Enhancing Inclusivity and Cultural Responsiveness of Caregiver Peer Support: A Case Study of Promising Practices from a Community-Based Disability Support Organization

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Abstract

Background: Caregiver peer support fosters resilience and well-being among families of children with disabilities by providing empathic connection embedded in shared lived experience. However, peer support programs have historically struggled to reach families whose experiences of disability intersect with additional diverse identities, such as Indigenous, newcomer, and LGBTQ2S+ families. These groups often face distinct cultural, linguistic, and systemic barriers that shape how, when, and whether peer support feels accessible or relevant. Despite growing recognition of these disparities, there remains limited empirical guidance on how community organizations can embed inclusivity and cultural safety across their structures and practices.

Objectives: This study examined how the Family Support Institute of British Columbia (FSI)—a peer-based nonprofit—operationalizes inclusion and cultural responsiveness within its policies, staffing, and relationships. The research addressed three questions: (1) How does FSI identify and respond to inequities in access to peer support across communities with intersecting sociocultural identities? (2) How do its practices align with community-identified needs? (3) What opportunities exist to expand the reach and relevance of its support?

Methods: A descriptive single-case study design integrated semi-structured interviews (n = 12) with FSI staff, board members, and Indigenous Advisory Circle representatives, alongside document review of strategic and policy materials. Reflexive thematic analysis guided data interpretation, supported by community-engaged validation and member checking.

Results: Four themes captured how FSI advances inclusivity: (1) addressing barriers to equitable peer support, (2) building culturally safe and inclusive support, (3) organizational strategies and change processes, and (4) evidencing early cultural and structural shifts in engagement and impact. Initiatives such as creating an Indigenous Practice Advisor role, Indigenous Advisory Circle, and culturally responsive staff role re-alignment exemplify systemic rather than separate additive approaches to equity.

Conclusions: FSI's experience highlights how community-based organizations can translate reconciliation and equity principles into everyday practice. Sustained relationship-building, Indigenous mentorship, and flexible resource allocation were key drivers of trust and inclusion. Embedding these principles across organizational systems offers a promising pathway to dismantle structural barriers and strengthen culturally safe supports for all families.

Key words: *disability, family support, peer support, caregivers, equity, diversity, inclusion, decolonization*

Enhancing Inclusivity and Cultural Responsiveness of Caregiver Peer Support: A Case Study of Promising Practices from a Community-Based Disability Support Organization

Introduction

Caregiver peer support plays a vital role in the landscape of care for supporting families of children with disabilities (Chakraborti et al., 2021; Lee et al., 2023; Wong & Shorey, 2022). By drawing on shared lived experience, it offers emotional support, facilitates access to resources, and creates space for families to reflect on issues that matter to them, all of which foster family resilience (McCrossin & Lach, 2023). However, peer support programs and networks often struggle to reach families from diverse, equity-deserving communities (Dodds et al., 2018; Wong & Shorey, 2022). Although diversity can encompass culture, language, disability, age and geographic region, it also includes sociocultural identities—such as Indigeneity, newcomer status and LGBTQ2S+ identities—that shape families' experiences in distinct ways (Broder-Fingert et al., 2020; Bruno et al., 2025; Lindsay et al., 2025). There remains limited empirical guidance on how community organizations can embed inclusivity and cultural safety into peer support practices to better meet the needs of marginalized families (Dodds et al., 2018; Ward et al., 2023b). In this article, we share the case of a Canadian peer support-based organization and document their transformative efforts toward enhancing inclusivity, cultural responsiveness, outreach and service uptake among equity-deserving communities, with attention to how the organization identifies and responds to the needs of families with intersecting sociocultural identities that shape their experiences of disability and support-seeking.

Systematic literature reviews have consistently demonstrated that peer support enhances caregiver emotional and psychological well-being, decreases social isolation, promotes resilience, and improves overall family quality of life (Chakraborti et al., 2021; Lancaster et al., 2023; Lee et al., 2023; Postma et al., 2024; Shilling et al., 2013; Wong & Shorey, 2022). Key elements of successful peer support include tailored matching of caregiver peers based on shared experiences, flexible modes of service delivery, and structured training and supervision for peer supporters. However, gaps persist in understanding how families representing equity-deserving groups benefit from positive effects of peer support. For example, in a systematic review of 25 peer support studies, Lee et al. (2023) found that nearly one-third did not report the race or ethnicity of peer supporters, and almost half did not report this information for those receiving support. This raises important questions about which groups are being represented in peer support research, whether equity-deserving families are systematically underreported, and how this lack of consistent data obscures barriers to access and engagement.

Distinct caregiving experiences and challenges within diverse communities underscore the importance of assessing the relevance of existing peer support models and fostering innovation to enhance their accessibility and uptake among underserved populations. Results from a survey of over 3000 caregivers conducted by The Canadian Centre for Caregiving Excellence (CCCE) indicate that caregiving experiences vary significantly across identities and communities (Canadian Centre for Caregiving Excellence, 2024). Racialized caregivers, for example, are more likely to be caring for a family member outside the immediate family unit, while young caregivers (aged 18-24) often support non-parental family members. Additionally, 75% of Indigenous caregivers report the importance of culturally sensitive caregiving supports, reflecting the impact of their unique experiences with systemic barriers rooted in colonialism, racism, and fragmented service delivery, necessitating tailored strategies to improve access and uptake of caregiver and family supports (Bruno et al., 2024; Ward et al., 2023b). Newcomer families of children with disabilities also encounter language difficulties, stigma, and lack of culturally responsive care, which often exclude them from disability-related services and supports, contributing to isolation and unmet needs (Dada et al., 2024). LGBTQ2S+ caregivers are disproportionately tasked with caring for individuals with mental health conditions, and 40% of these caregivers report poor mental health compared to 22% of their heterosexual, cisgender counterparts. Despite the recognition of unique needs of caregivers and families from diverse communities, there remains limited practical guidance on how to effectively develop and sustain culturally responsive practices.

Improving accessibility and uptake of support services for diverse populations in disability care requires addressing persistent barriers, including language difficulties, lack of culturally responsive approaches to disability, and limited awareness of available services (Dada et al., 2024; Zhou, 2016). Although peer support networks around the world are grounded in universal principles of shared lived experience (Aldersey et al., 2016; Chakraborti et al., 2021; Pang et al., 2020), the perspectives of equity-deserving groups are often overlooked and are now a priority in the research agenda for caregiver peer support (Bray et al., 2017; Dodds & Walch, 2022; Lee et al., 2023; Marsack-Topolewski et al., 2023). Some studies demonstrate promising approaches to improving inclusivity, such as integrating cultural brokers, developing language access plans, offering culturally specific support groups (Dodds et al., 2018; Pang & Yarbrough, 2023), and adapting pre-existing programs to respond to needs of specific communities (Jamison et al., 2017; Shaia et al., 2021). However, as Weber et al. (2023) noted in their review, such targeted efforts often remain “add-ons” to mainstream systems, leaving underlying structures and power relations unchanged. Actively involving culturally diverse service users in designing and delivering services may therefore enhance inclusivity and culturally responsive disability support

(Fang et al., 2021). While separate targeted strategies and interventions provide valuable insights, broader systemic change is also needed to ensure that inclusivity becomes embedded across policies and organizations. This requires moving beyond simply modifying services originally designed for the dominant culture, toward models that are co-created with diverse communities from the outset. Otherwise, even well-intentioned adaptations risk reproducing colonial and paternalistic dynamics, much like dubbing a film into another language without ever departing from its original cultural lens.

Research on nonprofit organizations supports this call for structural transformation. Bernstein and Salipante (2024) argue that many diversity, equity, inclusion, and justice efforts fail because they focus narrowly on representation or compliance rather than the everyday practices that reproduce inequity. Their systems-based framework highlights the importance of embedding inclusive interaction practices, accountability mechanisms, and personalized socialization processes across all levels of an organization to create sustained, *virtuous cycles* of inclusion. In nonprofits, this means fostering frequent, collaborative interactions that link diversity directly to mission attainment, rather than treating inclusion as a peripheral goal.

Similarly, Berthoud and Greene (2001) also caution that genuine inclusivity requires more than outreach; it also demands attention to organizational cultures and “the way things are done,” so that equity-deserving communities not only access services but also feel welcomed, represented, and able to remain engaged. Recent qualitative work further highlights that cultural responsiveness in early intervention services requires coordinated change at provider, organizational, and system levels (Lee et al., 2024). Providers alone cannot bridge structural inequities without organizational leadership, accountability, and sustained professional development. These findings reinforce the importance of examining how nonprofit organizations operationalize inclusion and responsiveness within their internal structures and relationships. To move from theory to transformation, we need to understand what these practices, policies, and initiatives look like on the ground in real-world settings, and how they can be sustained to dismantle systemic barriers and foster lasting inclusivity.

Case Introduction

The Family Support Institute of British Columbia (FSI) (www.familysupportbc.com) is a grassroots organization founded in 1985 by a small group of caregivers and family members. The organization provides free services and supports including training, information, community gatherings, and individual peer-based support for families, particularly to those in caregiver roles. FSI has a unique position in the support landscape: with a province-wide mandate, they respond to family needs across the lifespan to support those caring for an individual with any disability with or without an official diagnosis. In addition to the support of 250 volunteer peer support persons with lived experience of family caregiving called 'Resource Parents/Peers,' the organization functions with a small complement of staff (n = 19) that receive requests for support and facilitate operation of the network. The organization is governed by a board of directors, and guided by a newly formed Indigenous Advisory Circle (IAC). The volunteers currently associated with the organization are recruited primarily through partnerships with community organizations, connections through the existing peer mentor network, and through those who have received support from FSI in the past or concurrently. All volunteers and staff identify as having provided care for a family member with a disability.

With the model based on reciprocal peer support, at any given time volunteers that offer support may also seek support from their peer network to navigate systems, complex family challenges, and to informally process emotions with another caregiver who understands their experience. Previous research described the unique functioning of this peer support network, and identified pathways through which FSI's peer support model promotes family resilience (McCrossin et al., 2022; McCrossin & Lach, 2023).

Aims of the study

The present study therefore aims to document and analyze a disability-focused nonprofit organization's inclusivity efforts, with a focus on how it identifies and responds to inequities affecting families with intersecting sociocultural identities. This includes examining culturally responsive practices within the organization that may inform the development of other peer support programs and contribute to the broader literature on equitable caregiving support.

Research Questions:

1. How does the organization identify and respond to inequities in access to peer support across communities with intersecting experiences of disability, culture, language, race, gender, and other dimensions of diversity?
2. How do the organization's practices align with community-identified needs?
3. What opportunities exist for the organization to expand the reach and relevance of their support?

Methodology

Research Design

This study employs a single-case descriptive case study design (Yin, 2018). This approach allows for an in-depth exploration of the organization's inclusivity initiatives and alignment with community needs. Sources of data included interviews with organizational *interest-holders* (Akl et al., 2024) along with reviews of community-facing policy and position statements and internal documents.

Participants

Invitations to participate in qualitative interviews were sent to 34 individuals representing FSI's senior management, board, staff, and Indigenous Advisory Council (IAC). Twelve individuals participated, most of whom identified as female, with approximately half identifying as Indigenous. All identified as having experience caring for a family member with a disability. These perspectives were particularly relevant given the study's focus on diversity and inclusion within FSI's peer support network. More detailed demographic and role-specific information are not reported to protect anonymity, given the small sample size and close-knit nature of the organization.

Data Collection

Semi-structured interviews with FSI interest-holders explored themes of cultural relevance, engagement, and barriers and solutions to ensuring inclusivity of caregiver peer support (see Appendix A for interview guide). Organizational documents detailing cultural diversity and inclusivity programs were also reviewed.

Analytic Approach

Data from the transcribed interviews were analyzed using Braun and Clarke's (2022) reflexive thematic analysis approach, supported by Dedoose qualitative and mixed methods research software (Salmona et al., 2020). The first author, who also conducted the interviews, began by reviewing all transcripts in full to gain an in-depth understanding of the dataset. Initial codes were then developed inductively to capture meaningful features of the data relevant to the study's aims. Coding was applied across the dataset with ongoing reflection on the nuances of participants' accounts. Codes were iteratively refined for clarity and precision; similar codes were grouped together, and previously coded segments were revisited to ensure consistency and alignment with evolving insights. Codes were then examined for overarching patterns and organized into candidate themes, with attention to their relationship to the original research questions. The first author reviewed these codes and themes with another researcher (LL) to ensure coherence and depth before presenting findings to co-authors and community representatives for feedback. Themes were revised, renamed, and regrouped in an iterative manner informed by reflection and feedback. This collaborative process ensured the findings were relevant, resonated with lived experiences, and accurately reflected the dataset. Final themes were named, defined, and supported with illustrative quotations, and findings from the interview analysis were triangulated with relevant organizational documents to enrich and contextualize the results.

Ethical Considerations

Research ethics approval was obtained from McGill University’s research ethics board (#24-12-061). Interview guidelines were co-developed with FSI and community advisors to ensure cultural appropriateness and relevance. In keeping with OCAP® (Ownership, Control, Access, and Possession) principles, Indigenous participants’ rights regarding the use and interpretation of their data were respected, and findings related to Indigenous families were reviewed with Indigenous Practice Advisors (LS, SB) to ensure culturally appropriate interpretation.

Researcher Reflexivity and Co-Author Involvement

The first author is a white, cisgender male. He is also a practicing social worker and family therapist with previous experience conducting qualitative research with FSI. To manage potential bias arising from close collaboration with the partner organization, a reflexive approach was adopted throughout the project (Finlay, 2002). This involved maintaining a journal from the project's outset to document assumptions, emotional responses, emerging interpretations, and power dynamics during interviews and field engagement. Entries were written after each interview and major interaction, then periodically reviewed to assess how positionality and prior experiences shaped analytic decisions. The journal was also used to track moments of dissonance, challenge, or resonance with participant perspectives. Regular consultation with an academic supervisor external to the organization, along with collaborative interpretation sessions with FSI staff and IAC co-authors, provided further opportunities for collective reflexivity and ensured that findings were grounded in both academic and community-based ways of knowing.

Select participants, including FSI staff and members of the IAC, were invited to join as co-authors in recognition of their meaningful contributions at multiple stages of the study. Prior to data collection, they supported the co-development of research tools and interview guides to ensure cultural relevance, alignment with community needs, and adherence to local protocols. During analysis, they offered contextual insight and supported validation of themes, though they did not conduct interviews, access raw data (e.g., transcripts or recordings), or participate in the formal coding process. Their involvement in the study helped situate findings within both community realities and relevant literature.

This approach reflects a commitment to participatory and community-engaged scholarship, upholding principles of cultural safety, confidentiality, and analytic integrity. Member checking with participants from equity-deserving communities further enhanced credibility, positioning caregivers and community leaders as collaborators rather than subjects in the research process.

Results

Organizational Policies, Position Statements, and Initiatives

In recent years, FSI has made deliberate efforts to expand access to its services and increase uptake among families that have not traditionally engaged with the organization (Table 1). Findings from interviews and document review highlight a range of diversity and inclusivity initiatives that have shifted organizational language, culture, and operations. These include the development of new policies and position statements, as well as the creation or adaptation of staff roles and advisory circles. Each of these initiatives is described below.

Strategic Plan

Efforts to examine various forms of diversity at the intersection of disability were initiated in the organization's 2017-2023 Strategic plan. Early activities included creating a Diversity Advisory, developing anti-racism and truth and reconciliation commitment statements, as well as surveying the diversity of volunteers. Findings from this 2022 internal, anonymous survey show that FSI's volunteer network was predominantly White (about 83%) with smaller proportions identifying as Indigenous or other racialized groups such as Black, South Asian, or Chinese. Most respondents identified as female (about 89%), heterosexual (91%), and over half reported being aged 55 or above (64%). Respondents reflected diversity across language and socioeconomic background. Nearly all reported speaking English fluently, with an additional 17 languages spoken with proficiency. This survey supported further development of targets for enhancing diversity and inclusion within the organization including its volunteer network.

Alongside the Cultural Competency, Diversity, and Inclusion (CCDI) plan, FSI's Strategic Plan (2023-2028) includes a goal to *Embed and embrace Equity, Decolonization, and Inclusion in all aspects of the organization.* This goal reflects the recognition that supporting families and individuals navigating disabilities requires a deep understanding of the impacts of social, economic, and colonial inequities. Early priorities include building a shared understanding of equity, decolonization, and inclusion (EDI) principles across the FSI community, developing knowledge-building plans, and strengthening partnerships with organizations serving Indigenous, Black, and other racialized families in BC. Concrete objectives included establishing an IAC to guide truth and reconciliation commitments, developing organization-wide EDI principles in collaboration with diverse interest-holders, and ensuring all staff have access to training on truth and reconciliation and anti-racism. By linking this strategic goal to its CCDI framework, FSI is embedding EDI into governance, staffing, service delivery, and community engagement.

Diversity Circle

Emerging in 2022 as an initiative from their Strategic Plan, FSI developed a 10-member Diversity Circle mandated to foster collaboration with equity-deserving groups and to identify and develop responses to challenges raised by staff and volunteers. Reflecting FSI's recognition that disability intersects with culture, language, gender, and socioeconomic status, the Diversity Circle's mandate extends across multiple dimensions of identity and experience to strengthen culturally safe and equitable supports for all families. This group guides ongoing development and implementation of the FSI's Cultural Competency, Diversity, and Inclusion (CCDI) plan.

Cultural Competency, Diversity, and Inclusion Plan (CCDI)

FSI developed its CCDI plan to embed equity, accessibility, and cultural safety across the organization. Building on FSI's Truth and Reconciliation (Family Support Institute, 2023b) and Anti-Racism Commitment (Family Support Institute, 2023a) Statements, the CCDI plan identifies eight key aspects of diversity that guide the organization's work: culture, age, gender, sexual orientation, spiritual beliefs, socio-economic status, language, and race. The plan outlines strategies to address these dimensions through recruitment, orientation and training, service design, community engagement, and communications. Recruitment is a key pillar of the plan, encompassing volunteer, staff and board positions, with targeted strategies to reach underrepresented communities and ensure diverse representation at all levels of human resources for the organization. Specific initiatives included expanding the Diversity Circle, developing culturally relevant toolkits for Indigenous and newcomer families, increasing access to language interpreters, and integrating spiritual and cultural practices into service processes. By incorporating these priorities into all levels of operation, the CCDI plan serves both as a framework for practice and as an accountability tool for advancing diversity and inclusion in FSI's peer support network.

Anti-Racism and Truth and Reconciliation Commitment Statements

In response to families' experiences of racism within the broader health, social, and education systems, FSI leadership recognized the need to develop formal position statements to guide their mandate to support families and to inform culturally safe practices and training across the organization. Through consultation with Board members, staff, members of the IAC, and other interest-holders, FSI published two community-facing living documents that serve to publicly express the organization's commitment to confront racism and engage in truth and reconciliation.

FSI's Anti-Racism Commitment Statement underscores the organization's dedication to dismantling systemic racism and prejudice (Family Support Institute, 2023a). It acknowledges the compounded marginalization experienced by people with disabilities and racialized individuals, emphasizing the importance of allyship, systemic reform, and anti-racism education.

Specific measures include embedding anti-discrimination practices across initiatives, advocating for government accountability, and leveraging FSI's platform to push for equity in resource allocation.

The Truth and Reconciliation Commitment Statement (Family Support Institute, 2023b) highlights FSI's alignment with principles of reconciliation embedded in the Truth and Reconciliation Commission of Canada's Calls to Action (2015). It emphasizes the intersections of race, disability, and systemic inequities, advocating for equitable, culturally safe services for Indigenous families. Guided by United Nations Declaration on the Rights of Indigenous Peoples (UNDRIP, 2007), the statement outlines actionable commitments, including promoting awareness of intergenerational trauma, supporting Indigenous self-determination, and fostering collaborative relationships with Indigenous communities to co-create culturally relevant services.

Indigenous Practice Advisor (IPA)

FSI's Indigenous Practice Advisor (IPA) role, now in its third year, was created through reallocating existing funds within the organization to better address the unique needs of Indigenous families. The responsibilities of the position were initially adapted from a similar role in another disability organization and tailored to FSI's mandate.

The IPA provides province-wide leadership to advance cultural safety and strengthen relationships with First Nations, Métis, Inuit, and urban Indigenous communities. Reporting to the Executive Director, the role combines four main areas of responsibility. First, it builds capacity through training and mentorship, including the design of culturally appropriate training sessions and support for projects that connect Indigenous families to services. Second, it provides cultural consultation and guidance to staff, board members, and volunteer peers, ensuring Indigenous perspectives are integrated into organizational practice. Third, it leads communication and representation by ensuring culturally appropriate messaging, Indigenizing organizational materials, chairing the IAC, and liaising to build cultural safety and resolve misunderstandings. Finally, it ensures alignment with broader policy frameworks such as UNDRIP, DRIPA (Declaration on the Rights of Indigenous Peoples Act, 2019), and Jordan's Principle – a child-first policy that is meant to put the needs of First Nations children first, ensuring they receive the same services as other children in Canada without delay, denial or interruption (First Nations Child & Family Caring Society of Canada, n.d.). The position requires deep knowledge of issues affecting Indigenous peoples and of the intersections among disability, culture, language, and socioeconomic conditions, as well as the ability to translate local priorities into systemic change while collaborating with diverse partners.

Indigenous Advisory Circle (IAC)

The IAC is a 13-member group of Indigenous Elders, Knowledge Keepers, and community leaders joined by FSI's Executive Director and Director of Operations. Members were invited through existing relationships with the IPA and/or FSI—an intentional approach designed to prioritize trust and leverage strong relationships rather than issuing a public call for applications. All members have a personal or professional connection to disability. While most members participate as volunteers or with support from their employers, Elders and Knowledge Keepers receive a stipend from FSI in recognition of their contributions in line with best practices in this area. The IAC meets quarterly, with in-person gatherings held twice a year. These gatherings, supported through FSI's reimbursement of travel, accommodation, and meals, reflect a significant financial commitment, especially given the broad geographic representation and travel from remote communities.

IAC meetings prioritize relationship-building and open dialogue, often taking the form of sharing circles and incorporating visual art to capture key discussion themes. Guided by its Terms of Reference, the IAC provides a supportive space for its members to share experiences and concerns while informing FSI policies, practices, and strategic planning. Objectives include advancing cultural safety within FSI, fostering mutual learning between Indigenous caregivers and non-Indigenous staff, and guiding the development of culturally relevant resources. The IAC has contributed to initiatives such as toolkit development and feedback sessions to ensure FSI services align with the values and priorities of Indigenous families. The desired outcomes of the IAC's work include building stronger, trust-based relationships between FSI and Indigenous communities, increasing the accessibility and cultural safety of FSI services, and ensuring Indigenous voices are meaningfully embedded in decision-making. FSI implemented a range of concrete organizational changes that now shape its daily operations.

The IAC's influence has led to a series of tangible organizational changes across FSI. With its guidance, FSI developed and formalized protocols for land acknowledgements, blessings, and event openings, including clear guidance on who leads each element and culturally appropriate honoraria and gifting practices. These protocols are now consistently applied across all events, family hangouts, trainings, and the annual Summer Institute. The IAC also reviewed every staff and volunteer role description, providing detailed feedback on how to embed cultural safety, cultural intelligence, and trauma-informed practice into each position. Their recommendations informed a sequenced training plan that now includes mandatory learning for board members, staff, and peer volunteers, with annual updates and new training added over time. The IAC further led a dialogue series on Indigenous perspectives on disability, prompting revisions to FSI’s language and training materials to better reflect relational and community-oriented understandings of well-being.

Projects and Activities

FSI operationalizes inclusivity by pairing peer-led supports with culturally responsive design, targeted outreach, and capacity-building across its network. Below we summarize flagship initiatives and how each advances diversity and inclusion in practice.

Family Voices (provincial engagement & co-design)

The Family Voices collaborative research project used an inclusive, values and community-driven approach to engagement, using gatherings and interviews to explore how peer support can better reflect the needs of equity-deserving families (Hole et al., 2024). Conducted both online and in person around the province, the work focused on creating culturally safe spaces with Elders’ welcomes, accessible venues, travel and childcare supports, and plain-language communication to ensure families could participate fully and authentically. Through these collaborative conversations, FSI deepened relationships with Indigenous, newcomer, and rural families, identifying both barriers to access and culturally responsive practices already working in communities. The findings highlight the importance of trust-building, flexible delivery, and recognition of lived experience as core elements of equitable caregiving support, offering insights that continue to inform the ongoing development of FSI's family support model.

Interpreter Training for Peer Mentors

FSI recently developed a pilot Disability-Competent Community Interpreter initiative to improve access for families navigating disability services in languages other than English. Twelve volunteer interpreters—each a caregiver or family member with lived experience—were trained in disability-specific terminology and professional interpretation standards, representing languages such as Arabic, Farsi, Mandarin, Punjabi, Spanish, Tagalog, and Urdu. Requests are coordinated through a referral system linking families, agencies, and interpreters. Complementary to FSI's peer-support model, the program ensures accurate, real-time communication during meetings and service planning while maintaining neutrality and cultural respect.

Training

FSI offers a range of training opportunities that build the capacity of staff, volunteers, and families to provide equitable, culturally safe, and family-centred support. These presentations and workshops span foundational system navigation, cultural safety and reconciliation, trauma-informed and relational practice, and anti-bias and inclusion. Since 2023, the organization has shifted from primarily general family-support training toward a stronger emphasis on topics central to supporting Indigenous peoples (Figure 1). This shift extends beyond training content: at the 2024 annual staff and volunteer retreat, for example, each session was attended by at least one Indigenous member of FSI such as staff or members of the Indigenous Advisory Circle—whose role was to help integrate Indigenous worldviews and lived realities throughout the training experience.

Findings from Interviews

Analysis of the interviews generated four overarching themes that describe how FSI addresses inclusivity in caregiver peer support and the opportunities to expand its reach among equity-deserving communities. These themes reflect participants' perspectives on current practices, challenges, and directions for future development.

Theme 1: Barriers and Challenges of Caregiver Peer Support

Tensions in volunteer roles and inequities in participation

Intersectionality of disability with various other health and social challenges was viewed as a source of complexity in providing support. Participants pointed to siloed systems across areas such as mental health, immigration, and physical disability, which they felt created additional demand for support to navigate across these sectors. These challenges were described as particularly acute in remote and isolated communities, where travel is time-consuming and costly and access to essential infrastructure—such as reliable internet and computers—is limited. Participants emphasized that such conditions can constrain both families' ability to access support and volunteers' ability to provide it.

Participants described how engagement in volunteer-based service models may be shaped by these broader social inequities. Some perceived that families in positions of greater socioeconomic privilege might have more flexibility to sustain volunteer involvement, while those facing inequities in access to resources—including many Indigenous and racialized families—could encounter practical limits on the time and energy they can contribute. To mitigate this challenge, FSI offers volunteers flexible engagement options, allowing them to modulate the intensity or frequency of their involvement based on availability. However, the potential burden of engagement was still viewed as a barrier for some, with concerns expressed that only caregivers without external work commitments may have the capacity to volunteer, and that certain tasks could extend beyond what should reasonably be expected of a volunteer role. These reflections underscored that peer support should complement, not substitute for, professional or systemic services, even when those systems are failing families due to being siloed, delayed or otherwise unavailable.

However, the line between volunteer and professional roles can be grey when it comes to navigational support. As one participant explained, caregiver peer support often unfolds in two stages:

> “Step-one: you want to talk to a parent, you want to tell your story, hear from them, hear what they have to say, kind of get that connection. But then there's the Step 2 of OK, now we need help with services and supports and somebody [to] help me navigate this” (PARTICIPANT 14).

This tension between professional and volunteer responsibilities was seen as most acute where navigation services are limited, with some with some participants reflecting on a need to maintain boundaries to ensure the volunteer role remains sustainable:

“[A]s a resource parent, you end up having to help them navigate, too […] I want to get them linked to some services right away […] I would rather just be able to support the parent in hearing their story and connecting with whatever it is they want to connect with, parent to parent” (PARTICIPANT 14).

Participants also reflected on the ongoing challenge of ensuring that both volunteers and staff consistently deliver culturally safe and inclusive support across a large and diverse provincial network. Some noted that differences in experience, training, and self-awareness can make this work complex:

> “It can be tricky… people have biases and sometimes they don’t like to have that bias pointed out to them in the training… we are putting a lot of faith in those volunteers… that they’re going to do the right thing … and not do something that’s going to make the situation worse” (PARTICIPANT 4).

This comment illustrates the participant’s view that maintaining uniform practice standards across a largely volunteer network can be difficult. This perspective highlights why FSI invests heavily in training, mentorship, and reflective practice to support cultural safety and role clarity across its network. Volunteers and staff participate in regular, extensive training sessions, and volunteers receive ongoing mentorship from staff (Figure 2), reinforcing appropriate boundaries and consistent practices across communities (see McCrossin et al., 2022). Formal consultation pathways, such as those involving the IPA, provide additional opportunities to seek guidance on culturally responsive approaches and strengthen the organization’s collective capacity to offer safe, inclusive, and accountable support.

Cultural, linguistic, and community-specific barriers

For Indigenous families, engaging with FSI was often described as potentially risky. Some families avoid seeking supports outside of their community altogether due to fear of child apprehension, reflecting both historical trauma (Residential Schools, Sixties Scoop) and ongoing overrepresentation in child welfare and justice systems (McKenzie et al., 2016):

> “There's a whole history for us of the impacts of colonization directly on us. Probably all of us that are First Nations are a survivor, intergenerational survivor of residential schools and there are direct impacts from that” (PARTICIPANT 14).

Participants stressed that support must be clearly beneficial, delivered safely, and ideally provided by Indigenous staff or volunteers with lived experience so that “risk doesn’t outweigh the benefits” (PARTICIPANT 5). Although FSI is not government-affiliated, financial ties, misconceptions about independence, and even the word “Institute” were seen as possible deterrents for Indigenous families in accessing caregiver peer support from the organization.

Participants viewed the organization’s recent efforts to hire Indigenous staff and advisors—intended to advance decolonization and enhance culturally safe support for Indigenous families—as a meaningful initial step in a longer process of change. To further strengthen relationships and build presence in communities, participants emphasized that further work must continue ensure initiatives are undertaken *with* Indigenous peoples rather than *for* them. They cautioned that outreach and program development generally require grounding in Nation-specific protocols and explicit recognition that peer and community-based support has long been integral to Indigenous ways of caring:

> “What overall feels frustrating as an Indigenous person is watching Indigenous ways of knowing and being and living and healing being “discovered” by non-Indigenous people and repackaged in a way that's saying, hey, we discovered this and we're doing really great at this. And now we're going to bring it to community and wonder why there's blocks” (PARTICIPANT 5).
>
> “In our communities […] We take care of our own and we do things ourselves. And so when we need help, I'll ask my auntie. I'll ask my uncle. I won't necessarily reach outside. A lot of communities feel strongly about that” (PARTICIPANT 11).

Participants described ongoing mistrust toward non-Indigenous organizations as part of a broader historical context shaped by imposed systems that have often overlooked or replaced existing community structures of care. They emphasized that progress requires sustained commitment, patience, and openness to tension as trust is rebuilt over time. Several also highlighted the importance of acknowledging and valuing the strength and continuity of Indigenous caregiving practices that have long existed despite systemic marginalization. Within this context, some participants viewed FSI’s peer support model as consistent with community values of reciprocity and collective care, describing it as a complementary support beyond usual service offerings in their communities:

> “Often, it's professionals supporting families, and so having this additional opportunity for families to access peer-to-peer support also resonates well within an individual Indigenous cultural perspective. Because from an Indigenous lens that family-to-family, that peer-to-peer support is part of our communities as it is. Often people might say it takes a village to raise a child and that's what we're doing at FSI. We are that village for families that have a family member with a disability” (PARTICIPANT 1).

Collectively, these reflections highlight the importance of engaging Indigenous partners in ways that challenge long histories of unequal access to support. Participants emphasized that this work involves more than offering services—it means walking alongside Nations in genuine partnership. A balanced approach was described as one that includes learning from Indigenous communities about their strengths and priorities, while also being transparent about what collaboration with FSI can offer in return. Such reciprocity ensures that engagement remains respectful and mutually beneficial, while recognizing and crediting Indigenous peoples for the long-standing systems of family and community care that continue to inform FSI’s peer support model.

Beyond Indigenous families, participants reported that families from diverse cultural backgrounds sometimes felt poorly understood even within their own communities. A key factor was the contrast between community belief systems surrounding disability and the perspectives embedded in publicly funded services in the province. Some described caregivers feeling isolated despite having extensive family networks, pointing to stigma and the pressure to mask differences as compounding their sense of invisibility:

> "If you get too much pushback [from your community], that's when you start to become insular," (PARTICIPANT 9)
>
> "She expressed that she was feeling completely alone, even though she has family in her town and her city" (PARTICIPANT 10).
>
> "They moved here from [South America] … their family, their community didn't understand… they're still trying to find that community who understands them here" (PARTICIPANT 9).

Others noted that some families and community members turn to informal peer networks, often through social media, to seek connection and advice. While these spaces can offer a sense of belonging, they also carry risks—such as the spread of misinformation or interactions with individuals who are not vetted or accountable. Participants viewed this as both a challenge and an opportunity for FSI to extend its reach by connecting with families in these informal spaces and offering more reliable, culturally safe sources of support.

Language was reported as a barrier to accessing support and services in the community. FSI's network includes volunteers who collectively speak more than 17 languages, providing opportunities for families to receive support in their preferred language. To leverage these language skills and lived experience caring for a family member with a disability, FSI has partnered with a research team to pilot the innovative disability-competent interpreter training program and service described earlier (https://familysupportbc.com/interpreter-services/).

Theme 2: Building Culturally Safe, Inclusive Support

Representation: A catalyst—not an indicator—for building trust and understanding

Participants emphasized the need to embed cultural safety in organizational systems, leadership, and recruitment. Indigenous representation was described as critical for meaningful engagement, especially for families living on reserve, where jurisdictional, policy, and funding differences shape daily realities. As one participant explained:

> "Unless you live on reserve, it's very hard to understand what that means because the jurisdiction is different, the policies are different, the funding is different, the laws really are—and have been—in a lot of ways different […] Calling a 1-800 number where they're in Vancouver and they have access to therapies and child development centres and transportation systems and all that … the lived experience is different. And so sometimes I wonder if those folks [receiving our calls] understand where we're coming from" (PARTICIPANT 14).

Representation was understood as more than "seeing oneself" in the organization; it required trust that those providing support understood lived experience. Outward-facing signals such as advertisements for inclusive support groups, like the Gender Marvelous Family Hangout, also played a role. This online group offered a consistent space for family members that identify, or support individuals who identify, outside of cisgender and heteronormative identities. One participant described the group and its desired impact:

> "I think it's just kind of a safe LGBTQ place for people to come. And then and honestly just having that on the events page then people will sort of see that […] we are friendly in in that way" (PARTICIPANT 4).

Similarly, the Anti-racism and Truth and Reconciliation commitment statements published on the website were also noted as important, however, participants cautioned that symbolic gestures alone are insufficient, underscoring the need for concrete actions that genuinely reflect decolonization and Indigenization. As one participant explained, surface-level representations risk being perceived as simply “putting First Nations art on your stuff” (PARTICIPANT 12) rather than meaningful change.

Trust and protocols: Foundations of engagement

Trust was described as a prerequisite for engagement: “Many people in the Indigenous community will often share with us: You move at the speed of trust and if you don’t have trust then you really can’t do anything… building that trust is the very first step” (PARTICIPANT 2). This requires visible follow-through, with consistent presence at community gatherings: “It's not like you just show up once … you have to show up a lot.” (PARTICIPANT 4). Participants described FSI’s approach to engaging with Indigenous communities at these gatherings with a relational approach rather than a colonialist mindset:

> “[W]e’re appreciated and respected there and we always approach that very humbly. And we are not there because we think that we are going to … solve all their problems.” (PARTICIPANT 3).

This philosophy is aligned with FSI’s peer support more broadly beyond engagement with Indigenous communities, which emphasizes listening and walking alongside families rather than imposing solutions:

> “So we come into the community and we bring our own experience and we support those parents. And even if it's hard, even if they disagree with you, even if they're scared or concerned, we offer them a space to talk about them and then resources […] We just [say] yes, this is scary. Yes, this is difficult. Yes, this is reducing your capacity. But we're here. We've been through it. We understand it. We support you, and we support your kiddo. And I think that's what FSI provides” (PARTICIPANT 9).

Protocols were described as central to respectful engagement. Participants stressed the need for permission to enter communities and introductions brokered by trusted members: “There’s a difference between soliciting as non-Indigenous people versus relationship building between Indigenous-to-Indigenous and bringing other people alongside” (PARTICIPANT 5). One participant described how introductions are typically brokered: building trust might involve a cultural broker sitting with a respected matriarch over tea, explaining who the visitor is, sharing their background, and then arranging a meeting if she agrees.

Hospitality protocols observed within IAC gatherings were also valued: “We've been hosted very graciously […] They all seem like really, really basic things, but within an Indigenous culture, being housed, being fed, being sheltered for my culture, that's huge” (PARTICIPANT 12).

Theme 3: Organizational Strategies and Change Processes

Staff–volunteer feedback and role alignment

Participants described a feedback loop where volunteers and staff raised community needs that informed organizational action. FSI’s flexibility allows the organization to pivot resources. For example, re-aligning staff roles with strengths to address needs identified through community engagement was seen as an effective strategy:

> “One of our team members, the primary language that she uses is Arabic […] We adapted [her job description] with her permission so that people who are speaking Arabic could come to her now, and because it was such a large group of people, we ended up hiring [an additional staff member] who spoke Arabic to support these families” (PARTICIPANT 2).

Participants valued that the IPA and IAC were funded through reallocation, not new funding:

> "Well, the one thing I really like is the fact that they didn't apply for extra funding to create this space and create [the IAC]. They reallocated funding that they already had, so they created this space within their operating structure and that's really exciting because a lot of the time people won't do that. They'll [say] … we just don't have the funding for that" (PARTICIPANT 12).

Responsiveness also extended to symbolic inclusion: "I noticed that when I came on [as staff], when I was going through the website, we didn't have a flag for the LGBTQ community and that for me was a bit alarming" (PARTICIPANT 9). The organization then responded to this feedback by adding the flag to the website.

Indigenous leadership and structures

The creation of the IPA role was identified as a turning point in FSI's capacity to engage meaningfully with Indigenous communities. Indigenous leadership was seen as essential, since advocacy from solely non-Indigenous leaders could risk perceptions of "white saviourism" (PARTICIPANT 5).

The IPA role created opportunities to build relationships, participate in cultural protocols, and develop culturally relevant resources. Reflections included:

> "In our meetings now it's everybody acknowledges where they're calling in from and the traditional territory and does a territorial acknowledgement" (PARTICIPANT 1).
>
> "Having an Indigenous person in that role [of connecting with Indigenous communities] is also often more effective than having a non-Indigenous person trying to do Indigenous relations work" (PARTICIPANT 1).
>
> "Our Indigenous practice advisor, was always very good … at helping address how we communicate and what kind of terminology in specific, documentation and resources…

> How we can support through language and some of the some of the habits around the culture and that kind of thing. So, I feel like that has been… there's been more of a spotlight on how to support Indigenous communities from that from the advisor." (PARTICIPANT 10).

The value of the IPA role and the contributions of those occupying it were consistently recognized by participants, who frequently emphasized the need to expand organizational capacity. A common concern was that such an extensive mandate cannot be fully addressed by a single individual.

From initiatives to cultural shift

Participants described these efforts not as isolated projects but as interconnected, system-level change. They often referenced the commitment statements, cultural safety training, and the integration of the IPA and IAC. One participant explained that the shift predated these formal structures:

> "We wanted to learn about the history of Indigenous people. We wanted to learn about, you know, cultural diversity and how to better support culturally diverse families who have disability […] It isn't something taken off the side of your desk that when you can get to it, when you have time, it's a different way of thinking and being" (PARTICIPANT 2).

This cultural shift was framed as embedded in policies, reinforced through practice, and shaping how the organization positions itself in relation to the communities it serves.

Theme 4: Evidence of Engagement and Impact

Participants identified early signs that FSI's commitments were translating into practice, visible both in external relationships and in internal systems.

Relationship indicators

Participants pointed to expanded presence and partnerships with service providers known for supporting diverse communities, such as newcomer and Indigenous support organizations:

> “It's not me knocking on doors now. People are knocking on our doors, which is really awesome because that shows that we are creating a presence within Indigenous communities and other organizations too… invited into their circles to share about what we do and how we can collaborate and work together to support families across the province” (PARTICIPANT 1).

Participation and representation indicators

Participants pointed to increased diversity among newly onboarded volunteer peers as well as staff/volunteer survey results, which indicated that respondents felt FSI respected their cultural and spiritual needs.

Structural indicators

Organizational processes have also been adapted. Participants reported that intake forms and databases were changed to track cultural preferences and Indigenous self-identification, while peer support matching was refined to prioritize shared lived experience or language. These changes were described as concrete shifts in how families’ cultural identities and preferences were recognized in everyday practice.

Discussion

This study examined how a community-based, peer support organization operationalizes inclusion and cultural responsiveness within its structures and relationships. Specifically, it explored (1) how FSI assesses and addresses gaps in access to peer support for equity-deserving communities, (2) how its practices align with community-identified needs, and (3) what opportunities exist to expand the reach and relevance of its support. Findings illustrate how FSI is embedding equity, decolonization, diversity, and inclusion principles across policy, staffing, training, and partnerships. The organization's initiatives—such as creating the IPA position, IAC and adjusting staff roles to match their strengths and motivation—demonstrate a transition from outreach-based inclusion toward systemic integration of culturally responsive practices. Consistent with recent implementation research in early intervention (Lee et al., 2024), the results underscore that cultural responsiveness must be supported at multiple levels—through individual capacity building, organizational leadership, and system partnerships—to be sustained. These findings also align with Bernstein and Salipante's (2024) framework for embedding inclusive practices in nonprofits, reinforcing that meaningful inclusion requires transforming everyday practices and decision-making processes, not simply increasing representation.

In recent years, the organization has articulated its understanding of culturally safe support as a continuous process of learning, reflection, and adaptation. This process involves building awareness of historical and systemic inequities; listening deeply to families and communities; reflecting on what is heard to recognize biases and blind spots; applying this learning within daily practice; adapting materials, policies, and procedures to reflect diverse realities; and maintaining accountability to communities through transparent evaluation. Each of these elements reinforces the others—policies alone are insufficient without training, training has little impact without consistent practice, and practice must remain responsive to community feedback and accountability. Cultural safety, in this view, is sustained through the integration of these interconnected processes, emphasizing that meaningful change emerges only when learning, action, and reflection move together in an ongoing relationship. This understanding aligns closely with the patterns identified in this study.

FSI's structure illustrates both the potential and the paradox of community-based responsiveness. The organization draws on the interest, expertise, and lived experiences of its staff, volunteers, and advisory circles—knowledge that is, in turn, informed by the families who engage with its services. Yet, as with many nonprofit, grassroots organizations, there is an inherent "chicken-and-egg" dynamic: FSI responds to the communities that show up, but limited representation among those communities can constrain whose needs and perspectives are heard. Without broader participation, the organization risks reinforcing existing inequities by unintentionally excluding families whose circumstances, cultures, or identities remain underrepresented. At the same time, FSI is continually balancing multiple, intersecting needs with limited resources, requiring difficult decisions about where to focus its efforts. This highlights a central challenge for equity-focused organizations—how to extend inclusion efforts beyond current participants to reach those not yet at the table. These tensions are further compounded by colonial and systemic inequities that demand sustained investments of time, trust, and resources to address meaningfully—investments that often fall outside conventional funding requirements and timelines.

Interviews highlighted that peer-based community support is not a novel concept in many Indigenous contexts but rather a practice already embedded within community life and relational ways of knowing (Davidson & Davidson, 2018; Puszka et al., 2022). This recognition underscores the importance for caregiver peer support organizations like FSI to begin by acknowledging the existing strengths and culturally grounded peer support processes within Indigenous communities. Rather than positioning their efforts as introducing something new, organizations should clarify the value they can add—such as creating linkages, amplifying community-driven initiatives, or addressing systemic barriers—when collaborating or "walking alongside" Indigenous nations and communities as a broader, non-Indigenous-led organization.

FSI's strategy of pivoting existing resources to better address equity, decolonization, diversity, and inclusion priorities can generate impact at multiple levels. First, reallocating resources toward communities such as Arabic-speaking and Indigenous families allows FSI to respond more directly to their needs, strengthen relationships, and increase representation within the organization—ultimately expanding the reach and relevance of peer support. Second, volunteers and staff who advocate for their communities are more likely to feel heard and valued, which can enhance their sense of efficacy and sustain their engagement over time. Finally, by embedding inclusivity within its long-term funding priorities and organizational mandate, FSI communicates a clear message about its values and commitment to diversity, potentially encouraging greater trust and participation among underrepresented families. This multi-level approach echoes implementation frameworks emphasizing coordinated action across provider, organizational, and system levels to sustain culturally responsive practice (Lee et al., 2024; Moullin et al., 2019). It also reflects principles of relational accountability in Indigenous community-based models of care (Puszka et al., 2022; Ward et al., 2023a) and aligns with "virtuous cycles" of inclusion, in which equity is reinforced through culture, leadership, and everyday organizational practice (Bernstein & Salipante, 2024).

Looking ahead, FSI's experience emphasizes that meaningful inclusion is built through relationships, not directives. Trust building emerged as both a process and an outcome—developed through consistent engagement, cultural humility, and shared learning between staff, volunteers, and communities. These practices foster empowerment by positioning families and community partners as co-creators of solutions rather than recipients of support (Fang et al., 2021). Sustaining this momentum will require continued investment in relational work, leadership development, and accountability structures that honour community knowledge and lived experience (Lane et al., 2022; Ward et al., 2023a). In this sense, FSI's approach reflects a broader shift in the disability and family support sector toward participatory, equity-driven models of practice. By embedding principles of equity, diversity, reconciliation, and inclusion into everyday operations and maintaining a commitment to learning from those it serves, FSI is laying the groundwork for systems change rooted in trust, collaboration, and collective empowerment.

Strengths and limitations

A key strength of this research lies in its collaborative and community-engaged design, which included co-development of research tools and interpretation of findings with FSI interest-holders. This participatory approach enhanced the cultural relevance, credibility, and trustworthiness of the study. The inclusion of diverse organizational perspectives—from senior leadership to advisory members—provided a multi-level understanding of how inclusivity is conceptualized and enacted within FSI. The integration of interview and document data strengthened analytic depth through triangulation, while the reflexive and transparent methodology minimized interpretive bias. Finally, the study contributes novel insights into how nonprofit, peer-based organizations can embed equitable caregiver supports, addressing a gap in the literature and offering lessons for other community-based initiatives.

Many of the findings centred on FSI's ongoing efforts to engage with Indigenous communities. This emphasis reflects the organization's current focus and investments in reconciliation and cultural transformation, as well as broader provincial and national commitments to advancing Indigenous inclusion and self-determination in service delivery (Government of British Columbia, 2023; Truth and Reconciliation Commission of Canada, 2015). It may also partly reflect a sampling bias, as approximately half of participants identified as Indigenous, which likely influenced the perspectives shared and the prominence of related themes.

Another limitation of this study is that interviews were conducted with staff, board members, IAC representatives, and other organizational interest-holders, rather than with volunteers or caregivers accessing FSI's supports. As a result, the perspectives captured primarily reflect internal and leadership-level understandings of inclusivity, rather than the direct experiences of families receiving peer support. This may have led to an emphasis on organizational intent and strategy over lived experience and outcomes. Nevertheless, these perspectives are valuable for understanding how inclusion and cultural responsiveness are conceptualized and enacted within the organization's structures, policies, and partnerships. Engaging those involved in governance and implementation provides critical insight into the mechanisms and decision-making processes that shape peer support delivery and determine how systemic change is pursued across the network.

Future Research

Future research should extend this work by incorporating the perspectives of volunteers and families who access peer support to better understand how organizational inclusion efforts are experienced in practice and to identify the priorities of the diverse communities such organizations aim to serve. More broadly, there is a need to strengthen the field's capacity to document and monitor how peer and community-based programs are reaching equity-deserving groups over time. Developing data structures that capture both organizational capacity and community needs—while maintaining accessibility, privacy, and respect for participants—would support this goal. Emerging initiatives at FSI, such as intake processes that allow families to self-identify and indicate translation or cultural needs, illustrate promising directions but require refinement to balance data utility with feasibility. Similarly, routine collection of volunteer demographic data could help community-based organizations assess progress in diversifying their networks and fostering culturally safe support environments.

Conclusion

This study illustrates how community-based organizations can act as catalysts for equity in disability support by translating principles of inclusion and reconciliation into everyday practice. FSI's experience shows that meaningful progress arises from sustained relationship building, Indigenous mentorship, and a willingness to adapt structures and priorities to reflect community realities. These efforts contribute to dismantling systemic barriers that have historically limited access to culturally safe supports for equity-deserving families. Continued investment in collaborative, trust-based approaches will be essential to ensure that peer support systems evolve in ways that empower families, honour diverse knowledges, and advance lasting structural change.

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Tables

Table 1. Timeline of Key Equity, Diversity, and Community Partnership Initiatives at the Family Support Institute of BC (2017–2025).

Year	Key Events or Milestones	Category
2017–2023	Strategic Plan first identifies Diversity, Equity, and Inclusion (DEI) goals.	Strategic Planning
2022	Board establishes a Diversity Advisory Committee and begins developing Commitments to Truth and Reconciliation (T&R) and Anti-Racism.	Governance and Commitment Statements
2023	Launch of FSI's Commitments to T&R and Anti-Racism. Formation of the Diversity Solution Circle and development of a shared online space for mapping diversity support needs and action plans. Hiring of the Indigenous Practice Advisor (IPA) and establishment of the Indigenous Advisory Circle (IAC). Adjustment of staff job description and engagement of a contractor to support Arabic-speaking families.	Organizational Development, Community Partnerships, Language Access
2024	First meeting of the IAC (ongoing quarterly meetings including two in-person gatherings per year). Launch of Family Voices project to reach families in their communities to identify needs. Launch of the Indigenous Toolkit based on IAC and IPA guidance. Media release applauding BC's Anti-Racism legislation. Implementation of the new Strategic Plan embedding EDI and diversity goals across programs.	Community Engagement, Knowledge Mobilization, Governance, Program Implementation
2025	Proclamation of November as Indigenous Disability Awareness Month, following the lead of Indigenous Disability Canada. Completion of the Caregiver Interpreter Training Program (12 interpreters certified across 8 languages).	Advocacy, Capacity Building, Language Access

Figures

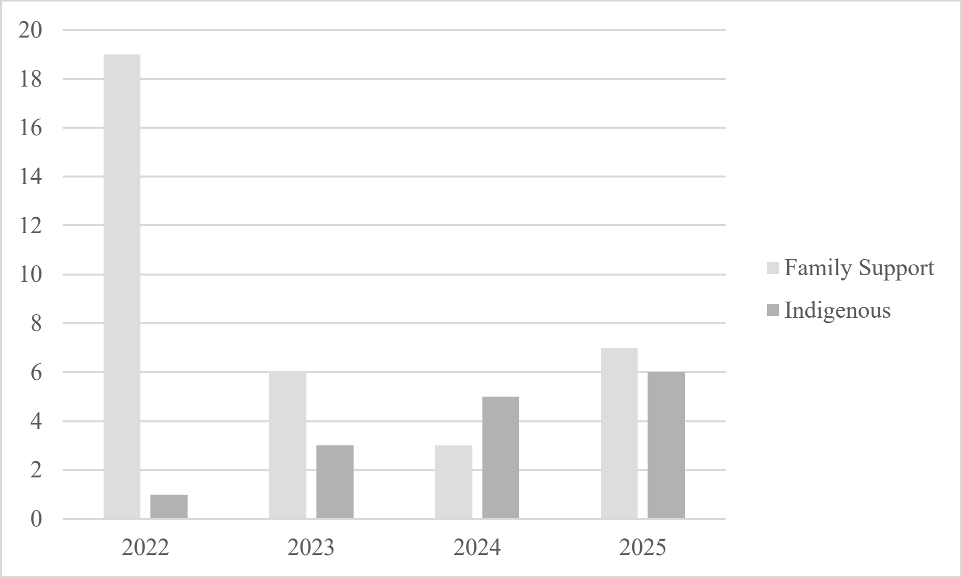

Figure 1. Evolution of distribution of general family support and Indigenous themed trainings offered by FSI since 2022.

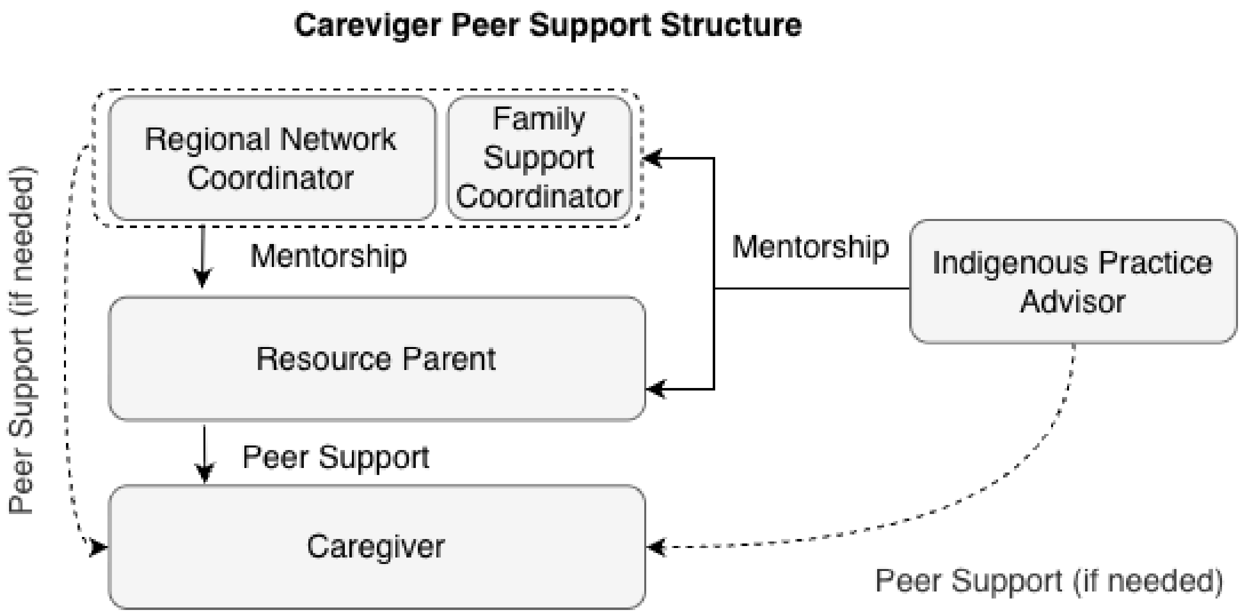

Figure 2. Basic consultation structure of FSI's caregiver peer support network.

Appendix A

Interview Guide

JOURNAL:

- Complete pre-interview journal using prompts.

INTRODUCTION:

- Provide context for the study, explain confidentiality measures, and obtain informed consent.

•STRUCTURE:

- Begin with general questions to build rapport (e.g., participant's role and experiences with FSI).
- Transition to questions aligned with objectives, allowing flexibility for follow-up based on responses.
- Close with reflective questions, such as: "Is there anything else you'd like to share about FSI's work or opportunities for improvement?"

PROTOCOL COMPONENTS

Pre-Interview Reflexive Journal Prompts

- Who am I meeting with, and what is their role or perspective?
- What do I already know or believe about their experience?
- What assumptions am I bringing into this interview? (about the person, the topic, FSI, equity/inclusion, etc.)
- What am I hoping to learn or understand more deeply?
- What potential challenges or tensions might arise in this interview?

- How will I hold space for perspectives that differ from my own?
- What personal, emotional, or professional reactions might I need to be aware of today?
- What do I need to remember to stay reflexive and grounded during the interview?

Post-Interview Journal Prompts

- What stood out or surprised me in this conversation?
- Did anything affirm or challenge my assumptions? How?
- How did I respond (emotionally or intellectually) during the interview?
- Were there moments of discomfort, power imbalance, or disconnection? What might have contributed to them?
- What themes or narratives seemed dominant? Which ones felt underrepresented or silenced?
- Did I influence the interview in any way (intentionally or unintentionally)?
- How does this conversation shape or shift my understanding of the research questions?
- What will I do differently in the next interview or in analysis based on what I noticed today?

INTRODUCTION TO THE CASE STUDY

- PURPOSE: To examine FSI’s initiatives, processes, and potential for expanding caregiver peer support to equity-seeking communities.
- UNIT OF ANALYSIS: FSI’s strategies, initiatives, and practices as perceived by staff, volunteers, and community members with intimate knowledge of one or more of FSI’s initiatives.

DATA COLLECTION QUESTIONS (ALIGNED WITH OBJECTIVES)

ORIENTATION QUESTIONS

1. Can you tell me about your relationship with FSI?
2. How long have you been connected to FSI?
3. Are you part of an equity-seeking community ?

OBJECTIVE 1: ADDRESSING GAPS IN ACCESS

QUESTIONS:

- What gaps in access to caregiver peer support do you believe exist for equity-seeking communities? [Prompt: your own community, others you might be aware of]
- How does FSI identify and prioritize these gaps?
- Are there specific initiatives or strategies FSI uses to reach underserved groups? How effective are they? How do you know?
- What challenges does FSI face in making its support accessible and relevant to diverse communities?

FOCUS: Explore participant insights into gaps, barriers, and specific organizational strategies.

OBJECTIVE 2: RESPONDING TO COMMUNITY NEEDS

QUESTIONS:

- How does FSI engage with communities to understand their needs?
- Can you provide examples of how community feedback has influenced FSI’s initiatives?
- In what ways does FSI ensure its practices align with community-identified priorities?
- Are there examples where FSI’s approach fell short or exceeded expectations?

FOCUS: Understand the mechanisms for identifying needs and how FSI adapts its practices to address them.

OBJECTIVE 3: OPPORTUNITIES FOR EXPANSION

QUESTIONS:

- Are there areas or groups you think FSI should focus on to expand its reach?
- What additional support or resources would FSI need to better serve diverse communities?
- How can FSI strengthen its inclusivity and accessibility?
- What role do you think partnerships or collaborations could play in expanding FSI's reach?
- Is there anything else you'd like to share about FSI's work or opportunities for improvement?

FOCUS: Identify recommendations and opportunities for growth.