Protocol for the Assessment of Parents with Learning Disabilities

Purpose
This protocol has been written to address the specific needs of safeguarding and protecting children where the parent(s) have a learning disability. It has been written for use by all statutory Adult and Children's Services, non-statutory, private and voluntary sector services.

The Protocol should be read in conjunction with:

- Cross Service Protocols, Delivering Social Care Across Service Boundaries (2004 – Revision Copy)

Protocol Principles

- To ensure effective working together and effective multi-agency assessments.
- To ensure appropriate multi-agency intervention to support parents and safeguard children.
- To ensure access to most appropriate specialist assessments and assessment tools.
- To ensure the child’s welfare is paramount.

Introduction

The increasing awareness of families where one or both parents have learning disabilities has resulted in an increase in the number of referrals made to all agencies related to parenting issues. Research\(^1\) evidences the need to increase effectiveness of assessment, communication and joint working between professionals from different agencies if parents are to be adequately supported and children protected.

Both children and adult services, face challenges to understand and meet the needs of parents with learning disabilities. They may not be geared up to identify or work with them either as parents or individuals and lack resources and skills to deliver services in appropriate ways.\(^2\) This is particularly true for

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those who are not severely disabled and therefore not immediately identified as such.

The issue of parenting by adults with learning disabilities is complex. Pejorative historical perspectives, subjective opinions and limited research all impact on the assessment process.³


“Parents with Learning Disabilities are increasing in number; the most socially and economically disadvantaged groups. They are more likely than other parents to make heavy demands on child welfare services and have their children looked after by the local authority. People with learning disability can be good parents and provide their children with a good start in life, but may need considerable help to do so” (pp. 81).

Definition of Learning Disability.

For this protocol the definition of “Learning disability” will be based on the definition set out in The White Paper Valuing People (2001)

- A significantly reduced ability to understand new and complex information, to learn new skills (impaired intellectual functioning [IQ < 70]), with;
- A reduced ability to cope independently (impairment of adaptive and social functioning)
- Which started before adulthood, with a lasting effect on development

This is considered a ‘pervasive’ definition of learning disability and must be differentiated from a ‘learning difficulty’ which describes a range of conditions such as dyslexia which can lead to special educational needs.

General Principles

Safeguarding is a wider than child protection. It is in this context that all agencies and professionals must crucially work together to support children and families especially when parents have a learning disability if common barriers to receiving appropriate support in their parenting role are to be addressed. ⁴

Clear guidance on the duty of all agencies to ensure they have regard to the need to safeguard and promote the welfare of children is set out in Children Act 1989, Working Together to Safeguard and Protect Children, HM Government 2006, the Children Act 2004 and highlighted in all reports

⁴ Jenny Morris (2003). The right support: Report of Task Force on Supporting Disabled Adults in their Parenting Role
concerning child deaths and serious injuries, most recently the Laming Inquiry into the death of Victoria Climbie.

Most parents with a learning disability love their children, want to do their best and parent effectively. When harm is suspected or occurs, children have a right to be protected, even if it was unintentional on the part of the parent(s).

Parents also have a right to services to support them in parenting. Research shows that support can be one of the most critical factors in helping parents with learning disabilities to parent. ‘The most critical predictor is the presence of suitable social and other supports that are matched as closely as possible to the needs of the parent including their learning style and learning capacity’\(^5\) ‘To some extent, the greater the support available, the greater the capacity to parent’.\(^6\)

**The Children Act 1989 defines Children in Need** as either in need of support and services under section 17 or in need of protection under section 47 of the Children Act 1989.

**Significant Harm** by general definition is the ill treatment or impairment of the health and development of a child that is serious.

Where a child is at risk of significant harm and in need of protection, the parenting capacity and the risks to the child must be assessed. This is best done by joint planning of the assessments by all agencies involved. Joint planning of assessments, joint sharing of information about risk factors and joint working is of benefit to all.

**Equal opportunities**

Research shows that assessments are sometimes influenced by stereotypes about the capacity of parents with a learning disability to parent.

When approaching any assessment it is important to be reminded that:

“People with learning disability have the same rights and are entitled to the same expectations and choices as everyone else, regardless of the extent or nature of the disability, their gender and ethnicity.”\(^7\)

“Parents with learning disability can in many cases be supported by family and supportive networks and professionals, enabling them to respond effectively to the needs of their children”\(^8\)

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\(^7\) Chapter 18 as above

Workers should bear in mind the implications of the Human Rights Act 1998 and guard against treating parents with Learning Disability less favourably than others.

Interagency working

Effective working between professionals supporting parents with learning disability and those supporting children is at the core of effective systems to protect children. Each service will have their own criteria for prioritising referrals. This must not become an obstacle to co-operation at an early stage.

Joint planning and assessment should take place from the outset. Should any obstacles arise refer to the Cross Service Protocols, Delivering Social Care Across Service Boundaries, on Connect which sets out the managerial responsibilities in respect of all agencies.

Practice Guidelines

*The welfare of the child is paramount*[^9]

Acting on Concerns

All workers, together with those in Community Learning Disability Teams (CLDT) need to be alert to Children’s needs and signs of significant harm, including neglect.

Consultation and or referral to CSF

‘What if’ consultations are available from CSF, when professionals want clarification about possible concerns and are unsure whether to make a referral.

When a worker has a child protection concern, it should be discussed with their line manager or supervisor, and concerns recorded as per agency policy.

A referral should be made to CSF in accordance with the Hertfordshire Safeguarding Children Board, Child Protection Procedures 2007.

When a child is felt to be at immediate risk of harm and it is felt too dangerous to inform parents, this should be recorded and the information passed on to CSF.

Refer to checklist for CLDT and Specialist Learning Disability Services staff - appendix 1

[^9]: HMSO. Children Act 1989 – Part 1, 1
Impact of Parental Learning Disability

Professionals need to be alert to the possibility of significant harm and signs of neglect in children. Children who may be more vulnerable are:

- Unborn baby or infant under 1 year old
- Toddlers
- Children with a disability or special educational needs
- Children in a caring role
- Children experiencing domestic violence
- Parents with a history of violence or sexual abuse

Due to the increased vulnerability of this group of children they may require a rapid multi agency response to assess parents’ learning disability and potential for adequate parenting.

Assessments will be in accordance with the Framework for the Assessment of Children in Need and their Families (2000) and Working Together to Safeguard Children (2006).

Parental Considerations as part of the Assessment Process

When parental learning disability is likely, there will be additional parental considerations as part of the assessment process.

Aspects of the parent’s intellectual functioning (cognitive ability) can have an effect on the child’s experience and development. The parents’ ability to learn to respond to the needs of their child and the time-scale over which this learning is required to take place, will be an important aspect of the assessment.

The following assessments may be required:

- Parenting Assessment Manual (PAM)\(^{10}\) as part of the multi agency assessment of parents. see Appendix 2
- cognitive functioning
- functional assessment (also known as living skills assessment)
- psychological factors that may impact on parenting ability, e.g., loss, mental illness, emotional issues resulting from trauma, etc.

Referral to the Community Learning Disability Team

For referrals to the Community Learning Disability Team and Specialist Learning Disability Services see Appendix 3a and 3b

When a learning disability is being queried it is recommended that practitioners use the initial screening questions outlined in Appendix 3a, to assist in the identification of learning disability and referral discussions with CLDT.

Assessing significant harm and parental learning disabilities

’Where a parent has a learning disability it will be important not to generalise or make assumptions about their parental capacity. Learning disabled parents may need support to develop the understanding, resources, skills and experience to meet the needs of their children. Such support is particularly needed where they experience additional stressors such as having a learning disabled child, domestic violence, poor physical and mental health, substance misuse, social isolation, poor housing, poverty and a history of growing up in care. It is these additional stressors when combined with learning disability that are most likely to lead to concerns about the care a child or children may receive.\(^\text{11}\)

’Assessment must concentrate on the harm that has occurred or is likely to occur to the child and the consequent impact, in order to inform future plans and the nature of services required.

Ultimately whether a parent has a learning disability or not, it is the quality of care experienced by the child which determines whether parenting capacity can be regarded as sufficient or not.\(^\text{12}\)

An assessment of the ‘quality of care’ must include all carers irrespective of whether they have a learning disability. This is critical as research highlights that ‘people with learning disabilities are more vulnerable to victimization and forming relationships with partners who may go on to abuse their children or the partners have difficulties themselves e.g. alcohol / drug use or mental health problems’.\(^\text{13}\)

Consideration must also be given to the discrepancy between parent’s knowledge, skills, experiences, resources and the child’s needs and the parent’s ability to learn within the child’s timescales.\(^\text{14}\)

\(^{11}\) Working Together to Safeguard Children; page 160 para 9.20. DFES (2006)
And as per 11
Pre-birth and Post Birth if any professional or agency has concerns about the capacity of the pregnant woman /mother and her partner to self-care and/or to care for the baby, it should be discussed with the line manager / supervisor, recorded and a referral should be made to Children’s Social Care in line with pre-birth procedures.

Some mothers with learning difficulties may not recognise that they are pregnant, and this should be considered if there are suspicions that they are concealing or have concealed a pregnancy.

See Appendix 4 - Research Evidence

Interventions

Parents with Learning Disabilities need interventions which are:

- Based on the outcomes of the Parenting Assessment Manual assessment
- Are set up at home to maximise transference of learned skills
- Reduce the discrepancy between parent’s ability and the child’s essential needs.
- Long term
- Broken down into small steps
- Matched to the parents level of understanding and comprehension
- Includes demonstration
- Included pictorial information in addition to verbal instruction.

Sharing information with parents who have Learning Disability

- Sharing information in a way that is sensitive, respectful and appropriate to the level of understanding of the parents is crucial. This is in order to ensure that professionals’ contact is effective.

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21 As per 16
22 As above
Parents often need more time and concrete examples to understand communications. Clear language is therefore important. Written agreements may be helpful.

Parents can find the involvement of different professionals and agencies overwhelming and confusing, resulting in a further decline of their functional ability.

It is paramount that the professionals who have contact with parents with learning disabilities are identified and that communication pathways are developed to facilitate a cohesive, co-ordinated service, which is supportive to both parents and professionals alike. This also reduces the need for high numbers of professionals directly involved.

**Interagency Case Management**

In order to manage cases and make inter-agency communication effective, professionals need to consider:

- early communication if suspected case of Learning Disability in the parents,
- regular meetings (monthly short meetings, phone calls) in the case of open cases to Community Learning Disability Team.
- Involving Speech and Language Therapists (SLT) when communication has been assessed to be a problem,
- involving an advocate (independent from Statutory Services) and / or a facilitator (trained by the Service) from the Initial Assessment phase.

**Joint working needs to be agreed at all stages of the child protection process**, and especially as part of any child protection planning and in Core Group Meetings. This is essential to ensure appropriate services are provided by all agencies, needs are not overlooked, visits are not duplicated and professionals do not become divided.

In cases where health and/or social needs are identified, the Community Learning Disability Team needs to identify lead health or social lead posts to support the parents.

Consultation and advice can be sought from the Community Learning Disability Team, to workers in child services to support tailoring interventions to the level of needs and disability of the parent.

For cases that do not fit the criteria for Community Learning Disability Team, consultation could be provided through Hertfordshire Parenting Network meetings. **See appendix 5**

**Co-ordination of cases**

Within the Child Protection process the CSF social worker will be the key worker responsible for case co-ordination.
Appendix One - Checklist for Community Learning Disability Staff

Does your client have a child under the age of 18 in their care?

Yes

Record children’s names and dates of birth on file

No

Is there an urgent child protection concern?

Yes

Record concerns. **Make an immediate referral to CSF**

CP Procedures
Joint Assessment & Planning

No

Are professionals concerned about the child’s welfare?

Yes

Record & discuss with parents.
Refer to CSF
Assessment of need
Joint Assessment & Planning
Specialist Multi Agency LD Parenting Assessment, using Parenting Assessment Manual

No

Do parents share concerns about the child’s welfare?

Yes

Are professionals concerned about the child’s welfare?

Yes

Record & discuss with parents.
Refer to CSF
Assessment of need
Joint Assessment & Planning
Specialist Multi Agency LD Parenting Assessment, using Parenting Assessment Manual

No

Is there evidence of:

- Neglect?
- Infant under 1 year?
- Children under 5?
- Domestic Violence?
- Substance Use?
- Disabled Child?
- Child having carer responsibilities?

Yes

Record & discuss with parents.
Refer to CSF
Assessment of need
Joint Assessment & Planning
Specialist Multi Agency LD Parenting Assessment, using Parenting Assessment Manual

No

Regular review
Appendix 2 - Multi Agency Assessment Model

The Parental Skills Model

Where the parent has a likely learning disability, a multi agency assessment model known as ‘The Parental Skills Model’ has been developed by Dr Sue McGaw et al to assist practitioners in a consideration of the person’s parenting capacity.

This model is in line with the Framework for Assessment of Children in Need and their Families. It covers assessment of four interlinked areas (family history, intellectual functioning / independent living skills, support and resources) converging into one area central to the process – child care.

![Diagram of the Parental Skills Model]

All these areas should be considered in depth and are of equal importance

- **Child Care & Development**
  - Physical care
  - Affection / Attachment
  - Security
  - Responsibility
  - Ability to guide and control the child
  - Stimulation and independence
  - Ability to respond and adapt to child’s development needs

- **Intellectual Functioning**

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- Problem-solving
- Logical sequencing
- Decision-making
- Organisational skills
- Basic cognitive skills, i.e., memory, attention, verbal comprehension and reasoning, verbal expression

★ Independent Living Skills
- Functional academic skills
- Social skills
- Self-help skills
- Domestic skills
- Ability to access community resources
- Ability to budget and take care of finances

★ Support and Resources
- Family / social support
- Specialist services
- Community facilities
- Employment
- Transport
- Housing
- Socio-economic resources

Multi Agency Assessment Tool

Parenting Assessment Manual

This parental skills model has been developed into the above assessment manual which supports the model in terms of assessing the four areas. It is set out in 3 parts.

- Part 1- Assessment. Contains an initial screening tool, questionnaires about the parents understanding of their own needs, background.
- Part 2 - Parenting skills
- Part 3 - Profile of parenting skills in relation to the child

It can be used as a whole or in parts by any professional from any of the agencies involved. (IBSN 09535083 Published by Trecare, Cornwall NHS Trust)

Professionals should assess the parent on the skills that are possible to assess from their own professional role. The team of professionals is then involved in scoring the items in PAM together.

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Central copies of the manual are available for reference at CSF Learning and Development, New Barnfield and the Hertfordshire Safeguarding Board Office, Room 173 County Hall

Appendix 3a - Referral to Learning Disability Team & Specialist Learning Disability Services

**Initial questions which may assist practitioners in the identification of learning disability:**

1. Did they attend special school?
2. Did they need extra help at school if in mainstream?
3. What did they do after leaving school? Did they obtain an NVQ? Did they attend a day centre?
4. Are they in receipt of any benefits, e.g., DLA?
5. Do they get any support from family members or professionals from Learning Disability services?
6. Do they respond to written communication either in writing or by approaching the letter writer?
7. Do they seem to understand requests or comments and follow them through?
8. Are they aware of areas they need help with?

**Contact Community Learning Disability Team for discussion about possible referral if there are any queries**

**Referrer may be asked to complete further screening using Sanderson Tool**

**Signposting to other services – e.g. Mental Health, Drug & Alcohol Support and advice from the Network**

*Children Schools and Families will always retain responsibility for completion of the initial and core assessments. When a child is at risk of suffering significant harm, however when an appropriate request for support/ specialist assessment is made, other agencies need to be mindful of the timescales, and referrals given high priority in line with the Child Protection Procedures.*
Appendix 3b - Criteria for Learning Disability Services

The learning disability services are composed of health (SLDS) and social (CLDT) services working in partnership. The criteria for these services are based in different needs and therefore are slightly different.

The criteria for receiving services from the Specialist Learning Disability Services are based on diagnosis of pervasive LD, as per definition of learning disability on page 2 of this protocol.

The criteria for receiving services from ACS relate to vulnerability and risk and are as follows:

FAIR ACCESS TO CARE SERVICES: ELIGIBILITY MATRIX (letters / numbers in brackets for reference)

The Table below sets out the areas of risk as defined by the Dept of Health. It shows who is eligible for help with the threshold set at the substantial risk band

<table>
<thead>
<tr>
<th>CRITICAL RISK BAND</th>
<th>SUBSTANTIAL RISK BAND</th>
<th>MODERATE RISK BAND</th>
<th>LOW RISK BAND</th>
</tr>
</thead>
<tbody>
<tr>
<td>(AC1) Life is or will be threatened.</td>
<td>(AC2) Significant health problems have developed or will develop.</td>
<td>(AC3) Serious abuse or neglect has occurred, or will occur.</td>
<td>(AS3) Abuse or neglect has occurred, or will occur.</td>
</tr>
<tr>
<td>(BC1) There is, or will be, little or no choice and control over vital aspects of the immediate environment.</td>
<td></td>
<td>(BS1) There is, or will be, only partial choice and control over the immediate environment.</td>
<td></td>
</tr>
</tbody>
</table>

There is a critical risk to the person's current or future independence in one or more of the areas below if help is not provided.

There is a substantial risk to the person's current or future independence in one or more of the areas below if help is not provided.

There is a moderate risk to the person's current or future independence in one or more of the areas below if help is not provided.

There is a low risk to the person's current or future independence in one or more of the areas below if help is not provided.
<table>
<thead>
<tr>
<th>Management of daily routines.</th>
<th>Involvement in family and wider community life.</th>
</tr>
</thead>
<tbody>
<tr>
<td>(CC1) There is, or will be, an inability to carry out vital personal care or domestic routines.</td>
<td>(DC1) Vital involvement in work, education or learning cannot, or will, not be sustained.</td>
</tr>
<tr>
<td>(CS1) There is, or will be, an inability to carry out the majority of personal care or domestic routines.</td>
<td>(DS1) Involvement in many aspects of work, education or learning cannot, or will not, be sustained.</td>
</tr>
<tr>
<td>(CM1) There is, or will be, an inability to carry out several personal care or domestic routines.</td>
<td>(DM1) Involvement in several aspects of work, education or learning cannot or, will not, be sustained.</td>
</tr>
<tr>
<td>(CL1) There is, or will be, an inability to carry out one or two personal care or domestic routines.</td>
<td>(DL1) Involvement in one or two aspects of work, education or learning cannot, or will not, be sustained.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Involvement in family and wider community life.</th>
</tr>
</thead>
<tbody>
<tr>
<td>(DC2) Vital social support systems and relationships cannot, or will not, be sustained.</td>
</tr>
<tr>
<td>(DS2) The majority of social support systems and relationships cannot, or will not, be sustained.</td>
</tr>
<tr>
<td>(DM2) Several social support systems and relationships cannot, or will not, be sustained.</td>
</tr>
<tr>
<td>(DL2) One or two social support systems and relationships cannot, or will not, be sustained.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Vital family and other social roles and responsibilities cannot, or will not, be undertaken.</th>
</tr>
</thead>
<tbody>
<tr>
<td>(DC3) Vital family and other social roles and responsibilities cannot, or will not, be undertaken.</td>
</tr>
<tr>
<td>(DS3) The majority of family and other social roles and responsibilities cannot, or will not, be undertaken.</td>
</tr>
<tr>
<td>(DM3) Several family and other social roles and responsibilities cannot, or will not, be undertaken.</td>
</tr>
<tr>
<td>(DL3) One or two family and other social roles and responsibilities cannot, or will not, be undertaken.</td>
</tr>
</tbody>
</table>
Appendix 4 - Research Evidence

- There is evidence for a genetic link between parental learning disability and child development delay\(^{26}\)

- Learning disabilities affects 1 – 2.5% of the general population in the Western world, and encompasses many different conditions. It can lead to major functional impairment and lifelong need for support and interventions.

- Where families do not get enough support, any genetic vulnerability to development delay may be compounded by lack of environmental stimulation\(^{27}\)

- The IQ influences the ability to parent but would not by itself, incapacitate adults with learning disabilities from providing “good-enough” parenting to their children (Booth & Booth, 1994). One specific aspect however, of child development on which parental intellect appears to have an impact is language development. This is an area where it has been consistently shown that parents struggle to provide appropriate language stimulation for their child.\(^{28}\)

- The emphasis of the assessments must be on the impact of the disabilities on the parents’ ability to care for their children and the resources required to reduce it. IQ does not relate in any systematic way to parenting competence until it falls below 55-60\(^{29}\). Below this level parenting is less competent, generalisation of learnt skills is poor and relapses are likely. Assessment of parenting capacity needs to include assessment of the parents’ functional ability.

- Research evidence\(^{30}\) found that parents with learning disabilities encounter increasing difficulties in coping as the child (ren) get older (particularly boys, if the child is more intelligent and without a learning difficulty), or another child is added.\(^{31}\)

- Research also shows that families where parents have learning disabilities are socially isolated; economically disadvantaged\(^{32}\) and many of these parents have histories of disadvantaged childhoods with

\(^{27}\) As above
\(^{28}\) (DOH, 2000 Framework for the Assessment of Children in Need and their Families., Reader, Chapter 18)
\(^{30}\) P. J. Accardo; B. Y. Whitman Children of mentally retarded parents Am J Dis Child. 1990
• Repeated experiences of failure, segregation and abuse, which result in low self-esteem.\textsuperscript{33}

• Parents also report their difficulty in forming and maintaining positive relationships. People with learning disabilities are more vulnerable to forming relationships with partners who may go on to abuse their children or the partners have difficulties themselves e.g. alcohol / drug use or mental health problems.\textsuperscript{34}

• It is not always the parent who has learning disability who poses the risk to the child. Booth and Booth\textsuperscript{'i} interviewed 30 adults ("informants") who had been brought up by a learning disabled parent or parents. Over half of the informants (16), including 10 women (six with learning disabilities), disclosed that they had been the victims of physical or sexual abuse. In only one instance was the abuser reported to be the parent with learning disabilities. Five informants accused their father without learning disabilities. Otherwise the perpetrator was named as a stepfather or stepmother, a brother or sister, or someone outside the family.

• Histories of trauma, abuse or neglect are proportionally higher in learning disability. This can have an impact on their ability to form secure attachment in adulthood\textsuperscript{35}

• People with learning disabilities are also at higher risk of mental health problems. Research studies report up to 50% risk of mental illness in adults with learning disability.\textsuperscript{36}

• Poverty and disadvantage cannot entirely account for the difficulties disproportionately experienced by parent with learning disability. Interventions must address individual, environmental and wider social problems, such as lack of social support.\textsuperscript{37}

• UK Family Court Proceedings involving parents with an intellectual (learning) disability found that 15% for care applications involve parents with learning disabilities. Parents who have Learning disabilities are 60 times more likely to be involved in Care Proceedings than it would be expected from their numbers in the general population. This study


\textsuperscript{35} Steel, 2002 in Psychologist, Vol.15, n 10.)

\textsuperscript{36} Tymchuk 1990 cited in Depression symptomatology in mothers with mild intellectual disability: An exploratory study - Journal of Intellectual & Developmental Disability, 1994 - Taylor & Francis

shows that 75 % of children of parents with learning disabilities were removed and 40% put up for adoption. 

Neglect and Learning Disability

- Neglect appears to occur out of omission, due to lack of knowledge, when parents have a learning disability. It is however unclear whether the frequency of neglect is any greater than that seen among other poor people. While IQ by itself (55-60) is a predictor of neglect, the best predictor appears to be the absence of suitable societal or familial supports, who can prevent neglectful conditions.

- The greatest lack of knowledge for healthcare, safety and emergency responsiveness occurs with illnesses or emergencies that require good identification and understanding of the significance of symptoms and often complex responses (e.g. choking or poisoning and for which there is the greatest potential danger for the child).

- It is important to consider in assessment, that parents with learning disabilities are not a heterogeneous group and that we should not make the assumption that having a learning disability will lead to neglect. Booth and Booth caution about the importance of assessing the effects of intellectual limitation on parent child care, interaction and supervision.

A number of key messages from Hertfordshire serious case reviews where neglect has been an issue have been identified:

- The impact of the level of Learning Disability of parents needs to be formally addressed at appropriate stages in the management of a case of chronic neglect

- Neglect cases should not be incident focused.

- Effective ways of intervening and pro-actively monitoring the care of children should be implemented

- Child protection plans should focus on how to achieve better outcomes for children and a clear statement of what parents need to do in order to improve the care of children

- The role of legal advice and interventions should be considered at early stages in the work with families where there is chronic neglect

Research\textsuperscript{42,43} has also identified some “key features of professional practice and service organisation” that undermine parents in their parenting and heighten their vulnerability which include:

- \textit{The presumption of incompetence} - or the belief that parents’ innate limitations make them unfitted for parenthood and then only seeing the evidence that supports this preconception.

- \textit{A deficiency perspective} - or a tendency always to focus on people’s deficits and on what they cannot do instead of their strengths and how to build on them.

- \textit{System abuse} - meaning policies and practices that harm the families they are supposed to support or protect. ‘System abuse is the unacknowledged scourge of families. It is rampant, pervasive and destructive of family life’.

- \textit{Competence-inhibiting support} - meaning support that desskills parents, reinforces their feelings of inadequacy and undermines their independence.

- Parents with borderline learning disability (above IQ 70) may face difficulties in accessing services which can support them with intellectual difficulties.

\textsuperscript{42} White Paper; Valuing People: A New Strategy for Learning Disability for the 21st Century; DOH (2001)

Appendix 5 - Hertfordshire Parenting Networks

There are four networks in Hertfordshire which broadly cover the county. They provide a multi agency forum for professionals to consult, develop and support work with parents who have a learning disability.

North West – (Dacorum, St Albans)
Chair - Sandra.fortuna@HPT.nhs.uk

South West – Watford, Three Rivers, Hertsmere
Chair: Kathy.Livermore@hertscc.gov.uk

East
Chair: Kathy.Amos@hertscc.gov.uk

North
Chair: Alison.fitzgerald@HPT.nhs.uk

Please contact the Chairs for further information about meetings.