

Accentuate the Positive: a personal profile of a parent with learning difficulties

WENDY BOOTH & TIM BOOTH

Department of Sociological Studies, University of Sheffield, Sheffield S10 2TN, United Kingdom.

ABSTRACT *This paper uses case material from a research study of parents with learning difficulties to show why parental competence can only be assessed in the context of people's lives and upbringing. Drawing on the ideas of futures planning, a distinction is made between a 'deficiency perspective' and a 'capacity perspective' on personal development. These two perspectives are applied to the analysis of the personal profile of a parent with learning difficulties. The results present a challenge to the presumption of incompetence that often informs the professional response to parenting by people with learning difficulties.*

Introduction

This paper sets out to apply the principles of futures planning in developing a personal profile of a parent with learning difficulties. The aim is to challenge the presumption of incompetence that too often marks the response of practitioners and service agencies to this group of people (Booth & Booth, 1993b). It seeks to show how new opportunities for the future emerge by focusing on a person's capacities - as revealed in the context of their life experience - rather than on their deficiencies.

Futures planning has been developed as a tool for fostering new ways of thinking about people with learning difficulties (GPCDD, 1987). It substitutes what Mount & Zwernik (1988) describe as a 'captivity perspective' for the 'deficiency orientation' of the traditional approach to individual planning and service delivery. A 'deficiency orientation' concentrates on people's deficits. Assessment and review tend to lay stress on finding out what people cannot do and to define them in terms of their problems and failings. Planning is primarily resource-led with people being fitted into existing services rather than services being designed to fit their needs. The process is based on professional judgement and decision-making and allows little scope for user choice and participation. By contrast, a 'capacity perspective' emphasises people's positive qualities and builds on their strengths and abilities and the opportunities presented by their environment. These positive qualities are identified as part of a person-centred planning process in which the first step involves creating a personal profile of the individual's life (Mount, 1987a,b,c).

This paper is not concerned with futures planning as technique or a process. Rather it seeks to show how a 'capacity perspective' applied to the personal profile of

a mother with learning difficulties can help to generate both a deeper insight into her present situation and a more positive vision of the future.

The Research Study

This paper draws on material collected as part of an ongoing research study designed to explore the experience of child-rearing and parenthood as recounted by mothers and fathers with learning difficulties. The aim of the study is to rectify some of the gaps and shortcomings in the existing literature (Booth & Booth, 1993b) by giving attention primarily to the parents themselves, by listening to what they have to say about the rewards and demands of parenthood, and by using the biographical method and life history as counterweight to research in which the parents as people make no appearance. The study comprises a two-stage design.

Stage 1 involved interviews with 20 parents or sets of parents aimed at providing comparable information on a range of families in different circumstances. Many factors are likely to have shaped their experience. Among them are their marital status and household composition, the number and age of the children, the presence of additional physical disabilities, whether the mother or father or both parents have learning difficulties, where they are living, the measure and type of support they have received, the attitudes of their own families, whether they have been enabled to bring up their children themselves or have had any of them taken away and so on. The intention has been to achieve a spread of life stories which encompasses as many of these factors as possible.

Six couples and one single mother were selected from this group to go forward into the next stage. Stage 2 has involved the compilation of in-depth personal accounts of people's ongoing situation as parents. As Plummer (1983) has stressed, 'biographies are in a constant state of becoming' and the guiding purpose of this stage of the research was to capture something of this ebb and flow of experience by presenting a picture of a 'year in the life' of these families.

The study design has been chosen in order to provide as full a subjective view as possible of what it means to be a parent with learning difficulties. The purpose is not generalisation. There is no sampling frame for this group of parents. The 'life history' approach of depth interviewing is intensive, time-consuming and precludes a large sample. Instead the study sets out to produce personal stories that are typical, if not strictly representative, of parents with learning difficulties at the level of subjective reality rather than statistical description. Further details of the research methods and approach are provided in Booth & Booth (1993a, c).

Contact with these families has been extensive: 126 interviews were conducted as part of the study. In addition, links were maintained by brief social calls (15), phone calls (121), and trips and outings with parents (22). We also attended case reviews, parties, and Family Centres, visited people in hospital, attended a Department of Social Security (DSS) interview and a court appearance, and dropped in on people at

their Social Education Centre. Involvement has been more intensive in some families than others. For instance, the minimum level of involvement with a single family in Stage 1 was one depth interview and the maximum was 6 interviews (plus phone calls, outings and other visits); in Stage 2 the minimum was 9 interviews and the maximum was 20 (excluding other forms of contact).

The parents and their Families

Parents were mostly located through health and social services agencies (Booth & Booth, 1993c; Whitman & Accardo, 1990) although a few were traced from information picked up in the course of fieldwork from other contacts and study families. A total of 33 parents (20 mothers and 13 fathers) have taken part in the study of whom 25 (18 mothers and 7 fathers) had learning difficulties. There were five couples where both partners had learning difficulties. A 'social systems perspective' (Mercer, 1973; Budd & Greenspan, 1984) was adopted for defining learning difficulties. Parents were deemed eligible for admission to study if one or both partners at some time in their lives, not necessarily currently, had been in receipt of health, education or social services specifically intended for people with learning difficulties. This is the same criterion as many health authorities use for determining the people eligible for registration with mental handicap case registers (Farmer *et al*, 1993).

At the beginning there were eight married couples in the study, three long standing unmarried partnerships, five single parents (four mothers), four divorced and two separated parents. Between them these parents had a total of 50 children of whom two were married (one with children of their own), 26 lived at home with their parents, four with an ex-partner outside the study, one with grandparents, five had been adopted, eight fostered, one was originally placed in temporary care but subsequently returned home, one had been killed in a road accident, two lived independently (one of whom left home during the study), and one child was untraceable.

Just over half (26) of these 50 children belonged to partnerships in the study; the remaining 24 either came from relationships that had ended or from casual or forced sexual encounters including rape (3) and incest(1). The reported incidence of physical or sexual abuse suffered by the parents themselves either as children or later in adult life was high: 14 parents (including 13 of the 20 mothers) acknowledged having experienced some form of abuse other than the corporal punishment in their lives. In turn, firm evidence was found in five cases of study parents (3 with learning difficulties) having abused their own children.

Of the 20 families involved in the study, 14 have had one or more of their children placed in short-term or permanent care. All eight parents who themselves spent most of their childhood in residential homes or hostels have had at least one of their children adopted or fostered. Almost all the families (19) admitted to having

experienced child care problems at some time. The only exception was a mother who lived with her own parents. Nine families had children with behaviour problems serious enough to call for outside intervention or the removal of the child. At the time of the study, 14 of the 36 children for whom information was available (excluding some of those, for example, who had been adopted, fostered or who were living with another parent outside the study) had been ascertained as having learning difficulties.

At the start of the study, most (14) of the 20 families were living in rented council accommodation. Of the rest, two were owner occupiers, two lived with their own parents (including one couple living separately in their respective parental homes), one couple lived in a caravan, and one single parent lived in a social services hostel. For the parents as a whole, their housing conditions mirrored the poverty of resources that cramped the rest of their lives. Only two parents were in full-time, paid employment.

In fact, this summary description of the parents and their families presents a static picture of a moving scene. In the course of the study, some parents have split up (2 married couples), some have got together again (2 couples) and other have entered new relationships (4). Similarly, some children have left home (1) or been taken into care (2) while others have been reunited with their families (1). To date, 13 people have moved house since they were first contacted. Seven more are currently waiting to move: in some cases to escape victimisation by neighbours. Fully 12 of the 20 families reported having experienced harassment from outsiders. Research through time is rendered more complex in the telling by the simple fact that people's lives do not stand still.

A Personal Profile of Molly Austin

Molly Austin is one of the parents in the study. She is not typical or representative of the parents as a group. Her story reveals many of the same threads as weave through their lives - poverty, debt, poor housing, social isolation, lack of support, a disadvantaged childhood, abuse and victimisation, the absence of good parenting models, shortcomings in the health and welfare services - but they twist together into a unique biographical pattern. The point of presenting her life story is to show how the same raw material can be read in two contrasting ways each of which leads to a different appreciation of the real Molly Austin. It is the implications of this fact that have general significance for policy and practice.

The personal profile set out below is based on the kind of information an experienced practitioner might expect to acquire from intensive, long-term involvement with Molly and her partner Kevin Whittaker. It draws on 12 personal interviews with the couple (each averaging 75 minutes long) and careful observation during visits spread over a period of 14 months. Two features of the profile should be highlighted. Molly's own voice is not prominent. This is partly because of her reticence in talking freely in front of a tape recorder (hence more of what she had to

say came in unrecorded conversations and is given in reported speech or straightforward narrative), partly because there were areas of her life she chose not to discuss openly, and partly too because of a lack of fluency associated with her learning difficulties. In contrast, Kevin's views and opinions are expressed at length and come over with some force. He talked unselfconsciously when recording was underway, ranging over topics Molly did not mention and paying more attention to what he saw as the skills she lacks than the qualities she possesses. This sort of imbalance is something that any practitioner (or researcher) can expect to encounter - and must be wary of - in relationships where only one partner has learning difficulties.

Molly Austin

Molly and Kevin have been together for six years. Kevin used to be in the army and then had a series of jobs as a painter/decorator and a security guard. He now suffers chronic disc trouble and is waiting to be registered as disabled. Molly has learning difficulties. They have two children, Amy who is four years old and Tony who is three.

Molly and Kevin live on a run-down caravan site at the end of a half-mile, pitted dirt track. The only facilities area communal shower block and a launderette. There store and social centre were vandalised so often they were shut down long ago. A mobile shop visits once a day. Police swoops are common and social workers only visit in pairs. Toys left outside are stolen.

Their caravan is damp and draughty. The one bedroom is unsuitable in winter and cloths left in it quickly mildew. Molly and Kevin sleep in the living room, the children bed down in the dining area. Just now they are waiting for the site owner to mend a broken gas pipe and their only heating is a small electric fire. Last Christmas the water pipes had frozen and the whole family had to stay with friends in a one-bedroomed flat.

When their children were babies Molly lived in a council house and Kevin took a job in London for a year. He had asked Social Services to keep an eye on Molly and to make sure she paid the rent every week with the money he sent her. Social Services said they would do this but nobody ever called to check. When Kevin returned he found that Molly had accumulated huge rent arrears and, shortly afterwards, they split up. Kevin took the children. After various temporary homes he and the children were placed on the caravan site and, following intervention by a social worker, Molly agreed to move in with them. They are now trapped on the site by Molly's rent arrears and will not be considered for another council house until the debt is cleared.

October - January The caravan door is open because the children are playing outside. Inside it is cold and Molly is well wrapped up. She comments on the

dangerous position of the gas cooker by the door where the children might knock the pots off or the wind blow out the burners. She shrugs and brews a pot of tea.

We met at one of them employment [drop-in] places. We were out of work so that were only place we could go. I've had a few jobs but they've only been for a couple of months and that were it. I worked in an old people's home, I enjoyed that. Helping old people, helping with dinners and washing up and stuff like that. I got that when I were in children's home. We come over this way 'cos his mother lives up here and she's not all that well.

We left that [council] house and then straight onto here and we had a caravan up at top. Kevin asked if we could move into another caravan because that one were falling to pieces, it'd got a big hole in it, so they give us this one. It's cold in that bedroom so we put the kids in here. We usually have a little fire on which keeps this bit warm.

this is all my washing. I do it, or go to the launderette up at top. But its 50 pence for chuffing washing, and its 70 pence a time for drying them. So you might as well save money and do your own washing. I only wash bits I really need.

With Amy I was in hospital about a week, just to get used to her and that and with Tony I stopped in a fortnight because they didn't trust me with him. The kids were under care, they were under Social Services. Being in a home and all that lot they didn't think I could look after them myself. But they don't bother now. Just the Community Nurse comes now and again.

Community Nurse doesn't interfere. She just says how're you getting on, that's all. It's just for the file, just to make sure we're all right and kids are all right. That's the reason why they come, to make sure they're all right. If I have problems I just say can I have a talk with you, when she come, and she'll say yes if you like, and I'd have ten minutes or something like that with her. And sometimes she'll say, you're better off doing it that way instead of this way.

If we've any problems they're there to help and that's it. But I haven't seen them for nearly three month now because she keeps saying one of them's sick or whatever, because she hasn't got a car and the other one has. That's what she keeps saying. Social worker started coming and when she found out that community nurse were connected with us she said, 'I won't bother coming now', she says, 'because they're better off than me.' You can't talk to social workers anyway, they're always changing.

April Molly has gone shopping with the children. Kevin is outside repairing a blocked drain. He stops work to make a cup of tea and talk.

She left me. She's only been back three week. I've no idea where she went. When I've asked her she just says here, there and everywhere. It were on a Sunday. I'd just started preparing dinner and she just got up, packed some clothes, and went. Never said tarra, I want to be on my own, or nowt. It's about the fourth time she's left me. Well, this time the community nurse had a word with her. I don't know where they found her. They asked her to come back to me.

They come and asked me first. I says, well I don't know. She's here for three month, I says, and then she's off for a week or two week, then she's wanting to come back as if nowt's happened and then she's off again. I says I can't hope to keep a job down. As a one parent I get £65 a week.

According to community nurse, she was sick of this place. I said so am I. I says, I don't like it but I'm having to put up with it. Without Molly I could have a house for me and t'two kids. What do I do? Do I turn round to her, kick her out and say I can get a house, bugger you? Or do I say are you going to pay your rent arrears off so we can live together as a family? I can't make my mind up. I don't want to push her away. She's their mother; kids've got to have mother. I said if I want house for just me and two kids she can come visiting for three times a week but that's all. She can't stop overnight or nowt else as they'd be coming up and checking.

When she came back she were happy for about three days. She'd clean up and wash up after every meal and that. Then she went back to normal, right moody, snaps at kids all the time, snaps at me. She's on about she wants to go again, leave. Because she's fed up. I mean she were moaning because she'd got kids all time and when I had them the community nurses got me a day care for two days a week which I keep up. But again, you see, with it being thick fog and that, Molly didn't fancy walking it today.

She's always had problems with kids. She's alright to play with them but or owt else she's got to be told everything. Even when Amy were a baby she were just slapping bottle in and just not looking. She sat like that watching box instead of watching baby and I used to do it. When I were at work like, midwife and health visitor used to come and they used to get somebody coming in every day to feed baby when I were at work and I'd take over at night time. She wont think for herself. At washing, she hardly washes them. I have to tell her to.

I've no idea about Molly's childhood. She won't speak to me about it. I got told her mother died giving birth to one of t'kids and the

father were fetching them up and he abused them or summat and they got put into care. He never bothered with them again.

She always talks about being abused when she's having an argument with me. Her sister says she was raped by one of her boyfriends, this lad she were going with. She told me that she's had a kid and Social Services took it off her when he were born straightaway. She never even saw it. I think she were about seventeen.

I got told she was in a hostel on Canterbury Road and what they did was they had their own rooms, they'd to make their beds. There was a washer and a dryer and all they had to do was slap their stuff in and staff did rest, meals, the lot. Shopping, staff used to take them in car to post office, get their money, take them down town shopping, fetch them back. I think she must have liked it whey they bloody did everything for her. If she didn't feel like shopping, or wanted to sit in and watch telly, staff'd do their shopping. Whereas me, I'd make them go out and do it. I don't know how long she was there. When I met her she'd just got her own flat and staff were coming every day to make sure she'd got food in and she were paying her rent.

She said she didn't want any kids and I said, well, I want some. And the next thing I know she says, I'm pregnant, I want to get rid. I say well, you get rid and you don't come back to me because I want it. So she had it, says she had it for me.

She were all right before she had Amy. She'd get up, do housework, go out and do shopping. But as soon as Amy came on the scene that were it, she altered. Started getting right moody all time, snapping because she couldn't watch telly when she wanted or go to bed when she wanted, get up when she wanted. That's her ideal world, she's even said it herself.

I don't watch that much telly. I mean when our Tony comes in he'll put it on for cartoons. She'll watch them. I say to her make a cup of tea, 'I can't, I'm watching these cartoons first'. So I have to get up and do it missen.

Amy were a big change for her. I think in a way she were delighted with Tony. Tony can't do no wrong for her. If owt goes wrong Amy gets a good hiding even if Tony's done it. I mean this morning, our Amy wanted to give her a hug, 'no, get away'. Now if Tony did it, yes. She favours Tony, I don't know why.

She hasn't got the patience. They say, 'Can I have some toys out, dad?. She says, 'Don't you leave them all over the bloody floor'. I says hey, you were a kid once, didn't you have toys, get them all out.

She says, 'No', I says well that's your tough luck. That's when we have us arguments.

They were both unplanned. Well, I tried to plan them but she didn't, she didn't want to. She were supposed to go to doctor's every three month for needle. She never went, she went twice. She said she tried the pill and it made her bad. She tried that coil and that kept dropping out, so she says. They said the only thing left was the injection. She isn't using owt now but I'm not bothered. She says she couldn't cope with another one.

When I were working down London it got to the stage where Social Services were going to take Amy into care. We'd just got Amy, she were about ready to have Tony. They turned round and said if you don't come home to help look after kids we're going to take them into care. So I had to work my notice, come back and just stop at home. That's what she wants. She doesn't want me to work, she wants me to stop at home all time. 0 But she knows I get bored and fed up and that's when arguments start.

I was coming home from London for a week's holiday every three month and I asked if everything were all right, if she were coping, paying rent all right. It got up to seven hundred and thirty-five I think it was, and that's when I blew my top.

They took Amy off her once and they give her straight to my mother. My mum said she'd look after her because I were due for my week's leave. She had no food in the house, that's why they took Amy off her. Well, I'd asked my mam to pop round everyday like, to make sure she were feeding and that, and my mam says what're you doing them for dinner or summat and she went in t'cupboard and it were just bare. So she took them down to her house, fed them and got in touch with Social Services. Because that time they used to do loans, and my mam says can you give her a loan. And they went round and that were it. They turned round and said are you prepared to keep her and feed her while we sort her out, and my mam says yes. She had her for about three week. I come home to find out that if I didn't stop at home to help look after kids they'd be in care. I were clocking \$400 a week up, that were after tax. Molly came down for a weekend once but she didn't like it she said. Me, I prefer it down there than up here.

As for help, I think she needs it in everything but she won't ask for it. She said once that she'd show herself up if she asked for it. I said, but if you don't ask that's when we don't know, and that's when the problems start. I have to tell her everything, she just won't think for herself. But when you're having to tell her everything she jumps on you.

I do a lot of the cooking. She's alright with chips, beans and sausage. But you know, cakes and buns and that, they're that hard you can throw them across wall and they bounce off at you.

She's buys comic things so she can look at pictures. When I said well, why don't you ask somebody for help if you can't read or write, she said 'No, I'm scared'. The trouble is she won't admit it and let people help her. I got a load of books with big print, easy for kids to read. I thought, well, if she reads it to Amy and Tony, it's learning her to read as well. But no, she won't. Our Amy reads to me. All Molly does is look at pictures. That's no good.

Community nurses got her into reading and writing in town. There were a woman going to teach her that way one-to one. She went three times because community nurse were taking her, picking her up and taking her up. She went three weeks. As soon as community nurse says you can make your own way, she never bothered. She just wants the attention all the time.

She's all right while somebody's with a car and will take her and hold her hand. I've no intentions of doing that. I says you can expect it for Amy and Tony but for her no way. She's big enough to do it herself. It's like what the community nurse says. They can't give all their time to her.

I've asked community nurse to test her on money, to go with her or summat to see. Personally I don't think she knows the value. According to her sister she's only got this far because of people helping her.

She's supposed to be on that invalidity. Now I've asked her why she was on that. She's no idea. I says you must know. Then she comes out with, 'I suffer with fits'. She's never had a fit while I've been with her. I've asked community nurse but they can't say nowt until Molly says summat to them because it's all down in her file. She won't tell them to tell me what's wrong with her. She gets a sick note very year from doctor. As soon as she gets it she's straight down to social with it. She gets them to fill it in for her.

She can't and she won't ask for help. It's not easy, but I mean when people turn round and say we'll help you as much as we can and you just don't bloody bother asking, then there's summat wrong somewhere, isn' there?

June. Molly and Kevin are now living in a slightly larger caravan as the floor had rotted through on their last one. When asked if she felt better for the move, Molly made no comment. They have recently been given an old twin tub washing machine which molly uses out on the grass as there is no room for it inside. Kevin has found

some blankets in an abandoned caravan on the site and Molly is going to wash them and store them away for winter. The children were busy bringing out bags full of washing and already Molly had their coats hanging on the line.

Although the children are getting older and Tony is now out of nappies, Molly says she doesn't find them any easier. Kevin is wanting Molly to sign over responsibility for the children to him as, he says, he would stand a better chance of getting a house for them.

Amy is starting infants school in September and Tony will have a place at the nearby nursery during the mornings. Both the school and the nursery are a 20-minute walk away across the fields. At present day care has been reduced to one day a week for each child.

August. Another warm day and Amy and Tony were outside on the grass doing acrobatics. Molly was inside the caravan listening to their new stereo system given to them by Kevin's mum. One of the straps on Amy's sandals had come unstuck under the foot and Molly was making a good job of sewing it back together. She still hates being in the caravan, especially when it rains heavily as the noise gets on her nerves. She mentioned that most people on the site are in arrears from their previous tenancy and, like her, are unable to rent another council house until they have paid off what they owe. She is thinking of seeing a solicitor about signing over responsibility for the children to Kevin so he can get priority housing as a single parent. Molly hasn't seen the community nurses for some time now.

She might keep on the caravan for herself and have the children at weekends; or again she might move into the new house after they'd got settled. She wouldn't like only seeing the children at the weekends, but what else can she do. She didn't really feel anything for Kevin anymore. When she left him it was only the children that had brought her back. She is wanting to buy a camera to take their photos. The only ones she has were taken two years ago.

October. 11.45am on a dull cold day. The curtains of the caravan were drawn shut. Inside it was dark. Amy, lying on the settee, was away from school with a cold and Tony and Molly were sitting next to her. Kevin, who had suffered a recurrence of his back trouble, was sitting rigidly upright in a chair. All four were watching *Robocop* on video. The doctor had just that morning told Kevin he wouldn't work again. He had prescribed some cream for Molly to rub on Kevin's back, and Diazepam.

The previous week the community nurse had taken Molly to a solicitor at her request for advice about assigning parental responsibility for the children to Kevin. In the event Molly had refused to sign the agreement form.

Tony will be starting at the nursery close by Amy's school in November for two hours a day from 9.00am until 11.00am. This means that Molly will have to walk to

school and back three times a day. Six journeys of twenty minutes each is a daunting prospect every day, especially with winter coming.

November. A neighbour from their old estate had called to see them but Kevin had already gone out to collect his benefit money and to sort out the costs of moving. Having so little in the caravan he will have to buy new furniture for the house. He is not eligible for a grant so he has been advised to apply for a loan. At present Molly feels that she and Kevin are getting along quite well. She likes him being at home.

For the first time Molly speaks of the baby boy she had when living in the Canterbury Road hostel. She had named him after her youngest brother and had wanted to keep him but he was taken from her at birth. She didn't know whether they had kept the name she had given him. This was why she had felt pleased when Tony was born and why he was her favourite. But she still missed her first son.

Kevin has chosen to be re-housed in the area near Amy's school and Molly is pleased that she will not be unsettled by having to change school. Molly reckons that frequent changes of school in her own childhood are why she herself has problems with reading and writing. She knows some words and can tell the time by her watch. She also says that understanding the value of money is not a problem. Her difficulties arise when trying to add a number of items up and work out the overall cost. She tries to cope with this problem by shopping in stores which give till receipts showing the amount tendered and the change due.

Molly has learnt that it will take her another five years to pay off her arrears at £2 a week. She had been told by the community nurse that she must make up her mind soon about the children. She has decided to let Kevin have them so they can have a proper home. She knows that she will not be allowed to visit the house under Kevin's benefit rules more than three times a week. She will stay on in the caravan. A Court hearing has been arranged shortly to settle the issue of a residence order although Molly says it will be over in ten minutes. She has already signed the necessary form.

The 'Deficiency' and 'Capacity' Perspectives

Molly feels she can only secure a decent home for her children by letting them go. It is easy to see her grim predicament as the result of her own lack of competence.

A Deficiency Perspective

The rent arrears that Molly accumulated while Kevin was working in London are the main cause of their present plight. They precipitated the initial break-up of the family, the loss of their council house and their move to the caravan site. Molly's inability to manage a household budget or maintain a domestic routine - illustrated by the empty larder, the need for her mother-in-law to take over caring for Amy until Kevin was able to return home, and her lack of everyday skills such as cooking - are

detrimental to the welfare of the children and an underlying reason why they are trapped on the caravan site. Because Kevin cannot hold down a job with Molly needing him at home, the family is condemned to subsistence living on social security with no immediate prospect of paying off her debts.

Moreover, Molly appears incapable of living up to her responsibilities as a mother or of putting her children's needs before her own. Indeed she had not wanted children in the first place. She fails to keep them clean or provide an adequate diet. She is unable to provide them with sufficient cognitive stimulation, especially in the areas of play, language development and reading. If left to herself, she would get up and go to bed when she wanted and spend the day watching TV. She is inconsistent and punitive in her use of discipline. There is an absence of expressed warmth, love and affection in her relationships and a lack of commitment to the family as a unit. She says she feels nothing for Kevin and she has walked out on the family without warning for weeks at a time on several occasions.

Molly has shown herself to be incapable of asking for help or of accepting it when offered. She rebuffed Kevin's efforts to encourage her to read and withdrew from adult education classes arranged by the community nurses when they stopped giving her a lift and she had to find her own way there and back. She resents having to take the children to day care. She has never taken contraception or family planning seriously - even failing to keep appointments with her doctor for Depo Provera injections - and currently is taking no precautions at all. Although in need of a lot of support, she denies the fact and seeks to cover up her deficiencies - even keeping Kevin from knowing the reason she gets invalidity benefit.

Despite her efforts at 'passing', Molly is really very dependent on other people. Kevin says he has to tell her everything and her sister believes she only copes at all because of the help she receives. The community nurses have had to point out that they can't give all their time to her. Molly's reticence about openly admitting her problems only serves to compound them - as in the case of not knowing the value of money. The fear of showing herself up and her habit of jumping on anyone who draws attention to her difficulties are major hurdles in the way of improving her skills.

A Capacity Perspective

A closer analysis of the personal profile above shows that Molly has more about her - and more against her - than this deficiency perspective allows.

Molly's apparent shortcomings as a mother have to be seen in the context of her own upbringing and the pressures currently bearing down on her. Before setting up home with Kevin, she had no experience of an ordinary family life nor any role models on which to base her own parenting behaviour. Abused by her father after her mother died in childbirth, she was taken into care and, after a succession of unhappy foster placements, spent most of her formative years in children's homes. She still finds it too painful to speak of her childhood.

Growing up in institutions she never had the opportunity to acquire many domestic skills, except for some sewing and a bit of cooking she learned at a Training Centre. Otherwise everything was done for her. Even when she finally moved out of hostel accommodation into her own flat, just before taking up with Kevin, staff used to call in every day to keep an eye on her. The fact that shortly after, with Kevin away in London, she was managing a house and looking after a young baby on her own (while expecting a second) demonstrates both an acquired level of practical competence and her capacity for new learning.

It was during this time that she accumulated the rent arrears. The precise details are obscure. Kevin says he was sending her the rent money but the community nurse reports that she was living only on her child benefit and severe disablement allowance. The £700 debt she built up over the course of this year was not the result of fecklessness or extravagance. She did not incur any debts elsewhere. Gas, electricity, coal, water rates, TV licence, and rental and other regular outgoings were paid up. Rent arrears and an empty larder are pretty common symptoms among people living in poverty. Other evidence too shows that Molly understands the value of money even if her poor counting gives her problems handling change. For example, she knows how to use itemised receipts, and used to wash clothes by hand in the caravan to save money rather than pay at the launderette.

Molly's relationship with her children has to be seen in the light of her past. She knows she favours Tony. He reminds her of the son who had been taken away at birth for whom she has quietly grieved ever since. This loss, and the fact that both Amy and Tony were 'under Social Services' at one time, explains much else. Apart from undermining her self-esteem and sense of worth as a mother, she feels under constant pressure to prove herself to others and that any mistake she makes may result in her losing the children. She dare not admit to her difficulties but strenuously denies them for fear of the consequences.

The charge that Molly puts her own wants and needs before those of her children is not borne out by the facts. Indeed, she agreed to have Kevin's baby against her own instincts. On the occasions she has left home it has only been the children that have brought her back. And now, against the dictates of her own heart, she has agreed to sign them over to Kevin so they can have a proper home.

Molly does her best for the children against the odds. Keeping them looking clean on the caravan site is an impossible task when the only space they have to play is outside. In any case, Amy and Tony look no worse than neighbouring children. Mud and dirt is constantly being trailed into the caravan. Hand-washing clothes is not enough to stop them becoming grubby. In such conditions, cleanliness is a losing battle. When she was given an old twin-tub Molly quickly set to work washing everything she could lay her hands on.

Like many new mothers, Molly needed a lot of help with her first child. From Kevin's account of her emotional state at this time it seems possible she was suffering from post-natal depression. She had no family to turn to and naturally looked to

Kevin. Just at this point he went off to work in London. By the time Tony came along she had learned to cope and had acquired good-enough child care skills to avoid the sort of problems she had met with Amy. She shows a proper concern for the children's safety and well-being. She is aware of the danger presented by the gas cooker; leaves the caravan door open regardless of the cold so she can keep an eye on the children playing outside; and moves the children out of their damp bedroom in winter.

Molly lacks motivation rather than skills. Again this can be seen as a response to her circumstances. She hates living in the caravan and the strain has brought her down. Certainly her behaviour shows signs of the traumatic effects of stress including decreased functioning, withdrawal, anger and fear (Parkes, 1971). Much of her apparent apathy is probably the result of depression. Television provides a means of escape from the daily grind of a life cramped by poverty. It is notable that when Molly's black moods lift for a spell she sets to work with gusto.

Molly is the victim of gendered assumptions by Kevin and by service workers that unjustly show her up in a bad light. It was Kevin who went to London, returning home for a week only once every three months, yet Molly who is blamed for the problems that ensued. Kevin is critical of her for not using contraceptives, when she says she could not cope with another child, while failing to take precautions himself on the grounds that he's 'not bothered'. Even though Kevin questions Molly's understanding of the value of money he still leaves her to do the shopping on her own. Likewise, although Kevin is now off work, he still expects Molly to walk the 40-minute round trip to school three times a day to deliver and collect the children. As evidence of her apathy he cites her refusal to break off watching TV to make him a cup of tea obliging him to get up and do it for himself. Molly herself was angered by the fact that, while she had been expected to cope with both children at home in the caravan all day, the community nurses had provided Kevin with day care for two days a week when she left him. In this context, some of Molly's alleged failings are more properly seen as a function of other people's, especially Kevin's, views of her role as a (common-law) wife and mother.

Molly has received little parenting support from the health and welfare services. Service delivery tends to be crisis-oriented: Molly has been left to cope as best she can until things go wrong. Her past experience has taught her to be wary of social workers who, in any case, tend to move on so frequently as to prevent the formation of a trusting relationship. The community nurses have provided valuable practical and emotional support but often too little and too late. For example, efforts were made to help Molly with her reading but the support was not sustained until she had the confidence to go alone. There is a tendency for these shortcomings in the services to be personalised and the blame pinned on Molly. It is not so much that she has failed as that she has not been given a chance to succeed.

Conclusions

The number of parents with learning difficulties is steadily growing and likely will continue to do so as a result of deinstitutionalisation, decreased segregation, changing attitudes towards sexuality and wider opportunities for independent living and participation in the community (Attard, 1988; Rosenberg & McTate, 1982; Haavik & Menninger, 1981). Greater personal freedom makes it easier for people to form personal relationships, to meet a partner, to fall in love, to live together and to start a family. As the acceptance of 'ordinary life' principles (King's Fund Centre, 1980) spreads so the number of parents can be expected to rise (Gillberg & Geijer-Karlsson, 1983).

Professionals have yet to face up to the practice implications of this aspect of community care policy. In 1991, for example, Lancashire County Council were censured by the Local Government Ombudsman for maladministration in failing to provide the level of counselling and support needed by a mother with learning difficulties (Report by the Local Government Ombudsman, 1991). The experience of parents in our study also illustrates a number of common biases in the response of the health and social services to their needs including *the presumption of incompetence* (based on the mistaken belief that good-enough parenting is a function of intelligence); *the mistake of false attribution* (of seeing all the problems parents may be having entirely in terms of their learning difficulties); and a tendency for *blaming the victim* (by ascribing poor childrearing to the limitations of the parents where it owes more to the constraints of their social situation).

The case of Molly Austin shows how such attitudes may originate, how they are sustained, and how they may be overcome in order to pave the way for a more positive approach. Practitioners (or researchers for that matter) who adopt a deficiency perspective are led ineluctably into attributing Molly's plight and her problems to her own intellectual limitations and lack of competence. In contrast, by acknowledging her skills and the impact of environmental and social pressures on her ability to cope, a capacity perspective reveals new options for practical help and support (see, for example, Booth & Booth, 1993b,d; Espe-Sherwindt & Kerlin, 1990).

Molly Austin's story is unique, though it carries echoes of the experience of other parents in our study. The lessons it presents, however, are far-reaching and deserve to be picked up by everyone working with parents with learning difficulties.

REFERENCES

- ATTARD, M. T. (1988) Mentally handicapped parents: some issues to consider in relation to pregnancy, *British Journal of Mental Subnormality*, 34(66), pp. 3-9.
- BOOTH, T. & BOOTH, W. (1993a) The experience of parenthood: a research approach in: A. CRAFT (Ed.) *Parents with Learning Difficulties* (Kidderminster, British Institute of Mental Learning Disabilities).

- BOOTH, T. & BOOTH, W. (1993c) Depth interviewing with parents who have learning difficulties, manuscript under review (Departments of Sociological Studies, University of Sheffield) Manuscript under review.
- BOOTH, W. & BOOTH, T.(1993d) Learning the hard way: practice issues in supporting parents with learning difficulties, *Social Work and Social Sciences Review*, 42(2).
- BUDD, K. & GREENSPAN, S. (1984) Mentally retarded mothers, in: E. BLECHMAN (Ed.) *Behaviour Modification with Women* (New York, Guildford Press).
- ESPE-SHERWINDT, M. & KERLIN, S. (1990) Early intervention with parents with mental retardation: do we empower or impair? *Infants and Young Children*, 2, pp. 21-28.
- FARMER, R., RHOSE, J. & SACHS, B. (1993) *Changing Services for People with Learning Difficulties* (London, Chapman and Hall).
- GILLBERG, C. & GEIJER-KARLSSON, M. (1983) Children born to mentally retarded women: a 1-21 year follow-up study of 41 cases, *Psychological Medicine*, 13, pp. 891-894.
- GPCDD (1987) *A New Way of Thinking* (St Paul, MN, Governor's Planning Council on Developmental Disabilities, 300 Centennial Building, 658 Cedar Street, St Paul, Minnesota 55101, USA).
- HAAVIK, S. F. & MENNINGER, K. A. (1981) *Sexuality, Law and the Developmentally Disabled Person: legal and clinical aspects of marriage, parenthood, and sterilization* (Baltimore, MD, Paul H Brookes).
- KING'S FUND CENTRE (1980) *An Ordinary Life: comprehensive locally-based residential services for mentally handicapped people* (London, King's Fund Centre).
- MERCER, J. (1973) *Labelling the Mentally Retarded: clinical and social system perspectives on mental retardation* (London, University of California Press).
- MOUNT, B. (1987a) *To Empower People: an update of the personal futures planning project* (West Hartford, CT, Graphic Futures).
- MOUNT, B. (1987b) *Planning Futures Together* (Atlanta, GA, Georgia Advocacy Office)
- MOUNT, B. (1987c) *Personal Futures Planning: finding directions for change* (UMI Dissertation Information Service).
- MOUNT, B. & ZWERNIK, K. (1988) *It's Never Too Early, It's Never Too Late: a booklet about personal futures planning*, Publication No. 421-88-109 (St Paul, MN, Metropolitan Council, Mears Park Center).
- PARKES, M. (1971) Psycho-social transitions: a field for study, *Social Science and Medicine*, 5, pp. 101-115.
- PLUMMER, K. (1983) *Documents of Life* (London, Unwin Hyman).

- REPORT BY THE LOCAL GOVERNMENT OMBUDSMAN (1991) *Investigation into Complaint No. 89/C/2577 against Lancashire County Council*, 17 December (York, Commission for Local Administration in England).
- ROSENBERG, S. & MCTATE, G. (1982) Intellectually handicapped mothers: problems and prospects, *Children Today*, Jan/'Feb (37) pp. 24-26.
- WHITMAN, B. & ACCARDO, P. (Eds) (1990) *When a Parent is Mentally Retarded* (Baltimore, MD, Paul H. Brookes).