WORKING TOGETHER WITH PARENTS NETWORK

research in practice

Research briefing:
Supporting Parents with a learning disability - the role of adult services

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Introduction: Focus of this briefing

This briefing is aimed at leaders, commissioners and frontline practitioners across adult and children's services, with a view to understanding how adult and children's services can work together to support parents with learning disabilities. The briefing will also be of interest to local authority legal teams.

It is intended to support the development of effective provision by setting out key messages from the NIHR SSCR funded project 'How do adult services engage with parents with learning disabilities' and wider good practice in working with parents with learning disabilities and learning difficulties.

The briefing begins by discussing how learning disabilities are defined, current understandings about parenting by adults with learning disabilities and the issues these parents face, including within the child protection system. It then presents the policy context and findings from the study, situating these within broader research and literature where relevant.

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Defining parents with learning disabilities: key characteristics and terminology

Definitions of learning disability

In the UK the term ‘learning disability’ is currently the most prevalent term in use, whilst the term intellectual disability is more commonly used internationally. The following definition, endorsed by the Department of Health and Social Care, 2001 and cited by the Office for Health Improvement and Disparities (2025), is commonly used in England:

> *A significantly reduced ability to understand new or complex information, to learn new skills, with a reduced ability to cope independently, which started before adulthood.*

The National Institute for Heath and Care Excellence (NICE, 2025) has adopted a similar definition with three core criteria:

- a lower intellectual ability with specific reference to IQ (usually under 70)
- alongside significantly impaired social or adaptive functioning and
- onset in childhood.

Similarly, the NHS suggests that someone with a learning disability might have difficulty understanding complicated information, learning new skills, looking after themselves or living alone. Importantly, in their overview of learning disabilities the NHS (2025) note that ‘a learning disability is different for everyone, no two people are the same’.

The use of the term learning difficulties can sometimes cause confusion. In educational contexts the term learning difficulties is used in relation to specific learning disabilities such as dyslexia. However, outside of this context the terms learning disability and learning difficulty are often used interchangeably (Cluley et al., 2019; Anna Freud, n.d.). The term learning difficulty is sometimes preferred by adults with learning disabilities as it is perceived to have fewer negative connotations than the term learning disability. It has also been used to describe parents with a milder or borderline learning disability.

This document uses the term ‘learning disabilities’ to include parents with a diagnosed learning disability as well as those with a milder or borderline learning disability, who have similar support needs, often known as having a ‘learning difficulty’.

Parents with a learning disability - current understandings

Parents with learning disabilities' parenting capacity is influenced by a wide range of complex factors. This might include the support available to them, the attitudes of others (including the negative impact of stigma and discrimination), their family history and characteristics, whether there are any 'life crises' as well as the parent's personal history and situation. An intersectional lens that considers a parent with learning disabilities' multiple social situations and issues that might combine to result in disadvantage is necessary (Feldman and Aunos, 2020).

Parents' circumstances should be assessed in detail and strategies to minimise / mitigate barriers to positive parenting should be instigated (WTPN, 2014).

Two influential studies found no link between IQ and parenting ability for parents with an IQ of 60 and above (Booth and Booth 2004; Tymchuck 1992), suggesting that IQ alone is not a reliable predictor of parenting capacity and should not be taken as evidence that a person lacks capacity to parent. However, a recent study found that in judicial proceedings involving parents with learning disabilities, stereotypical assumptions that adults with a learning disability could not parent were held by professionals and it was assumed that if parents would need a high level of support the professionals would be parenting the child and that the children should be removed from their parents' care (Tilbury and Tarleton, 2023).

Parents with learning disabilities are often aware of the negative assumptions and stereotypes held by others about their parenting ability (Franklin et al., 2022; Gould and Dodd, 2014; Pytlowona and Stenfert Kroese, 2021) and this often inhibits their ability to trust social workers and other professionals.

It has been recognised, for many years, that many parents with learning disabilities can parent with appropriately tailored support:

> *The main predictor of competent parenting is an adequate structure of professional and informal support. (McGaw and Newman, 2005)*

Parents benefit from supportive social networks, adapted parenting programmes (such as Mellow Futures – standard parenting programmes are often not accessible to parents with learning disabilities) and on-going support from services (IASSIDD 2008; Tarleton and Heslop, 2021; Tarleton and Porter, 2012; Tarleton et al., 2018; Zijlstra et al., 2023). Individually tailored support, which is available over the longer term as necessary, can support parents to recognise and respond to their children's changing needs and may reduce the number of families involved with the child protection system. This type of support, often known as 'parenting with support' or 'supported parenting', is in line with current law and policy as well as the Good Practice Guidance (2021) on working with parents with a learning disability, and is characterised by empowering relationship-based practice which enables the parents to care for their children rather than professionals doing the parenting tasks for parents (Tilbury and Tarleton, 2023).

Parents with a learning disability and the child protection system

The number of parents with learning disabilities involved with children's services was previously estimated at around 12.5% of cases (Masson, et al., 2008) with the children being removed from 50% of these families.

A recent study published by Burch et al., (2024) suggests:

> *in 34% (67) of 200 recently concluded care proceedings regarding babies across four local authorities [in England], there was reliable, mostly expert, evidence that at least one parent had learning disabilities or learning difficulties.*

These figures were broken down and included:

- parents with an indicator of learning disabilities (overall IQ of below 70): 27 (45%)
- parents with an indicator of borderline learning disabilities or learning difficulties: (overall IQ of between 70 and 85): 28 (47%)
- parents with specific learning difficulties: 5 (8%).

The concerns for the children of parents with learning disabilities are usually related to neglect by omission, but circumstances are often complex involving parents having mental health support needs or issues with substances, being survivors of domestic abuse or a hate / mate crime as well as other barriers to positive parenting such a lack of support and victimisation due to their learning disabilities (Burch et al., 2024; Cleaver and Nicholson, 2007).

Background: About the study

This briefing draws on an NIHR SSCR-funded research project. The study was carried out in five local authorities in England and investigated **how adult services engaged with parents with learning disabilities.**

It received ethical approval from the University of Bristol, Association of Directors of Adult Social Services (ADASS) and through local research governance processes. The study included:

- Analysis of local policies. Four out of five areas had joint working protocols between adults and children's services.
- Online interviews with 18 managers and commissioners about the local policy context and how they believed services responded to parents.
- Online focus groups with 52 social workers from adult services (including specialist learning disability teams and general teams) and children's services. The focus group used a vignette to discuss local policy and practice and to consider if there were different responses if the parent had a diagnosed learning disability. The use of the vignette allowed comparison between professional groups within and between sites.
- Four interviews with parents with learning disabilities. These interviews considered what a good adult social worker is from the perspective of parents. Parents had the option of using relationship maps and pictures as part of these interviews.

The study was guided by two advisory groups: parents with learning disabilities from SpeakUp Rotherham and professionals including service managers, advocates, social workers, and ADASS.

Relevant law and policy

This section provides an overview of the relevant law and policy context for those working with parents with learning disabilities. Often, the route into services for parents with learning disabilities is via the *Children's Act 1989* (see Box A). However, the introduction of the *Care Act 2014* offered a potential route to support parents as adults, if they are considered to have a 'physical or mental impairment' and at least two eligible outcomes, one of which may be parenting. Box B below outlines the Care and Support (Eligibility Criteria) Regulations (2015) that social workers must consider when working with a parent with a formally diagnosed learning disability or a mild or borderline impairment.

Box A

Section 17 (1) of the *Children's Act 1989* sets out a general duty for all local authorities to:

(a) to safeguard and promote the welfare of children in need; and

(b) so far as is consistent with that duty, to promote the upbringing of such children by their families, by providing a range and level of services appropriate to those children's needs'.

Box B

The Care and Support (Eligibility Criteria) Regulations 2015 established the criteria for support under the *Care Act 2014* as follows:

2 (1) An adult's needs meet the eligibility criteria if:

- the adult's needs arise from or are related to a physical or mental impairment or illness;
  - as a result of the adult's needs the adult is unable to achieve two or more of the outcomes specified in paragraph (2); and
  - as a consequence there is, or is likely to be, a significant impact on the adult's well-being.

The specified outcomes are:

- 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; and
- carrying out any caring responsibilities the adult has for a child.

Box C

Other key legal and policy measures of relevance include:

- United Nations Convention on the Rights of Children (UNCRC) - Article 18.2 This states that 'Parties shall **render appropriate assistance** to parents and legal guardians in the performance of their child-rearing responsibilities'.
- United Nations Convention on the Rights of Persons with Disabilities (UNCRPD) – Article 23.1. 'States Parties shall take effective and appropriate measures to eliminate discrimination against persons with disabilities in all matters relating to marriage, family, parenthood and relationships on an equal basis with others'.
- United Nations Convention on the Rights of Persons with Disabilities (UNCRPD) – Article 23.2 'States Parties shall render appropriate assistance to persons with disabilities in the performance of their child-rearing responsibilities'.
- European Convention on Human Rights (ECHR) – Articles 6 (right to a fair trial), 8 (right to family life), 14 (right not to be discriminated against) as incorporated in the *Human Rights Act 1998*.
- *Equality Act 2010* – Section 20 duty to make reasonable adjustments. Section 149 Public Sector Equality Duty. Public authorities must have due regard to the need to eliminate discrimination, harassment or victimisation for those with protected characteristics including disability and gender. This applies to all functions of almost all public bodies in the UK.
- *Children and Families Act 2014* Section 13: Control of expert evidence and assessments in child protection proceedings. Section 14: time limits and timetables in family proceedings.
- The Children's Wellbeing and Schools Bill, which at the time of writing is shortly due to receive Royal Assent. The Bill will be implemented in phases and introduces measures that include:
    - a duty to offer a family group decisionmaking meeting before a care or supervision order is pursued
    - strengthen data sharing duties to improve coordination between services, and
    - a duty for safeguarding partners to establish multiagency child protection teams.

  These measures aim to support information sharing across agencies and ensure parents, family networks and other significant people in children's and parents' lives, are identified and involved in planning and decision-making. They have the potential to offer a more coherent and compassionate approach for parents with learning disabilities navigate child protection processes through offering early support that could help ensure parents support needs are recognised sooner.

The Good Practice Guidance on working with parents with a learning disability

Alongside relevant legislation and international treaties there are national and local policies that outline processes and practices for working with families where one or both parents have a learning disability. In England, the Good Practice Guidance, first written and published by the Department of Health (2007) and updated by the Working Together for Parents Network in 2016 and 2021, set out how children's and adult services should work together to improve support for parents with a learning disability.

In 2018, the guidance was endorsed by the President of the Family Division (England and Wales) who issued President's Guidance to all Family Court judiciary and legal practitioners commending use of the 2016 update of the guidance. Numerous Family Court judgments have referred to the Working Together with Parents Network and its updates of the Good Practice Guidance; most recently, the High Court in 2022 and the Court of Appeal in 2023. In February 2023, the current President of the Family Division, Sir Andrew McFarlane, highlighted the work of Working Together with Parents Network and the importance of the Good Practice Guidance, in a well-publicised speech.

Box D below sets out five key elements of good practice that have been highlighted in the good practice guidance and provides advice on situations where safeguarding procedures are necessary. It is likely that utilising the Good Practice Guidance will support services to make reasonable adjustments under the *Equality Act 2010*.

Box D

According to the Good Practice Guidance, the five key elements of good practice include:

1. accessible information and communication
2. clear processes and pathways
3. support to meet the needs of both parents and children
4. long-term support where necessary
5. access to independent advocacy for parents.

Section 2 focuses on practice where safeguarding procedures are necessary and stresses:

- The importance of ensuring that parents understand the concerns regarding their children.
- That using an advocate is beneficial.
- That the wider issues impacting on the family should also be addressed.
- That support should continue to be provided, according to assessed need, even when the child is no longer the subject of a child protection plan so that improvements are maintained.

It can be argued that providing reasonable adjustments alongside the provision of accessible continuing or recurrent support, to enable parents to meet their children's changing needs, is necessary from several different perspectives:

- rights based (disabled parents and children's right to a family life)
- child welfare (promoting best outcomes for children)
- financial (costs associated with family breakdown and court proceedings) perspectives.

Summary of key messages:

- A learning disability diagnosis is often made when a parent has an IQ under 70. However, wider definitions include a significantly reduced ability to understand new or complex information and to learn new skills, with a reduced ability to cope independently, which started before adulthood.
- Adults with learning disabilities may prefer the term ‘learning difficulties’, as it is perceived to be less stigmatising; however, the use of this term can cause confusion with specific learning difficulties such as dyslexia.
- Parents with learning disabilities’ parenting capacity is not only related to their learning support needs but to the barriers they face and the support available to them.
- Law and policy set out the supports that parents with learning disabilities may be entitled to in order to carry out their parenting responsibilities so that, where possible, children can remain with their families.
- When including parents with a milder or borderline learning disability, there are more parents with learning disabilities involved in judicial proceedings than previously thought.

Key findings from the project

Numbers of parents with learning disabilities

- Most of the social work managers and commissioners who took part in the study believed that the number of parents with a learning disability in their area is small, which contrasts with recent research by Burch et al., (2024).
- Commissioners and managers felt that there was no need to commission specialist services for parents with learning disabilities given the perception of small numbers.
- On the other hand, managers and commissioners also recognised they did not have a comprehensive understanding of the number of parents with learning disabilities in their areas and that more information on this would help to inform decision-making.
- Several adult social workers felt they had limited or no experience of working with parents with learning disabilities and felt they needed training on relevant law and policy, making reasonable adjustments for parents, effective multi-agency working and parents lived experiences, including the social inequalities they face and the impact of the child protection system.

There's no way for us to pull that data. So that's something that we're going to work on, because we don't know what our figures are. So we don't know what our resources are...from a commissioning value for money perspective, we don't have the numbers. (Commissioner)

I think a good starting point would be for us to understand what our population is of parents with LD because I don't think we need the impetus or the buy-in to do something about it I think it's just probably a bit invisible. (Manager)

Parents’ perspectives regarding adult social workers

Parents who participated in the study had the perception that social workers would hold negative expectations of their parenting ability. This is also reflected in the literature regarding parents with learning disabilities (Franklin et al., 2022; Gould and Dodd, 2014). This perception merges with parents’ fear that social workers will remove their children from their care. Parents were unclear about the difference between adult and children’s social workers.

While the parents involved in this study had negative experiences of social workers, sometimes dating back to their own childhoods, they were explicit in their views of what makes for helpful (and unhelpful) support from their social worker. Parents looked for the following qualities in adult social workers:

- Being clear about their role – i.e. they are there to support the adult.
- Building and maintaining trust with parents. Trust was seen as something that needs to be demonstrated and earned.
- Working in an empowering way by supporting parents to make their own decisions about their family.
- Being proactive and ‘going above and beyond’ rather than working in prescriptive or ‘tick-box’ ways.
- Working in a ‘trauma-informed’ way.

> *The thing is, when we talk as well, she understands, because some of them didn’t… didn’t understand me properly.* (Parent)

Support from specialist learning disability teams

Learning disabilities teams were regarded by general social workers as having the specialist expertise, knowledge and skills necessary to work with parents with learning disabilities, including carrying out assessments, and having access to a wide range of additional professionals such as speech and language therapists and psychologists. They were thought to have the capacity to respond creatively and were able to work alongside parents over the longer term.

Eligibility criteria

The findings from this study suggest that where local authorities had learning disabilities teams there were clear (and it was often perceived as strict) eligibility criteria often including having an IQ below 70 as part of these criteria. This was often combined with a functional assessment of parents' abilities.

> *Learning disability is about adaptive functioning, something that you're born with or an acquired brain injury that happens before you're 12. And you know, in terms of IQ testing, which isn't the only measure but it's the one often that is... people fall back on, it has to be somebody who has an IQ of below 70 ... It's not something you get. It's not something that can be cured. It's not a health condition. It is an intellectual disability, as per, you know, the World Health Organisation's classifications. (Manager)*

This resulted in parents with mild or borderline learning disabilities being unable to access the specialist support provided by learning disability teams.

> *(they) don't meet the threshold for learning disability services, which I think is a different thing actually from saying that they don't always have a learning disability or learning needs (Manager)*

General adult social workers' response to parents

Knowledge and expertise

For those parents with learning disabilities who were not eligible for support from a specialist learning disability team (or in areas where there was no such provision), parents may be able to access support from the general adult's team, if they are assessed as having eligible needs under the *Care Act 2014*. This section sets out the process of accessing support from general adult's teams, considering any particular challenges or barriers as well as examples of good practice highlighted by the research.

General adult teams worked with parents with learning disabilities who had 'undiagnosed or mild learning disabilities' (social worker) who did not meet the criteria for the learning disability team:

> *It's the people who haven't been diagnosed with a global learning disability, or people who are… [we] know may have been reviewed by the learning disability service and they've said "Actually this person doesn't fall into… doesn't have a global learning disability but has a low IQ" and therefore we would pick up that cohort.* (Manager)

There was a perception, amongst research participants that while general social workers have a wide range of knowledge, skills and expertise, this was usually around working with adults with a physically disability or older people:

> *The group of people that we've traditionally worked with is people with physical disabilities, older adults, you know, people with dementia, and it's always been much… not easier, but a bit more straightforward to determine* (Manager)

It was felt that general social workers lacked specific experience, skills and training around working with adults with learning disabilities especially those who needed support with parenting.

> *People here that are allocated a parent with a learning disability are not going to have a scooby-doo what they're doing. I think is the reality. I don't know if you've picked that up really, but there's only very few people that I think would feel really confident in the management of a case like that or an adult with a learning disability that's becoming a parent* (Manager).

In particular, workers from general teams felt that the *Care Act 2014* offered minimal guidance on how to assess whether a parent's learning disability impacted on their parenting role (despite there being a requirement to ensure that assessors are appropriately trained and have the right skills and knowledge). They also felt under-equipped to identify whether parents had a learning disability and under-resourced to work with this group of parents as this was not part of their general workload and they did not always have access to the wide range of professionals that the specialist learning disability team did.

Although not mentioned by participants in the current study, it is worth noting that the *Health and Care Act (2022)* requires that all regulated health and social care service providers ensure their staff receive training on learning disability appropriate to their role and the local authority should hold providers to account in relation to this. Further research to explore the impact of this may be needed at a later stage.

Accessing support under the Care Act: Eligibility and other considerations

The study suggested that there were varying levels of knowledge of the *Care Act 2014* and that the eligibility criteria were interpreted and applied differently by different workers in different areas.

Box E

The Care and Support (Eligibility Criteria) Regulations 2015 outcomes include a variety of tasks central to parenting such as maintaining a habitable home environment; developing and maintaining family or other personal relationships; carrying out any caring responsibilities the adult has for a child. An adult's needs meet the eligibility criteria if (amongst other factors) the adult's needs arise from or are related **to a 'mental impairment'** (Reg. 2(1)(a)).

A learning disability or learning difficulty is likely to be regarded as a mental impairment but this would depend on definitions used with each local authority area.

There appeared to be two approaches to assessing whether parents needed support with two outcomes. Some adult social workers were more proactive in their approach and looked for a second outcome, in addition to the caring responsibilities the adult had for a child, that would make parents eligible for support:

> *If somebody needed support to…with parenting responsibilities, then it's probably quite likely they would be fully Care Act eligible anyway.* (Manager)

A smaller number of social workers were more restrictive in their approach, often due to concerns about resource constraints:

> *If we have said that she does just have this specific need, this will not meet the criteria … so this will not meet the criteria under the Care Act.* (Adult social worker)

In Chapter 2 of the Care and Support Statutory Guidance (2025) there is an acknowledgment that effective intervention at the right time can prevent needs from escalating and that even if a person has needs that aren't eligible at that time, the local authority 'must consider whether the person concerned would benefit from the preventative services, facilities or resources provided by the local authority or which might otherwise be available in the community' (para. 2.48). In recognition of this, some social workers indicated that parents would be signposted to appropriate services if they did not meet the criteria for support under the *Care Act 2014*.

All general teams recognised their responsibility to parents with learning disabilities under the *Care Act 2014* but interpretation of the Act varied:

> *The Care Act is kind of… is a really… it's really thorough in some ways, but I do also think that it leaves a lot open to interpretation when you talk about people's wellbeing…* (Social worker)

Managers of adult social care teams were concerned that the expectations about what could be provided for parents under the *Care Act 2014* were 'unrealistic' as the legislation was not accompanied by additional resources especially with 'austerity and reduced resources across the board' *meaning that social workers were* 'all trying to do much more with…much less' *(Social worker):*

> *You know it [the Care Act] wasn't launched with additional money…I think we would probably all acknowledge…the possibility and opportunity, I think, that was envisaged in…the writing of the legislation possibly isnt quite the same reality under current circumstances (Manager)*

It was indicated in some local authorities that the support plan put in place after a *Care Act 2014* assessment would be 'within our means' (Manager). The box below highlights the relationship between statutory duties and resource constraints, highlighting that, unless qualified within legislation or statutory guidance, statutory duties must be fulfilled, despite resource constraints.

Box F

Statutory duties v budgetary constraints

The courts have said that where there is a statutory duty (as opposed to a power), and it is not qualified by reference to resources available, a local authority cannot say that it is too expensive or not cost effective to comply with its duty. It is legally obliged to comply.

In *Re B-S Children [2013]* EWCA Civ 1146, the Court of Appeal said: … *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)

The Care and Support Statutory Guidance (2025) (para 10.27 – Eligible Needs) says a local authority may take into reasonable consideration its own finances and budgetary position when considering how an individual's needs should be met but not whether those needs are met (Para 10.27).

Care Act conversations:

This section highlights the importance of seeking a parent with learning disabilities' consent prior to carrying out a *Care Act 2014* assessment and considers the implications of this for practice and for parents' ability to access support. The importance of a parent's consent to a *Care Act 2014* assessment was stressed by many general social workers. There were examples of workers making huge efforts to try and engage parents so that they could be assessed which included:

- meeting regularly with parents to gain their trust
- showing that adult social workers were on the parent's side in meetings:

> I would usually get permission just to call them and have a chat, and we would have what I would term a personable relationship practice, we're building a rapport conversation, where I would say to them, you know, "I'm here for you, not for them." And then, I'd maybe say to them, "Can I come to a meeting? So, like a CIN or a CP meeting with you and maybe just hear about stuff. Can we start there?" And then, in those meetings, usually there would be at least one opportunity to challenge the room around the practice, the language, kind of checking in with the parent whether they've actually understood what's happening in the room, and outright on a couple of occasions saying, "I'm a qualified social worker and I don't understand what's happening in this room, so how do you expect this person with additional needs to be able to understand?" That usually then creates some confidence for the parent in me as a practitioner that I'm there for them. (Social worker)

It was suggested that social workers should be mindful when using the term assessment which often had negative connotations for parents due to previously negative experiences of assessment. Often parents associated the term assessment with an assessment of their parenting capacity. It may be difficult for parents to separate conceptually different types of assessment for very different purposes and so some social workers described having 'conversations' with parents to understand their needs, making the choice to avoid using this terminology completely.

Deciding not to consent to a *Care Act 2014* assessment was seen, by some adult social workers, as parents being able to exert 'choice and control', and to some extent this was viewed as empowering and rejection of 'invasive' social work:

> *To actually be able to flex a muscle and make a choice and that choice be valid and respected, sometimes that in itself is the rationale …We need to ensure that they've consented, that they've got capacity, that they are in agreement with… you know? We can't just chuck parent support at people.* (Social worker)

However, this does not align with the recognised understanding that parents with learning disabilities often need support to parent in a way considered 'good enough'. It was not clear if social workers had considered the potential implication of this choice for parents or if the implications of refusing the assessment had been explained to parents. At times, this choice made by parents was viewed as a lack of engagement by children's social workers and could potentially be held against the parent as part of an assessment of parenting capacity. The likely outcome of choosing not to consent to a *Care Act 2014* assessment is a reduction in opportunities to access support with parenting.

Provision of assessment and support

General teams often felt under-resourced to work with this group of parents. They did not have access to the wide range of professionals and services that the learning disabilities team did. They sometimes felt unable to assess parents' eligibility for support and to put a support plan in place in a timescale that aligned with the statutory timescales that children's services were bound by. General services had long waiting lists and involvement with child protection procedures did not always lead to the prioritisation of cases. This is further complicated by the length of time needed to carry out accessible parenting assessments. Professionals noted that children had occasionally been removed in the time it took for parents to be allocated and assessed.

General social workers utilised the following strategies to provide the best support they could to parents. They:

- Shared skills and expertise within teams.
- Asked for advice from the learning disabilities team or other specialists.
- Tried to make use of community resources.

Examples of positive practice utilised by adult social workers

Adult social workers discussed a wide range of positive practice, which demonstrated their practice was in line with of the principles of the Good Practice Guidance (2021) and the provision of reasonable adjustments in line with the *Equality Act 2010*, even though they were not always consciously aware of following the guidance. Examples include:

- Recognising that parents may be scared to engage with services or ashamed of their support needs, fearing negative judgement and stigma.
- Recognising that parents with a milder impairment may not wish to accept the label of 'learning disability' and may not identify with this label.
- Building trusting relationships, working in a strengths-based way and asking what parents can already do and what they could do with support.
- Not making assumptions about parents' situations and striving to remove barriers to parenting, such as poor housing.
- Making referrals to advocacy services as early as possible.
- Making 'reasonable adjustments' within the assessment process such as taking more time.
- Use of specialist parenting assessments. Assessment tools should be used in the way intended by the developers to understand the type of support parents require. (more information on assessments here).
- Having informal *Care Act 2014* 'conversations' to understand parents Care Act eligibility and ensuring that they are not assessing their capacity to parent. It should be clear that this is not a parenting assessment.
- Showing parents that they were there to support them.
- Ensuring parents accessed early help services or support from third sector organisations and providing support to enable parents to develop their skills.
- Providing practical supportive strategies, such as using Alexa to remind parents of tasks / meeting and so on, using accessible communication such as easy read or voice messages.

Joint working between adult and children's services

This section highlights the importance of joint working between children's and adult services to improve outcomes for families where one or both parents has a learning disability. Box G sets out legislative and policy imperatives for joint working, suggesting that this should involve children's and adult services alongside health and education services, acknowledging that this is a complex area of practice that requires a holistic and joined up approach.

Box G

The Good Practice Guidance (2021) Section 3 says that: Commissioning strategies should be jointly developed between adult and children's services, encompassing health, education, housing and social care in both the statutory and voluntary / independent sectors, with joint responsibility taken at all four stages of commissioning (identifying needs and mapping existing service provision; allocating resources; developing services; monitoring and review).

The *Care Act 2014* also highlights the importance of 'co-operation' between services:

Section 6(4) A local authority must make arrangements for ensuring cooperation between:

(a) the officers of the authority who exercise the authority's functions relating to adults with needs for care and support or its functions relating to carers

(b) the officers of the authority who exercise the authority's functions relating to housing (in so far as the exercise of those functions is relevant to functions referred to in paragraph (a))

(c) the Director of Children's Services at the authority (in so far as the exercise of functions by that officer is relevant to the functions referred to in paragraph (a)), and

(d) the authority's director of public health (see section 73A of the *National Health Service Act 2006)*.

Essential elements of joint working between adult and children's services

Joint working between adult and children's services was recognised as essential in the current study. This should involve working together to consider the following areas:

- The needs and safety of the children.
- Acknowledging and understanding the impact of an individual's cognitive impairment or condition on their ability to parent their children.
- Recognising the support needs of the parent(s) with learning disabilities as set out in the *Care Act 2014*.
- Promoting the early identification and assessment of parents during pregnancy and the provision of Early Help support.
- Supporting family life and positive parenting.
- Clear interagency and departmental communication and assessment supported by a joint working protocol between adult and children's services.

Barriers to joint working:

Joint working can be inhibited by:

- A lack of understanding of the other teams' processes and inability to access their recording systems.
- A lack of understanding among adult workers of the child protection process and thresholds for intervention. This lack of knowledge meant that parents were often referred to children's services by adult workers as a default position, which potentially undermined their relationships with parents.
- Adult services' inability to assess parents' eligibility for services and set up support plans in time for support to be provided before care proceedings are initiated.
- Statutory timescales which mean that children's and adult services are often perceived to be working at a different pace.
- Children's services referring parents to adult services late in the child protection process; this was exacerbated by a lack of understanding of the eligibility criteria for the learning disabilities team and for a *Care Act 2014* assessment
- Children's social workers did not always understand that support could be provided to parents under the *Care Act 2014* and did not have a good working knowledge of this legislation.

Joint working protocols between adult and children's services

The research found that having a joint working protocol greatly assisted in the promotion of joint working. It was possible to identify a number of features of good practice and an output from this research is a resource to support local authorities to develop joint protocols (Tarleton, MacIntyre and Tilbury, 2024). This open access resource is in three parts:

- Context: Overview of key contextual issues to consider when developing local policies and protocols.
- Main document: Example Protocol which addresses the key issues in this area of practice.
- Underlying core context: Definition of learning disability, parents with learning disabilities, joint working, assessment, advocacy, legal and policy context.

The documents can be accessed on the Working Together with Parents Network website.

Issues to consider when developing a protocol include:

- How the protocol relates to Working together to safeguard children (2023). Taking a *Whole Family Approach* to support families and reduce child protection concerns.
- How risk is conceptualised – some protocols imply that parenting by an adult with learning disabilities is an inherent risk or that parents are at risk themselves while others focus on parents' ability to parent well with support.
- Some protocols had a particular focus on safeguarding issues and appeared to assume that children's services would always be involved and would lead cases involving parents with learning disabilities. This should not be necessary if there are no concerns regarding the welfare of the children.

Key messages from the research:

- Parents are calling for trusting relationships with adult social workers.
- The number of parents with learning disabilities was felt to be very small, in contrast to the high numbers reported by Burch (2024).
- Due to the perception of small numbers, the commissioning of specialist services for parents with learning disabilities was not thought to be necessary.
- Local authorities need to recognise that there is a large group of parents with a borderline learning disability that may need support. These parents are potentially eligible for support under the *Care Act 2014*.
- The learning disabilities team, where there is one, is seen as the 'right service' to support parents with learning disabilities. Social workers and the other professionals associated with this team have the appropriate skills and access to specialist resources.
- Often only parents with an IQ under 70 can access the learning disability team.
- While parents with learning disabilities, including mild or borderline learning disabilities, can be supported under the *Care Act 2014* if they are assessed to have two or more eligible needs – which can include support to carry out caring responsibilities for a child – not all parents were assessed as having a second eligible need.
- Some parents may not give consent for a *Care Act 2014* assessment. This may have serious consequences in relation to parenting their children and should be discussed with the parent.
- Adult social workers described a range of positive practice in line with the Good Practice Guidance (2021) on working with parents with a learning disability although they were not always aware of this policy document.
- General adult social workers do not always feel equipped to work with parents with learning disabilities and expressed a need for training in working with children's services and with parents. Social workers asked for training on parents' lived experiences including the social inequalities parents face and the impact of parents' involvement in the child protection system. They also identified training needs around relevant law and policy, how to make reasonable adjustments for parents and how to work in a multi-agency way in this complex area of practice.

Recommendations

What follows is a series of recommendations for local authorities and social workers. These come from the current research study and the Good Practice Guidance (2021).

Local authorities:

- Investigate the number of parents with learning disabilities, especially parents with a milder or borderline learning disability in your local area and consider whether specific services should be commissioned to meet the needs of this group.
- Section 3 of the Good Practice Guidance (2021) states that commissioning strategies should be jointly developed between adult and children's services, encompassing health, education, housing and social care in both the statutory and voluntary / independent sectors, with joint responsibility taken at all four stages of commissioning (identifying needs and mapping existing service provision; allocating resources; developing services; monitoring and review). The current research findings suggest that these strategies should include both learning disability and general adult teams who are not always part of these strategies.
- The provision of guidance on the use of **Care Act conversations** to determine whether parents with learning disabilities have two eligible care needs would help to remove barriers in uptake and may result in more parents giving their consent to be assessed.
- Providing learning and development for both adults and children's social workers about working with parents with learning disabilities has been identified as essential by all study participants.
- Ensuring that children's social workers have access to specialist parenting assessments. Identifying who should be responsible for carrying out these assessments and identifying the most effective tools and strategies for use should be prioritised and any associated learning provided.
- Ensuring that timely advocacy support is available to parents, in line with provisions set out under the *Care Act 2014* and as set out in the Good Practice Guidance (2021) is vital.
- Ensuring that all social workers, managers and commissioners are aware of the Good Practice Guidance (2021).

Reflective questions for adult social workers:

- Can you shift the language you use from *Care Act 2014* assessment to Care Act conversation to help parents differentiate the difference between this assessment and assessment of their parenting capacity?
- How will you approach Care Act Conversations with parents with learning disabilities, and how will you assess if parents have two eligible care needs?
- How will you identify support needs while adopting a strengths-based approach?
- What support can you access from the learning disability team (if this is available) and from other community or third sector providers?
- How can you ensure that parents with learning disabilities understand your role and differentiate this from the role of children's social workers?
- How can you ensure that parents understand the potential implications of refusing to consent to a Care Act Assessment?

Reflective questions for children's social workers:

- Do you have a detailed understanding of the *Care Act 2014*?
- Do you have an understanding of learning disabilities and how they are assessed?
- Do you understand the ways in which learning disabilities might intersect with other forms of disadvantage to impact on parenting capacity and how parents can be supported in these areas?
- Do you have access to appropriate, specialist parenting assessment tools (which should be used as intended by the developers to design a support plan)?
- Could you seek advice from adult services earlier or refer parents with learning disabilities at an earlier stage?

Resources

Context: Overview of key contextual issues to consider when developing local policies and protocols (Tarleton, MacIntyre and Tilbury, 2024).

Main document: Example Protocol which address the key issues in this area of practice (Tarleton, MacIntyre and Tilbury, 2024).

Underlying core context: Definition of learning disability, Parents with learning disabilities, Joint working, assessment, advocacy, legal and policy context (Tarleton, MacIntyre and Tilbury, 2024).

Working Together with Parents Network (website).

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