

PARENTING DISABLED CHILDREN AND YOUNG PEOPLE THOSE WITH SPECIAL EDUCATIONAL NEEDS PRACTICE GUIDE

WEBINAR Q&A

Thank you for joining us for the webinar: Parenting disabled children and young people and those with SEN Practice Guide.

We hope you found it helpful to your work. Here is a summary of the questions from both of our webinars (6th and 14th October 2025) and Foundations' responses.

Question	Foundations' response
Is there a list of trusted support groups to direct parents/carers to? As well as siblings?	The Practice Guide does not include this information, and from our systematic review, we did not review any evidence on the effectiveness of specific local support groups for parent carers in the UK. We can however direct participants to Council for Disabled Children website: Council for Disabled Children Sibs is a UK charity representing the needs of siblings of disabled people
Was the guide developed to primarily support families in crisis or intended as part of early help and prevention?	The Practice Guide was developed to support the Children's Social Care National Framework. Guides set out the best available evidence to support senior leaders, practitioners, and practice supervisors in local authorities to inform and improve the commissioning and development of services to drive effective local practice. They can be used across early help, family help and prevention. From our systematic review, our evidence shows that: Parenting interventions improve child outcomes, such as emotional or behavioural well-being, with the largest impacts being seen in the early years. However, the evidence found that parenting support is useful and impactful for parent carers across the parenting journey e.g. as the needs of their child change, escalate or at key transitions.



What do you mean by parent mediated?	Parent-mediated programmes are structured programmes aimed at supporting parent carers of children and young people with developmental disabilities by increasing parenting skills, knowledge, and confidence. They involve parent carers in learning and applying evidence-based strategies to support the development of their children or young people. Evidence shows that parent-mediated programmes can promote parent–child interaction, address behaviours that challenge, and improve social interaction, language, communication, and daily living skills. Practice supervisors and practitioners can deliver parent-mediated programmes through role play, coaching/supervision, prescriptive instructions, and practice assignments within the home setting to support parent carers and their children and young people.
Are there any interventions you identified with a strong evidence base suitable for parents of autistic children aged 13, without a brain injury	Recommendations 1, 3, 4, 5, and 6 all contain information relevant to parents of children with ASD aged 13. However, we have not identified any named parenting programmes for children aged 13 – 25. You will notice that Primary Care Stepping Stones Triple P is recommended for children aged up to 12, and Pre-school Autism Communication Trial (PACT) and the New Forest Parenting Programme (NFPP) are both recommended for children aged up to 11. We could not highlight named parenting interventions for the older age group. However, we found evidence that parent-mediated programmes and parent training programmes (including those delivered through school) were effective for school-aged children up to 18 with ASD. You can read the full systematic review here: parenting-interventions-parents-carers-children-and-young-people-with-disabilities.pdf
Just to understand a bit more- has there been no research done previously that says that offering parent-mediated programmes are effective?	There has been extensive research demonstrating the effectiveness of parent-mediated interventions on improving parent and child outcomes; this is the evidence base which the Practice Guides is drawing on. There has not however been a systematic review of this kind on the effectiveness of parenting interventions for this population of children and families (Disabled CYP and those with SEN)
Do you look at value for money- the cost of programmes- Both financial costs and time of professionals and parents. And for managers it is better to use limited resources on providing adequately staffed and	The practice guides do not research value for money of programmes. Where costings of known programmes are available, they are listed on the Foundations Guidebook.



knowledgeable teams to provide relationship-based support	
Did parent blame come up in your research? There is often emphasis on parent support and not enough focus on changing the environment for the child (mainly in schools)	“Parent blame” didn’t surface in the evidence as such, however it was a theme for discussion in the Advisory Group and led to the inclusion of seeing parent carers as “experts on their own situation.” The Key Principles, particularly Key Principle 3, are underpinned by seeking culture change so that strengths-based approaches are embedded in practice and service delivery. They call on leaders and practitioners to understand that a family’s involvement with parenting support is not an indication of ‘problematic’ parenting or a parenting ‘deficit’ and that this should be seen in the context of the parenting challenges associated with their child’s or young person’s disability or special educational need. This also relates to leaders upskilling the workforce. This can be done by building expertise about the complex and unique needs of parent carers of disabled children and young people and providing their workforce with the training and support they need to build positive and encouraging relationships with families. It was not within the scope of this Practice Guide to address the child’s out of home environment, such as within schools. For more information on this we would direct you to: Special Educational Needs in Mainstream Schools EEF Effective Practice - What Works in SEND However, our principles recognise that parenting support is just one part of the family help jigsaw. The Practice Guide reiterates the importance of whole family, whole system approaches that are coordinated at the strategic and operational level.
There is not an exhaustive list of interventions within the guide - obviously there are programmes being used that may not have been explored - how can these be explored for effectiveness?	Interventions for parent carers of children & young people with disabilities outlines a range of interventions identified as effective from the systematic review underpinning this guide. While not every intervention identified in the systematic review features in the Practice Guide, the recommendations outline the features of intervention types which were found to be effective in the systematic review. We are aware that not all programmes being used locally will have been evaluated for effectiveness in a way that would enable their inclusion within the criteria of the review underpinning this guide.
Does the Guide place emphasis on a Parent/Carer Needs Assessment to fully understand the caring role, demands on Parent's/Carers and siblings	Key Principle 5 within the guide speaks to the role of family members in the network of support around disabled CYP. This principle outlines the wider benefits of parenting support beyond the main caregiver and that this can have indirect impacts for the wider family and improve sibling relationships. To apply this evidence to practice, leaders should



especially if they have their own needs, which can often be neglected, due to the Care and support their child requires.	target practice and service delivery at the whole family, including the disabled child, or young person, their parent carers and siblings where available. Practitioners are encouraged to consider delivering support with a consistent and sustainable whole-family approach, which includes sibling carers. To focus on parent carer needs, we would refer you to the wider Reflective Tool reflective-tool-parenting-disabled-children-and-young-people-practice-guide.pdf where there is a checklist for practitioners to refer to when engaging with families of disabled children and young people. Whilst these will be largely embedded in practice, it can act as a further prompt for practitioners to reflect on the wider needs of parent carers and sibling carers as part of parenting support.
What would you suggest as support and/or training for group settings to become more accessible for parents (with caregiving responsibilities). Do you have reflections from lived experience or the evidence?	Reflections from parent carer presenter on what supports parent carer engagement: Flexible approaches such as varying session times and formats and emphasising the importance of direct communication with families to identify workable solutions have supported engagement. From the Practice Guide, Key Principle 4 outlines that parenting support should be accessible, flexible, and sensitive to parent carers' needs. Practice should be adapted to overcome barriers to access. This includes adapting practice to overcome barriers for individual parent carers, taking account of their needs and preferences for how they receive support.
There are a number of programmes Incredible Years for one, Solihull Approach etc that are positive and very impactful for families. Not to have these as part of a wider practice guide omits this great work. The ones in the guides are not the only ones, so what's the plan to include the others? so the guide is inclusive?	All the interventions included in the Practice Guide are listed here: Interventions for parent carers of children & young people with disabilities. Incredible Years does appear in the Practice Guide. The Practice Guide only includes interventions which have been demonstrated to be effective for parent carers of children and young people with disabilities. This means they have been rigorously evaluated using experimental methods¹. We are aware that not all programmes being used locally will have been evaluated for effectiveness in a way that would enable their inclusion within the criteria of the review underpinning this guide.

¹ Experimental methods refer to scientific approaches where variables are manipulated to investigate causal relationships. Evaluation using experimental methods entails using a randomised controlled trial, or a quasi-experimental design with a comparison group, to estimate the effect of an intervention on an outcome of interest.



	It is therefore important that collectively, we focus on what works evidence and invest in the evidence generation pipeline to evaluate programmes for effectiveness on outcomes.
Did you come across FASD in any of your research?	Our systematic review that underpins this guide reported some findings on FASD that were subsequently not included in the scope of this Practice Guide due to the tightened focus. You can see the defined scope in the extended definitions. Within the review, we found a single systematic review that assessed parenting interventions for developmental disabilities, including FASD. Kei et al. (2024) found a small but significant reduction in parental stress through parent-mediated interventions. Although it is limited in scope, this finding suggests potential benefits for addressing parental stress in families supporting children and young people with this condition You can read the full systematic review here: parenting-interventions-parents-carers-children-and-young-people-with-disabilities.pdf
Are there any recommended parenting programmes that are currently being delivered which could be promoted?	Local authorities will be delivering a range of programmes in line with their population needs. This Practice Guide did not carry out a mapping exercise in order to determine what programmes are currently being delivered by local authorities. You can see all of the interventions that were found to be effective as part of this Practice Guide here: Interventions for parent carers of children & young people with disabilities We would encourage leaders 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 from this guide, and an understanding of the programmes that we know to be effective, should inform the ongoing review of local SEND sufficiency planning and decision making.
Would Short Breaks be considered a Psychosocial parenting programme, or crossing over into family support?	Short Breaks were not in scope for this evidence review and would not be classified as a psychosocial parenting programme. However, the evidence highlights that parenting support interventions should not be seen in isolation and the wider support needs of families caring for disabled CYP must also be considered and addressed where needed.



	Short breaks may form one part of this wider family help support which for some parent carers will support them to maintain their caring role.
Was there anything on Positive Behaviour Support - We have made a large investment in PBS training over the last 2 years and have had some very good feedback from families. Interested to see whether this has come up in the research	PBS did not come through as an intervention, or workforce training approach with effectiveness as part of our systematic review used to underpin the recommendations and key principles of this practice guide.
Is there a plan to revisit the practice guide in light of current and planned policy and practice developments e.g. response to Law Commission recommendations, Change Programme (esp ELSEC, PINS) as it feels like quite a leap from generic (could helpfully apply to all parenting support, not just parenting of CwD) principles, to highly specific recommendations.	We are aware that the policy landscape relating to disabled children's social care, alternative provision and SEN reforms is changing and very live. Practice Guides will continue to be updated as new evidence comes to light, and as national policy and practice positions change. We will remain alert to changes in national policy that may impact how this practice guide is used locally in practice, and work with local leaders to ensure the evidence from this guide can continue to support local delivery amongst policy and practice developments.
Is the overall recommendation that LAs develop these resources/programmes or consider where our current offer fits within them? Also some of the programmes seem to sit better within clinical CAMHS delivery- was this considered as to who would be the best practitioner to lead on these?	We would encourage leaders 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 from this guide, and an understanding of the programmes that we know to be effective, should inform the ongoing review of local SEND sufficiency planning and decision making. Interventions found to be effective for this population of children and young people are outlined here; Interventions for parent carers of children & young people with disabilities. Where we have information on the practitioner or delivery setting best placed to deliver the intervention, this has been included. Where the intervention information is on our Guidebook, practitioner information is also included.



Anything on support for parents who also have disabilities/learning needs themselves?	<u>Parenting Through Adversity Practice Guide (0–10) - Foundations</u> - Our Parenting through Adversity Practice Guide reports findings on parenting support for parents who have babies and children aged between 0 and 10 years old, where parents are experiencing adversities. One of these adversities within the scope of the review was parent/carer disability and/or learning needs
---	---