Workshop: Inpatient services: Peer to Peer Support for Family Carers

Facilitators: Cally Ward and Carol Robinson

Outcomes
This workshop explored the potential development of peer to peer support networks for family carers of people with learning disabilities who are inpatients at ATUs and other mental health hospital provision.

Outcomes included:
- Discussed and developed thinking about potential models of peer support for this group of families.
- Provided an opportunity for participants to consider
  - What the key features of any peer support network might be.
  - What challenges there will be in setting up and maintaining such a network.
  - What opportunities are currently likely to support this work
  - Consider what practical steps are needed to take peer to peer support networks forward

Background
Cally Ward (CW) spoke about CBF & Mencap’s campaign reports, ‘Out of Sight’ and ‘Winterbourne View: the scandal continues’ and how they have told the stories of people who have faced abuse, neglect and even died in in-patient settings, arguing the case for urgent change. She outlined that there is a clear need to develop better support systems for both people with a learning disability, who have mental health needs, or behaviour that challenges and their families and that a consortia of organisations have got together to try and fundraise to develop a family peer to peer support. This work having been built on the work of the Oxfordshire Family Support Network who were commissioned by their local Health watch to write a report on these issues and made a recommendation around the need to develop family peer to peer support.

CW went on to outline the funding for the project, which will happen in two phases: Scoping and Pilot. The scoping phase of the project will involve:
- Exploring the question: What do we know about peer-to-peer support and how might it benefit families of people with learning disabilities in inpatient provision?
- Working with a wide range of stakeholders including service providers, clinicians, commissioners and local organisations and at least 40 families with direct experience of trying to challenge service providers, with the purpose of developing a robust delivery model of peer support.
- Identifying and addressing the risks and barriers to delivering effective peer support.
- Five (5) ‘Listen and Learn’ events which target families, services, clinicians, commissioners and other stakeholders to shape the most appropriate mode and effective peer support in their area.
- Assess the capacity of local organisations to empower families and to influence policy and practice, and develop an action plan for Phase 2.

The consortium will consider which model is the most flexible and robust to meet local needs and a report will then be written with recommendations for the key principles to be applied in all sites to develop peer support.
CW outlined that part 2 of the project was the Pilot Phase with a tentative start date of Summer 2016 with the aim of developing Peer 2 Peer Support in four pilot sites. A minimum of 10 families will be involved per locality, giving a cohort of 40-50 peer supporters across the country. The peer supporters will go through training and will be supported by a local coordinator. They will be expected to deliver advice, support and advocacy to families via: face to face meetings, online support, and support groups, and sign-posting them to independent mental health advocacy (IMHA) or independent mental capacity advocacy, (IMCA) together with online forums or other face to face services.

General discussion
Attendees discussed together in small groups the following questions regarding peer to peer support:

- What are the key elements of peer support for families?
- What key features need to be in place for a successful peer support network to operate?
- What challenges are likely to affect the progress and success of any peer support service?
- What opportunities are currently likely to support this work?

Key messages

- The need to clarify the focus of Peer 2 Peer support on families who are supporting a person at risk in the community as well as those supporting someone who is an inpatient.
- The support offered has to be person centered and flexible and this means it might be difficult to be dogmatic about where in the journey will interventions be most effective. Though we do need to identify and evidence where the triggers might be and people most at risk.
- We need to be clear in terms of the outcomes that peer support is important in its own right for the families but is ultimately a means to an end - and the end is that the child, young person or adult with a learning disability enjoys a better quality of life and gets the support they need to achieve this.
- There are a range of practical things that arise from key features of peer support that need addressing - these include issues like recruitment/ payment and support - and feel that this should include counselling support as well as training. For peer supporters and coordinators.
- We would also like to suggest that for the bids success it will be important to engage with key national stakeholders; including the RCN and the RCP to ensure its credibility.
- Finally, we feel that it will be crucial to embed peer support in areas where there is commitment, leadership and vision, including the local Transformation Programme Boards, but not confined to it. Linking up with areas where there is successful implementation of the Care Act will also be crucial. This might have implications for choosing pilot sites.

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<th>Actions</th>
<th>Who/how to take it forward</th>
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<td>Feedback key messages to concordat to aid in development of project</td>
<td>Cally Ward/Carol Robinson</td>
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