



EVIDENCE-BASED RESEARCH

SECTION SIX
CARER SUPPORT GROUP
FACILITATOR GUIDE



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EXAMPLES OF SUCCESSFUL GRANT APPLICATIONS

Summary examples of successful grant applications through the NDIS 2018 Disabled People and Families Organisations (DPFO) grant round.

Organisation: Julia Farr Association Incorporated (Auspicee: Disability Elders of all Ages)
State South Australia
Project Title Peer Power for People Living with Physical Disability in South Australia
Primary Disability All people with disability
Project Description Organisational Capacity Building Support Disability Elders of All Ages to develop a strategic plan and a peer network for adults living with physical disability in South Australia. A Project Officer will recruit, train and develop the capacity of four Peer Connectors to facilitate peer support groups. Individual Capacity Building Support Disability Elders of All Ages to provide peer support groups and training to increase members' skills in self-directed support, self-advocacy, collaboration and leadership.
Organisation: Plumtree Children's Services Inc (Auspicee: Parents Empowering Parents)
State New South Wales
Project Title Parents Empowering Parents (PEP)
Primary Disability All people with disability

Organisation: Plumtree Children's Services Inc
(Auspicee: Parents Empowering Parents)

Project Description

Organisational Capacity Building

Support Parents Empowering Parents (PEP) to become an incorporated association and to develop a constitution and appropriate governance structure, corporate plans and resources, including a website and information management systems. Enable the employment of a part-time PEP Peer Worker and support an annual PEP conference for parents, families and their children.

Individual Capacity Building

Support Parents Empowering Parents (PEP) to develop and deliver a program of parent education events including workshops, training, webinars, and family leadership programs, and an annual conference. Enable PEP to establish a peer support network, and to provide training programs and support networks to the families from a CALD background and to fathers and male carers of children with developmental delay and/or disability.

Source: www.ndis.gov.au/community/grants/funded-projects#disabled-people-and-families-organisations-dpfo-grant-round

EVIDENCE TO SUPPORT A GRANT APPLICATION

In applying for grants you will generally require a strong evidence base supporting the benefits of peer support and how the funding will be used to enhance the outcome for the group and community.

This section provides some examples of contemporary research and data which corroborate the benefits of peer support, and can be included in applications for funding, if needed.

To ensure you back up the evidence it is important to include the source of the research.

In disability peer support for parents and carers, there is evidence that focusing on the positive aspects of parenting a child with disability with someone who has 'been there' was helpful in reducing stress (Bray et al, 2017).

Bray L et al, 2017. Parent-to-parent peer support for parents of children with a disability: A mixed method study. Patient Education and Counseling. Volume 100, Issue 8, p.1537-1543. Available at www.carersvic.com.au/sciencedirect

One important approach to supporting families is through peer support. The value of unique shared experience has been widely discussed and recognized as an important complement to other professional support services. (e.g. Ainbinder et al., 1998; Dennis, 2003).

Refs: Ainbinder, J.G., Blanchard, L.W., Singer, G.H., Sullivan, M.E., Powers, L.K., Marquis, J.G., Santelli, B., & the Consortium to Evaluate Parent to Parent. (1998). A qualitative study of parent to parent support for parents of children with special needs. Journal of Pediatric Psychology, 23, 99-109

Dennis C, 2003. Peer support within a health care context: a concept analysis. International journal of nursing studies, Volume 40, Issue 3, Pages 321–332. Available at www.carersvic.com.au/nursing

Sartore G et al (2013) also highlights the importance of peer support for parents of children with complex needs that may be experiencing or fearing stigma, and therefore avoiding contact with others.

Sartore G et al, 2013. Peer support interventions for parents and carers of children with complex needs (Protocol). Cochrane Database of Systematic Reviews 2013, Issue 6. Art. No.: CD010618. DOI: 10.1002/14651858. Available at www.carersvic.com.au/cochranelibrary

A literature review undertaken by Canadian researchers (Leung et al 2002) revealed that although past research findings are limited due to the lack of rigor in their methodologies, significant gains have been described by participants of groups offering peer support in areas of:

- self-esteem
- better decision-making skills
- improved social functioning
- decreased psychiatric symptoms (i.e. decreased rates or lengths of hospitalization)
- lower rates of isolation, larger social networks, increased support seeking
- greater pursuit of educational goals and employment. (Davidson et al, 1999; Humphreys & Rappaport, 1994; Froland et al, 2000).

Davidson, L, Chinman, M., Kloos, B., Weingarten, R., Stayner, D., & Tebes, J. (1999). Peer support among individuals with severe mental illness: A review of the evidence. Clinical Psychology: Science and Practice, 6(2), 165-187.

Humphreys, K. & Rappaport, J. (1994). Researching self-help/ mutual aid groups and organizations: Many roads, one journey. Applied & Preventative Psychology, 3: 217-231.

Froland, C., Brodsky, G., Olson, M., & Stewart, L. (2000). Social support and social adjustment: Implications for mental health professionals. Community Mental Health Journal, 36(1), 61-75.

The Peers for Progress Development Guideline, available at www.peersforprogress.org, provides up-to-date evidence-based guidance with respect to peer support program development, implementation and evaluation.

A systematic review by Shilling et al (2013) on the benefits of peer support for parents of children with chronic disabling conditions identified four consistent themes, which may provide an example of key functions that have supported disability peer support programs:

- social identity
- learning from the experiences of others
- personal growth
- supporting others.

Bray et al (2017) caution when goal setting it is important to remember that the peer support process for parents of children with disability is not a linear progression from 'surviving' (getting by whilst struggling to cope) to 'thriving' (experiencing grown and greater wellbeing). The journey is subject to good and bad days. The study found that the journey underpinning parents personal growth and journey travelled through adversity from 'being lost', 'being or finding a guide' and 'getting to a better place'.

Kramer et al (2017) emphasise that in a program where specific goals are created, these goals shouldn't be pursued at the expense of creating a meaningful relationship between the peers (although the creation of meaningful relationships could in fact be a goal).

In general, peer support has been defined by the fact that people who have like experiences can better relate and can consequently offer more authentic empathy and validation. It is also not uncommon for people with similar lived experiences to offer each other practical advice and suggestions for strategies that professionals may not offer or even know about. Maintaining its non-professional vantage point is crucial in helping people rebuild their sense of community when they've had a disconnecting kind of experience. (Reissman, 1989; Roberts & Rappaport, 1989).

Shilling V et al, 2013. *Peer support for parents of children with chronic disabling conditions: a systematic review of quantitative and qualitative studies*. *Developmental Medicine & Child Neurology*. Volume 55, p. 602–609. Available at www.carersvic.com.au/wileypeersupport

Bray L et al, 2017. *Parent-to-parent peer support for parents of children with a disability: A mixed method study*. *Patient Education and Counseling*. Volume 100, Issue 8, p.1537-1543. Available at www.carersvic.com.au/sciencedirect

Kramer J et al, 2017. *Feasibility of electronic peer mentoring for transition-age youth and young adults with intellectual and developmental disabilities: Project Teens making Environment and Activity Modifications*. *Journal of Applied Research in Intellectual Disabilities*. Volume 31, Issue 1, p.e118-e129.

Riessmann F, 1989, *Restructuring help: A human services paradigm for the 1990's*, New York, NY Self-help Clearinghouse.

Roberts L, and Rappaport, J 1989, *Empowerment in the mutual help context: An empirical analysis of the value of helping others*. Lansing MI: author.

Caregiver support groups increase the knowledge that caregivers have, (Parker et al, 2010) increase their satisfaction with the caregiving experience, (O'Shea,2006) and reduce their loneliness and social isolation. (Munn-Giddings et al, 2007, Torp et al, 2008). Support groups can empower caregivers to overcome cultural and gender expectations and norms that have limited their caregiving capacity (Chan et al, 2008).

Parker G, Arksey H, Harden M. *Meta-review of international evidence on interventions to support carers*. York, UK: University of York Social Policy Research Unit, 2010.

O'Shea E. *An economic and social evaluation of the Senior Help Line in Ireland*. *Ageing & Society*, 2006; 26:267-284.

Munn-Giddings C, McVicar A. *Self-help groups as mutual support: what do carers value?* *Health & Social Care in the Community* 2007;15 (1):26-34.

Torp S, Hanson E, Hauge S, Ulstein I, Magnusson L. *A pilot study of how information and communication technology may contribute to health promotion among elderly spousal carers in Norway*. *Health & Social Care in the Community* 2008;16(1):75-85.

Chan SM, O'Connor D. *Finding a Voice: The Experiences of Chinese Family Members Participating in Family Support Groups*. *Social Work With Groups* 2008;31(2):117-135.

Amaze undertook an extensive literature review about peer support groups: *Literature Review, Best Practice in Peer Support* published in 2018. The key findings which you could quote are listed below. Alternatively check the literature review yourself for more examples of evidence-based peer support research.

While limited, there is emerging evidence that peer support may be valuable for families and carers of people living with illness or disability (Lindsay M et al, 2017; Schippke J 2015).

A systematic review of the evidence (Shilling V et al, 2013) regarding benefits of peer support for parents of children with chronic disabling conditions identified four key themes:

1. Finding a shared social identity (fostering a sense of belonging, support, and empowerment, enabling parents to feel better able to cope, and reducing senses of isolation, loneliness, and guilt),
2. learning from the experiences of others (including through the exchange of practical information and problem solving),
3. personal growth (including through developing new skills and a growth in motivation and feelings of empowerment), and
4. supporting others (benefit to peer supporters in providing mutual and reciprocal support).

A subsequent study of a parent-to-parent peer support program for parents of children with disabilities in the UK identified the most important benefit as being the ability to share feelings, worries and anxieties with another parent who had travelled a similar journey (Bray et al, 2017).

Lindsay M et al 2017. *Family bedside orientations: An innovative peer support model to enhance a culture of family-centred care at the Stollery Children's Hospital, Paediatrics & Child Health. Volume 22, Issue 7, p.387–390. Available at www.carersvic.com.au/oxfordacademic*

Schippke J et al, 2015 *Rapid evidence review: Peer support for Ontario families of children with disabilities. Toronto, ON: Evidence to Care, Holland Bloorview Kids Rehabilitation Hospital. July 2015. Available at www.carersvic.com.au/hollandbloorview_pdf*

Shilling V et al, 2013. *Peer support for parents of children with chronic disabling conditions: a systematic review of quantitative and qualitative studies. Developmental Medicine & Child Neurology. Volume 55, p. 602–609. Available at www.carersvic.com.au/wileypeersupport*

Bray L et al, 2017. *Parent-to-parent peer support for parents of children with a disability: A mixed method study. Patient Education and Counseling. Volume 100, Issue 8, p.1537-1543. Available at www.carersvic.com.au/sciencedirect*

The definition of “peer support” developed by Dennis C (2003), following a literature review of peer interventions, is the definition most commonly referenced in the literature regarding peer support in the health sector (see for example, Trickey H, 2016; de Vries L et al, 2014; Dale et al, 2012). Dennis (2003) which defined peer support within a healthcare context as:

the provision of emotional, appraisal and information assistance by a created social network member who possesses experiential knowledge of a specific behaviour or stressor and similar characteristics as the target population.

Dennis C, 2003. Peer support within a health care context: a concept analysis. International journal of nursing studies, Volume 40, Issue 3, Pages 321–332.

Trickey H, 2016. Peer support: how do we know what works? Perspective. Issue 31, June 2016. Available at www.carersvic.com.au/orcauk

de Vries L, 2014. Peer support to decrease diabetes-related distress in patients with type 2 diabetes mellitus: design of a randomised controlled trial. BMC Endocrine Disorders. Volume 14, p.21. Available at www.carersvic.com.au/bmc

Dale J et al, 2012. What is the effect of peer support on diabetes outcomes in adults? A systematic review. Diabet Med. Volume 29, Issue 11, Page 1361.

Reference: Amaze, Literature Review: Best practice in peer support, Carlton South, April 2018. Available at www.carersvic.com.au/amaze



Carers Victoria
Level 1, 37 Albert Street
PO Box 2204, Footscray VIC 3011

T 03 9396 9500
Carer Advisory Line 1800 514 845
F 03 9396 9555
E reception@carersvictoria.org.au
www.carersvictoria.org.au

 /carersvictoria  @carersvictoria

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