Good Enough Parents? Exploring Attitudes of Family Centre Workers Supporting and Assessing Parents with Learning Difficulties

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An increasing number of adults with learning difficulties are becoming parents although there is no foundation for presuming they will inevitably neglect or abuse their children, some require additional support and services to enable them to provide safe and nurturing environments for their children. This growing area of practice is clearly complex; however, whilst studies have found that parents with learning difficulties are likely to suffer more stereotyping and be measured against harsher criteria than non-disabled parents, there is limited research to date on practitioners' views and experiences. With this in mind, the author carried out semi-structured interviews with six family centre workers employed by an East of England local authority. Findings highlight the highly emotional impact of this area of work and the complex layering of personal, professional, organisational and societal values and attitudes which affect their practice. A number of barriers to social justice and best practice are identified, including communication, access to services, specialist knowledge or resources and risk aversion; the author concludes with some suggestions for improving practice.

Keywords: social work practice; parents with learning difficulties

Introduction

This exploratory study examined social work practice with parents with learning difficulties. The term 'learning difficulties' is used throughout to reflect a social model perspective, and is the label adopted by the self-advocacy movement in the UK (People First 2010). This topic was chosen following the author's experiences on a practice learning placement supporting foster carers linked with children whose parents have learning difficulties, and in response to the limited research available exploring practitioner perspectives.

Although people with learning difficulties are entitled to the same aspirations and life chances as other people (DH 2001), it is acknowledged that there remains 'a lot to do' before equality is a reality for this group (DH 2009, 2).

Indeed, although changes in legislation, policy and services have brought about improvements in the quality of life for many (BILD 2011), our society still holds deeply ingrained assumptions about people with learning difficulties which need to be challenged and overcome (Williams et al. 2008). As the social work task has been defined as one which: 'promotes social change, problem solving in human relationships and the empowerment and liberation of people to enhance well-being' (IFSW 2000), social workers are key partners in bringing about this change.

Despite the many problems experienced by people with learning difficulties in forming and developing close personal relationships (House of Lords 2008), an increasing number are becoming parents (Emerson et al. 2005); whilst accurate statistics in this area are difficult to obtain, using information extrapolated from government-produced surveys and studies, it has been suggested that there are likely to be more than 53,000 parents with learning disabilities in England (WTWPN 2013).

Although growing numbers of adults with learning difficulties have roles and responsibilities as parents, they continue to experience significant disadvantage and a wide range of barriers which inhibit their ability to parent (ODI 2008; WTWPN 2009) and may be disadvantaged when they seek additional support (Baum and Burns 2007). Research indicates that parents with learning difficulties are disproportionately represented in care proceedings: they are more likely to be involved in child protection investigations, be subject to a care application and are more likely to lose their children than any other group of parents (Booth, Booth, and McConnell 2005). The pressure upon families headed by parents with learning difficulties looks set to increase, as the government has recently announced its intention to accelerate the adoption process (DfE 2011, 2012) notwithstanding research findings which suggest that the temporal factors inherent in care proceedings already discriminate against them (Booth, McConnell, and Booth 2006).

Given that social workers operate at the interface between family autonomy and the state's shifting expectations of parents (Walker 2009), the question of what constitutes 'good enough' parenting — a term first utilised by Winnicott (1965) — is fundamental. The issue also links strongly to the professional value base which provides a common set of principles to guide conduct and protect the interests of service users, as well as giving a philosophical basis to social work practice (Compton, Galaway, and Cournoyer 2004). Research suggests that there is a general consensus amongst health, education and family practitioners that safe and acceptable care for children within the boundaries of the law encompasses four main themes:

> meeting the child's health and developmental needs putting children's needs first providing routine and consistent care parental acknowledgement of and engagement with support services.
>
> (Kellett and Apps 2009)

It is within this context that judgements are made about the capacity of parents with learning difficulties (DH 2000).

Literature Review

An examination of the international literature concerning parents with learning difficulties reveals that although this subject area has long been a topic of debate and discussion (Hathaway 1947; Mickelson 1947; Brandon 1957), attention has sharpened in the past 20 years (Tarleton and Ward 2007). During this time, attitudes towards adults with learning difficulties have changed immensely: they now have the same legal rights as all adults to live in the community, form sexual relationships and raise children. As a result, there has been a steady increase in the numbers of parents with learning difficulties; although their number is still not clear, a national survey of adults with 'learning disabilities' in England found that one in 15 of the 2898 individuals interviewed had children (Emerson et al. 2005), and it is generally accepted that the number of families in this situation has risen to the extent that they:

> represent a sizeable population whose special needs have so far not been adequately addressed by the health and social services. (Booth 2000, 176)

In the UK, it is acknowledged that parents with learning difficulties can be good and successful parents when provided with appropriate services and support (Scottish Executive 2000; DH 2001, 2009). This view is underpinned by legislation, including both Children Acts (1989, 2004), which aim to ensure that children are cared for within their family environment whenever possible; the Human Rights Act (1998), Articles 8, 12 and 14 of which are relevant to disabled parents and the Disability Discrimination Act (2005) which makes it unlawful to discriminate against disabled people in the provision of services, including those aimed at supporting families. Professional practice guidance also supports this position (McGaw 2000; SCIE 2005, 2006; DH and DfES 2007; SCLD 2009; WTWPN 2009) and reflects an understanding that the rights of disabled people to be supported as parents must be balanced with the rights of children to live in a safe and supportive home.

Children with disabled parents have a significantly higher risk of living in poverty than those with non-disabled parents (DWP 2009). This is because disabled parents are much less likely to be in paid work and also suffer the impact of additional disability-related costs (CPAG 2007). The current economic climate compounds this problem: the Coalition government has cut billions of pounds from public services and introduced highly controversial new reforms (Welfare Reform Act 2012) which have been heavily criticised for their disproportionately adverse impact on disabled people (Wood and Grant 2011; Wood, Cheetham, and Gregory 2011). Nevertheless, it has been suggested that the ongoing transformation of adult social care and a move to more person-centred approaches (DH 2007) may provide a framework for delivering high-quality, tailored support in a more cost-effective and sustainable way (Ayling and Cattermole 2010; Carr 2010).

Against this background, research highlights a number of additional barriers which prevent the provision of appropriate support and services to parents with learning difficulties, including negative or stereotypical attitudes on the part of the staff in some services, lack of accessible information to parents, poor training and a lack of coordination and communication between professionals (Wates 2002; Tarleton, Ward, and Howarth 2006). Other research indicates that parents with learning difficulties need ongoing support with a number of everyday tasks, such as managing their children's behaviour, helping with homework, managing finances and paperwork, and coping with bullying or harassment (Tarleton, Ward, and Howarth 2006). In order for this support to be effective, it needs to be long term and flexible to meet the needs of the individual family (Guinea 2001; Young and Hawkins 2006). There is also a growing body of international debate and research in this area (Pixa-Kettner 2008; Reinders 2008; Willems et al. 2008), albeit studies are predominantly small scale and qualitative in nature, with many focused on child protection issues and building parental competence and skills. A recent Cochrane review (Coren et al. 2010) analysed three randomised control trials of parent training interventions and concluded that more research is needed before conclusions may be drawn about the effectiveness of these types of services.

The voice of parents with learning difficulties is well represented, with a number of UK studies driven from a participatory (Beresford 2002) and rights-based perspective (Booth and Booth 2003, 2006; Tarleton and Ward 2007). However, whilst the research reflects the changing views of society and infers the increasing importance and relevance to social work practitioners of meeting the needs of families where there is a parent with learning difficulties (Booth and Booth 1994; Llewellyn and McConnell 2010; Taylor et al. 2010), there is limited research to date from a practitioner perspective. Nevertheless, one Australian study explored social workers' coping skills in relation to managing occupational stress and emphasised particular training needs (Clayton et al. 2008). A UK study (Booth, McConnell, and Booth 2006) which investigated how child protection cases involving parents with learning difficulties are handled by children's services highlighted areas of frustration for workers in having limited specialist knowledge of learning difficulties and no time to develop their skills; limited collaboration between children and adult services; and short timescales within which to undertake assessments and produce reports.

Research Aims and Objectives

This project aimed to learn from social care workers' experiences what practice issues and dilemmas this area of work presents and to discover examples of good practice and suggestions for improvements. The research questions aimed to 'get beneath' the surface of the everyday tasks relating to statutory work supporting parents with learning difficulties and explore issues relating to professional and personal values.

Methodology

This study was undertaken to extend the researcher's own knowledge and understanding of research practice and in partial fulfilment of the BA (Hons) in Social Work degree. As an employee of the local authority in which this study was based, the position of the researcher could be said to be that of an 'insider' (White 2001); certainly, having a relationship with the host organisation was beneficial in negotiating, gaining and maintaining access to participants — tasks instrumental to ensuring the success of the project. Nonetheless, with a background in adult services, the researcher had no previous connection with the family centre or participants, and a good degree of distance and independence was maintained. This enabled the researcher to engage critically with the research question and resultant data, whilst acknowledging that subjectivity and personal positioning necessarily shape the entire research process and interpretation of findings (D'Cruz and Jones 2004).

Social work research tends to favour qualitative methodologies to knowledge creation which aim to explore values, processes, experiences, language and meaning (McLaughlin 2009). This small-scale, time-limited independent project followed this convention, adopting an interpretivist paradigm (Shaw and Gould 2001) to gain subjective insights into the professional experiences of those involved, and the meaning or meanings they attach to these (Holliday 2007). This style was also chosen to provide the rich, deep data being sought to gain a 'thick description' (Geertz 1973) of both the small facts and broader issues in this important and complex area of practice. The research design, therefore, involved semi-structured individual interviews for data collection and a thematic analysis (Bryman 2012) was used to draw out significant themes from the data.

Whilst service users/carers were not directly involved with research planning or design — a reflection of the necessarily limited scope of the project — as a member of the Working Together With Parents Network (WTWPN 2013), a UK-wide group for professionals sharing positive practice, the author has a strong commitment to service user involvement and used findings from research giving a clear voice to parents with learning difficulties (Booth and Booth 2003, 2006) to inform thinking. A comprehensive review of the literature and search of online user networks and forums also provided a clearer understanding of current issues for parents with learning difficulties (Change 2012; Disabled Parents Network 2012; London Network of Parents with Learning Difficulties 2012) and to shape the interview schedule.

Research ethics were carefully considered in the design of this study to ensure it met with professional codes (GSCC 2002; JUCSWEC 2008; BASW 2012). Principles of autonomy, beneficence, non-maleficence and justice, which form the basis of bioethics (Gorman 2007), were fully addressed in both applications to the University Ethics Panel and × County Council's Research Governance Approval.

Participants were accessed and recruited through the family centre in which they work with the agreement of the team manager. As this study asked workers to reflect upon and discuss issues relating to their professional practice, there was a low risk of harm or discomfort to participants, and existing support mechanisms were available and could be accessed if required. In fact, it could be considered that there were therapeutic benefits to interviewees who were afforded time and space to reflect upon their practice, re-work narratives around emotionally charged situations and become directly involved in evidence-based practice (McLaughlin 2009). Data were gathered by means of semi-structured interviews using open questions, designed to be 'conversations with a purpose', as suggested by Kadushin and Kadushin (1997, 4); these were conducted with a small purposive sample (Davies 2007) of six qualified and unqualified workers employed within an East of England local authority family centre (see Table 1).

Limitations are acknowledged as to how diverse and representative the participants are in relation to the general population, as well as to the generalisability of findings. However, efforts were made to ensure the research materials and questions were reflective of anti-discriminatory and anti-oppressive practice (Thompson 2008), and some transferability may be applicable to other similar settings. An 'Easy to Understand' summary of the study was produced so that findings may be disseminated to people with learning difficulties.

Individual interviews lasting approximately one hour were conducted during usual working hours in a suitable private room in the family centre building and at a time which suited the participants; these meetings took place over a three-week period. All participants consented to interviews being digitally audio-recorded; these recordings were later transcribed by the researcher to ensure that verbal data was captured accurately. This technique also enabled the researcher to be mindful of the non-verbal and artificial communication of participants (Trevithick 2000). Full transcripts and summaries of interviews were produced and shared with participants as part of a 'member-checking'

Table 1. Participant demographics (page 9).

Participant	Gender	Age range	Ethnic group	Qualification	Year qualification obtained
1	F	60—64	White British	NNEB	1968
2	F	45—59	White British	NNEB	1993
3	F	25—29	White British	CertHE Health & Social Care	2007
4	F	45—59	White British	BA Social Work	2005
5	F	45—59	White Irish	BA Social Work	2006
6	F	30—44	White British	MA Social Work	2007

process to ensure accuracy and to add validity to the findings (Hardwick and Worsley 2011). Data were coded or categorised manually (Padgett 1998) within key themes to provide the basis for a discussion of the findings.

Findings

A number of key themes arose from the data, including: the emotional impact this area of practice has upon participants; the centrality and complexity of values and attitudes; and finally, barriers to best practice. These will now be explored in turn.

Emotional Impact

Developing high-quality relationships with service users and carers is central to social work practice (Ruch, Turney, and Ward 2010) and vital to the assessment process (Milner and O'Byrne 2009). In order to develop and maintain successful working relationships, practitioners need to engage at an emotional as well as a professional level and to be mindful of the impact of feelings upon decision-making (Howe 2008). In this highly charged area of practice, participants suggested a difference when working with parents with learning difficulties:

> Well, I suppose I think there's a sense of where a parent has a learning disability, you know, that's different from if there's substance or alcohol misuse. Where there's maybe a feeling — not of being judgemental — but where they have maybe made a *choice*: they can do something about it to change. But where a parent has a learning difficulty, it sort of makes it *different — sadder, somehow*. (Participant 6, original emphasis)

> At my final meeting, Dad was being told that I was not going to recommend that his baby returned home. And I mean [pause] he really *loved* that baby. And if there was anything in the world he could have done to improve his situation he would have done, but he couldn't … He couldn't *understand* it - he wasn't mature enough to understand how the way *he* had been parented had effected his attitude towards parenting. (Participant 4, original emphasis)

This suggests a perception that parents with learning difficulties do not have the capacity to change and links to underlying personal values that reflect dominant negative societal attitudes and perceptions which conflict with and undermine the professional value base. Guidance (DH and DfES 2007) highlights that good practice should be underpinned by an approach to parenting and learning disability which addresses needs relating to both impairment and the disabling barriers of unequal access and negative attitudes; by adopting this approach, it is possible to challenge negative stereotypes and identify more possibilities for bringing about positive change (Booth and Booth 1997).

The sense of emotions being heightened is especially felt by workers who may get close to families during what is often an intense period of interaction and assessment:

> We'll meet with parents and they'll tell us that they've been sexually abused, and they'll tell us that their parents were violent towards each other. They'll tell us just the most horrific, horrendous stories, and you can't — you absolutely can't — help but feel for them. (Participant 2)

This illustrates the need for sensitivity and careful 'tuning in' (Lundy 2004) to families' needs, especially as previous research indicates that people with learning difficulties are more likely to have experienced childhood abuse or neglect than the rest of the population (McGaw et al. 2007).

A range of painful emotional responses was identified as being experienced by participants in the course of their work. Whilst these mixed responses were prompted by individual situations, frustration — the most commonly identified emotion — was often cited as being caused by 'gaps' in services, such as counselling, therapy or practical support with identified work or learning needs. Bureaucracy, limited timescales for intervention, funding issues, negative experiences of interprofessional working and poor access to preventative services contribute to this general sense of dissatisfaction. Occasional frustration was also expressed in relation to 'cyclical' families, returning to services following previous intervention:

> … and then you hear, oh my God, she's pregnant again: '*Oh my God! I can't believe it! What's she done that for*?' And sometimes that happens when the older children in the family have been returned home and you think, fingers crossed, let's hope, let's really … And then you hear, oh, by the way, I'm pregnant. [sigh]. That can be quite tough. (Participant 3, original emphasis)

However, workers tended to link these situations to poor support being provided to parents following the removal of a child.

Positive emotions were acknowledged, particularly in respect of 'making a positive difference' to the lives of children. Whilst it was evident that participants are passionate about their work, this area of practice is clearly highly stressful. Although ways of dealing with work-related stress differed, all highly valued the support of fellow team members through structured and informal mechanisms; indeed, opportunities to debrief from distressing experiences and explore and reflect on direct work can develop resilience in workers, aiding team cohesion and emotional expressiveness (Munro 2011).

Whilst struggling to deal with the emotional impact of practice can be tough, one participant felt that maintaining clear boundaries between her professional and private life minimised emotional trauma, yet acknowledged the implications of this:

> unfortunately, though, after you've been in this job a long time, I don't think it does emotionally impact upon you. That's quite cold, isn't it? (Participant 4)

Reflection was seen as a valuable way to avoid the possible risks of becoming 'case hardened' and preventing 'burn out' (Howe 2008), with workers linking this to the knowledge and application of key theories which inform their practice, most notably attachment (Bowlby 1997; Howe 2005).

Values and Attitudes

A second key theme was the centrality of values and attitudes to this area of practice. Social work is a 'highly value-laden activity' (Horne 1999, xi), with professional guidance emphasising the importance of applying values to practice (BASW 2012; GSCC 2002). All participants spoke about interconnected personal, professional, organisational and societal values and attitudes in relation to their work, reinforcing this inextricable link to practice whilst highlighting areas of tension and conflict.

Personal and Professional Values

All participants stressed the fundamental importance of adopting a non-judgemental approach to the families with whom they work. Nevertheless, an underlying perception that parents with learning difficulties have limited capacity to change was detected — this could negatively impact upon the assessment process and outcomes by steering workers into stereotypical views and limited expectations (Payne 2005). Additionally, theories of social learning (Bandura 1977) and research findings (Traustadóttir and Sigurjónsdóttir 2010) suggest that where parents with learning difficulties themselves have negative views, experiences and expectations of services, these may affect their engagement. Findings suggested that there may be a lack of self-awareness on the part of practitioners in respect of personally held values regarding disability and impairment which need to be acknowledged and addressed.

Empathy was also identified as being vital to this area of practice, and participants articulated the centrality of humanist, person-centred values (Rogers 1961) and use of self in developing positive and genuine helping relationships with parents:

> You're asking people to share the deepest darkest moments of their lives with you, and in any relationship you have to give a little bit back as well. Obviously you have to keep your professional boundaries, but you have to give a little bit of yourself. (Participant 1)

Despite this commitment to relationship-based practice (Ruch, Turney, and Ward 2010), the legal mandate of workers in this setting imposes a significant power imbalance (Thompson 2007), giving rise to tension between person-centred ideals and the reality of practice. Varying professional constructions of parenting (Woodcock 2003) also have a significant impact; as one participant

observed, workers may have differing views, opinions and responses to disabled parents:

> It is *amazing* how one team of social workers can look at one family's situation and have such different opinions. (Participant 4, original emphasis)

Cognitive processes, interactions, meaning and values play an important role in any decision-making process (Knott 1974) and this observation highlights the complex interplay and between personal and professional values.

Whilst participants expressed a commitment to supporting families to stay together, a difficult balance must be struck when also making decisions about children's needs and best interests. This can give rise to dilemmas of care and control when workers are trying to support the family but feel the care being provided to children is not 'good enough':

> I'm still trying to empower this family to do something for themselves — but how am I going to work that? What's that going to do to our relationship? But, you have to put the child's welfare first, don't you? So if your relationship goes out the window, so be it. It comes back to being open and honest. You tell them: 'not good enough'. (Participant 5)

Organisational Values
For workers employed by a statutory authority, organisational values, attitudes, culture and character have a significant impact upon practice (Adams 2009). Two participants in particular perceived a negative organisational response to parents with learning difficulties:

> I think we [in this local authority] often under-estimate people with learning disabilities. (Participant 5)

> I think as soon as professionals work with parents who've got learning problems or difficulties they immediately *assume* that they haven't got capacity to maintain basic care. (Participant 4, original emphasis)

These comments reinforce previous research findings which indicate that parents with learning difficulties are often stereotyped and are disproportionately represented in care proceedings (Booth, Booth, and McConnell 2005). However, although participants offered these observations, they did not appear to feel they had the professional power or autonomy to address these wider issues, focusing instead on the issues pertinent to individual cases:

> you can't take it on, because you can only do what you can do … I have to look at the end of that assessment and say I've made the right recommendations. I've highlighted what the problems are and I've behaved compassionately and respectfully towards the parents. I've tried to protect the child and hope the child has a better future … You've got to close and walk away. Nothing more you can do. (Participant 4)

Another worker expressed increased sensitivity to the issue of human rights for parents with learning difficulties and perceived distinctions between different groups of parents. This revealed an underlying tension between personal and professional values, which also raised questions about negative labelling (Gingerich, Kleczewski, and Kirk 1982) and deservedness (Cree 2008):

> We feel more responsibility to be able to evidence what we're doing with parents with learning difficulties. But again it comes back to where you have to draw the line. And I think that that line can be extended significantly for parents that have learning needs — perhaps if they were a drug user it would be different. (Participant 1)

Other participants experienced conflict between professional and organisational values, expressing ambivalence and questioning the authoritarian approach adopted by the organisation:

> So, you know, we've got to protect children, but sometimes we *disempower* them, and we don't allow them to have opportunities. As soon as we know it's a parent with learning disability and the child is taking on some 'adult' responsibilities, we immediately go down this route of saying that the child is 'parentified'. And I don't think it's necessarily true. I've seen children taken into care and it has *not* been in their best interest. (Participant 4, original emphasis)

In fact, previous research into the experiences of children brought up by parents with learning difficulties indicates very little evidence of 'role reversal' or parental dependence upon children; when children did take on extra responsibilities, this was usually because of a lack of alternative sources of support (Booth and Booth 1997).

Wider Societal Values

Personal, professional and organisational values are all linked to and influenced by predominant values of wider society (Parrott 2006). Given the long tradition of 'warehousing' and institutionalisation (Oliver and Sapey 1999), it is perhaps unsurprising that we still live with the legacy of negative attitudes and perceptions and that people with learning difficulties continue to struggle to gain full citizenship (Duffy 2003). Whilst participants were sensitive to the impact of labelling (Becker 1966) and stigma upon families with whom they work, these views were expressed broadly:

> I think most of the stigma for our parents is the fact that they've got social services involvement. So that's the same for any of them, regardless of whether it's learning dis [*sic*] or domestic violence, but what it boils down to is they've got a social worker. (Participant 1)

Important links were not made to social model perspectives of disability (Oliver and Sapey 1999), nor were the implications of internalised oppression

(Reeve 2004) considered, although the concept of secondary handicap (Sinason 1992) suggests that disadvantage, exclusion and marginalisation of adults with learning difficulties can lead to low perceptions of self-efficacy (Jones, Harrison, and Ball 2008). In fact, workers tended to adopt an individualistic approach to families, rather than making connections to wider, politicised collective struggles of marginalised groups. This suggests that a number of structural, ideological and organisational barriers exist to prevent the provision of effective holistic support.

Barriers

Finally, participants were invited to reflect on practice dilemmas, tensions or issues regarding their work with parents with learning difficulties and to give recommendations for improvements. They identified a number of barriers which prevent them from supporting families as they would ideally wish; this reinforced a general sense of frustration that services are currently focused on crisis intervention (James and Gilliland 2011), with limited opportunities to address social change through longer-term preventative work. Recognised barriers fell broadly into categories of communication, access to services, specialist knowledge or resources and risk aversion and are discussed further below.

Communication

Although participants highlighted the need for clear, honest and open communication with parents and use some specialist and accessible resources to facilitate this (McGaw 2003; Voiceability 2011), all had experienced difficult working relationships with colleagues leading to tension or misunderstandings. In most cases, this was attributed to the different focus and perspective of workers:

> they were very much focused on the parents' needs, and not really able to fully accept the level of concerns that we were raising for the children, because they were so involved with the parent. (Participant 3)

> It is frustrating when you feel like the child is the main focus — and should always be the main focus. But with other agencies that are there to support parents, it often feels like a child gets lost a little bit, and people forget to think about how this affects the child. (Participant 1)

Where experiences of interprofessional working were positive, participants generally ascribed this to others' enhanced understanding of theories such as attachment (Bowlby 1997), or awareness of child protection issues; most did not identify gaps in their own knowledge or understanding of disability issues

as being problematic, again perhaps highlighting a lack of self-awareness, with clear training implications.

Access to Services

Local authority protocols for supporting disabled parents are not uncommon (ECC 2008; NCC 2011); however, very few parents had support from adult services, falling out of the eligibility criteria where there was no formal diagnosis of 'learning disability':

> We've worked with parents and we've thought they really need to have a service from a team and we've asked for an assessment … but more often than not they've said: 'no, they don't fit our criteria'. (Participant 3)

> You've got to have a really high need in learning disability to get any service. And I think that this is a problem. (Participant 4)

These findings echo conclusions from a recent survey of disabled parents which showed that two-thirds felt they received unsatisfactory support with their parenting role (DPPI 2011); they also raise serious questions and concerns about the impact of reductionist, medicalised approaches to disability (Danermark and Coniavitis 2004).

Poor access to services can result in 'revolving door' families, leading to very negative outcomes:

> a lot of the parents that I've worked with seemed to manage reasonably well until the child was maybe six or seven years old … But had they had the right level of support from professionals, I think that they could have continued to parent their children. And it would have been in the child and the parent's best interest for that relationship to have continued. (Participant 4)

This observation mirrors analysis of data of a small-scale study (Cleaver et al. 2007) suggesting that parental learning difficulties may affect children aged 5—9 years referred to children's social care more than other age groups (Cleaver et al. 2011, 90).

Personalisation could potentially overcome barriers to services; however, as one participant noted:

> even with personalisation, you've still got to have the services out there to commission. Or they're looking at employing somebody themselves. In all honesty, lots of people feel very fearful about taking on those responsibilities. I'm not saying it's unrealistic — but it's not easy, is it? (Participant 4)

There is a risk that personalisation could be used to mask cost cutting in the current economic climate (Glasby 2012), with a decline in professional support (Dunning 2011). However, given the potential for use of coercive powers (Beckett 2006) in this setting, where doubts are expressed about an individ-

ual's ability to take more active control of their lives and services, this may present yet another barrier for parents with learning difficulties.

'Over-protection' by extended family members was given as a reason why some parents with learning difficulties did not access services; being assigned the role of 'perennial child' where there was no expectation that they might become parents themselves limits opportunities to learn essential skills (Cleaver, Unell, and Aldgate 2011, 55). For others, the experience is of 'service overload', where heightened professional concerns lead to increasingly overwhelming intervention and surveillance.

Rigid budgets, silo working which could lead to children being automatically labelled 'young carers', and limited time frames for intervention were all considered barriers to supporting families in a holistic way which would create better outcomes for children, parents and the community. Whilst participants gave examples of trying to overcome barriers to secure adequate services for families, these efforts were often unsuccessful and experienced as disheartening. Structural factors such as social isolation, social class, poverty, poor transport links and the rurality of the local area were also acknowledged as issues which may adversely affect family functioning, as recognised in literature and guidance (DH 2000; Kirton 2009).

Specialist Knowledge/Resources

Since most parents with learning difficulties do not receive support from adult services, there are limited opportunities for family centre workers to access 'specialist' knowledge and resources through linking with interdisciplinary or interagency practitioners. Where workers have informal access to specialist support, this tends to be the result of previous casework networking, rather than by planning or design. All participants' career trajectories were situated firmly within children's services, with limited experience of working in adult services where there is a culture of joint working with service users, informed by social model approaches to disability. Although service users' views are sought regarding the family centre activities, there was consensus that current systems for feedback and evaluation are limited, with difficulties existing in overcoming power imbalances inherent in the setting.

Whilst workers are sensitive to the complex intersection of rights when working with vulnerable adults and children, there is a clear sense that children 'cannot wait' for things to improve:

> You can *understand* where someone's coming from, *why* they behave in the way they do. You can put in support, try and access the services they need. But there has to come a point where either they're managing, or they're not. And that child's at risk. (Participant 6, original emphasis)

> You've got to make a decision, haven't you? There's nothing worse than having a wishy-washy social worker at conference! (Participant 4)

Risk-averse Culture

Some workers felt very strongly that the organisation was highly attuned to and averse to risk, with frontline teams tending to rely on a deficits model of assessment as a means of managing high caseloads, time constraints and hard-to-predict situations (Ghaffar, Manby, and Race 2011). As one participant observed:

> nobody wants to be the social worker who's had a child die on their workload … So cover your back. Cover your back. Cover your back. (Participant 4)

This may be a consequence of managerialism in the social work profession which has become increasingly marketised, regulated and proceduralised following the introduction of community care reforms in the late 1980s and early 1990s (Harris 2003). This problem-centred, crisis-driven focus was criticised by participants as being costly and ineffective when compared to alternative models of prevention and early intervention (Dominelli 2004), which one worker described as being her 'dream'. Certainly, the intrinsic difficulties for practitioners in assessing and minimising risk to children have been acknowledged, as have problems arising from the defensive ways in which professionals currently seek to manage uncertainty (Munro 2010). Positive risk-taking has been identified as a core component of professional practice:

> Those involved in child protection must be 'risk sensible'. There is no option of being risk averse since there is no absolutely safe option. In reality, risk averse practice usually entails displacing the risk onto someone else. (Munro 2011, 43)

Nevertheless, whilst the anticipated changes to practice following the implementation of the Munro Report are welcome, they are a long time coming (Cooper 2012) and it seems likely that multiple barriers to support and services will remain for parents with learning difficulties unless powerful underlying values, attitudes and perceptions change.

Implications for Practice

Despite the limitations of this small-scale study which have been noted, analysis of findings suggests that improvements to practice could be made. These are outlined below:

(1) Findings suggest that a deficits model of assessment appears to dominate in this setting. In order to balance this perspective and challenge the lack of awareness of external barriers which limit opportunities for parents with learning difficulties, it may be beneficial to provide workers with disability equality training. Emerging from within the Disabled People's Movement, this training is informed by a rights-based approach and aims to identify and address discriminatory forms of practice towards disabled people.

(2) Participants spoke of the importance to them of seeking support from colleagues in managing value conflicts; areas of self-development, like those revealed in this study, could be better identified, acknowledged and addressed by building upon this mechanism to further develop and promote a supportive culture, whereby wider values and ethical issues could be openly debated, pre-conceived ideas challenged and new thinking explored.

(3) Whilst participants were well informed about theoretical frameworks relating to child care and development, there was limited evidence of a sound knowledge of current debates outside the children's services arena. Developing a broader understanding of wider perspectives and fostering a culture of enquiry and research mindedness would balance this tendency and also serve to strengthen and underpin evidence-informed practice, thereby improving working relationships with colleagues in adult services and supporting more positive outcomes for families.

(4) Findings suggest that there are only limited examples of workers in this setting linking closely with colleagues in adult services. Exploring new opportunities to promote joint working should be explored, encouraged and extended; this may prove beneficial in helping workers to envisage and achieve more positive outcomes for families led by parents with learning difficulties.

(5) Findings demonstrate that there is only limited service user input into services in this setting at present. A shift in culture, thinking and systems is required to enable all parents, including those with learning difficulties, to have more say in the services offered to them, thereby making them more responsive, relevant, meaningful and effective.

(6) Participants highlighted the incidence of 'revolving door' families, who repeatedly return to services; additional support could enable these parents to better understand the reasons behind professional decisions and help to prevent similar situations arising for them in the future.

Conclusion

Working with parents with learning difficulties is a sensitive and complex area in which the author does not claim expertise. There are no easy answers to resolving the often long term and enduring multiple disadvantages which compound an already challenging and complex situation for many families (Social Exclusion Task Force 2007), especially when the needs of a child must take precedence. Nevertheless, this small-scale research project highlights a number of improvements which could be made to enhance current practice and better support parents with learning difficulties. Further research into practitioner views and experiences of working with parents with learning difficulties is recommended to provide further insights into this under-researched area, and to test the findings of this small-scale study.

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