



Victorian Parenting Centre

Development and Implementation of Parenting Supports for Parents with a Disability

EXECUTIVE SUMMARY

Prepared by the Victorian Parenting Centre, Melbourne, Australia

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Disclaimer

The Commonwealth, acting through the Department of Family and Community Services is not responsible for any of the information expressed in this report, and does not necessarily share the views expressed by the authors.

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Introduction

This project *Development and implementation of systems of supports for parents with a disability* was designed to partially address the current gap in the provision of effective supports and services for families headed by a parent with an intellectual disability.

The project had two main aims.

To develop effective supports for families who have a parent with an intellectual disability in order to strengthen their parenting role, and in turn, their children's development and general wellbeing and,

To enhance the capacity of various Victorian communities to provide comprehensive, responsive and sensitive services to families headed by a parent/s with an intellectual disability, so supports developed may be sustainable over time.

To achieve this, three major activities were conducted. These were:

- *Home-based intervention* - The development and assessment of the effectiveness of a home-based intervention, tailored for parents with an intellectual disability. The program incorporated empirically validated strategies to teach parenting skills that will, in turn, enhance the physical and psychological development of their children.
- *Regional reference groups* - The establishment of regional reference groups to facilitate the identification and documentation of strengths, gaps and local solutions in three metropolitan areas of Melbourne (i.e., Western metropolitan, Northern metropolitan, and Southern metropolitan).
- *Training* - Provision of training to service providers who are involved in working parents with an intellectual disability, and who work across both government and non-government services and supports in the three identified metropolitan areas.

Each activity of the project had a number of evaluation components. This report details the procedure for each activity, findings from the evaluations, recommendations for future development and strategies for sustainability.

The evaluation

Parents with an intellectual disability: Home-based parenting program

The evaluation of the home-based parenting program was conducted in three parts: (i) global evaluation; (ii) specific assessment; and (iii) within session probes. Comprehensive evaluation through conducting assessments both before, during and after parent training, was essential to determine whether the parenting training program was warranted, to allow for the appropriate tailoring of the program to the families' individual needs and goals, and to evaluate the impact of the program on a number of parent, child and home environment variables.

Reference groups

There were two aspects to the evaluation of the reference groups: a process evaluation and outcomes. The process evaluation aimed to assess the degree to which the reference groups were delivered as planned. The data collected included the number and type of participants in each meeting and the number and length of reference group meetings held in each region. The outcomes were to obtain the views of practitioners about the strengths, gaps, barriers and solutions to effective service delivery for parents with an intellectual disability in each region.

Training

There were also two aspects to the evaluation of the training: a process evaluation and outcomes. The process evaluation aimed to assess the degree to which the training was delivered as planned. The data collected included the number and type of participants in each training session and the number and length of training days held in each region. The major goal of the outcome evaluation was to develop a strategy for training and a professional training package. A further outcome was the degree to which participants in the training rated the quality of training and their confidence in use of the program. This was assessed by participant evaluation surveys at the end of training.

Key findings and recommendations

Parents with an intellectual disability: Home-based program

Thirty-nine families received at least one of two types of service input from the project. The most intensive was participation in the home-based parenting program (n = 19). However, 20 families received input from the project via secondary consultation from the project team to service providers.

The results of the evaluation indicate that the home-based parenting program has promise for assisting families where a parent has an intellectual disability. The program, as it was developed and implemented, was largely delivered as planned and fitted very well with the parents own goals, values and the families' lifestyle.

Parents experienced a significant reduction in the reported frequency of potentially hassling happenings (e.g., cleaning up messes of toys or food) as well as a reduction in the intensity of these hassling events. Parents also reported more satisfaction and confidence with their role as a parent. A statistically significant reduction in the reported frequency of child disruptive behaviour was reported as well as a decrease in the number of disruptive behaviours parents reported as being a problem.

The quality of the home environment, as measured by the HOME (Caldwell & Bradley, 1984), increased for all families. This increase was statistically significant for families with children aged between 3 and 6 years.

On average, parents who participated in the parent-child interaction module showed an increase in their use of target skills during the implementation of the intervention, with a slight decrease observed at the completion of the intervention. Children showed an improvement in all target behaviours during the implementation of the intervention, with this trend continuing for positive vocalisations and smiles and laughing.

Overall the parents were satisfied with the program and found the program to be very helpful.

The effectiveness of the secondary consultation for either assisting families or practitioners to work with families was not evaluated. However, it appeared to be a promising way to enhance the sustainability of the project and to enable practitioners to integrate effective strategies from the program into their current practice.

Recommendation 1

The home-based parenting program should be evaluated using a larger sample and a more robust evaluation methodology (e.g., randomised-controlled trial).

Recommendation 2

The secondary consultation model, provided to practitioners working with parents with an intellectual disability, should be evaluated using a larger sample and a more robust evaluation methodology.

Recommendation 3

Two types of service input should be provided: one via the intensive home-based parenting program; another via secondary consultation with service providers working with families.

The home-based parenting program was delivered via weekly sessions in the parents' home. To enhance the effectiveness of these sessions it was vital that practitioners were able to be flexible on two levels:

- times of the day and days of the week in which the sessions were conducted
- planned content of each session.

Recommendation 4

There should be flexibility to conduct sessions at any time during the day, including early mornings, early evenings, and weekends.

Recommendation 5

There should be flexibility within sessions to focus on other concerns.

There was an increasing demand from service providers for advice and consultation from members of the project team. The project team found that, in general, there is a lack of understanding of disability and its impact on parenting among professionals in the field. As a result many service providers inadequately adapt their usual practices and services to meet the needs of parents with an intellectual disability.

Recommendation 6

Consultation and training should continue to be available to practitioners and service providers as required.

The mode of delivery of the parent training program requires a clinician to conduct sessions in the parent's home. This prevented any opportunity for in-situ guidance, supervision or feedback on the clinician's adherence to the principles of the program and the delivery of parent training strategies.

The project team addressed this by building additional components into their regular peer supervision. This required each clinician to video record a section of a parent training session each week. Using a self-regulation approach, the clinicians would meet and review the videotape. Each clinician review their own session by completing a checklist which focused on the delivery of the teaching strategies, training content and adherence to program principles.

Recommendation 7

The current model of supervision should be used regularly while implementing the parenting program.

Reference groups

The reference groups were coordinated in a slightly different manner than initially intended due to the expressed wishes of participants. That is, group members elected to decrease the number of face-to-face meetings and increase regular contact meetings via email.

Recommendation 8

Face-to-face meetings should be kept to a minimum. Other types of contact should be utilised e.g. group email.

The reference group members all identified that every region must provide services to address a wider range of family needs (e.g. indigenous families, parents of older children). Furthermore, it was acknowledged that services need to adopt a preventative rather than a reactive or crisis-driven focus. An increase in services that are accessible to parents with an intellectual disability may go some way towards addressing the current problem of long waits to access services.

Recommendation 9

There is a need for more services to families where one parent has an intellectual disability, or for an expansion of existing services:

- **organisations could expand their services where possible to be more inclusive of people with a learning difficulty (not just an intellectual disability according to the disability eligibility criteria), to offer long term intervention, and to be more preventative in focus.**
- **services to adapt their own procedures to make them more accessible to persons with a disability (e.g. written material/pamphlets translated into non-reading material).**
- **hospitals, maternal and child health workers and Department of Human Services to assist pregnant mothers to link in with community support agencies early, rather than making notifications pre-birth.**

Reference group members in all regions viewed greater coordination and communication between services as an important step towards the facilitation of smooth transitions between services, as a way to maximise the usefulness of services and programs, to reduce wait lists, and promote effective case management. The groups supported the usefulness of a centralised consultant to serve as a directory, referral centre, and provider of training and education for staff.

Recommendation 10

There is a need for coordination and communication between and across supports and services. This may be achieved through the:

- **continuation or establishment of a liaison position between Disability Services and Child Protection in each region.**
- **creation of a position outside the Department of Human Services for a liaison person to serve the functions of referral centre,**

information access, directory assistance, training and education to the field.

Training

The training package was developed and delivered as planned. The package, which included a Practitioner Guide and Training strategy, appeared to be a promising way to enable practitioners to use the home-based parenting program.

Overall, managers and practitioners rated the quality of the presentation and content of training as good to excellent and were satisfied with the training. In general, most practitioners responded that the training provided enough opportunities for practice and felt that they had the skills to implement it with the families they work with.

The strategy developed and implemented in this project was effective in ensuring both managers and practitioners attend the training. It was felt that this would promote the use of the strategies by practitioners in the field.

Recommendation 11

The current model for training should continue to be used.

Recommendation 12

The training strategy and content should be evaluated using direct assessments of the practitioner's use of the strategies in the field.

There were numerous requests for training from services directly in contact with parents with an intellectual disability. In addition to training in providing best practice in parenting interventions, these requests were often for training to address broader process issues such as engaging "hard to engage" families, and reflected a need for practitioner training in fundamental family consultation skills.

Recommendation 13

Training should be provided to practitioners focusing on working with parents with a learning difficulty and engaging families.

- **development and provision of information and training to services directly involved with parents with learning difficulties, particularly in the areas of dealing with the complexities of families where a parent has an intellectual disability, skill building strategies, and engagement of families.**

Dissemination of outcomes and resources

One publication and eleven presentations were made related to the project. These presentations included conference papers and invited presentations.