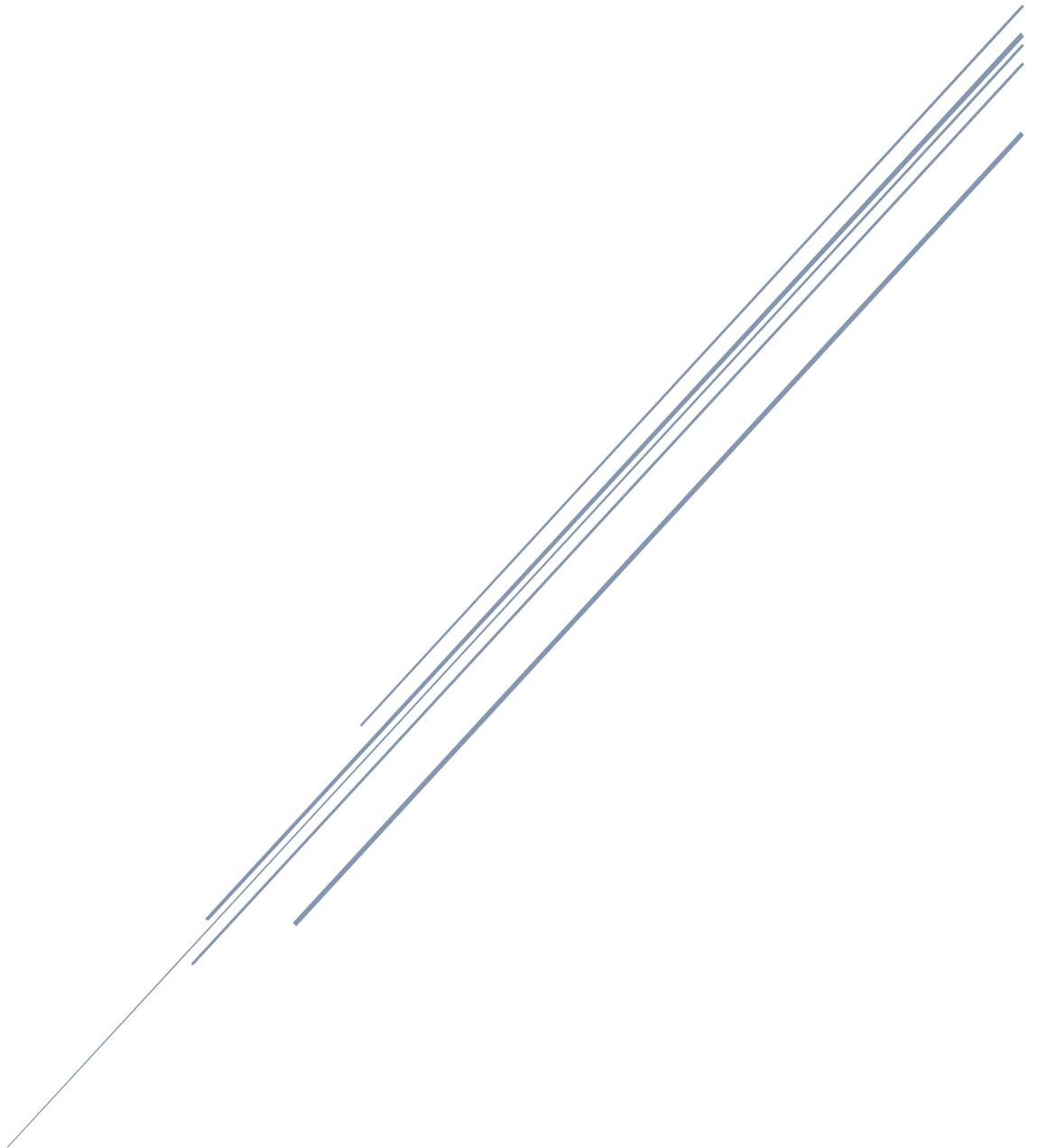


Practical Management

Emotional Journey





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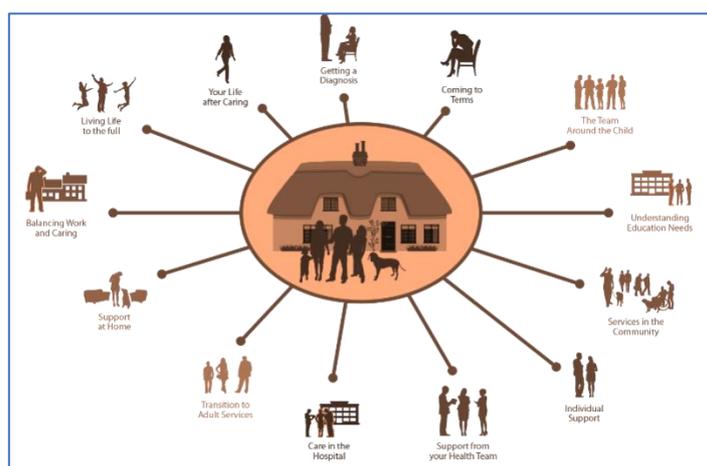
2. Version Control

Version	Date	By	Reason for release
1.0	December 2018	D.J. Morris	Initial release
2.0	March 2019	D.J. Morris	Updated following request for clarification from Bromley



3. Introduction

Parent carers and the services that support them have to deal with a complex environment that is often governed by even more complex legislation which can confuse or interfere the issues that need to be overcome. The delivery of services to support need is often clouded by the emotional impact facing parents and as such a practical management solution is needed to keep any given situation under an element of control without losing sight that some parents may be struggling to cope.



Whilst recognising that many services may be involved in supporting a family is helpful, the need for joined up services around the family is essential whilst putting the family and most importantly the child at the centre all considerations.

Using the Practical Management / Emotional Journey Model a series of one off or co-ordinated facilitated sessions aim to enlighten delegates about the environment they are working in and to share some understanding of the shared challenges everyone faces. This helps:

-  Parents work more effectively with the professional team supporting them.
-  Forums understand the right issues facing parents and determines priorities.
-  Professionals recognise how they fit into a complex working model faced by families.
-  Strategic leaders determine overall local patterns which might be addressed.



4. What is the Practical Management and Emotional Journey model?

The image below shows a structure of events and activities that parents are engaged with over a period of time, some often on a daily basis. The **Emotional Journey** commonly, but not always, starts with a diagnosis; being told that your child has an additional need, or parents noticing that their child may not be reaching key development stages. The **PRACTICAL MANAGEMENT** will be unique to each child, with some children not receiving a diagnosis at all.

Largely speaking, the events, activities or groups of professionals and services parent carers are likely to come into contact with fit into each of the components of the model.

Often, parents will be the glue that links all of these groups together and they rapidly become experts, sitting at the centre managing their child's support and care needs. The skills parents develop are something that shouldn't be ignored and all services should recognise the expertise that is acquired.

PRACTICAL MANAGEMENT *Emotional Journey*





5. Explaining the model

Below is a short description of each of the **PRACTICAL** components parents will engage with along their **Emotional Journey**. Understanding the components can help with planning and aid management of what needs to be done and help determine, when experiencing difficulties, who may help resolve them.



Getting a
Diagnosis

Often it will be a specialist service that provides the diagnosis for a child. There are services available to help understand what the diagnosis means. Some services or charities will have outreach workers who provide support. Not every child gets a diagnosis, parents may be told that their child has a developmental delay or additional need with no known cause. There must always be organisations and services available to support parents.



Coming to
Terms

Coming to terms with the implications of what you have been told is often very difficult. People cope with this in different ways. There are services that can help you to understand how to deal with the information and cope. You could also ask your GP or consultant about counselling and coping strategies.



The Team
Around the Child

Many situations will require a variety of services to support the needs of a child, sometimes on a daily basis. Some children have a team of professionals and other organisations working together to ensure that they get the best possible support. Multi-agency meetings occur to support the co-ordination of needs.



Understanding
Education Needs

Considering if a special school or a mainstream school is right for any child is important. There are organisations available to support you, inform you of your rights and offer practical help. All councils have a "SENDIASS" Service, to offer information and advice about education. The Children and Families Act 2014 is key to ensuring the right support needs are identified and delivered.



Services in the
Community

Some organisations and services can provide support and advice in your local community. The local authority's Local Offer provides information about all services in the area. The local Family Information Service or Carers centre may be able to help, the local council's website or the children's social care department will have more information.



Individual Support

Some children need specific one-to-one care or specialist care support for a variety of reasons. This may require special funding or training to ensure that the child is looked after properly. The local council's children's social care department or clinical commissioning group will help determine specific care needs.



Support from your Health Team

Some children may require specialist healthcare support. Complex health needs can be especially stressful and may require direct support from a team of health professionals at home.



Care in the Hospital

Children with additional needs may require specialist support during hospital admissions. Children with complex health needs could receive direct support from a team of specialists in the hospital who are trained to meet their needs. There may be volunteers on hand to support families too. The local hospital's PALS team knows what services are provided and what teams you might encounter.



Transition to Adult Services

The transition from Children's to Adult services can be a difficult time. There are organisations on hand to help guide you through your own local authority's transitions protocol. With transition, the earlier you prepare the better. Many transition meetings start around year 9.



Support at Home

Coping at home is something all parents and carers are expected to do. However, the amount of effort supporting a child can be overwhelming to deal with. Check out what services are available that could help with support. The your local carers support organisation or parent groups often provide helpful sign-posting. Short breaks provided by the local children's social care department or clinical commissioning group are often helpful in relieving the caring burden.



Balancing Work and Caring

Caring for a child with additional needs can be difficult for many parents. Trying to balance the demands of caring and working can be difficult. The local council's children's services department should provide a Carers Assessment to help determine how this balance can be maintained and who can help? Discussion with an employer about flexible or "random" working are options worth exploring. Employers should also have a carer's policy.



Living Life to the full

Caring can be a positive experience for most people in their parenting role. Families need to live life to the full together; children and siblings need to have the same experiences as their peers. It can be difficult to separate caring and having family fun, but trying to do so can lift the spirits of everyone.



Your Life
after Caring

For many different reasons, the need for caring may come to an end. If this happens you might feel you want to talk to someone. There will be local services to support families in the case of bereavement; the local carers organisation or parent support groups are a good starting point. Make sure that the hole that will be left when caring finishes can be filled. It can take time to find a different “normal”, but it is possible.



6. Emotional Impact

Understanding the diagnosis and coming to terms with the notion that a child has special needs can be stressful, shattering and perplexing.

Parents can have difficulty understanding the process of change they are going through. The change to their life plan becomes increasingly complicated to deal with as they fight against what will become a new and unexpected life style. Previously unheard of services, different groups of professionals and on top of that a child who needs their help creates a maelstrom of stress and activity that they can easily lose control over.

The Stages of change



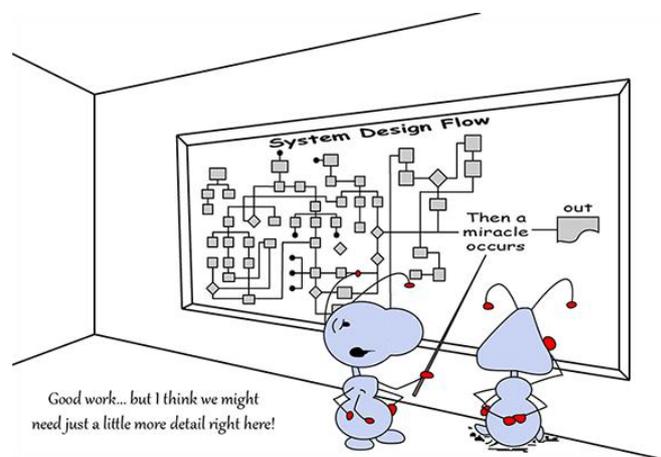


7. System Complexity

Parents have to understand the complexity of what is rapidly becoming a very challenging situation.

The learning curve is steep and whilst relying on openness and honesty from professionals parents also have to understand public sector terminology, structures, hierarchies, roles and responsibilities.

Parents have a variety of skills but the introduction to what is expected to be a structured and supportive environment can see some parents become quickly disillusioned. High expectations are often replaced by observing a lack of Communication, Cohesion and Collaboration which can be staggering. The use of the words “It doesn’t work like that” becomes annoying but the norm, additionally there doesn’t appear to be anyone accountable and to take the blame for failures or when things don’t go quite as expected. There is often just silence.



Parents rapidly learn that some form of control is essential, this can help focus on the work that needs to be done, sets priorities and creates a change of mindset ensuring that the child with needs becomes the centre of a programme of activity that is managed **and** controlled, hopefully too with positive outcomes. Advocacy and legislation start to take over as guiding principles.

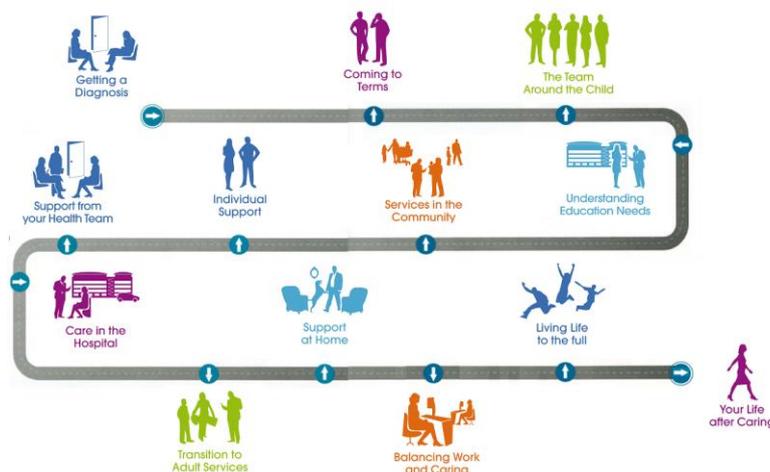




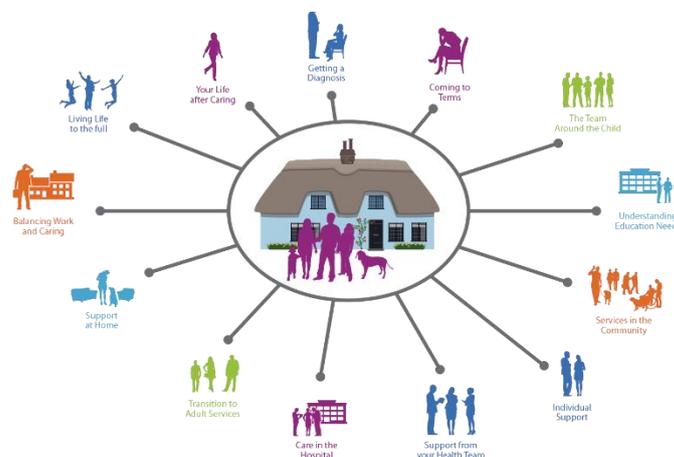
8. Parents Journey

The stages in the parents journey, as they were originally perceived was of a multi-lane highway that was travelled up and down frequently. Each of the pitstops are visited with a clear focus on the legislative and commissioning parameters within that given area of control.

The leader or manager of the area of expertise is happy to work within the parameters set by their own leadership but the rigid structure often conflicts with the variety of other external needs of the child. While each stage has its own controls they can conflict with their neighbours.



In reality parents are stuck in the centre of a continuously turning wheel with them acting as the hub and trying to work flexibly with each domain. Information, Interruption or Intervention can come randomly at any time, usually every day. Often there is little thought that the family may be having to cope with more than one pressure at a time





9. Legislation

At the early stages of coming to terms with a Child's diagnosis, parents are likely to be introduced to a number of assessments and interventions that they would never have dreamed they would need. Some may even deny they need the interventions at all and see them as intrusions.

The majority of these regulated interventions will be governed by statutory duties put on Local Authorities and their partners by some or all of the following:

- Chronically Sick and Disabled Act (1970)
- The Children Act (1989)
- The Carers (Recognition and Services) Act (1995)
- The Carers and Disabled Children Act (2000)
- Children Act (2004)
- The Carers (Equal Opportunities) Act (2004)
- The Mental Capacity Act (2005)
- National Health Service Act (2006)
- The Work and Families Act (2006)
- Local Government and Public Involvement in Health Act (2007)
- The Children and Young Persons Act (2008)
- Equality Act (2010)
- Health and Social Care Act (2012)
- Reasonable adjustments for disabled pupils (2012)
- The Children and Families Act (2014)
- Supporting pupils in school with medical conditions (2014)
- Care Act (2014)

This list may not be exhaustive and legislation is frequently updated, however it easily demonstrates the complexity of the legislation professionals are governed by, and helps explain why it may be hard to achieve effective outcomes due to conflicting demands of and by the law.

Each of these sets of legislation will be supported by Guidance, Codes of Practice, Explanatory notes and over time case law; all of which clarify what must or should be provided for the children who are supported. It is likely that each Local Authority will have their own unique way in which they have implemented their duties and how they fulfil them. These duties should be delivered based on best practice which is shared nationally through various professional networks.



10. Examples of Legislation discussing joint working

There are numerous examples within existing legislation where the three main services (Health, Education and Social Care) providers MUST collaborate or engage in some form or other with partners. This includes Parents Carers, their children, each other and others.

Below are some examples:

- Chronically Sick and Disabled Act (1970)

Co-option of chronically sick or disabled persons to local authority committees.

Where a local authority within the meaning of the Local Government Act 1933 or the Local Government (Scotland) Act 1947 appoint a committee of the authority under any enactment, and the members of the committee include or may include persons who are not members of the authority, then in considering the appointment to the committee of such persons regard shall be had, if the committee is concerned with matters in which the chronically sick or disabled have special needs, to the desirability of appointing to the committee persons with experience of work among and of the needs of the chronically sick and disabled, and to the person or persons with that experience being or including a chronically sick or disabled person or persons.

- The Children Act (1989)

Before determining what (if any) services to provide for a particular child in need in the exercise of functions conferred on them by this section, a local authority shall, so far as is reasonably practicable and consistent with the child's welfare—

- (a)ascertain the child's wishes and feelings regarding the provision of those services; and
- (b)give due consideration (having regard to his age and understanding) to such wishes and feelings of the child as they have been able to ascertain.

- The Children and Families Act (2014)

Local authority functions: supporting and involving children and young people

In exercising a function under this Part in the case of a child or young person, a local authority in England must have regard to the following matters in particular—

- (a)the views, wishes and feelings of the child and his or her parent, or the young person;
- (b)the importance of the child and his or her parent, or the young person, participating as fully as possible in decisions relating to the exercise of the function concerned;
- (c)the importance of the child and his or her parent, or the young person, being provided with the information and support necessary to enable participation in those decisions;
- (d)the need to support the child and his or her parent, or the young person, in order to facilitate the development of the child or young person and to help him or her achieve the best possible educational and other outcomes.



Promoting integration

(1) A local authority in England must exercise its functions under this Part with a view to ensuring the integration of educational provision and training provision with health care provision and social care provision, where it thinks that this would—

(a) promote the well-being of children or young people in its area who have special educational needs or a disability, or

(b) improve the quality of special educational provision—

(i) made in its area for children or young people who have special educational needs, or

(ii) made outside its area for children or young people for whom it is responsible who have special educational needs.

(2) The reference in subsection (1) to the well-being of children and young people is to their well-being so far as relating to—

(a) physical and mental health and emotional well-being;

(b) protection from abuse and neglect;

(c) control by them over their day-to-day lives;

(d) participation in education, training or recreation;

(e) social and economic well-being;

(f) domestic, family and personal relationships;

(g) the contribution made by them to society.

Assessment of education, health and care needs

(1) A request for a local authority in England to secure an EHC needs assessment for a child or young person may be made to the authority by the child's parent, the young person or a person acting on behalf of a school or post-16 institution.

(2) An "EHC needs assessment" is an assessment of the educational, health care and social care needs of a child or young person.

(3) When a request is made to a local authority under subsection (1), or a local authority otherwise becomes responsible for a child or young person, the authority must determine whether it may be necessary for special educational provision to be made for the child or young person in accordance with an EHC plan.

(4) In making a determination under subsection (3), the local authority must consult the child's parent or the young person.

(5) Where the local authority determines that it is not necessary for special educational provision to be made for the child or young person in accordance with an EHC plan it must notify the child's parent or the young person—

(a) of the reasons for that determination, and

(b) that accordingly it has decided not to secure an EHC needs assessment for the child or young person.



Parents and young people lacking capacity

(1) Regulations may apply any statutory provision with modifications, for the purpose of giving effect to this Part in a case where the parent of a child, or a young person, lacks capacity at the relevant time.

(2) Regulations under subsection (1) may in particular include provision for—

(a) references to a child's parent to be read as references to, or as including references to, a representative of the parent;

(b) references to a young person to be read as references to, or as including references to, a representative of the young person, the young person's parent, or a representative of the young person's parent;

(c) modifications to have effect in spite of section 27(1)(g) of the Mental Capacity Act 2005 (Act does not permit decisions on discharging parental responsibilities in matters not relating to a child's property to be made on a person's behalf).

(3) "Statutory provision" means a provision made by or under this or any other Act, whenever passed or made.

(4) "The relevant time" means the time at which, under the statutory provision in question, something is required or permitted to be done by or in relation to the parent or young person.

(5) The reference in subsection (1) to lacking capacity is to lacking capacity within the meaning of the Mental Capacity Act 2005.

(6) "Representative", in relation to a parent or young person, means—

(a) a deputy appointed by the Court of Protection under section 16(2)(b) of the Mental Capacity Act 2005 to make decisions on the parent's or young person's behalf in relation to matters within this Part;

(b) the donee of a lasting power of attorney (within the meaning of section 9 of that Act) appointed by the parent or young person to make decisions on his or her behalf in relation to matters within this Part;

(c) an attorney in whom an enduring power of attorney (within the meaning of Schedule 4 to that Act) created by the parent or young person is vested, where the power of attorney is registered in accordance with paragraphs 4 and 13 of that Schedule or an application for registration of the power of attorney has been made.

- Supporting pupils in school with medical conditions (2014)

Governing bodies should ensure that school leaders consult health and social care professionals, pupils and parents to ensure that the needs of children with medical conditions are properly understood and effectively supported

- Care Act (2014)

Co-operating generally

(1) A local authority must co-operate with each of its relevant partners, and each relevant partner must co-operate with the authority, in the exercise of—

(a) their respective functions relating to adults with needs for care and support,

(b) their respective functions relating to carers, and



(c) functions of theirs the exercise of which is relevant to functions referred to in paragraph (a) or (b).

(2) A local authority must co-operate, in the exercise of its functions under this Part, with such other persons as it considers appropriate who exercise functions, or are engaged in activities, in the authority's area relating to adults with needs for care and support or relating to carers.

(3) The following are examples of persons with whom a local authority may consider it appropriate to co-operate for the purposes of subsection (2)—

(a) a person who provides services to meet adults' needs for care and support, services to meet carers' needs for support or services, facilities or resources of the kind referred to in section 2(1);

(b) a person who provides primary medical services, primary dental services, primary ophthalmic services, pharmaceutical services or local pharmaceutical services under the National Health Service Act 2006;

(c) a person in whom a hospital in England is vested which is not a health service hospital as defined by that Act;

(d) a private registered provider of social housing.



11. Parent Carers and Professionals working together

<p>1.</p> <p>The Stages of change</p> <p>1. Shock Numbness, immobilisation. Mismatch between expectation and reality.</p> <p>2. Disbelief Denial, minimisation of the change of event. Carries on as before.</p> <p>3. Self Doubt Reality bites—bringing uncertainty, frustration, anger and depression.</p> <p>4. Acceptance Letting go of old attitudes and behaviours.</p> <p>5. Experimentation Dealing with new reality. Energy as new attitudes and behaviours are tested.</p> <p>6. Search for Meaning The new situation becomes real. Questioning what has happened and why?</p> <p>7. Integration Internalisation and incorporation of new attitudes and behaviours into everyday life.</p>	<p>2.</p> <p>Good work... but I think we might need just a little more detail right here!</p>
<p>3.</p>	<p>4.</p>

1. *The emotional impact can be hard enough to come to terms and deal with.*
2. *Dealing with simple or complex systems can be overwhelming and confusing.*
3. *Knowing what to ask, of whom, when and where maybe difficult to some.*
4. *Managing the potentially multiple activities can be challenging and exhausting.*

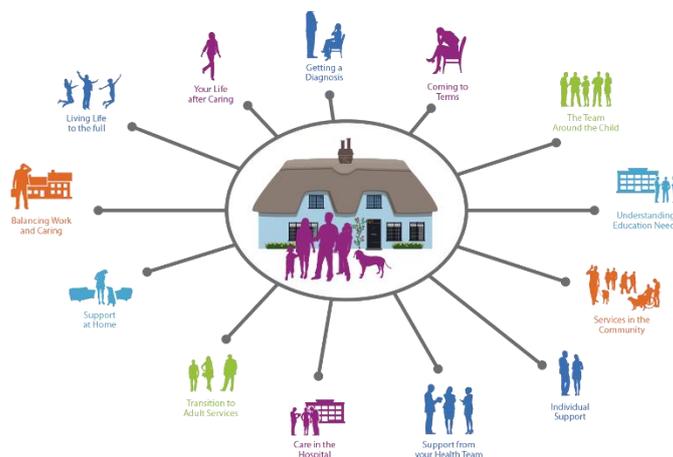
Having a child with additional needs can be straightforward if the needs are met with a simple one agency intervention or quite complex when many services are involved. Either way parents and carers will be working with professionals and public services that they are unlikely to have encountered before.

Finding an effective method of achieving the right outcomes to support their children is often hidden by emotionally charged approaches or unrealistic expectations. Sometimes even basic denial that there is anything wrong is a barrier to achieving success in itself.

Parent carers could often benefit from some effective methods of working **with** the professionals in their orbit by creating an efficient team which is supportive, coherent and communicative in a safe and structured professional environment. This relies on discipline, management, planning and if appropriate internal representation from key workers, link workers or specified advocates.



12. Putting the Family at the centre



Working as a team with the family at the centre requires management and control with someone taking the lead, this can sometimes be the parent or another professional who everyone agrees is the most suitable for the child, whether they be from Health, Education or Social Care.

Everyone should be prepared to answer and deal with challenging questions and be honest and open at all times. Questions which start with....

Who?	What?	Where?	Why?	When?	How?
------	-------	--------	------	-------	------

... must be considered, be accommodated and be the norm and answered appropriately to support service delivery and planning; artificial barriers must not be tolerated by anyone. If something cannot be achieved or an opportunity missed then the team should work together to resolve the issue. Working within a team should not absolve any professional responsibility but where difficulties occur a collective and supportive environment on all parts will help the Parent Carers see that the whole team is pulling together.

For the benefit of the family and the child, team members must not be frightened of challenging each other in the best interests of the child, there should be clear escalation policies with access to commissioners easily accommodated to overcome barriers when the need arises.

By providing parents with the courage to ask searching questions and empowering them to challenge effectively without the need for aggression, anger or frustration arising in meetings or appointments, everyone can benefit from a more productive environment which delivers better outcomes for the child.



13. Effective meetings

Meetings are stressful!... but from time to time necessary for strategic, planning and statutory purposes. It's probably fair to reflect that very few professionals like them, especially when a particularly "difficult" parent is involved. In addition they can be tough to plan, an ineffective use of time and sometimes confrontational.

It is equally fair to reflect that parents don't like meetings either. Many parents are not schooled in the nuances of meeting behaviour and some have never attended a meeting in a professional setting until they are forced to do so by organisations they would prefer not to meet with in the first place. Often parents attend because they must, they are nervous and stressed because the people in the meeting can be scary, off-hand, officious or something similar.

The meeting ritual of introductions can be mixed and varied, some people mumble their name, and role and it can only become clear half way through why they are there, others never speak and it is wondered why they even bothered in the first place. In addition some people turn up and disappear half way through, others don't even bother to turn up and don't offer an apology or reasonable excuse for their absence; this is felt to be inconsiderate.

There is no doubt that entering the meeting amphitheatre can be gladiatorial and the seating arrangements reinforce it. People sit in teams with friends and colleagues, parents and the children if attending sit alone with gaps in the tables or empty seats beside them. Education, Health and Social Care representatives group together and late comers fill the gaps, carefully avoiding the gaze of others but certainly stay away from the parents end of the table.

Strengthening the focus away from the child and family and into the statutory mindset, some of the professional ranks may have never met before, they talk in acronyms, abbreviations and discuss policy and law. They justify the reason for their presence citing local policies no one understands. These are "The TEAM around the child!"

And all of this really sets up the meeting to be successful doesn't it!

Once the meeting has started the chair laboriously invites agency after agency to repeat what everyone already knows (for the record) and the message is often a repetition of the repeated information from the previous meeting 6 months ago, strictly speaking nothing has changed.

Once the reports are delivered people start to leave as they feel they don't need to consider any other issues other than their own. "I've done my bit you don't need me now" leaving little or no time or desire to discuss existing problems or to introduce new issues. Little or no new information is shared and the parents have less opportunity to add to their already growing list of frustrations.... And the expectation for full a conversation with considered responses is dashed when officers are unable or unwilling to respond to "challenging" questions.



The outcomes, if any, are repeated and carried forward, later items on the agenda, if it exists, are passed over, dismissed or carried forward, there is certainly no time of any other business.

The meeting is always closed on time, whether the agenda is complete or not as officers have other meetings to go to, cutting short important issues or rushing anything meaningful.

Afterwards an impromptu meeting occurs in the corridor because the room has to be vacated in preparation for the next meeting.... **Excellent Planning!**

Could it be different?

Planned effectively meetings can have positive outcomes, the right people could attend, decisions can be made and effective outcomes established. The result can be an improved and less stressful experience for everyone, leaving all participants in a better frame of mind that they might otherwise be in.

Working with parents in setting up the meeting is key to the success of the meeting:

Item	Action
1	Before any meetings take place, ask the parents about their experience of meetings and if they need any support or guidance. Parents have different levels of experience and confidence.
2	Plan a date, time and location that suits everyone, whilst it is helpful to meet the needs of the family, sometimes there is a need to be more flexible on everyone's part. As relationships improve this will become easier to organise. IE: This time at school, next time are the council offices etc. Travel is a case of give and take, most have to do it.
3	Plan a structured agenda which addresses the current issues. Make sure issues are prioritised and the right items are discussed first.
4	Make sure there is a clear objective for the meeting and write it down. What is the point of the meeting if it doesn't have an objective?
5	Create an invitation list and ensure that those who are invited are there for a reason and will contribute. If they are not able to attend then ask for a substitute. Don't hold the meeting if people can't attend so make sure they will. There are always some last minute urgent reasons for non-attendance these can be reasonably excused if communication works and documentation is available to support the missing contribution.
6	Ensure that any documentation needed is circulated early and read, this reduces the need for lengthy verbal reports. If people can't write reports then there should be a reasonable explanation. Understand the use of professional time, or any difficulties in putting something in writing.
7	Support the parent and child if necessary, ask them to sit with the Chair or with a trusted professional, encourage everyone to interact.



8	If a new style and approach for meetings is being introduced with the aim of being more open and constructive, find a way to leave previous experiences in the past and wipe the slate clean, clear the air and move forward. Often people welcome these sentiments.
9	During introductions ask people what their own personal objective is for the meeting, you may want to ask them at the end if this was achieved.
10	Make sure that previous minutes are written, circulated and agreed. Some organisations are poor at documenting meetings. They need to deal with it. Be strict and only address matters arising, there should be no need to go over old ground when items have been completed.
11	During specific items or presentations everyone should expect to contribute. The chair should invite thoughts from everyone. Agencies should expect challenge and/or support from other agencies, whilst maintaining professional integrity. Equally professionals should be honest in their responses, no response or silence is unacceptable and breeds distrust. Ask all contributors to be respectful in their discussions, sometime parents can feel intimidated if conversations become robust or when policies, legislation or abbreviations are used.
12	Any questions that cannot be answered may be deferred but it is responsible to ask WHEN a response will be received, parents expectations can then be set, this should be documented.
13	Anyone in the room should be able to ask WHO, WHAT, WHY (WHY NOT), WHERE, WHEN style questions and expect a reasonable response. Reasonable questions demand reasonable answers
14	When making plans for outcomes or deliverables try to establish clear and achievable timescales... Be SMART! Everyone should know what is going to happen next and will leave the parent, child and the whole team in a better place. Not everything can be done immediately or tomorrow but items agreed and delivered when expected will meet with a better response at the next meeting
15	At the end of the meeting summarise it, get feedback, leave everyone in a good place. A good meeting can often lead to informal conversations and pleasantries afterwards rather than people rushing off or hiding.

Empowering Parents in this environment and creating a pleasant but assured platform for planning and accountability provides a springboard for the future and assurances that something effective can be achieved.



14. Meeting Planner

Not all meetings are structured and often only have one item to discuss, however some form of planning is always helpful for all meetings so that everyone knows why the meeting is being held in the first place.

Below is a list of ideas to act as a guide to planning a meeting. Parents and lead professionals might want to discuss the structure of any given meeting beforehand to ensure it will be as effective as possible.

Meeting Name				
Date and Time				
Location / Venue				
Purpose / Objective				
Attendees				
Name	Role: Job Title / Role at meeting (Chair, Note Taker etc)	Organisation: 1: Parent / Carer 2: Health 3: Education 4: Social Care 5: Other	Attendance Required: Essential, Optional, Not necessary	Expected Contribution: 1: Written Report 2: Verbal Report 3: Contribution to discussions
Agenda Items				
Title	Description of each item, supporting documentation and discussion times if required.		Agree who should lead on each item.	
Outcomes				
As far as possible make sure there is sufficient time at the end of the meeting review what has been discussed, what has been agreed and if the meeting achieved its objective.				
Each outcome should be SMART and allocated to someone with the appropriate responsibility to ensure they are delivered. These people should be accountable to the meeting for their completion.				
Next Steps	Agree what will happen next.			
Review of meeting	Agree how well the meeting went and if it achieved its purpose.			
Next Meeting	When the meeting closes, if appropriate, agree when the next review meeting will take place.			

Most organisations will have their own agenda templates, however it never does any harm to review the structure and add additional content to inform the meeting and improve its effectiveness.



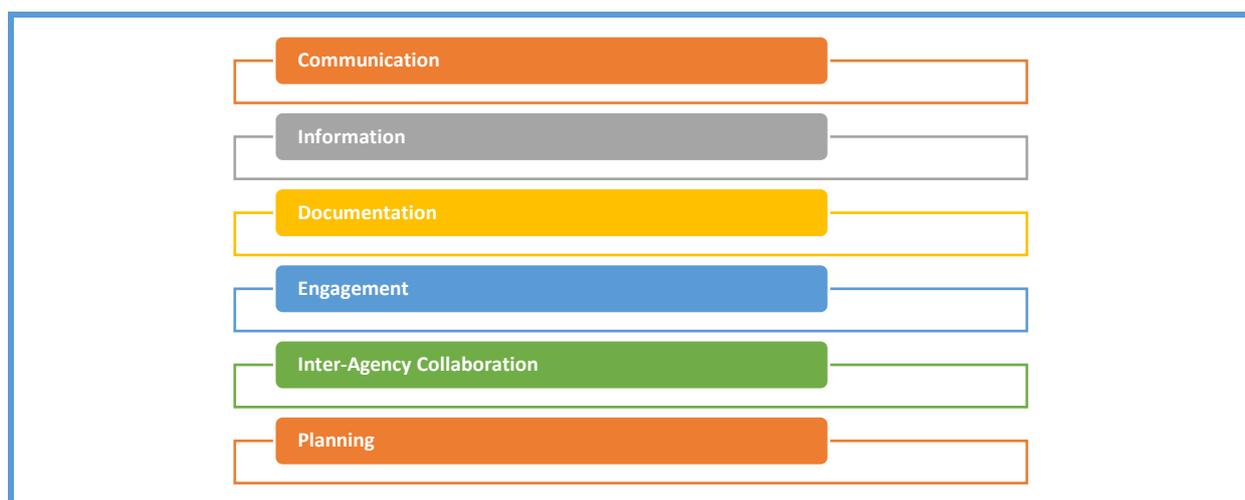
15. Demonstrating GOOD practice

However parent carers may work with the services in their orbit, there is no substitute for good practice. Services and agencies should take into consideration that working with parents outside of their own professional environment needs to be as constructive as possible. Many parents are trying to juggle numerous tasks over and above anything anyone else would call normal and dovetailing the emotional journey with the practical management requires management and control. Relying on those people parents work with is key.

Parents can need guidance and support when navigating services and agencies, especially when they are first exposed to this environment and way of working.

It would not be acceptable for any of the following to be less than **GOOD** when delivered internally or with other fellow professionals, and as such this should work in the customer/patient/service user environment in equal measure.

Each of the items below should be delivered on a measurement scale of no less than **GOOD** and rated according to their success.



If the Team around the child, including the parents, are able to work effectively together and can agree appropriate roles and responsibilities when setting plans and objectives. Everyone, especially the child can benefit.

Asking parents from time to time how effectively things are working can have a positive impact.



16. Facilitation 1 – Parent Carers

Using the Practical Management Emotional Journey Model we facilitate a session with Parent Carers helping them to:

-  Understand how they personally fit into the model.
-  Help clarify how they will be affected by the change process.
-  Empower them by improving their self-advocacy and planning skills.

By addressing the emotional impact and the focussing on the practical management, parents should become better equipped to work with professionals on an equal footing:

-  Better Planning.
-  Access to information.
-  Improved documentation.
-  Effective communication.
-  Reasonable engagement.
-  Cohesive and agreed outcomes.

17. Facilitation 2 – Parent Carer Forums

Using the Practical Management Emotional Journey Model we facilitate a session with Parent Carer Forums to help identify the priorities in their own areas enabling them to set priorities and determine who they need to be in contact with to improve services.

-  What works well?
-  What doesn't work well?
-  What would you change?

Using evidence from the session Forums are empowered to represent their members with greater clarity and renewed purpose.

18. Facilitation 3 – Professionals

Many professionals are restricted to only deliver and respond within the service they are commissioned to provide. Parents often report difficulties with information and data sharing, communication between services, cooperation and cohesiveness.

This session is designed to put professionals in the shoes of parents, help them understand the issues parents face, recognise that they may only be part of a complex package being delivered for a child and establish how they need to work with others to support the family.

Using the Practical Management Emotional Journey Model professionals will become better aware of the challenges faced by Parent Carers and appreciate how frustrations and anger can escalate.

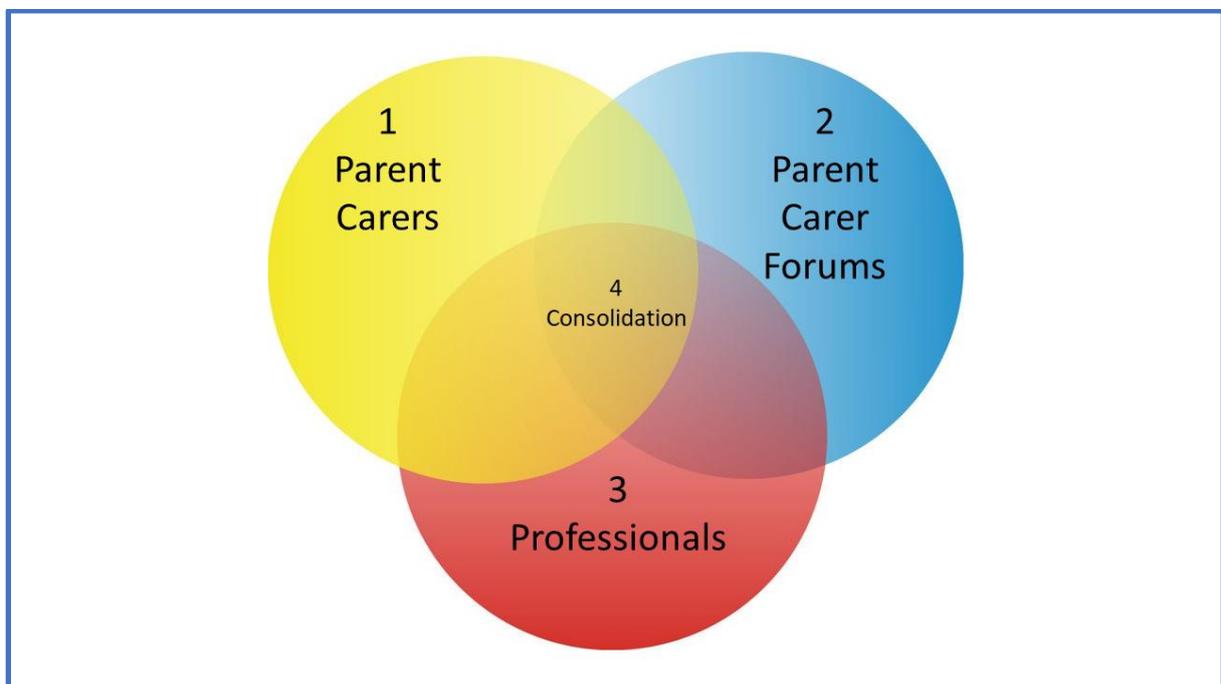


19. Facilitation 4 – Consolidation

It is possible for each of the three facilitated sessions to be delivered independently with the benefits being delivered from each one separately.

However if more than one of the sessions is delivered there is a likelihood that some common themes will be drawn out of each of the facilitations which may require further strategic discussion. It is likely that common themes will emerge which individually may raise mild awareness but collectively might identify wider opportunities that the Local Authority and Partners should be addressing.

If required a fourth “Consolidation” session can be held with the Local Authority, Parent Carer Forum and other partners where commonly identified strategic issues can be shared.





20. OP Group

O P Group (OPG) is a dedicated supplier to Human Resources and business leaders striving to create high performing teams. OPG supports companies by providing a unique range of consultancy, services and products designed to improve overall company performance, efficiency and bottom line profitability.

Whether it is the development and supply of on line computing solutions such as the Parent Carer Forum Administration Software (FAME) or the supply of highly qualified consultants, trainers and executive interims OPG will work closely with you and your teams to make that all important difference to your efficiency and effectiveness.

OPG is an experienced developer of on-line computing applications that support Human Resource management solutions utilising the power of the internet. OPG applications provide rapid access to a range of solutions with predictable monthly or annual running costs and thus limited financial exposure.

Sometimes known as Cloud Computing or SaaS (Software as a Service) the on-line computing methodology adopted by OPG is promoted by major computing world leaders as the most efficient and economical advance in computer utilisation.

Alongside the provision of on-line systems, OPG uses experienced associate consultants, recruiters and trainers to fulfil your requirements and to develop and deliver face to face training programmes. A particular specialisation is the combined delivery of recruitment, employee relations and general human resource consultancy, training and appropriate systems.

Examples of this are found in our Team Effectiveness Process™ and our Employee Retention Processes. As OPG can assist you throughout the employee management cycle, and with any extraordinary requirements, it makes sense to have the OPG team support and enhance your internal support teams whenever you need an extra pair of hands.



21. Doug Morris

Doug has been an IT professional for over 40 years. Working in IT, system development and business reorganisation Doug has been involved with Commerce and Industry where he has developed a series of transferrable skills that can be used effectively in the world of disability and special needs.

With recent focus on human resources solutions and competent project management Doug understands the importance of team working and cohesive solutions which together with effective planning can deliver suitable outcomes for those who need support.

Understanding the caring role

Doug lives in Swindon with his partner Sandra and their two children Ben and Emily. Ben, who was born in November 2000, has Spinal Muscular Atrophy (SMA) and consequently has complex health needs. SMA is a neuromuscular condition which causes weakness to the muscles. Ben attends mainstream school and has an Education and Health Care Plan. As carers Ben's parents have access to nearly 50 professionals across Swindon, Wiltshire and Oxford and since diagnosis in 2001 have undertaken the role of "key workers", ensuring Ben's care and everything that goes with his condition is managed.

Doug has been involved in Parent Participation since he joined the Swindon Parents and Carers Group shortly after it was set up in 2008. Involved in the Aiming High for Short Breaks initiative at an early stage, Doug worked at developing parent participation in Swindon. He was keen, along with other parents, to ensure that it did not become an organisation where parents sat around drinking coffee and having a moan, as a result the forum has developed into a strategic and critical friend of Swindon Borough Council. Doug has helped improve the awareness and understanding of parent participation in the parent, professional and voluntary sector at a Local, Regional and National level; and continues with this today.

Doug considered it a privilege to be actively involved with the National Network of Parent Carer Forums (NNPCF) as a steering group member and National Representative and to work with so many people who want the best for Children and Young People with Special Educational Needs and Disabilities (SEND). As an active parent in Swindon and the South West he continued to be involved until October 2017.

22. For Further Information Contact:

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