

**‘Working Together to Support Parents with a Disability': a Joint Protocol for Practice Between Children and Young People’s Service and Adult Care.**

**August 2025**

**Supporting Parents with a Disability': a joint protocol for practice between Children and Young People’s Service and Adult Care.**

1. **Introduction**

This document sets out the principles and processes to be adopted by Older People/Physical Disability/Sensory Impairment Service (OP/PDSI), Adult Learning Disability (LD) Service related to work with parents, prospective parents or people with parental responsibility that have a disability. Practitioners may also consider invoking the approach advocated in this protocol where a disabled person is being cared for by family members where there are children in that household whose health and wellbeing may be affected by issues related to the cared for person’s needs.

1. **Background**

In respect of disabled adults the Care Act 2014 provides guidance on assessing the needs of individuals who requests support from statutory services. This includes parents with a disability.

It is acknowledged that no one service within Durham County Council may be able to meet all of the needs arising in families where there are disabled parents. The aim is to ensure that parents with a disability and their children have:

* Their health and social care needs assessed
* Access to co-ordinated services to meet identified needs

This protocol aims to raise the importance of the parenting role and acknowledges the need to provide support from both Adults and Children’s Services and provides the foundation for good practice across the two specialist areas of work. This is in line with the ‘whole family working’ which aims to ensure partners work together to create a coherent system of support to the whole family at the earliest opportunity, enabling every child, young person and family the same opportunities and chances in life to become strong, resilient individuals and families that contribute to strong, resilient and sustainable communities across County Durham. This protocol is intended to act as an overarching document relating to disabled parents and their children. It is an approach not a service and is intended to **aid but not replace** professional judgement and management consultation.

It must be noted that where there are welfare or safeguarding concerns for the child then the [Durham Safeguarding Children Partnership’s Policy and Procedures](https://www.proceduresonline.com/durham/scb/) must be implemented **without delay**, and for an adult, the [Safeguarding Adults Inter Agency Partnership Board Policy and Procedures](http://www.safeguardingdurhamadults.info/article/18049/Information-for-professionals).

1. **Legislative Framework and Relevant National Policies**

The national policy framework and entitlements set out in legislation and guidance provide the context for the development of this protocol. Outlined below is a summary of the key responsibilities of both Children Social Care and Adult Care in respect of parents with a disability that underpin the development of this protocol.

1. **Responsibilities of Older Persons/ Physical Disability and Sensory Impairment (OP/PDSI) and Adult Learning Disability (LD) Service**

* When providing services to adults, workers need to identify if the adult is a parent/carer and if their needs are impacting on the child/ren and if support is needed for the child/ren. Everyone who comes into contact with the child(ren) has a role to play in the identifying concerns, sharing information and taking prompt action ([Working Together to Safeguard Children 2018](https://www.gov.uk/government/publications/working-together-to-safeguard-children--2))
* In the course of assessing an individual, services should recognise that adults who have parenting responsibilities for a child under 18 years may need help with those responsibilities ([Care Act 2014](https://www.legislation.gov.uk/ukpga/2014/23/contents/enacted))
* Family roles and responsibilities ([The Care Act and Whole-Family Approaches](https://www.local.gov.uk/sites/default/files/documents/care-act-and-whole-family-6e1.pdf)) must be taken account of when determining eligibility for adult parents. Parenting responsibilities are embedded in the national eligibility criteria, under the Care Act 2014. One of the 10 specified outcomes set out in the national criteria is:

“*Carrying out any caring responsibilities the adult has for a child*”

* When determining eligibility OP/PDSI and Adult LD services need to take into account any risks to the ability of the parent to carry out family roles and responsibilities and the associated risks to the child if they are unlikely to experience a reasonable standard of health or development without assistance This means OP/PDSI and Adult LD services are required to take into account the possible effects of not meeting need.

Where there are complex or multiple needs within a family, it is essential that services deliver an effective and co-ordinated response to disabled parents and their children across children’s and adults services including health services supported by staff with the skills, training and confidence to usefully support parents with a disability ([Supporting Families Programme guidance 2022 to 2025](https://www.gov.uk/government/publications/supporting-families-programme-guidance-2022-to-2025)).

* There is a significant body of research to show that parents with a learning disability are likely to be the subject of “*presumption of incompetence*” as parents due to concerns about parental competence and outcomes for children. It is well recognised that this group are more likely to require financial, practical and social support if they are to perform their parenting role as effectively as they want and services require.
* All public bodies have a duty to advance equality of opportunity between disabled people and those who do not have a disability ([Equality Act 2010](https://www.legislation.gov.uk/ukpga/2010/15/contents)).

1. **Responsibilities of Children’s Social Care**

* Children’s Social Care have a duty to safeguard and promote the welfare of children within their area who are in need.
* 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.
* The assessment should cover the child’s developmental needs, including whether they are suffering or likely to suffer significant harm; the parents’ or carers’ capacity to respond to those needs; and the impact and influence of wider family, community and environmental circumstances ([Working Together to Safeguard Children 2018](https://www.gov.uk/government/publications/working-together-to-safeguard-children--2)).
* It is recognised that there are situations where children and parents do not meet services eligibility criteria and yet support is required to prevent problems arising. The statutory guidance directs that children’s services should recognise the cumulative effect of lower levels of need; ensure a high degree of co-operation and co-ordination between staff in different agencies; ensure there is a holistic view of the child.
* Children should not be expected to carry inappropriate levels of caring which have an adverse impact on their development and life chances. Where there is a danger of this happening, services should be provided to parents to enhance their ability to fulfil their parenting responsibilities.
* If the Local Authority considers that a young carer may have support needs, it must carry out an assessment under section 17ZA of the [Children Act 1989](https://www.legislation.gov.uk/ukpga/1989/41/contents). The Local Authority must also carry out this assessment if the Young Carer or parent requests one.
* The [Young Carers’ (Needs Assessment) Regulations 2015](http://www.legislation.gov.uk/uksi/2015/527/made) require local authorities to look at the needs of the whole family when carrying out a young carer’s needs assessment. Young carers’ assessments can be combined with assessments of adults in the household, with the agreement of the young carer and adults concerned.
* When assessing children in need and providing services, specialist assessments may be required and, where possible, should be co-ordinated so that the child and family experience a coherent process and a single plan of action.
* Under section 47 of the [Children Act 1989](https://www.legislation.gov.uk/ukpga/1989/41/contents), where a local authority has reasonable cause to suspect that a child (who lives or is found in their area) is suffering or is likely to suffer significant harm, it has a duty to make such enquiries as it considers necessary to decide whether to take any action to safeguard or promote the child’s welfare. Such enquiries, supported by other organisations and agencies, as appropriate, should be initiated where there are concerns about all forms of abuse, neglect. This includes female genital mutilation and other honour-based violence, and extra-familial threats including radicalisation and sexual or criminal exploitation ([Working Together to Safeguard Children 2018](https://www.gov.uk/government/publications/working-together-to-safeguard-children--2)).

1. **Principles**

This protocol is underpinned by the following practice principles:

* The welfare, wellbeing and safety of children is paramount.
* Children are usually best brought up within their own families and agency responses should aim to support families to do this.
* Parents with additional support needs associated with a disability have the right to respect for their private and family life, and the right to support in order to promote this.
* Additional support needs are addressed by enabling access to universal and community services wherever possible and appropriate.
* Wherever necessary, additional support needs are met by the provision of specialist assessments and services.
* Service responses are needs led not service led and aim to support family and private life.
* Service responses address the needs of parents and children in the context of the whole family, and not as individuals in isolation from each other.
* Time consuming and/or inappropriate tasks and responsibilities carried out by a child or young person which adversely impact on their emotional, physical, educational or social development are avoided, by providing adequate and appropriate support to parents and their family.
* Diversity is valued and fully acknowledged in service responses.

1. **Outcomes**

The outcomes for adults (under the Care Act 2014) which this protocol aims to promote can be summarised as:

* Personal Dignity (including treatment of the individual with respect)
* Physical and mental health and emotional wellbeing
* Protection from abuse and neglect
* Control by the individual over day to day life
* Participation in work, education
* Social and economic wellbeing
* Domestic, family and personal
* The individual’s contribution to society

The outcomes for children that this protocol aims to promote are that of [Children’s Social Care’s Values and Principles](https://www.proceduresonline.com/durham/cs/values.html) that children will:

* Be safe
* Be healthy
* Enjoy and achieve
* Make a positive contribution
* Achieve economic wellbeing

1. **Practice Guidance**

# Referral, Assessment and Care Planning

**Referral for OP/PDSI (see Appendix 1) and Adult LD Services (see Appendix 2)**

Either Social Care Direct (SCD) or the First Contact Team will be the first point of contact for enquiries / referrals for parents with a disability. A determination will be made to re-direct the referrer/family to other services or take a referral to initiate an assessment (see below for co-ordination of assessments).

Robust decision making must be evidenced, with analysis of why a particular outcome of an enquiry has been reached, taking a holistic family view of the current situation.

Where a parent has a mental health related disability, referral for specialist support services (i.e. community mental health teams) must be via their GP.

As a general rule, referrals for assessing the needs of disabled parents should be directed to SCD. This is because potentially the support is for the disabled adult with parenting responsibility. Where the parent is not able to meet their parenting responsibilities without assistance, there is clearly a role for Children’s Services to separately assess the needs of the child to determine if they are a child in need, which is why a joint approach is required to such cases. If there are child protection concerns identified, then the [Durham Safeguarding Children Partnership](https://durham-scp.org.uk/) procedures must be invoked immediately.

1. **Eligibility and Co-ordination of Assessments**

The practitioner must undertake a holistic assessment of need using the whole family approach. An adult meets the eligibility criteria if:

* Their needs arise from or are related to a physical or mental impairment or illness
* As a result of the adult’s needs they are unable to achieve two or more specified outcomes
* As a consequence there is or is likely to be a significant impact on a person’s wellbeing

One of the key outcomes to be considered as mentioned earlier is:

“*Carrying out any caring responsibilities the adult has for a child”*

It is important from the outset that staff are mindful about establishing:

* that the person fulfils the legal definition of a disabled person, including seeking information from the medical practitioners involved in the person’s case as appropriate. If confirmation of a parental learning disability is required this must be the responsibility of the Adult Learning Disability Team and must not delay meeting eligible needs.
* whether the disabled person is a parent, or a carer of a dependent child

and

* appears to have eligible needs relating to the parenting role under th Care Act 2014.

It may be appropriate to complete a Continuing Health Care (CHC) Checklist with a view to seeking CHC funding. Practitioners may need to consider the [Mental Capacity Act 2005](https://www.legislation.gov.uk/ukpga/2005/9/contents) should they have concerns that a service user may lack mental capacity in relation to a specific decision.

Practice experience shows that a co-ordinated approach helps to improve the experience of families and the effectiveness in achieving good outcomes as well as providing the opportunity to maximise efficiencies for both service areas. This is why it is important OP/PDSI, the Adult LD Service and Children’s Social Care work together from the outset with these cases, even if initially they appear not to fulfil the usual criteria for service provision.

An Adult Care case will be allocated to an appropriate worker within the identified team, be that OP/PDSI or LD, when the service user has been referred into the team. Work with that service user may identify a role for Children and Young People’s Service (CYPS) be that Children’s Social Care or Early Help.

Adult Care contact First Contact, either by telephone (03000 267 979) or by emailing a [safeguarding referral form,](https://durham-scp.org.uk/professionals/) when a child is at risk or there is concern that they could be at risk. The Adult Care practitioner will share all relevant information that has been gathered to support the safeguarding referral. First Contact will determine if the threshold is reached for a statutory assessment under the Children Act 1989 and would progress to Family First Team for allocation. If the safeguarding referral does not meet the threshold it could be referred to Early Help.

**Safeguarding response**

Children’s Social Care Families First will lead in coordinating the assessments where there are [child protection concerns](https://www.proceduresonline.com/durham/scb/) or the child’s needs are complex. Consideration will be given to whether the criteria is met to involve the specialist input of the Families First Children with Disabilities Team.

**Early Help information**

Early Help in County Durham is not a single service but a way of ‘thinking’ and ‘working’ through a collaborative approach between communities, families and services. Early Help is the term used by agencies in County Durham to describe our approach to providing support to vulnerable children, young people and families as soon as problems start to emerge or when there is a strong likelihood that problems will emerge in the future.

An effective Early Help System brings together a family’s own support network as well as the support from local partners including universal services e.g. GP, Family Health Services, Education, Voluntary and Community Sector and where appropriate more targeted services such as Drug and Alcohol, Domestic Abuse, Housing, One Point Services etc. to provide resilience, prevent difficulties from escalating leading to better outcomes for families that are sustained.

Where OP/PDSI or LD worker feels there is an Early Help need for the child/family and unsure which service would be able to support or feel the current support in place is not suifficent to meet the child and families needs worker should review DSCP website in relation to requesting additional Early Help - [Early Help in Durham (durham-scp.org.uk)](https://durham-scp.org.uk/professionals/early-help/)

Each service area will carryout their own assessment. This will be shared, where appropriate and with consent, with the involved parties and subsequent actions addressed.

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1. **Consent and Advocacy Support**

It will be usual practice to obtain consent from the parent and/or the child prior to sharing information, unless safeguarding concerns dictate otherwise. Consideration will also need to be given to the need for advocacy support including specialist LD advocacy, Independent Mental Health Advocate or Independent Mental Capacity Advocate in order to facilitate informed consent and/or the assessment process.

The Data Protection Act 2018 and General Data Protection Regulations (GDPR) provide a framework to ensure personal information is shared appropriately and will ensure that confidentiality and good practice in relation to personal information is maintained. All data will be processed in accordance with Data Protection legislation and information will be only shared where there is a lawful basis to do so.

1. **Caring Responsibilities of Children and Young People – Young Carers**

All practitioners will be aware that children and young people should not be expected to carry out inappropriate levels of caring that will have an adverse impact on their development and life chances. It should not be assumed that children and young people should take on similar levels of caring responsibilities as adults.

A fundamental principle of this protocol is that suitable support will be provided to the disabled parent to enable them to care for their children themselves. It is recognised that relationships within families are complex and that children and young people may be involved in some degree in caring within their families. It is important that practitioners listen to the young carers in line with the Young Carers Charter (see section 17: related documents) and the Working Together to Support Young Carers and Their Families. Assessments for young carers must always be holistic in their approach and seek to support the young carer and not undermine the family and family relationships.

1. **Parenting Roles and Parenting Tasks**

This protocol is based on the principle that there are certain parenting tasks which are universal and are required to meet the needs of any child. These tasks derive from the needs of the child, not the capacity of the adult to meet them.

The day-to-day activities associated with these tasks will vary according to the age and stage of development of the child. If the activity would generally be considered typical care for a child of a similar age it is considered to be part of a universal task.

1. **Tasks to be Considered as Part of the Parenting Role**

* Ensuring the child is physically cared for, e.g., appropriate food, personal hygiene, clean and appropriate clothing
* Ensuring the child is safe e.g. protected from hazards
* Ensuring the child is emotionally cared for, e.g. having secure, stable and affectionate relationships with significant adults
* Ensuring the child has the opportunity to learn and socialise, e.g. attend school
* Ensuring the child receives guidance about behaviour, e.g., guidance and discipline to enable the child to become an autonomous adult

1. **Examples of Possible Requests for Care**

* Assisting the parent to wash/bathe and dress their child
* Assisting the parent to prepare meals for their child
* Assisting the parent to involve the child in activities
* Providing practical support e.g. attending medical appointments, supporting a child to school
* Enabling the parent with essential daily living activities, e.g., meal planning
* Relieving a young carer of personal and domestic care tasks.

It is very likely that parents with a disability will need assistance in the long term. It is possible that the needs of the disabled parent will change. It is certain the needs of the child will change as they grow and develop. It is therefore important that services are flexible to meet changing needs and are regularly reviewed to ensure they remain appropriate.

All agencies involved in the provision of services to adults need to consider the impact of a caring role by a child or young person and whether further service provision to the adult would lessen or prevent the need for such care. Children providing such care should be referred to the First Contact Team who will consider the most appropriate support to assist the child / young person.

1. **Funding**

Funding for services to meet any assessed unmet needs for a disabled parent will normally be provided by Adult Care. Service provision will be subject to the usual financial assessment to determine the service user’s level of contribution. Funding provided by Children’s Social Care may be subject to financial assessment.

Continuing Health Care (CHC) must be considered for non-parenting related needs.

1. **Review**

This protocol will be reviewed on a two-yearly basis.

1. **Related documents**

Please see on tri.x:

* Chartership Pledges Schools
* Chartership Pledges Organisations

**Appendix 1**

Referral for an adult allocated to an OP/PDSI Locality Team by SCD. OP/PDSI professional considers whether there is any other professional support involved

Referral received by Social Care Direct (SCD) who request consent for Adult Care to carry out an assessment of the person’s needs

**Referrals to OP/PDSI**

YES, other professional involvement

NO, Adult Care are the only agency involved

Does the adult have children? Or are children the household?

YES

NO

Eligibility determined

Adult Care practitioner completes appropriate assessment

Eligible care needs identified and service provision required

NO

YES

No eligible care needs – no further action required, case closure to be considered

OP/PSDI practioner completes safeguarding referral (email or telephone)

First Contact consider whether threshold for safeguarding has been met

Refer into Children’s Social Care for assessment

Does the OP/PDSI practitioner have any concerns about the child/ren?

YES

NO

First Contact may refer to Early Help for support and intervention

**Appendix 2**

Referral received by Social Care Direct (SCD) who request consent for Adult Care to carry out an assessment of the person’s needs

Referral for an adult allocated to an Adult LD Services by SCD.

Is there an LD diagnosis?

**Referrals to Adult LD Service**

YES

NO

YES

NO

Case transferred to appropriate Adult Care team for assessment

NO

YES

Adult LD professional considers whether there is any other professional support involved.

LD screening check carried out

NO learning disability identified

Does the adult have children? Or are children the household?

Does the Adult LD services practitioner have any concerns about the child/ren?

YES

NO

Adult Care practitioner completes appropriate assessment

YES

Eligibility determined

Eligible care needs identified and service provision required

No eligible care needs – no further action required, case closure to be considered

First Contact consider whether threshold for safeguarding has been met

YES

NO

Refer into Children’s Social Care for assessment

First Contact may refer to Early Help for support and intervention