**Barriers to Providing Authentic Family Peer Support**

LACK OF AN ESTABLISHED CAREER LADDER

* Staff move on to other careers because they cannot advance
* No increase IN position, money or title causes staff to leave for other careers or jobs.
* Lack of career ladder increases staff frustration and causes resentment toward agency which in turn affects workplace morale.

Tension between standardization and loss of authenticity

* Agencies understanding, by education that family support models are in existence because they are effective due to lived experience.
* Family Support was created out of frustration around medical models of care that did not respect families, often blamed mothers for the child’s behavior, and a lack of understanding that families need support, not blame.
* Trying to stay within billing parameters while maintaining fidelity to family support philosophy.

Lack of effective skills training/ advanced training/ supervisory training

* Lack of training on all child serving systems
* no training for FPA's and why YPA’s on how to write a Service plan for Medicaid billing
* in home slash community situational im-depth safety training. “not crisis worker or first responder”
* Trainings being offered virtually only once a month or quarterly are not enough. Not enough opportunities for training.
* Lack of training on how to provide collaborative services/working collaboratively with other agencies. Workplace etiquette.

discrimination and prejudice from NON-PEER WORKERS

* Lack of understanding of what peers do.
* Lack of respect from other providers.
* Misunderstanding or knowledge of the credible messenger mobile.
* Lack of supervision.

Valuing of peer support challenges

* Low/insufficient pay
* parents and families are referred to as “cases”. The model is moving further away from values of authentic peer support

Programmatic challenges

* Need supervisors with lived experience.
* Peers are being used to do things out of their role eg data entry, driving, respite and administrative work.
* Family support workers are unable to help parents with children who are not the identified child.
* Lack of peer community.
* Burnout.
* Lack of opportunity for family support providers to meet regularly.

Support of parents versus outcome for child identified “patient”

* If the focus is only on the child, it doesn't necessarily support the caregiver or the family
* Frequent CPS calls because parent doesn't agree with state laws... religious exemptions.
* if the focus is only on child success, then if the child doesn't succeed it implies that the parent has failed.
* When Medicaid treats families as if they are not a family “a case” is opened individually for each child.

Staffing challenges

* Agencies often put unnecessary emphasis on educational credentials rather than on lived experience.
* Adequate compensation to reduce turnover and increase recruitment.
* Lack of career development and training.
* Not being supervised by an FPA supervisor. Supervisors often do not understand the role of an FPA
* Low pay
* Passing background checks by agency Families often have founded CPS cases that need to be resolved, not punished into perpetuity.
* Compassion for the FPA’S family e.g. time off when needed as well as support and advocacy e.g. EAP

Fiscal challenges

* No flex funds
* Flex Funds were used to support family support engagement work/develop a sense of community through Family Picnics, Holiday Parties, Support Group Activities, assist in helping families with their living environment, ability to do family activities etc.
* Lack of resources and funding to facilitate community engagement opportunities and expand family support services as described above.
* There is funding for starting programs however no funding for pay increase for staff.

Being Co-opted by clinical staff

* Lack of trust.
* Lack of supervision by peers.
* providers/clinical staff prioritizing their work over family perspective/lived experience.
* providers lack of training in understanding FPA’s role.
* Being forced into a medical model.