

## 6. Working in partnership



### 6.1. Working in partnership with parents/carers and families

- An ability to draw on knowledge that because an inpatient admission often follows long periods where parents/carers have struggled to access help or for their concerns to be recognised they should be treated with kindness and compassion

- An ability to draw on knowledge that parents and carers can feel:
  - traumatised by the events leading up to an admission, and by the admission itself
  - unsupported and excluded from decisions about the care of their child
  - blamed for their child's problems
  - distressed by what is happening to their child, and confused by what is on offer
  - 'left out of the picture' by services
  - unclear about how they can help and puzzled when their attempts to help are ineffective
  - stressed and upset by visits to the ward

- An ability to draw on knowledge that parents are important partners in helping children/young people recover, especially because of the knowledge they hold about the child/young person

- An ability to balance the need to maintain confidentiality and to respect the child/young person's wishes and concerns about information sharing, while also ensuring that parents/carers are appropriately informed about, and involved with, their child's care

- An ability for the team to identify named points of contact who are consistent over the duration of admission

- An ability to identify changes to the needs of parents/family members over the course of an admission and to respond appropriately

- An ability to draw on knowledge of the benefits of providing parents/carers with:

- clear information about the team's understanding of their child's difficulties, and the steps the team is taking to meet their needs
- psychoeducation regarding the difficulties with which the child presents, and the rationale for treatment decisions
- support (e.g. as identified through a carer's assessment)

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	<ul style="list-style-type: none"> <li>information about ways they can support their child, and help to put this in place, particularly in preparation for home leave and discharge, e.g.:</li> </ul>
	<ul style="list-style-type: none"> <li>through practical advice on communication skills to help parents navigate crises and avoid escalating difficulties</li> <li>ways of coping with potential crises</li> </ul>

■ An ability to agree and implement a clear timetabled communication plan with parents/carers, presented in a way that they find accessible

■ An ability to draw on knowledge of the benefits of parent support groups, and to support access to both peer and local group support

## 6.2. Shared decision-making

'Shared decision-making' and 'Co-production' (6.3) share the same principles, but the former usually refers to planning the care of an individual, and the latter to planning service development. Although in practice these two areas can overlap, for clarity they are separated in this framework. 

- An ability to draw on knowledge that shared decision-making involves a collaboration between practitioners, children/young people and their parents/carers, to decide on the goals they are working towards and the treatments that will be used, and which:
  - recognises the expertise and experience of children/young people and their parents/carers as well as that of practitioners and draw on this when making decisions about treatment
  - involves genuine collaboration between children/young people their parents/carers and practitioners.
  - is based on a relationship of equal partnership between children/young people their parents/carers and practitioners

- An ability to ask children/young people and parents/carers:
  - how they would like to be involved in shared decision-making
  - what information and support they need to participate effectively
- An ability to recognise that because the child/young person's preferred balance of responsibility for decision-making may shift over the course of an admission, and in relation to the issues being considered, shared decision-making needs to implemented flexibly

- An ability to draw on knowledge that shared decision-making has the potential to:
  - encourage children/young people to feel more involved, engaged and empowered
  - encourage practitioners to be more open and transparent about their sense of what might help
  - promote open, honest conversations, even in stressful contexts
  - enhancing collaborative working by improve relationships between practitioners and parents

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■ An ability to draw on knowledge that common challenges to shared decision-making include:

- practitioners who pitch conversations at a level of complexity that children/young people and their parents/carers might struggle with (and so failing to make appropriate adjustments to content)
- the need to make multiple decisions through the course of treatment (and so recognising that shared decision-making is not a one-off event)
- the need to balance multiple perspectives (not only the child and family, but practitioners both within the team and those outside the inpatient team who are involved in the child/young person's care)

■ An ability to take risk management into account, and consider responsibilities around safeguarding and duty of care (which may limit a practitioner's ability to be open to shared decision-making, and to the expressed wishes of those receiving care)

## 6.3. Co-production

'Co-production' and 'Shared decision making' (6.2) share the same principles, but the former usually refers to planning service development, and the latter to planning the care of an individual. Although in practice these two areas can overlap, for clarity they are separated in this framework.



### ■ An ability to draw on knowledge that co-production:

- aims to develop more equal partnerships between children/young people who use services, parents/carers and professionals
- focuses on improving the quality of service delivery by including experts by experience in the design and delivery of services that meet their needs
- brings together children/young people, parents and carers with managers, clinicians,
- is where professionals and experts by experience share power to plan and deliver services together, recognising the contribution of all parties, and aided by:
  - professionals being open to constructive challenge and power-sharing
  - recognising that experience of disempowerment might lead some children/young people to be reticent about expressing themselves

### ■ An ability to draw on knowledge that co-production recognises people as 'assets', and so:

- builds on the capabilities of experts by experience
- develops two-way, reciprocal relationships
- encourages peer support
- blurs the boundaries between delivering and being a recipient of services (by involving experts by experience in service delivery)

### ■ An ability to draw on knowledge of principles of co-production:

- equality – that no one group or person is more important than anyone else, and everyone has skills and abilities to contribute
- diversity – making co-production as inclusive and diverse as possible, and trying to ensure that seldom-heard groups are included
- accessibility – trying to give everyone an equal opportunity to participate fully, in the way that suits them best
- reciprocity – giving participants something back for putting something in (e.g. when results are seen)

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## 6.4. Peer support

Peer support workers are people with lived experience, so it is a term that can encompass a range of workers and of experience, including children/young people and parents/carers. This means that over time, the range of peer support workers can be expected to increase.



Although this section focuses on the peer support role, it is important to bear in mind that informal peer support (between children/young people, or between parents/carers) can make an important contribution to wellbeing and the therapeutic milieu

A competence framework for peer support workers can be found at:

[www.ucl.ac.uk/pals/research/clinical-educational-and-health-psychology/research-groups/core/competence-frameworks-16](http://www.ucl.ac.uk/pals/research/clinical-educational-and-health-psychology/research-groups/core/competence-frameworks-16)

This describes the role, how it can be integrated into services, and how peer support workers can be supported by the organisation they work in.

- An ability to draw on knowledge that the relationship between the peer support worker and the person receiving support is central to the role, based on:

- people learning together in a relationship that is mutual, trusting, safe, accepting and respectful
- sharing experiences, grounded in acceptance and empathy

- An ability to draw on knowledge that peer support workers draw directly on their lived experience of mental health difficulties (including as a carer), and that they:

- offer emotional and practical support to people going through a similar experience, in a similar setting or context
- help people build personal, social and community connections
- promote the rights of people being supported

- An ability to draw on knowledge that peer support workers:

- should have lived experience that is relevant to their work context/ setting
- draw on their personal experience as a tool to support others

- An ability to draw on knowledge that peer support workers do not replace existing professional roles, but enhance the provision of care through their direct participation and expertise as people with lived experience

- An ability to draw on knowledge that, for them to make the most effective contribution, peer support workers should be integrated into the multidisciplinary team (while maintaining clear role boundaries)

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