**Joint Working Protocol**

**Children’s Services and the Community Learning Disability Team**

**Manchester City Council**

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| **Version** | **Reviewed by** | **Notes** | **Date** |
| 1.01 |  | Initial draft JW | 5/8/22 |
| 1.02 | Liz Stevens, Nicola Bailey & Steve Brock. | Reorganisation & update | 31/8/22 |
|  |  | Addition of case law | 30/9/22 |
| 1.03 | Adele Hunter, Naomi Stewart (OT – CLDT), Emily Hetherington (OT – CLDT), Patricia Keating, Laura Travis, Reece Bowyer, Vanessa Drinkwater, Idah Shonhiwa (CLDT), Naa AdoKofie (CLDT), Julie Heslop. | Clarifications made, Section 1.8 added, additions and revision to Section 2.1 & 2.2, section 3.2 added, additions to section 4.4, section 5.1 added | 2/11/22 |
| 1.04 | Sophie Rushton (Legal Services Adults), Sarah Hanby (Legal Services Children & Families) | Amend to cover both parents. Section 7 added | 22/11/22 |
|  |  | Section 8 added | 22/11/22 |
| 1.05 | Circulated for comments to Patricia Keating, Naomi White, Elizabeth Stevens, Sarah Bradbury, Paul Allen, Idah Shonhiwa, Gulshan Khanom, Jane Roberts, Roisin McLoughlin, Kate Williams, Adele Hunter, Anthony Coward, Rachael Roberts, Nicola Bailey Julie Jennings, Lisa Jones, Deena Ward | Minor amends | 12/12/22 |

**Children’s Services and the Community Learning Disability Team (CLDT) joint working**

This document is to support joint working between Children’s Services and the Community Learning Disability Team (CLDT) when there is a parent[[1]](#footnote-2) with a learning disability.

It is part of the Think Family approach to support joint working in Manchester so the needs of the child and parent(s) can be assessed as a family and wrap around support provided. Through coordinated working the following outcomes will be achieved for families with a parent with a learning disability when they are open to services.

* The parent(s) is not disadvantaged or discriminated against because of their disability
* Permanency is achieved as quickly as possible
* Children’s safeguarding procedures are fully supported
* Timely progression where legal proceedings are instigated
* Processes for joint assessments, support planning and funding are developed

It is a practical guide based on our procedures, setting out best practice for joint working around a family for processes involving Children’s Services and the CLDT. The legal context for supporting the family of a parent with a learning disability is set out in appendix A.

This guide uses analysis of families with a parent who has a learning disability who have had babies in Manchester and have had their child or unborn open to children’s safeguarding processes. From that analysis, lessons in the following key areas were identified.

* Timeliness of action
* Effective communication
* Improving the understanding of professional perspectives and knowledge outside of a practitioner’s specialism

Information on best practice has been drawn from [**The Good Practice Guidance on Working with a Parent with a Learning Disability (2021)**](https://www.bristol.ac.uk/media-library/sites/sps/documents/wtpn/FINAL%202021%20WTPN%20UPDATE%20OF%20THE%20GPG.pdf). The Good Practice Guidance should be used with this guide. In addition to highlighting good practice the Good Practice Guidance contains additional information and research concerning families with a parent with a learning disability, policies and the legal context, case law examples and a resource list which will be of use.

In using this guide, the fundamental consideration always is the safety and the wellbeing of the child, and this guide also needs to be read in conjunction with [**Working Together to Safeguard Children**](https://www.gov.uk/government/publications/working-together-to-safeguard-children--2) which sets out guidance for interagency working to promote the welfare of children.

**Diagram

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**1. Referral for a family between Children’s Services and the Community Learning Disability Team (CLDT)**

The referral is the starting point of joint working between Children’s Services and CLDT for each family.

**IT IS IMPORTANT THAT A REFERRAL IS MADE AT THE EARLIEST OPPORTUNITY.** The additional complexity of working with an individual with a learning disability is likely to increase the time most tasks take which will put pressure on deadlines. It is therefore key to start joint working at the earliest possible point and ensuring there is effective and timely communication and effective planning.

**1.1 Referral from Children’s Services to the CLDT**

**1.2 Pre-Referral**

Consent needs to be obtained from the parent for the referral to be made to the CLDT.

The CLDT only provide support to a parent(s) with a learning disability (see Appendix B) and not a parent(s) with a learning difficulty, clarification on the difference is given in Appendix C.

A check should be completed on Liquid Logic Adults (LAS) to see if the person is already known to the CLDT or the Transitions team (note: being open to Transitions isn’t definitive that a person has a learning disability).

If not, then evidence which support the person has a learning disability should be collected. Examples of the type of information that the CLDT assess to determine if an individual meets the eligibility criteria for having a learning disability are shown in figure 2. A lack of evidence will delay screening for learning disability.

**A call should be made to the locality CLDT duty to discuss the referral (see Table 1 for contact numbers).** This conversation should help clarify that it is an appropriate referral to the CLDT, flag up that the referral is being made and that it involves a parent. A check can also be completed on Health’s EMIS to see if the person is known to the CLDT on this system.

**1.3 What needs to be in the referral?**

* Evidence to support a learning disability diagnosis if the person is not known to the CLDT
* What the current statutory Children’s social work intervention is (CiN, CP, Pre-proceedings) and the date of the next multiagency meeting
* Number of weeks pregnant / EDD
* What is wanted from the referral; support is available from social care (see Section 3.1) and /or health (see Section 3.3 & Appendix E). Support can be requested from either or both.
* Consent to Information sharing. It is important that consent is gained to share existing information to reduce the need for repetition and to speed up a decision particularly in the case of eligibility referrals. The person being referred should always be aware of what information is shared, for example a cognitive report, EHC plan

*Note: Permission may need to be obtained from third parties or the court to release court commissioned reports which may cause delay*

**1.4 How to make the referral to the CLDT**

Although one team the CLDT is made up of practitioners from social care and health. Referral to the CLDT can be made via 2 routes;

1. The contact centre

0161 234 5001 [mcsreply@manchester.gov.uk](mailto:mcsreply@manchester.gov.uk)

referrals can be made verbally or by email

1. CLDT health inboxes (see table 1 below for email addresses)

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| Using the **External Referral form** if the person is **known** to CLDT | or the **Eligibility Assessment Referral form** if they are **not known** to CLDT |
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Pre-referral discussion with the CLDT duty will help establish which form is appropriate.

There are 3 community learning disability teams (CLDTs) in the city of Manchester covering North, Central and South

**Table 1**

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| North CLDT | Crescent Bank, Humphrey St, Crumpsall, M8 9JS | Health  0161 861 2958 | [mft.northcldt@nhs.net](mailto:mft.northcldt@nhs.net) |
| Social care  07773 572286 |
| Central CLDT | Hulme District Office, 323 Stretford Rd, Hulme M15 4UW | Health  0161 219 2587 /2555 | [mft.centralcldt@nhs.net](mailto:mft.centralcldt@nhs.net) |
| Social Care  0161 219 2006 |
| South CLDT | Floor 3, Etrop Court, Rowlands Way, Wythenshawe M22 5RG | Health  0161 219 6022 | [mft.southcldt@nhs.net](mailto:mft.southcldt@nhs.net) |
| Social Care  0161 219 6377 |

* 1. **The person is known to the CLDT as someone with a learning disability**

Their social care needs and any health needs will have been assessed, in the case of social care if they have a need under the Care Act 2014 a support package will usually be in place and recorded on LAS. A referral will still be needed for a parent with a learning disability so they can be allocated a social worker for reassessment because of the change in need.

**1.6 The person is not known to the CLDT as someone with a learning disability**

If the person is not known to the CLDT, it needs to be established if they have a learning disability. This process of assessing whether a person has a learning disability will be carried out by a joint Adult Health and Adult Social Care visit. See Appendix B for the definition of a learning disability (for eligibility) and examples of the type of information assessed as part of determining eligibility is given in Figure 2.

If eligibility for a learning disability is met the person would then be assessed for health and social care needs.

**Figure 2. Examples of information the CLDT assesses to determine eligibility for Learning Disability Services**

* Is the parent a resident of Manchester City Council? How long have they lived here for? Have they ever had any social care input prior to this referral? If so, who from?
* Is the parent registered with a Manchester GP?
* From their background history, is there evidence of developmental delay from childhood?
* Did the parent have any input as a child from social care? For example- Children with disabilities team?
* When the parent attended education where did they go?
* What qualifications, if any, did they achieve/ are they undertaking?
* Did they have a Statement of Educational Need (SEN) or EHCP?
* On the SEN what is stated as the reason for this? Please note that just because someone had a SEN through education, does not mean they have a significant Learning Disability. It could be that they had a reduced timetable due to behavioural issues, they were having support due to living in a complex family environment, they may have sensory issues, they may have speech difficulties.
* If the parent had an SEN does this come with a Cognitive assessment, completed by an educational psychologist? If so, does it state they have an overall IQ of under 70? When was the IQ assessment completed? If this was prior to them turning 16, then this can affect the scoring and is therefore not a definitive indicator of LD.
* Does the parent state that they have a significant Learning Disability with an IQ of under 70? Do they have any formal evidence that would document this? When was this completed?
* Has the parent ever suffered a traumatic event that has caused their cognition to be affected following this? If so, what age were they when this occurred?
* Does the parent state that they have a formal diagnosis of any other conditions that may affect their functioning? Examples of these are: ADHD, Dyslexia, Asperger's Syndrome, Autism, Mental health condition, speech impairment, cerebral palsy etc…\*\*\*PLEASE NOTE THAT THESE CONDITIONS DO NOT INDICATE THE PARENT HAS A SIGNIFICANT LEARNING DISABILITY. There needs to be a diagnosis of significant learning disability alongside for the parent to be eligible\*\*\*
* Is the parent on the GP Learning Disability Register? How long have they been on the Learning Disability Register for? Please note this does not indicate they have a significant learning disability.
* What information is held by the GP regarding the parent’s health conditions?
* What benefits do they receive from DWP?
* Has the parent ever had employment? If so when and where, doing what?
* Has the parent ever passed their theory test and practical driving test?

**1.7 Prioritisation by the CLDT**

When a referral is received by the CLDT for a parent the referral will be prioritised. If an eligibility assessment is needed, a joint Health and Adult social care visit for this assessment will be completed within 2 weeks. For a parent who is already know to the CLDT or has been assessed as eligible following referral they would then be allocated a social worker and/or reviewed at the CLDT health referral meeting for allocation within 2 weeks.

Once allocated, the CLDT will advise who the allocated worker will be, timescales and provide updates and advise on any issues.

**1.8 If a referral does not meet learning disability eligibility**

Where a parent has been assessed but does not meet the learning disability eligibility threshold the CLDT will advise of this. If the parent has needs under the Care Act (see Appendix D) a referral would need to be made through the contact centre to the Adult Services team who would support the parent’s primary need such as the Community Mental Health Team or one of the INTs. If there were any health needs a referral would need to be made to mainstream NHS services.

**1.9 Referral from the CLDT to Children’s Services**

In this instance, the person will already be known and open to CLDT which will means following allocation by Children’s Services, social workers should be able to quickly make contact, start information sharing and understand each other’s requirements in relation to the family. Referrals to Children’s Services should be made through the contact centre. **IT IS IMPORTANT THAT A REFERRAL IS MADE AT THE EARLIEST OPPORTUNITY.**

**2. Working with parents with a learning disability**

**2.1 Reasonable Adjustments**

Under the Equalities Act 2010, the Public Sector Equality Duty requires local authorities to carry out their functions to have due regard to eliminate discrimination. The Act also sets out the duty to make reasonable adjustments where a disabled person is put at a substantial disadvantage in relation to relevant maters which in this context is social care assessments, meetings and Children’s safeguarding processes.

When working with a parent(s) with a learning disability, reasonable adjustments need to be made so the parent(s) is not disadvantaged or discriminated against because of their disability. The parent(s) needs to be fully informed and involved as much as is possible, this means the parent(s) needs to be given time and support to help them understand information and what is happening and to express their views.

**This is universal legislation and it’s everyone’s responsibility to make the appropriate adjustments.**

In working with a parent(s) with a learning disability the Human Rights Act 1998 also need to be considered. Particularly the following.

• section 6 – the right to a family life, parents should be involved in the decision-making process when crucial decisions are being made about a child’s future

• section 8 – the right to a fair trial, which isn’t just the judicial part of proceedings it’s unfairness at any stage leading up to that

**REASONABLE ADJUSTMENT - where information and guidance can be found**

• The parent(s), asking what adjustments need to be made to help them understand information and express their view

• Communication passport (if available)

• PAMs assessment (if available)

• CLDT social worker / health professional

• If the parent has a package of support, the support provider will already be making reasonable adjustment and will have good knowledge of what is needed

• Cognitive assessment (if available)

• OT and/or SALT assessment (if available)

Practitioners need to ensure they gain an excellent understanding of how a parent(s) with a learning disability best communicates and processes information to be assured they are fully involved in the work being done with them.

Reasonable adjustments may need to be made in relation to:

* communication; written and verbal
* how events such as meetings are organised
* allowing extra time in meetings and for an assessment

A parent(s) with a learning disability may also experience a range of other needs and difficulties including a physical or sensory impairment. In these circumstances, when completing an assessment, careful consideration will also need to be given to what appropriate assessment materials and resources are needed to make reasonable adjustments.

Although any adjustments needed will be person specific, generally with a cognitive impairment any written document will need to contain simple sentences without complicated words, possibly with key points highlighted in bold or different colours and it may include pictorial representation.

**Examples documents**

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| **Meanings of different Social Services meetings**  <http://www.bristol.ac.uk/media-library/sites/sps/documents/wtpn/Meanings%20of%20different%20Social%20Services%20meetings.pdf> |
| **Pregnancy and Me – from bump to baby**  <http://www.bristol.ac.uk/media-library/sites/sps/documents/wtpn/PregBmpBby_1609.pdf> |
| **Being a Dad**  <http://www.bristol.ac.uk/media-library/sites/sps/documents/wtpn/Being-a-dad-booklet(easy-read).pdf> |
| **The Official Solicitor** and how he or she can help you  <https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/815728/official-solicitor-easy-read-booklet.pdf> |
| **The Court and Your Child:** when social worker gets involved  <https://www.judiciary.uk/wp-content/uploads/JCO/Documents/FJC/Publications/Public_Law_booklet-+English.pdf> |
| **How to make Information Accessible**  <https://www.changepeople.org/Change/media/Change-Media-Library/Free%20Resources/How-to-Make-Information-Accessible-WEB-31-03-21.pdf> |

**2.2 Independent Advocacy**

Independent advocacy also needs to be considered as part of the support for a parent(s) with a learning disability.

This type of advocacy is different to the statutory advocacy the Local Authority provides under the Care Act 2014, Mental Capacity Act 2005 and the Mental Health Act 1983.

It is advocacy to support a parent(s) when their child or unborn is open to Children’s safeguarding processes by an advocate with a detailed knowledge of learning disability and children’s safeguarding processes. Their role is to help the parent(s) to understand ​what’s been written about them in reports​, what’s been said in meeting​s and to help the parent(s) with what they want to say and to speak for themselves​. It is helping the parent(s) to understand the specific concerns Children’s Services have about their child and what change need to happen. An independent advocate should also be a bridge when there are communication difficulties between a parent(s) and the local authority​ and to promote partnership between a parent(s) and the local authority​.

The distinction also needs to be made between independent advocacy and support that might be provided by friends and family. With this informal support it is unlikely that a friend or family member will have the knowledge and expertise of children’s safeguarding processes and may not have the objectivity needed.

**An independent advocate should be made available at the earliest stage of any Children’s safeguarding procedures to enable a parent(s) to access and engage with services.** Working Together to Safeguard Children (2018)​ sets out that where there are concerns following a section 47 enquiry, parents should be given information about advocacy agencies. The Good Practice Guidance on Working with a Parent with a Learning Disability (2021)​ says support should be made available at the earliest stage to help parents access and engage with services from the outset​.

Currently there is a gap in the provision of independent advocacy in Manchester but an intention to commission this service. Until a service is commissioned, independent advocacy will need to be spot purchased.

**2.3 Communicating with a Parent with Learning Disabilities**

The speech and language therapists at the CLDT have put together ten golden rules for promoting understanding when working with a parent(s) with a learning disability, see attached.

Diagram

Description automatically generatedWhat parents with a learning disability say about social workers who are good at communication, adapted from the Good Practice Guide and based on material developed by CHANGE <https://www.changepeople.org/>

A practice framework developed by Tarleton *et al* 2018 may also be a resource practitioners find useful for developing positive relationships with parents with learning disability, based around the six Ts.

**Time – Trust - Tenacity – Truthfulness – Transparency – Tailored Response**

The resource also details 3 case studies of multiagency working and the ‘think family’ approach with parents who have a learning disability.

<https://www.bristol.ac.uk/media-library/sites/sps/documents/wtpn/GTC%20SUMMARY%20REPORT%2016.5.2018%20designed.pdf>

**3. Assessments**

A parent(s) needs to be fully involved in any assessment and care planning and adjustments made to enable this to happen.

**3.1 CLDT Adult Social Care – Care Act assessment and support**

Adult Social care provides statutory care and support to people over the age of 18. This is under the Care Act 2014.

Care Act assessments for an adult with a learning disability are carried out by social workers in the CLDTs. Their aim is to obtain a full picture of the person and of their needs and any aspiration which they may have. Following assessment, the Local Authority then considers whether any of the needs identified are eligible for support under the Care Act. **Not all care needs are met by the State**, an eligibility framework is used to determine which needs will be met by the Local Authority (see Appendix D).

For social care, support planning is focused on empowering the individual and providing them with the means to be as independent as possible. Usually this is support commissioned from an external provider. Following assessment, support planning and the support being successfully commissioned, the person would normally then be closed to social work in Adult services.

To support joint working where there is a parent with a learning disability, they will remain open to the CLDT social worker until any legal proceedings have been concluded by Children’s services.

The referral will trigger a reassessment which provides the opportunity for a joint visit with Children’s Services and the opportunity for sharing professional perspectives which will help better understand the needs of the family which will in turn help inform future support planning.

For a parent with a learning disability,

* any additional needs under the Care Act would be identified as part of the assessment and any additional support need met.
* additionally, if the referral was during pregnancy, forward planning for support that will be needed once the baby has been born can be started so that any option(s) can be considered as part of permanency planning. This would be informed by input from Children’s social work around risk to the child’s wellbeing and safety (see section 5).

Following birth, reassessment will be needed as part of the Care Act assessment as the additional outcome ‘Carrying out any caring responsibilities the adult has for a child’ will now need to be considered.

**3.2 Transitions Planning Team**

Although for young people aged 16 - 18 years, a young adult with a learning disability may be open to the Transition Planning team instead of the CLDT. This is a social work and care management only team (no Health). Any referral made for a parent open to this team would be dealt with as a referral to CLDT in relation to the Care Act assessment and any health need referred to the CLDT health team. The team is city wide and based on Floor 1 at Etrop Court.

**3.3 CLDT Health - assessments and support**

A parent would need to be registered with a Manchester GP to receive support from this team.

For each referral where eligibility for a learning disability is met, if there is a health need the decision about who is the most appropriate professional to carry out the requested work will be decided by the health team manager and the senior clinicians in the CLDTs. Support is delivered by Clinical Psychologists, Speech and Language Therapists, Occupational Therapists, Community Learning Disability Nurses and Physiotherapists. Details of support available are listed in Appendix E.

There is no time limit on the support from the health staff on the CLDTs.

**3.3 Child and Family Assessment**

Completed when a child or unborn is referred to Children’s social work. The child and family assessment uses the signs of safety model approach - what's working well / what are we worried about/ what are the complicating factors and what needs to happen.

For a parent(s) with a learning disability, input from the CLDT will help understand the impact of the parent(s) disability. This may be in the form of a current assessment or a reassessment where needs have changed such as with a pregnancy.

Where there is a parent with a learning disability, there should be a joint visit with input from the CLDT. The Children’s social worker will take the lead on the assessment and any safeguarding planning. The CLDT practitioner will remain involved in the completion of any assessment and planning.

All planning, including care planning for the child should legal proceedings be initiated, should include how a parent with a learning disability will be supported.

**3.4 Joint Assessment**

Currently there are separate assessments for the Child and the Adult(s) in a family. There is an opportunity with this joint working to look at further developing the joint approach so that a single assessment is produced for the family. Although beyond the scope of this work it should be part of the next steps in developing joint working further.

**4. Children’s Safeguarding procedures**

A summary overview of children’s safeguarding procedures is given in Appendix F. The following sections consider children’s safeguarding procedures in relation to practitioners’ roles and responsibilities.

As set out in section 2, reasonable adjustments will need to be made to support a parent(s) to understand and engage in these safeguarding processes. The child safety plan should be in an easy read format and it demonstratable that the parent(s) has understood the safety plan, a simple ‘do you understand?’ is not sufficient. Parent(s) should be fully supported to understand any actions, which they need to complete, and support provided to help them achieve these.

**If the parent has an advocate, the advocate should be invited to any meeting to which the parent is invited.**

**4.1 Child in Need (CiN)**

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| **Child in Need** joint working - Roles and responsibilities |

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| **Children’s social work** |  | **CLDT** |
| Ensure referral is made at the earliest possible point to CLDT | Acknowledgement on allocation, provide contact information & advise on action and timescales |
| Invitation to CiN meeting sent to the CLDT | Participate in joint visits where appropriate |
| Share CiN plan with the CLDT / reference where it is on LCS | Attend CiN meeting, support co-production of CiN plan |
| Invite the CLDT to subsequent CiN meetings | Share current assessment / re-assessment – reference location on LAS |
| Share meeting minutes and actions with the CLDT - reference location on LCS | Complete any actions from meetings advising on timescales for completion |
| If needed, invite the CLDT practitioner to the 4 weekly statutory visit | Support with reasonable adjustment for the parent(s) |

**4.2 Child Protection**

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| **Child Protection** joint working - Roles and responsibilities |

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| **Children’s social work** |  | **CLDT** |
| If not already joint working, ensure referral is made at the earliest possible point to the CLDT | Contact to Children’s on allocation to give contact information & advise on timescales |
| Invite the CLDT to the strategy meeting |  |
| Advises the CLDT that child/unborn is going to ICPC and sends invite to the CLDT | Participate in joint visits where appropriate |
| Contact the CLDT requesting current assessment or any updates | Attend ICPC and Core group meetings, support co-production of child protection plan |
| Notifies SIU business support of relevant people in the CLDT to attend ICPC | Share current assessment / re-assessment – reference location on LAS |
| Shares Child and Family Assessment with the CLDT – reference location on LCS | Complete any actions from meetings advising on timescales for completion |
| Invitation for core group meetings and RCPC sent to the CLDP | Support with reasonable adjustment for the parent(s) |
| Minutes of meetings shared with the CLDT - reference location on LCS |  |

**ICPC** – Initial Child Protection Conference, **RCPC** – Review Child protection Conference

**4.3 Public Law Outline (PLO) / Pre-Proceedings**

If any input is required from CLDT it will be prioritised but if an assessment is needed this is likely to take longer than usual because the parent’s is learning disability. This additional time needs to be factored into any deadline and planning. Such requests need to be made at the earliest possible point once pre-proceedings have started.

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| **PLO / Pre-proceedings** joint working - Roles and responsibilities |

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| **Children’s social work** |  | **CLDT** |
| Advise the CLDT of any parent they are involved with that is going to PLO / Pre-proceedings | Support with any specialist assessments requested, advise on the timescales for completion |
| Discuss with the CLDT any deal breakers involving them that will be part of pre-proceedings prior to start of the process | Support the family with any conditions agreed that involve the CLDT |
| Invite the CLDT to permanency planning meeting | Support with options around permanency planning |

**4.4 Care Proceedings**

**Any joint working needed needs to have been agreed and finalised prior to any hearing. The court views us as one organisation -Manchester City Council.**

During care proceedings the court may direct and commission an assessment from the CLDT health and or social care staff outlining the areas it wants covering together with the deadline for completion. Responses to any such requests need to be reviewed by Legal Services before being signed off.



Instructions from Legal Services for Adult practitioners preparing witness statements is attached.

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| **Care Proceedings** joint working - Roles and responsibilities |

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| **Children’s social work** |  | **CLDT** |
| Ensure current information on the CLDT contact person(s) is shared with Legal Services | Respond to request for assessments or reports from solicitor in Legal Services (prior to start of care proceeding issued) |
| Share details of the court order and the dates for each stage of the hearing following the Case Management Hearing | Attend court if called on to give evidence; Children’s Legal should be contacted for support and guidance |
| Invite the CLDT to the LAC meetings | Attend looked after child meetings |
|  | Attend Professionals meeting if there is a need due to issues arising |

**Placements**

If a placement is being made as part of the care order, any support the parent(s) needs with reasonable adjustments should be in place from the start of that placement, so the parent(s) is not disadvantaged. Before the placement is sought, the Children’s social worker should liaise with the CLDT practitioner to help specify the requirements for such support which then needs to be part of the placement search. If a matching placement is not available, for the selected alternative, the CLDT should review and help identify the reasonable adjustment required by the parent(s) to ensure this is in place at the start of the placement. Additional time will be needed when identifying a placement for a parent(s) with a learning disability and this needs to be factored in to ensure deadlines are met.

**Not disadvantaging a parent(s) in a placement**

When identifying a placement at an assessment centre or foster placement the following should be considered in whether the placement puts a parent(s) with a learning disability at a disadvantage or is discriminatory.

* Do the staff in the placement have the expertise and experience supporting a parent(s) with a learning disability?
* Will the parent(s) with a learning disability be compared to parents without learning disability?
* Where the placement is in an unfamiliar area will this cause additional stress to the parent?
* Has moving to an unfamiliar area taken away any support network?
* A parent(s) with a learning disability will be slower to learn and adapt their skills. Is the length of the placement long enough to give sufficient time for the parent(s) to develop and demonstrate their parenting skills?

Additionally, **if the placement is not in an area covered by a Manchester GP**, the parent will need to temporarily register with a GP in their new area to access NHS services which would include learning disability services because those provided by the Manchester CLDT health team would no longer be available.

**5. Support around the family**

**5.1 Thriving babies, confident parents.**

Pre-birth, a referral should be made to the thriving babies confident parent team to request support at the earliest opportunity. The team can provide support with parenting skills and also through PAMs assessment although this is limited pre-birth to knowledge assessment. Referrals should be made using the attached form and sent to the team’s email address given at the bottom of the form.

**5.2 Support planning**

This specifically concerns the support planning for the child to stay with the parent(s), all other plans for permanency will be led by Children’s Services.

To achieve this both Children’s Services and the CLDT will need to work jointly to ensure the any support plan full incorporates the professional perspective of each service and addresses any impact of the parent’s learning disability on their ability to parent.

* Development of the plan should start early enough to allow this to be in a near final form before any key decision points
* Any specialist assessments need to be commissioned at an early enough point to enable this information to shape the support planning

For a new born the parent’s current accommodation arrangements will need to be reviewed to assess whether they would be suitable for a family and if not, a new placement identified. The CLDT social worker will need to consider the additional outcome of the adult having caring responsibilities for a child as part of the Care Act assessment. The plan for the additional support the parent(s) needs to enable them to keep the child safe and look after the child’s welfare can then be assessed.

To support the assessment by the CLDT, Children’s Services need to work jointly with the CLDT social worker and share the specific safeguarding concerns that they have for the child or unborn so plans for how these concerns could be mitigated through support is built into the plan around the family. Input from Children’s Services is also needed so the support enables parent(s) to maintain their parenting capacity and that there is no deterioration.

The CLDT should lead on developing this option, with the joint working and development being carried out through multi-disciplinary team meetings (MDTs) organised by the CLDT. This joint working would also include a plan for wider support from other services and partners around the family.

Children’s safeguarding procedures will be in place with a prospective mother who has a learning disability which may involve proceedings when baby is born. If there is an interim care order for a placement, as information on the parent(s) parenting skills becomes available the support plan should be updated and amended with the appropriate tailored support and adaptations to enable the parent(s) to be supported to meet the needs of their child.

If the family is supported in their home the plan should be shared with all professionals working with the family to ensure all are coordinated and that the family isn’t getting different messages from different partners.

In developing a plan around a family, joint assessment was discussed in section 3.4 and there is the opportunity to move joint working further forward through the development of a joint support plan and a framework for joint funding. Although beyond the scope of this guide, it would need development between Children’s Services and the CLDT to agree the content of a support plan so that the legislative requirements of both services were met. Practically how this would be recorded would also need to be agreed as the current support planning pathways in Liquid Logic for Children’s and Adult are quite separate. The needs of the parent(s) should be met under the Care Act by support from the CLDT but in relation to funding consideration would also need to be given to potential cost savings delivered to Children’s Services by a wrap-around support package through the reduction in re-referral back in to services and the breaking of the cycle of child removal and repeated pregnancy.

**5.2 Support for a parent(s) who is unable to care for their child**

Consideration needs to be given to what support, emotional and otherwise, a parent with a learning-disability needs where a child is removed. This should be offered at the earliest opportunity so that the system is not having to deal with a parent at crisis and in the longer term to help avoid the scenario of recurrent care proceedings.

Currently there is no coordinated support service and the CLDT practitioner will need to make referrals to services. If the family has been part of Thriving Babies Confident Parents, support may be available from Barnardo’s through a therapeutic intervention. Support with Mental Health may be available from the Maternal Mental Health Service pilot that provides psychological support for women and families affected by moderate to severe or complex MH difficulties who have experienced perinatal loss ([PerinatalCommunityMentalHealthTeam@gmmh.nhs.uk](mailto:PerinatalCommunityMentalHealthTeam@gmmh.nhs.uk) 0161 271 0188 [Monday-Friday, 9am to 5pm]).



Other services that can provide support to parents are listed in the attached document ‘Support following the removal of a child’.

**6. Supporting Joint Working**

In addition to this protocol there needs to be an ongoing development through training to help develop an understanding of the professional perspective outside of the practitioner’s area of expertise.

It will be expected that practitioners on the CLDT will be familiar with the practice frameworks of Signs of Safety and the Safe and Together model for working with domestic violence as well as the practice tools and knowledge.

There are opportunities for training in Signs of Safety and A Childs Journey, the scheduling of courses can be found on Our Practice in Manchester <http://opim.online/> and there will be place available for Adult practitioners.

Courses are also offered through the MSP website <https://www.manchestersafeguardingpartnershiplearning.co.uk/courses.php>

There are offers from Adult Service where presentations are available on key themes

Kate Roberts (Service Manager – Transitions) can present at team meetings or similar covering Care Act National Eligibility Criteria

Online learning packages available through Research in Practice which cover the Care Act:

* Assessment and eligibility: Requirements under the Care Act 2014
* Outcomes-focused support planning: Requirements under the Care Act 2014

There is also the opportunity to shadow the CLDT to better understand how the service works, Liz Stevens is the contact.

**7.0 Contacts and Escalation**

Where practioner’s need advice or information, the points of contact in Children’s and Adult’s Service are

For Children’s, the locality case progression manager

|  |  |  |  |
| --- | --- | --- | --- |
| North | Patricia Keating | 07903 373008 | [patricia.keating@manchester.gov.uk](mailto:patricia.keating@manchester.gov.uk) |
| Central | Naomi White | 07989 132844 | [naomi.white@manchester.gov.uk](mailto:naomi.white@manchester.gov.uk) |
| South | Gulshan Khanom |  | [gulshan.khanom@manchester.gov.uk](mailto:gulshan.khanom@manchester.gov.uk) |

For the CLDT, the practice supervisor

|  |  |  |
| --- | --- | --- |
| Idah Shonhiwa | 07815 558023 | [Idah.shonhiwa@manchester.gov.uk](mailto:Idah.shonhiwa@manchester.gov.uk) |

**Escalation**

Where there are differences in opinion when joint working, resolution should be sought as quickly as possible to avoid introducing delays. This should be at the lowest possible level which initially will be with the team managers of those involved, mediation should be through verbal conversations and not solely by email. Where no resolution can be reached this should then be escalated to the next tier of management, line management information can be found in the organisation structure shown in Office 365.

**8.0 Future Development & Continuous Learning**

The scope of this document has been limited to make drafting an initial document manageable. It is intended that this should be the starting point and there will be an ongoing development of joint working between Adult and Children’s Services to support families. This will come in part from continuous learning from families we work with but also areas for development which have already been highlighted such as joint assessment (3.4) and joint support planning and funding (5.2). It would also be beneficial to expand this to include connected areas such as Children’s Health to better support families and other NHS services such as specialist learning disability safeguarding nurses, consultants and midwives to better link in the wider system around the family. There is also the opportunity in future to expand joint working to include other areas in Adult Services where parents have a child(ren) or unborn open to Children’s safeguarding processes.

**Appendix A - Legislation**

* The United Nations Convention on the Rights of Persons with Disabilities <https://www.un.org/development/desa/disabilities/convention-on-the-rights-of-persons-with-disabilities/the-convention-in-brief.html>
* The United Nations Convention on the Rights of the Child <https://www.unicef.org.uk/wp-content/uploads/2019/10/UNCRC_summary-1_1.pdf>
* The Equality Act 2010
* The Human Rights Act 1998
* The Care Act 2014
* Care and Support Statutory Guidance <https://www.gov.uk/government/publications/care-act-statutory-guidance/care-and-support-statutory-guidance>
* Working Together to Safeguard Children 2018 Statutory Guidance <https://www.gov.uk/government/publications/working-together-to-safeguard-children--2>
* Court Orders and Pre-proceedings for Local Authorities Statutory Guidance <https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/306282/Statutory_guidance_on_court_orders_and_pre-proceedings.pdf>
* The Children Act 1989
* The Children Act 2004

**Appendix B - What is a Learning Disability? (Eligibility)**

A person will be assessed as having a learning disability if he/she meets the following criteria:

* The person has a cognitive impairment equivalent to an IQ of below 70, and
* The person’s cognitive impairment causes the person to have difficulties with adaptive functioning in two or more areas, and
* This cognitive and adaptive functioning difficulties start in childhood or the early developmental period (for this service this is approximately age 11)

This definition is set out in Valuing People (2001) <https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/250877/5086.pdf>

Examples of adaptive functioning difficulties are:

* Conceptual skills e.g., memory, problem solving, decision making. communication, understanding, literacy, budgeting, time and number concepts, self-direction
* Social skills e.g., interpersonal skills, vulnerability, social problem solving, self-control
* Practical skills e.g., bathing, dressing appropriately, cooking, cleaning, travel

The person’s adaptive functioning difficulties must result from the primary cognitive impairment and not from other causes e.g., illness, mental disorder, cognitive impairments acquired after the developmental period or sensory impairment, drug or alcohol misuse.

A learning disability is a global impairment of cognitive function. It is a lifelong developmental disability which will likely affect someone’s ability to learn and function independently as an adult. The term ‘learning disability’ is an umbrella one. The only common feature for people with this diagnosis is their learning disability. Many people with a learning disability have other associated disabilities e.g., sensory impairment, autistic spectrum condition. If the person also has a learning disability – they may be eligible for specialist learning disability services.

A person needs to be sufficiently affected by their learning disability to need active service provision by a service with specific training and skills in effective work with learning disabled people. It is also important that the person’s learning disability prevents them receiving the required support from non-specialist sources at an appropriate level of expertise, quality or intensity. However, having a learning disability should not exclude people from using generic healthcare services, it simply enables them to access this additional specialist resource.

**Appendix C - Learning difficulty vs Learning disability**

Learning difficulty is an educational term meaning that a person has more difficulty learning than their peers. A learning difficulty relates to people who have a specific difficulty which affects their learning such as dyslexia, dyspraxia ADHD, autism but do not have a global impairment of cognitive function. There are limited health or social care services in Manchester for people with a learning difficulty for example there is an Adult ADHD service run by Greater Manchester Mental Health Trust. People will need to access mainstream services, for example community occupational therapy services for people with dyspraxia or voluntary or charitable services for example the Aspirations Project run by ASGMA – Autism Society Greater Manchester Area <https://www.autism.org.uk/directory/a/asgma-autism-information-and-familysupportservic> . The NHS does not consider dyslexia to be a health need and so any support will need to be sourced via work, education or privately.

**Appendix D. Care Act Eligibility**

Under the **Care Act eligibility framework,** the **following 3 conditions are considered;**

**1.** The **adult’s needs** must arise from or be related to a **physical or mental impairment or illness**

**2.** As a result, the adult must be **unable to achieve two or more outcomes** from the list below:

* Managing and maintaining nutrition
* Maintaining personal hygiene
* Managing toilet needs
* Being appropriately clothed
* Being able to make use of the adult’s home safely
* Maintaining a habitable home environment
* Developing and maintaining family or other personal relationships
* Accessing and engaging in work, training, education or volunteering
* Making use of necessary facilities or services in the local community including public transport, and recreational facilities or services
* Carrying out any caring responsibilities the adult has for a child

**3.** Finally, as a consequence of not being able to achieve two or more outcomes there must be (or is likely to be) a **“significant impact” on the adult’s wellbeing**

Further information and guidance on the Care Act 2014 can be found at.

<https://www.gov.uk/government/publications/care-act-2014-part-1-factsheets/care-act-factsheets>

**Appendix E - Support available from CLDT Health**

**Psychological assessment and intervention**

Aspects of the parents’ intellectual functioning or cognitive ability can influence the child’s experience and development. A cognitive assessment could cover areas such as procedural memory - memory for tasks, prospective memory - memory for things to do, verbal reasoning and problem solving. This assessment may also help identify how the person learns best. A psychologist will also work with people who are having difficulties with managing their emotions or in relationships.

This type of assessment is useful in generating the reasonable adjustments that services should make to enable a person to parent under the Equality Act (2010).

There may also be input to assist a person for example, to develop techniques to help with memory, to deal with feelings and relationships. This work is carried out **clinical psychologists** working in the CLDTs.

**Communication assessment and intervention**

A communication assessment will identify a person’s strengths and areas of difficulty in both receptive and expressive skills. For example, what kinds of words the person finds it easy and difficult to understand, what kinds of sentences does the person find easy or hard to understand, is the person’s speech easy to understand, do they have any hearing issues, does the person have good social communication skills. The assessment will produce information on how to build on the person’s skills and compensate for their difficulties.

This type of assessment is useful in generating the reasonable adjustments that services should make to enable a person to parent including any information and communication needs covered by the National Accessible Information Standard and the Equality Act. There may also be input to develop skills for example, improving communication and comprehension skills, decision making skills. This work is carried out by **speech and language therapists** working in the CLDTs.

**Daily living skills assessment, environmental assessment and intervention**

A dally living skills assessment will identify a person’s skills and difficulties in caring for themselves and their home e.g., budgeting, home cleaning, bathing, meal planning and preparation. The assessment will identify strategies to improve the person’s daily living skills. Intervention may include skill development for example, home management (domestic tasks), money management, establishing routines, risk assessment around the home, independent travel, cooking skills. This work will also include generalization and application of new skills. This assessment is carried out by **occupational therapists** working in the CLDTs.

**Health assessment and intervention**

This assessment will look at how the person looks after their own health and in particular manages any health conditions that they have e.g., diabetes. This work often involves liaison with the person’s GP practice to embed reasonable adjustments to allow them to benefit from mainstream health services. There may also be work around personal and intimate relationships for example how to stay safe or avoid pregnancy. This work is carried out by **community learning disability nurses** working in the CLDTs.

**Physical assessments**

The CLDT **physiotherapists** work with people who have difficulty accessing mainstream physiotherapy services for example because of communication difficulties*.* They work with people with a physical disability for example cerebral palsy and other conditions affecting mobility. They also provide respiratory care. Information on mobility or physical restrictions is useful for example when thinking about developing food preparation skills as a person may not have the stamina, balance, flexibility or manual dexterity to do some tasks.

**Appendix F – Overview of Children’s safeguarding processes**

**Child in Need**

A decision is made that a referral meets the criteria under Section 17 Children Act 1989 which starts the CiN process – *a child who is unlikely to achieve or maintain a reasonable level of health or development, or whose health and development is likely to be significantly or further impaired*.

**Child Protection**

Child protection is under Section 47 Children Act 1989 – *reasonable cause to suspect a child is suffering or likely to suffer significant harm from any form of abuse or neglect*.

Following a strategy meeting and the decision made for a Section 47 enquiry, the enquiry is completed by the Children’s social worker and based on this evidence a decision is made as to whether the family should then go to initial child protection conference (ICPC). A strategy meeting may happen because of a child being stepped up from CiN or on receipt of the referral if the threshold is met.

**Public Law Outline (PLO) / Pre-Proceedings**

Where there is reasonable cause to believe that a child is suffering or is at risk of suffering significant harm, attributable to the care afforded by the parents, Children’s Services will refer a family to Legal Gateway following consultation and authorisation of a service lead. A decision is then made whether to initiate pre proceedings. The threshold for pre proceedings and S31 court proceedings is the same.

The purpose of pre-proceedings is to set out the concerns and work with the parent(s) to agree a way forward in addressing the concerns around parenting so that court proceedings can be averted.

The concerns are set out by Children’s Services in the initial letter sent to the parent(s) which is also the request to attend the initial pre-proceedings meeting. Following the meeting the minutes which include the deal breakers and agreed actions are shared with the parent(s) setting out what is expected for all parties.

In most cases the child is already subject to a child protection plan and the core group and conference meetings will continue concurrently with pre-proceedings.

Pre-proceedings flow chart



**Care Proceedings**

Where there is reasonable cause to believe that a child is suffering or is at risk of suffering significant harm, attributable to the care afforded by the parents, court proceedings may be initiated.

**Appendix G – Applicable Case Law**

1. **Joint working by Local Authorities**

**XX, YY and Child H (Rev1) [2022] EWFC -** Mrs Justice Knowles said (para. 106). ‘*It is clear to me that learning about the Good Practice Guidance on Working with Parents with a Learning Disability, first published in 2007 and then amended in 2016, and then again in 2021, should be more widely disseminated to both children and family social workers and adult social care workers. It must be an essential part of continuation training for such social workers and their managers. It was not in this case. That guidance should also be at the forefront of local authority planning. That would give intellectual focus and rigour to the evaluation of parental strengths and weaknesses in cases, whether before the courts or not. Cases which come before the courts involving a parent with learning disabilities should, as a matter of good practice, be capable of demonstrating that the guidance has been taken into account in any care planning or proposals put forward by a local authority*’.

(para. 107). ‘*There must be timely referrals to adult social care for a parent with learning difficulties in their own right and, when I say a timely referral, that means a referral accompanied by meaningful social work, not a referral followed by a very lengthy gap. That is blindingly obvious. It did not happen in this case*.’

(para.108). ‘*Parents with learning difficulties involved with children's social care where a child is on a child protection plan should have their own advocate as a priority. A referral should be made for that service as soon as practicable. Further, the support available to a parent with learning disabilities in their own right should be distilled into a simple document identifying what is available, how often it is available, the timescales for its availability, and who is responsible for its delivery. Pending assessments should be noted and followed up on a regular basis. That document should be shared with children's social care if they are involved and, ideally, it should be discussed with a parent in the presence of their advocate. Likewise, support with the care of a child which is available, and which is being delivered should also be distilled into a simple document: what; how often; the timescales; and who is responsible. That document should be shared with adult social care. Again, it should be discussed with the parent in the presence of their advocate. All of this amounts to the joined up thinking and planning advocated by the Guidance*.’

1. **‘Good Enough’ parenting**

[**Re L (Children) [2006] EWCA Civ 1282**](http://www.bailii.org/ew/cases/EWCA/Civ/2006/1282.html) – Lord Justice Wall emphasised that *“the family courts do not remove children from their parents into care because the parents in question are not intelligent enough to care for them or have low intelligence quotas. Children are only removed into care (1) if they are suffering or likely to suffer significant harm in the care of their parents; and (2) if it is in their interests that a care order is made. Anything else is social engineering and wholly impermissible”* (para. 49).

[**Re L (A Child) (Care: Threshold Criteria) [2007] 1 FLR 2050**](http://www.bailii.org/ew/cases/EWCC/Fam/2006/2.html) – Mr Justice Hedley noted that *“society must be willing to tolerate very diverse standards of parenting, including the eccentric, the barely adequate and the inconsistent. It follows too that children will inevitably have both very different experiences of parenting and very unequal consequences flowing from it. It means that some children will experience disadvantage and harm, whilst others flourish in atmospheres of loving security and emotional stability. These are the consequences of our fallible humanity, and it is not the provenance of the State to spare children all the consequences of defective parenting. In any event, it simply could not be done”* (para. 50).

[**Kent County Council v A Mother and Others [2011] EWHC 402 (Fam)**](http://www.bailii.org/ew/cases/EWHC/Fam/2011/402.html) – Mr Justice Baker stated that *“The last thirty years have seen a radical reappraisal of the way in which people with a learning disability are treated in society. It is now recognised that they need to be supported and enabled to lead their lives as full members of the community, free from discrimination and prejudice. This policy is right, not only for the individual, since it gives due respect to his or her personal autonomy and human rights, but also for society at large, since it is to the benefit of the whole community that all people are included and respected as equal members of society. One consequence of this change in attitudes has been a wider acceptance that people with learning disability may, in many cases, with assistance, be able to bring up children successfully. Another consequence has been the realisation that learning disability often goes undetected, with the result that persons with such disabilities are not afforded the help that they need to meet the challenges that modern life poses, particularly in certain areas of life, notably education, the workplace and the family”* (para. 132).

[**Re B (A Child) [2013] UKSC 33**](http://www.bailii.org/uk/cases/UKSC/2013/33.html) – Lady Hale held that *“the court's task is not to improve on nature or even to secure that every child has a happy and fulfilled life, but to be satisfied that the statutory threshold has been crossed”* (para. 193).

*Therefore, the law is clear: if the child is receiving ‘good enough’ care there is no basis to remove the child. However, difficulties arise where the care being provided is not adequate, and the child is exposed to either risk of or actual significant harm, but the parents have not received an adequate support package.*

*In these cases, the parents’ lawyer should be inviting the court to scrutinise the nature of the parents’ needs and whether, with a package of support, those needs can be met so as to enable the parents to provide good enough parenting. This is particularly vital where the local authority’s plan for the child is adoption.*

[**Re B (A Child) [2013] UKSC 33**](http://www.bailii.org/uk/cases/UKSC/2013/33.html) – Lord Neuberger held that *“before making an adoption order in such a case, the court must be satisfied that there is no practical way of the authorities (or others) providing the requisite assistance and support”* (para. 105).

[**Re B-S (Children) [2013] EWCA Civ 1146**](http://www.bailii.org/ew/cases/EWCA/Civ/2013/1146.html) – Sir James Munby noted that *“The local authority cannot press for a more drastic form of order, least of all press for adoption, because it is unable or unwilling to support a less interventionist form of order. Judges must be alert to the point and must be rigorous in exploring and probing local authority thinking in cases where there is any reason to suspect that resource issues may be affecting the local authority's thinking”* (para. 29).

[**Bristol City Council v S [2015] EWFC B64**](http://www.bailii.org/ew/cases/EWFC/OJ/2015/B64.html) – HHJ Wildblood QC noted that, in cases where a parent has a learning disability, *“a meeting of professionals from the Local Authority’s Children’s and Adults’ Services in the early stage of the Local Authority’s intervention” was essential* (para. 16).

*However, the local authority only has to provide a reasonable package of support.*

*This means that if the parents’ support needs are so great that they cannot be reasonably met, then that may justify the local authority arguing that the child’s welfare can only be safeguarded if they are removed from the parents’ care.*

*Where the local authority has been working with the family and decides that the parents cannot provide adequate care, before granting an interim care order allowing the child to be removed pending the outcome of the proceedings, the court must be satisfied that there is an imminent or immediate risk to the child (*[***Re L (Children) [2016] EWCA (Civ) 1110***](http://www.familylawweek.co.uk/site.aspx?i=ed168283) ***para. 29****)*

1. **Assessing parents with disabilities**

[**Re C (A Child) [2014] EWCA Civ 128**](http://www.bailii.org/ew/cases/EWCA/Civ/2014/128.html) – allowing an appeal by a mother who had a low level of cognitive functioning and a speech and hearing impediment, and a father who was profoundly deaf, Lord Justice McFarlane noted that the way in which the proceedings had been conducted *“failed to meet the disability needs of the parties and failed to produce an effective evaluation of the parents' potential to look after their child”* (para. 34). Lord Justice McFarlane went on to emphasise

that both the local authority, from its initial work with the family, and the parents’ lawyers have a duty to raise any concerns relating to disability by no later than the Case Management Hearing, and should ask the court to give directions for any necessary specialist assessments, even if this means that the 26-week deadline may not be able to be complied with.

[**McG v Neath County Borough Council [2010] EWCA Civ 821**](http://www.familylawweek.co.uk/site.aspx?i=ed62542) - The Court of Appeal set aside care and placements orders on the basis that all parties agreed that the mother had been prejudiced by the fact that no assessment had been undertaken by anyone with specialism in the field of learning disability.

[**Re S (A Child) [2013] EWCA Civ 1073**](http://www.familylawweek.co.uk/site.aspx?i=ed118336) – Lady Justice Black noted that the local authority’s evidence was deficient as children’s services had failed to liaise with adult services and undertake *“a reliable assessment of M's likely future care of K and of her support needs and proper information about what could be made available to her by way of support in the community”* (para. 34).

1. **Care Planning and Support**

**Re W (Care Proceedings: Functions of Court and Local Authority) [2014] 2 FLR 431**. Ryder LJ said (para 79): ‘*It is part of the case management process that a judge may require a local authority to give evidence about what services would be provided to support the strategy set out in its care plan … That may include evidence about more than one different possible resolution so the court might know the benefits and detriments of each option and what the local authority would or would not do. That may also include* ***requiring the local authority to set out a care plan to meet a particular formulation or assessment of risk. Even if the local authority does not agree with that risk****.”*

**Re MN (An Adult) [2015] EWCA Civ 411*.*** Sir James Munby (P), by reference to Re W, underlined. the principle that it is not for any one party seek to limit the information or placement options that must be placed before the court*“[37] I should add that the court has the power to* ***direct the local authority to file evidence or to prepare and file a further plan, including, if the court directs, a description of the services that are available and practicable for each placement option being considered by the court.*** *The local authority is obliged to do so even though the plan’s contents may not or do not reflect its formal position, for it is not for the local authority (or indeed any other party) to decide whether it is going to restrict or limit the evidence that it presents: see Re W (Care Proceedings: Functions of Court and Local Authority) [2013] EWCA Civ 1227, [2014] 2 FLR 431. As Ryder LJ said (para 79)”*

**Re D (A Child) (No 3) [2016] EWFC 1.** Care proceedings in which Munby P sets out key principles to consider in cases involving parents with learning disabilities. (para 152): *The proper approach in these circumstances is that mapped out by Gillen J in Re G and A. The concept of "****parenting with support****" is crucial. As Ms Morgan and Ms Sprinz correctly submit, parents must, in principle, be supported and provided with the assistance that, because of their particular deficits, they need in order to be able to care for their child. As Ms Fottrell put it, the positive obligation on the State under Article 8 imposes a broad obligation on the local authority in a case such as this to provide such support as will enable the child to remain with his parents. This principle is not challenged by the local authority in the present case, nor does the local authority seek either to toll the bell of scarce resources or to argue that there are others with even more pressing claims than D and his parents*

1. **Ensuring parents’ participation in child protection processes**

[**Re H (A Child: Breach of Convention Rights - Damages) [2014] EWFC 38**](http://www.bailii.org/ew/cases/EWFC/HCJ/2014/38.html) –

HHJ Bellamy was critical of the local authority’s failure to properly engage with learning disabled parents, despite the fact that the local authority was aware of the parents’ difficulties, as both parents had themselves been in care. The parents were awarded £12,000 in damages as the court held that their rights to a fair hearing and to family life had both been breached.

[**Re N-F (Children) [2009] EWCA Civ 274**](http://www.familylawweek.co.uk/site.aspx?i=ed34194) – Lord Justice Thorpe was critical of the local authority for using a lengthy written agreement, which the parents refused to sign, noting that *“the management of the case by way of a three-and-a-half-page contract was in itself risk-laden, given the cognitive disability of the parents”* (para. 10).

[**Re CA (A Baby) [2012] EWHC 2190 (Fam)**](http://www.bailii.org/ew/cases/EWHC/Fam/2012/2190.html) - Mr Justice Hedley noted that an agreement, between a parent and the local authority, that a child should be accommodated under s20 CA 1989 was only valid if the parent had *“the requisite capacity to make that agreement”* (para. 27). Headley J also noted that it was the social worker, seeking the consent, who ultimately had to make a decision regarding whether the parents had capacity, and that *“if the social worker has doubts about capacity no further attempt should be made to obtain consent on that occasion and advice should be sought from the social work team leader or management”* (para. 46). (If valid consent is not obtained the removal of the child may constitute a breach of Article 8 and may lead to an award of damages; see for example [**Williams & Anor v London Borough of Hackney [2015] EWHC 2629 (QB)**.](http://www.bailii.org/ew/cases/EWHC/QB/2015/2629.html))

[**Re A (A Child) (Vulnerable Witness) [2013] EWHC 1694**](http://www.familylawweek.co.uk/site.aspx?i=ed114547) – Mrs Justice

Pauffley emphasised that the judge has a responsibility to ensure that every witness is enabled to give their evidence, using special measures if required, noting *“I have an undoubted and ever present responsibility to be at all times vigilant so as to ensure the wellbeing of every individual participant at all hearings”* (para. 38).

[**Re D (A Child) (No 2) [2015] EWFC 2**](http://www.bailii.org/ew/cases/EWFC/HCJ/2015/2.html) – Sir James Munby stated that where a parent requires an intermediaryin court, then HM Courts and Tribunals Service must fund the intermediary as the intermediary is required *“to enable the litigant to communicate effectively with the court”* (para. 17).

[**Re D (A Child) (No 3) [2016] EWFC 1**](http://www.bailii.org/ew/cases/EWFC/HCJ/2016/1.html) – Sir James Munby reviewed the existing research and case law, and set out the key principles that should be applied by professionals and the court in cases involving parents with a learning disability (see para. 29 and Annex).

1. The term parent is used to mean a person with either a child or unborn [↑](#footnote-ref-2)