

The **PERCS Conversation Guide** is a psychosocial discussion tool for GPs working with parents. It supports collaborative, respectful conversations around the impact of adult health issues and family adversities on children's daily lives.

The guide provides example questions to help you explore five important domains in a child's life. It is designed to help you to recognise parents' strengths and hopes for their family, and opportunities to support and improve children's mental and physical health, resilience and wellbeing.

There are four broad stages to the guide:

1 What is the entry point?



Look for opportunities, or 'entry points' to engage the parent in conversations about their child. Potential entry points include:

- The parent presents with an issue or circumstance/s 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

This 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:

- Child-aware and parent-sensitive
- Curiosity
- Collaboration
- Strengths and hopes
- Context
- Respect

These principles will support the development of the trusting therapeutic relationship.

4 Provide support



Provide support to parents to lessen the impacts of adversity on their children:

- Use a strengths-based approach to support a positive parent-child relationship and improved social and emotional wellbeing for children.
- Provide resources to parents regarding child development and parenting practices.
- Practice integrated care and make warm referrals to other community supports or specialist services.
- Continue to work with the parent around their initial presenting issue.

This guide provides a pathway and example questions for exploring the five domains of a child's life.

P



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

Children need to feel loved, safe and confident that 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 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 (child's name)?

C



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 to make sense of life events through questions and conversation.

ASK

Example question

Is (child's name) able to share their thoughts and feelings with you?

S



Support networks

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 of their immediate family.

ASK

Example question

Who do you think would notice if (child's name) was struggling?

The PERCS Conversation Guide offers ways to initiate respectful and collaborative conversations with parents. The way you engage with parents is a key part of these conversations.

The six practice positions for effective engagement are informed by evidence and practitioner experience, and may already be a part of your work. They will assist you to focus on engaging parents in non-judgmental, non-stigmatising conversations about their parenting role, and their child's social and emotional wellbeing.



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 considers the wellbeing of those children and their role in the patient's life, even when children don't directly access the service themselves.¹

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 and draws upon the parenting role as a central feature of meaning and motivation in their life. This includes being aware of stigma and the additional fear of judgment about their parenting ability, which can complicate the development of a trusting parent-GP partnership.^{2,3,4,5}



Curiosity

A curious stance involves looking holistically at what is happening for your patient, rather than simply focusing on their diagnosis or symptoms. It involves gently exploring the parent's mental health and how it may be impacting on other areas of their life, such as their relationships, family functioning and routines.^{5,6,7,8}

Being curious is about putting yourself in the shoes of your patient and their children. It asks you to be mindful of, and sensitive to, issues such as:

- trauma history, family and domestic violence, financial insecurity and housing instability, and how they impact on clients as parents
- the parent's potential fear of being judged
- the limits of confidentiality, alongside the parent's fear that you may report them to child protection authorities
- the parent's own self-judgment, internal critic and sense of shame
- the parent's own experiences of being parented; and
- intergenerational cycles of trauma and disadvantage.

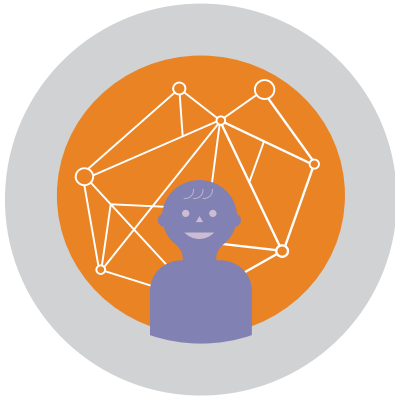


Respect

Respect involves considering each patient's unique story, values, culture, perspectives, needs and plans, and recognising their role as an expert in their own lives.

It also involves empathic, non-judgemental, respectful use of professional expertise that:

- is warm, genuine and transparent, in order to build trust
- includes open and honest conversations with patients, particularly around consent and mandated reporting
- acknowledges and validates the patient's parenting role, regardless of what shape it takes
- respects parents' knowledge and understanding of their own children and family
- is very mindful to avoid judging parents who are facing challenges; and
- views parents as more than just the challenges they face.^{2,7,9}



Contextual understandings

Understanding the parenting and family context is key to working collaboratively with parents. This involves asking open questions about the patient's life, including their:

- family of origin
- current relationships and family/kinship/friendship supports
- child raising circumstances (e.g. any access, custody, shared care or kinship care arrangements)
- commitments (e.g. employment, volunteering, study, caring)
- culture and spiritual beliefs; and
- attitudes to parenting and childhood.

Contextual understandings are key to providing culturally competent service delivery.^{10,11}



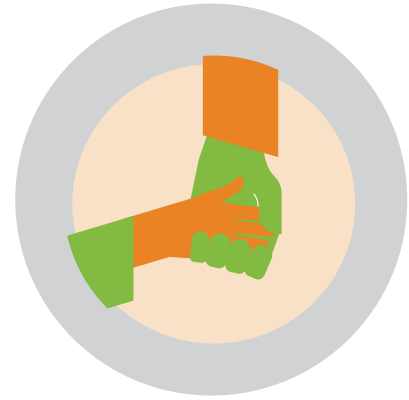
Collaboration

Collaboration involves supporting parents to feel confident and competent, providing them with choices, and encouraging them. It involves the sharing of knowledge – the client's knowledge of their own life, and the GP's knowledge of their field.

You can work collaboratively with parents by:

- helping them to recognise their own strengths, resources and ways in which their parenting is going well
- empowering them to make their own decisions
- encouraging them to have self-compassion
- acknowledging and calling on their parental expertise – their knowledge and understanding of their own children
- taking time to understand the child's perspective; and
- working on a plan for support that is based on the parent's and child's identified needs, hopes and concerns about their family.

A trusting, collaborative therapeutic relationship allows for meaningful participation and shared decision-making.^{4,5,8,12}



Strengths and hopes

This involves identifying, highlighting, reinforcing and building upon the hopes, strengths, efforts and positive qualities of patients, and the resources available to them.

It is important to demonstrate the belief that the patient, as a parent, wants the best for their children. You can do this by:

- asking questions about the values which underlie parents' hopes for their children
- exploring what is important to parents in their relationship with their children
- empowering parents to see how things are improving, in order to build and strengthen their self-efficacy; and
- recognising that culture is a source of rich tradition, resilience and strength for many parents and children, especially Aboriginal and Torres Strait Islander peoples.^{3,8,9,12,13}

References

1. Reupert, A., Maybery, D., & Morgan, B. (2015). The family-focused practice of primary care clinicians: A case of missed opportunities. *Journal of Mental Health*, 24(6), 357–362. [Available here](#).
2. Centre for Community Child Health. (2010). *Engaging marginalised and vulnerable families* (Policy Brief No. 18). [Available here](#).
3. Fowler, C., Reid, S., Minnis, J., & Day, C. (2014). Experiences of mothers with substance dependence: Informing the development of parenting support. *Journal of Clinical Nursing*, 23(19–20), 2835–2843. [Available here](#).
4. Moore, T. G., McDonald, M., Sanjeevan, S., & Price, A. (2012). *Sustained home visiting for vulnerable families and children: A literature review of effective processes and strategies*. Prepared for Australian Research Alliance for Children and Youth. Parkville: Murdoch Children's Research Institute and The Royal Children's Hospital Centre for Community Child Health.
5. Emerging Minds. (2017). *Let's Talk about Children: A guide for professionals*. Adelaide: Emerging Minds.
6. Sayal, K., Tischler, V., Coope, C., Robotham, S., Ashworth, M., Day, C., ... Simonoff, E. (2010). Parental help-seeking in primary care for child and adolescent mental health concerns: Qualitative study. *British Journal of Psychiatry*, 197(6), 476–481. [Available here](#).
7. Reardon, T., Harvey, K., Baranowska, M., O'Brien, D., Smith, L., & Creswell, C. (2017). What do parents perceive are the barriers and facilitators to accessing psychological treatment for mental health problems in children and adolescents? A systematic review of qualitative and quantitative studies. *European Child and Adolescent Psychiatry*, 26(6), 623–647. [Available here](#).
8. Parenting Research Centre. (2010). *Smalltalk manual*. Melbourne: Parenting Research Centre.
9. Rosengren, D. B. (2009). *Building motivational interviewing skills: A practitioner workbook (applications of motivational interviewing)*. New York: Guilford Press.
10. Soriano, G., Clark, H., & Wise, S. (2008). *Promising practice profiles final report*. Melbourne: Australian Institute of Family Studies. [Available here](#).
11. Tilbury, C., Walsh, P., & Osmond, J. (2016). Child aware practice in adult social services: A scoping review. *Australian Social Work*, 69(3), 260–272. [Available here](#).
12. National Workforce Centre for Child Mental Health. (2019). *Keeping child mental health in mind: A workforce development framework for supporting infants, children and parents*. Adelaide: Emerging Minds.
13. Price-Robertson, R., Olsen, G., Francis, H., Obradovic, A., & Morgan, B. (2016). *Supporting recovery in families affected by parental mental illness* (CFCA Practitioner Resource). Melbourne: Child Family Community Australia, Australian Institute of Family Studies. [Available here](#).

These questions have been designed as a guide to practice. They should be used with sensitivity, in conjunction with the six principles outlined in the guide summary.

This guide is not intended to be prescriptive. The order and emphasis given to each of the five domains should be tailored to suit your work context and the family's culture and circumstances.

You do not need to ask questions from every domain, every time. Instead, work on those areas that are relevant each session.

Trust may take a few sessions to develop, so questions can be revisited if necessary.

The language used in a guide only and should be adapted to suit the individual worker/client.

The parent's unique situation and level of stability should always be kept in mind when using this guide. It is crucial to think about what the parent is feeling at the end of these conversations, and to ensure they leave your consultations with a sense of hope.

We recommend completing the e-learning course **Supporting children's resilience in general practice** before using this guide.



Parent-child relationship

Engagement questions

What's it like being a parent to (child's name)?

How would you describe your relationship with (child's name)?

How do you think (child's name) would describe their relationship with you?

What activities do you and (child's name) enjoy doing together? (Prompt: What do you think [child's name] would say they enjoy the most?)

How do you balance looking after (child's name) and taking care of the household when you're feeling unwell or going through tough times?

How do you think (child's name) would describe their relationship with you?

Exploring the impact of adversity on children

Have you noticed any differences in the way (child's name) responds to/approaches/interacts with you during tough times?

What aspects of the adversity affect your relationship with (child's name) the most? What do you think (child's name) is noticing about this?

When there is stress or conflict with (child's name), what do you do? What do they do?

How does (child's name)'s relationship with their other parent change when things are tough?



Emotions and behaviours

Engagement questions

What happens for (child's name) when they're upset? How do they show you they're feeling this way?

Does (child's name) appear more unsettled than usual?

What do you do to manage any worries that (child's name) might have? How do you talk to them about their worries?

Is (child's name) displaying any challenging behaviours that you're unsure how to manage?

Are there any of (child's name)'s behaviours that you find particularly difficult to handle?

How often is this behaviour an issue or concern for you?

How confident do you feel in helping (child's name) to manage these emotions/behaviours? What would help to improve your confidence?

What would help you to better understand (child's name)'s emotions and behaviours?

Exploring the impact of adversity on children

How do you think (child's name) feels about what is happening? Do you think their understanding of (the adversity) is affecting how they feel?

When you're experiencing symptoms or extra stress, what do you think (child's name) might notice or worry about?

Have you noticed any changes in (child's name)'s behaviour or responses to you at these times?

Has your child or family lived through a traumatic event or time?

Have you noticed anything specific about (child's name)'s behaviour and emotions? (E.g. Difficulty concentrating; acting withdrawn, shy, fearful or defiant; bullying others; refusing to go to school; complaining of physical symptoms; spending time on their own; or withdrawing from spending time with others)



Routines

Engagement questions

How does (child's name) usually manage daily routines? Sleeping? Going to bed?

What is working for you with regard to sleeping and mealtime patterns? What do you find challenging?

How do you look after yourself, your child and household tasks? What other commitments do you need to fit in?

Have there been any changes in routine recently? **OR**
Have there been any changes that have impacted on your household/family routines?

Do you share any activities or hobbies with (child's name)? What do you do that you both enjoy? Are you able to find time to read or play games together?

What does your regular weekly routine look like? What are the busy/quiet times?

When does (child's name) do their homework? How do you go finding time to help them?

Exploring the impact of adversity on children

How do routines at home change when you're facing tough times or feeling unwell?

How do routines outside of the home change when you're facing tough times or feeling unwell?

What happens for (child's name) when you're not with them? Do other people know about their daily routines?

How are the regular family routines/activities affected when you're facing tough times or feeling unwell? Are there ways that some of these routines could continue, even when times are tough? Who could help with this?



Communication and meaning-making

Engagement questions

What opportunities do you get to spend time talking with (child's name)?

What are the best times for you and (child's name) to talk about things? Are there particular activities that help you to talk?

Do you talk with (child's name) as you're doing things with them, and about what is happening around them? (Even if they're non-verbal)

What are some things (child's name) does to help you to understand what they need?

What do you do to understand how (child's name) is making sense of their world, and how you can support them to feel safe?

Exploring the impact of adversity on children

Do you talk with (child's name) about any challenges your family may be facing?

Is (child's name) able to share their thoughts and feelings with you when things are tough, or you're unwell? What might get in the way of this sharing?

What changes might (child's name) have noticed as a result of your symptoms? (Prompt: What might they see in your face or behaviours, or hear in the tone of your voice?)

What might worry (child's name) the most about your illness or experience of adversity? What sense might they make of the changes that they notice?

How can you help (child's name) to make sense of what is happening to you and to them?

How have you helped (child's name) to make sense of tough times in the past? Do you think this helped them to worry less about what was happening for you?



Support networks

Engagement questions

Who does (child's name) enjoy spending time with? (Prompt: Do they have a close relationship with another adult?)

How does (child's name) get along/play with other children?

Who supports you as a family? Would they talk to you if they noticed that (child's name) was worried or concerned?

Does (child's name) see their grandparents/aunties and uncles?

Are you and (child's name) part of any groups or communities that provide support?

What does (child's name) enjoy the most/least about school? How are they progressing with school work? How confident are they in their learning?

How does (child's name) get along with the other children at school?

How would you describe your relationship with the teachers at the school? Do you meet with them?

Does (child's name) have a close friend or group of friends? Do you think they would be able to talk to them if they had worries? What makes you think this?

Exploring the impact of adversity on children

Who helps you when you're going through tough times or feeling unwell?

Who else knows about your experience of adversity? Can they help to support (child's name) when things are tough?

How do you support (child's name) to stay connected to activities at home when you're going through tough times?

Have you talked to (child's name)'s teacher about some of your experiences? Can they help to support (child's name) when things are tough?

Who do you think would notice if (child's name) was struggling?