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Babies in care proceedings: What do we know about parents with learning disabilities or difficulties?

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Report

This report explores the prevalence, circumstances and experiences of parents with learning disabilities or difficulties involved in care proceedings concerning their babies. It sets out key findings from an examination of court bundles, children's social care records and interviews with parents, lawyers and social care professionals in England.

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Executive summary

This mixed method study, completed by the Institute of Public Care at Oxford Brookes University in September 2023, explored three important questions about parents with learning disabilities and learning difficulties in relation to care proceedings involving their babies.

- What proportion of care proceedings cases regarding babies (children under 12 months old) involve parents with learning disabilities or learning difficulties?
- What are the broader characteristics and circumstances of these parents?
- What are their experiences from the point of referral to children's social care services through to the conclusion of care proceedings?

The study findings indicated the likely high prevalence of learning disabilities or difficulties among parents involved in care proceedings regarding babies. It underscores the importance of implementing both the Working Together with Parents Network (WTPN) 2021 Update of the 2016 Good Practice Guidance on Working with Parents with a Learning Disability (WTPN 2021) and the Best Practice Guidelines for When the State Intervenes at Birth (Mason et al. 2023) across public services in England.

About the data

The data in this study relates to England. It came from:

- court bundles and social work records relating to the 50 most recently concluded care proceedings (at March to April 2023) concerning a baby aged under 1 year at issue in four different local authority areas (200 cases in total)
- interviews with four mothers with learning disabilities or difficulties who had experience of care proceedings
- interviews with 42 social care professionals and 17 legal professionals.

Definitions

The study's starting point for defining and identifying parental learning disabilities was the definition endorsed by the Department of Health and Social Care, 2001 (as cited in Public Health England 2023):

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

The study's starting point for defining and identifying parental learning difficulties was the definition endorsed by Public Health England (2023):

> *A reduced intellectual ability for a specific form of learning and includes conditions such as dyslexia (reading), dyspraxia (affecting physical coordination) and attention deficit hyperactivity disorder (ADHD).*

When it comes to parents involved in children's social care or care proceedings, definitions of learning disabilities and learning difficulties can have limitations as they tend to be deficit-based and do not specifically relate to parenting. In this study we found that, where parental learning disabilities or difficulties were suspected in general terms prior to court proceedings, a cognitive assessment undertaken during proceedings (invariably including an IQ testing element) often provided much more focus and depth of understanding. The study also recognised learning difficulties as an umbrella term for a spectrum of learning disabilities and learning difficulties, including as defined above, and to recognise people with moderate intellectual disabilities, 'who do not have a formal [learning disability] diagnosis but struggle with similar issues' (Tarleton and Turney 2019).

Key findings

What proportion of care proceedings cases regarding babies involve parents with learning disabilities or learning difficulties?

- In one third (34%) of the 200 most recently concluded care proceedings cases examined for the study, there was reliable – mostly expert – evidence that one or more of the parents involved had learning disabilities or learning difficulties. The expert evidence was documented within a psychologist's (psychological or cognitive) assessment undertaken during care proceedings in 75% of cases.

- This prevalence varied by local authority area (ranging, for example, from 22% in a London borough to 44% in a county area). While these differences have implications for the generalisability of the study's prevalence findings, they do accord with other Public Health England (2016) evidence also demonstrating varying prevalence rates of adults with learning disabilities within the whole population across different parts of England.

- Mothers in the case file sample had learning disabilities or learning difficulties in just under one third (30%) of all recently concluded care proceedings regarding babies. In a smaller proportion of cases, fathers (13%) or both parents (9%) had learning disabilities or learning difficulties.

What are the broader characteristics and circumstances of these parents?

- A high proportion (81%) of the children were referred to children's social care during their mother's pregnancy. Most of these pre-birth referrals were made in the first and second trimester of the pregnancy. Only a small proportion (10%) were made very close to the time of the birth (i.e. within the final few months of the pregnancy).

- While approximately one quarter of the mothers and fathers in the study were under 21 years old at referral, mothers were 26 years old on average and fathers were 28 years old on average.

- Just over half (51%) of the mothers and just under a quarter (24%) of the fathers were known to have been in care or subject of a statutory child protection or child in need plan as children.

- Nearly half (49%) of the mothers and 28% of the fathers were known to have older children already taken into care.

- Combined data from case file analysis and the professional interviews suggested there were usually other areas of professional concern when the babies became subject of care proceedings, in particular: parental mental health, parental substance misuse, domestic abuse, or parental vulnerability to exploitation in the community. Some professionals thought these other factors made it harder to identify or focus on parental learning disabilities or difficulties – because they posed a more obvious immediate risk to children.

What are their experiences from the point of referral through to the conclusion of care proceedings?

Timeliness and the significance of delay(s)

- In approximately three quarters of the reviewed children's case files, parents' learning disabilities or learning difficulties had been identified at a very late stage – that is, within care proceedings. This included identification within the current care proceedings in approximately 45% of cases and within previous care proceedings regarding an older child in approximately 30% cases (i.e. where there were recurrent proceedings). Professionals of all types thought this was far too late and that there were missed opportunities to identify at an earlier stage.

- The main barriers to earlier identification described by professionals of all types included: the costs for local authorities in getting an assessment done earlier and social workers not having the right training, experience, authority, or time to screen effectively or to trigger a further in-depth assessment.

- Late identification of parental learning disabilities or learning difficulties meant that social worker communications, key (parenting) assessments and parenting support services were very unlikely to be tailored to parents' learning needs. Professionals of all types considered that, in these circumstances, parents were less likely to be engaged effectively in pre-proceedings work and resources would be wasted. For example, in-depth assessments that had not been tailored would need to be repeated in care proceedings. Care proceedings might also be delayed – the case file analysis identified that an average length of proceedings for parents with learning disabilities or learning difficulties was 39 weeks and, in 76% of cases, the proceedings needed to be extended beyond 26 weeks.

- Late identification of parental learning disabilities or difficulties also meant that important decision-making processes, such as child protection case conferences, formal pre-proceedings meetings and initial care proceedings hearings were not tailored, with a strong risk then that parents did not fully understand what was happening or the implications.

- The case file analysis also identified a high proportion (65%) of cases involving parents with learning disabilities or learning difficulties that were commenced at either no (same day) notice or with less than 3 days' notice. Shortened notice would mean that there was little time for a parent to instruct a solicitor or for a guardian to make enquiries and advise the court.

- Although many of the parents referred to children's social care pre-birth had in theory between 7 and 4 months before the birth to undertake purposeful work with the support of social care services, the commencement of this support was frequently delayed until around the time of the child's birth, at which point 'the clock was ticking' in terms of parents being able to prove in a timely way – that is, before proceedings started or were completed – that they could provide good enough parenting.

Adequacy of support for parental engagement and participation

- Social worker communications were described by interviewees as a vital aspect of parental engagement and participation. The case file analysis and interviews unearthed some examples of good quality communication, tailored to parents with learning disabilities or learning difficulties. However, evidence suggested that this key aspect of social work practice was very variable in terms of quality. Professional interviewees suggested that the main reasons for this included a lack of adequate training and insufficient time to put theory into practice.

- Family group conferences or family network meetings were regularly used (including in 52% of the case files involving parents with learning disabilities or learning difficulties) and were considered by all interviewee types to have an important role in encouraging broader family member support at a time when parents often felt particularly alone, scared or vulnerable. However, the study found very little evidence that these meetings took account of parental learning disabilities or difficulties. In many cases these disabilities or difficulties had yet to be identified, and therefore extended family members could not be helped to understand their involvement or role.

- Lay advocates were inconsistently (across different local areas) and overall infrequently available to support parents with learning disabilities to engage and participate in pre-proceedings, and interviews with professionals suggested these advocates often did not have the right training to do so.

- At the conclusion of care proceedings, particularly where children were removed from their parents' care, interviewees of all types suggested that support for parents frequently diminished drastically and that parents experienced 'radio silence'. The main or only mechanism for connecting parents with important ongoing support (such as advocacy, adoption counselling, adult social care, or specialist services geared towards preventing repeat removals) was the child's social worker. This mechanism was considered innately flawed, as parents might not wish to engage with the child's social worker at the end of care proceedings. Lay advocates were often considered better placed to help parents access support at this point.

Sufficiency of reasonable adjustments

All public bodies, including local authorities and courts, are required to make reasonable adjustments to ensure that people with disabilities are not put at a substantial disadvantage (Section 20 of the Equality Act 2010).

- Our study found that parents with learning disabilities or learning difficulties frequently had to engage with multiple assessments or assessors and found this stressful. Some parents thought assessors had already made up their minds or were overly critical.

- An important determinant of care proceedings' outcomes was parenting capacity. Standardised assessment tools were often applied, such as parent assessment manual (PAMS) or ParentAssess. An important limitation of the more frequently used tool, PAMS, included that it was not used in practice as it had been intended – this is, to assess, tailor learning, and reassess, rather than as a standalone assessment. This meant that parents with learning disabilities or learning difficulties had a limited chance to prove themselves with the support of targeted learning. The more recently developed ParentAssess tool was favoured by many professional interviewees with experience of it, including because it could be adjusted to incorporate all the issues in the case and was also cheaper for local authorities to implement.

- Actual support for parenting was very inconsistently or insufficiently adjusted for parents with learning disabilities or learning difficulties – this is, in only approximately one third of the case files examined. This absence of reasonable adjustments, combined with a lack focus on the right topics, was particularly noticeable in cases involving pre-birth work with parents.

- It was difficult to access adult social care expertise or support for parents under the Care Act 2014. Within the case file sample involving parents with learning disabilities or learning difficulties, this support was requested in just over a quarter of cases (27%) and provided in 15% of cases. Some professionals considered that social workers were put off even requesting this kind of support because they knew that the eligibility thresholds for it were so high.

- Within formal pre-proceedings, there was very limited evidence of reasonable adjustments. However, there was much more evidence they were being made within actual care proceedings – including upon advice from an expert psychologist (cognitive assessment) or court intermediary. However, these adjustments were usually only made in care proceedings after a cognitive assessment and/or court intermediary assessment had been undertaken, which meant they often only really helped parents at a final hearing stage. Parents and professionals also thought that jargon was still too frequently used in care proceedings and, without a lay advocate, parents might not understand what was happening. Legal professionals often considered that the consistency of good practice would be improved by requiring family court judges and advocates to have more specific training in this area.

Key recommendations

The key finding with regards prevalence (at around one third of cases) lends significant weight to the need to strengthen practice within local authorities, legal services and courts.

Local authorities

- Require children's social workers to screen for and, where indicated, to organise a more in-depth assessment of a parent's learning needs as a core part of any early assessment work, including at a pre-birth stage and at the latest during formal pre-proceedings.

- Make arrangements for social workers and family support workers to engage in regular, mandatory post-qualification training to identify, communicate effectively with and tailor support for parents with learning disabilities or difficulties.

- Incorporate and nurture learning disabilities expertise within child and family social work teams undertaking child in need and child protection work.

- As outlined in Best Practice Guidelines for When the State Intervenes at Birth (Mason et al. 2023), end the practice of delaying support until after a pre-birth assessment has been completed, or until the child's birth, and emphasise the importance of starting to engage and work with parents as soon as possible.

- Improve the commissioning and availability of lay advocacy so that it is more consistently available pre-proceedings and provided by people sufficiently trained in working with parents with learning disabilities or difficulties.

Senior leaders of the judiciary, bar and solicitors

- Improve the rollout of vulnerable witness training for all advocates working in care proceedings.

- Develop specific training for the judiciary on directing proceedings involving parents with learning disabilities.

- With national partners, consider whether and how some or all Family Drug and Alcohol Court (FDAC) processes could be applied to parents with learning disabilities or difficulties to improve the experience and effectiveness of support offered during and at the conclusion of care proceedings.

National policy support for improvements

- Improve the visibility and impact of the Good Practice Guidance on Working with Parents with a Learning Disability (WTPN 2021) and the Best Practice Guidelines for When the State Intervenes at Birth (Mason et al. 2023), including within the refreshed Working Together to Safeguard Children (HM Government 2023) and other key national guidance.

- Encourage more timely identification of parental learning disabilities or learning difficulties during pre-proceedings rather than in court – on the basis that earlier identification leads to better assessments and supports for parenting as well as reduced delay for the child. Develop new, or road test existing, approaches to timely (pre-proceedings) screening for and identification of parental learning disabilities or learning difficulties by social care services, including tools, pathways and protocols.

- Explore with Social Work England the extent to which social work qualification training includes a sufficient focus on the skills and knowledge base required to work effectively with parents with learning disabilities or difficulties.

- Provide funding and other incentives to the sector to pilot specific improvements for parents with learning disabilities and difficulties such as: tailoring pre- and post-birth support and services; embedding learning disability specialists within children's social care teams; and developing mechanisms to ensure parents are more consistently directed to tailored post-proceedings support.

What do we mean by learning disabilities and learning difficulties?

The study's starting point for defining and identifying parental **learning disabilities** was the definition endorsed by the Department of Health and Social Care (2001), frequently used in the context of adult health and social care services:

A significantly reduced ability to understand new or complex information, to learn new skills, with a reduced ability to cope independently, which started before adulthood (as cited in Public Health England 2023).

The study's starting point for defining and identifying parental **learning difficulties** was the definition endorsed by Public Health England (2023):

A reduced intellectual ability for a specific form of learning and includes conditions such as dyslexia (reading), dyspraxia (affecting physical coordination) and attention deficit hyperactivity disorder (ADHD).

The study also recognised and sought evidence in relation to other frequently applied definitions and references, including the following.

- Increasing international reference to 'intellectual disability' rather than 'learning disability' (Cluley 2018), including – but not exclusively – for clinical definitions and diagnostic criteria applied by psychologists in the UK, as set out in the International Classification of Diseases 11th Revision (ICD-11) (World Health Organization 2022) and the Fifth Edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-5) (American Psychiatric Association 2013). In practice, UK-based psychologists are regularly called upon to determine whether an adult has a learning or intellectual disability including with reference to IQ testing undertaken within a broader clinical assessment (wherein an overall IQ score of less than 70 is considered an indicator – not a predictor – of intellectual disability) (The British Psychological Society 2015).

- 'Learning difficulties' as an umbrella term for a spectrum of learning disabilities and learning difficulties, including as defined above, or to recognise people with moderate intellectual disabilities, 'who do not have a formal [learning disability] diagnosis but struggle with similar issues' (Tarleton and Turney 2019).

Identifying parents with learning difficulties and disabilities in practice

When it comes to parents involved in children's social care or care proceedings, definitions of learning disabilities and learning difficulties can have limitations as they tend to be deficit-based and do not specifically relate to parenting. In this study we found that, where parental learning disabilities or difficulties were suspected in general terms prior to court proceedings, a cognitive assessment undertaken during proceedings often provided much more focus and depth of understanding.

These psychological or cognitive assessments invariably included an IQ testing element,[1] as is considered 'an essential component of the overall assessment' (The British Psychological Society 2011; 2015). Overall IQ scores and scores by cognitive 'domains', combined with other information from court documents or from parents themselves, enabled psychologists undertaking the assessments to explore parents' relative learning strengths and difficulties.

10 aspects of parental learning disability or learning difficulty: 'cognitive functioning'

In summary or concluding paragraphs within cognitive assessments, the following 10 aspects were frequently explored and with relevance to the parenting task:

1. **Understanding and comprehension**, particularly understanding abstract concepts (such as time) or complex instructions.
2. **Processing and speed of processing information**, including oral and written communications.
3. **Reading or writing** (literacy).
4. **Attention and concentration**.
5. **Retention of information** (memory).
6. **Reasoning** (verbal or non-verbal).
7. **Independent living skills** (managing finances, problem solving or forward planning).
8. **Adaptability**, including to new situations or to develop new skills.
9. **Social interactions**.
10. **Understanding other people**'s thought processes or needs.

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[1] Using assessment measures recommended by The British Psychological Society (2015), such as Weschler Adult Intelligence Scale - Fourth UK Edition (WAIS-IV UK) (Weschler 2010).

Introduction

Recent studies undertaken for Nuffield Family Justice Observatory as part of the *Born into Care* series have significantly progressed our understanding of:

- the high volume and proportion of care proceedings involving newborn babies (Broadhurst et al. 2018) and parents with children already in care (recurrent proceedings) (Alrouh et al. 2022)

- the potential for parents to be disadvantaged in court proceedings that are heard initially, at short notice, soon after a child's birth (Pattinson et al. 2021).

Researcher and professional concerns have also been raised regarding the fairness of making hasty interim decisions about a child's future at or around their birth (Broadhurst et al. 2022; Public Law Working Group 2021). Best practice guidelines for when the state intervenes at birth have recently been published to inform effective social care and multi-agency practice regarding babies, both pre-and post-birth (Mason et al. 2023).

This study aimed to deepen the existing evidence base with a specific exploration of the prevalence, circumstances and experiences of parents who have learning disabilities or learning difficulties and babies (under 1 year old) who are the subject of care proceedings, as this is thought to be a gap in sector knowledge and understanding.

What do we know about the number of people and parents with learning disabilities or learning difficulties?

Based on a range of publicly available data referencing the use of learning disability services or on GP registers, it has been estimated that approximately 2% of the overall UK adult population have learning disabilities (Public Health England 2016). The Public Health England (2016) study showed varying rates across the country, with the lowest rates in London and the highest rates in Cumbria and the North Midlands. Yorkshire and the Humber, West Midlands, the South West and Cheshire and Merseyside also had higher than average rates.

However, there is also only limited research evidence regarding the prevalence of parents with learning disabilities or learning difficulties, including parents involved in child protection processes or care proceedings (Stewart and MacIntyre 2017; Theodore et al. 2018; Burch et al. 2019; Masson et al. 2008; Booth et al. 2005).

What do we know about the experiences of these parents in relation to children's social care or family proceedings and what are the key points of reference?

Equal treatment is a fundamental human right in England, including with reference to disability (the Equality Act 2010 and Articles 12 and 13, United Nations Convention on the Rights of Persons with Disabilities 2009), as is effective access to justice, including the right to a fair process and a fair trial (Article 6 of the European Convention on Human Rights[2]).

A key trigger concept for family courts is witness 'vulnerability' – a term that is not well defined but which would certainly include parental learning disabilities. Family courts have a duty to ensure vulnerable witness participation in proceedings (Part 3A and PD3AA Family Proceedings Rules 2010). Part 3A enables courts to make directions to encourage the participation of vulnerable witnesses such as the appointment of 'court intermediaries' whose role is to assess and report to the court about their communication needs, to facilitate communication between all parties, and to support the vulnerable person's understanding and participation during proceedings (Judicial College 2023). Vulnerable parties to court proceedings may also or alternatively have the support of a 'lay advocate', funded by the Legal Aid Agency in certain circumstances, whose role has been described as 'assisting someone with an intellectual impairment or learning difficulty which compromises their ability to process and comprehend information' (*Re C (Lay Advocates) (No2)*, cited in Courts and Tribunals Judiciary 2023).

Both children's social care, including child protection processes, and court proceedings are specifically guided by the Working Together with Parents Network (WTPN) Good Practice Guidance on Working with Parents with a Learning Disability (WTPN 2021). First published in 2007 and updated in 2016 and 2021, the guidance is signposted in Working Together to Safeguard Children (HM Government 2023) and has been endorsed by successive presidents of the Family Division (Courts and Tribunals Judiciary 2018; 2023).

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[2] Given effect in the UK by the Human Rights Act 1998.

Good practice guidance on working with parents with a learning disability

The Good Practice Guidance on Working with Parents with a Learning Disability (WTPN 2021) sets out five features of good practice and broader guidance on ensuring a fair process and hearing for parents:

- accessible information and communication
- clear and coordinated referral and assessment processes and eligibility criteria
- support designed to meet the needs of parents and children based on an assessment of their needs and strengths
- long-term support if necessary
- access to independent advocacy.

The guidance also emphasises how, without timely and appropriate assessments, training or support, parents with learning disabilities will be at significant disadvantage compared to parents without a learning disability.

Recent (albeit pre-covid pandemic) evidence based on the opinions of professionals working in child protection and family courts suggested that the WTPN good practice guidance had not been fully implemented across child protection and family justice systems (MacIntyre et al. 2019; Public Law Working Group 2021). For example, there were concerns expressed about the extent to which formal pre-proceedings were being used as a 'genuine opportunity to work closely with families by offering help and support to address their recognised needs in a bid to negate the need to issue care proceedings' (Public Law Working Group 2021).

There is also some evidence that local authority and family court culture, practice and decision making may have been subject to regional variation (Franklin et al. 2021; Harwin et al. 2019; Pattinson et al. 2021; Theodore et al. 2018; Tarleton and Turney 2019). These perceived local variations have led the Public Law Working Group (2021), echoed by the Independent Review of Children's Social Care (2022) and academics (Franklin et al. 2021; Kollinsky, Simmonds and Nixon 2012; Proctor and Azar 2013; Tarleton 2013, 2015; Tarleton and Heslop 2021; Tarleton and Ward 2007) to conclude that more should be done to ensure equal and consistent access for children, parents and families to best practice, specifically in:

- ensuring communication with – and information for – parents is clear, appropriate to their needs, and avoids jargon (so that they can engage fully from the outset)
- offering adequate, tailored help and time for parents to make changes, including better, more timely use of pre-proceedings
- ensuring parents can have their needs assessed in a timely way and met, where they may be eligible, for adult social care services (under the Care Act 2014)
- providing advocates with the right skills to help parents navigate all aspects of the child protection and court processes, particularly where intergenerational support for them is not accessible
- ensuring a fair process, including through reasonable adjustments within court proceedings, facilitated by legal and court professionals with the right training.

Methodology

This mixed method study, completed in September 2023, incorporates findings from three key study elements:

- a sample of 200 of the most recently concluded care proceedings involving a baby aged under 1 year old at issue, drawn from across 4 different local authority sites (50 per site)
- 59 one-to-one interviews with a range of professionals involved in the child's journey both prior to and during care proceedings
- four one-to-one interviews with mothers with learning difficulties or learning disabilities, most of whom had a recent experience of care proceedings (i.e. in the last three years).

Three research questions for the study were informed by the existing evidence base and perceived gaps in it, as well as the standards set out in the Working Together with Parents Network (WTPN) 2021 Update of the 2016 Good Practice Guidance on Working with Parents with a Learning Disability.

- What proportion of care proceedings cases regarding babies (under 12 months old) involve parents with learning disabilities or learning difficulties?
- What are the broader characteristics and circumstances of these parents?
- What are their experiences from the point of referral to children's social care services through to the conclusion of care proceedings?

The study was approved by the Oxford Brookes University Ethics Committee in August 2022 (Regn No. 221618). The methodology was also approved by the President of the Family Division, designated family judges and directors of children's services in each of the four areas.

The four local authority sites and three key study elements

The study design included case file analysis and professional interviews to be undertaken in four local authority areas. It was not possible to randomly select sites as they had to volunteer to participate, and the research team was keen to collect data from a relatively representative sample based on geography and local authority type. Researchers approached a range of local authorities (types) in different parts of England with a specific request to participate. After receiving information about what participation would involve, four sites agreed to participate. They were: a large city (not London), a metropolitan borough, a county and a London borough.

While three of the four local authority sites were subsequently able to participate fully in both elements one and two of the study, one site was not able to support the research team to contact and recruit professionals into the interview element because of specific pressures affecting services in the relevant time.

Case file analysis

This activity, which is thought to have been undertaken for the first time in a UK research study, and therefore experimental, included an examination of the child's social care record as well as the court bundle relating to their recently concluded care proceedings.

Between March and April 2023, each of the four participating local authorities were asked to provide the research team with a list of the 50 most recently concluded care proceedings relating to a child aged under 1 year at the commencement of proceedings. The team asked local authority staff not to filter cases in any way (for example to identify or exclude cases involving parents with learning disabilities).

Data gathering was undertaken between March and September 2023. On a 'view only' basis, researchers first examined all the listed case files to identify those where there was reliable evidence of parental learning disability or learning difficulty.[3] In practice, the court bundle frequently contained the most comprehensive evidence of these factors, for example in social worker reports to the court or in psychological or cognitive assessments undertaken by psychologists.[4]

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[3] With reference to the definitions outlined on pages 10 and 11 and using a form of checklist to assist with the identification process, including spectrums of and indicators of adult learning disability or learning difficulty.

[4] Researchers did not require the evidence to be sourced from an expert (psychologist) or expert report. However, in practice these were the main sources.

In a second stage, where there was reliable evidence of parental learning disability or difficulty, researchers undertook a further, more detailed examination of the social work case files in order to explore questions relating to parents' characteristics, circumstances and experiences. In almost all (96%) of the case files involving parents with learning disabilities or learning difficulties, the child (and parent) had been referred to children's social care in the three-year period between June 2019 and June 2022:[5]

- about one half (54%) were referred in the 24-month period 2021–2022
- a small number of referrals (3) were made earlier (between 2017 and 2018).

Interviews with parents with learning disabilities or difficulties

The research team aimed to interview parents with recent experience of care proceedings (i.e. up to three years prior to interview). To ensure the interview design and recruitment materials were accessible and appropriate for participants, the research team worked closely with My Life My Choice – a specialist organisation based in Oxfordshire. Parent experts by experience from the organisation also tested the materials before they were used to recruit interviewees or to undertake face-to-face interviews with parents, either in person or online, according to their preference(s).

Parents were sought and recruited through voluntary or specialist organisations working with and supporting parents with learning disabilities and/or parents who had been involved in care proceedings more generally. These were mostly organisations with a national footprint. Between April and September 2023, four parents (all mothers) gave their informed consent to, and participated in, a one-to-one, well supported interview. This included options to be interviewed with a known supporter and/or with the support of an expert-by-experience parent working for My Life My Choice.

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[5] Data about child referral dates was not recorded in relation to the other 133 cases. However, this data from case files involving parents with learning disabilities or learning difficulties provides an indication of the overall timescales for exploring our research question on prevalence.

Interviews with professionals involved in child protection and care proceedings

Interviews were undertaken, with professionals' informed consent, between February and August 2023. These interviewees can be categorised as 'legal professionals' or 'social care professionals', making up 29% and 71% respectively of the overall group.

- Legal professionals included judges, barristers and solicitors (from both local authority and private practice) involved in care proceedings. A total of 17 legal professionals participated in an online one-to-one interview, including: 8 solicitors, 6 judges and 3 barristers practicing in 3 of the 4 sites, often also across a broader regional footprint.
- Social care professionals included practitioners and managers with a range of roles and involvements in child protection, family support and/or care proceedings, drawn mostly from three of the four local authority sites. A total of 42 social care professionals participated in an online one-to-one or pair interview including: child and family social workers (14), child and family social care services team managers (15), senior representatives of national organisations providing specialist family support or court-related services (5), independent reviewing officers (IROs) (4), child protection conference chairs and other local authority strategic leads (3), and an adult social care manager (1).

Analysis of data

The quantitative child case file and court bundle data was analysed in Excel. Qualitative data from case file analysis (for example descriptive entries) and interview transcripts were analysed thematically (Braun and Clarke 2022).

A high level of methodological triangulation was achieved with reference to, where possible,[6] all three overarching research questions being explored across all three research activities. A high level of behavioural triangulation was achieved by having a small team of five researchers having a shared understanding of the background research, context for the study and key questions, and working collaboratively to ensure a consistent application of the tools (e.g. case file analysis data capture

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[6] Not all the question areas for professionals were deemed appropriate for parents e.g. relating to prevalence.

template or interview topic guides). The data capture tool and initial assumptions about recording on it were also trialled simultaneously by all three researchers undertaking this activity within the same 'starter' site and in the first two days of the activity. The interview topic guides were also trialled in initial interviews and interviewers had training on their use and applied consistent prompts/potential references indicated alongside questions in the topic guide for interviewers. Where questions of clarity arose, responses were shared and agreed across the research team.

The methodological challenges arising from differences in proportions of interviewee type have also been addressed by careful data triangulation. This involved an initial analysis of interviewee transcripts by 'type' before outlining what the data from each showed at stages of a notional journey into and through children's social care and care proceedings. Only once the data was organised in this way and cross referenced with the data from case file analysis did researchers draw out the key overall themes.

Overall, when triangulating the data and drawing out findings or themes, greater weight was given to the case file analysis data relating to parent 'prevalence' and 'circumstances' questions. For the 'experience' findings, each data source has been given a more equal weighting.

Study strengths

- A key strength of this study is that it was mixed method, providing a range of quantitative and qualitative perspectives on the key research questions and an opportunity to triangulate findings from different sources.

- Another strength is the sample size (n=200 children) and range of the quantitative data collected regarding children and families involved in recently concluded care proceedings (from referral to end of court proceedings).

- A relatively large number and range of both social care and legal professionals agreed to participate in a one-to-one interview, bringing a broad range of perspectives on the whole journey under scrutiny.

- The quality of materials used to recruit parents into the study, the development of questions for these interviews and the actual interviews undertaken with parents were also greatly enhanced by the involvement of My Life My Choice.

Study limitations

- Researchers estimate that, in at least 40% of the case files involving parents with learning disabilities or learning difficulties, timescales and services may have been affected to some extent by covid-related restrictions operating in England at the time.

- The research team was not able to view the fuller social care case files of children in one of the local authority samples – only the court bundles. Although court bundles included all key aspects of the child's journey both before and during care proceedings (including key events, professional and family perspectives, expert reports and court directions) this did make it more difficult to gain a perspective on aspects of the child and parent journey pre-proceedings – for example, the qualities of social work(er) communication, the speed, intensity and degree of tailoring of family support.

- Although the sample for case file analysis was relatively large and involved 4 different local authority areas in England, this represents only a small proportion (approximately 3%) of the 151 local authorities with children's social care responsibilities in England. The findings would be even more robust with a larger sample of local authorities.

- The case file sampling activity did not include an examination of the key events, timescales and experiences of parents with learning disabilities or learning difficulties referred to children's social care services but who were successfully diverted from care proceedings. This data would provide an important balance in understanding, across all types of pre-proceedings and outcomes, the experiences of parents with learning disabilities or difficulties.

- There is only a very limited comparison of the circumstances and experiences of parents with learning disabilities or difficulties and parents without such difficulties. This was because the research team had to prioritise the gathering of detailed information in cases where there was robust evidence of at least one parent with learning disabilities or learning difficulties.

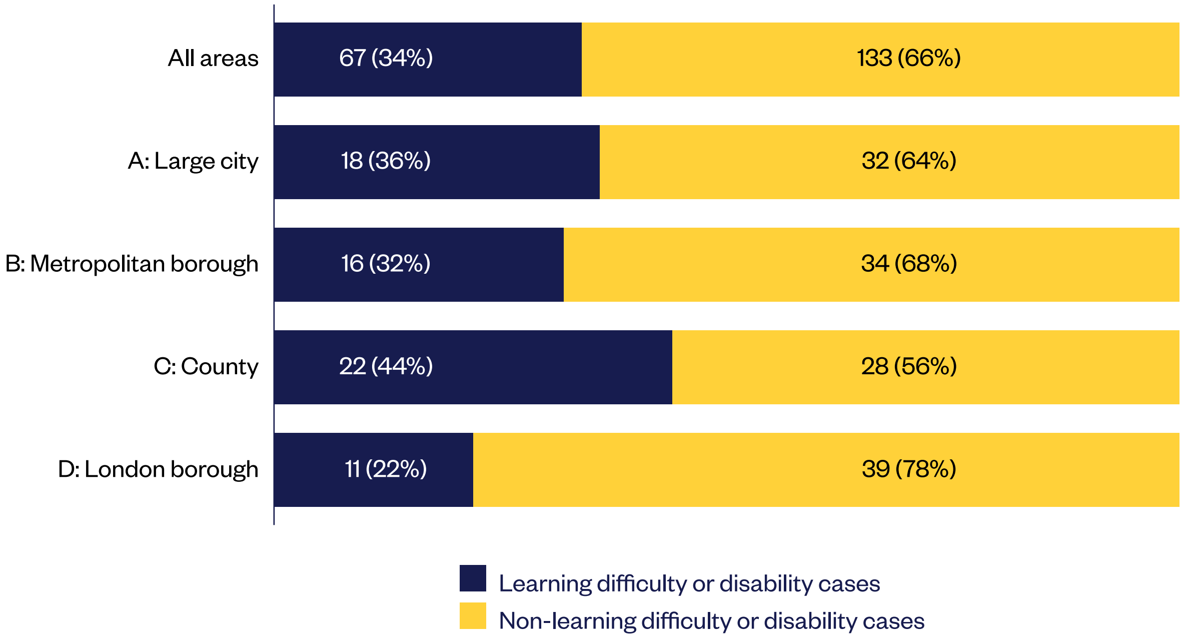
- The research team aimed to interview between 10 and 15 parents with learning disabilities or learning difficulties for this study. However, in practice there were only a very limited number of parents with a recent experience of care proceedings who wished to take part (interviews) and who could be supported to do so by a (voluntary or community sector) organisation through whom the research team sought to recruit participants. On reflection, parents not wishing to talk about such a recent experience and the capacity challenges described by the voluntary organisations working with parents with learning disabilities or difficulties are both likely to have played a significant part in the under-recruitment of parents to participate in an interview. However, the themes from this study's interviews with parents are similar to those from another recently published study (Tilbury and Tarleton 2023).

- The study could not explore in much depth how and to what extent parents with learning disabilities or learning difficulties were supported beyond the end of care proceedings, whether their babies continued to live with them or not. Through case file analysis, this aspect was explored only in the initial weeks after the conclusion of care proceedings and the evidence was not robust in the sense that it was not frequently or systematically recorded what support was offered or by which service. Perspectives on post-proceedings support were sought from interviewees, but their responses were mostly limited to circumstances where the plan for the child was to be or remain removed from parental care.

What proportion of care proceedings cases involve parents with learning disabilities or difficulties?

In 34% (67) of the 200 most recently concluded care proceedings regarding babies across 4 local authorities, there was reliable, mostly expert, evidence that at least 1 parent had learning disabilities or learning difficulties. This proportion varied by local authority area, as illustrated in Figure 1.

Figure 1: Cases involving at least one parent with learning disabilities or learning difficulties across all areas and per site



This variation aligns with findings contained in a Public Health England report exploring the prevalence of adults with learning disabilities within the overall adult population and by region, which identified a much lower (the lowest) prevalence in London (Public Health England 2016).

How did the proportion vary by mother and father?

In 30% (60) of the case file sample, there was evidence that mothers with babies in care proceedings had learning disabilities or learning difficulties.

A smaller proportion of case files (13%, 25) contained evidence of fathers having learning disabilities or learning difficulties.

In 9% (18) of cases, there was evidence that both the mother and father had learning disabilities or learning difficulties.

What did we find out about the nature of the learning disability or difficulty?

Within the evidence on case files and in court bundles that mothers or fathers had learning disabilities or learning difficulties, there was very frequently reference to parents' overall IQ as an initial indicator of either learning disabilities or borderline learning disabilities. These overall IQ indicators were frequently presented alongside other more in-depth information about the nature of parents' learning disabilities or learning difficulties (see p. 26).

As illustrated in Figure 2 and Figure 3, in a large proportion of the positively identified cases, parents' overall IQ scores were an indicator of either learning disabilities or borderline learning disabilities, which could also be described as learning difficulties (Tarleton and Turney 2019).

Figure 2: Mothers with indicators of learning disabilities, borderline learning disabilities or specific learning difficulties including with reference to their overall IQ

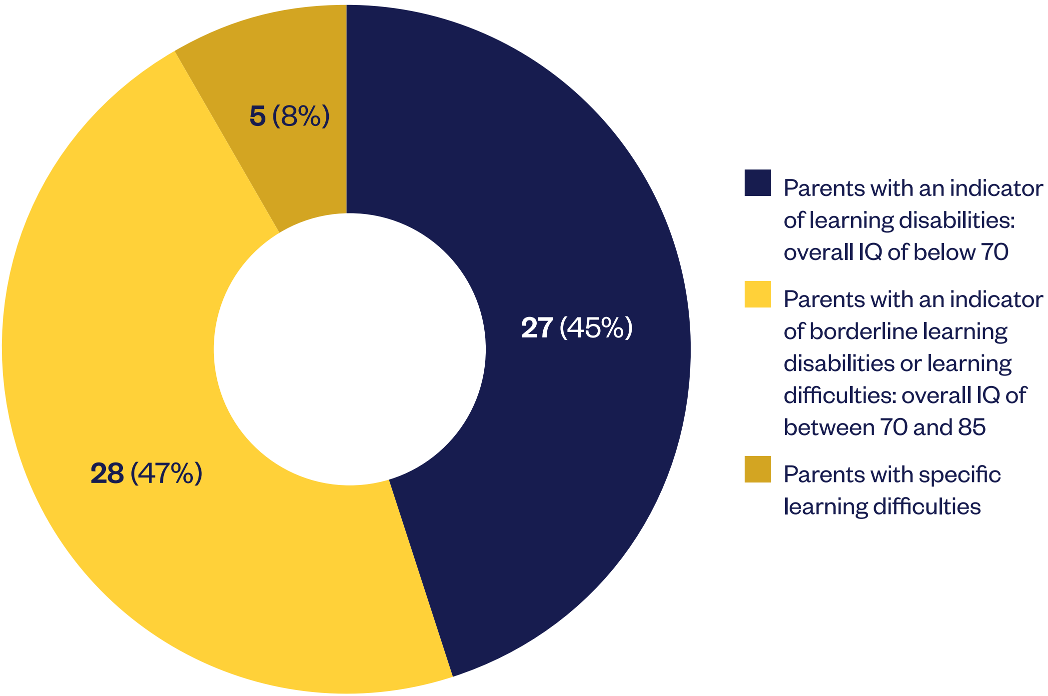
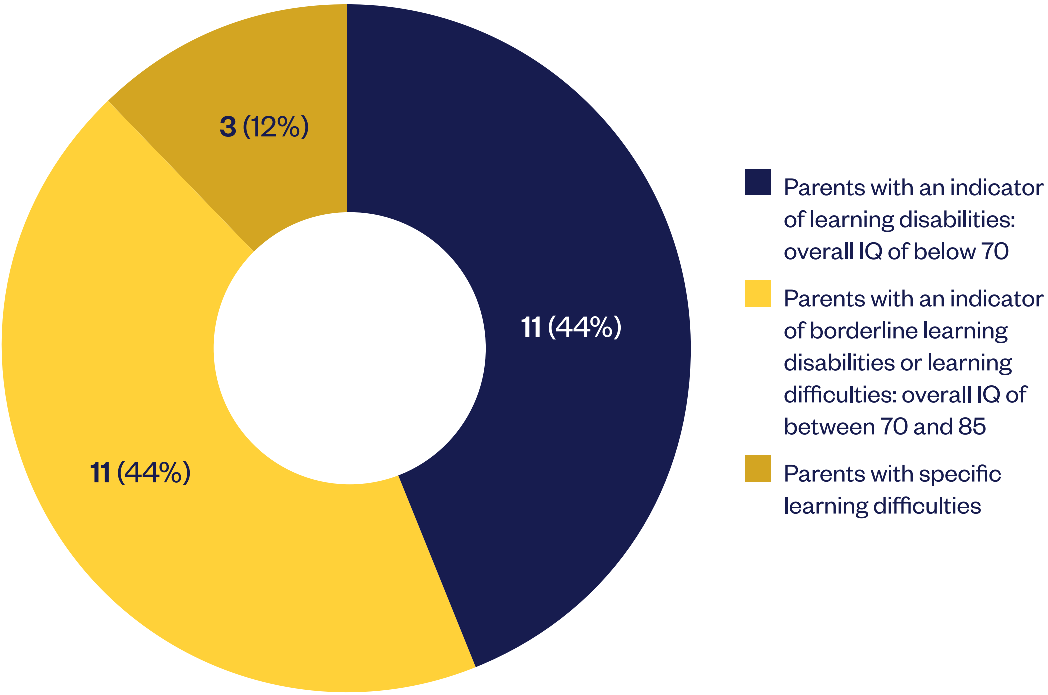


Figure 3: Fathers with indicators of learning disabilities, borderline learning disabilities or specific learning difficulties including with reference to their overall IQ



Parents with an indicator of learning disabilities: overall IQ of below 70

For mothers in this category (n=27), the range of overall IQ scores was 52 to 69. For fathers (n=11), the range of overall IQ scores was 56 to 69.

This overall IQ score level was frequently described in the expert report or elsewhere in the case file as an 'extremely low range of functioning'. In these cases, there was further evidence that parents had moderate to significant difficulties in one or more of the 10 areas relating to parenting tasks that we identified within cognitive assessments – understanding and comprehension, processing information, reading or writing, attention and concentration, memory, reasoning, independent living skills, adaptability, social interactions and understanding other people's thought processes or needs (see p. 11.).

Parents also sometimes had other specified learning difficulties, such as dyslexia or attention deficit hyperactivity disorder (ADHD) and/or a neurodevelopmental condition such as autism spectrum disorder (ASD).

Parents with an indicator of borderline learning disabilities or learning difficulties: overall IQ of between 70 and 85

For mothers in this category (n=28), the overall IQ range was 70 to 82, with almost all in the 70 to 77 range (only 3 had a score of between 78 and 82). For fathers (n=11), the overall IQ range was 70 to 84, with almost all in the 70 to 77 range (only 2 had a score of between 78 and 84).

In these cases, there was further evidence parents had moderate to significant difficulties in one or more of the 10 areas relating to parenting tasks that we identified within cognitive assessments.

Some of these parents also had a specified learning difficulty such as ADHD and/or a neurodevelopmental condition, such as ASD.

Parents with specific learning difficulties

For both mothers (n=5) and fathers (n=3) in this category, specific learning difficulties (mostly ADHD) were frequently acknowledged alongside a low average overall IQ and difficulties in one or more of the 10 areas relating to parenting tasks.

Reflections on prevalence from the qualitative interviews with professionals

Legal and social care professionals interviewed for this study based their estimates of the prevalence of parents with learning disabilities or learning difficulties in care proceedings mainly on their own professional experience(s).

Social care and legally trained professionals consistently described how parents with learning disabilities or learning difficulties presented frequently or very frequently in care proceedings relating to babies.

> *"It's astonishing how often it occurs" (Barrister).*

A consistent theme from interviews with professionals of all types was that the prevalence seemed higher now compared with in the past (interviewees had often been working in this field for many years). Some were not sure why but one hypothesis was a greater desire to identify court witness vulnerabilities, including learning disabilities or difficulties, driven by:

- legal professionals becoming more aware of and alert to factors potentially affecting a person's vulnerability, including within court proceedings
- courts making greater efforts to ensure that proceedings were as fair as possible for vulnerable witnesses
- a perception of greater availability of support to assist vulnerable witnesses in court, such as court intermediaries or lay advocates.

What are the broader characteristics and circumstances of these parents?

Evidence about parent and family circumstances from the case file analysis

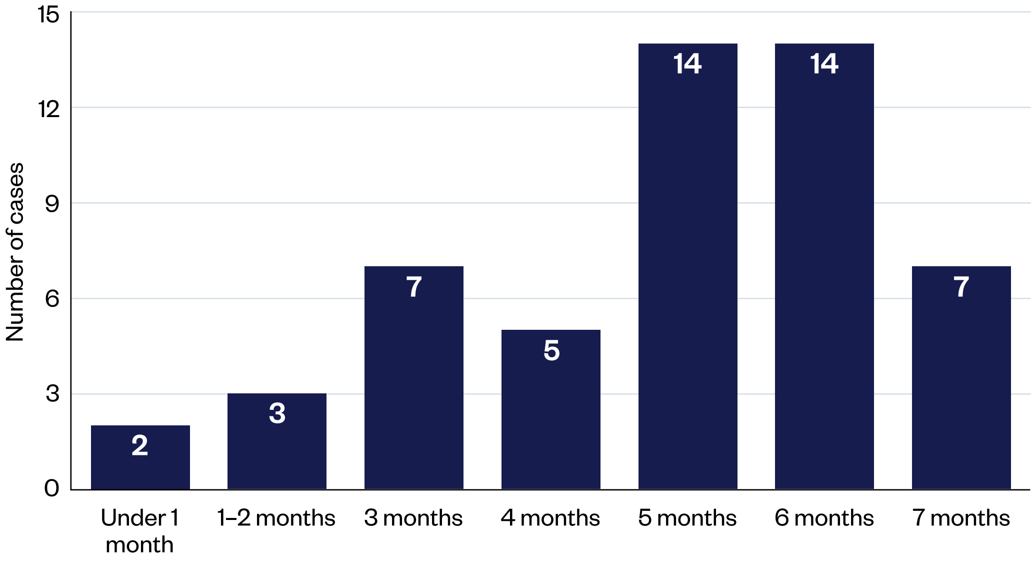
Ages of the children at referral and sources of referral

- Over three quarters of the babies (81% or 54/67) whose parents were identified by the study as having learning disabilities or learning difficulties had been referred to children's social care services during their mother's pregnancy.
- Nine of the babies (13%) had been referred within one or two months of being born.
- The remaining 4 babies had been referred between 2 and 11 months of age.

In 52 of the 54 cases involving children referred pre-birth, it was possible to be clear about the time in months from referral to the child's birth. Most (77%) of these families had been referred to children's social care services in the first or second trimester of the mother's pregnancy, that is, between 7 and 4 months before the child's birth. Only 10% of the families were referred relatively close to the time of birth, that is, 1 to 2 months before birth.

As illustrated in Figure 5, the mode (most frequent) time in months between referral and the child's birth was 5 to 6 months.

Figure 4: Number of children of parents with learning disabilities or learning difficulties referred by number of months before birth



Reflecting the proportion of children referred during pregnancy, the source of referrals to children's social care was mostly midwifery (in 49% of the cases where a source was known). The next most frequent referrals came from: the police (11%); another local authority social services department (9%); ambulance or A&E services (8%); social work team already involved with older children (6%); or parents' personal assistant or social worker part of a care leaver service (6%). Other referrals were made by family members, general practitioners, health visitors, parents, community psychiatric nurses, child and adolescent mental health services (CAMHS) or housing association.

Parents' age and ethnicity

The age of mothers at the child's birth ranged from 15 to 41 years. The mode (most common) age was 27 years and the mean (average) age was 26 years. Over one quarter (27%) of the mothers were aged 21 years or younger at the child's birth, with most of these aged 18 plus.

The age of fathers at the child's birth, known in 59/67 of cases in our analysis, ranged much more widely – from 18 to over 50 years old. Their average (mean) age was 28 years and the mode age was 29 years.

Most mothers (85%) and fathers (76%) were of White English, Welsh, Scottish, Northern Irish or British heritage.[7] The next most frequent ethnicity for mothers (8%) and fathers (12%) was Asian or Asian British. Other ethnicities represented in low numbers in each case were: Mixed or multiple ethnic groups; Black, Black British, Caribbean or African; White: (Gypsy or Irish Traveller) or (Any other White background).

Broader parental circumstances at around the time of referral

Parent and family strengths

Parent and whole family strengths were noted by social workers in all early child-focused assessments. In many cases, social workers noticed that:

- parents were looking forward to their child's birth and/or expressed a strong degree of commitment to caring for their child
- parents spoke about and demonstrated their love for the child in other ways
- parents were engaged with and wanted to learn from support services
- wider family members were, or had the potential to be, involved and supportive.

In some cases, social workers also noted that parents expressed how they wanted to address the local authority's concerns, were accepting of these, or that the mother/father relationship was a supportive and committed one.

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[7] In our analysis we used the same ethnic group classifications as the 2021 (England and Wales) census. The ethnicity proportions are calculated from cases where ethnicity was recorded (for mothers' in 65/67 cases and for fathers' in 59/67 cases).

Parents' care or social care experience

In just over half (51%) of the cases with mothers or fathers with learning disabilities or learning difficulties, the mothers were known to be care- or social care- experienced – that is, they themselves had been looked after or had a social worker-led plan such as a child protection plan. Just over one quarter (27%) had been looked after.

There was less information about fathers on the social work case files. However, in 24% of the cases with mothers or fathers with learning disabilities or learning difficulties, fathers were known to be care- or social care-experienced. The lack of information suggests that the true figure could be higher.

Living arrangements and other children of the family

At referral, most mothers were either living alone (52%) or with the child's father (42%), but in a small number of cases they were living with their own parent(s) or with another partner. In a high proportion of cases (88%), mothers were considered by children's social care services to be the (prospective) main carer for the child. In 10% of cases, both the mother and father wanted to jointly care for the child. In just one case, the father was considered the main carer for the child.

In most cases (81%), there were no other children living with the main parent or parent(s). In 9% of cases, there was one other child living with the main parent or parent(s) and in 10% of cases there were between 2 and 4 children living with the main parent or parent(s).

In approximately half (49%) of the cases involving mothers or fathers with learning disabilities or difficulties, the mother had between 1 and 6 other children already taken into local authority care.

Table 1: Mothers with learning disabilities or difficulties with older children already in care by number of children in care

Number of children	Number of cases (n=67)	Percentage (%) of cases
None	34	51%
1	10	15%
2	5	7%
3	6	9%
4	8	12%
5	2	3%
6	2	3%

In 28% of the cases involving mothers or fathers with learning disabilities or learning difficulties, there was evidence the child's father had other children (between 1 and 5 children) already taken into local authority care. However, in many other cases, this was simply 'unknown', and so may underestimate the true proportion.

Professional concerns at the point of referral

At the point of referral into children's social care services, parental learning disabilities or learning difficulties were very infrequently mentioned as a concern or risk, or even identified. Far more frequently, the professional concerns expressed in referral and early assessment documentation were about at least one of the parent's mental health or substance misuse issues, or about domestic abuse. These were expressed as the main concerns.

Table 2: Areas of professional concern about parents at referral

	Number of cases	Proportion (%) of cases
Mental health	50	75%
Domestic abuse	49	73%
Substance misuse	36	54%

Concerns about parental mental health or substance misuse related to both fathers and mothers. However, domestic abuse concerns mainly involved fathers as perpetrators and mothers as victims of the abuse.

Mothers' mental health difficulties were part of the history taken into account (in 76% of cases), also past relationships characterised by domestic abuse (in 73% of cases) and/or substance misuse (in 48% of cases). Historical concerns about fathers' mental health were less frequent (in 40% of cases) but concerns about their involvement in relationships characterised by domestic abuse (at 67%) or substance misuse (55%) were equally strong.

Other factors also frequently referenced and taken into account when evaluating family strengths and risks at or around the time of referral included:

- parent being exploited by others – mostly mothers (45%)
- parent isolation (40%)
- parental criminal activity – mostly fathers (31%)
- parental physical disabilities (22%)
- parent exploiting others – mostly fathers (22%)
- housing-related factors, such as homelessness or living in a hostel (24%).

At around the time of referral, social workers and multi-agency safeguarding teams were most concerned about the potential for child neglect, followed by emotional abuse, physical abuse or sexual abuse of the child.

Evidence about parent and family circumstances from the study interviews

The four parents (all mothers) participating in an interview for this study were not asked specifically about their circumstances at around the time of a referral into children's social care leading to care proceedings regarding a child. However, they did frequently wish to share information about where they thought they were at the start of things – for example that they were a young mother, had experienced domestic abuse or other adverse childhood experiences, and/or were suffering from poor mental health at the time, including specifically depression or postnatal depression.

Social care professionals frequently noted that pre-birth referrals, referrals of babies under 1 year old and child protection processes made up a significant proportion of their work. Sometimes these professionals considered there had been recent increases in the number of referrals of babies and children pre-birth, either because of the covid pandemic (which had restricted health visitor access to families for a period of time), or because of cuts to early help services more generally.

Most professional interviewees of all types considered that parental learning disabilities or learning difficulties were only rarely the sole factor or cause of child protection concerns. From their perspectives, the other factors of greater concern were usually domestic abuse or unhealthy relationships, substance misuse, mental ill-health, and/or parent vulnerability to exploitation in the community. Intergenerational cycles of abuse and neglect and poverty were also considered to be key factors. Young (prospective) parents with a social care history and/or a combination of other risk factors were also sometimes considered to be particularly vulnerable.

> *"Vulnerable young parents with either learning difficulties, or learning vulnerabilities, that are in abusive relationships...I mean domestic abuse I would say runs a very strong vein through pretty much all our cases, I'd say all my cases at the moment, certainly" (Independent reviewing officer).*

Some professional interviewees went on to suggest that combinations of risk factors (with others taken to be more significant than parental learning disabilities or learning difficulties) made holistic support plans difficult to get right because these other factors seemed more obviously and immediately risky.

> *"What I tend to find with parents with learning difficulties is there's always other factors... like the substance misuse, domestic abuse, because of their vulnerabilities. So it's quite hard to support them when there are lots of different factors I think, because other factors take priority"*
> *(Team manager).*

What are their experiences from referral through to the conclusion of care proceedings?

This section explores **three overall themes** emerging from case file analysis, parent interviews and professional interviews along a journey into and through children's social care and care proceedings.

Timeliness and the significance of delay(s)

Identifying parental learning disabilities or learning difficulties

The case file analysis evidenced how, in approximately three quarters of cases, parental learning disabilities or difficulties had been identified late:

- during the current care proceedings (regarding a child focus of this study) in 43% of the mothers' and 48% of the fathers' cases
- during previous care proceedings regarding an older child or children in 32% of the mothers' and 28% of the fathers' cases.

The identification mechanism was almost always a court-directed cognitive or psychological assessment. In some of these cases, it was noted at an earlier stage on the child's case file that parents had difficulties remembering appointments or what to do, or did not seem to understand. However, these indicators had not led to an assessment or more in-depth exploration. There were also instances of parental learning disabilities being identified for the first time during the current proceedings where several older children had already been removed.

Mirroring these findings from case file analysis, legal and social care professionals described a limited range of ways in which parental learning disabilities or difficulties were screened for or identified in practice.

- **During (informal) pre-proceedings**, where the parent and their learning disabilities or difficulties were already known to children's social care services or identified to some extent by the child's social worker, for example through observation, interactions with parents and specific questions (e.g. about education history). Professional interviewees recognised the importance of workers' knowledge, skills and curiosity at this stage. A minority of social care interviewees described knowing about or using a form of 'screening tool'. Others thought this was a gap in current practice (i.e. the lack of a screening tool) and/or that it would be better if workers started with an assumption that parents referred into children's social care may have either learning or trauma-related needs affecting their communications or learning.

- **During formal pre-proceedings or the early stages of care proceedings** when legal representatives took initial instructions from a client. Many solicitors and barristers described being alert to 'cues' for parental learning or communication issues during initial client meetings. These included more obvious cues such as difficulties with reading and writing, taking information on board or understanding local authority concerns. However, they could also include less obvious cues such as difficulties for parents in summarising information that had just been shared, parent quieter or more reticent, parent appearing disengaged from professionals or parent seeing things in 'black and white' terms. Solicitors and barristers described how this would frequently trigger a request to the court for a psychological, cognitive or capacity assessment. Some solicitors described knowing about or using 'checklists' or 'risk assessments' in initial interviews with clients and that these helped to flag potential learning or communication needs.

However, a key finding from all types of professional interview was that parental learning disabilities or difficulties were most frequently identified through a cognitive or psychological assessment undertaken during care proceedings.

These assessments were considered useful or very useful by all professional interviewee types, as they not only provided a clear indication of the nature and severity of any learning need but also advice about how to make reasonable adjustments to service provision and court proceedings. An assessment might alternatively and helpfully rule out a learning disability or difficulty but identify other issues affecting parental understanding or responses, such as mental health issues.

Judges described requests for cognitive assessments as being ‘very routine’ in care proceedings. However, while some courts were said to be very open to these applications, solicitors and barristers described how others took a more restrictive approach to applications, only granting them where there was a significant and obvious capacity issue that might trigger a need for the official solicitor to intervene.

Overall, a consistent message from the professional interviews was that parental learning disabilities or difficulties were identified far too late and that there were frequently missed opportunities to identify these earlier in the journey.

> *“It can be we get to the court stage...and we've known this mother for quite some time and we've always assumed she's got capacity, and it's deemed that she now doesn't have capacity to make decisions such as court decisions and we've never ever had an inkling about that. So I do think it's a little too late. Well, very, very much too late” (Social worker).*
>
> *“It’s always concerning where a social worker has worked with parents for several months and [has] not picked up on a difficulty that representatives then pick up on and you get a cognitive assessment back with a 60 IQ or something and you think how was this not picked up earlier?” (Barrister).*

The main reasons for delays in identifying parental learning disabilities or learning difficulties offered by professional interviewees of all types were as follows.

- The costs associated with obtaining cognitive assessments independently prior to (pre) proceedings (at which point the costs might be shared across parties) and/or a lack of availability of adult social care services to undertake these kinds of assessments in a timely way.

> *“Generally, in terms of actually having cognitive assessments, it's pre-proceedings or later, which is a shame. I think for financial reasons... all public services are trying to save as much money as they can” (Social worker).*

- Social workers not screening effectively for, identifying or triggering an exploration of parental learning disabilities or difficulties themselves either because they lacked training in or experience of working with people with learning difficulties or because insufficient time was spent talking face to face with parents. Alternatively, some social workers suggested that the domestic abuse or substance misuse issues often distracted their attention away from exploring parental learning disabilities or difficulties or that parents had developed ways of handling formal interactions that meant they might seem to understand but in fact did not. In some instances, parents' communication might also be affected by English not being their first language.

  > *"Perhaps why it [learning disability] is often overlooked so much by social workers is because the big issue is so dangerous, or serious, or whatever else, that the fact they have ... a functioning issue is kind of as though that's not really the big issue. When actually sometimes ...they tie in because the dangerous issue might have been mitigated if the parents had a better understanding of what was going on, or [the] risk" (Judge).*

  Social workers considered that there was only very limited training for them on learning disabilities or difficulties at any stage of their career. It was not prioritised.

- Parental learning or communication needs were not always flagged during formal pre-proceedings (when parents had access to legal aid and therefore a solicitor) because some firms of solicitors routinely deployed less experienced members of staff at this stage, reflecting the lower rates of legal aid available for pre-proceedings.

  > *"But ...those are parents that are slipping through a net ...whether it's because when the lawyers go to the pre-proceedings meetings they don't get paid that much and they frequently send their paralegals and perhaps have less experience of picking up on these matters, as opposed to an experienced solicitor who might very quickly ascertain that something is not quite as would be expected" (Judge).*

  Overall, there was strong consensus amongst professional interviewees of all types that parental learning needs should be identified much sooner.

  > *"It's only when it kind of comes ... when we're going to court... You know, we really, really need to get this right" (Independent reviewing officer).*

The consequences of not identifying a parent's learning disability or difficulty sufficiently early in pre-proceedings, were considered to include that:

- parents were less likely to engage well in pre-proceedings work, as it would not have been sufficiently tailored – delaying work that needed to be undertaken in the right kind of way put parents with learning difficulties at a disadvantage
- parents would not have been offered support (e.g. an advocate) to communicate and participate in formal pre-proceedings
- parents might also be (inappropriately) encouraged to agree to their child being looked after under an informal (Section 20 Children Act) agreement
- resources would be wasted, as elements of the work (such as parenting assessments) would have to be repeated
- cognitive assessments and repeated assessments undertaken during proceedings would lead to delay for the child and leave local authorities open to criticism by the courts.

> *"Well you don't affect the change that you want to if you are not working with the individual as they should be, need to be worked, which then means delay for them, delay for the children, fresh assessments that may need to be done in an appropriate style" (Judge).*

Some professionals went on to say that, with these potential consequences in mind, it was much more (cost) effective to undertake these assessments early in pre-proceedings.

Timings of and delays in engaging parents in meaningful support

Case file analysis undertaken for this study found evidence of unexplained delays in arranging meaningful support for parents in approximately 40% of the cases where parental learning disabilities or difficulties were identified.

This affected prospective parents (referred pre-birth) in particular.

- While pre-birth assessments were often commenced very quickly after an initial referral, in over one quarter (28%) of these cases, support services did not commence until after the child's birth. Sometimes, support services started as late as the formal pre-proceedings stage or actual court issue.

- In a further 17% cases, the support started pre-birth but was delayed by several weeks or months.

Researchers also noted that, even where support was provided in a relatively timely way pre-birth, it frequently focused too heavily on post-birth parenting tasks, such as infant feeding, at the expense of more immediately pertinent issues, such as how to develop or maintain healthy relationships, emotional stability, baby attachment, baby brain development, or to undertake practical preparations for the baby's arrival.

Key themes from interviews with mothers about the nature of support offered to them within the community and or/in residential settings mirrored these findings in that they described how it had:

- started at the wrong time (for example at birth when they might be recovering from giving birth or suffering from postnatal depression)

> *"It was just very new... they just don't give you chance to adapt" (Parent 1)*

- focused insufficiently on their emotional and relationship issues, particularly during pregnancy

> *"If I am brutally honest, I probably just needed someone to get me out of the relationship I was in...but easier said than done to be fair" (Parent 3).*

All professional types described the difficult balance they thought had to be made between giving parents of babies enough time to learn and prove their parenting skills and enabling decisions to be made about the child's future in a timely way.

> *"I think there's two sides... needs to be time limited for the children... you can't keep children in care for years on end while you're waiting for parents to engage in support and show that they can do it. At the same time, sometimes I think that we tell them that they need to do all of this stuff but then don't allow them the time to do it" (Team manager).*

Social care professionals also frequently referenced the pressures of a 'precipitating event', for example a domestic violence incident, that sometimes reduced the time available for services to work with parents in pre-proceedings.

When asked specifically about the timeliness of support starting during pregnancy, professional interviewees of all types emphasised the importance of undertaking engagement, assessment and support work in a concurrent rather than a consequential way.

> *"If it's picked up really early, especially with unborn babies, if it's picked up at the pre-birth stage and they've had, you know, 30 weeks of support in pre-birth and then 20 weeks of support in care proceedings, then we should be able to see change" (Team manager).*

The timeliness of aspects of the social work task with parents pre-birth was considered by many social care professionals to be improving. However, some of these professionals went on to clarify that parents still really only received support pre-birth if they had a history of children previously removed or if they were otherwise already 'known to social care services'.

Legal professionals were more likely to cast a critical eye over the timeliness of support services, particularly for parents referred during pregnancy.

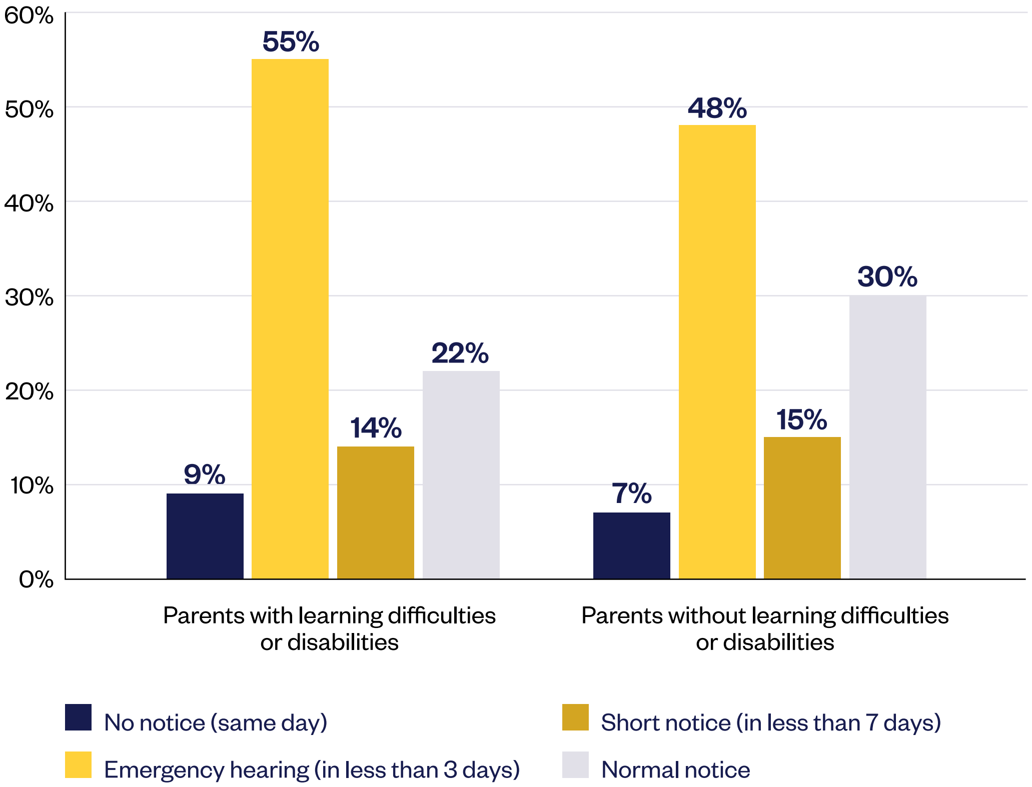
> *"So the cases that I'm involved with, nine times out of ten I feel that there is work that could have been done before that hasn't been" (Solicitor).*

Some lawyers had never even heard of pre-birth support work with parents (beyond a pre-birth assessment). Others did have some experience of this type of support but thought its availability to be very varied from one local authority to another. Some went on to reflect that not putting in place support pre-birth and then issuing proceedings and sometimes removing babies at birth meant that parents really did not have a chance to prove themselves.

> *"Because that clock's ticking...I know what short amount of time they've got to ...demonstrate that they can provide good enough care. And so anything that can be put in before you start that clock is going to help" (Solicitor).*

That the 'clock is ticking' was also demonstrated in the case file evidence regarding the frequently short length of notice of care proceedings given to parents with learning disabilities, which could be compared with that given to other parents with babies in the overall case file cohort, as illustrated in Figure 5.

Figure 5: Care proceedings application notice type



Note: Information about the nature of the care application was not available or unclear in a small number of all cases.

A high proportion (78%) of cases involving parents with learning disabilities or learning difficulties were heard with no (same day) notice to parents or within a shorter than normal notice period. Only 22% were heard within a normal notice period.

The cases involving parents with learning disabilities or learning difficulties were more likely to be heard with no notice (on the same day) or in an emergency (within 3 days) (i.e. 64%) compared with the cases of parents without learning disabilities or difficulties (i.e. 55%).[8]

A high proportion (81%) of parents with learning disabilities or learning difficulties given no notice or only 3 days' notice of the initial hearing had been referred to children's social care services pre-birth and most (79%) of these proceedings were issued at or soon after the child's birth.

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[8] Although this difference is not statistically significant.

These findings are important because we know from earlier studies that no or little notice of hearings gives parents little or no time to instruct a solicitor or for the guardian to make enquiries and advise the court (Pattinson et al. 2021).

Timings of and delays within court proceedings

Within the sample of case files where parents were identified as having learning disabilities or learning difficulties:

- the length of care proceedings ranged from 14 to 108 weeks with the mean (average) length being 39 weeks[9]
- in 76% of cases the proceedings needed to be extended beyond 26 weeks.

The reasons for extension were most frequently to:

- undertake a learning disability-attuned parenting assessment after a cognitive assessment indicated the need for this within proceedings
- undertake viability assessments of family members, sometimes several rather than just one and including those living at a distance or even abroad.[10]

Social care and legal professionals participating in an interview frequently reflected on the difficulty of balancing adherence to the 26-week rule (and thereby avoiding delay for the child) with doing what is fair and reasonable to resolve the proceedings justly.

> *"I think it's very difficult to strike a fair balance between doing what is right by the child...and also doing what is fair and reasonable by the parent for whom let's face it we're being pretty draconian. It's the state wading in and saying you must do this otherwise we are going to remove your children from your care...I don't think there's a right or wrong answer around timescales. It's a continual balance[ing] act" (Solicitor).*

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[9] This calculation is based on 66 cases. One case was excluded as it only lasted a week before being transferred to another jurisdiction.

[10] Which is something that frequently happens in all cases.

Many professionals of all types also expressed a view that extensions were frequently given on a case-by-case basis to ensure fair process.

> *"And if that's what it takes, that's what it takes. I'm not going to say, 'No, I'm sorry, we have to conclude in 26 weeks, we're not having a PAMS assessment'. I'd never do that" (Judge).*

However, it might be harder to obtain an extension in some courts compared with others (i.e. there was some regional variation).

> *"But, you know, there are courts on this circuit that will try to shoehorn cases into 26 weeks by hook or by crook. In my opinion, it causes great unfairness even if it doesn't change the eventual outcome. My personal view is that process matters" (Barrister).*

Some lawyers expressed a view that the 26-week rule (length) was arbitrary and should be reviewed.

> *"And then the 26 weeks is just arbitrary...Why is it not 24? Why is it not 30? Why is it not 20? What's the magic with 26? I've never really been able to understand why it is what it is. I understand the principle ...it's prejudice to the child's welfare if you don't deal with cases swiftly, essentially. But I don't know why it's 26 weeks" (Judge).*

Adequacy of support for parental engagement and participation

Social worker communications

The case file analysis undertaken for this study found evidence[11] that the quality of communications between social workers and parents with learning disabilities or difficulties who were expecting or caring for babies was very mixed, including within the same social worker's practice.

In part, this was likely to be the case because parental learning disabilities or difficulties had not yet been identified. However, researchers also found several instances of poorly tailored communications where parental learning difficulties, including being unable to understand or process non-tailored communications, were indicated on the case file (for example, 'Mum doesn't seem to understand that …').

Examples of more effective social work communications

The case file analysis revealed several examples of effective communications within children's social care services, arguably relevant not only to parents with learning disabilities or difficulties but to all parents. These included:

- sharing and discussing important information more than once
- checking parents' understanding of instructions or important information
- taking time to explain (face to face) what was happening or key content of assessments
- use of uncomplicated sentences in reports and oral communications.

However, there were only a limited number of examples involving more systematic tailoring of communications, for example:

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[11] In the running records that described the how (e.g. face-to-face meeting, text, telephone call), where (e.g. in the home, at social work offices, online), what (actual or abridged content of communications) and any efforts to adapt to parental learning difficulties or other communication needs.

- co-production with parents and use of a ‘communication passport’
- use of visual aids in all or most communication or instructions
- putting a system in place to remind parents about important appointments
- providing easy-read or accessible versions of key reports.

On other case files, communications had clearly become strained and/or parents did not respond well to social worker-led interventions. The characteristics of social worker communications in these cases tended to include:

- fewer face-to-face meetings and/or direct communications, particularly in the first few weeks and months post-referral
- sending (e.g. by email) or ‘dropping off’ (through letterbox) key assessments or other documents to parents in advance of important meetings, rather than talking these through
- communicating important plans or changes over the phone or by text (e.g. a plan to remove a child in three days’ time, at birth, or a change of social worker).

Lack of consistency in effective communication between social workers and parents of babies was also a strong theme in the interviews with both parents and professionals.

The mothers interviewed for this study emphasised how they had found it very difficult when key professionals changed regularly. This was problematic firstly because families felt new social workers would not necessarily see or appreciate the progress they were making and secondly because they would have to ‘start from scratch’ in getting to know one another. One mother described a cycle whereby a social worker would get to know her and communications would become productive and calm, then they would leave, a new social worker would become involved and they would not feel understood.

> *"...new set of eyes, doing everything from scratch... they don't see from where we started...and where we are now...felt like we weren't listened to... that drove me nuts" (Parent 1).*

A strong theme from the interviews with mothers was that there should be greater continuity of social worker.

Mothers could also think of only very limited ways in which communications with social workers had been tailored to their learning needs, even where guidance had been given either by the parent themselves or by an expert.

> *"Have you read the psychological assessment? Do you know what to do with us? After every meeting she's meant to send us a letter, we do not get letters" (Parent 1).*

Where important information or instructions had been shared with parents at arms' length or with little time to process – such as results of assessments or decisions to commence (pre) proceedings shared by phone or text or video chats – this had felt particularly challenging for parents.

Many of the mothers described having had a difficult relationship with at least one their children's social workers. Sometimes difficulties were exacerbated by the parent having already had social worker involvement throughout their own childhood. As a result, they felt wary of social services' involvement.

> *"A lot of women I know really don't like social services" (Parent 4).*

Parents generally described more positive engagements with family support workers who were considered more approachable, easier to talk with, and who had provided emotional as well as practical support, such as help with relationships, preparing for a baby's arrival or housing-related support.

> *"...just someone to talk to...they will let you cry, let you scream... and with someone like me with learning needs they help me with paperwork, read and stuff... they help me get comfort..." (Parent 2).*

From the professional interviewees' perspectives, good communication skills were vital for people working with parents of babies involved in children's social care, including child protection processes. A consistent theme from the professional interviews was that failing to clearly identify a parent's learning needs early in the child's journey meant that adjustments to social worker communications and practice were unlikely to happen.

Examples of how adjustments could be made in line with the Working Together with Parents Network Good Practice Guidance on Working with Parents with a Learning Disability (WTPN 2021) were provided by some social care professionals, including:

- an early exploration of parents' communication preferences and the development of a communication plan or 'passport' that could be shared with a range of professionals
- allowing for more time and explanations
- greater use of face-to-face conversations and simple sentences
- providing reminders of information (in writing or visually) after key conversations for parents to refer to between visits or sessional support
- being aware of attention spans and the potential need for breaks in a conversation or meeting
- use of visual tools (e.g. a trauma-informed patchwork quilt) in direct work
- accessible summaries of assessments
- easy-read, accessible information about the formal pre-proceedings process – this was available in one local authority only.

Local authority overall practice models, such as Signs of Safety, relationship-based practice models, or direct work 'toolkits' were reported to promote some of these attributes at least.

However, in reality, many professional interviewees of all types described a lack of consistency in effective-day-to-day communications with parents with learning needs. Good practice was highly dependent on at least two things – individual social worker experience skills, knowledge, and/or enthusiasm for working with people with learning difficulties and their time for direct work with families.

> *"Well, I would say a mixed bag… And maybe what social workers need to do is kind of flip that around and realise, actually, there's a duty on them as professionals to engage at that level, not just one approach fits all… I think the [support] gap might [also] come in how much time is spent with parents…" (Solicitor).*

Furthermore, there were not considered to be good levels of guidance or training in place within individual local authorities to support this work. Interviewees from all groups recognised that, where social worker communications were less than optimum, the risks could be very high, including that parents would disengage or fail to understand that lifelong decisions could be made about their child that could not be overturned at a later stage.

Engaging extended family networks in support

Mothers interviewed for this study all described having received some form of support from their extended families when they had become parents but said that this had sometimes strained relationships, particularly when it came to their own parents. These family (support) networks were described as 'coming and going' rather than always being there. The mothers had all felt particularly alone, scared or vulnerable during the time of their pregnancy.

> *"I was scared…I was 18 when I got pregnant…I was pretty young and I didn't have a lot of money…my relationship wasn't the best" (Parent 3).*

Social care professionals interviewed for this study all described relatively standardised expectations and processes for involving family members in parental support including via family group conferences or similar approaches such as family network meetings.[12] This was often considered a strength of existing practice. Legal professionals agreed that such support was frequently available but thought that it was sometimes organised too late (including within care proceedings) to be as effective as it could be.

Within the case files where there was evidence of parental learning disabilities or difficulties, family group conferences or family network meetings had been organised in just over half (52%) of cases (35/67). These conferences or network meetings had taken place mostly during pre-proceedings but occasionally during care proceedings. However, it was frequently the case, where family group conferences or network meetings were organised, that parental learning disabilities or difficulties had not yet been identified. This would have made it more difficult for social workers to help broader family members understand how and why they might support the parent(s). In approximately one quarter (26%) of cases (9/35) where a family group conference or network meeting had been arranged, extended family members did not go on to assist with or support the planned intervention.

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[12] Part of the Signs of Safety model.

Lay advocacy

Within pre-proceedings, local authorities can and sometimes have a duty to provide parents with lay advocates to support their participation in assessments and formal meetings and to support their understanding of the overall process of children's social care interventions.[13] The Good Practice Guidance on Working with Parents with a Learning Disability (WTPN 2021) states that parents with a learning disability should always have access to an independent advocate when involved in child protection procedures.

Analysis of the children's case files for this study was not able to identify with any certainty whether and to what extent lay advocacy had been offered to parents or taken up in practice within pre-proceedings, as this was not routinely recorded. Neither did legal professionals interviewed for the study feel able to comment on the availability of lay advocacy for parents with learning disabilities outside of the court system.

Social care professionals participating in an interview described how different types of informal advocacy (e.g. from extended family or friends, family support workers or IROs) as well as more formal (lay) advocates for parents with learning disabilities or learning difficulties were available. Although formal lay advocacy was considered a valuable resource by social care professionals, they frequently described limitations to this resource, including the following.

- Lay advocacy services were often unavailable in the timeframes – there were long waiting lists for advocacy pre-proceedings, which sometimes meant the service was only available within formal pre-proceedings or care proceedings. Parents not yet having their learning disabilities or learning difficulties identified exacerbated these waits.

  > *"They're unlikely to pick up unless it's something like pre-proceedings or ... [an] assessment of an unborn baby where we know this parent had three or four children removed. If you're saying, well, it's a child in need case where I'm worried that it's going to end up being escalated through child protection then generally they will say, well, 'We wish we could help but we don't have the resources'" (Social worker).*

- Lay advocates often did not have training specifically in working with parents with learning disabilities or learning difficulties, limiting their effectiveness.

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[13] Under the Care Act 2014, Equality Act 2010.

- Some parents did not want a lay advocate involved in pre-proceedings, often because they already had a lot of involvement with other professionals.

Within court proceedings, the Legal Aid Agency may fund a lay (non-legal) advocate for parents to support them during the period of court proceedings. Courts may also appoint an 'intermediary' whose role includes providing advice about helping parents to understand and communicate during proceedings. This advice is given directly to the court and advocates, but intermediaries are also sometimes required to be present at important court hearings to assist the parent in participating as fully as possible.

Analysis of the case files relating to parents with learning disabilities or learning difficulties found evidence of the following.

- Parents were offered a lay advocate for court proceedings in approximately one fifth (21%) of cases. In some instances, it was the lay advocate who had already supported parents in pre-proceedings. There was considerable variation in this practice across local authority sites – for example, lay advocacy was offered only once in 1 local authority area and in 9 cases in another.

- Court intermediary support was (also) offered in 27% of cases, although this tended to be towards the end of care proceedings after a cognitive assessment had identified or clarified parents' learning needs.

- In 6% of cases, the official solicitor was added as a party to proceedings to be a litigation friend to one or more of the parents where there was evidence, mostly from a cognitive assessment, that parents lacked the mental capacity to make decisions for themselves.

While in some areas lay advocates and intermediaries were considered by professionals to be readily available, in other areas they were either sought after but 'a scarce resource' (Barrister) or 'drowning in demand' (Solicitor).

Legal professionals also agreed that the intermediaries' detailed recommendations were generally only available late in proceedings, such as at the point of a 'ground rules' hearing to guide adjustments to be made during the final hearing. Although generally considered very expert and useful to the courts and parents alike, many lawyers reflected that it would be even more beneficial if these recommendations were available at and for earlier hearing(s).

> *"But if you've got only an intermediary coming on board quite late into the case, you've already had lots of hearings and potentially you've already had lots of statements from parents or responses to important documents, where they haven't had that help. So the timing is important" (Judge).*

The sufficiency of reasonable adjustments

All public bodies, including local authorities and courts, are required to make reasonable adjustments to ensure that people with disabilities are not put at a substantial disadvantage (Section 20, Equality Act 2010).

Reasonable adjustments in parenting (capacity) assessments

Evidence triangulated from across all aspects of this study supported the following findings.

Prospective parents and parents of babies were frequently asked to engage with multiple assessments and assessors regarding their parenting capacity. For example, it was not unusual for parents to be asked to participate in a pre-birth assessment, an ‘in-house’ specialist parenting assessment for the local authority, sometimes followed by an independent parenting assessment for the court undertaken either in the community or in a residential setting. Before or during care proceedings, they might also be asked to participate in a psychological or cognitive assessment or a court intermediary assessment.

The main way in which parenting assessments were adjusted to meet the needs of parents with learning disabilities or learning difficulties was with the use of standardised parenting assessments developed specifically for use with this cohort of parents. These were mostly parent assessment manual (PAMS) assessments but also sometimes a more recently developed assessment tool, ParentAssess.

It was difficult to make a judgement about how these tools were used in practice from evidence on case files and in court bundles. Professional interviewees of all types thought that, in theory, they assisted the local authority or court to decide whether and how a parent with learning disabilities could provide good enough parenting, including with support. However, they frequently pointed out that PAMS included some outdated points of reference (such as use of ‘cheques’ and no reference to social media). The PAMS approach was also criticised for exploring parenting capacity in isolation from other factors frequently present within families, such as domestic abuse, substance misuse and mental health.

> *“The problem with the PAMS is that you have to engage with it very rigidly and then overlay it with your risks assessment, your impression of the parents’ ability, which feels to parents and occasionally to practitioners as a ‘yes but’” (Barrister).*

However, the main criticism of PAMS was how it was frequently applied in practice, specifically that the intended process of ‘assess, provide (teaching) support, reassess’ often left out the ‘provide teaching support’ element and that it was frequently used as a standalone assessment tool. This meant that parents had significantly less chance to prove themselves. Using the tool as a standalone assessment was more likely to happen where a PAMS was only commenced during care proceedings, following on from (late) in-proceedings identification of parental learning disabilities or difficulties.

> *“I mean for a long time, we’ve been using the PAMS model. But it doesn’t get used in the way it was conceived to be used ... the way it was designed to work is that you have an assessment, it throws up teaching areas, you’re then supposed to teach those areas and then reassess... Once we’re in proceedings, it is highly unusual to see all of those steps taken. Usually, it’s a PAMS assessment, it throws up teaching areas and then the court takes a view as to whether you go on. I only ever really see it ... as it’s conceived when a PAMS assessment is done in pre-proceedings” (Barrister).*

ParentAssess was well received by legal professionals who had experienced it in one or more cases, although these interviewees often described it as ‘early days’ in terms of really understanding its potential usefulness. In areas where it was beginning to be used, this tool was also preferred by local authority staff over PAMS. Key benefits were thought to include that:

- it was highly visual, for use directly with parents
- it could be adapted to the specific needs of the parent and family
- it could incorporate all the issues in the case (not just the practical parenting aspects)
- it generated a more accessible, parent-friendly report
- it was cheaper to implement and maintain for local authorities, including because it incorporated a ‘train the trainer’ model.

> *“We have kind of moved towards ParentAssess for a couple of reasons. Reason number one is to do with cost, if I'm honest, because we have to commission PAMS...to train our staff ...and PAMS charge you an ongoing licence fee every year. And ParentAssess, two of us in [place] are accredited trainers, so we can train our own staff” (Team manager).*

However, some professionals questioned the evidential weight given in courts to any of these 'specialist' tools and assessments, as none were yet validated.

Although they had been willing to do so, parents interviewed for this study had found participating in parenting assessments to be stressful, at times intrusive, and sometimes they had felt judged.

> *"You are scared to do anything...scared to do anything wrong" (Parent 1).*

Some parents felt that they had been assessed too harshly or had been criticised for things that were not directly related to parenting, such as how they looked rather than what they did as parents.

> *"It was good doing the assessment, I just didn't like some of the attitudes" (Parent 4).*

Others thought that the assessments and professionals undertaking them were either overly critical or tokenistic and that professionals had already made up their minds.

> *"It was like they had made up their minds...ages ago...and that was it" (Parent 1).*

Social care and legal interviewees agreed that parenting assessments were frequently 'scary' or 'stressful' for parents, and also that their effectiveness was dependent on the skill set and approach of individual practitioners.

Reasonable adjustments to support for parenting

In almost all cases where children's social care services become involved on a statutory (child in need or child protection) basis with children and families, there is an expectation that their needs, strengths and risks will be assessed alongside the provision of actual support, including for parenting.

In only just over a third (36%) of the case files involving parents with learning disabilities or learning difficulties was there evidence that reasonable adjustments had been made to support parenting. In all cases where reasonable adjustments were made, parental learning disabilities or learning difficulties had been identified at a relatively early point in the child's journey.

Examples of cases where reasonable adjustments were made for parents

In the cases where reasonable adjustments were evident, parenting and more general social work sessions had been adapted to incorporate, for example:

- use of simplified language and/or easy read material
- time to teach, learn and recap on material before moving on to new subject areas
- modelling aspects of parenting
- use of pictorial/other visual aids such as visual safety plans or calendars/diaries to help parents to remember key appointments or routine tasks
- use of videos to support conversations about specific aspects of parenting or healthy relationships.

Support was also frequently (but not always) well tailored within the context of a specialist parent and baby residential or foster placement although, where this started late in the journey for parents (for example in care proceedings) without much lead in work, it was often noted to be too intensive or too isolating – particularly where these placements were located at a distance from parents' homes.

However, in approximately two thirds (64%) of the case files involving parents with learning disabilities or difficulties, support was poorly or not at all tailored to the parent's needs. In most of these cases, parental learning disabilities or learning difficulties had not been identified until after the support was under way, for example in care proceedings. However, there were also some examples of support not being tailored when the learning disabilities or difficulties had already been identified (e.g. in earlier proceedings relating to older children). Support was particularly poorly adjusted pre-birth.

Case file evidence of ill-adjusted support for parents pre-birth

- Worksheet-based learning, where written materials were left with parents, who were asked to 'read them before the next session'.
- A programme of pre-birth (team) sessions that covered far too many topics – sometimes up to six per session.
- A focus on topics that were more applicable after birth (e.g. sterilising bottles) rather than immediately relevant and important topics such as healthy relationships, promoting child attachment (including during pregnancy), reducing risks to babies, or baby brain development.
- Insufficient attention to first coming alongside parents to build trust and understanding before starting parenting sessions.
- Signposting or loosely referring parents into non-tailored group-based parenting classes (including online classes) without any support to negotiate these pathways. If parents did not do well with non-tailored group work or did not organise or attend these 'supports', they were often criticised for this.

The themes from interviews with mothers were similar.

- It did not feel like the right kind of support, more 'tick box' with insufficient time to learn.

  > *"It's not really support...you have weekly key working but you mainly just fill out a form and tick a sheet...it's not the right support" (Parent 1).*

- It felt over-observed, judgemental and uncaring at times.

  > *"Lots of meetings...it wasn't really help and supporting me... I know it is about the baby but it should be about the baby and me" (Parent 4).*

- It was sometimes unachievable, for example where a court ordered that the mother should access a specific type of therapy that was not available on the NHS.

> *"I just want to say, for people in my situation with learning needs... the government should help with the funding of therapy" (Parent 2).*

Priorities suggested by parents for improvements in support

- Better support in pregnancy, including to address unhealthy relationships as well as prepare for the birth.
- Provision of emotional and practical support, side by side.
- More support for parents in their own right as well as for babies.
- Less judgement and more time to prove themselves.

Both social care and legal professionals frequently identified aspects of good practice they had seen or been part of. Legal interviewees often gave specific examples that had stood out for them.

> *"I have had cases where a social worker has provided a Freedom Project type course or a Triple P type parenting course one-to-one for a parent with learning difficulties so that they can spend longer and to ensure that they've understood and so on" (Barrister).*

Social care professionals described more generic ways that parenting support provided by family support workers, pre-birth/perinatal intervention teams or parent and baby residential or foster care could be tailored, for example by (greater) use of role play, videos or other visual aids, and modelling.

However, a consistent theme from the interviews with all types of professionals was that support was inconsistently or insufficiently tailored to the needs of parents with learning disabilities or learning difficulties.

> *"I haven't heard of any specific parenting classes or courses which are geared towards people with additional difficulties or disabilities... and I think that already puts them at a disadvantage because it's not tailor-made work" (Solicitor).*

> *"At the moment, we see group work being offered and...it wouldn't necessarily be suitable for a vulnerable – well any vulnerable adult – but also a parent with learning difficulties. So yeah...I think there is a problem" (Independent reviewing officer).*

Specific support gaps identified by professionals to a certain extent mirrored gaps in social work communications explored above and included the following.

- Insufficient time to tailor work.

> *"The root of a lot of the problems [is] that we're trying to provide service for as many people as possible as quickly as possible. Which means that for parents that need additional support and additional time, it's just in a rush" (Social worker).*

- Insufficient expertise in supporting parents with learning disabilities or learning difficulties embedded within or commissioned by child and family social work teams (whereas there was perceived to be such expertise available to work with parental substance misuse or domestic abuse).

> *"Most local authorities have recently undergone a restructure within their team so they have ...access to a drug and alcohol abuse worker, a domestic violence worker, other family support workers in the team. And the one thing that I think isn't captured in there is having somebody embedded ...who knows what's available for the parent and is used to working with parents with learning disabilities" (Solicitor).*

- Insufficient number of specialist residential or foster care 'parent and baby' placements available before and during care proceedings.

> *"They're [residential or foster placements for parents and babies] hard to get hold of, they're like gold dust really" (Solicitor).*

- A lack of step down or broader universal or early help services to support parents in the longer term.

> *"But there's no money for early intervention because it's all going on fighting fires. It's the same across every single public service at the moment, everything's crumbling" (Barrister).*

Access to advice or support from adult social care services

Adults with learning disabilities are eligible for support under the Care Act 2014 where, without assistance, they would be unable to achieve two or more specified outcomes, including carrying out caring responsibility for a child or developing or maintaining family or other personal relationships.[14, 15]

Within the case files involving parents with learning disabilities or learning difficulties, there was evidence that local authority adult social care services had been asked to contribute to an assessment of parenting and/or parent needs in their own right in just over one quarter (27%) of cases.[16] There was evidence that adult services actually contributed to an assessment in 15% of cases. The main contribution adult social care services were asked to make in the first instance was to help identify the nature and level of any learning needs. Within these case files we found the following.

- Adult social care services agreed to contribute to a child and family assessment most frequently where a parent was already known to adult disability services or adult mental health services. In a very small minority of cases examined, a Care Act (2014) assessment was undertaken of a newly referred parent and adult services then became involved in planning.

- Adult social care services were already involved in providing or contributed support in approximately one fifth (21%) of cases. This support included assistance with housing, budgeting and management of finances, gaining employment, contraceptive advice, counselling and other mental health support, and healthy eating.

A key theme from interviews with all professional types was that adult services were often unattainable for parents with learning disabilities or learning difficulties because of the relatively high eligibility thresholds applied in practice or overly long waiting times for an assessment.

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[14] A formal diagnosis of learning disability or difficulty is not required.
[15] See: The Care and Support (Eligibility Criteria) Regulations 2015.
[16] Mostly disability services but also sometimes mental health services.

> *"The eligibility requirement for adult services is set so high nowadays, you can almost get nothing out of adult services ... if you can make a bowl of cornflakes and get yourself dressed in the morning, you're pretty much going to not be eligible for services" (Barrister).*

Adult social care services were thought to be more likely to provide support where the parent had an already diagnosed learning disability and an IQ of below 70, or if they had challenges relating to mental health or physical disabilities.

Some lawyers further described how parents might not always want a Care Act assessment and/or what adult social care might be offering, including because of the stigma associated with receiving 'learning disability' team services or because they were already involved with too many other professionals.

> *"For the parents that we deal with... there's a stigma, isn't there? There's a stigma of wandering around with your social worker or having your social worker coming and visit" (Judge).*

Despite these barriers, where adult services had engaged with parents with learning disabilities, social care practitioner and lawyer experiences of this was largely very positive, including where it was provided post-proceedings.

Reasonable adjustments to formal pre-proceedings

In 61 of the 67 children's case files where researchers identified evidence of parental learning disabilities or learning difficulties it was possible also to ascertain the length and nature of formal pre-proceedings.

- In approximately one quarter (26% or 16/61) of these cases, no formal pre-proceedings stage was undertaken. Almost all these cases resulted in an emergency or no-notice hearing.

- In approximately three quarters (74%) of cases (45/61), there were formal pre-proceedings, and these lasted for between 2 weeks and 8 months with the mode length being 3 months.

Where parents experienced formal pre-proceedings, their learning disabilities or learning difficulties were known in over two thirds (69%) of cases.[17] Within these cases, there was evidence of reasonable adjustments being made only haphazardly.

- Although sometimes the child's social worker spent time with parent(s) to explain the contents of the formal letter, there were also frequent examples of the formal pre-proceedings letter only being sent out to parents (sometimes when they were in hospital, post-birth) with no face-to-face explanation of the contents.
- On the case files, researchers found no evidence of formal public law outline letters being adjusted to make them more accessible for parents with learning disabilities or difficulties. Rather these were always very formal letters using a prescribed template and wording (adjusted only to reflect the specific concerns).
- Similarly, there was very little evidence of the actual pre-proceedings meetings being tailored.

Parents did not describe the formal pre-proceedings stage. Social care and legal professionals described a process that needed to retain at least some of its formal aspects (to be clear with parents about both the seriousness and significance of this stage) but that could be improved, for example with:

- legal representation of parents to be undertaken by a legally qualified 'fee earner' rather than a trainee or very junior member of the practice
- improved access to lay advocate supporters of parents during this stage
- more accessible content within the formal documentation.

Reasonable adjustments to care proceedings

Family courts have a duty not only to make reasonable adjustments but also to promote a fair hearing (under Article 6 of the Human Rights Act 1998), as supported by the Equal Treatment Bench Book (Judicial College 2023).

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[17] Approximately the same proportion as in cases where there were no formal pre-proceedings.

Researchers found evidence in many but not all court bundles involving parents with learning disabilities or learning difficulties of reasonable adjustments being proposed to ensure a fair hearing for one or more parents. In most cases, the proposed adjustments came from evidence provided by the official solicitor, a psychologist asked to undertake a cognitive assessment, or a court intermediary.

This advice was generally only available in time for a final hearing or hearings, rather than throughout the court process – that is, considered at a ground rules hearing, before the final hearing.

Case file examples of recommended adjustments for the court

- How frequently there should be breaks in the hearing (e.g. every 30 minutes).
- How advocates for all parties should agree in advance topics and/or questions for cross-examination of the parent(s) and who should ask these or should keep questions short and simple.
- Parents to be encouraged to attend court in advance of the hearing to view the courtroom.
- Use of a designated conference room for parents to use with their legal representatives.
- Parents being able to give their evidence via a ‘live link room’ (video link) rather than in person.
- Adjustments to the lighting in a courtroom.
- Parents to have a summary of what had been discussed after each day of the hearing.
- In the court bundles, there was sometimes also evidence judges had:
  - granted a ‘bolt on’ for the solicitor for parent(s) to enable them to have more paid time to get instructions from and advise a client with learning needs
  - directed lay advocates or intermediaries to attend hearings with parents
  - given an accessible version of their decision to parents before a longer, more technical version for advocates.

Note: It was not often possible to determine how recommendations had been implemented but the research team assumed they were as they formed expert advice to the court.

There was some evidence in court bundles and in child records that parents had on occasion found having to attend court hearings remotely very hard (during covid restrictions). Others did not seem to mind.

Mothers participating in an interview for the study described in positive or very positive ways the various forms of advocacy support they had received during court proceedings.

- For all parents, legal advocacy and support.

> *"My solicitor was amazing... she understood me, she knew my past... she would ring me after court to see how I was" (Parent 2).*

- For some mothers, lay advocates who had for example encouraged them to take breaks, had helped to calm their nerves or explained what was going on.

> *"I fidget a lot to help with my emotions, so she brought lots of fidget things for me...she even set [things up so that] every 15 minutes we would have a 5 minute break" (Parent 1).*

However, parents also described significant challenges they felt they had experienced in court proceedings.

- Jargon was sometimes or often used, and parents did not understand it.

> *"They speak jargon...I had not a clue what anyone was saying... it was like a constant thing where I had to ask my solicitor...what are they saying?" (Parent 3).*

- Even with the support of (legal) advocates, it was a lonely experience, including when having to give evidence.

> *"We [including father] had our lawyers, but that had to deal with the court case, they aren't there to talk to us personally" (Parent 4).*

- Without the support of lay advocates, difficulties in differentiating what was more and what was less important in terms of what they heard.

> *"[I] fixated on one word" (Parent 1).*

- Practical barriers like arranging travel to court, particularly immediately after giving birth, or having to spend days in a row at a hearing.

> *"It was hard... we were there four days in a row" (Parent 2).*

- Managing emotions including feeling judged or shocked by a judgement.

> *"I hated it... just sat there in a daze. I couldn't stop crying" (Parent 1).*

Lawyers all recognised the need for courts to make reasonable adjustments to enable a fair hearing, including to ensure parents could understand what was happening and were not overwhelmed by the process, and to support their communication including in (cross-) examination.

A strong theme from the legal professional interviews was that courts and lawyers working in different roles within family court settings were more aware than before of the need to make reasonable adjustments and were together trying to continuously improve.

> *"We've made a lot of advances in the way that courts deal with these cases. And it's continuing apace" (Barrister).*
>
> *"The courts I think are slowly improving, the explaining of judgments and explaining of decisions to parents with learning difficulties and learning disabilities" (Judge).*

Some adjustments to court hearings were identified by legal interviewees as being more straightforward and more frequently applied, for example:

- solicitors meeting their clients before arriving at court and allowing good time for a preparatory conversation

- allowing regular breaks in the proceedings

- judges and advocates eschewing jargon and adapting the structure and length of their sentences and questions

- judges being prepared sometimes to step in to quickly address parents directly to assist with understanding or make adjustments to proceedings

- greater tolerance of parental 'outbursts'

- use of private waiting areas
- questions for the parent(s) pre-prepared in advance by all advocates and delivered by only one
- parents able to give their evidence via a video link from another private room
- parents allowed a 'familiarisation visit' to the courtroom
- accessible (shorter) court judgments delivered in the first instance for parents.

The three most frequently reported barriers to making reasonable adjustments in practice were as follows.

- Judges, barristers and solicitors currently having only limited access to training to help them consider both a person's vulnerability and what reasonable adjustments should and could be made within the context of family court proceedings. Judges referenced Practice Direction 3AA of the Family Procedure Rules, the Equal Treatment Bench Book (Judicial College 2023) and The Advocate's Gateway Toolkits as sources of information and guidance. However, no specific learning disability or learning difficulty-focused training was mentioned and some judges expressed a view that such training should be available.

> *"I'm very familiar with The Advocate's Gateway Toolkits and so, therefore, the need for how to put questions in an appropriate way. But in terms of generally understanding and meeting their wider needs, then I don't think there's a great deal of training. At least, not that I've been aware of" (Judge).*

Some barristers had accessed 'vulnerable witness' training, which was highly valued but thought currently to be a requirement only for advocates cross-examining witnesses in criminal courts and not yet at all available to solicitors.

> *"In the criminal bar you cannot cross-examine a vulnerable party unless you have been specifically trained... It's an anomaly [that] it's required in the criminal courts but not in the family courts" (Barrister).*

- The physical constraints of courtrooms and court buildings.

> *"We are hindered to some extent by our court buildings, which you know aren't particularly fit for purpose. We haven't got extensive meeting rooms in [X area] in the court building, separate waiting areas, it's a real issue" (Solicitor).*

- Judicial concerns about the potential for adjustments to contribute to delay for the child and/or to lengthen hearings in the context of current pressure to reduce the number of cases in the court lists.

> *"With extra pressures [currently] on court lists that makes it harder ... because you have 'I've got to get through the work', but you don't want to do that at the sacrifice of Article 6 and, you know, people being able to properly engage" (Judge).*

Within this overall context of concern for timescales, both legal advocates and social workers considered an outstanding problem to be inconsistency of judicial practice and/or openness to a full range of reasonable adjustments.

> *"It depends. Some judges are very good. I've certainly been in proceedings where judges have been very clear about language and stop solicitors: 'Mum doesn't understand what you're saying right now, you need to be briefer, be clearer'. Or, 'Write a short summary in simple language so that parents can understand this.' I've also had far too many proceedings where it's very little adaptation at all" (Social worker).*

Social workers also considered that there was still a lot of jargon used in court.

> *"I'm a seasoned safeguarding social worker but [even] I am bamboozled about what barristers have talked about, what the judge has talked about...all the jargon (Independent reviewing officer).*

Reasonable adjustments at the end of care proceedings

The organisation or availability of support for parents beyond the end of care proceedings was not well recorded on the case files accessed for this study. However, there were examples of parents with learning disabilities or learning difficulties being offered support beyond care proceedings, for example:

- specialist services, such as Pause, or similar in-house models of support for parents with children removed from their care
- adult social care services (for example, the learning disability team, where they were involved during the care proceedings)
- advocacy services
- local voluntary sector organisations supporting adults, including parents with learning disabilities
- adoption-related counselling services.

With the exception of ongoing support from adult social care services, access to these types of support was through a referral from the child's social worker.

All of the mothers participating in an interview had subsequently been referred to and worked with services designed to prevent further child removals.[18] They spoke very highly of these services. As well as much needed emotional support, these parents also described their support workers helping in practical ways, such as in moving house, linking with support groups and helping them to access training or further education. They described being given 'time' and being 'heard'.

> *"If I didn't have [practitioner], I wouldn't be the person I am... I wouldn't be going to college, I would be locking myself in my room... I wouldn't go to doctors to get help with my depression... I feel positive in my life" (Parent 2).*

There were mixed views about the timeliness of this specific form of support, with some parents experiencing a referral happening quite quickly but others having to wait for some time and needing to chase it up. All mothers expressed a view that parents (mothers and fathers) should more consistently be offered this kind of support after proceedings had ended.

> *"I have support now...but there's nothing for dads" (Parent 1).*

However, a strong theme from the parent interviews was that, at the end of proceedings, they had experienced a sudden and difficult transition from working intensely with social care services, including sometimes a single professional or team over a long period, to no interaction or support.

> *"Radio silence...you take my kids and then you just disappear!" (Parent 1).*

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[18] Mothers were successfully recruited to participate in this study through these agencies.

Many professionals of all types participating in an interview expressed concern about what they perceived to be inconsistently available support for parents who kept their babies at the end of care proceedings, particularly where the support had only really commenced during proceedings. They were also concerned about parents who had been identified as having learning disabilities during care proceedings but could not then access (adult social care) funded support:

> *"...because then also you've lived your life for x amount of years not believing you've had a learning difficulty. Then this really traumatic event happens and you get diagnosed with or kind of labelled with having a learning disability... and then nothing happens as a result of that. It's just now another label that you have and then everyone leaves" (Support worker).*

With reference to post-proceedings support for parents who did not keep their babies, a consensus view of professionals was that the availability of this kind of support not only varied from local area to local area but might also be generally insufficiently tailored to the needs of parents with learning disabilities or difficulties.

> *"Parents with learning difficulties... I don't think they're excluded, I just don't think they're flagged as that service being helpful" (Solicitor).*

Frequently, services were described as falling away once proceedings ended.

> *"I'm afraid the parents tend to get marginalised as soon as the child is removed" (Judge).*

The mechanism for encouraging parents into post-proceedings support was considered by legal professionals to be the child's social worker, whereas social care professionals sometimes thought this role more often fell to the parent's solicitor. Relying on the child's social worker to negotiate post-proceedings support for and with parents whose babies were removed from their care was considered a flawed mechanism by some interviewees of all types. This was because parents might not wish to engage with the child's social worker post-proceedings, they might not trust the social worker's advice, or the conclusion of care proceedings might end their involvement with children's services abruptly.

> *"Obviously, people don't really want to maintain contact with the social workers that have removed and adopted the children. And I think there's quite a bit of reluctance in accessing support afterwards because they've ... lost the most important thing that they were fighting for" (Team manager).*

Parents with learning disabilities or learning difficulties, indeed all parents whose babies were removed, were considered to need a better, more consistent mechanism for helping them access support services post-proceedings, for example through lay advocacy or support workers already involved with them – people who were perceived to be independent of the child's social worker.

Court and child outcomes

This study's case file analysis methodology and evidence gathered did not enable researchers to establish a direct association between either:

- parents having learning disabilities or difficulties and different court or child outcomes; or
- the three key themes explored above (timeliness or delay, support for parents to engage and participate, and reasonable adjustments) and different court or child outcomes.

However, in 66 of the 67 care proceedings involving parents with learning disabilities or learning difficulties, it was possible to identify an outcome of proceedings in terms of a specific order made at the end of the proceedings.

The most frequent outcome order was a care order and placement order (combined) with a plan for adoption (in 42% cases).

Table 3: Final court orders made in care proceedings involving parents with learning disabilities or learning difficulties

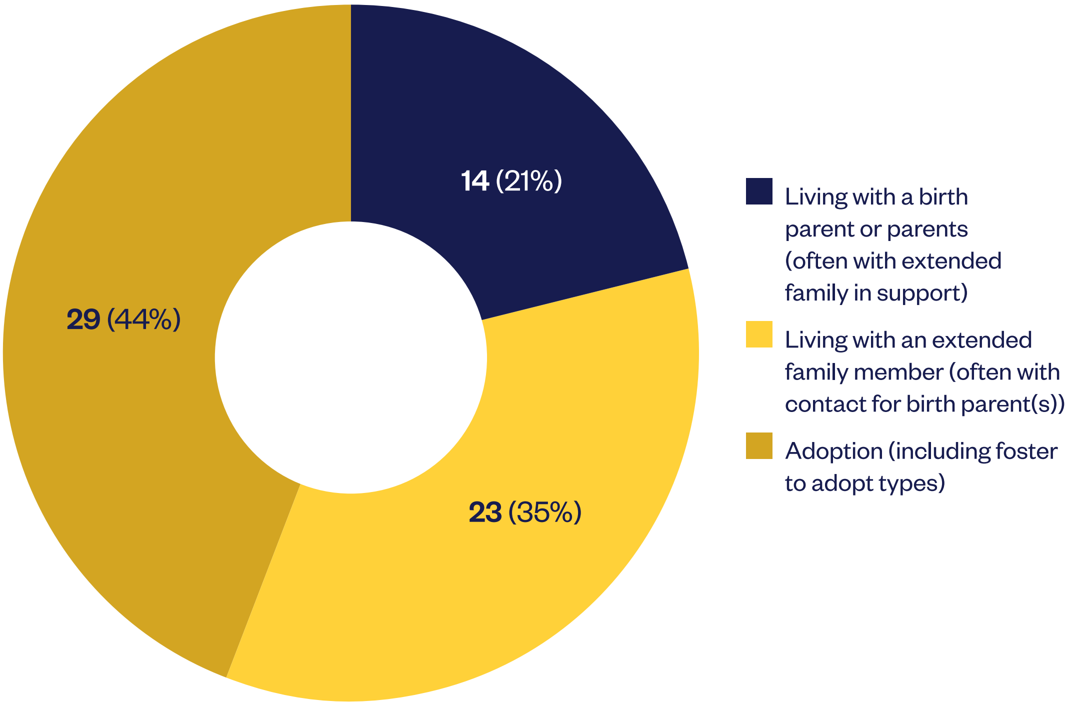
Order type	Number (n=66)	Percentage (%)
Care order and placement order	28	42%
Special guardianship order	15	23%
Supervision order	11	17%
Care order	7	11%
Child arrangements order	3	4%
Supervision order and special guardianship order	2	3%

Irrespective of the order type, the overall plan for the child could be grouped into three main categories:

- living with a birth parent or parents
- living with extended family members or member, often with regular ongoing contact for the birth parent or parents
- adoption.

As illustrated in Figure 6, the overall plan for most children of parents with learning disabilities or learning difficulties was either to remain living with parents (21%) or with extended family members (35%), including contact with parent where possible. In 44% of cases, the plan was for the child to live with adoptive parents.

Figure 6: Overall plan for children of parents with learning disabilities or learning difficulties



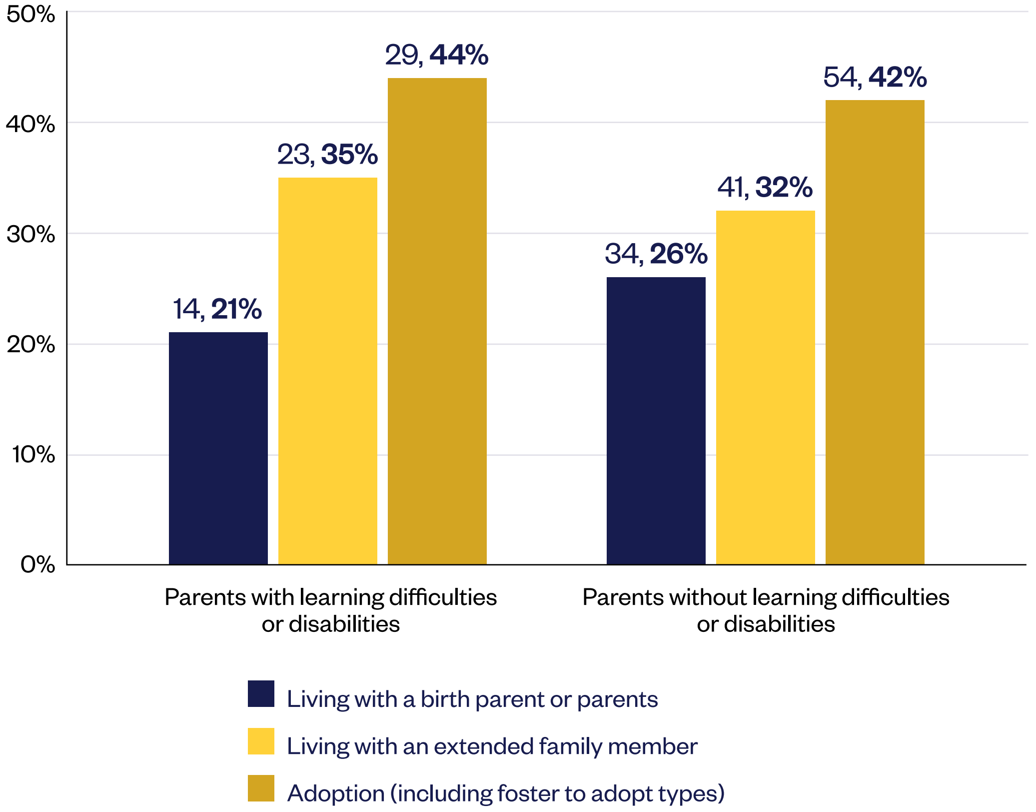
Researchers also identified the court order outcomes made in other cases (those not involving parents with learning disabilities or learning difficulties) in the overall case file sample, as illustrated in Table 4.

Table 4: Final court orders made in care proceedings not involving parents with learning disabilities or learning difficulties

Order type	Number (n=128)	Percentage (%)
Care order and placement order	54	42%
Special guardianship order	24	19%
Supervision order	24	19%
Care order	11	9%
Child arrangements order	5	4%
Supervision order and special guardianship order	3	2%
No order	7	5%

The local authority plan for the babies' subject of care proceedings could be ascertained in 129 of the cases that did not involve parents with learning disabilities or learning difficulties. As illustrated in Figure 7, the proportions of children with a plan to reside with a birth parent, or with extended family member(s), or to be adopted were largely the same as for the 'learning difficulties' cohort, although a slightly greater proportion of children had a plan to reside with parent(s) and a slightly lower proportion had a plan to reside with an extended family member.

Figure 7: A comparison of local authority plan type by children of parents with learning disabilities or difficulties and children of parents without learning disabilities or difficulties



Discussion and recommendations

Albeit with some limitations to generalisability, this study provides an indication of the likely high prevalence of learning disabilities or difficulties among parents involved in care proceedings regarding babies.

The key finding with regards prevalence – that around one third of the 200 most recently concluded care proceedings cases regarding babies involved parents with a learning disability or difficulty – lends significant weight to the need to strengthen practice within local authorities, legal services and courts.

Our specific recommendations are organised below with reference to how children's social care (practice), courts, court systems and national policy can support key improvements.

Local authorities

- Take on board the findings of this study regarding the likely prevalence of parents with learning disabilities or learning difficulties (mostly learning disabilities) in child protection and care proceedings regarding babies and/or undertake an audit to determine, with reference to court bundles, what that prevalence is in fact locally. Address cultural barriers to change.

- Require children's social workers to screen for and, where indicated, to organise a more in-depth assessment of a parent's learning needs as a core part of any early assessment work, including at a pre-birth stage and, at the latest, during formal pre-proceedings. Screening and identification should take account not only of overall (generalised) definitions of learning disabilities or learning difficulties but also more specific domains that relate to parenting and that are suggested by this study. It should aim not to be 'labelling'. Screening questions might include education and employment history, past cognitive assessments, reading and writing, understanding more abstract concepts, and retaining and applying information.

- Make arrangements for social workers and family support workers to engage in regular, mandatory post-qualification training to identify, communicate effectively with and tailor support for parents with learning disabilities or difficulties. This should be given equal weight to training in working with domestic abuse or parental substance misuse and is likely to be useful for work with all parents in child protection processes, not just those with learning disabilities or difficulties.

- Incorporate and nurture learning disabilities expertise within child and family social work teams undertaking child in need and child protection work.

- In line with Best Practice Guidelines for When the State Intervenes at Birth (Mason et al. 2023), engage and work with parents referred pre-birth long before the actual birth – as part of the assessment process.

- Improve the commissioning and availability of lay advocacy so that it is more consistently available pre-proceedings and provided by people sufficiently trained in working with parents with learning disabilities or difficulties. Lay advocates should also be tasked with assisting parents whose children are removed from their care to connect with broader community-based support, including services to prevent recurrent care proceedings, which should be available in all areas.

- Work with regional or national partners to improve the availability of parent and baby residential and foster placements that are informed and able to respond to the needs of parents with learning disabilities or difficulties.

Senior leaders of the judiciary, bar and solicitors working in family courts

- Encourage the sharing of findings from this report and discussion about its recommendations widely, including through local family justice boards.

- Consider requiring local authorities to pay for a cognitive assessment during care proceedings where there is evidence of wasted costs resulting from such an assessment not having been undertaken during pre-proceedings.

- Improve the rollout of vulnerable witness training for all advocates working in care proceedings.

- Develop specific training for the judiciary on directing proceedings involving parents with learning disabilities.

- Consider making parental learning disabilities or learning difficulties an explicit reason for extending proceedings beyond 26 weeks.

- With national partners, consider whether and how some or all Family Drug and Alcohol Court (FDAC) processes could be applied to parents with learning disabilities or difficulties to improve the experience and effectiveness of support offered during and at the conclusion of care proceedings.

National policy support for improvements

- Improve the visibility and impact of the 2021 Update of the 2016 Good Practice Guidance on Working with Parents with a Learning Disability (WTPN 2021) and Best Practice Guidelines for When the State Intervenes at Birth (Mason et al. 2023), including within the refreshed Working Together guidance (HM Government 2023) and other key national guidance, such as social care assessment guidance and frameworks.

- Encourage local authorities to self-audit recently concluded care proceedings regarding babies to identify a local prevalence of parental learning disabilities or learning difficulties – including with reference to the definitions and data sources suggested in this study.

- Encourage more timely identification of parental learning disabilities or learning difficulties during pre-proceedings rather than in court – on the basis that earlier identification leads to better assessments and support for parenting as well as reduced delay for the child. Develop new – or road test existing – approaches to timely (pre-proceedings) screening for, and identification of, parental learning disabilities or learning difficulties by social care services (e.g. tools, pathways and protocols).

- Explore with Social Work England the extent to which social work qualification training includes a sufficient focus on the skills and knowledge base required to work effectively with parents with learning disabilities or difficulties.

- Provide funding and other incentives to pilot specific improvements, such as: tailoring pre-birth work with parents with learning disabilities; embedding learning disability specialists within children's social care teams (to support identification, advice and consultation and also to build team skills and develop services); providing tailored post-birth support for parents (in the community or residential settings); and developing mechanisms to ensure parents with learning difficulties are more consistently connected with tailored post-proceedings support.

- Work with sector specialists to co-produce guidance on how, within formal and informal pre-proceedings, key documentation and lay advocacy can be made more accessible for parents with learning disabilities or difficulties.

References

Alrouh, B., Abouelenin, M.. Broadhurst, K., Cowley, L., Doebler, S., Farr, I., Cusworth, L., North, L., Hargreaves, C., Akbari, A., Griffiths, L.J., and Ford, D. (2022). *Mothers in recurrent care proceedings: New evidence for England and Wales.* Nuffield Family Justice Observatory. https://www.nuffieldfjo.org.uk/resource/mothers-in-recurrent-care-proceedings-new-evidence-for-england-and-wales

American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders: DSM-5*™ (5th ed.). American Psychiatric Publishing. https://doi.org/10.1176/appi.books.9780890425596

Booth, T., Booth, W. and McConnell, D. (2005). *The Prevalence and Outcomes of Care Proceedings Involving Parents with Learning Difficulties in the Family Courts.* https://doi.org/10.1111/j.1468-3148.2004.00204.x

Braun, V. and Clarke, V. (2022). *Thematic analysis: A practical guide*. Sage. London.

The British Psychological Society. (2011). *Good practice guidance for clinical psychologists when assessing parents with learning disabilities*. https://doi.org/10.53841/bpsrep.2011.rep171

The British Psychological Society. (2015). *Guidance on the assessment and diagnosis of intellectual disabilities in adulthood*. https://doi.org/10.53841/bpsrep.2015.inf239

Broadhurst, K., Alrouh, B. and Mason, C. (2018). *Born into care. Newborns in care proceedings in England*. Nuffield Family Justice Observatory. https://www.nuffieldfjo.org.uk/wp-content/uploads/2021/05/Born-into-Care_Final-Report_10-Oct-2018.pdf

Broadhurst, K., Mason, C. and Ward, H. (2022). Urgent care proceedings for new-born babies in England and Wales – time for a fundamental review. *International Journal of Law, Policy and the Family*, Volume 36, Issue 1, 2022. https://doi.org/10.1093/lawfam/ebac008

Burch, K., Allen, V., Green, C., Taylor, V. and Wise, S. (2019). *Research on the number of children in Wales placed into care from parents with learning disability and the reasons behind their removal*. Welsh Government. https://www.gov.wales/sites/default/files/statistics-and-research/2019-12/research-number-children-placed-into-care-from-parents-learning-disability-reasons-behind-their-removal.pdf

Cluley, V. (2018). Learning disability to intellectual disability – Perceptions of the increasing use of the term 'intellectual disability' in learning disability policy, research and practice. *British Journal of Learning Disabilities*, 46(1) pp. 24–32.

Courts and Tribunals Judiciary. (2018). *Family proceedings: Parents with a learning disability*. https://www.judiciary.uk/guidance-and-resources/family-proceedings-parents-with-a-learning-disability/

Courts and Tribunals Judiciary. (2023). *Speech by the President of the Family Division: Parents with intellectual impairment in public law proceedings – the need to be alert*. Keynote address, Aspire Conference Exeter, 7 February 2023. https://www.judiciary.uk/speech-by-the-president-of-the-family-division-parents-with-intellectual-impairment-in-public-law-proceedings-the-need-to-be-alert/

Franklin, L., Theodore, K., Foulds, D., Cooper, M., Mallaghan, L, Wilshaw, P., Colborne, A., Flower, E., Dickinson, D. and Nga Yu Lee, J. (2021). "They don't think I can cope because I have got a learning disability…": Experiences of stigma in the lives of parents with learning disabilities. *Journal of Applied Research in Intellectual Disabilities*. https://doi.org/10.1111/jar.12934

Harwin, J., Alrouh, B., Golding, L., McQuarrie, T., Broadhurst, K. and Cusworth, L. (2019). *The contribution of supervision orders and special guardianship to children's lives and family justice*. Centre for Child & Family Justice Research, Lancaster University. https://www.cfj-lancaster.org.uk/app/nuffield/files-module/local/documents/HARWIN%20main%20report%20SO%20and%20SGOs%20_%204Mar2019.pdf

HM Government. (2023). *Working together to safeguard children 2023*. https://assets.publishing.service.gov.uk/media/65803fe31c0c2a000d18cf40/Working_together_to_safeguard_children_2023_-_statutory_guidance.pdf

The Independent Review of Children's Social Care. (2022). *The independent review of children's social care – Final report*. https://assets.publishing.service.gov.uk/media/640a17f28fa8f5560820da4b/Independent_review_of_children_s_social_care_-_Final_report.pdf

Judicial College. (2023). *Equal treatment bench book*. February 2021 edition, April 2023 revisions. https://www.judiciary.uk/wp-content/uploads/2023/06/Equal-Treatment-Bench-Book-April-2023-revision.pdf

Kollinsky, L., Simonds, L. and Nixon, J. (2012). A qualitative exploration of the views and experiences of family court magistrates making decisions in care proceedings involving parents with learning disabilities. *British Journal of Learning Disabilities*, 41, pp. 86–93. https://doi.org/10.1111/j.1468-3156.2012.00726.x

Mason, C., Broadhurst, K., Ward. and Barnett, A. (2023) *Born into Care: Best practice guidelines for when the state intervenes at birth*. Nuffield Family Justice Observatory. https://www.nuffieldfjo.org.uk/resource/born-into-care-best-practice-guidelines-and-other-resources

Masson, J., Pearce, J. and Bader, K. (2008). *Care profiling study.* Ministry of Justice Research Series 4/08. https://research-information.bris.ac.uk/ws/portalfiles/portal/9073958/care_profiling_study_Rpt.pdf

MacIntyre, G., Stewart, A. and McGregor, S. (2019). The double-edged sword of vulnerability: Explaining the persistent challenges for practitioners in supporting parents with intellectual disabilities. *Journal of Applied Research in Intellectual Disabilities*, 32, pp. 1523–1534. https://doi.org/10.1111/jar.12647

Pattinson, R., Broadhurst, K., Alrouh, B., Cusworth, L., Doebler, S., Griffiths, L., Johnson, R., Akbari, A. and Ford, D. (2021). *Born into care: Newborn babies in urgent care proceedings in England and Wales*. Summary. https://www.nuffieldfjo.org.uk/wp-content/uploads/2021/06/newborn-babies-in-urgent-care-proceedings-in-england-and-wales-summary-0621.pdf

Proctor, S. and Azar, S. (2013). The effect of parental intellectual disability status on child protection service worker decision making. J*ournal of Intellectual Disability Research*. 57, pp. 1104–1116. https://doi.org/10.1111/j.1365-2788.2012.01623.x

Public Health England. (2016). *People with learning disabilities in England 2015*. https://www.gov.uk/government/publications/people-with-learning-disabilities-in-england-2015

Public Health England. (2023). *Learning disability - applying All our health*. https://www.gov.uk/government/publications/learning-disability-applying-all-our-health/learning-disabilities-applying-all-our-health

Public Law Working Group (2021). *Recommendations to achieve best practice in child protection and family justice systems.* https://www.judiciary.uk/wp-content/uploads/2021/03/March-2021-report-final_clickable.pdf

Stewart, A. and MacIntyre, G. (2017). *Parents with learning disabilities*. Insights 37. Iriss. https://www.iriss.org.uk/sites/default/files/2017-04/insights-37_0.pdf

Tarleton, B. (2013). Expanding the engagement model: The role of the specialist advocate in supporting parents with learning disabilities in child protection proceedings. *Journal of Public Child Welfare*. 7:5, pp. 675–690. http://dx.doi.org/10.1080/15548732.2013.845643

Tarleton, B. (2015). A few steps along the road? Promoting support for parents with learning difficulties. *British Journal of Learning Disabilities*, 43, pp.114–120. https://doi.org/10.1111/bld.12124

Tarleton, B. and Heslop, P. (2021). Mellow futures: An adapted parenting programme for mothers with learning difficulties in England and Scotland. Professionals' views on the outcomes. *Health and Social Care in the Community*, Volume 29, Issue 5, 2021 https://doi.org/10.1111/hsc.13164

Tarleton, B. and Turney, D. (2019). Understanding 'successful practice(s)' with parents with learning difficulties when there are concerns about child neglect: the contribution of social practice theory. *Child Indicators Research*. Vol 13: pp. 387–409. https://link.springer.com/article/10.1007/s12187-019-09682-y

Tarleton, B. and Ward, L. (2007). 'Parenting with Support': the views and experiences of parents with intellectual disabilities. *Journal of Policy and Practice in Intellectual Disabilities*. 4. pp. 194–202. https://doi.org/10.1111/j.1741-1130.2007.00118.x

Theodore, K., Foulds, D., Wilshaw, P., Colburne, A., Lee, J. N. Y., Mallaghan, L., Cooper, M. and Skelton, J. (2018). *'We want to be parents like everybody else': Stories of parents with learning disabilities*. International Journal of Developmental Disabilities, 64, 184–194. https://doi.org/10.1080/20473869.2018.1448233

Tilbury, N. and Tarleton, B. (2023). *Substituted parenting: What does this mean for parents with learning disabilities in the family court context?* University of Bristol. https://www.nuffieldfoundation.org/wp-content/uploads/2021/10/Substituted-parenting-What-does-this-mean-for-parents-with-learning-disabilities-in-the-family-court-context.pdf

Weschler, D. (2010). *Weschler Adult Intelligence Scale – Fourth UK Edition: Administrative and Scoring Manual.*The Psychological Corporation.

Working Together with Parents Network (WTPN). (2021). *The Working Together with Parents Network (WTPN) 2021 update of the 2016 good practice guidance on working with parents with a learning disability*. https://www.bristol.ac.uk/media-library/sites/sps/documents/wtpn/FINAL%202021%20WTPN%20UPDATE%20OF%20THE%20GPG.pdf

World Health Organization. (2022). *International classification of diseases 11th revision (ICD-11)*. https://icd.who.int/en

Nuffield Family Justice Observatory

Nuffield Family Justice Observatory (Nuffield FJO) aims to support the best possible decisions for children by improving the use of data and research evidence in the family justice system in England and Wales. Covering both public and private law, Nuffield FJO provides accessible analysis and research for professionals working in the family courts.

Nuffield FJO was established by the Nuffield Foundation, an independent charitable trust with a mission to advance social well-being. The Foundation funds research that informs social policy, primarily in education, welfare, and justice. It also funds student programmes for young people to develop skills and confidence in quantitative and scientific methods. The Nuffield Foundation is the founder and co-funder of the Ada Lovelace Institute and the Nuffield Council on Bioethics.

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