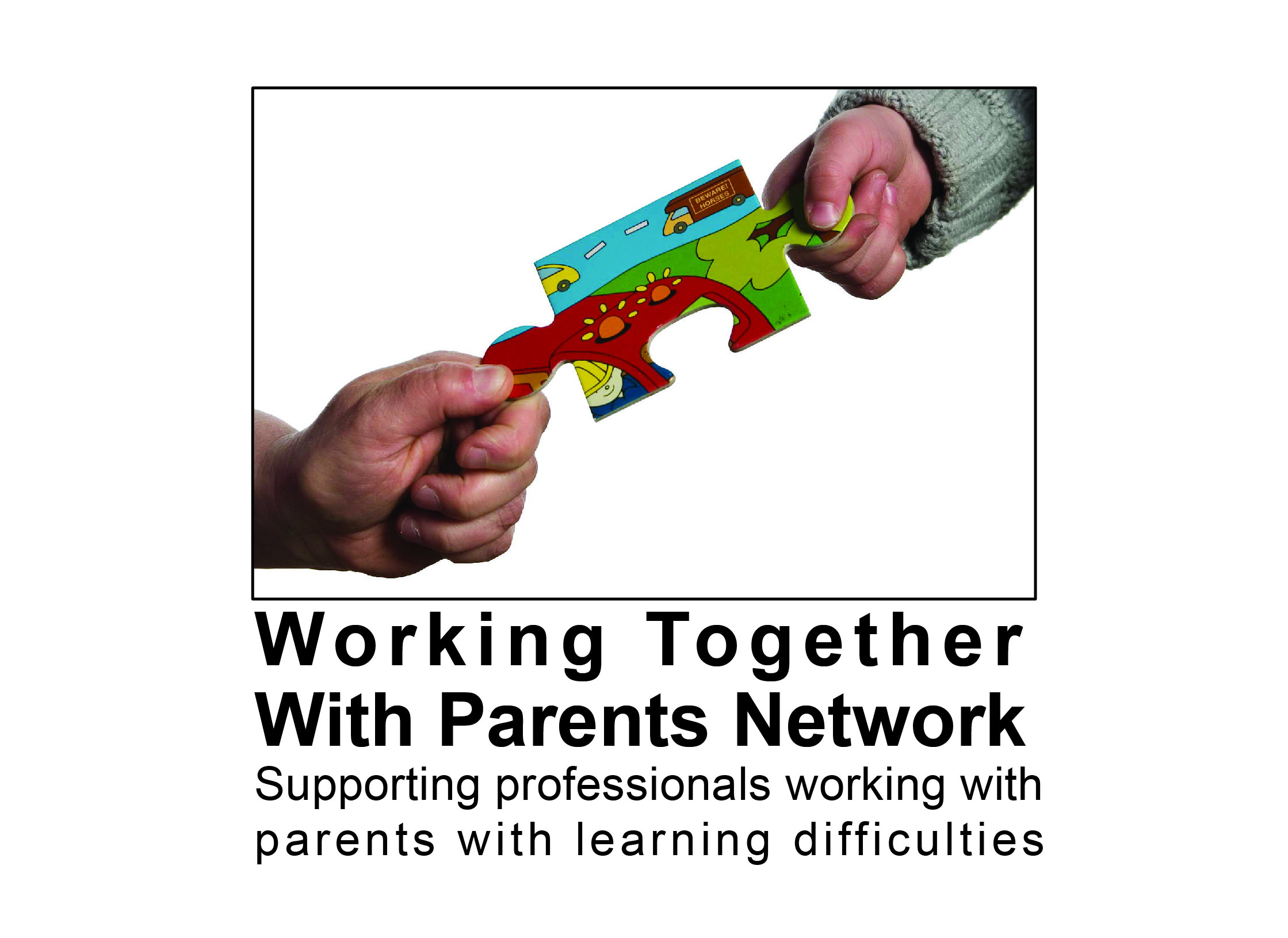
**Parenting assessments for**

**Parents with Learning Difficulties**



This guidance forms part of a strategy for children of parents with learning difficulties. Its purpose is to support professionals by suggesting some basic guidelines for parenting capacity assessments in cases involving parents with learning difficulties.

Assessment of parents with learning difficulties should be working towards the ultimate aim of maintaining the child in their family, where possible, as envisaged by the UN Convention on the Rights of the Child and the UN Convention on the Rights of Persons with Disabilities, the Children Act 1989, Human Rights Act 1998, Valuing People Now (2009) and Good Practice Guidance on Working with Parents with Learning Disabilities (DoH and DfES, 2007).

This guidance:

* outlines important **issues** involved in assessing parenting capacity when a parent has a learning difficulty
* highlights some important **factors** that need to be taken into account when assessing parenting capacity
* outlines current **best practice** in this area. (Specific assessment tools are provided below.)

*The term “learning difficulty/difficulties” is used by the Working Together with Parents Network (WTPN) to include parents with a diagnosed learning disability (DoH, 2001) and those with a milder impairment who struggle with the same issues in everyday life, such as literacy, routine tasks and abstract concepts.*

**Assessing Parents with Learning Difficulties - Key Messages**

* Intelligence or IQ is a poor predictor of parenting ability.
* Intelligence or IQ measures are not reliable assessments of parenting ability.
* Intelligence or IQ measures should not be used as evidence of parenting capacity.
* Learning difficulties do not inevitably cause parenting difficulties. Parenting capacity changes, and is influenced by many factors including:
* child characteristics such as health, temperament, and behaviour
* environmental characteristics such as social support, and access to childcare
* the complexity of the parenting task; and
* parent’s mental and physical health.
* Co-ordinated, holistic, multi-agency assessment should be comprehensive and consider the impact of all of these factors.
* The threat of child removal and stress associated with observation and assessment can impact upon a parent’s performance and the interactions they have with their children.
* Parents with learning difficulties can experience discrimination, hate crime and lack of social support.
* Parenting skills can be learned if appropriate support is provided.
* Early support should be provided to prevent complications at birth and to help develop parenting skills.
* The best conditions for teaching parenting skills include:
* teaching in the parent’s home
* skills are broken down and taught in steps
* teaching materials do not rely heavily on literacy skills
* skills are demonstrated to parents
* parents are given an opportunity to practise skills
* parents receive reinforcement and feedback about their performance.

**What we know**

In the context of mis-information and enduring prejudicial beliefs about parents with learning difficulties, the assessment of parenting capacity has heightened significance. In the court system, for example, reports by expert practitioners have a strong bearing on court outcomes. It is therefore vital that any assessments of families represent best practice and be carried out with due regard to the parent’s learning difficulty (Kent County Council v A Mother [2011]).

Recent research has shown that 12.5% of care proceedings in the UK courts involved parents with learning difficulties (Masson *et al*, 2008; McConnell *et al*, 2011). These children are more likely than other children to be permanently removed from parents (Booth *et al.*, 2005).

Research indicates that in many instances of concern, parents with learning difficulties were not found to be deliberately abusing their children; rather the risks to their children were related to unintentional neglect related to a lack of awareness of the child’s need and/or availability of appropriate support and education (Cleaver and Nicholson, 2007; Mc Connell and Llewellyn, 2002; McGaw and Newman, 2005; Tymnchuck, 1992; Tymnchuck and Andron, 1994).

There is evidence suggesting discriminatory treatment of parents with learning difficulties in care proceedings (Llewellyn *et al*., 2003; Taylor et al., 1991). This includes presumed incompetence that becomes routinely confirmed during the assessment process and children removed on evidence which would not have been sufficient to sever the parental relationship with a non-disabled parent. In addition, parents with learning difficulties are disadvantaged by the rigidity of the court process and its fixed time scales (Booth *et al.*, 2006; Mc Connell and Llewellyn*,* 2000).

One concern is that parental learning difficulties continue to be treated as though they were a reliable indicator of parenting capacity. This is despite a now substantial body of evidence demonstrating that intelligence testing is a poor substitute for assessments that consider actual parenting performance and the historical and environmental (physical, financial, social and cultural) influences on care giving (Feldman, 2002; McConnell and Llewellyn, 2000; Sheerin, 1998; Munro, 1999; Spencer, 2001; Turney *et al,* 2012)

A second concern is that reasonable efforts are not always made to support parents with learning difficulties and their children as a family, despite the Children Act 1989, and Think Family approach. Parents’ experiences of the assessment and support process indicate that the ‘reasonable adjustments ‘ to which they are entitled (under, for example the Equality Act 2010) are not always made, eg. an advocate (Good Practice Guidance, 2007; Tarleton *et al.*, 2006).

Learning difficulties are often assumed to ‘cause’ parenting difficulties and consequently parenting difficulties may be viewed as always present and not able to be addressed. Alternatively, substantial resources may be invested in the family, but without careful assessment of the individual learning needs of the parent/s the results can be partial or complete failure to assist families.

**What can be done: Some general principles applicable to all parenting capacity assessments**

When conducting parenting assessments, it is suggested that professionals should take into account the evidence on parenting, child development and adaptation, including the following observations:

* The early intervention framework emphasises the importance of appropriate and timely assessment leading to individually tailored packages of support (Children Act 1989 and 2004;  Working Together, 2013)
* Children vary considerably in how well they adapt under similar conditions (Rutter, 1999; Sameroff, 1994). In other words, different children exposed to the same environment, or more specifically the same family circumstances, may respond in different ways or be differentially affected. Assessments need to consider the experiences and needs of each individual child.
* There is a bi-directional relationship between parenting and child characteristics. The quality of parenting is one determinant of child health and development. Likewise, the temperament, behaviour and needs of a child impact on the quality or nature of the parenting.
* Parenting capacity changes and can be influenced by a number of factors. Practitioners need to consider the interactions between parental knowledge/skills, parental mental health, the complexity of the task/s, child characteristics and the environmental context (including the available support) in which those tasks are to be performed.
* Beyond the individual parent and family unit there are many potentially significant individuals and influences upon a child’s health and development. Assessments need to consider how a child’s needs are being or might be met within the broader context of extended family and community. For example, participation in early childhood settings such as pre-school has ‘compensatory’ effects for many children from impoverished family backgrounds (Ramey, *et al.,* 2000).

**Practitioners should also keep in mind the common-sense observation that:**

* The threat of child removal and stress associated with assessment and scrutiny have potentially distorting effects on the parent responses to questioning, their performance under observation and interactions with their children. A satisfactory assessment builds on careful design or selection of the setting for assessment, transparent information sharing and a sound rapport.

**Some special considerations for the assessment of parents with learning difficulties and their children**

When conducting parenting capacity assessments, professionals should take into account evidence about parents with learning difficulties and their children, including the following observations:

* Parents with learning difficulties, like any other group, are diverse with regard to their parenting skills. Parent intelligence is a poor predictor of parenting capacity. While parents with very low scores on intelligence tests (that is, IQ scores below 60) do tend to have more difficulties, an IQ score below 60 does not provide a sufficient basis upon which to infer incapacity or predict future harm to a child (Tymchuk and Feldman, 1991).
* Parents with learning difficulties are recognised as:
  + being at a higher risk of experiencing physical and mental health problems, which are frequently untreated
  + often having experienced abuse, discrimination and hate crime
  + lacking in positive parenting role models, support and relevant life experience.

Assessment should take these factors into consideration and result in appropriate support being identified and provided (Andron and Tymchuck, 1987; Edmonds, 2000; Gath, 1988; Masson, 2007; McGaw *et al*., 2007).

* Some parents with learning difficulties may struggle to provide a richly stimulat**i**ng home environment, particularly in relation to language development. However, inadequate stimulation cannot be assumed and sufficient stimulation may be being provided by other sources (grandparents, school etc.). Most studies have demonstrated that parents with learning difficulties provide a level of stimulation that is not significantly different to community norms (see Feldman, 2002 for a review).
* Assessment of parental support needs should start as early as possible with a view to providing support for a healthy pregnancy to prevent negative outcomes for children from complications. It is known that mothers with learning difficulties are more likely to experience traumatic pregnancies and give birth to premature and/or low birth weight babies when not provided with timely and appropriate support (Hoglund *et al.,* 2012 a and b; McConnell *et al.,* 2004).
* Clinical trials have demonstrated that parents with learning difficulties can and do learn, adapt and overcome parenting deficiencies when appropriate teaching methods and supports are employed. The best outcomes are achieved when:
* learning takes place in situ, that is in the environment where the skills are to be used,
* the skills to be learned are broken down and taught in steps,
* the teaching materials require/are adapted for minimal literacy,
* skills are demonstrated, and
* there is ample opportunity for practice and positive reinforcement.

(see Feldman, 1994 for a review; Llewellyn, *et al*., 2002; McGaw and Newman, 2005; Tarleton et al, 2006; DoH and DfES, 2007)

* Assessments should be carried out by professionals with experience of working with adults with learning difficulties or with support of services that work with adults with learning difficulties.
* Parents’ own support needs should be assessed and addressed before their parenting capacity is addressed (Care Act 2014; Guidance on Eligibility Criteria for Adult Social Care England, 2010; Working Together, 2013).

**Common-sense observations that practitioners should be aware of include:**

• Negative views about people with learning difficulties, particularly as parents, exist in the community. Practitioners need to be alert to the potentially distorting influence of such prejudicial beliefs on the information presented in parenting capacity assessments.

• Parents with learning difficulties often have long histories of exclusion and failure in school and employment, and have frequently been subject to psychometric testing and other assessments, the purpose of which has not been clearly explained. Perhaps more than most, these parents are likely to be anxious and even resistant to further assessment. Practitioners need to be particularly sensitive to such concerns and careful to provide a clear and transparent explanation of the purpose and procedure of the assessment (Budd, 2001).

**Parents say professionals undertaking assessments should:**

* provide information and letters in an easy read format
* ask if parents can read or if they have someone who can read things for them
* limit the amount of paperwork parents receive
* avoid handwritten notes in joined up writing as these are harder to read
* explain new words relating to the assessment in simple terms (avoid jargon)
* explain and explain again – check parents have understood and use different words if you need to.
* be straight forward – tell the parents ‘as it is’
* talk at a slower pace
* audio record so that parents can play it back
* keep an open mind and think outside the box
* try and find the reason why the parent is doing what they are doing, e.g. they may have been given poor advice from well-meaning family members
* find out who the parents have to support them outside social services, who can explain things and read letters, such as a family member, neighbour, solicitor or advocate.

**Ten guiding principles for parenting capacity assessment when a parent has a learning difficulty**

**Process**

**1. Assessment of parenting is predominately child-focused.**

The primary focus of any parenting capacity assessment is to examine the impactof parenting on the child or young person’s safety, welfare and well-being, rather than parental behaviour alone (Daniel, 2004; Cleaver *et al.*, 2004, 2007; Reder *et a*l., 2003).

**2. The assessment process involves the use of language and communication that the parent can understand.**

It is important that parents know what is happening, who is doing what and that they can make their views known. It is important to spend sufficient time to understand how the parent best communicates (an interpreter and/or an advocate may be needed as well as individually tailored easy information). The professional must ensure that the parent has understood and can explain what is happening. As far as possible assessments should be undertaken in the parent’s own home if this is where the parent feels most comfortable and most able to participate (Tarleton *et al*., 2006; DoH and DfES, 2007).

**3. Assessment of parenting capacity should be balanced and approached sensitively.**

Parenting assessment must identify strengths as well as potential areas in which parenting skills may be supported or enhanced. (McGaw and Newman, 2005; Working Together, 2013).

**Content**

**4. Assessment should take a contextual and functional approach.**

A contextual approach does not see parenting capacity as an individual trait, but acknowledges that parenting capacity is a changing state that is influenced by many factors including children’s changing needs, available resources and supports, and socio-economic factors (Turney *et al.,* 2012; Munro, 1999). Parenting capacity assessment should also recognise the interplay between individual parents and factors that impact on the family (Spencer, 2001), for example poverty, social isolation and hate crime. A functional perspective emphasises the parents’ current knowledge and skills, their learning ability, and the circumstances under which they successfully learn or apply what is learned. This perspective focuses on abilities rather than inabilities and allows for tailored educational methods to suit each parent’s needs and circumstances.

**5. The use of psychometric testing should not be the main or only source of assessment.**

Parents with learning difficulties are likely to have experienced previous psychological assessment and testing and the experience may have been negative. Intelligence testing alone does not provide an analysis of parenting capacity, and such tests are not designed to evaluate parenting competence. Psychometric assessments can clarify the ways in which a person takes in, retains and makes use of information and this should inform the type of assessment used and the manner in which it is carried out.

If psychometric testing is used, this needs to be undertaken in the context of multi-method, and multi-source assessments with practitioners clearly indicating the limitations of the assessment measure that they employ. Wherever possible the multi-method assessment should include direct observation of actual parenting skills in the home setting.

**6. It is important to identify parental strengths as well as needs.**

This not only provides balance and fairness to the assessment but also provides information about identified concerns and how these may be addressed, as well as information about positive attributes on which future improvements in parenting skills and social and environmental supports can be built.

**7. In assessing parenting capacity it is important to determine what supports and services are, or have been, available and to evaluate the outcomes of service delivery.**

It is important to assess whether the support services were suitably targeted to meet the needs of the family. Sometimes parents are referred to parenting support groups that do not provide active skills training, and therefore new parenting skills have not been learned. It is important that if parenting skills building is required, services focus on teaching new skills and providing opportunities for parents to practise new skills. Information about how long and why a particular service was provided, and if the needs of the family were met by the service should also be considered. The assessment of parenting capacity should also include an evaluation of the parent support base, including informal (family, friends, advocates, neighbours) and formal support offered by professional and other services and how they can be integrated into long-term, if not necessarily full-time, support networks.

**8. It is important to consider whether the parent is able to provide ‘good enough’ parenting.**

As yet, ideal parenting has not been objectively defined; indeed the ideal typically reflects cultural values rather than universal expectations. Society must be willing to tolerate very diverse standards of parenting. (Re L (A child) (Care: Threshold Criteria)[ 2006]). Assessment of good enough parenting requires the professional to consider the individual child's health needs (adequate nutrition, access to medical care etc.), educational needs, safety issues, supervision, physical environment and lifestyle, family and social relationships, social presentation, and emotional and behavioural development. Good enough parenting is the key measure for all parents, including those with learning difficulties. Expectations placed on parents with learning difficulties have routinely been higher than the expectations placed on other parents. (Commission for Social Care Inspection, 2009) Critical reflection on the possibility of bias in the professional’s value judgement when undertaking the assessment is essential.

**Outcomes of the assessment**

**9. Recommendations should be detailed and specific.**

How long is a support service required? Is a short-term solution possible or is on-going support required? Recommendations for service provision need to specify (where possible) the type and level of service required and timeframes. Review of service delivery (particularly where long-term service intervention is recommended) should be specified to ensure that the changing needs of children and their parents are considered and met appropriately. Access to resources such as social support, transport, adequate housing, respite care, skills, training and baby-sitting can assist families in managing their parental tasks. Individual service planning, undertaken in consultation with the family, is more likely to have successful outcomes for supporting children within their families.

**10. A range of options should be considered for the child or young person and family**.

These options must match the outcome of the parenting capacity assessment, taking into account the possibility for parental, social and environmental contextual change, growth and development as well as the possible need for on-going support. Options could include Shared Care (informal through family or friends or foster carers), Short Breaks, Shared Lives, long-term visiting support.

Any recommendations should be working towards the ultimate aim of maintaining the child in their family, where possible, as envisaged by the UN Convention on the Rights of the Child, the UN Convention on the Rights of Persons with Disabilities, the Children Act 1989, and the Human Rights Act 1998.

**Specific assessments for parents with learning difficulties**

Parent Assessment Manual: <http://www.pillcreekpublishing.com/pams_more.html>

Learning Curves : <http://www.nscb.norfolk.gov.uk/documents/learningCurves.pdf>

**Other useful assessment/support strategies**

Family Star: <http://www.outcomesstar.org.uk/family-star/>

Signs of Safety: <http://www.signsofsafety.net/>

Signs of Safety® in England: An NSPCC commissioned report on the Signs of Safety model in child protection. Amanda Bunn, Freelance Research Consultant. <http://www.nspcc.org.uk/Inform/research/findings/signs-of-safety-pdf_wdf94939.pdf>

Family Group Conferencing: <http://www.frg.org.uk/involving-families/family-group-conferences>

**Key sources**

* **Care Act 2014** - assessments of need and eligibility for care and support.
* **Section 17 Children Act 1989** - duty of every local authority to safeguard and promote the welfare of children within their area who are in need; and so far as is consistent with that duty, to promote the upbringing of such children by their families, providing a range and level of services appropriate to those children’s needs.
* **Children and Families Act 2014** - assessments, adoptions, family justice.
* **Good Practice Guidance on Working with Parents with a Learning Disability** (DoH and DfES 2007) -<http://www.bris.ac.uk/sps/wtpn/policyessentials/index.html>
* **Guidance on Eligibility Criteria for Adult Social Care England 2010** - allows local authorities to set eligibility criteria.
* **Human Rights Act 1998** - article 8 (respect for family life), article 6 (right to a fair trial), article 14 (prohibition of discrimination).
* **Equality Act 2010** - duty to actively promote equality of opportunity.
* **Think Family Toolkit** - Co-ordinating services for families with additional needs.

<http://webarchive.nationalarchives.gov.uk/20130401151715/http://www.education.gov.uk/publications/eOrderingDownload/Think-Family.pdf>

* **Article 18 (2) UN Convention on the Rights of the Child** -States shall render appropriate assistance to parents in performance of their child-rearing responsibilities.
* **Article 23 UN Convention on the Rights of Persons with Disabilities** - States shall render appropriate assistance to persons with disabilities in the performance of their child-rearing responsibilities.
* **Valuing People 2001** - National strategy for the support of adults with learning disabilities.

<https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/250877/5086.pd>

* **Valuing People Now** **2009** - Three-year cross-government strategy for people with learning disabilities. <http://webarchive.nationalarchives.gov.uk/20130107105354/http:/www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_093377>
* **Working Together 2013** - Principles and parameters of a good assessment. <https://www.gov.uk/government/publications/working-together-to-safeguard>

**References (Legal)**

* Kent County Council v A Mother [2011] EWHC 402
* Re L (A child)(Care: Threshold Criteria)[2006] EWCA Civ 1282

**References**

Andron, L. and Tymchuck, A. (1987) Parents who are mentally retarded, in Craft A (ed.), Mental handicap and sexuality: Issues and perspectives, Tunbridge Wells: Costello.

Booth, T., Booth, W. and McConnell, D. (2005) The prevalence and outcomes of care proceedings involving parents with learning difficulties in the family courts, *Journal of Applied Research in Intellectual Disabilities*, vol. 18, pp. 7-17.

Booth, D., Booth, W. and Mc Connell, D. (2006) Temporal Discrimination and Parents with Learning Difficulties in the Child Protection System, British Journal of Social Work 36, vol. 6, pp. 997-1015.

Budd, K. (2001) Assessing parenting competence in child protection cases: A clinical practice model, *Clinical Child and Family Psychology Review*, vol. 4, pp. 1-18.

Cleaver, H., Unell, I. and Aldgate, J. (2004) Children’s needs – parenting capacity. Child abuse: Parental mental illness, learning disability, substance misuse and domestic violence, London: TSO.

Cleaver, H. and Nicholson, D. (2007) Parental learning disability and children’s needs, London: Jessica Kingsley Publishers.

CSCI (2009) Supporting disabled parents: A family or a fragmented approach? London: CSCI.

Daniel, B. (2004) An overview of Scottish multi-disciplinary child protection, *Child and Family Social Work* vol. 9, 3, pp. 247-257.

Edmonds, J. (2000) On being a mother: A positive identity in the face of adversity, *Clinical Psychology Forum*, 137, 21-25.

Feldman, M. (1994) Parenting Education for parents with intellectual disabilities: review of research outcome studies, *Research in Developmental Disabilities*, 15, pp.299-322.

Feldman, M. (2002) Children of parents with intellectual disabilities, in R. J. McMahon & R. D. Peters (Eds.), The effects of parental dysfunction on children, pp. 205-223. New York, NY: Kluwer Academic/Plenum.

Gath, A. (1988) Mentally handicapped people as parents, *Journal of Child Psychology and Psychiatry*, 29, 6, pp. 739-744.

Hoglund, B., Lindgren, P., and Larsson, M. (2012) Newborns of mothers with intellectual disability have a higher risk of perinatal death and being small for gestational age, *Acta Obstet Gynecol Scand*,91, pp. 1409-1414.

Hoglund, B., Lindgren, P., and Larsson, M. (2012) Pregnancy and birth outcomes of women with intellectual disability in Sweden: a national register study, *Acta Obstet Gynecol Scand,* 91, pp. 1381- 1387.

Llewellyn, G., McConnell, D., and Ferronato, L. (2003) Prevalence and outcomes for parents with disabilities and their children in an Australian court sample, *Child Abuse and Neglect*, vol. 27, pp. 235-251.

Llewellyn, G., McConnell, D., Russo, D., Mayes, R., and Honey, A. (2002) Home-based programmes for parents with intellectual disabilities: Lessons from practice, *Journal of Applied Research in Intellectual Disabilities*, vol. 15, pp. 341-353.

Masson, J., Pearce, J., and Bader, K. with Joyner, O., Marsden, J., and Westlake, D. (2008) Care Profiling Study London: Ministry of Justice Research Series 4/08.

McConnell, D. and Llewellyn, G. (2000) Disability and discrimination in statutory child protection proceedings, *Disability and Society*, vol. 15, no. 6, pp. 883-895.

McConnell, D. and Llewellyn, G. (2005) Social inequity, the deviant parent and child protection practice, *Australian Journal of Social Issues,* vol. 40, pp. 553-556.

McConnell, D., Feldman M., Aunos, M. and Prasada, N. (2011) Parental cognitive impairment and child maltreatment in Canada, *Child Abuse and Neglect*, vol. 35, pp. 621– 632.

McConnell, D., Llewellyn, G., and Ferronato, L. (2000). Parents with a disability and the NSW children's court, Sydney: The Law Foundation of NSW and The University of Sydney.

McConnell, D., Mayes, R., and Llewellyn, G. (2004) Antenatal care and birth outcomes for women with intellectual disabilities (ID), *Journal of Intellectual Disability Research*, vol. 48, pp. 381.

Mc Gaw, S. and Newman, T. (2008) What works for parents with learning difficulties*?* Essex: Barnardos.

Munro, E. (1999) Common errors of reasoning in child protection work, *Child Abuse and Neglect* 23, 8, 745-758.

Ramey, C., Campbell, F., Burchinal, M., Skinner, M., Gardner, D. and Ramey, S. (2000) Persistent effects of early childhood education on high-risk children and their mothers, *Applied Developmental Science,* vol. 4, no. 7, pp. 2-14.

Reder, P., Duncan, S., and Lucey, C. (2003) Studies in assessment of parenting, London: Routledge.

Rutter, M. (1999) Resilience concepts and findings: Implications for family therapy, *Journal of Family Therapy*, vol. 21, pp. 119-144.

Sameroff, A. (1994) Ecological perspectives on longitudinal follow-up studies, in S. L. Friedman and H. C. Haywood (eds.). *Developmental follow-up*: *Concepts, domains, and methods*, San Diego, CA: Academic Press Inc.

Sheerin, F. (1998)Parents with learning disabilities: A review of the literature, *Journal of Advanced Nursing*, vol. 28, pp. 126-133.

Spencer, M. (2001). Proceed with caution: The limitations of current parenting capacity assessments, *The* *Child, Youth and Family Work Journal*, vol. 1, pp. 16-24.

Tarleton, B. (2013) Expanding the Engagement Model: the role of the specialist advocate in supporting parents with learning disabilities in child protection proceedings, *Journal of Public Child Welfare, vol.*7, no.5, pp. 675-690.

Tarleton, B., Ward, L. and Howarth, J. (2006)

[Finding the Right Support? A review of issues and positive practice to support parents with learning difficulties and their children](http://www.baringfoundation.org.uk/Findingrightsupport.pdf), London: Baring Foundation <http://www.bristol.ac.uk/wtwpn/resources/right-support.pdf>

Taylor, C., Norman, D., Murphy, J., Jellinek, M., Quinn, D., Poitrast, F., and Goshko, M. (1991) Diagnosed intellectual and emotional impairment among parents who seriously mistreat their children: Prevalence, type, and outcome in a court sample, *Child Abuse and Neglect,* vol. 15, pp. 389-401.

Turney, D., Platt, D., Selwyn, J. and Farmer, E. (2012) *Improving* Child and Family Assessments: Turning Research into Practice, London: Jessica Kingsley.

Tymchuck, A. (1992) Predicting adequacy of parenting by people with mental retardation, *Child Abuse and Neglect*, vol.16, pp. 165-178.

Tymnchuck, A. and Andron, L. (1994) Rationale, approaches, results and resource implications of programmes to enhance parenting skills of people with learning disabilities, in A. Craft (ed.), *Practice Issues in sexuality and learning disabilities*, London: Routledge.

Tymchuk, A., and Feldman, M. (1991) Parents with mental retardation and their children: Review of research relevant to professional practice, *Canadian Psychology,* vol. 32, pp. 486-496.

Victorian Parenting Centre (2003) Best practice in parenting education: Understanding and supporting parents with Learning Difficulties, Victoria: Victorian Parenting Centre.

Working Together with Parents Network (2009) Supporting parents with learning disabilities and difficulties – Stories of positive practice, Bristol: Norah Fry Research Centre.

This document is adapted, by members of the WTPN (2014), from:



**Healthy Start (undated) Practice Point: Parenting Assessment** [**http://www.healthystart.net.au/images/resources/02-Practice Points/Practice\_Point\_Parenting\_Assessment.pdf**](http://www.healthystart.net.au/images/resources/02-Practice%20Points/Practice_Point_Parenting_Assessment.pdf)

Parents with learning difficulties from the London Network and Building Bridges Training contributed to this document.

**The Working Together with Parents Network (WTPN)** is a free resource for any professional working with parents with learning difficulties. <http://www.bristol.ac.uk/wtpn/>



With thanks to Esmeé Fairbairn for their funding of the WTPN.

[The University of Bristol (Staff) Mail by Google](https://mail.google.com/mail/u/0/h/ke9niw6tawzi/?)





