and reviews
- referring parents to independent sources of advice, information and counselling support.

Financial responsibilities of children's and adults' services

Protocols will also need to set out clearly the financial responsibilities of children's and adults' social services respectively, including provision for joint funding. The starting point for good practice is as follows:

- Financial responsibility rests with adults' services where an adult has eligible assessed parenting needs.
- Financial responsibility rests with children's services where children are assessed as being 'in need' or where there are safeguarding concerns (Section 47 of the *Children Act 1989*).
- Where parents *and* children are assessed as having eligible needs financial responsibility is shared.

In reality it is not always possible to neatly separate children's and adults' needs and local authorities who demonstrate good practice have found it necessary to be flexible.

Where children and adult(s) within a family have eligible needs, there are three options:

- pool budgets, with agreed contributions from adults' and children's social care, to fund service responses where joint assessments have been carried out
- make equal contributions from adults' and children's services to each plan where joint assessments have been carried out
- specify within the protocol the respective responsibilities of children's and adults' services for meeting assessed need and ensure financial contributions are made accordingly.

Procedures will also need to be put in place for resolving differences about funding responsibilities.

Charging

Services provided under community care legislation may be charged for (unless they are provided as care under the *Mental Health Act*). In contrast, services provided under Section 17 of the *Children Act 1989* may not be charged. It is therefore important that the protocol sets out the procedures to be followed when a care package involves contributions from children's and adults' social services.

Commissioning

Commissioning social care services (at the local population level) is the process of specifying, securing and monitoring services to meet an identified need. There are four stages to the process:

- identifying needs and mapping existing service provision
- allocating resources
- developing services
- monitoring and reviewing service provision.

Localities are likely to already have commissioning strategies for children's services and adults' social care. They may also have parenting or family support strategies. However, these strategies may not identify disabled parents in any needs analysis and the mapping of existing services may not consider capacity in relationship to particular groups of parents.

The protocol is therefore an opportunity to carry out a needs analysis of additional parental support needs in the locality and a mapping of services available to meet these needs. It is also an opportunity to ensure that future needs analyses and service audits carried out by children's and adults' services identify disabled parents.

Commissioning strategies should include universal, targeted and specialist services, taking into account, for example, health services and the extent to which they are able to respond to specific needs. Strategies will also include the role of the voluntary sector, particularly as many parenting support services are delivered by voluntary organisations.

Parents and children should be consulted and involved at all stages of the commissioning process and have a particularly important role to play in the development and monitoring of services.

Where it is *necessary* to commission specialist services to support disabled parents it will often be appropriate to consider pooling budgets from different agencies. Pooling budgets helps to promote a more integrated approach to commissioning, eligibility and individual plans, and service provision. More importantly, pooling budgets should prevent disabled parents' needs from failing to be met by either children's or adults' social care, as each attempts to protect their resources

Section 31 of the *Health Act 1999* makes possible the pooling of health and local authority resources to meet the needs of a particular population group. There are no restrictions on local authorities' adults' and children's services pooling resources and children's services authorities may also pool resources with 'relevant partners' such as district councils under Section 10 of the *Children Act 2004*.

The principles of good practice identified earlier should also underpin commissioning practices.

Care pathways and case studies

Most of the good practice protocols provide a visual representation of the procedures to be followed in determining eligibility and the role of the respective agencies. These pathways are a key aid for staff to see at a glance the procedures to be followed. Some protocols also provide case studies, based on anonymised real cases, to illustrate to staff how the protocol should be implemented. A number of fictionalised case studies illustrate the potential of inter-agency protocols.

Implementation of the protocol

It will be very important that steps are taken to ensure that all relevant members of staff, across all relevant agencies are aware of and use the protocol. There are a number of processes which will help with this.

Publication and dissemination

The experience of local authorities which have demonstrated good practice in this area is that an attractive publication is essential to promote effective dissemination. The use of graphics to display care pathways helps practitioners to be clear about the procedures to be followed.

Local authorities have used a range of methods to disseminate their protocols (apart from training, mentioned below). These include:

- launching the protocol at an event for staff from relevant agencies, with the support of senior managers
- holding a series of multi-agency, multi-disciplinary workshops for practitioners
- having a designated webpage, linked to the websites of participating agencies.

Training

The protocol will need to be incorporated into existing training programmes for staff, for example, training on assessment and care management procedures, the *Framework for*

the assessment of children in need and their families and multi-agency training on child protection procedures.

Good practice authorities involved disabled parents in training and this has proved very effective in getting key messages to staff and helping to bring about cultural change. Sometimes there will be local organisations that can provide input, in other cases national organisations such as the Disabled Parents Network and CHANGE can provide training. A list of organisations that can help with training is provided.

Designated responsibility for implementation of the protocol

In some localities professional advisers in adults' and children's services have been given the task of developing the protocol. In others, a project worker has been appointed to do this. It is important that this coordinating and development role is continued into the implementation stage and that resources in the form of designated staff time are allocated for this task. In many areas, individual practitioners (because of personal interest and experience) have acted as informal 'champions' of good practice in supporting disabled parents. Some localities, in developing their protocols, have found it useful to formalise this role and have identified people in each team whose role is to:

- be familiar with the practice and principles of the protocol
- keep up to date with practice developments
- be a point of contact for practitioners working with a disabled parent.

People who take on the role of champion should not be expected to take on all cases allocated to a team which involve a disabled parent, but instead should be a resource for team members who may not be so familiar with the issues involved.

It will be important that champions are supported in this role, for example, by providing training opportunities.

Supervision and team meetings

The routine processes used by agencies to promote good and consistent practice also have a key role to play. Supervision, team meetings and informal discussions with colleagues are all ways in which individual practitioners are supported to do good quality work.

Practice seminars/case discussions

In some areas, practitioners have found it useful to hold practice seminars bringing together the range of agencies and professionals that may be involved with families affected by parental disability or additional needs. These discussions can also be a useful mechanism for disseminating and reviewing the protocol.

Evaluation and review of the protocol

Protocols will need to be evaluated and reviewed, not only in the first stages of implementation but continuously so that changes in the legislative and organisational contexts are reflected, as is experience of how best to support families affected by parental disability.

Monitoring

The purpose of the protocol is to deliver better outcomes for parents and children. Ideally there should be some basis for comparing the outcomes achieved prior to the adoption of the protocol with the outcomes following implementation. Even if this is not the case, it will be important to ensure that monitoring is carried out once the protocol is implemented. In fact monitoring will assist authorities to comply with their Disability Equality Duty.

Monitoring will require agreement between different agencies and services on:

- definitions of disabled parents and those with additional needs
- what information is to be gathered
- how information is to be gathered
- who will be responsible for analysing the data.

Existing monitoring systems may be adequate to collect the data necessary to measure outcomes for parents and their children or they may need minor adjustments to collect data relating specifically to this group of parents. However, it may be the case that existing monitoring systems within adults' services do not enable the identification of outcomes for service users who are parents; and within children's services monitoring systems may not identify parental disability or additional support needs when measuring outcomes for children. Such gaps in information will need to be addressed to enable the effectiveness of the protocol to be reviewed.

Evaluation

It may be that existing monitoring systems will not yield the information needed to assess the effectiveness of the protocol and that they cannot easily be adjusted. In such cases, specific evaluation of the operation of the protocol may be necessary. Even if data are available, the advantage of carrying out an evaluation, rather than just relying on quantitative data, is that qualitative data can be gathered on the views and experience of parents and children and those of different agencies and professions, including those practitioners responsible for implementing the protocol.

Review

It is good practice to specify when the protocol will be reviewed. A review should:

- use monitoring data and evaluation
- consult with parents, children and staff, including those from other agencies who are in contact with parents and children.

A review should assess:

- the extent to which the protocol has been implemented
- whether the outcomes of the protocol have been delivered, from the point of view of families and practitioners
- any barriers to joint working.

The protocol should specify who will be responsible for carrying out this review and how it will be resourced.

The policy and legislative frameworks for adults' and children's services

Starting points

Policy, legislation and guidance provide the framework within which services operate and establish that:

- Local authorities and all other agencies working or in contact with children have a responsibility to safeguard and promote children's welfare.
 - Children's needs are usually best met by supporting their parents to look after them.
 - Professionals should respect and support the private and family lives of parents who have additional support needs associated with physical and/or sensory impairment, learning disabilities, mental health problems, long-term illness, and/or drug and alcohol problems.
 - Local authorities and all agencies in contact with children have a responsibility to safeguard and promote children's welfare.
 - Disabled parents and those who appear to be in need of community care services have the right to an assessment of their needs and have the right to have their assessed needs met if they meet local eligibility thresholds. Assessments should gauge any assistance required with parenting roles and tasks.
 - When determining eligibility for adults' services, social services should take into account any risks in the short and long term which may affect the ability of a parent to carry out family roles and responsibilities.
 - Decisions as to whether to provide support should also take into account the consequences of not meeting needs which fall outside eligibility thresholds.
 - Adults' and children's services – across health, education and social care – should work together to improve outcomes for children and their families.
 - Disabled parents are entitled to the same access to services as all parents, including parenting support and information services.
 - All public bodies have a duty to actively promote equality of opportunity for disabled people.
 - The NHS and local authorities have a duty to promote the health and well-being of their local populations.
1. For children and parents generally the policy aims set out in *Every child matters: change for children* are that every child, whatever their background or their circumstances, should have the support they need to:
- be healthy
 - stay safe
 - enjoy and achieve

- make a positive contribution
 - achieve economic well-being.
2. Children's Services Authorities are required to lead the development of strategic children and young people's plans which should identify where outcomes need to be improved and how to achieve these improvements. The *Childcare Act 2006* places a duty on local authorities to reduce inequalities in well-being between young children in their area and to provide accessible information to parents.
 3. The policy background set out for adults' social care sets similar goals as *Every child matters* about equality of outcomes for adults who have additional support needs. The White Paper *Our health, our care, our say* establishes the following outcomes for social care:
 - improved health and emotional well-being
 - improved quality of life
 - making a positive contribution
 - choice and control
 - freedom from discrimination
 - economic well-being
 - personal dignity.
 4. The *Human Rights Act 1998* upholds the right of everyone to respect for private and family life, while the *Disability Discrimination Act 2005* and the *Northern Ireland Act 1998* require public authorities to promote equality of opportunity for disabled people.
 5. More specifically, the *National service framework for children, young people and maternity services* recognises that some parents require:
 - early identification of their support needs
 - specialised forms of support
 - collaborative arrangements between adults' and children's social care.

National service framework for children, young people and maternity services: core standards

Markers of good practice⁸

- Multi-agency working to support parenting is outlined in all local strategic and service plans.
 - Information and services to support parenting (by mothers and fathers and carers) are available and coordinated through local multi-agency partnerships.
 - Support for all parents with pre-school children is available from early years' settings including nurseries, Sure Start local programmes and Children's Centres.
 - Parents whose children are experiencing difficulties (for example, because of learning disabilities and/or challenging behaviour) receive early support and evidence-based interventions. The requirements for local provision are identified in strategic planning.
 - Collaborative arrangements are in place between services for adults and those for children and families to ensure effective joint assessment and support/treatment to enhance parent's parenting capacity and protect and promote the well-being and welfare of children.
 - Adults caring for looked-after children have early, accessible, multidisciplinary support.
 - Primary care trusts and local authorities ensure that local parents are involved in the planning and delivery of services, with representation from all local communities and groups.
6. Where children are at risk of experiencing significant harm, a key marker of good practice is that:

'A broad range of integrated, evidence-based services are available: to prevent children and young people from being harmed; to safeguard those who are likely to suffer significant harm and; to address the needs of those children who have suffered harm. The services should, at the same time, provide support to their parents/carers.'⁸

7. *Parenting support: Guidance for local authorities in England*⁹ requires authorities in England to complete parenting strategies linked to the *Children and young people's plan* and to identify a single commissioner in children's services whose role includes that of:

'Developing a formal set of protocols which define how different agencies should work together in supporting parents including pooled or aligned budgets for programmes and staff training.'¹⁰

8. The policy framework also addresses particular support needs:
- The White Paper *Valuing people* included within its strategy for people with learning disabilities a specific policy aim of: 'Supporting parents with learning

disabilities to help them, wherever possible, ensure their children gain maximum life chance benefits'.¹¹ In Wales the equivalent policy is called *Fulfilling the promises*, and in Northern Ireland it is called *Equal lives: Review of policy and services for people with a learning disability in Northern Ireland*. See also the Welsh Assembly's *Learning disability strategy: Section 7 guidance on service principles and service responses* and the *Bamford review of mental health and learning disability (Northern Ireland)*.

- Where a person with mental illness is a parent, health and local authorities should not assume that the child or children can undertake the necessary caring responsibilities. 'The parent should be supported in their parenting role and services provided so that the [child] is able to benefit from the same life chances as all other children, and have the opportunity for a full education, and leisure and social activities.'¹² For Northern Ireland see the *Strategic framework for adult mental health services*.
 - *Models of care for the treatment of drug misusers*¹³ includes a section on parents and pregnant women and sets out the care pathways that should be covered where a parent or an expectant parent is misusing drugs.
9. *Supporting people* is an organisation that provides housing-related support services. It has issued policy and guidance which plays an important part of the policy framework as some parents with additional support needs either live in or require supported housing to live independently in the community. Local authorities are required to analyse the need for such services in their area and to develop, with relevant partners, commissioning strategies to meet these needs. The policy and guidance is also intended to encourage the development of packages of care and support between housing, health and social care.¹⁴ In addition, the *Homelessness Act 2002* places a duty on housing authorities to work with other agencies to tackle and prevent homelessness. For Northern Ireland, see the *Housing (Northern Ireland) Order 2003*.

The responsibilities of organisations and the rights of individuals

10. Legislation and guidance set out the responsibilities of organisations and the rights of individuals. The legislation and guidance for supporting disabled parents and their children is described below under two main headings: the responsibilities of adults' services and the responsibilities of children's social services.
11. It is also important to recognise that all the services referred to below are covered by Part 3 of the *Disability Discrimination Act 1995*. This requires service providers to make 'reasonable adjustments' to ensure that a disabled person receives the same level of service as a non-disabled person.
12. In addition, adults' services and children's services have a duty to promote equality of opportunity for disabled people, including disabled parents, in their local population (*Disability Discrimination Act 2005* and the *Northern Ireland Act 1998*).

This means that they should take proactive steps to ensure equal access and equal treatment. This applies to all their functions, from drawing up children and young people plans, commissioning services, assessments through to service provision.

The responsibilities of adults' social services

13. Adults' social services have responsibilities laid down by community care legislation and children's legislation.

Information

14. The *Chronically Sick and Disabled Persons Act 1970* and the *Chronically Sick and Disabled Persons (Northern Ireland) Act 1978* require local authorities to make available information about the services they provide for disabled people and to ensure that disabled people know about local authority services and relevant services provided by other organisations. Whether or not someone is eligible for help from adults' services, the local authority must provide information about other sources of support and advice.
15. *Fair access to care services* policy guidance also requires that local authorities make available information about assessment and eligibility criteria, including information about direct payments.^{15,16}
16. Part 3 of the *Disability Discrimination Act 1995* gives disabled individuals the right to 'reasonable adjustments' to be made in the way information is provided, so that it is accessible to them. The *Disability Discrimination Act 2005* places a responsibility on public bodies to ensure that disabled people generally have equal access to their services (including the provision of information).

Assistance with daily living

17. Adult community care legislation and guidance lays down a framework for the assessment and meeting of needs for daily living. Adults who come within the definition of disabled person within community care legislation, or who 'appear to

be in need of community care services' are entitled to an assessment of their needs.^{17,18,19}

18. LAC(93)10* set out clearly that, when assessing whether someone is eligible for community care services, councils have a general duty not to '... fetter their discretion ...' and to consider each individual's circumstances. This has been confirmed by subsequent case law.²⁰ Operating blanket policies in community care services would breach the duty to assess an individual's need for services. General exclusions, using a particular level of IQ for example, are unlikely to be lawful.
19. *Fair access to care services* policy guidance states that assessments should be '... rounded and person-centred ...' and take into account housing, health and other needs.^{21,22} The assessment should include what support is required to fulfil family roles and responsibilities. The assessor should recognise that '... individuals are the experts on their own situation and [should] encourage a partnership approach to assessment'. During the assessment process, the person being assessed should be given every opportunity to express their views and, if necessary, assistance (such as an advocate) should be provided to enable them to do this.
20. *Fair access to care services* also sets out the framework for determining eligibility for services. Family roles and responsibilities must be taken into account in all four eligibility levels set out in the guidance. In determining eligibility, for example, 'critical' level includes '... vital family and other social roles and responsibilities cannot or will not be undertaken', while the 'substantial' level includes '... the majority of family and other social roles and responsibilities cannot or will not be undertaken'.²³
21. When determining eligibility, social services should take into account any risks in the short- and long-term to the ability of the parent to carry out family roles and responsibilities. This consideration should cover not only risks to a parent in not being able to fulfil their parenting roles but also risks to children and other family members and carers. Adults' services are therefore required to take into account the possible effects of not meeting levels of need which currently do not qualify as

* Department of Health, 1993. Approvals and directions for arrangements from 1 April 1993 made under schedule 8 to the National Health Service Act 1977 and sections 21 and 29 of the National Assistance Act 1948, LAC(93)10, London: Department of Health.

'critical' or 'substantial'. 'The council should have satisfied itself that needs would not significantly worsen or increase in the foreseeable future for the lack of help, and thereby compromise key aspects of independence, including involvement in ... parenting responsibilities.'²⁴

22. If adults' services decide that someone is eligible for help a care plan must be written showing how eligible needs will be met. Services/direct payments should be provided in good time to prevent problems arising.
23. If an adult is receiving specialist mental health services, an assessment of needs and coordination of health and social services should be carried out using the Care Programme Approach.²⁵ This means:
 - applying systematic arrangements for assessing all aspects of the person's needs
 - implementing a care plan which identifies the ways in which assessed needs will be met
 - appointing a key worker to keep in close touch with the service user and to monitor and coordinate care
 - regularly reviewing and, where necessary, agreeing changes to the care plan.
24. *Direct payments guidance* states that assessments of whether someone should pay anything towards the cost of a service/direct payment should be accompanied by welfare benefits advice and that service users should be provided with assistance in completing benefit claims and follow-up action.^{26,27,28}

Adults' social services' responsibilities concerning children

25. When responding to a referral for community care services, adults' social services have a statutory responsibility to check whether the person has parenting responsibilities for a child under 18 and if so to explore any parenting and child-related issues in accordance with the *Framework for the assessment of children in need and their families*.²⁹
26. The *Children Act 1989/Children (Northern Ireland) Order 1995* places a corporate duty on local authorities to safeguard and promote the welfare of children. Fair access to care services affirms this by requiring adults' services to address their duty to safeguard and promote the welfare of children when determining eligibility for adult community care services. 'Where appropriate, councils should consider the use of the *Framework for the assessment of children in need and their families* to explore whether there are any issues relating to children in need and their parenting. The assessment framework should be used if it appears that there are children in need. On occasions, within one family, it may be necessary to concurrently assess the needs of an adult parent using the appropriate format for adult assessment, and the needs of the children and related parenting issues using the assessment framework'.³⁰

Direct payments

27. Direct payments guidance states that where someone has been assessed as having eligible needs for support then direct payments must be offered as an alternative to services to anyone '... who appears to the council to be able to manage them (either alone or with help)...'³¹ Payments can be made directly to the person who needs the assistance, or to someone who will manage the payments on their behalf.³² For Northern Ireland see *Direct payments: legislation and guidance for boards and trusts*.³³ For Wales see *Direct payments guidance: Community care, services for carers and children's services (direct payments) guidance*.³⁴
28. The direct payments guidance also states that 'Councils should not make blanket assumptions that whole groups of people will or will not be capable of managing direct payments' and that any judgement about whether someone is capable of using a direct payment should be made on an individual basis, taking into account the views of the individual and the help that may be available to him or her. Where an individual does not agree with the council's judgement, they should have access to advocacy and, if available, arbitration, to ensure that their arguments are properly considered, or access to the council's complaints procedure.'³⁵
29. *Fair access to care services* practices [hyperlink] stresses that 'Councils should ensure that needs assessments for disabled adults include parenting responsibilities'³⁶ and that direct payments can also be given in lieu of services provided under the Children Act 1989: 'In the interest of the family and to avoid duplication, local councils should ensure the assessment process is streamlined and coordinated between adult and children's services and other relevant departments such as education.'³⁷ *Fair access to care services* practice guidance states that 'It will be important for children and family teams to have agreed policies and protocols with adult teams on how to respond to the needs of families where the parent is disabled.'³⁸
30. Advice and support services should be available to assist a person to decide whether they want direct payments and to provide any help they may need in using them.³⁹ These support services should be accessible, taking into account particular needs of people with learning disabilities⁴⁰ and advocacy services should also be available for those who need them to use direct payments.⁴¹
31. If a person is receiving at least £200 week (or the equivalent in services) from their local council and they receive the higher rate of Disability Living Allowance care component, they can apply to the Independent Living Fund for a grant to meet any additional needs that they have for personal assistance.

Housing

32. Housing needs should be covered in a community care assessment and, if appropriate, adults' services should involve the housing authority in the assessment and care plan.⁴² Parents and children may be entitled to help with accommodation if they cannot stay where they are living because of violence, if they are staying with family/friends, they cannot live with all members of their normal households in their current accommodation, or their current housing conditions are damaging their health.⁴³ For Northern Ireland, see the *Housing (Northern Ireland) Order 2003*.
33. Households with a disabled adult or a disabled child may be entitled to assistance with adaptations to their property, through the Disabled Facilities Grant system and the *Chronically Sick and Disabled Persons Act 1970/Chronically Sick and Disabled Persons (Northern Ireland) Act 1978*. Section 23 of the *Housing Grants, Construction and Regeneration Act 1996* lists the purposes for which a Disabled Facilities Grant must be approved, subject to the provisos laid out in the Act. The provisos include making sure that the disabled person is able to care safely for anyone who relies on them for care. A guide on housing adaptations sets out the relevant legislation and guidance, and recommends good practice.⁴⁴

The responsibilities of children's services

Information

34. The *Children Act 1989/Children (Northern Ireland) Order 1995* requires local authorities to publish information about services available to children in need and their families and to take steps to ensure that families know about services (including those provided by the voluntary sector). Part three of the *Disability Discrimination Act 1995* gives disabled individuals the right to 'reasonable adjustments' to be made in the way information is provided so that it is accessible to them. The *Disability Discrimination Act 2005/Northern Ireland Act 1998* places a responsibility on public bodies to take action to ensure that disabled people have equal access to their services (including the provision of information).

Services to children in need and their families

35. The *Children Act 1989/Children (Northern Ireland) Order 1995* places a general duty on children's services authorities:
- to safeguard and promote the welfare of children within their area who are in need

- so far as is consistent with that duty, to promote the upbringing of children by their families by providing a range and level of services appropriate to those children's needs.
36. A child is 'in need' if they are unlikely to experience a reasonable standard of health or development without assistance or if they are disabled. When a child is or may be 'in need' an assessment should be carried out (in England and Wales) using the *Framework for assessment of children in need and their families*. Assessments should cover three areas:
- the child's developmental needs
 - the capacities of parents/carers to respond to those needs
 - the impact of wider family and environmental factors on parenting capacity and on children.⁴⁵
37. The framework recognises that there are situations where children and parents do not reach services eligibility criteria and yet support is necessary to prevent problems from arising: 'For example, a mother with a mild learning disability may not reach the criteria for help from an adults' services team and her child's standard of care may not be sufficiently poor to meet the criteria for children's services intervention. However, the failure to recognise the need for early intervention to provide support to the child and family on a planned basis from children's and adults' services may result in the child's current and future development being impaired.'⁴⁶
38. In these kinds of situations, the statutory guidance says children's services should:
- recognise the cumulative effect of lower levels of needs
 - ensure a high degree of cooperation and coordination between staff in different agencies
 - take extra care to ensure that '... there is an holistic view of the child and that the child does not become lost between the agencies involved and their different systems and procedures'.⁴⁷
39. The guidance also stresses that children '... should not be expected to carry inappropriate levels of caring which have an adverse impact on their development and life chances ...' and where there is a danger of this happening, '... services should be provided to parents to enhance their ability to fulfil their parenting responsibilities'.⁴⁸ Children and young people who are taking on a caring role are entitled to an assessment under section 1(1) of the *Carers (Recognition and Services) Act 1995* and this assessment must be taken into account when a decision is made about what services to provide to the parent. Children's services should consider whether a child's welfare or development might suffer if support is not provided to the child or family. 'Services should be provided to promote the health and development of young carers while not undermining the parent.'⁴⁹

40. Where parents have particular needs relating to learning disability and/or mental health or other specific needs, a specialist assessment may need to be commissioned while carrying out an assessment using the *Framework for assessment of children in need and their families*.⁵⁰
41. Where a child is assessed as needing services to achieve a reasonable standard of health and development, a 'child in need' plan should be drawn up with the agreement of the child and key family members, detailing the services to be put in place and the aims to be achieved.⁵¹ The objectives should be '... reasonable and timescales not too short or unachievable ...' and the plan should not '... be dependent on resources which are known to be scarce or unavailable ...'⁵²
42. Direct payments can be made to parents and to 16- and 17-year-olds in lieu of services provided under Section 17 of the *Children Act 1989/Children (Northern Ireland) Order 1995* (as amended by the *Health and Social Care Act 2001/ Carers and Direct Payments (Northern Ireland) Act 2002*).

Protection of children from significant harm

43. Where a children's services authority has cause to suspect that a child in their area is suffering or is at risk of suffering significant harm, it has a duty to make enquiries to establish whether action is required to safeguard or promote the child's welfare and a right to compulsorily intervene if such concerns are substantiated.⁵³
44. Detailed statutory guidance about responsibilities and procedures is laid down in Chapter 5 of *Working together to safeguard children*.⁵⁴ Children may be provided with alternative accommodation (with their parents' consent) to safeguard their welfare or, where considered necessary, the local authority may apply to the court for an Emergency Protection Order so that a child can be removed to a place of safety.⁵⁵ Where parents/caregivers are unwilling to cooperate with an assessment, the court can be asked to grant a Child Assessment Order.⁵⁶
45. An initial assessment must be carried out using the guidance in the *Framework for assessment of children in need and their families*. If there is reasonable cause to suspect that a child is suffering or is likely to suffer significant harm a strategy discussion should be held and a decision made about whether to initiate enquiries under Section 47 of the *Children Act*. A core assessment led by children's social care but involving all relevant agencies is the means by which a Section 47 enquiry should be carried out.
46. Core assessments and Section 47 enquiries should:
 - build a picture of the child's situation using information from a range of sources
 - always involve separate interviews with the child (as long as their age/understanding allows this)

- usually involve interviews with parents/caregivers, and observation of the interactions between parents and child(ren)
 - include interviews with those who are personally or professionally connected with the child and parents/caregivers
 - draw on assessments by other professionals.⁵⁷
47. *Working together to safeguard children* also makes clear that 'Individuals should always be enabled to participate fully in the enquiry process. Where a child or parent is disabled, it may be necessary to provide help with communication to enable the child or parent to express him/herself to the best of his or her ability.' It also states that 'If the child is unable to take part in an interview because of age or understanding, alternative means of understanding the child's wishes or feelings should be used, including observation where children are very young or where they have communication impairments.'⁵⁸
48. Where it is decided that the child is not at risk or is no longer at risk of significant harm, children's social care and other relevant agencies should always consider whether services are required to prevent problems arising in the future.⁵⁹
49. Where enquiries confirm that a child is suffering or is at risk of significant harm then a child protection conference should be convened with all relevant agencies. If the outcome of the conference is that the child is at continuing risk of significant harm then an outline child protection plan should be drawn up. A key worker, who is a qualified experienced social worker, should be designated to coordinate inter-agency responses. The key worker will have responsibility for ascertaining the child's wishes and feelings. A core group of professionals should be identified who will develop a detailed child protection plan and ensure that it is implemented.
50. The overall aim of a child protection plan is to:
- '...ensure the child is safe and prevent him or her from suffering further harm
 - promote the child's health and development i.e. his or her welfare
 - provided it is in the best interests of the child, to support the family and wider family members to safeguard and promote the welfare of their child.'⁶⁰
51. The guidance sets out the procedures and responsibilities for reviewing the impact of service interventions. Where it is considered necessary, a local authority may apply to the court for a care order (committing the child to the care of the local authority) or supervision order (putting the child under the supervision of a social worker, or a probation officer).

Tools for inter-agency working

52. A key aim of current policy is to shift the focus from dealing with the consequences of difficulties in children's lives to preventing things from going wrong. Four initiatives are intended to help achieve this:

53. The *Common assessment framework* is designed to help people in contact with children (particularly those in universal services) to identify any additional needs children may have if they are to achieve the five *Every child matters* outcomes. It also aims to improve multi-agency working by providing a clear process for a holistic assessment of a child's needs, taking account of the individual, their family and their community. All local authority areas are expected to be using the *Common assessment framework* from April 2006 and before the end of 2008.
54. The 'lead professional' is the person responsible for coordinating actions identified in the assessment and will be a single point of contact for children with additional needs who are being supported by more than one service or practitioner.

Information sharing will be promoted by **Contact Point**. This will hold core data on every child, including the general practice where they receive primary health care, the school they attend and contact details of practitioners working with the child. Such procedures are supported by DfES practice guidance on information sharing (<http://www.everychildmatters.gov.uk/deliveringservices/informationsharing/>).

The **Integrated Children's System** (ICS) is a framework for working to improve the outcomes for children in need. By the end of 2006, all local authorities were expected to have implemented an electronic system locally to support the use of the Integrated Children's System. This means that children's social care staff are using electronic case records routinely to help them in their work. This is intended to help managers and practitioners collect, use and share information systematically and effectively (see www.everychildmatters.gov.uk/ics/).

Involving parents in developing protocols and parent support services

Parents have a key role to play in developing protocols and designing and delivering services. Their involvement is particularly important in ensuring that procedures and services are accessible and non-stigmatising. They also have an important contribution to make to monitoring and evaluating the implementation of protocols.

Involving parents is the key to success

The involvement of parents helps in a number of ways:

- For families, the approachability and accessibility of services is key and their involvement keeps this issue to the fore.
- Parents and children provide an essential family perspective on procedures that may originally have been designed around organisational concerns, such as assigning financial responsibility.
- Parents are well placed to help develop and disseminate information for service users and to develop and pilot tools, such as self-assessment forms.
- Parents' stories (whether of unmet need or successful parenting) help to motivate and inform professionals and can increase commitment to new approaches.
- Parents' participation in the planning and delivery of training has a positive impact on practitioners.
- Parents whose views have been seldom heard are often keen to make a contribution and improve the support available to other parents.
- Parents bring their wider organisational and community resources and contacts to the process. They act as a conduit for exchange of information.
- Parents and young people are often in a position to make contact, inform and reassure others who have unmet needs in ways that statutory services cannot. These informal contacts can help to reduce parents' fear of contacting statutory services for support.
- As new systems are developed parents can feed back on whether the protocol is being implemented and how it is experienced by parents. They can also provide important feedback on service provision.
- It is important to involve parents fully from the outset and at all stages of the process, including in monitoring and evaluation.

Facilitating parents' involvement

No one parent can represent the range of experiences and views of all parents covered by the protocols, so a range of views should be sought. However, many parents have

valuable insights about the commonalities between different groups who experience difficulty in accessing services.

Parents with additional requirements are drawn from sections of the community whose points of view are seldom heard. It will therefore be necessary for local authorities to make particular and continuing efforts to involve these under-represented groups.

- Meetings should be arranged at times that disabled parents will be able to attend (for example, allow plenty of time before the end of school or arrange to meet working parents in the evening).
- Meeting venues should be physically and geographically accessible and held in places where parents feel comfortable (for example, a local parents' centre rather than council offices).
- Any communication and facilitation needs should be addressed. Sometimes parents will prefer to make their contribution via advocates/intermediaries.
- All costs, including transport and childcare should be met, if necessary at the time of meeting. It may also be appropriate to pay parents fees for their contribution.
- Parent reference groups may need funding to hold meetings, whether they are part of or independent from existing user organisations.
- Parents will need up-to-date information about social service structures, responsibilities and obligations.
- Some parents will require skills training to become trainers themselves.

Contacting parents

Relevant local support organisations and peer support groups concerned with disability issues and particular impairments and also those designed to support parents and families should be approached in the first instance. Particular attention should be paid to involving groups of parents who rarely find themselves consulted, such as parents with drug- and alcohol-related problems, mental health difficulties and parents from underrepresented local ethnic minorities.

A creative approach is needed to approach parents who tend not to be involved in existing voluntary organisations (whether oriented around disability or parenting) and whose views are seldom heard. Some parents who are currently service users may be keen to be part of the consultation and feedback process.

This resource guide provides details of the following national organisations which may be able to facilitate contact with individuals and or groups:

- CHANGE
- Disability Pregnancy and Parenthood International
- Disabled Parents Network
- Equalities
- National Centre for Independent Living
- Race Equality Foundation.

A range of impairment-specific and other disability organisations are also listed. In addition, the parent and family support organisations listed in the resource section may be able to supply local contacts.

Case examples

The following examples illustrate how the existence of an inter-agency protocol can enable a prompt and supportive response across agencies to whole family situations in the best interests of all concerned. These fictionalised case studies illustrate that a preventative, joined-up approach to supporting parents is possible in a wide variety of situations and across the spectrum of family need.

Single father with progressive condition

Without an inter-agency protocol in place

A single-parent father with progressive multiple sclerosis is being assisted to wash, dress and use the toilet by his 15-year-old son. The boy's school has noticed that he is arriving late in the mornings and is struggling to keep up with his studies. His form teacher visits his home as the difficulties become evident. Father and son are very wary of contacting social services and insist that they do not want to end up being separated, nor do they like the idea of complete strangers coming into the home to provide assistance. Wanting to respect their wishes, the school contacts a local young carers' project which the boy attends once a week for peer support. The project advises him that after his 16th birthday he can apply for direct payments as a carer in his own right. The school also arranges for the boy to have extra time to complete homework assignments.

At one level this seems like an appropriate solution. An attempt has been made to respect the father and son's concerns and expressed wishes. However, the son is continuing to fulfil a demanding care role, which is having a detrimental effect on his education and his career prospects. The father does not have any assistance while the boy is in school and the risks inherent in the current care arrangements have not been assessed, either for the boy or for the father.

With an inter-agency protocol in place

When the nature of the boy's situation comes to light the school contacts a young carers' project which is part of an inter-agency consortium working to an integrated protocol. The boy starts to attend the peer support group. A support worker from the project visits the father and son and explains to them how an assessment of the father's needs as a disabled adult with parenting responsibilities will result in an assessment by adults' services.

While the assessment of the father's needs is being carried out an emergency package of assistance is put together using a local care agency with a good record for providing a consistent team of care workers and accommodating clients' preferences. Short-term funding is provided jointly by adults' and children's social services on a 50/50 basis.

During the assessment the father decides to accept the option of using direct payments to employ his own care assistants, who he interviews jointly with his son. In this scenario the father and the son's needs are appropriately assessed and met. They retain control over their situation and the boy's education is no longer adversely affected. The boy has access to useful peer support and additional recreational opportunities. Once the father's support package is in place the case is closed to children's social services.

Visually impaired mother who needs help with taking her daughter to school

Without an inter-agency protocol in place

A visually impaired mother has a four-year-old daughter who is going through a phase of running off when she and her mother are out. The mother is concerned for her daughter's safety on the walk to and from nursery school and contacts her local authority for help. There is a protracted debate as to whether this difficulty is the responsibility of children's or adults' social services or whether it is a problem for the education service. In the meantime, the child's behaviour grows more difficult and spreads to bad behaviour in her nursery class. In the end a taxi service to take the child to school is paid for out of the education budget while the school psychology service proposes a course of 'behaviour modification training' to enable the child to 'cope' better with her mother's impairment.

The delay in deciding responsibility for cost is acknowledged as having possibly contributed to the deterioration in the child's behaviour. The mother feels undermined because although her daughter is getting to school safely, she is missing contact with teachers and other parents. She also feels that she is seen as an inadequate mother by virtue of her visual impairment and fears that there is a danger of this message being reinforced in consequence of the counselling her daughter is receiving.

With an inter-agency protocol in place

When the mother contacts social services the case is discussed by adults and children's services. Children's services visit and carry out an initial assessment at which the mother has representation from a local disability organisation. In consultation with the adult sensory impairment team it is decided that the best solution is for a 'walking bus' volunteer from a local community organisation that is known to social services to walk to and from school with the mother and daughter.

This is a good example of the way in which a speedy resolution of a practical difficulty avoids the situation building into something harder and more expensive to resolve. The prompt response also avoids the parent feeling unnecessarily discouraged and undermined.

Couple with learning difficulties

Without an inter-agency protocol in place

A young couple with a 10-month-old baby both have learning difficulties. The mother also has a physical impairment which has worsened since the baby's birth and now requires her to walk with a stick. Members of the extended family looked after the child for short periods while the mother was in hospital having an operation on her leg. They are now offering to take the child on a longer-term fostering or adoption basis. The parents are opposed to this idea and have made it clear that they want to look after their own child although they know they will need help to do this.

Social services propose that the child should attend a full-time nursery placement. It is also proposed that the family attends an assessment centre with a view to determining their parenting capacity before determining whether the child will be better off staying with them or being brought up by relatives.

The couple are not happy with the idea that their child will be in the full-time nursery place as they feel he is too young to be away from home all day. In addition, they feel that these arrangements did not support them in their commitment to learn to be good parents and that the visit to the assessment centre will not teach them to cope in their own home over time. Specialist learning disability adult social workers are also concerned that the arrangements will not give them adequate opportunity to learn and demonstrate new parenting skills.

With an inter-agency protocol in place

When the relatives first approach social services to talk about the option of adopting or long-term fostering, a family group conference is arranged and the couple are referred to a local advocacy service. At the family group conference the couple – with support from their advocate – make clear their desire to learn to be good parents and extended family members enter into a contract with them to help them to do this. Children's services carry out a full assessment, in partnership with the adult learning disability team. A family support worker is allocated to the couple who visits them on a regular basis to observe them and encourage them in playing with and looking after their child. The family support worker also anticipates the future learning support that the parents will need in order to be able to meet the child's developing needs. The housing department is also involved in re-housing the family in a ground-floor property close to schools and shops so that unsuitable housing will not prove a barrier to good parenting.

In the first scenario there was a real danger that the difficulties the mother had experienced would lead to the couple losing the opportunity to learn good parenting

skills and look after their own child. The arrangements made as a result of having an inter-agency protocol in place give them the time and support (including practical support with housing) that they need and also reassure family members that the couple will be adequately supported and able to look after their child, and that their own role in this will be facilitated.

Mother who is recovering from surgery and living in unsuitable housing with her baby

Without an inter-agency protocol in place

A mother with a small baby has had emergency surgery on a hip problem that had first appeared during pregnancy and became worse after the birth. Although technically a success, the operation has left the mother for the time being unable to drive, unable to climb stairs, unable to walk more than a hundred yards and with reduced balance. She is sleeping downstairs with the baby and is unable to venture out of the house. She has become depressed and she and her partner are finding it difficult to plan for an uncertain future. She is told that she is not eligible for housing adaptations or re-housing in a bungalow because her difficulties are, technically speaking, temporary. Her partner is considering giving up his job to help his wife look after the baby and get the two older children to school.

It could be argued that the local authority is responding to a medical diagnosis/prognosis rather than looking at the critical risks to the baby's and mother's physical safety in the short term, the considerable risks to the mother's mental health and the family's financial viability in the immediate and long term.

With an inter-agency protocol in place

When the mother's needs are considered in isolation she does not appear to meet the eligibility criteria to receive services. Nor are the children considered to meet the criteria to receive services directed at children. However when the mother's needs are considered alongside the baby's and children's needs in the context of the family's overall welfare and security, it is recognised that the needs are substantial and even critical.

Adults' and specialist services carry out an assessment of the mother's needs and a coordinated plan of action prioritised. The need for equipment, and adaptations to the house, are prioritised and at the same time an arrangement is made involving social services and the education service to make sure that the older children can get to and from school without their father needing to give up his job.

The mother is visited by the NHS-funded community physiotherapist who works with her on an exercise routine that she is able to carry out at home. She is also offered counselling at a parenting centre with crèche facilities. Because the mother develops a particularly good relationship with the community physiotherapist, this professional

becomes the key worker for the case, liaising with the other services and agencies involved. When the case is closed to adults' services, the mother retains the physiotherapist's contact details and is encouraged to contact services through her if further difficulties occur with her walking.

A prompt and flexible response across adults' and children's services with involvement from the health service and the voluntary sector is facilitated by the existence of the inter-agency protocol. The development of a 'key worker' relationship with the physiotherapist simplifies the family's contact with services and ensures inter-agency coordination of care.

Couple with alcohol-related problems

Without an inter-agency protocol in place

A father with a school-age son has an alcohol dependency problem. When drunk he has more than once beaten the boy's mother, although the son has not been involved. The mother too drinks to problem levels. The last time the police were called they involved children's social services who said that if there was any further violence between the parents the child may be removed from home. The mother and her son are very scared that they will be separated and so they go to great lengths to hide further examples of domestic abuse.

The response of the authorities has had the effect of driving the problem underground but the family's difficulties remain unresolved.

With an inter-agency protocol in place

When the domestic violence is reported the police involve children's social services who in turn involve the community alcohol team. A referral is made to a voluntary organisation in the area that specialises in supporting families affected by alcohol-related difficulties. Both attend one-to-one counselling at the support organisation. The mother also joins a peer support group for mothers with alcohol-related problems, which is held at the local Sure Start facility.

Following a visit to the support group from a representative from a local Access to Higher Education Scheme, the mother and another mother start a college course in computing. The father is also given the option of counselling but feels that he is not yet able to take this up. In the meantime, he does attend a family conference facilitated by the voluntary support organisation. The mother and son decide to relocate in a council flat separate from the father unless and until he agrees to attend a rehabilitation programme. The family are aware that the voluntary organisation is keeping the community alcohol team abreast of developments and that children's social services will be contacted if this becomes necessary at any point.

For the moment the family's difficulties have been resolved safely. At the same time there are plans in place which will help to prevent recurrence of the violence and build

the resilience of individual members of the family. The child's welfare and the goal of building the resilience of individual family members are paramount.

Mother with HIV who is hospitalised with depression

Without an inter-agency protocol in place

A mother who is HIV positive has to spend a few weeks in hospital as a result of a physical health crisis. Her two children are taken into temporary foster care organised by social services. The mother becomes depressed, in part because of her anxiety for her children's future, and is moved to a psychiatric ward. The children's visits are cut down from three or four a week to one a fortnight because the psychiatric ward is not considered a suitable environment for children. Because there are no indications that the mother's mental health situation will improve and the children are finding the situation difficult, the possibility of long-term foster care is being discussed within children's social services.

With an inter-agency protocol in place

When the woman is first admitted to hospital, routine inquiries establish that she has children and is anxious about their future. A meeting is immediately called involving the health service, a health visitor with whom she has a good relationship, the HIV specialist service and children's services. Because the mother is not well enough to attend, an advocate employed by a local advocacy service represents her expressed wishes and intentions at the meeting. The children are also allocated a specialist advocate so that their views can be represented.

It is agreed that the children will be looked after by a relative, supported by a foster carers' allowance. It is agreed with the mother that the health visitor will take on a key worker role. When the mother subsequently develops depression a further meeting is called to discuss the children's future. A series of appointments with specialist counsellors is arranged as a priority for the mother and the children because of the impact of the separation. The mother and children make it clear that they wish to remain in contact. Consequently, the mother is treated in a ward which has a room specially prepared for family visits and so she is able to maintain frequent contact with the children.

Resources, organisations and references

Joint protocols

The following documents have been produced by local authorities seeking to improve support to parents through inter-agency liaison. They are all cited as examples of good practice in either SCIE's *Knowledge review 11: Supporting disabled parents and parents with additional support needs* or in this resource guide.

Universal protocols

A coordinated approach to working with disabled parents and their children

Author: Wiltshire County Council, Avon and Wiltshire Mental Health Partnership NHS Trust
 Contact: Publicity and Information Officer, Adult Social Care Services
 Address: Community Services Department, County Hall, Trowbridge BA14 8LE
 Email: angelastansby@wiltshire.gov.uk
 Tel: 01225 713 923
 Fax: 01225 713 983

Enabling parents with a disability or long-term illness: joint policy and protocol

Author: Norfolk County Council
 Contact: Project Manager, Support for Disabled Parents
 Address: 15, Hooper Lane, Norwich, Norfolk NR3 4ED
 Email: joan.inglis@norfolk.gov.uk
 Tel: 01603 495103
 Web: <http://valuingpeople.gov.uk/dynamic/valuingpeople115.jsp>

Kingston: Supporting disabled parents: Joint policy and protocol

Author: Kingston Community Care Services, Quality Assurance and Development Team
 Contact: Kingston Community Care Services
 Address: Hollyfield House, 22 Hollyfield Road, Surbiton, Surrey KT5 9AL
 Email: Philip.levick@rbk.kingston.gov.uk
 Tel: 020 8457 6103

ACCORD working together to support families in Suffolk

Author: Suffolk County Council
 Contact: Professional Advisor, Children and Young People.
 Email: Sue.Glazer@socserv.suffolkcc.gov.uk

Protocols to support parents with learning disabilities

Care pathway for pregnant women with a learning disability

Author: Stockport Metropolitan Council, Social Services Division & Stockport NHS Primary Care Trust
Contact: Denise Monks, Community Learning Disabilities Team (CLDT)
Address: 4th Floor, Regal House, Duke Street, Stockport SK1 3DS
Email: denise.monks@stockport.gov.uk

Practice guidance: referral and joint working arrangements for working with parents and carers who have a learning disability

Author: Essex County Council
Contact: Service Manager, Family Centre and Family Group Conferences
Email: kate.evans@essexcc.gov.uk

Commissioning strategy for parents with learning disabilities

Author: Essex County Council
Contact: Participation Development Manager
Email: Steve.Bailey@essexcc.gov.uk

Parent assessment manual

Authors: Sue McGaw, Kerry Keckley, Nicola Connolly and Katherine Ball
Web: www.cornwall.nhs.uk/specialparentingservices/patientassessmentmanual.asp
(See contact details in organisation section below)

Learning curves: The assessment of parents with a learning disability – A manual for practitioners

Authors: Penny Morgan and Andy Goff, Norfolk Area Child Protection Committee
Contact: Norfolk Local Safeguarding Children Board Administrator
Address: The Pineapple, 63 Bracondale, Norwich NR1 2EE
Web: www.acpc.norfolk.gov.uk .
Printed copies are available for £8 including postage. Please make cheques made payable to Norfolk County Council.

Protocols to support parents with mental health problems

Parenting and mental illness: joint working protocol

Parenting and mental health: information for parents in Greenwich with mental health problems

Supporting families affected by parental mental illness

Parenting and mental illness: pre birth assessment and referral protocol

Project: The CAPE project
Author: London Borough of Greenwich

Contact: Ali Coton, CAPE Project
Address: Old Town Hall, Polytechnic Street, Woolwich SE18 6PN
Email: cape@greenwich.gov.uk
Tel: 020 8316 4774
Fax: 020 8854 7956

Protocols to support parents with drug and alcohol problems

*Option 2, A crisis intervention service for families – information for professionals;
Information for families*

*Another way: A guide to the Option 2 intervention description of the service, principles
and process*

Project: Option 2, Wales: Drugs and alcohol family crisis intervention project
Contact: Social Care and Health
Address: PO Box 97, Cardiff County Council, County Hall, CF11 1BP
Email: MHamer@cardiff.gov.uk
Tel: 029 2053 6345
Web: www.another-way.co.uk

Guides to assessment produced by parents

The disabled parents' toolkit

Author: Cheshire disabled parents' research and development group
Contact: Service Manager, Cheshire Disabilities Federation
Address: Hartford Business Park, Hartford, Northwich CW8 2AB
Email: office@cdf-northwest.org.uk
Tel: 01606 888255.

*Disabled Parents Network information briefings for parents, No 3 Services, No 4 Getting
your needs assessed*

Consultations with disabled parents

Disabled parents' support survey

Author: Kingston Community Care Services, Quality Assurance and Development
Team
Address: Hollyfield House, 22 Hollyfield Rd, Surbiton, Surrey, KT5 9AL
Email: Philip.levick@rbk.kingston.gov.uk
Tel: 020 8457 6103

Consultation on services for disabled parents in Cornwall

Authors: Dr Sarah Mundy and Dr Sue McGaw, Special Parenting Service
Address: 5 Walsingham Place, Truro, Cornwall TR1 2RP

Email:
 Tel: 01872 356040
 Web: www.cornwall.nhs.uk/specialparentingservices/

Parents with learning disabilities

Resources

Department for Education and Skills/Department of Health (2007) *Supporting parents with learning disabilities – Good practice guidance*.
http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_075119

Working Together with Parents Network

The Working Together with Parents Network is a network of:

- parents and carers with learning disabilities
- professionals working with people with learning disabilities
- statutory and voluntary organisations
- other individuals or organisations with an interest in the area.

The network aims to spread positive practice and to promote policy change, so that parents with learning disabilities and their children can get better support.

Address: c/o Norah Fry Research Centre, 3 Priory Rd, Bristol BS8 1TX
 Email: Sammantha.cave@bristol.ac.uk
 Tel: 0117 331 0987
 Web: <http://www.bristol.ac.uk/norahfry/right-support/>

Valuing People has a section devoted to parents with learning disabilities which contains a number of resources.

McGaw, S., Keckley, K. and Connolly, N. (1999) *Parent assessment manual*, Trecare NHS Trust.

Morgan, P. and Goff, A. (2004) *Learning curves: The assessment of parents with a learning disability – A Manual for practitioners*, Norfolk Area Child Protection Committee.

Learning curves: The assessment of parents with a learning disability – A manual for practitioners

Authors: Penny Morgan and Andy Goff, Norfolk Area Child Protection Committee
 Contact: Paul Shreeve, Norfolk LSCB Administrator
 Address: The Pineapple, 63 Bracondale, Norwich NR1 2EE
 Web: www.acpc.norfolk.gov.uk

Printed copies are available for £8 including postage. Please make cheques made payable to Norfolk County Council.

Making information accessible

CHANGE

CHANGE Words to Pictures Team: a team of people with learning disabilities who work with an illustrator to produce information in an easy-read format using easy words and pictures. The team produces picture banks on CD Rom with hundreds of pictures for organisations working with people with learning disabilities. Illustrators in CHANGE can also draw additional pictures as and when necessary.

CHANGE turns other organisations' documents into an accessible format. People with learning disabilities provide training about how to make information accessible and how to use the picture bank CD Roms.

(See list of organisations below for CHANGE contact details)

Mencap

Mencap's Accessibility Unit publishes a guide on writing accessible documents called Am I making myself clear?

Mencap can edit documents or write accessible documents. This involves writing in plain language, adding pictures and images to support the text and looking at layout and design. They also produce scripts, record audio tapes and offer training on producing accessible documents.

Mencap publishes a guide on making websites accessible to people with learning disabilities.

Email: accessibility@mencap.org.uk
 Tel: 020 7696 5551
 Web: www.mencap.org.uk

Young carers

The Children's Society, Disabled Parents Network and The Princess Royal Trust for Carers have formed a partnership to work together on the issue of young carers.

This partnership joined forces with the Family Policy Alliance (consisting of Parentline Plus, Family Welfare Association and the Family Rights Group) to issue a statement calling for children's and adults' agencies to work together in reducing the numbers of child and teenage carers.

The practice guidance to the Carers (Equal Opportunities) Act 2004 states that local authorities should have '... a protocol, shared between adults' and children's services, for identifying and assessing young carers'. The Princess Royal Trust for Carers has written an, *Exemplar protocol for local authority adults' and children's services: Joint assessment and support for young carers and their families* to assist local authorities to fulfil the requirement to have a joint adults' and children's services protocol for identifying and assessing young carers. The document states that the protocol should be cross-referenced to each Local Authorities' Children and Young People's Plan, Carers' Strategy and strategies to support disabled parents:
<http://www.youngcarers.net/professionals>

Other web-based resources

Disabled Parents Network's information briefings

The Disabled Parents Network has produced a series of information briefings to inform disabled parents about their legal entitlements and how to get hold of services and support.

Department for Work and Pensions

The resource centre on the Department for Work and Pensions' website includes a number of helpline details and web addresses.

Information on the support disabled parents should be able to obtain is summarised.

Alcohol Concern

Alcohol Concern has developed a website for professionals in the health, education and social sectors working with problem drinking parents and/or their children.

(See list of organisations below for Alcohol Concern's general contact details)

Family group conferencing

Family group conferences harness and build on the knowledge, strengths and resources in families and communities. They provide a framework for families, the community and agencies to work collaboratively together to safeguard and promote children's welfare. (Family Rights Group)

See *Family group conferences: Principles and good practice guidance*

Further information can be found from the Family Rights Group website.

Organisations

Advocacy Resource Exchange (ARX)

Advocacy Resource Exchange supports the provision of independent advocacy for disabled and disadvantaged people in England and Wales. The ARX web site provides details of local advocacy schemes throughout the UK.

Address: 162 Lee Valley Technopark, Ashley Road, Tottenham Hale, London N17 9LN
 E-mail: arx@advocacyresource.net
 Tel: 020 8880 4545/4547
 Web: www.advocacyresource.net

Alcohol Concern

Address: Alcohol Concern
 First floor
 8 Shelton St
 London WC2H 9JR

E-mail: contact@alcoholconcern.org.uk

Tel: Tel: 020 7395 4000
 Web: www.alcoholconcern.org.uk

British Council of Disabled People/United Kingdom's Disabled People's Council (BCODP)

BCODP is the national body representing organisations of disabled people. Local organisations that belong to BCODP are listed on their website. See the Member Groups' Directory.

Address: Litchurch Plaza, Litchurch Lane, Derby DE24 8AA
 E-mail: general@bcodp.org.uk
 Tel: 01332 295551
 Text: 01332 295581
 Web: www.bcodp.org.uk

CAN Drug Alcohol & Homelessness Teams

CAN is an independent regional agency which provides a range of drug, alcohol and homelessness services throughout Northamptonshire and Bedfordshire

Address: 81 St. Giles Street, Northampton NN1 1JF
 Email: administration@can.org.uk
 Tel: 01604 622121
 Web: www.can.org.uk

CHANGE

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WORKING TOGETHER TO SUPPORT DISABLED PARENTS

CHANGE is an organisation of and for people with learning difficulties and runs a national campaign for parents with learning difficulties who have found it hard to find support for their parenting. CHANGE is funded by the Department for Education and Skills to produce resources aimed at parents with learning difficulties and those who work with them which are listed in the references section.

Address: Units 19/20, Unity Business Centre, 26 Roundhay Road, Leeds LS7 1AB.
 Email: info@changepeople.co.uk
 Tel: 0113 243 0202
 Fax: 0113 242 0220
 Web: www.changepeople.co.uk

Deaf Parenting UK (DPUK)

DPUK was originally the Deaf Parenting Project and part of Disability, Pregnancy and Parenthood international (DPPi). It has now become a registered charity providing information, exchange and support for Deaf parents and parents-to-be who use British Sign Language as their first language. DPUK also provides information to professionals about supporting Deaf parents.

Address: National Centre for Disabled Parents, Unit F9, 89-93 Fonthill Road, London N4 3JH
 Tel: 020 7263 3088 (reception), 0800 018 4730 (information service)
 Text: 0800 018 9949
 Email: office@dppi.org.uk (office) or info@dppi.org.uk (enquiries)
 Web: www.deafparent.org.uk

Disability Alliance (DA)

DA publishes the *Disability Rights Handbook*, which is updated each year. The DA website regularly produces updated information for disabled people on benefits, tax credits and community care.

Address: Universal House, 88-94 Wentworth Street, London E1
 Email: office.da@dial.pipex.com
 Tel: 020 7247 8763 (voice and minicom)
 Web: www.disabilityalliance.org

Disability, Pregnancy and Parenthood international (DPPi)

DPPi provides an information service to help disabled parents and professionals with enquiries. For details of current and forthcoming information sheets on a range of practical issues ring the helpline or see the website. Back copies of *Disability, pregnancy and parenthood international journal* can be seen on the website. DPPi has a reference collection of information and resources that can be seen by arrangement.

Address: National Centre for Disabled Parents, Unit F9, 89-93 Fonthill Road, London N4 3JH
 Email: office@dppi.org.uk (office) or info@dppi.org.uk (enquiries)
 Tel: 020 7263 3088 (reception), 0800 018 4730 (information service)
 Text: 0800 018 9949

Web: www.dppi.org.uk

Disabled Parents Network (DPN)

DPN is an organisation of and for disabled parents. Its activities include running a helpline operated by disabled parent volunteers, a web-based discussion forum and publishing a regular e-bulletin. DPN members undertake consultation and training aimed at improving services to disabled parents.

Address: 81 Melton Road, West Bridgford, Nottingham, NG2 8EN
Email: information@DisabledParentsNetwork.org.uk
Tel: 0870 241 0450 (helpline and general contact number)
Web: www.DisabledParentsNetwork.org.uk

Equalities

Equalities is a national organisation of disabled people and carers from black and minority ethnic communities.

Address: Waltham Forest College, Forest Road, London E17 4JB
Email: enquiries@equalitiesnational.org.uk
Tel: 020 8527 3211
Web: www.encweb.org.uk

Family and Parenting Institute (FPI) (previously the National Family and Parenting Institute)

FPI carries out research, campaigns for a 'family-friendly' society and produces publications on parenting and family life.

Address: 430 Highgate Studios, 53-79 Highgate Road, London NW5 1TL
Email: info@nfpi.org
Tel: 020 7424 3460 or to order an NFPI publication call 01787 249 287
Web: www.nfpi.org/ (with a parents' section at www.e-parents.org/)

Family Rights Group (FRG)

FRG provides advice and support for families whose children are involved with social services.

Address: The Print House, 18 Ashwin Street, London E8 3DL
Opening hours: Monday to Friday, 10 am to 12 pm and 1.30 pm to 3.30 pm
Tel: 020 7923 2628
Advice line: 0800 731 1696 (opening hours as above)
Email: office@frg.org.uk
Web: www.frg.org.uk

Family Welfare Association (FWA)

The FWA runs family centres, innovative support projects and drop-in centres for parents under pressure and with additional support needs.

Address: 501-505 Kingsland Road, London E8 4AU

Email: fwa.headoffice@fwa.org.uk
Tel: 020 7254 6251
Web: www.fwa.org.uk

Fathers Direct

Fathers Direct is a national information centre on fatherhood. It conducts research and runs campaigns, conferences and workshops.

Address: Herald House, Lamb's Passage, Bunhill Row, London EC1Y 8TQ
Email: mail@fathersdirect.com
Tel: 0845 634 1328
Web: www.fathersdirect.com

National Centre for Independent Living (NCIL)

The NCIL campaigns for independent living and direct payments and supports people in achieving this.

Address: 250 Kennington Lane, London SE11 5RD
Email: ncil@ncil.org.uk
Tel: 020 7587 1663
Text: 020 7587 1177
Web: www.ncil.org.uk

Parental Mental Health and Child Welfare Network

The Parental Mental Health and Child Welfare Network is for social care and health workers who work with parents with a mental health problem or their children. It has been set up to promote joint working between adult mental health and children's services. The network's website is a sub site of the Social Care Institute for Excellence (SCIE).

Address: Parental Mental Health and Child Welfare Network, Social Care Institute for Excellence (SCIE), Goldings House, 2 Hay's Lane, London SE1 2HB
Email: Email: mhnetwork@scie.org.uk
Tel: Tel: +44 (0)20 7089 6840
Web: www.scie.org.uk/mhnetwork/index.asp

Parentline Plus

Parentline Plus runs a 24-hour helpline for parents under stress. It runs training courses for parents and professionals. It also organises telephone support groups for parents.

Address: Unit 520, Highgate Studios, 53-57 Highgate Road, London NW5 1TL
Tel: 020 7284 5500 (Office) Helpline: 0800 783 6783
Email: headoffice@parentlineplus.org.uk
Web: www.parentlineplus.org.uk

People First

People First is a local, national and international movement run by and for people with learning difficulties.

www.peoplefirst.org.uk

Positive Parents and Children

PPC aims to improve the quality of life for children affected by HIV/AIDS by providing information to parents and training for people working with children. Mainly London-based, its services include home-based family support.

Address: Unit 64 Eurolink Business Centre, 49 Effra Road, London SW2 1BZ

Email: office@ppclondon.org.uk

Tel: 020 7338 7333

Web: www.ppclondon.org.uk

Race Equality Foundation (formerly REU)

The Race Equality Foundation promotes race equality in social support and social care.

Address: Unit 35 Kings Exchange, Tileyard Road, London N7 9AH

Tel: 0207 619 6220

Web: www.reu.org.uk

Sure Start

Sure Start is a government programme for England which aims to improve outcomes for children, parents and communities.

Address: Sure Start, Department for Education and Skills and Department for Work and Pensions, Level 2, Caxton House, Tothill Street, London SW1H 9NA

Tel: 0870 000 2288

Email: info.surestart@dfes.gsi.gov.uk

Web: www.surestart.gov.uk

Through the Looking Glass (TLG)

TLG is a centre in the United States that has researched and published information about adaptive equipment, services and training for families in which a child, parent or grandparent is disabled.

Address: 2198 Sixth Street, Suite 100, Berkeley, CA 94710-2204 USA

Email: TLG@lookingglass.org

Web: www.lookingglass.org

Useful reading

This is a short list of references which are particularly useful. A full list of research and other literature relating to supporting disabled parents and those with additional support needs can be found in SCIE's *Knowledge review 11: Supporting disabled parents and parents with additional support needs*

www.scie.org.uk/publications/knowledgereviews/kr11.asp

In addition, the reader is referred to the legislation, guidance and policy documents included in this resource guide.

Adfam (2005) *We count too: Good practice guide and quality standards for work with family members affected by someone else's drug use*, London: Adfam.
www.adfam.org.uk

Advisory Council on the Misuse of Drugs (2003) *Hidden harm: Responding to the needs of children of problem drug users*, London: Home Office.
www.drugmisuse.isdscotland.org/publications/local/hharm_full.pdf

Aldgate, J. and Statham, J. (2001) *The Children Act now: Messages from research*, London: The Stationery Office.
www.drugmisuse.isdscotland.org/publications/local/hharm_full.pdf

Aldridge, J. and Becker, S. (2003) *Children who care for parents with mental illness: the perspectives of young carers, parents and professionals*, Bristol: The Policy Press.

Aldridge, J. and Wates, M. (2005) 'Young carers and disabled parents: Moving the debate on', in Newman, T and Wates, M. (eds) *Disabled parents and their children: Building a better future – A discussion document*, Ilford: Barnardo's.

Booth, T. and Booth, W. (2003) *Self-advocacy and supported learning for mothers with learning difficulties*, www.supported-parenting.com/projects/SLPpaper_Final_copy.pdf

Booth, T and Booth, W. (2004) *Parents with learning disabilities, child protection and the courts*. www.supported-parenting.com/projects/NuffieldReport.pdf

Broad, B. (2005) *Kinship care: CareKnowledge briefing 14*. www.careknowledge.com

Broad, B. and Skinner, A. (2005) *Relative benefits: Placing children in kinship care – good practice guide*, British Association for Adoption and Fostering. www.baaf.org.

Cleaver, H., Unell, I. and Aldgate, J. (1999) *Children's needs – parenting capacity: The impact of parental mental illness, problem alcohol and drug use, and domestic violence on children's development*, London: The Stationery Office.

Commission for Social Care Inspection (2006) *Supporting parents, safeguarding children: Meeting the needs of parents with children on the child protection register*, London: Commission for Social Care Inspection.
www.csci.org.uk/PDF/supporting_safeguarding.pdf

Department of Health (2002) *Protocol on advice and advocacy for parents (Child protection)*, www.dh.gov.uk/assetRoot/04/01/89/00/04018900.pdf

Department for Education and Skills (2005) *Government response to hidden harm, the report of an inquiry by the Advisory Council on the Misuse of Drugs*, London: Department for Education and Skills.
www.everychildmatters.gov.uk/_files/73D1398FE270B13D89AF63EF1A8B341D.pdf

Falkov, A. (ed.) (1998) *Crossing bridges: Training resources for working with mentally ill parents and their children*, London: Department of Health.

Ghate, D. and Hazel, N. (2004) *Parenting in poor environments: Stress, support and coping*, London: Policy Research Bureau.

Goodinge, S. (2000) *A jigsaw of services: SSI inspection of services to support disabled adults in their parenting role*, London: Department of Health.
www.dh.gov.uk/assetRoot/04/01/11/99/04011199.pdf

Hamer, M. (2005) *Preventing breakdown: A manual for those working with families and the individuals within them*, Lyme Regis: Russell Housing Publishing.

H.M Treasury and Department for Education and Skills (2005) *Support for parents: The best start for children*, London: HM Treasury.
www.schoolsnetwork.org.uk/uploads/documents/Treasury-parents_123177.pdf

Jones, A., Jeyasingham, D. and Rajasooriya, S. (2002) *The strengths and needs of black families in which young people have caring responsibilities*, Bristol: The Policy Press.

Kearney, P., Levin, E., Rosen, G. and Sainsbury, M. (2003) *Families that have alcohol and mental health problems: A template for partnership working*, London: Social Care Institute for Excellence.
www.scie.org.uk/publications/resourceguides/rg01.pdf

McGaw, S. and Newman, T. (2005) *What works for parents with learning disabilities*, Ilford: Barnardo's.

Moran, P., Ghate, D. and van de Merwe, A. (2004) *What works in parenting support? A review of the international evidence*, London: Department for Education and Skills.
www.prb.org.uk/wwiparenting/RR574.pdf

Morgan, P. and Goff, A. (2004) *Learning curves: The assessment of parents with a learning disability – A manual for practitioners*, Norfolk Area Child Protection Committee.

Morris, J. (2004) *Disabled parents and schools: Barriers to parental involvement in children's education*, York: Joseph Rowntree Foundation.
www.jrf.org.uk/bookshop/eBooks/1859352081.pdf

Morris, J. (2004) *The right support: report of a two year task force on disabled parents*, York: Joseph Rowntree Foundation. Findings can be seen at:
www.jrf.org.uk/knowledge/findings/socialcare/963.asp

Morris, J. (2004) *They said what!? Some common myths about disabled parents and community care legislation*, York: Joseph Rowntree Foundation.
www.jrf.org.uk/bookshop/eBooks/1859351964.pdf

National Treatment Agency for Substance Misuse (2002) *Models of care for the treatment of drug misusers*, London: National Treatment Agency for Substance Misuse.
www.nta.nhs.uk/frameset.asp?u=http://www.nta.nhs.uk/publications/mocpart2/chapter3_5.htm

Newman, T. (2004) *What works in building resilience?* Ilford: Barnardo's.

Newman, T. and Wates, M. (eds) (2005) *Disabled parents and their children: Building a better future – A discussion document*, Ilford: Barnardo's. A summary can be seen at:
www.barnardos.org.uk/parent_disability_summary.pdf

Olsen, R. and Tyers, H. (2004) *Think Parent: Supporting disabled adults as parents*, London: National Family and Parenting Institute. Findings can be seen at:
www.jrf.org.uk/knowledge/findings/socialcare/n34.asp

Olsen, R. and Wates, M. (2003) *Disabled Parents: Examining Research Assumptions*, Research in Practice.
www.rip.org.uk/publications/documents/researchreviews/disabled%20parents.pdf

Orford, J. and Velleman, R. (2003) *Alcohol and Families – Alcohol Concern Research Forum Papers*, London: Alcohol Concern.
www.alcoholconcern.org.uk/files/20031016_131816_Research%20forum%20Orford%20Vell.pdf

Preston, G. (2005) *Family values: disabled parents, extra costs and the benefit system*, London: Child Poverty Action Group
www.disabledparentsnetwork.org.uk/resources/reports/Family%20Values%20DIS%20ALL.pdf

Preston, G. (2006) 'Living with disability; a message from disabled parents' Chapter four in, *A route out of poverty: Disabled people work and welfare reform*, London: Child Poverty Action Group.
www.cpag.org.uk/publications/extracts/route_out_of_poverty_4.pdf

Preston-Shoot, M. (2005) 'Supporting disabled parents: mapping the legal rules', in Newman, T. and Wates, M. (eds) *Disabled parents and their children: Building a better future – A discussion document*, Ilford: Barnardo's.

Quinton, D. (2004) *Supporting parents: Messages from research*, London: Department of Health/Department for Education and Skills. A summary can be seen at: www.rip.org.uk/evidencebank/fulldetail.asp?id=82

Social Care Institute for Excellence (2005a) *Helping parents with learning disabilities in their role as parents*, www.scie.org.uk.

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Social Care Institute for Excellence (2005c) *Parenting capacity and substance misuse*, www.scie.org.uk.

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Social Care Institute for Excellence (2006) *Knowledge review 11: Supporting disabled parents and parents with additional support needs*, www.scie.org.uk

Stickland, H. and Olsen, R. (2005) 'Children with disabled parents', in Preston, G. (ed.) *At greatest risk: The children most likely to be poor*, London: Child Poverty Action Group.

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www.rip.org.uk/publications/documents/researchreviews/ALCOHOL.PDF

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Wates, M and Jade, R (1999) *Bigger than the sky: Disabled women on parenting*, London, The Women's Press.

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www.jrf.org.uk/knowledge/findings/socialcare/422.asp

Wates, M. (2003) *It shouldn't be down to luck: Results of a Disabled Parents Network consultation with disabled parents on access to information and services to support parenting*, Oxford: Disabled Parents Network Handbook Project.
www.disabledparentsnetwork.org.uk/resources/reports/'It%20shouldn't'%20Full%20report.pdf

Wates, M. (2005) *Disabled parents' information briefings*, Disabled Parents Network.
www.disabledparentsnetwork.org.uk/resources/info-briefings/info_brief_index.htm

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- ⁴ Children Act 1989, Section 17 www.opsi.gov.uk/acts/acts1989/Ukpga_19890041_en_1.htm
- ⁵ Department of Health (2002b) *Fair access to care services: Practice guidance*, para. 65, London: Department of Health. www.dh.gov.uk/assetRoot/04/01/97/34/04019734.pdf
- ⁶ Department of Health, Department for Education and Employment and Home Office (2000) *Framework for the assessment of children in need and their families*, para. 3.58, London: Department of Health. www.archive.official-documents.co.uk/document/doh/facn/facn.htm
- ⁷ H M Government (2006) *Working together to safeguard children: A guide to inter-agency working to safeguard the welfare of children*, para 5.124. www.everychildmatters.gov.uk/resources-and-practice/IG00060/
- ⁸ Department for Education and Skills and Department of Health (2004a) *National service framework for children, young people and maternity services: core standards*. p. 146, London: Department of Health. www.dh.gov.uk/assetRoot/04/09/05/66/04090566.pdf
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- ¹⁰ Department for Education and Skills (2006) *Parenting support: Guidance for local authorities in England*, http://www.everychildmatters.gov.uk/_files/230790E404393C411AFBEF46E7D2E490.pdf.

¹¹ Department of Health (2001) *Valuing people: A national strategy for learning disability in the 21st century*, Sub-objective 7.4, London: The Stationery Office.
www.archive.official-documents.co.uk/document/cm50/5086/5086.htm

¹² Department for Education and Skills and Department of Health (2004a) *National service framework for children, young people and maternity services: core standards*. London: Department of Health. www.dh.gov.uk/assetRoot/04/09/05/66/04090566.pdf

¹³ National Treatment Agency for Substance Misuse (2002) *Models of care for the treatment of adult drug misusers*, London: National Treatment Agency for Substance Misuse. <http://www.nta.nhs.uk/>

¹⁴ Department of the Environment, Transport and the Regions (2001) *Supporting people: Policy into practice*, p. 13, London: Department of the Environment, Transport and the Regions. www.supporting-people.org.uk/policyguidance.asp

¹⁵ Department of Health (2002a) *Fair access to care services: guidance on eligibility criteria for adult social care*, London: Department of Health.
www.dh.gov.uk/assetRoot/04/01/96/41/04019641.pdf

¹⁶ NHS Cymru/Welsh Assembly Government 2002 NHS Cymru/Welsh Assembly Government (2002) *Health and social care for adults: Creating a unified and fair system for assessing and managing care – Guidance for local authorities and health services*, Cardiff: Welsh Assembly Government.

¹⁷ Disabled Persons (Services, Consultation and Representation) Act 1986
www.opsi.gov.uk/si/si1987/Uksi_19870564_en_1.htm

¹⁸ Disabled Persons (Northern Ireland) Act 1998
www.opsi.gov.uk/acts/acts1989/Ukpga_19890010_en_1.htm

¹⁹ NHS and Community Care Act 1990, Section 47(1)
www.opsi.gov.uk/ACTS/acts1990/Ukpga_19900019_en_1.htm

²⁰ Department of Health (1993) *Approvals and directions for arrangements from 1 April 1993 made under schedule 8 to the National Health Service Act 1977 and sections 21 and 29 of the National Assistance Act 1948, LAC(93)10*, London: Department of Health.

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Social Care Institute for Excellence
Goldings House
2 Hay's Lane
London SE1 2HB
tel 020 7089 6840
fax 020 7089 6841
textphone 020 7089 6893
www.scie.org.uk
Registered charity no. 1092778
Company registration no. 4289790