

CENTRE FOR INNOVATION IN PEER SUPPORT

Peer Support Implementation Toolkit

Support/
House



Centre for
Innovation in
Peer Support

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Centre for Innovation in Peer Support (Centre) is embedded in Support House. The Centre promotes & facilitates the meaningful engagement, empowerment and enhanced capacities of people with lived experience and families, as well as effective peer support services regionally, provincially, nationally and internationally. Copyright 2022© by Support House and Centre for Innovation in Peer Support. All rights reserved worldwide. This guide may be freely reproduced and distributed. Citation of the source is required under copyright law.

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About the Centre

The Centre for Innovation in Peer Support provides both direct service and system focused supports across Ontario. The Centre for Innovation in Peer Support team has a robust expertise in the application of the *Guiding Standards of Peer Support*.

The Centre has been recognized as a “benchmark of excellence” in peer support, and meaningful co-design and engagement of people with lived/living experience and family & caregivers.

The Centre’s Focus: Professional Peer Support

The Centre focuses on providing, and supporting the practice of *professional peer support*.

The practice of professional peer support is emotional, social and/or practical support delivered by mutual agreement by persons who self-identify as having lived/living with similar circumstances and/or challenges. Professional peer support workers have engaged in training and skill development to enhance their ability to support empowering and empathetic relationships with others in their pursuit of self-determined wellness and/or change (Hopkins & Gremmen, 2022).

Professional peer support is when those with personal lived/living experiences work or volunteer in designated roles in mainstream/traditional services while ensuring that the critical aspects of hopefulness, recovery-orientation, empowerment, non-judgmental acceptance, and trust are promoted within the peer support relationship. Professional peer support is an intentional service provided where there is an identifiable ‘giver’ and ‘receiver’ of care. Professional peer support workers uphold the fidelity of peer support, while also honouring the responsibilities of their workplace (Hopkins & Gremmen, 2022).

[For more information on professional peer support, we invite you to read *Understanding Peer Support: A Proposed Core Service in Ontario* on our Resource Hub](#)

Supporting Provincial Systems & Partners

The **Centre’s Provincial, Systems & Partner** stream works within the mental health and substance use/addictions system to support peer staff, supervisors, and organizations from the approach of the *Guiding Standards of Peer Support* with a focus on professional peer support. The Centre also supports organisations to empower people with lived experience and/or family/caregiver experience through meaningful engagement and co-design.

Our full programming is offered through our **Virtual Learning Centre & Resource Hub** which supports the most current, best practices in Peer Support. Through our **Virtual Learning Centre**, we offer trainings, consultation, our peer professional development webinars, and provincial communities of practice. Our **Resource Hub** is home to our toolkits, models, and resources. All of these offerings support the implementation and practice of peer support within Ontario.

We continue to evolve, listening to input from our stakeholders across the province to identify gaps and needs within the system, and using quality improvement processes to pivot, pilot, evaluate and then scale and spread new innovations in peer support.

Supporting People Engaging in Services

The **Centre's Peer Programming** stream began as a consumer survivor initiative under the name TEACH (Teach, Empower, Advocate for Community Health) in 1999. TEACH later came to be housed at Support & Housing Halton (now Support House) and continued to evolve in order to meet the needs of our community, eventually amalgamating with Support House's peer support provincial systems & partner support program, the Centre for Innovation in Peer Support.

Today, the Centre's Peer Programming utilizes its expertise from having provided peer support services for over 23 years in the Halton-Mississauga region to offer quality programs that are designed, developed, implemented, and evaluated by people with lived experience. This stream is focused on peer-led psychosocial and rehabilitative programming. Together, we build community and connection through creating safe spaces to heal and grow for people navigating mental health and substance use/addiction challenges, as well as supporters/families.

Our History

In 2014, the Mississauga Halton LHIN Mental Health & Addictions Leadership Table began discussing future funding priorities. Peer support was identified as the main priority. After consultations and research, the Mississauga Halton LHIN created the Enhancing and Sustaining Peer Support Initiative in 2015. This initiative created peer support positions, supported service coordination, and supported the training and development of these positions across the region.

Support & Housing Halton (now Support House) became the lead agency that hired and housed the Peer Support Systems Lead and the Substance Use & Provincial Systems Lead in a program that would become the Centre for Innovation in Peer Support (Centre). This team worked to sustain the new peer support positions that had been funded, build infrastructure, and bridge the many stakeholders impacted by this initiative.

In January of 2020, the Centre amalgamated with Support House's direct-service-facing peer support program, TEACH. The Centre now has a direct service stream of peer support programming as well as a system and partners stream, which has grown beyond the Mississauga/Halton area to include the entire province of Ontario.

About Support House:

Support House is directed by our core values. They guide our agency's decisions and actions, unite our staff, define our brand, and inspire our culture. We put people first – our supports are **person directed**. We **connect and engage** and start conversations to build and maintain relationships. We focus on **health and wellness** practices to inspire our culture. All employees are required to adhere to our values-based Oath of conduct.

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Why Implement Peer Support?

The Value of Peer Support

CMHA Waterloo Wellington's Centre for Excellence in Peer Support conducted a literature review examining the value of peer support. They concluded that peer support has the following impacts (Philips):

Benefit to Those Engaged with Peer Support Services:

- Reduction in symptoms
- Decreased substance use
- Increased self-efficacy
- Development of coping and interpersonal skills
- Adoption of healthy behaviours
- More empowered and hopeful
- Improved daily functioning and quality of life
- Increased goal setting and recovery planning
- Improved social functioning and expanded social networks
- Increased ability to reframe experience and re-construct identity
- Increased medication adherence

Benefit to the System:

- People who access peer support have fewer and shorter hospitalizations and a reduced need for intensive mental health services, saving the healthcare system money
- Accessing peer support increases service-user satisfaction with treatment and leads to better communication between service-users and care providers
- Peer supporters provide authentic empathy and validation not offered by other mental health providers
- Peer staff and volunteers are able to connect with difficult to engage individuals, leading to increased service utilization
- Peer supporters model recovery, decreasing stigma and altering attitudes among mental health providers
- Services become more recovery-oriented and person-centered when they employ peer staff
- Involving peer staff in systems-level planning leads to more innovative policies and programs

[Click here to see CMHA Waterloo Wellington's *The Value of Peer Support*](#)

Alignment with Ontario's Vision for Health Care The Quadruple Aim Framework

Ontario is working to create a “system that is integrated, innovative, efficient and able to respond to the short- and long-term needs of our patients ... This new vision for health care in Ontario is well-aligned with the ‘Quadruple Aim,’ an internationally-recognized framework that designs and delivers an effective health care system” (Premier’s Council on Improving Healthcare and Ending Hallway Medicine, 2019).



The Quadruple Aim Framework seeks to:

1. Improve the patient experience;
2. Improve the health of populations;
3. Reduce the per capita cost of health care; and,
4. Improve the work life of providers.

(Frontenac Lennox & Addington Ontario Health Team)

The implementation of peer support services aligns with all four objectives of the Quadruple Aim Framework, as detailed in the impact to people engaged with peer support services and the benefit to the system, seen above. This alignment further validates the impact, efficacy and value of peer support as **a proposed core service, as identified in *Ontario’s Roadmap to Wellness: A Plan to Build Ontario’s Mental Health and Addictions System*** (Government of Ontario, 2020).

[Read Ontario’s Roadmap to Wellness: A Plan to Build Ontario’s Mental Health and Addictions System here](#)

Introducing Implementation

Implementation is the process of introducing a new program or practice into an organisation. This process examines the many intricate details of how a program or practice is explored, planned, initiated, and scaled.

This toolkit is based in implementation science as articulated by the Commonwealth of Australia's Australian Institute of Family Studies. The institute defines implementation science as “the study of methods and strategies to promote the uptake of evidence-informed practices into ‘business as usual’, with the aim of improving service quality” (Hateley-Browne et al., 2019).

Many organisations spend considerable amount of time contemplating which program or practice to implement. However, there is a multitude of additional nuances that must be explored in order to have a strong program.

Common pitfalls of poor implementation include lack of attention to the details of how a program or practice will be implemented and failure to consider factors that can impact programs and practices, referred to as enablers and barriers (Hateley-Browne et al., 2019).

Support from the Centre for Innovation in Peer Support

The Centre is available for consultation alongside your peer support implementation journey.

Organisation consultation and mentoring through the Centre for Innovation in Peer Support is free and available upon request. Consultation, mentoring and educational opportunities are available to peer support staff, supervisors, senior leadership and organisations.

Through diverse education, professional training, and experiential backgrounds, the Provincial, Partner and System staff at the Centre possess extensive expertise related to peer support, lived experience engagement, quality improvement practices and supporting systems. We are involved in supporting local and provincial systems and have collaborated with organisations nationally and internationally.

Email centreinfo@supporthouse.ca to request consultation

The Implementation Process

Stages of Implementation

Strong implementation has four stages (seen below). In this toolkit we will provide insights as to how organisations can move through each stage to implement peer support and achieve positive outcomes.

Stage 1: Engage and explore

- Define what needs to change and for whom
- Select and adopt program or practice
- Set up an implementation team
- Assess readiness; consider barriers and enablers



Stage 2: Plan and prepare

- Choose implementation strategies
- Develop an implementation plan
- Decide how to monitor implementation quality
- Build readiness to use program or practice

Stage 3: Initiate and refine

- Start using the program or practice
- Continuously monitor and improve

Stage 4: Sustain and scale

- Sustain the program or practice, embedding as 'business as usual'
- Scale-up the program or practice

(Hateley-Browne et al., 2019)

Important Note:

The Centre for Innovation in Peer Support strongly discourages hiring someone to provide peer support with the expectation that they will develop and implement a practice or program for your organisation.

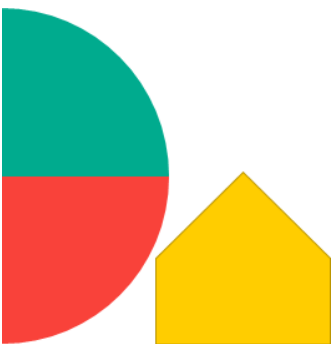
Individual peer support workers may possess the expertise to lead program planning, implementation, evaluation and quality improvement. If that is what your organisation is seeking, the job posted should clearly indicate that this is an implementation role and your hiring process should seek to employ someone with additional competencies specific to quality implementation. When peer support workers with these additional competencies are hired, they should be equipped with the proper resources to engage in implementation processes as outlined throughout this toolkit.

However, peer support workers (internal or external) have insights valuable to implementation processes. Including them in your organisation's overall implementation efforts is encouraged.



STAGE ONE

Engage & Explore the Implementation of Peer Support



1.A - Assessing Organisational Readiness

Prior to implementation it is helpful to assess your organisation's readiness to engage in implementation processes. Use the checklist below to self-assess your organisation's current state.

Motivation		
<input type="checkbox"/>	Relative Advantage	The organization believes implementing peer support will enhance services
<input type="checkbox"/>	Priority	Implementing peer support is of high priority to the organisation
Resources		
<input type="checkbox"/>	Resource Utilisation	The organisation can acquire and allocate resources including time, money, effort, and technology to implement and sustain peer support programming
<input type="checkbox"/>	Staff Capacity	There is enough staff capacity to make implementation of peer support a workload priority (including planning, implementing, and evaluating)
Awareness		
<input type="checkbox"/>	Understanding of Peer Support	Organisation leadership and those who would be involved with implementation have a robust understanding of peer support (see resource highlight below)
Professional Dynamics		
<input type="checkbox"/>	Organisation Culture	The practice and approach of peer support fits within the shared attitudes, values, goals, beliefs, policies and practices of the organisation (see next section)
<input type="checkbox"/>	Team Compatibility	Existing staff within the organisation agree with the implementation of peer support

It is recommended that organisations read through this implementation toolkit in its entirety, as well as all highlighted resources prior to further implementation actions. Throughout this toolkit and the highlighted resources information is shared to provide further understanding of what is commonly involved in peer support implementation processes, identifying barriers and enablers, providing a robust understanding of peer support practice and detailing relative advantage, resource utilisation required, staff capacity required, organisation culture required and how to support team compatibility.

RESOURCE HIGHLIGHT

UNDERSTANDING PEER SUPPORT: A PROPOSED CORE SERVICE IN ONTARIO

[Visit our Resource Hub to read our Understanding Peer Support resource, detailing peer support practice](#)

Reviewing Organisation Culture

CULTURE

- a. the customary beliefs, social forms, and material traits of a racial, religious, or social group *also*: the characteristic features of everyday existence (such as diversions or a way of life) shared by people in a place or time
- b. the set of shared attitudes, values, goals, and practices that characterizes an institution or organisation
- c. the set of values, conventions, or social practices associated with a particular field, activity, or societal characteristics
- d. the integrated pattern of human knowledge, belief, and behavior that depends upon the capacity for learning and transmitting knowledge to succeeding generations

(Merriam-Webster)

Organisations have cultures, shared attitudes, values, goals, beliefs, and practices. Organisational culture is present in all aspects of the workplace, from policies and procedures, to pay equity, to how staff treat one another, to the way staff engage with, and support those engaged with services. Culture is not static as people influence and shape culture. Organisation leaders are positioned to support and influence shifts in culture as they reflect on new insights and engage in quality improvement processes. Establishing a culture that is of most support to our teams and those we engaged with our services is paramount for organisations to thrive. **When peer support is implemented in organisations with cultures that are recovery-oriented and person-centred, peer support workers are best positioned to be able to provided authentic, values-based support.**

Recovery-Oriented

“In several pilot studies of peer workers, it has been reported that they are less likely to be successful or effective in teams that are not already working in a recovery-focused manner and not committed to engaging with peers as team members. Therefore, it is strongly recommended that teams in which peer workers are placed have already accessed training in recovery-focused practice and have a commitment to making the service more recovery-focused” (Repper et al., 2013).

“The actions, choices, and behaviours of anyone providing mental health and substance use services or supports can have a significant impact on service users and how they experience care. Everyone deserves respect, dignity, and the opportunity to live a life consistent with their hopes, goals, and aspirations. These are our collective human rights. Recovery-oriented practice instils hope, and empowers and sustains the recovery journey by building upon people’s strengths, passions, and purposes” (Mental Health Commission of Canada, 2021).

What is Recovery?

“Recovery in mental health and substance use is about people living satisfying, hopeful lives and contributing to society even if they experience ongoing symptoms of a mental health problem or illness. It looks different for everyone, so people should be empowered to decide what recovery means for them and what they need to achieve it” (Mental Health Commission of Canada, 2021).

Dimensions of Recovery-Oriented Practice

The Mental Health Commission of Canada outlined dimensions of recovery-oriented practice in their *Recovery-Oriented Practice: An Implementation Toolkit (2021)*:

Dimension 1: Creating a culture and language of hope

Including **hopeful language in all organisational policies and practices** helps create a mental health system foundation that is geared toward fostering recovery.

Dimension 2: Recovery is personal

Recovery-oriented practice recognizes **every person’s uniqueness and right to determine their own path to mental health and wellbeing**. It supports people’s individual journeys to wellness and helps them lead satisfying and purposeful lives in their communities of choice. **Healthcare workers put people at the centre of mental health and substance use practice and partner with them to build on their strengths and foster autonomy**.

Dimension 3: Recovery occurs in the context of one’s life

Fostering recovery requires **understanding people in the context of their lives**. Family, friends, neighbors, local community, schools, workplaces, and spiritual and cultural communities all influence mental health and well-being and can play an important role in supporting recovery.

Dimension 4: Responding to diverse needs of everyone living in Canada

Recovery-oriented practice is grounded in principles that encourage and enable **respect for diversity and that are consistent with culturally responsive, safe, and competent practices**. It appreciates the rich diversity of Canada’s population to better **respect the choices people make in their recovery processes and determine how best to adapt services to meet their needs**.

Dimension 5: Working with First Nations, Inuit, and Métis

Many principles grounded in Indigenous knowledge and cultures — such as promoting self-determination and dignity, adopting a holistic and strengths-based approach, fostering hope and purpose, and sustaining meaningful relationships — also form the foundation of a recovery orientation. **Recovery oriented practitioners recognize the distinct cultures, rights, and circumstances of First Nations, Inuit, and Métis, and understand how recovery for Indigenous people is uniquely shaped by Canada’s history of colonization**.

Dimension 6: Recovery is about transforming services and systems

Achieving a fully integrated recovery-oriented mental health and substance use system is an ongoing process that will take time to implement. Recovery is a journey not only for people living with mental health problems or illnesses and/or substance use (and their families), but for everyone involved in providing supports and services. **Commitment to recovery needs to be embedded into everything an organisation does, including instilling the skills and resources for recovery-oriented practice in its workforce**.

[Click here to see Mental Health Commission of Canada’s *Recovery-Oriented Practice: An Implementation Toolkit \(2021\)*](#)

Person-Centred Care

Source: (Kirschenbaum, 2021)

Carl Rogers was a professor of psychology. Throughout his life he worked at Ohio University, University of Chicago, and University of Wisconsin. He and his colleagues created the Client-Centered approach in their book, *Client-Centered Therapy* (1951). Later in his career, Rogers and his colleagues at Center for Studies of the Person began increasingly using person-centered to describe their work.

“Rogers argued and demonstrated that the client has within himself the ability and tendency to understand his needs and problems, to gain insight, to reorganize his personality, and to take constructive action. What clients need, said Rogers, is not the judgment, interpretation, advice or direction of experts, but supportive counselors and therapists to help them rediscover and trust their own inner experience, achieve their own insights, and set their own direction”

In Rogers’ work he clarified that it was the therapeutic relationship that was of most support to increasing peoples’ wellness. He established three “core conditions” of the client/person-centered approach:

1. “To accept the client as he or she is, as a person of inherent worth possessing both positive and negative feelings and impulses. Rogers adopted a term from his student Standal (1954) and called this acceptance and prizing of the person ‘unconditional positive regard””
2. “Empathy – ‘the therapist’s willingness and sensitive ability to understand the client’s thoughts, feelings and struggles from the client’s point of view...to adopt his frame of reference’ (Rogers, 1949, p. 84.)”
3. “Congruence - to be genuine, real, authentic, or congruent in the relationship.”

Today, this approach may be characterized by:

- “A belief in the client’s ‘self-actualizing tendency,’ that is, an innate motivation to grow and mature and realize its self-interest, especially when provided with a supportive environment.”
- “A reliance on the therapeutic relationship, characterized by the core conditions of congruence, empathy and unconditional positive regard, for therapeutic progress”
- “A continuing focus on the client’s inner experience, hence...”
- “An absence of directive techniques or perspectives introduced by the therapist, such as questions, interpretation, advice, coaching, and the like (except for relatively rare expressions of counselor congruence)”
- “An avoidance of diagnosis, treatment plans and other therapist-centered methods that reflect the medical model of mental illness”
- “A view of the client as a whole person in process of ‘becoming,’ that is, becoming a more fully-functioning person; therefore, counseling focuses not simply on a presenting problem but on more holistic change, so the client can continue to grow and exercise self-direction beyond the therapeutic relationship.”

Comparison of a Person-Centred and Illness-Centred Approach

An illness-centred approach focuses on establishing an illness assessment and determining what services or treatment would be effective in the reduction or removal of symptoms.

Mark Ragins is a recovery-based psychiatrist who champions person-centered care in his practice. He compared some of the core differences between the person-centred approach and an illness-centred approach (sometimes referred to as “the medical model”).

Person-Centred	Illness-Centred
The relationship is the foundation	The diagnosis is the foundation
Begin with welcoming – outreach and engagement	Begin with illness assessment
Services are based on personal experiences and help needed	Services are based on diagnosis and treatment needed
Services work towards quality-of-life goals	Services work towards illness reduction goals
Treatment and rehabilitation are goal driven	Treatment is symptom driven and rehabilitation is disability driven
Personal recovery is central from beginning to end	Recovery from illness sometimes results after the illness and then the disability is taken care of
Track personal progress towards recovery	Track illness progress toward symptom reduction and cure
Use techniques that promote personal growth and self-responsibility	Use techniques that promote illness controlled and reduction of risk of damage from the illness
Services end when the person manages their own life and attains meaningful roles	Services end when the illness is cured

This chart is adapted from: (Ragins)

Language

The language used in our organisations has the potential to be empowering or harmful. Consider how your organisation speaks about your work, and those you support.

RESOURCE HIGHLIGHT:

COMPASSIONATE LANGUAGE FOR MENTAL HEALTH & SUBSTANCE USE

[Visit our Resource Hub to explore this resource on *Compassionate Language for Mental Health and Substance Use*](#)

Policy Review

We recommend creating or revising policies and procedures related to:

- Disclosure of lived experience
- Peer support documentation
- Criminal record checks
- Dual relationships (when hiring service recipients)
- Staff confidentiality (when hiring service recipients)

It is important to consider the *Guiding Standards of Peer Support* when reviewing these policies and procedures. Further information regarding these items is detailed in this toolkit and *Understanding Peer Support: A Proposed Core Service in Ontario*, as highlighted above.

1.B - Establishing an Implementation Team

To have cohesive, and diligently coordinated implementation it is suggested that your organisation establish an implementation team.

Your implementation team will:

- Prepare the organisation for implementation
- Actionize the implementation strategies
- Monitor implementation outcomes
- Gather, review and describe barriers to implementation
- Develop and implement targeted solutions for removing identified barriers (Hateley-Browne et al., 2019)

These team members may have other roles in the organisation but have the space in their workload to dedicate the time necessary for tasks to be completed. Be sure to outline the time and workload commitment to those included so that they can schedule their work accordingly.

Who to Involve

Many team members can be involved in supporting implementation processes. Within your implementation team, create clear roles regarding the implementation project so that everyone is aware of what they are individually responsible for and the project stays on track.

Recommended team members include:

Organisation leader - Ensures the work being done is in alignment with the wider vision of the organisation.

Peer support program supervisor - If the peer support program will be overseen by an existing supervisor, they can ensure there is a clear vision of the program, while offering them the opportunity to interject if there is a barrier they can foresee.

Staff who support data, evaluation, quality improvement and/or project management.

A person with expertise in peer support programming - Ensures fidelity of peer support throughout the process. This person could be a peer support worker within your organisation or may be a resource approached externally.

Others involved may include:

Human resources - Supports the examination of policies and procedures, as well as hiring practices

Experience-based advisors - Program implementation is a great opportunity for experienced-based co-design with people engaged with your system. Experience-based advisors offer a unique perspective and expertise regarding program needs and may be able to “flag” potential barriers unseen by staff.

It is helpful for your implementation team members to have knowledge of quality improvement processes. The free [Foundations to Quality Improvement \(IDEAS\) E-Learning Course](#), offered by the Excellence through Quality Improvement Project (E-QIP) can assist in building the capacity of your team.

EXPERIENCE-BASED

Experience-Based is inclusive of any relevant personal experiences related to a subject.

This includes lived/living experience – people, patients, clients, citizens, residents, community members or others who interact with the relevant system and have experience navigating services, challenges, concerns, or harms (Minister’s Patient and Family Advisory Council, 2022).

Family & caregiver experience is also included – “people who are providing support and care, whether that be biological family, self-identified family, as an informal caregiver or as a friend” with the experience of navigating services, challenges, concerns or harms related to caregiving for others, usually those with their own lived/living experience (Minister’s Patient and Family Advisory Council, 2022).

CO-DESIGN

“In EBCD [Experience Based Co-Design], patients work collaboratively with designers, family members and staff to improve service systems by translating the experiences of these groups into tangible service redesign” (Mulvale, et al., 2016).

“Co-design is a process used to create products, services and programs. It brings people in as ‘design partners’, giving a voice to those who are often excluded” (Chinaleong-Brooks et al., 2020).



STAGE TWO

Plan & Prepare to Implement Peer Support



2.A - Identifying Barriers & Enablers

As your implementation team begins planning and preparing for implementation, they will want to consider any reasonably foreseeable barriers or enablers to implementation. Below are some potential barriers and enablers that your team may come across.

Potential Barriers:

- Stakeholders (i.e., staff, organisation leaders, board members, other organisational stakeholders, partner organisations, and community, client, and family stakeholders) lack a clear understanding of peer support
- Barriers within organisation culture (recovery-oriented, person-centred, etc)
- Organisation policies and procedures do not align with peer support implementation and practice
- Additional funding required for program
- Implementation team members have competing workload priorities
- There are limited internal resources

Potential Enablers:

- Stakeholders have a robust understanding of peer support
- Organisation culture is aligned with peer support practice
- Organisation policies and procedures are supportive to peer support implementation and practice
- Funding source for program already established
- Implementation team has a workload conducive to the implementation work
- There are internal resources available

2.B - Creating an Action Plan

Now that an implementation team has been established and has a robust understanding of peer support, and potential barriers and enablers have been identified it is time to create an action plan for implementation.

This includes:

- Implementation strategies your team plans to use (see below)
- Actions related to overcoming barriers
- Timeframes, milestones and due dates for each action
- Assignment of actions to an individual, or multiple team members
- How and when you will connect with the team regarding your progress
- How you will evaluate implementation quality (see below)

Implementation Strategies

Develop Intended Scope & Outcomes of Program

Consistent with other professions, peer support workers will benefit from having a clear scope of their role/program. Your organisation will need to decide how they plan on utilizing peer support. Will peer support workers provide short, waiting room support? Will they facilitate social recreation groups? Will they be a part of your crisis response service? It is okay to adjust this throughout the planning process. As your program evolves your organisation may also implement peer support in additional programs.

Consider Scope:

- What population will this program support?
- Where will support be provided (virtual, office, in community)?
- Is this a part-time or full-time program?
- What administrative tasks will be associated with the program?
- How is the program scope in alignment with the *Guiding Standards of Peer Support*?

Consider Outcomes:

- What needs are you seeking to meet?
- What are the expected program outcomes/goals?
- What are the funding targets that this program is required to meet?

Opportunity for Engagement

Designating the scope and desired outcomes of a program is an opportunity to engage with services recipients. Those who engage with your services can take part in surveys, interviews and/or focus groups to identify where there may be gaps in your current set of offerings and where peer support workers may be of most support.

Craft the Role

Now that the program scope and outcomes have been established staffing needs to be considered.

Consider:

- How many employees will be required to run the program?
 - If only one employee is designated, what will happen if that person is ill, goes on a leave or your organisation experiences turnover?
- Will this program have part-time or full-time staff? Or both?
- Will administrative staff be needed to support program operations?
- What individual targets and workload activities will be required of each employee?
- Has room been left for staff to engage in administrative tasks, team meetings, supervision, committees and further training?
- Does the job/role description provide staff a point of clarity regarding what is expected of them?
- Is this role in alignment with the *Guiding Standards of Peer Support*?

Create Program Guides/Manuals

While creating the role of the peer support worker in your program, consider creating guides or manuals to outline how tasks within their role are completed. This presents an opportunity for the implementation team to “iron-out” any challenges or concerns that may have been otherwise unnoticed. It also creates the opportunity to ensure that tasks uphold the fidelity of peer support. These guides will be helpful upon onboarding, now and in the future, and can be edited as the program evolves.

Explore Funding

Now that you have an outline of your program's intended scope, outcomes and program roles your organisation will need to consider program funding. Your organisation may apply for additional funding or allocate organisation funds.

Common Funding Proposal Requirements:

- The purpose of your peer support programming
- Clear, obtainable and measurable outcomes for your peer support programming
- An outline of the program budget, including:
 - Staff compensation, benefits, etc
 - Technology
 - Space
 - Any aid to participants (bus tokens, etc)
 - Staff training
 - Cost of program licenses (example: WRAP)
- Describe how expected outcomes will be achieved through your program
 - Consider who your program serves

Establish Referral Pathways

Organisations, small and large, benefit from clear referral pathways. Clearly laid out referral pathways are supportive to people and professionals within, and outside the organisation as they try to navigate connection to your program; and support your program in connecting people to alternate services.

Intake Considerations:

- How do services connect with program intake?
- Who will support intake processes?
- How do intake processes support services being low-barrier?
- How can intake processes maintain some consistency with the rest of the organisation?
- How do intake processes align with the *Guiding Standards of Peer Support*?
- What are your intake criteria?
 - How can you support bridging to appropriate services when intake criteria is not met?
- What materials need to be created to support intake, and/or registration?
 - What materials need to be created to support other staff in explaining peer support to those engaging with your organisation during intake?

Outbound Referral Considerations:

- What internal services can this program connect people to?
- What external services can this program connect people to?
- How are connections made to these services?
- What are the intake criteria for these services?
- How can relationships/partnerships be built between staff from this program and other services?
- What materials would be supportive to this program making referrals?

Plan for Further Training & Development

Similar to other professionals in your organisation, peer support workers will benefit from ongoing training and development opportunities. Consider how your organisation can provide further opportunities to enhance, and grow your peer support workers' skills.

General Considerations

- Training and coaching regarding important organisation policies and procedures
- General skill-building opportunities
 - Topics may include:

<ul style="list-style-type: none"> ▪ Suicidality Support ▪ Harm Reduction ▪ Cultural Competency ▪ 2SLGBTQ+ ▪ Anti-Oppression 	<ul style="list-style-type: none"> ▪ Trauma informed Care Practices ▪ Grief and Bereavement ▪ Wellness and Mindfulness ▪ Mental Health/Addiction
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Supervision

Like other professionals, peer support workers should participate in regular supervision. The program supervisor may have already been identified prior to implementation, or a supervisor may be onboarded during program initiation. In either situation there should be a clear supervision structure that identifies who the peer support worker reports to. If multiple supervisors are being used, the role of each supervisor is identified. Having a supervisor who has worked as a peer support worker adds additional value to their ability to support situational and practice related questions. However, a non-peer supervisor is able to occupy this role if they have a strong understanding of the *Guiding Standards of Peer Support*.

Areas that May Require Additional Coaching:

Peer support workers may not possess the prior professional experiences of other staff in your organisation. With this in mind, additional coaching may be required regarding the expectations of:

- Documentation
- Professional etiquette (emails, meetings etc.)
- Confidentiality

Allocate Physical Space & Equipment

Prior to delivering services your team will need to allocate a space for services to be delivered. Space and equipment needs will vary depending on the number of program staff and the model of delivery. Workspaces should consider confidentiality, providing space for direct support to take place, as well as space for administrative work to be done. Equipment and resources may include, but are not limited to laptops, phones, and workplace database login credentials.

Promoting Peer Support

Audience

Stakeholders to Consider:

Internal

- Other service providers
- Administrators
- Supervisors
- Leaders
- Board of directors

External

- Partner organisations
- Local community
- Service recipients
- Families
- Caregivers

Methods of Promotion

There are multiple ways that your team can support stakeholders in further understanding peer support. Your team may produce physical resources such as pamphlets with key information that can be shared. Your team may also facilitate information sessions or host local peer support expertise to present on peer support, answer questions, address concerns and provide clarity regarding any myths or misconceptions about peer support.

Content Recommendations

Please see Appendix A for recommended peer support promotion content.

Plan for Ongoing Promotion

Over time your organisation will experience staff turnover and your community will grow. Consider how your peer support program will be shared with new staff and peers. Your organisation may wish to embed education regarding peer programming into the onboarding process for all team members to ensure consistent understanding. This can include sharing physical promotional material, meeting the peer support team and curating presentations. Similarly, in the community your team can continue to share physical promotional material with community partners and curate outreach presentations.

2.C - Data Collection, Monitoring & Evaluation

Data is often incredibly important to our services. Data supports our pursuit of ongoing and/or additional funding, quality improvement processes, and program planning and evaluation. In implementation, data also supports the evaluation of implementation quality.

Consider:

- What do you want information and data on?
 - Implementation Outcomes/Quality
 - Program Outcomes
- How will data be collected?
 - Attendance records
 - Feedback surveys
 - Wellness assessments pre and post service delivery
 - Focus groups
- Who will be involved in data collection, monitoring and evaluation?
 - Who will be responsible for creating tools, running engagement and managing data?
 - Who will analyze the data?
 - Who does the data need to be shared with?
- How will your team measure success?
 - Improved overall wellness of those who engaged in services
 - Meeting funding targets
 - Positive feedback

Evaluating Implementation Quality

To evaluate the success of your implementation project, your team will want to establish implementation outcomes that can be measured and used to support further implementation quality improvement. These indicators will highlight barriers and/or gaps that need to be addressed for implementation to be successful. Below are some common implementation outcomes with suggested measurement techniques.

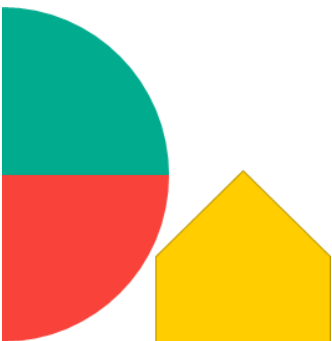
Implementation Outcome	Description	Measurement Tools
Acceptability	“The perception among stakeholders that a program or practice is agreeable, palatable or satisfactory”	Surveys, interviews, focus groups, quantity of referrals made
Feasibility	“The extent to which the program or practice can be successfully used or carried out within your setting”	Surveys, interviews and focus groups of peer support workers and supervisor(s)
Appropriateness	“The perceived fit, relevance or compatibility of a program or practice”	Surveys (Appendix D), interviews and focus groups of other staff, supervisors & partner agencies
Fidelity	“The extent to which a program or practice is being delivered as intended”	Peer Support Integrity, Quality & Impact (PSIQI) Tool (Appendix B)
Reach	“The degree to which a program or practice is integrated into an agency or service provider setting, including the degree it effectively reached the target population.”	Quantity of referrals made from various programs and services as well as service recipient socio-demographic information

(Hateley-Browne et al., 2019)



STAGE THREE

Initiate & Refine the Program



3.A - Recruitment

Hiring peer support workers should not be a different process from any other staff position at your organisation. There will be a unique, peer-support-centric focus, however the human resources recruitment process should be in alignment with the way other professions at your organisation are hired as the peer role is, like other roles, that of a professional with expertise, skill and competence.

Due diligence is required in the hiring process to ensure that successful new hires possess the essential knowledge, experience, training, skills and abilities to perform their role well.

Preparing the Job Description

Clarity

Clear job descriptions support a shared understanding of what the role entails and what skillsets your organisation is seeking. “Peer staff, employers and supervisors have all identified that a lack of clear expectations of peer staff, such as description of roles and responsibilities can be a challenge. When the purpose of peer roles is not clearly communicated across the agency, challenges may manifest in a variety of ways” (Harrison & Read, 2016 -a).

Fidelity

It is imperative to ensure that the job description upholds the fidelity of peer support, in alignment with the *Guiding Standards of Peer Support*.

Peer support workers in multidisciplinary teams often encounter pressure to adopt the approaches of other professionals (Harrison & Read, 2016 -a). This creates challenges for peer support workers as they strive to maintain the fidelity of their work. Organisations should be implementing peer support roles because they see the value in authentic peer support. Job descriptions that are well aligned with the *Guiding Standards of Peer Support* assist peer support workers, their supervisors and the organisation in re-grounding to the intention of the role and avoiding cooptation.

Compensation

The salary range for the peer support workers should be equitable. According to the research, peer support workers commonly earn less than a living wage (Harrison & Read, 2016 -b). Consider the lived-expertise and skills a peer brings to your organisation. Peer support workers should be compensated equal to other staff performing similar tasks and duties.

RESOURCE HIGHLIGHT:

PEER SUPPORT HIRING GUIDE & PEER STAFF JOB DESCRIPTION

Organisation leaders can connect with the Centre for our Hiring Guide, which has hiring insights, and recommended interview question matrix.

centreinfo@supporthouse.ca | 1-833-845-WELL (9355) Ext 390

[Our Peer Staff Job Description is public-facing and can be found on our Resource Hub](#)

Promoting the Position

To gather a pool of competitive applicants your organisation will want to utilize the promotion pathways already utilized by your organisation. Your organisation may even see internal applicants from staff who are looking to shift their focus within the organisation.

Some recommended places to promote your peer position:

- Indeed
- LinkedIn
- Charity Village
- Your organisation website & social media platforms

In addition to these sources, another valuable resource are networks of peer support workers and organisations that deliver peer support training that may have a list of trained peer support workers seeking positions. In Ontario, three of the larger networks are the Centre for Innovation in Peer Support's Provincial Peer Network, the Lived Experience & Recovery Network (LERN), and the Ontario Peer Development Initiative (OPDI).

Reviewing Applications

When reviewing job applications, applicants may have sporadic employment history or a criminal record (Harrison & Read, 2016 -b). Dismissing applications solely based on these factors is a barrier that people with lived experience face when seeking employment. This barrier unfairly disregards potentially compassionate, skilled peer support workers.

Being that the peer support applicant will have a lived experience journey they may have taken time away from employment to focus on supporting themselves. While your organisation will still seek to interview and employ the applicants who have the most impressive applications, time away from employed positions should not be a reason to dismiss an application.

Similarly, disclosure of past criminal convictions should not disadvantage an applicant without further process and exploration. Peer support workers who have documented interactions with the justice system possess a unique perspective that can be of value to those engaged with services. Organisation policies and procedures may need to be revised. It is highly encouraged that organisations have a process to determine relevance and risk related to a past conviction before dismissing a potentially skilled supporter. When hiring people with past convictions your organisation will also want to consider procedures if someone engages in service who identifies as associating with a group of which the supporter had previous tension (i.e., gang rivalry).

Cover Letters

It is encouraged that organisations request cover letters as a part of their recruitment process. Where resumes allow your organisation to look for alignment in skills, training, and employment history, cover letters allow people to expand on their relevant lived experiences, their understanding of peer support and how they feel they will compliment your team.

Preparing the Interview Panel

Who to Involve

- **Organisation leader** and/or the **program supervisor**
- **Human Resources**
- **A person with expertise in peer support**, to assure candidates align with the fidelity of peer support throughout the interview. This person may reside within your organisation or may need to be approached from outside the organisation.
 - ❖ The Centre for Innovation in Peer Support is available to participate in hiring panels for organisations within the province of Ontario
- Your team may also consider including a **person that engages with your services** to be on the panel

Prior to Interviews

- Ensure your interview panel has a strong understanding of peer support and the *Guiding Standards of Peer Support*
- Create a list of interview questions that encompass essential knowledge, experience, training, skills and abilities your organisation is looking for

3.B - Onboarding

Onboarding peer support workers should not be a different process from any other staff position at your organisation. Peer support workers should participate in robust onboarding processes, and have access to resources, and spaces just as other staff in the organisation do, this supports that peer support workers are valued equal to their colleagues.

Orientation

Your orientation process may include:

- Introducing the mission, vision and values of the organisation
- Meeting leaders within the organisation
- Touring the facility & meeting other program staff
- HR paperwork, reviewing policies & procedures
- Addressing the pathway to access accommodations
- Being provided with key documents, organisation handouts and/or guides
- Being provided with account logins, keys and access codes
- Role-specific orientation & shadowing
- Meeting and engaging with stakeholders
- Connect to communities of practice

Connection to Supervisor

During onboarding it is beneficial for workers to have more frequent check-ins with their supervisor. This provides the supervisor the ability to build rapport, share important information about the program, and troubleshoot any challenges fairly quickly. Similar to other employees, regular supervision will continue once the peer support worker has been effectively onboarded (see stage four).

Areas that Peers May Require Additional Coaching

As mentioned in implementation phase two, peer support workers may not possess the prior professional experiences of other professionals in your organisation. With this in mind, additional coaching may be required regarding the expectations of:

- Documentation
- Professional etiquette (emails, meetings etc.)
- Confidentiality

Take time during onboarding and orientation to assess the peer support worker's understanding of these areas and provide focused coaching in areas that improvement is needed.

Onboarding Previous or Ongoing Service Recipients

There are additional considerations and actions needed when a person hired has previously engaged with or currently engages with your organisation's services. There should be confidentiality mechanisms in place, either locking their file completely or only their active supporter having access to their file. It should also be ensured that their work supervisor is not their active supporter. Additionally, there needs to be clear policies and procedures regarding boundaries and dual relationships between both the peer support worker's relationships with others engaging in services, and their relationship with their colleague who also is/was their active supporter.

Peer support workers have identified that navigating the dual relationship of service recipient and service provider can lead to an identity conflict when they feel they are not able to fully identify as staff or service recipient (Harrison & Read, 2016 -a). To support staff in navigating this challenge, conversations should be had to create clarity regarding the spaces and times that that the person is a staff member, and others when they are a service recipient. Supervisors may need to continue these conversations as the person navigates the intricacies of dual relationships with staff and service recipients.

3.C - Piloting the Program

Messaging

It is strongly encouraged that your organisation initially introduces your program as a pilot, subject to change following quality improvement processes. By messaging that this is a pilot project those who engage in the service, as well as other professionals will be informed that the program is in a state of evaluation and fluid change. This provides your organisation with the freedom to make adjustments without exceptional justification.

Start Small

New programs are exciting and it can be easy to begin envisioning the plethora of opportunities available. It is encouraged that your team starts small while you are making changes and adjustments so that there is space in the program workload to engage with quality improvement processes and program innovation. This may mean less people being supported initially by a one-to-one support or less group offerings from a group facilitator. Once your team has found what is working well, the program supervisor and peer support worker(s) can plan to introduce additional offerings at a sustainable pace.

3.D - Relationship Building with Colleagues

Peer support workers often feel isolated in their work, either because they are the sole peer support worker who works independently or because they feel socially/emotionally disconnected from others in the organisation (Harrison & Read, 2016 -b). As a member of your team, it is important to foster and encourage relationships between the peer support worker and team members that they will have interactions with. This includes their immediate team and other internal teams who they may interact with.

Peer support workers also frequently reflect that they experience challenges in their professional relationships with their non-peer colleagues. Common challenges include non-peer colleagues having negative attitudes about peer support/peer support workers, including their work and position not being valued, peer support workers being treated differently or undermined because they identify as people with lived experiences and peer support workers not being involved in general team activities (lunch gathers, social events, team meetings, etc) (Harrison & Read, 2016 -a; Harrison & Read, 2016 -b).

Cultivating Collaborative Teams

By supporting the development of relationships between peer support workers and the rest of the team your organisation also supports the team's ability to provide effective wrap-around-care. When everyone's roles and scope of work are well understood, providers are better able to connect those they support with the other professionals that the person may find beneficial. For example, workers supporting someone who feels alone in their experience would know to offer connection to peer support services, or a peer support worker would know to connect someone with clinical staff if they want to further explore diagnosis or medication options.

A team with a strong understanding of each others' role and scope is also better positioned to assess which professions/team members are best suited to engage in a specific activity. For example, when compliance with a treatment plan is deemed important, other professionals on the team would be aware that stressing the importance of compliance to the person engaging with services would not be within the scope of the peer support worker, who is led by self-determination, and does not encourage or discourage compliance with treatment plans.

Resources to Support Relationship Building

CMHA Waterloo Wellington's *Implementing Peer Staff Roles: **Critical Reflection Questions*** (Appendix C). These are self-reflection questions to support your team in their exploration of the peer role and what it means to their team.

California Association of Social Rehabilitation Agencies' *Meaningful Roles for Peer Providers in Integrated Healthcare: **Staff Concerns Assessment*** (Appendix D). Can be used to anonymously collect feedback regarding team members' perspectives on peer support. Your organisation can then use the responses that follow to build the understanding and capacity of your staff team to better value and engage with the peer support workers you have integrated.

The Centre for Excellence in Peer Support, CMHA Waterloo Wellington's, *Supervising Peer Workers Toolkit: **Myths & Misconceptions About Peer Support and Peer Workers*** (Appendix E). This resource provides insight into some of the myths organisations and colleagues may believe regarding peer support work alongside corresponding facts. Your organisation can utilize this to best inform the team.

Further team conversations and relationship building opportunities are encouraged to support meaningful integration of the peer role.

3.E - Initiate Data Collection, Monitoring & Evaluation

Now that your peer support program has been initiated your team can begin collecting, monitoring and evaluating data, as you considered in stage two. Alongside evaluation of the program itself, your implementation team will also want to evaluate the success of implementation efforts.

Consider the evaluation questions below, and utilize the various measurement tools at your disposal to examine where implementation is going well and where further efforts need to be made.

Implementation Outcome	Evaluation Questions	Measurement Tools
Acceptability	Do stakeholders perceive the program/practice as agreeable, palatable and/or satisfactory?	Surveys, interviews, focus groups, quantity of referrals made
Feasibility	To what extent is the program/practice successfully being used or carried out within your setting?	Surveys, interviews and focus groups of peer support workers and supervisor(s)
Appropriateness	What is the perceived fit, relevance and/or compatibility of the program/practice?	Surveys (Appendix D), interviews and focus groups of other staff, supervisors & partner agencies
Fidelity	To what extent is the program/practice being delivered as intended, upholding the fidelity of peer support?	Peer Support Integrity, Quality & Impact (PSIQI) Tool (Appendix B)
Reach	To what degree is the program/practice integrated into your organisation or service provider setting, including the degree that it effectively reached the target population?	Quantity of referrals made from various programs and services as well as service recipient socio-demographic information

(Hateley-Browne et al., 2019)

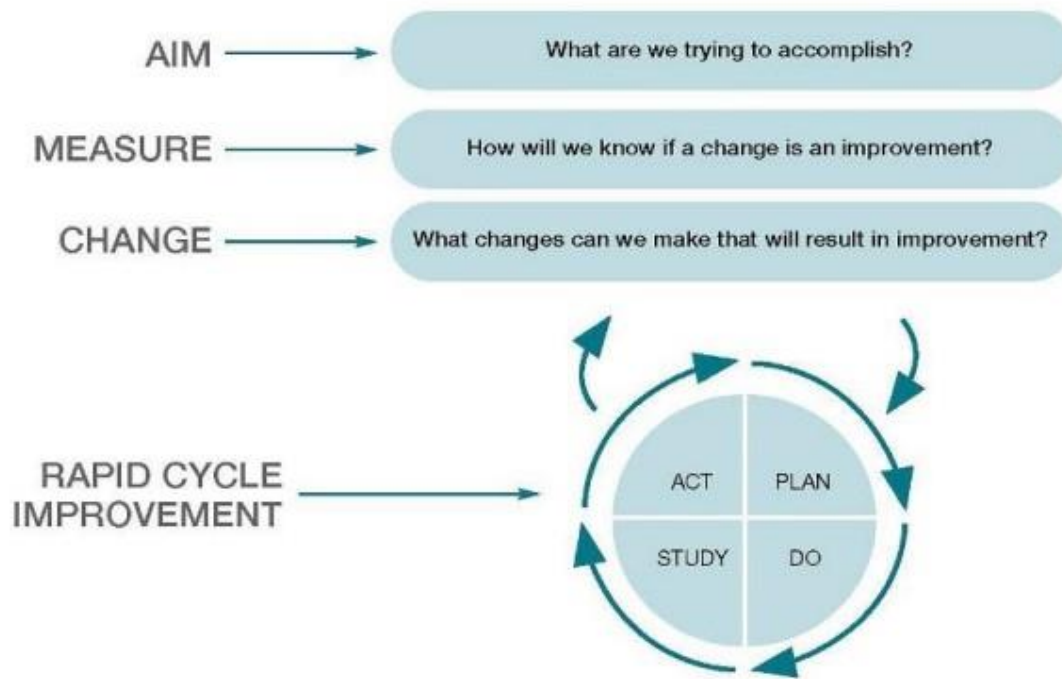
Quality Improvement

Your organisation should plan to engage those participating in your program and the staff team, and other stakeholders on an ongoing basis to gather feedback and identify where the program requires further quality improvement.

Plan, do, study, act cycles create a framework to conceive and plan a change or adjustment to the program, introduce the change, study the impact of the change and then act in response. Quality improvement processes can refine anything from program structure to the marketing and promotion of the program.

You can utilize this model for improvement to make adjustments to your program as needed to better meet the needs of your organisation, stakeholders and those engaging with support.

MODEL FOR IMPROVEMENT



(Royal College of General Practitioners)



STAGE FOUR

Sustain & Scale the Program



4.A - Sustaining the Program

Your implementation process has moved to sustaining the program when program delivery is built into the functions of the organisation similar to other programs. At this point the program is no longer considered new, or under construction. While there will still be continuous quality improvement efforts, the program now has a solid foundation and structure.

Questions to reflect on whether or not a program is stable:

- Did we achieve the implementation and support outcomes we intended?
 - Does data support this?
- Have these outcomes been positive and stable over time?
- Do we expect major changes to the current implementation context within the foreseeable future (i.e., policy or funding reform)?

If your team finds that the program is potentially unstable, return to the refinement processes of phase three.

Supporting Ongoing Practice

To maintain the fidelity of peer support, build staff capacity, and refine workers' skillsets, ongoing practice support and coaching should occur.

This may include:

- Grounding to the *Guiding Standards of Peer Support*
- Debriefing challenging situations that have come up recently, discussing what worked well, what did not work and how the response aligned, or did not align with peer support values
- Access to a peer support worker community of practice
- Ongoing peer support trainings
- Partnerships with peer-led services that provide peer-specific supervision and mentoring to the peer support worker
- Training on intersecting identities and experiences that are in spaces
- Attending presentations of community offerings available to those they are supporting

Ongoing Supervision

Peer support workers should participate in regular supervision. Some conversations will be revisited regularly and others will occur on an as needed basis. While the content of these conversations will include peer support work specifics, the overall format and expectations of supervision should be similar to that of other team members.

Some Regular Discussions:

- Sharing constructive feedback
- Discussing future professional growth and goals
- Checking in with workplace wellness
- Sharing opportunities to learn and professionally develop (technology, work-relevant learning/training, workplace wellness etc.)
- Engaging in reflective practice- values-based reflection and feedback
- Providing role clarity
- Discussing strategies to build relationships with non-peer staff
- Providing guidance and clarity regarding peer support practice (situations, scenarios)

- Sharing validation and identifying strengths

Some As-Needed Discussions:

- Reviewing program goals
- Reviewing current workload
- Discussing policy and procedures (health and safety, documentation, privacy, etc.)
- Discussing administrative practices (data entry, timesheets, vacation etc.)
- Coaching related to professional etiquette
- Discussing time management strategies
- Discussing accommodations (as needed)
- Discussing ethics and boundaries
- Exploring opportunities to be involved in organizational initiatives (committees, working groups, trainings etc.)

Continuous Program Evaluation & Quality Improvement

It is encouraged that your organisation creates an ongoing evaluation plan for evaluating outcomes and impacts, and to continue to support quality improvement purposes. The frequency of these evaluations will depend on different factors for each organisation. For the purposes of quality improvement, revisit the plan, do, study, act cycle in the previous stage to make changes or adjustments needed to better support your organisation, stakeholders, team, or those engaged in the support.

Recognizing Implementation Efforts

Congratulations, you've implemented a new peer support program at your organisation! It was well worth the work, but that doesn't negate the diligent efforts that have gone into making your program what it is today. We encourage you to set aside time to come together, celebrate, and recognize your implementation team for all of the incredible work they have contributed to this process. Setting aside time to celebrating and recognize dedicated work supports the building/maintaining of an organisation culture that encourages community, trust, compassion, and shared comradery. Support of strong collegial relationships also further promotes program sustainability.

4.B - Scaling the Program

Implementation success can lead to considerations of expansion. Your organisation may see additional opportunities to implement peer support on various teams or they may wish to duplicate your program in a different setting.

Scaling Considerations

Scaling a project can be like an entire new implementation process. It is important that when scaling, your organisation examines which contexts are similar, and which are different. Some facets may be very similar, and can be easily replicated, others will have new considerations and tasks associated with them.

- How is this new context similar?
- How is this new context different?
- What lessons did your team learn throughout the implementation process?
- Were there any unforeseen barriers and/or enablers that presented themselves?
- Which implementation strategies were vital, and which were less important?



APPENDIX



Appendix A – Recommended Peer Support Promotion Content

In comparison to other professions, professional peer support roles are fairly new. For your peer support program to be successful various stakeholders will need to have an understanding of what peer support is.

Highlighting Guiding Standards of Peer Support

It is highly recommended that the *Guiding Standards of Peer Support* are highlighted as the framework peer support work occurs within. Not every standard may be relevant to your project or audience, however those that are relevant should be shared and addressed in a way that someone who has never heard of them can understand.

Defining and Describing Peer Support

Many people are unaware of exactly what peer support is, or they may have heard peer support defined differently from the way your organization defines it. Defining and describing peer support from your context informs others who may engage in your service.

Centre for Innovation in Peer Support's Definitions

What is Peer Support?

Peer support is intended to be rooted in hope through an empowering and empathetic relationship between people who have a similar life experience or circumstance in common.

Who is a Peer Support Worker?

Someone who has a similar life experience or circumstances to yours. They have engaged in special training and skill development to enhance their ability to support you in living the life you want.

Program Specifics

- What does your organization, or program offer in regard to peer support?
- What can people expect regarding service delivery (topics, scope, etc)?
- How do people access your services?
- Are there admission criteria for participation?

Evidence

Evidence can support people in seeing the value of your service. The evidence you include should be relevant to the audience you are targeting. If you are promoting to other professionals, academic evidence may support them in their valuing of peer support as an offering. If you are marketing your program to potential service recipients then quotes from others who have engaged in peer support services may be more impactful.

Use Plain Language

Others may not have the same background understanding of peer support values, system language, acronyms, and other terms commonly used in peer support circles. Even language such as “recovery” may not resonate with everyone, whereas a word like “wellness” may have more people identify with your offering.

Consider Frequently Asked Questions

If there are questions your team is frequently asked regarding peer support or your programming that means it is a gap in the information people are receiving prior to engaging with your services. Consider if any frequently asked questions could be addressed within your promotional materials.

Appendix B - Peer Support Integrity, Quality & Impact Survey

SupportHouse



Centre for Innovation in Peer Support is delighted to present the validated...

Peer Support Integrity, Quality and Impact Survey

The Peer Support Integrity, Quality and Impact Survey was developed to help organizations providing peer support services gain insight into how people receiving peer services view these supports.

The survey measures:



...from the perspective of **People Engaging with peer support Services**

The Centre used the Mental Health Commission of Canada's Core Values of Peer Support in their research to help inform what true, values-based peer work looks like when it's being performed effectively. This research was the foundation of the 17 values-based behaviours that then became the Centre's "Values in Action".

Are the Values of Peer Support represented in your peer support services?

Peer Support

=



values-based behaviours

HOPE & RECOVERY | SELF-DETERMINATION | EMPATHETIC & EQUAL RELATIONSHIPS | DIGNITY, RESPECT & SOCIAL INCLUSION | INTEGRITY, AUTHENTICITY & TRUST | HEALTH & WELLNESS | LIFELONG LEARNING & PERSONAL GROWTH

Connect with us for to receive the PSIQI Survey, free of charge
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Appendix C - Implementing Peer Staff Roles: Critical Reflection Questions



Canadian Mental
Health Association
Waterloo Wellington Dufferin

Association canadienne
pour la santé mentale
Waterloo Wellington Dufferin



Implementing Peer Staff Roles: Critical Reflection Questions

The following are a set of reflective practice questions intended for three particular audiences who have an impact on the implementation of peer staff roles.

- Managers and supervisors;
- Co-workers of peer staff; and
- Peer staff who work independently or as part of a team.

These questions are designed to act as a catalyst for meaningful reflection or conversation. These questions were designed from a peer perspective.

Questions for Everyone

The following questions may be useful for anyone who is or may have a working relationship with peer staff.

1. What is the value of shared lived experience for the recovery process?
2. What does the recovery model mean for your practice? How does the way you think about recovery effect how you think about the role of peer staff?
3. What is the appropriate role for peer staff in a mainstream mental health and addiction agency?

Questions for Managers

The following questions may be useful for managers including directors and those who provide either direct managerial or clinical supervision.

Directors

1. Why are we hiring (or have we hired) peer staff? What motivates our decision? What value will peer staff bring to our organization and the people we serve?
2. How do we, as an organization, demonstrate that we value the participation of peers in all aspects of decision-making, including peer roles?
3. What values and principles guide the way we structure peer job positions? What would it look like to structure a peer job position in a way that values equity, job security, and recovery?
4. How are we ensuring that peer staff don't face unnecessary barriers to advancement in their careers in

COMMON IMPLEMENTATION ISSUES

Access to accommodations
Application process
Career pathways / advancement
Clarity of purpose
Compensation
Cooptation
Employment status
Identity conflict
Isolation
Maintaining good mental health and well-being
Overworked and overextended
Relationships with non-peer colleagues
Relationships with service users
Resources to meet job requirements
Role clarity
Supervision
Training
Using lived experience



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order to fully realize the leadership of people with lived experience in our organization and society?

Supervisors

1. What role should supervision play in enabling peer staff to use their lived experience effectively? How might shared lived experience effect supervision? How do I, as a supervisor, use my lived experience effectively in supervising peer staff?
2. How can our existing staff have a better understanding of peer roles? Do my expectations of peer staff differ from my expectations of other staff? If so, how and why?
3. How do my personal or professional experiences affect the way I provide or facilitate accommodations for peer staff?
4. How might team structure and processes need to look different to ensure that they are inclusive of peer staff?

Questions for Co-workers

The following questions may be useful for co-workers of peer staff from various disciplines and may be part of a multidisciplinary team.

1. Does working with a peer colleague raise any concerns for me about my own position? If so, how and why?
2. How is peer work similar and different from the work that I do, for example, use of self, boundaries, beliefs about recovery? How do these similarities and differences affect the way I work with my peer colleagues?
3. How does working with a peer colleague affect the way you think about recovery?
4. When experiencing challenges with peer colleagues: What are the roots of this challenge? How does the structure and culture of our organization or team contribute to challenges that I experience with my peer colleagues? How does my colleague's lived experience influence the way I perceive the challenge and the potential solutions for addressing it?
5. In what ways does the work of my peer colleagues broaden the services and enhance client care? In supporting clients at our agency how does "success" look similar and different in my work compared to the work of my peer colleague?

Questions for Peer Staff

The following questions may be useful for peer staff that work independently or as part of a team in a mainstream mental health and addiction organizations.

1. What role does relationships with other peer staff play in the way you understand and perform your role as a peer staff?
2. What kind of support from your team is important for you to be effective at your job in a way that is healthy?
3. Whose responsibility is it to educate your co-workers?
4. Do the relationship boundaries that you engage in as a peer staff change in different contexts or relationships? If so, how and why?
5. What are the benefits and challenges of using your lived experience in your work as a peer staff? How should you use your lived experience to effectively support others?

Source:

Harrison, J., Read, J., Blum, K., Dickie, B., Lauzon, S., Silk, W., & Sodtke, L. (2016). A Reflective Practice Tool for Mental Health and Addiction Agencies that Employ Peer Staff. Self Help, CMHA WWD.

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Appendix D - Meaningful Roles for Peer Providers in Integrated Healthcare: Staff Concerns Assessment

Staff Concerns Self-Assessment

		Not a concern	Sometimes a concern	Very much a concern
1	I wonder whether individuals with lived experience can be productive and accountable as providers.			
2	I am concerned about the issue of confidentiality of client information.			
3	I am concerned that more frequent psychiatric issues will arise when individuals with lived experience work in mental health settings.			
4	I am worried that my job may be in jeopardy.			
5	I am concerned that consumer providers will not understand the venting that we do back at the office to de-stress after a difficult day.			
6	I think that consumers have too many accommodations given to them that are not given to the rest of us.			
7	I wonder why I went to school and got a degree if now the administration thinks that an unlicensed person can do the job.			
8	I am concerned about the power and control that peers will have on how mental health services are provided.			
9	I worry that a peer colleague will be more like having another client – they will increase my workload by requiring a lot of support.			
10	I worry about peer providers maintaining appropriate professional roles with the clients that they serve.			
11	I am concerned about dual relationships and jeopardizing my hard-earned license.			
12	I am concerned that peers do not have the qualifications necessary to do the job.			
13	I worry that I do not have enough knowledge about the Worldview of other people I work with, especially their values and beliefs in relation to mental health and substance abuse.			
14	I worry that I do not have enough knowledge about the Worldview of peers, especially their values and beliefs as professionals.			

Adapted from the CASRA Organizational Readiness Assessment

Responding to Staff Concerns

Staff Concerns	Helpful Responses
Peers Will Not Maintain Appropriate Confidentiality	<ul style="list-style-type: none"> a. Provide the standardized confidentiality training to Peer Support Specialists and ensure that they sign an oath of confidentiality. b. Create a policy that standardizes access to charts that is on par with other direct service providers. c. Ensure that peers are present in all staff meetings where clinical information is shared in order for them to be effective in their work. d. Validate the information provided by peers during staff meetings and encourage their full participation. e. Have Peer Support Specialists sign an oath of confidentiality, as should all staff members.
Peers Are Not Qualified to Do the Job	<ul style="list-style-type: none"> a. Affirm that Peer Support Specialists bring a unique set of skills and abilities. b. Inform staff that while lived experience is a key qualification for the job, it is not the only qualification necessary. c. Review the core competencies required for the Peer Support Specialist position. d. Articulate appropriate levels of expectations for peers on the team. e. Provide appropriate on-the-job training. For example, if peers are expected to prepare Medi-Cal documentation, provide the training necessary to perform that job task up to par with any other practitioner who is submitting documentation for billing purposes.
Peers Will Relapse Due to Stress on the Job	<ul style="list-style-type: none"> a. Assure colleagues that peer providers are expected to manage their own health and wellness. b. Remind staff that Peer Support Specialists have demonstrated a strong commitment to personal wellness to effectively manage severe behavioral health challenges. c. Encourage staff to adopt some of the self-care practices that peer employees traditionally use. Peers can lead the way in helping teams to implement positive wellness practices at work. d. Use team meetings to brainstorm effective, easy-to-use health practices at work and identify ways to support each other in being well.

Staff Concerns	Helpful Responses
Peers Will Not Maintain Appropriate Boundaries	<ul style="list-style-type: none"> a. Remind staff that there is no hard evidence to suggest that peer providers have any more issues in this area than do other practitioners new to the field. When one considers the number of highly degreed, licensed professionals who lose their licenses over inappropriate sexual behavior with a client, it seems that boundaries should be of ongoing concern to everyone. b. Provide boundary training for all staff who work in the community and/or people's homes. c. Provide trainings in which multiple boundary scenarios are reviewed and there are opportunities to both discuss and practice how best to handle them.
My License Dictates that I Not Be in Dual Relationships with Clients	<ul style="list-style-type: none"> a. Remind staff that caution against having dual relationships is due to the very real need to protect clients from any exploitation or harm and that not all dual relationships pose this risk. b. Use the examples from small and rural communities that have learned how to negotiate these interactions in a professional manner. c. Provide staff training on dual relationships. Use definitions from Social Work, Marriage and Family Therapists and Certified Psychosocial Rehabilitation Practitioners.
Peers Will Be an Additional Person to Take Care of on the Job	<ul style="list-style-type: none"> a. Help clinicians maintain awareness of a tendency to respond to a consumer colleague from a therapist point of view. When a peer provider talks about job stress, colleagues must refrain from making the assumption that these issues are due to behavioral health issues. The status as behavioral health client is so pervasive that this type of role confusion is perhaps the most common.⁵¹
I Worry about Peers Maintaining Professionalism	<ul style="list-style-type: none"> a. Educate all providers about the differences between the cultures of the clinic (behavioral health, primary care or substance use) and peer culture. b. Educate all providers that the values of mutuality and reciprocity create a different kind of helping relationship and can clash with the more traditional values in professional settings where highly defined boundaries and more of an expert role is expected and preferred.⁵² c. Inform peers, as with any other employee, that they are expected to acknowledge when they have a close relationship with a client being served and request to adjust their caseload accordingly.

Staff Concerns	Helpful Responses
I Worry about Peers Being Included in All Staff Activities and Events, in and outside of Work	<ul style="list-style-type: none"> a. Allow for discussion around this concern. Use the inclusion exercise found below to help staff move beyond this discomfort. b. Ensure that staff know that inclusion is absolutely necessary and all staff will need to welcome and embrace this new workforce.
Worry about Venting Regarding Frustrations with Clients	<ul style="list-style-type: none"> a. Provide staff training on the use of person-first language which places the person, not the disability, first. Diagnoses are medical labels and do not describe the whole person. Using them as nouns instead of adjectives serves to perpetuate a focus on pathology instead of a holistic view of each person. b. Address non-person-first language directly. For example, it is not uncommon for staff in medical model settings to use diagnostic labels as shorthand for referring to a client: “He’s a schizophrenic.” “She’s a borderline.” Use each circumstance as a teaching moment to change the culture of language in the clinic setting. c. Raise consciousness regarding stress relief through “venting”. Venting often means that staff use harsh and unkind ways of describing interactions with clients with their co-workers. d. Provide alternative, healthier stress-reduction techniques.
Worry that the New Peer Workforce Will Displace Higher Credentialed Staff	<ul style="list-style-type: none"> a. Provide a forum to openly discuss issues regarding system change. Feelings of job insecurity and being unappreciated will undermine the integration of peer providers unless these issues can be dealt with directly. b. Provide clear examples of how the addition of peers onto the team is actually an expansion into new territory, bringing with it the opportunity and rewards of working more effectively with people that may not have been successfully served before this new team evolved. c. Provide concrete reassurance that a new member of the multidisciplinary team will not challenge or undercut the value of any other member of the team.

Source:

Brasher, D., & Dei Rossi, L. (2014, November). Meaningful Roles for Peer Providers in Integrated Healthcare: A Guide. California Association of Social Rehabilitation Agencies.

Appendix E - Supervising Peer Workers Toolkit: Myths and Misconceptions About Peer Support and Peer Workers

Myths and Misconceptions About Peer Support and Peer Workers

Myth #1: Peer workers are less educated than other mental health and addiction workers.

Peer workers are drawn to peer support practice from a variety of educational backgrounds. In Ontario 74% of peer workers have completed college or university.³⁶ Many workplaces expect peer support workers to have several years of experience working in mental health or addiction settings. Peer workers usually become interested in formalized peer support (provided through an organization) because of a passion they develop for peer support after their own experiences of recovery. As the diversity of peer support roles grow, the educational and experiential requirements of peer roles become more varied as well.

Myth #2: Peer workers don't need training.

Currently, in Ontario there is limited formal training on peer support practices before people start in peer support roles. But all peer workers need training and on-going professional development. This training and development need to be offered by experienced peer support workers who are knowledgeable about the evolving field of formalized peer support.¹

Myth #3: Peer workers lack appropriate boundaries with the people they support.

Sharing lived experience is an expected and essential part of the peer role. Peer worker training includes learning about defining and negotiating boundaries in peer relationships, and in mental health and addictions agency environments, and on how and when to intentionally share lived experience effectively.

Myth #4: Peer workers will "dump" their experiences on people they are supporting – doing more harm than good.

Peer workers are trained on how to intentionally share their lived experience in ways that are most helpful to the people they are supporting. Peer workers are encouraged to extend an invitation of lived experience sharing and to clearly explain their roles to participants when first starting a peer support connection with service recipients.

Myth #5: Peer workers will be triggered by what they encounter when working in mental health and addiction system.

So will other workers. Triggers are different for every person, not all staff/peers will get triggered and some will be triggered by different things from each other. As part of their process to becoming a Peer workers – many peers have developed wellness plans and coping strategies that help them build resilience. On-going reflective practice in connection to mentors and a community of peer workers helps peer staff identify and work through the challenging parts of their work. Many peer workers model their self-care practices in their work with the people they support.

Myth #6: Peer workers were never really that sick or addicted in order to have recovered so well.

This is an example of a stereotype or misconception of peoples understanding of the different experiences of mental illness/substance use/addiction and can lead to discrimination.

Myth #7: Peer workers are junior case coordinators.

Peer support is a specific discipline and way of interacting with individuals. While there are often overlaps with other roles, peer support is grounded in a unique philosophy that values lived experience knowledge as equal to clinical knowledge.

Myth #8: Peer support is about a bunch of people sharing stories of trauma, “rock-bottom,” bad experiences of the system, or just “being depressed together”.

Peer support is about finding hope. Often people need to have their fear, pain, anxiety, anger validated by someone who has been through similar circumstances in order to make room for hope. Peer workers are trained in trauma-informed peer support practices.

Myth #9: Peer workers will encourage the people they work with not to take medication.

Peer support is grounded in an empowerment approach and the belief that every individual has uncovered – as Patricia Deegan has called it – “personal medicine” within them. Personal medicine are actions an individual takes to further their wellness. It can include activities, relationships, self-care practices, spirituality, etc, and works in collaboration with traditional medicine. Peer workers never give advice or try to sway people to one treatment or approach.

Myth #10: Peer support is anti-psychiatry / anti-system

Peer support is about individual choice and helping people find personal wellness. Peer staff acknowledge that psychiatric care, medication, and involvement with the mental health/addictions system are helpful to many people. Many peer workers have a collection of experiences (good and bad) with the system. Peer staff often enter into paid peer work to “give back” to services that helped them. Skilled peer workers have an awareness of any biases they carry and work with peer supervisors / other peers to lessen the impact of these biases and learn how to use their critiques of the system productively.



Source:

Phillips, Keely,, Harrison, Jay., Jabalee, Christina. (2019). Supervising Peer Workers: A Toolkit for Implementing and Supporting Successful Peer Staff Roles in Mainstream Mental Health and Addiction Organizations. Kitchener, ON: Centre for Excellence in Peer Support, CMHA Waterloo Wellington.

ADDITIONAL RESOURCES TO EXPLORE

Centre for Innovation in Peer Support's

Provincial Systems Virtual Learning Centre & Resource Hub for Peer Supporters & Organizations

Support House's Centre for Innovation in Peer Support's full programming is offered through our Virtual Learning Centre & Resource Hub which supports the most current, best practices in Peer Support.

Through our Virtual Learning Centre, we offer trainings, consultation, our Peer Professional Development Webinar Series, and provincial communities of practice. Our Resource Hub is home to our educational toolkits, documents and videos. These offerings support the practice and implementation of Peer Support within Ontario.

Products on our Resource Hub:

- ***Guiding Standards of Peer Support*** (from Mental Health Commission of Canada, Peer Support Canada & Centre for Innovation in Peer Support)
- ***Understanding Peer Support: A Proposed Core Service in Ontario***
- ***Peer Support Hiring Guide*** (available to organisation leaders upon request)
- ***Peer Staff Job Description***
- ***Peer Support Documentation Guidelines***

[CLICK HERE TO VISIT OUR VIRTUAL LEARNING CENTRE & RESOURCE HUB](#)

[CLICK HERE TO VISIT OUR YOUTUBE CHANNEL](#)



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