# **Learning by Doing: The Value of Peer Networks**

Oftentimes the hardest part of attending a training is what happens after the training ends. How do you take all the knowledge and skills you have learned in the controlled setting and apply it to the reality of your multi-disciplinary team (MDT) or children’s advocacy center (CAC)? How do you know if you are adapting and implementing the knowledge effectively? The ability to transfer learning from training into practice has been estimated to be as low as 15 percent[[1]](#footnote-1), which suggests other strategies are needed to make learning more effective and grounded in real-life situations.

This finding is one of the essential reasons why peer learning can become a critical part of a capacity building strategy for MDT professionals. For example, there currently aren’t opportunities to go to school and earn a degree in how to be an MDT facilitator. Instead, stepping into the MDT facilitator role is an example of “learning by doing,” but you are most often doing it solo. The pandemic safety measures that led to remote work for many only exacerbated the isolated nature of the position. But what if you could learn by doing ***with others***? How could that change things for you?

Peer learning has been used predominantly in academic settings and clinical contexts. The operationalization of peer learning can take different forms – mentorships, study groups, project-based groups, and community activities – yet all forms include a common purpose of reciprocal learning that makes it different from a traditional one-way didactic approach. In other words, it is a learning model as compared to a teaching model.[[2]](#footnote-2) Peer learning is intended to be mutually beneficial because it is based on the exchange of knowledge, ideas, and experience. Another important consideration is who gets defined as a “peer” and how that group composition benefits the exchange. While there isn’t a pre-requisite for the kind of knowledge or experience peers bring, they represent individuals in similar roles who do not have power or supervisory authority over each other in their responsibilities.

Studies on peer effects in the classroom are common[[3]](#footnote-3) but empirical evidence on the benefits of peer effects in the workplace has typically been centered on improved productivity, increased wages or the psychosocial benefits for employees.[[4]](#footnote-4) There are fewer studies on the difference in outcomes of peer learning compared to traditional training in the workplace. However there is evidence indicating that a learning culture that prioritizes efficiency over the importance of learning will hinder the potential for creativity and productivity.[[5]](#footnote-5) A survey of over 5,000 managers and employees found the least valued ways of learning were in traditional forms of classroom or e-learning, and the top two most valued ways of learning were self-organized and self-managed.[[6]](#footnote-6) Shared learning that provides an opportunity to engage in discussion and be accountable for one’s own learning can lead to more critical thinkers.[[7]](#footnote-7) This ongoing give-and-take synthesis of experiences and information that happens during peer learning can lead to identifying innovative practices that meet the unique needs of the learner’s specific situation.

Ideally, peer learning is not an ad hoc event but is integrated into regular contact and dedicated spaces for learning. Most studies have evaluated peer learning within a single organization, rather than across organizations, so further research is needed on what is most effective for peer learning in our regional or national MDT and CAC context. The SCARF model developed by Dr. David Rock is based in neuroscience and can be used to facilitate effective collaboration and learning by “maximizing positive engaged states of mind.” [[8]](#footnote-8) This model is grounded in safety, equality, and mutual support – all concepts that are fundamental to strong teams – and which can also be utilized as a framework for building and evaluating effective peer learning programs for MDTs and CACs.

| **Domain** | **Peer Learning Impact** |
| --- | --- |
| **Status** (relative importance to others) | The equal status of peer relations removes job performance from the learning and enables a more open discussion of learning without fear of being perceived negatively by a supervisor.  |
| **Certainty** (being able to predict the future) | Over time the frequency of peer interactions creates trust and certainty that underpin the psychological safety needed to be a curious learner.  |
| **Autonomy** (a sense of control over events) | When peers determine the topic, this gives them autonomy over their work and their practice. This sense of control for what they will learn contributes to accountability for their learning.  |
| **Relatedness** (a sense of safety with others) | The common situations of peers can create the space to build positive emotions – the trust, hope, and excitement that can help identify creative solutions to common challenges and expand opportunities to learn from them.  |
| **Fairness** (a perception of fair exchanges between people) | Clear rules set at the beginning means that even difficult conversations between peers can be handled with dignity and honesty.  |

Caption: David Rock’s SCARF model has been applied to peer coaching[[9]](#footnote-9), and can be further applied to peer learning.

So how can this be applied to the CAC or MDT and contribute to continuous improvement? Typically professionals in specific MDT disciplines – medical, mental health, child protective services, law enforcement, prosecution, and victim advocacy – can find peer learning opportunities through their parent organization or other professional member affiliations or organizations. But some team members, like MDT facilitators, find themselves in a very different situation; there are not multiple MDT facilitators at their workplace and there is no professional association of MDT facilitators. To help fill those gaps, Western Regional Children’s Advocacy Center (WRCAC) has dedicated resources to support the following peer learning opportunities adapted to the unique needs of specific professional groups.

[***Building Resilient Teams (BRT)***](https://www.westernregionalcac.org/training-and-events/building-resilient-teams/)is designed as a collaborative online discussion group to promote resilience and provide support for implementing strategies that encourage resiliency in the MDT. MDTs participate as two-person teams, with at least one individual from each team having a leadership role within the MDT, to help encourage the successful implementation of new strategies. A WRCAC facilitator organizes the discussion groups, establishes the ground rules, and shares relevant resources, but the structure of the group is based on forming a collaborative community of mutually beneficial learning. The WRCAC facilitator is not the “expert” or “trainer,” but rather encourages mutual engagement from all participants. An assessment of the first three cohorts of BRT indicated the model of collaborative learning was helpful in creating new ideas and sharing resources.

The RCACs recently launched quarterly [***MDT Facilitator Peer Forums***](https://www.westernregionalcac.org/training-and-events/mdt-facilitator-peer-forums/) to provide dedicated virtual space for MDT facilitators across the country to share information, exchange strategies, brainstorm new ideas, and reinforce the mutual “we’re all in this together” perspective that enables solutions to be identified for common challenges. This structured forum begins with a RCAC facilitator briefly presenting key concepts of a pre-selected topic, which is followed by small-group discussion, and then ends with a Q&A session. Two peer forums have been hosted this year and 98% of evaluation respondents expressed they felt comfortable sharing their ideas in their small peer learning groups, 93% found that sharing and receiving information from their peers was helpful, and 96% believed they will be able to apply what they learned to their work.

WRCAC partners with NCA to offer quarterly [***Mental Health Peer Consultation Forums***](https://www.westernregionalcac.org/training-and-events/mental-health-peer-consultation-forums/) for clinicians serving CAC clients. Each forum starts in a large-group format to introduce the topic, and then participants are placed in breakout rooms of five to six to allow for small-group discussions and resource sharing. Participants are encouraged to share case examples in their small groups and solicit feedback from peers. At the end, participants are brought back together in one large group for a Q&A with clinical experts. One evaluation respondent shared that they are “pretty isolated as the CAC therapist, so it is greatly appreciated to hear how other clinicians at CACs around the country are doing and, how they are doing it. Great fellowship!” Since the forums were launched in 2020, approximately 90% of evaluation respondents have reported that they are “very likely” to continue participating.

WRCAC also offers [***Mental Health Peer Discussion Groups for CAC Leadership***](https://www.westernregionalcac.org/training-and-events/mental-health-peer-discussion-groups-for-cac-leadership/) for CAC directors who are navigating the challenges of meeting the mental health needs of children and families served at their CAC. These facilitated peer-group discussions are based on the premise that many CAC directors have not worked as direct service providers, do not have a mental health background, have a small (or no) mental health team (or rely on linkage agreements with a community-based mental health agency), and do not have a clinical supervisor position. The groups are made up of 5-10 Executive Directors who meet for a series of 4 one-hour sessions. A recent participant shared that they appreciate the one-hour time frame as it allows them to fit the sessions into their busy schedule. Participants have also shared that they appreciate the safe and supportive space, and the reminder that “we are all in this together.”

While not designed exclusively as a peer learning activity, WRCAC’s ***State Chapter Forums*** provide additional data to assess the effectiveness of peer learning. These forums provide an opportunity for state chapter leaders to benefit from peer learning in small-group discussions. Through these discussions, chapter leaders can explore specific strategies unique to their roles and share examples of successes implemented across a broad range of areas including program/training development, advocacy, resource development and organizational management. One result of these powerful discussions is that chapters can learn about effective strategies implemented in another state and consider how they might replicate them for a similar value in their own state. In recent years, 100% of the evaluation respondents found the peer-led discussions valuable, with multiple respondents highlighting the small-group discussions as positive opportunities to share information, connect with others facing similar challenges, and take discussions deeper into relevant experiences. In one forum, 90% of evaluation respondents indicated the meeting was effective at providing peer learning relevant to topics for state chapter development.

As travel begins again for many, and the interest in joining in-person trainings becomes a renewed part of capacity building, it will be important to remember the benefits experienced with peer learning and find ways to continue incorporating peer learning into broader professional development planning. If you have questions about any of the peer learning opportunities above, please reach out to us at wrcac@rchsd.org

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1. Susan Cromwell and Judith Kolb (2004) An examination of work-environment support factors affecting transfer of supervisory skills training to the workplace. *Human Resource Development Quarterly* 15(4). [↑](#footnote-ref-1)
2. David Boud, Ruth Cohen, and Jane Sampson (2001) *Peer Learning in Higher Education: Learning From & With Each Other* [↑](#footnote-ref-2)
3. Cited in Thomas Cornelissen, Christian Dustmann, and Uta Schönberg (2017) Peer Effects in the Workplace, *American Economic Review* 107(2) <https://www.aeaweb.org/articles?id=10.1257/aer.20141300> and David Boud, Ruth Cohen, and Jane Sampson (2001) *Peer Learning in Higher Education: Learning From & With Each Other* [↑](#footnote-ref-3)
4. Thomas Cornelissen, Christian Dustmann, and Uta Schönberg (2017) Peer Effects in the Workplace, *American Economic Review* 107(2) <https://www.aeaweb.org/articles?id=10.1257/aer.20141300> [↑](#footnote-ref-4)
5. Cited in Richard Ladyshewsky (2017) *Peer coaching as a strategy to increase learning and development in organisational life – a perspective,* <https://researchportal.coachfederation.org/Document/Pdf/3119.pdf> [↑](#footnote-ref-5)
6. Judith Heerwagen, Kevin Kelly, and Kevin Kampschroe (2016) *The Changing Nature of Organizations, Work, and Workplace*, <https://www.wbdg.org/resources/changing-nature-organizations-work-and-workplace> [↑](#footnote-ref-6)
7. Cited in Deborah S. Laurel and Piotr A. Korynsky *The Peer Learning Group Model* <https://peerlearninginstitute.com/wp-content/uploads/2021/07/White-Paper-The-Peer-Learning-Group-Model-1.pdf> [↑](#footnote-ref-7)
8. David Rock (2008) *SCARF: a brain-based model for collaborating with and influencing others,* <https://schoolguide.casel.org/uploads/sites/2/2018/12/SCARF-NeuroleadershipArticle.pdf> [↑](#footnote-ref-8)
9. Cited in Richard Ladyshewsky (2017) *Peer coaching as a strategy to increase learning and development in organisational life – a perspective,* <https://researchportal.coachfederation.org/Document/Pdf/3119.pdf> [↑](#footnote-ref-9)