

LOOKING BACK, LOOKING FORWARD

THE IMPLEMENTATION AND IMPACT OF PEER POSITIVE

NORTHWEST TORONTO SERVICE COLLABORATIVE (APRIL 2017)



The Northwest Toronto Service Collaborative (NWT SC) was convened by the CAMH Provincial System Support Program as a part of *Ontario's Comprehensive Mental Health and Addiction's Strategy, Open Minds, Healthy Minds*. The Service Collaborative brought together representatives from over 40 mental health, addictions, and community organizations to improve access to and coordination of services for children, youth and adults with mental health and addiction issues.

Thank you to the dozens of individuals who committed themselves to building and experimenting with Peer Positive. In particular, we would like to thank the following organizations for their ongoing support:

Leave Out Violence Ontario; York University Mental Health Disability Services; Jamaican Canadian Association; North Toronto Local Immigration Partnership; Millan & Associates; Hong Fook Mental Health Association; Griffin Centre; Across Boundaries; Elizabeth Fry Toronto; Jewish Addiction Community Services Toronto

We would like to extend special thanks to the members of the Youth Advisory Group and the Mental Health and Addictions Action Group who shared their valuable expertise and passion. Without you, this would not have been possible.

For more information about the CAMH Provincial System Support Program and the Service Collaborative Initiatives visit www.servicecollaboratives.ca.

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CONTENTS

| | |
|---|----|
| Overview | 2 |
| History of the Northwest Toronto Service Collaborative | 3 |
| The Groups that Shaped Peer Positive | 9 |
| Implementing Peer Positive | 12 |
| Case Study: Hong Fook Mental Health Association | 13 |
| Case Study: Leave Out Violence Ontario (LOVE) | 19 |
| Case Study: York University's Mental Health Disability Services | 24 |
| Impacts of Peer Positive | 29 |
| Lessons & Recommendations | 32 |
| Peer Positive Toolkit | 38 |

OVERVIEW

This report documents the processes, challenges, successes, and lessons learned during the Northwest Toronto Service Collaborative's (NWT SC) development of Peer Positive. It serves as an evaluation of Peer Positive, and is broken into three sections:

- A brief history of the NWT SC that provides context and insight regarding decision-making.
- Details of how Peer Positive was implemented in three organizations.
- An overview of how the lessons from the initiative can inform future directions for community and system-level implementation.

METHODS:

The report was developed using a community-based participatory approach involving CAMH Provincial System Support Program (PSSP) staff, community partners, and peers who have been involved in different phases of the project. A variety of data sources and data collection methods were used to capture a range of perspectives and experiences about the Peer Positive Initiative. A full-day program evaluation training session was

offered to peers and service providers participating in Peer Positive. Additionally, flexible interview and focus group plans were developed by a CAMH PSSP evaluation coordinator.

DATA SOURCES:

- Program documents (reports, meeting minutes, website, tools and resources developed through the project) were reviewed to document the history and process of the NWT Service Collaborative and development of Peer Positive.
- Five semi-structured interviews were conducted with staff, leadership of implementing agencies, and peers involved with Peer Positive.
- Three focus groups were conducted with peers and service providers participating in Peer Positive.

DATA ANALYSIS:

Thematic analysis of interview and focus group notes were conducted by a trained peer and a CAMH evaluation coordinator.

HISTORY

Early community consultations uncovered the following values that gave direction to the work:

- Meet the community where it is at.
- Recognize the importance of building relationships and trust.
- Ensure that action taken by the NWT SC is appropriate for the community.
- Remember that families are integral to success;
- Start engagement early and be timely.
- Address structural challenges within the system.
- Acknowledge scarcity, but build on abundance.

IDENTIFYING UNMET NEEDS AND THE SERVICE 'GAP'

The NWT SC set about identifying unmet needs in the community related to gaps in services during transitions between systems. These needs were initially identified through group discussions, and were further explored during a 'needs validation' process that drew on interviews, a survey, and the collection of demographic data from communities of Northwest Toronto (for more information, see the [Ear to the Ground Report](#)).

The results of this process led the NWT SC to focus their thinking and action on the following ideas:

- Guiding Question: How can we re-imagine access to mental health and addictions supports in a way that strengthens, rather than undermines, the relationships, culture, and quality of living of children, youth, families and those supporting them in Northwest Toronto?
- Target Population: Children, youth with mental health and addictions needs and their families, most marginalized by the current system, and those supporting them.



First meeting of the Northwest Toronto Service Collaborative (October 2013)

- Target Need: Timely access to appropriate supports that meet them where they are at and make sense within their context.
- Key Barriers: Social isolation within the system and travel to services.
- Desired Impact: Increase access to appropriate supports.
- Point of Transition: When the initial need arises for children, youth, or families within the community.
- Place: In community spaces and informal places where children, youth and families within equity seeking groups are already gathering.

IDENTIFYING THE CORE COMPONENTS OF A POSSIBLE SOLUTION

Principles to guide the development of an effective intervention were created through conversations with Service Collaborative members, community consultations, as well as co-creation sessions with youth and family. They included:

- Support the leadership and connection of youth and families with lived experience.
- Encourage services to adapt to reflect the

communities they serve.

- Meet people where they are at in the community.
- Embrace technology to enable change.
- Improve transparency of the system.
- Utilize a strength-based, holistic approach to supports.

Following these principles, six initial concepts for models of systems change were proposed and explored by the NWT SC. These models were provided as reference points for initial conversations, and were not necessarily intended to represent a comprehensive solution. They were developed by synthesizing information from focus groups, service collaborative meetings, and relevant literature. Each model focused on different goals and needs that were brought forward by the Service Collaborative and needs validation processes.

NWT SC members expressed a strong interest in borrowing concepts from each of the proposed models to create an original response to the expressed service gap. They also emphasized the importance of working in partnership with youth

HISTORY

and families to help inspire and lead the changes necessary within committed organizations. Members also expressed concerns about the prospects for generating buy-in from agencies and suggested remaining flexible enough to support realistic action (i.e. enabling change at team, department, and organizational levels).



Fourth meeting of the Northwest Toronto Service Collaborative (February 2014)

FORMING THE YOUTH ADVISORY GROUP

The Youth Advisory Group (YAG) was created to acknowledge and address the reality that Service Collaborative meetings were spaces that privileged the voices and experiences of professionals. The

YAG offered a space for a diverse group of youth to contribute to the development of Peer Positive in a safer space through regular meetings and hands-on workshops. The YAG also offered capacity building opportunities to help youth participate in decision-making processes with professionals. This group was supported by a trained peer support worker.

REASSERTING THE IMPORTANCE OF EQUITY

Because equity emerged as a cornerstone of the NWT SC's proposed systems change (especially as it related to the power dynamics between peers and professionals), building a shared understanding among partners about its principles was seen as a fundamental step for the intervention.

Over thirty service providers, family members, and youth attended a foundational health equity training session to provide a basic understanding of health equity and offer direction for addressing power relations as the NWT SC moved forward with the proposed changes. This session also helped to set the stage for integrating peers more fully into the

Service Collaborative decision-making process, while keeping other lessons of intersectional identities in mind.

REFINING THE CORE COMPONENTS

After adopting the ‘Peer Positive’ name for the initiative, the NWT SC hosted a ‘Design Jam’ session in July 2014 to build out components of the desired intervention. In small groups, Service Collaborative members and Youth Advisory Group members rolled up their sleeves to generate ideas about possible outcomes, supportive policies, and practical tools that would enhance equity and engagement of individuals with lived experience at formal and informal service access points. The Design Jam also marked the first gathering that fully integrated members of the YAG into NWT SC discussions and decision-making.

The three core components of the intervention that emerged were:

1. **Critical Reflective Practice:** creating the space and support for service providers to reflect on and respond to their individual and

organizational position and behaviours.

2. **Addressing Inequalities:** using anti-oppression principles to build a foundation for equitable engagement within organizations.
3. **Co-Learning:** engaging individuals and families with lived experience as partners in the design, delivery, and review of services.

PREPARING FOR IMPLEMENTATION

Once the core components of Peer Positive were refined to a workable state, the Northwest Toronto Service Collaborative began planning how the initial implementation would proceed. Three different levels of involvement in the Peer Positive implementation were defined:

- *Model Agencies* that were committed to implementing ‘Peer Positive’ changes over time and sharing their experience with other members of the NWT SC.
- *Experimenting Agencies* that were committed to trying out aspects of Peer Positive to build readiness for full implementation.
- *Individual Champions*, including service providers and people with lived experience, who

HISTORY

would participate and spread the intervention through their own actions and networks.

Agencies and individuals participating in the Peer Positive implementation effort received capacity building and decision-making support from the NWT SC and CAMH PSSP Regional Implementation Team. This included onsite coaching, Peer Positive training sessions, a toolbox of helpful practices, access to individuals with lived experience who were invested in Peer Positive's development, and access to relevant evidence and information. The implementation process was intended to encourage flexible organizational capacity building without compromising the ability of the NWT SC to set consistent goals and expectations.

TRAINING FOR IMPLEMENTATION

Individuals and representatives from organizations interested in implementing Peer Positive were invited to a series of training sessions that focused on the three core components of the intervention. These trainings were co-developed and co-facilitated by three teams consisting of a professional and a peer. Some key reflections from

the training sessions included:

- Re-humanizing services involves moving from “I-it” relationships, where people are seen as their labels, to “I-thou” relationships, where people relate to one another at a more human level.
- Equity means meeting people's needs to realize equal outcomes. It's important that people understand the difference between equal opportunity and equity to shift their practices.
- Listening (really listening) is a fundamental skill that is required to work across differences in power and to solve the most difficult problems.



*Peer Positive Intervention Town Hall Meeting
(September 2014)*

MONITORING AND ADAPTING IMPLEMENTATION

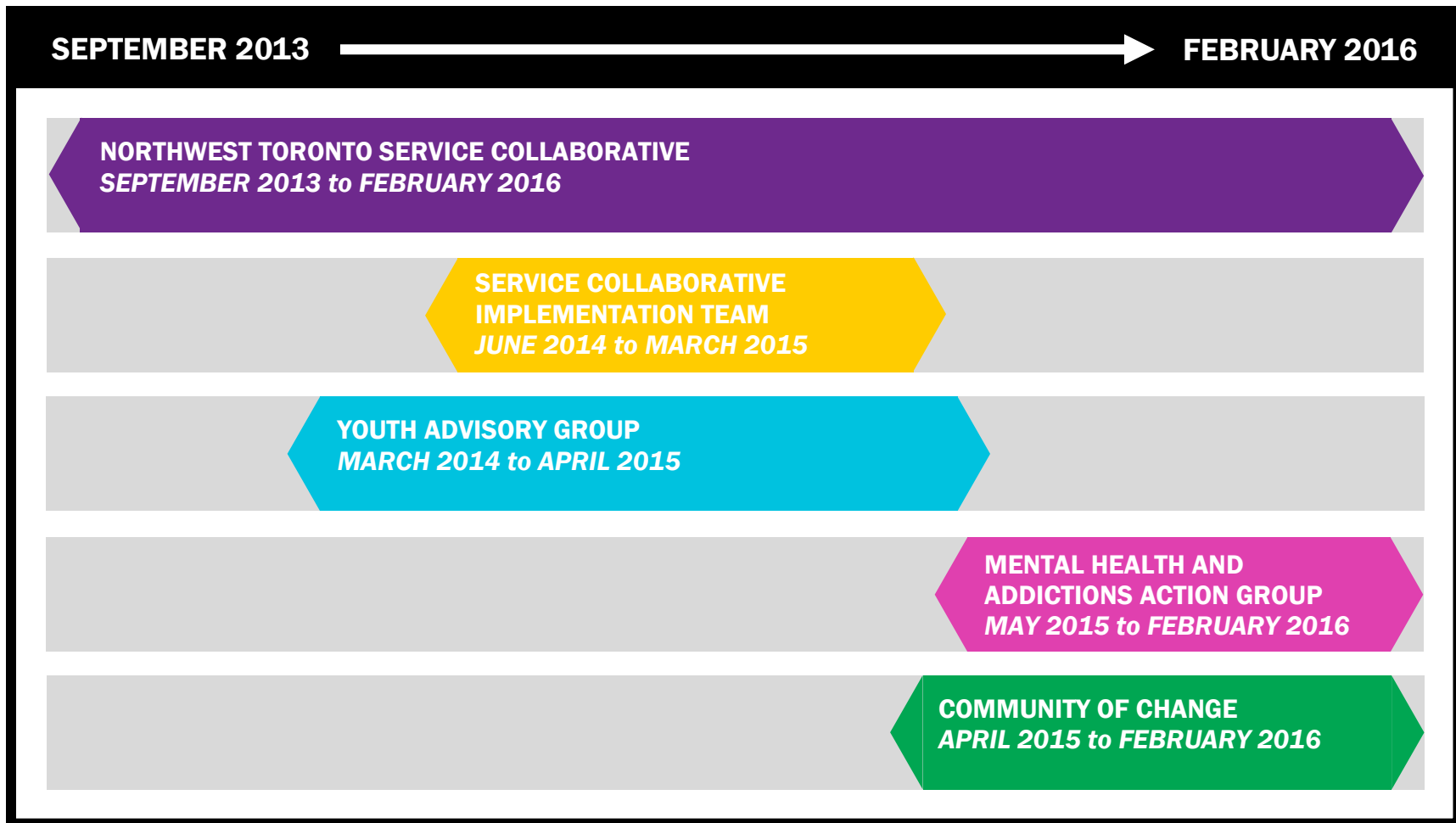
Following the training sessions, three organizations agreed to work as Model Agencies to implement Peer Positive over the course of the next year: Leave Out Violence Ontario (LOVE), Hong Fook Mental Health Association, and York University Counselling and Disability Services. Based on their experiences and feedback, the core components of Peer Positive were revised.

In revising the intervention, the NWT SC attempted to balance the importance of retaining specific recommendations from important theories and bodies of evidence against the need to appeal to the realities of different service contexts. NWT SC members were particularly interested in seeking a common language that would appeal to different groups of people.



A diagram representing the revised Peer Positive intervention.

GROUPS THAT SHAPED PEER POSITIVE



NORTHWEST TORONTO SERVICE COLLABORATIVE

Active Time: September 2013 to February 2016

The Northwest Toronto Service Collaborative (NWT SC) formed as a part of *Ontario's Comprehensive Mental Health and Addiction's Strategy, Open Minds, Healthy Minds*. The NWT SC brought together representatives from over 40 mental health, addictions, and community organizations to improve access to and coordination of services for children, youth and adults with mental health and addiction issues. These representatives narrowed their focus to improving the appropriateness of services and reducing social isolation.

SERVICE COLLABORATIVE IMPLEMENTATION TEAM

Active Time: June 2014 to March 2015

The Service Collaborative Implementation Team (SCIT) was a working group of Service Collaborative members interested in refining Peer Positive and developing an implementation strategy for interested agencies and individuals.

YOUTH ADVISORY GROUP

Active Time: March 2014 to April 2015

The Youth Advisory Group (YAG) was created to acknowledge and address the reality that Service Collaborative meetings were spaces that privileged the voices and experiences of professionals. The YAG offered a space for a diverse group of youth to contribute to the development of Peer Positive in a safer space through regular meetings and hands-on workshops. The YAG also offered capacity building opportunities to help youth participate in decision-making processes with professionals. This group was supported by a trained peer support worker.

MENTAL HEALTH AND ADDICTIONS ACTION GROUP

Active Time: May 2015 to February 2016

The Mental Health and Addictions Action Group (MHAAG) formed out of the YAG after group members expressed the need to move from “advising” to “taking action.” MHAAG members were encouraged to take on more active leadership roles within the Peer Positive planning and design

GROUPS THAT SHAPED PEER POSITIVE

process. They were also encouraged to organize their own events that expanded or contributed to the goals of Peer Positive. This included an event in August 2015 about the implications of disclosing one's mental health status in different social environments. This group was supported by a trained peer support worker.

COMMUNITY OF CHANGE

Active Time: April 2015 to February 2016

The Community of Change (CoC) deliberately brought together members of the SCIT and MHAAG to enhance community ownership of Peer Positive. The group was intended to serve two purposes: (1) as a place for people experimenting with the implementation of Peer Positive to share and learn from one another, and (2) as an oversight and decision-making body for Peer Positive as a whole. The CoC was supported by a trained peer support worker.

IMPLEMENTING PEER POSITIVE

This section describes the experiences of three agencies (Hong Fook Mental Health Association, LOVE, and York University's Disability and Mental Health Services) that have implemented Peer Positive within their organizations.

The three agency case studies follow a similar format describing the agency's:

- a) History and prior experiences with involving peers within their organizations.
- b) Involvement in Peer Positive.
- c) Understanding and definition of Peer Positive.
- d) Implementation of Peer Positive including the challenges and opportunities encountered in the process.

The Hong Fook Mental Health Association (pg. 13)



Leave Out Violence Ontario (pg. 19)



York University's Disability and Mental Health Services (pg. 24)



CASE STUDY: HONG FOOK MENTAL HEALTH ASSOCIATION

HISTORY AND CONTEXT OF PEER INVOLVEMENT

Hong Fook's history with self-help initiatives can be traced back to 1991 when a consumer/survivor self-help demonstration project for the Chinese and Southeast Asian consumer/survivor community began. The project continued to evolve until 1993 when the Chinese & Southeast Asian Consumer/Survivor Self-Help Center of Toronto (C-SACC) was formed. In October 2003, under the recommendation of the Ministry of Health and Long Term Care, Hong Fook integrated C-SACC into its existing programs.

The self-help program was set up at Hong Fook with mental health workers designing and running group activities with input from participants, while a few consumers were hired as program assistants. A number of consumers were recruited to help out with program activities (such as cooking, cleaning, skills coaching, etc.) with minimum wage pay under

the Supportive Employment Program, that provided training and skill building opportunities.

Hong Fook's mission, vision, and core values reflect the organization's commitment to supporting recovery and peer involvement:

- Mission: The Hong Fook Mental Health Association works with Asian communities to keep people mentally healthy and manage mental illness from recovery to wellness, through promotion and prevention, treatment, capacity building and advocacy.
- Vision: A multicultural community that understands mental health and accepts mental illness.
- Core values include: equity, diversity, empowerment, capacity building, self-help and mutual support

Peers are involved in different roles within Hong Fook as board members, advisory committee members, staff, volunteers, and service users.

Within the self-help program the agency always collects input from participants to make sure it meets their needs.

Three years ago, Hong Fook conducted a structured program evaluation and collected feedback directly from clients. The evaluation used a tool called ROSY (Recovery-Oriented System Indicators) to see whether the program was recovery-oriented. The program showed a high score according to the study.

Hong Fook has an accommodation policy and a plan to support peers on the job. Job postings include a disclaimer inviting people to apply and to state any support needs when they are offered an interview or a job offer. Policies, processes, and procedure templates are in place to support accommodations on the job. Management staff receive a brief training in this regard and the hope is to offer more management level training in the future.

Peer Support Workers (PSWs) are hired to work in the self-help program. Specific PSW job duties are designed according to the capacities of individual

peers, allowing for work variation between peers. The work hours of PSWs are flexible to accommodate different energy levels and needs.

PSWs are provided with professional development opportunities both internally (staff training, consultation) and externally. External training attended by PSWs included WRAP, ASIST, Mental Health First Aid, the National Conference on Peer Support, and the PREFER Program.

INVOLVEMENT IN PEER POSITIVE

Hong Fook has been involved in the Peer Positive Initiative since its inception in 2013. When the agency was approached to be a Peer Positive model agency they readily accepted. Hong Fook peers, front line staff, and management participated in the three day trainings offered through the initiative. As a model agency, Hong Fook benefited from the training, tools, and resources provided by the Peer Positive Initiative, including staff support, coaching, meeting catering, and honoraria for participating peers. These resources facilitated planning and priority setting for implementation of Peer Positive within the organization. Hong Fook

leadership, staff, and peers used the tools and supports provided through Peer Positive to promote further dialogue and cultivate a stronger culture of peer participation at different levels. Some of the changes that have taken place through this process include peer/staff discussions for creating a peer-led drop-in, and the facilitation of two peer positive groups within the self-help program provided by external peer coaches.

Some of the challenges of participating in Peer Positive included the amount of time and resources required to recruit, arrange, debrief, and report on the trainings. Another unique challenge facing Hong Fook peers was the culture-gap they encountered due to differences in parental and social expectations, as well as different educational systems. Language and cultural differences also pose other challenges in becoming Peer Positive and bridging the gaps in understanding Western concepts such as self-esteem and assertiveness that may not have direct cultural meanings and relevance. The need for translation and cultural adaptation are seen as ongoing issues in all Hong Fook programs:

“We see that as ongoing issues in all our programs. Adaptation is critical. I think it’s a challenge how we define “peers”. Internally we have been using “peer leaders”, we have been using that terminology. But it’s a lot – how do you define “peers”, “peer support”?” (Hong Fook Staff Interview)

Peers at Hong Fook also struggle with the stigma of mental illness as a barrier to their participation and self-identification as peers:

“Because of stigma, they are not ready to be identified as peers. When they are advocating for themselves, it is difficult for them to be part of the board as a peer or go talk to others as peers. That’s another challenge to overcome and become peer positive. “I am a peer, and I want to make decisions, I want to be involved”, that is very challenging to be able to get to that stage to identify as a peer. Even for our PSWs it is challenging to do presentations. They need a lot of support and courage to go to a conference and present. Same for our training programs, when they need to give

testimonials about themselves are also challenging. In public education opportunities, they may drop out.” (Hong Fook Staff Interview)

PEER POSITIVE DEFINITION

Hong Fook views Peer Positive as a collection of attempts and approaches to include consumers, family members, and co-workers in the operation of the agency as well as in service delivery. Being Peer Positive at Hong Fook includes the following areas:

- Engage and support persons with lived experience (both consumers and family members) to play a role in the service they receive according to their readiness and capacity.
- Promote mutual learning and support among staff as peers.
- Cultivate the culture of peer participation at different levels in the agency (board, committees, service volunteers, etc.).

PEER POSITIVE IMPLEMENTATION

Hong Fook participated in the implementation of Peer Positive as a model agency. Since beginning their involvement in Peer Positive, Hong Fook leadership have committed to creating different opportunities for enhancing peer involvement at various levels.

The following goals and plans were identified through discussions with peers and staff:

- Create a peer-led drop-in.
- Create a context for regular peer/staff dialogue.
- Develop peer-led activities other than drop-in.
- Increase involvement of peers in program planning and delivery.
- Empower PSW and program participants to take more ownership in the self-help program.

Prior to their involvement in Peer Positive, Hong Fook did not have a formal mechanism for collecting feedback from peers. As part of the implementation of Peer Positive, the agency took a number of steps to provide more formal mechanisms for gathering peer input and improving

peer involvement at the program level. Over the past year, Hong Fook has had two peer coaches from the Provincial System Support Program at CAMH who have facilitated two Peer Positive groups within the self-help program. This process has led to the development of a Drop-in Facilitation training manual and six training sessions providing basic knowledge on peer support, the Peer Positive intervention, and basic skills involving peer-led initiatives. Peers/Clients who participated in these groups were also invited to an all-staff meeting where they presented on their experiences of being involved in the program and participated in an engaging dialogue with staff (Hong Fook Staff Interview).

“Hong Fook has had a learning curve as an organization. We have competing priorities but we don’t want to slow down the energy or go too fast, because of internal structural changes. The value is there, and we want to support peers to have opportunities to thrive and shine. We need to sit down as management and look at what support is there, look at resources we need. We have a community engagement model and

implementation plan in place...we need to be strategic” (Hong Fook Staff Interview)

“From the leadership side, moving to shared leadership perspective and endorsing the concept of coaching and mentoring, it will be an opportunity in how we engage with staff and stakeholders. That will be more on the management perspective. For clients – helpful to align those existing process of community engagement – in terms of structures how do we integrate them so we have measurable outcomes” (Hong Fook Staff Interview)

OPPORTUNITIES AND CHALLENGES

Hong Fook identified the following opportunities and challenges in implementing Peer Positive within the agency:

OPPORTUNITIES:

- Systematic data collection and evidence for funding applications to enhance peer service
- Discovered the potential and built the capacity

CASE STUDY: HONG FOOK MENTAL HEALTH ASSOCIATION

of peers to take on more substantive leadership roles in the self-help program

- Preparation of change from staff-led to peer-led program delivery

CHALLENGES:

- Availability of information about Peer Positive in English only.
- Readiness of peers to play a more substantial role within the organization.
- Perceived lack of capacity and resources to prepare staff and clients to use Peer Positive and to come up with a sustainable implementation plan.

CASE STUDY: LEAVE OUT VIOLENCE ONTARIO (LOVE)

HISTORY AND CONTEXT OF PEER INVOLVEMENT

Leave Out Violence Ontario (LOVE) is a youth violence prevention organization that believes youth play a key role in ending violence and creating safer communities. LOVE's violence prevention program has been in operation in Canada for over 25 years. Youth involvement and leadership are core components of its programs through the delivery of its Media Arts Program (MAP), Leadership Training, and School and Community Program.

MAP provides youth with the opportunity "to use media as a source of communication, healing and comfort" (LOVE Program Model Description). Following the completion of MAP, the youth are invited to participate in a Leadership Training Program where they build their knowledge base and capacity to educate their peers in schools and communities about violence-prevention based on their lived experiences.

LOVE hires youth to facilitate programs and offer services at the agency:

"We have policies related to how youth can participate in violence prevention and the organization's sustainability" (Interview with LOVE Staff)

"We structure it to make sure we meet them where they're at, create a safe environment and system to optimize their participation" (Interview with LOVE Staff)

"The positions are designed to accommodate their work and school schedules" (Interview with LOVE Staff)

INVOLVEMENT IN PEER POSITIVE

LOVE is a small organization with seven full-time staff that first got involved with the Northwest Toronto Service Collaborative (NWT SC) in May

2014. LOVE participated in a number of workshops, and it invited representatives from the NWT SC to help educate the youth, staff, and board members about Peer Positive. LOVE was able to successfully prioritize the objectives of Peer Positive. However, they were challenged by the agency's small staff numbers.

“I think it's helpful to have an outside source or expertise, come in to lead change or to inform staff or participants” (Interview with LOVE Staff)

One staff person from LOVE was very involved with Peer Positive and championed it in the organization. He was successful in engaging staff, peers, and board members. It also helped that CAMH Provincial System Support Program staff supported the process and meetings:

“The biggest reason we had so much success is that it became a part of staff culture, relationships between staff and board- it became an ongoing consistent ever-growing process that we all participated in together.” (Interview with Peer)

Once staff bought into the intervention, Peer Positive was presented to the board for official approval in September 2014.

“Board members themselves were always really open to my questions. It seemed like there was communication between board meetings. It was a learning environment that I really thrived to meet new people and be challenged. I could pull knowledge from them. I learned a lot that has informed my work outside of LOVE in terms of understanding the organizational structure.” (Interview with Peer)

PEER POSITIVE DEFINITION

“The Peer Positive approach means including youth in the conversation in all aspects of the LOVE model. When the youth who participate in our programs are treated as partners in service, it increases their quality of life, improves outcomes, and makes our programs better. The Peer Positive way of being inclusive to those who benefit from our programs and services

CASE STUDY: LEAVE OUT VIOLENCE ONTARIO (LOVE)

includes the idea of “co-learning” (co-review, co-design, and co-delivery). This further engages youth as partners in the review, design, and delivery of our services. This can mean youth becoming involved in curriculum planning, foundation proposal brainstorming and being involved in major decisions which affect the LOVE youth.

We really believe in the peer model and the voice of young people to influence change. And we encourage and respect youth participation in helping to influence people’s attitudes and behaviours linked to violence prevention. For us, it’s engaging the end user. In our case, it’s youth—in decision-making, in strategizing, in process where appropriate. And yes, that’s how I would describe it.” (Interview with LOVE Staff)

PEER POSITIVE IMPLEMENTATION

The following section was taken directly from a case study that was developed and written by Peers at LOVE who were active participants in

the initiative and championed its implementation within LOVE ([From Theory to Practice: How do we make change happen?](#)):

LOVE has a small but committed staff that is responsive to youth participants. In the summer of 2014, our youth were expressing their desire to have a greater say in the organization’s programs and policies. The timing was perfect when Peer Positive came to our attention and we were in a good position to move very quickly.

A major concern from staff was the amount of time and resourcing would required for this project. Everyone’s time is valuable and we were all busy with our own responsibilities. But given the desires of the youth and the fact that support from the Peer Positive team was free, it made sense to dedicate some of our time to improve our practices and policies by making them more inclusive for youth.

How did the Peer Positive Staff help us?

After the Board approved our participation in the Peer Positive work in September, we worked

together with the team to come up with a plan of action that would help us meet LOVE's goals. One clear area we needed to address was trust between the youth and the Board of Directors, as there was not a lot of contact between these two groups and this was a cause of concern for everyone.

We decided to set up three meetings: 1) with youth, staff and Peer Positive facilitators; 2) with staff, Board and Peer Positive facilitators; and 3) everyone together. Peer Positive staff and a LOVE youth intern facilitated each session. This three-step process allowed us to gain a fulsome understanding of the issues that the youth and Board felt were present before bringing them together to build trust and understanding. In doing so we all learned a lot about how these groups were talking past one another, and about what the youth participants needed to feel safe, secure and heard.

At the end of the final session, youth, staff and Board members all stated that the process, though it took some time, was worthwhile because they were better able to understand

each other's feelings and needs. There is still significant work to do to maintain this momentum and continually improve our policies and practices, but we've had a great start!

So what happened next?

As a staff, we attended the three Peer Positive Trainings on Critical Reflective Practice, Addressing Inequities, and Giving Feedback. Then we met as a full staff and discussed what we learned and how to integrate these practices into our daily practice. Instead of making these practices 'extraordinary' exceptions to the rule, our goal is to make these methods our normal practice, in order to improve equity and give a stronger voice to participants in our programs.

What did we learn?

1. Timing is everything: It was easy for us to get staff and the Board to buy-in to the process because it was addressing a clear need from the youth to be listened to by the organization.
2. The size of your organization will determine the

CASE STUDY: LEAVE OUT VIOLENCE ONTARIO (LOVE)

speed of the initiative: small and large organizations have their strengths and weaknesses. In the context of Peer Positive, it may be faster to make change in smaller organizations with less bureaucracy. But it is still possible to make changes with a few staff or in a department – starting small is important!

3. It may seem daunting, but take it one step at a time: This is an iterative, one-foot-in-front-of-the-other process. Each small step taken is a success and there is no ‘end goal’ or finish line. It’s important to remember that trying to make these changes and have these discussions is a success in itself!

Accomplishments one year after involvement in the initiative:

- Building trust between staff, youth participants and the board of directors
- Making critical reflective practice a typical part of our professional practice
- Having a youth representative on the Board of Directors and volunteer committees
- Having youth involved in the hiring process, including interviews for new staff

- “I think it’s been an increase in consciousness about the value of the Peer Positive philosophy. We’re inclined to operate from that perspective, but we formalized it as a result of the initiative. For example, when hiring new staff in the past we engaged young people—and now it’s something we strongly encourage. It’s moved us on the ladder of engagement. Usually in a casual way we’d consult young people for most of the things we would be implementing and now we are very aggressive about it.” (Interview with LOVE Staff)

CASE STUDY: MENTAL HEALTH DISABILITY SERVICES

HISTORY AND CONTEXT OF PEER INVOLVEMENT

The history and context of peer involvement at York University's Mental Health and Disability Services (MHDS) was discussed and described during a staff debriefing session which forms the basis for the following section.

Before Peer Positive, the peer work that was done at MHDS was primarily through the Peer Mentor Program. The Peer Mentor Program was developed in the early 2000's through the hard work of MHDS's initial manager, Enid Weiner. In its first years, the Peer Program was volunteer based and matched peer mentors to students interested in peer support. Gradually as interest in the program increased, Enid was able to secure funding through a bursary program allowing MHDS to hire five peers annually to work approximately four hours per week and be paid once per term for a total bursary (September –April).

MHDS's hiring process is currently led by the program counsellors. The program's goal for next year is to have peers be more involved in the hiring process. This has proved difficult due to scheduling challenges. Program counsellors have found it difficult to involve past peers as their positions are complete and they often are busy with exams or not on campus during the summer hiring period. Candidates interested in the Peer Mentor role can reach out to apply and many candidates are suggested by their counsellor. Staff look for the Peer candidates to have the following skills: time to manage the role in their schedule, availability during intake/group programming, a baseline of functioning well in their work/life balance and/or a commitment to working on this balance, an ability to assert healthy boundaries, and a history of interest, awareness, and participation in the service. These are also skills that staff seek to improve for all the mentors in the training prior to the role beginning in September.

Supports for peers are very specific to each peer and their unique needs. Each peer meets with an assigned supervisor once per month to check in around how the role is going and to identify any supports that might be necessary. At the beginning of the training, peers identify their goals and needs in the role, and the items that are selected often form the bulk of the discussion with the staff mentor. The role is designed with a focus on recovery. MHDS counsellors believe that being a Peer Mentor should support the individual in their own recovery and wellness. Staff members encourage the mentors to take a day off if they need it, create space for support and feedback, and have monthly team meetings for peer support.

If a mentor misses three programming/peer commitments in a month, it is mandatory that they meet with the program coordinators to discuss how they are doing, what barriers they are experiencing, and how the team can offer support. In some instances, program staff have encouraged the mentors to take a “wellness leave” if they are dealing with health issues that restrict them from meeting the requirements of the role, or if the role is not supporting their recovery.

Peers receive two full days of training prior to beginning the role. Throughout the year, they receive additional training on time management, self-care, and suicide prevention.

INVOLVEMENT IN PEER POSITIVE

“Our involvement in the initiative was very rich. It was very inspiring though some parts were tough.” (MHDS Staff Interview)

The manager of MHDS attended initial meetings of the Northwest Toronto Service Collaborative, then the program was represented by one of the program counsellors at training sessions and regular meetings.

“The decision-making processes in the Service Collaborative were very collaborative and process-focused. I saw lots of models of things we used. I really loved the scatter grams they had us do, the peer inclusion one about engagement. We’ve taken a lot of those things away. A lot of concrete tools I really liked.” (MHDS Staff Interview)

The staff representative brought resources back to the team and engaged team members in critical reflective practice. The team changed some of MHDS's initiatives to reflect a more Peer Positive approach.

PEER POSITIVE DEFINITION

“The cornerstones of Peer Positive are co-design, co-delivery and co-review.” (MHDS Staff Interview)

MHDS defines Peer Positive as a perspective that creates opportunities to invite service user voices, experiences and feedback into the program at all levels. MHDS also views the Peer Positive approach as welcoming and valuing the sharing of experiences from peers.

The program has embraced Peer Positive as a way of being and a spirit of working. This involves naming and addressing the structural barriers that are embedded in the program as well as staff's unique biases and perspectives inform the work they do.

The role of Disability Counsellors is to promote and work toward universal design, and aim to create environments that are as accessible as possible within the university community. This perspective has allowed MHDS to consider universal design, not just within the academic environment, but also, within the program. (MHDS Staff Debrief)

PEER POSITIVE IMPLEMENTATION

“Historically our department has been expanding a lot—it's the fastest increasing in disability services. The coordination of the peer program is a lot of effort. The one person running it had a case load of over 200 students. The peers weren't feeling very connected. They were connecting only in September and January. But the relational part and feeling like the mentors were part of our team was missing.” (MHDS Staff Interview)

In 2014, following MHDS' involvement with Peer Positive the team began to redefine the Peer Mentor programming with the goal of evolving it to be more reflective of Peer Positive values, and to

CASE STUDY: YORK UNIVERSITY'S MENTAL HEALTH DISABILITY SERVICES

increase access to and efficiency of the program as a whole:

“When I started working with Peer Positive, we shifted a lot of things. The mentors still meet with students but we wanted to make them programming partners. We started running a lot of programs and initiatives like the wellness toolkit. We run a biweekly meet up group, a mindfulness program. Five different programs we started and we made it so that the peers got to choose but were partnering with staff to take on a leadership role while staff stepped back.

We used to do all of our intakes one on one. We started breaking it down. So now there's a one hour group session then one-on-one time meeting with counselor. In between that time we brought our peers in to lead a tour - with a main goal of creating interaction between students and mentors right from day one. So they could make connections and say, “Hey come by my office.”

So the peers would say, “If you want to know

more about that...stop by my office.” Same thing in meet up groups: “If that's something you wanna talk about come by.”

That really shifted things; we noticed attendance started increasing in all our programs.” (MDHS Staff Interview)

The team reshaped the program so that in addition to peers meeting one on one with students, peers now co-facilitate the weekly programming, develop their own workshops in the winter semester and are involved in the intake program, which has taken on a new group format, where new students have the opportunity to connect with a mentor at their initiation to the service. The team's hope was that this change would cement connection and community as a central feature of the program for students at the outset of their orientation to MHDS.

Peers within the agency are involved in meeting with students one-on-one, co-facilitating workshops and groups with Disability Counsellors, running peer led workshops, engaging with students at intake to the program, facilitating tours and connections among new clients, speaking on

panels, and providing education, promotion, and awareness.

MHDS started a Peer Positive Committee, which is a group of students who meet in a volunteer capacity to provide feedback around how to strengthen the program, address barriers, and create specific tools and supports to benefit the community. At present, the team is working to develop an online platform to support student connection. This platform has been designed to be a virtual space for community members to share resources, connect, pose questions, and to share stories of hope and growth.

MHDS SUCCESSES

- Open dialogue and regular critical reflective practice amongst the team.
- A focus on placing key goals at the heart of what they do to ground all elements of the program in shared values (building connection and addressing stigma).
- The vulnerability that is required in this work has shifted the energy in their team, strengthened their work, built their capacity to

make change, set and work toward actionable goals and has increased connection between and with students and among staff.

- They have experienced a shift in attendance in programming, connection with peers and overall interest in services as a result of the changes that were made in the Peer Positive mandate this past academic year.
- Peers report a feeling of confidence, success and self-awareness that has increased.
- They have increased the draw to programming and outreach to the community.

IMPACTS OF PEER POSITIVE

Participants in the case study identified a number of ways that Peer Positive has impacted peers, staff, agencies, and the system as a whole. The following section highlights some of the identified impacts at each of these levels, in the participants' own words.

IMPACT ON PEERS

Peer Positive's impact on peers has been positive overall, ranging from acquiring new skills and knowledge, enhancing peer participation and influence, and improving connections and collaborations, as indicated in the following quotes from staff and peers:

- “I think they feel empowered and that they have more influence and a voice.” (Interview with LOVE Staff)
- “It was so enriching to see people who identified as peers step into new and different roles, no matter what they were. I have seen many people change positively because they were supported to take risks and challenge themselves.” (Interview with Stella's Place Staff)
- “Meeting people that were peers in the group. Getting training in anti-oppression and learning about “what's in your backpack”; just about social work and Critical Reflective Practice. When I learned about those things again, I knew a lot of it already and had a pretty good knowledge. I think the Digital Storytelling was incredible. It was very therapeutic to just share and create videos. That was very good. I met people that are still my friends.” (Focus Group with Peers)
- “Being able to connect with peers and to opportunities. Through being part of this group I learned a lot more about the system than I had known before. I have now that perspective to add to everything I've learned. Being part of a group and say something that can be taken serious.” (Focus Group with Peers)
- “One thing to add, the biggest strength has been the professional connections, even more than the friendships. Because it has led to knowing and connecting to organizations.” (Focus Group with Peers)

IMPACTS OF THE PEER POSITIVE INITIATIVE

- “I really liked co-facilitating – that was by far the best experience.” (Focus Group with Peers)

IMPACT ON STAFF AND AGENCY

Peer Positive’s impact at the staff and agency levels included enhanced awareness of peers’ roles in service design and delivery, and increased commitment to involving peers in programs and service delivery:

- “In terms of resources, across the university we are developing standardized training for all peers who work across (in academics, etc.). They can choose areas they want to have more professional development. They have a program, ‘The Leader Within’ (looking at their own gifts, and challenges, etc.). We are developing a measuring tool to evaluate our progress, to mention their achievement throughout their history. Their involvement in peer-led initiatives is in their record alongside their transcript. Here’s my GPA AND here are the things I have done as a human

- being.” (Focus Group with Service Providers)
- “It’s really invigorating we started with one small initiative and we’re working something much bigger because it so exciting—so it’s just the starting point.” (Focus Group with Service Providers)
- “In the future my portfolio will be cut in half so I can focus more on this. This will be more reasonable. I can focus more on recovery. Next stage is to get the LHIN to see this as one of the pillars – especially for the ethnic communities. This is the way we want to go ahead. In terms of the ability. We can decide our programs. We want to implement the co-design with our programs across the board. This is a long way to go but this is a standing point.” (Focus Group with Service Providers)

IMPACT ON THE SYSTEM

Participants identified some potential impacts of Peer Positive on the mental health and addictions system including: active engagement of peers in program development, delivery, and review, increased capacity to engage clients from ethno-specific communities in peer

IMPACTS OF THE PEER POSITIVE INITIATIVE

support work, and facilitating the development of a peer support framework with cultural relevancy/competency.

- “I think we are creating space for young people to contribute in more meaningful ways.” (Interview with LOVE Staff)
- “What we did after going through the process, we used the model to develop the training for our member agencies. We called it INCLUSIVITY- creating inclusive environments and engaging people you serve. Whatever you are working with youth, seniors, the user should be involved in every aspect. To simplify it. We are doing another training this year. We are excited that something great came out of it”

LESSONS & RECOMMENDATIONS

Participants in Peer Positive highlighted several key factors that are conducive to using a Peer Positive approach within organizations. Lessons learned from implementation efforts are grouped into three overarching themes: Culture Shift and Power Sharing, Leadership Buy-in and Implementation Support, and Sustainability and Funding.

CULTURE SHIFT AND POWER SHARING

Participants highlighted the importance of addressing power inequities through implementing shared leadership and involving peers in co-design, co-learning, and co-review of processes:

“There is an important dialogue within the organization, and the members of the board. It is a culture shift, a power shift in shared leadership when peers come onboard. You want them to participate in co-design, co-delivery, co-review. That’s a process, and that is shared leadership.” (Hong Fook staff interview)

In addition, participants emphasized the importance of valuing the experiences of service users when adopting a Peer Positive approach. Peers also underscored the value of meaningful involvement, openness, and mutual respect in implementing Peer Positive organizational change initiatives:

“I think addressing inequities, critical reflective practice and co-learning. The most powerful is co-learning. When we talk about reflective practice, workers say, “I reflect already.” So we know there are problems, but they can’t come to awareness that they’re not equitable- but when you talk about co-learning, it’s so useful that they feel it’s empowering. For us, co-design and co-deliver is good- but lacking in terms of co-review. It’s so easy for staff and clients to buy in to the co-s so the issues of power imbalance come in inevitably. So I think co-learning really works as concept with staff. That’s why I like the model it’s easy to understand. But then the process of learning to really co-do they involve

LESSONS & RECOMMENDATIONS

the other concepts and take time to learn.” (Focus group with service providers)

“It’s just that raising awareness about the value was not as amplified of high level. So it’s important to highlight the value for organizations. It doesn’t have to be translated into money and financial return. But also how it can shift the entire sector. If we adopt a peer positive or co-production initiative. Valuing service user experience.” (Focus group with service providers)

“When we give our input and feedback, we know how much has been incorporated and how much wasn’t. It would be better if you could come to us and letting us know what you are trying to do and what you can and can’t do. Let’s say if you had a bad experience with a mental health agency, or you want to see an improvement in the mental health agency or you want better treatment. All those things would apply. I think being open to the fact that you can be open to the peer, and vice versa. Having that mutual respect when working together. In terms of the agencies and the

peers, it would be great if both sides worked together, and not attack each other, and keep the peers’ best interest.” (Peer interview)

Moreover, Peer Positive organizational change initiatives need to be accompanied by formalized mandates and the implementation of sustainability structures:

“Youth involvement in program committee, hiring committee, events, co-facilitation...but some of those are reverting back; the successes weren’t formalized and were more about staff values- not mandated. If LOVE were to shift as an organization...when youth are involved in committees and programs, their voices would be taken to the next level. If these ways are mandated in the policy, that would be the conduit in LOVE taking the next step.” (Interview with LOVE peer)

LEADERSHIP BUY-IN AND IMPLEMENTATION SUPPORT

Community organizations involved in the Peer Positive Initiative recognized the importance of valuing their own knowledge-base:

“I think that for us, it’s more about substantive engagement with community and knowing expertise is often held in communities not institutions. For a long time it was believed, expertise was held within these institutions, not in community. Peer Positive allows a dynamic shift where those community and individuals within the communities are thought of as experts.” (Focus group with service providers)

“It’s about an organization stepping beyond its comfort zone to explore new opportunities. To really sit with uncomfortable questions about how they do their work, how to be inclusive of experiences and knowledges, and how to implement in a way that empowers and supports people to take on new opportunities.” (Interview with Stella’s Place staff)

Simultaneously, organizations need to be open to change and have leadership buy-in to support cultural shifts within the organization:

“My executive director endorsed it, and without an invitation to be a model agency, I don’t think we would have participated in this way. A thing to be improved is how to implement and what resources can be used to implement and it would be a long process. There’s a gap between understanding and practice.” (Focus group with service providers)

In addition, leadership buy-in needs to be accompanied by education, training, and implementation supports:

“You have to have knowledge and training to get buy-in. We have certain information we can share with the peers, knowledge, fact sheets. But know how do you do it – understanding the tips, you need a coach, a mentor, in order to get better outcomes.” (Hong Fook staff interview)

“Training and some support around how to take it further into making it more palatable and

LESSONS & RECOMMENDATIONS

understandable for people that are creating these barriers (managers, higher), and when working with criminalized people. Need to use their expertise in our work practice.” (Focus group with service providers)

Participants highlighted a number of key implementation supports that facilitated organizational change. These include collaboration, relationship building across organizations, and the availability of champions within each organization to sustain Peer Positive changes:

“That working with divergent stakeholders is extremely difficult and time consuming, and needs to be given serious consideration... Relationship building is extremely important in this context.” (Interview with Stella’s Place staff)

“I think I enjoyed the collaboration and because, as I mentioned earlier, you are walking the talk, I feel really respected in the process. Your team made time to come to two of our meetings, and staff meetings too. The team is actually really modelling what peer

positive is. If you define peer as partners. I think we have an equal standing. In every process you have two persons, the professional and the peer, and you also allocate funding to ensure that peers are involved. I appreciate the process and the culture being created in this process.” (Hong Fook staff interview)

“I think that it was based on the principle of Peer Positive... you used a Peer Positive approach to encourage others to use a Peer Positive approach.” (Interview with LOVE staff)

“If Peer Positive were to collaborate with an organization, the first thing that comes to mind is partnering with champions in organization who are curious about and committed to organizational change. Creating a hub. We can call it a champion group. It could be a group of executive directors, program director. Pick the folks who have the time and commitment to talk about organizational change. And also to train organizations that have never been involved at all. Then they have the space to learn.” (Interview with LOVE peer)

FUNDING AND SUSTAINABILITY

Participants noted the importance of deliberately moving the values and principles of Peer Positive into institutional policies to promote its long-term impact:

“Some of the stuff that comes from it [Peer Positive] must transfer to policy. To mandate working with best practices. The process has to be slow enough for all staff to buy-in in deep ways...Moving forward, staff needs to REALLY understand the point and thereby have the commitment.” (Interview with LOVE peer)

A number of participants highlighted the value of Peer Positive, but underlined the importance of securing a significant and stable source of funding to nurture the initiative and expand its reach:

“The big issue here is money. I feel like Peer Positive can definitely grow, but it would need to be supported and funded to make it run in the long-term.” (Focus group with peers)

“Advocating among funders. Changing the

attitudes from numbers to quality – Peer Positive is an investment on a quality of care for the whole society. Encouraging the community themselves to have a campaign something like that, a movement to support Peer Positive. Public education.” (Focus group with service providers)

“I have a colleague that works in the Northern LHIN, and they have put millions of dollars towards Peer Positive Initiatives. We can learn from them. Increase stakeholder engagement and commitment, increase and include leaders, managers, etc. from other sectors (high influencers). Include Peer Positive when writing grants, speak to funders about this, and speak on how we can sustain it. Increase civic engagement around this.” (Focus group with service providers)

“Potential opportunities for expansion of Peer Positive are Peer Support Workers. Challenges would be getting funding for this vital career path for peers who have lived it and can teach it.” (Focus group with peers)

LESSONS & RECOMMENDATIONS

Participants suggested different approaches for strengthening connections between piloting agencies in order to amplify the lessons and impact of Peer Positive:

“There is a lot of hope, because Hong Fook, LOVE and York, how they have taken off integrating some if not all aspects of Peer Positive. I definitely think if these three agencies can be in regular contact, inform other agencies how they are doing, there can be a domino effect.” (Focus group with peers)

“So I think the lead agency model is really good because the lead agency has to apply and what that means is that an agency that really believes in it will be at the forefront and at least that agency will get some peer support jobs and involvement throughout that organization. What Stella’s place did was apply to trillium fund for a grow grant which is a max of 750,000 for over three years to grow peer support at Stella’s Place to be a lead and grow peer support. Applying to funding for peer support and for peer involvement-that is the way to go. Organizations that believe in it. This

team from outside trying to get agencies to implement, I don’t see that working. It has to be within the agency itself.” (Focus group with peers)

WHAT NEXT?

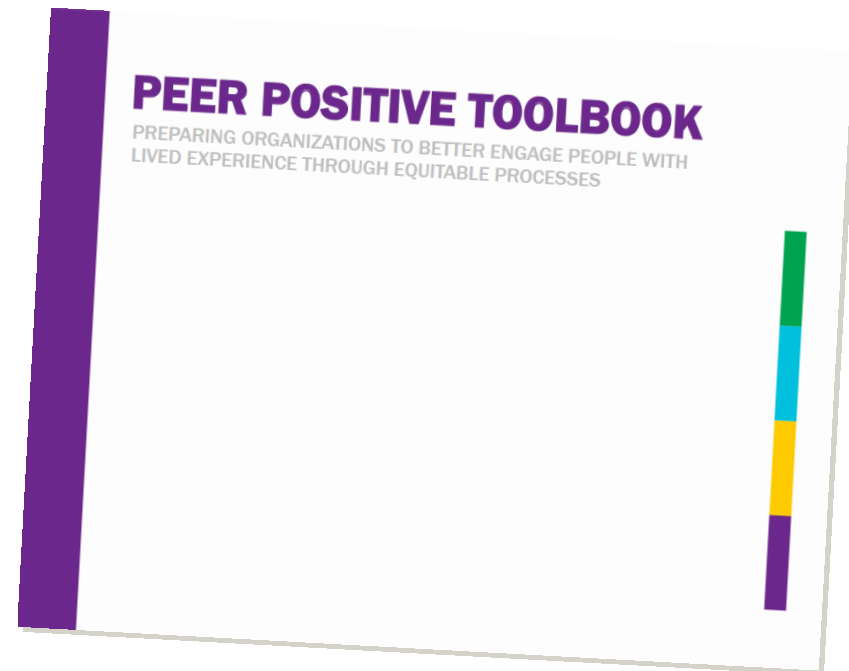
PEER POSITIVE TOOLBOOK

The Peer Positive Toolbook is a preparatory guide for anyone who wants to shift the culture, values, and practices of their organization to better meet the needs of the populations being served. The toolbook has a particular focus on the balance of power and the value of experiential knowledge.

It includes an overview of Peer Positive's 'core components,' as well as practice standards and tools to support implementation.

The Peer Positive Toolbook can be used alongside this case study report to support anyone who wishes to implement Peer Positive within their organization.

Peer Positive, along with this toolbook, has gone through many iterations as the Northwest Toronto Service Collaborative learned from the peers and service providers connected to the initiative. We would like to acknowledge their ongoing commitment and contributions to Peer Positive.



Download the Peer Positive Toolbook at www.peerpositive.ca

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