PE1789/E
Petitioner submission of 31 October 2020

All submissions recognise the need for more qualified persons. They are looking older children probably late Primary or secondary schools. One comment is that children should be brought into the discussions. Due to their age and LDD that is often difficult for them.

Statistics indicate 10% of the population are Dyslexic and 1.1% are on the Autistic spectrum. It is accepted that most LDD are hereditary, therefore the situation will increase over time. In the study (https://fostercareresources.files.wordpress.com/2015/01/booth-parents-with-lea-diff.pdf) by Tim Booth reports that parents with learning disabilities/difficulties are 50 times more likely to have their children into care. He states the number of parents with LDD's will increase.

Problems start after birth. Most contact families have is with nurses, health visitors and social workers. One Local Authority admits their social workers have no training in working with people with LDD's nor were they aware of Government guidelines on how to work with such patients. Health service staff may be aware of LDD's but have no specialised knowledge to properly asses. People of all ages with LDD's present themselves differently to the "normal" population. Some are highly intelligent but working with them takes an understanding of how to communicate with them. Through lack of understanding of how they "tick” they are seen as argumentative and aggressive. Professionals class parents as difficult and a poor relationship ensues.

The mother and family notice when a child is not meeting the "normal" development stages. These can be many e.g. not crawling, delayed speech, lack of communication including eye contact. Health visitors may understand the parents’ concerns, but they do not have the training to recognise any specific development problem and what advice to give. The health visitor can refer to the GP. As the child gets older and after attending primary school a doctor may refer the child to a CAMHS team. CAMHS teams are understaffed and it can be anywhere between 6 and 12 months (in some cases years) to get a referral.

Neither the families or child get the support they need. At school, teachers may recognise that the child has learning difficulties but are not qualified to understand what problems the child has. Teachers draw a up list of children they see as having difficulties. They refer the children that have the worst problems to educational child psychologist or a CAMHS team. Parents may complain to Head of Education who may arrange an assessment and work out a routine/learning module with the school. Those that don't get assessed, stay in school falling behind their class mates, eventually getting frustrated and causing problems at school and home. These children who don't get assessed go through an education system that does not give them the education to allow them to full fill their potential in later life, often become unemployed or employed in low wage jobs.

Families and/or children with LDD's often get caught in the child protection system. If parents ask for help, irrespective of whether they have LDD's of their own or not, untrained social workers and other child care workers claim that the children’s behaviour is caused by bad parenting. Such comments lead to resentment and eventually there is a high risk that the children will be taken into care for "their safety and wellbeing because of "bad parenting". Sometimes schools will report children to social workers for their behaviour, claims that they are underachievers, or they are subjected to bad parenting as they do not complete homework or miss school. Social workers will form a complaint and have the children taken into care. Many of these children who have unassessed or even assessed LDD's will be placed with foster carers who very often have no knowledge or training of working with such children. Children will often be passed from foster care to foster carer as some will be unable to deal with them. Unfortunately, as these children become adults, the full cycle is likely to be repeated.

The Promise, the follow up to the Independent Care Review is looking at many of the areas identified in the final report. The Promise is in formation mode, recruiting board members and staff. That is estimated to be completed by early 2021 and reports will take between 2 and 10 years to complete. It is estimated that it will take 10 years to fully implement the findings of the Independent Care Review report. The suggestions I am making where know and should have been addressed long ago. The matter needs addressing now and more training for social workers, teachers and health visitors given.

Parents are often ignored. Due to cut backs in educational budgets, there are fewer support workers/teachers assistants in primary schools to help support children with LDD's. Cut backs at the early stages of education does not save money long term as it creates bigger and more costly issues for both the public purse and the individuals as the children progress through adult life.