Support House

Centre for
Innovation in
Peer Support

User's Manual

Peer Support Integrity, Quality and Impact Survey

This survey, a work in progress, has been tested for validity and reliability
(see Appendix in Survey Manual for details.)
Suggestions for changes and additions that contribute to the survey's
usefulness are welcome.)

Version 1.1

April, 2019

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Centre for
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Peer Support

Acknowledgements

The Centre for Innovation in Peer Support would like to acknowledge the many people who have contributed to the development of the Peer Support Integrity, Quality and Impact Survey, including:

- People receiving peer services who met with us to explore and identify what they viewed as behaviours in alignment with the core values of peer support
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A final, heartfelt thank you to the people who inspired and continue to inspire us on a daily basis, those seeking the support of peers in the mental health and substance use fields and the peer support staff who share from their life experience and training in supporting them.

Staff

The Centre for Innovation in Peer Support

Users' Manual

Peer Support Integrity, Quality and Impact Survey

Introduction

The Centre for Innovation in Peer Support is delighted to share with you Version 1.1 of the Peer Support Integrity, Quality and Impact Survey. It has been developed by the Centre to help organizations providing peer support services gain insight into how people receiving peer services view these supports.

In particular, the survey assesses FROM THE PERSPECTIVE OF PEOPLE RECEIVING PEER SUPPORT SERVICES:

- the degree to which peer support services align with the values of peer support
- the quality of service being
- the degree to which they believe they are experiencing certain impacts in their day-to-day life because of peer support

The survey can be an important tool for evaluating service quality and undertaking quality improvement processes in relation to peer support services.

This is NOT a survey for organizations to evaluate individual peer staff (paid or volunteer).
It is NOT a performance review.
The Centre is discovering that if peer support provided is NOT consistent with the values of peer support it is not necessarily because of what peer support staff are doing. It may have more to do with supervision or organizational culture, for example. Results from the survey should always be viewed through a quality improvement lens.

If you are going to use the survey, there are a wide variety of things you need to consider and steps you need to take. We have done our best to anticipate questions you might have or issues that may arise, but if you need to talk to us about the survey or you have comments and suggestions, please be in touch with the Centre at:

centreinfo@supporthouse.ca

www.supporthouse.ca

Once You Have Decided to Survey People Receiving Peer Supports...

THE IMPORTANCE OF ANONYMITY

It is very important that at every step of the survey process, from administering the survey, collecting completed surveys, entering survey responses into a database, undertaking the analysis, and writing the report, that people who respond to the survey remain anonymous. Throughout this short manual, you will find tips for maintaining anonymity of people who are responding to the survey.

Who Should Complete the Survey?

Generally, the survey is intended for people who are currently receiving peer support services from your organization. However, there may be good reasons why you might wish to include people who have recently stopped receiving these services. For example, you may have a small program and want to increase the number of people from whom you receive feedback.

The survey should be offered to anyone currently receiving peer support services and to no one that has been out of service longer than 3 months.

Generally, asking people to reflect back on things that happened in the past opens up the risk of inaccurate memories. For example, how easily, completely or well, do you remember something that happened 3 or 6 months ago? The Centre recommends that if an organization wants to ask people who have stopped receiving peer support services to respond to the survey that it goes no further back than 2 or 3 months at the most.

In some cases, there may be other reasons for people not to be included in the invitation to complete the survey. Simply be clear in your own mind who you want to hear from and then do your best to reach as many of these people as possible.

Make sure to keep track of how many people the survey was offered to. This is important in the analysis - you will want to know what % of people who were asked to complete the survey actually completed it.

Consent

Ensuring that people understand what they are being asked to do when they agree to do the survey is an important step. We strongly recommend the inclusion of a statement related to consent.

To date, the survey has received approval to be used in hospital-based settings through 2 hospital/university-based research ethics processes, each approval given at a different stage in the survey's development and initial use. In the first case, while the survey was in development, the signing of an informed consent form was required; in the second case, a decision was made that the survey did not involve "human subjects research", meaning something wasn't happening "to" the person in the research it was just asking their opinion. Therefore we were able to do away with an informed consent form (a document outlining the research and the pro's and con's of participation that is signed by the participant that they agree to the terms) and instead include a statement at the beginning of the survey that says that by completing the survey, people are giving their consent to participate.
People have to know what they are consenting to, so a simple but clear explanation of why the survey is being done is critical. Here is what the Centre has been recommending to our partner agencies using the survey:

> *The results from this survey will lead to a better understanding of peoples' experiences of peer work and help explain the value and impact of peer support on peoples' overall health.*

The Centre believes that ensuring people give consent is a best practice consistent with the values of peer support. For this reason, we include a section in the generic introduction to the survey that says:

> *The answers you provide are anonymous and completing the survey is completely voluntary. By completing the survey, you are indicating that you have given your consent to participate.*

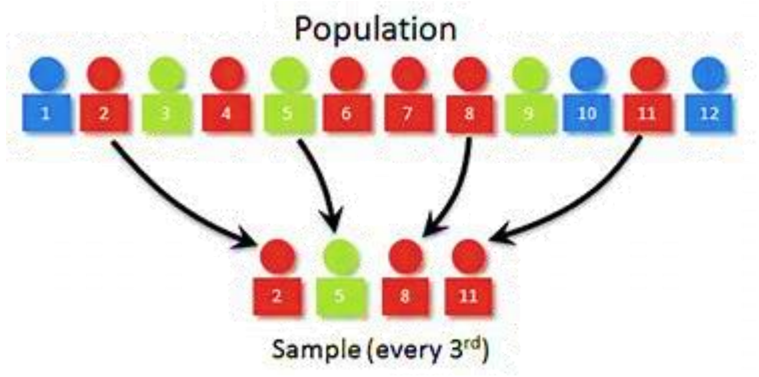
We strongly recommend the inclusion of a statement related to consent.

Do I need to do a random sample?

It is important for this survey to receive as many responses as possible. If you can include everyone in the survey who is eligible to participate, it is a great idea. If you cannot, you need to consider a random sample that gives you a group of survey participants who are representative of the larger group of all eligible people. This takes time, effort and resources. If you feel you need to do a random sample, consult someone who understands sampling and the issues that it raises, such as sampling bias. In most cases, doing a random sample is not necessary.

You may have heard the term "random sample" and may wonder if this is something you need to pay attention to. Doing what is called a random sample (e.g., offering the survey to every 5th or 3rd person out of all eligible people) is useful only where you have a large program and you want to generalize from the people who responded to your survey to the larger group of people from whom they were drawn, i.e., all people receiving peer support services. Most peer support programs are not huge, and because this survey has been developed as a tool to assist organizations to undertake quality improvement efforts, doing a random sample is probably not necessary and takes time, effort and is more costly. What IS important is to get as many surveys completed as possible from the group of people eligible to complete it.

If your program is large and you feel you need to do a random sample, it would be best to check with someone who understands survey research bias, statistical significance and the confidence you can have that the results reflect the whole population in which you were interested.



How many people should complete the survey?

You want as many responses as possible, but surveys often have low response rates. Use strategies that might increase the number of people who will respond. If you don't get a lot of responses, be VERY cautious about assuming the results reflect what everyone receiving support thinks; you might want to look at some other strategies for getting feedback, such as focus groups, so that you have more confidence in your findings.

Clearly, the more people who respond to a survey the better. However, survey research often suffers from low response rates. Aim for as many people as possible and consider some of the following things to help you increase the number of people responding (your "response rate"):

1. Stress that people will remain anonymous (you will see that the survey does this in the introduction section)
2. Emphasize how important the survey is for peer support work and the importance of having the voices of people receiving peer support heard.
3. Tell people how you will be using the results of the survey and if they will be able to hear about the results at some point (recommended wherever possible.)
4. You can provide a small incentive (here, when we can afford it, we use a $10.00 gift card given to people when they complete the survey). However, since you are providing anonymity to people who respond to the survey, you will need to find a way to provide this incentive that does not link people to their survey responses. For example, if someone is returning a hardcopy version of the survey, make sure they have been given an envelope into which they can put the survey. Seal it and return it to a specific place or person. Once they return it, they can claim their incentive. Make sure the instructions that go with the survey are clear about all this. If doing the survey online, you can include a link to a separate form in which people put their name and contact information so that they can be sent or in other ways receive the incentive. Make sure, however, that they are aware this information is being collected totally separately from the survey!!!
5. Put up reminder posters in places people would normally see them, give handout reminders to people attending group or one-to-one sessions or send e-mail reminders.

How will you administer the survey?

The survey can be completed on paper (hardcopy) or on-line (or both). However, each method has some issues to consider.

The survey can be administered on-line by giving people a link to a copy of the survey that has been uploaded to whatever survey program you use, or people can complete it in hardcopy. Some of the organizations we work with do both, knowing that some of the people to whom they provide peer support may not have access to a computer or are not comfortable doing a survey on-line.

If you are administering the survey on-line, consider the following:

- To ensure anonymity, and if your survey program allows, turn off the collection of identifying information that may be collected in the background, such as the person's IP address.
- If it is possible that more than one person might complete the survey from the same computer (e.g., a computer made available for people to use in an office that gives them privacy), make sure your uploaded survey settings permit multiple responses from the same computer (in Survey Monkey, for example, this is a preference that you have to set – it is NOT the default setting)

If you are administering the survey on paper:

- Provide space and time when a survey can be completed without a staff person immediately present or to be taken home and returned later.

- Ensure completed surveys are not seen by staff in your organization (envelopes that can be sealed by the survey respondent before being returned to a designated person or drop-off spot are helpful for this).
- If you are providing a room or setting in your organization where people can complete the survey, please make sure that peer support staff are not present and, in fact, it is best if no staff are present; they can be available nearby once the completed surveys are out in envelopes ready to be handed in.
- What if someone needs support filling it out- find a way the agency can prepare for that and keep the promise of anonymity.
- Make sure that agency staff know they are not supposed to see survey responses so, for example, envelopes containing surveys should not be opened.

- Provide for transfer of completed surveys to whoever is doing the data entry and analysis.
- Between the time of receiving completed surveys in hardcopy and forwarding them to whoever is doing data entry and/or analysis, keep the surveys in their sealed envelopes in a locked storage space (e.g., locked drawer in a filing cabinet).
- Determine a date at which you will make sure hard copies of the surveys are destroyed and, if your organization does not have a policy around how long to keep research data, determine a date (3 years, for example) electronic data will be destroyed.

How long should people have to complete the survey?

We suggest about 3 weeks for the survey to be completed by people.

Normally, the Centre suggests about 3 weeks for completion of the survey. This allows you to track how many responses you are getting so that you can send or circulate reminders to people to complete their survey. If reminding people on-line, and your survey software does not allow you to send reminders while maintaining anonymity, you may need to send a reminder to everyone to whom you sent the initial invitation. Leaving the timeline for too long can also lead to people forgetting about the survey, or staff forgetting to remind. A short, targeted approach should also help yield a better response.

Creating a database and recording survey responses in it

Once the time for administering and collecting the surveys is finished, creating a database that can be used for analysis is important.

If you have had some surveys done on-line, the program you have used for this will probably be creating a database for you. Often this will be in the form of a spreadsheet that can be downloaded for use. If this is the case, then hardcopy responses can be entered into the on-line survey by someone (we will come back to this), giving you a complete database ready for analysis.

If you are having the survey completed using paper copies, you can create your own database, or you can still create an on-line version into which survey responses are entered by someone. Either way, you will have the database you need for analysis. (Appendix B includes instructions for creating a database)

An important tip: if you are entering hardcopy responses into a database or creating a database from scratch, make sure you assign a respondent number to each survey and write that number on the survey as you may need later to check on information that has been entered when you are ”cleaning” the data.

SUGGESTION: assign a respondent number to every hardcopy survey, write it on the survey and record it in the database along with the responses.

Who should enter the information from paper surveys into the database?

If you are using hardcopy surveys someone will have to enter the data into a database. Who?

Unless all the responses that you get to the survey are done on-line, someone will need to enter the data into the database (most likely a spreadsheet). Ideally this person will be someone not involved in the peer support program. However, whoever this person is, they will have to:

- Understand that the surveys they are dealing with should be treated confidentially and not shared with other staff or volunteers in an organization (we have been lucky to be able to have a staff person from the Centre do the data entry from our partner agencies and organizations and therefore the person doing the data entry is "at arm's length" from any of our partners).
- Be accurate.
- Be instructed to retain all hardcopy in locked files.

Finally, it is important that the database has a password to protect against its use by unauthorized personnel. Your organization will need to determine who has access to this data (and therefore needs the password) and this decision needs to be made keeping in mind the promise to people who completed the survey that they will remain anonymous.

Coding your data so it can easily be analyzed

Your survey data will need to be "coded" when it is put into the database.

Much of what will be analyzed from this survey depends on data being in number form. In particular, the sections on Peer

Survey Answer	Code to Enter in Database
Strongly Agree	5
Agree	4
Neither Agree nor Disagree	3
Disagree	2
Strongly Disagree	1
No Response	9

Support Integrity and Peer Support Impact rely on answers being included in the database as numbers. The survey itself has people make choices based on descriptions, and people's answers in some sections need to be translated into numbers. This process is called coding and a key for coding the answers to questions in the survey is included as Appendix B to this Manual. When information from a completed survey is entered into the database, use the coding key (see example below).

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Making information anonymous

> Keeping people anonymous includes reviewing comments they make and removing identifying information.

Despite the survey indicating that we do not want their names or the program they are in, some survey respondents freely offer up identifying information in the comments section of the survey. Others may identify peer staff or other staff by name in their comments. Neither people completing the survey nor staff people (or volunteers for that matter) should be identifiable.

Because comments are often used in a report to illustrate observations or trends in data generated through the survey, removing any potentially identifying information in these reports is important. This can be done at 2 different points:

Could be Anybody

- When data is being entered from hardcopy surveys, the person entering the data can be instructed to remove any names or descriptions of people that might give away their identity. This can be done by removing the name and replacing it with a placeholder. For example, the comment "My friend Janet who is also in my group said that the peer staff, Mary, broke a promise she had made" would be entered into the database as "My friend XXXXX who is also in my group said that the peer staff

> TIP: Sometimes people responding to a survey will give so much detail about their own situation that, although they do not use their name, it is possible for people who know them to figure out who made a particular comment. In practice, therefore, if you want to use the comment in a report, the discretionary use of placeholders for words, e.g., XXXXX, is recommended. Alternately, a decision might be made to skip part of it or not to use the comment at all in a report. Always remember that retaining anonymity is critical.

XXXXX broke a promise XXXXX had made." (In this case, "she" is also replaced because knowing the peer staff person's gender may let the staff person be identified.)

- The person charged with doing the analysis, if they are not the one who entered the survey information into the database, can review all comments once they are in the database and go through the same process as outlined above, substituting a placeholder for identifying information.

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Analyzing the data

What follows here is a brief description of what the steps in a typical analysis of the survey data would include.

The purpose of the survey is to give you information that will assist you to improve or maintain the quality of service, NOT to assess peer staff performance. Your analysis should reflect this purpose.

(NOTE: If you have a relatively small number of respondents you can, of course, do all the analysis manually. However, the basic information you will want back from the survey will be the same for everyone using it.)

Cleaning the data

The process of cleaning data helps to ensure that the database you will be working with is as accurate as possible.

Before you start analyzing your data, you will want to be sure your data is as accurate as possible. For example, for each question, you will want to know whether what is in the database falls within the range of possible values. For example, if a question could have answers coded 1, 2, 3, 4, or 5 only, 7's or 8's appearing as answers probably mean a mistake was made when the data was entered. Look at the example below:

Example

Question: How old are you?
Possible Answers:

Age Range	Code to Enter for Age
Below 21 years old	1
21-29 years old	2
30- 39 years old	3
40-49 years old	4
50 years old or more	5
No response	9

In the example, if you were to find 2 cases where people have apparently answered 7 and another person seems to have answered 8, it is likely that errors have been made when coding and/or data input occurred. If you have assigned respondent numbers and these were recorded on the hardcopy surveys as well as in the database (they should be!!!), you will be able to go back and correct each of these errors in the database. There can be other oddities as well where there has been manual data entry, such as someone typing in information in the wrong column in the database.

Normally, this cleaning process starts by doing a simple set of frequencies for each question, i.e., how many people gave each possible answer for each question. Generally, mistakes show up fairly easily. Once this process has been completed and you have eliminated as many errors as you can in your data, you can go ahead with your analysis. While there are other techniques that can be used for cleaning and verifying data, for the purposes of this survey, what is outlined above should be sufficient.

Errors in your database are less likely if you are using survey software …but always check!!!

2. Analyzing each section of the survey...

a) Asking about service integrity

Do people feel the actions of peer support workers align with the values of peer support?

This section of the survey has an opening title "The peer support worker…". It asks people how strongly they agree or disagree with 17 statements about the actions of the peer support worker with whom the person connects.

If you are using the coding key in this manual, the answers should have been coded as follows (the numbers are NOT what is seen by the person doing the survey):

Strongly agree	5
Agree	4
Neither agree nor disagree	3
Disagree	2
Strongly disagree	1
Not applicable	6*
Missing data	0

For each of the 17 items, calculate the mean or average score as follows. If using a statistical analysis package, run "frequencies" (a simple count of how many people said "a", how many people said "b", etc.) for each of the 17 items and ask for the mean as one of the statistics you want the program to calculate. If doing this manually, add up the scores for an item across all responses **except "0" and "6",** and divide by the number of people who answered the question. IN BOTH CASES, make sure you do NOT include cases where someone did not answer or said the item was not applicable (coded "6" or "0").

The result of this analysis will be a mean, or average, score for each item ranging from 1 to 5. Generally:

- a mean score for an item of 4 .0 or more is considered very positive
- a mean score for an item of 3.5 to 3.9 is considered positive
- a mean score of 3.0 to 3.4 is considered neutral
- a mean score of 2.9 or less is considered negative

People completing the survey are also given an opportunity to share any additional comments they might have. These comments should be reviewed and a "theme" analysis done, i.e., are there recurring issues or observations made be people? If so, do a simple count to determine how many people made similar comments.

This can also be reported, and anonymized comments (by that we mean comments that cannot be linked to a specific person) included in any report that is written to illustrate results from the 17 items or any additional issues that people shared with you that should be noted. In many cases, The Centre shares ALL anonymized comments.

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b) Asking about service quality

How do people feel about services before receiving peer support and how do they feel about meetings with peer support staff?

This section of the survey has the title "How Do You Feel?" and in it people are asked about their feelings or emotions at 2 points in time:

- how did they feel about the services they received ***before*** they ever began meeting with a peer support worker?
- how did/do they feel about their meetings with a peer support worker?

For both statements, people are given a list of feelings (5 generally considered negative and 5 generally considered positive) and asked to circle ALL of the feelings that fit with their experience. People are also given the opportunity to write in their own words.

To analyze this question, for each point in time, do a simple count of the number of people that circled each word, e.g. 15 people said "happy" OR 23 people said" worried". These numbers and the % they represent of the people who completed the survey are what you want to know.

Where people have written down their own words, treat these as comments. Read through and classify each comment as positive or negative. These can then be reported in the report you will probably be putting together and add additional dimension and depth to your understanding about how people are/were feeling.

You will want, when all the numbers and percentages have been calculated, to look at the results and see if there appear to be any differences that stand out in how people felt about services before receiving peer support and how they felt about meetings with peer support staff.

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c) Asking about service impact

Do people feel peer support services have made a difference in their lives?

This section is titled “What has Changed?” and asks people how strongly they agree or disagree with 7 statements about changes they have experienced because they have been meeting with a peer support worker. If you are using the coding key in this manual, the answers should have been coded as follows:

• Strongly agree	5
• Agree	4
• Neither agree nor disagree	3
• Disagree	2
• Strongly disagree	1
• Not applicable	6
• Missing data	0

For each of the 7 statements, calculate the mean or average score as follows. If using a statistical analysis package, run “frequencies” for each of the 7 items and ask for the mean as one of the statistics you want the program to calculate. If doing this manually, add up the scores for an item across all responses, and divide by the number of people who answered the question. IN BOTH CASES, make sure you do NOT include cases where someone did not answer or said the item was not applicable (coded “6” or “0”). The result of this analysis will be a mean, or average, score for each item ranging from 1 to 5. Generally:

- a mean score for an item of 4 .0 or more is considered very positive
- a mean score for an item of 3.5 to 3.9 is considered positive
- a mean score of 3.0 to 3.4 is considered neutral
- a mean score of 2.9 or less is considered negative

People completing the survey are also given an opportunity to share any additional comments they might have. These comments should be reviewed and a "theme" analysis done, i.e., are there recurring issues or observations from people? If so, do a simple count to determine how many people made similar comments. This can also be reported, and anonymized comments included in any report that is written to illustrate results from the 7 statements or any additional issues that should be noted.

TIP: People's eyes tend to glaze over when they are looking at long lists of numbers and percentages – wherever you can, include graphs to present your findings. They add colour and are often easier for people to understand.

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d) Asking people about themselves

The survey we are using includes this section which gives us what we feel to be important information for the work we are doing in our region of Ontario, Canada. Some of this may not apply to you and your organization's need for information.

We are collecting information about:

- The city/community in which people live
- The community/city in which people receive service (because we support the work of a series of partners at the regional level)
- Over someone's lifetime, how long have they been receiving peer support services in total
- People's age
- People's gender
- The type of organization from which they receive peer support services (e.g., hospital, community-based, etc.)
- The focus of the organization from which they receive peer support services (e.g., focused on mental health, focused on addictions, etc.)

In all cases, we do a simple count (frequencies) that says how many people or what % of people who completed the survey responded a particular way.

We recommend strongly that you adapt this section to your own organization's needs; there may be a number of questions you can drop and there may be additional questions you want to add. It is up to you.

HOWEVER, we think it is critical to include the opening paragraph (or one like it) that the Centre uses in this section as one more indication that we are committed to preserving the anonymity of the people responding to the survey. It reads:

> We do NOT want to know your name and we do NOT want to know the name of the program, agency or peer support worker with whom you connect. However, some basic information about you will help us better understand who is receiving peer support and this will help us make our peer support programs as helpful to people as possible.

3. Developing a report

A report should tell the reader how you did the survey, the number of people invited and the response rate (the % of the eligible people who responded), limitations to the research, and the findings. Whether you include in the report your own observations about trends in the data, etc., is up to you or your organization. HOWEVER, the report should be used to help identify the next steps for quality improvement purposes, so recommendations may be premature in the initial report.

At some point, you will want to share the results of the survey, often in a written report or a presentation of some sort. Here are some tips:

Typically, a report on this survey would contain:

- Background – why did you do this survey?
- Method – how did you go about doing it? What steps did you take?
- Who and how many people did you invite to participate in the survey and how many did so (response rate)?
- Were there obstacles to doing the survey and, if you overcame them, how?
- Are there limitations to the survey?, e.g., did it not reach as many people as you had hoped,? did the people who responded seem to come from a particular group within your

population, e.g., 80% of the people who responded were women but women only make up 40% of the people receiving peer support services.

- When you are presenting the actual findings (numbers and %s) you can present your findings using tables and/or graphs. However, it is important to remember that graphs, where suitable, are often more powerful in telling the story that your data is telling.

- Observations – key trends or take-aways from the analysis

Appendix A

The Peer Support Service Integrity, Quality and Impact Survey

This survey, a work in progress, has been tested for validity and reliability (see Appendix in Survey Manual for details.)
Suggestions for changes and additions that contribute to the survey's usefulness are welcome.)

Centre for
Innovation in
Peer Support

Agency Name and Logo

Thank you for agreeing to fill out this survey asking about your experiences with peer support.

The results from this survey will lead to a better understanding of peoples' experiences of peer work and help explain the value and impact of peer support on peoples' overall health.

The answers you provide are anonymous, and completing the survey is completely voluntary. By completing the survey, you are indicating that you have given your consent to participate.

When you have completed the questions, please insert instructions here for returning hard copy surveys (make sure you use a process that will not allow survey responses to be attributed to an individual who filled out the survey.)

If there are questions you do not wish to answer, please feel free to skip them.

As you complete the survey, please remember that when we talk about a "peer support worker" or "peer support", we are talking about a staff person who has a similar life experience or circumstance to yours, who shares from that experience with you, and that you connect with one-to-one or who leads a group. They are different than a case manager, a therapist, a social worker, or other staff from organizations or programs with which you are in touch.

If you have had more than 1 peer support worker, please think only about the peer support worker you have been in touch with most recently.

If you have questions about this survey, please enter contact information here

If you prefer, the survey can be completed on-line by putting the following address into your browser:

Insert the weblink that the person can use to access the on-line version of the survey.

The peer support worker…

Below, you will find 17 statements about possible actions and behaviours of a peer support worker. If you have had more than 1 peer support worker, please think only about the peer support worker you have been in touch with most recently.

1. Looking at your own experience, please tell us how strongly you agree or disagree with each statement by checking off ✓ your answer.

	Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree	N/A
The peer support worker reminds me that my health and wellness is unique to me.						
The peer support worker tells me about their experiences in a way that is meaningful to me.						
The peer support worker gives me encouragement.						
The peer support worker shares information with me, e.g., community resources that are available, different learning opportunities.						
The peer support worker helps me explore options open to me when I have a decision to make.						
The peer support worker does not express disapproval of me or the choices I make.						
The peer support worker tells me they believe in me.						
The peer support worker tells me my feelings and opinions are worthwhile.						
The peer support worker genuinely listens to me.						
The peer support worker follows through on commitments they make.						

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The peer support worker discusses confidentiality with me.						
The peer support worker tells me that I am not alone in my experiences and struggles.						
The peer support worker encourages me to do things for myself instead of doing things for me.						
The peer support worker learns from me and I learn from them.						
The peer support worker reminds me that I have the right to express my needs.						
The peer support worker demonstrates ways they take care of themselves.						
When I meet with others in a group, the peer support worker tells me that I can participate in a way that is comfortable for me and the group.						

If you have any additional comments, please share them with us:

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Before you started receiving peer support…

2. In general, how did you feel about the services you received ***before*** you started receiving peer support? Please circle ◯ ***all*** emotions that apply.

happy

supported

optimistic

safe

good

uncomfortable

worried

lonely

uncertain

sad

OR write your own words here:

We’d like to know why you felt or feel like this, whatever it is:

This survey was developed by the Centre for Innovation in Peer Support, Oakville, Ontario, Canada and is used with their permission.

Now that you are receiving peer support…

3. In general, how did/do you feel about your meetings with a peer support worker? If you have had more than 1 peer support worker, please think only about the peer support worker you have been in touch with most recently. Circle ○ ***all*** emotions that apply.

happy
supported
optimistic
safe
good

uncomfortable
worried
lonely
uncertain
sad

OR write your own words here:

We'd like to know why you felt or feel like this, whatever it is.

Support House
Centre for Innovation in Peer Support

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What has changed?

We are interested in knowing what may or may not have changed for you because you have been meeting with a peer support worker. If you have had more than 1 peer support worker, please think only about the peer support worker you have been in touch with most recently.

4. Please tell us how strongly you agree or disagree with each statement by checking off ✓ your answer.

	Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree	N/A
Meeting with a peer support worker has helped me be more hopeful about my life.						
Meeting with a peer support worker has helped me get connected to appropriate supports and services.						
Meeting with a peer support worker has given me more confidence to tell health providers what I need.						
Meeting with a peer support worker has improved my ability for self-care (i.e. activities and practices that are engaged in on a regular basis to maintain and enhance a person's short- and longer-term health and well-being.)						
Meeting with a peer support worker has helped me deal more effectively with crises in my life.						
Meeting with a peer support worker has decreased my need for emergency and crisis services.						
Meeting with a peer support worker has made my experience with healthcare services better.						

If there are other things that have changed for you because you have been meeting with a peer support worker, please tell us what these changes are.

Please tell us a little about yourself.

We do NOT want to know your name and we do NOT want to know the name of the program, agency or peer support worker with whom you connect. However, some basic information about you will help us better understand who is receiving peer support and this will help us make our peer support programs as helpful to people as possible.

5. In what city/community do you live? ______________________________________

6. In what city/community do you receive services? ___________________________

7. How do you connect with the peer support worker you have been in touch with most recently?

Please check off only one answer.

○ One-to-one

○ In a group setting

○ BOTH one-to-one or in a group setting

8. Where do you receive services from the peer work you have most recently been in touch with (please check all that apply):

○ Hospital program

○ Hospital inpatient unit

○ Community-based organization

○ Peer-led organization (consumer survivor initiative)

○ Other (please specify) _____________________________________

Support/House

Centre for Innovation in Peer Support

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9. Please check all types of services provided by that that organization:

- ○ Substance use/addiction treatment
- ○ Mental health
- ○ Employment
- ○ Housing
- ○ Other (please specify) ___________________________________

10. Over the course of your lifetime, how long have you received support from peer support workers in mental health and addictions services? Please tell us in months and years.

- ○ 1 month or less
- ○ Over 1 month – 3 months
- ○ Over 3 months – 6 months
- ○ Over 6 months – 1 year
- ○ Over 1 year – 3 years
- ○ More than 3 years

11. Please indicate the age group you fall within:

- ○ 16 - 25 years old
- ○ 26-35 years old
- ○ 36 - 45 years old
- ○ 46-55 years old
- ○ 56-65 years old
- ○ 65+ years old

12. Gender ___________________________________

THANK YOU!

Support House

Centre for Innovation in Peer Support

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Appendix B

Creating a Database

Centre for
Innovation in
Peer Support

Creating a Database

If you are new to survey research, and you are not using survey software, this will help you develop a database that is ready to be used for analysis of your survey data. (If you have experience with doing research, you can probably skip this section!!!)

A spreadsheet program is the go-to software for creating a database. In this case, we are using Microsoft Excel as the example.

Here are the steps:

1. Open a blank spreadsheet

2. Immediately save the spreadsheet (with nothing on it), naming it something you will remember such as: Peer_Support_Integrity_Survey_2019. In order to keep the data as secure as possible, also password protect the spreadsheet and MAKE SURE you keep a record of the password in a secure location or you will not be able to open the spreadsheet later.

3. Databases normally have each "case" (or individual survey) recorded across a single line, covering many columns. Each column records the answer that someone gave for a particular question (see example below).

Example of What the Structure of a Database Looks Like
Ice Cream Database

ID	Gender	Age	Rural or Urban	Ice Cream Flavour Preference	Ice Cream Topping Preference 1	Ice Cream Topping Preference 2	Ice Cream Topping Preference 3	Cone or Dish
001	Female	18	U	Chocolate	Choc Syrup	Sprinkles	No answer	Dish
002	CIS Male	14	R	Vanilla	Nuts	Sprinkles	Fruit	Cone
003	Trans	17	U	Raspberry	Sprinkles	Fruit	No answer	Dish
004	Male	18	R	Chocolate	Choc Syrup	Sprinkles	No answer	Cone
005	Female	19	U	Vanilla	Sprinkles	No answer	No answer	Cone

4. Each survey (each person who responded) should be considered a single "case". As recommended in the Manual, we suggest assigning a number to each hardcopy survey you get back, so you will have identification numbers (IDs) on the front page of each survey. This ID will also be the first piece of information you record in the database for

each person or case. Remember to number the surveys in sequence, e.g., 001, 002, 003…091, 092, 093.

5. The example on the previous page shows most answers recorded in the database as words. In practice, except where you have asked an open-ended question and have asked people to write out their response, answers will normally be "coded", i.e., numbers are assigned to a standardized response, e.g., 'yes' = 1 or 'no' = 2 or 'no answer' = 9. In many cases, this is so that, first, inputting data is easier and, second, some forms of statistical analysis will be easier when it comes time. (You may want to look at the Coding Key in Appendix 3 to get a sense of how this has been handled by the Centre in relation to this survey.)

   If the Ice Cream Survey example on the previous page was coded (coding key provided in the example) and entered in as numbers, the database would look like this:

Example of What the Structure of a Database Looks Like
when Answers are Coded into Numbers
Ice Cream Database

ID	Gender	Age	Rural or Urban	Ice Cream Flavour Preference	Ice Cream Topping Preference 1	Ice Cream Topping Preference 2	Ice Cream Topping Preference 3	Cone or Dish
001	1	18	1	2	1	2	9	1
002	2	14	2	3	5	2	4	2
003	3	17	1	3	2	4	9	1
004	2	18	2	2	1	2	9	2
005	1	19	1	1	2	9	9	2

Codes

ID	Gender	Age	Rural or Urban	Ice Cream Flavour Preference	Ice Cream Topping Preference 1	Ice Cream Topping Preference 2	Ice Cream Topping Preference 3	Cone or Dish
Assign	Female - 1	Age reported	Urban - 1	Chocolate – 1	Choc Syrup -1	Choc Syrup -1	Choc Syrup -1	Dish – 1
	Male - 2		Rural - 2	Vanilla – 2	Sprinkles - 2	Sprinkles - 2	Sprinkles - 2	Cone – 2
	Trans - 3							
	Missing - 9		Missing - 9	Raspberry - 3	Nuts - 3	Nuts - 3	Nuts - 3	
					Missing – 9	Missing – 9	Missing – 9	Missing - 9

6. The next step in creating the database you will be using is to decide on a name for each question that has been asked in the survey. These become your 'variables'. Some of these are easy. For example, age, gender, the community someone lives in, and the time someone has been engaged with peer support are all pretty straightforward. The variable names here could be Age, Gender, Community Lived In and Amount of Time.

HINT: While it might seem tempting to use a simple system like VAR001, VAR002, VAR003, etc., as your variable names, it has been the experience of the Centre that it is easy to confuse the variables…using short names that actually relate to the question/variable takes a little more time up front but can save grief down the line.

It can, however, become a little more challenging, when you have a long sentence or phrase as your variable. For example, the Peer Support Integrity, Quality and Impact Survey has a series of statements and people are asked to indicate how strongly they agree or disagree with each statement. In these cases, the statements are the variables, but a 20-word statement is awkward to put into a database. Look at the 2 examples below and what you could create to be the shortened variable name:

Statement	Possible Variable Name
The peer support worker helps me explore options open to me when I have a decision to make.	Explore options
When I meet with others in a group, the peer support worker tells me that I can participate in a way that is comfortable for me and the group	Group participate

In these 2 cases, the original sentences are not practical as variable names because they are too long to be conveniently used as variable names. The suggested variable names are much shorter and what they mean is pretty clear; it is unlikely you would mistake either of these variables for others in the survey.

What you choose to name your variables is up to you, but make sure they are reasonably short and easy to link back to the longer sentence or phrase in the survey itself.

The columns you will need, except for the last section of the survey, are shown on the next page. The final section gathers information you want to know about the people responding to the survey. Since you may want to be gathering information that is different than the information the Centre gathered, you will want to create variable names that are linked to the information you have chosen to gather.

Column/Variable Name Headings

PSIQI Survey

ID	17 Service Integrity Statements – 17 Variables – 17 Columns Choose a Variable Name for Each Statement that Makes Sense to You	Service Quality Feelings about Services Before Receiving Peer Support • 10 Variables (each emotion is 1 variable) • 1 column for people's own words • 1 column for why they answered the way they did	Service Quality Feelings about Peer Support People Receive • 10 Variables (each emotion is 1 variable) • 1 column for people's own words • 1 column for why they answered the way they did	7 Service Impact Statements – 7 Variables 7 Columns Choose a variable name for each statement that makes sense to you	Information About the People Responding to the Survey Normally, 1 column and 1 variable name for each piece of information you are gathering, e.g., gender, age or age range
001					
002					
003					
Etc.					

This database would be 49 columns across PLUS any additional columns for the information you are gathering about the people who have responded to the survey.

Appendix C

Coding Key

Coding Key

When inputting data from the hardcopy surveys, you will need to code many of the answers into numbers. Here is the Key for doing so.

QUESTION 1: THE PEER SUPPORT WORKER...

The answers to all 17 statements are coded the same way:

Answer	Code	
Strongly agree	5	
Agree	4	
Neither agree nor disagree	3	
Disagree	2	
Strongly disagree	1	
Not applicable	6	(treat as missing data in the analysis although you may want to know how many people answered this way)
Missing data	0 or 9	

Additional comments: input all comments as they were written

QUESTIONS 2 and 3: HOW DO YOU FEEL?

QUESTION 2 and 3 are coded the same way:

Every emotion that is circled/checked off should be coded	1 (stands for "yes")
If an emotion is NOT circled/checked off, it should be coded	0
Or write you own words:	input all comments as they were written
We'd like to know why you felt or feel like this, whatever it is:	input all comments as they were written

QUESTION 4: WHAT HAS CHANGED?

All 7 statements are coded the same way:

Answer	Code	
Strongly agree	5	
Agree	4	
Neither agree nor disagree	3	
Disagree	2	
Strongly disagree	1	
Not applicable	6	(treat as missing data in the analysis although you may want to know how many people answered this way)
Missing data	0 or 9	

Additional comments:	input all comments as they were written
If there are other things that have changed for you because you have been meeting with a peer support worker, please tell us what these changes are:	input all comments as they were written

QUESTION: TELL US A LITTLE ABOUT YOURSELF

You will have chosen what information you want from people responding to the survey. Make sure you determine the coding to go with people' answers for inputting into your database.

Appendix D

Developing the Peer Support Integrity, Quality and Impact Survey

Creating the Peer Support Integrity, Quality and Impact Survey

This short Appendix outlines the process that the Centre for Innovation in Peer Support used for developing the Peer Support Integrity, Quality and Impact Survey. It focuses strongly on developing and testing the peer support integrity measure, which is composed of 17 items that are scored by people receiving peer support services to indicate their perception of whether or not the support they receive aligns with the values of peer support.

How did we land on service integrity as a key element in evaluating peer support?

Being able to tell the story of peer support and the impact it has on people's lives is of critical importance to those who understand its value. While story-telling and anecdotal evidence add rich colour when we share what we know and believe about peer support with others, there is increasing pressure from many quarters to provide more rigorous assessments of impact. For example, given scarce resources and the need to make decisions about who gets how much of the funding pie, the call for evidence to inform funding decisions is not surprising.

It was not unexpected, therefore, that early in its development The Centre for Innovation in Peer Support (the Centre) began thinking about assessing the impact of peer support in relation to its own work and those of its partnering agencies/organizations. With evaluation of peer support still being in its relative infancy, we began with the thought that we could develop and administer a survey that would ask people who had received peer support services in what ways it had affected their lives, giving us important information to begin building an evidence base.

However, for 2 reasons, it soon became clear that we initially needed to focus on service integrity. First, even though there was pressure to evaluate the impact of peer support services, with the rapid roll out of peer staff positions in the region where the Centre operates, there was no way to know if true authentic peer support service were being provided. To measure impact meant we needed to first make sure peer support was happening with integrity so that we could have confidence that that was in fact the impact we were measuring. Second, during the beginning stages in developing an evaluation approach, both communities of practice (COP) that the Centre supports (the Peer Position Network and the Peer Position Supervisors Network) identified role clarity of paid peer support workers as the most vexing issue they were encountering in their workplaces.

At the time, the Centre's two Directors were working with E-QIP[1], and took the opportunity to apply the quality improvement processes and tools they were learning to the issue of role clarity

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[1] E-QIP was an 18-month partnership project between Addictions & Mental Health Ontario, Canadian Mental Health Association, Ontario & Health Quality Ontario to promote and support quality improvement in the community mental health and addictions sector. (Taken from the Health Quality Ontario website:

for paid peer support workers in the organizations and agencies with whom the Centre was working. Using techniques such as the Fishbone and the 5 Whys[2], the Directors concluded that the root cause of unclear roles was that peer support is a values-driven, not a task-driven, 'process. In other words, activities, i.e., the WHAT peer support workers do can vary widely depending on the workplace, but the HOW peer support is delivered, i.e., the way in which all peer support workers interact with peers receiving support, should exhibit the same foundation of values. Put another way, it is values-based behaviours – not tasks – that are at the core of peer support. Given this, we realized that until we could have confidence that the peer support services that were being delivered by our partnering agencies were truly in alignment with peer support values, we could not investigate impact with confidence that what we were investigating was peer support as we understand it to be, i.e., aligned with values.

Having come to the conclusion that the issue was NOT role clarity, but instead understanding and having the ability/capacity to action values, the Directors and the Centre's evaluator designed and rolled out a process to develop a tool for assessing what the Centre has come to call service integrity. The basic approach we decided to adopt was drilling down on the values that shape peer support to identify a series of behaviours that indicate the presence – or absence – of those values in action. In other words, we decided on a values-based behaviours (or "values-in-action") approach to determining service integrity.

The resources from which the Centre has to pull with regard to evaluation and research and consequently the development of a tool are slender, amounting to a part-time embedded evaluator working on average a day a week and partners[3] upon whose expertise we can call for advice when needed. Within these constraints the leadership team has and continues to be committed to the meaningful engagement of peers and peer support workers in all research and evaluation activities and the application of as much methodological rigour as possible given the Centre's resource constraints.

Developing the Service Integrity Tool

The tool that was developed to assess service integrity is currently composed of 17 different statements about the behaviours a peer support worker might or might not display as perceived

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(www.hqontario.ca/Quality-Improvement/Quality-Improvement-in-Action/Excellence-through-Quality-Improvement-Project-EQIP)

[2] These are both Quality Improvement exercises. The first assists teams to identify an issue that could benefit from quality improvement efforts and the second assists teams to identify the possible root causes of an issue.

[3] Partners include individuals from other organizations working in the field and members of the Centre's Stewardship Group, which includes a wide variety of people with policy, practice and research interests and backgrounds in peer support.

by people receiving peer support services. The following sections share how we went about developing these statements.

a) What values?
The first step that the Centre took was deciding on the values that inform peer support, and we agreed that the values set out by the Mental Health Commission of Canada would be the values that we would use in our work. These values are:

- Hope and recovery;
- Self-determination;
- Empathetic and equal relationships;
- Dignity, respect, and social inclusion;
- Integrity, authenticity, and trust;
- Health and wellness; and
- Lifelong learning and personal growth.

b) Identifying behaviours associated with the values
When people talk about values, there is often an unspoken assumption that we share an understanding of what that value means. Take the value “respect”. Most people would say they know when they are being respected by someone else or, for that matter, when they are being dis-respected. However, if you ask someone HOW they know this the answers are not nearly as easily come by. Often people will respond “I just know…” or “because I feel respected”. This is because values, generally, are poorly defined. They are vague although we claim we know them when we see them. The team wondered, then, if we could drill down and discover a way to find more concrete, observable evidence that a particular value was being put into action.

The team decided that the best way to do this was to identify the behaviours that someone might show if they were acting in ways consistent with a value; in other words, we decided to develop a list of values-based behaviours. And we decided that the people best positioned to say if a value was being exercised when peer support is being provided is the person receiving that support.

Here is how we went about identifying the values-based behaviours.

The team met with 3 groups of people receiving peer support services and facilitated a discussion in which they were asked, for each value associated with peer support, to identify the behaviours of a peer support worker that would indicate that value was being exercised. Detailed notes of these discussions were kept and two members of the team (which included over this time period a graduate student on placement with the Centre) undertook independent theme analysis of these notes.

A comparison of these analyses resulted in a significant level of agreement between the two team members, permitting the identification of 21 behaviours or actions, each of which could be linked to one or more values.

c) Translating behaviours into statements about behaviours

The evaluator took these 21 behaviours or actions and developed candidate statements that could be rated by someone in terms of whether this action happened/happens or did/does not happen. She then presented these to the team who re-worked a number of them into 21 statements with which the team members were content.

These 21 behaviour statements were then brought to a meeting of the Peer Position Network (one of the Centre's two communities of practice, this one involving for peer staff) and their feedback sought as to whether the statements accurately reflected, from their perspective, the values that should shape the way they work with peers when providing support. Based on this discussion, several small changes were made to the 21 behaviour statements.

d) Testing validity of the emerging tool

Up to this point, the work with peers, peer support workers and the Centre's leadership team had been developed in such a way as to ensure face validity[4]. However, the team felt it was important to seek a stronger level of validity and reached out to a set of experts in peer support and several peer support workers to serve as a panel to determine whether the 21 statements we had developed were a good measure of peer support values-in-action (i.e. content validity).

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[4] Face validity can be defined as the fact that a scale to appears "at face-value" to be measuring what is says it is measuring. In other words, if you show a set of measures to people, would those people agree that it is measuring what it seems to measure, e.g., a series of addition, subtraction, multiplication and division questions would seem to be good measures of basic mathematics skills, therefore you could say they have face validity. In contrast, content validity refers to the degree to which a set of items (such as a set of statements, or a set of characteristics) provide a comprehensive content representation of the totality of a concept or construct, e.g., various items that add up to a good measure of, say, depression. In our case, we wanted to know the degree to which the statements we developed cumulatively add up to a good measure of values-in-action. Testing content validity usually requires the use of experts to determine whether a group of items is an adequate or effective measure of the broader concept.

We ended up with a "panel" of 10 people who were asked how essential each of the 21 behaviours was to providing peer support in a way that aligns with the values of peer support. They could indicate that a behaviour was essential, was useful but not essential or not necessary at all. After the 10 people responded, we totalled the number of experts who thought a behaviour was essential and reviewed the results using as the benchmark for inclusion a statistical measure called Lawshe's Content Validity Ratio. This ratio required 9/10 experts to agree that an item was essential for it to be included. Using this criterion, 4 statements did not meet the criteria and were dropped, leaving 17 statements to be included in the new "tool" to measure service integrity.

The panel had also made some suggestions as to re-wording that should be considered, primarily in order to "plain language" the statements as far as possible which the team agreed made sense. This was done.

How would we measure whether these behaviours were being modeled by peer support workers? The team decided the most effective way to assess this was to have people receiving support indicate how strongly they agreed or disagreed that each behaviour is modeled by the peer support person with whom they interact. We adopted a 5-point scale ranging from Strongly Agree through to Strongly Disagree (this is known as a Likert scale, with the point in the middle being neutral). With the 17 behaviours now ready to be assessed, we now had a first draft service integrity measure in hand.

e) Adding quality concerns, possible service impacts, and demographic questions to the service integrity measures

The next step in developing the survey was adding questions focused on service quality and service impact (from the perspective of people receiving support) to the 17 service integrity measures that had been developed.

i) Quality

The approach we took to determining if what people felt about the quality of the support they were getting was positive was borrowed from an experience-based co-design instrument introduced to the Centre's Directors through their involvement with E-QIP in 2016-17. The measure asks people to identify their ***feelings/emotions*** about services at different stages. People are given a choice of positive and negative words and asked to select all those that describe their feelings at a point in time. They are also given the opportunity to provide their own words if they choose. Finally, they are also asked why they have these feelings and given space to explain this.

We were interested in 2 points in time: we asked people how they felt about the services they received BEFORE receiving peer support and then again how they felt about the peer support they received. What we were interested in seeing was if there were any notable differences between how people felt prior to peer support and how they felt about peer support itself.

ii) Impact

We also wanted an opportunity to explore whether people receiving peer support services perceive that support having an impact on their lives. We were aware, through the literature, that while there is room for more rigour in research, other research indicates peer support has some impacts on peoples' lives (see, for example, Chinman et al, Psychiatric Services: 2014 April 1). With that literature as a reference point, we developed 7 statements that set out possible impacts peer support might be perceived to have made. Again, people could agree or disagree with each statement (using again a 5-point Likert scale). An example of a statement that was developed and appears on the survey is "Meeting with a peer support worker has helped me get connected to appropriate supports and services."

iii) Demographics

The team also decided that some very basic demographic information could be useful for analytic purposes once surveys were completed. To this end, we added questions about the community in which people live and the community in which they receive service, their age, their gender, how long they have received peer support over their lifetime, how long they have been receiving their current peer support and the nature and primary focus of the agency/organization from which they are receiving peer supports (originally posed as a single question but separated for improved clarity based on feedback from peer support specialists and researchers).

f) Testing and Observing Ease of Survey Administration

With this newly integrated survey in hand, the evaluator met with 5 people receiving peer support (people unknown to the Centre) who volunteered to help us who came from 2 partner organizations providing peer support. During this time together, the individuals completed the survey and were then interviewed by the evaluator and asked about any difficulties or challenges they had completing the survey, either with the instructions or with the wording and understanding of questions. Based on feedback, some minor adjustments were made, primarily to instructions. The team felt that it was now appropriate to do some testing of the reliability of the service integrity measure.

g) Testing reliability of the emergent service integrity measure

While we developed the service integrity measure very carefully so that we could have confidence it would give us the information it was designed to give us, the team also wanted to see if it was reliable.

We tested the reliability of the measure by administering the survey twice to the same group of people with a gap of approximately two weeks' time between the first and second time they did the survey (the people who helped us were in a hospital-based mental health program in Hamilton, Ontario that involved both inpatients and outpatients[5]). This research study was approved by the Hamilton Integrated Research Ethics Board. Of the 36 people who completed the survey the first time, a total of 29 people completed both the first and second surveys, which were administered from late November 2017 to mid-March 2018.

We were fortunate to also have a McMaster University Master of Social Work student working with us as a Research Assistant. She introduced people to the survey, ensured they had the information they required to give informed consent, observed people completing the survey and made notes of questions they might have. Her notes proved to be very useful for us to have; based on her comments and observations, we later made small wording changes to achieve clarity in some of the questions.

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[5] We are very grateful to Schizophrenia & Community Integration Service (SCIS), St. Joseph's Healthcare Hamilton for their support and assistance in this work and to the people who agreed to participate in the survey. Thank you to all concerned.

There were 3 statistical analyses we ran to explore the reliability of the service integrity measure.

In the first analysis, we wanted to see if there were significant differences in the way people answered a question the first time and the way they answered it the second time[6]. While it is not unreasonable that there might be differences depending on what is happening in someone's life, to be reliable (in this case repeatable over time), any differences needed to be insignificant from a statistical standpoint. We found that there were, overall, no statistically significant differences between Time 1 and Time 2 responses, leading us to conclude the measures we had developed were reliable over time. In the second analysis (known as internal consistency), we wanted to determine if the 17 items in the service integrity measure, which were intended to measure a shared underlying concept (values-based behaviour or "values-in-action"), were internally consistent with each other. The statistical process we used[7] suggested strong internal consistency across all 17 items of the service integrity measure, giving us another strong indicator of reliability. Finally, we also ran an Intra Class Correlation (ICC) test for each item which indicated good reliability (see footnote for more detailed description).[8]

We also looked at the correlation between Time 1 and Time 2 scores for each of the 17 items. We found that there was a strong tendency for items or statements where this correlation was lower to be items that the Research Associate had indicated caused some issues or challenges for the people who had completed the survey. Based on her notes, small wording adjustments were made to ensure better clarity in these statements.

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[6] We used a test called the paired samples t-test. The p-values (or significance) for all 17 items were between .13 and 1. To be considered a significant difference in scoring by survey participants on average between Time 1 and Time 2, the p-value would have to be .05 or less. For this reason, we were able to conclude that for 17 items, there were no statistically significant differences in scores between Time 1 and Time 2 and that roughly similar results were achieved both times, suggesting a set of measures that could be considered reliable.

[7] We used a reliability analysis that returned a Cronbach's alpha of .92, considered excellent and which indicates the items were providing an internally consistent measure of the underlying construct, in this case "values-based behaviour" or "values-in-action".

[8] We also calculated the ICC for each item in the survey scale we have been working on (based on test – retest scoring by participants). All but three items met an acceptable ICC threshold (8 had ICCs between .5 and .75 and 6 had ICCs between .75 and .9). The three items that did not meet the threshold of an ICC of at least .5 were left in the survey in the first administration across our service partners, partly due to timing but also because we believe further research is needed before deciding to remove them, because they were considered satisfactory with regards to other factors (e.g., validity, etc.). A decision about how to handle them will be made as we consider more complex statistical analysis that may be possible as more people complete the survey in the near future.

Based on the testing that we were able to undertake, the team concluded that we now had an instrument and within it a valid and reliable service integrity measure that we could take to the field with confidence.

Into the Field but Still a Work in Progress

With validity and reliability testing completed and fine wording adjustments in several items made, the team felt it was now able to begin using the service integrity measure. The Centre will be using the larger survey in which it is embedded as part of its ongoing work with 11 organizations funded by the Mississauga Halton LHIN and there has been significant interest expressed in using the survey by organizations elsewhere provincially, nationally and internationally. The Centre is delighted to share the survey, but the team still sees this as a “work in progress”. For example, we have already received suggestions for changes in the service quality area of the survey instrument.

As we learn from the survey and from our experience and the experience of others in administering and analyzing the data gathered, the team remains open to further changes and refinements based on the evidence we gather. This is Version 1.1 and Version 1.2 will probably not be far behind.