



**CROYDON'S PROTOCOL TO MEET THE NEEDS OF CHILDREN AND THE UNBORN, WHOSE PARENTS OR CARERS HAVE MENTAL HEALTH PROBLEMS, SUBSTANCE MISUSE PROBLEMS, OR A LEARNING DISABILITY.**

**CROYDON SAFEGUARDING CHILDREN BOARD**  
(UPDATED June 2009)

## FOREWORD

This protocol is important for safeguarding children and families in Croydon. It should be read and implemented by all staff working with children and families including pregnant women and expectant fathers.

This joint protocol aims to meet the requirements set out in Every Child Matters 2005, namely that all services will work more closely together to promote the health and well being of children, young people, their families and carers. There is substantial evidence that the needs of children whose parents have mental health problems and/or substance misuse problems and/or a learning disability often go unrecognised (Working Together to Safeguard Children, 2006).

This is a local protocol for Croydon services. It does not override existing legal frameworks and statutory requirements, but it is derived from them. It should be read in association with the current London Child Protection Procedures (3<sup>rd</sup> Edition 2007), Safeguarding Children Abused Through Domestic Violence (2008) and Working Together to Safeguard Children (2006) and other relevant documents (see appendices).

This protocol applies to both children and adult agencies working with parents or carers<sup>1</sup>, or children whose parents have mental health problems<sup>2</sup>, substance misuse<sup>3</sup> or a learning disability<sup>4</sup>. The needs of children must always be considered and addressed. This protocol also applies when working with pregnant women who have mental health problems and/or substance misuse problems and/or learning disability or where their partners are known to have such problems.

This protocol is a live document and will be reviewed 3 yearly by the Croydon Safeguarding Children Board Policy and Practice Group. It has been developed jointly by Croydon's Department for Children Young People and Learners, South London and Maudsley NHS Trust, Mayday Healthcare Trust, Croydon Drug and Alcohol Action Team (DAAT), Croydon Primary Care NHS Trust and with representation from the voluntary sector on behalf of the Croydon Safeguarding Children Board.

Chair  
Croydon Safeguarding Children Board

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<sup>1</sup> *Parents and carers* include those with parental responsibility, those with significant responsibility for the care of a child, also includes pregnant women and expectant fathers or other members of the household.

<sup>2</sup> *Mental health problem* refers to a significant, acute and/or enduring mental health problems or disorder, and is a term used by the Social Care Institute for Excellence (SCIE).

<sup>3</sup> *The Advisory Council on the Misuse of Drugs defines substance misuse* as a condition which may cause an individual to experience social, psychological, physical or legal problems related to intoxication and / or regular excessive consumption, and / or dependence, as a consequence of their use of drugs or other chemical substances.

<sup>4</sup> *Learning disability* refers to difficulties with both social and cognitive functioning which significantly impacts on everyday living.

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## **1. Key features**

All staff must recognise that, mental health problems and/or substance misuse and/or a learning disability may impact on parenting capacity. The key features of this protocol are:

- To recognise that adults with these identified needs may have children
- Consideration must be given to meeting the needs of these vulnerable children and appropriate action taken for example referral to children's services.
- In order to meet the needs of children, referral of the adults to specialist services (mental health, substance misuse and learning disability services) may be beneficial.

## **2. Aims**

2.1 To increase understanding of the impact of parents/carers with mental health problems and/or substance misuse problems and/or a learning disability on children's lives.

2.2 To promote the identification of children in need and those in need of protection (including the unborn child) within universal and specialist services.

2.3 To facilitate the provision of co-ordinated services to children and/or families in which there are dependent children of parents, carers or pregnant women with, mental health problems and/or substance misuse problems and/or a learning disability.

2.4 To ensure that the voices of children and young people affected by these issues are acknowledged.

2.5 To promote good co-operation and collaborative decision making between statutory, non-statutory and voluntary agencies.

2.6 To promote effective pre-birth assessment and planning.

## **3. Principles**

3.1 All those who come into contact with children, parents and families in their everyday work, including practitioners who do not have a specific role in relation to child protection, have a duty to safeguard and promote the welfare of the child.

3.2 The rights of the child are paramount. The rights of parents, carers and pregnant women for support in fulfilling their parental roles and responsibilities do not override the rights of a child to be protected.

3.3 While many parents, carers and pregnant women with mental health problems and/or substance misuse problems and/or a learning disability safeguard their children's well-being, children's life chances may be limited or threatened as a result of those factors. Professionals need to consider this possibility for all clients with children and for all children whose parents are experiencing these problems.

3.4 There is a requirement that all agencies adequately assess the impact of mental health problems and/or substance misuse problems and/or learning disability on the care and development of children.

**4. Identifying the needs of children, including the unborn whose parents or carers, have mental health problems and/or substance misuse problems and/or a learning disability.**

4.1 The birth of any new child changes relationships and often brings new pressures to any parents or family. Agencies need to be sensitive and responsive to the changing needs of parents or carers with mental health problems and/or substance misuse problems and/or a learning disability.

4.2 Parents, carers or pregnant women with mental health problems and/or substance misuse problems and/or a learning disability, may have difficulties which impact on their ability to meet the needs of their children or new baby. This protocol acknowledges that such children may be in need of assessment for services provided by a range of agencies, from universal and early intervention to specialist services for those with more acute or complex needs.

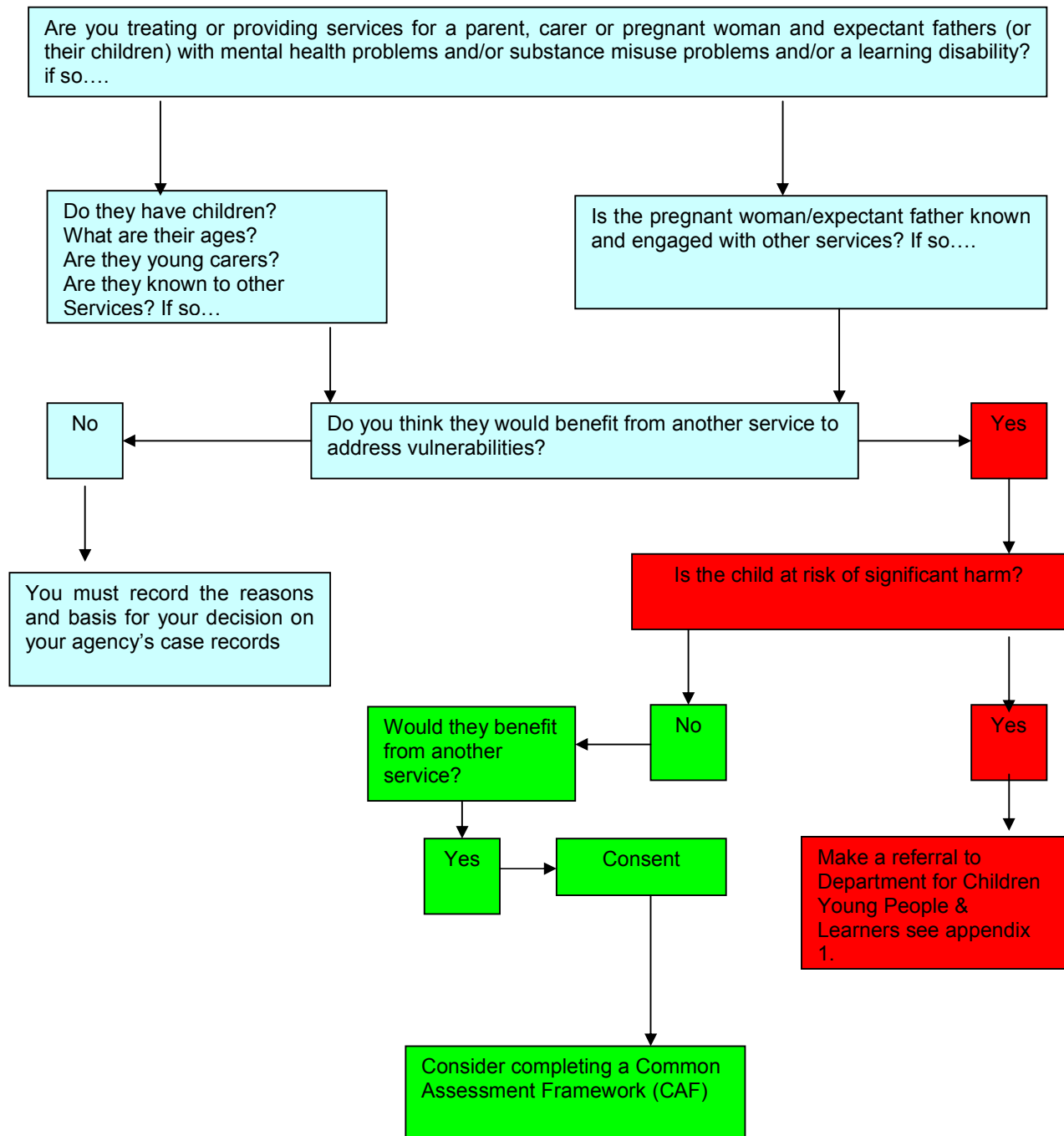
4.3 This set of questions and the accompanying flowchart are designed to guide decision making about how to best meet the needs of children and adults in families experiencing, mental health problems and/or substance misuse problems and/or a learning disability.

**Are you treating or providing services for a parent, carer or pregnant woman and expectant fathers (or their children) with mental health problems and/or substance misuse problems and/or a learning disability?**

- Do they have or care for children?
- What is the child/ren's ages?
- Is there a young carer within the family?
- Have you considered the impact of your patient or client's mental health problems, substance misuse or learning disability on their ability to meet the needs of their children?
- Have you spoken directly to the child/ren where appropriate?
- Do you have any concerns about the child/ren's well-being or safety?
- Is your client pregnant? If so, has she accessed ante-natal care (see section 7).
- Is your client an expectant father who has mental health problems and/or substance misuse problems and/or a learning disability

- Do you think the family or pregnant woman would benefit from any additional services?
- Do you need to discuss with your manager or other relevant professional?
- Do you need to make a referral to another service?
- Do you know what other services are involved and what their role is?
- Have you discussed the need for any other services, or making a referral to another service, with the parents, carers or pregnant woman taking into consideration the parent's ability to give informed consent?
- Do you need to discuss with your manager or other relevant professional?
- Do you need to make a referral to another service?
- Do you know what other services are involved and what their role is?
- Have you discussed the need for any other services, or making a referral to another service, with the parents, carers or pregnant woman taking into consideration the parent's ability to give informed consent?

## 5. Decision-Making Flowchart



If you are worried that a child or unborn baby is at risk of actual or likely significant harm, you must refer to the Department for Children Young People and Learners, Children and Family Duty Assessment Team on 020 8686 4433 see appendix 1 and London Child Protection Procedures.

**6. Guidance for referral to Department for Children Young People and Learners Children (CYPL) Families Duty Assessment Team (previously children's Social Services)**

6.1 If you are worried that a child or unborn baby is at risk of actual or likely significant harm, you must refer to the CYPL Children and Families Duty Assessment Team.

6.2 If there is an immediate danger to the client or others, including a child, the police must be contacted.

6.3 Staff must ensure that their decision and agreed course of action is fully and accurately documented, signed and dated, and that a written referral follows any telephone conversation or referral<sup>1</sup>.

**7. Triggers that may indicate referral to the CYPL Children and Families Duty Assessment Team.**

7.1 Where previous referrals to specialist services have not met the threshold criteria, consideration must be given to whether this raises concerns about a child's well being.

7.2 Pregnancy in women who have a learning disability, a history of mental health problems or substance misuse problem where there are concerns about the impact of such conditions on the child.

7.3 Parents or carers who are exhibiting signs of mental health problems, substance misuse or have a learning disability where there are concerns surrounding the impact on a child's well-being.

7.4 Urgent concerns as a result of parents or carers being assessed under the Mental Health Act 1983.

7.5 Where further concerning information has been received from a third party source.

7.6 Children who have been the subject of previous child protection investigations, child protection registration, local authority care, or alternative care arrangements.

7.7 Children who are caring for parents or carers with mental health problems and/or substance misuse problems and/or a learning disability (young carers).

7.8 Children of parents or carers with mental health problems and/or substance misuse problems and/or a learning disability, who are caring for a child with a chronic illness, disability, or special educational needs with social, education or health needs, e.g. non-attendance at school or nursery, lack of involvement with other statutory or primary care services.

7.9 This is not an exhaustive list. It is given to assist professional decision-making (please refer to London Child Protection Procedures, 2007 5.29-31).

<sup>1</sup> There is an agreed inter-agency referral form available from within your own organisation or the Quality Assurance Unit at Taberner House 020 8686 4433.



## **8. Guidance for referral for women who are pregnant, to the Department for Children Young People and Learners (also see London Child Protection Procedures, 2007 section 5.29-5.31)**

8.1 Agencies are responsible for identifying pregnant women with mental health problems or substance misuse problems or a learning disability, who may be in need of additional services and support. Pregnant women with a previous history of mental health problems, substance misuse problems or who have a learning disability are particularly vulnerable during pregnancy and following the birth of the baby.

8.2 When a pregnant woman or her partner has been identified with mental health problems and/or substance misuse problems and/or a learning disability, an assessment must be undertaken within that agency to determine what services she requires.

8.3 This must include gathering relevant information from all current and historical records within that agency. This is to ensure that the full background is obtained about any existing or previous assessment, diagnosis, or service provided for mental health problems and/or substance misuse problems and/or a learning disability.

8.4 Other services that are known to have been or are currently involved with the family, in particular the general practitioner and Department of Children Young People and Learners should be identified. This is especially important where the service becomes aware children have been removed from the parent.

8.5 If the need for referral is urgent, these checks may need to be done as soon as practicable and the results forwarded, but should not delay referral.

8.6 Where the need for referral is unclear, this must be discussed with a line manager and / or professional adviser before referring. If a referral is not made this must be clearly documented. Staff must ensure that all decisions and the agreed course of action are signed and dated.

## **9. Advice on drugs, alcohol and psychiatric medication**

9.1 Agencies should not advise a pregnant woman to stop using drugs or alcohol without appropriate advice from the GP, midwifery service or substance misuse services (refer to see Appendix 1). The immediate withdrawal of such drugs/alcohol could result in premature birth or miscarriage.

9.2 On no account should any agency advise a pregnant woman to stop using prescribed psychiatric medication without first seeking advice from the client's GP or psychiatrist. Immediate cessation could result in a relapse of mental health problems increasing risk to a newborn.

## **10. Where to refer**

10.1 Where a pregnant woman has, mental health problems and/or substance misuse problems and/or a learning disability, an assessment must be undertaken and any concerns identified and acted on. (Please refer to London Child Protection Procedures 2007 Section 6.8).

10.2 If a pregnant woman is booked to have her baby at Mayday Hospital, the referral should be made to the Mayday Permanence Children and Family Service (CYPL) for assessment. If they are booked elsewhere or not booked at all, a referral should be made to CYPL Children and families Duty Assessment Team through Croydon Contact Centre (see Appendix 1).

### **11. Pre-birth Initial Assessment and Strategy Meeting**

11.1 A pre-birth initial assessment should be undertaken on all pre-birth referrals and a professional's strategy meeting/pre birth conference held where:

- The degree of parental, substance misuse is likely to impact significantly on the baby's safety or development
- The degree of parental mental health illness/impairment is likely to impact significantly on the baby's safety or development
- There are significant concerns about the parental ability to self care and / or to care for the child e.g. unsupported, young or learning disabled mother

For further guidance refer to London Child Protection Procedures, 2007.

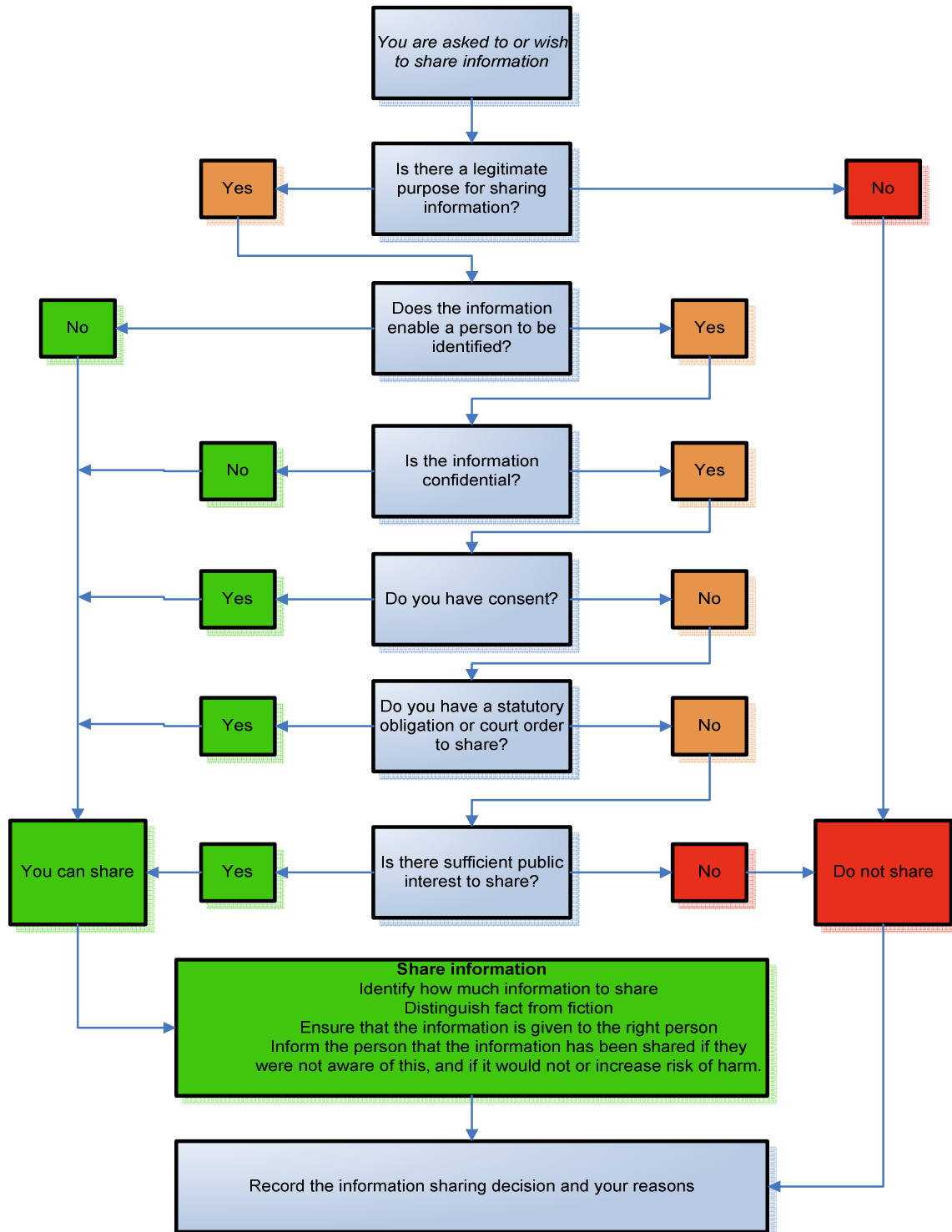
### **12. Referral to adult mental health and/or substance misuse and/or a learning disability service.**

For advice/guidance for referral to specialist services see who to contact – appendix 1

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### 13. National Inter-agency Information Sharing

Sharing information is vital for early intervention to ensure that children young people with additional needs get the services they require. It is also essential to protect children and young people from suffering harm from abuse or neglect and to prevent them from offending.



NB: see copy 3.3.11 (page 105 London Child Protection Procedures).

Agencies need to ensure that the wishes and feelings of children/young people (as distinct from those of their parents/carers) are actively considered/sought and given due weight in relation to decisions about what information is shared and what actions are taken.

#### **14. Review and on-going work**

Assessment and identification of parents, carers or children's need for services is not a static process. The assessment should also inform future work and build in evaluation of the progress and effectiveness of any intervention. Agencies should always take into account the changing needs of adults and children.

Where more than one agency continues to be involved in a joint assessment or provision of services for parents or carers with mental health problems, substance misuse problems, a learning disability, and their children, regular review dates must be set to jointly review the situation and to ensure that inter-agency work continues to be co-ordinated. Each agency should document their own actions and responsibilities clearly and also the roles and responsibilities of other agencies.

There should always be the flexibility for cases to be reviewed at any time, or jointly re-assessed speedily before planned review dates, if new concerns or support needs are identified.

#### **15. Professional and conflict resolution**

Research and case enquiries have shown that difference of opinion between agencies can lead to conflict resulting in less favourable outcomes for the child. If there is disagreement between agencies every effort should be made to reach satisfactory resolution under the guidance provided in the London Child Protection Procedures 2007, section 18.6.

Appendix 1

## Who to Contact

**If you are concerned about a child you must always do something.  
If you are not sure, seek advice.**

If you think a child is in immediate danger contact the police by dialling 999. If you want to report a crime against a child, contact your local police station.

Children's Social Care Services		
Referral	Office Hours Mon-Fri	Out of Hours
<p><b>Department for Children Young People and Learners Quality Assurance Unit.</b></p> <p><b>Mayday Hospital Department for Children Young People and Learners and Mayday Permanence Team</b></p>	<p>Croydon Contact Centre: Tel: 020 8726 6400 Fax: 020 8633 9441 Tel: 020 8686 4433</p> <p>Telephone 020 401 3409 Fax: 020 8401 3422</p>	<p>Emergency Duty Team Tel: 020 8686 4433</p> <p>Emergency Duty Team Tel: 020 8686 4433</p>
Education		
<p><b>Safeguarding Children's Coordinator for schools</b></p>	<ul style="list-style-type: none"> <li>• 020 8760 5460</li> </ul>	
Mental Health Services		
<p><b>Croydon Adult Mental Health Services</b></p> <p><b>Child and Adolescent Mental Health Services</b></p> <p><b>South London and Maudsley NHS Trust Mental Health Services</b></p>	<ul style="list-style-type: none"> <li>• Westways Resource Centre, St James Road Tel: 020 3228 5800</li> <li>• Tamworth Road Resource Centre_Tel:020 3228 0300</li> <li>• Purley Resource Centre, Pampisford Road Tel:020 3228 5400</li> <li>• Crescent Resource Centre, New Addington Tel:01689 308400</li> </ul> <p>Tel: 020 3228 0000</p> <p>Named Doctor for Child Protection Tel: 020 3228 6000</p> <p>Named Nurse for Child Protection Tel: 020 3228 3483</p>	<p>Tel: 020 8686 4433</p> <p>Tel:020 8686 44 33</p>
Substance Misuse Services		
<p><b>Substance Misuse Services</b></p>	<ul style="list-style-type: none"> <li>• For general advice about substance misuse contact</li> </ul>	

<p><b>Children and Young People with Substance Misuse Problems</b></p>	<p>Croydon's Substance Misuse Team Tel: 020 3228 0200</p> <p>Pregnant Women and their partners Substance Misuse Service (Maple Clinic) 0208401 3000 x 4398 F Drug worker Crosfields 020 3228 0200</p> <ul style="list-style-type: none"> <li>Contact the Young Peoples Substance Misuse Virtual Team Tel: 020 8296 9655.</li> </ul>	
<b>Adults with Learning Disability Team</b>		
<p><b>Joint Community Learning Disability Team (JCLDT for adults)</b></p>	<p>For advice regarding parents who may have a learning disability contact the JCLDT, telephone 020 8239 4441 / 4442.</p>	<p>Out of hours Emergency Tel: 020 8686 4433.</p>
<b>Children with Disabilities</b>		
<p><b>Children With Disabilities</b></p>	<p>Croydon Contact Centre Tel: 020 8726 6400 fax: 020 8633 9441</p>	
<b>Voluntary Sector</b>		
<p><b>Young Carers Project</b></p>	<p>Tel: 020 8649 9339</p>	
<b>Health Professionals</b>		
<p><b>Designated/Named Health Professionals protection/safeguarding:</b></p> <p><b>Croydon Primary Care NHS Trust</b></p> <p><b>Mayday Hospital</b></p>	<p>Designated Doctor for Child Protection Tel: 020 8274 6300 Designated Nurse for Child Protection Tel: 020 8401 3162 Named Nurse for Child Protection Tel: 020 8401 3993 / 3996 Named Doctor for Child Protection Tel: 020 8274 6300</p> <p>Named Nurse Telephone 020 8401 3995</p>	<p>Tel: 020 8401 3000</p> <p>Tel: 020 8401 3000</p>

## **Appendix 2**

### **Assessment for drug use and its effect on parenting**

These Guidelines have been adapted from the Standing Conference on Drug Abuse (SCODA) May 1997, to assist all agencies in identifying children who may be in need or at risk as a result of parental substance misuse.

#### **Parent's drug and /or alcohol use**

Are the parents aware of the worker's responsibility for safeguarding children?

The needs of the child are paramount resulting in limits to confidentiality.

Is there a drug free parent or supportive partner or relative?

Is the drug or alcohol use by the parent

Experimental

Recreational

Chaotic

Dependent

Does the user move between categories at different times? Does the drug use also involve alcohol?

Is the level and quality of childcare different when a parents is using drugs and when not using?

#### **Accommodation and home environment**

Is the accommodation adequate for children?

Are parents ensuring that rent and bills are paid?

Does the family remain in one area or move frequently, if the latter, why?

Are there other drug or alcohol users sharing the accommodation? If there are, are the relationships harmonious or is there conflict?

Is the family living in a drug using community?

If parents are using drugs do children witness this?

Could other aspects of the use constitute a risk to children (e.g. conflict with or between dealers, exposure to criminal activities related to drug use, violence)?

#### **Provision of basic needs**

Is there adequate food, clothing and warmth for the children?

Are the children attending school regularly?

Are the children engaged in age appropriate activities?

Is there any evidence that the child/ren are misusing drugs or implicated in parental drug misuse?

Are the children's emotional needs being adequately met?

Are there indications that any child is taking on a parenting role within the family (e.g. caring for other children, excessive household responsibilities)?

### **Procurement of drugs**

Are children left alone while parents are procuring drugs?

Are children being taken to places they could be "at risk" because of the parent's drug use?

How much are the drugs costing?

How is the money obtained?

Is this causing financial problems?

Are the premises being used to sell drugs?

### **Storage of drugs and disposal of containers, syringes and needles**

If drugs (legal or illegal) are being used in the home, are they being stored safely, out of reach of children?

Have the drug users been advised about the safe storage of drugs and the risk to children of consumption of methadone etc.?

Are parents in touch with specialist drug treatment programmes and how regular is their contact?

Are the containers and implements used for administering the drugs safely disposed of after use, to ensure there is no risk to any children?

### **Family social network and support systems**

Do parents and children associate primarily with:

Non users?

Other drug users?

Both?

Are relatives aware of the drug use? Are the relatives supported?

Will parents accept help from relatives and other non statutory or professional agencies?

### **Parents' perception of the situation**

Do parents see their drug use as harmful to themselves or to their children?

Do the parents place their own needs before the needs of the children?



Are the parents aware of the legislative and procedural context applying to their circumstances (e.g. child safeguarding and protection procedures)?

[www.drugscope.org.uk](http://www.drugscope.org.uk)

### **Appendix 3**

#### **Alcohol use and its effects on parenting.**

##### **Pattern of alcohol use**

Who is using alcohol? One or both parents / carers?

What is the pattern of use?

Every day drinking – how long for? How much? Which drink/s?

Binge drinking, how long for?

When was the last drink?

Is there use of other substances or medications?

How long has this been the pattern of use?

What situations trigger the inappropriate use of alcohol?

##### **The context of alcohol use**

###### **The child's view**

What does the child know or understand about the parent's use of alcohol?

Does the child need information about alcohol & parental misuse?

Does the child need support to understand what is happening?

Is the child reporting / witnessing domestic violence? What is being done about this?

###### **Parental views about their alcohol use**

Do they acknowledge their use/

Do they see it as harmful to themselves or their child/ren?

Have any attempts been made to address the alcohol use? What helped, what didn't help?

Is the parent able to say what they drink?

##### **Consequences of alcohol use**

###### **For children**

Are they meeting growth and development milestones?

Do the children drink alcohol? With or without parents knowledge?

Are they attending school regularly?

Are there other school related issues – i.e. changes in behaviour or achievement, absenteeism, bullying, racism?

Are they engaged in age appropriate activities?

Are the children's emotional needs being adequately met?

What is the relationship like between the parent/s, carer/s & the children?

Are the children assuming parenting responsibility, either for parents or siblings, if so how often and how old is the child?

Are the children left alone? How frequently, are they left with alternative carers? Who are they and how often does this happen. Are alternative arrangements safe and appropriate?

### **For parent / carer**

Are there related health problems for parents who are drinking?

Are these specific to the individual? Do they affect parenting responsibilities as well?

Are they seeking medical advice? Seeing to their own needs adequately?

Is there consistent care for the children?

Are there indications they are attempting to withdraw without medical assistance?

### **Social support network**

Are relatives / friends aware of use and extent? Are they supportive and do they help at times of crisis?

Do parents and children associate with other alcohol users? How often/where?

Are parents/carers accepting help from relatives, non / statutory services?

Do children have their own network –friends, out of school activities?

### **Accommodation & home environment**

Do parents / carers ensure rent and bills are paid?

Does the family network subsidise the household budget in any way?

Does the family remain in one locality or move often, if so why?

Do other alcohol users meet frequently in the home or share the accommodation?  
Are the children supervised adequately in these circumstances?

Is the home secure – tenancy, re possession?

Are the basic necessities provided – adequate food, clothing and warmth for the children?

Where is the alcohol stored – is it safe from the children?

Is there evidence of domestic violence?

## **Conclusions**

What is your view of the problem?

If the situation is unsatisfactory, what should change to reduce the risk to children / meet their needs better?

What options / services are available to help?

How can the family strengths be encouraged and supported?

What is the evidence for these conclusions is it reliable?

Conclusions made should take into account language and cultural considerations including awareness of your own biases?

When should you review your concerns with other professionals?

Do you know if anyone else has concerns about this family? Who are they and what are the concerns?

What other agencies are involved with the family, with which member and for what purpose?

Health, education, play & day care services are very likely, police, probation, Department of Children Young People and Learners may be involved, voluntary agencies

## **Appendix 4**

Mental illness affects our thoughts, beliefs, emotions and moods and these “symptoms” can influence the way we behave and therefore respond to our children especially when we are ill.

### **Considerations for children when a parent is mentally ill**

#### **In assessing the impact of the mental illness on the parent’s capacity to parent consider:**

- Symptoms – how they affect behaviour
- Pattern of illness, first or recurrent episode, prognosis
- Childhood experiences and adversity
- Engagement with treatment and help
- Insight
- Previous mental health problems and offending history
- History of violence, self harm, suicide
- Co existing conditions – drugs, alcohol
- Quality of social supports, relationship with, and mental health problems of, partner / significant family

#### **In assessing the impact of parental behaviours and symptoms on the child consider:**

- Extent and nature of care provided by the ill parent including safety
- Nature, severity and duration of symptoms
- Is the child incorporated into the parent’s abnormal beliefs?
- Quality and duration of periods of “wellness”
- How is care different when the parent is well / ill, if it is different at all? ( Not all parenting difficulties may be due to symptoms)

#### **To assess this consider:**

- Intrusiveness of the illness on parental functioning
- Modifiability of symptoms and behaviours
- Pervasiveness of symptoms and behaviours
- Pattern of illness
- Timing and duration of illness
- Child’s involvement in, and exposure to, parental symptoms

**When assessing the impact of parental mental illness problems on children differentiate between:**

- The nature of the child's experiences associated with their exposure to parental symptoms
- How the parent's actual parenting has changed due to the illness
- The quality of parenting skills when well

**Factors contributing to difficulties for children:**

- What is more significant in contributing to mental ill health in children is parent to parent and parent to child hostility, irritability, aggression and violence.
- Exposure to parental mental illness – exposure is greater if children are not at school, under five / during school holidays or if the sole parent/carer is mentally ill.

## **Appendix 5**

### **Considerations for children when a parent and/or carer with a learning disability.**

The Government White Paper Valuing People – A new strategy for Learning Disabilities for the 21<sup>st</sup> Century (2001) states that

‘Parents with learning disabilities are increasing in number; the most socially and economically disadvantaged groups. They are more likely than other Parents to make heavy demands on child welfare services and have their children looked after by the local authority’ (pp81).

#### **Definition of Learning Disability**

Croydon’s definition of ‘learning disability’ is based on the definition set out in The White Paper Valuing People (2001)

- A significantly reduced ability to understand new and complex information, to learn new skills (impaired intellectual functioning [IQ<70]), with:
- A reduced ability to cope independently (impairment of adaptive and social functioning)
- Which started before adulthood, with lasting effect on development

This is considered to be a ‘pervasive’ definition of learning disability and must be differentiated from ‘learning difficulties’ which describes a range of conditions such as dyslexia which can lead to special educational needs.

The learning disability team in Croydon has developed a screening tool to assist non learning disability practitioners to consider the possibility of the a learning disability being present. This can be accessed via the learning disability named nurse, details on contact sheet, appendix 1.

#### **Impact of Parental Learning Disability**

Professionals need to be alert to the possibility of significant harm and signs of neglect in children. Children who may be more vulnerable are:

- Unborn baby or infant under 1
- Toddlers
- Children with disability or special educational needs
- Children in caring roles
- Children experiencing domestic violence
- Parents with a history of violence or sexual abuse

Due to the increased vulnerability of this group of children they may require a rapid multi agency response to assess parents’ learning disability and potential f adequate parenting.

## Appendix 6

### Legal and Policy Framework

This Protocol is informed by:

- Carers at the heart of the 21<sup>st</sup>-century families and communities-A caring system on your side. A life of your own. DoH, 2008
- Children Act 1989 and 2004. Crown Copyright
- Common Assessment Framework. DfES 2004.
- Framework for the Assessment of Children in Need and their Families. DoH 2000
- Good Practice Guidance on working with parents with a learning disability, 2007
- Government Response to Hidden Harm: the Report of an Inquiry by the Advisory Council on Misuse of Drugs DfES – 2005
- Guidance on Information Sharing ([www.everychildmatters.gov.uk](http://www.everychildmatters.gov.uk))
- Hidden Harm three years on Realities, Challenges and Opportunities, Advisory Council on Misuse of Drugs, 2007
- Human Rights Act 1998, Crown Copyright
- London Child Protection Procedures, 2007
- Mental Capacity Act 2006
- Mental Health Act 1983, Crown Copyright
- Safeguarding Children Abused through Domestic Violence, 2008
- Valuing People 2001 DoH
- What to do if you're worried a Child Is Being Abused. DoH 2006
- Working Together To Safeguard Children: a guide to inter-agency working to safeguard and promote the welfare of children 2006

For further information go to:

[www.Croydon.gov.uk](http://www.Croydon.gov.uk)



This Protocol was agreed and published by Croydon Safeguarding Children Board  
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