



**RCSLT webinar – Placing children and young people at the heart of delivering quality speech and language therapy: *Putting children, young people and their parents/carers at the centre of decision making***  
**Wednesday, 20<sup>th</sup> March 2019**

***Kamini Gadhok MBE, CEO, RCSLT***

Good afternoon everybody, and I'd like to welcome you to today's webinar: placing children and young people at the heart of delivering quality speech and language therapy.

My name is Kamini Gadhok and I'm Chief Executive at the Royal College of Speech and Language Therapists, and I'm delighted today to introduce Mrunal Sisodia, who is Co-chair of the National Network of Parent Carer Forums in England, and Glenn Carter, Head of Speech and Language Therapy Services in NHS Forth Valley.

Before we start, I've just got a little bit of housekeeping that I'm going to go through. Just to let you know, that the webinar is going to take 45 minutes and we hope to have some questions at the end of the presentations.

In terms of how to interact, as you can see from the slide, if you have any issues with technology, do send in chat messages at any time by using the chat button. In addition, if you want to send in a question to any of the panel members, please do so using the Q&A button. Just to let you know that this event is being recorded, and the slide highlights the link for the recording when it goes up onto the website.

And finally, just to let you all know that when we do finish the webinar, a survey will pop up at the end, and we'd really welcome your input into that survey to help inform future webinars and events. So, don't forget, Kaleigh is on hand to help.

And finally, before I forget, if you do use Twitter, do join the conversation using #RCSLTwebinar.

Okay, so I'm just going to move on then to the learning objectives, and I'm not going to go through those in detail. Again, they're on the slide for you to read. We're hoping that by listening to the experience of both Mrunal and Glenn that you all have areas of work that you can take away with you and think about how you can use them in your own contexts and your work, whether that's working within NHS public sector, within private and independent practice or potentially if you're employed by schools or charities. So we hope that there will be some learning here for each and every one of you.

Right, I'm going to move on now to introduce our first speaker, and I'm going to pass over to Mrunal Sisodia, who is going to talk about his work.

***Mrunal Sisodia, Co-Chair, National Network of Parent Carer Forums***

Thank you, Kamini.

So my name is Mrunal Sisodia, I'm one of the co-chairs of the National Network of Parent Carer Forums. So now I'm going to talk to you about how we can put children and young people, and their parents and carers at the heart of our decision making. And talk to you a little bit about the techniques and methods that we have found have worked.

I'll start off by doing a bit of an introduction as to what parent carer forums are and what the role of the National Network of Parent Carer Forums. Then I'll actually go on to talk about co-production

and start with a definition of what is co-production? What do we mean by it? Because it's a word that's used a lot, but not always in the same way.

I'll then talk a little bit about the legal framework for co-production, and then share with you what some of our members are telling us about speech and language therapy at the moment.

Then we'll go on to talk a little bit about actually making co-production work – what are the things that we can do to really embed co-production and make it effective in your work.

The National Network of Parent Carer Forums, who are we? Parent carer forums are established across England and there are 152 local authorities in England and we have parent carer forums operating in 151 of those of local authorities. So we've got very good geographical coverage. Parent carer forums are self-organising groups of local parents and carers of children and young people with a special educational need, or a disability, aged between 0 and 25. And they exist really to help to improve services that children, young people and families with special educational needs and disabilities use within their local area.

The local forums roll up in nine regions that you can see there, and the nine regions roll up into a national steering group, of which I have the pleasure and privilege of being the chair.

Talking about co-production. So parent carer forums exists to co-produce; our movement exists to coproduce. What do we mean by co-production? It's an equal and reciprocal partnership, where everyone's experience, knowledge and skills are used to create better outcomes. Now, on the left of the slide here, you will see a visual we use a great deal, which is the ladder of co-production. And really the idea is that we want to move people up this ladder, starting with no engagement and ending up with proper, real co-production at the top.

And how do parent carer forums actually coproduce? Well, what we do is very simple and I always talk about as doing four things. The first of which is listening. So we listen to the families of children and young people with special educational needs, and we really understand what their lived experience is like. We then work to translate that into what needs to be different; what can we change; what can we do better to actually improve the outcomes? We then work with anybody who commissions services, anyone who delivers services, anybody who creates policy, to represent those views and to change things. And then finally, and very importantly, we actually feed back to our membership around what we've heard and what we're doing differently.

We talk about co-production on two different levels, being: individual co-production, and strategic co-production. The two are quite distinct, but they work very, very closely together and work hand in glove. Firstly, individual co-production. So this is really about giving parent carers a voice about the services that they and their children use. It's about listening to their individual experiences to improve on the services they receive and really shaping services around what they and their family need and will help them the most.

Strategic co-production is actually the collective voice. It's listening to the collective voices and experiences of parents and carers within an area and then working with commissioners, service providers and policymakers to design and deliver better services and pathways. And this is really, really about parent carer forums working across services to improve outcomes.

Co-production is clearly something that I think everybody would agree is a good idea. But there's also a very, very strong legal framework for it, and I won't baby this point, but co-production is firmly embedded in the Children and Families Act of 2014, it's at the heart of the Care Act and is very prominent in the NHS constitution. So there is a legal requirement for service providers to co-produce. However, that isn't the main reason why you should do it. That isn't the reason why we should co-produce. The best reason for co-producing is very simply that it's their most effective way of improving and developing services.

I'd like to spend a little bit of time now just talking about what parent carer forums are actually saying about speech and language therapy and sharing with you what we're hearing from our 93,000 members. First thing to say is that generally families are very, very happy with speech and language therapy services when they get them. Families very much appreciate what speech and language therapists do. They understand the value that they add and understand why they are so important to the lives of their children. But there are some systemic concerns that we hear again and again from our members. And let me just share those with you.

Firstly, it's long waits before initial assessments. Even when therapy has been agreed, families often tell us that they don't receive the therapy that's been mandated. And then families also talk a lot about long intervals between appointments and interventions. Again, families do appreciate that these are systemic issues.

Some of the things that they talk about are sadly some practitioners still talk about thresholds to services, not provision-led services, not personalised services, but threshold-led services. And families also report that because of the capacity constraints they repeatedly try to take them 'off the books'.

The regard that families have for individual practitioners is very, very high – and I can't emphasise that enough, that people are very, very grateful for the work that the members of the Royal College do, and I'd just like to take this opportunity to say thank you for everything that's being done to help our families.

How do we make co-production work? Well, there are some very simple badges around what creates a good co-productive relationship that are very simple, but are too often forgotten in the hurly-burly of our daily lives.

The first of these is to listen, and the first of these is to really make sure that everybody knows that their views, their opinions, are being taken seriously and are valued. And some of this can be very, very simply done, and giving people the confidence to share their views. And making people feel welcome, making people really understand that they are important and you want to listen to them. So this could be as simple as a cup of tea and asking how their day has been.

The next thing we talk about is empowering and enabling families. So do not shirk from giving everyone the information that they really, really need to fully participate in the discussion. So take the time to inform people around what you're going to be talking to them about.

Next up, make sure that they get the support that they need. So if it means bringing your friend or an advocate along with them, that's fine. And finally, make sure that you're inclusive. So hold the sessions in places that make sense to that family, at times that make sense to that family, and talk to them in a way that makes sense to that family.

Co-production really only works if you start at the beginning and end at the end – and it sounds like a really obvious thing to say, but don't involve people halfway through the decision-making process. If you're actually starting to talk to people about having agreed a set of aims and objectives, or even an agenda for a conversation, you're probably not co-producing. The first conversation should start with a blank piece of paper and talking to them about what you actually want to achieve collectively. Then finish at the end. Review the process together, celebrate any successes together, and define what your success looks like together.

And the last badge of co-production for us is services are person-centred, not provision-led. So really, really tailor the services around what makes sense to what a young person needs and what makes sense to that family. Not around what might be available in your local area, what might have been delivered historically. And this takes a lot of time, it takes a lot of courage to do. But again and again, we've found that it delivers the best results.

One of the litmus tests we often talk about for whether you really have a properly co-produced relationship, a properly co-produced set of outcomes provision is the idea of the granny test. So imagine somebody who knows the child well, but isn't their parent; who isn't living the daily life with that child. And would that person, if they were to take and look at the programme that you've developed for that young person, see in that programme the strengths and the development needs for that child. Would they see that the programme really focuses on the things that are important to that young person? Would that person really see that how the programme you've developed, the therapy you're going to be using will help that person and help them achieve their goals?

And the language we describe is, imagine a grandmother picking up a piece of paper, your programme for that young person, reading it through and, at the end of it, nodding and smiling, going, yeah, I get that; I see my son, I see my grandson or I see my granddaughter in this programme and it makes sense to me and I can see how it will help them. Think of the granny test.

I just wanted to end on this idea that co-production isn't easy. There's lots and lots of reasons for us not to do it. It needs courage, it's messy and we also know that it takes a lot longer. But, very often, if you invest that time at the right point in the conversation – which is upfront – we find, time and time again, it delivers much, much improved results.

We do have lots of support around co-production. So on this slide here, which I won't go through, but there is support available for individual families and around strategic co-production. And your first port of call for strategic co-production should be local parent carer forums.

And, with that, thank you for listening, and I'll pass you over to Glenn.

***Glenn Carter, Head of Speech and Language Therapy, NHS Forth Valley***

Afternoon everyone. As Kamini said, I work in Forth Valley and that's in central Scotland and it covers Stirling, Clackmannanshire and Falkirk. Thanks Mrunal for such a helpful overview of co-production with families. And whilst I'll be giving an NHS Scotland based perspective, I think the principles are applicable wherever you're working.

An overview of what I'm going to say, I'm going to talk about the choice we faced a number of years back. I'm going to talk about the foundations of a child-centred service. What does that look like and, lastly, where are we going to go next?

So trying to fundamentally transform services is hard, it is messy and of course it's uncomfortable. When I think back over a number of years, we did have a choice and we had to choose between going down the same path and making this leap to try and transform services. And by going down the same path, what I mean is we were doing lots of good stuff, but we were in part planning services, delivering services that failed to listen to families, failed to listen to them properly and not meeting the needs of children and young people in poverty.

So making the leap to transformation, we were trying to be willing to deal with the mess of that and not knowing where you might end up. I suppose that's the essence of co-producing anything, and I think you need to be willing to let go of power and say, I admit that we don't have all the answers.

So what about the foundations of a child centred service from our reading, research and experience? I would suggest that these are building blocks for a child centred service: having the mind-set of an enabler not an expert; being able to consider the whole system; co-production and all founded on relationships, trust and compassion. So now I'm going to touch on most of these.

I think this concept of moving from an expert mind-set to enabler mind-set is essential if you are truly going to put the child and families at the centre, and the willingness to give away power or, I suppose, perceived power. I would argue that you actually do become more powerful and more influential by giving away that power.

So I'll briefly mention my journey from moving from the expert to enabler. I came out of university with an expert mind-set, thinking that if it's important to me, it should be important to you. And I think sometimes, if we're totally honest with ourselves, being the expert and feeling like we're the expert feels great. But actually, latterly, I've become quite uncomfortable in that space and have changed and been challenged with various questions, which include things like: is my work making a difference in the child's life? Is it making actual real difference to the child's outcomes, to their participation, their wellbeing and activity? Is it important to that child or family? Have we actually asked the question: what's important to you? And then latterly, am I the right person? And I'm thinking, particularly if we're working with families in poverty, do they trust us? And trying to find out who do they trust and start there.

Okay, and what about relationships and compassion. There's an excellent article on compassionate leadership, where there's a sobering comment which says, there's a deep concern that modern healthcare has lost its moral compass and is struggling to provide safe, timely and compassionate care to its citizens. And I am determined the staff working in our service do demonstrate compassion and connection to families when they engage with them. But if, however, those staff members don't receive compassion from their leaders or are experiencing fear and significant stress, their ability to show and demonstrate compassion is eroded. Which is why, as a leader, we're trying to ensure that pride and joy infuses work, rather than fear and stress. And this is a nod to how important it is influencing the culture, removing barriers to compassion and making sure that you develop that sense in your own work.

And if you've been on the receiving end of any sort of healthcare or support yourself, or for your loved ones, you will know how important relationship is and compassion and connection with those who are working with you or your family. And if we're working with families, those families and children need to feel that we care and they absolutely need to feel part of it.

And then trust. I'd highly recommend this book called Poverty Safari by a man called Darren McGarvey, who grew up in significant poverty. There's a great quote in there from a youth worker that says, *"The most important thing for us is the positive relationships you build up with young people. If you don't have trust then nothing can be achieved."*

Now, I'd probably go as far to say if you don't have trust you might as well not bother. And I think we need to challenge ourselves sometimes that if we haven't grown up in significant poverty it's very easy to misunderstand the true impact of growing up in poverty and therefore accepting systems and processes that do disadvantage families in poverty. And that perceived disengagement from families in poverty is an issue; it's complex. It's complex for lots of reasons – I've just mentioned a couple.

One is the lack of trust in us as professionals and where families tend to avoid engagement and even when they do come near us then, quite often, the strategies and advice aren't implemented. Secondly, the barriers we put in place for families to access services, such as discharge policies, asking them to travel very large distances, paying for public transport that they can't afford.

So if we want to work effectively with these families, we need to find ways to address those challenges and to co-produce services with them.

Whole systems change is extremely important. Of course, you need to start small. We need to have the whole system in view if you want to try and transform. And I think that is a key principle.

So what does it look like? This graphic, we sat down with an artist to try and explore our service and then this is what we think it looks like to be person centred. Primarily the work we've done about co-production has been on an individual level, but we are trying very hard to get close to people who've experienced poverty and who have had adverse childhood experiences to help inform our strategic direction. For example, recently, we had a man called Chris Kilkenny come to speak at one of our development days about his experience of living in poverty and helping us to explore barriers

we might have in place that stop families accessing that right support. And so part of our strategic direction is we do want to coproduce future offers we might have for families.

So on an individual level, when a request comes in, we are aiming to have a conversation with everyone. And I want to emphasise, this is not triage. We're no longer using the language of triage or appropriate/inappropriate referrals. Our view is that if someone has a concern it's valid, and if it's important to them it is important. That doesn't necessarily mean they will all progress to traditional assessment or intervention.

So we thought already about how essential trust is in this regard, and we're trying to build trust right from the beginning of a family's journey. So we go into that conversation with an open mind, without an agenda, and so the families feel they are listened to. We find out what's important to them and we are trying to apply more of a coaching model, to ensure that conversation is of high quality.

So the top left-hand corner of this visual, we've got a number of offers once we've had that conversation. These include signposting, reassurance, education and advice, and could be the traditional assessment or indeed straight to intervention. We are trying to be least intrusive to families' lives.

So I'll give you an example of this. I spoke to a mum recently. She was a very empowered, able lady, who told me her story. She's described to be a series of disempowering interactions she's had with health staff – not AHPs, I might add – but she had a child who was quite unwell for the first couple of years. Her daughter did require emergency health intervention and that, of course, had to be intrusive, and mum understood that. But after that, the child had many assessments and interventions where she described the lack of discussion, consultation and choice was staggering.

She now has a little girl who will have tantrums when she goes near a hospital or health clinic, and yet she's still being asked to attend appointments, and that really isn't least intrusive healthcare. What she was describing to me was the desire to be part of it, to be included and her point was that if she, who had had all these resources at her fingertips found the process so challenging, what about the other families? Most recently, she had an interaction with the healthcare professional and, before she knew it, her child had been referred to speech and language therapy, and that was why she was speaking to me. When I explained to her what would happen when the request came in, you could see that she was relieved. I said to her when the request comes in, a speech and language therapist will phone you and find out your story. We will have a conversation with you about your concern and we'll not jump straight to assessment in the clinic; there are lots of options.

She had that initial conversation and it was clear that bringing this child to a healthcare setting could potentially cause her harm or psychological distress. But actually, as the therapist listened to the story, she was reassured that this child was on the right track and gave mum advice and strategies to continue to develop her spoken language. The therapist has since seen that mum and gave her a huge hug, and was delighted that her child was now talking in three-word sentences.

And hopefully you can see by that example, we are trying to be least intrusive and co-produce the right help with that family, knowing that all families are different.

In this part of the visual, you'll see the child at the centre, you'll see the people closest to that child, such as family and friends and carers just nearest them. You'll see the allied health professionals outside the circle. Now sometimes, of course we need to get close to the child, but particularly when we're considering families in poverty, quite often they're not ready to receive help. So how do we co-produce with families in poverty? It is a huge challenge and, as we've said before, it is all about trust. Readiness is also a significant factor here. Because of the trust issue and the desire to be least intrusive, we have to acknowledge that sometimes we're not the right people right away. So we'll look to see who that person could be. It could be a nursery teacher, or a family support worker who could pass on key messages from us if they're empowered to do so, or indeed help the family get ready for engagement with a professional.

So it's an exciting piece of work where we've been involved in Scotland. It's called the Language Meets Literacy Practicum. Fourteen teams came across Scotland together to coproduce solutions to these complex issues. One of the teams was a Glasgow team that included a speech and language therapist, an OT, a health visitor and the head of a nursery. They decided to think differently from what they normally offered. They utilised the trust the head of the nursery had with families in poverty and met with a small group of mums and truly listened to what they had to say about what was important. And the idea was that they were going to co-produce this approach to support the outcomes for these children. These professionals pressed pause on their own agendas and approached the families in a holistic way.

Now, it was messy, but they were able to use their skills and knowledge and were willing to blur the professional boundaries. It was an overwhelming positive response from the parents, and one of the mums had said, it totally changed my view on schools and teachers and professionals; you're not all bad.

And finally, where next? I understand the concept of letting go of power or perceived power can be very uncomfortable. It can challenge fundamental values of who we are and our purpose. But I would argue that, unless we manage to relinquish some of this power, we will continue to drive along what could be a very comfortable motorway in our expert car, with just us in it, bypassing all the villages and towns which seem like a bit of an inconvenience. But in order to effect real change for the people who need it most, I think it needs to be more like getting on a double-decker bus. We need to be willing to get on the bus and visit these towns and villages which do require you to slow down, or even stop. It's inconvenient, it's messy, but the people on the bus, including children and families, need to be allowed to see themselves as equal partners in the journey. And I think we sometimes inadvertently disempower them.

So this double-decker bus mind-set is the approach that I think will effect this transformational change we need to achieve meaningful outcomes for children.

So we're going to continue to improve our initial conversations. We're going to support the wellbeing of the staff, because of how important that is in reaching families. We're going to co-produce services with families, including families living in poverty, and we're going to continue to try and improve our cross-boundary working with other professionals.

So that's all from me. I'm going to hand back to Kamini.

***Kamini Gadhok MBE, CEO, RCSLT***

Thank you very much indeed to both Mrunal and to Glenn. I think it's great to hear your experiences, actually, and I love the ladder of co-production, Mrunal, that really highlights the differences that I think people need to think about when they think they're doing co-production and probably aren't. The fact that it is messy, which I think Glenn's also highlighted, and the importance, as you said Mrunal, that this isn't just about a legal framework, this is about doing the right thing for the right reasons, and actually getting a better outcome as a result.

Very important though then to hear from Glenn about that courageous step forward, the opportunity to do something transformational, or just to stay with where you are now, which means that, actually, many families and children are not able to access the service and it actually does not meet their needs. And I think highlighting the personalisation, the child's case that you gave an example of with the significant medical needs that every child is different and every family is different, I think that's really very powerful. So thank you to both of you.

Now, we're going to move onto questions. We had some questions that were submitted prior to the webinar. So we're going to talk and look at some of those first. We had a couple of questions which we're going to combine, which were basically about the methods of gathering the opinions and views of parents and what the best approaches might be.

So, Mrunal, if I could go to you first, if that's okay?

***Mrunal Sisodia, Co-Chair, National Network of Parent Carer Forums***

Yeah, the question being: how do you gather opinions from parent carers most effectively? And I suppose that I'm going to give you a bit of non-answer, which is that actually no one size fits all. But what we've found is that good listening, good co-production is very, very contextual. And what works in an area like rural Norfolk, a large geographical area with a certain type of population doesn't work in an area like Tower Hamlets with a very different sort of populous.

But I think the key things that always come out are go to where people are; so don't expect them to come to you, go to where they feel comfortable on what's their home patch. The other thing is to bring them all together, don't try and separate people out into people who've had good experiences or bad experiences. I think that when you get a group of families together, inevitably they're going to start with what's wrong, what they want to see working differently. And don't be afraid to allow parents and carers to share those stories, because actually through sharing those stories is how we feel listened to, but also what will happen is that those stories will spark off the conversations around what is working. Because one parent will say, I had a terrible experience around X and another parent will say, oh no, mine was very different. And then you'll have the conversation about what was different and why one worked and why one experience didn't. So don't be afraid of those horror stories, because those horror stories very often are cathartic and they actually lead to the most constructive feedback.

***Kamini Gadhok MBE, CEO, RCSLT***

Thanks, Mrunal. And I think, as you said, you need to look at different approaches for different parents and taking account of culture and language differences. So obviously for people who don't speak English as their main language, thinking about access for them is part of that.

Glenn, do you want to talk a little bit about your experiences, too?

***Glenn Carter, Head of Speech and Language Therapy, NHS Forth Valley***

Yeah, I think to what Mrunal says is that you do need to be brave to hear the bad stuff, and that can quite often be very uncomfortable and we perhaps dismiss some of the bad stuff, thinking that they've got it wrong. They've had their experience and their view, of course, is valid. And it's a very vulnerable place to be as a parent, to be able to come and to try and express what's happened with their particular child, regardless of how empowered the parents feel. It's a vulnerable place. We need to be willing to make it a safe situation.

I suppose what I'd add around the families in poverty is that, yeah, of course you're going to have to go where they are. But they need to go with who they trust already, so finding people in the community who they already trust and to use that as a way in to make it safe, because very often these families have not had a voice, and its essential we find ways to give them a voice, and be allowed to just stay in that messy place to find a way forward together.

***Kamini Gadhok MBE, CEO, RCSLT***

Thanks very much. We'll move onto the next question, which is about your experiences of working alongside children and families to contribute to whole speech and language therapy service commissioning reviews and/or to co-design future service priorities based on the evidence impact.

So, Mrunal, can I come to you first?

***Mrunal Sisodia, Co-Chair, National Network of Parent Carer Forums***

Yeah, so this is the heart of what parent carer forums exist to do. And so we've got lots of experiences of this. And if I might draw upon a couple of pieces of work we did in the last year.

Firstly, last summer, we asked parent carer forums to share with us what we described as their wow moments, which is when they had services in a local area that were transformed, that really made a

difference. And we tried to gather up what the common themes were amongst these stories. And we had 40 examples of this, so we had pretty good coverage from across the country. And in the end, it came down to three key principles. The first was that services are co-produced, and that you really engage and properly do co-produce with families. So the very subject of this webinar.

The next one was that services are focused on being personalised; they wrap around the child, the young person, their family, rather than being provision-centred. And the third thing was around breaking down barriers; it was around joint working across different agencies and different departments in the local areas. Education, health and social care really coming together and breaking down those boundaries in a way that Glenn spoke about earlier.

The other bit of research that we did was we asked parent carer forums about how well they felt their local area understood the needs of the community. And only a third of parent carer forums said that they felt their local area had a good or excellent understanding of local needs. And that's got to be your starting point. So actually start in a co-productive way by really, really understanding in a shared way across health education and social care what needs are, and then design services in a co-productive way starting from there.

***Kamini Gadhok MBE, CEO, RCSLT***

Thanks, and Glenn, did you want to add to any of that?

***Glenn Carter, Head of Speech and Language Therapy, NHS Forth Valley***

Yeah, I agree with the... trying to break down the barriers is a huge challenge between places like health and education and social work even. Because it feels like, quite often, they're developing their own plans in their own silos and we're trying to bridge that gap all the time, which is a big challenge.

And just to touch on trying to understand the local needs, as Mrunal mentioned, we've done quite a lot of work on that. We use Marie Gascoigne's balanced system to have a look and deep dive into the needs of the local area. And that's been a great place for us to start. We need to try and get better at co-design in future services. So I'm not saying we've got that totally sorted, but we need to get onto that. But we've made a start.

***Kamini Gadhok MBE, CEO, RCSLT***

That's great. I think it's always a journey, isn't it? And I guess what's really great is that you've started that process of looking at the needs and it's a bit shocking. It's something that I know we raise constantly certainly at a national level is: are those who are decision makers really understanding the needs of their population? If not, what can we do? What levers are there in the system to make that happen? Because, as Mrunal said, how can you even commission or fund a service if you don't actually know what the needs are, and there is enough data that's available to support that. So thank you for that.

Another question is about how we balance the children's and parents' right to be involved in decision making. That's particularly if the child has a different view from that of the parent.

So, Mrunal, do you want to talk a little bit about your experiences of that?

***Mrunal Sisodia, Co-Chair, National Network of Parent Carer Forums***

Yeah, no, this is really difficult, and I think that the first thing I would say is that we recognise as the National Network of Parent Carer Forums, we speak for parents, we don't speak for children. Because we know that very often children say very different things when their parents are in the room, and anybody who's a parent will know that. So there are two different voices here, and they both must be heard.

I suppose the things I'd say, there's a legal framework around this stuff, which is around the Mental Capacity Act. And I think we've got to start with the assumption that everybody does have capacity. So even if a young people is unable to articulate what services they need, they should certainly be

able to tell you what they want and what they are looking for, you know what their own goals and objectives are. And I think you've got to start there.

It may well be that the parent has a different view, and almost always that different view is coming from a good place of knowing what's best for that young person. And I'm afraid it's just a matter of balancing the two views, but I think that I would very strongly say you've got to listen to both the parent and the young person and try to come to some sort of consensus.

***Kamini Gadhok MBE, CEO, RCSLT***

I don't know, Glenn, if you had any things, or any thoughts on that as well?

***Glenn Carter, Head of Speech and Language Therapy, NHS Forth Valley***

Yeah, just to reiterate what Mrunal said, I think the idea of we need to ensure that all kids do have a voice in planning services. And I think there's lots of innovative and interesting ways of doing that, one of which is Talking Mats, which we've used in the past and present to try and find out from children what is important to them. It's a visual representation of various different parts of their life. For instance, school, we were able to try and identify what they find hard, what they find easy and what's important. And I think balancing the views of the child is extremely important, because sometimes the parents' views are different. But we know about the behaviour... the theory of behaviour change is two keys things you need in place, and that's the person you're working with, the child you're working with needs to think that what you're doing is important, and also they need to feel confident that they're able to make a change. And sometimes the parents may be thinking, this needs to be done, but the child is not motivated and therefore it's very difficult to effect change.

So I think, clearly, we need to listen to both the children and the parents on this.

***Kamini Gadhok MBE, CEO, RCSLT***

Thank you. We've had a few more questions come in while we've been talking. I'm not sure if either of you feel that you can answer this while we're on air. Of course, if you can't we can do this online afterwards.

So one question is about using co-production in the process of handling complaints regarding a service. And I don't know if either of you have had any experience of that?

***Mrunal Sisodia, Co-Chair, National Network of Parent Carer Forums***

If I might almost start by saying, there's been some work that we've done around tribunals, actually, and looking at tribunal rates where co-production is well embedded and I suppose... there's emerging evidence that you get fewer complaints and fewer tribunals when you've got genuinely co-productive relationships. I would start by saying, actually, co-production is a really good way of heading off complaints, because you understand what people's needs are and where they're coming from before you embark on the journey with them.

But I think the approach to... co-production isn't something that you would do at a certain point in time. It's a way of working, it's a philosophy, it's an ethos. And so I'd embed co-production in absolutely everything that's being done, including complaints.

***Glenn Carter, Head of Speech and Language Therapy, NHS Forth Valley***

Yeah, I absolutely agree. I think what we are trying to do is start the relationship well with parents, to build trust, so that they know we actually do care about their children. And I think if there is significant complaints and parents are angry, quite often they're angry for very good reasons and that seems to me, in my experiences, is that they feel that we don't care about their child; they feel like we haven't been doing what we should have been doing, and they don't feel listened to.

So these key principles are embedded with co-production and if complaints come in, we are very careful to listen to that and see it as feedback and to learn from it and to ensure that we embed that in future planning and service delivery.

***Kamini Gadhok MBE, CEO, RCSLT***

Okay, we'll take one final question, which is about given the disproportionately high numbers of parents in poverty who have literacy difficulties, is there something in particular that speech and language therapists can offer around enabling communication access to and inclusion of them in services?

***Glenn Carter, Head of Speech and Language Therapy, NHS Forth Valley***

I think of course we need to bear that in mind. Sometimes, we make assumptions about parents' literacy. We forget that it can be a challenge and therefore we need to work with the people who know these families, who work with them day in, day out. And that's normally the people who see them quite often: nursery workers, family support workers. And they fully understand the needs of these families and therefore when we're communicating with them we need to be so careful about what we're writing down, the complexity of the language and making sure that it's in accessible formats.

But typically, when we get face-to-face, it's a really good way to engage with them and I think that's normally where we're hoping to start with face-to-face communication and we're able to adapt depending on the needs of the parents.

***Kamini Gadhok MBE, CEO, RCSLT***

Thank you very much. So I think we've come to the end of our time for this webinar. Just to remind all of you online if you could complete the evaluation, which will also be found in an email that you'll receive after the webinar. And to thank you all for tuning in and listening and to remind you of the next webinar, which is going to be happening on 21 May and it's all about the upcoming HCPC CPD audit, which is not as exciting as the conversations we've just had, but an essential part of our professional practice. So it's 'HCPC CPD Audit, Your Essential Survival Guide'. So join us on 21 May.

And do remember that this webinar has been recorded. It will be on the website fairly soon and we would like to encourage you to let your colleagues know about it and spread the word to listen in, and to use it wherever you can in terms of informing some of the thinking and the work you're doing, so hopefully it can form part of your meetings and discussions locally.

Thanks very much to Mrunal and to Glenn for joining us today and for providing such a very insightful and useful overview from your perspectives on this very important area. So thank you both.