Peer Support Toolkit.

The following toolkit provides an overview of evidence-informed approaches to Peer Support, to help prevent and reduce AOD harms in your community.

1. Peer Support toolkit overview – key points for LDATs

- Peer Support is when people of a similar age, status, background or identity share experiences and provide knowledge and emotional, social or practical support to each other.[1]

- Peer Support can include a range of activities, from informal conversation between peers, through to formal programs that might involve trained and paid Peer Support workers.[2]

- Peer Support programs are typically most effective among young people[3, 4]

- In the context of the LDAT Program, Peer Support programs focus on preventing alcohol and other drug (AOD) harms.

- While there are many important Peer Support activities that focus on AOD treatment and recovery, this is outside the scope of LDATs, who are typically focused on prevention.

- Peer Support programs draw on the credibility that young people have with their peers to encourage healthy role modelling, deliver persuasive messages and positively influence knowledge, attitudes, values and behaviours. This can help prevent AOD harms.

- Peer support programs can help reduce known AOD risk factors in young people and promote protective factors. Examples of these risk and protective factors are shown in Table 1 below.

Table 1: Factors that protect against AOD and factors that increase risk of AOD[4-7]

Protective factors	Risk factors
• Evidence-based drug education	• Family conflict
• Community building activities	• Lack of engagement in activities with positive adult role models
• Positive role models including around AOD	• Mental health issues
• Sense of belonging and connectedness to community, school and family	• Academic failure
• Knowledge of harms/health beliefs that support healthy AOD use and access to appropriate AOD help and support	• Low attachment to school
• Participation in positive activities with adult engagement	• Low attachment to community
• Involvement in recreational activities	• Negative peer influence
	• Availability and accessibility of AOD

Read more about risk and protective factors here: https://adf.org.au/reducing-risk/community-approaches/prevention-strategies/

A guide to icons used in this toolkit

Strength of evidence
The coloured stars show how strong the evidence is for each program/activity and the potential benefit to your community.

⭐ Strong ⭐ Good ⭐ Fair ⭐ Little ☆ Promising

Cost, resources and expertise required
The coloured figures indicate how simple, or difficult, it is for LDATs to deliver each program in your community.

Less More

1.1 Drawing on existing programs

LDATs may like to consider the following Australian Peer Support programs:

> **Alcohol and Drug Foundation Peer Support Module** ⭐ 🧍
>
> The ADF's Peer Support Module has been developed and piloted with LDATs as part of the LDAT Program. It is an easy to use, off the shelf module that provides you with everything you need to deliver a high-quality Peer Support program in your local community. It has been designed to be worked through in sequential order – just follow the steps to plan and deliver your program.
> https://ldatmodules.adf.org.au/pages/use-peer-support-module

> **Peer Support Australia** ☆ 🧍
>
> A peer-led, skills-based, experiential learning program that has been offered in schools for over 50 years. While there is a lack of evaluation for this program, it is well established and will be simple for LDATs to use.
> https://peersupport.edu.au/

There are also other approaches to implementing Peer Support in your community that don't involve a specific program. Below are two evidence-informed approaches that LDATs could consider if the above programs are not suitable.

Peer health clubs

- Peer health clubs provide opportunities for adolescents and young adults to meet to discuss health matters, led by older facilitators and peers in a semi-structured environment.
- Implementation of a peer health club requires skilled facilitators who can lead or monitor activities and discussions of potentially sensitive health issues for adolescents and young adults. LDATs may need to source individuals or groups with these skills who can share their skills and knowledge.
- Peer health clubs have successfully provided a safe space for adolescent girls and young women in Africa.[1,8] LDATs could adapt this model to their own community setting.
- It is possible that any existing group of young people of any sex or gender could, under supervision, adopt an informal peer health club as their own.[1,8]
- An example of a peer health club: https://crw.ecu.edu/wellness-fitness/peer-health-at-ecu/

The peer health club concept can also be adapted to suit other settings. For example, some LDATs have used community gardens as settings to connect to culture and country (learning about cultural foods and cooking with peers). Sporting clubs have also been used as settings to connect and learn. As long as the young people involved select the setting and activity - and similar guiding principles are used – it can be applied in multiple settings.

Digital communication

- Online programs and activities have the advantage of not being restricted by location or timing.
- These programs could help LDATs target diverse and niche populations and groups that may be scattered across regions and states, or have other barriers to attendance, such as accessibility.
- Peers involved in online-based Peer Support activities will need to be comfortable with using the required technology, have reliable internet connection, and access to a smartphone or laptop to participate. Having some confidence with online-based conversation, such as messaging apps, will help participants to get to know one another, and develop a positive relationship.
- Regular supervision is also needed to help with getting the best outcomes for both the Peer Support leader and the young person involved. This will help avoid potential downfalls of online communication, like inappropriate content sharing or miscommunication.[9]

1.2 Guiding principles

What works

- Peers nominate their own Peer Support leaders.

- Peers and Peer Support leaders help develop the content of the program – not all people will enjoy the same activities, so it's important to meet participants where they're at.

- Young people are more likely to enjoy a Peer Support program if they've helped in developing it and coming up with ideas.

- A focus on trust-building – evidence shows that if the relationship between participants and Peer Support leaders is based on mutual friendship and trust, this enables positive change.

- Peer Support leaders should be encouraged to offer continuous and practical support.

- Think about how you can involve a diverse group of young people to be Peer Support leaders, so that you can attract a diverse group of participants.

- Similar to the principles for digital communication, above, regular supervision and support of Peer Support leaders will help make sure the relationship remains positive.

- The Peer Support program or activity should be part of a larger prevention program.[9-11]

Unintended negative effects

- There is a risk that some Peer Support programs can unintentionally increase alcohol or drug use.[12]

- Regular support and supervision of Peer Support leaders is a crucial part of running a Peer Support program. LDATs should monitor the results of peer relationships and end them if they are counterproductive.
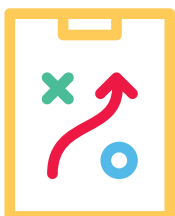
Terminology

LDATs are recommended to use the term 'Peer Support leaders' – and not 'Peer Support workers' which could be confused with workers who are employed to assist individuals in AOD treatment and recovery.

1.3 Considerations for planning and delivery

a) Understanding what works

Table 2 provides a summary of what works and doesn't work when delivering AOD Peer Support programs. Table 3 provides a summary of desirable Peer Support leader qualities.

Table 2: What works and doesn't work in AOD Peer Support programs

What works	What doesn't work
AOD Peer Support programs are most effective when: • they are based on social influence or social learning theories. In simple terms, this means focusing on how young people learn behaviours from their peers and are more likely to change thoughts or behaviours according to those around them • Peer Support leaders are selected based on nomination by their peers, rather than selection by adults or volunteers • they are delivered as part of a broader, comprehensive prevention program • Peer Support leaders lead by example and role model the desired behaviours associated with the program • the program participants (Peer Support leaders and peers) are involved in developing content for the program.[10]	AOD Peer Support programs can be ineffective and increase interest in drug use when: • scare tactics or 'fear arousal' are used • an instructional (rather than interactive) delivery style is used • the activity is a one-off session/event • Peer Support leaders currently use substances or have a history of using substances • at-risk young people participating in the activity lack adequate supervision, which can lead to an increase in drug use or other anti-social activities.[12-15]

Table 3: Core competencies for Peer Support leaders[11]

Quality	Bringing it to life
Trustworthy	The Peer Support leader focuses on building trust with the participant to help develop a relationship that is collaborative and caring.
Casual and professional	The Peer Support leader can be friendly but must also understand that their role is a formal one – where they can help to guide their peer as part of the program.
Sociable and practical	Peer Support leaders are there to help the participants to do practical things like attending appointments and building motivation to get everyday stuff done, as well as fun activities like playing sport or going for lunch. The LDAT can work with Peer Support leaders to provide the best personalised support to participants.
Informed and connected	The Peer Support leader should be equipped with good sources of information and resources if the participant discloses that they need help with health issues such as AOD use.

Other Peer Support leader competencies that are supported by evidence include that they:

• can help peers to manage crises when they arise
• value communication
• promote leadership and self-advocacy
• promote growth and development
• support collaboration and teamwork.[9]

b) Implementation considerations for peer support programs

Attention to **how** a program is delivered or implemented is just as important as **what** is delivered, when it comes to your project's outcomes.

The 5Ws

Being clear about what you want to do and the outcomes you want to achieve will support your LDAT to deliver a Peer Support program in your community safely and effectively, as well as track success. Consider the 5Ws:

- **What** do you want to happen? (activity)
- **Who** will it happen with? (direct audience)
- **Why** will it happen? (outcome - e.g. improving an identified gap for that audience)
- **When** will it occur? (time frame - e.g. over 6 months)
- **Where** will it occur? (location).

Measuring success

Once you know what outcomes you want to achieve you need to measure the success of your activities so that you know how effective they were. Do this by evaluating your activities using process and impact measures.

- **Process measures:** these relate to how your activity is being delivered. In other words, they help you to monitor if the implementation of your activity went according to plan, e.g. did you reach the targeted number of attendees at your event? Did you run the targeted number of workshops that you originally planned?
- **Impact measures:** these relate to the short-term difference your activity has made on the community. Impact measures seek to increase protective factors, decrease risk factors, or change how people think about AOD harms, e.g. did people report having more knowledge of AOD harms after attending your event? Did people report feeling more connected to their community after participating in your workshop?

Working with community partners

Strong partnerships will be critical to your success. Partners can support your program in many ways, including promoting the program, recruiting young people as participants and Peer Support leaders, working with schools to facilitate programs, providing a venue for training, financial support, and much more. Partners include:

- local primary and secondary schools
- youth workers in community health services
- youth associations and groups in the area
- homework clubs and study groups
- major employers of young people
- sporting clubs
- community arts organisations (e.g. music, dance, drama)
- local council.

For further information see: https://community.adf.org.au/run-activities/partnerships/

Resources required

Below is an indication of the type of resources required to deliver Peer Support programs:

- program participants, including suitable Peer Support leaders
- basic administrative tools, such as stationery and office supplies
- skilled personnel to manage the Peer Support program
- knowledge/materials and/or funds to train, supervise and support Peer Support leaders
- funds to cover costs/expenses of Peer Support leaders (e.g. telephone, petrol, IT support, parking, public transport costs)
- venue for gatherings – this may include in-kind use of different spaces from a partner organisation, local library, community hall (your local council will have a list of available places for community use), or schools
- design and publication of promotional material, for example you could consider a media or social media campaign to publicise your program. Include your own designs and imagery to localise campaign
- police checks/Working With Children Checks (these are mandatory when working with young people)
- insurance and liability coverage (where appropriate).

Your LDAT may choose to consider allocating some of your Community Action Plan grant money towards some of these resources (where money is required).

Digital delivery

LDATs should consider whether some Peer Support services can be delivered digitally through websites and home computers and social media platforms such as Facebook, as well as smartphone apps.[9]

As mentioned above, the digital delivery of remote Peer Support can be challenging in different ways. Some things to think about include:

- protecting the privacy and other rights of service users
- participants' technical knowledge and skills
- available technologies
- whether different community members can access the program
- digital communication skills
- how each person is going in the program as it progresses
- self-care
- monitoring and addressing negative experiences as they arise (e.g. where sensitive content is shared and shouldn't have been)
- Peer Support leader qualities (as outlined above)
- participant/Peer Support leader's ability to get, read, understand and use health information.[9]

Warning of unintended negative effects

Some Peer Support programs can actually increase alcohol or drug use by young people. To minimise this risk, don't appoint Peer Support leaders who are known to use/have used drugs. Program staff should always provide recent information about AOD use among young people, so that young people understand that most of their peers do not smoke, drink or consume other substances. This should be done without stigmatising others.[16]

2. Delivering Peer Support programs: key activity and measuring success

The key activity associated with delivering and evaluating Peer Support in your community is outlined below.

You will need to deliver this activity and evaluate it using process and impact measures (see 1.3 above, Considerations for planning and delivery).

Note: you can also tailor your approach by adding additional activities that suit your community's needs and evaluating them using process and impact measures.

The key activity for delivering and evaluating a peer support program is:

- **Training or workshops:**
  An event that is held for the specific purpose of training community members in a new skill set, and/or delivering a structured presentation aimed at increasing knowledge about risk and/or protective factors associated with an AOD health issue.

> Evaluation is a critical component of delivering your program and needs to be factored in at every stage of planning and delivery. You'll find more detailed information on effective evaluation measures in our essential guide for LDATs: [Evaluation Measures Guide](#). Your LDAT will also be guided to select appropriate process and impact measures when you're developing your Community Action Plan (CAP) online.

3. Delivering Peer Support programs: key steps

The following section outlines potential key steps involved in delivering Peer Support programs.

These steps are an indicative guide only, as it's important to tailor your approach to your local community.

Step 1: Consultation, planning and design

Peer Support should be tailored to suit the individual needs of the young people who will be involved in your program.

What works for one community may not work for the next, so consult with young people, partners and your local community to develop your program. This will also help you determine other local needs (including your precise target audience) and identify what already exists within the community that could be strengthened and built on to achieve your program aims.

Consider the following when designing your Peer Support program.

- **The approach:** will your Peer Support program be a highly structured, school-based program that trains students to deliver messages? Or, will it be an informal community program that responds to the needs of your target audience where regular communication channels are used (i.e. without special technology)? Programs might involve trained and paid Peer Support leaders (e.g. planned group sessions) or informal conversations between peers (e.g. opportunistic interactions).
- **Delivery mode:** will the Peer Support program be delivered face-to-face, over the telephone, or the internet?
- **Relationship:** will the Peer Support program involve one-to-one, small group, or larger group relationships?
- **Environment:** what environment or setting will the program be delivered in, e.g. school, music festivals/events, community, workplace, other?

Details about how the program will be managed and what processes will be required to deliver it also need to be considered:

- who will provide oversight of the program?
- what problems can occur and how can they be mitigated?

- how will you involve young people in the design of the program?
- what support does your group need to administer the program (e.g. information and relevant material to assist with training Peer Support leaders)?
- how will you support the families of the young people involved (e.g. share information about a range of referral services that may support a young person, especially after your program concludes)?
- how will you support the Peer Support leaders?

It's also essential that your child safeguarding policy is up-to-date and clear. Consider using resources available through the Australian Childhood Foundation childhood.org.au.

Step 2: Recruit Peer Support leaders

Develop an engagement strategy to attract appropriate Peer Support leaders. Consider how you will spread the word in your community – for example you might promote the program through the local paper or radio station, school newsletters or partner organisations.

Include information that outlines the expectations of the program, such as roles and responsibilities, supervision and training.

Peer Support leaders may include students, youth workers, sporting club captains, or other youth representatives and community members. They may be identified through schools and tertiary institutions, sporting clubs, arts clubs, youth groups, workplaces, volunteer associations and community agencies.

Step 3: Select and screen Peer Support leaders

It's important to have a clear selection process for assessing potential Peer Support leaders. You could develop selection criteria and establish an application process, including seeking references. Selection criteria may address the need for Peer Support leaders to be committed to investing time and energy into the relationship, and to role model an appropriate relationship to alcohol and other drugs.

A screening process to confirm potential Peer Support leaders' suitability and a process for informing successful and unsuccessful applicants is also recommended.

Step 4: Train and support Peer Support leaders

Comprehensive orientation, training and access to resources will help Peer Support leaders to provide an effective peer relationship and prevent burnout. Training may cover things like:

- definition and understanding of Peer Support
- roles, responsibilities, expectations and boundaries of the relationship
- communication skills, including conflict management
- stress management strategies
- techniques to evaluate risk and make responsible decisions
- confidentiality, risk management and other issues.[2]

Your LDAT may have the skills to provide this training or you could work with the suggested programs in Section 1.1 instead.

Step 5: Engage young people

How you engage young people in your Peer Support program will depend on how the program is being delivered.

For example, if the program uses planned group sessions led by a service, you may establish a formal process for the referral/application of young people to participate in the program. This could include referral to the program from a variety of sources, such as teachers, counsellors, community workers, health professionals, parents and guardians.

If the program is a highly structured program in schools, you may want to engage the school as a whole, rather than individual students.

Similarly, if the program is being delivered at music festivals and other youth events in the community, your efforts may focus on liaising with event organisers who will in turn engage and recruit young people to their events.

Peer Support programs are particularly good at accessing socially isolated, hard-to-reach, or 'hidden' population groups. Your partners and referrers may be in a good position to help you identify young people that would benefit from your program.

Step 6: Matching peers

Regardless of how your Peer Support program is designed, it's important to implement a matching process which focuses on the needs of the young person and considers the relevant characteristics, skills and interests of each participant and their potential Peer Support leader.

Be mindful that giving and receiving Peer Support with someone you have things in common with can help peers build trust.

Peers can share a number of characteristics such as:

- age
- education level
- gender
- work occupation
- geographical location
- language
- access to technology (phone, internet)
- physical or emotional wellbeing
- cultural identity
- religion or spirituality (someone with similar beliefs or view of the world)
- similar interests or personal circumstances
- availability with time, mobility, travel, etc.
- sexual orientation and gender identity
- communication styles and preferences.[17]

Step 7: Supervision and monitoring

You'll need to supervise and monitor the contact and progress of each peer relationship and provide ongoing training and support for the young person and their Peer Support leader.

Support the Peer Support match by setting-up an official agreement between both peers, outlining the terms and conditions of the relationship. For example, identify key elements of the relationship, such as duration of the program, likely method(s) of contact, likely frequency of contact, maximum length of contact, and key activities and goals.

A formal closure policy is also recommended so all parties are clear about how participants exit the program and provide guidelines regarding future contact between the Peer Support leader and young person.

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