

OPTIONS FOR LIFE

Parent Support Services

A Review sponsored by Sandwell LINK: July 2011

Introduction

This report presents a review of the Parent Support Services provided by Options for Life. The review has primarily examined the work undertaken in 2010/11 and has focussed on the inputs of the small team of workers and their achievements during that year.

The review has been sponsored by Sandwell LINK as a means of evaluating interventions that are intended to be supportive and preventative with a view to making recommendations regarding their value within the current economic climate.

Included in the report is a detailed breakdown of the support given to a selected number of families; most of these stories describe successful interventions. However, comments are also made on a smaller number of families where the intended outcomes were not achieved. The basis for the data presented is that which is produced quarterly for commissioners enhanced by some additional information. To complete the review, an independent researcher has examined this material plus relevant documentation used in assessment and action planning, financial information about the programme and has accessed relevant research literature and web based material. She has also met and interviewed the team.

The review is framed in the context of current national thinking about support for parents with learning disabilities, and the financial pressures that are faced by most public and third sector services.

A short discussion section brings together the context, the actions and the perceived outcomes. The report concludes by reflecting on the importance and future potential of the service.

Context

Options for Life initiated the Parent Support Services in June 1995 in response to the perceived unmet needs of parents with learning disabilities who were already accessing other services offered by the organisation.

The aim as stated in the literature provided by Options for Life is to:

‘Ensure parents with a learning disability and their children enjoy the same rights and opportunities as non-disabled parents and children, by offering pro-active and preventative support’

The service meets all of the criteria appropriate to this level of service that are described in the Good Practice Guidelines DoH/DfES (2007) stating that parents with learning disabilities should have:

- Accessible information and communication
- Clear and co-ordinated referral and assessment procedures and processes, eligibility criteria and care pathways
- Support designed to meet the needs of parents and children based on assessment of their needs and strengths
- Long term support where necessary
- Access to independent advocacy

The essence of the service is twofold; taking a family centred approach, supporting all of the family not just one member; and tailored to the particular needs of that family group.

The Team and their work

At the time of writing (July 2011) there are three members of staff on the team. During 2010/2011 funding allowed for an additional two appointments. Each member of the team has previously worked with children and families and has relevant qualifications and experience. Their role is clearly defined and requires partnership working with other agencies and a flexible approach to methods of working and place and times of work. Continued skill development is seen as important and they are each well supervised and supported.

When a new referral is made the family is allocated to a member of the team (on rare occasions responsibilities may be shared) and that allocation is based on skills, experience and time available. A full assessment of need is made with reference to other agencies involved and focussing on what the family wants as outcomes. From this a support plan is devised. Additionally a detailed risk assessment is completed to ensure that the challenges of working in a range of environments (home, school, GP surgery etc) have been closely analysed and appropriate action taken.

The team take an individualised approach to supporting parents. This means that interventions are tailored to needs, delivered at an appropriate level and not time limited. Team members know that people with a learning disability will most likely require the same information several times to aid understanding and application. Where necessary, they

work alongside others in Options for Life as well as colleagues from other statutory agencies and third sector organisations.

The interventions are a blend of:

- one-to-one and family support given in the home where visits can be short 'pop in' catch ups or can last all day
- support with meetings with other agencies
- support at other appointments such as medical appointments
- support with any issues required to enable the parent(s) to play their part in the educational needs of the children
- individual sessions on particular areas. e.g. Triple P is delivered in 1:1 settings so that individual needs can be met and necessary repetition can be a feature of the process.
- group work sessions on specific topics. e.g. Eating Well and Triple P which may be delivered in group sessions
- social activities
- signposting to other means of support and assistance (additional benefits, housing issues etc)

Working with the families is rarely short term but the intensity of the work will decrease over time and visits will ultimately be used simply to monitor the situation. As the work is family centred needs will change; children begin school, reach adolescence, a new child is born; and the family may once again need support.

The team note that families see them differently to other contacts they may have such as social workers, and potentially offer them more trust. The relationship they build is usually open and honest as they feel it is important that they can reflect back to the parents what is happening and make clear the consequences of actions and behaviours

Progress can be defined under three outcome headings:

- successful outcomes with outcomes achieved as desired
- a steady state with little improvement and continued intervention is required
- a deterioration where more drastic action is required – and that can result in a child taken into care

Project costs are kept to a minimum and predominately reflect salary costs. Given the additional posts in 2010/11 the total costs of the project were £117,381 part of which (£27,286) was met from a carry forward balance from previous years. This current year, with staffing at three posts the contract provides £62,000 per annum.

Inputs and outcomes

As described above inputs are designed to meet the needs as defined with the families. This section of the report provides detail of those inputs related to 2010/11. It is important to note that all families have weekly or twice weekly home visits as required.

The information is presented in three tables; all attached as Appendices.

The first (Table A) lists the non home- based interventions that have been given to a number of families through specified quarters of the year. This table illustrates the range of interventions in play. The total number of families does not remain static through time but is within the annual target of 25 per annum, and at times rises to 31. The data available does not describe what number of times a specific family was involved in any one intervention, nor does it indicate what signposting took place.

The second (Table B) gives a detailed breakdown of the work with specific families throughout the year. It demonstrate the needs that are encountered, what interventions are put into play for that particular family and the outcomes from the work. It also suggests what outcomes were avoided by working with the families. This assumption cannot be fully verified but is based on considering what would happen were the presenting issues to continue without support. Eleven of the more successful stories are summarised in this table.

The third (Table C) replicates table two but summarises four stories where the hoped for outcomes were not achieved.

As noted earlier all families do not have exactly the same pattern of interventions, although many stories in tables B and C reflect similar listings. Each time the style, intensity, process etc reflects the needs of that particular family.

Discussion

Does the Parenting Support Services have a role in the current climate?

The DoH/DfES national guidance (2007) states that parents with learning disabilities have a right to be supported in their parenting role, and their children have a right to live in a positive and safe environment. The Parent Support Services is playing an essential role on behalf of funders in ensuring that these rights can be attained and meeting these recent national policy objectives.

Work with parents with learning disabilities is recognised as being very challenging and very important. In a report for Barnardo's (2005) McGaw and Newman note that American studies report that as many as 50% of the children of such families are estimated to be at risk from abuse or neglect and over 25% may be taken into care. A 2005 national survey (Emerson et al) stated that 40% of adults with learning disabilities in the UK are not living with their children. This is obviously a high risk area and one where interventions need to be carefully planned and managed.

Is the method of service delivery appropriate?

Many studies into working with parents with learning disabilities demonstrate the appropriate approaches required. McGaw and Newman (2005) say that the main predictor of adequate parenting is a firm structure of formal and informal support which is based on a clear and understood assessment. They also note that there should be relevant group work tailored to the needs of participants with practical activities built into the programmes which are linked to concurrent home based interventions. That combination of home and individual and group interventions is said to be essential and should be part of long term support, not separate limited inputs.

A research briefing issued by the Social Care Institute for Excellence (2005) notes that information and training is most effective when tailored to the abilities of the individual parents and that the parents need to have a sense of control in any support programme (Booth & Booth 2003). The research also found that there is a strong association between supportive social networks and the positive psychological well being of parents with learning disabilities. This does not necessarily lead to proven better parenting but it does provide confidence and resilience, and it has been found that improved confidence and a sense of well being may positively affect parenting (Hur 1997)

A more recent study published by the Norah Fry Research Centre (2009) states that 'if parents are given support tailored to their particular learning style and their family's needs they can parent effectively'.

All of this evidence supports the service delivery model of the Parent Support Services. The process is inclusive and clearly mapped, ensuring a sense of ownership by parent and (where possible) children. The service is tailor made for the family and managed by a worker who knows them well and can keep close to understanding impact, completing regular reviews and providing stability. There is a mix of home and group interventions, some of which are designed to enable networking and socialising.

In 2010/11 the team had a budget that enabled them to provide the long term support called for in many reports (Hur 1997: McGaw et al 2002)

Is the method of delivering services effective?

Information had been provided on inputs and outputs and eleven current successful stories have been summarised. Those stories demonstrate how issues have been managed and moves into Child Protection or Local Authority Care have been avoided. Attendance at school has improved for many children; parent involvement in education has increased. Moves have been made into the world of work. Parents have learnt new skills and ways of coping and have improved their own eating habits and those of their families. New social relationships have been made.

During 2010/11 the service supported 31 families and 76 children. From that large number eight children and young people no longer live in their own homes. So some families are given an appropriate range of interventions but still children have to be taken into care or placed with other family members. In these cases the team are ensuring that parental and children's rights are met; that may mean that whole families can no longer live together. However, in respect of those cases where such action has to be taken the team have been able to provide an early warning system when things are not developing as they should and support individuals, families and the whole system in moving towards difficult decisions.

Given that all of those families referred to the team are families deemed to be in some form of crisis, these results demonstrate a highly effective service.

Is the service cost effective?

The maximum cost of the service in 2010/2011 is given as just in excess of £110,000. If this is compared with the financial costs of removing children from their families it can be seen to be most cost effective.

A recent DEMOS report (2010) states that the cost of a stable care journey for a child costs approximately £25,000 a year – and an unstable journey is more costly.

Average foster care costs (The Fostering Network 2010) are stated as between £7000 and £11,000 depending on the age of the child and the geographical location.

The service could be provided by employees of social services. However, at least two factors suggest that would not be helpful. It may be that the skills required are not available in the social work team. Cleaver and Nicholson (2008) report that children's social workers currently have little experience of working with parents with learning disabilities and often hold stereotypical attitudes to their parenting abilities. Additionally it is said that the families with whom the team are working see the workers as 'different' from statutory agencies and are able to form a particular relationship with them.

Conclusions

This brief review is limited by information available but has nevertheless demonstrated that the Parent Support Service provided by Options for Life has a substantial impact on the lives of the people in the families with whom they work. The way the team works, combining a variety of methods and personalising interventions, reflects current evidence based practice and is much less expensive than a similar service would be if provided by a statutory agency. It also demonstrates strong value for money when compared with the costs of children having to be taken into care – which is an outcome they are almost always able to avoid.

Greater restrictions on budgets may require the creation of waiting lists and the need to 'discharge' families when a crisis is past.

However, currently the team is working to sustain a relationship with families which will hopefully mean that any future challenges can be worked on before they become crisis, and will ultimately be limiting the need for input to future generations.

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