Understanding 'Successful Practice/s' with Parents with Learning Difficulties when there are Concerns about Child Neglect: the Contribution of Social Practice Theory

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Abstract

Social practice theory (SPT) investigates how *meanings* (socially available understandings/ attitudes) work together with *competences* and *materials/resources* to develop shared (social) practices. SPT was used as a theoretical and analytical framework in a study which investigated 'successful' professional practices when working with parents with learning difficulties where there are concerns about child neglect. The research took place in three local authorities (LAs) in England that were recommended as sites of 'successful' practice. With the parents' agreement, 38 professionals who worked with the eight participating families were asked about their ideas about parents with learning difficulties and neglect, their understanding of 'successful' practice, their experience and knowledge of working with this group of parents, how they worked with the parent and other professionals involved with the parent, as well as the resources available to them. Detailed case studies of the support provided to eight mothers were developed. It was found that the professionals shared a range of attitudes and under- standings, including awareness of the many barriers faced by this disadvantaged group of parents, and that the neglect was typically linked to lack of understanding/knowledge about the child's needs which could in many cases be mitigated through provision of support. The meanings they shared promoted an empowering, relationship-based, multi-agency approach to parents which recognised their need for support while also focusing on the needs and welfare of the children. This positive approach accords with the call for longer-term/recurrent support to be available for parents with learning difficulties alongside the development of a social model of child protection that rethinks how best to safeguard vulnerable children.

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1 Introduction

Much has been written about the negative professional conceptualisations and stereotypes of parents with learning difficulties and even the 'system abuse' they face when they come into contact with child protection processes (Aunos and Feldman 2002; McConnell and Llewellyn 2002, McConnell et al. 2006; Sigurjónsdóttir and Rice 2018). This paper draws on a recent innovative study conducted in England that explored 'successful practices' with parents with learning difficulties in situations where there were concerns about child neglect. The focus on neglect was identified as it is known to be a complex and challenging area of practice for many professionals working across different areas of child welfare, safeguarding and protection. The paper identifies some key features of effective community-based interventions and approaches, highlighting how particular conceptualisations of 'neglect' and of parental involvement in (and culpability for) neglect can positively affect professional - and more particularly, child protection - practice with parents with learning difficulties.

The study discussed here was one strand of a larger research project entitled *Disabling Practices: Continuity and Change,* funded by the Economic and Social Research Council in the UK, that focused on policy and practice in various areas, with a view to identifying changes that could improve the lives and support of disabled people.[1] The research drew on Social Practice Theory, using ideas from Shove et al. (2012) and Hui et al. (2017) to help make sense of the practices and systems encountered in the different 'strands' covered by the project. Together with wider ideas about power and interconnections between practices, this way of thinking proved very useful to help analyse how particular practices were working with a view to using that information to consider what needs to be changed. The stance taken by the *Disabling Practices* project overall was that if we could understand and unravel a social practice, then we could also see what drove that practice, how it connected with other practices, and how it may exclude or be used to the advantage of disabled people. While the study reported here - focusing on 'successful' practice when working with parents with learning difficulties - was relatively small scale, it provided an opportunity to look in depth at cases involving parents with learning difficulties who had been supported to care successfully for their child/ren.

We are using the term 'parents with learning difficulties' (LDs) to include parents with a formal diagnosis of learning disability/intellectual disability as well as the far wider group of parents who do not have a formal diagnosis but struggle with similar issues.[2] A learning disability is defined as:

'A significantly reduced ability to understand new or complex information, to learn new skills (impaired intelligence); with a reduced ability to cope independently (impaired social functioning); which started before adulthood, with a lasting effect on development. (Department of Health 2001 page 14)

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[1] Further details of the Getting Things Changed project, as it came to be known by the research team, can be found on the project website http://www.bristol.ac.uk/sps/gettingthingschanged/

[2] Where cited authors use different terms, we will use the wording from the text; otherwise our preferred term, 'learning difficulties' (LDs) is used.

A learning disability is usually identified with an IQ score below 70, and this is typically the criterion against which eligibility for local authority adult learning disability services is assessed in England. Parents with learning difficulties may have been assessed as having IQ scores above 70 overall, but often struggle with literacy, everyday practical tasks and abstract concepts such as time, as well as the wide range of social disadvantages common to adults with learning difficulties/disabilities such as poverty, poor housing and social exclusion and a lack of social support (Cleaver and Nicholson, 2007; McConnell and Llewellyn 2002). In addition, they often do not have the support and education they need to ensure they are able to meet their children's needs appropriately (Cleaver and Nicholson 2007; McConnell and Llewellyn 2002; Tymchuck 1992).

There is no formal record of the number of parents with learning difficulties (hereafter LDs) in England, however, with changing practices in terms of independent living, there is an awareness that more adults with learning difficulties are becoming parents. Estimates suggest that approx. 930,400 adults (age 18+) in England have *learning disabilities*, accounting for approx. 2.2% of the adult population (Learning Disabilities Observatory 2016). Figures for learning *difficulties* are harder to assess as no formal records are kept. However, the numbers will of course be larger given the broader-based definition used (as indicated above). Recent research in Australia (Wing Man et al. 2017) estimated that 0.41% of parents had intellectual disabilities, though again this statistic does not include the large number of parents with a milder learning difficulty. But while the numbers of parents with LDs might be relatively low, it does seem that a disproportionate number of these parents may be at risk of either child protection (CP) intervention or, in more extreme situations, compulsory removal of their children from their care. Masson et al. (2008), for example, found that 12.5% of the parents involved in care proceedings in England and Wales had 'learning difficulties' (this term was not specifically defined). This is in line with statistics reported from Canada (McConnell et al. 2011).

When parents with LDs come to the attention of children's social care, concerns are typically and primarily in relation to neglect - which may include failure to offer appropriate protection or meet children's basic needs. Within the established international literature focusing on parents with LDs it has been increasingly recognised that parents are likely to need ongoing support to ensure 'good enough' parenting and positive outcomes for their children (Azar et al. 2013; Conder and Mirfin-Veitch 2010; DoH and DfES 2007; Faureholm 2010; McIntyre and Stewart 2011; Tarleton et al. 2006; Wilson et al. 2013; WTPN 2009). Without support, research has shown that the outcomes for children of parents with learning disabilities can be poor (Collings and Llewellyn 2012). Recent studies have shown the children of parents with learning disabilities to be at a heightened risk of poor social–emotional wellbeing and peer exclusion (Hindmarsh et al. 2017); increased risk of injuries, violence and child abuse (Wickström et al. 2017) and an increased risk of developmental delay and speech and language problems (Emerson and Brigham 2014).

The picture is not clear cut though. Collings and Llewellyn's (2012) literature review suggested that these poorer outcomes for children of parents with learning disabilities were linked to the poverty and poor social environments experienced by those parents rather than to the parents' intellectual disability or difficulty itself. However, it is clear that without support being provided to their parents, children may be at risk of not having all their needs met, and - as mentioned above - to be identified as experiencing neglect.

It is important to note that since Wolock and Horowitz drew attention to the apparent 'neglect of neglect' (1984), this area of child maltreatment has assumed increasingly significant proportions. In England, for example, it has for some years been the largest category of concern for children who are the subject of a Child Protection Plan (CPP) and there is increased recognition of the ways in which - and the extent to which - neglect has the potential to negatively affect children's outcomes across all developmental domains (DH 2000) and to affect factors that promote resilience (Tanner and Turney 2003). The complex and enduring nature of neglect makes it a challenging issue for practice on a number of levels – conceptual, practical and organisational (Daniel et al. 2011; Gardner 2016; Horwath 2007, 2013; Tanner and Turney 2003). But chronic, on-going neglect is likely to require long-term engagement and provision of services (Daniel et al. 2011; Farmer and Lutman 2012; Horwath 2013; Stevenson 2007).

Alongside these existing challenges in relation to neglect and 'routine' service responses, continuing or recurrent need for support may be a particular issue where parents with LDs are concerned, as their intellectual impairment will remain constant. Support to maintain an adequate standard of care may need to start early and be required for an extended period, changing over time to meet the developmental needs of the child. For some families, consistent, long-term engagement with services may be needed; for others, the availability of support on a more ad hoc basis may suffice but still be critical to maintain family functioning. This is problematic in a practice context in which resource constraints inhibit extended support and increase pressure to 'move the family on' within a defined timescale. Cleaver and Nicholson (2007), working from a children's social work perspective in the UK, concluded that many of the difficulties parents faced could be ameliorated with positive support but that services struggled to meet parents' ongoing clinical and support needs. Therefore, these authors called for specialist training and support for workers to enable the provision of ongoing support for parents.

McGaw and Newman's (2005) seminal book, *What Works for Parents with Learning Disabilities*, reviewed the international literature and provided examples of interventions and support. They noted that *'the main predictor of competent parenting is an adequate structure of professional and informal support'* (page. 24) and that *'supporting families may require a combination of skilled support during crucial child developmental periods, more "low-level" but reliable support for lengthier periods and commitment to the family'* (page ix). The authors argued that this is particularly necessary during the child's early years. McGaw and Newman also recognised the need for multi-agency services to work together in a coordinated way in partnership with parents while undertaking assessment, intervention and long-term support of families. They called for the development of service protocols and performance indicators to raise and maintain standards of service delivery.

Similarly, Tarleton et al. (2006) and Tarleton and Ward (2007) drew together best-practice across the UK in supporting parents with LDs and introduced the idea of 'parenting with support' whereby parents are provided with pro-active, ongoing, individualised support. This concept focused on empowering parents and supporting positive outcomes for children through: providing competency-promoting positive support to the whole family through coordinated multi-agency working; raising front-line professionals' awareness of this vulnerable group of parents; and providing those professionals with training so that support needs would be picked up before parents become involved with child protection services. 'Parenting with support' is similar to

Booth and Booth's (1996) idea of 'supported parenting' (www.supportedparenting.co.uk/philosophy/). Tarleton et al. (2006) however, noted that the Booths' 'supported parenting' appeared to focus on supporting parents with little discussion of the child(ren)'s needs and outcomes. 'Parenting with support' recognises that it is vital to ensure that the child's needs remain paramount, while still empowering parents - and for that reason is the preferred approach reflected in this paper.[3]

The literature is only beginning to investigate the direct impact of support for parents on the outcomes for their children. However, early findings are positive. An evaluation of a specialist parenting service, in England, found that children were more likely to remain with their parents, with their needs satisfactorily met through support from the specialist services than a comparison group of parents supported by mainstream Children's Services (Tarleton and Porter 2012). Additionally, in terms of outcomes, an initial investigation of the costs and benefits of providing support for parents also indicated that support was cost-saving in the short term (Bauer 2015).

1.1 Legal and Policy Framework

In England, the legal and policy framework endorses the provision of support to parents with LDs. LAs have a general duty under the Children Act 1989

'(a) to safeguard and promote the welfare of children in need; and (b) so far as is consistent with that duty, to promote the upbringing of such children by their families, by providing a range and level of services appropriate to those children's needs' (s17 (1)).

The principle of providing support for parent with LDs is reflected in the United Nations Conventions on the Rights of Children and the Rights of Persons with Disabilities (Article 8 and 23.2 respectively). The Equality Act 2010 confirms the duty to make anticipatory (i.e. proactive) reasonable adjustments, for example to services, to ensure they are appropriate for disabled people, while the Care Act 2014 specifies the need for preventative action/support to ensure adults' wellbeing, and specifically refers to providing adults with support with their parenting responsibilities. These provisions are endorsed in the non-statutory *Good Practice Guidance on Working with Parents with a Learning Disability* (DoH and DfES 2007; WTPN 2016) which highlights positive practice when working with parents with LDs, including the need for appropriately tailored long-term support.

However, despite these extensive legal and policy provisions, parents with LDs in England often do not receive the support they need, due to the current focus within children's services on crisis intervention, the lack of communication and joint working between adults and children's services, and budget restrictions (Bywaters et al. 2018; Hastings et al. 2015; Tarleton et al. 2006).

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[3] In the Scotland, the term 'Supported Parenting' is used, but takes a broader view than Booth and Booth (1996). The SCLD (2015) outlines a position that explicitly recognises the need to address children's outcomes as part of the provision of support to parents with learning difficulties. It states that 'supported parenting; means that "*parents with learning disabilities are able to access the right support at the right time to produce the best possible outcomes for them and their children* (2015: 02).

2 Social Practice Theory: a Framework for the Study

Social Practice Theory offers a way to understand social continuity and change; it focuses on the kinds of habitual, routinised activities that people perform as part of their everyday lives and explores how they are constructed, cohere or connect, 'co-opt' people into particular ways of doing things, and continue through time. A range of daily activities or practices have been explored, including driving, cooking, showering, and they are seen as 'social' *'because they are similar for different individuals at different points of time and locations'* (Holtz 2014). Social practice theorists (for example Hui et al. 2017; Reckwitz 2000; Shove et al. 2012) suggest that critically, three interrelated elements - referred to in this paper as meanings, material/resources and competences - come together in the formation of practices (See Fig. 1).

As Reckwitz (2002: 250) puts it, '*[a] practice [...] forms so to speak a 'block' whose existence necessarily depends on the existence and specific interconnectedness of these elements, and which cannot be reduced to any one of these single elements*'. Practices are neither entirely individual or wholly 'external' and it has been argued that the approach offered by SPT moves beyond the dichotomy between individual agency and social structure: individual actors are needed to 'perform' social practices, but in doing so, they draw on and reproduce a range of features - cultural conventions and expectations, objects and infrastructures, practical knowledge of situations - from wider social systems and structures.

In 'casting professional practice as a social practice' (Jones 2015: 693) or set of social practices, the study took SPT into a new area of empirical research. Taking professional practice as a forum where social practices could be identified and observed, the focus was on one particular area of welfare professionals' activity - child
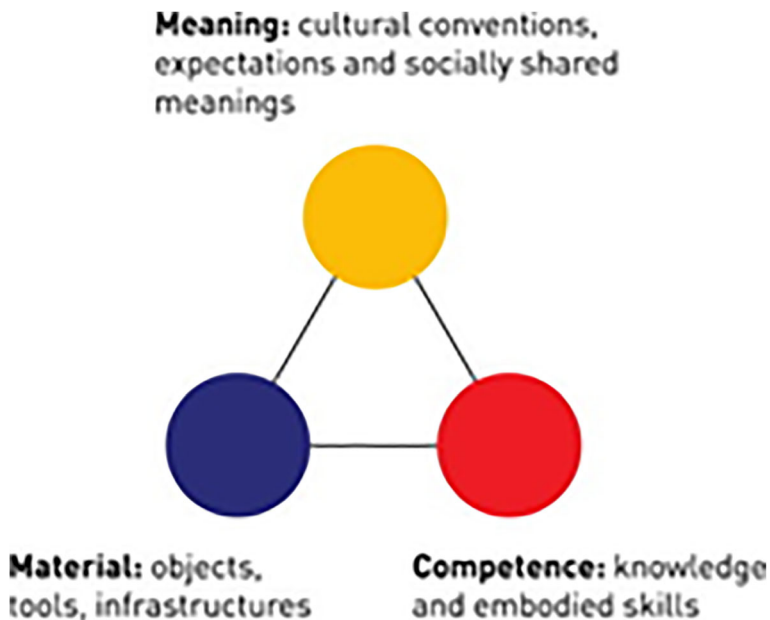

Fig. 1 Elements and linkages sustaining practices. Adapted from Shove et al. (2012: 29); Spurling et al. (2013: 9) by Piscicelli et al. (2015: 23)

protection in situations where there are concerns about neglect - to try and understand what effective practice with parents with LDs looks like, how it is experienced by parents and the professionals who work with them, and the organisational structures within which these interactions take place. SPT has been drawn on to understand how forms of behaviour emerge and take root within professional cultures/networks, and to help to consider how behaviours can be shifted in order to promote (social and) professional change.

> Society is the creation of human beings, and social structures are made and remade through practices. Every time an individual enacts practice in a particular way, what constitutes child protection, for example, is constructed at that moment.
> (Featherstone et al. 2018 page 25)

3 The Study: an Exploration of 'Successful' Practices with Parents with LDs

The research looked at 'successful' support/professional practice when working with parents with LDs. It sought to understand 'what worked' and 'how professionals worked' when working with parents with LDs where there are concerns regarding neglect. We did not have a preconceived definition of 'success' and were interested in understanding the ways in which success was perceived when working with parents with LDs. We recognised this is an extremely complex area and that 'successful practice' could mean very different things to different people and did not necessarily mean that a child had stayed within the family. As indicated, an awareness of the interactive framework of elements identified as constitutive of social practices - meaning, resources and competences - informed our thinking and provided a guide for the design of our study and analysis of the data we gathered.

3.1 Methods

The research was carried out in three Local Authorities (LAs) in England. Members of the Working Together with Parents Network (wtpn.co.uk), which supports professionals working with parents with LDs, were asked to recommend areas where there was 'successful practice'. Three specialist services working with parents with LDs were recommended.

Once sites had agreed in principle to take part, NHS ethical approval and local research governance approvals were obtained. The University of Bristol was the research sponsor. We were advised on our engagement methods and easy information about the research by parents with LDs at Greenwich Advocacy, and by a group of parents with LDs and their adult children at SpeakUp Rotherham. We were also advised by a group of professionals and academics.

Professionals in the specialist parenting services were the initial link between the project team and the potential participants. Having (anonymously) identified possible participants in consultation with the research team, they approached mothers on our behalf, sharing the project's easy read information sheet with them. If a mother agreed

to be contacted, their contact details were shared with the research team and one of the researchers then visited to explain about the research in person, again using easy read information and consent materials. A case study approach was adopted, involving interviews with three mothers in each of three local authorities (nine in total) and, with the parents' agreement, some of the professionals (38 in total) involved with them. These included children's social workers, advocates, family support workers, health visitors, parent assessment manual (PAMs) assessor, independent reviewing officer, a nursery teacher, a school nurse, etc., In addition, as noted above, each of the Local Authorities had a specialist parenting service which typically included a clinical psychologist and speech and language therapist or occupational therapist. Some professionals worked with more than one of the three participating mothers in their LA, and some worked with all three. We were unfortunately only able to interview the professionals involved with eight of the mothers due to research governance constraints. Additionally, it should be noted that no fathers were interviewed in this study, even though this was desired.[4] Mothers were the recipients of the professionals' support, and they were the parents introduced to us by the services.

The families involved in the research were described by professionals as being complex 'cases', often with a long-term involvement with child protection services. All the mothers interviewed had at least one child living with them. For two of the mothers, this was their only child. The other seven mothers had more than one child, and in five of these families the older children had been removed from their care. They were often living with kinship carers. Six of the mothers had support from a family member, usually the person who was caring for their older children. One family had support from their child's previous foster carers while another, with a disabled child, had access to respite/short breaks. The concerns regarding the child/ren's welfare that had brought the parents into recent contact with Children's Services included: 'grubbiness' of child reported by nursery; a child with extremely poor dental health; a child being very underweight; unrecognised serious medical condition; concerns regarding father/partner/uncle; concerns regarding inappropriate friends; homelessness; poor housing. In some cases, 'historic' concerns related to the care of previous children appeared to be the driver for the current referral. Two mothers felt the concerns were linked directly to their LDs. One mother spoke of abuse in her own childhood. Each mother was asked what she understood about neglect and being involved with children's services, as well as what was good and bad about how she was supported.

The mothers reported feeling very well supported by the specialist services. They spoke of positive long-term relationships with workers who spent additional time with them, understood the barriers they faced, socially, economically and in relation to lacking knowledge regarding how to parent. Mothers said[5]:

> They understand where I'm coming from. They sit there, actually sit there and listen and hear me, before they tell me what to do.
> Whenever I need help, they step in

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[4] See Symonds and Dugdale, (2016) for recent research with fathers with learning difficulties; there is a film about these findings at https://www.youtube.com/watch?v=pNe133YO5S0

[5] As there were only a small number of mothers, each of whom had very specific circumstances, we have not provided further details regarding their situations and have not attributed quotes to particular women in order to preserve their anonymity

Mothers valued the way in which workers taught them how to care for their children:

> She does it step by step and if I don't understand she'll say it again and again and again and again.

Mothers who had had children previously removed from their care compared their current experiences with what they had encountered in previous interactions with social services and spoke about qualitatively different, empowering relationships with workers. One mother said:

> But this time we had a lot of support with my daughter. And it was...how it feels was different. I didn't sweat the social workers – always helping each other, basically. It was like we needed a new cooker, we told them we needed a new cooker, we needed a new fridge and freezer; they sorted everything out for us. We told them what we needed.

See Tarleton et al. (2018) for further information about the mother's positive evaluation of the services and the support provided.

This paper focuses on the professionals involved in supporting the mothers. Our interview questions were clearly informed by SPT, and were designed to help surface the meanings, competences and resources that came together in their practice. Thus, we investigated the concepts/understandings the professionals were drawing on ('*meanings*') by asking them what they understood by the term 'parents with learning difficulties' and what they thought when the term 'parents with learning difficulties' was used in conjunction with the term 'neglect'. Then we asked how these understandings related to their professional practice. Subsequent questions provided information about the professionals' 'competences' (relevant knowledge, training and skills for working with parents) and what 'materials' they used or had access to; this included practical resources but also addressed less tangible things such as time and organisational infrastructure. We asked professionals how they worked both with the mother and with others within the multi-agency context and which policies or guidance informed their practice. Service managers and commissioners were also asked about the local policies guiding practice in this area and the arrangements for the provision and delivery of specialist parenting services, including how they were financed. In addition, our parents' advisory groups framed some questions they felt professionals should be asked, and these included a perhaps unusual (but as it turned out, illuminating) question focused on whether the professional would give parents a 'second chance' if a child had previously been removed from their care.

Thematic analysis (Braun and Clarke 2006, 2013) was then used inductively to identify and report themes. Each interview was read and notes made of particular items of interest. It was then 'coded', all the parts of the interview discussing the same topic were given the same label. Themes were then developed by grouping the labelled comments and developing a representative theme name. This analysis was also checked by another member of the team, ensuring commonality in coding and that team members had an awareness of the range of material collected, before the themes were recorded in the summary tables (Miles and Huberman 1994) which allowed the team to clearly see which themes were discussed by which participant in relation to each

question and which themes were present across each of the case studies and within professional groups. The practical strategies used with parents were also recorded in a table, thus showing the most favoured adaptations, accommodations and tools.[6]

The research team was made up of four researchers from different academic/ professional backgrounds (LDs, children's social work, health and law) and this diversity supported our understanding of the ways the various professionals working with parents might see issues. Our analysis shed light on the 'meanings' professionals drew on, in 'making sense' of the parents they worked with and the welfare of their children, as well as the 'competencies' and 'materials' and how these related to their personal practice and their involvement in multi-agency working. At the end of the project, meetings were arranged at which an overview of the findings was shared with professionals in each of the sites, along with a site-specific summary; feedback at those meetings indicated that the local findings were seen as representative of professional practice in the area.

4 Findings

Having used SPT to frame our approach to data gathering and subsequent analysis, the findings presented below are linked to the key elements of meanings, competences, and materials.

4.1 Meanings

This section discusses the professionals' understanding of parents with LDs when there are concerns regarding the neglect of their children, professionals' understanding of successful practice when working with these parents and the priority afforded to the children's welfare.

4.1.1 Professionals' Understanding of Parents with Learning Difficulties and Concerns Regarding Neglect

All of the professionals in all three sites shared some common understandings regarding parents with LDs. They understood that parents with LDs *'don't set out to be bad parents'* (LA1 - Child protection social worker). Professionals saw parents as having '*a higher need for support and information in a way that suits them*' (LA 3 – Health Visitor).

> 'Parent has difficulty processing information, and may have difficulties with their own literacy, numeracy, and speech and language, that sort of thing really. (LA 1 - Assistant head teacher)
> 'That they don't have a good understanding of what their child needs. Sort of not educated as well as other people, in terms of parenting[… . And that people that can be taught, and can learn, if the right teaching is in place. I wouldn't necessarily write anybody off because of a learning disability, you know.' (LA 2 - Child and Family Intervention Service worker)

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[6] Please see the full report (Tarleton et al. 2018) for more information and anonymised composite case studies highlighting how the parents were successfully supported in each of the study sites.

Professionals did *'not automatically make the link between learning difficulties and neglect'*, (LA 3 – Health Visitor) and believed that the neglect of their children was typically unintentional:

'... there might be identified areas of neglect. However, potentially, probably, not intentional' (LA 3 – Assessment Team Co-ordinator)

'I don't feel, for the most part, that it's intentional or deliberate neglect. I feel that it's because they don't have the understanding.'
(LA 2 - Independent Family Group Conference Co-ordinator)

They sought to understand each family's situation and the impact of the learning difficulty, while recognising the wide range of additional challenges/difficulties parents face:

'The people we meet with are very vulnerable, often horrific, abusive histories themselves, a lot of domestic violence, … have ended up being really vulnerable in all their relationships ... it's just so common to be very vulnerable to sex offenders, people who befriend them and know that they might have access to children. […] Vulnerable people that don't quite know how to protect themselves, which then, I suppose, would reflect on protecting a child'. (LA 2 – Clinical Psychologist)
'If you've got a parent whose mind is completely preoccupied with, you know, not having enough money, fear, maybe mental health issues, then it's very hard to sort of prioritise, and be thinking about your child's needs'. (LA 3 – Service Manager 3)

Professionals focused on the need to provide effective support to ensure parents and children had the best chance to remain together. Commenting on situations where children were removed, one professional said:

'I would wonder whether those parents had been appropriately supported in a way that they could access and understand, to parent their children effectively'.
(LA 3 – Health Visitor)

All of the professionals interviewed expressed very positive understandings of parents with LDs. They were also were aware of more negative understandings that they did not share. It is probably not unusual that professionals who work closely together draw on common meanings and assumptions. However, in one area, professionals from the specialist parenting service talked about actively working to challenge some practitioners' negative views. The clinical psychologist who led that service described how negative feelings and assumptions about a particular parent were explored and reframed. By explaining the impact of the mother's complex diagnoses on the way she engaged with services, other professionals were offered an alternative frame of reference within which to make sense of her responses. To put this in social practice terms (see p4 above), the discussions and explanations 'co-opted' the other professionals to share a more positive way of thinking:

'It was really positive. And I think, because people were being open about how they felt, that they felt manipulated, and they felt like they were being lied to, and then when you looked at the personality disorder that the person had been given a label in court, and the level of learning disability, and just really thinking about those labels, and what they might mean for a person, and their attachment difficulties through abuse, once you then open out and … really start thinking about the person, it just felt in the room that there was a better understanding… You can say someone's 'manipulative', but actually are they? Look at what they're dealing with.' (LA 2 – Clinical Psychologist)

The professionals from the specialist team also validated other practitioners' ways of thinking about and understanding parents with LDs through 'confirming' them during their on-going interactions.

4.1.2 Successful Practice when Working with Parents with LDs

As noted above, this exploratory study did not provide a definition of 'success', we were seeking to understand what this term meant to professionals working with parents with LDs in areas where there were specialist support services.

Professionals were clear that successful practice was about the way they were working and providing parents with appropriate support, rather than the outcomes for parents and children. One professional summarised:

'Our focus is understanding what the best we can do to optimise how this parent can successfully parent.' (LA 3 - Head of Children and Family Services)

Relationship-Based Individually Tailored Support This successful practice involved understanding the mothers and their situations and developing relationships with them:

'I think your relationship with your client is key….. I think we were quite nurturing and we were quite encouraging. We focused on her strengths, we always, you know, told her that she was doing really well.' (LA 2 - Child and Family Intervention Service worker)
'Getting in [Mother's] shoes, knowing where she's coming from, knowing her capabilities, and just getting to know [Mother]. And being very diplomatic, showing empathy, and just having that friendly approach with [Mother]'. (LA 3 - Assessment Team Co-ordinator)

Another recalled her long-term relationship with a mother:

'...Because we've known each other for a long time, and I think that helped. I think it may have been very different if someone brand new had come onto the scene, and, you know, was asking Mum to meet, and, you know, observing her in her own one-to-one time with her daughter, and, you know, all that protected time, she was happy for me to be there. And I guess that might have been difficult if she didn't know me.' (LA1 – Supported Living worker)

This professional had known the mother for many years, since the removal of an older child from her care, and had kept in contact and ensured that she was assigned the mother when she became pregnant again. As the professionals knew the parents well, support was individually tailored to them. Professionals spoke of role modelling how to put a baby to bed and how to play with a toddler etc.

Multi-Agency Working Multi-agency working was regarded as key element of 'successful practice'. Professionals reported that '*Everyone played their part' (LA 2 – Supported Living worker)* including the parent:

> 'It has to be working as part of the team, but with the parent with learning disability as part of the team. Not 'the client', and not 'the person with LD' …. it's just all being a team and working together.' (LA 2 – Supported Living worker)
> 'It's also about asking questions of other professionals who are maybe more specialist …. you know, checking in with advocates and with adult services, and find out if there is anything more that could be being done to support that parent whilst they're going through the situation of having to have a children's social worker.' (LA 2 – Children's Social Worker)
> 'Working with children there has to be an incredible amount of information shared. So we do talk a lot between professionals, about, sort of, what's not working. Quite clearly, very quickly, you know, if something isn't working, it's picked up and discussed as a group.' (LA 3 - Dietician)

At a multi-agency level, clear and timely referrals, joint protocols between Adult, Learning Disability and Children's services (found in two areas) and shared positive understandings facilitated successful practice:

> 'I also think it's successful when there's … all the agencies are working to the same agenda, going back to that challenge, that we all believe that, yes, this is do-able. This parent can do, and be safe, and be good enough to be able to do that. And I think that attitude is...you know, adds to the success of it.' (LA 1 – Occupational Therapist)

All of the discussions about successful professional practice were in line with the themes within the *Good Practice Guidance on working with parents with a learning disability* (DH and DfES 2007; WTPN 2017):

> 'So I think for successful practice to happen, you need to have all of those markers that are in the Good Practice Guidelines: it needs to be collaborative, it needs to be positive, it needs to completely have the child's needs at the heart of the plan, of the practice, as well as the parent's needs, so there needs to be a good balance.' (LA 3 – Clinical Psychologist/Specialist Parenting Service Manager)

Some professionals in mainstream services were working in accordance with the *Good Practice Guidance on Working with a Parent with a Learning Disability (*DH and DfES 2007; WTPN 2016) and making 'reasonable adjustments' (Equality Act 2010) in their

practice, even when they had not heard of the guidance or, in some cases, their own local policy on working with parents with LDs. This appears to be because the principles of the *Good Practice Guidance* accorded with the professionals' desire to empower and support parents in order to ensure the best outcomes for their children.

4.1.3 Welfare of the Child

Professionals from different backgrounds all emphasised that their role involved addressing the support needs of the parent while also focusing on the welfare of the children. The effectiveness of the support for parents was judged in terms of the outcomes for the children and it was not presumed that support would always be enough to ensure that a child could remain at home. The professionals' concern was to ensure that each parent had the best chance to succeed. Thus, successful practice was seen in terms of the *process* of working with the parent rather than related simply to the outcome, which in some cases could mean the removal of the child from the parent's care if this was in their best interest.

> 'It could be successful practice that you've identified that a parent can't do it, and that child is in a place where it is now having all of its needs met.' (LA 2 - Child and Family Intervention Service worker)

A health professional clearly spelt out that that there was no overriding agenda regarding 'parents' rights', recognising that removal of the child could be an appropriate outcome:

> 'We absolutely sit on the fence whether the good outcome is the child being removed, or the child being taken – sorry, the child being removed, the child staying...Whatever is right for the child.... You know, they can both be really good outcomes…' (LA 2 – Clinical Psychologist from Specialist Parenting Service)

One professional pointed out that professionals in teams supporting parents could come to the realisation, at different times, that a child could not remain at home and that this could cause difficulties within the team. As neglect is known to be a difficult area in which to work, this is an issue that perhaps should be discussed within teams supporting parents with LDs.

Second chances All of the professionals were asked a question, which came from the parents' advisory groups, about whether they believed in 'second chances' for parents with LDs. This question was posed in relation to children a parent had after a child or children had been previously removed. Professionals from all backgrounds said that parents deserved a *'second chance'* but that it needed to be in the context of a discernible change in circumstances/ support and/or capacity:

'Particularly if there's been a gap, and people have made some changes in their lives. You know, I've seen a lot of people who had a first child maybe when they were 16, and they were in a kind of, you know, really chaotic, difficult relationship, and there was a baby removed. Six years later, they're in a settled relationship, they're mature, they're well able.' (LA 3 -Clinical Psychologist)

'[Focus parent] had a second chance. I think people had written her off, … this was the second pregnancy, she couldn't do it with her first child ten years previously, that she was homeless, that she was in a domestically abusive relationship…. And actually, we did give her a second chance, and she was able to prove actually (that she could parent)'. (LA 2 - Child and Family Intervention Service worker)

Parents' ability to change was linked to the provision of appropriate support while keeping a focus on the child/ren, their outcomes and time frame.

'I believe that everybody has the right to appropriate support to parent their children effectively. And if they have had access to that and things haven't worked out, that doesn't mean that they shouldn't have the opportunity to try again with different, more...differently shaped support, or whatever, as long as the child is safe in the meantime. I think people can change. People can change. And also that sometimes where people talk about having a second chance, it's because the first chance wasn't appropriately supported in the first place, and that was why things went wrong. So yes, I do believe in second chances.' (LA 3 – Health Visitor).

4.2 Competences/Knowledge and Skills

The professionals spoke of working in an empowering relationship-based way which involved spending more *time* with the mothers in order to develop their *trust* and have the space to work at their speed and to support the development of their skills. They showed *tenacity*, in that they kept working on issues with parents over the longer-term when needed and were *truthful* about the issues with the mothers' parenting. They recognised that all the professionals involved needed to be *transparent* about their role within the multi-agency team. This way of working resulted in support *tailored* to the families' needs. (We are describing this way of working as the 6 T's - see Tarleton et al. 2018).

The professionals' knowledge of and competency in working with parents with LDs varied hugely. The professionals who ran the specialist parenting services were extremely knowledgeable and had been committed to working with parents for many years. These professionals provided training and leadership for other professionals and were seen as key resources in the Local authority – see below. Some professionals had been provided with training by the specialist teams while other professionals had no formal training regarding working with parents with LDs but felt they 'knew' how they needed to work with parents from experience of working with parents over a number of years or from seeking advice/support when needed. Where professionals were not so

experienced, they looked to the specialist team to support the development of their 'competences' (skills and knowledge) and to provide materials/resources. Professionals from the specialist team were able to visit the mother with the professional and role model positive interactions.

4.3 Materials/Resources

The professionals discussed a wide range of resources that they used to tailor support to the parent's individual learning needs. These resources included: easy information about parenting and the child protection process as well videos, video interaction guidance, automated babies (see Tarleton et al. 2018 for more examples). These resources supported them to work practically with parents and ensure that information was conveyed to them in an appropriate way.

The three special parenting services, one in each area, were seen as key resources for practitioners working with the case study parents. Professionals in the specialist teams provided leadership at strategic level and were an on-going resource for local professionals. Other professionals could say to the team:

> 'I'm really struggling, I'm not getting this right for this parent, we're not moving forward, please come and help me.' (LA 3 – Clinical Psychologist)

While actively involved in cases, specialist workers did joint visits with other professionals and role modelled working with parents. They also provided advice, consultancy and training in order to support other professionals in working with these parents.

> 'We've done some training on learning disability with midwifery, health visiting, as well as children's social services as well. So it's just actually sort of going out there and saying, 'This is a need of a parent with a learning disability', and then really to address that whole issue of timely referrals. It can enable people to understand that people with learning disabilities need extra support, and need extra time, and need extra – you know, or different ways of communicating. Then, sort of like, when they come across someone in their work, then they might actually refer to us a lot more timely.' (LA 1 – Therapies Services Manager)

The specialist services appeared to support other professionals by either providing a 'consultation' service where parental learning disability specialists were called in to support or advise other practitioners such as health visitors / school nurses. Otherwise, the specialist team was the 'hub' from which specialists at the centre co-ordinated all other practitioners' involvement with the family. Two of the Local Authorities had a policy governing their work with parents with LDs, however, even though there were specialist parenting services, there was a lack of clarity regarding the funding of these or the numbers of parents who might require their support.

5 Discussion: Learning from Successful Practices

SPT has not previously been used as a framework for understanding the ways in which professionals work with parents with LDs, but we found that framing professional welfare practice as a form of social practice allowed interesting insights to emerge. The SPT concepts of 'meanings', 'competences', and 'resources' helped us to understand some of the complex interactions and processes within and between the different groups of participants - parents, professionals and senior managers/service commissioners.

As previously noted, professionals were asked directly what they understood by the term 'parents with learning difficulties' and what they thought when the term 'parents with learning difficulties' was used in conjunction with the term 'neglect'. These questions were intended to surface the 'meanings' that underpinned their work. Perhaps the most striking finding was the apparent consistency across the group of participating professionals in relation to their understandings about the parents they worked with and the ways in which they worked with them. Despite being based in different services and coming from different professional backgrounds, in coming together to work with each of these families, it was notable that they shared an understanding of the barriers that parents with LDs faced in their everyday lives, including their lack of knowledge about parenting, and saw how these could impact on their ability to parent successfully, and that parents with LDs were likely to need particular and ongoing/recurrent support to do so. They noted that parental neglect was often unintentional and not malicious, more typically being linked to a lack of knowledge or understanding of the developmental needs of the child. Service responses, even if they were within child protection, were designed where possible with a view to supporting rather than separating the family. These positive meanings were clearly integral to the approach taken by the specialist parenting services, and these services provided an important lead through role modelling interactions with parents, providing training, advice and where necessary challenge to mainstream Children and Families practitioners. They specifically strove to encourage positive engagement with parents and promotion of the children's welfare through provision of appropriate support.

This broad understanding appeared to be in line with the professionals' ethics and to reflect a more inclusive understanding of parenting in which it is acceptable to need support. They were aware of, but did not subscribe to, the more negative understandings of parents with LDs held by some other professionals and more generally within society (McConnell et al. 2006; Sigurjónsdóttir and Rice 2018). While retaining a clear focus on the welfare of the children, the professionals believed it was important to support parents in order that their children might remain with them and to actively work with them to avoid potential harm to their children rather than just 'manage risk'. They saw it as important that parents at least had as much chance as possible to try and show whether they could meet their children's needs, with support where necessary, rather than starting from a presumption of incapacity.

While it might be argued that the comments above simply reflect what is generally accepted as basic good practice, it was noticeable not only that professionals from different backgrounds espoused very similar positions but also that they made considerable effort to ensure that their practice aligned with these principles, even when this went somewhat against the organisational grain - for example, in terms of the extra time needed to work fairly and effectively with a parent.

These positive and shared meanings appeared to underpin their practice whether or not the professionals considered themselves to be experienced and knowledgeable about working with parents; and they were demonstrated through a commitment to building effective and ongoing working relationships with the parents, and the other practitioners involved with them. Participants discussed the importance of relationship-based practice (Howe 2008, 2010; Ruch 2005; Tarleton et al. 2018; Trevithick 2003; Turney 2012), getting to know the mother, understanding her family history, and building up trust through the ongoing relationship; at the same time, they also were cognisant of the external pressures the families were negotiating - particularly in terms of financial pressure, social isolation, lack of work opportunities and so on - and to provide appropriate practical support and advice.

Returning to think about this in terms of social practice theory, we suggest that 'meanings' were the foundation on which the shared practices were built and held the other two elements (resources/material and competences) together; as Reckwitz (2002) describes it the three elements of a practice come together as a *'block' whose existence necessarily depends on the existence and specific interconnectedness of these elements, and which cannot be reduced to any one of these single elements"* (250). We believe that although the professionals had various levels of competence, they were using the materials/resources they had access to and their knowledge and skills to work with, teach and empower the parents in line with their more inclusive understandings of 'parenting', who can do it, and how. The specialist services endorsed and developed these positive meanings, provided accessible resources and had the specific skills and knowledge to confirm and support the development of colleagues' competences.

This supportive relationship-based practice accords with the themes with 'parenting with support', the Scottish understanding of 'supported parenting' and the themes within the English and Scottish Good Practice guidance documents (SCLD 2015; WTPN 2016). Policy in Scotland has also recognised the need for parents with LDs to be provided with support (Scottish Government 2016). It accords with ways in which services are reported as increasingly working and the way in which professionals understand their role as supportive, empowering and committed (Aunos and Pacheco 2013; Aunos et al. 2010;\ Tarleton and Porter 2012) with an increasing international recognition that '*attention is due to staff mindset in improving support for parents with MID (mild intellectual disabilities)*' (Meppelder et al. 2014 page 3260). This mindset appears to include the idea that: '*Viewing the risks for neglect as in part related to parental difficulties in learning may mean that CPS views parents through a different lens*' (Azar et al. 2012 page 136).

Azar et al. (2013) called for a system change in child protection in order that long-term pro-active support could be provided to parents. They recognised that this change of approach is a '*societal issue*' and '*a new dialogue about the importance of family support in the face of neglect scenarios*'. They challenged '*everyone to look deeper and manage differently*' (Azar et al. 2012 page 147). This accords with Lightfoot and LaLiberte's call (2011) for a 'paradigm shift' in the field of child protection so that support compensates for the parent's disability in order that parents are enabled to fulfil their parenting responsibilities appropriately.

The authors cited in the preceding paragraph all write from the perspective of support for parents with LDs/intellectual disabilities. Their call for a change of approach is very similar to the arguments within the more general literature discussing neglect which have

recognised that in some cases there is a need for long-term engagement with parents (Daniel et al. 2011; Farmer and Lutman 2012; Horwath 2013; Stevenson 2007, Tanner and Turney 2003). In addition, the position put forward here aligns with concerns about what is perceived to be an increasingly authoritarian and punitive child protection system in England, and the call for a shift towards a social model of child protection that foregrounds the deleterious effects of poverty and other forms of significant social disadvantage on the welfare of children and families. Writers such as Featherstone et al. (2018) present a cogent argument for acknowledging much more explicitly the social and economic contexts within which families are living and a more developed understanding of how social harms impact child and family well-being.

As noted in the introduction, this more positive, supportive approach is actually already supported by existing law and policy in England. However, 'austerity politics' has resulted in a reduction in finance available for services, higher eligibility criteria for services and a focus on crisis prevention rather than pro-active or on-going support (see Turney et al. 2018). So commissioners and managers need to think not only about the financial implications but also about professionals' need for training, in-depth discussions and positive resources (see wtpn.co.uk and WTPN 2016) in order to develop the mindsets necessary to underpin a supportive response to the often complex array of needs and barriers involved in neglect 'cases' where the parent/s have LDs.

6 Conclusion

This small scale, but in depth, research study set out to explore what constitutes "successful practice" with parents with LDs. The study, which took place in 3 Local Authorities in England in which we found such practice was strongly linked to a professional culture promoting an inclusive and empowering approach towards parents with LDs. This highly consistent approach was advocated and supported by professionals working in the specialist support services for parents with LDs that existed in each of the participating LAs. The research methods could be critiqued on the grounds that, starting from an interest in exploring 'successful' practices, the study attracted those professionals who worked in a positive way and did not therefore explicitly give voice to those with more negative views. However, professionals had clearly encountered more negative views, and in the interviews, practitioners reflected on strategies to engage with them. It is also fair to say that more critical views of professional practice, particularly in relation to child protection, have been widely shared in the literature. Studies of positive and 'successful' support for parents have been less prominent, so there is a place for exploring examples of such practice, with a view to moving the field forward and, as here, drawing together insights from the fields of practice concerning both neglect and parents with LDs.

The research provided an initial insight into how SPT can be useful in understanding forms of professional practice, and how a framework of shared 'meanings' seemed to be foundational to the emergence and continuation of effective ways of working with parents with LDs. The study highlighted how particular conceptualisations of neglect and parental involvement in, or responsibility for, neglect can affect professional practice in profound ways, particularly in the context of child protection. Understanding how 'meanings', 'competences', and 'resources' interact to create and maintain

'successful' practices can provide groups of local professionals with a way of under-standing how/where it might be possible to leverage change and improve child welfare and protection services.

Compliance with Ethical Standards

Conflict of Interest   The authors declare that they have no conflict of interest.

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