7 Minute Practice Briefing: Dorset and Wiltshire learning review

Recommendations

- Professionals need to be aware that terms such as learning need, learning difficulty, and learning disability are incorrectly used interchangeably and they should seek clarity and record carefully as to which of these applies to each individual.
- We need to seek assurance that all parts of the health system are aware of their responsibility to safeguard women and children where a parent has a learning disability/difficulty.
- Where possible, joint visits should be completed in the mid-trimester to allow for time for assessment and intervention pre-birth.
- Minutes from multi-agency meetings should be shared with all involved professionals to ensure that there is a full understanding of concerns and actions to reduce the risk to the children. In this case, the strategy meeting minutes were not shared with all health professionals.
- Develop a plan, template, or pathway to ensure best way of communicating with women with a learning disability/need.
- An agreed means for personalised communication between all agencies at a level that the service users understand when being discharged to either home or another service.
- Discharge planning meetings must occur upon discharge from NICU/hospital.

Background

This single agency learning review between Dorset and Wiltshire CCG was completed in February 2022 – see link to full report here (Report-Single-Agency-Health-Review-04.01.2023-v1-redacted-for-website-03.05.2023.pdf (pdscp.co.uk). This learning review was commissioned following a young baby being discharged from NICU without a discharge planning meeting having been held. The baby was then re-admitted to hospital with concerns around jaundice. Once readmitted, Neonatal staff raised concern that parents were struggling to meet basic care needs which included changing their nappy and leaving baby clean. Observations highlighted concerns about parenting capacity for the baby as mother was unable to follow clear instructions in relation to feeding times and quantities. Furthermore, she could not adapt her parenting to meet her baby's needs. The parents have learning disabilities and so the focus of this review was around whether professionals appropriately recognized and considered this in their assessments.
This practice briefing aims to support professionals working with children and families across all statutory and voluntary agencies with the key learning from this review.

Finding 1: Defining parental disability, learning difficulty, and learning needs and what this means for parenting capacity.

- Learning disability is a protected characteristic under law and it is the practitioner's responsibility to understand the implication of this for parents with a learning disability and the child(ren) involved (Equality Act 2010)
- Assessment of learning disability needs to be undertaken by an appropriate professional.
- When a parent says that they have support, this needs to be fully understood, documented, and needs to inform the care plan.
- There needs to be robust communication between all agencies involved in their care.
- Consideration for an offer of early help and the advocacy service should be undertaken to ensure that the family needs are met.

Finding 2: Assessment of need

- A carefully agreed means of communication between professionals and the parent with a learning disability needs to be in place.
- Standard practice should be the introduction of an advocate - if the parent(s) consented - to ensure communication needs are met and understood.
- The voice of the parent must be translated to ensure that the care needs of the child are met.
- Discharge planning must be robust, and the baby should not be discharged without this planning being in place.

Finding 3: Planning with professionals

- Minutes from multi-agency meetings should be shared with all involved professionals to ensure that there is a full understanding of concerns and actions to reduce the risk to the children. In this case, the strategy meeting minutes were not shared with all health professionals.
- Ensure parents understand the literature that is provided to them, for example ICON and the different roles of practitioners and what to expect from the service.
- The parenting disability pathway for PDSCP is here https://proceduresonline.com/trixcms/media/7379/multi-agency-protocol-for-working-with-parents-who-have-a-learning-disability-mar-2021.pdf

Finding 4: Supporting physically disabled parents and ensuring their participation

- Where a parent is disabled, it is important for professionals to be clear about what their needs and abilities are, and for these to be understood by all professionals working with the family.
- The Equalities Act 2010 makes clear that where a person has a disability, services must make sure they make reasonable adjustments to ensure participation.
- Professionals need to be clear on the disabled parents' parenting capacity and what it is reasonable for them to be able to achieve and consider where they may need additional support.
- There should be a holistic, whole family approach taken by professionals working with a family – this should involve clear communication between Children's and Adult Services where this is relevant.

Finding 5: Partnership working

- We need to seek assurance that all parts of the Health system are aware of their responsibility to safeguard women and children where a parent has a learning disability/difficulty
- Professional challenge is an important aspect of safeguarding children and families. In this case, there were multiple partners engaged in providing antenatal care across the Health system and any one could have raised a concern in relation to the parent's ability to meet the needs of their baby
- Professionals should be mindful of over-optimism in relation to a parent's ability to meet the needs of their baby

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Agreed by the Dorset Learning Hub on:
*See the link to the report here: