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ENGAGEMENT AND CONSULTATION ROAD MAP FROM THE PROVINCIAL PEER-TRAINING PROJECT

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Meaningful Engagement, Meaningful Results: Engagement and Consultation Road Map from the Provincial Peer-Training Project

It is with sincerity that this project is credited to the wisdom and tireless efforts of people with lived/living experience working in B.C.'s mental health and substance use system. Thank you for your commitment to collaboration and everyday efforts in this diverse and challenging profession.

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Abbreviations

SOP	standards of practice
TAC	technical advisory committee
BCCDC	BC Centre for Disease Control
MMHA	Ministry of Mental Health and Addictions
PWLLE	people with lived/living experience
IA	income assistance

Contents

Executive Summary

- The value of peer support in the context of B.C.'s mental health and substance use care system cannot be overstated. Peers are at the forefront of innovation, despite experiencing a disparity in supports and resource allocation.
- In April 2019, BCcampus received funding from the Ministry of Mental Health and Addictions to develop, implement, and evaluate a provincial peer training curriculum and standards of practice (SOP). The scope of this project is to enhance peer-support program quality and uniformity across the province by delivering educational resources that are accessible, evidence-based, free of charge, and consistent with the emerging trends in the field of mental health and substance use.
- The purpose of this report is to highlight the robust peer-engagement and consultation process we undertook to inform the development of project deliverables. Additionally, the process allowed us to identify 10 recommendations for peer engagement and consultation.
- The adoption of project values and underpinning principles created a system of accountability to assure we identified and mitigated barriers to peer inclusion. Through an iterative and values-based approach, we engaged 271 peers across B.C. in the project.
- We developed road map for peer engagement and consultation with the intent to challenge existing power structures and reduce tokenizing behaviours.
- Consultation began with the establishment of a technical advisory committee (TAC) and initiation of an environmental scan. Through ongoing feedback and revisions, we established peer-led expert working groups. At present, 29 organizations, institutions, advocates, researchers, and ministry partners comprise the leadership of the TAC. We have hired or contracted 35 peers to provide monthly feedback and consultation on all project deliverables.
- We implemented an environmental scan consisting of a literature review, quantitative online and in-person surveys, and qualitative asynchronous online bulletin boards in late 2019 to answer four framing questions needed for the development of project materials. The survey reached 201 peers across B.C., and the bulletin boards facilitated focused work with 24 peers.
- The environmental scan, coupled with monthly consultation with peer-led expert working groups, ensured the project met the standards of transparency and meaningful engagement. The resulting data led to the development of a core training curriculum, in-person/online teaching tools, an online resource repository, and employer resources aimed at creating more equitable workplace environments for peers.

Introduction

> *"About 17 percent of British Columbians – somewhere around 800,000 people – are experiencing a mental illness or substance use issue today." — Canadian Mental Health Association, BC, 2020*

B.C.'s Ministry of Mental Health and Addictions (MMHA) is leading the charge in reshaping the landscape of mental health and substance use services available in the province. In June 2019, MMHA launched A Pathway to Hope: A roadmap for making mental health and addictions care better for people in British Columbia. This 10-year strategy outlines the priority actions needed over the first three years to create a strong foundation for future change. Woven through these priority actions are initiatives aimed at enhancing the scope and capacity of peers, or people with lived/living experience (PWLLE).

> *"The Ministry of Mental Health and Addictions' starting point was to begin to define the problems facing our province, through the eyes of people with lived experience, health care providers and community advocates." — Government of British Columbia, 2019*

The value of lived and living experience in the context of mental health and addictions care and B.C.'s overdose crisis cannot be overstated. From provision of care to the development of new programs and services, PWLLE are finally being recognized for their invaluable insights.

Peer-support initiatives complement traditional clinical mental health and addictions care and can be effectively implemented in every setting along the continuum of care. PWLLE have been at the forefront of innovation in the face of the overdose crisis, driving pragmatic practice and affecting public policy change at all levels of government. This has been done tirelessly in the face of oppressive factors ranging from criminalization of substance use to the stigma that engulfs mental health and addictions. From a historical context, PWLLE have also been under-resourced and undervalued despite their intrinsic role in supporting 800,000 British Columbians.

> *"A peer who interacts with a peer support worker will not only feel the empathy and connectedness that comes from similar life experiences, but this interaction also fosters hope." — Mental Health Commission of Canada, 2013*

BCcampus

At BCcampus, we are innovators and implementers, leaders and learners. Our primary focus is to support the post-secondary institutions of B.C. as they adopt, adapt, and evolve their teaching and learning practices to create a better experience for students. We achieve this through a supportive approach to advanced pedagogies, a focus on impactful practice, and collaboration with partners in B.C. and around the world.

Our offices are located in Victoria and Vancouver, with many team members using remote tools to engage and coordinate activities and events across the province.

Purpose of this Report

The purpose of this report is two-fold. First and foremost, this document is intended to highlight the robust engagement and consultation process we implemented to inform the development of the provincial peer-training curriculum project. By outlining the process, and its subsequent outcomes, we abide to our commitments to transparency and meaningful engagement. We also provide a point of reference that assists the reader in understanding the broader project, including rationale for the current direction and future steps.

Second, this document outlines a road map for future engagement and consultation with PWLLE, also referred to as peers, working in the mental health and substance use sector. The role of peers in decision-making processes has never been more important, and many peers are actively sought out for consultation on the development of new initiatives. The process, however, is disjointed and inconsistent, often leaving peers experiencing unintentional harm at the hands of organizations and institutions.

Throughout this report we outline recommendations for future peer engagement and consultation initiatives. We developed these 10 recommendations (see Appendix A) through the project's iterative and relational approach to engagement and consultation. They are not intended to encompass every subtle nuance; nor should they indicate that our process was perfect. Quite the contrary. They reflect the lessons learned through countless hours of listening to peers and problem-solving our own processes. We acknowledge that every system should be challenged to evolve its structures and practices. Let's plot a course for engagement and consultation with peers. No tokenism. No broken promises. Just meaningful opportunities to share knowledge and develop better systems.

Provincial Peer-Training Curriculum Project

In April 2019 BCcampus received funding from MMHA to develop, implement, and evaluate a provincial peer-training curriculum and standards of practice (SOP). The scope of this project is to enhance peer-support program quality and uniformity across the province by delivering educational resources that are accessible, evidence-based, free of charge, and consistent with the emerging trends in the field of mental health and addictions.

Peer-support worker training resources	*Made-in-B.C. support-worker training resources will:* • *Recognize the valuable contributions that peer-support workers make in supporting people in healing and recovery.* • *Incorporate the practice principles described in the strategy.* • *Provide employers and post-secondary institutions with provincially approved training resources.*

- *Reflect the diverse needs of the population through the application of an equity lens.*
- *Enhance peer-support worker training quality and consistency across the province.*

(A Pathway to Hope, Government of British Columbia, 2019)

BCcampus and its broad network of partners acknowledge that peer-training resources are often underfunded and inaccessible to those who would benefit most from them. Often, training resources are made available on an employer-by-employer basis. While some peers are supported to receive high-quality training and ongoing capacity-building opportunities, others report minimal or no opportunities to engage with teaching and learning resources. Peers continue to face institutional and systemic oppressors when it comes to equity in education; the education that is available often comes with direct or indirect costs to the peer.

"Barriers to education and training include lack of funding and/or failure to create a budget for staff development. Some peer workers have felt uncomfortable and excluded when they have attended mainstream training." — Mental Health Commission of Canada, 2016

Disparity in funding allocation is frequently cited as a primary reason for the lack of available training resources, but the issue is likely deeper than that. At the forefront of inequity are stigma and misinformed policies and practices. Stigma of PWLLE of mental health and addictions is deep-rooted and manifests in oppressive practices and precarious funding. It also leads to a devaluing of peers working for and alongside non-peer professionals. Throughout this project, peer participants recounted experiences in which an organization or institution sent their entire team for courses and conferences except the peers. There remains a resistance to accept peers in many health and social services as colleagues deserving of respect and equitable access to resources.

This trend persists primarily because tokenism is alive and well in the development of peer-training resources. Despite a laundry list of recommendations, reports, and studies (see Appendix B) that outline the value and necessity of meaningful peer engagement to inform these resources, many initiatives continue to create power structures where peers are minimally consulted. Peer participants engaged in this project reported experiences where they were asked to join committees, but their voices were not heard at the decision-making table. Not only are they frequently tokenized, but also they report often not being compensated or supported to thrive in their role. In no other profession is an expert in a field asked so often to share their knowledge and experience with zero compensation.

Part I: Engagement and Consultation Road Map

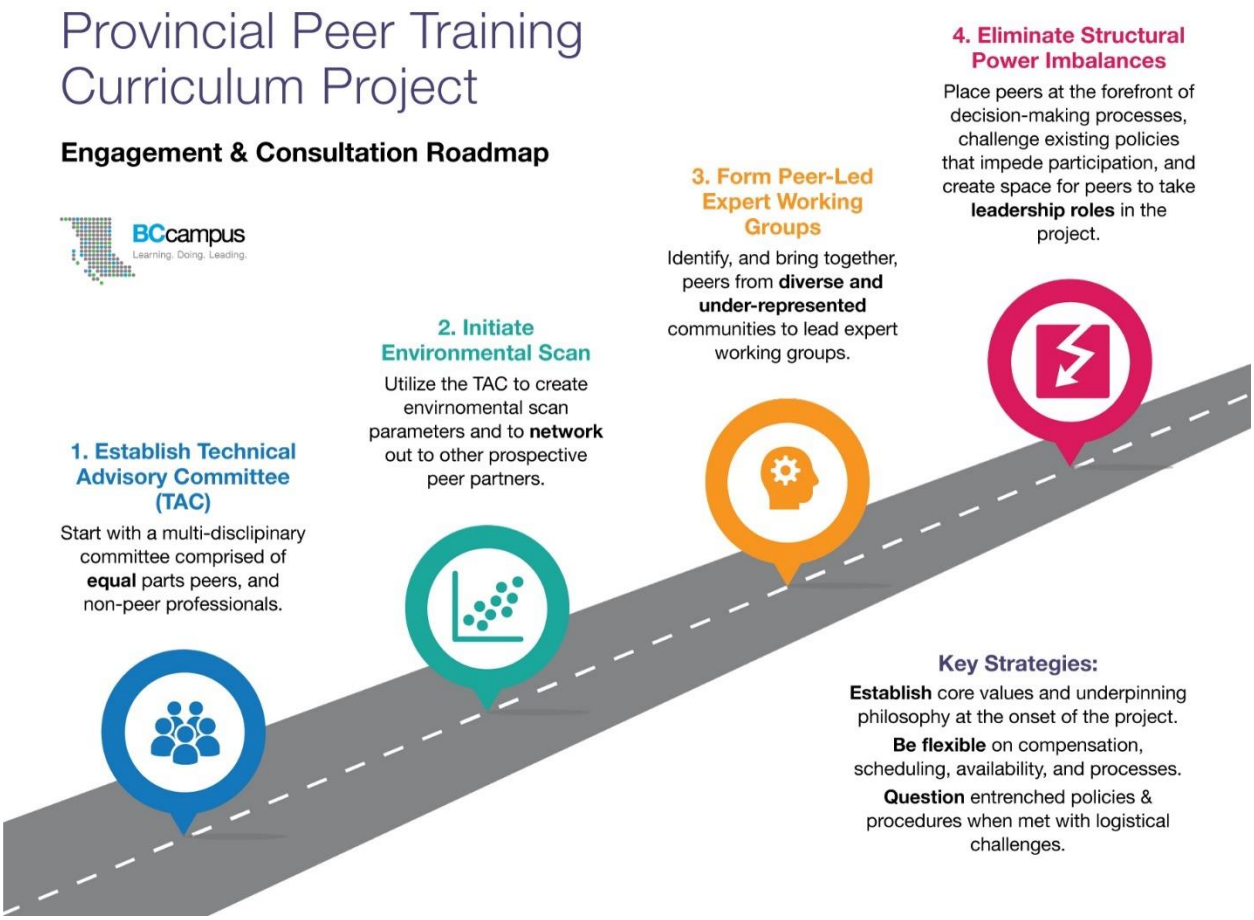


Figure 1: Provincial peer-training curriculum project road map.

Project Values and Underpinning Philosophy

Through the provision of this project and in meaningful consultation with peers, we choose harm reduction as the philosophical underpinning. Harm reduction embodies principles of anti-oppressive practice, person-centred care, nonjudgmental approaches, transparency, humility, and the value of trusting relationships. In that light, the processes in this project were iterative and adaptable to meet the needs of its collaborators and intended audience.

> *"We have unique expertise and experiences and have a vital role to play in defining the health, social, legal, and research policies that affect us all." — Canadian HIV/AIDS Legal Network, 2006*

The project values reflected our relational approach and directly challenged previous approaches relating to peer-support work. We sought out opportunities to build relationships and trust first and foremost, acknowledging that it isn't just about what we accomplish but how we get there that matters.

Transparency	We were direct with our intentions and open about processes. No power structures between groups resulted in information silos, we provided routine updates, and when challenged, we made adjustments to respond collaboratively to feedback.
Humility	We are rarely correct in our approach right away, and that is OK. Stagnation is undesirable, and we sought out opportunities to correct our flawed approaches as soon as we identified them. We also took a proactive approach to identify practices and policies that may create unintended harms.
Diversity	We were direct with our intentions. This included assuring that underrepresented communities received an equitable opportunity to participate. We contracted a gender-diversity consultant to hold the system to account, and regardless of what stage we were in, we always left space at the table for individuals, agencies, and institutions to join in the work. We valued the leadership and wealth of experiences from our Indigenous, First Nations, and Métis partners, and we endeavoured to amplify their voices.
Anti-oppressive	We recognized that a great deal of practices and policies related to peer work are founded in stigmatizing, discriminatory, or simply misinformed systems. Although a peer-training curriculum project cannot adequately eliminate these structural and historical oppressors, it can act as a stepping stone to resolution — in both the outcomes of the project and the process in which those outcomes were achieved.
Peer-centred	We recognized that this project was intended for peers, and no work should ever be done for a group of people without their extensive involvement. We committed to actually asking peers what they wanted and needed, then took every action we could to meet those requests. Although many peers echo the sentiment that *Nothing about us without us*, actions speak louder than words.

We also acknowledge that existing knowledge and evidence related to mental health, addictions, and peer support were developed in a highly patriarchal and colonial environment. In addition to the our core values, we sought to learn from and adopt an approach that challenged traditional, colonial, racist, patriarchal systems that are deeply embedded in the mental health and addictions portfolio.

Definitions

Defining *peers* and *peer support* is a challenge, in large part because of the breadth of roles and services that fall under each term. According to the Mental Health Commission of Canada (2016, 10), “At the most basic level, it may be described as support provided by peers, for peers; or any organized support provided by and for people with mental health problems and illnesses,” but that broad definition excludes peers who support people who use drugs. In reality, peers work in overdose-prevention sites, facilitating Alcoholics Anonymous meetings, providing geriatric mental-health support, supporting people engaging in sex work, and everywhere in between. The truth is that peer support occurs in nearly every facet of our mental health and addictions care system. Abiding to the core values of this project meant creating an open and inclusive definition that did not limit peers but spoke to the versatility of the role.

For the purpose of this project, a *peer* as someone who has lived or living experience in mental health, substance use, or addiction and who uses this experience in the provision of direct care for peer-support workers, peer navigators, peer coordinators, and peer educators. A *peer* may be referred to as an

experiential worker, experiential professional, or PWLLE worker. PWLLE of homelessness, incarceration, and other intersecting factors may be employed as peer-support workers. Parents, caregivers, and families of PWLLE of mental health, substance use, and addiction can also assume the role of peer-support worker.

Peers who were contracted or employed to work on the development of the provincial peer-training curriculum project are referred to as *peers* throughout this document.

Peer Engagement and Consultation

To inform the development of this vitally important project, we developed a robust engagement and consultation plan. The first step of this process was to establish the TAC, a group of peers; leaders in peer-run and peer-employing community agencies; researchers; leaders in Indigenous, First Nations, and Métis institutions; and ministry partners. This group helped shape the early direction of the project. Most important, they provided early feedback on the environmental scan and connections to peers and peer organizations to bolster the membership of the TAC and assure more equitable representation.

"Peer engagement practices are not limited to one-on-one participation processes; they include certain considerations in the preparation, engagement, support, and conclusion stages of peer engagement." — Peer Engagement and Evaluation Project, 2017

We then conducted an environmental scan to gain greater understanding of the resources currently available for peer training; the recommendations for peer-training development; and the perspectives, needs, and wants of peers across B.C. The environmental scan included a literature scan, quantitative online and in-person surveys, and qualitative asynchronous online bulletin boards. This process took the better part of three months and required early and frequent adjustments to ensure an effective and ethical approach.

Despite having achieved adequate representation in the survey and bulletin boards, we had not yet met the standards of peer-led, peer-driven processes. A power dynamic still existed within the system of ongoing feedback and consultation. The TAC members included peers but underrepresented communities, and we had not given frontline peers a significant opportunity to share their insights and drive decision-making. In short, the project was at great risk of being tokenistic in its processes. To rectify this glaring gap, we establish four peer-led expert working groups. We employed 35 peers through this initiative to provide monthly feedback and guidance on the project deliverables.

"Representative peer engagement is necessary for the design of effective health service delivery and programming to reduce health inequities and achieve social justice." — B.C. Centre for Disease Control, 2018

A recurring theme in this document is that process is valued as much as outcomes. Engaging, consulting, and hiring peers is not enough. How a project operates its engagement is emblematic of how peer voices are valued or, in some instances, undervalued. We sought to identify best/wise practices in peer engagement and consultation by listening to peers and taking full stock of the available literature. What

we learned is that peers are often consulted, but compensation is not always offered. Moreover, compensation often comes in the form of small honoraria that do not adequately reflect the value of peers' insights.

> *"We often live in precarious conditions (for example, poverty, unstable housing, health issues, etc.), so if you want to include us, you must change your common way of doing things." — Pacific AIDS Network, 2018*

We chose to follow the BCCDC's (2018) Peer Payment Standards for Short-term Engagements, which provide standardized guidance on not only wage amounts but also how to best provide compensation. We also chose to be as flexible as the project would allow. This meant we spent time asking peers in this project what would work best for them, then we acted to individualize our approach. It was an imperfect process. Many available guidelines are high-level descriptions without logistical or practical guidance. We adopted a peer-centred approach and interpreted guidelines in whatever means most benefitted peers. To date, we have consulted 271 peers across the province on this project.

Technical Advisory Committee

Under the direction of MMHA's Strategy Steering Committee, the TAC was responsible for determining the scope, setting time lines, providing support and advice, and overseeing the completion of the deliverables of the provincial peer-training curriculum project. Specifically, the scope of this group was to:

- Oversee the completion of deliverables and monitor their progress.
- Advise on the implementation and interpretation of an environmental scan.
- Establish peer-led expert working groups.
- Provide direction and guidance to the project leads and project manager as required.
- Guide the development of the provincial standards and curriculum.
- Evaluate the tools and resources through the project's soft launch.
- Support cross-sector policy development for practice change necessary to achieve effective curriculum delivery.

The TAC included PWLLE, researchers, policy makers, peer agencies, and advocates, with the purpose of guiding the development, implementation, and evaluation of the project deliverables (Figure 2). There were 29 partnering agencies, institutions, and leaders in the TAC.

Figure 2: TAC collaboration.

Peer-led Expert Working Groups

The development of peer-led expert working groups was a critical step, achieved through the collaboration and networking of the TAC. Members were either self-nominated or identified through strategic partnerships with PWLLE, community agencies, peer organizations, First Nations and Métis, youth services, post-secondary and research institutions, and government to ensure delivery of an evidence-based, culturally sensitive, valuable curriculum.

One of the reasons for requiring such substantial representation on the peer-led expert working groups was that peer support is a broad idea. Even when framed exclusively through a mental health and addictions lens, peers work in almost every facet of this field. As noted, peers are incredibly versatile and support people across the spectrum of mental health and substance use systems. In that sense, it was imperative that we acknowledged this diversity and sought a representative group. Figure 3 represents how the four groups were modeled, reflecting that many peers work in nuanced services, but an overlap always exists. At this overlap is the provincial peer-training curriculum project, a core training program that transcends the workplace environment and arms peers with tools to support their work and professional development.

Figure 3: Provincial peer-training curriculum project intersections.

The groups met monthly with the project manager, curriculum developer, instructional designer, gender-diversity consultant, and project researcher depending on what stage the project was in. Meetings were three hours in duration and could be attended virtually or via teleconference depending on preference and comfort level. Updates and check-ins occurred first, then specific activities were undertaken to get feedback on project deliverables. Opportunities often arose for TAC members to join subcommittees or take on additional work. We compensated for all hours committed to the project according to provincial peer-payment standards.

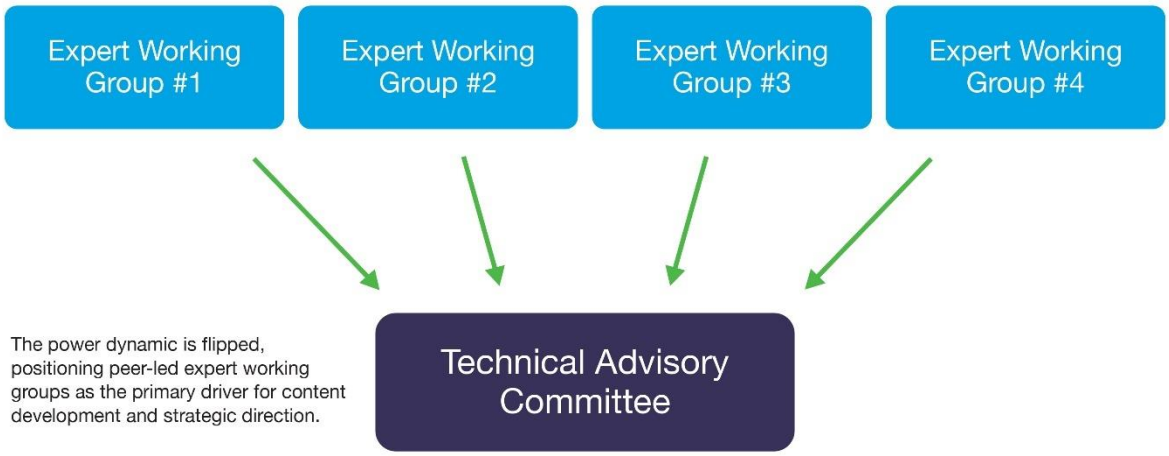


Figure 4: A change in the TAC power dynamic.

We had to acknowledge that with the peer-led expert working groups established, the power imbalance between the TAC and working groups needed correction. We flipped the structure and began treating the TAC as a resource that could assist with connection and strategic direction but not dictate processes (Figure 4). Peers from the TAC became co-chairs of the expert working groups, facilitating a link between groups and ensuring continuity and accountability at each level of decision-making. Each group created a set of values and protocols to best meet the needs of its members. We discussed how to resolve conflict within the groups, how to best reach out if a peer participant became disconnected, how to approach differences of opinion, and how to ensure everyone felt safe to contribute. We employed 35 participants in peer-led expert working groups.

We contracted each peer in the expert working groups for three to 10 hours per month, with additional opportunities to take part in subcommittees or provide written feedback on a number of deliverables. Peers had the option of being hired as independent contractors or, whenever possible, through their existing employers. In some instances neither option was feasible, and creative problem-solving was required to meet the needs of each individual. The nature of being a PWLLE meant that some peers were receiving a form of income assistance (IA) subject to claw backs should they earn additional income. Peers engaging in this project recounted experiences in which claw backs on regularly scheduled income created significant harm.

> *"Employers and unions have a tendency to side with oppressive systems before trying to change them." — Peer working group 4, 2020*

To mitigate the potential harms of IA claw back, we sought an exemption from the Ministry of Social Development and Poverty Reduction. After many consultations and clarifications, BCcampus was successful in reaching an agreement that any peer payments provided through the provincial peer-training curriculum project and future peer-employing projects were exempt from IA claw backs.

"One size does not fit all. Peers can experience different barriers to doing peer engagement and these barriers vary over time and between people. Similarly, peers are not all the same, and have a range of voices and experiences that need to be heard." — BC Centre for Disease Control, 2017

In one instance, a peer requested their income be donated to a charitable organization, and we worked collaboratively to achieve this goal. As an organization, we acknowledged early in this project that the only effective approach is to individualize details according to the needs of each peer participant. Assumptions and singular solutions create accessibility issues and can result in valuable insights being missed simply because people aren't able to participate. Whether for payment options, scheduling, or preferred methods of communication, flexibility and humility are the only proven ways to engage without assumptions.

Lessons and Opportunities

Taking a relational and iterative approach to peer engagement meant we had to be prepared to be wrong, often. Even in assuring IA claw-back exemption for peer payments, we quickly learned that the exemption applied only to provincial assistance, leaving people on federal assistance at risk. Moreover, because it applied to only provincial IA, the income generated from the project was still reportable to the Canada Revenue Agency. For people with limited experience in independent contracting, this could spell disaster during tax season. Though we couldn't eliminate this risk, we decided to generate individualized tax information sheets at the end of the calendar year so peer participants could see their annual income through the project and receive instruction on how to report it.

This is just one example of how continuous efforts are needed to reduce the impact of structural barriers deeply entrenched in our health, social, and employment systems. We learned quickly that we had to apply that same level of critique beyond our policies and procedures to our individual practices when engaging with peers. When discussing lived and living experience, peer participants reported feeling manipulated and co-opted in the past by employers. Many verbalized the trauma and cyclic traumatization of being expected to recount their experiences as part of their peer role. In essence, their experience and history became their identity. This is a deeply troubling trend, as it not only creates significant stressors for peers but also minimizes their role and scope at work.

"Other people are not entitled to my trauma." — Marnie Scow, expert working group 3, 2020

We also had to acknowledge that mere consultation was not an adequate way to move forward in the process. In fact, consultation and informing are considered highly tokenistic ways of involving PWLLE in any form of engagement (Arnstein 1969). The fact that as a society we have acknowledged this since 1969 but continue to engage in tokenizing behaviors shows how undervalued PWLLE are when it comes to decision-making and power structures. In an effort to ameliorate this experience, we generated opportunities where key decisions were left entirely in the hands of peer participants. This extended to

graphic design, creating vignettes, and even selecting grant recipients for the resource repository component of the project. It is important to note that this approach did not fix embedded and oppressive structures in the project. It did, however, acknowledge their existence and make discernable steps toward correcting the imbalance.

"I know we are tokenized a lot, whether it be willful or not. And we are excluded sometimes because people who went to school or have letters and egos behind their names think that we are somehow lesser than because of our life situations or the fact we couldn't afford higher education." — Shawn Wood, expert working group 3, 2020

Part II: Environmental Scan

At the heart of peer support, we identified core values and principles through an environmental scan and peer engagement.

Environmental Scan

In addition to developing a robust and accountable long-term consultation and engagement strategy, we implemented a concurrent, multivariate environmental scan. The scan began after the first face-to-face TAC meeting in November 2019. The scan consisted of a literature review (see Appendix A), quantitative in-person and online surveys (see Appendix B), and qualitative asynchronous online bulletin boards (see Appendix C). Given the questions and intent of the environmental scan, both quantitative and qualitative components did not extend beyond market-level research. In short, we spent our time and resources asking peers across B.C. what they wanted and what would work best for them.

Environmental scanning is “the art of systematically exploring and interpreting the external environment to better understand the nature of trends and deep drivers of change and their likely future impact on your organisation” (Conway 2015). The external environment exists within a variety of influences, such as the following:

- Events: important and specific occurrences in different sectors

- Trends: general environments in which events take place
- Issues: current concerns that arise in response to events and trends
- Expectations: demands by interested groups based on their concern for issues

A variety of factors affect events, trends, issues, and expectations. These factors may be organized into the following categories:

- Social
- Technological
- Economic
- Environmental
- Political

Framing Questions

We formulated four framing questions to guide the three prongs of the environmental scan:

1. What existing curricula and resources are currently used to support peer-training development?
    a. Standards of practice
    b. Training curricula
    c. Training delivery and resources
2. What are the recommendations for future peer-training curricula and resource development?
3. What are the perceptions of peers working in B.C. when it pertains to core values and training needs?
4. What are the best/wise practices for delivery of standardized peer training?

Methodology

We used a mixed method, multitiered strategy to gather the best possible resources and answers to the framing questions. In collaboration with Insights West, we completed a literature scan to answer questions pertaining to best/wise practices, current resources, and future recommendations. Insights West gathered qualitative and quantitative data to answer questions about present-day peer needs, values, and perceptions as well as recommendations to inform future practice.

Literature Scan

Using the literature search engine available through Simon Fraser University databases, and resources acquired through collaboration with the formal and informal project partners, we gathered and summarized 48 practice guidelines, reports, recommendations, teaching and learning modules, systematic reviews, and recent peer-reviewed studies to identify commonalities and inform the development of the provincial peer-training curriculum. See Appendix B for the literature scan.

Quantitative Surveys

We scripted and hosted the survey using Toluna Automate Survey software, an ASP solution with secure 24/7 access via the web. All data were cleaned and checked for accuracy. At the end of the online survey,

participants were asked if they would be interested in participating in the qualitative asynchronous online bulletin boards. Insights West delivers reports that are customized to what works best for each study and each client. This includes how the report looked as well as the level of interpretation (insights, conclusions, recommendations) and the way it was delivered. Insights West provided detailed Excel data tables, including analysis by key subgroups such as demographics and relevant behavioural or attitudinal differences. See Appendix C for the final survey report.

TAC members immediately observed that the idea of simply releasing a survey online involved a lot of assumptions about accessibility. Peers noted that many participants would be excluded due to lack of computer or internet availability, tech literacy, and overall comfort with technology. We chose to pivot after hearing this feedback and created three survey streams. Online surveys were still available, but we struck a partnership the BCCDC Peer Engagement and Evaluation Project to distribute paper surveys across the province through peer-to-peer outreach. Outreach was also done by a peer participant at Vancouver's Downtown East Side overdose-prevention sites. Finally, one peer participant held a survey forum where 20 peers attended and completed surveys in a classroom setting. In addition to survey participants receiving cash incentives for completion, peers who assisted in facilitating the surveys were compensated according to the BCCDC peer payment standards.

Due to the need to change processes and remain responsive to concerns outlined by peer participants, we delayed the survey release until December 2019. This was problematic for many reasons. First, December is never a good month to survey people. Between sick time and vacations, response rates were slow to trickle in, and it took great effort from peer participants doing outreach to meet the agreed-on quota. Despite these challenges, the team members worked together and achieved their goals. Surpassing a threshold of 200 survey respondents from a geographically representative sample was vital to gaining meaningful results. By survey closing date, 201 peers had responded either in person or online.

Qualitative Asynchronous Online Bulletin Boards

Once the quantitative online surveys were completed and we identified a bulletin board cohort, Insights West augmented quantitative data with a qualitative exercise in the form of asynchronous online bulletin boards. Online bulletin boards are the best approach for this type of research. They are typically designed to last three days, with a different topic or focus for each day. Participants were asked to log in and participate in the conversation on all three days. Like in-person focus groups, participants commented on and engaged with one another. Participants could download a transcript of the discussion immediately at no additional cost. The online bulletin boards were conducted using itracks software.

Bulletin board participants were recruited from a sample of stakeholders who opted in while completing the in-person or online surveys. Group sizes are detailed in Table 1. Online bulletin boards allow for a large group size. We formed two separate groups to encourage participant interaction and to mitigate the potential influence of individual participants over the entire group.

Sample Group	Description	Participants
Online Bulletin Board	Across Canada	12-15 participants
Online Bulletin Board	Across Canada	12-15 participants
	TOTAL:	**24 to 30 participants**

Table 1: Bulletin board group sizes.

Compensation

Compensating respondents for participation results in higher response rates, more engaged participants, and a more representative sample, so we offered the following incentives:

- Online or in-person survey: $5 cash incentive for completion
- Online bulletin boards: individual incentive of $100

It is important, even when the process is working, to reflect on learning opportunities. One factor that did not emerge until late in the environmental scan was that the move from online surveys to in-person options significantly changed the length of time to complete. When we agreed on a $5 incentive, the survey was estimated to take 10 minutes to complete. Peer participants who completed paper surveys via outreach, however, reported that the time to complete was closer to 25 minutes. In retrospect, we could have provided a higher cash incentive of $10 to $15 regardless of online or in-person participation.

Compensation needed to be provided as soon as possible after the completion of tasks in the form of cash unless otherwise requested (BCCDC, 2018). This presented monumental challenges for a survey meant to reach peers across B.C. that could be delivered in online or in person. Peers who completed the survey in person were compensated in the moment by the peer participant outreach team, but peers who completed online had to wait for the cash to be mailed. This is one instance where best practice does not always clearly outline the logistics to abide by. See Appendix D for full final qualitative report.

Key Takeaways

1. What existing curricula and resources are currently used to support peer-training development?	**Standards of practice.** Peer Support Canada is a non-profit organization created to provide certification and accreditation services in accordance with nationally endorsed SOP. The SOP were developed in consultation with peer supporters from across the country and endorsed by peer leaders who represented national interests nationwide. The national SOP consist of the knowledge, competencies, experiences, and code of conduct requirements to effectively provide peer-support services with due care and skill in a variety of settings. These standards can be viewed on Peer Support Canada's website at peersupportcanada.ca.
	Guiding values. *Making the Case for Peer Support* identified three primary values as consistent across the literature review and survey of peer-support

	workers: self-determination and equality, mutuality and empathy, recovery and hope. *Guidelines for the Practice and Training of Peer Support* identified the following values that best define peer support in the view of leaders involved in this project: • Hope and recovery: acknowledging the power of hope and the positive impact that comes from a recovery approach • Self-determination: having faith that each person intrinsically knows which path to recovery is most suitable for them and their needs, noting that it is the peer's choice whether to become involved in a peer-support relationship • Empathetic and equal relationships: noting that the peer-support relationship and all involved can benefit from the reciprocity and better understanding that comes from a similar lived experience • Dignity, respect, and social inclusion: acknowledging the intrinsic worth of all people, whatever their background, preferences, or situation • Integrity, authenticity, and trust: noting that confidentiality, reliability, and ethical behaviour are honoured in each and every interaction • Health and wellness: acknowledging all aspects of a healthy and full life • Lifelong learning and personal growth: acknowledging the value of learning, changing, and developing new perspectives
	Principles of practice. The principles of practice should flow from the guiding values and further define the intent of the support being provided. They embody the character of the relationship and the philosophy of peer-support work. The principles of practice are written from the perspective of the peer-support worker but direct the principles of practice for a program or organization. These principles should guide and inform program administrators who make policy decisions to: • Recognize the importance of an individual approach to recovery, respect where each person is in their own journey of recovery, and recognize that the goals, personal values, beliefs, and chosen path of the peer may not be the same as their own. • Honour and encourage self-determination by working with the peer to co-create and explore options rather than simply providing direction, and empower the peer to take steps forward on their own rather than "helping" by doing it for them. • Interact in a manner that keeps the focus on the peer, and maintain a peer relationship that is open and flexible while being as available as necessary. • Use recovery-based language and interact in a manner that focuses on the peer's journey to a more hopeful, healthy, and full life rather than focusing on symptoms, diagnosis, or an objective set by someone other than the peer. • Share aspects of their lived experience in a manner that is helpful to the peer, demonstrating compassionate understanding and inspiring hope for recovery. • Practice self-care, monitor their own well-being, and be aware of their own needs for the sake of mental health, recognizing the need for

	health, personal growth, and resiliency when engaged as a peer-support worker. • Use interpersonal communication skills and strategies to assist in the development of an open, honest, nonjudgmental relationship that validates the peer's feelings and perceptions in a manner that cultivates trust and openness. • Empower peers as they explore possibilities and find their path to a healthier and happier outcome with the eventual objective of disengagement from the peer-support relationship when the time is right. • Respect the various positive interventions that can play a role in promoting recovery. • Respect professional boundaries of all involved when exploring with the peer how they might interact with professionals as questions or concerns arise. • Collaborate with community partners, service providers, and other stakeholders; facilitate connections; and refer peers to other resources whenever appropriate. • Know personal limits, especially in relation to dealing with crises, and call for assistance in a collaborative manner when appropriate. • Maintain high ethics and personal boundaries in relation to gift giving, inappropriate relations with peers (e.g., romantic or sexual intimacy), and other interactions or activities that may result in harm to the peer or the image of peer support. • Participate in continuing education and personal development to learn or enhance skills and strategies that will assist in peer-support work.
	Canada. A number of peer-support training programs exist across the province and beyond. Some of the training programs available are: • North Shore Peer Support Training Program, North Vancouver, BC: 96 hours classroom, 40 hours practicum • The Coast Peer Support Training Program, Vancouver, BC: 100 hours classroom, 50 hours + six months practicum • Ontario Peer Development Initiative Peer Support Core Essentials Program, Richmond Hill, ON: 5 days, 50 hours practicum • Stella's Place Peer Support Training Program, Toronto, ON: 60 hours • TEACH Core Skills Training, Mississauga, ON: two days • Peer Shelter Support Worker Training — PARC, Working for Change, Toronto, ON: 12 weeks training, 4 weeks practicum • Pre-Employment Relief Worker Training, Working for Change, Toronto, ON: 36 days • Peer Support Training, NS, 18 hours • Peer Support Training, Calgary, AB: 120 hours classroom, 50 hours practicum
	United States. • Intentional Peer Support Core Training (Shery Mead): 14 topics • Peer Specialist Training and Certification: state by state
	International.

	• Australia: Mind Australia Peer Support Worker Training: five-day course, one-day workshop • UK: The YOU Programme: three weeks or six weeks
2. What are the recommendations for future peer-training curricula and resource development?	In the surveys, peer-support workers showed strong enthusiasm and interest in a wide variety of topics, including crisis, suicide intervention, mental health first aid (96 percent); Indigenous health and wellness (93 percent); encouraging self-determination (91 percent); emotional support (90 percent); relationship building and goal setting (89 percent); cultural sensitivity (89 percent); language and communication strategies (89 percent); setting limits/boundaries (88 percent); self-care and wellness (87 percent); and awareness of possible symptoms and potential side effects of medication (87 percent). The traditional classroom setting stood out as the preferred learning approach for all topics tested. Eighty-five percent considered credentials for peer-support training important. From the online discussions, mental health and substance use peers had largely different training interests. Further, peers felt they learned best from a combination of learning approaches. Hands-on experience was seen as a crucial aspect of training. Many struggled with solo learning from written materials alone. In addition, some felt that their lack of formal training or accreditation led to a lack of respect from colleagues. Credentials were seen as important for proving qualifications to both employers and colleagues. Topics of priority from mental health peers included diagnosis, side effects of treatment, helping clients in psychosis, different types of mental illness (bipolar, schizophrenia, FASD), self-care, first-aid training (including naloxone), how to better communicate, ethics or guiding principles (empathy, compassion, etc.), concurrent disorders, intervention, dealing with stigma, inclusivity, running larger groups, working with youth, and dealing with mental health crisis situations. Topics of priority for substance use peers included critical situations, conflict resolution, rights of clients and how to better advocate, values clarification and attitude transformation, different stages of recovery and support for people using drugs, cross training, cognitive behavioural therapy, diversity training, administrative requirements for funding, group facilitation, and all aspects of peer support.
3. What are the perceptions of peers working in B.C. when it pertains to core values and training needs?	In the surveys, the top-ranked values or attributes were compassion and caring (49 percent) and empathy (39 percent), followed by authenticity (31 percent), interpersonal communication skills (26 percent), relationship building (23 percent), and being present (23 percent). In the surveys, the majority of peers who received training gave the training excellent or good ratings, and the majority learned about training through on-the-job resources.

	In the online discussions, nearly all peers felt satisfied with the quality of training they received from their workplaces and showed enthusiasm for ongoing training. However, there is room for improvement in the availability of training opportunities and funding. Those who described themselves as satisfied tended to show enthusiasm for learning about peer support, appreciated the range of topics their training covered, and found the training to be directly applicable to their job. They also considered regular check-ins and feedback to be aspects of ongoing training that they learned from. Several peer-support workers talked about how it is hard to train for peer-support work because the real learning is from lived experience. Similarly, some peer-support workers expressed that their training would have been better if it had included more hands-on experience. Other critiques of the training included the vocabulary being hard to understand and topics such as cultural awareness and safety training happening at the end of a learning session and seemingly treated as an afterthought rather than given the same time and attention as other subjects. When asked to describe the past peer-support training approaches that have worked best for them, peers commonly described training experiences that utilized a combination of approaches, typically learning in a classroom or through manuals followed by job shadowing or practicums. Among those who mentioned single learning approaches, job shadowing or practicums were the approaches that worked best, followed by classroom or group situations. The benefit seen in both of these approaches was the ability to ask questions. Those who preferred the classroom setting also liked how they had the opportunity to learn from other students; those who preferred job shadowing or practicums talked about how there is no replacement for hands-on experience. Other best experiences mentioned included online learning (appreciated for being free), workshops, and intensive individualized learning though a mentor. A number of peer-support workers had trouble thinking of any examples of approaches to peer-support training that didn't work for them. Those who were able to talk about poor experiences with different training approaches largely spoke about how they found online learning and textbooks challenging and preferred in-person learning. Additional critiques about poor peer-support learning experiences included how instructors need to be interesting and engaging and how students can feel overloaded with too much information in a short period of time. One participant mentioned how their training was challenging because it involved trips to different locations they found to be triggering during an early part of their recovery.
4. What are the best/wise practices for delivery of	The quantitative survey showed that a strong majority (80 percent) of peer-support workers believe they are up to date on best or wise practices. They most commonly rely on conversations with their colleagues to stay up to date, either one-on-one or at monthly meetings. A couple of substance use peers also mentioned having mentors they regularly confer with. Reading is

standardized peer training?	another method of staying current, including workbooks and library books as well as online materials. One mental health peer mentioned referring to materials from their studies in peer-support work. Many rely on their workplace to keep them up-to-date, including several who regularly attend workshops and other professional development training. Multiple peers mentioned following peer-support leaders on social media as a source of best or wise practices.
	Activities. In the surveys, significantly more than half of respondents said they frequently participate in experiential or storytelling (91 percent), team communications (88 percent), education/awareness building (88 percent), and socialization and self-esteem building (86 percent). Frequent participation in activities differed significantly between mental health and substance use peer-support workers. Those who work in mental health were less likely to participate in community outreach or clean-up and overdose prevention and response. Those who work in substance use were less likely to participate in skill building, mentoring, goal setting, socialization, self-esteem building, or group facilitation.
	Challenges. In the surveys, the top challenges reported included living compensation or wages, followed by avoiding personal burnout and navigating health and social systems. In the online discussions, the challenges of peer-support work most commonly mentioned included practicing self-care and setting boundaries. Others were the struggle creating connections with peers, limited resources, a sense of stigma, lack of formal training or accreditation, perceptions that their work is not taken seriously, working with people in crisis with mental health issues, getting peers to do housework, insufficient hours or pay, long commutes, management relations, and working with service providers. In the surveys, 86 percent identified official credentials as very important or somewhat important. In the online discussions, some felt that their lack of formal training or accreditation led to a lack of respect from colleagues. These credentials were important to prove qualifications, help combat undervaluing of peer-support work, lead to more respect from healthcare colleagues, provide feelings of confidence or self-esteem, facilitate professional development or growth, improve ability to earn money, build trust with peers, create commonly understood practices or standards. Official credentials were identified as a normal thing to receive in most lines of work.
	Challenges addressed. Tools and strategies at peers' workplaces that provide for coping with the challenges of peer-support work include talking about it, regularly scheduled debriefing sessions, a supportive environment, receiving lengthy and extensive training, ongoing training, and providing spaces and opportunities for destressing.

Part III: Synthesizing and Implementing

Concept art for the provincial peer-training curriculum guide

Credit: Sam Bradd, Drawing Change

Synthesizing and Implementing

The process of engaging, consulting, and environmental scanning led to a host of insightful recommendations and shaped the strategic direction for the project. We determined a peer-training curriculum and SOPs for core training that reflect the commonalities in all peer support. We created a series of modules to specifically respond to the requests of peers who participated in either the environmental scan or the expert working groups. We agreed on core values and common definitions through routine consultation and clarification. Additional pieces of the project were formulated to shore up identified gaps in the core training without duplicating or undermining the hard work of peers and peer organizations who had already created their own training curricula. What follows in the final sections of this report is a summary of the deliverables of the provincial peer training curriculum project, based entirely on the feedback and insights from PWLLE.

Recommendations

The process allowed us to identify 10 recommendations for peer engagement and consultation.

Recommendation 1: ***Adopt a set of values and principles.*** Acknowledge that traumas are generated by well-intended initiatives. Adopt values and underpinning principles that hold your project accountable.

Recommendation 2: ***Reflect on your own processes.*** *Reflection is uncomfortable but necessary. Examine the policies and procedures within your program and identify areas in need of change.*

Recommendation 3: ***Review the literature.*** *Peers have paved the way in developing engagement and consultation recommendations. Extend beyond scientific databases and seek publications by PWLLE.*

Recommendation 4: ***Pay peers.*** *For small asks. For big asks. Always pay PWLLE for their contributions. Follow provincial peer payment guidelines.*

Recommendation 5: ***Challenge power structures.*** *Create opportunities for peers to lead project deliverables. Support peers to take on co-chair roles, and above all else, trust their experience. Know that consultation is tokenizing behavior.*

Recommendation 6: ***Options…for everything.*** *Wherever possible, ask peers what works best for them. Then individualize your process to accommodate those needs and wants.*

Recommendation 7: ***Be iterative, flexible, and humble.*** *You are not the expert. You will be wrong. That is OK, provided you can adapt to feedback. Do not invite peers to your project if you do not intend to act on their feedback. Value lived experience.*

Recommendation 8: ***Seek diversity****. Be direct with your intentions. Underrepresented communities should be prioritized, and barriers to their involvement should be addressed accordingly.*

Recommendation 9: ***Process over outcomes.*** *Understand that your outcomes are null and void if your process is harmful, tokenizing, or oppressive.*

Recommendation 10: ***Meet people where they are.*** *Literally and figuratively. Seek opportunities to learn about other programs and organizations. Invest in their work as much as you would like them to invest in yours.*

Meaningful Engagement

> *"The stigma that people who use illegal drugs face, as well as the fact that illegal drug use is criminalized, rather than seen primarily as a health issue, create many barriers to involvement of people who use drugs and impede effective public health responses to problematic substance use." — Canadian HIV/AIDS Legal Network, 2008*

This process was intentionally labor-intensive. We wanted to know exactly what peers want in B.C. and then to follow-through on those requests. We wanted a system of accountability where a participant could tell us we were wrong, and we would adjust course. We sought to move away from tokenism, paternalism, and oppressive practices because the literature is replete with examples of how not to engage. Yet it continues to occur, primarily because of underlying beliefs and attitudes toward peers, including people who use drugs, that trickle into even the most altruistic initiatives.

Core Training

Based on the feedback we received, the following core values, SOPs, and training modules will be included in the core training component of the provincial peer-training curriculum project. This is the primary project deliverable but not the only one. In addition to the core training, an online resource repository consisting of existing peer-training materials will be openly accessible. Additionally, we drafted a resource for employers to address workplace barriers that continue to impede peers from feeling supported and thriving in the workplace.

Core Values

Principle and Value	Moving Toward…
Acknowledgement	All humans long to know and be known, to be seen for who we are and deeply heard without someone trying to fix or save us.
Mutuality	The peer relationship is mutual and reciprocal. Peer support breaks down hierarchies. The peer-support worker and the peer equally co-create the relationship, and both participate in boundary creation.
Strengths-based	It is more motivating to move toward something than away from a problem. We intentionally build on already existing strengths. We thoughtfully and purposefully move in the direction of flourishing rather than responding only to pain and oppression.
Self-determination	We support the facilitation and creation of an environment where people can feel free to tap into their inner motivation. Peer-support workers don't fix or save. We acknowledge and hold space for resilience and inner wisdom.
Respect, dignity, and equity	All humans have intrinsic value. Peer-support workers acknowledge that deep worth by practicing cultural humility and sensitivity while serving with a trauma-informed approach, offering generosity of assumption, and mindfully addressing personal biases. Peer-support meets people where there are and serves with a knowledge of equity.
Belonging and community	Peer support acknowledges that all humans need to belong and be a part of a community. Peer support recognizes that many people have barriers that keep them from developing

	community. We actively work to deconstruct social blockades that prevent inclusion and acceptance. Peer-support workers serve with a social justice mind-set and intentionally practice empathy, compassion, and self-compassion.
Curiosity	We are always intentional about how curiosity and inquiry support connection, growth, learning, and engagement. We will continually be curious while challenging assumptions and narratives. We ask powerful questions. We offer generosity of assumption to those who think differently than we do. We know that listening and asking questions is more important than providing answers.

Standards of Practice Components and Competencies

A: Specialized Peer Proficiencies

The peer-support worker:

- Demonstrates understanding that there is no one-size-fits-all approach to recovery and wholeness. Each person needs to discover what goals, values, and beliefs work for them. Peer supporters recognize that others' paths may be quite different from their own.
- Demonstrates an awareness and understanding of self-determination and is able to apply it to the peer relationship. Understands that advice-giving and fixing are antithetical to self-determination.
- Builds relationships based on mutuality. However, the peer supporter acknowledges and recognizes there can still be a power differential when in a formal role. The peer supporter actively works to create mutuality and equality while honouring boundaries and deeply respecting the well-being of the recipient of the services.
- Chooses to self-disclose and share aspects of personal story in a way that supports the relationship, connection, and inspiring hope. The peer supporter understands the importance of avoiding traumatic details that can trigger a stress response.
- Engages in active ongoing learning.

B: Principles of Supporting Wellness, Wholeness, Recovery, and Social Belonging

The peer-support worker:

- Actively creates and engages in self-care practices that support their own well-being.
- Demonstrates awareness of their own stressors and triggers and has a plan to support their well-being through the challenge.
- Actively chooses to practice empathy and compassion in interactions.
- Recognizes the importance of clear, well-defined boundaries, and practices co-creating boundaries with the person they are supporting.

- Demonstrates knowledge of recovery-oriented practices, including but not limited to harm reduction, trauma-informed care, and the importance of person-first language.
- Encourages peers to discover strengths, explore new possibilities, and continue to build resilience.

C. Diversity and Inclusion

The peer-support worker:

- Is aware of and actively reflects on their own set of values and beliefs.
- Is mindfully aware of the fact that they have a set of personal biases and actively makes space for different perspectives.
- Understands and can apply intercultural sensitivity toward all cultural groups. The peer-supporter works to avoid stereotyping.
- Understands the harmful effects of colonization and privilege, and works to reduce the harm.
- Understands how stigma and the social determinants of health can affect someone's life experience.
- Respects a diversity of modalities and interventions, even if they are different from their own approach.

D: Facilitating Communication and Connection

The peer-support worker:

- Demonstrates an understanding of and sensitivity for the effect of personal communication style on others.
- Communicates clearly, respectfully, and effectively through spoken, written, and electronic forms.
- Recognizes the importance of and chooses to use person-centred language.
- Understands the importance of community and belonging for well-being and supports community inclusion.
- Actively practices compassionate and empathetic communication.

E: Collaboration and Ethical Practice

The peer-support worker:

- Works respectfully and effectively with clinical and community staff and with the peer's personal supporters.
- Demonstrates an understanding of the nonnegotiable nature of the code of conduct.
- Effectively collaborates with stakeholders in a way that supports the overall appearance and respect of peer support in the province.

Training Topics

Modules

1. Introduction to Peer Support and Wholeness
2. Categories and Containers: Unpacking Our Biases
3. Intercultural Sensitivity
4. Self-Determination
5. Understanding Boundaries and What it Means to Co-Create Them
6. Trauma-Informed Care
7. Connection and Communication
8. Social Determinants of Health
9. Supporting Someone Who Is Grieving
10. Substance Use and Harm Reduction
11. Mental Health and Supporting People in Crisis
12. Goal Planning
13. Building Personal Resilience
14. Family Peer Support
15. Working with Youth

Accessibility

A recurring challenge throughout this project was accessibility. We heard from peer participants that no single method of training delivery would meet the needs of this diverse workforce. Because of this, we completed an activity called “minimum specifications,” where we asked participants to outline their minimum specifications needed to make the project a success. The goal with an activity like this is not to do the bare minimum or identify minimum specifications but to understand what participants believe to be most vital components of the training.

The results of this exercise validated our belief that this project would have to be made available in three streams: entirely in-person through peer facilitation, exclusively online through an interactive learning management system, and in a blended format that would allow employers to have staff complete the online component first followed by a modified in-person component.

Employer Resources

Peer participants also noted that the core training focused on improving peer capacity through education. But peer performance, workplace satisfaction, stressors, and outcomes for clients working with peers are not solely dictated by peer competency. In fact, many peer participants voiced that employers need to create better environments for their peer employees. Wages need to be livable and reflective of the immense value of peers. Peers need opportunities to advance into leadership positions to truly adjust the power imbalance that exists in peer-employing agencies. When peers are asked to participate in planning committees, they need to walk into a system that will prevent tokenism. This very quickly became a priority for the project, so we asked Pathwise Solutions, the project’s instructional

design team, to complete an action-mapping exercise with the four peer-led expert working groups. From there, we will developed an employer resource to guide better and more supportive practices in environments where peers are employed.

OER Resource Repository

We also heard through our engagement and consultation process that a lot of great work had already been done or was underway in the development of peer-training resources. We committed to keeping our materials under the umbrella of core training, and instead of duplicating or undermining the tremendous work already completed by peers, we would create an opportunity to make the existing training more openly accessible. From this idea, we developed the Open Education for Peer-Support Training and Curricula call for proposals. With this initiative, peer participants will evaluate a number of existing training materials and decide which ones to include in the provincial peer-training curriculum resource repository. Successful candidates will be awarded a grant to update, upgrade, and convert their existing training so it can be made openly accessible to peers across the province.

Future Directions

A strong program is one that withstands the test of time; for that reason, plans for long-term outcomes evaluation of the provincial peer-training curriculum project began early in phase one. This evaluation incorporates both preliminary client-satisfaction surveys to identify immediate opportunities for improvement and a second, longer-term evaluation. The second component of evaluation consists of a baseline outcomes survey with partnering agencies and a re-implementation of that survey one year after the training is launched. A community of practice is to be established that will involve peer participants, the instructional design team and curriculum developer, grant recipients, and organizations who will pilot the materials over the course of the first two years.

Conclusion

The provincial peer-training curriculum project is a collaborative initiative aimed at improving peer-training resource availability, standardizing practice, and tackling several historical systems-based barriers that create inequitable workplace environments. The positive impacts of peer support are well documented, despite the lack of support and resources for peers and peer-employing organizations. Peer participants reported vast discrepancies in teaching and learning, continuing competency, and professional development opportunities. This disparity highlights the ways in which peers are often employed but not supported to do their valuable work. At its core, this project is about improving outcomes for both peers and the clients they interact with, regardless of workplace setting. But the project is also about process and shifting how peers are engaged and consulted in the development of initiatives that directly impact them.

Through a robust engagement and consultation process that consisted of an advisory committee, four peer-led expert working groups, and a three-pronged environmental scan, we were able to balance recommendations for future peer training with the real-time perspectives of peers across B.C. By achieving this balance, and ultimately consulting with over 271 peers, we evolved our project deliverables to best meet the needs of its target audience. Our values-based and iterative approach allowed us the flexibility to change deliverables based on the feedback we received.

Future advisory work with peers must be done through meaningful engagement and consultation. Research that supports the benefits and best/wise practices of peer engagement is available and should be adopted by decision-makers in the sector. Organizations and institutions are encouraged to adopt the 10 recommendations for peer engagement and consultation and reflect on their own past, present, and future practices.

References

Arnstein, S. (1969). "A Ladder of Citizen Participation." *Journal of the American Planning Association 35*(4): 216–224. doi: 10.1080/01944366908977225

British Columbia Centre for Disease Control. (2018). *Peer Payment Standards for Short-Term Engagements*. Retrieved from http://www.bccdc.ca/resource-gallery/Documents/Educational%20Materials/Epid/Other/peer_payment-guide_2018.pdf

Canadian Mental Health Association – British Columbia. (2020). *Facts and Figures*. Retrieved from https://cmha.bc.ca/impact/facts-and-figures

Government of British Columbia. (2019). *A Pathway to Hope: A Roadmap for Making Mental Health and Addictions Care Better for People in British Columbia.* Retrieved from https://www2.gov.bc.ca/assets/gov/british-columbians-our-governments/initiatives-plans-strategies/mental-health-and-addictions-strategy/bcmentalhealthroadmap_2019web-5.pdf

Government of British Columbia – Ministry of Health. (2001). *Peer Support: Resource Manual.* Retrieved from https://www.health.gov.bc.ca/library/publications/year/2001/MHA_Peer_Support_Manual.pdf

Conway, M. (2015). *Foresight, An Introduction: A Thinking Futures Reference Guide.* Retrieved from http://thinkingfutures.net/wp-content/uploads/TFRefGuideForesight1.pdf

Kazmi, A. (2008). *Strategic Management and Business Policy*. New Delhi, India: Tata McGraw Hill. Retrieved from https://books.google.ca/books?id=J8YGhhK5keUC&printsec=frontcover#v=onepage&q&f=false

Greer, A.M., C. Newman, C. Burmeister, H. Burgess, M. Coll, P., Choisil, B. LeBlanc, K. Lacroix, H. Lampkin, A. Amlani, B. Pauly, and J. A. Buxton. (2017). *Peer Engagement Principles and Best Practices: A Guide for BC Health Authorities and Other Providers* (Version 2). Vancouver, BC: BC Centre for Disease Control. Retrieved from https://towardtheheart.com/assets/uploads/1516141269o4KkCMkq2ytmhxVyGjcQ9DSWtUoI1d8FLnzYdIv.pdf

Canadian AIDS Society. (2015). *Peerology: A Guide By and For People Who Use Drugs on How to Get Involved.* Retrieved from http://librarypdf.catie.ca/PDF/ATI-20000s/26521E.pdf

Pacific AIDS Network. (2018). *Policies and Procedures Concerning Peer Workers*. Retrieved from https://pacificaidsnetwork.org/files/2018/09/PAN_Policies_and_Procedures_for_Peer_Work_2018_final.pdf.

Sunderland, K., and W. Mishkin. (2013). *Guidelines for the Practice and Training of Peer Support*. Calgary, AB: Mental Health Commission of Canada. Retrieved from http://www.mentalhealthcommission.ca

Cyr., C., H. McKee, and R. Priest. (2016). *Making the Case for Peer Support: Report to the Peer Support Project Committee of the Mental Health Commission of Canada*. Retrieved from http://www.mentalhealthcommission.ca

Canadian HIV/AIDS Legal Network. (2006). *"Nothing About Us Without Us": Greater, Meaningful Involvement of People Who Use Illegal Drugs: A Public Health and Human Rights Imperative.* Retrieved from http://www.aidslaw.ca/site/wp-content/uploads/2013/04/Greater+Involvement+-+BKLT+-+Drug+Policy+-+ENG.pdf

Appendix A – 10 Recommendations

Appendix B – Literature Scan

AIDS Vancouver Island and SOLID. (2019). *Street College.* Retrieved from http://solidvictoria.org/education-and-advocacy/Street-college

Addictions and Mental Health Ontario. (2014). *Best Practices in Peer Support: 2014 Final Report.* Retrieved from http://ccnet.ca/sites/files/wp-content/uploads/2014/08/Best-Practices_PeerSupport-Final-Report-2014.pdf

Belle-Isle, L. et al. (2016). *From One Ally to Another: Practice Guidelines to Better Include People Who Use Drugs at Your Decision-Making Tables*. Victoria, B.C.: Centre for Addictions Research of BC.

Besio, S. W., and J. Mahler. (1993). "Benefits and Challenges of Using Consumer Staff in Supported Housing." *Journal of Hospital and Community Psychiatry 44*(5), 490–491.

Blanch, A., B. Filson, and D. Penney. (2012). *Engaging Women in Trauma-Informed Peer Support: A Guidebook. National Centre for Trauma-Informed Care*. Retrieved from http://www.nasmhpd.org/docs/publications/EngagingWomen/PEGFull_Document.pdf

British Columbia Centre for Disease Control. (2017). *Compassion, Inclusion and Engagement: Semi-Annual Report.* Retrieved from http://www.bccdc.ca/resource-gallery/Documents/CIE%20Semi-annual%20Report%20Jan%202017.pdf

British Columbia Centre for Disease Control: Peer Engagement and Evaluation Project Team. (2017). *Peer Engagement Principles and Best Practices: A Guide for BC Health Authorities and Other Providers.* Retrieved from http://www.bccdc.ca/resource-gallery/Documents/PEEP%20Best%20Practice%20Guidelines.pdf

British Columbia Centre for Disease Control. (2018). *BCCDC Needs Assessment: Harm Reduction Curriculum.* Retrieved from https://towardtheheart.com/assets/uploads/1556726659nWPSpUVPytKTatf51KRwEm.J2wZ.JWfc8ckFr2PKe.pdf.

British Columbia Centre for Disease Control. (2018). *Peer Payment Standards for Short-Term Engagements.* Retrieved from http://www.bccdc.ca/resource-gallery/Documents/Educational%20Materials/Epid/Other/peer_payment-guide_2018.pdf

British Columbia Centre for Disease Control (2019). *Peer Input on Indigenous Regional Peer Coordinator Positions.* Kelowna, B.C. Retrieved from http://towardtheheart.com

British Columbia Ministry of Health and Ministry Responsible for Seniors. (n.d.). *Best Practices in Mental Health Reform: Psychosocial Rehabilitation and Recovery.* Victoria, B.C.: Author.

Canadian AIDS Society. (2015). *Peerology: A Guide by and for People Who Use Drugs on How to Get Involved.* Retrieved from http://librarypdf.catie.ca/PDF/ATI-20000s/26521E.pdf.

Canadian Centre on Substance Abuse. (2014). *Trauma-Informed Care Toolkit*. Retrieved from http://www.ccsa.ca/Resource%20Library/CCSA-Trauma-informed-Care-Toolkit2014-en.pdf

Canadian HIV/AIDS Legal Network. (2006*). "Nothing About Us Without Us": Greater, Meaningful Involvement of People Who Use Illegal Drugs: A Public Health and Human Rights Imperative.* Retrieved from http://www.aidslaw.ca/site/wp-content/uploads/2013/04/Greater+Involvement+-+BKLT+-+Drug+Policy+-+ENG.pdf

Chamberlin, J. (1997). "A Working Definition of Empowerment." *Psychiatric Rehabilitation Journal*, *20*(4): 43–46. Retrieved from the PsychINFO database.

Chinman, M. J., A. S. Young, J. Hassell, and L. Davidson. (2006). "Toward the Implementation of Mental Health Consumer Provider Services." *The Journal of Behavioral Health Services & Research*, *33*(2): 176–195. Retrieved from the PsychINFO database.

Chinman, M. J., A. Lucksted, R. Gresen, M. Davis, M. Losonczy, B. Sussner et al. (2008). "Early Experiences of Employing Consumer-Providers in the VA." *Psychiatric Services, 59*(11), 1315–1321. Retrieved from http://ps.psychiatryonline.org/cgi/content/abstract/59/11/1315

Colson, P. W., and L. E. Francis. (2009). "Consumer Staff and the Role of Personal Experience in Mental Health Services." *Social Work in Mental Health*, *7*(4): 385–401.

Connor, H. (1999). "Collaboration or Chaos: A Consumer Perspective." *Australian and New Zealand Journal of Mental Health Nursing, 8*(3)*:* 79–85. Retrieved from the PsychINFO database.

Corrigan, P. W. (2006). "Impact of Consumer-Operated Services on Empowerment and Recovery of People with Psychiatric Disabilities." *Psychiatric Services, 57*(10): 1493–1496. Retrieved from the PsychINFO database.

Creamer, M. C., T. Varker, J. Bisson, K. Darte, N. Greenberg, W. Lau et al. (2012). "Guidelines for Peer Support in High-Risk Organizations: An International Consensus Study Using the Delphi Method." *Journal of Traumatic Stress*, *25*(2): 134–141.

CRISM People with Lived Experience Working Group. (2019). *Having a Voice and Saving Lives: A Survey by and for People Who Use Drugs and Work in Harm Reduction*. Vancouver, B.C.: BC Centre on Substance Use.

Cyr., C., H. McKee, and R. Priest. (2016). *Making the Case for Peer Support: Report to the Peer Support Project Committee of the Mental Health Commission of Canada.* Retrieved from http://www.mentalhealthcommission.ca

Deegan, P. (1988). "Recovery: The Lived Experience of Rehabilitation." *Psychosocial Rehabilitation Journal, 11*(4): 11–19. Retrieved from the PsychINFO database.

Dixon, L., N. Krauss, and A. Lehman. (1994). "Consumers as Service Providers: The Promise and Challenge." *Community Mental Health Journal*, *30*(6): 615–625. Retrieved from the PsychINFO database.

Doherty, I., T. Craig, G. Attafua, A. Boocock, and R. Jamieson-Craig. (2004). "The Consumer-Employee as a Member of a Mental Health Assertive Outreach Team II: Impressions of Consumer-Employees and Other Team Members." *Journal of Mental Health, 13*(1): 71–81. Retrieved from the PsychINFO database.

Foundry. (2019). *Youth Peer Support Overview.* Foundry Central Office.

Gagne, C. A. et al. (2018). *Peer Workers in the Behavioral and Integrated Health Workforce: Opportunities and Future Directions.* Retrieved from https://doi.org.proxy.lib.sfu.ca/10.1016/j.amepre.2018.03.010

Gates, L. B., and S. H. Akabas. (2007). "Developing Strategies to Integrate Peer Providers into the Staff of Mental Health Agencies." *Administration and Policy in Mental Health and Mental Health Services Research, 34*(3): 293–306. Retrieved from the PsychINFO database.

Gillard, S. (2019). *Peer Support in Mental Health Services: Where Is the Research Taking Us and Do We Want to Go There?* Retrieved from https://doi.org/10.1080/09638237.2019.1608935

Hamfelt, A., and K. Milne. (2019). *Building an Equitable Foundation: Removing Barriers to Access for People with Mental Health and Substance-Use Related Disabilities*. Retrieved from https://cmha.bc.ca/documents/building-an-equitable-foundation-removing-barriers-to-access-for-people-with-mental-health-and-substance-use-related-disabilities/

Howard, T. (2015). *Peer Worker Support Project, Developing Industry Standards for Peer Workers Living with HIV*. Retrieved from https://positivelivingbc.org/wp-content/uploads/2015/02/Peer-worker-Support-Project-v2.pdf

Irving, S., and A. Vukobrat. (2019). *Peer Support Training: Participant's Guide.* Retrieved from https://issuu.com/foundrybc/docs/foundrybc_peer_support_curriculum_s_15fc18cdc5b8c8

Kidd, S., A. Kenny, and R. Endacott. (2007). "Consumer Advocate and Clinician Perceptions of Consumer Participation in Two Rural Mental Health Services." *International Journal of Mental Health Nursing*, *16*(3): 214–222. Retrieved from the PsychINFO database.

Kirby, M. J. L., and W. J. Keon. (2006). *Out of the Shadows at Last: Transforming Mental Health, Mental Illness and Addiction Services in Canada*. Ottawa, ON: The Standing Senate Committee on Social Affairs, Science and Technology.

Krasam Centre Ontario. (n.d.). *Peer Support Training and Education*. Retrieved from http://krasmancentre.com/peer-support/programs-2-2/#toggle-id-1

Kupp, S., J. Orr, and S. Payan. (n.d.). *Street Degree in Overdose Prevention.* Jonathan Orr: Creative Commons Attribution-Share Alike License.

Leete, E. (1989). "How I Perceive and Manage my Illness." *Schizophrenia Bulletin*, *15*(2): 197–200.

Mancini, M.A. (2019). *Strategic Storytelling: An Exploration of the Professional Practices of Mental Health Peer Providers.* Retrieved from https://doi-org.proxy.lib.sfu.ca/10.1177/1049732318821689

Northern Initiative for Social Action. (n.d.). http://nisa.on.ca

Open Society Foundations. (2010). *Harm Reduction at Work: A Guide for Organizations Employing People Who Use Drugs.* Retrieved from https://www.opensocietyfoundations.org/uploads/170c646d-bcc0-4370-96d7-7cf2822a1869/work-harmreduction-20110314.pdf

Pacific AIDS Network. (2018). *Policies and Procedures Concerning Peer Workers.* Retrieved from https://pacificaidsnetwork.org/files/2018/09/PAN_Policies_and_Procedures_for_Peer_Work_2018_final.pdf.

Rivera, J. J., A. M. Sullivan, and S. S. Valentini. (2007). "Adding Consumer-Providers to Intensive Case Management: Does It Improve Outcome?" *Psychiatric Services*, *58*(6): 802–809. Retrieved from the PsychINFO database.

Sells, D., L. Davidson, C. Jewell, P. Falzer, and M. Rowe. (2006). "The Treatment of Relationship in Peer-Based and Regular Case Management for Clients with Severe Mental Illness." *Psychiatric Services*, *57*(8): 1179–1184. Retrieved from http://ps.psychiatryonline.org/cgi/reprint/57/8/1179

Sunderland, K., and W. Mishkin. (2013). *Guidelines for the Practice and Training of Peer Support.* Calgary, AB: Mental Health Commission of Canada. Retrieved from http://www.mentalhealthcommission.ca

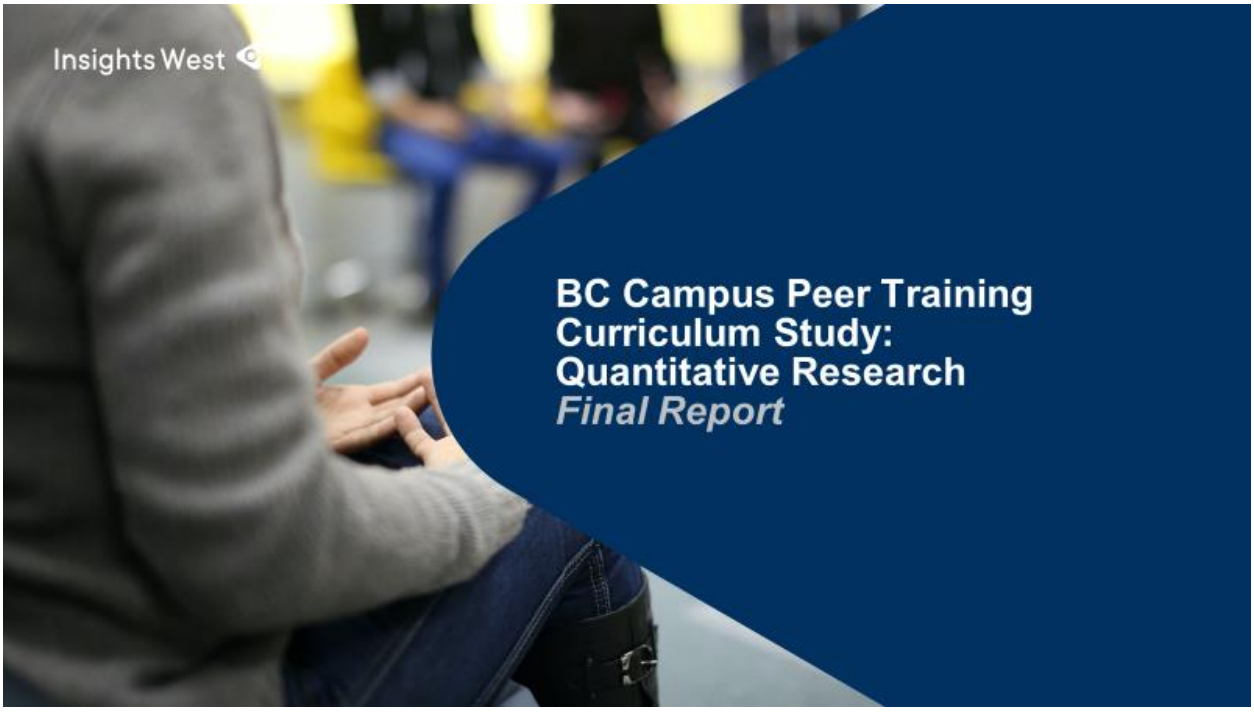
Te Pou. (2014). *Competencies for the Mental Health and Addiction Service User, Consumer and Peer Workforce*. Retrieved from http://tepou.co.nz/uploads/files/resource-assets/peer-support-competencies-2014.pdf

Vancouver Coastal Health. (2007). *Peer Support Field Guidelines.* Vancouver, BC: Vancouver Community Mental Health Services.

Vancouver Coastal Health. (2016). *Peer Framework for Health-Focused Peer Positions in the Downtown Eastside.* Retrieved from http://dtes.vch.ca/wp-content/uploads/sites/6/2016/06/VCH_DTES_Peer_Framework_FINAL_DIGITAL.pdf

White, H., C. Whelan, J. D. Barnes, and B. Baskerville. (2003). "Survey of Consumer and Non-consumer Mental Health Service Providers on Assertive Community Treatment Teams in Ontario." *Community Mental Health Journal*, *39*(3): 265–276. Retrieved from http://vnweb.hwwilsonweb.com.ezproxy.royalroads.ca/hww/results/external_link_maincontentframe.jhtml?DARGS=/hww/results/results_common.jhtml.42

Appendix C – Quantitative Survey



Insights West

Table of Contents

2

Insights West

Background

Via BCcampus, the Ministry of Mental Health and Addictions is working with the Ministry of Advanced Education, Skills and Training, and the Ministry of Children and Family Development (as well a steering committee and working group) on the Mental Health and Substance Use Peer Supports Project.

The goal of this project is the development of standardized teaching curriculum and educational resources to address the gap in peer support for those experiencing issues related to mental health and addiction. As part of this effort, the group is interested in conducting a multiphase market research study among stakeholders to assist with the development and testing of the materials.

This report details the results from the quantitative portion of this study.

Objectives

The key objectives of the quantitative study are to identify and measure:

- Current experience and satisfaction with peer support work;
- Areas where peer support workers currently receive training and where they do not; and
- Preferred training delivery methods.

And to create baseline data for future waves of this study to measure the impact and success of the materials.

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Methodology

- This study was conduced with British Columbian peer support workers.
  - Peer support workers were invited to participate via BCcampus.
  - Participants had the option to participate in the via an online or paper survey.
  - As a thank you for their time, they were given a $5 cash incentive.
- The survey was open from December 11th, 2019 to January 31st, 2020.

Sample

- 200n peer support workers in British Columbia participated in the study.
  - Respondents were screened to include those who currently work as a peer support worker in mental health or substance use, or with mental health or substance use supporters.
  - The margin of error for a sample of this size is +/- 6.93%, 19 times out of 20.
- Where available and relevant, statistically significant differences between sample subgroups are shown as follows:
  - ▲ Statistically significantly higher than comparison group(s).
  - ▼ Statistically significantly lower than comparison group(s).


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KEY TAKE-AWAYS
TYPE OF WORK
There is no one type of peer support worker: they work across a wide variety of different places and participate in a wide variety of different activities in their work.
GROUPS WORK WITH
52%
work in both mental health and substance use.
YEARS OF EXPERIENCE
65%
have been a peer support worker for less than 5 years.
EMPLOYMENT TYPE
26%
work full-time as peer support workers.
BEST/WISE PRACTICES
80%
believe they are up-to-date on best or wise peer support practices.
SATISFACTION WITH TRAINING
The majority of those who received training give the training excellent or good ratings.
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7


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KEY TAKE-AWAYS Continued
TRAINING RESOURCES
The majority learn about training through on the job resources.
INTEREST IN TRAINING
Peer support workers show strong enthusiasm and interest in a wide variety of training topics.
PREFERRED TRAINING APPROACH
The traditional classroom setting stands out as the preferred learning approach for all of the topics tested.
IMPORTANCE OF CREDENTIALS
85%
consider credentials for peer support training important.
TOP CHALLENGES
Avoiding personal burnout and navigating health and social systems are among the top 3 challenges of peer support work.
TOP VALUES OR ATTRIBUTES
Compassion and caring and empathy are the top ranked values or attributes of peer support workers.
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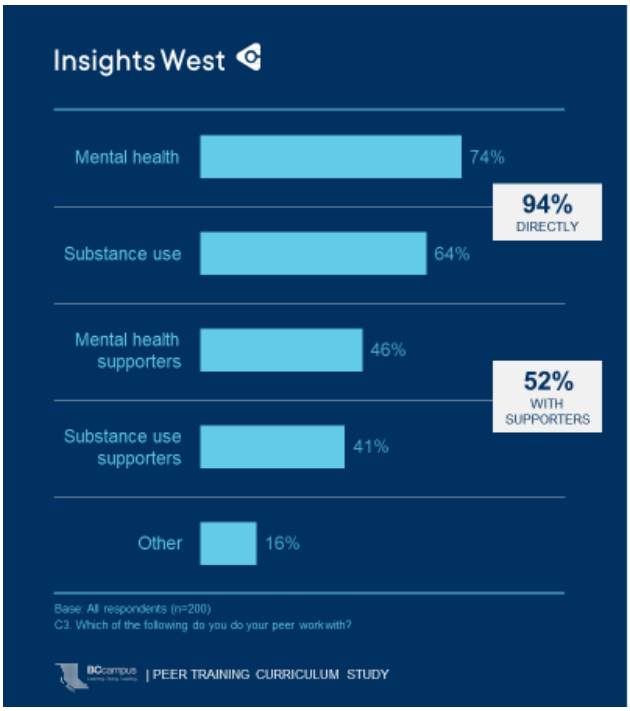
8


Insights West
Detailed Findings

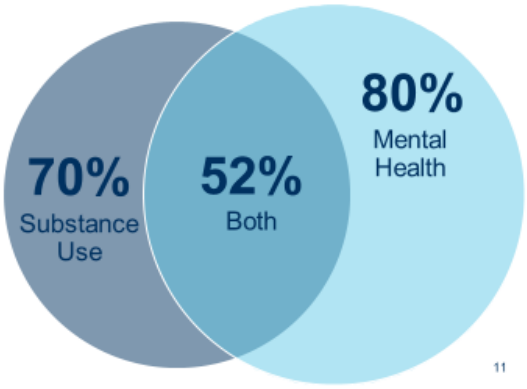

Insights West
Current Peer Support Work
10



Area of Peer Support Work

Nearly all peer support workers work directly with people who have mental health or substance use issues, while half also work with their supporters.

Half of peer support workers work in both mental health and substance use.



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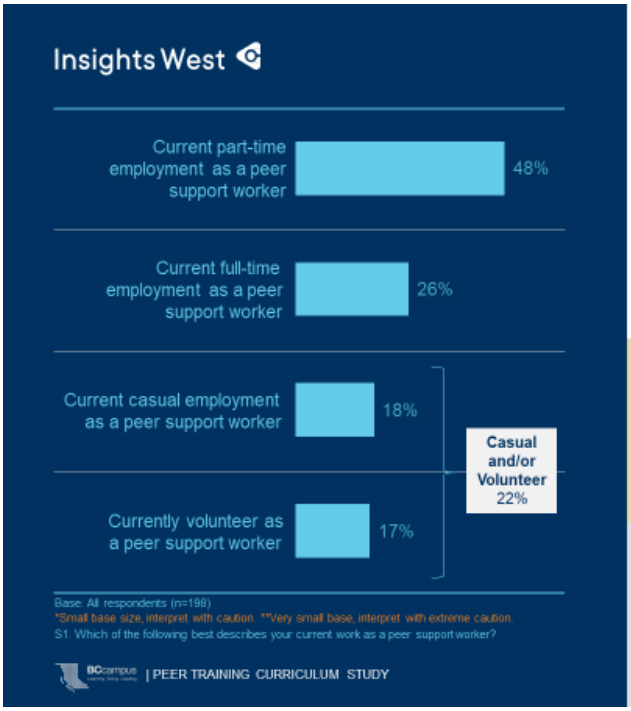
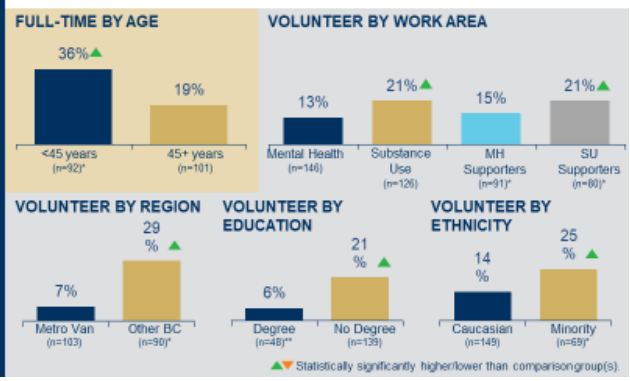


Support Worker Employment

Peer support workers most commonly have part-time employment in their role as a peer support worker. One-quarter work full-time while a slightly smaller proportion do casual or volunteer work.

Younger peer support workers are significantly more likely to work full-time.

Those who work as volunteers are significantly more likely to work in substance use, work outside Metro Vancouver, be ethnic minorities, and not hold a university degree.



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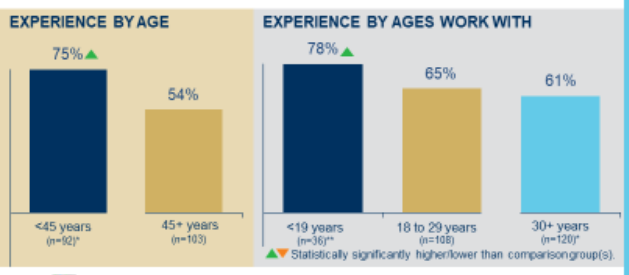
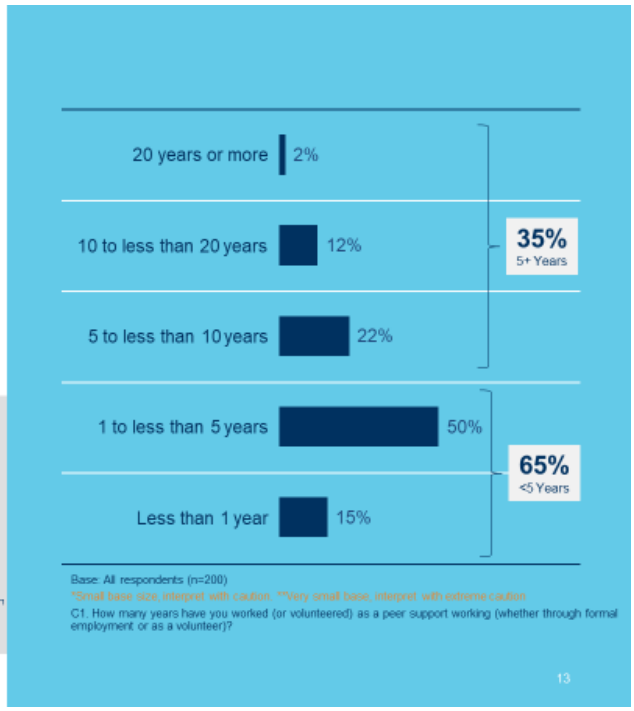
Years of Experience as Peer Support Worker

Two-thirds have worked as peer support workers for less than five years.

Those with less than five years of experience are significantly more likely to be under 45 years of age, and to work with those under 19 years of age.





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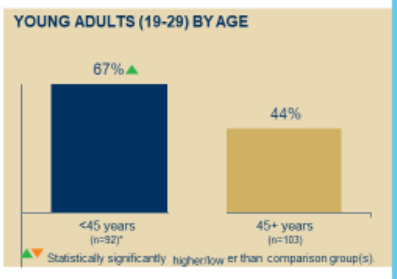
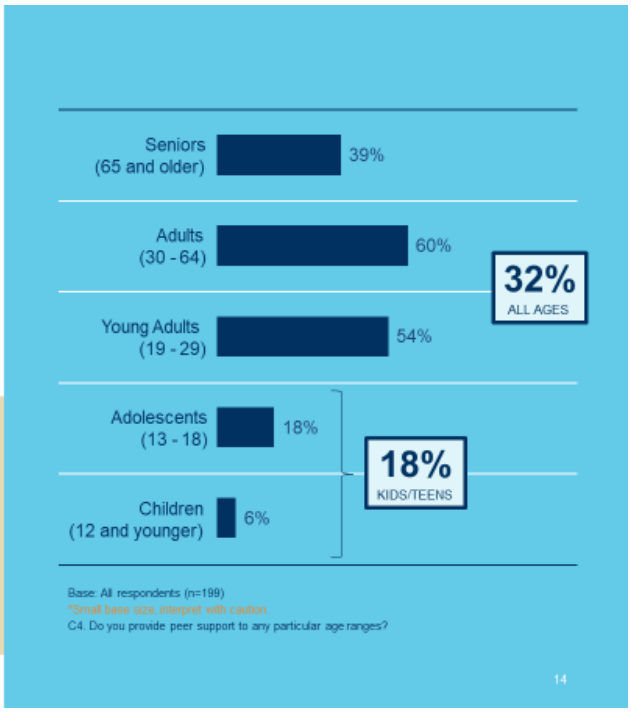
Ages of Groups Work With

While one-third of peer support workers provide peer support to people of all ages, the majority work with specific age groups – most commonly adults over 30 years of age.

Half of peer support workers work with young adults, while one-in-five work with kids or teens.

Peer support workers under 45 are significantly more likely to work with young adults.





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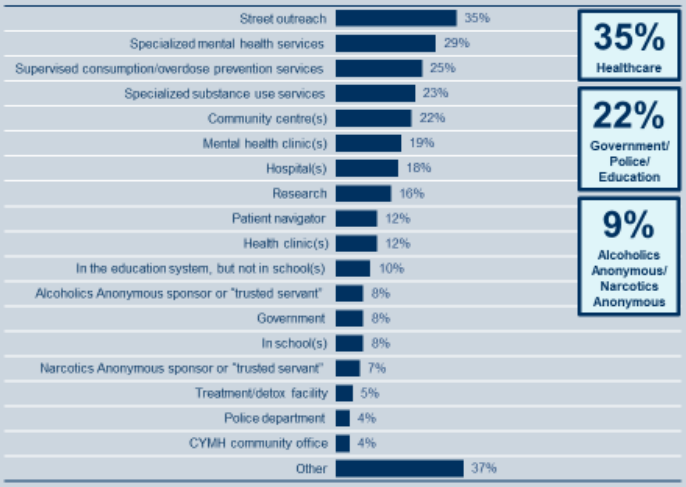
Where or How Peer Support Work is Done

Peer support workers work in a wide variety of different places, most commonly doing street outreach or within the healthcare system.

Just under one-quarter work for the government or police, or in the education system.



Base: All respondents (n=199)
C5. Which of the following best describe where or how you currently work as a peer support worker?

Insights West

	Total (n=200)	Groups Work With: Mental Health (n=147)	Substance Use (n=128)	MH Supporters (n=92)*	SU Supporters (n=81)*
Street outreach	35%	30% ▼	54%	40%	57%
Specialized mental health services	29%	32%	24% ▼	41%	37%
Supervised consumption/overdose prevention services	25%	21% ▼	39%	27%	38%
Specialized substance use services	23%	22% ▼	36%	32%	40%
Community centre(s)	22%	23%	27%	30% ▲MH	35% ▲MH, SU
Mental health clinic(s)	19%	24% ▲SU	16%	25%	21%
Hospital(s)	18%	21% ▲SU	13%	20%	16%
Research	16%	16% ▼	20%	25%	31% ▲
Patient navigator	12%	15%	14%	24% ▲	23% ▲
Health clinic(s)	12%	13%	16%	16%	19% ▲MH
In the education system, but not in school(s)	10%	10%	12%	17% ▲	17% ▲
Alcoholics Anonymous sponsor or "trusted servant"	8%	10%	10%	11%	14% ▲MH, MHS
Government	8%	10%	10%	13% ▲MH	15% ▲MH, SU
In school(s)	8%	8%	9%	11%	10%
Narcotics Anonymous sponsor or "trusted servant"	7%	8%	9%	11%	14% ▲
Treatment/detox facility	5%	6%	8%	4%	6%
Police department	4%	5%	6%	8%	9%
CYMH community office	4%	3%	2%	7% ▲	7% ▲
Other	37%	39%	34%	42%	38%
Healthcare NET	35%	42% ▲SU	31%	40% ▲SUS	35%
Government/Police/Education NET	22%	24%	27%	36% ▲	36% ▲
Alcoholics Anonymous/Narcotics Anonymous NET	9%	11%	12%	13%	16%

▲▼ Statistically significantly higher/lower than comparison group(s).

Where or How Peer Support Work is Done *Continued*

Where and how peer support workers do their work differs significantly by the groups they work with.

Those who work with mental health are significantly more likely to work *in the healthcare system*.

Those who work in substance use are significantly more likely to work in *street outreach, supervised consumption services, specialized substance use services,* and *research*.

*Small base size, interpret with caution.
C5. Which of the following best describe where or how you currently work as a peer support worker?

Insights West

	Frequently	Sometimes	Ever
Experiential sharing or storytelling	59%	91%	96%
Team communication	56%	88%	95%
Education/awareness building	53%	88%	95%
Socialization/self-esteem building	53%	87%	95%
Relationship and/or alliance building	55%	86%	93%
Community building	48%	85%	95%
Skill building/mentoring/goal setting	45%	84%	97%
Patient/client/participant advocacy	39%	74%	84%
Group facilitation	44%	73%	87%
Evaluation/reporting/information gathering & verification	38%	70%	87%
Community outreach/clean-up	32%	67%	82%
Initiating referrals	30%	62%	80%
Crisis intervention	24%	61%	82%
Supervision/training	24%	60%	82%
Overdose prevention/response	29%	52%	73%
Administration	27%	51%	72%
Policy advocacy	17%	47%	71%
Family peer support training	16%	37%	62%

Frequency of Participation

Peer support workers participate in a wide variety of different activities in their roles, with the majority having "ever" participated in all of the different activities tested.

More than half "frequently" participate in *storytelling, team communications, relationship or alliance building, education/awareness building*, and *socialization/self-esteem building*.

Base: All respondents (n varies)
J1. How often do you participate in or provide each of the following in your job as a peer support worker?

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18

Insights West

Participate "Frequently"	Total (n=200)	Groups Work With: Mental Health (n=147)	Substance Use (n=128)	MH Supporters (n=92)*	SU Supporters (n=81)*
Skill building/mentoring/goal setting	45%	51%	39%	54%	53%
Experiential sharing or storytelling	59%	62%	56% ▼	69% SU	65% SU
Education/awareness building	53%	56%	53%	69% ▲	61% ▲ SU
Team communication	56%	59%	59%	63% ▲	64% ▲
Socialization/self-esteem building	53%	59%	48%	59%	60%
Community building	48%	49%	50% ▼	59% MH SU	62% MH
Relationship and/or alliance building	55%	58%	58%	68% ▲ MH SU	66% ▲ SU SU
Evaluation/reporting/information gathering/verification	38%	38%	39%	44% ▲	41% ▲
Group facilitation	44%	48%	40%	55%	51%
Patient/client/participant advocacy	39%	44%	43% ▼	51%	46%
Supervision/training	24%	26%	26%	29%	32%
Community outreach/clean-up	32%	27%	46% ▲ MH MHS	38%	46% ▲ MH
Crisis intervention	24%	24% ▼	31% ▲ MH	28%	33% ▲ MH MHS
Initiating referrals	30%	32%	36% ▲	42% ▲ MH	40% ▲ MHS
Overdose prevention/response	29%	24%	45% ▲ MH MHS	30% ▲	43% ▲ MH
Administration	27%	27% ▼	29% ▲	35% ▲ MH	35% ▲ MH MHS
Policy advocacy	17%	17%	21%	23% ▲ MH	22% ▲
Family peer support training	16%	18%	19%	30% ▲ MH SU	26% ▲ MH SU

*Small base size, interpret with caution. Base: All respondents

J1. How often do you participate in or provide each of the following in your job as a peer support worker?

▲▼ Statistically significantly higher/lower than comparison group(s).

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Frequency of Participation

Continued

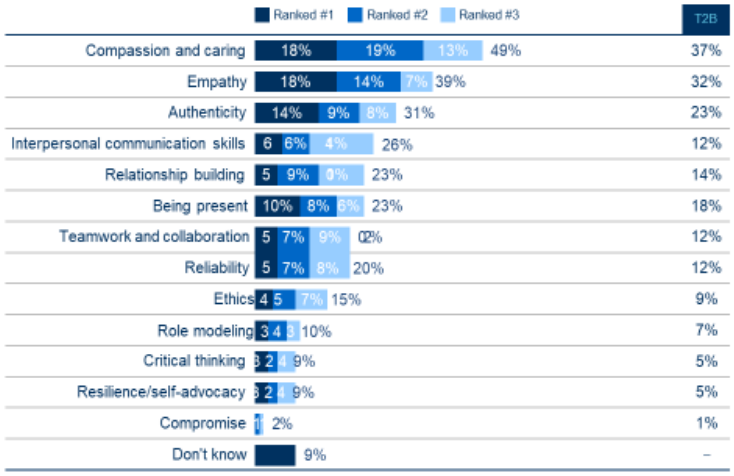
Frequent participation in activities differs significantly depending on who peer support workers work with.

Those who work in mental health are significantly less likely to "frequently" participate in *community outreach or clean-up* and *overdose prevention/response*.

Those who work in substance use are significantly less likely to "frequently" participate in *skill building/mentoring/goal setting*, *socialization/self-esteem building*, and *group facilitation*.

Those who work with supporters of either mental health or substance use are significantly more likely to frequently participate in several of the tested activities.

Insights West



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Ranked Importance of Peer Support Attributes

Compassion and caring stands out as the most important value or attribute for those who work in peer support, followed by *empathy*.

Three-in-ten rank *authenticity* as one of the most important attributes, while one-quarter include *interpersonal communication skills*, *relationship building*, and *being present* in their top three.

Base: All respondents (n=200)

A1. There are a number of values or attributes that are important for those who work in peer support. In your opinion, what are the top 3 most important values or attributes for a peer support worker to have?

Insights West

Ranked 1-3	Total (n=200)	Groups Work With: Mental Health (n=147)	Substance Use (n=128)	MH Supporters (n=92)*	SU Supporters (n=81)*
Compassion and caring	49%	54%	46%	46%	44%
Empathy	39%	44%	34%	43%	43%
Authenticity	31%	32%	29%	35%	31%
Interpersonal communication skills	26%	30%	20%	30%	22%
Relationship building	23%	27%	18%	28%	28%
Being present	23%	22%	24%	23%	23%
Teamwork and collaboration	20%	18%	20%	16%	15%
Reliability	20%	21%	25%	18%	25%
Ethics	15%	16%	18%	13%	12%
Role modeling	10%	9%	10%	9%	7%
Critical thinking	9%	7%	10%	12%	14%
Resilience/self-advocacy	9%	12%	6%	13%	9%
Compromise	2%	1%	1%	0%	0%
Don't know	9%	2%	13%	4%	9%

Base: All respondents *Small base size, interpret with caution.

A1. There are a number of values or attributes that are important for those who work in peer support. In your opinion, what are the top 3 most important values or attributes for a peer support worker to have?

▲▼ Statistically significantly higher/lower than comparison group(s).

BCcampus | PEER TRAINING CURRICULUM STUDY

Ranked Importance of Peer Support Attributes *Continued*

Those who work in mental health are significantly more likely to rank *compassion and caring, empathy, interpersonal communication skills,* and *relationship building* among the most important values or attributes for peer support workers.

Those who work in substance use are more likely to say they "don't know."

Insights West

Difficulties in Current Role

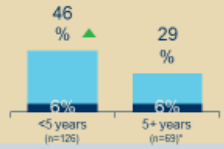
(Excluding Don't Know or Not Applicable)

Living compensation or wages stands out as the greatest challenge for peer support workers, followed by *avoiding personal burnout* and *navigating health and social systems.*

Those with less than 5 years of experience are significantly more likely to find *getting enough support or development* and *setting limits or boundaries* challenging.

GETTING ENOUGH SUPPORT OR DEVELOPMENT BY EXPERIENCE

SETTING LIMITS AND BOUNDARIES BY EXPERIENCE



	Very difficult	Somewhat difficult	Don't Know	Not Applicable
Livable compensation/wages	46%	75%	2%	5%
Avoiding personal burnout	21%	61%	1%	2%
Navigating health and social systems	19%	57%	2%	4%
Getting enough support or development	16%	48%	1%	1%
Personal self-care/wellness	13%	48%	2%	1%
Staying up-to-date on best/wise practices	5%	41%	2%	2%
Setting limits and boundaries	6%	40%	1%	2%
Indigenous cultural safety and humility	8%	38%	6%	4%
Recognizing and managing personal triggers	4%	35%	1%	2%
Cultural awareness and sensitivity	5%	28%	3%	2%
Maintaining empathy	2%	12%	2%	1%

Base: All respondents, excluding not applicable and don't know (n varies)

*Small base size, interpret with caution.

A2. How challenging or difficult do you personally find each of the following aspects of your current role as a peer support worker?

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▲▼ Statistically significantly higher/lower than comparison group(s).

22

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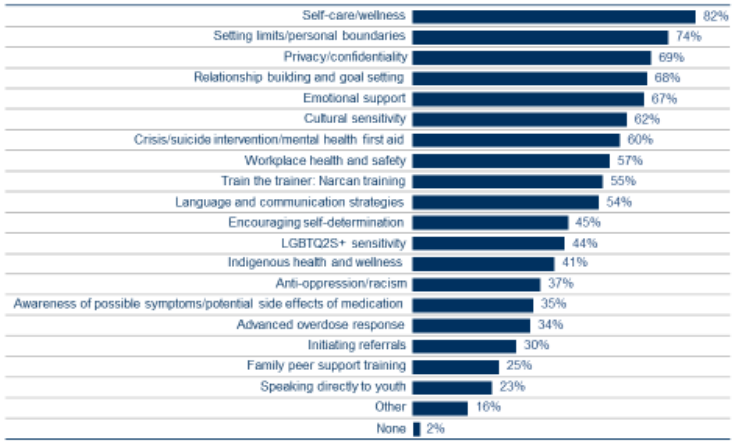

BCcampus | PEER TRAINING CURRICULUM STUDY

Training Received

A strong majority of peer support workers have received training on *self-care/wellness* and *setting limits or personal boundaries*. Two-thirds have received training on *privacy/confidentiality, relationship building and goal setting*, and *emotional support*.

While the majority have received training on cultural sensitivity, they are less likely to have received training to specific groups: less than half have received training on *speaking directly to youth, anti-oppression/racism, indigenous health and wellness*, and *LGBTQ2S+ sensitivity*.

Other areas where less than half have received training include: *family peer support training, initiating referrals, advanced overdose response, awareness of possible symptoms/potential side effects of medication*, and *encouraging self-determination*.

Base: All respondents (n=199)
T1. Which of the following types of training have you personally received for your work as a peer support worker?

24

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Training Received

Continued

Full or part-time employees and those who have worked for five or more years as a peer support worker are significantly more likely to have received several different types of training.

Types of training received also differs significantly by the groups peer support workers work with.

	Total (n=200)	Employment Type: Full/part-time (n=145)	Employment Type: Casual/ Volunteer (n=59)	Years of Experience: <5 years (n=129)	Years of Experience: 5+ years (n=70)	Groups Work With: Mental Health (n=147)	Groups Work With: Substance Use (n=128)	Groups Work With: MH Supporters (n=92)*	Groups Work With: SU Supporters (n=81)*
Self-care/wellness	82%	83%	80%	78%	91% ▲	86%	79% ▼	86%	88%
Setting limits/personal boundaries	74%	76%	68%	71%	80%	80% ▲	67%	73%	73%
Privacy/confidentiality	69%	73% ▲	58%	64%	80% ▲	76%	61% ▼	76%	72%
Relationship building and goal setting	68%	68%	69%	63%	77% ▲	73%	61% ▼	72%	73%
Emotional support	67%	72% ▲	54%	62%	77% ▲	72% MH	63%	70%	72% SU
Cultural sensitivity	62%	67% ▲	47%	58%	69%	67%	66%	68%	70%
Crisis/suicide intervention/mental health first aid	60%	61%	59%	53%	73% ▲	69% MH, SU, S	59%	68% MH, SU	62% S
Workplace health and safety	57%	59%	49%	49%	71% ▲	60%	64%	59%	64%
Train the trainer: Narcan training	55%	57%	54%	51%	61%	50%	71% ▲	55%	73% ▲
Language and communication strategies	54%	54%	49%	53%	56%	61%	42% ▼	63%	54%
Encouraging self-determination	45%	45%	46%	41%	53%	54%	37% ▼	50%	47%
LGBTQ2S+ sensitivity	44%	48% ▲	31%	39%	53%	48%	45%	50%	46%
Indigenous health and wellness	41%	44%	34%	41%	41%	44%	46%	51%	58% ▲
Anti-oppression/racism	37%	37%	34%	34%	43%	41%	39%	42%	44%
Awareness of possible symptoms/potential side effects of medication	35%	37%	32%	32%	40%	40%	36%	34%	32%
Advanced overdose response	34%	33%	37%	28%	44% ▲	28% ▼	48%	35%	51%
Initiating referrals	30%	32%	27%	29%	33%	34%	33%	34%	35%
Family peer support training	25%	29% ▲	15%	22%	30%	28%	24%	42% ▲	38% ▲
Speaking directly to youth	23%	22%	27%	22%	23%	28%	24%	32% SU	32% SU

Base: All respondents

*Small base size, interpret with caution.

T1. Which of the following types of training have you personally received for your work as a peer support worker?

▲▼ Statistically significantly higher/lower than comparison group(s).

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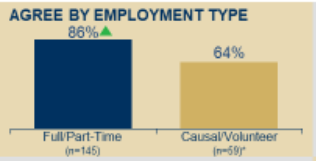
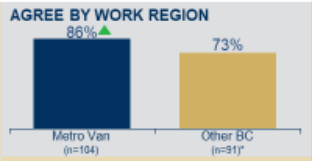
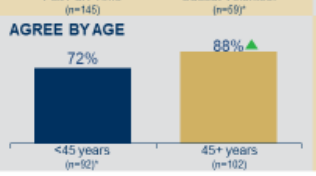
Agree Have Up-To-Date Training on Best/Wise Practices

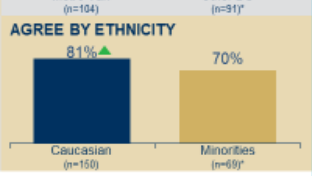
More than three-quarters of peer support workers agree that their professional training as a peer support worker is up-to-date on best or wise practices.

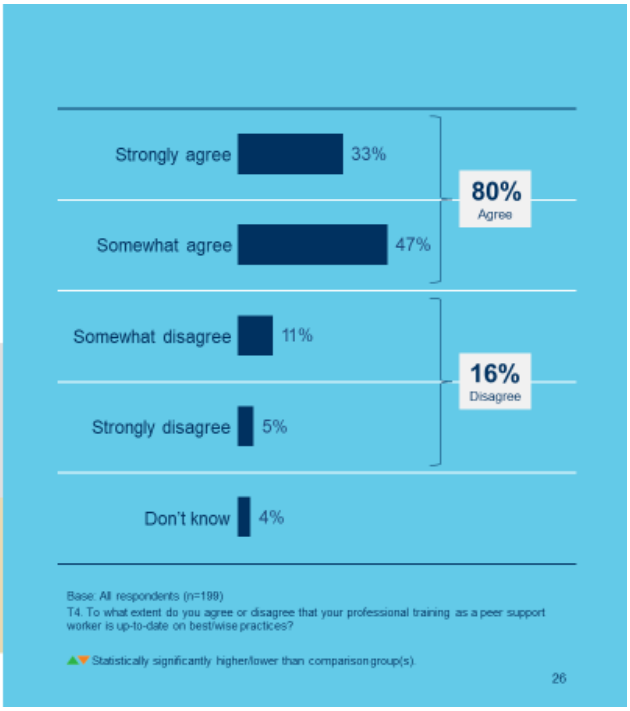
Groups more likely to agree that their training is up-to-date include full/part-time employees, those who work in Metro Vancouver, older peer support workers, and Caucasians.









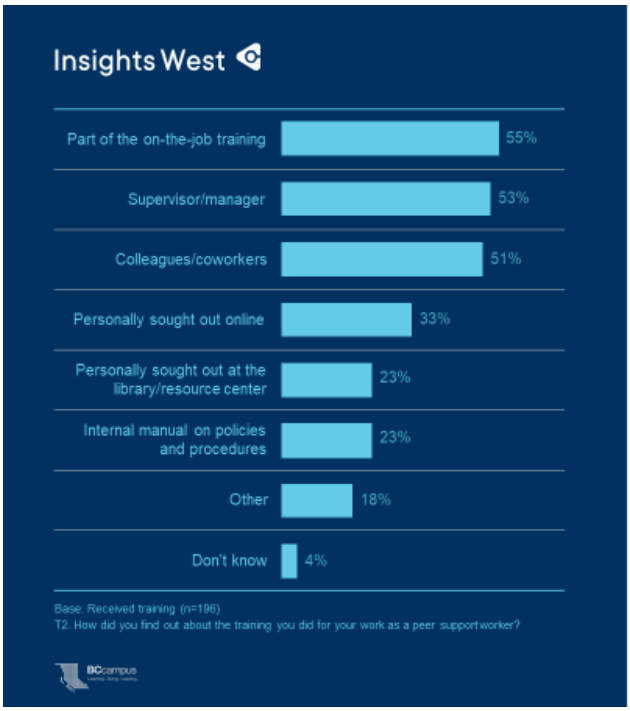


Base: All respondents (n=199)

T4. To what extent do you agree or disagree that your professional training as a peer support worker is up-to-date on best/wise practices?

▲▼ Statistically significantly higher/lower than comparison group(s).

26

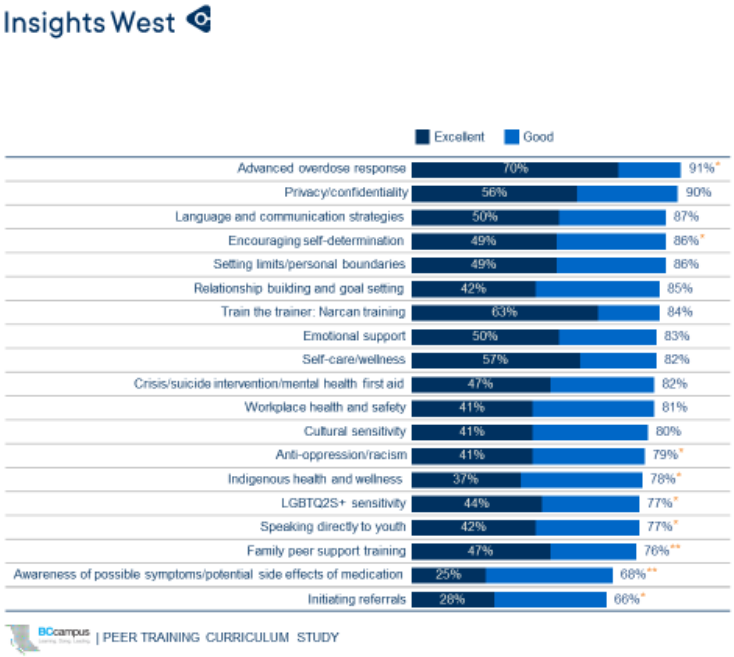


Training Sources

Peer support workers most commonly found out about their peer support training from work sources: via *on-the-job training*, through *supervisors or managers*, or though *colleagues or managers*.

Smaller proportions have personally sought out training on their own, most commonly via online sources.

27



Training Ratings *(Received Training)*

For all of the different types of training tested, the majority of those who received training on that topic give the training positive overall ratings.

However, a good portion say the the training for each topic is "good" as opposed to "excellent."

The four training topics that received "excellent" ratings from the majority of participants are:

- *Advanced overdose response;*
- *Train the trainer: Narcan training;*
- *Self-care/wellness; and*
- *Privacy/confidentiality.*

**Small base size, interpret with caution.*
***Very small base size, interpret with extreme caution.*
Base: Received training (n varies)
T3. How would you rate the training you received in each of the following areas?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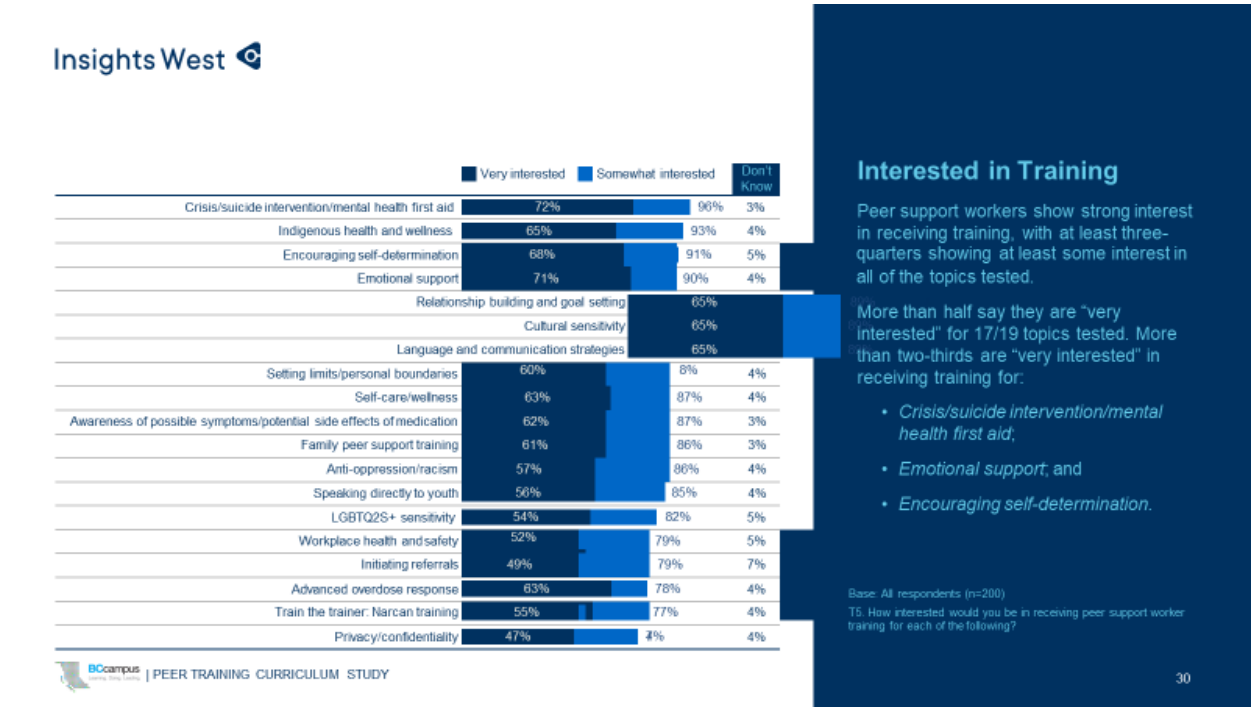
Future Training Interest & Preferences
29


Insights West
Very interested
Somewhat interested
Don't Know
Crisis/suicide intervention/mental health first aid 72% 96% 3%
Indigenous health and wellness 65% 93% 4%
Encouraging self-determination 68% 91% 5%
Emotional support 71% 90% 4%
Relationship building and goal setting 65%
Cultural sensitivity 65%
Language and communication strategies 65%
Setting limits/personal boundaries 60% 8% 4%
Self-care/wellness 63% 87% 4%
Awareness of possible symptoms/potential side effects of medication 62% 87% 3%
Family peer support training 61% 86% 3%
Anti-oppression/racism 57% 86% 4%
Speaking directly to youth 56% 85% 4%
LGBTQ2S+ sensitivity 54% 82% 5%
Workplace health and safety 52% 79% 5%
Initiating referrals 49% 79% 7%
Advanced overdose response 63% 78% 4%
Train the trainer: Narcan training 55% 77% 4%
Privacy/confidentiality 47% 4%
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Interested in Training
Peer support workers show strong interest in receiving training, with at least three-quarters showing at least some interest in all of the topics tested.
More than half say they are "very interested" for 17/19 topics tested. More than two-thirds are "very interested" in receiving training for:
• Crisis/suicide intervention/mental health first aid;
• Emotional support; and
• Encouraging self-determination.
Base: All respondents (n=200)
T5. How interested would you be in receiving peer support worker training for each of the following?
30

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Interested (Very/Somewhat)	Total (n=200)	Groups Work With: Mental Health (n=145)	Substance Use (n=128)	MH Supporters (n=92)*	SU Supporters (n=81)*
Crisis/suicide intervention/mental health first aid	96%	95%	7%	98%	99%
Indigenous health and wellness	93%	94%	93%	94%	96%
Encouraging self-determination	91%	92%	90%	93%	91%
Emotional support	90%	91%	89%	92%	92%
Relationship building and goal setting	89%	90%	88%	90%	91%
Cultural sensitivity	89%	91%	87%	94%▲ SU	95%▲ SU
Language and communication strategies	89%	90%	88%	91%	92%
Setting limits/personal boundaries	88%	90%	88%	93%	91%
Self-care/wellness	87%	87%	86%	88%	88%
Awareness of symptoms/potential side effects	87%	89%	86%	89%	89%
Family peer support training	86%	87%	87%	91%	95%▲ MH,SU
Anti-oppression/racism	86%	88%	89%	89%	91%
Speaking directly to youth	85%	87%	86%	89%	90%
LGBTQ2S+ sensitivity	82%	84%	81%	90%▲ SU	90%▲ SU
Initiating referrals	79%	79%	86%▲ MH	82%	86%
Workplace health and safety	79%	79%	82%	79%	78%
Advanced overdose response	78%	76%	84%▲ MH, MHS	75%	82%
Train the trainer: Narcan training	77%	74%	81%▲ MH	74%	79%
Privacy/confidentiality	74%	73%	72%	73%	76%

*Small base size, interpret with caution. Base: All respondents
T5. How often do you participate in or provide each of the following in your job as a peer support worker?
▲▼ Statistically significantly higher/lower than comparison group(s).

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Interested in Training
Continued

While the majority show interest in training regardless of what groups they work with, those who work in substance use are more likely to be interested in:

- *Initiating referrals*;
- *Advanced overdose response*; and
- *Train the trainer: Narcan training*.

They are less likely to be interested in:

- *Cultural sensitivity*; and
- *LGBTQ2S+ sensitivity*.

31

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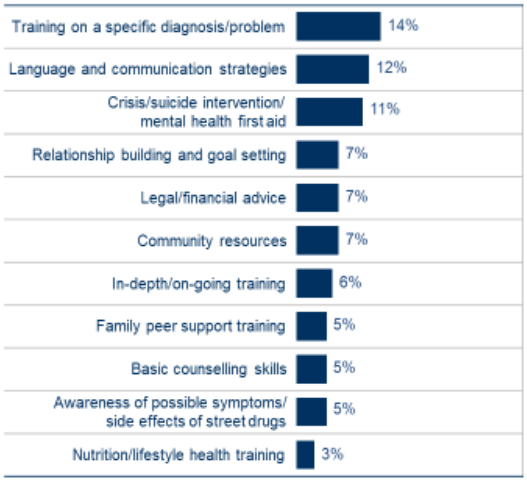

Base: All respondents (n=200)
Note: results of 3% or more are shown.
T6. What other areas or topics would you be interested in receiving peer support worker training for?

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Unaided: Other Areas of Peer Support Training Interested in

When asked what other areas or topics peer support workers would be interested in receiving training for, there is no single topic that receives a majority of mentions, indicating that there are no glaring omissions in the current range of training topics.

The largest proportions mention training on *a specific diagnosis or problem, language and communications strategies* and *crisis/suicide intervention/mental health first aid* as the areas they would be interested in receiving training for.

32

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Preferred Delivery Method *(Among Those Interested)*

Classroom or group setting stands out as the most popular training delivery method overall, and the top choice for each of the specific topics.

Close to two-in-five would be interested in job shadowing and/or online video modules for *family peer support training* and *speaking directly to youth*. Similar proportions would be interested in job shadowing to learn about *emotional support* and online video modules to learn about *advanced overdose response*.

Base: Interested in training topic (n varies)
T7. Which of the following delivery methods would you prefer for each of the following types of training?

	Classroom/ group setting	Job shadowing	Online learning – video modules	Online learning – text	Self-learning with textbook	Self-learning with manual	Mentorship	Don't know
Average	65%	31%	29%	28%	17%	12%	12%	3%
Crisis/suicide intervention/ mental health first aid	74%	30%	32%	27%	18%	11%	12%	2%
Train the trainer: Narcan training	73%	27%	30%	23%	10%	6%	11%	2%
Family peer support training	71%	38%	36%	27%	15%	13%	13%	3%
Language and communication strategies	70%	30%	28%	24%	16%	12%	10%	5%
Speaking directly to youth	69%	39%	39%	23%	14%	9%	10%	3%
Advanced overdose response	69%	33%	36%	25%	11%	9%	9%	3%
Emotional support	68%	41%	28%	26%	16%	12%	13%	3%
Indigenous health and wellness	67%	30%	29%	28%	18%	11%	11%	4%
Cultural sensitivity	65%	29%	25%	30%	17%	11%	10%	4%
Anti-oppression/racism	65%	30%	23%	30%	18%	12%	12%	4%
Self-care/wellness	64%	34%	21%	27%	18%	14%	14%	5%
Awareness of possible symptoms/ potential side effects of medication	64%	23%	23%	31%	20%	14%	12%	4%
Setting limits/personal boundaries	63%	36%	23%	31%	19%	13%	15%	3%
Encouraging self-determination	63%	28%	26%	26%	20%	15%	12%	5%
LGBTQ2S+ sensitivity	62%	30%	30%	34%	20%	10%	13%	5%
Workplace health and safety	62%	23%	23%	31%	18%	11%	14%	3%
Relationship building and goal setting	61%	34%	29%	30%	19%	11%	10%	3%
Privacy/confidentiality	56%	21%	24%	33%	21%	14%	21%	4%
Initiating referrals	48%	35%	37%	33%	17%	13%	15%	2%

Among top 3 topics for delivery method delivery method

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33

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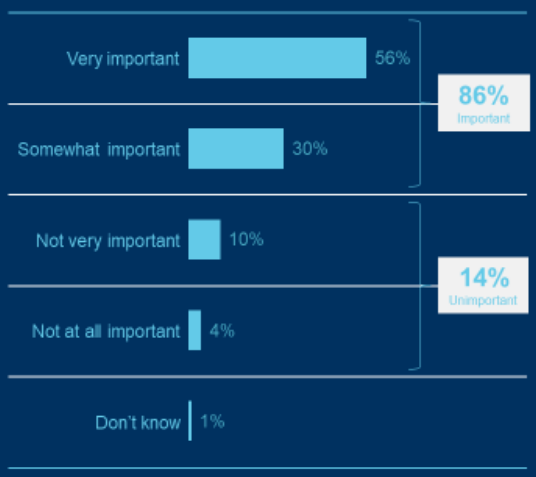

Base: All respondents (n=199)
T8. In general, how important is it for you to receive official credentials or certification for any training you may receive related to peer support work?

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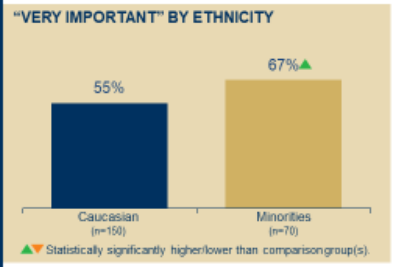
Importance of Official Credentials

Nearly all peer support workers consider official credentials or certifications for peer support training important, including more than half who consider it "very important."

Peer support workers who belong to ethnic minority groups are significantly more likely to consider credentials or certifications "very important."



34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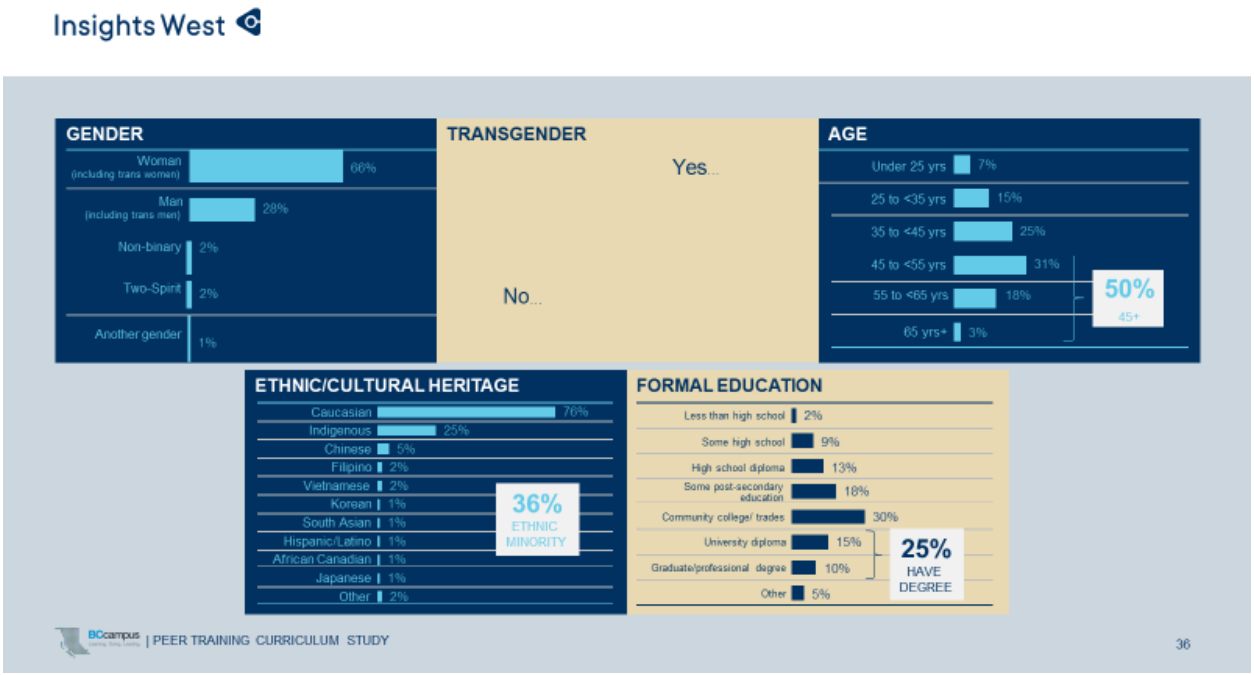
Peer Support Workers
Demographic Profile
35


Insights West
GENDER
Woman (including trans women) 66%
Man (including trans men) 28%
Non-binary 2%
Two-Spirit 2%
Another gender 1%
TRANSGENDER
Yes...
No...
AGE
Under 25 yrs 7%
25 to <35 yrs 15%
35 to <45 yrs 25%
45 to <55 yrs 31%
55 to <65 yrs 18%
65 yrs+ 3%
50%
45+
ETHNIC/CULTURAL HERITAGE
Caucasian 76%
Indigenous 25%
Chinese 5%
Filipino 2%
Vietnamese 2%
Korean 1%
South Asian 1%
Hispanic/Latino 1%
African Canadian 1%
Japanese 1%
Other 2%
36%
ETHNIC MINORITY
FORMAL EDUCATION
Less than high school 2%
Some high school 9%
High school diploma 13%
Some post-secondary education 18%
Community college/ trades 30%
University diploma 15%
Graduate/professional degree 10%
Other 5%
25%
HAVE DEGREE
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36

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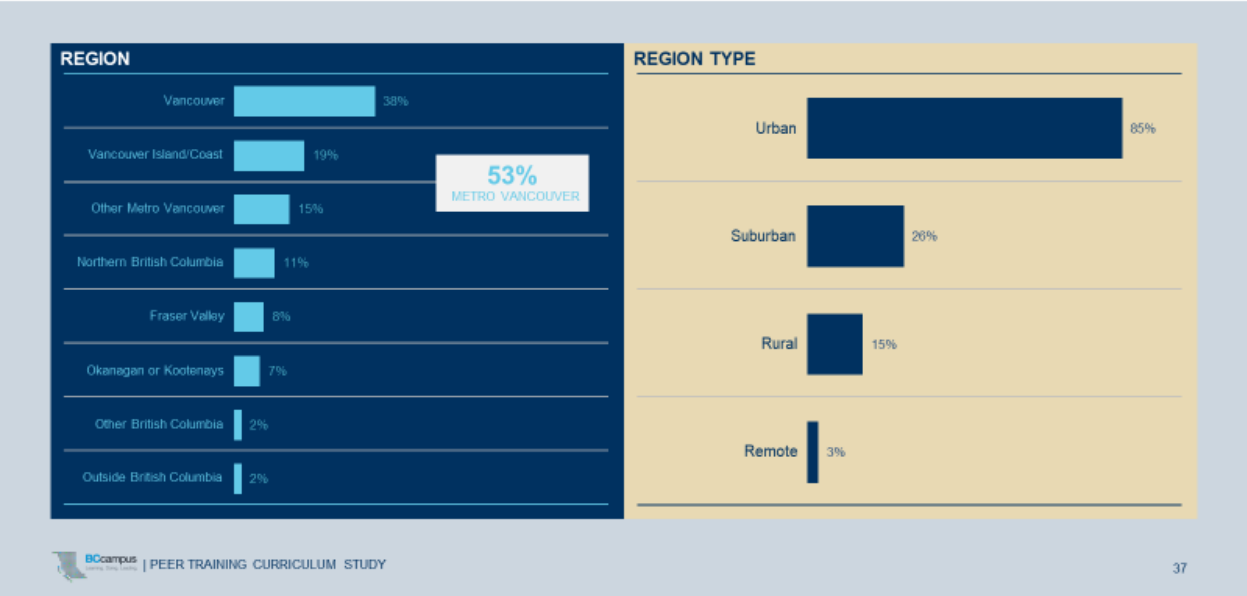

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For more information, please contact:

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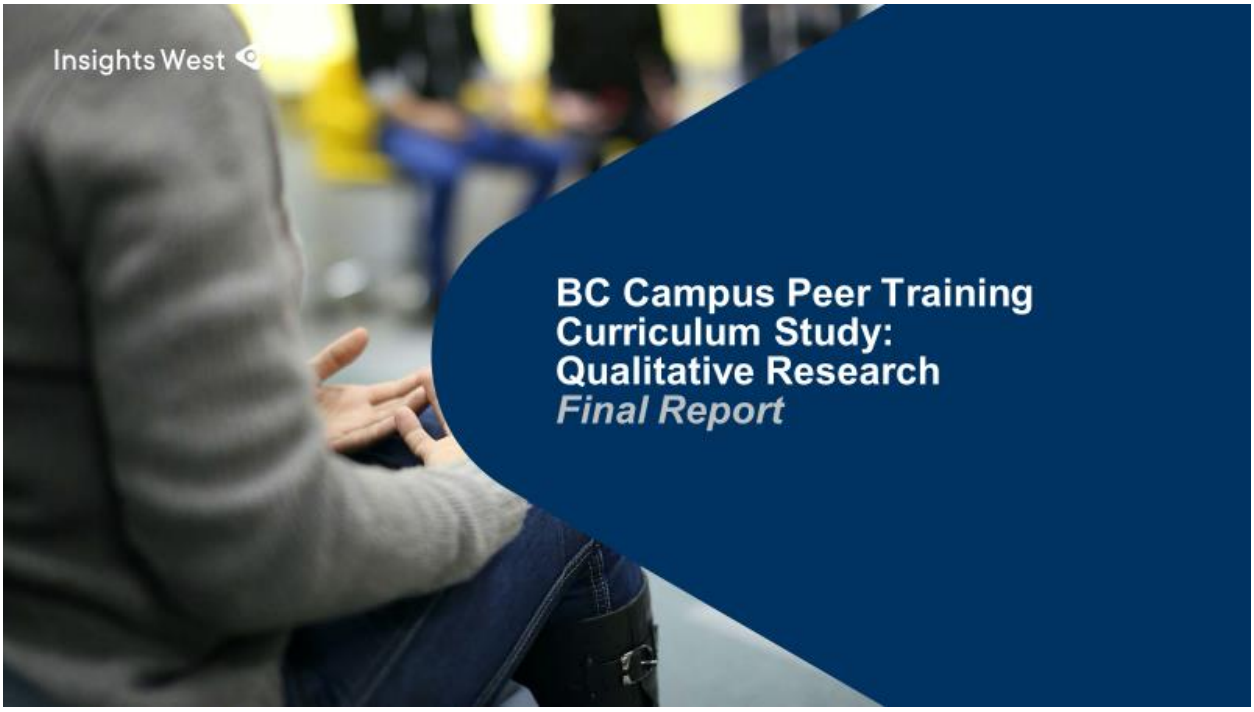
Appendix D – Qualitative Bulletin Boards



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Background

Via BCcampus, the Ministry of Mental Health and Addictions is working with the Ministry of Advanced Education, Skills and Training, and the Ministry of Children and Family Development (as well a steering committee and working group) on the Mental Health and Substance Use Peer Supports Project.

The goal of this project is the development of standardized teaching curriculum and educational resources to address the gap in peer support for those experiencing issues related to mental health and addiction. As part of this effort, the group is interested in conducting a multiphase market research study among stakeholders to assist with the development and testing of the materials.

This report details the results from the qualitative portion of this study.

Methodology

Insights West facilitated a two-day online bulletin board discussion on February 26th & 27th, 2020 with twenty-seven British Columbian peer support workers.

- Peer support workers were invited to participate at the end of an online survey.
- They were initially invited to participate in the online survey by BCcampus.

Focus group participants were split into 2 groups for the online discussion:

- Group 1: work in substance use; and
- Group 2: work in mental health.

Note: many participants work in both substance use and mental health.

At the end of the discussion, participants were given $100 as a gesture of appreciation for their time and effort.

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Sample

- A list of participating peer support workers and select demographics are shown in the Participant Profile section at the end of this report.

Note on Interpreting the Findings in this Report

- Due to the extremely small sample size and the qualitative nature of the research, these findings should be viewed as exploratory and directional in nature. They may not be representative of the universe of peer support workers.
- Throughout the report, verbatim quotes from the discussion are shown. These quotes were selected to reflect some of the conversations that support the key takeaways presented in this report.
- Full transcripts of the discussions are also available upon request.


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KEY TAKE-AWAYS
RESPECT IN WORKPLACE
Some feel that their lack of formal training or accreditation leads to a lack of respect from other colleagues.
SATISFACTION WITH TRAINING
Nearly all peers feel satisfied with the quality of training they receive from their workplaces.
STAYING UP TO DATE
Peers primarily stay up to date on best or wise practices through word of mouth or conversations with colleagues.
STIGMA IN PEER SUPPORT WORK
Many peers feel that there is a stigma associated with their work.
ROOM FOR IMPROVEMENT IN TRAINING
However, there is room for improvement in the availability of training opportunities and funding.
INTEREST IN TRAINING
Peers show enthusiasm for on-going training.
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7


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KEY TAKE-AWAYS
SKILL DEVELOPMENT
Many workplaces practice regular check-ins with peer support workers to develop their skills and strengths.
IMPORTANCE OF CREDENTIALS
Credentials are seen as important for proving qualifications to both employers and colleagues.
HANDS-ON TRAINING
Hands-on experience is seen as a crucial aspect of training.
TRAINING TOPICS
Mental health and substance use peers have largely different training topic interests.
BEST TRAINING APPROACH
Peers feel they learn best from a combination of learning approaches.
SOLO LEARNING
Many struggle with solo learning from written materials alone.
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8


Insights West
Detailed Findings


Insights West
Challenges of Peer Support Work

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Challenges of Peer Support Work

When asked to describe the challenges of their work, peer support workers most commonly mention practicing self-care and setting boundaries. Other common mentions include the struggle to create connections with peers (particularly among those who work in mental health) and limited resources (sometimes tied to being remotely located).

Many peer support workers also describe feeling a sense of stigma associated with peer support work, related to the evident knowledge that peer support workers have personal histories with mental health and/or substance use. Similar challenges include a lack of formal training or accreditation and perceptions that their work is not taken seriously.

In terms of working with clients, peer support workers also mention the challenges of working with those in crisis, with mental health issues, and getting peers to do housework.

Other challenges tend to be related to the workplace: insufficient hours or pay, long commutes to meet clients, management relations, and working with service providers.

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Workplace Provided Tools and Strategies for Challenges of Peer Support Work

When asked to describe the tools and strategies their workplace provides for coping with the challenges of peer support work, most were able to describe one or more things their organization provides.

The most common strategy workplaces employ for peer workers to deal with the challenges of their work is simply talking about it with their colleagues. Many describe regularly scheduled debriefing sessions, which range in frequency from at the end of every shift to monthly meetings where they "check-in" about their clients and themselves. They also commonly describe a supportive environment where they are encouraged to share with and support each other.

A number of peer support workers also describe receiving lengthy and extensive training to prepare them for the challenges of their work. Some also receive ongoing training.

Some mental health peers talk about their workplace providing spaces or opportunities for destressing, such as a private room or time off when needed.

One substance use peer described not receive any training on dealing with the stress of their job and how this makes them frequently feel "vulnerable and wounded from the harms done to me via this work."

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Importance of Credentials

The quantitative survey showed that a strong majority of peer support workers consider it important to receive official credential or certification related to peer support work.

When asked why these credentials were so important, peer support workers most commonly talked about how it was important to prove their qualifications to employers. Related to the themes of stigma and challenges working with other service providers, several peers also talked about how credentials could help combat the under-valuing of peer support work and lead to more respect from healthcare colleagues.

Other common reasons mentioned include credentials providing feelings of confidence or self-esteem, professional development or growth, and the ability to earn more money.

Reasons mentioned by individual peers include credentials helping to build trust with clients, creating commonly understood practices or standards, and that training credentials are simply a normal thing to receive in most lines of work.

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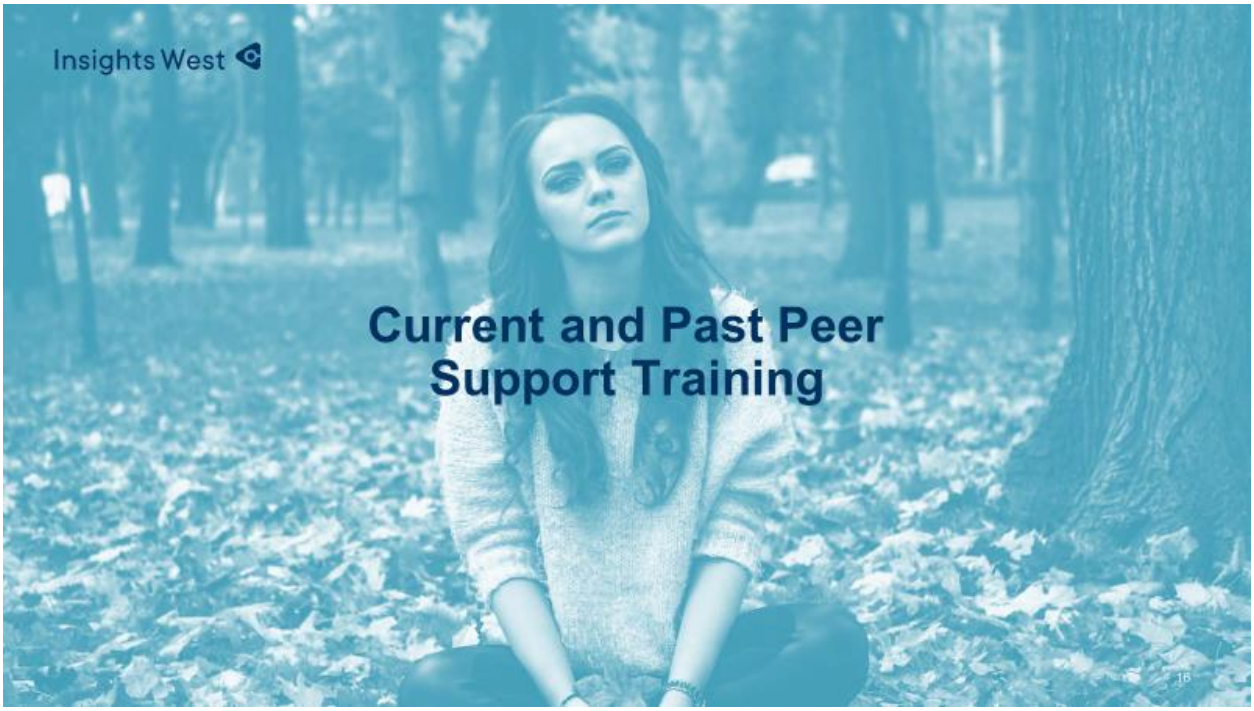
Especially Important Areas for Credentials

Several peer support workers stated that it is important to receive credentials for all training topics. Those who specified certain topic areas most commonly mentioned training related to counselling or therapy, followed by crisis training (including first aid and overdose training).

A number of peer support workers mentioned topics related to mental health, such as dealing with mental health crisis situations, mental health disorders, and mental health work in general. Several also mentioned the importance of receiving training for violence intervention.

Other topics mentioned as important for credentials include conflict de-escalation, cultural sensitivity and diversity, gender, inclusivity, group facilitation, motivational interviewing, wellness recovery action plans, the history of peer support work, peer resources, financial training, event facilitation, and peer support training in general.

The few areas seen as less important for credentials are typically viewed as less needing of credentials because they are considered personal skills that cannot be taught, or basic aspects of the role. These include communications skills, developing SMART goals, self-care, the 12-step program, and providing referrals or escorts.



Insights West

Staying Up-to-Date on Best/Wise Peer Support Practices

The quantitative survey shows that a strong majority (80%) of peer support workers believe they are up-to-date on best or wise practices.

They most commonly rely on word-of-mouth or conversations with their colleagues to stay up-to-date – either one-on-one or at monthly meetings. A couple of substance use peers also mention having mentors that they regularly confer with.

Reading is another common method of staying up-to-date – including workbooks and library books as well as online materials. One mental health peer also mentioned referring back to materials from when they were studying peer support work.

Many rely on their workplace to keep them up-to-date, including several who regularly attend workshops and other professional development training. Multiple peers mention following peer support leaders on social media as a source of best or wise practices.

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How Workplaces Encourage the Development of Peer Support Skills and Strengths

While a few peer support workers report that their organizations do little or nothing to encourage the development of their support skills and strengths, the majority work for organizations that encourage a variety of continued learning approaches. Peers themselves tend to view further learning as an opportunity rather than a burden or unnecessary.

Many peer support workers report that their organizations provide monthly meetings or information sessions with speakers covering emerging trends and other topics related to their field.

Other are encouraged to attend outside learning sessions or workshops (such as Raven Song), or even multi-day retreats. It appears that while some organizations pay for their employees to attend, others provide information and encouragement, but not funding.

Peers are also encouraged to use learn from online resources, and from each other.

No peers talked about any of the learning opportunities as things they were required to do.

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Satisfaction with Received Peer Support Training

Peer support workers are largely satisfied with the training they receive – both in terms of content and approach. However, they do see room for improvement in the number of training opportunities and the availability of funding for training.

Those who describe themselves as satisfied tend to show enthusiasm for learning about peer support, appreciate the range of topics their training covered, and find the training to be directly applicable to their job. They also consider regular check-ins and feedback to be an aspect of on-going training that they learn from.

Several peer support workers talk about how it is hard to train for peer support work because the real learning is from lived experience. Similarly, some peer support workers expressed that their training would have been better if it had included more hands-on experience.

Other critiques of the training include: the vocabulary being hard to understand, as well as topics such as cultural awareness and safety training happening at the end of a learning session and seemingly treated as an afterthought rather than given the same time and attention as other subjects.

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Suggested Topics for Future Training

The quantitative survey showed that peer support workers have a strong interest in learning about a variety of different topics.

When asked to describe what aspects of peer support they would like to learn more about, peers again show interest in a wide variety of topics, although there are a number of differences in the interests of those who work in mental health and those who work in substance use.

When talking about the areas where they want to learn more, both groups typically talk in terms of how the specific type of learning would improve their ability to do their job, rather than personal benefit or career advancement.

Multiple peers from both groups also mention that they would like to learn more about mental health topics such as: diagnosis, side effects of treatments, helping those in psychosis, and different types of mental illness. Specific mental illnesses mentioned include bipolar disorders, schizophrenia, and fetal alcohol spectrum disorders.

Members from both groups also mention interest in self-care training and first aid training including naloxone training.

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Suggested Topics for Future Training *Continued*: Mental Health Peers

Multiple peers who work in mental health mention that they would be interested in receiving training on how to better communicate – both to their clients as part of their work, and to other service providers about their job.

Other areas of training mentioned by individual mental health peers include:

- Ethics or guiding principles (i.e. empathy, compassion etc.);
- Concurrent disorders;
- Intervention;
- Dealing with stigma;
- Inclusivity;
- Running larger groups;
- Working with youth; and
- Dealing with mental health crisis situations.

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Suggested Topics for Future Training *Continued*: Substance Use Peers

Multiple substance use workers mention interest in receiving training on critical situations in order to better help in those instances.

Other areas of training mentioned by individual substance use peers include:

- Conflict resolution;
- Rights if clients/how to better advocate;
- Values clarification and attitude transformation (VCAT);
- Dealing with different stages of recovery and supporting those using drugs;
- Cross training;
- Cognitive behavioral therapy (CBT);
- Diversity training;
- Administration requirements for funding;
- Group facilitation; and
- All aspects of peer support.

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Best Experiences with Peer Support Training Approaches

When asked to describe the past peer support training approaches that have personally worked best for them, peers most commonly describe training experiences that utilized a combination of approaches, typically learning in a classroom setting or through manuals, followed by job shadowing or practicums.

Among those who mentioned single learning approaches, job shadowing or practicums are the most common approach that worked best, followed by classroom or group situations. The common benefits seen in both of these approaches are the ask questions. Those who prefer the classroom setting also like how they have the opportunity to learn from other students, while those who prefer job shadowing or practicums talk about how there is no replacement for hands-on experience.

Other best experiences mentioned include online learning (appreciated for being free), workshops, and intensive individualized one-on-one learning though a mentor.

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Worst Experiences with Peer Support Training Approaches

A number of peer support workers had trouble thinking of any examples of approaches to peer support training that didn't really work for them.

Those who were able to talk about poor experiences with different training approaches largely talked about how they found online learning and textbooks challenging and preferred in-person learning atmospheres.

Additional individual critiques about poor peer support learning experiences discussed how instructors need to be interesting and engaging and how students can feel overloaded with too much information in a short period of time. One participant mentioned how their training was challenging because it involved trips to different locations that they found personally found to be triggering during an early part of their recovery

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Classroom Learning

In the quantitative research, classroom learning stood out as the most popular training delivery method.

Although some peers find the structured aspects of classroom learning challenging, peers largely feel that they benefit from the live interactions – not only with the instructor, but also with other students. Some also find that this learning style keeps them focused on the task at hand.

Benefits:

- Sense of community
- Easy communications/sharing with other students
- Can ask questions/receive immediate response
- Scheduled/can plan for
- Focused/fewer distractions
- Familiar

It will force you to provide time to learn.

Being able to respond to concepts and ideas immediately. If I misunderstand something, I can get clarification right away.

The benefits would be the unique and wonderful experiences people can share in a group setting and a classroom. In order to relate to peers, we needs to relate as students.

Challenges:

- Doesn't adapt to different learning paces
- Scheduling isn't flexible
- Personal conflicts/group dynamics
- Reliant on instructor ability
- Mobility/handicap challenges
- Potential for distractions
- Expensive
- Could include triggering activities

Some people can be shy and anti-social. Some people may be overshadowed by their fellow students. It depends on the group dynamics.

People learn at different paces and it's difficult to cater the learning in a classroom/group setting to every single person.

28

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Job Shadowing

Although the quantitative research did not show a lot of support for job shadowing as the primary training method for any specific topic, the qualitative discussions showed that many peers found it to be very beneficial as a supplement to classroom or textbook learning for seeing what the day-to-day work in the role is actually like.

The biggest challenge with job shadowing is when peers have a mentor that is not a good match or the best person to learn from.

Benefits:

- Helps to develop full understanding of role
- Can ask questions
- Allows for hands-in learning
- Rewarding
- Helps to build confidence

I can't stress enough the value of having mentors to ask questions on the fly, or to see how they might handle different scenarios.

The benefits of training through job shadowing and mentor ship are being able to see first hand what this job is, how to do it, and having someone with you to correct you if you are mistaken about something or if you need help they can work through it with you.

You get to understand what is expected of you, and what the job actually feels like and entails.

Challenges:

- Potential for bad mentor
- Peers need to find their own methods
- Resourcing burden for the person being shadowed
- Schedules need to match
- Can be uncomfortable for clients

It might be harder to develop your own approach.... it probably depends on how much space you get for stepping into your own.

Unfortunately the flip side of coin of mentoring is that you can end up with someone who doesn't so a great job. I did a peer support group with a woman who was very experienced and thought I would learn a lot from her. Unfortunately, just because she had been around for a while didn't mean she was any good.

29

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Self-Learning with Textbooks or Manuals

Peer support workers see more challenges than benefits to self-learning with manuals or textbooks.

The main benefit of this approach is the ability to go at a peer's own pace and adapt to their schedule.

However, many find it to be a hard way to absorb information, and consider the human interaction and important part of the learning – particularly as the topic is about personal interactions with clients.

Benefits:

- Self-paced and flexible
- Good for fundamentals
- Provides materials to refer back to

I suppose the benefit would be that it is self paced and could be done in a way that works with one's schedule. It's a good way to get information to someone, but not the best way to learn how to apply the learning.

You can learn at your own pace, if you don't understand something, you can go back and re-read it as well as you have physical copies of work material you can look back on.

Challenges:

- Don't engage with other people
- Hard to stay motivated
- Hard to absorb information
- Harder to understand information
- Not engaging

I just never seem to be able to learn this way…often other things distract me. or I just never seem to make time to sit down to do the learning

Self learning with textbooks or manuals is very hard. If everybody could learn from manual and textbooks, we do not need instructors. we need to know which part is important in the textbooks or manuals.

Peer support work is all about human relationships. I think we need real human beings to instruct classes. Some topics are very flexible and need instructor experience.

30

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Online Learning (Video Modules or Text)

Online learning is seen to have many of the same benefits and challenges as self-learning with textbooks and modules.

However, video modules in particular are also seen as having some added advantages to text in that they can be more engaging, allow the narrator to give non-verbal cues, and to act out role playing examples.

However, peers also believe that if they are not done well, online video modules can be dated or hard to sit through.

Benefits:

- Self-paced and flexible
- Provides materials to refer back to
- Collective learning
- Video allows for nonverbal communication cues
- Videos may be more engaging
- Videos allow for role playing examples

"Through video you can actually understand people's tones and get a feeling of empathy if it's feely."

"Same benefits as learning through textbooks I suppose, videos might be a little more engaging than a text book."

"Video modules could include some good role playing on how to interact in certain situations that you might encounter at work. Sometimes they are a tad funny due to low budgets but those ones often stick in your head the most."

Challenges:

- Can't ask questions
- Impersonal
- Not engaging/dated/hard to sit through
- No peers to learn from
- Not structured
- Online can be a distracting environment

"Some videos are very boring. Just the way they are presented or set up aren't the greatest. Or they are out of date and the practices aren't in use any more."

"The challenges are that there isn't usually someone you can ask questions, and everyone learns differently so this format of training might not be the best way for others to learn."

31

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GROUP 1: WORK IN MENTAL HEALTH

#	Gender	Age	Ethnicity	Region	Peer Support Work
1	Two-Spirit	55 to <65	Caucasian	Vancouver Island/Coast: Urban	Mental health / Substance use
2	Woman	45 to <55	Indigenous	Vancouver: Urban	Mental health
3	Woman	35 to <45	Indigenous	Okanagan or Kootenays: Urban	Mental health / Substance use Mental health supporters / Substance use supporters
4	Woman	<25	Indigenous / Vietnamese	Northern British Columbia: Rural	Mental health / Substance use Mental health supporters / Substance use supporters
5	Woman	45 to <55	South Asian	Vancouver: Urban	Mental health Mental health supporters
6	Man	<25	Caucasian	Okanagan or Kootenays: Urban	Mental health / Substance use Mental health supporters / Substance use supporters
7	Man	45 to <55	Caucasian	Northern British Columbia: Urban	Mental health / Substance use Mental health supporters / Substance use supporters
8	Woman	55 to <65	Caucasian	Other Metro Vancouver: Suburban/Rural	Mental health supporters
9	Man	<25	Caucasian	Vancouver: Urban	Mental health Mental health supporters
10	Woman	35 to <45	Korean	Other Metro Vancouver: Suburban	Mental health
11	Man	45 to <55	Chinese	Vancouver: Urban	Mental health supporters
12	Man	25 to <35 years	Caucasian	Vancouver: Urban	Mental health
13	Man	Prefer not to answer	Chinese	Vancouver: Urban	Mental health
14	Woman	<25	Chinese	Vancouver: Urban	Mental health

33

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GROUP 2: WORK IN SUBSTANCE USE

#	Gender	Age	Ethnicity	Region	Peer Support Work
1	Two-Spirit	35 to <45	Indigenous	Vancouver: Urban	Mental health / Substance use
2	Man	45 to <55	Indigenous / Caucasian	Vancouver: Urban	Mental health / Substance use
3	Woman	25 to <35	Prefer not to answer	Fraser Valley: Urban / Suburban / Rural	Mental health / Substance use
4	Woman	25 to <35	Indigenous	Vancouver: Urban	Mental health / Substance use Mental health supporters / Substance use supporters
5	Woman	25 to <35	Caucasian	Vancouver: Urban	Mental health / Substance use Mental health supporters / Substance use supporters
6	Woman	35 to <45	Caucasian	Vancouver Island/Coast : Suburban	Substance use / Substance use supporters
7	Woman	45 to <55	Caucasian	Vancouver Island/Coast : Suburban	Mental health / Substance use Mental health supporters
8	Woman	45 to <55	Caucasian	Northern British Columbia: Urban / Suburban / Rural / Remote	Mental health Mental health supporters / Substance use supporters
9	Woman	45 to <55	Caucasian	Vancouver Island/Coast: Urban / rural	Mental health / Substance use Substance use supporters / Mental health supporters
10	Woman	35 to <45	Indigenous / Caucasian	Northern British Columbia: Rural	Substance use
11	Man	25 to <35	Caucasian	Vancouver Island/Coast : Suburban	Mental health/ Substance use
12	Woman	45 to <55	Indigenous	Northern British Columbia: Urban / Suburban / Rural	Mental health / Substance use Mental health supporters / Substance use supporters
13	Woman	<25	Caucasian	Okanagan or Kootenays: Suburban	Mental health / Substance use Mental health supporters

34