DfE Children and Young People's Mental Health: Peer Support – March 2016

Consultation Overview

Good mental health and wellbeing is a key priority for the Department for Education. So we have launched this call for evidence to find out more about:

- what works in peer support for children and young people's mental wellbeing;
- the approaches that are currently available; and
- how things might be improved.

Peer support can be a variety of things - from helping a friend to discuss their problems, through buddying and befriending schemes, to 1:1 and group support sessions. It can happen face to face or be online. It's about promoting emotional wellbeing as much as supporting those with problems.

We define 'peers' to mean friends or other young people, including those who may be older. For example, older young pupils in secondary school who provide support to Year 7 students as they come up from primary school.

We don't intend peer support to be a replacement for specialist support from a mental health professional, but we do think that good peer support might be able to help to ensure young people get the help that they need. We want to create an environment, in schools, colleges, community groups and online, which promotes good mental wellbeing and helps young people to have the knowledge and confidence to be able to support one another.

Related Documents

- Call for evidence, 286.5 kB (PDF document)
- Young people's call for evidence, 357.7 kB (PDF document)

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What are your experiences of what best practice in peer support across all types of issues looks like?

Family Action has delivered peer support through Perinatal Support Services across the country since 2010 and the Our Space service which has run in London since 2007 with children in schools in years 3 to 6.

In our experience, best practice fundamentally requires peer supporters to be well trained, managed and supported. Our peer supporters receive training and regular supervision in order to give them space to reflect and learn. This means it is very important that staff are also actively involved with the running of the service and have a good oversight of all activity for safeguarding purposes.

Peer support services should focus on listening, encouragement and support to access other services, rather than aiming to give advice. The support provided needs to be flexible and not a 'one size fits all'. It should not be the only provision available but sit within a package of other support that enables referral should a service user's support needs not be suitable for this level of service.

The pool of peer supporters needs to be diverse in order to ensure service users can engage with

someone who is not part of their usual social or family network - avoiding pre-existing judgements and emotions having any effect on the support provided.

How can this best practice be translated into supporting children and young people's mental wellbeing?

It is especially important that a peer support service for children is co-produced, and the service continues to listen to the voice of the child - rather than assumptions being made from an adult perspective. Those who recruit peer supporters, and the peer supporters themselves, must understand well 'playground politics' and enable children using the service to engage with a supporter outside of their usual social circle.

Those setting up services need to be particularly mindful that the peer supporters will be children and need safeguarding and support just as much as the service users. This is especially the case where peer supporters may have experienced similar issues previously. Supervision and general oversight of the service will need to be tailored to the age of the peer supporter and the amount of time they are able to commit to the service.

It is clear from attendance levels and children's feedback from the Our Space service that focusing on listening and encouragement rather than advice giving is effective. The service provides a reflective space and enables children to come up with their own solutions.

How could good peer support approaches in community settings be used to support programmes within schools and colleges?

Provision in community settings may be more attractive to some children, who may feel more secure outside of the school setting and therefore more likely to use the support. If this support is well linked with school provision this could ensure that children requiring support do not 'slip through the net'. Community peer support could link in well with other provision within the school setting, such as counsellors. Peer support services within community settings could also act as step-down services from provision such as school counselling.

Learning and best practice from existing peer support services within community settings should be shared with schools and colleges that are looking to set up their own provision.

What are your experiences of peer support for young people's mental wellbeing or mental illness (eg. loneliness, depression, eating disorders etc)?

Family Action's school based Our Space service has worked in the London Borough of Hammersmith and Fulham since 2007, and Westminster since 2013. We support vulnerable children between the ages of 7-11 years old through a mixture of qualified volunteer counsellors and peer support.

Our Space uses trained volunteer counsellors from the local community to help empower children to identify, address and resolve the challenges they face and enable them to achieve their potential in school. Volunteers provide a safe space where a vulnerable child can confide in a trusted adult rather than having to approach a teacher or parent, which can be embarrassing or intimidating. Appointments can be individual or as a group, enabling an element of peer support. Children book appointments themselves by filling in Our Space slips. The aim is to allow isolated

children to access support, advice and learn decision making techniques to help them effect positive change for themselves.

We have found that this type of support is effective at a primary school age, where pure peer support may not be as feasible. On average children use the service three to four times per year. In 2014/15 97% of the children who used the service reported positive changes and 98% reported improved relationships.

What in your experience do schools, colleges and community settings need to set up and facilitate peer support (e.g. advice on which models to use, training for young people, an external facilitator etc.)?
Schools, colleges and community settings must provide a private, accessible, secure space where the service can be run. This space needs to enable adult oversight of the service for safeguarding purposes.

In Family Action's Our Space service children are given the ability to self refer and children actually respond to this well. Hence we believe this referral route should be available within other peer support services in order to maximise the service's accessibility to all children.

Schools, colleges and community settings need to set up an effective monitoring and evaluation system to ensure that children are making progress on the outcomes expected, and that the service is adapted based on their feedback.

Adequate information and communication with parents about what the service offers, and how it is run, also needs to be provided.

What support or training for peer supporters is needed to make the support effective?
Peer supporters need to have training on Active Listening, Mental Health Awareness, Youth Mental Health First Aid, safeguarding, equality and diversity and the strengths-based approach. Peer supporters should receive regular group supervision and refresher training where appropriate.

What information or support do you think children and young people need before they start receiving peer support, or while they are having peer support?
Children and young people need to be given clear information on the nature of the support available - explaining clearly that the peer supporter is not there to 'fix' things, but to act as a listener and supporter. They need to be made aware of what can stay confidential and what needs to be shared, as well as how this service fits in with what other services are available for them. They need to be made aware of procedures to follow if they have any issues with the peer support service itself.

What are your experiences, including any evidence that you can share, about how peer support can fit within the wider continuum of mental health support?
Family Action's Perinatal Support Service is an early intervention, low intensity service for those with low-level diagnosed mental health issues or who are at risk of developing perinatal depression. This includes young mothers. The service is led by a professional project co-ordinator, with a health and social care background, and provided by a team of volunteer

befrienders who have experience of parenthood and sometimes have received help from the Perinatal Support Service themselves. The project works with families from before the baby is born to at least one year after.

The Perinatal Support Service works closely with midwives, health visitors, GPs and existing perinatal teams to enhance what is available to families with mental health difficulties and their babies. We have good relationships with mental health teams, through effective communication and a clear understanding of service boundaries. Peer supporters know that, should it be required, the service user they are helping will be able to access further support, either as a step up or step down from the Family Action service.

In addition, our Perinatal Support Service is often delivered from Children's Centres or other community settings, enabling the service to fit in not just with other mental health and perinatal provision, but family support more widely. This ensures that families receive a holistic support service.

How can good peer support models ensure appropriate referrals and a swift response to professional help when needed to prevent escalation and crisis of a mental health issue? Please give examples if possible.
The Our Space Service self referral system means that there is a good take up of the service and children are able to receive support for low level issues that would not reach the thresholds of other services. This can prevent problems from escalating further. It also ensures that children at risk of developing more serious issues do not fall through the gaps, as they are more likely to identify themselves as at need of further support.

Similarly, our Perinatal Support Service enables those with mild to moderate issues who may not reach thresholds for other services to receive timely, good quality support. The service is highly responsive, able to deliver almost immediate contact face to face or by telephone at a time of need. This ensures that a swift response is given, preventing escalation or ensuring cries are dealt with effectively. The service provides a variety of referrals as a result of regular reviews throughout the support, as well as encouraging and facilitating service users to access other support available.

In both services, the low thresholds for access mean that those who may not yet have mental health issues, but are vulnerable to developing them due to life circumstances or events, are identified early and can receive pre-emptory support.

What are your experiences, including any evidence that you can share, about the risks of providing peer support, either through face-to-face or online support?
There is a risk of creating dependency on the availability of peer support, and relationships need to be carefully managed to avoid this. Service parameters need to be clear that the peer supporter is not there to 'fix' problems.

Peer support requires rigorous, clear boundaries to be in place so that both parties are clear what defines the relationship – because if these boundaries are not in place, or are abused by either party, then peer support becomes more risky. Peer support can exacerbate existing power relationships if the pool of supporters is not selected with adequate reference to social networks and 'playground politics'.

Not using qualified professionals to deliver the service creates risk around adequate recognition of safeguarding issues. Thorough record keeping, training and supervision by school staff is required to mitigate this risk.

Peer supporters potentially risk their own wellbeing as a result of the situations that service users present to them, whether they have been through something similar or not. Adequate support for peer supporters can reduce this risk.