

# Initial co-production workshop summary report

## Background information

In May 2023 Barnsley council published a survey to find out how parents and carers of children and young people with SEND in Barnsley want to work together with the local authority and partners to shape decisions made about SEND services.

The full highlight report can be found [here](#) on the Barnsley SEND Local Offer.

94.01% of parents and carers taking part in the survey told that they think that an agreed plan for co-production (a document that will help us achieve a consistent approach) would help us all understand what co-production is and how we work together. Due to this we are now developing a plan.

As part of the survey we asked parents and carers which methods they would like us to use to carry out co-production. 59.43% of parents and carers who took part in the survey told us that they want us to create a group made up of individual parent/carer group representatives, who are all equally recognised, as a base group to create the co-production plan.

## First meeting to establish a new way of co-producing in Barnsley

A workshop was held on the 9<sup>th</sup> August 2023 at the Ozone to start developing a mechanism for bringing parent/carer groups together to be involved in co-production. 22 people attended the workshop, representing 7 established parent/carer groups from across Barnsley. In attendance were also representatives from services across education, health and care.

During the workshop the consortium model was presented as a way to bring parent carer groups together. Discussions happened in 4 mixed groups to look at 4 key questions:

- What might a consortium model for SEND co-production with parents and carers in Barnsley look like?
- Who could be its members?
- What are the next steps we need to take to make it work?
- How can we ensure that other parents and carers who are not part of groups feel included in co-production?

Feedback during the workshop concentrated on how to make a consortium model work.

Below is a summary of the discussions that were captured during the workshop. Comments have been collated into themes and summarised, a full compilation of all comments can be found at the end of this document.

## **Frequency of meetings**

Parents/carers have said:

There should be a calendar of meetings set for the next 12 months, with a regular pattern to meetings. Parent/carer groups should come together 6 weekly in a face to face setting, these meetings may need to be hybrid to allow for everyone to be able to access them. There might have to be some flexibility of meetings as the group may need to meet more often if they are working on a specific piece of work.

## **How does feedback happen**

Parents/carers have said:

Within 2 weeks of every meeting the minutes should be circulated to members of the group for comment. Once they have been agreed by people in attendance they should be posted on the SEND Local Offer Website and publicised through all communication channels such as through schools, GPs and recreational establishments. Front facing services should also be used as channels for communication.

It needs to be decided how services are expected to publish evidence of co-production with parent/carers. This could include things like who was invited and who attended so that people can see that services have tried, even if it hasn't been highly successful.

## **How does it work/what does it do**

Parents/carers have said:

It is important that trusting relationships between parents, carers and services are developed as a result of working together, however this will take time.

There needs to be a structure to the way the consortium works together, which sets out things such as how they gather parent/carer voice, who takes responsibility for different areas of work and opportunities such as interview panels as well as setting out expectations and processes such as how to make a decision when total agreement cannot be reached. The consortium needs to work with a solution focused approach.

The group should begin by working on a few areas and doing it well, instead of taking on everything at once.

A decision needs to be made about what the consortium's role is around individual parent voice, organisational/group voice and strategic parent voice.

The consortium can support the development of tools to collect wider parent voice such as survey and events.

Consideration needs to be taken to how to remove barriers to participation and ensure everyone is able to participate.

## **How it fits within structures**

Parents/carers have said:

A formal agreement needs to be established that explains how the parent/carer consortium feeds into decision making. Alongside having representation from the consortium on strategic groups, a formal meeting could happen quarterly/6 monthly where senior leaders from across the local area meet with the consortium to discuss work that is coming up and how parents/carers can support its development (co-production from the beginning.)

A pledge needs to be in place so that all stakeholders across the local area, including BMBC, ICB and participating member groups can commit to co-production and be held accountable.

Parent/carer voice needs to be linked to youth voice so that children, young people, parents and carers are all involved in co-production know what each other are involved with and are not working in isolation. Decisions need to be made about how youth voice feeds into/leads parent voice, should this be the case or not.

It is important to look at how the SEND Parent/Carer consortium links into other forums that exist in Barnsley, for example does the Carers Forum or Mental Health Forum need to be invited to consortium meetings, or should the Parent/Carer consortium look to have representation on the other forums across the area.

## **Who can be a member**

Parents/carers have said:

A profile needs to be created that sets out what a group needs to be able to be part of the consortium, so that as new groups are discovered, developed and request to be part of the consortium there is a clear criteria for who can be a member.

Groups need to send representatives to the consortium as it needs to be a balanced amount of people from each group so that over representation isn't an issue. The number of representatives from parent/carer groups at this initial meeting is a good number, 2 parent/carer reps and a staff member where applicable with a maximum of 3 representatives total.

## **What is the difference between a member of a local group and consortium representative**

Parents/carers have said:

When a parent/carer becomes a group representative they act a link into their group. They are not there to talk about their own issues and experiences or to try and find personal solutions.

## **Who is missing**

Parents/carers have said:

A mapping exercise of parent/carer groups needs to be carried out to ensure that all parent/carer groups in the area have had the opportunity to join the consortium.

Where work is being done to capture the voice of parents/carers it is important that the consortium thinks about how to include that of parents/carers who are not part of groups. This could include things like planning events for other parents/carers.

When groups don't want to be part of the consortium it is important that they are visited to make sure they know what is going on and are aware of opportunities to be involved. The time this takes needs to be recognised in any work plans.

When meetings include professionals it is important that representatives from across education, health and social care (children's and adult's) are present. This links to the pledge mentioned in sections above.

## **The role of professionals**

Parents/carers have said:

The role of professionals within the consortium needs to be established. The general consensus is that parents/carers will need to meet separately to the wider group which includes professionals so they can have an independent voice. It might be that specific professionals are invited when work is taking place on a specific project or area.

It could be that all professionals are invited quarterly (as discussed in "how does it work") but not to the 6 weekly meetings. This could be called something like Parent/Carer consortium (6 weekly) and SEND Consortium (Quarterly)

It needs to be someone's paid responsibility to co-ordinate and support the consortium to meet and carry out its functions. This could be the SEND Participation Officer.

## **Recognition of time and effort**

Parents/carers have said:

A method of recognising/compensating the time and effort that parents/carer are putting into meetings and events needs to be agreed. As well as a process to ensure that no volunteer is out of pocket for expenses.

## **Things that need to be in place**

Parents/carers have said:

Safety is important for all parents, carers and professionals. Policies and procedures need to be in place, people need to be aware of them and they need to be upheld.

This should include a complaints procedure, social media policy and an equal opportunities policy.

The group will need access to resources, things such as rooms, refreshments, marketing and promotion.

### **What might be the impact for others**

Parents/carers have said:

A well performing consortium will make an impact on other parents/carers in a variety of ways. These could include

- Improving communication between services and service users
- Ensuring that parents/carers know what is going on in relation to developments in services and strategy
- Improved services
- Better information

### **Potential risks**

**Parents/carers have said:**

When collecting data it is important to try and protect the validity of the data by working to ensure that multiple votes by the same person are not counted when the data is based on numbers.

Social media is difficult to control and there may be comments made that are concerning. We need to have things in place to protect parents and professionals. As mentioned in “things that need to be in place” a social media policy needs to be in place.

It may be difficult to work out which policies to follow as different professionals are from different organisations and may have different policies and procedures. A possible solution to this could be an umbrella policy.

How do we make sure that this method of capturing parent/carer voice and co-production is sustainable long term, rather than it being reliant on individuals.

### **What are our next steps**

Organise a calendar of full group meetings every 6 weeks, starting 27<sup>th</sup> September with the rest of the dates for the year to be decided at that meeting.

Parents and carers also told us that they want to meet as separate groups. Before the next meeting on the 27<sup>th</sup> September, BMBC and the ICB will begin working on the outcomes from the discussions had in the workshop. They will bring all comments and proposals together for discussion with parent/carer group representatives. If any particular group or groups would like to work with us before the meeting on the 27<sup>th</sup> to do this, please get in touch so that meetings can be arranged with your groups.

A schedule of events has been set up for parents/carers who may not be a member of a group. These will be held in localities across Barnsley and advertised on the Local Offer and on the Co-Production Barnsley Facebook Page.

# Full compilation of comments

## Frequency of meetings

- It is difficult to decide how often the group should meet until its workload is established
  - every two months feels a possibility but need to be aware there could be a lot to do between meetings which could influence/impact on time frame – commitment
- Regular meetings -monthly/ 6 weeks – Face to Face
- Time frame for events, forward planning 6-12 monthly
- Hybrid meetings

## How does feedback happen

- From September 2 weekly feedback from meetings
- Is feedback going to individuals who attended the meeting before it goes on the local offer?
- Comms need to be shared on local offer and all other sites
- Put publicity out to schools, GPs, Family Hubs, Libraries, CAMHS, recreational establishments.
- How is it shown that strategic decision makers have involved parents/carers
- Evidence could be which individual groups have been represented in the decision made (can represent who was present compared to who was invited so groups were included if they want to take part) this could be recorded when the report about how decisions were made is published.
- Communication through services- front facing

## How does it work/what does it do

- What happens inside the consortium
  - Strategic shaping of Barnsley
  - Honesty and trust
  - Work together to make change
  - Agreements and decisions e.g. attending meetings and interviews
  - Social networking
  - How do we come to a final decision should be included in the pledge/agreements
    - Majority vote and we respect the decision
  - Meetings
  - Share positives and best practices
  - Working together to move forward
  - Realistic expectations
  - Do a few things well before we do everything
- To build trust and move forward together to make positive changes.
- Good networking opportunities
- Questionnaires/surveys need to be co-produced, so they are not leading
- Hopefully there will be enough parents/carers to represent topic areas

- Structured parent voice which is confidential
- Structured voice to feed into services
- Parent voice, service unfiltered/genuine
- Safe, sustainable, governed environment, hybrid without professionals
- No explanation of how being a strategic parent voice should be conducted.
- Consider barriers- language, participation
- Effective change

### **How it fits within structures**

- Need to establish a real route into influencing decision-making while ever there is a hierarchy, we need to have access at that level- ICB/NHS/BMBC/COMMISSIONING
  - Ideally a quarterly/6 monthly meeting
  - Everybody needs to know who's doing what so that decisions can be made on current information
- Parent/Carer voice needs to be linked to youth voice e.g. work with young people needs to be mirrored with work with parents and carers.
- Needs to be parent/carers representation on strategic groups, the consortium could support this.
- Volunteers (parent/carers) must be equal partners in the process
- Need commitment from local authority, ICB and participating members (Pledge)
- SEND Parent group in every ward to have the opportunity to be part of the structure.
- Services and service users need to be accountable.
- Is it this consortium or another forum when issues have been discussed by this consortium
  - Carer representation
  - Education representatives
  - Social care
  - EHC Team
- Rights and responsibilities driven agenda
- Need to work out how parent/carers voice links with CYP voice. This group is and voice and influence group for parents/carers, it needs to have equal value.
- Parent and children led- young adult
- Think about
  - Strategic parental voice
  - Individual parent voice
  - Group/organisation voice

### **Who can be a member**

- Define what membership is?
- Could there be a profile of the groups who are part of the consortium
- Open to all

- What defines a parent/carer group? This somehow needs to be registered- needs defining.
- We don't need overrepresentation from groups
- Needs to be a limit to how many reps from each group-suggest 2 parent/carers
- A common theme: Group that involves parents and carers of SEND children/ or representatives of the parents/carers. Both organisations and parent carers bring strengths together when working in co production
- Up to 3 maximum representatives.
- We are representing the many not the few
- It is useful having a staff member from our group here to support so they can help when taking things back to the full group.
- Fully formed, organised groups with governance.
  - May exclude small groups but would also be picked up within larger group
- Accessible for all- looking at intervention/SEN Support → EHCP – School?

### **What is the difference between a member of a local group and consortium representative**

- What constitutes a “group” that is represented- (not solely individual issues- these should be discussed in the group being represented)
- Representatives are links into the wider group, not a representative of the voice of the group.
- Small number of parents who are interested in the WHOLE P/C voice
  - Some are only interested in own personal voice for personal/specific gain

### **Who is missing**

- What groups are missing?
  - Parent/carers struggling with specific issues?
  - How is their voice heard?
    - How do we/this consortium access them
- What other groups are out there?
  - E.g. for deaf children/ epilepsy/ disability specific/ ASC/genetic conditions
- How do we identify parents/carers in the community
- No ICB/HEALTH/SCT/CSC/“other parents carer groups”
- Do chillipep have a parent group?
- Groups that don't attend consortium need to be visited and consulted with. This takes up a lot of time and this needs to be acknowledged.
- This group could work out other events/who attends/how to publicise to other parents/carers
- Could a questionnaire of some sort go out to each group to see what format parents/carers need.
- Accessing the hard to reach- how?



- Accept responsibility to identify hard to reach
- Piece of work on SEND demographic/local area

### **The role of professionals**

- Establish what the role of the professionals in the room are- the consortium needs a facilitator who's paid responsibility is to ensure the consortium business is carried through (e.g. SEND Participation Officer (SEND PO))
- Not always have professionals but may at times need them.
- PC alliance and a professionals alliance come together to form a SEND alliance= consortium
- PO's job role is a real positive, but it's not defined.
  - Feel included in parent groups
  - PO not involved in parent groups as it's a conflict of interest
  - Need to be independent and gain voice of others who are not part of the governance groups.

### **Recognition of time and effort**

- Needs to recognise the value of the volunteering of parents/carers. Parent/carers need respect and recognition for their time/effort. E.g. vouchers

### **Things that need to be in place**

- Safety is key for all, parents and professionals
- Social media policy
- Complaints procedure
- Equality policy
- SEND PO Needs a ringfenced budget so that it can be used for different methods of communication with parent/carers who don't necessarily use emails. Could do phone calls, letters, advertisements etc. in suitable formats

### **What might be the impact for others who are not consortium representatives?**

- What is seen outside of the consortium
  - Regular communication
  - Improving communication
  - Improving services
  - Information readily available
  - Understanding what services are available

### **Potential risks**

- Social media.
- Worrying commentary on individual social media.
- Noting process to protect parents
  - Solution – umbrella policy?
- Professionals from different organisations would all have different procedures and therefore difficult to manage policies?
- Any data is not skewed by multiple votes/different votes from same person?
- Check validity of data

- Sustainable voice