

**ISWA Working in Partnership towards Solutions
MANCHESTER**

1st December, 2006

**ASSESSING PARENTS WITH LEARNING
DISABILITIES**

Sue McGaw

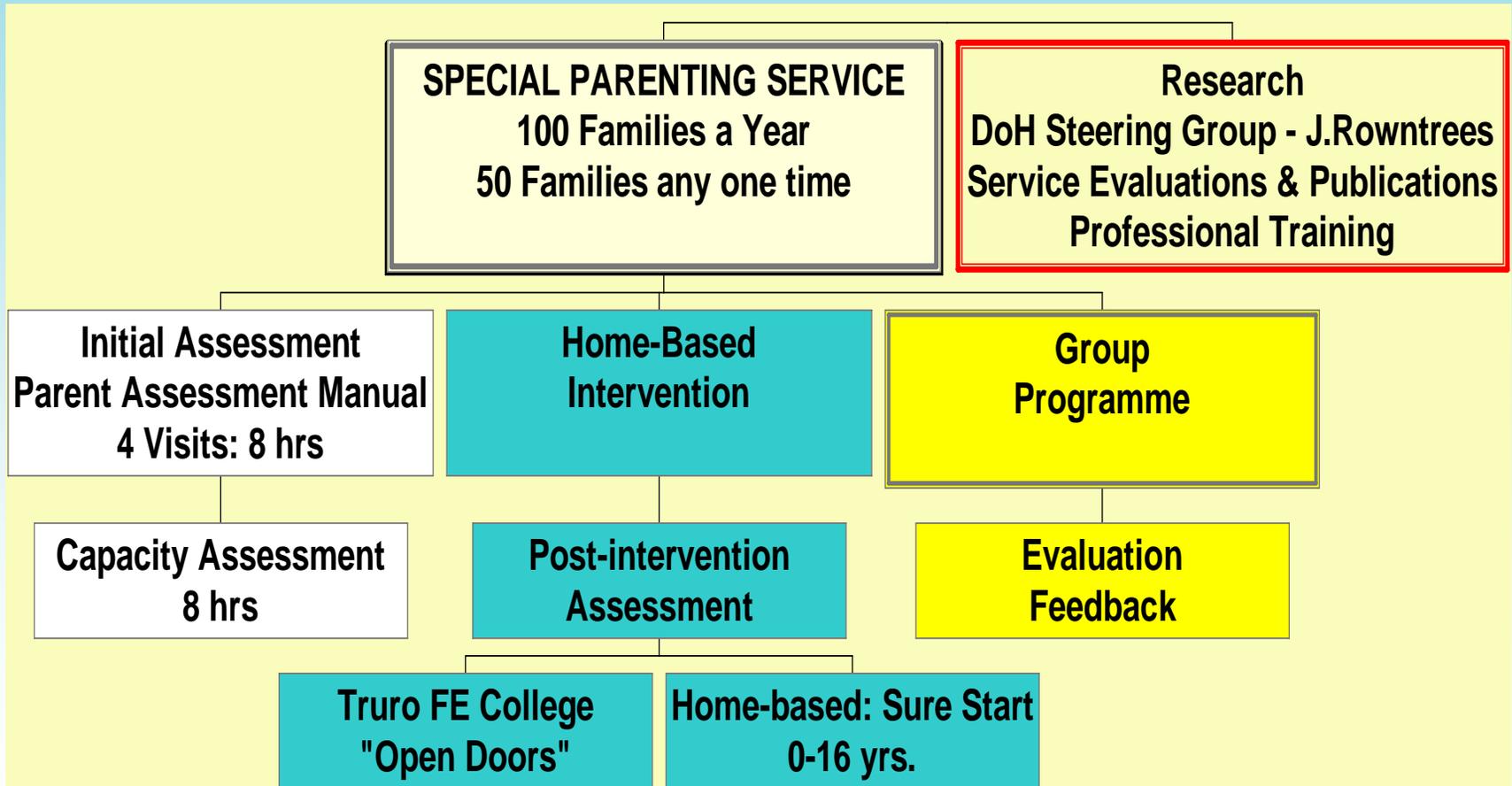
Special Parenting Service
Cornwall Partnership NHS Trust
www.cornwall.nhs.uk/specialparentingservices

Special Parenting Service Truro, Cornwall

- Founded 1988
- Funded by NHS, UK
- Multi-disciplinary team
- 2,500 ID Population
- Parents ID unknown
- Over 1000 families with ID



Special Parenting Service Cornwall



SAFEGUARDING

Media storm puts pressure on Essex

Essex County Council's decision to take the children of a couple with learning difficulties and low IQ into care has provoked a furious reaction from the press, but what implications does the case have for the sector as a whole? **Ruth Smith** investigates

Hysterical press coverage of child protection cases is nothing new. But "Victims of the child snatchers," a typical headline from the *Daily Mail's* crusade against Essex County Council's decision to place two children for adoption, has provoked outrage across the sector. The Essex case came to the *Mail's* attention after a High Court judge agreed with Essex social services that a four-year-old girl and 14-month-old boy would be at risk of harm if they remained with their parents. The mother has learning difficulties and the father a low IQ.

BAAF Adoption & Fostering has described the coverage as "dangerous and wrong" and has written to MPs to highlight its concerns. "These accusations will fuel mistrust in the system and could lead to fewer parents in need of help coming forward," it warns.

Getting to the real issue

But correcting irresponsible articles has eclipsed debate on the wider issue the Essex case raises: what is the role of local authorities and family courts when parents are not actively hurting their children, but are failing to support them effectively? Essex, whose track record on adoption and child protection is described as strong by the Commission for Social Care Inspection, has stressed the range of support it gives to families.

"In most cases our staff work to support families and ensure children stay with their parents," says councillor Tracey Chapman, the cabinet member for children's services at the Conservative-controlled council.

In this case, the judge agreed with Essex's stance, saying: "The tragedy is that the parents are unable, even when the most concentrated and intensive support is deployed to assist them, to adequately manage the day-to-day care of their children."

But it is not clear whether there is consistency in support services for parents with learning disabilities across the UK. "It varies," says Anthony Douglas, chief executive of Cafcass, the Children and Family Court Advisory and Support Service, and chair of BAAF Adoption & Fostering. And

Revealed: The scandal of loving families whose children are being forcibly taken away to meet adoption targets

THE CHILD STEALERS

Pressure grows to curb court 'child-snatchers'

STOLEN BY THE STATE

Benedita Brown
James Chapman
INTELL were under pressure last night to reveal the extent of security forces' involvement in the child-snatching scandal.

who have claimed the Mail is "reporting on the lives of people who are not in a position to give their views on this before they have been properly consulted."

As the row deepened, it emerged that social workers could be investigated for a criminal offence of kidnapping if they are found to have taken children into care without the consent of the parents.

up the adoption process are continuing to be reviewed. The number of children in care has increased by almost 10 per cent since Labour came to power.

rs!
the
oyal

The *Daily Mail* has attacked the court's decision supporting Essex County Council

KEY STATISTICS

- Parental illness or disability accounts for six per cent of looked-after children
- Abuse or neglect accounts for 62 per cent of looked-after children cases
- Source: Department for Education and Skills statistics as at 31 March 2004

it is not just learning disabilities. "The number of children subject to care proceedings doesn't vary, according to the obvious criteria. There are reasons why the levels vary, which are worth examining," he says.

"It would be good to have more research on whether those parts of the country with good support services are not just able to keep the children at home but can also offer positive parenting programmes to parents with learning disabilities and secure better housing and support networks for them. I suspect that's the case but I don't think it's been adequately researched."

Mencap North East runs a support service for parents with learning disabilities but such services are rare. Staff act as advocates and attend child protection conferences and court hearings with parents, for example.

"My job is to make sure they understand the process and ensure their views are heard," says service co-ordinator Helen Newton. "A lot of the people I work with

can be good parents but they need support."

Volunteers provide general support to help parents with learning disabilities bring up their children. "They offer practical support, such as helping them attend parent and toddler groups," explains Newton.

Links between adult and children's services is another issue highlighted by the Essex case. "It is a concern," says Douglas. "Especially as adult and children's services split off from each other because the degree of joint working between community learning disability teams and family court or childcare teams is patchy. But that relationship needs to be solid so a family is given an integrated service."

Ian Johnston, director of the British Association of Social Workers, agrees there should be good links between the two. "But the whole of social work is under-resourced with a high staff turnover so staff don't always have time to invest in these relationships," he says.

The legal viewpoint

Legally, following a European Court of Human Rights ruling in February 2002, the Government must make a greater effort to support parents with learning disabilities before taking a child away from them.

"As far as I know, it's the only case of parents with learning disabilities that has gone this far," says Liz Goldthorpe, the chair of the Association of Lawyers for Children.

Although the European case must be read with care since it relates to a German family, under the Human Rights Act 1998 the ruling is applicable to UK cases. Despite support for the parents from an early stage, the European court said not enough had been done to help them keep their children and ruled there had been a violation of Article 8 of the European Convention on Human Rights, the right to respect for private and family life.

But getting that balance right is difficult, says Goldthorpe. "How long do you go on testing the situation when you should be putting children first," she asks. ●

Can Parents with LD parent?

1. Purposeful abuse infrequent by parents (Booths, 2005; Whitman 1994)
2. Neglect - omission not commission (Booths, 2005; Tymchuk & Andron, 1990)
3. Parental Risk Factors:
 - Cognitive functioning & ability to learn (Tymchuk, 1992; Feldman, 1997)
 - Discrepancy between parent's knowledge, skills, experiences & children's needs (Bakken 1993; McGaw 1999)
 - Vulnerability to psychopathology (Tymchuk 1993; McGaw et al., 2005)
 - Poverty, stress, poor social supports (Feldman, 1997; Denny et al 2001)
 - Main predictor of abuse/neglect (Schilling 1982; Lewellyn, 1995; McGaw 2005)

Children Outcomes?

Developmental Delays

- **Genetic vulnerability** (Reed 1965; Scally, 1975, Garber & Heber, 1977)
- Developmental delays (Cleaver, 2005)
- **Cognitive & Language skills** (Feldman 1986)
- **Boys more vulnerable than girls to behavioural problems** (Feldman, 1997)
 - **Low IQ mothers with children with higher IQs:**
 - More involved/responsive; More restrictive/punitive
 - **Low IQ mothers with children with low IQs:**
 - Less concerned/interactive; Less restrictive/not punitive

Psychopathology & Mental Disorders

- **CPR registration & mental disorders** (McGaw, Shaw & Beckley, 2006)
 - 79% CPR emotional abuse (parents with childhood trauma)
 - 67% Attention deficits across children of parents (depression) vs. 32% (no depression)
 - 39% Conduct disorders children (parents OCD) vs. 6% (no OCD)
 - 64% Anxiety disorders children (parents anxiety disorder) vs. 56% (no anxiety)
 - 92% Autism children (parental depression vs. 33% (no depression)

- **“Huck Finn” Syndrome** (O’Neil, 1985)

Long Term Outcomes (Booth & Booth 1997; Ray et al, 1994)

Court Issues

- **Court systems disadvantage parents LD**
(Tartleton, Ward & Howarth, 2006)
- **Discrimination in child protection proceedings**
(Booths et al. 2005; Taylor et al., 1991; McConnell & Llewellyn, 2000)
- **Cases of substantiated abuse/neglect**
(Booth, et al. 2005; McConnell & Llewellyn, 2000)

“Decision-Making & Parents with Learning Disabilities”

Dr. Sue McGaw & Dr. Sue Candy

In: *People with Learning Disabilities: Capacity to Make Decisions*

Eds. Glynis Murphy & Isabel Clare, Wiley. 2006.

Service Issues

“Children Living with Learning Disabled Parents”

Cleaver & Nicholson, 2005, DFES

- **Referral patterns**
- **Lack of specialist input & specialist tools**
- **Poor use specialist tools/methodologies/multi-agency assessments**
- **Poor collaboration** between LD teams & Children/Family Teams
- **Poor use of joint-commissioning** & funding between child/adult services
- **Need to improve** resources, training programmes & understanding re co-morbidity

Study of families & factors: High Risk vs. Low Risk Families

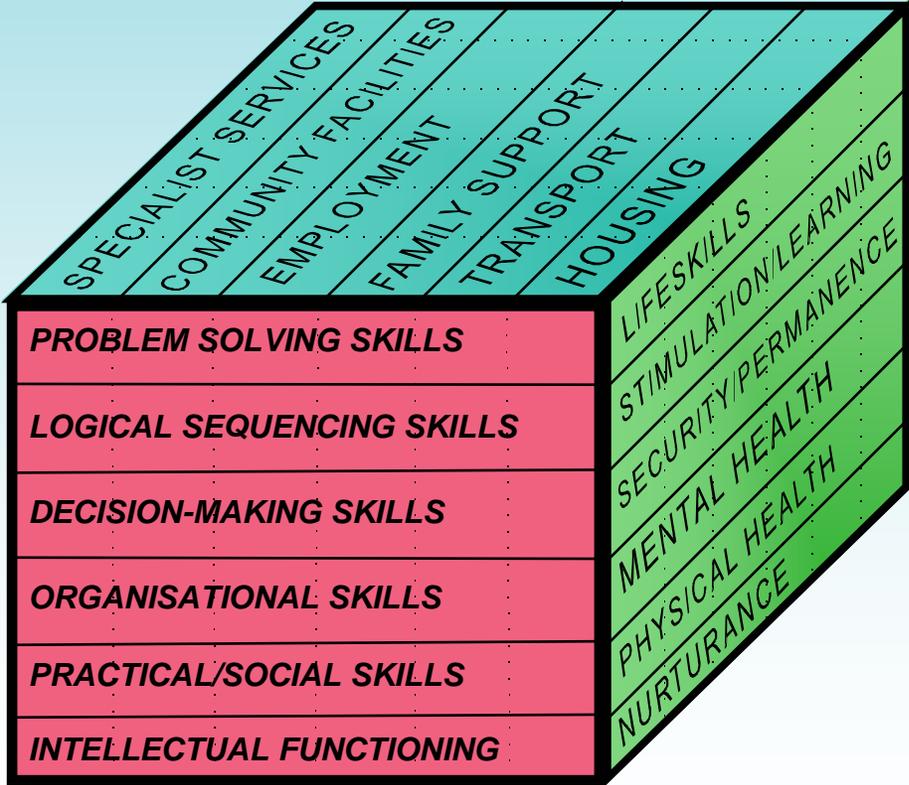
- ❑ Retrospective study (n = 101 parents IQ < 75)
- ❑ Comparison groups i) Parents, ii) Professionals, iii) Special Parenting Service
- ❑ Measures:
 - a) Parent Assessment Manual – Perception of Family Need
“I Need Help” & “Initial Screening Tool”
 - b) Demographic Variables
 - Parent data: IQ, disabilities/mental health/childhood histories
 - Children data: special needs, no.in family/removed, child protection reg.
 - Socio-economic status, housing, state benefits, amenities, car owner
 - Partner relationships/support/resources

Parenting Assessments

- **Parenting assessments** - no one assessment covering multi-complex needs, subjective, ad hoc, poor predictors of capacity
- **Government assessments** - checklists/frameworks – general guidance
- **Standardised parenting assessments/related** - limited breadth
(Parenting Stress Index/HOME Inventory/Webster-Carol Stratton)
- **Specialised parenting assessments** - non-standardised
(Red Cross Programme/Esprit/Tymchuk/Feldman)
- **Functional/Diagnostic/Ecological models**
(Mickelson, 1947; Dowdney/Attard, 1998; Hayman, 1990/ McGaw, 1998/Feldman, 2003, Jack, 2005)

Parent Multi-Dimensional Skills Model

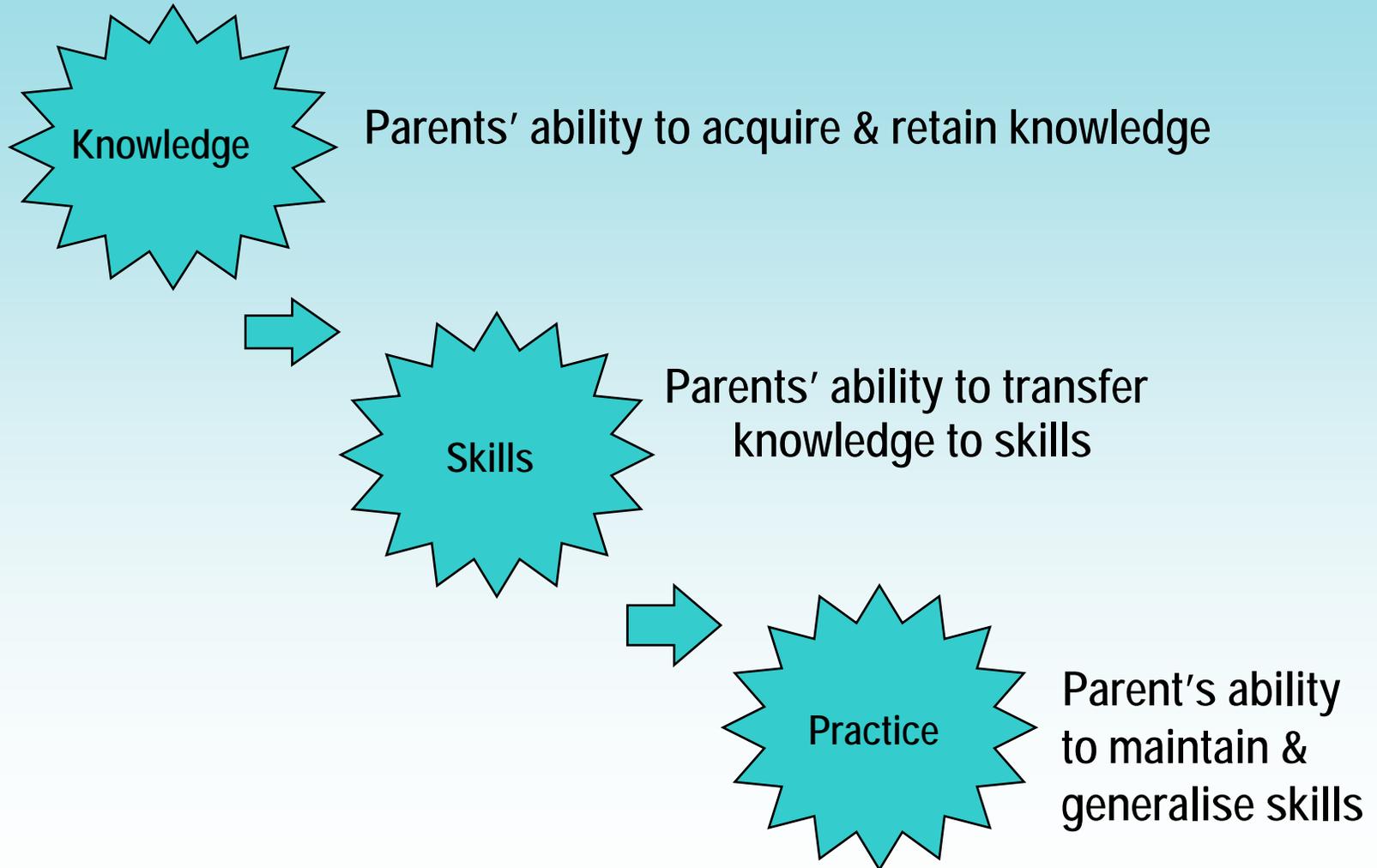
Support and Resources



Family History

Intellectual
Functioning
&
Independent
Living Skills

Knowledge/Skills/Practice Contingency





Parent Assessment Manual - Properties

34 Child & Parent Domains

- ❖ PAM is a structured wide-ranging functional & multi-dimensional parenting assessment
- ❖ PAM is aimed at vulnerable families: children (0-19 years) & their parents
- ❖ PAM assesses 333 skills (364 incl. sub-skills) focusing on *Parenting Knowledge-Skills-Practice* for each parent/jointly couple
- ❖ PAM provides Child/Parent Profiles & Teaching Programmes electronically
- ❖ PAM is a quick accurate tool for measuring baselines & teaching evaluations

GENERAL SAFETY

PARENTS KNOWLEDGE



Parent knows what to do in the event of:

1. A CLOTHES FIRE

- Good Knowledge (scores 4/3)
- Adequate Knowledge (scores 2)
- Poor Knowledge (scores 1/0)

A. What is happening in the picture?

Clarify: The boy's clothes are on fire.

SKILLS

1. Parent takes appropriate action when accidents/emergencies occur.

Parent Booklet Observation

- Good Skill
- Adequate Skill
- Poor Skill

2. Matches/firelighters are kept out of child's reach.

Observation

- Good Skill
- Adequate Skill
- Poor Skill

Child observed playing with lighter

3. Hot cups/ashtrays etc. are not left within reach.

Observation

- Good Skill
- Adequate Skill
- Poor Skill

Hot cups on the floor, knocked over near children

4. Parent can turn off/reset mains supplies e.g. gas, electrics, water.

Observation

- Good Skill
- Adequate Skill
- Poor Skill

5. Parent can change fuse.

Observation

- Good Skill
- Adequate Skill
- Poor Skill

PRACTICE

Agreed Frequency Actual Frequency

- G A P

- G A P

- G A P

- G A P

- G A P

Priority Rating

C
 1
 2
 3

C
 1
 2
 3

C
 1
 2
 3

C
 1
 2
 3

C
 1
 2
 3

OBSERVATION FORM Quality & Frequency of Practice

NAME of Parent **Mary Smith**

DATE **22. 9 2003**

COMPLETED BY **Chantal Bailie**

SETTING **HOME**

INSTRUCTIONS

1. Insert 3 in Good/Adequate/Poor columns each time skill is observed (e.g.3333= 4)
2. Use key to define quality of practice (Good/Adequate/Poor)
3. Total columns to show overall frequency

KEY :

- GOOD SKILL:** Skill demonstrated well without help
ADEQUATE SKILL: Skill demonstrated but parent needed reminding
POOR SKILL: Skill not attempted/attempted but unsuccessful

PARENT/CHILD PROFILE		PRACTICE			COMMENTS
SKILL	DATE	GOOD	ADEQUATE	POOR	e.g. no opportunity – parent refused, not attempted
Parent makes eye contact with baby for 5 minutes.	27.8.03			√	Parent turned baby to face television set.
	1.9.03			√	Baby in darkened room with partner (in the afternoon)
	8.9.03				Parent went out, forgot about appointment
	15.9.03				Baby with partner throughout visit in the kitchen.
	22.9.03		√		Parent prompted to face the baby, responded to this and smiled.
	24.9.03			√	Baby in darkened bedroom with partner throughout the visit
	29.9.03			√	Baby in darkened room with partner throughout the visit.
	2.10.03			√	Baby in darkened room with partner, facing television set, throughout visit.
	6.10.03				Baby sleeping in pram in sitting room.
	8.10.03		√		Parent turned baby towards her following prompting and made eye contact once. Dawn responded by gurgling.
	13.10.03				Nobody home.
	15.10.03			√	Baby in darkened room with partner – loud music playing, refused to turn down.
	17.10.03				Baby slept throughout visit.
	20.10/03			√	Baby in darkened room with partner.

		PHYSICAL HEALTH & DEVELOPMENT				EMOTIONAL CARE & DEVELOPMENT					
		HEALTHCARE				Parental Respon. 5	STIMULATION			Guidance & Control 9	Respons & Indepen 10
		Feeding 1	General 2	Hygiene 3	Warmth 4		Visual 6	Motor 7	Language 8		
		19 skills	16 skills	17 skills	05 skills	15 skills	11 skills	23 skills	24 skills	07 skills	20 skills
AGE											
0-12 MONTHS	01										
	02										
	03										
	04										
	05										
	06										
	07										
	08										
	09										
	10										
1-5 YEARS	07										
	08										
	09										
	10										
	11										
	12										
	13										

NOTES:

1. MOTHER FATHER

All skills scoring boxes are bisected by a diagonal line. Above the diagonal scores as MOTHER, below the diagonal scores as FATHER.

2. CORE SKILLS Check if Core Skills from earlier age bands apply.

Priority Rating 3=High Priority
 Priority Rating 2=Medium Priority
 Priority Rating 1=Low Priority
 Priority Rating C=Criterion Reached



Parents: Mother's Name & Father's Name

Parent Profile

		Knowledge			Skills			Practice			Priority Rating				(Mother/Father) X - Skill Not Assessed
Parent Support & Resources		G	A	P	G	A	P	G	A	P	3	2	1	C	TARGETED SKILLS in priority order
33	RELATIONSHIPS	0	2	0	1	11	2	1	10	3	0	3	2	9	<div style="background-color: #000080; height: 15px; border: 1px solid #ccc;"></div> <div style="background-color: #FFFF00; height: 15px; border: 1px solid #ccc;">(2/2) 4. Parent can manage conflict with others.</div>
34	SUPPORT & RESOURCES	0	1	0	1	7	0	1	7	0	0	0	7	1	<div style="background-color: #FF0000; height: 15px; border: 1px solid #ccc;"></div> <div style="background-color: #FFFF00; height: 15px; border: 1px solid #ccc;"></div>
TOTAL		0	3	0	2	18	2	2	17	3	0	3	9	10	
						0	6	19	199	Parent's best priority ratings from a total of 224 joint skills assessed					
						0%	3%	8%	89%						

Targeted Skills

Parents:

Assessor: Frances Joby

Date: 9th March 2004

FEEDING - (Mother/Father) X - Skill Not Assessed

[3] - (3/X) 3. Parent feeds baby appropriately

[3] - (2/3) 7. Parent provides three nutritious meals a day (CS)

[3] - (2/3) 9. Parent provides nutritious snacks for child (CS).

[2] - (X/2) 1. Parent can prepare a bottle for feeding

[2] - (2/X) 2. Parent made sufficient bottle-feeds to feed baby throughout day

[2] - (2/X) 11. Parent encourages child to eat with a knife, fork and spoon (CS).

[2] - (2/X) 13. Parent ensures that child eats a balanced diet (CS).

HEALTHCARE GENERAL - (Mother/Father) X - Skill Not Assessed

[3] - (3/X) 5. Parent is able to use medicines appropriately (CS).

[3] - (3/3) 6. Parent recognises and deals with nappy rash.

[3] - (3/3) 7. Parent recognises and deals with cradle cap.

[2] - (X/2) 8. Parent recognises and deals with teething problems.

[2] - (2/X) 10. Parent keeps appointments for developmental checks (CS). e.g. dentist, optician health visitor.

[2] - (3/0) 4. Parent takes appropriate action to reduce temperature (CS).

HEALTHCARE HYGIENE - (Mother/Father) X - Skill Not Assessed

[3] - (3/2) 1. Parent sterilizes feeding equipment.

[3] - (2/3) 2. Parent changes nappies appropriately.

[2] - (2/2) 3. Parent disposes of dirty nappies.

[2] - (2/X) 8. Parent ensures that child's nails are cut (CS).

[2] - (2/X) 9. Parent ensures that child's teeth are brushed (CS).

[2] - (2/X) 10. Parent encourages child to sit on potty for a few minutes.

[2] - (2/X) 11. Parent encourages child to wash and wipe hands after using the toilet/potty.

[2] - (2/X) 15. Parent encourages child to sort own clothes for washing.

[2] - (2/X) 16. Parent encourages child to put away clean clothes.

[2] - (2/1) 6. Parent ensures child is bathed/washed appropriately (CS).

HEALTHCARE WARMTH - (Mother/Father) X - Skill Not Assessed

[2] - (2/X) 1. Parent dresses child appropriately for cold/warm weather (CS).

[2] - (2/X) 3. Parent ensures the temperature of the child's bedroom is suitable (CS).

[2] - (2/X) 4. Parent encourages child to wear appropriate clothing to school.

Assessment & Teaching Pathway

Assessment & Capacity Teaching Programme

Quality of Engagement & Perception of Need
Parents/Child's Intellectual/Physical/Emotional functioning
Identify Parents' Learning Style
Target 3/4 Skills
Skills Baseline
Teach & Record Skills over 8 weeks
Summarise Findings



Long-Term Family Support Programme

Home-Based Programme + Group + POD
Refer On
Ongoing PAM Evaluation & Assessment

Specialist Services

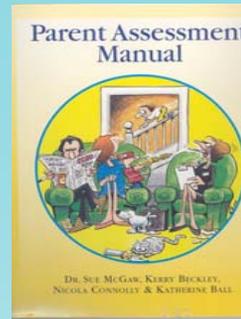
Attachment
Mental Health
Physical Health
Abuse Issues
Domestic Violence
Neighbour. Violence
Drug Abuse
Child Protection

Multi-Disciplinary

Core Group

Housing
Transport
Allowances
Equipment
Medication
Form Filling
Advocacy
Resources

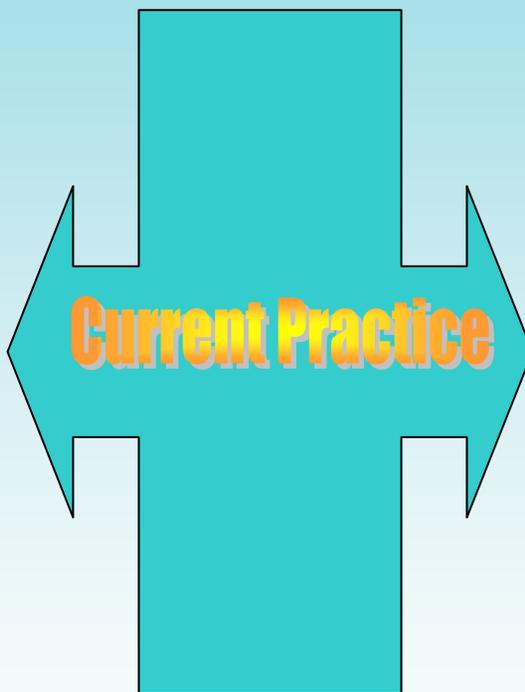
FAMILY CASE STUDY



PARENT ASSESSMENT MANUAL

**MEASURES
PARENTING**

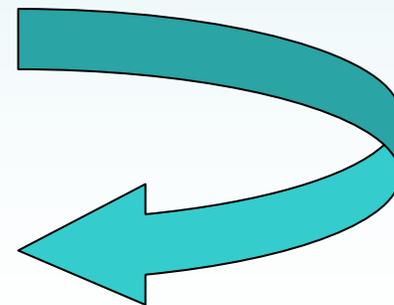
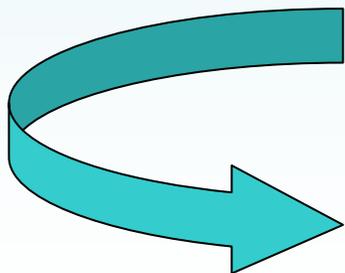
- ↑ Shorter & precise
- ↑ Evidence-based
- ↑ Defendable



DIAGNOSTIC

↑ **Functioning**

**Measurable
Teaching Programme**



DISABLED PARENTS NETWORK

WWW.DisabledParentsNetwork.org.uk

- Newsletters
- Publications
- Lobby Group



The right support

Report of the Task
Force on Supporting
Disabled Adults in
their Parenting Role

Jenny Morris

Finding the right support?

A review of issues and positive practice in supporting parents with learning difficulties and their children



Beth Tarleton, Linda Ward and Joyce Howarth

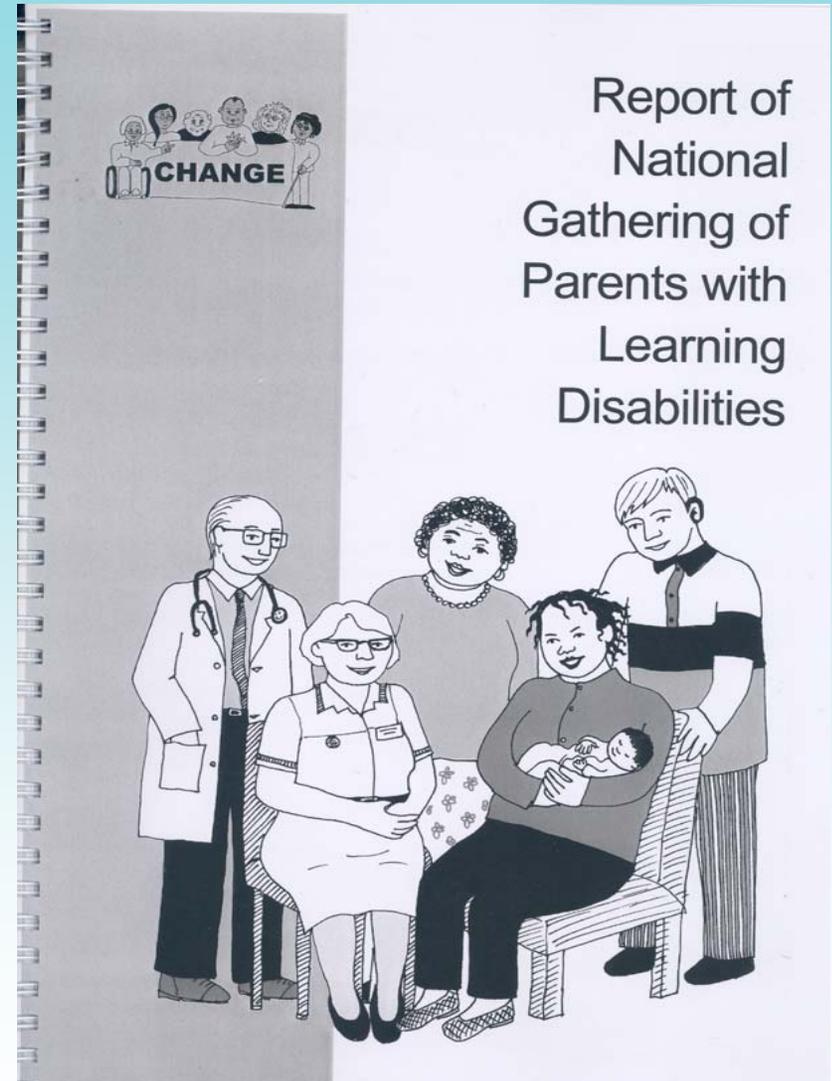
KEY FINDINGS

1. Wide variety of agencies & professionals involved parents LD
2. Professionals facing barriers to provision of appropriate support to parents
3. Holistic & wide ranging support
4. Court processes too complicated
5. Professionals training
6. Eligibility criteria “too low”
7. Need to “spread” good practice

CHANGE

WWW.CHANGEPEOPLE.CO.UK

- **What's the Problem**
- **What helps people with LD to be good parents**
- **What should the government be doing**
- **Policies & Services which help parents with LD**

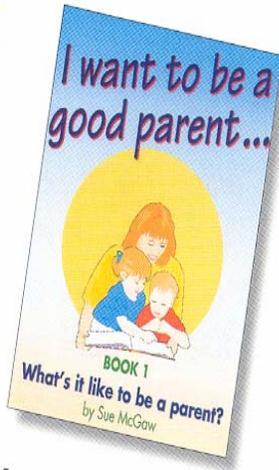


Teaching Parenting

I Want to be a Good Parent

Sue McGaw

Five illustrated booklets, giving practical and easy to follow advice for parents with learning disabilities.



Book 1 **What's it like to be a parent?**

Book 2 **Children need healthy food**

Book 3 **Children need to be clean, healthy and warm**

Book 4 **Children need to be safe**

Book 5 **Children need love**

1995 See order form for ISBN numbers
BILD members **£9.00** each or **£40.50** the set
Full price **£10.00** each or **£45.00** the set

Children Need To Be Safe Overview

Keep Children Safe From:



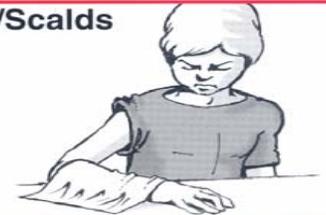
1A

 = 0-2 yrs  = 2-5 yrs  = 5+ yrs

Fire



Burns/Scalds



Electric Shock



Choking



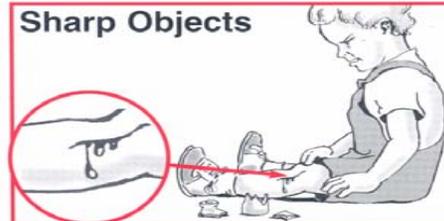
Falls



Poisons



Sharp Objects



Drowning



People with Learning Disabilities:
Capacity to Make Decisions:

**Eds. Prof. Glynis Murphy & Isobel
Clare.**

Publishers: Wiley

**Decision-making &
Parents with Learning
Disabilities**

Dr. Sue McGaw & Dr. Sue Candy

1. Right to Private & Family Life
2. Professional systems confusing
3. Choosing a solicitor
4. Twin-tracking
5. Co-operation
6. Contesting applications for adoption

The Court and your child:

when social workers get involved

easy words and pictures



wake smith
solicitors


Barristers at **BankHouse**

Summary

- Flexibility & imagination: *1989 Children Act, Assessment Framework; 1990 NHS & Community Care Act; Fair Access to Care Services*
- Allocation of assessments: *identify skills & experiences; knowledge gaps*
- Quality of assessments: *models/tools, needs/parent led & family centred*
- Risk & discrimination in assessments: *competence; risk outcomes; standards*
- Child protection systems & court arena: *facilitate & enable parents*

“Think Parent: Supporting Disabled Adults as Parents”

2004. Olsen & Tyers, National Family & Parenting Institute, London. www.nfpi.org

“What Works for Parents with Learning Disabilities”

2005. McGaw & Newman. Barnardos

“Support Services for Parents with Learning Difficulties”

2006. Tarleton, Ward & Howarth, Norah Fry