Presentation Notes

Childhood Neglect: Improving Outcomes for Children

Learning Outcomes

To address factors affecting parenting capacity

Audience Groups 1-8 (Working Together 2010)

Time 30 minutes

Key Reading

Cleaver, H. and Nicholson, D. (2007) Parental Learning Disability and Children's Needs Family Experiences and Effective Practice. London: Jessica Kingsley Publishers.

Cleaver, H., Unell, I. and Aldgate, J. (2011) Children's Needs – Parenting Capacity. Child Abuse: Parental mental illness, learning disability, substance misuse and domestic violence (2nd edition). London: The Stationery Office.

Department for Education and Skills and Department of Health (2007) Good practice guidelines in working with parents with learning disabilities. Available online only: http://dh.gov.uk

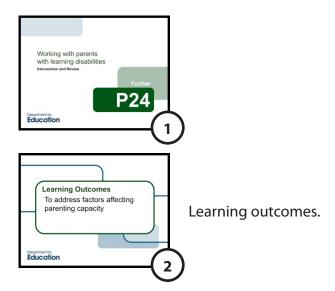
Department of Health, Department for Children, Schools and Families, and NHS (2007) Aiming High for Disabled Children. Transforming services for disabled children and their families. London: Department for Children, Schools and Families

Links to Common Core

Common Core 1 Effective communication and engagement with children, young people, their families and carers (skills: consultation and negotiation. Identify what each party hopes to achieve in order to reach the best possible and fair conclusion for the child or young person.

Common Core 2 Child and young person development (skills: observation and judgement). Where you feel that further support is needed, know when to take action yourself and when to refer to managers, supervisors or other relevant professionals.

Working with parents with learning disabilities 124





Discussion point: Quick question: how many families do you work with where parents may have some degree of learning disability?

Professional and workers who do not frequently work with people with learning disabilities can overestimate the comprehension ability of people with a disability. People with learning disabilities level of comprehension can be masked by good social skills or by comments such as "yes I know" or "OK" but in reality they have difficulty processing what has been said.

This will be particularly so if two professionals visit on the same day (at the same time or separately). The professionals may have different agendas or goals which can create confusion: simple messages, one at a time is the key to any approach with this client group. This may mean that visits take longer than professionals, but this it also means that any assessment or rehabilitation programme is undertaken on a level playing field, with fair opportunities for the parent. A learning disability should not in itself be a barrier to being a good parent.

- Always speak in a straightforward and simple manner, outline all the steps the parent needs to do to complete a task to an adequate level. It is easy to assume that a person with a learning disability will know how to do something straightforward, but often they may not think through in advance all the necessary steps for successful completion, so it helps to make your expectations completely clear at the outset.
- If more than one worker is present, one worker should take the lead. If the professionals have different roles, make this clear at the start and each take the lead in turn. Always speak one at time, and finish all items from one topic before moving onto the next.
- Take a slow and easy pace of conversation some people worry about appearing patronising by speaking slowly. However if you pay attention to verbal and nonverbal cues the person is giving you should be able to set a natural pace that allows communication to flow but in a manner that is readily understood.
- Give no more than 2 to 3 pieces of information then pause to allow the person to process the information before proceeding to the next; for example, "put the toys away (pause) in the cupboards (pause) before you hoover (pause) so the floor is clear (pause) so you can clean (pause) all the carpet".



Communication is key:

- Information about services made available to parents and prospective parents should be in formats suitable for people with learning disabilities. This means:
 - Easy Read versions of leaflets
 - Information on tape and CD/DVD
 - Fully accessible websites
 - Creating opportunities to tell people with learning disabilities face-to-face about services for parents and parents-to-be.

(Department for Education and Skills and Department of Health 2007)

- Repeat important information in a consistent way each time, this will help avoid confusion.
- Check parent has understood by asking them to summarise and repeat back to you the key points of any session, this should highlight any misunderstandings or lack of processing of the information contained in the session. Clarify any confusion immediately and reinforce learning by giving positive feedback and praise. Remember that repetition of what the practitioner has said does not necessarily signal comprehension.
- Use the words and descriptors the parent themselves uses, this will help to build a positive relationship and to facilitate effective communication.
- It is best to be explicit and upfront to gain trust ensure the parent with learning disabilities understands your role as supporter and assessor. "I will be helping you do more to look after (child's name), (pause) I will look at how you get on (pause) I will tell you if there are things you are doing that are good, (pause) and I will tell you if you need to do things better, (pause) I will talk to the other people working with you about what I think."
- It can feel uncomfortable to give negative or corrective feedback, but parents with learning disabilities consistently say "I want to know what I am doing wrong so I can get better" and "don't wait to say cos I can't go back".

Communication is key

- Support verbal communication with written short bulle pointed lists
- Take a photo or video of the person when they are doin a task well - it can help a person to understand what it is they need to do and to what level.
- Explain to the parent, at the time, when a skill deficit is observed, as the learning opportunity for parents with learning disabilities is immediate

Separtment for Education

People with learning disabilities value professional involvement that is empathic, clear and direct, even if what is being said is hard to hear or distressing. It is better for a parent to understand easily what someone is saying rather than to be told something in a more detailed but inaccessible way. Trying to "dress-up" constructive criticism can mean that the parent with learning disabilities simply does not understand what they are to do or not to do, being straightforward is best:

- Support verbal communication with written short bullet pointed lists if the parent can read, and use photos, pictures or other visual supports. For example when using numbers, use the number and a visual support, such as 5 scoops of baby formula for a 5oz feed also draw out pictures of 5 scoops and perhaps draw a line on the baby bottle at 5oz.
- Taking a photo of the person when they are doing a task well, or the rooms in their house when they are clean and tidy, it is very important in helping a person understand what it is they need to do and to what level. Showing pictures or photos of other people doing things can be too abstract for a person with learning disabilities to relate to. This can be a barrier to them taking ownership or making effective change. The photo can then be used positively as visual reminder instead of verbal prompts or corrections that can be seen as critical by the parent.
- Tell the parent at the time when a skill deficit is observed, as the learning opportunity for parents with learning disabilities is immediate. Any delay in feedback can be damaging to trust, as people can feel that information is being deliberately withheld and then used to make negative judgments about their ability or they are being 'set up to fail'. However, too many corrections can be unhelpful too, focus on key big issues and try not to "sweat the small stuff".





There are further direct messages for practitioners here.

- Model and demonstrate all skills and all steps of any task, this will support any verbal information. It is still important to talk through the steps, and giving key words to assist in recollection over time. Teach any tasks to be learned in the actual situation that the parent will need to do the task themselves, as people with learning disabilities have difficulty generalising across contexts.
- Encourage the use of role play, try to overcome any inhibitions on behalf of yourself or the parent. Practising while not under pressure to perform in the real situation is extremely beneficial for a parent with learning disabilities. This will also help to build relationships and trust, as it shows you are prepared to get alongside them and go to a non-verbal level to assist their learning.
- Break all tasks down into manageable steps, if someone seems stuck it can be helpful for you to do most steps of the task for them initially, allowing them to do the last step when the task at a successful point. Then gradually support them to work backwards through the steps task so they are completing more of the later tasks and you are doing less. This is particularly effective for people who have low selfesteem and low self-confidence, as they can be reluctant to even try if they do not think they will be able to succeed.



Discussion point: Prompt participants to think of time when someone was showing them a new task, and the trainer went too quickly through the steps, just missing one instruction or part can seriously effect the outcome. How did they feel?

If learning is impeded then you will never get to the desired outcome:

- Go at the parent's pace, shorter more frequent sessions than your usual practice will be the most helpful. If a person feels rushed or under pressure then they may be less motivated to do something, and may think," well if I can't do it __ (fast/well/good) enough, then I may as well not bother...."
- To get a parent on board to achieve change, find personal motivations for them. Gain ideas about images that will help them stay focused and motivated to change. For example, "let's think about the future together just now (pause), tell me what you really want to be able to do with _____ (child's name), something good and really fun (pause), can you think of anything that you liked to do when you were a child (pause), that you wanted to do as a Mum or Dad (if they find this too difficult, then make a few suggestions going to the park, going to the beach, a picnic).
- Once you have got a general idea for an image, make it as specific as possible so that when they are having difficulty changing or learning a new skill, you can remind them of the image and have a powerful goal to work toward. For example, "going to the park on a sunny day and playing on the swings, you are all really happy and laughing, it is a good day"



It is important that professionals maintain awareness of the process of change. Skill development is a fluid process, and professionals can become demoralised if parents seem back where they started. If the professional objectively evaluates regularly where the start point was, then they will see accomplishments over time. Supervision and support remains an essential part of the process.

- Praise, encouragement and positive feedback are essential in any approach. The parent may not initially relate to praise, especially if they do have low self-esteem or had an impoverished childhood themselves. Praise can be unfamiliar and this can feel uncomfortable or embarrassing, but it is important keep giving these things as in time praise and good feedback will become reinforcing and the person will gain a sense of mastery and accomplishment, and associate this with feeling good.
- Focus on, no more than, 2 or 3 key skill developments each session try not to overload the person, remember the importance of repetition, summary, and practise.
- Long-term support is important. Feeling that a parent is taking 'two steps forward then one back' is common and quite normal in the change process. However, this often this challenges a professional's own motivation and can result in feelings of frustration celebrate the small things you have achieved together and try to reflect on the ups and downs on the way.
- General motivators or general goals may not work; ensure you get a good idea of what the person's own goals are and what will make them feel that they have achieved something.



It is important to give participants time to reflect on the actual change process, for all of us, it is hard to start or stop doing something no matter what the incentive or penalty.

- Always bear in mind that change for anyone is really difficult, anyone been on a diet or tried to give up smoking? It is hard to get started, hard to do and hard to keep doing it once you have got where you wanted to be.
- If you are not both thinking about the same specific goals then the parent may not see where an intervention is headed.
- Goals should always be realistic and readily achievable, it is better to work toward something small and be able to manage to do it quickly and easily than struggle to get to the goal and then be unable to keep it going.
- Everybody needs to be able to identify with goals and rewards to manage daily life; often we do this unconsciously ourselves but then expect others to change without reinforcement.



Experience has shown that professionals can focus on writing notes at the time, then giving feedback only at the end of the contact. An example of a less effective intervention would be – saying to the parent "you need to remember to hold the baby correctly and make regular eye-contact with them". This may be very hard to relate to and there is no opportunity for the parent to practise getting it right.

Example

A support worker is observing a supervised contact visit for a parent with learning disabilities and a 3 week old baby Sophie. The support worker observes minimal eye-contact and incorrect positioning by the parent.







Building self-esteem and confidence

• Make lists of things you think the parent is good at.

• Use this list to work with strengths positively to overcome difficulties.

• Add any new strengths or skills to the list as you go.

• Anytime you see something done well, or that you think is, good remember to make positive comment.

Further messages for practice follow.

- Make lists of things you think the parent with learning disabilities is good at and any personal strengths they have in relation to themselves and to their parenting.
- Use the list to see if you can use any of the strengths in a positive way to overcome difficulties. For example, "you make great macaroni cheese (pause) that shows me you can plan (pause) when you need to cook a meal (pause), we can use that planning (pause) to help you organise your housework (pause)." Proceed to talk through the steps they go through when preparing a simple meal, so they can see and relate better to the step by step process.
- Add any new strengths or skills to the list as you go, keep it up to date each week, use different colours for new skills so there is a track of progress and development overtime.
- Anytime you see something done well or that you think is good remember to make positive comment, this ensures that you are making really clear what it is you want to see the person do in practice.

Finally, it is important to remind participants of the central importance of retaining firm attention on the child and whether their needs are being met. In some cases, with good support, skills development can match child development. Sometime supplementary support is required to ensure that their needs are met while parents are learning skills. In some cases parental capacity will not reach and appropriate level – however, decisions about lack of capacity should not be made unless and until the kind of intensive support described here has been attempted.

