Foundations
What Works Centre for Children & Families

REFLECTIVE TOOL

For actioning the Practice Guide on parenting disabled children and young people and those with special educational needs

FIND MORE INFORMATION & RESOURCES: PARENTING DISABLED CHILDREN AND YOUNG PEOPLE AND THOSE WITH SPECIAL EDUCATIONAL NEEDS (SEN)

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About this tool

This step-by-step Reflective Tool is designed to support local areas to action the Key Principles and Recommendations set out in the Parenting Disabled Children and Young People and those with Special Educational Needs (SEN) Practice Guide, to strengthen their parenting support offer for these parent carers. This tool is intended to support local leaders to hold structured conversations and strategic co-production activities with key stakeholders, including partner organisations, parent carers, and disabled children and young people themselves. Practice supervisors and practitioners are also encouraged to use this tool to reflect on how the evidence from the Practice Guide can be embedded more consistently in practice. The 'Working with families' section of Step 1 is likely to be most relevant for them.

We acknowledge that the policy and delivery landscape relating to the support provided to disabled children, young people, and their families is complex and going through a period of change and reform. The tool is intended to support the wider and ongoing children's social care reforms and aid the transformation activity that is under way as part of the Families First Partnership Programme (FFPP) and the national roll-out of the Best Start Family Hubs.

Leaders are encouraged to use the tool to consider parenting support within the wider local offer for parent carers of disabled children and young people and assess how well it currently meets local needs, using the evidence set out in the Practice Guide.

The tool helps local areas identify and prioritise the most relevant actions based on their local context. Parenting support should not be viewed in isolation – it is one part of the broader family help system and the wider SEND (special educational needs and disabilities) support ecosystem.

The tool should sit within the wider business-as-usual SEND improvement and sufficiency planning that all local areas engage in. It takes a strengths-based approach to reviewing what is working well and assists in identifying parenting support that may not be meeting local needs as effectively. It should be used alongside and complement other local and national datasets, quality assurance mechanisms, SEND sufficiency, and auditing tools for SEND area inspections and inspections of local authority children's services (ILACS).

The Parenting Disabled Children and Young People and those with Special Educational Needs (SEN) Practice Guide is one in a series of Practice Guides setting out the best available evidence for leaders in the children's social care sector to support effective practice and improve how services are commissioned, developed, and delivered. Practice Guides have been commissioned by the Department for Education to support local areas to achieve the outcomes of the Children's Social Care National Framework.

Leaders are encouraged to use the Practice Guide to support commissioning and de-commissioning cycles using the best available evidence alongside local population and organisational data, professional knowledge, and lived experience. It is acknowledged that local areas are likely to be committed to existing parenting support programmes for parent carers; however, the recommendations should inform the ongoing review of local SEND sufficiency planning and decision making. The Key Principles can support leaders seeking to bring about the whole-system culture shift that may be required to effectively support parent carers of children and young people with SEND.

The children and young people in scope for the Practice Guide

Throughout the Practice Guide and this companion Reflective Tool, when reference is made to 'disabled children and young people' or 'children and young people', this is inclusive of those with special educational needs (SEN) between the ages of 0 and 25. It is this group of parent carers that we are referencing, and not all parents.

A fuller explanation of the families in scope for this Practice Guide, and what we mean by 'parenting support' can be found in Foundations' 'Extended definitions'.

Who should use this tool

This tool is designed for senior leaders across social care, education, and health to enable a strategic and shared approach to actioning the Key Principles and Recommendations of the Practice Guide. This is likely to include but is not limited to Directors of Children's Services, Directors of Public Health, Directors of Education, Local Authority Chief Executives, Elected Members (including Lead Members for Children's Services), and children's services commissioners. It is designed as a collaborative tool to be used in co-production with parent carers and other key stakeholders such as the voluntary community faith and social enterprise (VCFSE) sector to help build on and refine the current parenting support offer. Practice supervisors and practitioners may also find it a useful tool in supervision and ongoing practice to reflect on how key principles can be consistently embedded in practice.

The Practice Guide is the first in the series that speaks directly to the expectations of senior leaders, practice supervisors, and practitioners as outlined in the Children's Social Care National Framework. We have been able to do this because the evidence review that underpins the guide contains information relevant to how practitioners should work directly with families. These findings have been reflected in the Key Principles. This makes it easier for professionals working across the system to embed evidence into practice in their roles and to achieve the desired whole-system culture change. This structure is also reflected in this tool, making it a useful resource for both senior leaders and practice supervisors/practitioners alike.

This resource is structured around the Assess, Plan, Do, Review approach:

STEP 1: ASSESS

Better understand the needs of your parent carer population,reflect on your current parenting offer and explore how this is meeting needs. Consider these within the wider context and local challenges, such as Safety Valve arrangements and out of area residential provision. During this stage you will: gather and analyse information such as demographics about the current and projected needs of disabled children and young people; work with partners across the multi-agency partnership to map the available parenting support; and consider whether this parenting support features in the Practice Guide. This phase should: actively involve parent carer voices in mapping parenting support; critically evaluate retention and completion rates of parenting support programmes; consider potential barriers to accessing support; and assess parental satisfaction and outcomes data. It is important to establish the right team and bring them together to agree priorities, ways of working, and shared responsibility across the partnerships.

STEP 2: PLAN

After establishing the baseline for your local parenting support across the multi-agency partnership, consider whether any gaps have been identified and which Practice Guide Recommendation(s) and Key Principle(s) you need to focus on first. When thinking about where to start, use the information gathered in the Assess stage, alongside practical considerations such as capacity and joint commissioning processes. Plan your approach and establish workstreams. The Audit Tool can help you to clearly record your strengths and set priorities for longer-term development.

STEP 3: DO

Move forward with the agreed plan and respond to challenges. Be clear about who will be involved with each agreed action and when this will be reviewed. Establish governance and partnership oversight. Ensure parent carers are equal partners in the 'doing'.

STEP 4: REVIEW

As you progress the plan, review the changes you have made. This might include gathering new or additional information, but it might also mean revisiting the information you collated at first. Remember that this is an ongoing, cyclical process.

As local contexts are continually changing, and it is important for services to be responsive, the Assess, Plan, Do, Review approach in this resource is intended to be ongoing and cyclical. Following a structure like this allows you to clearly keep track of the progress you are making, and your rationale for making the changes you do.

How to use this tool

Each stage of the Assess, Plan, Do, Review approach has questions to guide you in reflecting on your local context in relation to the Key Principles and Recommendations in the Parenting Disabled Children and Young People and those with SEN Practice Guide. This tool acts as a starting point for local areas to prioritise the implementation of the Key Principles and Recommendations in the Guide. We encourage you to record your reflections in response to each question, for future reference and to track your progress.

As local contexts are continually changing, it is important for services to be responsive. The Assess, Plan, Do, Review approach in this resource is intended to be ongoing and cyclical. Following this structure allows you to keep track of the progress you are making, and your rationale for making the changes you do. The Audit Tool can support you with this. You may also wish to use the reflective questions in this tool to help structure conversations with stakeholders, parent carers, other partners, and colleagues to prompt discussion and deliver actions. While equality, diversity, inclusion, and equity (EDIE) is integrated within the Reflective Tool, there is also a section on equity-based parenting support for parent carers of disabled children and young people and those with SEN.

Throughout this resource we use the language of the National Framework to reflect the core audiences:

- **Senior local leaders:** primarily Directors of Children's Services – have strategic responsibility for the whole local children's services system and join-up and partnerships with other agencies. This also includes strategic leaders where relevant – e.g. Directors of Public Health, Assistant Directors in Children's Services.
- **Local commissioners:** Make choices on allocation of money to providers, service specifications, market shaping, and contracting. They can be based in a local authority (LA), an NHS trust, within the integrated care system, or be a joint role where co-commissioning is present across the partnership.
- **Practice supervisors:** Usually heads of service or team leaders who report to senior leaders. They are responsible for supervising and setting conditions for practice and frontline service delivery.
- **Practitioners:** Direct practice professionals who work with disabled children, young people, and their families. These include Social Workers, Residential Social Workers, Family Help Lead Practitioners, transition workers, and Designated Social Workers (DSCO). It also includes other professionals working in SEND, such as education caseworkers, short breaks foster carers, Personal Assistants, specialist health practitioners, SENCOs, Designated Safeguarding Leads, and short break providers. When using this tool, senior leaders should reflect on the practitioners based across the partnership and seek to secure multi-agency buy-in and engagement.

We use symbols throughout this resource to indicate how questions relate to one, more, or all of the Key Principles and Recommendations outlined in the Parenting Disabled Children and Young People Practice Guide, as in the example below.

- How do you know parenting support interventions are meeting parent carers' needs? KP1 KP4

The key principles and recommendations are summarised in the table below, alongside the symbols associated with each one.

KEY PRINCIPLES

Whole-system culture

These key principles outline the conditions needed for effective parenting support at a system level. These principles speak to the required culture across the local system including health and education, wider partnerships, leadership, and practice.

Key Principle 1 KP1

Implement different types of support to develop a mixed local offer that is responsive to the identified needs of families in the local area.

Key Principle 2 KP2

The local parenting offer should be coordinated with the formal and informal support networks around the child or young person.

Key Principle 3 KP3

Parent carers of disabled children and young people should experience effective, empowering, and non-stigmatising parenting support.

Working with families and family networks

This group of key principles relates to the way that the system and its workforce enable engagement and work with families during delivery of support and/or interventions.

Key Principle 4 KP4

Parenting support should be accessible, flexible, and sensitive to parent carers' needs. Practice should be adapted to overcome barriers to access.

Key Principle 5 KP5

Consider the role of family members and other caregivers in building a consistent and sustainable network of support around the disabled child or young person.

Key Principle 6 KP6

Adopt a holistic approach to parenting support by considering the needs of parent carers and encouraging opportunities for self-care and reflection.

RECOMMENDATIONS

Recommendation 1 R1 STRONG EVIDENCE

Offer evidence-based parenting support when an autistic child shows behaviours that challenge parent carer(s), to support them to manage challenging behaviours and promote the child's social and interaction skills.

Recommendation 2 R2 STRONG EVIDENCE

Offer evidence-based parenting support to parent carers of autistic children, or children with primary and secondary language impairment, to improve language and communication.

Recommendation 3 R3 STRONG EVIDENCE

Offer evidence-based parenting support to parent carers of autistic children, and children with brain injury, ADHD, hearing loss, or intellectual disability, to improve parent–child interaction.

Recommendation 4 R4 STRONG EVIDENCE

Offer evidence-based parenting support to parent carers of autistic children and children with language impairment, or intellectual disability, to reduce parental stress.

Recommendation 5 R5 STRONG EVIDENCE

Offer evidence-based parenting support to parent carers of autistic children and children with ADHD, to promote positive parenting practices, improve parental wellbeing, and the characteristics of the child's condition.

Recommendation 6 R6 STRONG EVIDENCE

Offer evidence-based parenting support to parent carers of autistic children and children with cerebral palsy or acquired brain injury, to improve child development, cognitive skills, and emotional and psychological wellbeing .

Where a question applies to all of the key principles and recommendations in the Practice Guide, this is indicated by this symbol ALL

STEP 1: ASSESS

Start to develop your approach by better understanding the parenting support needs of parent carers of disabled children and young people and those with SEN in your area. Consider who should be engaged and collaborated with to collate your baseline information. This could include but is not limited to: parent carer representatives; Designated Social Care Officers (DCSOs); Designated Medical Officers (DMOs); Strategic Leads for Health, Education, and Social Care (Children's and Adult services); lead members/councillors; senior partners from VCFSE; commissioners; Family Hub Leads; Data Leads.

The Reflective Tool can help you to assess your starting point, then refine and develop your parenting support aspirations for parent carers of disabled children and young people. It can also support you to understand what a measure of success would look like. You may find it helpful to consider the following prompts to support you in further developing your parenting support offer for parent carers in your local area. As with the Practice Guide, this Reflective Tool is underpinned by two overarching themes to support a systematic and holistic approach: Whole-system culture and Working with families.

Gathering information to see the big picture

Whole-system culture

This refers to the conditions needed for effective parenting support at a system level and the required culture across the local system, including health and education, wider partnerships, leadership, and practice.

Local context

- How do you know the population needs of disabled children and young people in your local area – e.g. Disability Register; Joint Strategic Needs Assessment; Local Population Needs Assessment? What is this telling you? KP1 KP4 R1 R2 R3 R4 R5 R6

TIP

This work is complex and takes time, but you can start small with achievable changes and set longer-term strategic goals. For example, you may be committed to block contracts with existing parenting support programmes. Start by assessing whether existing programmes are meeting the needs of your parent carers and use the Recommendations to inform future commissioning cycles and decision making. Aspects of the Key Principles can be implemented immediately to bring about culture and practice change.

- What are your most pressing contextual issues – e.g. safety valve commitments; residential provision costs; out of area placements; workforce? KP4
- How do the Key Principles and Recommendations speak to your local area SEND strategy, reform expectations, and your aspirations for disabled children, young people, and their families – e.g. in relation to multi-agency working; early intervention; coordination of parenting support etc.? ALL

Data

- How well are you using local and national SEND dashboards to achieve an integrated approach to data across the different agencies that make up the SEND system? KP1
- How are you using a range of local data, such as professional knowledge, organisational data, and lived experience to understand local need? How are these different types of information and data being triangulated? What is this telling you? KP1
- When or how do you use data to conduct multi-agency deep dives on individual cases? What does this tell you and how is this shared across the system for continuous learning? KP1
- How can the multi-agency family help teams enable you to identify where across the partnership disabled children and their families have greatest need or engagement? In your local area have you established any data sharing or integrated ways of working? Do you collate and compare information from a range of data sources? How do these help you to track families' journeys? How do these help you to provide culturally sensitive and tailored support? KP1 KP4

SEND sufficiency

- What are the projected needs in your local area? KP1
- Where are the pressure points on the local SEND system? KP1
- What are your local assets and enablers? KP1
- How can you use the Key Principles and Recommendations within your commissioning and partnership boards to address identified gaps and plan for sufficiency? ALL
- How can the Practice Guide be shared across your partnerships and help make the case for commissioning and de-commissioning evidence-based interventions (EBIs) outlined in the recommendations? KP2 R1 R2 R3 R4 R5 R6
- How are parent carers involved in commissioning? Are there opportunities for parent carer engagement before an EBI is commissioned to 'test the water' and confirm whether parent carers see this as a good fit? KP1 KP4 KP6

Using evidence-based parenting interventions

Reflecting on your current EBIs, consider how you already or how you plan to:

- Deliver the right EBIs to meet local need? KP1 R1 R2 R3 R4 R5 R6
- Deliver parenting support programmes that meet the needs of families with autistic children and young people? R1 R2 R3 R4 R5 R6
- Deliver parenting support programmes with the aim of improving parental wellbeing? KP3 KP6 R4
- Provide learning and development opportunities for practitioners to deliver EBIs with fidelity and how this will be delivered across the partnerships? KP1 KP4 R1 R2 R3 R4 R5 R6
- Use regional communities of practice, as delivered through Regional Improvement and Innovation Alliances (RIIAs) to reflect with peers and challenge assumptions, and to understand how others are putting evidence into practice? KP1 KP4 R1 R2 R3 R4 R5 R6

Equity-based parenting support for parent carers

- What is your understanding of who is and isn't accessing local parenting support services? Are any population groups less well served by services? ALL
- How are you working with community leaders to connect with communities? How can you further nurture these community-held relationships to build stronger links? KP2 KP5
- How are you promoting the inclusion of fathers, male carers, and co-parents in parenting support? ALL
- How are you using data collection and local needs assessments to help you understand who is at risk of being excluded from or underrepresented in parenting support? How is this used to inform strategic planning? How is EDIE addressed in your commissioning activity? ALL

TIP

You may wish to refer to the Foundations report which explores ways in which local areas and their partners can strengthen EDIE support for families and children: '**Developing local approaches to improve services for minority ethnic children & families**'.

Co-production

- Is there a consensus across the multi-agency partnerships about how to meaningfully share power with parent carers? How is this prioritised across the local system and what steps need to be taken to agree levels of shared decision making? KP2 KP3 KP4 KP6
- How can you maximise your local channels for co-production – e.g. Parent Carer Network; Parent Carer Council; Family Hubs? Partnerships with VCFSE? KP1 KP3 KP4
- How are these co-production systems supported by the values and behaviours of leaders and practitioners across the system? E.g. is there a listening culture which positions parent carers as 'experts on their own situation'? KP3 KP6
- Are parent carers represented on the Health and Wellbeing Board and Strategic Partnership boards and, if so, how do you ensure they have an equal place at the table? KP1 KP3
- How will you/do you involve minoritised ethnic parent carers and other underrepresented groups (including families experiencing poverty), ensuring that there are diverse representation and voices at a strategic level? KP1 KP3
- How is EDIE front and centre of your co-production activity? How do you/do you plan to build trusting relationships with community groups and leaders to support your engagement work? KP2
- How do you capture, value, and use lived experience data from parent carers and report back to them on tangible actions? KP3

Local offer

- What are the parenting support interventions available in your area? Are these suitable for parent carers of disabled children and young people? How do you know this? KP1
- Have you conducted an inventory of the parenting support interventions available across the multi-agency partnership? KP1
- Is there a mixed parenting support offer for the parent carers of disabled children and young people which reflects the diversity of their lived experience and needs? KP1

TIP

Consider different ways of working with parent carers, using informal and creative methods and meeting parent carers where they are – e.g. in schools, community group locations, holding 'roadshows' at community events; and regular SEND 'parenting cafe' drop-ins etc. More formal engagement might include facilitating focus groups; forming a steering group or Task and Finish group to workplan a priority area or to zoom in on a specific Key Principle or Recommendation from the Practice Guide.

- How can the parenting support offer be developed so that parent carers' preferences are considered and accounted for – e.g. different delivery methods (e.g. group, online, home visiting), programme design (e.g. structured, modular, self-paced), and outcomes (e.g. behavioural, psychosocial, parenting practices)? KP1 KP4 R1 R2 R3 R4 R5 R6
- How do you know parenting support interventions are meeting parent carers' needs? KP1 KP4
- How do you know they are having impact? What is the retention and completion rate for parenting support interventions? KP1 KP6
- Are there processes for following up on longer-term outcomes for parent carers and their children/young people? What is this telling you about the efficacy of the parenting support intervention? KP1 KP3 R1 R2 R3 R4 R5 R6 How is the VCFSE involved in the parenting offer for disabled children and young people and those with SEN? KP2
- How often do you audit the local offer and analyse feedback? What does this tell you in terms of unmet need, accessibility, and navigability of the local offer? KP1
- How do you integrate local offers to reflect intersectional needs – e.g. how does your kinship local offer speak to the SEND local offer? KP1 KP4 KP5
- What are you doing well? What are your local strengths and innovative approaches – e.g. maybe you have a contract care service which supports children and young people with complex needs to continue being cared for in their family; or a successful key working scheme; a local offer that parent carers find easy to navigate and provides the 'one stop shop'; a strong parent voice and embedded co-production? KP3
- What do parent carers think is working well? KP3

Working strategically across multi-agency partnerships

- What are the current arrangements for multi-agency working? How well are these working? KP2
- How do you currently share information across education, health, social care, and the wider multi-agency partnerships? KP2
- Do you have a clear picture of the parenting support that is offered across the multi-agency partnerships? KP2
- How can the local offer be a platform for coordinated parenting support across education, health, social care, and the wider multi-agency partnerships? Is there a designated officer coordinating the local offer content across the multi-agency partnerships, regularly reviewing and updating information? KP1 KP2
- Do you have a Designated Social Care Officer in your local area? If not, is there a similar role that acts as a conduit between the operational and strategic? KP2

Building a culture that recognises the specific challenges facing parent carers of disabled children and young people

- How do you ensure that disabled children are viewed as children first and not solely the responsibility of specialist services? What are the SEND learning and development opportunities that are available to practitioners across the multi-agency system? Is this available for the whole workforce, not just those located in specialist services? ALL
- Are there opportunities for parent carers to co-deliver learning and development to practitioners and senior leaders across the system? KP3 KP6
- Do you have gaps in your learning and development plan specifically in relation to disability and inclusion? How will you develop an action plan that is embedded within your Workforce Strategy and Inclusion Strategy? KP3 KP4
- How are you delivering against the enablers of the National Framework: “workforce is equipped and effective: Leaders provide the workforce with suitable opportunities to deepen their knowledge, develop new skills, and put learning into practice. They identify appropriate training for those working with groups with specific individual needs or protected characteristics, including support for disabled children.”
- How are you delivering National Framework Outcome 1: ‘Leaders understand that families of disabled children may face challenges which are associated with their child’s disability rather than as a result of safeguarding and create processes that allow families to access the support they need’? KP4
- Where appropriate, as outlined in the FFPP, can you support parent carers to access parenting support without a statutory assessment? KP3 KP5
- What are you doing/do you plan on doing to move towards proportionate one-plan assessments for disabled children and young people? KP3
- How will you ensure strong multi-agency working and communication? KP2

Workforce

- What are your identified pressure points? KP1
- What are the areas of strength in the workforce and how might this bring additional capacity and expertise across the system? KP1 KP2 KP3 KP4 KP5 KP6

- What learning and development is available across the workforce and how will you embed Key Principles within this? KP4
- How do you currently/how do you plan to deliver the expectations of the FFPP and specifically how can Family Help Lead Practitioners (FHLP) be positioned to support the parent carers of disabled children and young people? KP3
- How are you/ do you plan to upskill the workforce in relation to Outcome 1 of the Children's Social Care National Framework, which emphasises that practitioners are confident in identifying the needs of disabled children and their families and understand that they may face barriers in accessing support, including stigma? KP3

Working with families

This relates to the way in which the system and its workforce enable engagement and work with families during delivery of support and/or interventions. This part of the tool should be used by practitioners and practice supervisors.

Local offer

- How do you as a practice supervisor or practitioner keep yourself informed and up to date with the local offer and how is this knowledge shared with parent carers? KP1

Matching processes

- How do you currently decide on the 'best fit' of parenting support for individual families? KP1 KP4 KP6
- How is family voice included in the joint selection of parenting support and/or interventions? KP3
- How do you/how do you plan to consider the specific and intersecting needs of parent carers and ensure whole-family approaches are adopted – e.g. by attending to the needs of sibling carers, male carers, parental mental and physical health, parental conflict, and economic pressures? KP4 KP5 KP6

Building a practice culture

- What does/could a multi-agency SEND learning culture look like? How are you/can you develop cross-partnership practice forums, peer review processes, and regional communities of practice? KP2

- How do practice supervisors or practitioners work relationally with parent carers of disabled children and young people? How do you know? What does this look and feel like for parent carers? KP3
- How do practice supervisors and practitioners know that parenting support is proportionate and not overly onerous for parent carers? What adjustments can be made – e.g. time, location, delivery method? Are there practical arrangements such as childcare or short breaks in place to support parent carers? KP4 KP6
- In supervision and team development, are assumptions about parent carers challenged? E.g. narratives that feed into parent blame and deficit language (see The POW Project (City Of Wolverhampton Council) for a strengths-based approach to reframing language used by professionals when speaking about children with SEND). KP3 KP4
- How is space created for parent carers to practise self-care and wellbeing within parenting support interventions? KP6
- How do Practice Supervisors and practitioners draw on informal and formal support networks around the disabled child and family? Is this something that happens already? How can it be further strengthened? KP5
- How do you ensure that where needed parent carers can receive ‘scaffolding support’ so they can make best use of parenting support interventions e.g. talking therapies, short breaks etc. KP6

Checklist: Parent carer readiness for parenting support

Practice supervisors and practitioners may find this checklist helpful when talking with parent carers about their readiness for parenting support. It is not exhaustive and can be adapted and developed to fit specific local contexts and situations.

1. Is the parent carer receiving appropriate parenting support for their needs at the moment?
2. Are short breaks needed (if not already in place) to enable parent carers time to re-charge enough to implement parenting support strategies?
3. Have you offered a parent carer needs assessment?
4. Have you considered the needs of sibling carers?
5. Are they experiencing acute needs that need to be addressed urgently so that they can make the best use of parenting support? E.g. housing insecurity; parental conflict.
6. Do they have any accessibility needs, such as the need for an interpreter, home-based support, weekend or evening support?
7. Are they experiencing rural deprivation which will impact their ability to access support? If so, have you considered online support?
8. How will intersectional needs and identities such as parent carer learning disability and/or mental health be considered when exploring parenting support? How will you make the necessary adjustments to facilitate attendance? E.g. is the selected intervention accessible to an autistic parent? Are there opportunities for a parent with learning disability to revisit the learning with a practitioner? Is there ‘hands-on’ support available for putting strategies into daily life and parenting?
9. Are there any other barriers that may prevent a parent carer from taking up parenting support – e.g. will they need childcare?
10. Where there are two parents, how can you help both of them to be involved in the support?
11. Are there wider parenting support needs with other children in the family – e.g. siblings with additional needs; emotionally based school avoidance (EBSA); education other than at school (EOTAS)? If so, how are these needs being met and a whole-family approach adopted?
12. Does the parent carer have other support needs such as counselling, therapy, or peer support?
13. Have you placed yourself in the shoes of the parent carer? What else might be going on for them that may act as a barrier to making the best use of parenting support – e.g. feeling judged, criticised, fearful etc.? What can you as the practitioner do to build confidence and resilience?
14. Have you considered the wider educational and health needs of the child/young person and engaged with the multi-agency system?
15. Have you asked the parent carer who is important in their lives, and who should be included in the ‘team’ around the family in meetings or at parenting support programmes?
16. Does the parent carer need a Family Help Lead Practitioner or keyworker to coordinate the parenting support strategies and behaviour support plans across settings – e.g. involving school, residential care workers, and short break carers, PAs, and health staff?
17. Are there any imminent transitions that require additional support or a focused approach to minimise the disruption and reduce parenting stress levels? E.g. Y6 transitions, a change of school placement, post-16 transitions.

STEP 2: PLAN

Once you have looked more closely at your existing parenting support offer to parent carers of disabled children and young people and those with SEN, you can consider where there are gaps in support to help you identify which Recommendation(s) you need to prioritise and plan for. The Audit Tool can be used to summarise priorities, reflections, progress, and actions.

Whole-system culture

Enhancing current parenting support provision and practice

- What can you do to bring your current parenting support provision more closely in line with the evidence outlined in the Practice Guide? Refer to the summary of interventions in the Practice Guide. Use the Audit Tool to support your discussions here. ALL
- Consider how your current parenting suppport programmes and provision meet the key features of the interventions outlined in the Practice Guide – see the summary of interventions. R1 R2 R3 R4 R5 R6
- What are the next steps in working towards developing a mixed local offer that is responsive to the identified needs of families and their different support needs? KP1
- How can you/how will you consolidate your parenting support offer so that parent carers have wrap-around support to enable them to engage with parenting interventions? KP2 KP5 KP6
- How can you develop mechanisms that support 'readiness' for parenting support? This could include providing clear information about the interventions; encouraging practitioners to adopt approaches that enable joint selection of the parenting intervention; preparing parent carers for the intervention; adopting a 'buddy' system with other parent carers who have had experience of the intervention; considering the location and accessibility of the intervention; offering evening and weekend sessions for working parent carers; making attendance as smooth and seamless as possible by considering childcare needs etc. KP1 KP2 KP3 KP4 KP5 KP6

TIP

Actioning the information gathered in Step 1 Assess can feel daunting and knowing where to start can be overwhelming. Identify a core group of representatives from across the partnerships and work towards reaching a consensus of priorities listed in the Assess section. Consider whether establishing Task and Finish groups to address two to three local priorities would be suitable. You could also develop a workplan, set timelines, and allocate actions.

- How can you establish follow-up support after the parenting intervention so that parent carers are empowered to sustain the changes and new strategies? KP3 KP6
- How can extra capacity be created in the system to support parent carers? How might the workforce be deployed differently to support parent carers in a more tailored, personalised way? For example, harness the skills and expertise of your residential workforce, short break carers, and wider partnerships to train in the delivery of parenting support interventions. Can the workforce provide practical 'hands-on' support to parent carers when implementing and sustaining behaviour support strategies – e.g. in relation to bedtime routines or attending appointments, clubs, or other activities that can be stressful for parent carers? KP1 KP3

Embedding Key Principles and Recommendations in SEND multi-agency partnerships

- Which stakeholders do you need on board to implement the Practice Guide's Key Principles and Recommendations? KP2
- How will you secure buy-in from NHS Integrated Care Boards and Health and Wellbeing boards to jointly deliver on the Practice Guide's Key Principles and Recommendations? KP2
- How will you secure buy-in from education to deliver on the Practice Guide's Key Principles and Recommendations? KP2
- How will you engage with the VCFSE sector in delivering on the Practice Guide's Key Principles and Recommendations? KP2
- How will you secure adult social care buy-in with the Key Principles and Recommendations, addressing those transitionary years 14–25 and recognising that parent carers continue to benefit from parenting support across the life course? KP1 KP2
- How will multi-agency partnerships promote a culture of early intervention? What needs to happen to embed this within parenting support? KP1 KP2 KP3

STEP 3: DO

Now that you have assessed, prioritised, and planned, it is time to take action to strengthen your local parenting support offer for parent carers of disabled children and young people and those with SEN. It is normal to encounter challenges and barriers during this stage but there are steps you can take to mitigate and/or successfully navigate them.

The questions below can help prompt your thinking if you start to feel stuck.

- Reflect on any enablers that have supported you to make changes in practice; what can you learn from these?
- Think about any barriers you're facing; how can you overcome them? Do you need to seek support from others?
- Consider the progress you have made so far; is it happening as you expected?
- Are you managing to capture the information you need to demonstrate whether the changes made are having a positive impact on the lives of parent carers and their disabled children and young people?
- What is the feedback from parent carers and other stakeholders, partners, children and young people, their wider family, and networks on the changes to the parenting support offer?
- If you are offering support that you weren't before, how have you integrated this with existing services? How are you promoting this with parent carers and the multi-agency partners and other agencies? Is any 'troubleshooting' required?

STEP 4: REVIEW

Once your plan is in action, begin the process of reviewing the changes you have made. Remember that this is an ongoing, cyclical process. The Audit Tool can support you to record your thinking

The questions below can support you in reflecting on your support offer in the review stage.

- What have you learned from the data or information you have been gathering about the changes you have made? How are you interrogating this and asking the ‘so what?’ questions?
- Has there been progress in de-siloing the partnerships?
- How are the Reflective Tool findings and actions being fed into wider quality improvement processes?
- How are you closing the feedback loop with parent carers and taking them on the journey?
- What are your parent carers telling you about the changes that have been made?
- Has there been positive change? How are you celebrating early successes and sharing these across the multi-agency system and workforce?
- What hasn’t gone to plan or needs more attention and focused activity?
- What is missing? Are there groups of parent carers that you still need to hear from? What steps are you taking to reach these parent carers?
- Do you need to revisit the Practice Guide to make sure you are remaining aligned to the Key Principles and Recommendations?
- How are you dynamically reviewing and updating the local offer to reflect the changes and distance travelled?
- How is your parenting support offer for parent carers helping you to achieve the outcomes of the Children’s Social Care National Framework?
- What is the workforce telling you? How are you building in listening forums with your workforce to understand challenges and successes?
- What other data collection might you need to consider moving forwards?
- How are you analysing your data, ensuring it is shared and understood to impact on decision making?
- What are parent carers telling you about their experiences of parenting support? What about other partners working in this space locally?
- Which Practice Guide Recommendation or Key Principle are you going to focus on next?

TIP

You may need to consider the information you have been collecting and/or revisit the information you collated in Step 1 when initially assessing your existing support offer.

Social ABCs: Recommendation 1, Recommendation 2, Recommendation 4, Recommendation 5

Intervention description: The Social ABCs is a parent-mediated, early intervention programme targeted at parent carers of children with social communication challenges that may be signs of autism. Through one-to-one coaching and prescriptive instructions, parent carers are taught strategies for supporting their children's social communication and interaction.

Target population: The Social ABCs is designed for autistic children aged 1 to 3 years old, and those with related social communication challenges. This includes children without a diagnosis but who are showing potentially similar characteristics of autism.

Intervention components:

- Live one-to-one coaching for parent carers
- educational instructions.

Who can deliver the intervention:

- Trained practitioner: social worker or a psychologist.

Intervention duration: Regular 1.5-hour home visits over a 12-week period:

- Week 1: Three home visits
- Week 2: Two home visits
- Weeks 3 to 8: One visit per week
- Weeks 10 and 12: One booster visit per week
- Weeks 9 and 11: check-in phone call.

Delivery setting:

- Home
- Community (for example, a local park).

Find out more: https://socialabcs.ca/

Primary Care Stepping Stones Triple P: Recommendation 1, Recommendation 3

Intervention description: Primary Care Stepping Stones Triple P is a parenting support programme for parents/ carers of a child with a developmental disability (including autism) and/or mild to moderate behaviours that challenge. Parent carers are taught strategies for encouraging their child's emotional self-regulation, independence, communication skills, and problem-solving capabilities.

Target population: Families of children aged 0 to 12 years old with a developmental disability.

Intervention component:

Individual sessions focused on specific challenges or key developmental skills:

- Session 1: Practitioner assessment and support to track child behaviour
- Session 2: Co-production of parenting plan
- Sessions 3 and 4: Parenting plan review, refinement, and follow-up.

Who can deliver the intervention: Practitioners who support to parents/carers who have a child with additional needs/ disability from a range of professions, e.g., family support worker, health professional, social work, education, disability services, psychology, etc.

Intervention duration: Four individual 15–30 min sessions

Delivery setting:

- Primary care settings/other setting.

Find out more:

- https://foundations.org.uk/toolkit/guidebook/primary-care-stepping-stones-triple-p/
- https://www.triplep.net/files/2515/2886/8097/ENG_Primary_Care_Triple_P_LTR.pdf

Primary Care Stepping Stones Triple P: Recommendation 1, Recommendation 3

Intervention description: Primary Care Stepping Stones Triple P is a parenting support programme for parents/ carers of a child with a developmental disability (including autism) and/or mild to moderate behaviours that challenge. Parent carers are taught strategies for encouraging their child's emotional self-regulation, independence, communication skills, and problem-solving capabilities.

Target population: Families of children aged 0 to 12 years old with a developmental disability.

Intervention component:

Individual sessions focused on specific challenges or key developmental skills:

- Session 1: Practitioner assessment and support to track child behaviour
- Session 2: Co-production of parenting plan
- Sessions 3 and 4: Parenting plan review, refinement, and follow-up.

Who can deliver the intervention: Practitioners who support to parents/carers who have a child with additional needs/ disability from a range of professions, e.g., family support worker, health professional, social work, education, disability services, psychology, etc.

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Delivery setting:

- Primary care settings/other setting.

Find out more:

- https://foundations.org.uk/toolkit/guidebook/primary-care-stepping-stones-triple-p/
- https://www.triplep.net/files/2515/2886/8097/ENG_Primary_Care_Triple_P_LTR.pdf

Pre-school Autism Communication Trial (PACT): Recommendation 1, Recommendation 2, Recommendation 4, Recommendation 5

Intervention description: PACT is designed to target social interactive and communication impairments in autistic children, including those without a diagnosis but who are showing potentially similar characteristics of autism. A short video of the parent carer playing or interacting with their child is reviewed in each session. The therapist and the parent carer assess video clips together to identify and discuss the child's communication needs. The therapist then supports the parent carer to identify positive moments and strategies that would work best for the child.

Target population: Families of autistic children 2–11 years old, and children without a formal diagnosis showing potentially similar characteristics of autism.

Intervention components:

- One-to-one clinic sessions
- Home practices
- Further strategies to improve the child's communication (familiar repetitive language, action routines, and pauses).

Intervention duration: 12 months total, including an initial meeting, two-hour clinic sessions every other week for six months, followed by monthly booster sessions for six months.

Delivery setting:

- Home
- Clinic.

Find out more: https://www.pacttraining.co.uk/information-for-parents

Parent Child Interaction Therapy (PCIT): Recommendation 1, Recommendation 2, Recommendation 3, Recommendation 4, Recommendation 5

Intervention description: PCIT is designed to treat disruptive behaviours or emotional challenges in children aged 2 to 7 years old. The therapy involves coaching the caregiver on how to interact with the child in a positive and supportive way, while also teaching the child new skills and behaviours. The CDI phase of PCIT aims to enhance the parent–child relationship by maximising positive communication, attention, and imitation during child-led play. In the PDI phase, caregivers learn to use effective commands and implement additional behaviour management strategies for any remaining challenging behaviours. The overall goal for PDI is to create a supportive home environment by helping caregivers become consistent and predictable, and follow through with behaviour management skills.

Target population: Families of children aged 2 to 7 years old who are experiencing social, behavioural, and/or emotional difficulties, for example, aggression, hyperactivity, and emotional distress.

Intervention components:

Weekly 60 min sessions over two phases:

- Child-directed interaction (CDI) phase with parent coaching where parents are coached to develop child-centred interaction skills to enhance the parent–child relationship
- Parent-directed interaction (PDI) phase where caregivers learn additional behaviour management skills.

Intervention duration: 14–16 weeks

Delivery setting:

- Outpatient clinics using both a clinic room and observation room (which can involve the use of a one-way mirror)
- Clinic or hospital
- Home
- Online.

Find out more: https://www.pcit.org/

The Transporters animated and translated television series: Recommendation 1

Intervention description: An online animated and narrated children's television series developed to provide training in emotion recognition skills in autistic children aged 2 to 8 years old.

Target population: Autistic children aged 2 to 8 years old.

Intervention components:

- 15 episodes depicting 15 key emotions, including the 6 basic emotions (sadness, anger, happiness, surprise, fear, and disgust) and nine more complex emotions and mental states (for example, unfriendliness, pride, excitement, sorry, kind, and jealousy). Each episode lasts for 5 minutes
- Interactive quizzes to reinforce emotional learning and a user guide for parents.

Who can deliver the intervention: This is a caregiver-implemented programme.

Delivery setting:

- Home
- School
- Clinic. Find out more about The Transporters

Find out more : https://autismaction.org.uk/

Parent-mediated Early Start Denver Model (P-ESDM): Recommendation 2, Recommendation 4, Recommendation 5

Intervention description: The (P-ESDM) is an intensive, play-based intervention designed for autistic children aged 1 to 5 years old. It focuses on developing cognitive, communicative, and social-emotional skills through play and joint interactions within a shared activity. The parent-mediated version of ESDM teaches parents to implement the intervention techniques in their everyday life when engaging with their autistic child, while following their child's lead and interests.

Target population: Autistic children aged between 1 and 5 years old, and children who have not been formally diagnosed but are showing potentially similar characteristics of autism.

Intervention components:

- At least one parent carer (identified as the primary caregiver) and the child engage in 10 to 12 sessions delivered by a therapist in the home.
- ESDM techniques are taught e.g. gaining the child's attention,motivating them, promoting two-way engagement and enhancing verbal and non-verbal communication.

Who can deliver the intervention: A certified therapist with a relevant degree in, for example, Early Years Education or Psychology, with training in the ESDM.

Intervention duration: Parents attend P-ESDM training sessions ranging from 1 to 2 hours per week over a 10- to 13-week period.

Delivery setting: Home.

Find out more:

- https://www.esdm.co/
- https://foundations.org.uk/toolkit/guidebook/early-start-denver-model/

New Forest Parenting Programme (NFPP): Recommendation 3, Recommendation 5

Intervention description: NFPPis for parents with a child between 3 and 11 years old with ADHD. Parents are visited at home by a trained practitioner who supports the parents to improve their understanding and management of their child's behaviour.

Target population: Children aged 3 to 11 diagnosed with ADHD and those without a formal diagnosis but who are showing potentially similar characteristics of ADHD.

Intervention components:

- Parents learn about the nature of ADHD and are introduced to a range of behavioural strategies for increasing their child's attention and reducing challenging behaviour
- Srategies are taught through games that engage attention, encourage patience, and increase concentration
- The practitioner also observes the parent and child playing games together and provides feedback on the quality of their interaction.

Who can deliver the intervention: Trained practitioners with experience in family support, including:

- Social workers
- Family-support workers
- Psychologists
- Health visitors
- Nursery nurses.

Intervention duration: Weekly sessions of 1 to 1.5 hours' duration over eight weeks.

Delivery setting:

- Home.

Find out more: https://nfppprogram.com/

Incredible Years Pre-school: Recommendation 3, Recommendation 5

Intervention description: An evidence-based parenting programme for supporting parent carers with concerns about the behaviour of their children. The programme aims to teach parent carers about strategies to promote positive parent–child interactions and increase parenting confidence.

Target population: Children aged 2 to 9 demonstrating behaviours that challenge their parent carer.

Intervention components: Parent carers learn:

- Group sessions (12 to 14 parent carers)
- Child-directed play skills aimed at building positive parent–child relationships and attachment
- Strategies to strengthen nurturing parenting through coaching
- School readiness and problem-solving skills
- Strategies to establish predictable routines and rules, provide incentives for positive behaviour, and reduce challenging behaviour.Parent carers have support through weekly calls with parent buddies and one of the group facilitators.

Who can deliver the intervention: Group sessions can be facilitated by:

- Social workers
- Psychologists
- Professionals with expertise in parenting.

Intervention duration: Weekly two-hour group sessions over a period of 18 to 20 weeks.

Delivery setting:

- Nursery and other early years settings
- Schools
- Community centres
- Family hubs.

Find out more:

- https://www.incredibleyears.com/early-intervention-programs/parents
- https://foundations.org.uk/toolkit/guidebook/incredible-years-preschool/

Parents Plus Early Years (PPEY): Recommendation 4

Intervention description: PPEY is a parenting intervention for parents of children aged 3 to 7 who are worried about their child's behaviour. Parents are taught how to use effective parenting practices and create a predictable family environment that will help children learn how to regulate their own behaviour and reduce the risk of child behavioural challenges becoming long-term.

Target population: Families with concerns about the behaviour of a child aged 3 to 7 years old.

Intervention components:

Group sessions:

- Parent carers are shown video footage of real-life parent–child interactions at home and in the clinic
- Topics covered in the video footage include building a positive parent–child relationship, encouraging child cooperation, and responding to misbehaviour
- The video input is backed up by group discussion, practice exercises, skills role-play, homework activities, and handouts.

Individual sessions (parent, child, and therapist):

- Parent carers can 'try out' ideas raised in the group sessions
- Address specific parental concerns, and tailor the course to their child's individual needs
- Video feedback is central to these sessions.

Who can deliver the intervention:

- Mental health practitioners with a Master's qualification or higher, who have completed the required Parents Plus facilitator training.

Intervention duration: Between 8 and 10 group and individual sessions, each session lasting 2.5 hours.

Delivery setting:

- Outpatient health settings
- Home
- Children's centres or early years settings
- Primary schools
- Community centres •
- Family hubs.

Find out more:

- https://www.parentsplus.ie/
- https://foundations.org.uk/toolkit/guidebook/parents-plus-early-years/

I-InTERACT: Recommendation 6

Intervention description: An online parenting programme designed to support parent carers of children who have experienced acquired or traumatic brain injury. Aimed at supporting parents to understand the potential long-term outcomes of acquired brain injury and develop strategies to reduce parental stress and behaviours that challenge.

Target population: Parent carers of children aged 3 to 9 years old with acquired/traumatic brain injury.

Intervention components:

- An online training module that provides information about acquired/traumatic brain injury and effective parenting strategies
- Video-conferencing sessions where parents receive direct coaching from a psychologist, providing one-to-one guidance and support.

Who can deliver the intervention: The programme is delivered by certified clinical psychologists.

Intervention duration: A total of six months.

Delivery setting: Online.

Find out more: https://cihr-irsc.gc.ca/e/53944.html

Counsellor-Assisted Problem-Solving (CAPS): Recommendation 6

Intervention description: A therapeutic technique where a psychologist or therapist helps parent carers and their children to identify, analyse, and resolve life challenges. The programme supports families to break down complex issues into manageable steps and equip them with the skills to cope more effectively and to foster self-efficacy and resilience.

Target population: Children aged 12 to 17 years old with acquired or traumatic brain injury.

Intervention components:

- Inital 90-minute face-to-face session with the psychologist in the family home.
- Subsequent sessions consist of self-guided online activity on problem-solving skills; Video clips modelling these skills
- Assignments that offer the family opportunities to practise the skills learnt.

Who can deliver the intervention: A certified clinical psychologist.

Intervention duration: Sessions every other week for a total duration of three months, with a total of six videoconference sessions.

Delivery setting: Home.

Family-Implemented TEACCH for Toddlers (FITT): Recommendation 6

Intervention description:

- A collaborative parent coaching model designed to support families to better engage with their autistic child and understand the characteristics of the child's condition.
- Structured techniques to facilitate children's expressive and receptive communication, play skills, and social communication, and to improve outcomes for the family e.g.reduction in parental stress and improvement in the family's wellbeing.

Target population: Autistic children aged 0 to 4 years old and their parent carers.

Intervention components: Parent carers are provided coaching to:

- Better understand how their toddler learns and use structured techniques to promote engagement with their child.
- Practitioners also work with the child to model suggested techniques and then work with parent carers to implement the techniques with the child at home.

Who can deliver the intervention:

- Social workers
- Psychologists.

Intervention duration: 45 to 60 minutes per week for 8 to 12 weeks, depending on the individual family's needs.

Delivery setting: Virtually or in a clinic setting.

Find out more: https://teacch.com/resources/teacch-for-toddlers-activity-photo-library/

This resource is part of a set of publications linked to the Parenting Disabled Children and Young People, and those with Special Educational Needs Practice Guide:

- Parenting Disabled Children and Young People Practice Guide (online summary guide): https://foundations.org.uk/toolkit/practice-guides/parenting-disabled-children-and-young-people/
- Full Guide (PDF): https://foundations.org.uk/wp-content/uploads/2025/07/parenting-disabled-children-and-young-people-full-practice-guide.pdf

Find out more about the series of Practice Guides foundations.org.uk/practice-guides

We want to hear from local leaders who are engaging with the Practice Guides.
Get in touch at practice_guides@foundations.org.uk.