Issue Nº 36 Winter 2020



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PARENT-CENTERED PLANNING FOR PARENTS WITH DISABILITIES

The parent-centered

planning model is a new strengths-based model to help parents with disabilities plan for parenting. This model is an adaptation of person-centered planning, which is common in the field of disability services. This model helps parents set realistic longterm parenting goals and enlists informal and formal supporters to assist parents in making concrete steps toward achieving these goals.

Background

The field of child welfare has become increasingly aware of the over-representation of parents with disabilities in child protection cases. Nearly one-fifth of children who are removed from their parents are removed, at least partially, because of their caregiver's disability (DeZelar &

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Lightfoot, 2018). While many states still have antiquated laws allowing parental disability to be used as grounds for termination of parental rights (Lightfoot, Hill & LaLiberte, 2010), there is a greater recognition for the needs for new types of supports and services for parents with disabilities and their children (National Council on Disability, 2012). In

2015, the Department of Justice and the Department of Health and Human Services released a joint guidance to child welfare agencies reminding them of the legal requirements under the Americans with Disabilities Act and the Rehabilitation Act to make their services accessible to parents with disabilities. Child welfare agencies were encouraged to tailor their services to the needs of individual parents with disabilities. Unfortunately, there are only a few empirically supported promising practices to assist child welfare

professionals in their work with parents with disabilities, and these typically focus on teaching parenting skills, rather than broadening their parental supports (Lightfoot & Zheng, 2019).

One promising practice, which focuses on parental supports, that child welfare professionals can incorporate into their work with parents with disabilities is parentcentered planning (Lightfoot & DeZelar, 2020). The parent-centered planning model helps parents plan for achieving their parenting goals with the assistance of their closest friends and family members. This model is an adaptation of the person-centered planning model, which puts the individual's desires and goals as the focal point of planning and decision-making. This model shifts the focus away both from an individual's weaknesses or needs as well as from experts taking a leading role. Supporters, such as family members, friends, neighbors, clergy, co-workers and others, are invited to participate through providing input and guidance, but they are not to direct the nature of the goals. Through a series of structured exercises that focuses on the strengths and preferences of the parent, a parenting plan is created and makes use of informal and formal resources to support the parent. A trained facilitator leads the parent-centered planning process, including monitoring goal achievement, in partnership with the parent. This process is not meant to be a substitute for formal services but rather is a first step in helping to create a strengths-based parenting plan that can help a parent build parental supports.



Practice Considerations

There are four phases of the parent-centered planning model, and each has considerations for child welfare professionals who choose to incorporate it into their practice.

PHASE 1:

PREPARATION

The facilitator conducts an intake meeting with the parent in which she introduces the parent-centered planning process to the parent and gathers background information that would be helpful throughout the process. A key activity during this phase is to help the parent identify current and potential support people for parenting who could be invited to the parent-centered planning meeting.

PHASE 2:

SCHEDULING AND INVITING

The facilitator schedules the parent-centered planning meeting in a familiar location, such as the parent's home, and the facilitator and/or the parent invites people to the meeting. The facilitator contacts all invited participants to remind them that their role in this process is to assist the parent in developing his or her own plan.

PHASE 3:

PARENT-

CENTERED

PLANNING

MEETING

The parent-centered planning meeting is the main part of this intervention. In the meeting, the facilitator leads the parent and his or her supporters through a series of exercises. The parent first identifies his or her future goals and vision for his or her family, as well as the parent's strengths and challenges. The facilitator then helps the parent break down the goals into attainable short-term goals with action steps, identifying which current supports can assist with these steps, as well as needed additional supports. The final outcome is a Parental Support Plan which has attendees' commitments for specific actions designated.

PHASE 4:

TRANSITION

In the final phase, the facilitator conducts follow-up meetings with the parent to get updates on the parent's progress, adjust goals or actions steps, and re-enlist or further commit support from supporters, before shifting away from the facilitator role. The facilitator does not help the parent directly take action toward the goals but assists the parent to use their support team.

CASE EXAMPLE

Anita is a 29-year-old mother with a mild intellectual disability who has an 8-year-old son named Julian. Anita is attentive to Julian's needs and has received support since Julian's birth from her sister, Rose, who is a stay-athome mom with 12- and 10-year-old sons who lives in the same apartment complex. Anita has been involved in sports since her childhood and especially enjoys playing soccer yearround through the Special Olympics. She also is involved in the church she has attended her whole life. Anita has lived with her long-term boyfriend, John, for three years, who she met at the grocery store where they both work part-time. While John is not Julian's father, he helps out with Julian but does not take initiative. Rose watched Julian while Anita worked during the days until he started school and is responsible for organizing many of Julian's activities, including dropping him off and picking him up at school, organizing his extra-curricular activities, and arranging his informal activities,

such as playdates. Julian is an active boy with many friends and does well in school. Anita takes him to the playground at the apartment complex most days, though she usually sits by herself while the other parents chat. Anita's parents have passed away, and she sees her other two busy sisters only several times a year. Anita receives many social services from a variety of sources, including case management, housing support, and mental health services. Recently, Rose broke her leg, and Anita had to drop off and pick up Julian at school herself. Anita was referred to child protection by Julian's school after she'd forgotten to pick him up for the third time in a month. While child protection quickly determined that Julian was not at risk, they did refer her to your agency to participate in a parent-centered planning process. During your discussion on the phone with Anita, when she was arranging for your intake meeting, she indicated immense guilt that she had difficulty remembering to pick Julian from school

on-time and was very concerned that Julian had started calling Rose, "Mom."

Using this case example and the information you have learned in this issue of *Practice Notes*, consider the questions below as if you were going to facilitate a parent-centered planning meeting for Anita.

- » How would you describe the parent-centered planning process to Anita during the intake meeting?
- » Which current support people would you suggest that Anita consider inviting to her parentcentered planning meeting? Who might be a potential source of informal support for Anita?
- » Rose has been very involved in Anita's life. How would you prepare Rose for participating in the parent-centered planning process? What about the other participants?

Summary

Parent-centered planning, as described in this issue of *Practice Notes*, is a promising practice that child welfare and disability professionals can incorporate into their own practice with parents with disabilities and their families. Practitioners can also share the information they learned about parent-centered planning with other professionals. Below, please find questions for reflection as you take this research knowledge into your daily child welfare practice.

Reflection Questions

- 1. How does your agency currently assist parents with various types of disabilities in finding formal and informal supports to assist them with parenting?
- 2. How could your agency incorporate parent-centered planning into its work with parents with disabilities and their family members?
- 3. What types of formal services exist in your community to support parents with disabilities? Where could you go to find out information about such services?
- 4. What can you do to share this information with other professionals, advocates, and community members?

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Suggested citation: Lightfoot, E., & DeZelar, S. (2020). Parent Centered Planning for Parents with Disabilities. No. 36. Available at: https://cascw.umn.edu/portfolio_tags/practice-notes/

Editors: Korina Barry, Denise McKizzie Cooper, Traci LaLiberte

Funding for this project: Practice Notes is published by the Center for Advanced Studies in Child Welfare, School of Social Work, College of Education and Human Development, University of Minnesota. This issue was supported, in part, by grant #GRK129722 from Minnesota Department of Human Service, Children and Family Services Division. This work was also supported, in part, by grants from the National Institute on Disability, Independent Living, and Rehabilitation Research (NIDILRR grant #90DPGE0001), and the Minnesota Agricultural Experiment Station (Grant #55-055).

Elizabeth Lightfoot is a professor at the University of Minnesota School of Social Work. Find more of Dr. Lightfoot's research at https://www.cehd.umn.edu/ssw/people/elightfo/.