VOLUME I

RESEARCH COMPONENT

CHILD AND FAMILY SOCIAL WORKERS' EXPERIENCES OF WORKING WITH PARENTS WHO HAVE INTELLECTUAL DISABILITIES

BY

CLAIRE LEWIS

A Thesis submitted to

The University of Birmingham

In partial fulfilment for the degree of

Doctorate of Clinical Psychology (Clin.Psy.D)

<div align="right">

School of Psychology

The University of Birmingham

August 2013

</div>

Overview

This Thesis comprises a clinical and a research volume. It is submitted in partial fulfilment of the requirements for the degree of Doctorate of Clinical Psychology (Clin.Psy.D) at the University of Birmingham.

Volume 1

Volume I, the research component, consists of a systematic literature review, an empirical paper and a public domain briefing paper. The systematic literature review examines recent research regarding the construct of parental self-efficacy and the nature of its relationship with child psycho-social outcomes. The empirical paper explores how social workers in child and family services experience and understand their work with parents who have an intellectual disability. The public domain briefing paper provides an accessible summary of both the literature review and the empirical paper.

Volume II

Volume II, the clinical component, comprises five clinical practice reports. These reports reflect clinical work that was carried out whilst on placement in an adult, older adult, child and learning disability service. The first report describes a 44 year old woman experiencing low mood, whose difficulties were formulated from both a cognitive behavioural and a psychodynamic perspective. The second report presents a service evaluation which evaluates the implementation of the psychological component of the NICE Guideline for Schizophrenia (2010) across two Community Mental Health Teams. The third report details the psychological and neuropsychological assessment of a 67 year old presenting with memory difficulties and anxiety. The fourth report presents a single-case experimental design which was used to evaluate the impact of a behavioural intervention for a six year old girl with learning disability, whose behaviour was challenging. Lastly, an abstract is included, which describes a case study of a 30 year old man with a learning disability, experiencing low mood.

TABLE OF CONTENTS OF VOLUME I

TABLE OF CONTENTS OF VOLUME II

CLINICAL PRACTICE REPORT 1: PSYCHOLOGICAL MODELS

A cognitive behavioural and psychodynamic formulation of a 44 year old woman experiencing depression

CLINICAL PRACTICE REPORT 2: SERVICE EVALUATION

An evaluation of the extent to which two Community Mental Health Teams are adhering to the psychological component of the NICE Guideline for Schizophrenia (2010)

CLINICAL PRACTICE REPORT 3: CASE STUDY

A case study of a memory assessment

CLINICAL PRACTICE REPORT 4: SINGLE-CASE EXPERIMENTAL DESIGN

A six year old girl presenting with challenging behaviour

CLINICAL PRACTICE REPORT 5: ORAL PRESENTATION OF A CASE STUDY

A case study of a 30 year old man with a learning disability who is experiencing depression

APPENDICES

LITERATURE REVIEW:

Research developments regarding parental self-efficacy

and its relationship with children's psycho-social outcomes

Abstract

Introduction

Parental self-efficacy (PSE) has been found to be an important determinant of parenting behaviour. A review by Jones and Prinz (2005) suggested that PSE may consequently have an impact upon a range of child outcomes including psycho-social development. However, several limitations were noted regarding the evidence base in this area, including measurement difficulties and a scarcity of longitudinal research.

Aim

This review aims to collate the research regarding PSE and child psycho-social outcomes published since 2005. It examines whether improvements have been made regarding the measurement of PSE and child outcomes, and whether any longitudinal research has been carried out. It then discusses what this research has added to the existing evidence base.

Method

A systematic search of PsycINFO, Medline and Embase was carried out. After inclusion and exclusion criteria were applied, a total of 14 articles were selected. Research quality was assessed using a quality framework and the findings considered accordingly.

Results

Results show improvements regarding the measurement of PSE and child psycho-social outcomes which strengthen the existing evidence base reviewed in 2005. Longitudinal studies have also been published which provide a more nuanced understanding of the bi-directional, multivariate and transactional relationship between PSE and psycho-social outcomes for children.

Discussion

There is continuing and strengthening evidence that PSE is one of several factors that interact with and impact upon a range of children's psycho-social outcomes. It is therefore an important area to assess in families where children are experiencing difficulties. Research

suggests that parenting programmes may be effective at enhancing PSE and future reviews

may be interested in collating and systematically assessing the evidence for this.

<center>**Introduction**</center>

Adequate parenting

Parenting has been referred to as 'a relationship, a process and a group of activities.....undertaken by parent figures towards children' (Hoghughi & Speight, 1998). The quality of parenting is of interest, due to its recognised impact on children's development. However, the concept of 'good enough parenting' has been introduced as a means of reducing unrealistic demands on parents (Winnicott, 1965, as cited in Hoghughi & Speight, 1998). 'Good enough' parenting has been described as 'a process that adequately meets the child's needs, according to prevailing cultural standards' (Hoghughi & Speight, 1998).

Determinants of parenting

Belsky's (1984) Determinants of Parenting Model identified three groups of variables as contributing towards parental functioning: parental factors, derived from parents own developmental history, such as parental mental health, psychological maturity, locus of control and coping styles; child factors such as temperament; and contextual sources of stress and social support derived from a parent's marital relationship, work and social network. Parenting is described as a 'buffered system' whereby limitations in one of these three areas could be compensated for by resources in the others.

Research into the impact of parental variables on parenting has been vast and has shifted from a focus on parenting behaviour to parent cognitions. Of the latter, research has found that parental self-efficacy (PSE) is a 'potent variable' (Coleman & Karraker, 1997) for explaining variance in parental skills and satisfaction.

Self-efficacy

Bandura's theory of self-efficacy (SE) (1977) incorporated cognitive explanations of behaviour into a predominantly behavioural model by making the distinction between outcome expectations (belief that a given behaviour will result in a particular outcome) and efficacy expectations (belief that one can carry out the necessary behaviour). Within this

framework, the knowledge that a given behaviour will result in a particular outcome is not enough to influence behaviour; one also has to believe that one is capable of carrying out the behaviour. SE therefore refers to 'the conviction that one can successfully execute the behaviour required to produce the outcome' (Bandura, 1977). Such conviction is described as varying in its magnitude, generality and strength: magnitude relates to the level of task difficulty an individual believes they can successfully execute; generality refers to whether an individual feels able to carry out a specific or wider range of tasks; while strength refers to how well SE will be maintained in the face of disconfirming experiences. Bandura (1989 as cited in Coleman & Karraker, 1997) hypothesised that SE may be derived from; performance accomplishments; vicarious experience; verbal persuasion and emotional arousal. He described a complex relationship between SE and performance accomplishments in particular, whereby performance accomplishments contribute towards the development of SE, which in turn impacts on behaviour. He also specified how only performance accomplishments that are attributed internally will enhance SE.

SE is not a fixed construct. It has been described as changing over time and varying across different situations and as therefore being task specific (Bandura, 1989 as cited in Coleman & Karraker, 1997). However, Bandura acknowledged 'the possibility of the self-efficacy variable, operating in a more global manner' in domains 'requiring similar functions and sub skills' (Bandura, 1989 as cited in Coleman & Karraker, 1997). Research has found SE beliefs in various different domains such as academic achievement or smoking cessation to positively influence the respective behaviours (Coleman & Karraker, 1997). The construct has also been applied to the domain of parenting.

Parental self-efficacy

Coleman and Karraker (1997) described parental self-efficacy (PSE) as a 'parent's expectations about the degree to which he or she is able to perform competently and effectively as a parent'. These authors reviewed the research relevant to PSE and suggested

that it may originate from: parents' own history and attachment relationships; cultural values and social support; previous experiences with children; and their degree of cognitive or behavioural preparation for the parental role. They also identified that PSE is not a fixed construct and that it can change throughout the course of parenting in response to various child factors, ecological factors, and parental factors such as stress.

The measurement of parental self-efficacy

There are various ways in which SE is measured, all of which involve self-report questionnaires. Measures of SE can be categorised as task-specific, domain-specific, domain-general and global (Coleman, 1998). Task-specific measures examine individuals' competence in relation to specific parenting tasks such as identifying when a child is ill. Domain-specific measures assess SE in relation to a whole domain such as parenting, by examining several distinct tasks within the parenting domain such as discipline or playing. Overall scores are then combined to create a measure of PSE. Domain-general measures continue to measure a specific domain of SE such as parenting but without taking a task-specific approach and therefore assessing individuals' general beliefs about their ability to parent with statements such as 'I am a competent parent'. Lastly, global measures consider SE beliefs across all aspects of functioning, without a specific focus on any particular domain such as parenting. As mentioned above, while Bandura specified that SE beliefs are task specific, he did acknowledge the possibility of domain specific SE beliefs in circumstances 'requiring similar functions and sub skills' (Bandura, 1989 as cited in Coleman & Karraker, 1997) such as parenting. He did not however, believe that SE could be conceptualised globally, across unrelated domains. The implication for this in terms of the measurement of PSE is that measures of global SE have 'limited explanatory and predictive value because most of the items...may have no relevance to the domain of functioning' (Bandura, 2005). Measures that focus specifically on the domain of parenting are therefore necessary. When measuring domain-level SE beliefs such as in PSE, it has also been identified that domain-

specific measures are preferable to domain-general measures. Domain-specific measures attend to SE beliefs regarding specific tasks within the parenting domain and are therefore more in keeping with Bandura's original conceptualisation of SE. It has also been suggested that a task-specific approach has more predictive power (Bandura, Barbaranelli, Caprara & Pastorelli, 1996 as cited in Coleman & Karraker, 1997).

The variation regarding the conceptualisation and resulting measurement of PSE means that it is difficult to compare and synthesise the results of studies that have utilised different measures (Jones & Prinz, 2005). Indeed low correlations have been found between the various available scales, even those claiming to take a similar conceptual approach to measurement (Meunier & Roskam, 2009). It has therefore been identified that there is a need for a systematic examination of this variation in measurement, in order to better establish the measurement of this construct (Jones & Prinz, 2005).

The relationship between parental self-efficacy and parental behaviour

In 1997, Coleman and Karraker reviewed the research findings regarding the relationship between PSE and parenting quality. In general, a relationship was identified between high PSE and various desirable parenting behaviours such as the quality of mother-toddler interactions, responsive, stimulating and non-punitive parenting, parents' ability to understand infant signals, active parenting interactions, parental acceptance and active maternal coping orientations. In contrast, low PSE was found to be associated with post partum depression, more abusive parenting, maternal learned helplessness, defensive and controlling parenting behaviours, stress, a passive coping style and coercive discipline.

They proposed that PSE may impact on parenting through affective, motivational, cognitive and behavioural pathways. Firstly, low PSE is known to correlate with affective difficulties such as maternal depression and stress which have negative effects on parenting. Secondly, it impacts on motivational processes by inhibiting goal setting and causing people to give up more easily. Thirdly, it impacts on cognitions by enhancing people's tendency to

visualise failure and have thoughts of self doubt, as well as reducing people's effortful processing of problems. Lastly, low PSE has been found to be associated with increased emotion-focused coping behaviour, which has been shown to lead to burn out.

It was concluded that PSE is related to parents' 'ability to foster a healthy, happy and nurturant child rearing environment' and that 'parental functioning clearly has an impact on the physical, emotional and intellectual growth of children'. However, Coleman and Karraker (1997) also recognised that the ramifications of low PSE for children's development were 'largely unexamined'. Their review mentioned only a few studies that suggested a link between low PSE and children's maladjusted socio-emotional development (Donovan & Leavitt, 1985; Swick & Hassell, 1990 as cited in Coleman & Karraker, 1997) and achievement (Elder, Eccles, Ardelt & Lord, 1995 as cited in Coleman & Karraker, 1997).

The relationship between PSE and children's psychosocial outcomes

In 2005, Jones and Prinz completed a further review of research regarding PSE in which they began to address the evidence of a relationship between PSE and children's behavioural and socio-emotional functioning.

Correlation research regarding low PSE and children's behaviour difficulties was reported to show 'moderate effect sizes' with few studies finding no such relationship at all. Several studies found a relationship between low PSE and increased child behaviour problems. In contrast, high PSE was found to be related to 'adequate infant interactions', child enthusiasm, compliance and affection, fewer adolescent delinquent behaviours and lower adolescent substance misuse. Equally, intervention studies have also shown how increases in PSE is related to a reduction in children's behaviour problems (Jones & Prinz, 2005).

Research regarding the relationship between PSE and children's socio-emotional functioning, again showed 'moderate effect sizes and only one study reported a non-significant relationship between PSE and social behaviour. Under the umbrella term of socio-emotional functioning, PSE was found to be positively related to children's social interaction,

self-regulation, self-worth and self-efficacy, and inversely related to child anxiety. Interestingly, some studies that also examined parenting behaviours and traits, found evidence to suggest that low PSE may impact on child socio-emotional adjustment, indirectly, via parental socio-emotional adjustment or behaviour (Jones & Prinz, 2005). For example, PSE was found to impact on child social-emotional adjustment through parental warmth and control, parental monitoring and maternal goal setting. In addition, PSE but not parental behaviour was positively related to child personal self efficacy. It was suggested that this might indicate a more direct, modeling influence. Lastly, cultural differences were noted in some studies. For example, Hill and Bush (2001, as cited in Jones & Prinz, 2005) found that while PSE was inversely related to child anxiety in Caucasian American children, this relationship was not found in African American children.

In summary, in 2005 there was emerging evidence to suggest a relationship between PSE and both child behavioural and socio-emotional functioning. It was suggested that this relationship may occur directly, through social learning as well as indirectly, through parenting practices.

Limitations of the evidence base

Jones and Prinz (2005) highlighted several limitations of the research that they reviewed regarding PSE and child psycho-social outcomes. Some of the research in this area measured children's behaviour difficulties through parental report of such. It is therefore unclear whether some of these findings are instead, reflective of a relationship between low PSE and parents' perception of children's behaviour difficulties which could be impacted upon by parental self-doubt. Parental report is also thought to be potentially biased due to personal factors such as depression (Hay, Pawlby, Sharp, Shmucker, Mills & Allen, 1999 as cited in Meunier, Roskam, Stievenart, Van De Moortele, Browne & Kumar, 2011a). Observational methods are therefore thought to be more objective and ecologically valid. As a result, it was concluded that the evidence of a relationship between PSE and child behaviour was strongest

regarding infants and adolescents but weaker for children of other ages, due an increased reliance on parental report. Jones and Prinz (2005) also recognised the degree of measurement variability across studies with some studies utilizing global measures and others, more domain-general or domain-specific measures of PSE. Lastly, they highlighted the 'heavy reliance' on cross sectional research designs which do not allow inferences to be made regarding the direction of the relationship between these variables. As such, there is no indication of whether low PSE contributes to or is a result of child behaviour difficulties. It was recommended that longitudinal studies might better capture the rich and transactional nature of PSE and how it is related to child outcomes.

Aims

The aim of this review is to systematically evaluate the evidence regarding the relationship between PSE and child psycho-social outcomes that has been published since Jones and Prinz's review in 2005. The review will seek to examine the following areas:

1. To determine the extent to which the measurement of PSE continues to vary in recent studies

2. To establish the extent to which further research has used more valid measures, other than parent reports of child psycho-social outcomes

3. To examine whether there is longitudinal evidence to explore the direction of the relationship between PSE and child psycho-social outcomes

4. To explore further evidence regarding the likely direct and indirect relationship between PSE and child psycho-social outcomes

5. To collate further evidence regarding the relationship between PSE, child psycho-social outcomes and other third variables

Method

Definitions

For the purpose of this review, PSE was defined as 'parents expectations about the degree to which he or she is able to perform competently and effectively as a parent' (Coleman & Karraker, 1997). While different terms are used within the literature such as parenting self agency (Dumka, Stoerzinger, Jackson & Roosa, 1996 as cited in Jones & Prinz, 2005) these will not be considered here as the aim is to focus on Bandura's original conceptualisation of SE. A child was defined as any person under the age of eighteen. Lastly, psycho-social outcomes were defined as those pertaining to an individual's cognitive, emotional or behavioural functioning. Studies describing the impact of PSE on specific therapeutic outcomes for children will not be discussed.

Search strategy

A systematic literature search was carried out examining papers published between 2004 and week three of March 2013 (the final search was carried out on 25.03.2013). The databases that were used were PsycINFO, Medline and Embase. Table 1 outlines the search strategies used.

Table 1

Search strategies

Stage	Topic area	Search strategy
A	Parent	Title search: 'maternal' or 'paternal' or 'parent' or 'mother' or 'father'
B	Self-efficacy	Title search: 'self-efficacy' or 'efficacy'
C	Parenting self-efficacy	Combine searches A and B
D	Parenting self-efficacy	Keyword search: 'parent* self-efficacy'
E	Parenting self efficacy	Combine searches: C or D
F	Child	Title search: 'child*' or 'infant' or 'adolesc*'
G	Psycho-social outcomes	Title search: 'mental health' or 'attachment' or 'outcome*' or 'adjustment' or 'wellbeing' or 'soci*' or 'psycho*' or 'behavio*' or 'adapt*' or 'Interpersonal' or 'development*' or 'personality*'
H	Psycho-social outcomes	Keyword search: 'wellbeing'
I	Psycho-social outcomes	Combine searches: G or H
J	The relationship between PSE and child psycho-social outcomes	Combine searches: E and F and I

Inclusion and exclusion criteria

Studies were included in the review if they examined the relationship between PSE and children's psycho-social outcomes. Exclusion criteria are detailed in Table 2.

Table 2

Exclusion criteria

No.	Exclusion criteria (number of articles meeting this criteria)
1	Not published in a peer reviewed journal (35)
2	Written before or including the Jones and Prinz review (2005) (2)
3	Not about the relationship between of PSE and child psycho-social outcomes (83)
4	Conference abstract only (1)

Search findings

A total of 133 articles were found. However, 121 of these met the exclusion criteria. Thirty five were not from peer reviewed journals, one was written before the Jones and Prinz review (2005) and one paper was the Jones and Prinz review (2005). Eighty-three were not about the relationship between PSE and child psycho-social outcomes. A final article appeared to be relevant but was a conference abstract as opposed to a full article. After exclusion criteria were applied, 12 articles remained. Upon reading these 12 articles, a further two were obtained from the reference lists as they met the inclusion criteria. Fourteen articles were consequently selected for review. These articles are summarised in Table 3

Results

Description of the studies

Several of the studies were carried out in Belgium and formed part of a larger study on the predictors of externalising problem behaviour in children (4). An equal amount originated from the USA (4). Remaining studies were carried out in Canada (1), Swizerland (1), Finland

(1), Australia (1), Italy (1) and the Netherlands (1). Six of these studies were longitudinal, four were cross sectional and four were case control studies. Of these case control studies, two compared groups over time and therefore constitute a further two longitudinal studies. Sample sizes ranged between 100 and 1759 families or parent-child dyads. Six examined the role of both mothers' and fathers' PSE while the remaining eight studied mothers only.

In terms of the aspects of child psycho-social outcomes that were explored, ten of the studies examined behaviour difficulties (defined as either externalising problem behaviour or conduct problems). Of these, six explored behaviour problems alone while four explored the additional outcomes of cognitive development (2), social competence and internalising behaviour problems (1) and a range of wide range of variables such as affective difficulties, self-esteem, satisfaction with life, and communication with parents (1). The remaining four studies explored infant crying (1), depression and anxiety symptoms (1), developmental functioning (1) and social competence (1).

These various child outcomes were examined using a range of methodologies. Seven studies utilised parental report of child outcomes only. Four studies utilised parental report and additional methods of measurement such as teacher reports (2), independent observations (1) and additional caregiver ratings (1). Three studies did not rely on any parental report and instead collected data via independent observations only (1), child report only (1) and a combination of child and peer report (1).

Assessment of methodological quality

In order to assess the methodological quality of each study and therefore the weight that can be given to its findings, a quality assessment tool was utilized. In 2007, Sanderson, Tatt and Higgins reviewed 86 tools designed to assess the methodological quality of observational studies. Due to the range of study designs selected in the above search, a measure was chosen that would allow for the assessment of case control, cross sectional and cohort studies, of which Sanderson et al. (2007) identified only thirteen. Eight were not chosen as they involved

calculating final scores, a method about which 'considerable concerns' have been raised (Greenland & O'Rourke, 2001 as cited in Sanderson et al. 2007). Of the remaining five, the most comprehensive tool and the only one that allowed for an additional 'summary judgment' to be made, was the set of guidelines outlined by Fowkes and Fulton (1991; see Appendix A) which was chosen to assess the quality of the papers reviewed here.

The critical appraisal guidelines provided by Fowkes and Fulton (1991) examines six sub-categories relating to research quality. These are: the appropriateness of the study design; the extent to which the study sample is representative; the acceptability of the control group; the quality of the measures used; the completeness of the data and the presence of any distorting influences such as confounding variables. Within each subcategory, a number of more specific criteria pertaining to research quality are then highlighted. It is suggested that a piece of research is then given a rating 'no' (0), 'minor' (+) or 'major' (++) problems in relation to each of the identified criteria. Using this information, an overall summary judgment can then be made regarding the quality of the study.

Summary of methodological quality

Two studies were identified as having significant problems (Bolten, Fink & Stadler, 2012; Jackson & Scheines, 2005). This was largely due to the use of a global measure of SE which has been described as less valid (Bandura, 2005). Consequently, less weight can be given to the results yielded through the use of such measures. As a result, these studies will not be included in future discussion of regarding the relationship between PSE and child outcomes. Only 12 studies therefore continued to be relevant. Of these relevant studies, six were summarised as having 'some' problems. These were studies by Cote, Boivin, Liu, Nagin, Zoccolillo and Tremblay (2009), Meuinier and Roskam (2009), Meuinier, Roskam, Stievenart, Van Der Moortele, Brown and Wade (2012), Sanders and Woolley (2005), Yaman, Mesman, Van Ijzendoorn and Bakermans-Kranenburg (2010) and Weaver, Shaw, Dishion and Wilson (2008). Problems include the use of a domain-general PSE measure, the

use of parent reports of child outcomes only, lack of information regarding the reliability and validity of measures or the selection of very narrow, non-representative samples. Lastly, six studies were rated as having only a 'few' problems. These were Jackson, Choi and Bentler (2009), Jahromi, Umana-Taylor, Updegraff and Lara (2012), Juntilla, Vauras and Laakkonen (2007), Meuinier et al. (2011a), Meunier, Roskam and Browne (2011b) and Steca, Bassi, Caprara and Fave (2011). These studies also lacked sample representativeness and were open to potential parental report bias although to a lesser extent. Common issues also included a lack of clarity regarding participant response rates and attrition. For details of the identified problems and overall quality summary for each paper, see Appendix B.

Table 3

Summary of articles (in alphabetical order) investigating the relationship between PSE and child psycho-social outcomes

Author, Year and Origin	Sample size	Study aims	Study Type	Quality Summary	PSE measure and child outcome measures	Results relevant to review
Bolten et al. (2012) Switzerl-and	120 mothers and babies	To investigate the impact of maternal stress on infants crying and the potential buffering effect of maternal SE	Cohort	Significant Problems	The 'self efficacy' subscale of the Competence and Control Questionnaire (Krampen, 1991 as cited in Bolten et al., 2012) Parental report diary of crying (Barr, Rottman, Yaremko, Leduc & Francoeur, 1992 as cited in Bolten et al., 2012)	Mothers' prenatal stress and low self efficacy scores were a significant predictor of baby's crying at six weeks Self efficacy mediated the impact of prenatal stress on baby's crying

Author, Year and Origin	Sample size	Study aims	Study Type	Quality Summary	PSE measure and child outcome measures	Results relevant to review
Cote et al. (2009) Canada	1759 Mothers and their infants	To plot the developmental trajectories of depression and anxiety symptoms in young children and identify risk factors	Case-control	Some Problems	The SE subscale of the Parental Cognitions and Conduct towards the infant Scale (Bovin, Perusse, Dionne, Saysset, Zoccolillo & Tarabulsy, 2005 as cited in Cote et al., 2009)

A collection of items from the Preschool Behaviour Questionnaire (Behar & Sringfield, 1974 as cited in Cote et al., 2009) | Low PSE was one of several risk factors at 6 months that significantly predicted children's membership to the high rise symptom trajectory group as opposed to the low rise group over the following four and a half years |

Author, Year and Origin	Sample size	Study aims	Study Type	Quality Summary	PSE measure and child outcome measures	Results relevant to review
Jackson and Scheines (2005) USA	178 mothers and their children	To investigate the relationship between income, employment, mothers' SE and depression, parenting behaviours and child behaviour and cognitive development	Cohort	Significant Problems	The Mastery Scale (Pearlin & Schooler, 1978 as cited in Jackson & Scheines, 2005)

Parental report of child behaviour problems via 30 items rated on likert scales (Peterson & Zill, 1986 as cited in Jackson & Scheines, 2005)

The Adaptive Language Inventory (Hogan, Scott & Bauer, 1992 as cited in Jackson & Scheines, 2005) | Parents' SE was indirectly related to child behaviour problems and cognitive development via its relationship with maternal depression, the parental relationship, fathers' contact and then mothers' parenting

Parents' SE also mediated that impact of mothers employment on child outcomes |

Author, Year and Origin	Sample size	Study aims	Study Type	Quality Summary	PSE measure and child outcome measures	Results relevant to review
Jackson et al. (2009) USA	100 mothers and their children	To investigate whether maternal education, employment and income impact on children's behavioural and cognitive functioning, through their impact on PSE	Cohort	Few Problems	The Parenting Self Efficacy Scale (Duke, Allen & Halverson, 1996 as cited in Jackson et al., 2009) Parental report of child behaviour problems via 30 items rated on Likert scales (Peterson & Zill, 1986 as cited in Jackson et al., 2009) The Adaptive Language Inventory (Hogan, Scott & Bauer, 1992 as cited in Jackson et al., 2009)	There was an indirect effect of PSE at time one, on child behavior difficulties at time two, via PSE at time two. PSE also predicted adaptive language skills, via its impact on child behaviour problems. In addition, PSE was found to mediate the effect of parental education and income on child behaviour problems at time two and to protect against the impact of parental depression on child behaviour problems and language development

Author, Year and Origin	Sample size	Study aims	Study Type	Quality Summary	PSE measure and child outcome measures	Results relevant to review
Jahromi et al. (2012) USA	205 mothers and their infants	To identify factors predictive of developmental delay in infants of Mexican-origin adolescent mothers	Cross sectional	Few Problems	The Postnatal Parental Expectations Survey (Reece, 1992 as cited in Jahromi et al., 2012) The Bayley Scales of Infant Development- Second Edition (Bayley, 1993 as cited in Jahromi et al., 2012) The Denver Developmental Screening Test (Frankenburg, Dodds, Archer, Bresnick, Maschka, Edelman & Shapiro, 1996 as cited in Jahromi et al., 2012)	High PSE was correlated with better developmental outcomes on the Bayley Scales. An interaction effect of low PSE and high negative infant temperament was also significantly associated with greater delays on the Denver Developmental Screening Test. However PSE was not a predictor of developmental delay in children with low negative temperament

Author, Year and Origin	Sample size	Study aims	Study Type	Quality Summary	PSE measure and child outcome measures	Results relevant to review
Junttila et al. (2007) Finland	297 parents and their children	To test the relationships between PSE and parental loneliness, and children's social competence, loneliness, motivational orientation and academic skills	Cross sectional	Few Problems	Modified version of the Self Efficacy for Parenting Tasks Index (Junttila et al, 2007) The peer evaluation dimension of the Multisource Assessment of Children's Social Competence Scale (Junttila, Voeten, , Kaukiainen & Vauras, 2006 as cited in Junttila et al., 2007)	High PSE was correlated with child social competence as judged by their peers, which then correlated with child loneliness, motivation orientation and academic skills

Author, Year and Origin	Sample size	Study aims	Study Type	Quality Summary	PSE measure and child outcome measures	Results relevant to review
Meunier and Roskam (2009) Belgium	705 parents and their children	To present a measure of PSE and examine its psychometric properties, including its relationship with several criterion variables including children's social competence and behaviour	Cross sectional	Some Problems	The Echelle Globale du Sentiment de Competence Parentale (Meunier & Roskam, 2009) The Profil Socio-Affectif (Dumas, LaFrenière, Capuano & Durning, 1997 as cited in Meunier & Roskam, 2009)	Positive correlations were found between PSE and children's social competence, low externalising and internalising behaviours

Author, Year and Origin	Sample size	Study aims	Study Type	Quality Summary	PSE measure and child outcome measures	Results relevant to review
Meunier, et. al. (2011a) Belgium	119 families	To examine the role of parental behaviour, PSE, child personality and sibling relationships on child externalising problem behavior (EPB)	Cohort	Few Problems	The Echelle Globale du Sentiment de Competence Parentale (Meunier & Roskam, 2009) The anger-aggression subscale of the Social Competence and Behaviour Evaluation-30 (LaFreniere & Dumas, 1996 as cited in Meunier et al., 2011a) Behavioural observation of the SNAP game (Meunier et al., 2011a)	Mothers PSE at time one had an impact on the slope of both measures of child EPB over the following two years, whereby lower PSE was related in increased EPB. This relationship existed even after variations in parenting behaviour were controlled for. No effect was found for fathers

Author, Year and Origin	Sample size	Study aims	Study Type	Quality Summary	PSE measure and child outcome measures	Results relevant to review
Meunier et al. (2011b) Belgium	340 parents and their children	To explore the bi-directional relationship between parental behaviour and child EPB, considering the intervening effects of PSE and child personality	Cohort	Few Problems	The Echelle Globale du Sentiment de Competence Parentale (Meunier & Roskam, 2009) The Profil Socio-Affectif (Dumas et al., 1997 as cited in Meunier et al., 2011b)	Fathers' PSE at time one, mediated the effect of child behaviour difficulties at time one, on fathers support and control at time two, whereby higher PSE was related to increased support and reduced control. Mothers', PSE at time one, mediated the effect of child behaviour difficulties at time one, on control at time two but not support

Author, Year and Origin	Sample size	Study aims	Study Type	Quality Summary	PSE measure and child outcome measures	Results relevant to review
Meunier et al. (2012) Belgium	117 families	To examine links between parental differential treatment, child behaviour, sibling relationships, and the intervening variables of PSE, child personality and perception of favouritism	Cross sectional	Some Problems	The Echelle Globale du Sentiment de Competence Parentale (Meunier & Roskam, 2009)

The French version of the Social Competence and Behaviour Evaluation (Dumas et al., 1997 as cited in Meunier et al., 2012) | Child behaviour difficulties were found to significantly predict differential levels of support (but not control) for both mothers and fathers. This relationship was fully mediated by PSE |

Author, Year and Origin	Sample size	Study aims	Study Type	Quality Summary	PSE measure and child outcome measures	Results relevant to review
Sanders and Woolley (2005) Australia	124 mothers and their child	To examine the relationship between PSE, dysfunctional discipline practices and child conduct problems	Case-control	Some Problems	The General Self Efficacy Scale (Jerusalem & Schwarzer, 1992 as cited in Sanders et al., 2005) The efficacy subscale of the Parenting Sense of Competence Scale (Gibaud-Wallston & Wandersman, 1978 as cited in Sanders et al., 2005) The Parenting Tasks Checklist (Sanders & Woolley, 2001 as cited in Sanders et al., 2005) The Eyberg Child Behaviour Inventory (Robinson, Eyberg & Ross, 1980 as cited in Sanders et al., 2005)	Clinic mothers of children with behavior problems had significantly lower scores than the community sample on the measures of global and task specific PSE. Task specific PSE was the strongest predictor of specific parental dysfunction (laxness and over reactivity)

Author, Year and Origin	Sample size	Study aims	Study Type	Quality Summary	PSE measure and child outcome measures	Results relevant to review
Steca et al. (2011) Italy	130 adolesc-ents and one of their parents	To compare the psycho-social adaptation of adolescents with parents who have high and low PSE	Case-control	Few Problems	Perceived Parental Self-Efficacy Scale (Bandura, 1990 as cited in Steca et al., 2011) 15 item Aggression Scale (Carprara & Pastorelli, 1993 as cited in Steca et al., 2011) The Children's Depression Inventory (Kovacs, 1985 as cited in Steca et el., 2011) CES-D Scale for Depression (Radloff, 1997 as cited in Steca et al., 2011) The Self Esteem Scale (Rosenburg, 1965 as cited in Steca et al., 2011) The Satisfaction with Life Scale (Diener, Emmons, Larsen & Griffin, 1985 as cited in Steca et al., 2011) The Positive and Negative Affect Scale (Watson, Clark & Tellegen, 1988 as cited in Steca et al., 2011)	Children of parents with lower PSE reported higher levels of aggression, violence and depression. They also reported significantly lower levels of satisfaction with life, self esteem and lower amounts of reciprocal support and open communication with their parents. Children of low PSE parents were also found to inform their parents less about their activities outside the home, engage in more leisure and maintenance activities and to report lower quality of experience during learning and interacting with others

Author, Year and Origin	Sample size	Study aims	Study Type	Quality Summary	PSE measure and child outcome measures	Results relevant to review
Weaver et al. (2008) USA	652 mothers and their children	To investigate how PSE changes over time, how its level at time one relates to children's behaviour problems two years later, and to explore the mediating role of depression	Cohort	Some Problems	The self efficacy subscale of the Parenting Sense of Competency Scale (Johnstone & Mash, 1989 as cited in Weaver et al., 2008) The Child Behaviour Checklist (Achenbach & Rescorla, 2000 as cited in Weaver et al., 2008) The Eyberg Child Behaviour Inventory (Robinson, Eyberg & Ross, 1980 as cited in Weaver et al., 2008)	PSE increased significantly over the three time points. Higher PSE at the first interview was significantly related to lower child behaviour problems two years later. This relationship was mediated by maternal depression during the second interview

Author, Year and Origin	Sample size	Study aims	Study Type	Quality Summary	PSE measure and child outcome measures	Results relevant to review
Yaman et al. (2010) Netherlands	230 mothers and children	To examine the relationship between parental stress and PSE, and child externalising problems in immigrant families	Case-control	Some Problems	Parental Efficacy Questionnaire (Caprara, 1998 as cited in Yaman et al., 2010) The Child Behaviour Checklist (Achenbach & Rescorla, 2000 as cited in Yaman et al., 2010)	Immigrant mothers reported significantly higher levels of stress and marital discord but no differences regarding PSE and child behaviour. In both groups, low PSE, family stress and marital problems was found to correlate with children's behaviour problems. PSE was the most important predictor.

To what extent does the measurement of PSE continue to vary?

There continues to be a range of assessment tools being used to measure PSE. As mentioned above, two studies utilised only global measures of SE that were not specific to the domain of parenting. These were the 'self efficacy' subscale of the Competence and Control Questionnaire (Krampen, 1991 as cited in Bolten et al., 2012) and the Mastery Scale (Pearlin & Schooler, 1978 as cited in Jackson & Scheines, 2005). Both of these measures were reported to have reasonable reliability and the Competence and Control Questionnaire was also reported to have good validity. However, global measures of SE do not reflect Bandura's original conceptualisation of SE beliefs as task-specific. While he agreed that such beliefs could be grouped into domains requiring similar tasks, he did not believe that they could span domains requiring unrelated tasks. It could therefore be argued that these measures possess less construct validity than others.

The remaining 12 studies used measures that examined the domain of parenting specifically however one of them used the self-efficacy subscale of the Parenting Sense of Competency Scale (Johnstone & Mash, 1989 as cited in Weaver et al., 2008), which is a domain-general measure. It focuses on the domain of parenting but asks general questions such as 'I honestly believe I have all the skills necessary to be a good mother/father to my child'. It is therefore also not task-specific and in keeping with Bandura's conceptualisation of SE. In addition to this, while reasonable reliability coefficients (Cronbach's Alphas) were reported (.69-.72), no specific indicators of validity were provided.

Ten of the studies used domain-specific measures which have been identified as a preferable means of assessing domain level SE beliefs. These measures examine PSE in relation to a range of specific parenting tasks with items such as 'I am able to provide my child with a comfortable amount of daily structure'. Scores on these items are then combined to create an overall SE score regarding parenting. Of these domain-specific measures, one consisted of a subscale within another assessment tool called the Parental Cognitions and

Conduct towards the Infant Scale (Boivin, Perusse, Dionne, Saysset, Zoccolillo & Tarabulsy, 2005 as cited in Cote et al., 2009). The remainders were individual scales relating to PSE. They included the Parenting Self Efficacy Scale (Duke, Allen & Halverson, 1996 as cited in Jackson et al., 2009), the Postnatal Parental Expectations Survey (Reece, 1992 as cited in Jahromi et al., 2012), the Perceived Parental Self Efficacy Scale (Bandura, 1990 as cited in Steca et al., 2011) and the Parental Efficacy Questionnaire (Van IJzendoorn, Bakemans-Kranenburg & Juffer, 1999 as cited in Yaman et al., 2010). In general, domain-specific measures have been found to have greater predictive validity than domain-general or global measures of SE. Of the above mentioned domain-specific measures, all are reported to have good reliability although no explicit indicators of validity are provided. However, due to the task-specific nature of the items included in such measures, they could be argued to be more in keeping with Bandura's conceptualisation of PSE, and therefore have greater construct and face validity than global or domain-general measures.

Five studies by Meunier and Roskam (2009) and Meunier et al. (2011a; 2011b; 2012) and Juntilla et al. (2009) used domain-specific measures that emphasise the multi-dimensional nature of parenting. These measures consist of five subscales pertaining to five specific parenting tasks or factors which can be scored to provide an overall measure of PSE. The first of these scales is the Modified version of the Self Efficacy for Parenting Tasks Index (Coleman & Karraker, 2000 as cited in Juntilla et al., 2007) which is sub-categorised into the factors of: nurturance; discipline; recreation and participation. This measure is reported to have good reliability. Again, while no explicit indicators of validity are reported, due to the task-specific nature of its items and resulting subscales, it could be argued to have greater construct and face validity than global or domain-general measures. The second multi-dimensional PSE measure used by studies in this review is called, the Echelle Globale du Sentiment de Competence Parentale (Meuinier & Roskam, 2009). This is the most commonly used measure in the current review and is used in the four studies by Meunier and Roskam

(2009) and Meunier et al (2011a; 2011b; 2012). It is grouped into the factors: discipline; nurturance; playing; instrumental care and teaching. This measure is reported to have good reliability. In addition to construct and face validity, it has also been found to have criterion validity as assessed by positive correlations with variables such as parental wellbeing (Meunier, 2011b).

Lastly, the study by Sanders and Woolley (2005) used a combination of the three types of SE measure: a global SE measure; a domain-general PSE measure and two task-specific measures focused on specific parenting tasks. All three measures have good reported reliability. While no specific indicators of validity were provided, these three scales could be argued to have varying degrees of construct and face validity according to the level of measurement utilised.

In summary, while PSE measurement continues to vary, there appears to be a strong preference in the literature for the use of domain-specific PSE measures. This a positive finding as such measures are more in keeping with Bandura's original conceptualisation and have been found to have greater predictive validity. A number of studies utilised a multi-dimensional domain-specific approach, which has been described as preferable because it examines several levels of conceptualisation within the construct of PSE, avoids semantic overlap between constructs and captures the complexity of parental thoughts (Meunier & Roskam, 2009). Of the various measures used in the studies discussed in this review, such multidimensional measures could therefore be argued to have greater construct validity. In particular, the Echelle Globale du Sentiment de Competence Parentale (Meunier & Roskam, 2009) is described as having good reliability and both construct and criterion validity.

What further evidence exists regarding the relationship between PSE and non-parent reports of child psycho-social outcomes?

Seven studies utilised non-parent reports of child outcomes. One of these studies was identified as having 'significant' problems' (Jackson & Scheines, 2005). However the

remainder had only 'some' or 'few' problems. Of these better quality studies, three used mixed non-parental and parental report measures (Jackson et al., 2009; Meunier et al., 2011a; Weaver et al., 2008) and three utilised no parental measures (Jahromi et al., 2012; Juntilla et al., 2007; Steca et al., 2011).

A study by Weaver et al. (2008) found that maternal PSE was inversely related to both maternal and alternative care giver reports of child behaviour problems two years later. However, this study utilised a domain-general measure of PSE which reduces the validity of its results. A better quality study by Jackson et al. (2009) with only a 'few' problems also found a cross sectional relationship between reduced ,PSE and parental reports of increased child behaviour difficulties which then correlated with teacher reports of reduced cognitive development. Lastly, a study by Meunier et al. (2011a) found that lower PSE in mothers of three-year-old children, correlated with an increase in externalising problem behaviour trajectories over the next two years, as measured by both parent report and independent observations. Again, this study had only a 'few' methodological problems. Its strengths lie in its use of observational and parent-report measures as well as its attempt to assess and control for the impact of social desirability on the latter.

Three studies did not rely on any parent report measures. One of these studies shows a positive cross sectional correlation between PSE and child social competence, which then correlated negatively with child-reported loneliness (Juntilla et al., 2007). Another (Jahromi et al., 2012), found higher PSE to correlate with better developmental outcomes as measured by the Bayley Scales of Infant Development. Reduced PSE and high infant negative temperament were also associated with greater delays on the Denver Developmental Screening Test. Lastly, Steca et al. (2011) found that adolescents of parents with low PSE self reported higher levels of aggression, violence, depression, lower satisfaction with life and lower self esteem.

Overall, there is emerging evidence to suggest a relationship between PSE and child psycho-social outcomes that is not impacted upon by parental reporting bias. This argument is strengthened by the fact that the majority of this evidence is derived from studies of reasonable methodological quality that use a conceptually valid measure of PSE. These studies present evidence of this relationship in children of various ages (despite a slight emphasis on early childhood) and across a range of psycho-social outcomes such as developmental, behaviour, cognitive and emotional functioning. Despite this, it should be noted that many of the studies reviewed here focus on potentially more high risk, less representative samples such as single (Jackson et al., 2008) or adolescent (Jahromi et al., 2012) mothers, or children presenting with or at risk of behaviour difficulties (Meunier et al., 2011; Weaver, 2008). Future research is needed to demonstrate that this relationship is present in more representative samples.

What longitudinal research has been carried out and how does this add to the evidence base regarding the relationship between PSE and child psycho-social outcomes?

Eight longitudinal studies were identified. Two had 'significant' methodological problems due to their global measurement of PSE (Bolton et al., 2012; Jackson & Scheines, 2005), the results of which will therefore not be discussed here. The remaining six had only 'some' or 'few' problems.

Studies with only 'some' methodological problems found that low PSE when children are six months was a predictor of children's depression and anxiety trajectories over the following four and a half years (Cote et al., 2009). They also show that maternal lower PSE when children were two was significantly related to child behaviour problems two years later (Weaver et al., 2008).

Four studies with only a 'few' methodological problems and therefore of greater quality provide the most robust longitudinal evidence. One study found an indirect relationship whereby mothers' PSE at time one predicted their PSE two years later. There was then a cross

sectional relationship between PSE at time two and children's behaviour and cognitive development, whereby lower PSE related to increased behavioural difficulties and poorer cognitive development (Jackson et al., 2009). Steca et al. (2011) also found that adolescents of parents with low PSE reported higher levels of aggression, violence, depression, lower satisfaction with life and lower self-esteem four years later. Lastly, Meunier et al. (2011a) found that mothers' lower PSE of children between the ages of three and five was related to an increase in the slope of children's externalizing problem behaviour over the following two years.

As well as evidence to suggest that PSE precedes changes in child psycho-social outcomes, one study, Meunier et al. (2011b) found that PSE mediated the impact of child externalizing problem behaviour on mothers and fathers behaviour one year later. In particular, low PSE was found to be related to poorer parenting behaviours which were defined by less supportive and more negative controlling behaviours. This suggests that there may be a bi-directional relationship between PSE and child behaviour.

Despite the methodological strength of longitudinal studies, it is important to remember that again, these studies describe narrow samples. One (Jackson et al., 2009) focused on low income single mothers while three (Meunier et al., 2011a; 2011b; Weaver et al., 2008) examined children presenting with or at risk of behaviour difficulties. These findings may therefore reflect relationships between variables that only occur in more problematic families. Two of these studies also drew their participants from the same large longitudinal study (Meunier 2011a; 2011b) which means that the trends found in their sample between PSE and child behaviour difficulties may be over-represented within this review. Finally, few of these studies also considered the development of PSE over time when interpreting their results.

Despite these limitations, the results generally suggest that low PSE precedes child behaviour problems and cognitive difficulties in early childhood and negative psychosocial outcomes in both early childhood and adolescence. It may also mediate the impact of child

behaviour difficulties on parenting behaviour. It is important to remember, however, that directional paths do not equate with causal interpretations. More controlled, experimental research would be needed to clarify any hypotheses regarding causation.

What evidence is there to support the hypotheses regarding a direct and indirect relationship between PSE and child psycho-social outcomes?

Thirteen studies are relevant to this aim, some of which present evidence of both a direct and indirect relationship. However, two of these studies have 'significant' problems (Bolton et al., 2012; Jackson & Scheines, 2005) and the results derived from these will therefore not be discussed. Of the remaining eleven studies, all present evidence of a direct relationship between PSE and three report an indirect relationships through additional variables.

Studies with 'some' methodological problems found direct relationships between low PSE and children's depression and anxiety symptoms (Cote et al, 2009) and behaviour problems (Sanders et al., 2005; Weaver et al., 2008; Yaman et al., 2010; Meunier et al., 2012). High PSE was also found to be directly related to children's' sense of social competence and low internalising and externalising behaviour difficulties (Meunier & Roskam, 2009). Studies of slightly better methodological quality also found a direct relationships between low PSE and children's behaviour difficulties (Jackson et al., 2009) and higher levels of aggression, depression, lower satisfaction with life and lower self-esteem (Steca et al., 2011). Higher PSE was related to infants' better developmental functioning (Jahromi et al., 2012), social competence (Junttila et al., 2007) and reduced externalizing problem behaviour (Meunier et al., 2011a). Despite this evidence, it is important to note that a reportedly direct relationship may reflect merely a failure to examine potentially mediating factors. With this in mind, the strongest evidence for a direct relationship originates from the study by Meunier et al. (2011a) in which the potentially intervening variable of parenting behaviour was assessed and controlled for in the analyses.

Evidence of an indirect relationship between PSE and child outcomes includes the finding by Weaver et al. (2008) that the relationship between maternal PSE and child behaviour problems two years later was mediated by maternal depression. However, this study had 'some' methodological problems. Better quality research in this area found an indirect relationship between PSE and cognitive development, via its impact on children's behaviour (Jackson et al., 2009). It has also been found that high PSE is related to low child loneliness through its impact on children's increased social competence (Junttila et al., 2007).

Overall, the evidence reviewed here continues to support the hypotheses regarding direct and indirect relationships between PSE and child psycho-social outcomes as described in Jones and Prinz (2005). Firstly, PSE may impact on children's development directly, potentially through social learning principles. While a number of studies report a direct relationship between PSE and child psycho-social outcomes, as mentioned above, this may reflect the fact that additional variables were not examined. However, one study (Meunier et al., 2011a) also found a relationship between PSE and children's behavioural problems after assessing and controlling for the variable of parental behaviour. This therefore provides stronger evidence for the hypothesis that PSE has a direct relationship to child behaviour that cannot be solely attributable to its impact on parental behaviour and practices. It should also be noted that again, two of these studies drew their participants from the same larger longitudinal study (Meunier 2011a; 2012). This means that the evidence of a direct relationship between PSE and child behaviour difficulties found in this sample will be slightly over represented. The recent research reviewed here also continues to suggest that this relationship may occur indirectly. Jones and Prinz (2005) suggested that the indirect impact of PSE acts through several parental practices however this review also implicates the mediating factor of maternal depression. These various indirect relationships may relate to the affective, motivational, cognitive and behavioural pathways of impact that were hypothesised by Coleman and Karraker (1997). The evidence drawn from both this review and that of Jones

and Prinz (2005) could therefore be conceptualised as relating to affective (parental depression), motivational (parental goal setting) and behavioural (parent monitoring) pathways.

What is known about the relationship between PSE, child psycho-social outcomes and other variables?

As described above, three studies describe a possible indirect relationship between PSE and child psycho-social outcomes through the mediating factors of maternal depression, child social competence and behavioural difficulties.

In addition to this, four studies describe PSE as a mediating factor itself. One of these has 'significant' methodological problems and will not be discussed further (Bolten et al., 2012). Of those with greater methodological quality, Jackson et al. (2009) found PSE to mediate or protect against the effect of limited parental education and income on child behaviour problems. This study also found that PSE protected against the impact of parental depression on child behaviour problems and cognitive development.

Meunier et al. (2011b; 2012) then provided evidence that PSE can mediate the relationship between child externalizing problem behavior and parenting behavior. A study with 'some' methodological problems found that PSE fully mediated the relationship between child behaviour problems and parents differential treatment of their children (Meunier et al., 2012) whereby low PSE was related to increased differential treatment of children with behaviour problems. A study of more robust quality also found that PSE mediated the effect of child externalizing problem behaviour on fathers' supportive and controlling parenting behaviour and mothers' controlling behaviour, one year later (Meunier et al., 2011b). In particular, lower PSE was associated with reduced supportive and increased controlling parenting behavior. However, both of these studies selected their samples from the same larger longitudinal study (Meunier 2011a; 2011b) which means that the evidence for PSE as a mediating factor in parental behaviour may be over-represented.

Lastly, a study with only a 'few' methodological short comings (Jahromi et al., 2012) reported a combined effect of PSE with temperament, whereby low PSE and high infant negative temperament was associated with greater developmental delay.

In summary, there have been some recent developments in the body of evidence regarding the complex relationships between PSE, child psycho-social outcomes and additional variables. Several possible pathways have been indicated including a direct potential modeling relationship between PSE and child psycho-social outcomes. An indirect relationship through various parental and child factors has also been indicated. In addition, PSE may serve a protective function against socio-demographic risk factors such as low income. This could be conceptualised as in keeping with Belsky's (1984) 'buffering model' whereby limitations in one area could be compensated for by resources in the others. There may also be a combined effect of PSE and child variables such as temperament on child psycho-social outcomes. Lastly, evidence suggests that PSE may mediate the impact of child behaviour problems on various aspects of parental behaviour. This could be seen as relating to Bandura's suggestion that SE beliefs are derived in part, from performance accomplishments. Child behaviour problems, if interpreted by parents as a reflection of their parenting 'success' or competence, could be conceptualised as an indicator of 'performance accomplishments' and therefore impact on PSE and then parenting behaviour. The complexity of these various pathways continues to support Jones and Prinz's (2005) identification of PSE as a potential antecedent, consequence, mediator and transactional variable (Jones & Prinz, 2005).

Discussion

Overall, the results of this review suggest some continued variation in the way that PSE is conceptualised and measured which has implications for the quality of research that has been recently published in this area. However, the majority of studies used domain-specific or multi-dimensional measures which are more comprehensive and conceptually sound and in the case of the Echelle Globale du Sentiment de Competence Parentale (Meunier & Roskam,

2009) has good evidence of reliability as well as validity. This review also demonstrates that since Jones and Prinz (2005), there have been several developments in the literature that strengthen our understanding of the relationship between PSE and child psycho-social outcomes. Firstly, there is further evidence that PSE impacts on not only parent-reported child outcomes but also direct observations of behaviour difficulties and developmental functioning, children's self reports of their own psycho-social outcomes and additional informant reports of behavioural and cognitive functioning. This strengthens the evidence of a relationship between PSE and child psycho-social outcomes. Secondly, several longitudinal studies have been carried out since 2005. Their findings support hypotheses regarding PSE as a factor that largely precedes and potentially impacts upon child psycho-social outcomes. Evidence suggests that this relationship occurs both directly via social learning and indirectly via affective, motivational and behavioural pathways. Longitudinal studies have also allowed for a more nuanced understanding of the bi-directional and multivariate relationship between PSE and child psycho-social outcomes. In particular, they demonstrate how PSE may mediate the impact of child behaviour difficulties on parenting behaviour. As parenting behaviour has also been shown to further mediate the impact of PSE on child psycho-social outcomes, this suggests a somewhat circular relationship. Lastly, as well as impacting on children's' development through third variables such as depression, PSE also appears to protect against the negative impact of variables such as low parental income and education on children's development. In summary, the evidence suggest that the relationship between PSE and child outcomes is not a simple or linear one, but that it is nested within a complex network of interconnected systems (Bronfenbrenner, 1986 as cited in Meunier et al., 2011a).

Limitations to the quality framework

The quality framework provided by Fowkes and Fulton (1991) allowed the assessment of various types of observational research designs which was useful for this review. It was also felt to contain a reasonable level of attention to detail and to cover the majority of the relevant

areas identified by Sanderson et al. (2007). Little guidance however is provided regarding the weight of each criterion. This resulted in an over-reliance on the subjective rating of the researcher, in defining the degree of overall methodological problems. Despite this, it was felt that a more subjective summary scale allowed the current researcher to allocate more weight on those criterions considered pertinent to this area of research such as the chosen method of measurement regarding PSE.

Limitations of the current research

Key limitations of the research included in the current review include continued variation in the measurement of PSE. There is also a slight over representation of research focusing on the relationship between PSE and behavioural difficulties in young children. This relationship seems largely unchallenged and indeed may be conceptually simple to account for when considering the degree of efficacy required when managing a young child's behaviour. There is less research regarding PSE of parents of older children and its relationship with their emotional wellbeing, for which explanations may be more complex. The research included in the current review also tended to examine groups of at risk children or parents. This may be particularly misleading as previous research has suggested that there is a greater relationship between PSE and child outcomes in children from more disadvantaged socio-economic circumstances (Ardelt & Eccles, 2001 as cited in Jones & Prinz, 2005). As such, less is known about the relationships between PSE and child outcomes in more representative families, with fewer difficulties.

As noted by Jones and Prinz (2005), the meaningfulness of longitudinal research in this area is hampered by our limited understanding of the trajectory of PSE over time. Weaver et al. (2008) found that mothers' PSE increased significantly over two years and this variability should be considered when interpreting longitudinal research findings. Lastly, it was apparent that all studies included for review reported significant relationships between variables. Little is known about contexts or child psycho-social variables that might not be impacted upon by

PSE as these studies are unlikely to be published. This 'desk drawer' phenomenon (i.e. the lack of publications reporting non-results) is widely acknowledged but may lead to an over-estimation of the impact of PSE.

Recommendations for future research

It is recommended that future studies regarding PSE and child outcomes enhance their methodological quality by utilising multi-dimensional domain-specific measures of PSE and, where possible, non-parent reports of child functioning. It would also be interesting for future studies to focus on how PSE interacts with child outcomes, particularly in the middle childhood years as this remains under represented in the recent literature. Due to the different challenges and issues arising during this developmental period (Carr, 2006), such research may yield yet more interesting results. Research should also aim to explore more psychological rather than behavioural outcomes as these are comparatively under researched. In addition, it is recommended that further longitudinal studies are carried out that measure multiple child and parent variables so as to strengthen the evidence for some of the more complex multivariate hypothesised relationships discussed above. It may also be interesting to explore which tasks within the task-specific construct of PSE (for example discipline or playing) are related to which child psycho-social outcomes.

Lastly, given the amount of evidence regarding the significance of PSE in relation to child outcomes, it seems important for future research to examine how to enhance parents' sense of PSE. This could focus on the factors determining PSE hypothesised by Coleman and Karraker (1997). Research should ideally then examine the success of any such interventions in improving PSE and the impact that this has on children's difficulties. This is however a complicated area. Many studies have been published that demonstrate how parenting programmes increase PSE as well as reduce child difficulties (Begle & Dumas, 2011) while others report that these factors do not always increase simultaneously (Bloomfield & Kendal, 2012). Due to the interrelatedness of these variables it is difficult to determine whether PSE is

the mechanism for changing child behaviour or whether improvements in child behaviour increase PSE. A recent study has provided some insight into this issue by reporting that PSE appeared to be the mechanism through which a parenting programme reduced child disruptive behaviour (O'Connor, Rodriguez, Cappella, Morris & McClowry, 2012). Future reviews may collate the evidence in this area, as it continues to develop.

Clinical Implications

This review has provided further evidence for the importance of PSE as a factor which impacts on child psycho-social functioning in a variety of ways. This suggests that PSE is a crucial factor for clinicians to consider and assess when working with children with psycho-social difficulties. Assessing PSE would appear to provide valuable information that should be considered when developing psychological formulations and resulting intervention packages for families. Research regarding its potentially protective function also suggests that it should be considered in relation to the prevention of child difficulties, especially when working with families from at risk backgrounds.

Research suggests that parenting interventions can be effective in increasing PSE (Begle & Dumas, 2011) and the results of this review suggest that this may then impact positively on both child psycho-social outcomes as well as parental behaviour. As the majority of evidence supports a relationship between PSE and psycho-social outcomes in young children it may important to consider administering measures of PSE to expectant, particularly at risk mothers. Preventative parenting training and early intervention for at risk children can then be considered if PSE is found to be low.

<div align="center">

Conclusions

</div>

A previous review by Jones and Prinz (2005) highlighted evidence for a potentially complex relationship between PSE and a range of child psycho-social outcomes. However, various limitations within the research were noted which hindered understanding. The current review collated evidence published since Jones and Prinz (2005) which both strengthens and

expands our understanding in this area. It reinforces evidence for the above-mentioned relationship by collating evidence that relies on more valid, objective measures of PSE and child psycho-social outcomes. It also furthers our knowledge by bringing together recent longitudinal studies that inform our understanding of both the direction of this relationship and its complex interactions with several other variables.

References

Bandura, A. (1977). Self-efficacy: Toward a Unifying Theory of Behaviour Change. *Psychological Review, 84: 2*. 191-215. doi: 10.1037/0033-295X.84.2.191

Bandura, A. (2005). Guide for constructing self-efficacy scales. In F. Pajares & T. Urdan (Eds). *Self-efficacy beliefs of adolescents*, (Vol. 5., pp. 307-337). Greenwich, CT: Information Age Publishing.

Begle, A. M. & Dumas, J. E. (2011). Child and parental outcomes following involvement in a preventive intervention: Efficacy of the PACE program. *The Journal of Primary Prevention, 32:2*. 67-81. doi: 10.1007/s10935-010-0232-6

Belsky, J. (1984). The Determinants of Parenting: A Process Model. *Child Development, 55*. 83-96. doi: 10.2307/1129836

Bloomfield, L. & Kendal, S. (2012). Parenting self-efficacy, parenting stress and child behaviour before and after a parenting programme. *Primary Health Care Research and Development, 13:4*. 364-372. doi: 10.1017/S1463423612000060

Bolton, M. I., Fink, N. S. & Stadler, C. (2012). Maternal Self-Efficacy Reduces the Impact of Prenatal Stress on Infant's Crying Behaviour. *The Journal of Paediatrics, 161*. 104-109. doi: 10.1016/j.jpeds.2011.12.044

Carr, A. (2006). *The handbook of child and adolescent clinical psychology* (2nd ed.). London: Routledge.

Coleman, P. K. & Karraker, K. H. (1997). Self-Efficacy and Parenting Quality: Findings and Future Applications. *Developmental Review, 18*. 47-85. doi: 10.1006/drev.1997.0448

Coleman, P. K. (1998). Maternal Self-Efficacy Beliefs as Predictors of Parenting Competence and Toddlers Emotional, Social and Cognitive Development (Doctoral Thesis, West Virginia University). Retrieved from. http://wvuscholar.wvu.edu

Cote, S. M., Boivin, M., Liu, X., Nagin, D. S., Zoccolillo, M. & Tremblay, R. E. (2009). Depression and Anxiety Symptoms: onset, developmental course and risk factors

during early childhood. *Journal of Child Psychology and Psychiatry, 50:10.* 1201-1208. doi: 10.1111/j.1469-7610.2009.02099

Fowkes, F. G. R. & Fulton, P. M. (1991). Critical Appraisal of published research: introductory guidelines. *British Medical Journal, 302.* 1136-1140. doi: 10.1136/bmj.302.6785.1136

Hoghughi, M. & Speight, A. N. P. (1998). Good enough parenting for all children- a strategy for a healthier society. *Archives of Disease in Childhood, 78.* 293-296. doi: 10.1136/adc.79.4.293

Jackson, A. P. & Scheines, R. (2005). Single Mothers' Self-Efficacy, Parenting in the Home Environment, and Children's Development in a Two-Wave Study. *Social Work Research, 29:1.* 7-20. doi: 10.1093/swr/29.1.7

Jackson, A. P., Choi, J. & Bentler, P. M. (2009). Parenting Efficacy and the Early School Adjustment of Poor and Near-Poor Black Children. *Journal of Family Issues, 30.* 1339-1355. doi: 10.1177/0192513X09334603

Jahromi, L. B., Umana-Taylor, A. J., Updegraff, K. A. & Lara, E. E. (2012). Birth characteristics and developmental outcomes of infants of Mexican-origin adolescent mothers: Risks and promotive factors. *International Journal of Behaviour and Development. 36: 2.* 146-156. doi: 10.1177/0165025411430777

Jones, T. L. & Prinz, R. J. (2005). Potential roles of parental self-efficacy in parent and child adjustment: A review. *Clinical Psychology Review, 25.* 341-363. doi: 10.1016/j.cpr.2004.12.004

Junttila, N., Vauras, M. & Laakkonen, E. (2007). The role of parenting self-efficacy in children's social and academic behaviour. *European Journal of Psychology of Education, 22: 1.* 41-61.

Meunier, J. C. & Roskam, I. (2009). Self-Efficacy Beliefs amongst Parents of Young

    Children: Validation of a Self-Report Measure. *Journal of Child and Family Studies,*

    18. 495-511. doi: 10.1007/s10826-008-9252-8.

Meunier, J. C., Roskam, I., Stievenart, M., Van De Moortele, G., Browne, D. T. & Kumar, A.

    (2011). Externalizing behaviour trajectories: The role of parenting, sibling

    relationships and child personality. *Journal of Applied Developmental Psychology, 32.*

    20-33. doi: 10.1016/jappdev.2010.09.006

Meunier, J. C., Roskam, I. & Browne, D. T. (2011). Relations between parenting and child

    behaviour: Exploring the child's personality and parental self-efficacy as third

    variables. *International Journal of Behavioural Development, 35.* 246-259. doi:

    10.1177/0165025410382950

Meunier, J. C., Roskam, I., Stievenart, M., Van De Moortele, G., Browne, D. T. & Wade, M.

    (2012). Parental differential treatment, child's externalising behaviour and sibling

    relationships: Bridging links with child's perception of favouritism and personality,

    and parents' self-efficacy. *Journal of Social and Personal Relationships, 29:5.* 612-

    638. doi: 10.1177/0265407512443419

O'Connor, E., Rodriguez, E., Cappella, E., Morris, J. & McClowry, S. (2012). Children's

    disruptive behaviour and parenting efficacy: a comparison of the effects of two models

    of INSIGHTS. *Journal of Community Psychology, 40: 5.* 555–572. doi:

    10.1002/jcop.21482

Sanders, M. R. & Woolley, M. L. (2005). The relationship between maternal self-efficacy and

    parenting practices: implications for parenting training. *Child: Care, Health and*

    Development, 31:1. 65-73. doi:10.111/j.1365-2214.2005.00487.x

Sanderson, S., Tatt, I. D. & Higgins, J. P. T. (2007). Tools for assessing quality and

    susceptibility to bias in observational studies in epidemiology: a systematic review

and annotated bibliography. *International Journal of Epidemiology, 36.* 666-676. doi: 10.1093/ije/dym018

Steca, P., Bassi, M., Caprara, G. V. & Fave, A. D. (2011). Parents' Self-efficacy Beliefs and their Children's Psychosocial Adaptation during Adolescence. *Journal of Youth and Adolescence, 40.* 320-331. doi: 10.1007/s10964-010-9514-9

Weaver, C. M., Shaw, D. S., Dishion, T. J. & Wilson, M. N. (2008). Parenting self-efficacy and problem behaviour in children at high risk for early conduct problems: The mediating role of maternal depression. *Infant Behaviour and Development, 31.* 594-605. doi: 10.1016/j.infbeh.2008.07.006

Yaman, A., Mesman, J., Van IJzendoorn, M. H. & Bakermans-Kranenburg, M. J. (2010). Perceived family stress, parenting self-efficacy, and child externalising behaviours in second generation immigrant mothers. *Social Psychiatry and Psychiatric Epidemiology, 45.* 505-512. doi: 10.1007/s00127-009-0097-2

EMPIRICAL PAPER:

Child and family social workers' experiences of working

with parents with intellectual disabilities

Abstract

Background

An increasing number of adults with an intellectual disability (ID) are having children. Research evidence suggests that they face an increased risk of being subject to care proceedings and having their children freed for adoption. Although parenting interventions have been found to be effective for parents with ID, such services are rarely offered. Child and family social workers are involved in making decision about these families and it is assumed that multiple factors impact on their decision making process, including personal experiences and attitudes. For this reason, it was thought that exploring social workers' experiences of parents with ID might enable a greater understanding of why parents with ID face an increased risk of losing custody of their children.

Materials and Methods

Semi-structured interviews were carried out with seven child and family social workers who had experience of working on safeguarding cases where at least one parent had an ID. They were asked to reflect on a particular case they had worked on. Interviews were audio recorded and transcribed, and the data were analysed using Interpretive Phenomenological Analysis. Themes were identified within and then across transcripts.

Results

Five super-ordinate themes were identified. These were: 'feeling torn' between parents and their children; experiencing a 'power imbalance' between themselves, parents and the local authority; feeling 'hopeless'; having a sense of 'pride' in their work; and experiencing 'barriers'.

Conclusion

The results are discussed in the context of the increased risk that parents with ID face of losing custody of their children. Recommendations are made regarding clinical practice and future research in this area.

(Prepared for the Journal of Applied Research in Intellectual Disabilities)

Introduction

In the 1980's there was an initiative in the UK to move people with intellectual disabilities (ID) out of long-stay hospitals and into community settings (Mackenzie-Davies & Mansell, 2007). Since then, there has been increased recognition of the rights that people with ID have to be an active part of their community. In 2001 these changing attitudes were consolidated when the UK Government published a White Paper entitled 'Valuing People' which identified how the key values of Rights, Independence, Choice and Inclusion should guide the way services and individuals work with people with ID. Since then 'Valuing People Now' (Department of Health 2009) was published which reviewed the progress made since 2001 and highlighted areas where improvements still need to happen. This document reiterated that people with ID have the same human rights as other citizens, including the right to have a family if they choose to.

Because of difficulties in collecting accurate and reliable data (Booth, Booth & McConnell, 2005), the precise number of people with an ID who have children in the UK is unknown. The National Survey of Adults with ID in England between 2003 and 2004 found that one in fifteen people interviewed had a child. This suggests an estimate of more than 53,000 parents with ID in England (Emerson, 2006 as cited in Working Together with Parents Network, 2008). McConnell and Llewellyn (2002) also describe a '*general agreement within the literature*' that there are an increasing number of individuals with ID becoming parents.

With an increasing number of individuals with ID becoming parents, there is evidence that they are disproportionately at risk of being subject to child care proceedings. In England, Booth et al. (2005) found that while families with a parent with ID are estimated to represent less than 1% of the population, a review of the court records in Leeds and Sheffield in 2000 found that 15.1% of care applications concerned a child where at least one parent had an ID. They also reported that parents with ID were significantly more likely to have their children

made subject to freeing orders and to have them placed out of the home and outside of their kinship network than parents without ID (Booth et al., 2005). This risk was significantly higher than for parents with a diagnosis of mental illness or drug/alcohol problems. It was found that children were made subject to freeing orders in 41.7% of the cases involving parents with ID compared to 29.7% of parents with mental illness and 29.7% of parents with drug/alcohol problems. In addition, children were placed out of home in 74.8% of the cases involving parents with ID compared to 49.6% of parents with mental illness and 52.8% of parents with drug/alcohol problems.

This study by Booth et al. (2005) also revealed that the majority of parents with ID were taken to court in relation to charges of neglect rather than abuse. In cases where abuse was identified as an issue, this tended to involve situations where mothers with an ID failed to protect their children from exploitation from others. There was little evidence to suggest that these parents were provided with services or support to enable them to parent safely and effectively. Reasons for this included the assumption that due to parents' cognitive difficulties, such supports would be ineffective.

It is of note that in half of the cases reviewed by Booth et al. (2005), the parent's diagnosis of an ID was stated as a risk factor for parental neglect, a diagnosis which in the UK is protected under the Equality Act (2010). This Act states that '*where a provision, criterion or practice... puts a disabled person at a substantial disadvantage in relation to a relevant matter in comparison with persons who are not disabled'* a duty is imposed '*to take such steps as it is reasonable to have to take to avoid the disadvantage'* (Equality Act, 2010). This suggests that in order to avoid discriminatory practices, any services offering support to individuals with ID to improve their parenting, should make reasonable adaptations. It has been found that adapted forms of such support can be effective in improving parenting ability in parents with ID (e.g. Feldman, 1994; Wade, Llewellyn & Matthews, 2008). In the UK, Good Practice Guidance on Working with Parents with a Learning Disability also

recommends that '*if parents with learning disabilities are to benefit from parenting programmes-whether run in a mainstream or specialist setting- such programmes will need to be adapted to meet the particular learning needs of the parents concerned*' (Department of Health, 2007). However, such support is rarely offered and Booth et al. (2005) describe how the results of their court file review revealed a 'prevailing assumption' that parents with ID are 'incapable of change' and that supports would not be effective.

Sterling's Determinants of Parenting Model for parents with ID (Sterling, 1998 as cited in Derbyshire & Stenfert-Kroese, 2012) recognises that an important factor contributing to effective parenting in people with ID is 'social support'. This is described as any system capable of providing support, including professional services. Social Services may therefore be the most relevant agency worthy of exploration when considering the outcomes experienced by parents with ID. Of particular interest may be social workers working within Child and Family Services and in particular, those working in Safeguarding Teams. In the UK these professionals are tasked to '*work with families to manage risk and help keep children safe*' (Children's Workforce Development Council, 2009). This work involves making '*finely balanced judgements about the best interests of the child and their family members and providing early support, intensive involvement and sometimes the use of statutory powers when children are unsafe or likely to be unsafe in their family and community environments*' (Children's Workforce Development Council, 2009).

Previous research regarding decision making in child and family social work has highlighted that making these '*finely balanced judgements*' is not purely a cognitive or rational activity. Judgements are impacted upon by the individual's knowledge and experience, bureaucratic procedures, scientific rationality and professional reflections on working relationships with clients (Holland, 1999). O'Connor and Leonard (2013) carried out a qualitative study regarding child and family social workers' perspectives on decision making. A total of 28 social work students and qualified social workers were divided into four

focus groups and asked to discuss their perceptions of what influences decision making in child and family social work practice. These data were analysed using a Grounded Theory approach and three main themes were identified: 'impact of emotions', 'the passing of time' and 'strength of voice'. Of relevance to the current study was the theme 'impact of emotions' on child and family social work decision making. This related to the power of empathic emotions to motivate social workers to try 'much harder' (for example, to challenge management decisions in clients' best interests). It was also found that negative emotions towards clients might result in compliance with such management decisions. Also of relevance was the theme 'strength of voice'. This theme relates to how the extent to which service users' voices are heard may relate to how they are perceived by social workers. This may be impacted upon by factors such as service users level of education, compliance and whether or not service users are perceived as 'deserving'. This research highlights the impact of social workers' subjective, emotional and relational experiences of clients on the decisions they make.

There is research evidence to inform our understanding of factors that may influence professionals' perceptions specifically of adults with ID. It has been found that professionals who have received no ID training hold more negative attitudes regarding people with ID than those who are ID trained (Wolraich, Siperstein & O'Keefe, 1987, as cited in Fitzsimmons & Barr, 1997). Studies exploring the attitudes of such non ID trained professionals have focused specifically on Nurses (Lewis & Stenfert Kroese, 2009), GPs (Gill, Stenfert Kroese & Rose, 2002) and Psychiatrists (Ouellette-Kuntz, Burge, Henry, Bradley & Leichner, 2003) and found that non ID trained staff do not feel adequately trained and confident when working with people with ID. The study examining attitudes in GPs also found that gender, age and professional contact with individuals with ID impacts upon professionals' attitudes (Gill et al., 2002). It was found that younger, female GPs with more more frequent contact with individuals with ID held the most positive attitudes.

There is a more limited research base regarding professionals' attitudes towards parents with ID. Several studies indicate that professionals hold more negative views of parenting than any other aspect of sexuality in ID (Cuskelly & Bryde, 2004; Aunos & Feldman, 2002; Gilmore & Chambers, 2010). However, Jones, Binger, McKenzie, Ramcharan & Nankervis (2010) found that undergraduate students training in disability held more positive attitudes towards parenting in ID than those training in midwifery. These results corroborate with research that suggests that professionals with no ID training have less positive attitudes regarding individuals with ID. Taken together, this may tentatively suggest that child and family social workers, a professional group that does not routinely receive training in the area of ID, may be more likely than ID trained staff to hold 'negative' attitudes regarding parents with ID.

McBrien and Power (2002) asked a range of child and adult, health and social services staff to rate their level of agreement with four different statements regarding attitudes towards parents with ID. They found that social services staff had less understanding of the level of difficulty experienced by parents with ID than did health staff. Child care staff were also found to have less understanding of such difficulties than adult staff. This suggests that child and family social workers, as well as holding less positive attitudes towards parents with ID, may also have less understanding of the difficulties faced by such individuals. While this study began to investigate how child and family social workers might understand and perceive parents with ID, it relied on answers to a small number of predetermined statements and therefore had several limitations. It did not allow for a more in depth exploration of staff's attitudes, it was limited by the prior expectations of the researchers, and did not attempt to explore the potential origins of such attitudes.

The aim of the present study was to investigate how social workers understand and think about the work they carry out with parents with ID. It aimed to gather an in-depth and open-ended account of such experiences that was not influenced by predetermined knowledge, but

instead, reflected how social workers make sense of their own subjective experiences. It was hoped that this would help to explain how they work with parents with ID and make decisions regarding safeguarding, and ultimately shed light on the increased risk faced by parents with ID of having their children removed. It was also anticipated that this information would inform practical recommendations regarding professional development needs and the safeguarding process, that might contribute towards more positive experiences and outcomes for both social workers and parents with ID.

Materials and Methods

Design

As this study focused on exploring social workers' experiential accounts of their work with parents with ID, Interpretive Phenomenological Analysis (IPA) was the research method of choice. IPA is concerned with the '*examination of human lived experience*' (Smith, Flowers & Larkin, 2009) and seeks to understand such experiences in their own terms, rather than imposing predefined categories. It is also idiographic and seeks to understand individual experiences in their own right before identifying common themes across individual accounts. For the purpose of this research, data therefore needed to be experiential and 'rich' and were best gathered through carrying out individual semi-structured interviews with social workers regarding their experiences of working with parents with ID. See below for details regarding the semi-structured interview schedule.

Ethical approval

Ethical approval for this study was firstly granted from the University of Birmingham (see Appendix D). Further approval was sought from four Council services within the Midlands. All of these councils granted ethical approval bar one, which was experiencing organisational change at the time and was thus unable to participate. It was planned that participant recruitment would occur within each Council consecutively, in order to select as homogenous

a group as possible. However, as a sufficient number of participants were recruited from the first location, the remaining two councils were not used for recruitment.

Measures

The semi-structured interview schedule was developed by the researcher, following consultation with two parents with ID (for a copy of the interview schedule, see Appendix E). It consisted of two key questions. These were '*can you tell me about a time when you have worked on a case where one or both parents had a mild learning disability?*' and '*what is it like in general, working with parents who have a mild learning disability?*' The schedule also consisted of additional prompts to be used if necessary, so as to ensure sufficiently rich data. Questions initially invited the participant to describe and reflect upon a specific safeguarding case they had worked on where a parent had an ID. Further questions and prompts then invited participants to think about their general experiences of working on safeguarding cases where parents had an ID. The schedule was used flexibly throughout the interview and not administered in any prescriptive manner, yet care was taken to ensure that all identified topics were covered.

Procedure

Participants were recruited using an opportunity sample. An email describing the project and inviting individuals to participate was sent out to managers within the identified Council's Child and Family Services and professionals who had been identified as having relevant contacts within this area. This email was then cascaded down to social workers themselves. Social workers subsequently contacted the researcher to express an interest in participating. Inclusion criteria consisted of being a qualified social worker, currently working in Child and Family Services and having experience of working on a safeguarding case where a parent had a diagnosis of ID. There were no exclusion criteria. Upon establishing that participants met the inclusion criteria, an initial meeting was arranged in which participants were given a Participant Information Sheet (see Appendix F) and had an opportunity to

discuss the project and ask questions. They were then given 24 hours to consider their participation before being contacted by the researcher to establish verbal informed consent. A second meeting was subsequently arranged in which participants signed a Consent Form (see Appendix G) and the research interview took place. Interviews were carried out in accordance with the above mentioned interview schedule. They lasted between one and two hours and were audio-recorded.

Participants

Seven social workers were recruited from the identified Council's Child and Family Service. Two worked in what are known as First Response Teams which assess and manage initial safeguarding concerns. Three worked in Safeguarding Teams. Two worked in Fostering and Support Teams at the time of the interview but had previous experience of working in a Safeguarding Team. All had experiences of working on safeguarding cases where a parent had an ID and were able to bring examples of that work to the interviews. Participant details are provided in Table 1.

Table 1

Demographic information regarding research participants (no real names used)

Name	**Current area of work**	**Years of experience**
Steven	Safeguarding Team	Approx four years
Sarah	Fostering and Support Team (previous experience in a Safeguarding Team)	Approx six years
Rhea	Safeguarding Team	Approx ten years
Lucy	Fostering Support Team (previous experience in a Safeguarding Team)	Approx 19 years
Miranda	First Response Team	Approx 13 years
David	First Response Team	Approx 26 years
Deborah	Safeguarding Team	Approx 16 years

Data analysis

Audio-recorded interview data were transcribed. These written data were then analysed using the stages identified by Smith et al. (2009). Each transcript was read and re-read. Initial notes or exploratory comments were then made which consisted of purely descriptive comments, comments on the use of language and more interpretive, conceptual comments. Emergent themes were identified throughout each transcript (for an example of an annotated and analysed transcript, see Appendix H). The emergent themes within each transcript were then considered and organised into clusters. This process was repeated across each transcript. Lastly, patterns across transcripts were identified and final themes consolidated. Themes were discarded if they were not present in the majority of transcripts or if they could not be substantially evidenced by relevant quotes. Throughout this process, emerging themes were also discussed with a second researcher in order to increase the validity of the results.

Personal reflections

I became interested in this area of research, largely due to my professional background of working with adults with ID. While I have not experienced what it is like to become a parent myself, I have also had some indirect personal experience of child and family legal proceedings. This has raised my awareness of the difficulties that can be faced by parents within these processes and has contributed towards my belief in the importance of supporting individuals' rights to parent their children. I have been aware that this experience had placed me in a position of wanting to advocate somewhat for parents who are going through childcare proceedings. At times, this lead to the experience of frustration in response to some of the practices described during the research interviews. Equally it meant that I felt very supportive and approving at times. I was mindful of these personal views and attitudes when analysing and interpreting the data. In particular, I ensured that themes that complimented my pre-existing attitudes were checked rigorously and discussed with a second researcher in order to ensure that they were valid.

<div align="center">

Results

</div>

Overall, five super-ordinate themes were found. These are depicted in Table 2. The first theme concerns social workers' experiences of feeling torn between the needs of children and their parents with ID and the sense of sometimes being unable to do what is deemed to be best for all parties. The second theme brings together social workers' experiences of power and the imbalance of power that they perceive between parents with ID and themselves but also the wider local authority. The third theme focuses on feelings of hopelessness that were expressed by most in relation to their work with parents with ID. The fourth theme then goes on to describe the sense of pride that social workers expressed when discussing cases in which they feel they have managed to bring about positive outcomes for families. Finally, the fifth theme centres on the experience of encountering barriers that prevent social workers doing their job as well as they would like.

Table 2

Summary of themes regarding social workers' experiences of working with parents with ID.

Super-ordinate themes and sub-themes
Theme 1: Feeling torn
Being torn between children and parents
Being unable to make everyone happy
Feeling sorry for parents
Theme 2: Power imbalance
The powerlessness of parents
Protecting parents
Wanting parents to have independent support
Being powerless within the system
Theme 3: Hopelessness
Knowing how a case will end
Wondering if parents are able to parent
Wondering whether parent's difficulties are irreversible
Not knowing how to help
Theme 4: Pride in my work
Going the extra mile
Doing what is right
Seeing the rewards
Theme 5: Barriers
Not knowing if parents have ID
Feeling under skilled
Finding it difficult to communicate with parents
Feeling constrained by the system
Feeling disappointed with services

Theme 1: Feeling torn

Being torn between children and parents

Most social workers described a sense of '*massive responsibility*' (Steven) for the children they were working with. This responsibility included the responsibility for preventing something happening that might be '*very serious*' (David) and a sense that risks need to be managed not just now but '*for the long term*' (Sarah). This came with a sense of responsibility for the child's future which Steven summarised by saying:

'We are making very, very serious intricate decisions that will effect people's lives, not just now but in the future and could well effect their children and maybe their children after them. It's a massive, massive responsibility'

At the same time, social workers described liking the parents of these children, becoming attached to them, recognising the efforts that they are making to keep their children and empathising with them. Sarah described a mother as:

'a sweet, gentle, appeasing person'

This sense of allegiance with both parents and their children seemed incompatible and conflicting at times and was demonstrated by Lucy when she described how:

'the child has to come first. ... but you're also trying to work with somebody with a disability, learning disability and you're actually trying to see things from their point of view... and maybe trying to work around things. ... um, it's quite a conflict'

Some social workers appeared to attempt to resolve this conflict by reiterating how their job is to do '*what's best for the child...the child is the focus of our decision making*' (Steven).

Despite this common theme, it is worth noting that not all social workers felt this sense of conflict. Rhea in particular described how supporting the parents and the child are part of the same process:

'When you're doing an assessment on parent with learning disabilities, you have to, not only stay focused on the child but stay focused on their needs as well. Because they (parents) *will only be able to meet the child's needs when their needs are met as well'*

Being unable to make everyone happy

This sense of feeling 'torn' related to a sense that no decision can have a preferable outcome for everyone involved. Some social workers experience having to choose between two less than preferable outcomes and feeling pressured to make this choice. David described feeling:

'*caught in a trap. Because on the one hand you don't want to remove a baby from a parent's care unnecessarily, but if you haven't got um, a clear picture of the parent's capacity then you may feel you've got no choice'*

As a result, several social workers talked about the experience of not being liked by people, in particular parents, other professionals and local authority management. Sarah summed this up by stating:

'you're damned if you do and you're damned if you don't. Expect to never satisfy anybody'

There was almost a sense of acceptance that this was part of their job and unavoidable and that they aren't '*here to be liked. You're not here to be particularly liked by the families and you're not here to be particularly liked by the management'* (Miranda)

In relation to not being able to make everyone happy came the expectation of being criticised. This was experienced by Sarah as almost an onslaught and she described trying to avoid this as much as possible:

'I tried to make sure that there was another professional there... the other part of that was about my accountability because I knew that at some point...well...I felt strongly that at some point this case was going to enter care proceedings and the argument would be that I failed to inform mum, I failed to work with her effectively, I failed to support her. Um, that I failed in every sense'

Feeling sorry for parents

Feeling torn between parents and children meant that in cases where it was felt that the best decision was to remove a child, there was also a sense of sadness and regret. Lucy described feeling '*really sorry*' for the parents involved. At times, this was described as quite an overwhelming sense of sadness and Sarah described how:

'it was the only time I had cried when I've removed a baby'

This feeling of sadness was described as being particularly poignant in cases where parents had ID because there was a sense that parents are not '*horrible*' and haven't done anything to deserve having their children removed. To the contrary, there is recognition that parents have '*tried really hard and done everything the local authority asked*' (Lucy). Deborah described how:

'those cases are really difficult...emotional for us as workers. Because it's much easier if parents are horrible um or have done horrible things to their children. But when you've got parents who, um through no fault of their own, aren't able, they don't have the capacity to parent'

Theme 2: Power imbalance

The powerlessness of parents

Some social workers talked about how they experienced parents with ID as '*compliant*' and how they would often do anything asked of them. In comparison, social workers appeared to perceive themselves as part of a '*very powerful organisation*' (Lucy) or a team of professionals '*armed with a particular language*' (Steven). Lucy described how:

'the power imbalance is enormous... when you go into a case conference. ... well I know, as an experienced worker, I generally know where it's going to go...and I'm not sure the parents know where it's going to go'

As such, there was a sense of being in a position of comparative power and control, and of being able to exert that power over parents and take advantage of them. Some social workers

described how this happened in relation to parents with ID agreeing to have their children removed when other parents may not have agreed so readily. For example, Miranda said:

'We do, um, take advantage of them…a lot of people with learning disabilities are more compliant and have less understanding and are more likely to take that threat of Section 20 very seriously and agree more readily than other parents'

Generally, this power imbalance was spoken about with regret and a wish to not take advantage of parents in this way. For example, Sarah stated:

'she was so compliant but I didn't want to be exploitative of her compliance. Because, you know, she would have, she would've done anything I'd ask her to do'

Protecting parents from the local authority

As well as positioning themselves as part of the *'powerful organisation'*, most social workers also talked about being able to use their position of power to challenge the local authority on parents' behalf. In this way, part of their role was experienced as being to protect otherwise powerless families from the *'powers that be'* (Deborah). Miranda demonstrated this when she said:

'Needed a lot of pressure on by the individual social workers...to stop the system from going to a formulaic way of dealing with things...why can't they see their parents every six weeks? If they're going to be living ten streets away...why can't they see their parents every....every weekend. Why can't they? What's going to happen to them on that weekend?

In this way, social workers positioned themselves as in between the family and the local authority. For example, Sarah described herself as:

'the mediator between this big organisation and the individual'

Even in cases where social workers spoke of what they felt were more positive outcomes, there was a sense of having had to exert their individual opinion and go against the local authority in order for that to be able to happen. Rhea stated:

'I know um my management and some people, some professionals, were um not happy for the child to stay in parental care um but, you know'

Wanting parents to have independent support

While some social workers described using their sense of power to challenge on parents' behalf at times, it appeared that there was a limit to how much this could be done. This difficulty seems to arise when the parents' wishes are deemed to be incompatible with the child's best interest. To some extent, this relates to the theme described above, of 'feeling torn'. At these times, some social workers experience their attempts to provide advocacy for parents as insufficient and believe that that they are not in a position to be able to do this as well as parents deserve. Steven described how:

'as the social worker you can say 'but what the father would argue is...'bom bom bom bom bom''...but actually I'm the child's social worker... I'm hardly independent ...my focus is on the child'

There was repeated mention of the parents' right to have someone independent to support them and to help them challenge the local authority. This person was identified as either being an independent advocate or a social worker from adult learning disability services. It was felt that such an individual could dedicate more time to the parent and would not have a vested interest in the needs of the child. Deborah stated:

'So that, so that there's somebody else, somebody independent for the parents who can um take on board what we're saying, what our processes are, what the court processes are, and who can take enough time to explain that to parents because that's the one thing we don't have'

Being powerless within the system

While there was a sense of power in comparison to parents with ID and of having the power to challenge the local authority, for some social workers, this experience was accompanied by a sense of, at times, being powerless themselves within the child protection

system. This referred to their belief that social workrs had '*no power*' (Steven) or authority in comparison to some other professionals such as the police or psychologists and as a result, not always being taken seriously. This was demonstrated when Sarah stated:

'my assessment would be rubbished in court because I'm just a social worker... so, really a lot of psychological assessments often reinforce what the social worker has already concluded'

There was also an element of powerlessness in terms of not being able to help parents as much as they would like because the services that parents need either do not exist or will not accept referrals unless parents have a formal diagnosis of ID. For example, Rhea said:

'but then you feel powerless…because if there are no resources or they're not relevant resources then you don't know what to do'

Theme 3: Hopelessness

Knowing how a case will end

Several social workers described a sense of knowing from the start that a parent with ID would not be able to keep their child. Sometimes this was experienced as a decision inherited from other professionals, as in the case of Miranda stated:

'the die was already cast really'

At other times, this reflected the social workers' own beliefs about a case and how it would progress. This was felt as a sad reality but one that was almost unavoidable. For example Deborah described her own sense of hopelessness about a family she worked with:

'*And the impression of this case……before the baby was born. I came back and said to my colleague 'this is...this is not going to have a happy ending'*

Wondering if parents are able to parent

The many skills required to parent '*properly*' (Lucy) were often experienced by social workers as being complex and at times, almost something instinctive, that could not be explicitly taught. This was highlighted when Lucy said:

'Um, you need to be able to multi-task, you need to have eyes in the back of your head...
when you've got a toddler running around... um, you need to be aware of all the safety issues,
you need to be able to, you know, do routine, do bed time, do feeding time, do...'

This complexity contrasted significantly with social workers experiences of the abilities of
parents with ID. Such parents were viewed as unable to do the most basic things that should
not need to be taught. Several examples were given of such experiences including Miranda
who stated:

'Child ended up with brain damage. Um, but dad is all irate because he said that he...
when he rang 999 they didn't tell him to keep the baby warm, that you have to keep the baby
warm. And for me, if you haven't got that basic of.... a new baby, wrap it up, if you have to be
instructed to do that...the more complex things of parenting, um, how on earth can you
process those'

As with most themes identified, this uncertainty about individual's ability to parent was not
experiences by all social workers. For two social workers in particular, parents were perceived
as being able to fulfill this role adequately with appropriate support. For example, Rhea
described how:

'the parents are doing well.. um actually they have improved a lot despite their learning
difficulties'

Wondering whether difficulties are irreversible

For those social workers that did wonder about parents' competency, there was also a
sense that parents with ID were unable to change or improve over time and therefore learn the
skills needed to parent. For example, Lucy stated:

'I realised that mum was not able to change... Everything was a repeated cycle... the
history was the same'

This was felt to be the case even when parents tried to change or when professional support
had been offered. For example Sarah stated *'there's nothing they can do, no matter how*

cooperative, no matter how hard she tries she couldn't escape the fact that she just couldn't

learn what she needed to learn, to do the job'

This belief was backed up by reports from other professionals and stemmed from experiences described by Sarah whereby:

'there had been a lot of work beforehand, by a support worker, to teach her about

protecting herself and managing relationships. And there wasn't really evidence that she was

able to put any of that into practice'

Some social workers expressed some belief in parents' ability to learn, however felt that they could not do so '*at the child's pace'* (Deborah).

Not knowing how to help

Due to this perceived inability of parents with ID to change or respond to professional support, some social workers experienced a sense of hopelessness around their own ability to be able to support parents with ID. It was felt that the cause of the parents' problems was not something that '*anybody really could fix or manage'* (Sarah) or that it would take too long to fix, or could only be partially fixed. Sarah demonstrated this dilemma when she said:

'but I felt that I could take mum obviously with other agency involvement, I could take

mum maybe a few steps along her recovery journey but if there were a hundred steps...and

there were a hundred steps to take and she wasn't going to.....'

Some also described frustration when they made efforts to help parents with ID and felt thwarted. For example Lucy described how a parent:

'asked me for money, I gave her money and said I need to come back next week, er to make

sure that..and she'd bought a dog...with it'

Lastly, there was a sense of doubt or questioning about some of the possible options that could be made available to support parents with ID. Lucy considered the idea of a live-in carer for a mother with ID and her child '*almost, as a, as a, a back up...parent. .. but wasn't*

quite sure whether I thought that would work'

Theme 4: Pride in my work

Going the extra mile

Despite feelings of hopelessness, most social workers talked about working hard and putting extra time and effort to help parents with ID. This included practical support such as giving parents lifts, taking time to adapt assessments for people with ID and putting in extra hours. Rhea stated:

'in some cases we need more input. We need to visit them more and I do that, I do that. There are cases where I need to twice weekly where child is in care… children are in care. But I'm sometimes I have to visit, weekly visits because of the need'

Sometimes this was experienced as being '*above and beyond*' (Miranda) what is expected of them and something that they '*didn't have to do*' (Sarah). As such, social workers appeared to feel proud of their dedication to their job and the quality of work that they carry out. At other times it was seen as something essential to doing the job properly that should almost go without saying. For example Steven described how:

'you've got to find ways...You might have to be a bit imaginative. But you have to try and find ways around it'

Doing what is right

There was a sense that social workers were willing to put in this extra time and effort for what they experienced as being '*the right thing to do*' (Steven). Some appeared to experience very strong moral and ethical beliefs that guided their practice. For example, Rhea stated that:

'parents love their children and they are doing everything they could do for them and, you know, they have limited capacity so we decided that we needed to, um, provide them support because they needed additional support we should have provided'

Miranda also demonstrated a strong belief in what she felt was right thing for the children that she was supporting when she identified that living with their parents:

'*probably is best for these children... because they're attached to their parents. Their parents are loving and protective and we can remove a child from a dirty house and put them in a clean house but they're not gonna get...they might not get the same love and care that they've got from their parents.*

Miranda's strong beliefs about what is right lead to a firm sense of what she '*should*' be doing as a social worker and a sense of achievement in being able to do so. This was demonstrated when she said:

'*I was really glad that I did that* (supported parents in attending the christening of their child who was under guardianship with family members) *for them...because it was a memory that they will have now that they did not have..and it was, you know, to me it was...something that we should have been doing*'

Seeing the rewards

This sense of going the extra mile and doing what is perceived as right for families was experienced as rewarding for social workers in a way that made it feel worthwhile and gave a sense of job satisfaction. Rewards consisted of recognition from other professionals for having done a good job, as when Steven stated:

'*I actually had a letter back from the advocate on behalf of the client, saying that she was very impressed with our help with the father..and actually the father felt that even though it was a difficult and stressful time..he actually felt that it was made easier by the social worker*'

Other social workers experienced positive feedback from parents. They enjoyed seeing them '*pleased*' (Deborah) or knowing that they had been responsible for bringing about positive changes, as when Miranda described how she managed to get children:

'*really good contact with the parents, so they were seeing their parents every Saturday....for, for virtually the whole of the day, which is quite unusual really*'

Overall, social workers experienced pride in the work that they do when it has been successful and families have been helped. When looking back, Rhea described how:

'luckily in my last ten years, I have just removed a couple of children'

Theme 5: Barriers

Not knowing if a parent has an ID

Some social workers wondered if a parent had an ID, as no consensus could be reached with other professionals. For example, Rhea stated:

'I think the work becomes more difficult, when you think a parent has learning difficulty and they're not telling you. I said 'has she got learning difficulties?' to the professionals, I was asking. And they said 'oh no she didn't said she had learning difficulties'. I said 'I got a funny feeling about this'

This issue was experienced as sensitive and as something that social workers felt uncomfortable asking parents about. It was made more difficult by the fact that social workers felt that they could not '*always get evidence that they've got learning disabilities*' (Miranda).

Feeling under-skilled

Some social workers appeared to believe that they do not have sufficient skills to do their job and consequently felt under confident. This was partly identified as being due to social work training which did not prepare them for the job, as demonstrated when Sarah stated that:

'*social work training.. it's so generic, the training, that you learn pretty much everything that you need to learn about social work apart from doing it'*

Another aspect of feeling under-skilled is the experience of not knowing how to work specifically with people with ID. For example, Deborah said:

'I'm concerned that I might be missing some basic steps that I could be doing to make sure that I'm making myself fully understood'

As a result, social workers appear to experience themselves as not having '*expertise in mental health and learning difficulties.... in anything, in anything really*' (Sarah) and therefore experiencing the task of decision making as '*very anxiety provoking because, the ordinary um, intake social worker does not have the expertise to assess rapidly*' (David).

Alternatively, while Rhea also described not being an expert, she described this as a more positive, almost useful experience. She said:

'you cannot be expert on that because every family has very different needs'

Lastly, despite this theme being present in the majority of social workers experiences, it is worth noting that some social workers did not describe feeling under-skilled

Finding it difficult to communicate with parents

Another barrier was one related to parents with ID themselves and centered on their communication difficulties and the problems that this presented for social workers. These could be roughly divided into parents' difficulties communicating with social workers and their difficulties understanding what social workers were trying to communicate to them. Firstly they experienced parents as being unable to give accurate accounts of their histories, which made the process of assessment difficult. Sarah described how:

'both mum and dad struggled to give chronological accounts which we ask parents to do at these kind of assessments. They couldn't really do that'

They also experienced parents as not understanding the child protection process and therefore described how they *'frequently don't understand what's happening'* (Miranda). This was perceived as stemming from parents' difficulties understanding what social workers are saying which was experienced by Lucy as frustrating:

'I think the difficulty is... with any parent and particularly with a parent with a learning disability, is trying to state your reasons,... is trying to get through why you're doing what you're doing. ......And I do remember her telling me at some point when um... um... 'you never told me all of this'. And I remember thinking you know, I wanted to hit my head on a wall, go oh my god. 'I've been telling you this for weeks now'

Deborah described similar difficulties but experienced them instead as concerning rather than frustrating, as demonstrated when she said:

'if you say 'do you understand what I've just said', nine times out of ten people will say yes, and they don't have a clue what you've said or they might...more worryingly is when people think they've understood what you've said and actually they haven't'

Feeling constrained by the system

Another barrier consisted of feeling constrained by the processes and procedures of the local authority and also the wider system of childcare law. These constraints were experienced as a lack of support with regard to working with parents with ID, unclear procedures, excessive paperwork and lack of resources. Sarah talked about how:

'there were no resources in the system...I mean there probably were, um, somewhere, you know, in the ether. But there wasn't, the council didn't say look 'These are some of the resources that you can use for working with parents'

Miranda described:

'we need to get funding, we need to do all these different things, and then there's the waiting list... you can be looking at a year down the line before you get it (psychological assessment). *It's too late then....things aren't going in the correct order, they're not going in a logical order'.*

Several social workers also talked about time pressures. This was experienced as feeling busy and not having the time to do a thorough assessment. David stated:

'And, and time in terms of... longitudinally, you know, we have to get from A-B in a couple of months'

As a result some experienced feeling guilty for not doing as much as they would like to have done for families. Deborah described:

'So I know I've got this piece of information in the system but I can't find it, in the system but I know I've had it so I am going to have to go back to the agency. But equally, you know, I've been working...I've been working 14 hour days, minimum ...and I feel dreadful. Um, and I do feel as if I'm not doing my job'

Lastly, system constraints that required a standardised way of doing things were experienced as being particularly incompatible with cases where parents have ID because, as Steven stated:

'we have a process...and yet the process doesn't take into consideration how other people...how people do communicate. It's a one size fit all'

Feeling disappointed with services

Lastly, external service barriers were described and were experienced as preventing social workers from achieving what they would like to achieve for families where parents have ID. Steven highlighted this lack of suitable services for parents with ID when he said:

'I think where it is more difficult with parents with ID is that we don't necessarily have the support services available'

Existing services were also experienced by social workers as not having '*the expertise or the experience to support families'* (Miranda) or being difficult for parents to access due to not meeting a particular '*threshold*' (Sarah)

Rhea, however, spoke about how she overcame such barriers in order to provide support and enable a family to stay together. She was able to do this by piecing together bits of different available services and taking a care coordinator role. She stated:

'Um so we have to... um sort of create the services for the family. We looked into five different services... um how we could provide them that support, they needed....we made a number of referrals. We helped them with the house, um the house was provided by (housing association) *and they had tenancy support, so* (additional organisation) *provided the tenancy support.*

Discussion

Summary

Five super-ordinate themes were presented as an account of child and family social workers' experiences of working with parents with ID. Although these themes are presented

separately, it is important to remember that each theme forms part of an individual's whole experience and that they are therefore not entirely distinct. Indeed several links can be identified between them. For example, the sense of not knowing how to help parents that forms part of social workers' experience of 'hopelessness' (theme three) may also relate to or originate from the identified 'barrier' (theme five) of feeling under-skilled when working with this client group.

In summary, the themes identified suggest that parents with ID are liked and sometimes respected by the social workers interviewed. They are however experienced as compliant and powerless within the child protection system. Where possible, social workers appear to use their position of comparative power to challenge the system on behalf of parents with ID although at times this can be difficult as it frequently presents a dilemma for social workers who perceive protecting children as their priority. Recent media attention on child and family social services may also have added to the weight of responsibility that social workers experience for children. Nevertheless, the importance of independent advocacy and support for parents with ID was recognised.

Social workers described a sense of hopelessness regarding the possibility of parents with ID being able to change. This related to a sense of inevitability regarding the outcome for such parents in terms of losing their children. Despite this, most social workers described wanting to keep families together and the experience of removing a child from a parent who is not perceived as having done anything to deserve this was described as distressing. Social workers experienced several barriers when trying to keep families together when a parent has ID. These include difficulties within the local authority and the availability of wider services, difficulties regarding social worker's own skills and difficulties relating to the parents with ID themselves, such as communication difficulties. It is worth noting that some of the barriers identified in relation to access and availability of appropriate services may reflect the current economic climate and cuts in UK government funding. In particular, this is likely to affect

third sector, charitable organisations which are often involved in the provision of advocacy and support services. Most social workers experienced a sense of pride when they were able to overcome these barriers and bring about positive outcomes.

How do these themes relate to previous research?

Previous research in this area has been scarce. It is restricted to the suggestion that non-ID trained staff's attitudes towards parents with ID may be more negative than those of ID trained staff (Wolraich et al, 1987, as cited in Fitzsimmons & Barr, 1997; Jones, et al., 2010). There is also an indication that child and family social workers have a limited understanding of the difficulties faced by parents with ID (McBrien & Power, 2002). While the current study is not directly comparable, it does not appear to corroborate these findings fully. The social workers interviewed in this study experienced wanting to keep families together which can be conceived as a positive attitude towards parents with ID. However, there was a sense of hopelessness around whether this would be possible and whether parents could ever be capable enough. McConnell and Llewellyn (2002) identified two 'prejudicial assumptions' about parents with learning disabilities; firstly that parents with ID will inevitably place their children at risk and secondly, that their parenting difficulties are 'irremediable'. The second of these assumptions in particular appears to fit with the sense of hopelessness experienced by the social workers in this study. These ideas can be conceptualised as more 'negative' attitudes regarding parents with ID which may fit with what previous attitudinal research has found. This study did not explore attitudes directly, however and such interpretations should therefore be treated with caution.

Despite previous research suggesting that child and family social workers may have less of an understanding of parents' difficulties (McBrien & Power, 2002), those interviewed in this study did appear to demonstrate such an awareness. The results of this study do however suggest several limitations regarding the nature of this understanding. For example, some themes identified in this study reflect the 'presumption of incompetence' often made by

professionals working with parents with ID (Booth & Booth, 1993). Social workers tended to over-emphasise parents' cognitive and other personal deficits when accounting for their parenting difficulties, rather than acknowledging the impact that social factors are known to have on parenting capacity (Sterling, 1998 as cited in Derbyshire & Stenfert-Kroese, 2012). It has been suggested that parenting capacity is better conceptualised by the idea of 'distributed competence' (Booth & Booth, 2000 as cited in McConnell and Llewellyn, 2002) whereby parenting capacity is understood as being impacted on by a family's social network and circumstances. Social workers in this study often recognised and empathised with parents' limited social support networks. However, while some talked about and appeared to recognise the links between these limitations and parenting competence, the majority did not.

Lastly, previous research also suggests that non-ID trained staff may not feel confident in working with individuals with ID (Gill et al., 2002; Lewis & Stenfert Kroese, 2009; Ouellette-Kuntz et al., 2003). This finding has been replicated in the current study, in terms of social workers often feeling under-skilled in this area of their work. Their experience of feeling under-skilled related to not knowing how to interact and work with parents with ID. However, it may also relate to the sense of not knowing how to help parents with ID that was identified. While this was not directly asked about, there was little mention within the interviews of what interventions can be effective and therefore what can be done to support parents with ID. This is likely to feed back into social workers' sense of hopelessness about their work in this area.

What does this add to the knowledge base regarding why parents with ID are at risk of losing their children?

Of relevance when considering why parents with ID face an increased risk of losing their children, is the sub-theme 'powerlessness of parents'. Parents with ID were viewed as compliant and comparatively powerless against professionals and the wider child protection system. This was seen as, at times, leaving them vulnerable to being taken advantage of and agreeing to things that parents without ID might not. Their difficulties understanding the

process and communicating with professionals was also seen as making them less able to challenge the system and stand up for their rights.

While social workers' experiences of liking and empathising with parents with ID may motivate them to challenge the system on parents' behalf, this study suggests that social workers' capacity to challenge is impinged upon by what is experienced as their potentially conflicting sense of responsibility for the child. Social workers' motivation to advocate for parents may also be hindered by the sense of hopelessness that some of them appear to experience. This may originate from misunderstandings regarding the ability of parents with ID to learn and make changes as well as a lack of knowledge regarding how such changes can be facilitated.

Lastly, in situations where social workers do appear to have the motivation and capacity to challenge and where advocacy is available, additional barriers are said to exist that make it difficult for social workers to keep families together. These include social workers feeling they do not have the skills to communicate with people with ID; not having the time to thoroughly assess individuals with ID; not being provided with appropriate resources for assessing parents with ID; working with unclear bureaucratic systems; having to apply a formulaic approach where this may not be appropriate for parents with ID; not being able to get rapid psychological assessments to establish if a parent has ID; a lack of available or adequate services for supporting parents with ID; and lastly, where services do exists, difficulty accessing these services for parents with ID.

Recommendations

Based on these findings, several recommendations can be made to improve the experiences of social workers working with parents with ID and achieve better outcomes for this group. Firstly, the results of this study suggest that social workers may benefit from training on how to work with parents with ID. This training could cover topics such as understanding what ID is, how to identify individuals who may have ID, and how to communicate effectively with

individuals with ID. Information could also be provided regarding the topic of parenting by people with ID. In particular, social workers may benefit from information regarding determinants of parenting capacity in ID and the effectiveness of parenting training interventions and supportive social networks for this group. This may enable social workers to feel more skilled in working with parents with ID, challenge any assumptions of incompetence, and provide a sense of hope in relation to their ability to bring about positive outcomes for these families. One of the social workers participating in the current study also wondered if it would be helpful to identify an 'expert' or 'champion' on parents with ID within social services. Such an individual could provide ongoing support in this area and share examples of best practice.

Given some of the more practical barriers identified by social workers in this study, it may also be important for such training to be supported by the provision of time, resources and services that would enable social workers to translate this knowledge into action. For example, it may be helpful for services to consider ways of allocating additional time for social workers supporting families where a parent has an ID. Accessible resources, information and formats for letters and reports should also be made available to enable more effective communication between professionals and parents with ID. The continued importance of independent advocacy and support from adult services is highlighted, as is the provision of adapted parenting training interventions and support. Difficulties accessing existing services are also highlighted, therefore emphasising the importance of early detection and assessment of parents' cognitive difficulties. All of the above recommendations are in keeping with the UK 'Good Practice Guidance on Working with Parents with a Learning Disability (Department of Health, 2007).

Additional considerations in order to support social workers themselves include access to supervision and other sources of support, and opportunities for reflective practice. Such support systems might provide social workers with a forum to reflect on both the practical

difficulties of working with this client group but also the emotional impact it can have on them.

Limitations

There are several limitations to the current study. Firstly, the sample of social workers interviewed were self-selecting in that they volunteered to participate. This is likely to represent a somewhat biased sample of social workers, who are committed to developing the evidence base regarding parents with ID. Those who have more difficult experiences of working with this client group and more negative attitudes may not have volunteered and their voices may therefore not be represented here. Secondly, while it is felt that the themes represented in this study reflect the experiences of those interviewed, the idiographic nature of this research means that they may not be applicable to all child and family social workers. As many of the issues discussed related to organisational issues and external services, care should especially be taken when applying these findings to social workers working in different services and in different geographical areas. Given the potential impact of the current economic climate on some of the issues discussed, for example, service availability and access, care should also be taken when applying these results across different cultures and time periods.

Future directions

Future studies may wish to examine how some of the themes found in this study apply to wider populations. Of particular relevance may be the themes relating to social workers' perceptions of parents with ID as incapable of change, as well as their experiences of lacking in skills and knowledge regarding how to help individuals with ID. If the recommendations made above are put into practice, the impact of staff training on social workers' beliefs about parents with ID and their own sense of competence could be evaluated. It may also be worthwhile to explore how larger samples of social workers experience and manage the

difficult emotions of feeling torn, powerless and frustrated, that are associated with this area of work.

Conclusions

This study explored social workers' experiences of working with parents with ID. The findings suggest that social workers often would like to keep families where a parent has an ID together but that they consider this to be difficult to achieve for a number of reasons. Their reported experiences are informative when considering why parents with ID may be at an increased risk of losing their children. Future studies may explore in more detail some of the themes that arose in this study, in larger, more representative samples. They may also evaluate the efficacy of any changes made in response to the recommendations described above.

References

Aunos, M. & Feldman, M. A. (2002). Attitudes towards sexuality, sterilization and parenting rights of persons with intellectual disabilities. *Journal of Applied research in Intellectual Disabilities 15,* 285-296. doi: 10.1046/j.1468-3148.2002.00135.x

Booth, T. & Booth, W. (1993). Accentuate the Positive: a personal profile of a parent with learning difficulties. Disability, Handicap & Society, 8, (4) 377-392. doi: 10.1080/02674649366780361

Booth, T., Booth, W., & McConnell, D. (2005). The prevalence and outcome of care proceedings involving parents with learning difficulties in the family courts. *Journal of Applied Research in Intellectual Disabilities, 18*, 7-17. doi: 10.1111/j.1468-3148.2004.00204.x

Children's Workforce Development Council (2009). *Social Work with Children, Young People and Families*. Retrieved from http://dera.ioe.ac.uk/9343/1/Social_work_statement_consultation.pdf

Cuskelly, M. & Bryde, R. (2004). Attitudes towards the sexuality of adults with an intellectual disability: Parents, support staff, and a community sample. *Journal of Intellectual and Developmental Disability 29(3)*, 255-264. doi: 10.1080/13668250412331285136

Darbyshire, L. V. & Stenfert Kroese, B. (2012). Psychological Well-Being and Social Support for Parents with Intellectual Disabilities: Risk Factors and Interventions. *Journal of Policy and Practice in Intellectual Disabilities, 9 (1),* 40-52. doi: 10.1111/j.1741-1130.2012.00326.x

Department of Health (2001). *Valuing People: A New Strategy for Learning Disability for the 21st Century*. Department of Health, UK.

Department of Health (2009). *Valuing People Now: a new three year strategy for people with learning disabilities*. Department of Health, UK.

Department of Health (2007). *Good Practice Guidance on Working with Parents with a Learning Disability*. Department of Health, UK.

The Equality Act (2010). Chapter 15. Retrieved from http://www.legislation.gov.uk/ukpga/2010/15/pdfs/ukpga_20100015_en.pdf

Feldman, M. A. (1994). Parenting Education for Parents with Intellectual Disabilities: A review of Outcome Studies. *Research in Developmental Disabilities 14 (4),* 299-332. doi: 10.1016/0891-4222(94)90009-4

Fitzsimmons, J. & Barr, O. (1997). A Review of the reported attitudes of health and social care professionals towards people with learning disabilities: implications for education and further research. *Journal of Learning Disabilities for Nursing, Health and Social Care. 1 (2)*, 57-64. doi: 10.1177/146900479700100203

Gill, F., Stenfert Kroese, B. & Rose, J. (2002). General Practitioner's attitudes to patients who have learning disabilities. *Psychological Medicine 32,* 1145-1455. doi: 10.1017/S0033291702006608

Gilmore, L. & Chambers, B. (2010). Intellectual disability and sexuality: Attitudes of disability support staff and leisure industry employees. *Journal of Intellectual and Developmental Disability 35*, 22-28. doi: 10.3109/13668250903496344

Holland, S. (1999). Discourses of Decision Making in Child Protection: Conducting Comprehensive Assessments in Britain. *International Journal of Social Welfare. 8,* 277-287. doi: 10.1111/1468-2397.00094

Jones, L. K., Binger, T. E., McKenzie, C. R., Ramcharan, P. & Nankervis, K. (2010). Sexuality, pregnancy and midwifery care for women with intellectual disabilities: a pilot study on attitudes of university students. *Contemporary Nurse, 35 (1),* 47-57. doi: 10.5172/conu.2010.35.1.047

Lewis, S. & Stenfert Kroese, B. (2010). An investigation of nursing staff attitudes and emotional reactions towards patients with intellectual disability in a general hospital

setting. *Journal of Applied in Intellectual Disabilities 23*, 355-365. doi:

10.1111/j.1468-3148.2009.00542.x

Mackenzie-Davies, N. & Mansell, J. (2007). Assessment and treatment units for people with

intellectual disabilities and challenging behaviour in England: an exploratory survey.

Journal of Intellectual Disability Research, 51(10), 802-811. Doi: 10.1111/j.1365-

2788.2007.00963.x

McBrien, J. & Power, M. (2002). Professional attitudes to supporting parents with learning

disabilities. *Tizard Learning Disability Review, 7 (3),* 16-22. Doi:

10.1108/13595474200200024

McConnell, D. & Llewellyn, G. (2002). Stereotypes, parents with intellectual disability and

child protection. *Journal of Social Welfare and Family Law, 24 (3)*, 297–317. Doi:

10.1080/09649060210161294

O'Connor, L. & Leonard, K. (2013). Decision Making in Children and Families Social Work:

The Practitioner's Voice. *British Journal of Social Work 1,* 18. doi:

10.1093/bjsw/bct051

Ouellette-Kuntz, H., Burge, P., Henry, D. B., Bradley, E. A. & Leichner, P. (2003). Attitudes

of senior psychiatry residents toward persons with intellectual disabilities. *The*

Canadian Journal of Psychiatry 48 (8), 538-545.

Smith, J. A., Flowers, P. & Larkin, M. (2009). *Interpretive Phenomenological Analysis:*

Therory Method and Research. Sage Publications Ltd. London.

Wade, C., Llewellyn, G., & Matthews, J. (2008). Review of parent training interventions for

parents with intellectual disabilitiy. *Journal of Applied Research in Intellectual*

Disabilities, 21 (4), 351-366. Doi: 10.111/j.1468-3148.2008.00449

Working Together with Parents Network (2008). Facts and figures about parents with

learning disabilities in England. Retrieved from

www.bristol.ac.uk/wtwpn/resources/facts-

PUBLIC DOMAIN BRIEFING PAPER:

Child and family social workers' experiences of working with parents with intellectual disabilities

<center>**Introduction**</center>

This paper aims to provide a brief summary of two pieces of research. Firstly, it summarises a review of the literature regarding the relationship between parental self-efficacy (PSE) and child psycho-social wellbeing. Secondly, it describes a research study exploring child and family social workers' experiences of working with parents who have intellectual disabilities (ID).

<center>**Literature Review:**</center>

<center>**Research developments regarding parental self-efficacy and its relationship with child psycho-social outcomes**</center>

Introduction

Parental self-efficacy (PSE) refers to parents' expectations of their ability to perform competently as a parent (Coleman & Karraker, 1997). High PSE has been associated with a range of positive parenting behaviours (Coleman & Karraker, 1997). A review of the research (Jones & Prinz, 2005) also suggested that high PSE might impact positively upon children's psycho-social wellbeing. However there are several limitations to the research in this area, for example a heavy reliance of parent report measures of child wellbeing which may be subject to bias (Jones & Prinz, 2005). This review collates the research regarding PSE and child psycho-social wellbeing that has been published since 2005. It examines whether recent research is of improved quality. It also summarises what more has been learnt about the relationship between PSE and child psycho-social wellbeing.

Method

A search of PsycINFO, Medline and Embase was carried out. Fourteen articles were selected that were related to the current topic.

Results

An improvement in the quality of research means that more has been learnt about the relationship between PSE and child psycho-social wellbeing. Previous research relied mainly

on parent reports of child wellbeing. However recent research shows increased evidence that there is a relationship between PSE and more independent and objective measures of child psycho-social wellbeing. Unlike previous research, recent studies also allow consideration of the direction of this relationship. They suggest that PSE precedes and may therefore impact upon child wellbeing. This relationship occurs both directly and indirectly via factors such as parental depression. For example, low PSE is related to parental depression which can be related to negative child psycho-social wellbeing. High PSE also appears to protect children from the negative impact of risk factors such as low parental income. Some studies suggest that this relationship may also be bidirectional. For example, child outcomes may impact on PSE which may then impact on parents' behaviour.

Discussion

Recent research suggests a complex relationship between PSE and children's psycho-social wellbeing. As such, PSE appears to be an important area to assess in families where children are experiencing difficulties. It is recommended that future studies continue to use better quality measures of PSE and child wellbeing. Future research could focus on the less researched areas of children in the middle childhood years and on psychological rather than behavioural functioning. Given the importance of PSE, it also seems important for future reviews to collate the emerging evidence regarding how to increase PSE.

<div align="center">

Empirical Paper:

Child and family social workers' experiences of working with parents with intellectual disabilities

</div>

Introduction

An increasing number of adults with an intellectual disability (ID) are having children (McConnell & Llewellyn, 2002). However, research suggests that they face an increased risk of having their children removed from their custody (Booth, Booth & McConnell, 2005). This appears to happen mainly in relation to charges of neglect rather than abuse. Parenting

training has been found to be effective in parents with ID (Wade, Llewellyn & Matthews, 2008) and is recommended by Good Practice Guidance on Working with Parents with a Learning Disability (Department of Health, 2007). However, such training is rarely offered (Booth et al., 2005). One reason for this appears to be that professionals believe that parents' cognitive difficulties mean that they are 'incapable of change' (Booth et al., 2005).

It is the role of child and family social workers to make decisions regarding how best to support families. However, research has suggested that personal experiences and attitudes towards service users can impact on this decision making (Connor & Leonard, 2013). This study therefore aimed to explore social workers' experiences of parents with ID. It was anticipated that this might enable a greater understanding of why parents with ID face an increased risk of losing custody of their children.

Methods

Seven social workers from child and family services were interviewed about their experiences of working with parents with ID. These interviews were analysed and common themes were identified.

Results

Five themes were identified. The first was 'feeling torn', which described how social workers often feel torn between children and their parents and feel unable to make a decision in which everyone is happy. As a result, they often feel sorry when they make the decision to remove a child from a parent with ID. The second theme was around the 'power imbalance' they experience. Social workers experience parents with ID as being relatively powerless and often try to protect them from the local authority or recruit independent support for them. At times however, social workers also feel powerless themselves. The third theme describes social workers' sense of 'hopelessness' when working with parents with ID. This related to their wondering whether parents are capable of change and consequently not knowing what they can do to help parents. The fourth theme described social workers' experiences of 'pride'

when they 'go the extra mile' to support a family and can see the rewards of their efforts. The fifth and final theme was about the 'barriers' that social workers experience when doing this work. These include service barriers, barriers regarding their own ability and barriers related to the communication abilities of parents with ID.

Discussion

The findings suggest that social workers often like and respect parents with ID and would like to keep such families together. However they consider this to be difficult to achieve for a number of reasons. These include parents being relatively powerless within the system and social workers not always being able to advocate for them, as well as social workers feelings of hopelessness regarding the possibility of change. Additional barriers include problematic procedures within the local authority, a lack of wider services for supporting parents with ID, feeling under-skilled in this area and difficulties communicating with parents with ID.

It is therefore recommended that social workers receive training on how to work with individuals with ID. Training should also be provided regarding the factors that impact on parenting ability in parents with ID and how these difficulties can be effectively managed. Such training would also need to be supported by the provision of time, resources and services that would enable social workers to translate this knowledge into action. Lastly, recommendations are made regarding social workers need for supervision, support and opportunities for reflective practice. Future research may examine how some of the themes found in this study apply to wider populations. The impact of any staff training implemented could also be evaluated.

References

Booth, T., Booth, W., & McConnell, D. (2005). The prevalence and outcome of care
proceedings involving parents with learning difficulties in the family courts. *Journal
of Applied Research in Intellectual Disabilities, 18*, 7-17. Doi: 10.1111/j.1468-
3148.2004.00204.x

Coleman, P. K. & Karraker, K. H. (1997). Self-Efficacy and Parenting Quality: Findings and
Future Applications. *Developmental Review, 18*. 47-85. doi: 10.1006/drev.1997.0448

Department of Health (2007). *Good Practice Guidance on Working with Parents with a
Learning Disability*. Department of Health, UK.

Jones, T. L. & Prinz, R. J. (2005). Potential roles of parental self-efficacy in parent and child
adjustment: A review. *Clinical Psychology Review, 25*. 341-363. doi:
10.1016/j.cpr.2004.12.004

McConnell, D. & Llewellyn, G. (2002). Stereotypes, parents with intellectual disability and
child protection. *Journal of Social Welfare and Family Law, 24 (3),* 297–317. Doi:
10.1080/09649060210161294

O'Connor, L. & Leonard, K. (2013). Decision Making in Children and Families Social Work:
The Practitioner's Voice. *British Journal of Social Work 1,* 18. Doi:
10.1093/bjsw/bct051

Wade, C., Llewellyn, G., & Matthews, J. (2008). Review of parent training interventions for
parents with intellectual disabilitiy. *Journal of Applied Research in Intellectual
Disabilities, 21 (4),* 351-366. Doi: 10.111/j.1468-3148.2008.00449

Guidelines and checklist for appraising published research (Fowkes & Fulton, 1991)

Guideline	*Checklist*	
(I) Study design appropriate to objectives?	Objective: Common design:	
	Prevalence Cross sectional	__
	Prognosis Cohort	__
	Treatment Controlled trial	__
	Cause Cohort, case-control, cross sectional	__
(2) Study sample representative?	Source of sample	__
	Sampling method	__
	Sample size	__
	Entry criteria/exclusions	__
	Non-respondents	__
(3) Control group acceptable?	Definition of controls	__
	Source of controls	__
	Matching/randomisation	__
	Comparable characteristics	__
(4) Quality of measurements and outcomes?	Validity	__
	Reproducibility	__
	Blindness	__
	Quality control	__
(5) Completeness?	Compliance	__
	Drop outs	__
	Deaths	__
	Missing data	__
(6) Distorting influences?	Extraneous treatments	__
	Contamination	__
	Changes over time	__
	Confounding factors	__
	Distortion reduced by analysis	__

++ = Maior problem   + = Minor problem   0 = No problem   NA = Not applicable

Appendix B

A table summarising the quality rating of each study (in alphabetical order) according to the guidelines provided by Fowkes and Fulton (1991)

Study	1. Study design appropriate?	2. Study sample representative?	3. Control group acceptable?	4. Quality of measurement and outcomes?	5. Completeness?	6. Distorting influences?	Overall judgment
Bolten et al. (2012)	**0** No issues identified	+ Participants consisted of predominantly educated and wealthy mothers. No information regarding sampling method or response rate	**N/A**	++ Global measure of SE and infant crying measured via parent report only. Reliability and validity stated for the SE measure but not the child outcome measure although this has some face validity	++ Subjects were included if they had a complete data set but no mention of how many did not provide complete data	++ Potentially confounding variable of parental competence. Also the impact of social desirability on parental report	**Significant problems:** Somewhat narrow sample, global PSE measure, parent report measures of child outcomes and lack of information regarding sampling and completeness

Study	1. Study design appropriate?	2. Study sample representative?	3. Control group acceptable?	4. Quality of measurement and outcomes?	5. Completeness?	6. Distorting influences?	Overall judgment
Cote et al (2009)	**0** No issues identified	+ Large sample but representative only of children in Quebec. No information regarding sampling method or response rate	++ Cohort groups were naturally occurring however no information was provided regarding comparable characteristics	++ Domain-specific PSE measure however child outcome measured via only parental report. Reliability but not validity was reported for PSE although it had face validity. Child outcome measure was reliable and validated	+ Only 82% of original sample provided complete data and were used for analysis	++ Confounding variable of parental competence. Also the impact of social desirability on parental report	<u>**Some problems:**</u> Lack of information regarding sampling, response rates and comparable group characteristics. Parental report measures and no reported validity for PSE measure

Study	1. Study design appropriate?	2. Study sample representative?	3. Control group acceptable?	4. Quality of measurement and outcomes?	5. Completeness?	6. Distorting influences?	Overall judgment
Jackson et al. (2005)	**0** No issues identified	+ Sample consisted of children of unemployed single mothers with a high incidence of depression. Participants randomly selected with a 71% response rate	**N/A**	++ Global measure of PSE however uses both parent and teacher reports of child outcomes. Reliability reported for child outcome and PSE measure. No validity reported for although the child measure has some face validity	+ 5% drop out between time one and time two	+ Confounding variable of parental competence and high incidence of parental depression. Also the impact of social desirability on parental report although this is minimized through additional teacher report	**Significant problems:** Narrow sample, global PSE measure and the use of informant reports of child outcomes.

Study	1. Study design appropriate?	2. Study sample representative?	3. Control group acceptable?	4. Quality of measurement and outcomes?	5. Completeness?	6. Distorting influences?	Overall judgment
Jackson et al. (2009)	**0** No issues identified	+ Sample consisted of single black mothers who were welfare recipients. 134 participants were randomly selected with 100 respondents	N/A	+ Domain-specific measure of PSE and uses both parent and teacher report of child outcomes. All measures report reasonable reliability. No formal indicators of validity although all had some face validity	**0** One participant was not followed up. Missing data was calculated using Bayesian Multiple Imputation to draw substitute values at random	+ Confounding variable of parental competence. Also the impact of social desirability on parental report although this is minimized through the use of teacher report	**Few problems:** Somewhat narrow sample and informant reports of child outcomes

Study	1. Study design appropriate?	2. Study sample representative?	3. Control group acceptable?	4. Quality of measurement and outcomes?	5. Completeness?	6. Distorting influences?	Overall judgment
Jahromi et al. (2012)	**0** No issues identified	+ Sample consisted of Mexican origin, adolescent, American expectant mothers. Self selecting sample	N/A	+ Domain-specific PSE measure and child outcomes measures by independent observations and parental report. PSE measure has face validity and is reliable. One child measure is reliable and valid although the other had only face validity and no reported reliability	**0** No issues regarding completeness mentioned	+ Confounding variable of parental competence however impact of social desirability reduced by independent observation of child behaviour	**Few problems:** Somewhat narrow sample and some limitations regarding measurement reliability

Study	1. Study design appropriate?	2. Study sample representative?	3. Control group acceptable?	4. Quality of measurement and outcomes?	5. Completeness?	6. Distorting influences?	Overall judgment
Junttila et al. (2007)	**0** No issues identified	+ Sample consisted of finish children from rural communities. Only 3% non-response rate	N/A	**0** Domain-specific measure of PSE and self and peer ratings of child outcomes. Good reliability reported for all measures. No formal indicators of validity reported but all have face validity	++ Only 297 of the original 454 participants provided a complete data set and were included in the analysis	+ Confounding variable of parental competence. Some impact of social desirability on children's' self report however reduced by additional peer ratings	**<u>Few problems:</u>** Narrow sample and high attrition rate

Study	1. Study design appropriate?	2. Study sample representative?	3. Control group acceptable?	4. Quality of measurement and outcomes?	5. Completeness?	6. Distorting influences?	Overall judgment
Meunier et al. (2009)	**0** No issues identified	+ Sample consisted of children from two parent families in the French speaking part of Belgium, recruited from randomly selected schools. The response rate was 42%	N/A	++ Domain-specific measure of PSE however relies on parental report of child outcomes only. PSE and child outcome measure are valid and reliable	++ 36-46% of parents that completed the first set of questionnaires, went on to complete the second set	++ Confounding variable of parental competence. Also the impact of social desirability on parent report	<u>**Some problems:**</u> Somewhat narrow sample, low response rate, parent reports of child outcomes and high attrition rate

Study	1. Study design appropriate?	2. Study sample representative?	3. Control group acceptable?	4. Quality of measurement and outcomes?	5. Completeness?	6. Distorting influences?	Overall judgment
Meunier, et al. (2011a)	**0** No issues identified	**++** Sample consisted of Dutch children, predominantly boys, with externalising behaviour problems. Sample selected from a pre-existing study however response rates are not described	**N/A**	**0** Domain-specific measure of PSE. Child outcomes measured through independent observations as well as parent report. All measures reported to have good reliability and validity	**+** Attrition noted but no amount specified. No pattern found regarding demographics so treated as Missing at Random.	**+** Controlled for the potentially confounding variable of parenting behaviour. In addition, the impact of social desirability on parent report was reduced by the use of independent observations of child behaviour	**Few problems:** Very narrow sample, response rate not described and limited information regarding attrition

Study	1. Study design appropriate?	2. Study sample representative?	3. Control group acceptable?	4. Quality of measurement and outcomes?	5. Completeness?	6. Distorting influences?	Overall judgment
Meunier et al. (2011b)	**0** No issues identified	+ Sample consisted of young children from the French speaking part of Belgium, recruited from a pre-existing study. While all mothers responded, 9.1% of fathers did not	N/A	++ Domain-specific measure of PSE although all child outcomes measures were parent report. PSE measure is reported to be reliable and valid however child outcome measure has reported validity but not reliability	+ 9% of mothers and 10% of fathers dropped out. No pattern found regarding demographics so treated as Missing at Random)	+ Confounding variable of parental competence. Also the impact of social desirability on parental report, although attempts were made to control for parental reporting bias	**Few problems:** Somewhat narrow sample, the use of parent report measures and lack of reported reliability regarding child outcome measure

Study	1. Study design appropriate?	2. Study sample representative?	3. Control group acceptable?	4. Quality of measurement and outcomes?	5. Completeness?	6. Distorting influences?	Overall judgment
Meunier et al. (2012)	**0** No issues identified	++ Sample consisted of Dutch, middle class children from two parent families with siblings and externalising behavior problems. Recruited though pre-existing study with no response rate information	**N/A**	++ Domain-specific measure of PSE although all child outcomes measures were parent report. Good reliability and validity reported for PSE measure. The child outcome measure is reported to be valid but no reliability mentioned	+ Eight of 167 children's data was excluded due to stereotypical responses	++ Confounding variable of parental competence. Also the impact of social desirability on parental report.	<u>**Some problems:**</u> Very narrow sample, the use of parent report measures of child outcomes and the lack of reported reliability regarding child outcome measure

Study	1. Study design appropriate?	2. Study sample representative?	3. Control group acceptable?	4. Quality of measurement and outcomes?	5. Completeness?	6. Distorting influences?	Overall judgment
Sanders et al. (2005)	**0** No issues identified	++ Sample consisted of children with behavioural difficulties recruited through Triple P Programs and child centres. No response rate information	+ Comparison group was similar regarding most socio demographic factors except from being older and more educated	++ Global, domain-general and task-specific measure of PSE however no domain-specific measure. Child outcome measure was parental report. Relevant measures have good reliability. While validity is not reported, measures have some face validity.	**0** No issues reported regarding completeness	++ Confounding variables of parental competence and also parental education and age. Also the impact of social desirability on parent report	**Some problems:** Very narrow sample, differences between comparison groups, global measurement of PSE, and parent report of child outcomes

Study	1. Study design appropriate?	2. Study sample representative?	3. Control group acceptable?	4. Quality of measurement and outcomes?	5. Completeness?	6. Distorting influences?	Overall judgment
Steca et al. (2011)	**0** No issues identified	**+** Sample consisted of Caucasian, Italian, families that were already part of another research study. No information provided regarding response rates	**0** Cohorts were naturally occurring however were reported to be comparable in terms of parent education and job	**0** Domain-specific measure of PSE and self report measures of child outcomes. Good reliability reported for all measures. Although no validity indicators reported all have some face validity	**+** Describes 'a few missing data' but does not state how many. Replaced via an Expectation Maximisation Algorithm	**+** Confounding variable of parental competence. Also the impact of social desirability on children's' self report of difficulties	<u>**Few problems:**</u> Somewhat narrow sample and lack of clarity regarding completeness of data

Study	1. Study design appropriate?	2. Study sample representative?	3. Control group acceptable?	4. Quality of measurement and outcomes?	5. Completeness?	6. Distorting influences?	Overall judgment
Weaver et al. (2008)	**0** No issues identified)	++ Sample consisted of 'at risk' families. No information about initial response rate	**N/A**	++ Domain-general measure of PSE however child outcomes measures via multiple mothers and alternate caregiver reports. All scales have reasonable reliability. Two of three child outcomes have reported convergent validity and all measures have some face validity	++ 79 of 731 data sets were excluded from analysis due to only completing one of three assessment waves or the mother not consistently being the caregiver	+ Confounding variable of parental competence. Impact of social desirability on parent report partly minimized by additional care giver report. Several confounding factors also controlled for	<u>**Some problems:**</u> Very narrow sample, domain-general PSE measure, informant measures of child outcomes and some issues regarding completeness of data

Study	1. Study design appropriate?	2. Study sample representative?	3. Control group acceptable?	4. Quality of measurement and outcomes?	5. Completeness?	6. Distorting influences?	Overall judgment
Yaman et al. (2010)	**0** No issues identified	**+** Sample consisted of Dutch and Turkish immigrants. Participants recruited through the municipal registers. 60% response rate	**0** Comparison group was matched regarding child gender, age, maternal education and the presence of siblings	**++** Domain-specific PSE measure however child outcomes are parent report only. Child outcome measures are valid although reliability is either not reported or internal consistency is below .07. PSE measure is reliable and has face validity	**+** 13 missing values reported throughout the data set and replaced with mean scores	**++** Confounding variable of parental competence. Also the impact of social desirability on parental report of child outcomes	**Some problems:** Somewhat narrow sample, use of parent report measures of child outcomes and limitations regarding the reliability of child outcome measures

Appendix E

Interview Schedule

You have just watched a video clip. This was to clarify the level of learning disability we are referring to in this research project when we talk about parents with learning disabilities (i.e. individuals with mild learning disabilities).

1. **Can you tell me about a time when you have worked on a case where one or both parents had a mild learning disability?**

Prompts: What happened?

What was it like?

Did you work with learning disability services when working on this case?

What did you think about it at the time?

How did you feel?

2. **What is it like in general working with parents who have a mild learning disability?**

Prompts: What are your thoughts about it?

What are the difference between this work and working with parents who do not

have a learning disability?

What things do you like about it?

What things do you find difficult about it?

What could make this kind of work easier?

Do you feel like you have had enough training in this area?

What kind of help do you think should be given to parents with mild learning disabilities?

Participant Information Sheet

UNIVERSITY OF BIRMINGHAM

Title of Project: How Social Workers in Child and Family Services, experience and understand parents with mild Learning Disabilities

Researchers: Claire Lewis (Principal Researcher), Dr Biza StenfertKroese (Academic Supervisor) and Dr Alex O'Brien (Clinical Supervisor).

The Project: Many Social Workers employed by Child and Family Services will at some point in their career, work on a child protection case where a parent has a mild Learning Disability which may pose challenges for professionals. This research project aims to explore qualified Social Workers' experiences of working on child protection cases with parents who have a mild Learning Disability and how they understand and work with such individuals. It is hoped that this knowledge will help improve services for families and reduce the challenges for professionals.

Why have you been asked to participate? You have been asked to participate in this research project because you are a qualified Social Worker in a Child and Family Service and have at some point in your career, had experience of working on a child protection case where a parent has a mild Learning Disability.

Do you have to participate? Your participation is voluntary. If you choose to participate, you will be asked to sign a consent form, after which you will retain your right to withdraw at any point throughout the project.

What will your participation involve? Participation in this research project will involve a one hour meeting. During this meeting, you will be asked to watch a short video clip to clarify the kinds of parents we will be asking you about i.e. parents with mild Learning Disabilties. You will then be interviewed regarding your experiences of working on child protection cases with such parents. This interview will be held by the Principal Researcher and audio recorded. If at any time you feel distressed throughout the interview or do not want to continue with it, you can tell the Principal Researcher and the interview can be paused or terminated. You will also be given the contact details of Dr Biza Stenfert-Kroese (Clinical Psychologist). You will be able to contact Dr Stenfert-Kroese at any time either during or following your participation in this project, for support and sign posting to additional services, should you feel distressed by the content or process of the interview. Any travel costs incurred as a result of attending this interview, will also be reimbursed.

How will your information be stored? Your personal information such as name and contact details, will be kept confidential and will only be available to the above mentioned research team. Your interview data may alternatively be made available to relevant others at the University of Birmingham for the purpose of data analysis. These additional researchers will abide by the University's Code of Practice for Researchers when handling your interview data. This interview data will be made anonymous; your name will not be mentioned during the interview and recordings and written transcripts of your interview data will be identifiable only by an allocated participant number. All of your personal information and anonymous interview data will be stored on a password protected computer. Your data will be stored electronically by the Principal Researcher for ten years following your participation in this research project, at which point it will be destroyed. Your information will not be used for any purpose, other than for this research project.

The only circumstance in which your personal details might be passed on to individuals outside of the immediate research team, are those in which you disclose information pertaining to the risk of either yourself or others. In these situations, the Principal Researcher will discuss with you, the need for such information to be passed on.

Your right to withdraw: Following your participation in this project, you will have the right to contact the Principal Researcher and withdraw your interview data, **up until 1ˢᵗ December 2012**. You will also be offered the opportunity to view your interview transcript and withdraw any aspects of it, from either the project as a whole or direct quotation in the final document.

Outcome: The results of this study will be written up and submitted both as a Doctoral Thesis to the University of Birmingham, and to a publicly available Peer Reviewed Journal. A lay summary will also be written. In all circumstances of writing up and feeding back the results of this project, the details of your involvement will be kept confidential and any reference to your data, made anonymous by the use of a pseudonym. If you would like to receive feedback regarding this research project, you can be sent a copy of the lay summary or be given details of the relevant publication.

Equal opportunities: We would like to offer all individuals an equal opportunity to participate in this research project. Therefore, if you feel that any special arrangements need to be made in order for you to take part in this project (e.g. the use of an interpreter), please let the Principal Research know and this will be organised.

Questions: If you would like to discuss any aspect of this research project please contact: ▓▓▓▓▓ ▓▓▓▓▓ ▓▓▓ ▓▓▓▓▓ ▓▓▓▓▓ ▓▓▓▓ ▓▓▓▓▓ ▓▓ ▓▓▓▓▓ ▓▓▓▓▓ ▓▓▓▓▓▓▓▓▓▓▓▓▓▓ ▓▓▓▓▓▓▓

▓▓▓▓▓▓▓▓▓▓▓▓▓▓▓▓

▓▓▓▓▓▓▓▓▓▓▓▓▓▓▓

▓▓▓▓▓▓▓▓▓▓▓▓