

# Emerging Minds.

National Workforce Centre  
for Child Mental Health

# PERCS Conversation Guide summary

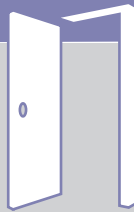
The PERCS Conversation Guide is a psychosocial discussion tool developed from consultations with GPs and parents. It supports conversations between GPs and parent-patients around the impact of adult health issues or parental and family adversities on children's daily lives. The guide asks you to consider five domains in the child's life to support you to work with parents on understanding how their adversity affects the social and emotional wellbeing of their child, and how children's resilience can be supported and improved.

There are four broad stages to the guide:

## 1. What is the entry point?

The GP recognises and uses entry points, or opportunities, to engage with the parent-patient in conversations about his or her child.

- The parent presents with an issue or circumstances that might impact on the child
- The parent expresses concerns about the child's behaviour or circumstances
- The GP explores the child's social and emotional wellbeing through:
  - open enquiry
  - concerns around parental, family, or social adversity.



## 2. What are you curious about?

Consider the five PERCS domains:

- P** - Parent-child relationships
- E** - Emotions and behaviours
- R** - Routines
- C** - Communication (and meaning making)
- S** - Support networks for the child

The guide contains example questions to assist GPs to engage in conversations with parents.



## 3. Conversation with the parent

Conduct a collaborative and respectful conversation with the parent to arrive at shared understandings, and decisions, using the six principles of parent engagement.

The six principles are:

- child-aware and parent-sensitive
- curious
- respectful
- collaborative
- contextualised
- hopeful.



## 4. Provide support

Provide support to parents to:

- buffer the child from the impacts of adversity
- intervene in the child's social and emotional wellbeing and support a positive parent-child relationship
- link the parent to community supports or services
- schedule a follow-up on the supports with the parent.



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# PERCS Domains

This guide provides a pathway and example questions for GPs to be curious with parents about five distinct domains in the child's life.

## P Parent-child relationship

### Parent-child relationship

A safe, secure, responsive and nurturing relationship between a child and their parent/caregiver is key to building resilience.

### GP's role

- Identify if/how parents feel/stay connected to their child in the face of challenges.
- Promote parental confidence and a positive parent-child relationship (warmth, acceptance, stability, etc.).

**ASK** Example question: What's it like being a parent to (child's name?)

## E Emotions and behaviours

### Emotions and behaviours

Children need to feel loved, safe, and confident their emotions will be listened to and responded to in a nurturing way.

### GP's role

- Help parents to understand and be responsive to their child's emotions and behaviours.
- Help to develop a shared language around emotions.

**ASK** Example question: Has your child or family lived through a traumatic event or time?

## R Routines

### Routines

Routines and rituals provide children with a stable base, especially in times of stress.

### GP's role

- Encourage parents to create routines and predictability in their children's lives.

**ASK** Example question: Are you able to make time to read or play games with your child?

## C Communication (and meaning making)

### Communication (and meaning making)

Through respectful and effective communication, children can express emotions, make meaning from experiences of adversity, and develop their resilience.

### GP's role

- Support parents in understanding the impact of adult issues on their child.
- Guide parents in helping their children make sense of life events through questions and conversation.

**ASK** Example question: Is your child able to share his/her thoughts and feelings with you?

## S Support networks

### Support networks for the child

Safe and supportive networks outside the family can be key to a child's social and emotional wellbeing.

### GP's role

- Help parents to identify and develop a consistent, positive support network for their child outside their immediate family.

**ASK** Example question: Who do you think would notice if your child was struggling?

The PERCS Conversation Guide illustrates ways to conduct preventative conversations with parent-patients that are respectful and collaborative. Crucial to this conversation is your approach to engaging with parents.



## Child-aware and parent-sensitive

A child-aware approach acknowledges and considers the experiences of the patient's children, and avoids these children being 'invisible' to services. It incorporates the role of those children in the patient's life, regardless of the perceived 'primary client and core role' of the practitioner (e.g. adults rather than families). A child inclusive approach involves children in conversations about their social and emotional wellbeing where it is appropriate to do so.

A parent sensitive approach identifies, acknowledges and validates patients who are parents, and draws upon the parenting role as a central feature of meaning and motivation in the patient's life. This includes being attentive to the additional fear of judgment about parenting competence that can complicate the development of a trusting parent-GP partnership.



## Curiosity

A curious stance involves looking at what is happening for the patient. It involves taking an interest in how their current situation may be impacting upon their relationships, rather than limiting enquiry to a disease or symptom focus.

Being curious asks you to:

- be sensitive to the parent's potential fear of being judged by others
- be sensitive to the parent's own self-judgment and sense of shame
- be mindful of the history of judgment in a parent's life and how this might have affected their confidence
- and
- put yourself in the shoes of the patient and their children.



## Respect

This starts with respect for the patient's values, perspectives, unique needs and plans, as well as respecting their role as an expert in their own lives. It also involves empathetic, non-judgemental, respectful use of professional expertise.

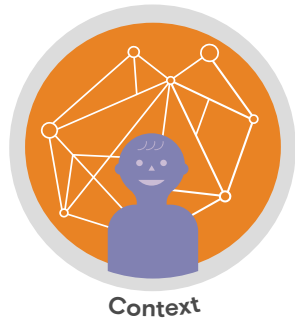
Respect asks you to:

- acknowledge and validate the parenting status of your patients, regardless of what shape it takes
- respect parents' knowledge and understanding of their own children and family
- avoid judging parents who are facing challenges
- view parents as more than just the challenges they face
- and
- be transparent in your communication and relationship with patients who are parents.

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## Parent engagement principles



### Contextual understandings

This involves asking open questions about an individual's life situation, their:

- family of origin
- family of procreation
- child raising circumstances
- culture
- spirituality
- and
- attitudes to parenting and childhood.

Identify, highlight, reinforce and build upon the hopes, strengths, efforts, capabilities and positive qualities of patients, and the resources available to them.

Demonstrate a belief that the patient, as a parent, wants what's best for their children. Ask questions about parenting ethics that underline the hopes parents have for their children, and what is important to them in their relationship with their child. Promote parents' development of self-compassion.



### Collaboration

This involves supporting parents in feeling confident and competent, providing them with choices, and encouraging them. GPs can work collaboratively by:

- empowering parents to make their own decisions
- encouraging parents to have self-compassion
- calling on your patient's parental expertise – their knowledge and understanding of their own child
- taking time to understand the child's perspective and hopes for their family
- and
- working on a plan for support that is based on the parent and child's identified hopes and concerns about their family



### Strengths and hopes

This involves identifying, highlighting, reinforcing and building upon the hopes, strengths, efforts, capabilities and positive qualities of patients, and the resources available to them as evident within their stories. Demonstrate a belief that the patient, as a parent, wants the best for their children. Ask questions about parenting ethics that underline the hopes parents have for their children, and what is important to them in their relationship with their child. Promote parents' development of self-compassion.

Delivery partners:



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