

Coaching as a Mechanism for Empowering Parents and Carers of Children with Learning Difficulties and/or Disabilities

The Right2BMe Model

Executive Summary of a follow up report from **Nottingham University** identifying longer term effects of the use of the Right2BMe coaching intervention

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. . . Summary of an evaluation report from **Nottingham University**

Right2BMe is a social enterprise created to support the empowerment of parents and carers of children with learning difficulties and/or disabilities (LDD). Using a coaching approach Right2BMe has developed a Wellbeing model to deliver a client-centred intervention which focuses on identifying and supporting the needs of parents and/or carers. This can be achieved through group or individual work and is enhanced by the availability of online resources and continued support. The aim of the intervention is to promote the empowerment of parents/carers, enabling them to develop as independent, self confident and autonomous individuals.

This document summarises a report produced by two researchers as part of The University of Nottingham's Social Enterprise Internship Programme. The work was interested in exploring the research evidence supporting the Right2BMe model and the longer term impact of the intervention on a group of parents/carers with children who have LDD. We conducted interviews with nine parents/carers who took part in three sessions of coaching using the Right2BMe model around 5 months after they had taken part. The following evidence illustrates the positive outcomes (despite a short intervention period of only 6 hours per parent) that the model can have on parents of children with LDD.

The psychological and physiological impact of parenting a child with LDD

Research has found that the experience of parenting a child with LDD can result in a wide range of negative consequences for the parent or carer including quality of life, stress, self esteem, family function, relationships, physical health and general wellbeing. The Right2BMe model focuses on a Wellbeing model aiming to rebalance these potential negative outcomes. The findings from the study highlight that the model can help increase self esteem, confidence and psychological support with one parent reporting; *"I'm glad I took part in the coaching sessions, I picked up a lot and it's a good way of supporting parents as it's important for parents to know they have support and they are not on their own"* and another, *"I would have cried before but now I am less emotional and just deal with it"* (this supports the work of Tunali and Power, 2002 and Pearson & Chan, 1993).

Parents remarked about how the coaching sessions had helped to improve family functioning; *"We're out of a rut now and everybody [in the family] knows what we're doing, for example, babysitting . . . before I thought it was my problem, now I delegate it to the rest of the family"* (supporting Meirsschaut, et al, 2010) as well as

positively impacting on intimate relationships “*I tell my husband things now*” (supporting the findings from Dunn et al, 2001).

In addition to the psychological improvements experienced by the parents, we found that the model offers other positive outcomes. Some parents indicated positive changes to health behaviour such as deciding to regularly exercise following completion of the sessions, important when chronic health conditions have been found in 75.9% of parents of children with disability, compared to 45.8% of parents of typically developing children (Brehaut et al, 2004).

Continued online support following coaching sessions was well received by the parents/carers, supporting earlier findings that this may further encourage empowerment (Barak et al, 2008). We also spoke with some individuals who work with the parents/carers involved in the pilot work, including social workers and family support workers, who all agreed that this type of model would be beneficial to parents/carers of children with LDD as well as being a useful tool within service settings. Despite the pilot only being able to work with a small number of participating parents/carers, we found extremely positive outcomes from participating in only 3 sessions both in group and individual settings.

The economical and societal impact of parenting a child with LDD

Empowering parents is not a new concept, it is mentioned at the very beginning of the most recent report regarding children with LDD from the Department of Education (2011). If wellbeing was improved and stress reduced the report indicates that savings of £5,600 per disabled child per year could be made. The Right2BMe model shows that it is able to successfully contribute to this target. Parenting programmes can cost local authorities up to £3000 while current figures indicate that the Right2BMe model would cost almost £1000 less (Parrot & Godfrey, 2008). In particular, it would cost a local authority £3000 to run an ‘individual in home’ parenting programme while it cost less than half (£1100) to run the Right 2 Be Me coaching sessions as part of the pilot.

In addition, empowering parents/carers is more likely to impact positively on the alarmingly high figures of unemployment in this group (one study found that 65% of 2000 main carers of disable children were not in paid employment; Harrison and Wolley, 2004). Costs of lost employment for those lucky to be employed are estimated at upwards of £2000/year per parent with benefit payments calculated as upwards of £200million per year (Knapp, et al, 2009). Direct costs of bringing up a child with a disability are estimated around £12000/year (Järbrink, et al 2003). Therefore it is necessary to provide a service such as the Right2BeMe model in order to address these alarming figures and provide the potential for a parent/carer to gain financial independence.

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In summary, it is clear from the literature that parenting a child with LDD can have a range of negative outcomes for the caregiver. However,

it is also clear that this potentially negative situation can be improved and that improvements in the experience of parents are mirrored by improvements in the experience of the child and, more widely, in improved use of services. As King et al (King, et al, 1999) state: *'Only by truly understanding the experiences that affect parents' emotional well being will we be able to meet parents' needs effectively and thereby improve outcomes for children'* (p.59).

The piloting of the Right2BMe coaching model demonstrates that it is a flexible and modifiable model which places emphasis on the empowerment and wellbeing of parents. Thus, the Right2BMe model, as seen from this follow up evaluation, is likely to have clear and lasting benefits for the parents themselves and for their children as well as a positive impact on the more cost effective and efficient use of specialist services.

Next Steps

Right2BMe recognises that while provision of direct coaching of parents and carers clearly has benefit to them, there will be greater impact on service provision if those who work with parents and carers on a day to day basis are able to work in a similar way. The next stage of development is, therefore, focusing on how to share the outcome of this pilot with direct service providers and giving them access to accredited training in coaching which includes access to the Well Being model.

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