



# **Camden Safeguarding Children Partnership**

**Working with parents with additional needs:**  
joint working protocol between Adult Social Care  
and Children's Safeguarding and Family Help

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## 1 Introduction and purpose of protocol

Some people who are parents or parents-to-be may need support with their parenting because they have additional needs such as a learning disability, learning difficulty that may impact on the effectiveness or safety of their parenting. On occasion, these parents may be referred to children's social care because there are concerns about the child's safety and welfare.

This protocol sets out how services within Camden Adult Social Care (ASC) and Children's Safeguarding and Family Help (CSFH) will work together to support families where joint working between children's and adults services is required to keep the child safe and ensure good outcomes.

## 2 Camden's policy and principles

Camden's policy is that parents with additional needs receive timely and appropriate on-going emotional and practical support they need to support them to care for their children and ensure children's welfare is safeguarded.

### **Primary objective:**

- At all times the welfare of children will be the paramount consideration.

### **Secondary objectives:**

- Camden recognises the right of parents to care for their child where this is in the child's best interests.
- Camden believes that generally, outcomes for children are best where they are brought up within their family, therefore a secondary objective when working with families will be to keep the family together. However, this will be balanced against the need to safeguard the child.
- In order to support Camden's secondary objective, services will work with families in a way that respects their rights and meets Camden's duty under the Equalities Act 2010 so that parents are not disadvantaged by their additional needs and are treated in the same way as any other parent, particularly when applying thresholds for services and interventions.
- Professionals will ensure there is clear, appropriate communication so that parents have a full understanding of any concerns held and how they can work jointly with services and can take part in assessment and planning and

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access support. Advice should be sought from the Easier Information team if workers are unclear how to adapt their communication with parents.

- Services will be delivered jointly and packages of support will be based on a joint assessment of parents and children's needs and delivered in a non-stigmatising manner.

### **Key principle: Relationship based practice**

Camden recognises that parents are more likely to accept and engage with advice and support where it is delivered by a professional that they know and trust and who has worked with the family for an extended period of time.

## 3 Impact on parenting capacity

- Parents with additional needs may not have the skills, knowledge or understanding of the child's needs to meet those needs and may need considerable support in order to either develop skills and knowledge to achieve an acceptable level of parenting or have that support available to them on an on-going or daily basis.
- Receiving support is particularly important for these parents as they are likely to be facing additional issues such as poverty, poor housing, social isolation and discrimination.
- Parenting difficulties are most likely to manifest as neglect due to a lack of understanding of risks, knowledge and skills as opposed to deliberate harm. This can include neglect of the child's physical needs and a lack of stimulation.
- As children get older and their needs change, parents may not have the particular skills and knowledge to adjust their parenting accordingly and this may lead to inadequate supervision, putting the young person at risk of extra-familial harm.
- Parents are likely to need access to on-going, regular support during the different stages of their child's development so as to enable them to adapt to the child's changing needs. This support should be offered by a known and trusted individual who has built up a relationship with the parents over many years.
- Parents with additional needs are vulnerable to exploitation and may be targeted by individuals who pose a risk to children.

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- Professionals should be vigilant to the presence of other issues such as domestic abuse and substance misuse.
- Professionals should be alert to the needs of the following children who may be more vulnerable as a result of parental additional needs:
  - unborn babies and infants under 1 year
  - toddlers
  - children with disabilities or special educational needs
  - children who are young carers (see section 13).

## 4 Eligibility for Adult Social Care services

Adult Social Care (ASC) provides social care services under the Care Act 2014 to adults with care and support needs due to physical or sensory disability, learning disability, mental ill health or substance misuse issues in order to support their wellbeing and empower them to live as independently as possible. This includes supporting them in the role of parents.

Parents may be eligible for support from ASC in the following ways:

- A parent with a diagnosed global learning disability will be eligible for specialist social care and clinical support from the Camden Learning Disability Service (CLDS - see section 5).
- Parents who do not have a diagnosed global learning disability and do not meet the criteria for a service from the CLDS may be eligible for a service from the Safeguarding and Support team if their learning disability, learning difficulty or other additional needs reduces their parenting capacity to the extent that they are unable to provide an adequate level of care to their child without support from ASC (see section 6).

## 5 Camden Learning Disability Service (CLDS)

The CLDS is a multi-agency team of social workers and health professionals that will work with adults who have a **diagnosed global learning disability** in order to provide support.

A global learning disability is defined as:

- A significant impairment in cognitive functioning **and**
- A significant impairment in adaptive functioning **and**

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- The impairments in cognitive and adaptive functioning started before 12 years of age **and**
- There are no differential diagnoses that could explain the impairments in cognitive and adaptive functioning (e.g. brain injury, mental health).

Learning disabilities will be life-long and may have a negative impact on a person's day- to-day functioning, which may differ in degree depending on the level of impairment.

To be eligible for a service from the CLDS, service users must have a global learning disability as defined above and must be resident in Camden. For further details of eligibility and assessment please see appendix 1.

The support CLDS can offer includes:

- social care support to parents under the Care Act 2014;
- support from the NHS clinical specialists within the team.

Parents will be allocated a CLDS social worker to work with them and who will work in partnership with the CSFH social worker to devise and implement a suitable package of support.

For more details please see: <https://www.camden.gov.uk/camden-learning-disabilities-service-clds->

CLDS will carry out a global learning disability assessment for anyone referred to the service, in line with the assessment framework detailed in appendix 1.

Where a parent does not meet the threshold for a service from the CLDS, the service can provide advice and guidance to colleagues working with parents on a case by case consultancy basis.

## 6 Safeguarding and Support team (S&S)

The S&S provide services to adults with learning disabilities, learning difficulties or other additional needs who are eligible under the Care Act 2014 for care and support but who do not meet the criteria for a service from the CLDS.

The S&S will carry out an assessment under the Care Act to ascertain whether the parent is eligible for services to support them in the parenting role. For further details on the framework for assessments under the Care Act 2014 please see appendix 2.

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- Where parents are eligible for support the S&S will work in partnership with the CSFH social worker to devise and implement a suitable package of support. Where the parent already receives support from the S&S the allocated social worker will contact the CSFH social worker.
- Where the team believes that the parent may meet the threshold for a service from the CLDS, the S&S manager will contact the CLDS manager to discuss the case and decide whether a referral should be made for a global disability assessment. This assessment will be expedited where it is thought the threshold is likely to be met. If it is thought that the threshold will not be met, the CLDS manager will advise on what steps can be taken to work with the parents to support their role and will offer a consultation with allocated workers to look at effective ways to engage and work with parents and explore possible resources for support.
- The Easier Information team can offer advice to both S&S and CSFH teams about appropriate communication styles when working with parents with additional needs.
- If the parent is not eligible for care and support under the Care Act the S&S will work with the CSFH social worker to identify and refer parents on to suitable voluntary and community resources.

## 7 Children's Safeguarding and Family Help (CSFH)

CSFH provides a statutory social work service under the Children Act 1989 for children and families in the following circumstances:

- Children assessed as being a **child in need** requiring services and support to achieve a reasonable standard of health and development or who have a disability.
- Children assessed as being at risk of significant harm requiring a **child protection** response. CSFH will follow the London Safeguarding Children Board child protection procedures: <https://www.londoncp.co.uk/>
- Where the child needs to be provided with accommodation (**looked after**) because:
  - their parents are temporarily unable to look after them
  - there is no-one with parental responsibility to look after them
  - there are concerns about the standard of care they are receiving.

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CSFH will carry out a **child and family assessment** under the Children Act 1989 in order to identify children's needs and parent's ability to meet these needs and this will inform decisions on what interventions and services are required to safeguard the child and support the family.

If there are high levels of concern for the safety and welfare of an **unborn child**, CSFH may carry out a specialist **pre-birth assessment** during the pregnancy in order to assess risk and decide on interventions and services that need to be in place once the child is born.

Children receiving a service from CSFH will have an allocated social worker responsible for developing their child in need, child protection or care plan and ensuring these plans are reviewed on a regular basis.

Where CSFH decide to close a case but it is felt parents will require further support, cases will be referred to the Early Help Service (**stepped down**) to continue to offer support to the family and who will re-refer the case to CSFH should this be necessary. ASC professionals will be part of the step-down discussion.

## 8 Referral pathways

### 8.1 Referral to Adult Social Care on behalf of parents (see appendix 3)

CSFH social workers will refer any parent or expectant parent where there are concerns that their additional needs may negatively affect their parenting capacity and, consequently, the child's welfare and safety.

- In general, adults assessed with global learning disabilities will be known to the CLDS having received a service from childhood.
- Parents with a high level of other additional needs may also be known to S&S and may be receiving support under the Care Act.
- CSFH social workers should check on MOSAIC whether the parent is receiving a service from the CLDS or S&S and contact the allocated worker to discuss joint working.
- CSFH social workers can also contact the CLDS First Contact team on 020 7974 3737 or email [clds@camden.gov.uk](mailto:clds@camden.gov.uk)
- Where the parent is not known to the CLDS, a referral should be made to the S&S for an assessment under the Care Act 2014. Referrals can be made via email at: [localitydutyteam@camden.gov.uk](mailto:localitydutyteam@camden.gov.uk)



## **8.2 Referral to CSFH**

S&S and CLDS social workers should make a referral to CSFH for a social work service on behalf of the child of any adult who is a parent or an expectant parent where it is thought a referral is necessary to safeguard and promote their welfare and the case is likely to meet the threshold for a CSFH service.

- The Children and Families Contact Service, which also contains the Multi-agency Safeguarding Hub (MASH), is the single point of contact for children's social care services in Camden and all referrals should be sent to the service via an e-CAF referral.
- Any decision to make a referral to the Contact Service should be discussed with the relevant line manager in the first instance. Professionals may also contact social workers in the Contact Service for advice on a "no names" basis.
- Urgent child protection referrals can be made by telephone but must be followed up in writing within 48 hours using an e-CAF referral. These cases will be passed to the MASH to be dealt with.
- The Contact Service social workers will screen all referrals in order to assess what level of intervention is the most appropriate based on risk and need.
  - Where there are safeguarding concerns, the referral will be dealt with under MASH procedures before being passed to CSFH for assessment.
  - Where the child does not meet the threshold for a social work service, the referral will be passed to the Early Help team who will help parents to access a suitable early help service.
- Children's Early Help Services provide services to support families to ensure children can achieve good outcomes. The service will carry out an early help assessment to identify the most suitable early help service to meet the family's needs.

## **9 Joint working procedures**

### **9.1 Attending meetings**

Where CSFH and ASC services are both working with a family, the relevant social worker or health professional from each service should be invited to attend meetings held by the other service.

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- CSFH social workers should ensure that the allocated ASC professional is invited to any of the following professionals meetings:
  - Child protection strategy meetings where information about the parent's global learning disability is crucial to assessing risk;
  - Initial and review child protection case conferences (including pre-birth conferences);
  - Core group meetings to implement a child protection plan;
  - Child in need plan reviews.
- Where the child is subject to a child protection plan, the ASC professional will be included as a member of the core group and will be jointly responsible for implementing the child protection plan.
- ASC professionals should ensure that social workers are invited to any relevant health or care review meetings where this is agreed by the parent but should otherwise share any information arising from the meeting.
- ASC professionals are unlikely to be invited to attend looked after children reviews but will be consulted in advance and should provide relevant information for the meeting.
- Where a worker is unable to attend a meeting, they should either:
  - make arrangements for a colleague with relevant experience and knowledge to attend or
  - provide a written report to the meeting outlining the work undertaken with the parent and family
  - for ASC professionals, provide an opinion on the impact of the parent's other additional needs on the child's safety and welfare
  - for CSFH social workers, provide information on any concerns about the child's welfare arising from the parent's additional needs.
- If a parent does not agree to workers from CSFH being invited to meetings about them, the ASC professional should discuss their objections and the importance of professionals working together for the benefit of themselves and their children. It may be possible to negotiate for social workers to attend part of the meeting.

### **9.2 Joint assessments**

Agency responsibility for assessment is as stated below:

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- CLDS is responsible for carrying out assessments to establish whether parents have a global learning disability and meet the criteria for a service.
- S&S is responsible for carrying out a Care Act assessment to establish if the parent meets the criteria for care and support and to identify suitable support.
- Where a person known to S&S or the CLDS is pregnant or about become a parent, that service will carry out an assessment under the Care Act 2014 to identify what support should be provided to the parent to help them in their parenting role.
- CSFH is responsible for carrying out a child and family assessment to establish the child's needs and parent's capacity to meet these needs.

Assessments should be carried out jointly where the focus is on the impact of parent's additional needs on parenting capacity and family life based on a whole family approach, looking at the needs of the child and what support parents need in order to meet these needs.

### **9.3 Joint supervision and interagency contact**

Where parents and children are being supported by both services, professionals should maintain regular contact, particularly where there are concerns about the child or the situation is changeable or uncertain. Frequency of contact between the services should be mutually agreed and should be based on the assessed level of risk to the child or parents.

Where services are working jointly with parents, joint supervision arrangements should be put in place:

- Managers are responsible for identifying relevant cases.
- Joint supervision meetings should take place at a minimum of every 6 months but may be more frequent where there is a high level of risk.
- Managers and allocated workers from both services must attend.
- A record of the discussion should be noted on both service's case records.

Joint supervision should cover the following:

- background information on each member of the family with whom each service works;
- any significant events or changes since the last meeting, including risks;
- details of each service's plan including any contingency plans should risk escalate;

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- details of any joint visits to or contact with the family;
- feedback on progress, what's working well, what isn't;
- any issues on engagement and working with the family;
- any equality or diversity issues affecting work with the family;
- any learning opportunities identified to enhance joint working.

### 9.4 Decisions on cases

- No major decisions (such as the removal of children or case closure) should be made without consulting partner services unless urgency requires immediate action. In these circumstances the partner agency should be informed as soon as possible.
- Services should always share their expertise and provide consultation where needed even when not actively involved with a particular family.
- If any service plans to close a case, the partner service must be informed in writing as soon as the decision has been made, outlining the reasons and the alternative support systems in place.
- Although services will always consult with each other around service provision and intervention, each service will ultimately make their own decisions with regard to their service user based on service requirements.

## 10 Information sharing

### 10.1 Legal basis for information sharing

Information sharing is a key aspect of joint working and allows agencies to make informed decisions based on accurate and up to date information and supports multi-agency working. The Children Act 2004 provides professionals in ASC and CSFH with a legal basis to share information in order to safeguard and promote the welfare of children as part of the shared duty to safeguard children.

However, parents should be informed that information will be shared and should be asked for their agreement in advance. If this is refused professionals may still share information if this is a proportionate response to safeguarding concerns. If professionals are in any doubt, they can contact the MASH social worker for advice on a "no names" basis.

**Parental agreement to share information need not be sought if this would put the child at further risk of harm, interfere with a criminal investigation or cause undue delay to safeguarding the child.**

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## **10.2 Consent to share: mental capacity**

All professionals must be aware of the issue of mental capacity at all times when working with parents with learning disabilities, learning difficulties and additional needs.

The Mental Capacity Act 2005 states that a person lacks the capacity to make decisions if they are unable to make a decision for themselves at the time the decision needs to be made and this lack of capacity is due to an impairment or disturbance in the functioning of the mind or brain.

Parents will be judged to have capacity to agree to sharing information unless a mental capacity assessment establishes otherwise; this assessment should provide details on:

- the impairment or disturbance of the functioning of the brain that is affecting capacity, how long it has affected the parent and how long it is likely to last
- what decision needs to be made
- what evidence there is that the parent is unable to:
  - follow relevant information
  - retain relevant information
  - use or weigh up relevant information to make a decision
  - communicate that decision.

## **10.3 Information to be shared**

CSFH need to have information about a parent's additional needs in order to assess parenting capacity, design care packages and inform risk assessments. ASC professionals will therefore need to provide social workers with information on:

- details of parental additional needs and its likely impact on day-to-day functioning;
- details of care and support provided and personnel involved;
- any plans to close cases or end or change services and support;
- how best to engage and work with parents and any difficulties in engagement.

In order to support parents ASC professionals need information on:

- what concerns CSFH have about children's welfare and parenting capacity and what changes need to happen to reduce concerns;
- what actions and interventions children's services are likely to take under

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the Children Act 1989 to safeguard the child, for example child protection procedures, any plans to accommodate the child or pursue care proceedings and details of alternative care arrangements;

- what support and services the family will receive from children's services so that the child can remain at home;
- any changes to the child's status, for example where a child protection plan ends or a looked after child returns home;
- any plans to step down a CSFH case to Early Help Services or to close cases;
- any difficulties in engaging parents.

Each service should provide the partner service with copies of any agency assessments, plans or reviews and minutes of meetings in order to ensure involvement in monitoring the children's and parent's progress.

ASC professionals should also provide CSFH social workers with advice on how best to work with parents in order to enable and encourage engagement.

All services should keep partner services informed in the event that the family moves out of the borough so that action can be taken to continue to support the family and safeguard the child.

## 11 Looked after children and care proceedings

If a child needs to become looked after, CSFH will continue to work with parents in partnership with ASC in order to support contact between the parents and child and where appropriate, to work towards reunification.

In some circumstances, CSFH may decide that it is in the child's best interest to be looked after by Camden until they are 18 and Camden will apply to the courts for a Care Order. CSFH will only consider care proceedings where:

- a suitable package of integrated support has been provided to the family to support parents to care for their child;
- the package has been carefully monitored over a reasonable period of time within statutory service reviews;
- it is clear that the child is still at risk of significant harm due to the care provided by the parents;
- it is not possible to strengthen the existing package of support to enable parenting to improve to a high enough standard of care.

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Where a decision is made by CSFH to enter care proceedings, CSFH social workers and ASC professionals will work jointly to ensure that parents understand the nature of care proceedings and what will happen and can access to an independent advocate who can help them get legal advice.

If a child is removed from their parents care, CSFH and ASC should work in partnership to ensure that parents receive emotional support and that they are able to take up opportunities for contact.

## 12 Young adults aged 18-25

The Children and Young People's Disability Service (CYPDS) provides a service for young adults who have been diagnosed with global learning disabilities from the age of 18 and up to the age of 25, at which time they will be transferred to the adult CLDS where they meet the threshold criteria or are otherwise prepared for independence.

Where a young adult with global learning disabilities who is known to the CYPDS becomes a parent and there are concerns for the safety and welfare of the child, the CYPDS social worker should make a referral to CSFH on behalf of the child and work jointly with CSFH to safeguard and promote the child's welfare.

## 13 Young carers

A young carer is "a person under 18 who provides care for another person of any age, except where that care is provided for payment, pursuant to a contract or as voluntary work". A young carer may support parents with additional needs and their caring role can impact negatively on their health, education and development.

Young carers and their families have a right to request an assessment for their support needs. Camden has a duty to ensure that young carers are protected from excessive and inappropriate caring duties and that adults are receiving a suitable level of support so that the burden of care on the young person can be reduced. Staff should refer to Camden's Young Carer's Protocol or via the ASC practice guide for details of how to carry out assessments. [https://cscb-new.co.uk/?page\\_id=8264](https://cscb-new.co.uk/?page_id=8264)

## 14 Working with parents

### 14.1 Standards of practice

When working with parents, professionals will aim to achieve the following standards:

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- Parents are provided with accessible information about their rights, what actions and interventions are being considered by services and what support packages will be available to families.
- Parents are supported and enabled to participate in assessments and decision-making and can make a meaningful contribution to meetings. This is likely to mean that the format of meetings will have to be changed to allow parents to participate fully. For example:
  - Long meetings covering multiple issues may need to be broken down into shorter meetings that cover single issues.
  - Any written material may need to be presented in 'Easy Read' or video form (contact [easierinfo@camden.gov.uk](mailto:easierinfo@camden.gov.uk) for advice and support to develop accessible material).
- Best practice would require that parents with additional needs should be offered an advocate in order to ensure they are able to fully participate in assessments and decision making.
- Parents will receive the same service as other parents and service delivery and social work practice is non-discriminatory and in line with Camden's duty under the Equalities Act 2010.
- Parents are treated with respect at all times and professionals make reasonable adjustments when working with parents to take account of their additional needs.

### **14.2 Advocacy offer**

Services will ensure parents have access to suitably qualified advocates to help them take part in meetings and have their views and wishes known and to make complaints. Workers will actively research suitable community and voluntary organisations that can take up the advocacy role for parents.

An advocate from the Family Group Conference service should be available to parents where children are subject to child protection procedures.

Where parents are involved in care proceedings, CSFH social workers will ensure they have access to suitable legal advice and advocacy.



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### **14.3 Adult safeguarding**

Because of their vulnerability, parents with learning disabilities and learning difficulties may be at a higher risk of exploitation and abuse. ASC and CSFH workers should be alert to adult safeguarding issues and raise any concerns with the appropriate adults team or via the adults MASH (Multi-agency Safeguarding Hub).

Further information and definitions of abuse and neglect can be found at:  
<https://www.camden.gov.uk/safeguarding-adults>

## **15 Training**

In order to implement this protocol effectively, it is important that workers from the ASC and CSFH receive the relevant training on:

- the nature of additional needs and its impact on parental capacity;
- best practice when working with parents with additional needs;
- equalities issues affecting parents with additional needs;
- the relevant frameworks for assessing the needs of children and parents;
- safeguarding practice for children and adults;
- experiences of parents with additional needs of the children's social work system and an opportunity to reflect on what this means for their practice.

## **16 Resolving professional differences**

The operation of this protocol may result in differences of opinion between services on issues such as whether thresholds for services have been met, the level of risk of neglect or abuse that may result from a parents additional needs and the most appropriate services and interventions.

In the event that professionals or agencies have any disagreements in connection with the operation of this protocol, this will be resolved under the CCSP escalation policy available at: <http://www.cscb-new.co.uk/wp-content/uploads/2016/05/CSCB-escalation-policy-final-amended-May-161.pdf>

## **17 Review of protocol**

This protocol will be reviewed in 6 months time and then on a 12 monthly basis by ASC and CSFH senior managers.

## **18 Resources**

The following provide support services for parents affected by learning disabilities and difficulties.

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Mellow Futures: [Mellow Futures - Mellow Parenting](#)

Elfrida Rathbone: [Home - Elfrida Rathbone Camden \(elfridacamden.org.uk\)](http://elfridacamden.org.uk)

PohWER: [Camden | Home | POhWER](#) (advocacy support)

## **Contacts**

Camden Learning Disability Service (CLDS) First Contact team:  
020 7974 3737 or email [clds@camden.gov.uk](mailto:clds@camden.gov.uk)

Support and Safeguarding team:  
[adultsocialcare@camden.gov.uk](mailto:adultsocialcare@camden.gov.uk)

Children's Contact Service/MASH  
020 7974 3317 or email [LBCMASHadmin@camden.gov.uk](mailto:LBCMASHadmin@camden.gov.uk)



## Camden learning disabilities service

5 Pancras Square, London N1C 4AG

020 7974 3737 [www.camden.gov.uk/clds](http://www.camden.gov.uk/clds)

### Eligibility for Camden Learning Disabilities Service

The Camden Learning Disabilities Service (CLDS) is an integrated health and social care service for adults with global learning disabilities living in or supported by the London Borough of Camden and/or registered with an NHS Camden GP.

We define a global learning disability according to internationally recognised criteria including those of the World Health Organisation (ICD-10) and American Psychiatric Association (DSM-IV): people with global learning disabilities experience life-long impairments in both **cognitive** and **adaptive** functioning.

#### Referral process

CLDS has a referral form that can be completed to make new referrals for people who are not already known to the service. New referrals are initially screened by the CLDS management team using information included in the referral form and other information supplied or available to the service through Council and Camden & Islington NHS recording systems. The focus of the initial screening is usually on the referred person's developmental history, educational achievements and adaptive functioning. When there is clear information about a person's functioning in relation to the global learning disability range, then referrals are responded to at this stage with a decision about eligibility for CLDS input.

#### Decision making process

If it is not possible to make a decision based on the information available, then CLDS will offer an Initial Contact Assessment (ICA) that involves a face-to-face meeting with the referred person. The aim of this assessment is to gather further information about the person's developmental history, physical and mental health, education and work, adaptive functioning, and social context, as well as to conduct a direct observation of their cognitive functioning (e.g. through observations of their receptive and expressive communication skills). When it is possible to gather clear information about a person's functioning in relation to the global learning disability range, then referrals are responded to at this stage with a decision about eligibility for CLDS input.

#### Adaptive functioning

A global learning disability is partially defined by a significant, life-long impairment in a number of areas of adaptive functioning including:

- Personal care and daily living: opportunities to carry out activities of daily living, level of prompting/support needed, level of motivation to complete tasks.

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- **Self-care:** washing, getting dressed, putting on/taking off clothes or shoes, choosing appropriate clothing, toileting.
- **Cooking:** preparing complex as well as small/simple meals, using cookers, microwaves, kettles, etc.
- **Cleaning:** level of support needed to look after their home, can the person use a washing machine, Hoover, etc.
- **Shopping:** clothes and food shopping, small amounts or big shops, use a list, support from others.
- **Managing money:** counting change, understanding coins and notes, paying bills, own bank account, budgeting.
- **Travelling, sense of danger:** familiar and new places, public transport, getting lost, asking for help, managing risk.

Adaptive functioning is usually assessed through gathering information from the initial screening and ICA. However, if it has not been possible to gather sufficient information at these stages, then a further assessment of a person's adaptive functioning can be conducted through the completion of standardised checklists, such as the Adaptive Behaviour Assessment System (ABAS), or direct observation using the Assessment of Motor and Process Skills (AMPS).

### **Cognitive functioning**

A global learning disability is partially defined by a significant, life-long impairment in a number of areas of cognitive functioning including the person's understanding of words (verbal skills), numbers (abstract conceptual skills) and pictures (visual-spatial skills), as well as their memory and processing speed. Cognitive functioning is usually assessed through gathering information about a person's educational achievements at the initial screening stage and through direct observations at the ICA stage.

If it has not been possible to gather sufficient information to make a decision at these stages, then a further assessment of a person's cognitive functioning can be conducted using standardised measures of 'intelligence'. The assessment that is used most often is the Wechsler Adult Intelligence Scale – Fourth Edition (WAIS-IV), which measures four domains: visual skills, verbal skills, working memory and processing speed. Scores on different domains of the WAIS-IV can produce a Full-Scale IQ score. A global learning disability is partially defined by a Full Scale IQ score of 69 or below. However, it is important to note that there are many instances in which it would not be appropriate to conduct a cognitive assessment: due to sensory or physical impairments, language barriers, and when a person would not be able to give their 'full effort' (e.g. due to mental health problems or while experiencing an acute period of distress associated with difficult life events). There are numerous reasons why scores on cognitive assessments may not be a valid representation of the person's 'true' cognitive abilities. There are also many instances in which a Full Scale IQ score may not be valid and so cannot or should not be reported, for example if a person has not completed all core subtests of the WAIS-IV or there is significant variation in their scores across the subtests. CLDS therefore only completes cognitive assessment in exceptional circumstances.

### **Differential diagnoses**

When CLDS assesses for a learning disability, both the cognitive and adaptive functioning of the person are considered. There are many people who would score a Full Scale IQ of 69 or less on an assessment of cognitive functioning but who do not have significant problems in adaptive functioning, so would not meet criteria for a global learning disability.

Other people who are unlikely to be considered to have learning disabilities include:

- people whose impairments in cognitive or adaptive functioning occurred after the age of 12 years, for example as a result of neurological illness or injury, mental health problems, drug or alcohol misuse.
- people who experience specific learning difficulties, including Dyslexia and Dyspraxia, which is associated with difficulties in specific areas of their functioning – rather than a global learning disability that affects all areas of functioning.
- People with an Autistic Spectrum Disorder who do not have a global learning disability, i.e. higher functioning autism that was previously known as 'Asperger's Syndrome'.

The Care and Support (Eligibility) Regulations 2014 sets out the needs which meet the eligibility criteria for adults who need care and support.

**An adult's needs meet the eligibility criteria if:**

- (a) the adult's needs arise from or are related to a physical or mental impairment or illness;
- (b) 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
- (c) as a consequence there is, or is likely to be, a significant impact on the adult's well-being.

**The specified outcomes are:**

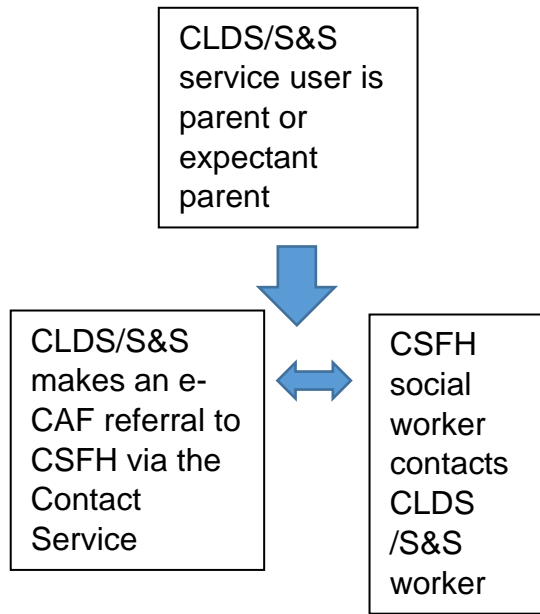
- (a) managing and maintaining nutrition
- (b) maintaining personal hygiene;
- (c) managing toilet needs;
- (d) being appropriately clothed;
- (e) being able to make use of the adult's home safely;
- (f) maintaining a habitable home environment;
- (g) developing and maintaining family or other personal relationships;
- (h) accessing and engaging in work, training, education or volunteering;
- (i) making use of necessary facilities or services in the local community including public transport, and recreational facilities or services; and
- (j) carrying out any caring responsibilities the adult has for a child.

**For the purposes of this regulation an adult is to be regarded as being unable to achieve an outcome if the adult:**

- (a) is unable to achieve it without assistance;
- (b) is able to achieve it without assistance but doing so causes the adult significant pain, distress or anxiety;
- (c) is able to achieve it without assistance but doing so endangers or is likely to endanger the health or safety of the adult, or of others; or
- (d) is able to achieve it without assistance but takes significantly longer than would normally be expected.

**Families affected by additional needs: referral pathway**

**Parents known to CLDS/S&S**



**Parents not known adult services**

