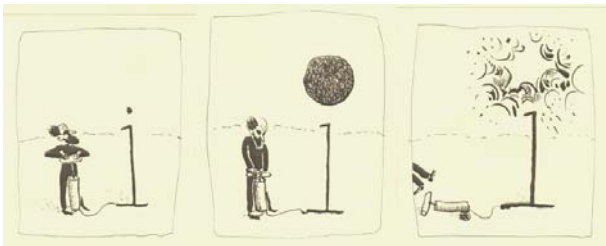


An Alphabet of Helpful Hints: I is for Imagination

Peter Limbrick



'In one of the best tales of the Arabian Nights, Maruf the Cobbler found himself daydreaming his own fabulous caravan of riches.

Destitute and almost friendless in an alien land, Maruf at first mentally conceived – and then described – an unbelievably valuable cargo on its way to him.

Instead of leading to exposure and disgrace, this idea was the foundation of his eventual success. The imagined caravan took shape, became real for a time – and arrived.

May your caravan of dreams, too, find its way to you.
From *Caravan of Dreams* by Idries Shah
Quartet Books, 1973

My Chambers Dictionary defines imagination as 'the act of imagining; the faculty of forming mental images; the creative power of the mind; resourcefulness, contrivance.' And it is the powerful, creative and resourceful aspects of imagination that I want to focus on in this piece.

If imagination can be powerful then a lack or absence of imagination can be disempowering. In the movie, *Thelma and Louise* (1991) Susan Sarandon as Louise says to her best friend, Thelma (Geena Davis), 'You get what you settle for' to encourage her to make better life decisions. I hope I am not stretching a point if I rephrase 'You get what you settle for' as 'When you stop imagining that things could be better, your progress or development stops and your upward curve becomes a flat line'.

In the field of childhood disability, I have always found

that imagination is an essential teaching tool for teachers, therapists and parents. If we cannot imagine a child having the new skill we are teaching then he, or she, is much less likely to achieve it – or will achieve it more slowly or not at all. It is interesting to wonder why this might be. One logical answer might be that our experience leads us to imagine only that which is realistic and deters us from imagining that which is unrealistic. Another answer might be that imagining or visualising the child with this new skill vitalises or energises our approach. Another might be that our imaginings are communicated in some way to the child and give him or her confidence to take the next step in development and learning. I do not mind not having a definitive explanation – I am happy to acknowledge magic and mystery in how children learn.

Some tired practitioners might jump in now and ask in a complaining tone about 'those parents' who only want their disabled child to walk and talk. If they can 'see' their child walking down the aisle one day or ordering a celebratory meal in a campus restaurant, then it is not my job to shatter dreams.

It is my job though to share with that parent what we can both imagine the child doing next week or next month. This imagining is, of course, based on what the child is doing now and on our observation of how long it takes him or her usually to acquire 'the next small step'. Perhaps we can both imagine him standing unaided against the sofa now that he can crawl around the furniture. Perhaps we can both imagine her turning to her name now that she has begun to show some real interest in the sounds around her. Whatever the task, if the people around the child are, with good cause, imagining the same new skill, then that is surely a powerful collective force.

So how do we move forward when key people are imagining different things for the child? Perhaps the reasons this can happen include those people around the child having different priorities for the next step,

or having different understandings of what the child can realistically achieve in a learning area that has been agreed. Both of these are common in my experience; there are often differences between practitioners and between practitioners and parents about what a child's next target should be and, similarly, different views about how much to expect. Practitioners and parents can easily fall into the trap of aiming too high or of not making enough demands on the child. If there is a Team Around the Child or TAC, then this is the ideal place for parents and practitioners to share observations and aspirations, using their collective wisdom to arrive at a shared approach – eventually settling, we hope, on a new target that everyone can imagine the child achieving in the agreed period of time. This would be no easy task if TAC members were strangers to each other, but in the TAC system, practitioners and parents have developed relationships with each other founded in honesty and trust and have the skills to negotiate ways forward when there are significant differences of view.

Imagination is one of the key elements that characterise TAC teams. Each TAC is a small collaborative multi-agency team that can work with imagination, flexibility, resourcefulness, creativity and bravery to help child and family overcome each successive challenge they face. The role of management in any TAC system is to create the space for TACs to work in this way and one of the main prerequisites for this is that senior managers from health, education, social care services etc have put their heads together to create a shared vision for early support in their locality. Imagination and its creative power are needed by senior managers too!

Each TAC's creative and imaginative power will be called on for more than just the child's development and learning. A child's particular condition and special needs can create very many challenges for the child, parents, siblings and grandparents. The solutions to these human and often very personal situations are rarely if ever to be found on a form with a box to be ticked – and a strategy that has worked for one family might not help another. Here are three representative challenges that might exercise any TAC's imaginative powers:

Giving the baby breakfast in the way the speech and language therapist has suggested takes much longer. It is working well while his 5 and 7-year-old brother and sister are on holiday, but what about next week when school starts?

The family have always enjoyed their holidays by the sea. But suddenly they have to think about so much 'hospital-at-home' equipment and how to respond to any medical emergencies while they are away from the hospital doctors and nurses who know their child. The mother's studying for the qualification she needs

to advance her career was put on hold after the birth. Now she feels it is time to start reclaiming her life. But lack of sleep and general exhaustion from meeting her child's needs added to a degree of uncharacteristic low self-esteem, seem to present unsurmountable obstacles.

These dilemmas illustrate challenges that can arise for families and for support agencies that aspire to being family centred. The list could have continued over several pages. The examples also underline for us the uniqueness of each child and family. There can be no pretence that support for the child or family is a matter of applying prescribed and formulaic approaches to needs established in assessments. Effective approaches are almost always going to come from practitioners, in TACs or not, who form helping relationships with parents and then bring the creative power and resourcefulness of imagination to the task.

We should all, whether disabled people, practitioners, senior managers, parents or family members, apply ourselves to imagining better; better support services for people with disabilities; better, more fulfilled lives for babies, children, young people and adults with disabilities and special needs. If we cannot imagine it, it is never going to happen!

Cartoon © Martina Jirankova-Limbrick – first published in PNR magazine