# PCPS Training Curriculum

Version 1 (May 2023)

# Contents


| | |
|---|---|
| Background and context | 3 |
| Introduction | 5 |
| Why now? | 6 |
| How can parent/carer peer support help? | 7 |
| Does it work? The evidence base | 8 |
| Parent carer peer support training | 9 |
| Application process and pre-requisite arrangements | 10 |
| Course structure | 11 |
| Teaching and learning strategies and scope | 12 |
| The training team – parent carer led, professionally supported | 13 |
| Considerations for lived experience tutors | 13 |
| Considerations for CYPMH professional/clinical academic tutors working with lived experience tutors | 13 |
| Considerations when training the PCPS lived experience workforce | 13 |
| Assessment | 16 |
| Missed attendance | 17 |
| Training outline | 18 |
| Acknowledgements and thanks | 21 |
| References | 22 |
| Exemplar portfolio document | 23 |


PCPS

Parent Carer Peer Support in Children & Young People's Mental Health #CYPMHPCPS

Go back to contents page

# Background and context

The aim of the Children and Young People's Mental Health Parent Carer Peer Support (CYPMH PCPS) programme is to enable parents and carers with lived experience, supported by professionals, to help other parents and carers whose children are experiencing emotional and mental health difficulties.

The training outlined in this curriculum has been co-produced by parents and carers with lived experience and professionals. Through its delivery, NHS England's Workforce, Training & Education Directorate (NHSE WT&E) seeks to create a workforce that is sensitively and culturally aware of the needs of family members, due to their lived experience and representation of the local community.

CYPMH PCPS can work in every setting - community, inpatient, Family Hub, education, voluntary sector and within each quadrant of the **CYPMH Thrive** model. They can support parents and carers of children and young people who are in the very earliest stages of distress through to complex crisis presentations. In time, the programme hopes to develop further specialist modules with the aim of supporting CYPMH PCPS in more specialist pathways such as eating disorders or neurodevelopmental.

# Parent carer peer support practice examples across the Thrive model

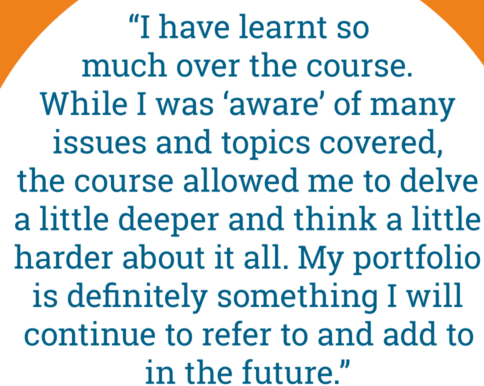
**Go back to contents page**

The trained CYPMH PCPS workforce will add value to community and inpatient Children and Young People's Mental Health Services (CYPMHS) and Young Adult (YA) services that are based in the NHS or voluntary sector, in Children's Services and Family Hubs. Training lived experience experts in this manner will create a workforce that Trusts and ICSs can be confident will operate in an integrated, evidence-based and safe way with services to improve outcomes for families. In addition, as we already know of PCPS graduates moving into roles such as Education Mental Health Practitioners (EMHP), it provides a further entry point for people with lived experience wishing to work in services.

Developing this potential workforce harnesses partnership-working with the voluntary sector and encourages mutual aid, supporting greater equity and diversity.

The project sprang from a 'social movement' of parents and carers who filled the gap in the services they received by setting up the sort of support they themselves would have welcomed. From the seed of these support groups, a new PCPS workforce is naturally emerging.

The **Charlie Waller Trust** has supported parent carer peer support projects and forums to come together with professionals within the **PLACE** network. PLACE members identified the need for bespoke training that reflected the needs of parents and carers and how they can support their children. They mapped the competencies required to the **NCCMH peer support** worker competencies. The resultant course outline was developed by the Charlie Waller Trust, **Charlie Waller Institute**, **Cellar Trust** and evaluated by **Centre for Mental Health.** The first pilot took place in 2022, delivered remotely, and offered nationally.



**"I have learnt so much over the course. While I was 'aware' of many issues and topics covered, the course allowed me to delve a little deeper and think a little harder about it all. My portfolio is definitely something I will continue to refer to and add to in the future."**

**PCPS trainee 2022**

Quality assurance is embedded within the programme (see assessment section). The CYPMH PCPS role is a complex one in which lived experience of supporting a child or young person with a mental health difficulty is an essential criteria. The ability to self-reflect is vital and this skill is developed throughout the course and assessed at the end. The mechanism for assessment is flexible and inclusive so that no prior formal learning experiences are necessary.

# Introduction

Parents and carers of young people and young adults experiencing mental health difficulties are among the least supported groups of all parents and carers. The early years support such as from health visitors, children's centres and primary school gate networks is limited and often not available to parents/carers of older children, young people, and young adults.

All the research we have suggests parents/carers need and want more help. Given the role they play and their desire to help, we need to identify new and innovative ways to enable parents/carers to help their children and young people, to access appropriate support, to help themselves and to help each other. When done well, this can take pressure off and complement the work of other services, improving the experience and outcomes of both child and parent/carer.

The power of CYPMH PCPS has been harnessed for many years through a range of informal peer support groups/networks across the country. However, often when parents/carers are looking for additional support, the current 'go to' offer is evidence-based behavioural management programmes such as **EPEC**, **Incredible Years**, **Triple P.** Whilst these programmes can provide impactful support to many, they are not the solution for every parent/carer, nor every mental health issue in children and young people. In addition, they are often time-limited and accessed by professional referral.

Feedback from parenting courses such as those mentioned above, shows that many participants value peer support above all other aspects of the programme. However, asking people to go on a parenting course, sometimes before they can access further support from a service can create feelings that the parent/carer is being blamed for the child or young person's experience and can be a barrier to participation.

Despite the huge improvements in access to Children and Young People's Mental Health Services (CYPMHS) in recent years, there remains a treatment gap and challenge to deliver early intervention. This gap, and the emphasis by NHSE WT&E on parent/carer as well as service user participation in CYPMHS, has led to more formal and informal CYPMH peer support groups and projects developing spontaneously across England and Wales. Parents/carers who have journeyed from navigating support services for their own children are now providing support to other families. At the same time, the **NHSE Quality Taskforce** has introduced the role of parental ambassadors into inpatient settings which will provide a complementary role.

Go back to contents page

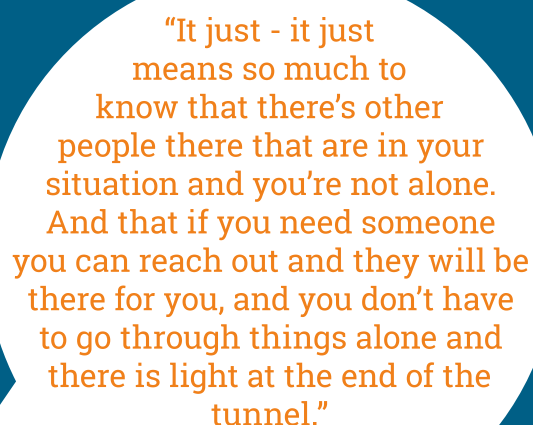
# Why now?

Over the last two years, reports by the Children and Young People's Mental Health Coalition[1], the Local Government Association[2], the Children's Commissioner[3] and an analysis by the Royal College of Psychiatrists[4] highlighted the continued strain on children, young people and their families exacerbated by the pandemic.

There is currently a significant shortfall in the children and young people's mental health workforce. Mental health problems are rising amongst children and young people, with parents and carers asking for help to manage their children's issues 24/7, whether a referral to Children and Young People's Mental Health Services (CYPMH) has been made or is in progress. NHSE WT&E has noted the impact of parent/carer peer support (PCPS) workers working in partnership with professionals to improve outcomes for their children and young people. Parents and carers value PCPS – a recent evaluation[5] of a PCPS service using standardised and validated measures as well as qualitative interviews concluded that over 90% of those who responded would recommend a parent/carer peer support service if a friend needed similar help, and over 80% agreed that a parent/carer peer support service knew how to help with their problems or they were working together to help with their problems. Parents and carers attending these groups report greater confidence in knowing how to help their child and to access appropriate support rather than presenting in crisis, and reduced anxiety. In turn, CYPMH PCPS workers can rapidly help boost capacity in the system, building on partnership working with voluntary sector partners and encouraging mutual aid.

The offer by CYPMH PCPS workers is distinct and different to that of Adult Peer Support workers. Support is given to parents and carers to help them to support their child or young person, as well as taking care of their own mental health and wellbeing, rather than directly to the individual with mental health issues.

NHSE WT&E is responding to the needs of families and believes that training more CYPMH Parent Carer Peer Support Workers (CYPMH PCPSWs) and their supervisors will provide families with additional support and expand the workforce, drawing from a pool of individuals who have, by experience, developed essential skills to offer help that goes across the whole pathway from early intervention through to crisis.



Go back to contents page

# How can parent/carer peer support help?

More trained and professionally supported and supervised CYPMH PCPSWs will meet the needs of families and support NHS and other services to:

- Reduce inequality in the workforce and access to support by providing needs led, inclusive and targeted support to different communities e.g., dads/male carers, adoptive families, and Black and ethnic minority groups, by creating a workforce that is culturally aware of the needs of family members since they have similar experiences and come from the same community.

- Provide responsive and effective support at the right time and right place, to meet the increased demand on already stretched resources exacerbated by the COVID-19 pandemic. These CYPMH PCPSWs will work in partnership with CYPMHS and local systems. Many services are experiencing increased waiting times whether for first assessment or to enter treatment. This can be magnified in communities that have in the past struggled to access timely support – for example parents and carers from minority communities, where they and/or their children are LGBTQIA+, or families with neurodivergence.

- Identify a new workforce. As services increasingly recognise the importance of involving parents and carers to improve outcomes in children and young people by supporting parents and carers directly, they are also concerned that diverting existing mental health staff depletes the workforce within existing services. The growth required of the NHS and the pressure that the COVID pandemic continues to place on both services and staff over the last two years has led to staff from existing services leaving to create new teams such as MHSTs, and to cover crisis and eating disorders. CYPMH PCPSWs are a new resource which, when professionally supervised and fully trained, can offer safe and effective support.

- Create opportunities for further professional development. As well as providing parents/carers in caring roles with flexible employment opportunities, this creates an entry point to work in services, particularly in communities that may not have previously considered a career in mental health services.

- Create opportunities to meet the needs of parents and carers that services have not been able to previously engage with, providing a bridge into services, decreasing stigma and fear and promoting a whole family approach to care.

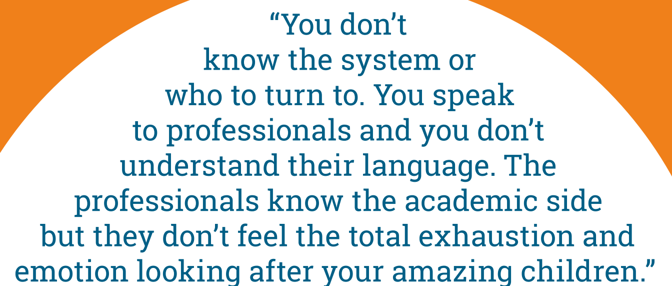
Go back to contents page

# Does it work? The evidence base

The Charlie Waller Trust (CWT) commissioned an **evaluation** of an established parent peer support project which operated in the Northeast for the last eight years. The Rollercoaster programme provided a range of support to parents/carers of children and young people whatever their mental health needs. The parent led, professionally supported service included individual and group work, was supported by children and young people's mental health services and was led by trained parent/carer peer supporters. Using validated measures approved by the **Child Outcome Research Consortium (CORC)**, the evaluation reported the following results:

- **91.4%** agreed/strongly agreed that they would recommend a parent/carer peer support service if a friend needed similar help.
- **87.8%** agreed/strongly agreed that they were listened to through the parent/carer peer support service.
- **81.7%** agreed/strongly agreed that a parent/carer peer support service knew how to help with their problems or they were working together to help with their problems.

Attendance at parent/carer support groups has been shown to increase knowledge through information-sharing, provide social support and increase understanding[6]. Parent/carer support groups can provide peer support and information to individuals undergoing similar experiences including knowledge-seeking, an aim to support their child, a need for support themselves and the opportunity to share experiences with others[7].



"You don't know the system or who to turn to. You speak to professionals and you don't understand their language. The professionals know the academic side but they don't feel the total exhaustion and emotion looking after your amazing children."

"Finding a parent peer support group is worth its weight in gold. They understand your emotions and how to navigate your way through the system, who you need to speak to and what to ask for. They also give you that bit of hope that things can get better, when you are at rock bottom. Life savers - no more words to describe the value of parent peer support."

**Parent/carer**

Go back to contents page

One study found that parent/carer support groups are helpful in three broad domains:

- The socio-political, which involved developing a sense of control and agency in the outside world.
- The interpersonal, a sense of belonging to a community.
- The intraindividual, which involved self-change[8].

In addition, evidence suggests that families who can help with solving problems, being able to communicate with services and give assistance in offering practical support, may help ensure better adherence to medication routines and regimes, including better outcomes for young people[9].

As a result of the desire to develop and support this PCPS workforce, a training package has been truly co-produced between parents/carers with lived experience and mental health professionals with training experience. The programme is:

- Co-delivered by a parent/carer with lived experience and a mental health professional with training experience.
- Meaningfully inclusive with diversity and inclusion running as a golden thread throughout and involves an entire teaching session dedicated to this topic.
- Needs led, reflecting the needs of parents, children, young people and their wider families.
- Accessible, including being open to all (no prior academic qualifications needed), online and flexible (enabling catch-up).
- Uses a blended approach of live/synchronous and self-directed/asynchronous learning activities (which can be completed at a time convenient to the parent/carer). The training package also involves 1:1 tutor support.
- Culturally competent; considering the needs of all community groups to ensure that PCPS can reach out in creative ways to ensure access for parents and carers who are or have children that are neurodiverse, those from marginalised communities, parents with mental illness or with substance misuse problems.
- Evidence-based and supports the development of the evidence base for PCPS.
- Quality assured with competency assessment of individuals and evaluation of the course to identify themes and areas for further training and support.

## Parent carer peer support training

The second cohort of PCPS training commenced at HEIs across the country in January 2023. It is provided as a continuing professional development (CPD) certificate to be open to all parents/carers regardless of prior educational attainment.

Go back to contents page

# Application process and pre-requisite arrangements

To date, places on the course have been advertised nationally through an 'expression of interest' (EOI) process. The application process asks for a joint application by a lived experience PCPS trainee and a service which could be the NHS, a voluntary sector organisation, education setting or a local authority.

Criteria and commitments for services and parent or carer trainees applied to the pilot course are set out in the table below:

| Service | Parent/carer |
|---|---|
| A service (statutory or voluntary or community sector VCS) which is or wants to offer parent carer peer support in children and young people's mental health (for children and young people up to 25 years). | A parent or carer who has lived experience of supporting a child with mental health difficulties who has an interest in or is already working/volunteering as a parent carer peer supporter. |
| Identify a parent or carer with lived experience to undertake the training and who is committed to providing parent carer support services. | Is supported by volunteering or working within a children and young people's mental health service and plans to either continue or hope to go on to provide support to other parents and carers when they have completed the course. |
| Will support the parent or carer throughout their training journey and beyond where possible to continue to develop parent carer peer support services. This includes both emotional and practical support regarding IT and online platforms such as Teams. | Can commit to attend the induction session, eight half-days online, take part in 30 hours self-directed learning and complete a portfolio.<br><br>Have basic IT skills and access to a laptop. |
| Nominate a CYPMH professional supervisor to undertake a one-day supervision training day and support the PCPS trainee during and after training by offering monthly supervision, and clinical and safeguarding advice. | Can provide a written or spoken supporting statement as to why they would like to undertake the course and any experience they have supporting other parents and carers. |
| Have all relevant organisational practices in place including insurance, safeguarding policies and financial management. Provide an opportunity for the parent/carer to undertake local safeguarding training. | Agrees to follow all the relevant organisational practices in place such as safeguarding policies and data protection. |
| Provide an induction to working within or alongside the CYPMH service. This should include introduction to key colleagues and clarity regarding service expectations (e.g., working hours, lone working policy, zero tolerance). | Is willing to participate in the organisation's induction process. |
| Is willing to participate in training evaluation and grant monitoring. | Is willing to participate in training evaluation and weekly course feedback. |

Go back to contents page

# Please note:

The first three courses were supported by a grant from Health Education England (now NHS WT&E) to support the PCPS workers to participate in the training. Grants could be used for: salary costs, back fill, expenses, childcare, purchasing resources, IT equipment. Services and parents/carers were asked to come to a mutual agreement about grant expenditure.

Where grant funding is not available, discussions may need to be held to determine what resources or support are required to enable the PCPS worker to access training.

# Course structure

The training package includes:

- Two half-day inductions (one intro and one technical to familiarise with IT platforms etc). The importance of attendance at these should be communicated to attendees and services at the outset – dates need to be set early enough to ensure maximum attendance.
- Seven half-days of live online taught content delivered fortnightly over three months (with additional breaks for school/college holidays). These days are led by a parent/carer with lived experience and a mental health professional with training experience. The days involve significant reflective components as well as information transfer. The connection between the learning outcomes, learning activities and the course assessment portfolio should be held in mind throughout the preparation and delivery of these days.
- Seven half-days of self-directed learning (SDL) content – suggested activity is detailed in the curricula, but this is framed to attendees as example content that they could explore within their SDL time. There is significant learner autonomy encouraged over this activity so their learning can be personalised (e.g., some attendees will need to do more learning around diversity and inclusion or legal/ethical frameworks than others). Specific SDL content cannot be predetermined as it will depend on each individual learner's needs, experience and interests. Bear in mind, some attendees may have been running PCPS services for a number of years, whereas others will be new to the role.

- One protected study day for attendees to work on their portfolio assessment.
- A half-day celebration event to occur after the portfolio assessment has been completed – a graduation event to mark both the hard work of the attendees and the experience of ending as a group.

Go back to contents page

# Teaching and learning strategies and scope

Live taught sessions involve the facilitators providing evidence-based content for discussion (what), significant small and whole group reflections on experience and learning (so what) and pulling together of next steps regarding implications for practice (what next).

Self-directed learning (SDL) content should be explained clearly to attendees at the end of each taught session to reduce anxiety and should be limited to three activities per 'afternoon' session (though attendees do not have to action this activity that same afternoon). SDL material is framed as suggested. Due to the diverse experiences in the room, people may have significant existing prior knowledge (e.g., may have been a school safeguarding lead) and so may use the SDL time differentially to address needs they have regarding other aspects of the programme (e.g., reflections regarding intersectionality). The meeting of the session learning objectives is central, as is attendee engagement in SDL; facilitators should emphasise choice, autonomy, self-efficacy and discovery rather than stipulating attendees have a prescribed means of doing SDL 'correctly'. For those attendees perhaps with less experience or less confidence in SDL, or for those who prefer a set structure of tasks, this will be clearly outlined for each of the SDL sessions.

Both the content and process of delivery is based on what existing members of the PCPS workforce identified as essential material and the curriculum is not designed to be an exhaustive or exclusive list of all things PCPSWs may need to know. Rather it is an introductory course to the role and the knowledge and skills they will draw on most within their unique position of supporting parents and carers from a peer perspective.

In particular, additional disorder-specific content may be provided by services on top of the PCPS training and services may consider liaison with evidence-based content tailored for wider audiences (e.g., content provided by **PPEP Care [Psychological Perspectives in Education and Primary Care])**. The PCPS training does provide some content regarding mental health difficulties and the evidence-based approaches (e.g., via SDL content on **MindEd**/ **Creative Education**); however, detailed discussions regarding disorders and treatment interventions (including those parent-led) are beyond the scope of the core PCPS training. Opportunities to further PCPSWs' knowledge and information-sharing around those mental health difficulties experienced most commonly in the settings in which they work (e.g., inpatient, community, MHSTs) could be well met by other members of the CYPMH workforce (e.g., Youth Intensive Psychological Practitioners, Children Wellbeing Practitioners, Education Mental Health Practitioners respectively).

Go back to contents page

# The training team – parent carer led, professionally supported

The training team must include a CYPMH professional who is also a trainer (e.g., a clinical academic) and a parent or carer with lived experience of supporting a child with mental health difficulties as part of the core delivery team. Guest speakers or additional tutors may be brought in to cover particular topic areas e.g., policy or navigating systems.

# Considerations for lived experience tutors

Lived experience tutors should be an integral part of the core training team and be recruited for their skills and knowledge in delivering training as well as their lived experience of supporting a child/young person with mental health difficulties.

# Lived experience tutors should:

- Be involved in planning, delivery, tutorials and marking. Extra support may need to be provided if they do not have experience with the academic organisational systems or have no experience in areas such as marking. The clinical academics should work alongside the lived experience tutor and can provide opportunities for joint working and shadowing as appropriate.
- Have access to supervision, support and reflection. This should include time and space to reflect on sessions generally and with a lived experience lens; linking with other lived experience tutors for peer support where possible. If a particular session has been triggering, it may be helpful for the clinical academic colleagues to provide additional support.
- Where necessary, be supported to recognise their own helping behaviours in order for them to find a balance between supporting and 'rescuing'. (Learning from the pilot courses has shown there can be a natural pull towards wanting to 'rescue' learners to help them succeed.)

## Considerations for CYPMH professional/clinical academic tutors working with lived experience tutors

Working in partnership requires significantly more time than working independently and this should be accounted for when allocating clinical academic resource to the programme. It is, however, essential to the success of the training and provides significant learning opportunities for all members of the training team.

Go back to contents page

# Clinical academics should:

- Be mindful of the power dynamics which can be mirrored from CYPMH service settings where mental health professionals are framed as 'expert' – this will need conscious and deliberate deconstructing on behalf of the mental health professional in the training team (noticing if they tend to lead without collaborative decision-making, use of jargon – clinical or academic etc).
- Be open and responsive to feedback from the lived experience tutor; creating an authentic culture of partnership working in which both parties can support, educate, correct and develop one another.
- Ideally, receive supervision or support from someone with experience in co-production.

Teamwork

The roots of PCPS come from parents and carers who have navigated support services for their own children. Whilst for some this will have been a positive experience, others will have had difficulty accessing support, as well as potentially traumatising experiences of seeing their children in crisis and life-threatening situations or, in the worst cases, have lost a child to suicide. This context needs to be held in mind for everyone involved in the training: the learners, tutors and administration team.

The very qualities that make PCPSWs so valuable are often borne out of experiences that bring with them certain vulnerabilities. Qualities such as empathy and knowledge that can only come from lived experience is a core strength of the role. Many PCPSWs come into this role and are driven by the very fact that they do not want other families to experience the system in the way that they did. By helping others, we can help ourselves and this is the reward of being in a lived experience role.

These vulnerabilities bring the potential of triggering experiences that will need support and understanding as the PCPSW navigates their own healing journey. Topics, discussions and reflective journals used on the training can be triggering, which may take learners and staff by surprise. These experiences will be individual and will need to be managed in a trauma-informed way. Some PCPSWs may also be in active caring roles and reasonable adjustments may need to be put in place to support these learners.

Go back to contents page

# Examples of such support and adjustments might include:

- Extra tutorials.
- Encouragement to use supervision to talk through triggers.
- Reassurance, repetition and clarity: particularly for those who may not have accessed any formal learning for some time and/or are adjusting to accepting themselves as a professional PCPSW in the workforce.
- Helping learners decide if they need to take a break and re-join another cohort of training if their caring or lived experiences are too overwhelming at this particular stage.
- Time-specific additional support: experience from the first three cohorts has shown us learners need increased support at the beginning and end of the course (towards portfolio submission dates, including extension if necessary).
- Not recording training sessions because of the often sensitive and deeply personal information learners may share during discussions and recognising that recording sessions would inhibit such discussions.
- Ensuring a safe and supportive space is maintained at all times, with agreed group expectations, and additional support measures put in place for particularly sensitive discussions.
- Ensuring that, unless agreed by prior arrangement, there is an expectation that cameras be on at all times. An exception might be if a learner has become triggered/upset and needs to take some time off camera.

It can be helpful to consider the parent/carer journey model detailed in the figure below:

The model, developed by parents and carers with lived experience is not linear; parents/carers enter, exit and travel in both directions depending on their needs at the time. It can be useful as a frame of reference and discussion tool to talk through with both lived experience tutors and learners.

In addition to the potential vulnerabilities outlined above, tutors should also be mindful to ensure accessibility of the materials and the assessment. Attendees may have been outside of an assessed learning space for a number of years and may not have the experience of navigating online learning platforms of some other groups of learners. As such, guidance material should be made available prior to the course start to demonstrate how to access the platform with additional 1:1 support on request to problem-solve barriers.

Go back to contents page

# Assessment

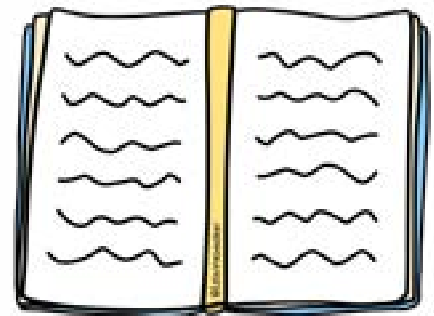
Successful completion of the PCPS course involves two essential criteria:

- 80% attendance at the live/synchronous teaching sessions.
- A completed portfolio illustrating learning from the programme in each of eight practice outcomes.

PCPSWs are expected to use reflective models in their portfolios. The portfolios can illustrate their learning in a range of formats (to suit the diversity of attendees' preferred learning styles). Training providers should be mindful that there is a diverse range of education experiences within PCPSW cohorts. Due to the entry criteria requiring invaluable lived experience, and not academic attainment, a significant number of trainee PCPSWs on the pilot training had not been in formal education for a number of years. Understandably, the assessed portfolio has the potential to create significant cohort anxiety and should be introduced clearly, confidently and with reassurance. A template should be provided as well as a range of exemplar material with emphasis on flexibility and creativity in how attendees may demonstrate their learning. See exemplar portfolio document at the end of this document for examples of written submissions.

Attendees can prepare any of the following:

- A written portfolio (word document or a series of photos of a creative reflective journal for instance). Including any appendices of evidence of SDL, this should be no longer than 30 pages in length.
- The self-directed learning log (and any evidence) plus a pre-recorded presentation of the PCPSW talking through slides (e.g., one to two per practice outcomes, max 40 mins).
- The self-directed learning log (and any evidence) plus a meeting with a member of the training team – in this meeting (max 40 mins), the PCPSW would talk through their learning and experiences in relation to the eight practice outcomes.



The proposed assessed practice outcomes are outlined below and are ordered in accordance with material covered across the programme. Broadly speaking, each of the practice outcomes matches each of the taught days of the programme. Some feature more broadly throughout (such as practice outcome 8 on interpersonal skills); however, this is included due to its importance as a practice outcome.

**Go back to contents page**

Practice outcome 1: Use of supervision

Practice outcome 2: Working with diversity

Practice outcome 3: The shared lived experience

Practice outcome 4: Knowledge of support services

Practice outcome 5: Self-care/community-care and support

Practice outcome 6: Legal and ethical frameworks

Practice outcome 7: Running PCPS services

Practice outcome 8: Interpersonal skills

Each outcome is marked as 'demonstrates reflection' or 'changes required'. Academic and lived experience tutors should discuss how any requirement for change is communicated sensitively to ensure that learners understand what changes need to be made and why. All attendees have an opportunity to resubmit one further attempt (usually within four weeks of feedback).

# Missed attendance

As outlined above, students must reach 80% 'live' attendance in order to be eligible for the CPD certificate. 80% of seven live sessions = approximately five-and-a-half sessions. As such, any attendee who misses two live sessions would need to 'top-up' in person with a future cohort.

For any sessions missed (as part of the 20%), attendees need to engage in catch-up activity to support their meeting of the learning objectives. A proposed catch-up model is outlined below:

- Attendees review slide material and/or screencasts missed and access an optional tutorial with a member of the course team. Attendees prepare a 200-word reflection on the missed session content as evidence for the portfolio and include as additional to the expected reflections on learning and practice.

For those that are in a caring role, the lived experience that is essential to the role can also mean attendance/completion of tasks is more difficult at times. A balance must be found between offering sufficient flexibility and reasonable adjustments to support learners with lived experience to access the training, whilst also ensuring the integrity of the PCPS course.

On occasion, this may lead to conversations with learners as to whether this is the right time for them to be undertaking PCPS training or whether they might need to re-join another cohort in the future. This can be incredibly difficult for parents/carers to process and come to terms with when they have a strong desire to help others, and so should be handled sensitively and compassionately with the options for the learner communicated clearly to empower them to make a choice that is right for them at the time.

Go back to contents page

# Training outline

The outline below excludes the half-day tech induction (supporting attendees to navigate the learning platform, the SDL activities and any portals for uploading their portfolio), the half-day course induction (which would introduce the two facilitators, outline the course, the portfolio, the history/context of the programme and the key stakeholders) and the half-day celebratory event planned for after the course is completed and the portfolio has been assessed.

In addition, drop-in sessions for tutorial support should be embedded within programme delivery as well as a mid-course 1:1 compulsory check-in for all attendees with a member of the training team so that any challenges in accessing support/supervision from the partnering NHS service can be problem-solved, attendee wellbeing can be supported, and portfolio progress can be discussed.

### Training includes:

- Seven x half days of live/synchronous, remote-delivered, training
- Seven x half days of self-directed learning completed at the attendee's convenience (asynchronously)
- One x protected study day

| Topic | Learning Objectives |
| --- | --- |
| **Day 1: Reflective practice and use of supervision**<br><br>This session focuses on the importance of professional and personal boundaries and staying safe in PCPS work. It also explores the value of supervision and self-reflection. | • Understand the importance of reflective practice<br>• Rehearse using a reflective model<br>• Evidence how reflection on PCPS skills/role influences practice<br>• Understand value of evidence-based supervision and making the most of the space (e.g., preparation of questions/ dilemmas)<br>• Clarity regarding supervision practicalities/expectations<br><br>**Suggested SDL:**<br>• Time to familiarise with portfolio, decide on reflective journal method, and to make contact with supervisor<br>• Complete reflective cycle on PCPS work completed in past seven days<br>• Engage in flipped learning regarding protected characteristics and the Equality Act (2010); this final component of SDL is necessary ahead of the next taught session |

| | |
|---|---|
| **Day 2: Diversity and inclusion**<br><br>This session aims to facilitate understanding of equality, equity, diversity and inclusion. And to ensure that **everyone** is included in this work. | • To reflect on who we are and how this informs how we experience the world around us<br>• Define diversity, equity, equality, intersectionality, unconscious bias, prejudice, discrimination, privilege, power, protected characteristics and minoritised/marginalised groups<br>• Understand that unless we actively work to include, we will be excluding; how to consider all parents/carers in our PCPS work<br>• How to apologise and how to 'upstand' i.e. to be an ally<br><br>**Suggested SDL:**<br>• Time to explore various diversity and inclusion resources for inclusion within the portfolio<br>• Complete reflective cycle on inclusive practice in PCPS work<br>• Engage in flipped learning regarding legal and ethical frameworks; this final component of SDL is necessary ahead of day five's teaching session |
| **Day 3: The power of the shared lived experience**<br><br>The aim of this session is to consider the other key roles and practices of peer support in relation to our practice including co-production and advocacy. It also facilitates self- and group-reflection of journeys into PCPS work and how these impact on practice. | • Understand some of the challenges of parenting and a recognition of the difficulties of raising a child with mental health challenges<br>• Reflection on experiences of parental mental health<br>• Understand how trauma impacts mental health<br>• Reflection on how lived experience informs our roles as PCPSWs<br>• Understand the importance of self-care<br>• Understand and rehearse core interpersonal skills<br><br>**Suggested SDL:**<br>• Explore material on active listening skills<br>• Complete a **MindEd** module (410-012 or 401-057)<br>• Read and reflect on '**PACE**: A trauma-informed approach to supporting children and young people' |
| **Day 4: Understanding and navigating the system**<br><br>The aim of this session is to ensure that attendees understand the history and context of CYPMH and to support attendees to develop skills in broadening their understanding of systems relevant to PCPS practice in the context of working with children, young people, parents and families, and service-related issues. | • Understand the aims, objectives and structures of children and young people's mental health services (CYPMHS), including MHSTs (Mental Health Support Teams)<br>• Understand the role of PCPS in the wider CYPMHS/MHST infrastructure<br>• Introduce co-production and how to facilitate this within your systems<br><br>**Suggested SDL:**<br>• Space for safeguarding top-up<br>• Exploring disorder/experience-specific resources for supporting parents/carers/families supporting children and young people with common mental health difficulties |

| | |
|---|---|
| **Day 5: Safety and self-care**<br><br>This session outlines and reviews spotting and managing risk in PCPS work. | • Understand the relevant aspects of legislation and context<br>• Consider boundaries<br>• Knowledge of key safeguarding processes<br>• Describe the wider ethical and professional issues encountered within PCPS practice<br>• Understand the challenges of lone working and looking after self, whilst supporting others<br>• Reflecting on self-care/community-care and signs of burnout<br><br>**Suggested SDL:**<br>• Complete personal wellness action plans<br>• Find organisation's lone working policy<br>• Breaking confidentiality worksheet |
| **Day 6: Working with groups**<br><br>This session focuses on enabling an understanding and developing skills in the setting up and running of groups. | • Understand the fundamentals of group set-up and management both online and in person<br>• Understand the interpersonal skills required in all PCPS work (features as a golden thread) and how this applies in different contexts (e.g., groups, online, WhatsApp etc)<br><br>**Suggested SDL:**<br>• Worksheets regarding group dynamics, group processes and interpersonal skills<br>• Reflective cycle on teaching for portfolio |
| **Day 7: Study day** | • Protected study day – to be taken at attendees' convenience |
| **Day 8: Endings, transitions and new beginnings** | • Understand the key elements of ending work and signposting<br>• Appraise your personal strengths and weaknesses in training and experience, and reflect upon the implications for your further training needs |

Go back to contents page

# Acknowledgements and thanks

This curriculum was drafted between May 2022 and April 2023. The development process was commissioned by Health Education England, now NHSE WT&E. The curriculum evolved from extensive parent/carer peer support focus group work led by Wendy Minhinnett, Parent Carer Lived Experience Lead, Charlie Waller Trust and members of the PLACE network. Its further development was supported by Kathryn Pugh, Strategic Consultant for the Charlie Waller Trust.

In addition, special thanks to all the following co-authors and reviewers:

Dr Hannah Vickery, Associate Professor in Clinical Psychology, University of Reading – lead author

Sue Howson, Lecturer in Parent Training, University of Reading

Nikki Chapman, Training Co-facilitator, Lived Experience Partner, Charlie Waller Trust

Jane Cannon, Lived Experience Partner, Charlie Waller Trust

Dr Markku Wood, Assistant Professor, Northumbria University

Clare Devanney-Glynn, Training Co-facilitator and parent/carer with lived experience, Northumbria University

Graduate reviewers from PCPS pilot course:  Annie Grady, Hansa Raja, Rebecca Sutton

Leanne Walker, Drawings and Illustrations

Go back to contents page

# References

1 https://cypmhc.org.uk/publications/cypmhc-members-report-2021/

2 https://www.local.gov.uk/publications/supporting-children-and-young-people-their-mental-health-and-emotionalwellbeing

3 https://www.childrenscommissioner.gov.uk/the-big-answer/

4 https://www.rcpsych.ac.uk/news-and-features/latest-news/detail/2021/04/08/country-in-the-grip-of-a-mental-health-crisis-with-children-worst-affected-new-analysis-finds

5 https://ayph.org.uk/rollercoaster-is-a-successful-intervention-to-support-the-parents-of-young-people-with-mental-health-problems/

6 Kingsnorth, S., Gall, C., Beayni, S. and Rigby, P. (2011). Parents as transition experts? Qualitative findings from a pilot parent-led peer support group, Child: Care, Health and Development, 37(6), 833-840; Hammarberg, K., Sartore, G., Cann, Warren and Fisher, J. R. W. (2014). Barriers and promoters of participation in facilitated peer support groups for carers of children with special needs, Scandinavian Journal of Caring Sciences, 28(4); Jackson, J. B., Steward, S. R., Roper, S. O. and Muruthi, B. A. (2018). Support group value and design for parents of children with severe or profound intellectual and developmental disabilities, Journal of Autism and Developmental Disorders, 48(12), 4207-4221.

7 Afredsson, E. K. and Broberg, A. G. (2016). 'Universal parent support groups for parents of adolescents: Which parents participate and why?', Scandinavian Journal of Psychology, 57, 177-184

8 Solomon, M., Pistrang, N. and Barker, C. (2001). The Benefits of Mutual Support Groups for Parents of Children with Disabilities. American Journal of Community Psychology, 29, 113–132.

9 Abdinasir, K. and Pona, I. (2015). Access denied: a teenager's pathway through the mental health system, London: The Children's Society.

University of Reading

# Trainee Declaration

# EXEMPLAR Practice Portfolio

## Parent Carer Peer Support Training

Charlie Waller Institute - School of Psychology and Clinical Language Sciences

Please note that this anonymised EXEMPLAR contains examples of *how* the portfolio can be written and *how* it can be used. You do not HAVE to do it like this as this is an example.

| **IMPORTANT: STATEMENT OF AUTHORSHIP** | |
|---|---|
| **TRAINEE DECLARATION: I confirm that this submission is my own work and that I have obtained the required permissions and anonymised data relating to parent/carer confidentiality where applicable.** | |
| Attendee Name: | |
| Attendee Signature (typed is accepted): | |
| Employing Organisation: | |
| Date: | |

This document is designed to outline one possible way of structuring the portfolio assessment which is looking to see our parent carer peer support workers reflect on how they have met 8 practice outcomes.

The deadline for the portfolio is 5pm on ______________________. You will be sent a link to a Sharepoint folder which you upload your content to ahead of the deadline.

Broadly speaking, each of the practice outcomes match on to each of the days of the programme. Some feature more broadly throughout (such as practice outcome 8 on interpersonal skills), however this is included due to its importance as a practice outcome.

Please note, you can submit the portfolio in a way which meets your learning needs/person style of reflection best; you do not have to use this template. You can prepare any of the following:

- A written portfolio (such as this document OR a series of photos of a creative reflective journal for instance). Including any appendices of evidence of SDL, this should be no longer than 30 pages in length.

- The self-directed learning log (and any evidence) plus a pre-recorded presentation (set up a Teams meeting with yourself and record it or use PowerPoint record slideshow function) of you talking through some slides (maybe 1-2 per practice outcomes; max 40 mins).

- The self-directed learning log (and any evidence) plus a meeting with a member of the training team – we would arrange a meeting (max 40 mins) in which you can talk through your learning and experiences in relation to the 8 practice outcomes.

Within both the SDL log and in discussing the practice outcomes (written or verbal), you are expected to use a reflective model to capture your learning and experience. For each practice outcome, we want to see you reflect on your **learning** from the course as well as reflecting on your wider experience, both in the PCPS role and as a parent/carer with lived experience.

Please do reach out to the course team with any questions. We are here to help and will readily meet with you for an academic tutorial to review a draft section/your SDL log and/or answer any questions you might have.

Remember, the portfolio is about us hearing what you have taken from the course, how it fits with your experience in the area, and how the learning has informed change in your practice/informed what you will do in the future.

Good luck and know we are here to help!

# Portfolio Checklist

| Clinical Portfolio Item | Included ü (Trainee to tick when complete) |
| --- | --- |
| Trainee declaration | ☐ |
| Self-directed study log | ☐ |
| Practice Outcome 1; Use of supervision | ☐ |
| Practice Outcome 2; Diversity and Inclusion | ☐ |
| Practice Outcome 3; Knowledge of Support Services | ☐ |
| Practice Outcome 4; Running PCPS services | ☐ |
| Practice Outcome 5; The Shared Lived Experience | ☐ |
| Practice Outcome 6; Self-care/Community-care and support | ☐ |
| Practice Outcome 7; Legal and Ethical Frameworks | ☐ |
| Practice Outcome 8; Interpersonal skills and endings | ☐ |

# Self-directed Learning Log

*Insert more rows as necessary*

An expectation for the course is that you keep a record of all self-directed learning undertaken. This will include the time spent working through the proposed ‘afternoon’ material of the teaching days; this does not have to have been completed on that day but should equate to half a day of work related to each teaching day. In total over the course, you should demonstrate over 30 hours of self-directed learning. Please add more rows as needed.

| Date (DD/MM/YY) | No. of hours | Practice outcome | Content of self-directed learning time and reflections on learning |
|---|---|---|---|
| **EX/AM/PLE** | **1.5** | **1** | **What:** Spent time reading about the gender spectrum and the work of the charity Mermaids which supports transgender, non-binary and gender diverse children, young people, and their families.<br><br>**So what:** I found the ‘resources for parents’ page really helpful with the different videos answering some of my questions.<br><br>**Now what:** In the Action for Children Gender Identity Guide, there was a useful glossary of terms which I have printed out to help me in making my language more inclusive. Going forward, when supporting parents/carers of transgender, non-binary and gender diverse children, I will signpost them to this website and to the parent hotline as an additional route for support. |
| | | | |
| | | | |
| | | | |
| | | | |
| **Total hours:** | | | |

# Practice Outcome 1

**Use of Supervision: Demonstrates the ability to use supervision to the benefit of parents and carers. This section should also include reflections on a specific supervision session.**

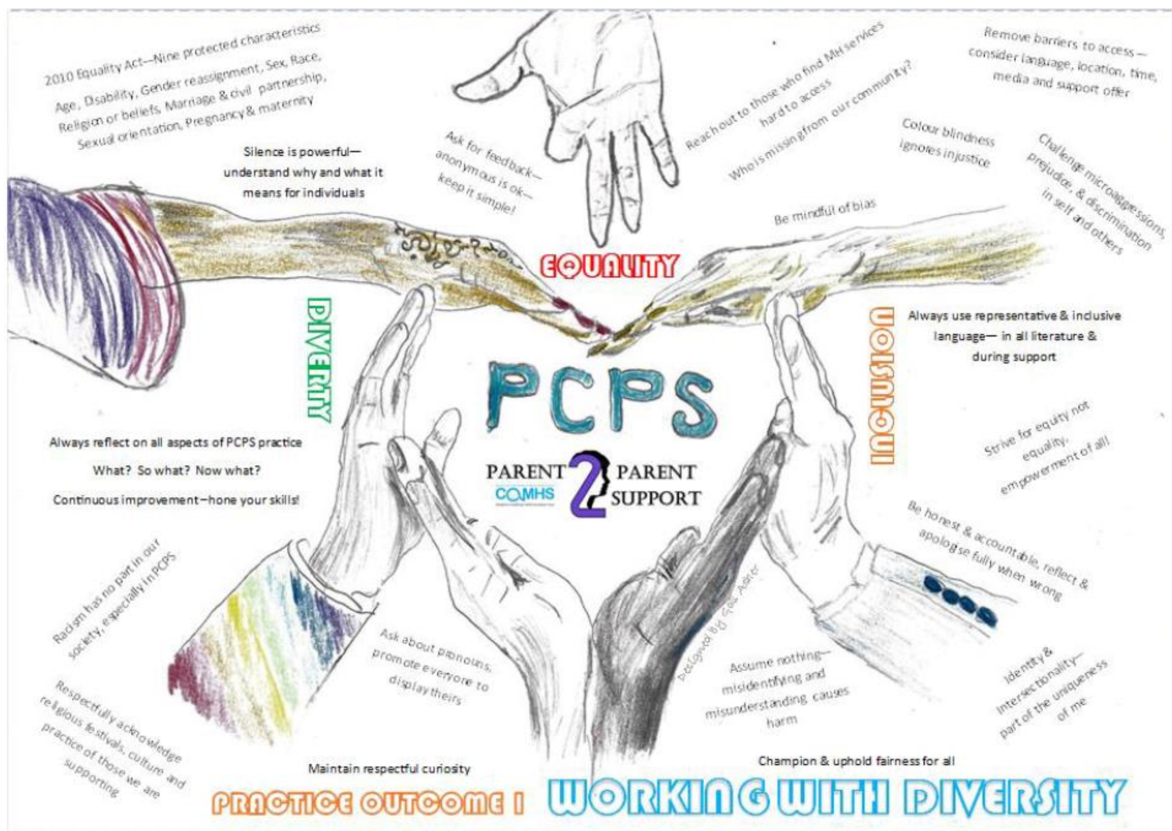
*Examples of things you might reflect on include details of the supervision arrangement you have in place and how this supports you in various ways in your work, why you think supervision is important in PCPS work and details of how you prepare for supervision. Please finish by choosing one specific supervision session to reflect on in further detail outlining the questions you took, the learning your gained and the outcome of the agreed actions.*

| **Evidence**<br>Provide a reflective summary to demonstrate how you have achieved this practice outcome with appropriate examples. |
|---|
| Prior to this course I had not encountered supervision and this has been an enlightening and incredibly useful way of me improving the support I can provide and reflecting on how I support Parent Carers. My Supervision is with Dr [redacted] who is the Primary Mental Heath Specialist Lead for CAMHS in our area. We meet monthly for an hour to discuss Parent Carers that I am currently supporting as well as sharing information with each other about how our respective services work.<br><br>Our initial sessions focused on individual Parent Carers I was supporting; this was very helpful for increasing my own knowledge and awareness of CAMHS processes and other support services surrounding mental health in children and young people. By listening to how Laurie delved into a case, it also made me reflect on how I support Parent carers and what type of questions I ask to help uncover underlying needs.<br><br>As I was feeling the benefits of supervision, I started to talk to [redacted] about my growing team of Peer Supporters and ways I can implement the same type of support with them. This has been a great space for thinking about how I enable new staff to deliver a high level of support and keep growing their own skills.<br><br>**Case Study:**<br>In supervision, I expressed to [redacted] about how much Parent Carers would benefit from talking to her and understanding more about how CAMHS works and what other services are available for their young person. I asked how we could facilitate this? We have now arranged an online question and answer session with CAMHS together for our families in January. [redacted] has also suggested some other local services that we could invite for similar sessions, I hope this will help us to continue building links with mental health services and opening up more information for the families we support. |

# Practice Outcome 2

**Skills in Working with Diversity: Demonstrates the ability to thoughtfully consider and actively engage/include parents and carers from diverse demographic, social and cultural backgrounds.**

*Examples of things you might reflect on include any adaptations you have made in your work to include different parents' and carers' viewpoints and needs. For example, use of interpretation services/self-help materials for parents and carers for whom English is an additional language, adapting group invitations for people with learning or literacy difficulties, including diverse representation in the support you deliver (e.g., inclusion of Black parents, references to Dad and Dad, inclusion of those with physical health difficulties, knowledge of and recognition of religious celebrations). Please finish by choosing one example of your practice to reflect on in further detail using a case study.*

| **Evidence**<br>Provide a reflective summary to demonstrate how you have achieved this practice outcome with appropriate examples. |
| --- |
| <br> |

As a white middle-class privileged woman, it is easy not to identify with the challenges and inequalities that many less privileged groups experience. However, I am a mother of three children of mixed race, they are not white like me and two of them identify with the LGBTQ community. Watching them grow up I experienced second hand the prejudice they endured from white peers and how devastatingly hurtful it was to their self-esteem to be victims of verbal assault and racial slurs, based on the colour of their skin. Earlier this year, due to a medical emergency I had severe mobility issues. Attending a public event for me during this time was overwhelming as my access to places was severely limited due to my condition and I had to continually ask for help or special concessions. The entire experience left me feeling humiliated as it appeared that nobody was aware or understood what or how to meet my needs. Upon reflection this horrible experience has made me appreciation a little, what it must be like to be disabled in a world where you are mostly invisible to normal people.

**Case Study – Working with Mental Health Illness**:

- Mum of three young children, all under the age of 5yrs one of which was 5 months old (breast feeding). One child had chromosome deletion, ASC and ADHD, one child with brain defect and hip dysplasia
- Mum had diagnosis of EUPD, history of self-harm, anxiety and hyper mobility. She was struggling to leave the house due to mobility issues, logistics of 3 young children, no method of transport and struggled to manage out of the home. Mum was feeling lonely, low mood and isolated whilst finding it difficult to appreciate children's needs
- My initial contact with mum was via 1:1 SMS which then progressed to 1:1 support face to face
- I suggested mum attending the C.H.A.T.S local face to face group so that she could socialise, meet others in a similar situation, meet our other PCPSW's and CAMHS workers. I suggested that this may help mum feel less alone, more connected and motivated. Mum showed an interest in attending the group. But she felt that she would not be welcomed into the group due to her own MH illness and her visible self-harm scars. Mum felt a fear of being judged, anxious about socialising and going into a room of people that she didn't know. Mum was also anxious about leaving her 5-month-old at home as she was breastfeeding
- I discussed the barriers mum faced with my supervisor and colleagues. We all felt that the group would welcome mum without judgement and that it would be beneficial for mum is she were to attend. We discussed the potential for self-harm scars to trigger another parent and concluded with a plan to support individual should this happen (1:1). It was agreed that because mum was breast feeding, she could bring baby to the session. We have a group agreement at the start of every group and felt this would also help mum feel safe within the group.
- Mum felt comfortable and reassured by this.
- To address anxiety, I arranged to meet mum outside of the building and walk in with her. Once in the room I introduced mum to my colleagues and made mum a cup of tea and sat with her until the start of the session. Throughout the session I

was attentive of mum's feelings and checked in with her during the break and at the end of the session

- Feedback from mum was fantastic. She reported feeling welcomed into the group and did not feel judged for her mental health. Mum also felt that the group helped her to realise that it is "okay to find it difficult being a mum at times". Mum has even attended the group independently since.

# Practice Outcome 3

**Knowledge of support services available to parents and carers: Demonstrates knowledge of a wide range of resources to share with parents and carers and shows competence in how/when to communicate these**.

*Examples of things you might reflect on include local and national support services which you have signposted parents and carers to and in what circumstances as well as details of how you share this knowledge and make the information accessible. Please finish by choosing one local support service to reflect on in further detail.*

**Evidence**

Provide a reflective summary to demonstrate how you have achieved this practice outcome with appropriate examples.

OUTCOME 4 – Running Parent Carer Peer Support Services

I haven't yet started running a PCPS service. I am doing the course to give me the knowledge, skills and confidence to set up PCPS services in my local area. I am looking forward to drawing on the experience of my fellow learners in this role as well as learning from the actual course itself.

What?

When I was looking after my daughter through her depression, I felt completely isolated and alone. While we were able to access (limited) support for her, as a family, we did not feel supported at all. Although I reflected this back to the services involved after her death, I believe this area of support is still extremely lacking. My driving force in finally deciding to do something about this situation has been watching a friend, whose daughter is extremely ill in the same way that mine was, struggling to cope in the same way that I did. In an ideal world, no family should ever have to face the trauma of mental ill health alone; in a less than ideal world, I would like to help as many families as I can to feel less alone. This could potentially be done in the form of a parent / carer peer support group.

The aim of the group will be to provide parents and carers with support so that they can better care for and support their children who are suffering mental health difficulties, such as depression, low mood, anxiety.

So What?

Initially, I was attempting to look in to, and potentially run, some kind of group on my own, with a like-minded friend helping me. However, the manager of Barnardos, who has been supportive of my ideas, signposted me to the CWT course and I have begun to work with both Barnardos and CAMHS with a view to setting up a group, which I would run with their support. I learnt more about co-production through the course, and particularly enjoyed the visual aid of 'Squares and Blobs' when considering my role!

Our role will be to provide an understanding ear, to provide practical advice (where appropriate), to signpost to relevant services and resources, and to feedback to those services so that they can better serve those who are using them and to generally support families so that they feel less alone in their journeys.

I do have a little experience in running support groups through my work with SANDS (Stillbirth and Neo-Natal Death Society). I ran monthly support meetings for two years and offered email support and one-to-one meetings. I would like to offer a similar service to parents and carers whose children are suffering mental ill health.

What now?

Although our SANDS meetings were successful and I had positive feedback from the parents who we helped, I felt nervous at every meeting. I worried that I wouldn't be able to maintain focus on what we were there for – to talk about our babies and support each other in our journeys.

I think with the PCPS group, I will perhaps need to offer a bit more structure to make sure that parents and carers get what they need from the meetings. I think I will also need a bit more back up to help me run the meetings. I will also need to take feedback from people using the service to find out how they have responded to what we are offering and what else we could do to improve our service.

# Practice Outcome 4

**Running parent and carer support services: Demonstrates competency in planning, undertaking and recording a parent and carer support offer (this may be group, 1:1, and/or a social media page).**

*Examples of things you might reflect on include the learning from the course and/or your previous experiences, your experiences of exploring existing PCPS offers and learning from others. Please finish by choosing a recent PCPS piece of work you have contributed to since the start of the course; outline what it is, what you have done, the learning you have taken and the impact it has had so far.*

| **Evidence**<br>Provide a reflective summary to demonstrate how you have achieved this practice outcome with appropriate examples. |
|---|
| In my PCPS role I will be responsible for running regular face to face meetings for parents/carers. My organisation ██████████ will advertise the “ Chill N Chat “ session on their website; there is a separate page off the main page for parents/carers and a list of the upcoming available workshops to book onto. Though I am not directly involved with the promoting of the event, since participating in this PCPS course I have become more aware of inclusivity so I may request that the website features more photos representing diversity as well as genders (the site mostly features women); to encourage a wider range of participation.<br>I feel I have more information now, going forward to undertake running a group. I think it’s important to have two facilitators, in the event there is an emergency, 1 person can remain with the group whilst the other gets help (in an emergency), it would be reassuring if at least one of us is first aid trained. I will want to know that the venue is accessible to all, adequate parking, transport links, properly lit areas so people feel safe to come during the winter months when there is little light. Face to face meetings are helpful in building connections and encourages people to feel empathy with one another. However, there is more chance of individuals comparing each other, possibly thinking that their problem is bigger or less important than another. One way to help eliminate this is to remind everybody of the common group purpose, which is to provide support. Going forward , I will remember to use the acronym VAN so I can validate, acknowledge, and normalise after a parent/carer has shared something with the group. For example, I might say “ thank you for sharing your experiences with us, it takes a lot of courage to open up and talk about these difficult things and it’s understandable that you must be absolutely exhausted having to deal with all of this “. I will also remember to use some “ Ice Breakers “ and humour to help appear warm and friendly, for example “ what is the worst advice to hear ! “.In order to keep things positive, I may share success stories and ask the group to think of one positive thing to share before they leave (only if they want to share ) and to gather feedback from the attendees, I will ask for completion of a paper questionnaire. |

# Practice Outcome 5

**The shared lived experience: Demonstrates reflection on one's own journey into this role, the value of sharing experiences alongside the importance of appropriate boundaries, and the importance of co-production.**

*Examples of things you might reflect on include your personal journey into the PCPS role and how this adds value to the parents and carers you support, recognition of how you best balance self-disclosure with the maintenance of appropriate boundaries, how you monitor this and adapt where necessary (e.g., noticing you accept later/longer phone contact with a parent who you feel very fondly towards), how you balance the role with your own commitments/needs as a parent/carer and as an individual.*

| **Evidence**<br>Provide a reflective summary to demonstrate how you have achieved this practice outcome with appropriate examples. |
|---|
| I believe that the many responsibilities I have held in life will be valuable to the parents and carers that I will be supporting in the PCPS role. I have learnt how to understand and better manage the complex and challenging behaviours of teens and young people experiencing conflict and distress, both in my role as a teacher of performing arts (Dance) in [redacted] UK, as well as being a single parent for a period of time to three children; two of which were were diagnosed as young adults with ADHD, OCD and traits of borderline personality disorder. I learnt as a parent to work with social services; as a teaching assistant to work with young people with autism and complex communication issues; and I have provided text support to adults and young people, struggling to cope. My experiences have assisted me to communicate with parents as well as professionals such as GP's, Teachers, School Principals, Psychologists, Social Workers, Counsellors, Psychiatrists and Solicitors. Parents and carers will feel reassured by my ability to remain calm under pressure and confidence in helping them reach the right support.<br><br>As a teacher I have learnt to be less judgemental and appreciate individual effort, more. Working at a high school [redacted], I gained insight into the adverse childhood experiences that some of my students were living Their daily struggles relating to forced adult responsibilities because of imprisoned parents, household adversity (a one-bedroom apartment to house 5 family members) and violence/coercion relating to forced gang membership. Just getting to school each day was an immense effort, for these students. This taught me how to respect individual effort;  what appears small may not be so for some individuals. This will help me realise and show gratitude towards the efforts of the parents that I will be supporting as well as helping them to recognise this in their own children. Additionally, as I think back to when I was a single parent, I was masking my feelings of exhaustion and stress that came from the huge demands of working full time and parenting three children ( 2 teens and 1 child ). I often presented as being calm and in full control but underneath I was overwhelmed and in denial about my children's distressing behaviour. I was unable to reach out to friends and family for help because of how shameful I felt for not being able to cope with the situations and wanted to maintain an "all is fine" exterior. Finally, I reached out to social services and got the help of a social worker that directed me to parenting education. This experience will help me feel and demonstrate compassion towards the parents and carers that I will be supporting, as I will be able to better recognise and identify the difficult challenges and vulnerabilities that parents and carers face. |

I realise that my own childhood traumatic experiences may have assisted in my hypervigilance towards wanting to take care of everything and everybody whilst maintaining a calm exterior; sometimes pre-empting difficult situations for others, to keep the peace. Going forward I will be mindful of this and my need to problem solve "make everything right ". In the PCPS role I need to be clear on the boundaries that separate my own individual needs and that of the needs of the role to provide professional support, which benefits the parent/carer and not me as the individual. Maintaining boundaries also makes me realise that my life story and experiences are not essential to all , especially to those are experiencing something similar. I will share my experiences only if it is going to help move that person through their ordeal and what is essential to provide that person with the support they need.

# Practice Outcome 6

**Self-care/community-care and support: Demonstrates experience and competence in self-reflection, recognition of the importance of peer support worker wellbeing and resilience, and evidence of taking action to seek support when needed.**

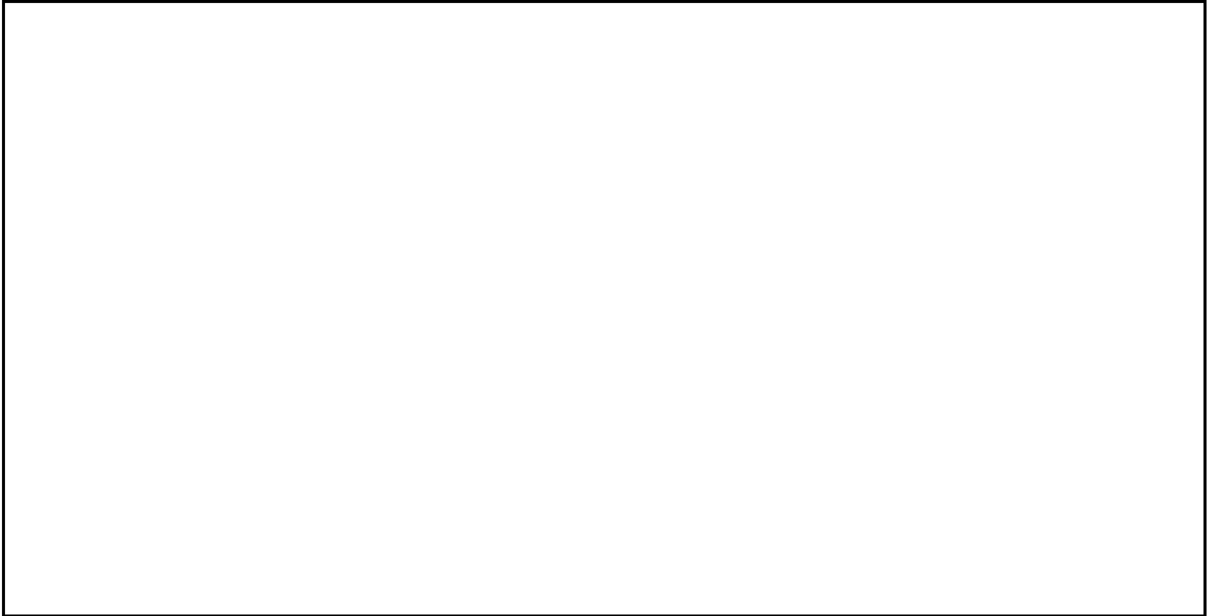
*Examples of things you might reflect on include recognition of the importance of self-care/community-care in maintaining your own personal wellbeing within the role, examples of what helps you personally and times when you have used these, reflections on how you recognise when things are feeling overwhelming and what your action plan is to manage these times.*

| **Evidence**<br>Provide a reflective summary to demonstrate how you have achieved this practice outcome with appropriate examples. |
|---|
| Prior Knowledge<br>Professionally<br>IMROC training encouraged me to consider my own self-care, goal planning and wellbeing tools and provided more detailed reasoning for supervision, but these still didn't dovetail together nicely.<br><br>Personally<br>My experience of parenting two children, one of which is a wonderfully funny, creative, amazingly practically skilful, neurodiverse, hyperactive, highly anxious, sometimes violent, aggressive, several times knife-wielding, frequently substance abusing, school avoiding son-has been a complete rollercoaster, but provided a brilliant foundation for developing skills and experiences useful to draw on as a PCPSW. It's allowed me to learn more about my self from which I have grown. This experience has made me very resilient, resourceful, and determined, to the point that historically, when things seemed on a fairly even keel at home, I felt invincible–I could do everything, help everyone else(perhaps it was a welcome distraction)and take on the world. I can fit something else in, no problem, but will lose an hours sleep to do so; it didn't matter. But it does. It catches up, eventually, and that euphoria of achieving something or really going the extra mile doesn't help me through an unpredictably difficult time at home–I'm left feeling physically drained, emotionally wrought out, running on empty. On reflection, a few times I have teetered on 'the edge' through not prioritising my wellbeing.<br><br>New Knowledge and future PCPS practice<br>Professionally<br>For over two years, my work was fully remote; isolating without the camaraderie of 'in person' teamwork, which I find inspiring. This new learning, coupled with experience, has prompted me to again reflect upon my own wellbeing-what and how my actions enhance or undermine it, and what best helps me to cope. I know |

that if I have faced a particularly challenging support session, I can reflect upon it (individually or in a group) in a balanced way and determine if and what I need to do and raise with other colleagues; judge whether it can wait until a supervision, or if there is a requirement to take action immediately, such as a safeguarding concern. Reflection, followed by decisive action when necessary, prevents prolonged rumination, allowing me to move on(See Appendix 8 Supervision).I feel in a much better place than18 months ago when I was covering virtually all PCPS requests by myself –through circumstances rather than choice. At times I felt incredibly pressured, balancing work and home; I am pleased there is now a team of PCPS, one member with fixed hours, so the requests can be shared-my level of involvement ebbs and flows according to my availability, mainly dictated by family life, but also to preserve my wellness.

I recognise my robust supervision will continue to provide a safe harbour as we walk the PCPSW tightrope–we listen to family experiences of difficulty or inconsistent care; further compounded by services failing to provide timely acknowledgement of these shortcomings, learn from them, and bring about positive change. Or ensuring we do not become demoralised when witnessing amazing, creative work and dedication of our CYPMHS colleagues, but realise it is just a drop in an ocean of need. I have benefitted from a boost through positive recognition too, in addition to the regular PC feedback.

Personally, family stress is best relieved through our attendance at a local autism support group who welcome the whole family –parents, siblings and the individual. To connect with friends and other parents who ‘get it’, provide empathy, validation and share ideas is quite honestly liberating and recharging –exactly the PCPS values we champion. Cuddling my dog and walking her every morning in local countryside, enables me to be grounded and mindful, approaching each new day with a clean slate and optimism. I feel a great sense of this when in nature, perhaps away in our touring caravan, which I love. We try to take regular breaks away as a ‘preventative’ measure–credit in the bank for a rainy day! Fishing is a great relaxer for my son, and he’s got us all hooked (!) -his calming ripples out to us, so we become more chilled too. As an occasional churchgoer, I know my Christian faith helps me too. This increased self-awareness of my protective factors, including life experience through age, has allowed me to become more open and honest –the younger me had to cope and carry on and to admit anything other was a weakness or fault. I am now much kinder to myself- I can step away, and plan down time accordingly –which conversely, I now see as a strength of character, and recognise it helps me to provide better support to others. I am thankful for this opportunity to re-exam and understand myself yet more deeply.



# Practice Outcome 7

**Legal and ethical frameworks: Demonstrates knowledge and understanding of confidentiality, consent, record-keeping, safeguarding and risk management expectations.**

*Examples of things you might reflect on include recognition of the importance of confidentiality, consent, record-keeping and safeguarding, reflection on your role in managing these processes, when/how safeguarding concerns would be escalated, and knowledge of what is outside of the scope of the PCPS worker.*

| **Evidence**<br>Provide a reflective summary to demonstrate how you have achieved this practice outcome with appropriate examples. |
|---|
| The course has reminded me of the training that I did earlier this year, in preparation for the PCPS role. I recall the responsibilities of safeguarding to be upheld by law. Working together to safeguard children (2018) legislation states that parents/carers have the primary care for their children, though local authorities, working with partner organisations and agencies have a statutory duty in the safeguarding of all children and young people, in their area. This means that if a parent/carer tells me something that suggests that there could be a risk of neglect, physical, emotional, or sexual abuse, then I have a legal duty to pass that information on.<br><br>I understand about confidentiality and the need to preserve this which means that even when I am discussing parent /carer issues with my colleagues or supervisor I must keep the parent/carer details anonymous (e.g., Hannah or HV) unless there is a potential safeguarding risk. Consent from the parent/carer must be obtained before there is any moving forward towards co-production, involving other professionals, agencies, or organisation, unless again there is a safeguarding risk in which case, I would have to inform the parent/carer that I have a duty to report it, unless by telling them put the child or parent/carer at an increased risk of harm. All occasions of contact with parent/carers should be recorded, including date, time, factual description of what took place and signed; records are available for sharing with other agencies, when essential in legal circumstances.<br><br>Going forward, depending on the level of risk I would speak to my supervisor or safeguarding lead first. If they were not available, I would need to contact our local authority- Kirklees Safeguarding Children Partnership for further advice. If the threat of harm was imminent, then I would need to contact social services and or the police immediately. |

# Practice Outcome 8

**Interpersonal Skills: Demonstrates the common factor competencies necessary to form and maintain supportive relationships with parents, carers and professionals involved within CAMHS.**

*Examples of things you might reflect on include warmth, verbal and non-verbal behaviours communicating empathy and validation, the use of accurate summaries, appropriate use of humour etc. It would also be good to reflect on your experiences of maintaining relationships in the face of challenge; for example, how have you managed heightened distress, silences, endings or ruptures.*

| **Evidence**<br>Provide a reflective summary to demonstrate how you have achieved this practice outcome with appropriate examples. |
|---|
| Being able to establish a connection with the parent/carer is the first important step to build a relationship of trust and support. I have learnt that body language is unconsciously interpreted in face-to-face meetings and can be considered threatening or inviting even before words are exchanged. Therefore, I am mindful to appear positive and friendly by smiling and non-threatening by not folding my arms, even if I am uncomfortable and cold. If we are sitting, I will position my chair so that it is not imposing by being too close and angle my seat towards them, to show that I'm engaged and attentive to what they are saying. Strong listening skills are required and to demonstrate this it can be productive and validating to the other person if you feed back to them what you think you have understood, by what they have said. There is a risk of summarising incorrectly, however this process can clarify any misunderstandings and together with empathy and validating how a person is feeling, can help to build upon trust.<br><br>In the past I was a teaching assistant in a specialist provision department, at a local high school. This was during covid, and the entire school was under enormous pressure to follow the government covid guidelines. These were changing regularly, which created a lot of stress for both students and staff to maintain. I was encouraged to maintain relationships with the students, even if they were rude and poorly behaved, to be able to continue supporting them, long term. There was an intense occasion in a SEND classroom where I was the only teacher present. Some male students were verbally abusing the only female student in the class, I had to calmly, respectfully but with authority and conviction tell them to stop and explain without threats why it was wrong for them to behave in this way. Initially they responded with rudeness and disrespect, but I maintained my dignity and professionalism and continued to reiterate what I had said and stayed calm. They eventually stopped, then were dealt with outside of the classroom by a department head. My relationship continued as normal with them, providing them support in class. Had I reacted punitively, I would have broken the trust and respect that we had and not been able to continue supporting them. |

Going forward in the PCPS role, I anticipate that some parents may be experiencing overwhelmingly stressful situations and that by remaining calm (if myself or others are not at risk), I can help to maintain a supportive relationship, not only with the parent /carer but with the professionals, within CAMHS that I will be collaborating with.