# Supervising a Parent Carer Peer Support Worker

This briefing is for services and commissioners either setting up their own Parent Carer Peer Support (PCPS) offer, or who are supporting a local voluntary sector/community interest company (CIC) by offering supervision and a bridge into local services. It sets out the role, and what sort of supervision and clinical support should be in place. It has been co-produced by parents with lived experience who have set up PCPS services and professionals who have supervised PCPS workers.

## Introduction

PCPS workers and carers with lived experience of supporting a child or young person with a mental health problem have a lot to offer. In particular, they can offer a safe, non-judgmental space for other parents and carers to learn from each other.

They can rapidly help boost capacity in the system, building on partnership work with voluntary sector organisations and encouraging mutual aid.

These interventions have been widely welcomed: a recent evaluation using standardised and validated measures as well as qualitative interviews concluded that over **90%** of those who responded would recommend a PCPS service if a friend needed similar help.


More than **80%** agreed that a PCPS service knew how to help with their problems or was working with them to help with their problems.

Data collected by parents and carers receiving support from the PCPS service, Parental Minds, have reported their families have reduced A&E attendance by **33%** and a **36%** reduction in GP attendance. **83%** of parents and carers reported improvements in their own mental health and interestingly **58%** also reported improvement in the mental health of the person they care for.

**This new emerging workforce needs encouragement, understanding and support. Wherever a PCPS worker is working – in the voluntary sector, for the NHS or independent sector or a local authority, they will need help to keep them and the parents and carers they are working with safe. PCPS workers will require access to line management, caseload management and supervision.**

## What is Parent Carer Peer Support?

Caring for a child or young person who is struggling with their mental health can be incredibly challenging. Often the best way for parents and carers to get support is to connect with others who have been through something similar. This is known as parent and carer peer support (PCPS). It might happen accidentally at the supermarket,

PCPS
Parent Carer Peer Support in
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#CYPMHPCPS

school gates, in a park, on social media or in the waiting room of an appointment; or it may happen intentionally at a PCPS group. What is consistently clear from evaluation is that support from PCPS is effective and meets the unmet needs of parents and carers.

Many people describe a need, when you are going through a difficult time with your child to connect with others who might be experiencing something similar. Reaching out is not easy - the stigma and judgement still associated with parenting/caring for a child with mental health difficulties is real. It can be a barrier to people accessing help. PCPS can provide a safe, non-judgemental space for people to access the support they need in a way that matters to them.

Parent carer peer support (PCPS) workers use their lived experience to provide hope and encouragement to other families, to help them identify their own strengths, needs and goals. They often work alongside professionals who provide mental health advice and ensure that the help offered is safe and based on the best evidence available. The Charlie Waller Trust promotes the best-practice model of PCPS working that is led by parents and carers, and supported by professionals


## Parent carer peer support workers might:

- Offer one-to-one practical advice and support to give parents and carers confidence in their ability to help their child and in the mental health service their child receives.
- Develop or enhance existing support, for example face-to-face and digital support groups; one-to-one support; support via social media platforms, email, and text-based systems.
- Provide targeted support to different communities, for example dads and male carers, adoptive families, and parents and carers from black and ethnic minority groups. The PCPS workforce can do this in a way that is inclusive and led by people's needs. This is because they have similar experiences and come from the same communities, so they are culturally sensitive to the needs of the family members they support.
- Support parents and carers to often navigate the children and young people's mental health system to ensure they can access the most appropriate support for their needs
- Support and extend the work of clinical teams. They can do this by supporting clinicians explain treatments and interventions clearly and non-judgmentally and in a way that involves families. This can better help families to adopt and use the strategies clinicians offer.
- Work in partnership with mental health services at all stages of the treatment pathway. This might include co-delivering training in schools and other educational settings on the early signs of mental health problems; supporting people who are waiting for assessments or treatment; and supporting families in crisis.

- Aim to get better results for children and young adults by empowering parents and carers to engage and build trust with services. This may include supporting them to develop care plans in cooperation with mental health services.
- Help families to have their voices heard. This could include helping them to feed their views into the development of mental health services for children and young people. This can give them the potential to influence policy and to help build the evidence base for family-led interventions.

## Why is supervision so important?

Supervision is important to ensure the wellbeing of the individual PCPS worker, support positive relationships within the team and a safer service for their local parents and carers. The Charlie Waller Trust PCPS course includes training for supervisors of PCPS workers and spends significant time with learners so they understand how to use supervision and how to reflect on their practice as part of their training curriculum.


Given the sorts of issues that parents and carers will bring to PCPS, and the nature of referrals from other services, it is essential that they have access to support for themselves to manage these issues. PCPS workers will also need access to local mandatory training such as safeguarding.


Supervisors supporting PCPS workers will need to be mindful that their PCPS workers will have navigated support services for their own children. Whilst for some workers 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.

The very qualities that make Parent Carer Peer Support Worker's (PCPSW's) 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.


During the course, tutors and the admin team are very aware that 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 might also be in active caring roles and reasonable adjustments may need to be put in place to support them.

## What sort of supervision does CWT recommend

PCPS workers require supervision during and after their training whilst undertaking the role. Supervision can be one to one, or group supervision but should allow the PCPS worker a safe space and time to discuss any issues that arise for them personally as well as caseload discussion.

Supervision can be split into management supervision and clinical supervision.

### Clinical supervision

- Focus generally on clinical issues/wellbeing, skill development and aims enhance what that individual brings to the role
- Supervision not usually conducted by line manager
- Tends to be less directive/more explorative
- Expectation in this role would be to focus on individual families for discussion and personal challenges
- How best to help families get the mental health support they need?

### Management supervision

- Tends to focus more on performance, ethics and compliance with organisation needs.
- Can be a more directive approach
- Usually focuses on practical aspects (ie caseload ect) of role rather than work with individual families
- Not usually the role of the clinical supervisor
- What are the clinical supervisor's links with their line manager? Are there any?

We recommend that contracts are drawn up, so all parties understand their roles. The nature and style of these contracts will also need to reflect the organisations in which the PCPS worker is volunteering or employed as the supervisor may come from a different organisation e.g. an NHS clinician may offer clinical support to a PCPS worker in a CIC.

**For example, a supervision contract might include:**

- ✓ Agreement at the start regarding how each party can raise concerns about the supervisory relationship if needed
- ✓ Creating a safe space for openness and honesty
- ✓ 'Permission' to share personal feelings about the work and the clients
- ✓ Confidentiality
- ✓ Agree what to do if their needs go further than supervision
- ✓ Partnership working vs Relationship Boundaries
- ✓ The words you use matter – think about language
- ✓ Using your own supervision
- ✓ Frequency –formal and ad hoc (needs led)
- ✓ Group and one to one

## FAQs

**I work in an NHS service and my local VCSE has asked if I can supervise a PCPS worker. Should my service be paid by the VCSE for this support?**

Your service manager and commissioner should be involved in this discussion.

PCPS services can work in an integrated way with NHS services, offering helpful capacity and benefits to local parents and carers and support their NHS colleagues. PCPS can take pressure off local CYPMH and can be very cost effective.

We recommend that PCPS is part of the local offer and should be commissioned as such.

**I work in an NHS service and am happy to work with my local CIC providing parent carer peer support but am worried that by offering supervision I am taking clinical responsibility for the PCPS worker's practice – is this right?**

We recommend that there is formal agreement about the extent of your clinical responsibility in this role, and it may help to reframe the term supervision as clinical advice and support.

**How many hours a month will we need to put into PCPS to support it?**

We recommend a minimum of an hour every two weeks while the learner is doing the course and dropping down to an hour a month with immediate access in an emergency or for ad hoc cases where the PCPS worker or their line manager is concerned.

In some services a CYPMH professional attends groups run by the PCPS providing clinical support to the meeting and enabling access to further support if required.