

ENABLING DISABLED ADULTS TO FULFIL PARENTING ROLES

GUIDANCE

November 2009

Introduction

1. This guidance document describes the principles and processes relating to working with parents, prospective parents, and people with parental responsibility, who are disabled or have long-term illnesses approved by Cambridgeshire County Council ('the Council'). It aims to ensure that parents with disabilities or substantial illnesses, and their children have:
 - a right to family life.
 - access to appropriate support, based on assessed need.
2. This guidance document supports the rights of parents with disabilities to be in control and to fulfil their role and responsibilities (without undue expectations of their children) - and families in need - without assuming that children of disabled parents are automatically 'in need' or 'at risk'.
3. This guidance document will outline the pathways and commissioning arrangements for Social Care staff to be able to assist parents with disabilities or substantial illnesses - and who meet the Council's 'Fair Access to Care Services' ('FACS') eligibility criteria - to access services appropriate to meet the needs of families.
4. The Council's Adult Support Services directorate has a duty to assess the needs of vulnerable adults and identify the welfare of those children who have 'supportive needs', are 'at risk' or 'in need', including Young Carers. Adult Support Services teams therefore need to be able to work collaboratively with fellow professionals (for example Children's Services, Health and the voluntary sector).

Integrated Working

1. Statutory and voluntary organisations should seek to work in partnership with families to provide appropriate services and support to allow each family member to fulfil their needs, rights and potential.
2. There should be clear and written details about who will take the role of key worker between the family and the various agencies involved in support. Copies of these details should be sent to families.
3. Where there are children 'in need', 'in need of protection', or 'looked after' (by the Council), social work representation for children should always be provided by Children's Social Care teams.
4. Where there are Young Carers, staff will follow the Young Carers Protocol agreed by Adults and Children's Services.
5. Partner agencies must keep each other informed and should routinely provide a minimum notice period (four working weeks) following a

planning meeting, review or reassessment where any service, support or provision is to be altered or ended.

6. Consideration will be given to the use of Assistive Technologies, equipment and property adaptations to maximise independence and reduce the need for support - for example, stair-lifts can be installed to enable disabled parents to access childrens bedrooms, mattress raisers can be fitted to enable parents to get out of bed independently to check on children and baby alarms can be linked to pagers used by deaf parents.

Procedure

Contact – Referral

1. At the point of contact with Adult Support Services, the presenting needs of the family and presence of parents with disabilities/substantial illnesses should be identified. Cambridgeshire Direct (the Council's Contact Centre) should also identify other members in households and refer them on to appropriate team(s).
2. Care Management for family / childrens support needs should be led by Adult Support Services, as support is provided to **parents** with disabilities, who may also have needs in their own right.
3. Where there are concerns about the welfare of children at the point of contact, Children's Social Care teams should be contacted immediately.
4. If a Children's Social Care team are already involved with a family, a referral should be made to Adult Support Services if parents with disabilities have needs in their own right. This includes parents who need assistance to fulfil their parenting responsibilities.
5. Assessments carried out by Children's Social Care teams, in response to concerns about a child's welfare, should not diminish any existing involvement by Care Managers, who should continue to monitor and address the needs of parents. Good communication and close co-operation between Adult and Children's services is essential.
6. In situations where there are children or young people who appear to be **Young Carers**, Adult Disability workers should consider the impact of the caring role with the help of a **Young Carers Checklist**.
7. All contacts relating to children or young people who are perceived to be Young Carers automatically indicate the need for an assessment or re-assessment of parents by Adult Services.
8. Advocacy / support services appropriate to specific disabilities and/or cultural needs should be offered from an independent advocacy service (formal or informal) whenever possible.

9. Appropriate interpreting services should be made available to families : children of families should not be used in an interpreting capacity.

Assessments

1. Assessments will be undertaken by Care Managers from appropriate Adult services - ie. Older People, Learning Disability, Physical Disability, Sensory Services, Mental Health. Assessments should establish whether or not adults are eligible for services in line with 'FACS' criteria , plus any additional specialist criteria.
2. Adult Support Services will co-ordinate assessments and take the lead when :
 - there is no indication that children are 'in need'
 - there are no identified child protection issues

and

- disabled / substantially ill parents need support to carry out day to day practical parenting tasks.

Support from Adult Support Services will be offered in the most cost effective way appropriate for the required outcome. Parenting tasks that could be supported include:

- preparation of meals and drinks
- ensuring that appropriate daily routines are followed – eg: getting ready for school and for bed
- necessary domestic routines such as hygiene cleans
- support to attend parents evenings, or helping parents with journeys to school for children where there are no alternatives and it is considered too risky for children to travel unaccompanied
- maintaining relationships – eg where disabled parents have access to children who live elsewhere
- supporting family and social activities – eg supervising active play where disabled parents cannot do this safely themselves
- planned healthcare appointments

See [Appendix](#)

Where disabled parents can meet their own needs, but not those of their children, 'FACS' eligibility criteria will be used to consider 'eligible needs' in this context.

Example

A disabled parent can shower him or herself (using appropriate equipment) but cannot bathe his or her children. This can be considered as an 'eligible need' using 'FACS' eligibility criteria

3. Adult Support Service Teams will take the lead and arrange joint assessments with Children's Social Care teams where disabled / ill parents need support to enable them to meet the developmental needs of their children appropriately.
 - Care managers from Adult Support Service teams will refer concerns about the welfare of children to Children's Social Care teams – eg where parents are unable to stimulate and develop young children through play, Children's Social Care teams may fund appropriate childcare
 - Children's Social Care teams will co-work situations where parents have limited or declining mental capacity to have detailed plans to ensure that safe and considered decisions about the safety of children are made in advance for the protection of children and care staff agreed with nearest relatives/carers. This may include considering referrals to a family group meeting service
4. Children's Social Care teams will lead and co-ordinate assessments and support where :
 - disabled / substantially ill parents need support to prevent children suffering from significant harm, or to resume full responsibility following proceedings.
 - there is a risk of significant harm to a child in the family.

Close co-operation is essential between Children's and Adults Services where children have complex needs and / or there are children with disabilities within families. Where disabled parents have disabled children, the Children's Disability Team would become increasingly involved in deciding the level of support disabled children are likely to need with their own personal care as they grow older

5. Parents should be involved routinely in all aspects of the assessment process and be given a copy of their Care Plan. Similarly, where Children's Services are involved, children should be involved in all aspects of their assessment and given a copy of their Care Plan.

6. Disabled/ substantially ill parents should be involved in all meetings about them and their families and offered appropriate formal or informal advocacy support.
7. All assessments should include contingencies to take account of fluctuating medical conditions, capacity, variations in other network support systems and the need to prioritise other essential means of support to independent living - eg. equipment.
8. Assessments should consider the impact on family life if a service is not provided, or is provided in such a way that the parenting role is undermined.
9. Anyone else who has been involved in a caring role within families can be involved in assessments, either at the request of parents, or with their permission.

Provision of Services

1. Services need to be provided in a flexible way, to take account of variations in family life, the needs of children and the nature of parents' disabilities. Care Planning needs to be carried out in partnership with disabled parents, and should ensure that alternative support is made available if parents' circumstances change. Provision of services should also take account of the need to minimise disruption to children through promoting the use of a consistent team of care staff.
2. Care planning should take account of :
 - allowing parents to take adequate rest during the day, when a severe disability impacts on daily functioning.
 - support workers working under the direction of parents, and responsibility for decision making remaining with parents / family members, etc.
 - the possibility of parents receiving additional support from other professionals - eg. community nurses, community psychiatric nurses, family centre staff - who could contribute to Care Plans
 - the need for contingency plans to be in place to respond to significant variations in health and circumstances. Informal and family Carers, including Young Carers, should be involved in contingency planning discussion at a level which reflects their age, and understanding.
3. Where Social Care provision includes services from provider agencies, staff employed by those agencies must be trained and have undergone the necessary checks to work with families.

4. When families organise care packages using Direct Payments, Personalised Budgets and/or the Independent Living Fund, the Council will ensure that personal assistants who are employed to work with families can be referred to the Independent Safeguarding Authority and Criminal Records Bureau for enhanced police checks to be carried out.
5. The Council offers independent advice and assistance to Direct Payment and Personalised Budget users from a support organisation.

Review procedures

1. All Care Plans are regularly reviewed, at frequencies agreed between families and Care Managers, in line with 'FACS' criteria and Council procedures, ensuring that services continue to meet the needs of families appropriately.
2. Reviews should involve other family members, giving them an opportunity to share their views about services being provided. They should routinely include the views of children of families.
3. Information about the Council's complaints procedures should be available, in accessible forms, to all parents and family members.
4. Where both Adult and Children's services have been involved in assessments, joint reviews are carried out within the first six weeks of services being provided, in line with Adult Service review timescales.
5. Where children in families are subject to child protection procedures, Adult Services Care Managers must attend initial and review safeguarding children conferences if their parents/carers are receiving services in their own right.

Financial Responsibility and Charging

1. Parents are not charged for services specifically provided to enable them to carry out eligible parenting tasks
2. Issues about financial responsibility and charging should be addressed in ways that support families and avoid delays and obstacles for Service Users and staff.
3. The financial administration of joint funded care packages supporting disabled parents should be carried out by Adult Services staff.
4. Where care packages are funded jointly between Adult Services and Children's Services :

- both services must give each other four working weeks notice of decisions to end care packages, or reduce them, following reviews or re-assessments of need
- both services must ensure they can meet the total cost of care packages alone in the short term if either service has to withdraw funding for any reason. In these circumstances, both services must continue to fund care packages jointly until viable alternatives are identified and put in place – unless either service is able and willing to continue funding packages alone.
- Where the ability to parent and needs of children cannot be met without funding care packages created to meet these needs, packages can be provided by :
 - commissioning from appropriate independent providers
 - parents arranging them, using Direct Payments or Personalised Budgets

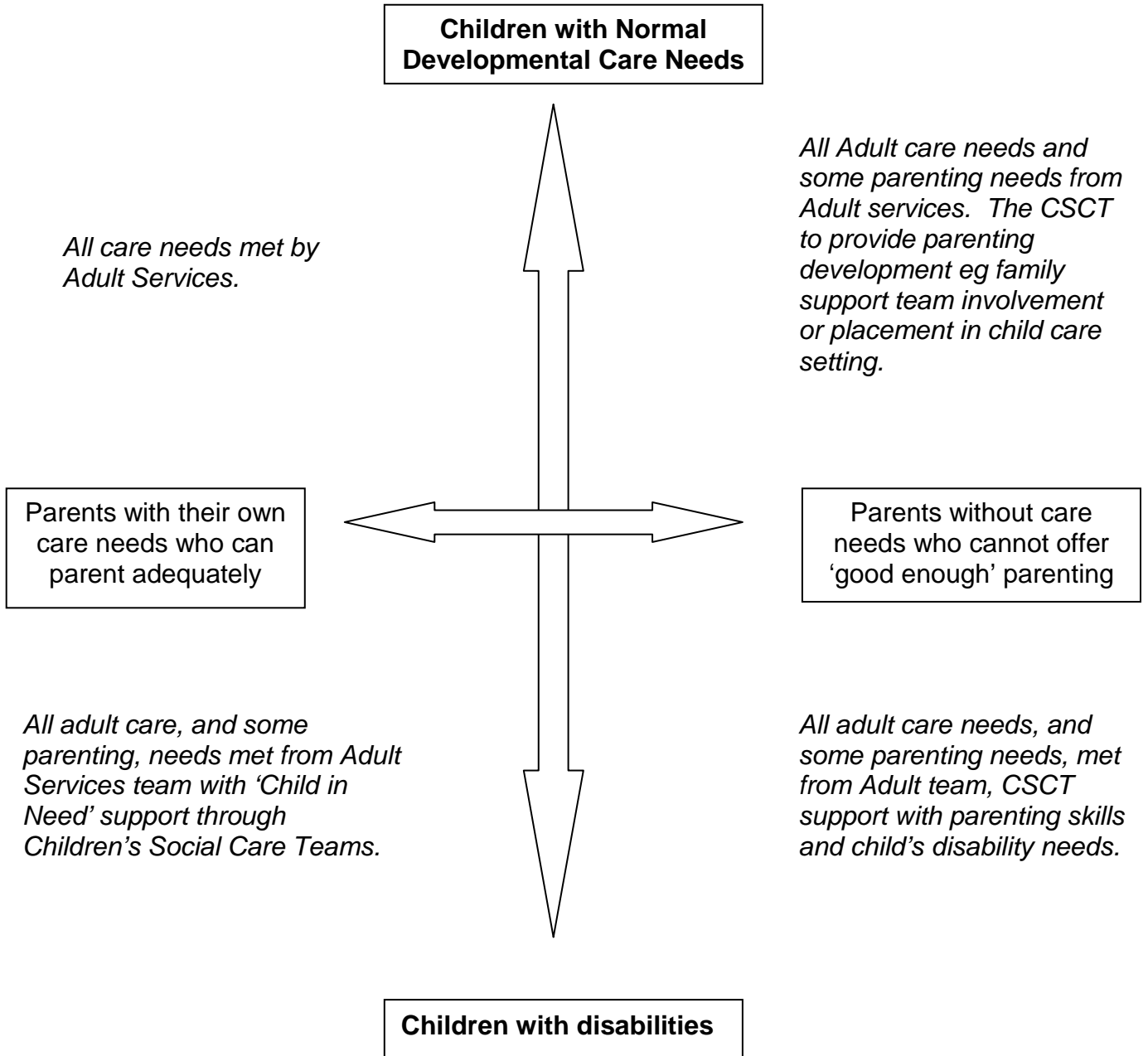
Independent Living Fund, NHS Continuing Care, or packages jointly funded with Health via the 'Cambridgeshire Tool' can only be used to meet the care needs of severely disabled people, but can form part of an overall package of support.

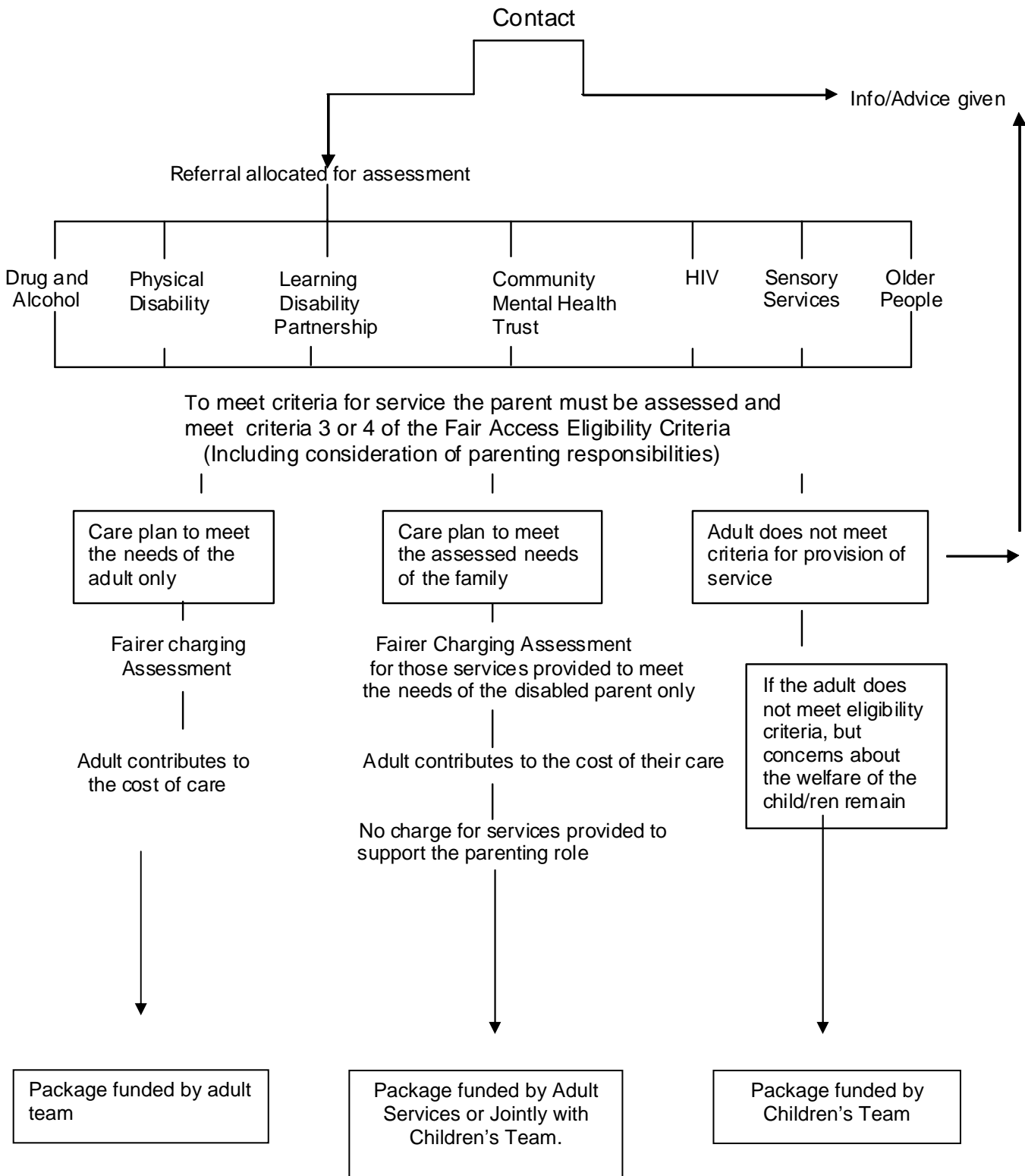
6. The financial administration of services provided directly for children 'in need' or 'at risk' (where disabled parents have no care needs of their own) will be carried out by Children's Services teams

Escalation Process

1. An 'Escalation Panel' made up of senior representatives from Adult Support Services and Children and Young People's Services will consider and make decisions about the division of responsibilities and staff input between Adult Services and Children's Services where the Services cannot reach agreement about these issues themselves.

Meeting the care needs of Adults with responsibility for Children





APPENDIX

ELIGIBLE PARENTING TASKS

Task	0-2	3-4	5-7	8-11	12-16
<i>Nutrition</i>					
Prepare Meals	✓	✓	✓	✓	✓
Feeding	✓	S	x	x	x
Drinks	✓	✓	✓	x	x
<i>Sleep</i>					
Prepare for Bed	✓	✓	S	x	x
Check at night	✓ ATT	ATT S	x	x	x
<i>Toileting</i>					
Change and Clean	✓	✓	x	x	x
Supervise		✓	S	x	x
<i>Cleanliness</i>					
Bath/Wash / Teeth	✓	✓	S		
<i>Physical /Emotional Contact</i>					
	✓	S	x	x	x
Un/Dressing	✓	✓	S	x	x
<i>Supervision</i>					
Stimulating Play	C Team	C Team			
School ¹ / Nursery Journey		Last Resort & with parent.	Last Resort & with parent	Last Resort & with parent	x
Activities	x	x	x	x	x
<i>Safety</i>					
Check	✓	✓ _v	✓	✓	✓

¹ Support to attend parents evenings or assisting the parent with the journey to school for children where there are no alternatives and it is considered too risky for them to travel unaccompanied.”

Basic Hygiene	✓	✓	✓	✓	✓
Shopping	LR	LR	LR	LR	LR
Laundry	LR	LR	LR	LR	S
<i>Sickness</i>					
To GP ²	X	X	X	X	x
Medication	S*	S*	S*	S*	S*
<i>Behaviour / Boundaries</i>	PR	PR	PR	PR	PR

Key :

S	=	Supervision
S*	=	May supervise medication, but under parental responsibility
LR	=	Provided in last resort, if no other alternative
LR x 1	=	Provided in last resort for one event if no other alternative.
PR	=	Parental responsibility
X	=	Not provided
ATT	=	Assistive Technology
CTeam	=	Children's Teams.

² Planned healthcare appointments are part of supportive parenting responsibilities throughout childhood