

Toronto Community Hep C Program Peer Manual

A Guide and Resource

for engaging with clients beyond service provision
in a harm reduction setting



TORONTO COMMUNITY
HEP C PROGRAM

Dedication:

**To Those Who Died
Because
They Were Who They Were**

*“Most of the time my thoughts are bad,
sometimes my actions are worse,
but I’m tryin’ to be good and
one day I’ll be great.”*

This quote was made by a program client several years ago. This person was since cured of their hep C virus, served a term on the Patient Advisory Board, graduated from the Peer Training Program, and been hired as a Community Support Worker with TCHCP. They indeed succeeded to be not only good, they are great!

Our program would not be the same without their contribution.

The lessons and values learned from our experience:

Peer involvement is an investment in a community and people

Peer engagement is a process, not a single event

Everything we do is deeply rooted in social justice and harm reduction principles and practice

We Believe in:

Providing limitless opportunities for change
without the insistence or the expectation of change

Looking for, finding and creating opportunities for involvement
and/or employment of people with lived experience

Seeing each person as an opportunity in themselves

Table of Contents:

Foreword	8
Purpose	9
Why lived experience matters (PAB)	10
Intention - why do you want to engage with peer?	11
Peers vs. Peer Workers vs. Workers - why definitions matter	12
Part 1 - Who we are and why we are doing this	13
TCHCP program overview	
Where there is a will, there is a way	15
Part 2 - Peer training	17
Recruitment	
Selection	
Training program	18
Why invest in your own training	
Training session	
What we teach and how	
Graduation criteria	
Graduation	
Hiring	21
Admin and human resources	22
Mentoring and support	23
Role of the peer coordinator	
Other staff role in support	
What is success	24
Evaluation and feedback of peer training	24
Part 3 - Peers at Work	25
Boundaries	
Harm reduction at work	
Multidisciplinary teams	
Getting there - the Leap	
Limitations of peer involvement	26
Evaluation of the first year of peer work at TCHCP	
Part 4 - themes of significance	28
Part 5 - Appendices	29
Peer training schedule	30
Session summary	31-48
Session breakdown?	
Job description	49
Job performance evaluation	51-53
Contract sample	54-55
References	56
Acknowledgement	57

Foreword

Something good happens when people are given a sincere opportunity, a chance. Especially, if they are members of a community that experiences stigma and marginalization. A participant of a peer worker project aimed at crack users once said to me: “I would have never thought that smoking crack would ever lead to something good...” Chaotic crack use led this person to our project, and as a direct result of their participation, they got housed, they are healthier and are still working in their peer job, ten years later.

So how can we take something that is stigmatized and shamed and turn it into an asset? Engaging with people with lived experience in a meaningful and respectful way has the potential to do that. Recognizing and respecting that lived experience is a valuable expertise, providing engagement opportunities that are not tokenistic, and compensating people for their contribution and time, must be the foundation of any peer involvement initiative.

The positive outcomes for everyone involved outweigh any challenges you might encounter along the way. My heart smiles every time I hear a client commenting to a peer worker (someone they used to use drugs with) about what an inspiration they are to them and that seeing them in the job gives them hope that good things are indeed possible, even in their own lives.

As I am writing this, our peer project has met a milestone we envisioned when we first offered peer training in our program in 2011. Nearly all of our non-clinical program components are fully led by community support workers, all of whom are past clients of our program. I know that I can step away without any impact to the program. What I can do, so can our (peer) Community Support Workers.

Being involved in the development and implementation of peer worker initiatives and working alongside with peer workers has been the most rewarding work experience I’ve had. I wish you all to have as much joy and get as much fulfillment from your work as I have.

Paula Tookey, TCHCP Peer Project Coordinator

Purpose

The purpose of this document is to describe the Toronto Community Hepatitis C Program (TCHCP) Peer Project. We would like to share our process and our experience as well as the resources we developed to recruit, train, hire and support people with the lived experiences of Hepatitis C Virus (HCV), homelessness and drug use as workers in our program.

While our program has a specific focus on hepatitis C, this model is well suited and transferable to any peer engagement with the goal of creating paid employment for people with lived experience. We also describe opportunities for peer involvement other than a formal employment.

This manual gives detailed descriptions of steps taken; why we decided to recruit, train and hire clients as workers in our program, how we did it and what were the outcomes. We have included detailed information pertaining to the training program as well as examples of various documents such as a sample of our employment contract, job performance evaluation, and other relevant documentation.

We hope that this manual will provide others with the encouragement and inspiration to build their own peer project. We hope that it will provide a starting place for programs that are contemplating peer engagement. We also hope that this document will be useful in creating opportunities for meaningful involvement of clients in the community as well as creating formal employment opportunities.

We hope that this document will be useful to front line workers, researchers, managers and community members alike. Feel free to take anything you find useful or relevant to your work and adapt it to fit your needs.

We would be delighted to hear from you and would be happy to answer any inquiries you might have.



*"I am Who I am"
Transformation occurs
When you are ready
to accept the reality
of what is going on
in your life.*

*I cleared the Hep C virus and the process transformed me
from the person I was to the person I thought I wanted to be,
to the person I didn't want to be, into just being who I am.
(R. M.)*

Why lived experience matters

"When you hire people with lived experience to work in your program, you are providing a more appropriate and meaningful service to your clients. As clients, we feel more comfortable talking to someone who's been where we've been. If we're having problems and want to talk about them, we feel less stigma from our peers, and tend to go to them first, rather than clinical staff. People prefer to confide in someone who has been through it, as opposed to a professional who doesn't know what they don't know. The support and understanding you get from someone who has been there...they can offer you guidance and options in a different way. You can't get that kind of empathy from someone who has only read about it in books. As a program, you will also be hiring someone who is hard-working and conscientious, because we want to make the most of the opportunity, and are motivated on a personal level to make our contribution to others.

When you provide different kinds of opportunities for peers in your program, you are offering additional ways for clients to be involved in the community and help others. As Patient Advisory Board (PAB) members, being involved has given us a sense of achievement – we have a better sense of what we have to offer and it builds our confidence. We've had the opportunity to learn more about how the program works and how we can make it better. We realize that what we say, counts."

TCHCP Patient Advisory Board (PAB)



*It's been a long hard bumpy road.
But one day I will make it to the pavement
(H.M.)*



*No matter how scared, wounded and hurt I've been,
I manage to see the colour of the world. Bright futures.
Through the benefit of the hep c treatment program,
I managed to apply wonderment of my own arrival.
Now I not only have a life to live, I live the life.
Here I am.
(T.B.)*

Intention

**Why do you want to engage with peers?
And Why the Why matters.**

Having clear intentions is important. Being honest about those intentions is also important. Are you interested in hiring peer workers because there is funding available? Are you interested because no one else in your area of work has a peer worker? Are you interested because you want to reach out to specific communities that are challenging to connect with? Because you believe that investing in skill training and creating meaningful employment opportunities for people with lived experience will benefit everyone?

Developing a new peer engagement initiative requires time, patience and your dedicated attention. Peer engagement is a process, not a single event. Unfortunately it happens that programs hire peer workers without having the ability or the commitment to train, support and work alongside the peers. The resulting lack of success is often blamed on the peer workers being a bad match or incapable of the tasks required.

These failed attempts can be harmful for everyone involved - employers might forever believe that it is not possible to engage with peers in their area of work. The peers may believe that they don't have anything of value to offer and their confidence can be further eroded. With commitment, vision, patience and flexibility, you can make almost anything work. Don't be afraid of making mistakes – learn from them and don't give up.

Peers vs. Peer Workers vs. Workers – Do Definitions Matter?

Being a peer worker in a harm reduction program automatically “outs” one as a past or present drug user. That in turn can lead to experiences of prejudice and stigma within the workplace. Often different policies, restrictions and attitudes apply to peer workers than to the rest of the workplace’s employees.

It is common feedback from peer workers in harm reduction settings that although they are proud of their accomplishments and are not ashamed of being a person with the lived experience of substance use, they would like to be seen and treated as any other employee. They want to be given trust and responsibility. They sometimes feel like this trust and responsibility is not as freely given as it is with other employees.

Based on previous staff experience working with peers in the community, our program decided right from the beginning to refer to our hired peer workers as HCV Community Support Workers.

Program clients know that these workers are their peers. As our workers come from the same community they are now supporting, many of the clients knew our workers before they were hired.

Outside of our program, our peer workers have the option to introduce themselves as peer workers or as Community Support Workers, depending on the context of the self-disclosure.

Other terms used to refer to peer workers in a community setting may include interns, paid apprentices, or referring to the workers by their roles - outreach workers, harm reduction workers, community support workers, etc.

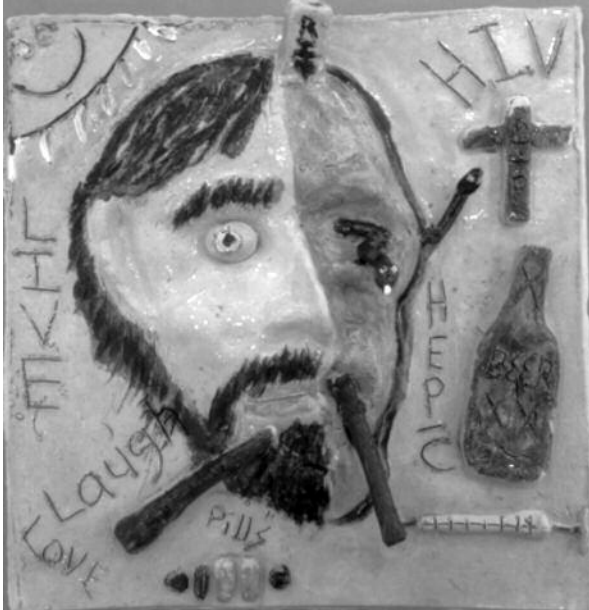
It is understood that peer workers in this context are lay people who learn job related skills on the job and that they are hired for their lived experience, their connection with and their understanding of the communities we are trying to reach and engage in health care.

Many programs shy away from hiring workers who admit to current substance use. In our experience, whether someone uses substances or not is irrelevant to their job performance. It is their job performance that they should be measured by.

*“Program has helped reduce stigma –
don’t feel embarrassed about things
like my drug use”*



Stigma Project



Marginalized Truth
People living with HIV and hep c who use substances are
experiencing barriers to treatment.
Living with both can cause complications that
can lead to death. Having both HIV and hep c
is stigmatizing. Using drugs adds an extra layer.
This is life and death.
(M.B.)

Part 1

Who we are and why we are doing this

The Toronto Community Hep C Program is a partnership of three community-based health centres. Our mandate is to provide access to hepatitis C treatment to people who are homeless or underhoused, use substances or are otherwise stigmatized in the mainstream health care system.

Our philosophy is deeply rooted in harm reduction, social justice and providing and creating opportunities for meaningful involvement and personal development beyond HCV treatment.

We believe in providing opportunities for change without the insistence on change.

We see each person as an opportunity in themselves.

Toronto Community Hep C Program initiated its first Community Support Worker Training Program in 2011. The purpose of this program was to increase the capacity of program clients to act as support workers for their peers within the TCHCP or at other agencies elsewhere in the community.

The creation and implementation of this training program is a continuation of the TCHCP's fundamental belief that involving people with lived experience of hepatitis C in its ongoing program development is essential to improved program delivery and health outcomes.

"It draws you out of your shell – the interaction.
This focuses everything.
Feel less lost.
Gets you thinking on a path
where things could be better."

Toronto Community Hep C Program:

Many people come to the Toronto Community Hep C Program through a word of mouth and a self-referral. Others are referred by a health care provider, community worker or find us through an internet search.

Generally, clients meet first with the **treatment nurse** for intake, to confirm their HCV status and discuss treatment options.

Clients have a choice of joining a weekly treatment support group or they can just see the treatment nurse to monitor their treatment progress. Group participation is strongly recommended as it offers opportunities for connection with others and for community engagement and participation beyond access to treatment.

The **treatment support group** offers a community of peers who share experiences and provide mutual support. Groups have a weekly educational topic, which are selected with group members input. While attending the 2 hour group, clients are seen by clinical staff to initiate and monitor HCV treatment as well as any other health concerns. Clients also have access to a mental health counsellor, dietitian, and other health care providers.

Group members receive a healthy meal, \$10 honoraria and public transportation fare. In two of the three partnership sites the treatment groups are facilitated by **Community Support Workers**, all of whom are past clients of the program.

After completing HCV treatment, clients have a 3-month waiting period to confirm that the HCV virus has been cleared. At this point, clients are encouraged to join the program's Continuing Care Group.

The **Continuing Care Group** offers on-going support in a group setting as well as opportunities for further community or program involvement. Group members give input into the group's activities. A calendar of activities for a six month period is created so that people can attend the topics/weeks that they are interested in. Topics vary from end of life discussions, yoga and mindfulness, to outings and socials, art projects, mental health, liver health, overdose prevention, etc. This group is also **peer led**.

"It's an awesome job I have, I get the fun job, I get to do the barbeques and the art projects."

TCHCP also offers opportunities for program participation on the **Patient Advisory Board** and in the **Peer Training Program**.

TCHCP employs a **team of Community Support Workers** who came into the program as clients and group participants, attended and successfully graduated from the peer training program and underwent a formal hiring process.

Where there is a will, there is a way

Not every agency or a program might be able to hire peers as workers. However, there are many ways how you can provide meaningful opportunities for involvement within your program to your clients outside of formal employment.

Whatever you do, it is essential that people are compensated for their time and contribution. Some agencies or programs compensate their peers by food gift cards. Many peers, especially in harm reduction, find this stigmatizing - they feel that it suggests that they are not trusted with cash, that there is an assumption that they would make the “wrong choices” in how they would spend their money. Our program always pays non-employees cash honoraria for their contribution.

We are frequently asked why we are paying people for participating in activities that are already benefiting them - like attending treatment groups or the peer training. First of all, we recognize that our clients live in an extreme poverty. Given the inadequate rates of social assistance, many of our clients have to pursue alternative means of income.

We also know that what people learn through engagement with us will be transferred further into the community, to their friends, families and acquaintances. So we see giving people honoraria as a compensation for their time (when they could be earning money elsewhere) as well as a recognition that they will share information about safer substance use, disease prevention and other helpful information they learn as a result of coming to group.

We also see paying for participation as investment in the individuals and as a result, in the community. It is

common feedback for us that some clients at the beginning of their engagement with the program are motivated by the payment, it kept them coming back when they were experiencing competing priorities. But inevitably as they develop positive relationships with others - staff as well as other program participants, the reasons for participation shifts. Our unpaid Continuing Care Group which is available for the graduates of the treatment support groups has consistently high numbers of participants, higher in fact than the paid support groups. Participants often refer to themselves as a family.

The TCHCP has a **Patient Advisory Board (PAB)**. Program clients self-select and are voted for by their peers - other group members. We run four groups in our program and each group votes in two representatives. The PAB meets monthly and reports back to their home groups. The PAB plays an integral role in program development and evaluation. PAB members participate in research, attend conferences and advise on the direction of the program.

On an ongoing basis, we offer opportunities to clients to share their experience or knowledge and to teach a support group session on topics such as overdose prevention, organ transplant experience, or assisting with an art project. Clients also have opportunities to participate in events and special projects, public speaking and education, advocacy and research.

“I am not actually employed here but I do volunteer my time for public event, speaking events and other activities that I am suited for.”



*Out of the depths of my despair
And the ashes that were my life
I arose renewed and blessed
Hep C is not a death sentence
But rather life affirming
Such is the duality of nature and opposites
Each exists and is defined by the other
At the end
Positive or Negative?
Either way it will have been a blessing
(J.B.)*



*I am a 44 year old man, I am not an artist. However
I have dealt with hepatitis C before Hep C was identified.
This painting has many painful reminders as well as the
stigma I have faced.
I am wearing a black hoodie to depict how I feel people see
me as the Grim Reaper, in other words "Death"
Which most people try and avoid at all costs.
The 2 tears represent the friends and acquaintances who
have died due to the fact drugs are illegal.
The second tear is for my aboriginal brothers and sisters
who still live in a third world conditions and
continually have to fight for their land claims.
I have left my face white because I feel I am
a ghost among millions.
My lips are sewn shut because most people would rather
have silenced me then speak my mind.
The chaos symbol on my neck represents the misery
I have endured for the last 37 years. The chaos symbol
has many meanings. Life is learned through suffering
(without chaos nothing evolves)*

W.R.

Part 2

Peer Training - How we do it

A full-time program staff, (in our case the HCV Case Manager) provides overall development and coordination for the program, facilitates the peer training and provides support for program participants. Currently the training program is transitioning into being fully peer-led so that it will be entirely facilitated by a (peer) Community Support Worker.

Recruitment

Group participants from all three TCHCP partner sites are encouraged to apply. The training however is not available for people who did not participate in the weekly treatment group. The reason for this is that those who opted out of the support groups are usually people who don't much enjoy interacting with others or already have employment or other priorities. It also offers those already engaged with the program further opportunities for deeper involvement.

Applicants are asked to write a short letter stating why they should be considered, why they would like to be a peer worker, what they think they can offer, and what they can gain. The letter can be informal, and handwritten so that those who don't have access to a computer or don't have computer skills are not excluded. The process should be a low barrier. Emphasis is on making the deadline. People are given two months to apply.

Self-selection provides the benefit of recruiting specifically those who desire to be involved and participate in the peer training activities and reduces our own biases about who is ready or appropriate for peer work.

Selection

The TCHCP requested guidance from the Patient Advisory Board regarding the selection criteria. Consistency of group attendance and participation is considered. Personal attitudes like respectful communication and interaction with others, being non-judgmental and open minded are also considered.

It is best if all those interested in the training can be accepted. We have been fortunate in that we haven't had to turn interested people away. We have occasionally added a few extra participants. Not everyone who applies will show up for the training and there is always 1 or 2 people who drop off early.

Our training groups are 10-12 people. The number was selected mainly by available meeting space and capacity to manage a group for the facilitator. A group this size also allows for good participation and interaction.

Training Program

Why invest in your own training?

In our experience, being able to offer a peer training of our own offers several benefits:

- During the training we get to know the participants - their attendance of the training sessions (did they call if they couldn't make it, are they punctual or consistently late? etc.)
- We can observe interactions with others (how do they relate to others, how do they respond to conflict, are they considerate of the needs of others, are they open minded about activities they might not agree with - like using certain substances, sex work, etc.)
- Are they able to stay focused for the duration of the session? Do they ask for help?

When a peer position in our program becomes available, all successful graduates of the peer training are eligible to apply. We interview all of the interested applicants to give everyone an opportunity to practice and experience an interview process in a supportive setting.

We have the enormous benefit of choosing a candidate based not only on the interview itself but also on the personal knowledge of the candidate's conduct during the training. In a way the training serves as a pre-screening process. Many of the people applying for our peer positions have never had a formal job interview so their interview performance might not be a reflection of their true ability.

Participants of the peer training program receive a snack, \$10 and transportation fare.

We believe that providing peer training is an investment not only in the individuals or our program, but also in the community at large. Through the training and the learned or improved skills we increase each individual's capacity to be more engaged community members. Graduates of our peer training have been able to obtain employment not only in our own program but also at other agencies. They work as outreach workers, harm reduction workers, drop in workers and peer support workers in supervised injection sites.

In our experience, clients really want to be engaged, they want to participate especially in activities they perceive as meaningful and positive, and where they learn new skills or information and connect with others.

We originally planned to have the peer training only when we needed to hire peer workers but on repeated requests from clients and on the recommendation from PAB, we made peer training an annual activity.

"I learned that my experience is relevant and that I could use it to help someone out. Taught me how to deal with situations in a more positive manner."

Training sessions

Training sessions are focused on skills building.

In the first training session expectations are clearly outlined; attendance, punctuality, participation, group etiquette, etc.

Each session takes a participatory learning approach with an emphasis on scenarios and problem-solving. Discussions are often participant driven and/or led by program staff and peer workers or staff from other programs or community agencies. In the last two years many of the training sessions have been taught by our (peer) Community Support Workers.

Having a wide variety of presenters gives the participants an exposure to different presenting, teaching and learning styles as well as exposure to a variety of professionals or front line workers from the community.

What we teach and how

We designed our training modules based on the job expectations; we looked at what we do day-to-day as a part of our work and what skills are needed in order to confidently and competently execute the tasks and responsibilities. (*see training sessions, appendix 31-48*)

The participants are familiar with most of the topics - as service recipients, as clients and as community members. The challenge in the training is for them to consider all those experiences or issues from the point of view of a service provider and an advocate.

It seems that the richest sessions are those where people get to participate and interact with each other - scenarios (we use real-life, anonymized scenarios), small group exercises, brainstorming sessions, and discussions.

There is no formal test or paper writing. There is however an expectation of active participation with attendance, paying attention, contributing to discussions, exhibiting appropriate group behaviour, interacting appropriately with others, and allowing for a difference of an opinion.

Graduation criteria

In order to successfully graduate from the peer training, participants are expected to actively attend the majority of the training sessions. People can miss 2 sessions out of 18, with the expectation of calling if they can't attend. Extenuating circumstances are considered.

We award a diploma of “successfully graduating/completing” the training program to those who satisfy the graduating criteria. Those who missed too many sessions are allowed to continue with the training until the end but at the graduation ceremony they will receive a certificate of “attendance”.

Graduation celebration

It is important to mark the accomplishment of completing the program. For many participants this might have been the first time in a long time, or perhaps the first time ever, when they successfully participated in or completed something they are proud of.

We have a party, invite program and agency staff as well as all the instructors or speakers and we encourage participants to invite friends or loved ones. We acknowledge every graduate; highlighting their strengths and their contributions to the training program and the community.

“Graduating that peer class was really important to me ... because nobody gave up on me and accepted me for who I was. I applied for a job... I got hired.”

“I took the peer training course which more than my master’s degree I was proud of, this peer support training course and finishing it.”

2018 Grads



Grads



2011



2015



2016

Hiring

The hiring process is the same as for any employee of the agency with a small exception; the peer training facilitator assists those who request help with putting together a resume and a cover letter. For many participants this is the first time they are asked to formally apply for a job and the first time they will be interviewed. The peer training facilitator might also help participants in preparing for the interview.

The peer training facilitator does not sit on the hiring committee but can provide a reference based on the participant's conduct during the training.

It is helpful to have peer representation on the hiring committee such as another peer worker, Patient Advisory Board member or another appropriate community representation.

It is our experience that we can't always predict how an individual will be as a worker. Just because someone is actively using substances or is heavily street involved, it doesn't mean they will not make an excellent, responsible, conscientious worker. Often the opportunity of having a job and having explicit responsibilities might help someone rearrange their priorities, facilitating positive change in their lives.

We would like to suggest that it is extremely helpful to have more than one peer in your program. Being the only peer can be isolating. Our (peer) Community Support Workers continuously comment on how important it is for them to have a team of peers, to have each other - for support, for validation, for inspiration. And also to keep each other accountable.

If your program has the capacity for only one peer worker, facilitating and encouraging a connection with peer workers from other programs or agencies might be helpful.

(See job description in appendix 49)

2017 Grads



Administration/Human Resource

As part of an evaluation during the first year of having (peer) Community Support Workers, we obtained feedback from both human resource and finance staff regarding administration of the peer project. There was agreement from the administrative staff that like any group of employees, challenges are generally more about the individual than the group they represent.

While peer positions present some unique HR and finance challenges, so do other employee groups who are not peers.

From an HR perspective, finding a name for the role that fit with both the program vision and HR salary grid classifications was an early challenge. The program's first choice conflicted with an existing position in a different salary classification. Following up to obtain required HR/personnel documentation from some CSW has also been a challenge, such as immunization records and performance reviews. Some of these issues are challenges for HR across the agency, however, communication is more difficult with CSW who might not have a phone or tend to use email less and who are less frequently at the agency and therefore more difficult for HR to communicate with directly. An example of where HR has developed exceptions within its policies to facilitate peer positions is around police checks/clearance letters, which are required for all employees except for this job classification.

A challenge for peer workers can be the request for a police record check. Most people who have spent a significant time of their life using illegal substance or who have mental health issues and/or have been street involved will have a criminal record. Peers might be ashamed about having the details of their criminal record known. They also might be afraid of jeopardizing their chance of employment by past behaviour. It is important that if your agency requires a police record check that you support your peers through the process and that they understand clearly what it is you are looking for (assuring that the person is safe to work with a vulnerable population and not simply the existence of a criminal record of any kind). As a matter of a fact, many peers are hired for their personal experience with the legal system.

From a payroll perspective, challenges have related mainly to instances where CSWs did not have a bank account or needed to close a bank account without warning. Issuing cheques (v. direct deposit) is much more time consuming for finance/payroll staff and provides less security from an agency perspective. The agency already had casual/hourly employees so policies regarding those positions existed.

In our experience it is essential to make allowances for learning basic employment etiquette, especially with peers for whom this is the first time being formally employed. Calling when not able to come to work might be a habit that someone needs to develop. Being patient and supportive while firm and clear in this and other expectations is helpful. The time adjustment period required for new peer workers is different for everyone. For some the adjustment is very quick and smooth and others might require ongoing support and encouragement. In addition, a casual job takes longer time to adjust to than one you are able to spend full time hours learning. Also, giving second chances might be helpful after a serious talk regarding potential consequences.

That said, it is also important to keep raising the bar, to keep raising expectations and provide new and challenging opportunities. With appropriate support and guidance there is no limit to what a peer can do.

Our peers workers believe that there is no need for "special accommodation". They want to be treated with the same level of accommodation as any other employee of the agency is entitled to.

(See appendix for a sample of contract, job description, job evaluation)

"This training gave me back a little of my self-esteem."

Mentoring and Support

In our program the same person who facilitates the peer training also coordinates and supports the peer workers once they get hired. This staff also works alongside the peer workers delivering services, facilitating groups and planning program activities.

This requires a mindful approach as this role performs several functions - support, supervision, mentorship, role-modeling, and collegiality. This person is a supportive colleague, role model and mentor as well as a supervisor.

It has to be understood that **every** staff person that interacts with the peer acts as a role model, mentor and support. Peer should always feel supported and valued, especially if they are struggling.

Role of the Community Support Worker (CSW) Coordinator in TCHCP

CSW coordinators' duties:

- Being a role model and mentor
- Assigning and coordinating tasks/shifts
- Keeping track of hours
- Collecting timesheets (reminding workers until they develop the routine)
- Providing ongoing support (one on one meetings as well as on the job support)
- Coordination and facilitation of monthly CSW team meeting
- Advocating on behalf of and supporting the workers regarding interagency issues
- Annual performance evaluation
- Helping with prepping for projects when necessary/appropriate
- Addressing issues as they arise for individual workers - work related as well as personal support as appropriate
- Support/clarifications for other program or partnership staff who work with CSW's

Other staff working shifts with CSW's (mentoring, role modeling and support):

- Will ensure CSW has clear understanding of expectations/tasks
- Will ensure CSW has access to needed resources (office, phone, computer, keys, information, etc.) and is well oriented in the agency they are working at
- Will provide guidance, assurance and support when/if needed
- Will assist with project if/when necessary (check with CSW and/or coordinator)
- Will debrief after situation/shift/group as needed
- Will provide ongoing feedback re: performance
- Will address any work related/performance issues at the time (or as soon as appropriate after the fact)
- Will inform CSW's supervisor regarding any ongoing issues that didn't get resolved after brought to attention
- Will advocate on behalf of CSW as appropriate

It is important to allow time for the workers to grow into their role. It's helpful to provide enough flexibility and variety of duties for the peer worker so they can learn what they are good at and identify where there is a need for more skill building and support.

A combination of clear and firm expectations and flexibility with allowance for changing individual needs or circumstances is helpful in order to provide effective support to peer workers.

Treating peer workers as valuable colleagues is essential.

What is success

What is success? Who decides if someone is successful? Not all peer workers strive to become social service professionals. It is helpful to cultivate various levels of engagement and opportunities for their involvement. Some peer workers strive toward a goal of full time employment while others are content with few hours a week. Others still prefer to participate occasionally like helping to support special events or work on one-time projects.

Evaluation and feedback

It is **always** helpful to evaluate your project, especially at the beginning. We have done evaluations of two of the peer training cycles.

The results of the first evaluation of the TCHCP Community Support Worker Training program indicated that HCV knowledge and confidence increased after the training, as did indicators of self-esteem, empowerment, social support and quality of life. Participants have reported that the training taught them how to positively reframe stigmatized life experiences and created a positive space where participants were able to learn from, and how, to support their peers.

For our evaluation of the peer training, we used a combination of pre/post training surveys, weekly training module surveys and a post training focus group with participants. The purpose of our evaluation was to gain an early understanding of the trainings effectiveness, to identify any behavioural, knowledge and quality of life changes for participants, and to gather information that would help to improve and develop future training programs.

For more information or for copies of our research tool, please contact us.

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Part 3 - Peers at Work

Boundaries

Boundaries are often brought up by employers and managers as a concern when speaking about employing peer workers.

Having one's boundaries challenged can be a healthy experience for all of us who work with other people. The assumption that only peer workers struggle with boundaries is untrue, unfair and stigmatizing.

Boundaries mean different things to different people, so it is important that peer workers are properly trained and that expectations are clearly communicated. It is also important that peer workers understand the reasons for workplace policies regarding boundaries and code of conduct.

Annual sessions reviewing boundaries and ethical issues experienced in the workplace is helpful for all staff.

We rarely speak about the challenges that professional staff, especially clinically trained health care professionals sometimes experience when they find themselves working with peers on their team. Clinicians are trained in a culture where there is a clear divide between a client and a health care professional. Some clinicians find it challenging to accept that someone who is also a "client/substance user/lay person" is an equal member of their team with expertise and experience of their own to contribute.

There can be several shifting boundaries at play:

The new peer worker has to navigate new lines of boundaries as a result of their dual role - as a community member with personal connections with other members of that community and as an employee that is expected to refrain from personal relationships with community members.

Peer workers are also navigating new boundaries between themselves and their new colleagues shifting from the previous relationship of a service provider and a service user.

Multidisciplinary Teams – meeting of different cultures

Multidisciplinary teams offer many benefits but they also provide some challenges, especially if the team includes both highly professionalized medical staff as

well as peer workers as lay people hired for their lived experience. This challenge is multiplied if the program exists within an institutional setting such as a hospital as opposed to a community setting.

Institutions as well as highly credentialed professions represent a culture that is not always compatible with street culture or a culture of open substance use.

Education and support is needed for both - the credentialed health care staff as well as the worker with lived experience - in order to find an understanding of each other and establish a common ground to foster the development of a working relationship based on mutual respect and recognition of individual experiences and expertise.

Harm Reduction at Work

Work expectations of substance using employees are the same as of any employees. It is expected that while at work, employees do not use substances in order to get "high".

It is important to note that not all substance use occurs to get high. Sometimes people use substances in order to be functional. We have attached a moral judgment to various substances - some mood-altering substances have become acceptable and an enjoyable part of our daily life, like coffee, sugar and alcohol, while others are seen without any positive benefit and as wholly unacceptable.

Good harm reduction policies are good employment policies. Fostering an environment of acceptance, non-judgement and support in the workplace is essential for growth of both the program and agency as well as individual workers. Such an environment helps to prevent workers from feeling like they have to hide their substance use or who they are.

For more information on employing people who use drugs, please see *Harm Reduction at Work by Raffi Balian* (references)

"It changed how I use drugs and how I feel about my drug use."

Getting “there” (the Leap): what does it take?

Sometimes there is a perception that all that needs to happen in order to have peer workers is to hire them. Although technically true, it is important to think about peer involvement as a process that begins long before the actual hiring. The process should start with clarifying what is your intention and why you want to include peer workers in your program. Your intentions and your motivation will very much inform your next steps. As mentioned earlier in this guide, it is helpful to offer your own training, an investment into your future workers and your program.

Sometimes it's easy to get stuck in the envisioning, the wishing stage of the process. We are often asked about how we got to this point of having very successful team of workers with lived experience, workers that used to be the clients of our program. The answer is - it takes time. Time, patience, consistency, flexibility and most of all the recognition that everyone has value and the ability to contribute.

It also takes a little bit of a “leap of faith” for the organization, especially if they are just starting to get engaged with their community members beyond service provision. But with clear intentions, mindful planning and commitment to work collaboratively with the peers to resolve any challenges, your experience will likely be positive no matter what the outcome.

It also takes a “leap of faith” for the peer workers, some of whom might not have had any formal employment experience in the past. The prospect of facing the challenges, perceived or real, can be a significant obstacle and active encouragement might be helpful.

In our experience, the first year of employing peer workers was a time of adjustment and learning for all of us, the program, the existing staff, as well as our new peer workers.

We took our time to develop the roles and create structures for support and on-going learning on the job. Indeed, we see our new peer workers as paid apprentices who require support, guidance and teaching. We took our time in the beginning and are now reaping the benefits.

Limitations to peer involvement: Fears and Funding

In our experience there are really only two main limitations to peer involvement.

Funding is one of the main limitations. Although the value of peers as workers is more and more widely accepted, even desired; sustainable, on-going funding for peer workers and peer projects is still difficult to obtain.

It is our responsibility as service providers and community workers to advocate for such funding and for the creation of opportunities for paid peer involvement. Available funding is often time limited in form of pilot projects or grants that have to be re-applied for without assurances for continuation of the funds beyond each year. This creates a precarious employment situation for the peer workers, not knowing if they will have a job from year to year, despite how well they are doing on the job. Peer work is already the lowest paid position in most workplaces and with stigma attached especially if the peers work in a harm reduction context where their substance use is in the open.

The second limitation is **Fear**. Fear on the side of the employer and fear on the side of the peer worker.

Some of the agency fears are connected to perceptions they might have about who are people who use drugs, people who do sex work, etc. Some agencies want to hire peer workers but they insist on the peer workers “being in recovery”, no longer using substances or engaging in the activities in which their expertise and experience is why they are being hired in the first place.

Employers are frequently afraid of worker's triggers, relapse, overdose, involvement with the law, inability to self-care, not being able to practice safe or professional boundaries, and the list goes on. As a result, peer workers are not given the trust and opportunities that foster empowerment and build confidence.

Our workers feel strongly about being allowed to fail, to make mistakes and being guided and supported through the learning process. They say that this is what allows personal and professional learning and growth.

Workers can also experience fear. Fear of disappointing themselves and others, fear of not being good enough, fear of taking on something they won't be able to manage or that will add to their stress. After getting hired, one of our workers was avoiding the start of his employment. When we approached him he said he didn't want the job anymore - the job that he worked really hard, for a long time to get. He felt really stressed out about it. We insisted that he give it a try and assured him that he could quit any time. He did and today, six years later, he is still working in that position. He often expresses surprise at the fact that he is still there while others have left.

“When I first came to the group, my confidence was high but now that I’ve spent so much time with everyone and I see how good everyone is ... I’m nervous! And now what if I get one of the jobs and I don’t do a good job?”

Limitations – Especially in a community setting, there is nothing that a peer worker could not do. With a vision, proper training and support, peer workers can do anything.

Evaluation

In its early implementation we evaluated the CSW role in order to better understand the benefits, challenges, experiences and needs of the workers, clients and other agency staff. We did focus groups and interviews with clients, CSW and non-CSW staff working within the Hep C program, as well as organizational support staff in finance and human resources.

Some of the benefits that were identified included:

- A shared belief (clients, CSW, Hep C staff and admin staff) in the value of the role and importance of peer support in health care engagement
- Increased access to support and resources for clients
- CSW providing a ‘bridge’ to care until trust is established with other staff
- Increased CSW self-confidence, self-assertiveness, personal coping skills
- Non CSW staff reported increased community connection, reduced stress and an increased sense of fun at work

Issues identified included:

- Shared need for clarity around the role for clients and CSW themselves
- Achieving the right balance between flexibility and accountability for CSW was cited as an implementation challenge.
- Maintaining a distinct professional and personal persona was reported as both a challenge and critical to the success of the CSW role
- Human Resources administration challenges were related more to specific individual needs and not to CSW as a group

The TCHCP conducts research and recently completed a case study analysis of the transition from client to co-worker for two of our first CSW. (*See references*)

Please contact us for more information

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or find us at

www.srchc.com

Part 4 - Key Lessons Learned

As identified by peer workers (what makes us succeed)

Allowance for growth on the job - while having clear expectations, it is also helpful to allow enough space and flexibility for the peer worker to develop their role. Because they are lay people, they might not have a sense yet about what they might be naturally good at and where they need to build up their skills. Having new opportunities to challenge oneself allows for growth.

Appreciation and validation - being treated as an equal colleague, as someone whose expertise and opinion is a valuable contribution to the collective work, this is what contributes to the sense of being appreciated and validated in the workplace.

Trust - there is no reason why peer workers can't be trusted the same as any other employees. We should all be trusted until we give a reason not to be. Extending trust is empowering especially to those who have been stigmatized, judged for their life's choices or otherwise marginalized. Trust is a sign of respect.

Meaningfulness - including peer workers in program or project planning will increase a sense of meaningfulness. Being able to give input into the running of a program, being given responsibilities and the understanding that all tasks are equally important and in the end serve to benefit the clients. Be mindful of not using peers in a tokenistic way.

Expectations - treat peer workers as you would other workers; as competent and responsible professionals. Peer workers don't want to be "protected" from high expectations. Given the opportunity and with the right support, peer workers will rise to the occasion and will exceed all expectations.

Empowerment - inclusion, acceptance, respect, opportunity, validation, trust. Treating peer workers as valued members of our workplace, as equal colleagues; that is empowering.

As identified by employers (what we are worried about)

Boundaries - discussed in previous section (page 25)

Substance use related concerns - this is the most frequently expressed concern of employers. In our experience whether someone uses drugs or not does not necessarily reflect on their ability to perform their job. Unless someone's substance use is directly affecting their job performance, it is inappropriate to raise it as a concern. If there indeed is a concern, workers should be offered support, as should any other employee in that situation.

Relapse is another frequently voiced concern. However we feel that what employees consider to be a relapse is inconsistent with how it is seen by our peer workers. Many employers consider a weekend of using as a relapse. Our workers define that as drug use. Our workers define relapse as a full on substance related personal catastrophe - an abandonment or endangerment of employment, housing, safety, self and relationships.

Self-care - there is a perception that self-care is very important and very difficult to practice for peer workers. Self-care is just as important and just as challenging for all of us. Where self-care provides particular challenges for peer workers is in the lack of supportive resources. Most peer workers don't have access to extended health benefits, if any, and most community peer workers live in poverty so the affordability of healthy food or access to recreation can be quite limited.

Part 5 – Appendices

Samples of documents:

Training schedule 30

Training session breakdown 31-48

Job description 49

Sample of performance evaluation 51-53

Sample of contract 54-55

SRCHC/TCHCP Peer Training Schedule

Date	Module	Topic	Presenter
	1	Introduction to Peer Work	
	2	Harm Reduction Strategiesfor workers	
	3	Hepatitis C - Healthy Living	
	4	Hepatitis C Basics/Advanced	
	5	Ethical issues, Boundaries, Confidentiality	
	6	Effective Communication and Listening Skills	
	7	Conflict Resolution and Crisis Management	
	8	Safety for Peer Workers, Debriefing, Self-Care	
	9	Mental Health	
	10	Housing, Income and Legal issues	
	11	Overdose Prevention, Naloxone training First Aid	
	12	Diversity, discrimination	
	13	Advocacy – individual and collective	
	14	End of Life issues/support for clients and staff	
	15	Community Resources	
	16	Public Speaking	
	17	Effective group facilitation	
	18	Employment readiness	
	19	Graduation Everyone	



TORONTO COMMUNITY
HEP C PROGRAM



South Riverdale
**COMMUNITY
HEALTH CENTRE**



**SRCHC/TCHCP
Peer Worker Training**

**Introduction to TCHCP Peer Training Program
Introduction to Peer Work**

Purpose:

Overview of the training program, expectations, code of conduct, graduation criteria, etc.
To provide participants with an introduction to peer work. Overview of history of involvement of people with lived experience as support to others. To help participants understand the importance of peer work and explore the challenges and rewards. Role of a peer worker in a harm reduction program and hepatitis c program

Duration: 2 hours
Format: Interactive Presentation and Group Discussion
Facilitator(s): (peer) HCV community support worker
Materials: Peer manual examples

Presentation:

History of involvement of peers (AA, HIV, cancer, Mental health, LGBTQ, parenting, religious groups, etc)
Speaker shares personal experience of being a peer worker - challenges and benefits

Group Discussion:

Who is a peer? Peer vs. peer worker vs. worker
What can peer workers do? Do you think there is a limitation to what peer workers can do?
Assumptions about peer workers in the workplace
Benefits of peer work for peers, clients, programs



**SRCHC/TCHCP
Peer Worker Training**

Harm Reduction Strategies for Peer Workers

Purpose:

To provide an general overview of harm reduction philosophy and practice. Review the principles of harm reduction and discuss their importance in working with marginalized population, substance users and people living with HCV.

Discuss harm reduction practice in a workplace and helpful harm reduction strategies for workers who use drugs.

Duration:	2 hours
Format:	Interactive Presentation and Group Discussion
Facilitator(s):	Program Coordinator/educator and a Peer Worker
Materials:	Information sheets, handouts, articles, etc

Presentation:

Harm Reduction Principles, philosophy and practice

Harm reduction at work, individual practice, professional attitude

Why do we use HR in our work?

Challenges for peer workers in harm reduction programs

Group Discussion:

How does your personal practice (beliefs, attitudes) affect your professional practice or attitude

How has Harm Reduction helped you in your life?

How can you use Harm reduction strategies while working as a Hep C peer support worker?



**SRCHC/TCHCP
Peer Worker Training**

Hepatitis C (A+B)

Purpose:

To provide participants with an overview of Hepatitis C – what is Hep C, transmission, symptoms, testing, treatment, prevention, co-infections, Hep A + B overview,

Duration:	2 hours
Format:	Interactive Presentation and Group Discussion
Facilitator(s):	Program Coordinator/educator/front line worker/peer worker
Materials:	Information sheets, handouts, articles, etc

Presentation:

Hepatitis - viral/non-viral
Hepatitis A and B, transmission, symptoms, prevention, vaccinations, treatment
Hepatitis C - transmission, symptoms, testing, treatment
Prevention/Harm reduction
Co-infections (HIV, HBV)
Explore Hepatitis myths and stigma

Group Discussion:

How to use the knowledge and information in providing support
How to use your personal experience in providing support



**SRCHC/TCHCP
Peer Worker Training**

Hepatitis C and Healthy Living

Purpose:

To provide participants with an overview of healthy strategies for people infected with HCV - basic nutrition, healthy habits, harm reduction practice, relaxation techniques, use of complementary health care, strategies to protect and boost your liver health, etc

Duration: 2 hours

Format: Interactive Presentation and Group Discussion

Facilitator(s): Program Coordinator/educator and Peer worker,

Materials: Information sheets, handouts, articles, etc

Presentation:

What is healthy living with Hep C? Why is it important?

Diet and nutrition specific to HCV issues.

Harm reduction – why include in healthy living?

Relaxation techniques – what are they? Why are they beneficial?

Physical, mental, emotional, spiritual well-being

Importance of housing/income/support/health care

Group Discussion:

Discussion about resources and strategies participants have used

How to use their knowledge and information in providing peer support

How to use your personal experience in providing peer support



**SRCHC/TCHCP
Peer Worker Training**

Mental Health

Purpose:

To provide basic overview of the most common mental health issues, discussion about myths and stigma of mental illness, strategies for supporting clients who are experiencing mental health challenges

Duration:	2 hours
Format:	Interactive Presentation and Group Discussion
Facilitator(s):	Program Coordinator/educator or a Mental Health Worker
Materials:	Information sheets, handouts, articles, etc

Presentation:

Mental Health Issues vs. Mental Illness
Overview of the most common mental health issues and illnesses
Myths about mental illness, stigma
MH and substance use, harm reduction
Strategies for crisis prevention/intervention, support

Group Discussion:

Personal experiences with mental health issues/mental illness, how to use this experience to support others - small group work, sharing with large group
What are hindrances to mental health, what supports mental health - discussion
Small groups - scenarios



**SRCHC/TCHCP
Peer Worker Training**

Effective Communication and Listening Skills

Purpose:

To discuss the importance of communication, different ways to communicate, communication and culture, active listening, body language, barriers to communication, etc

Duration: 2 hours

Format: Interactive Presentation and Group Discussion

Facilitator(s): Program Coordinator/educator and Peer worker,

Materials: Information sheets, handouts, articles, etc

Presentation:

Verbal and non-verbal communication, silence, writing, visual, venting

Body language

Culture and communication

Listening, active listening, is listening the same as hearing?

Asking questions

Self-disclosure

Barriers to communication

Group Discussion:

Telephone Game exercise and a discussion about the experience

Discussion about what affects our communication, what are the barriers to effective communication



**SRCHC/TCHCP
Peer Worker Training**

Conflict Resolution

Purpose:

To discuss with participants different styles of conflict resolution, give examples of conflict, discuss sources of conflict, triggers, discuss personal experiences with conflict and how people addressed it in their lives.

Duration:	2 hours
Format:	Interactive Presentation and Group Discussion
Facilitator(s):	Program Coordinator/educator
Materials:	Information sheets, handouts, articles, etc

Presentation –

Conflict – good or bad?
Street culture and conflict
Conflict resolution styles
Conflict resolution strategies
Restorative Justice vs Criminal Justice
Skills for conflict resolution
Handling anger well
Empathy
Awareness
Active listening

Group Discussion:

Brainstorm characteristics of restorative justice vs criminal justice, discuss the differences.
Share examples of conflict in your life and how have you coped with that.



**SRCHC/TCHCP
Peer Worker Training**

Safety for Peer Workers, Debriefing, Triggers

Purpose:

To provide participants with an overview of safety issues while interacting with clients in the community, importance of debriefing, develop awareness and coping strategies regarding triggers, importance of self-care

Duration: 2 hours

Format: Interactive Presentation and Group Discussion

Facilitator(s): Program Coordinator/educator and Peer worker

Materials: Handouts, articles, etc.

Presentation:

Safety at work and in the community

Connection between boundaries and safety in the workplace

Safety in a workplace is a right but cannot be guaranteed

What is debriefing and why is it important, formal/informal

Triggers (emotional, substances, etc.)

Self-Care strategies

Group Discussion:

What does safety mean to you? Safety from what?

Small group work - scenarios, discussion in a large group



**SRCHC/TCHCP
Peer Worker Training**

Overdose Prevention and Naloxone training

Purpose:

To increase competence and in recognizing signs of stimulant and opioid overdose and response.
To increase competence and comfort in responding to an overdose

Duration: 2 hours
Format: Interactive Presentation and Group Discussion
Facilitator(s): Nurse, SIS Peer worker or any other qualified person
Materials: Peer Manual(s), articles, etc

Presentation:

What are signs of stimulant overdose
How to respond to stimulant overdose
Strategies for prevention of an overdose of stimulants
What are signs and symptoms of an opioid overdose
How to respond to an opioid overdose
Strategies for prevention of an opioid overdose
When and how to administer Naloxone
Good Samaritan law
Calling 911

Group discussion:

Discussion about participant's experiences with overdose, calling 911



**SRCHC/TCHCP
Peer Worker Training**

Boundaries, Ethical Issues, Confidentiality

Purpose:

To provide participants with an overall introduction to the concept of “boundaries” in peer work and to assist participants to identify situations in which their workplace boundaries might apply. What are ethical issues and to discuss specific ethical issues in more detail. Importance of confidentiality. Personal disclosure.

Duration:	2 hours
Format:	Interactive Presentation and Group Discussion
Facilitator(s):	Program Coordinator/educator, peer worker
Materials:	Information sheets, handouts, articles, etc

Presentation:

What are boundaries and why are they important?
 Peer Worker’s role and boundaries, Personal vs. professional, challenges and benefits
 What are ethics? Ethical issues specific to peer workers (relationships, favours, etc)
 How do boundaries relate to ethics? How do boundaries relate to a burn-out?
 Ethical guidelines for Peer workers – respect, dignity, power, confidentiality
 Understanding confidentiality, confidentiality vs. secrets
 Appropriate personal disclosure - when, why, to whom, what

Group Discussion:

Elicit scenarios from the group and discuss (have examples ready)
 Small group work - scenarios involving boundaries, ethics, confidentiality, and disclosure: discussion in the larger group



**SRCHC/TCHCP
Peer Worker Training**

Social determinants of health Housing, Income and legal Issues

Purpose:

What is Social Determinants of health? Why does it matter?

How to navigate the systems (legal, social service, health care)

To provide participants with a general information/overview regarding some common housing and income issues/challenges. Rent payment, guests, bed bugs, safety issues for tenant. Tips on how to advocate on behalf of a client with housing provider, income support worker, etc. General overview regarding accessing basic needs. How to support a client who is in conflict with the law.

Duration: 2 hours

Format: Interactive Presentation and Group Discussion

Facilitator(s): Program Coordinator/educator/front line worker/peer worker

Materials: Information sheets, handouts, articles, etc

Presentation:

Common housing issues – rent payment, guests, bed bugs, safety concerns – what resources are helpful to know about

Common income issues – OW, ODSP, overview of income support programs, eligibility, how to advocate on your client's behalf.

Food access and other basic needs

Tips on navigating the systems as an advocate or a support worker

Group Discussion

Discussion of your personal experiences dealing with housing/ income/basic needs issues. What worked, what didn't, how did you get around getting your needs met? Did you have help/support? Did that make a difference?

Small group work - scenarios



**SRCHC/TCHCP
Peer Worker Training**

Diversity and Discrimination

Purpose:

To review and clarify definitions of stigma, prejudice and discrimination. To discuss diversity. What does diversity look like in the workplace?

To give an overview of the Ontario Human Rights Code.

Duration: 2 hours

Format: Interactive Presentation and Group Discussion

Facilitator(s): Program Coordinator/educator and a Peer worker

Materials: Peer Manual(s), Ontario Human Rights Code Summary,

Presentation:

What is stigma?

What is prejudice and discrimination?

What are causes prejudice and judgement?

What is diversity?

Discrimination and the law

Ontario Human Rights Code protected grounds and areas

Group Discussion:

Discussion about personal experiences with prejudice and discrimination. Was it addressed? If yes, how? If not, why?



**SRCHC/TCHCP
Peer Worker Training**

End of Life issues and support for clients and staff

Purpose:

To explore participants attitudes toward and comfort with dying and death. To provide an overview of what is helpful to keep in mind when supporting someone who is dying. Overview of tools for end of life planning, advanced medical directives, etc.

Overview of MAID (Medical Assistance in Dying). Examples of life celebrations. Grief and loss.

Duration:	2 hours
Format:	Interactive Presentation and Group Discussion
Facilitator(s):	Program Coordinator/educator and Peer worker
Materials:	Peer Manual(s), articles, etc

Presentation:

Brief historical and cultural overview of attitudes toward death
 Current western attitudes toward death
 "Death positive" movement, why
 Experiences with dying and death in marginalized communities
 Expected vs. sudden death - impact
 Violent death and suicide - impact
 End of life planning resources - POA, DNR, AMCD, SDM, etc
 Palliative vs hospice care
 Things to consider while supporting someone who is dying of an illness
 Things to consider for yourself, as a worker
 Examples of life celebrations, legacy projects
 Grief, complicated/complex grief

Group discussion:

What is it about death that upsets me? What are my biggest fears about dying and death?
 Discussion of participant's experiences with aspects of dying, death and grief



**SRCHC/TCHCP
Peer Worker Training**

Advocacy

Purpose:

To provide participants with an overview of Advocacy – what is advocacy, personal vs. systemic advocacy, why is it necessary/important to advocate, Tips on effective advocacy – what works and what doesn't

Duration: 2 hours

Format: Interactive Presentation and Group Discussion

Facilitator(s): Program Coordinator/educator, Community worker

Materials: Handouts, list of resources, etc

Presentation:

What is advocacy?

Why is advocacy important

Individual vs. systemic advocacy

Effective advocacy – what helps, what doesn't

Group Discussion:

Discuss examples of advocacy (on behalf of self or others)

Discuss examples of when advocacy was successful/or not

Advocacy and activism - discussion of gains as a result of systemic advocacy and activism (SIS, shelter access, etc)



**SRCHC/TCHCP
Peer Worker Training**

Group Facilitation

Purpose:

To provide participants with an overview of types of groups and facilitation styles.
To provide an overview of what facilitation skills are helpful and what to watch for.
To provide tips on how to plan/develop group content

Duration: 2 hours

Format: Interactive Presentation and Group Discussion

Facilitator(s): Program Coordinator/educator and Peer worker

Materials: Peer Manual(s), handouts, articles, etc

Presentation:

Groups types - Structured, closed, open ended, drop in, etc.

Group goals - support, education, social, etc.

Program/group planning, why, what, how

Group management, facilitation skills

Conflict management within group

Group discussion:

Discussion about participants experiences with groups, what they found helpful as group participants, and what didn't work for them

Scenarios and role plays



**SRCHC/TCHCP
Peer Worker Training**

Public Speaking

Purpose:

To give an overview of types of public speaking, public speaking styles. Tips and strategies to be an engaging speaker. To review what to keep in mind if speaking about personal experiences - personal disclosure in public. To discuss how to prepare a presentation

Duration: 2 hours

Format: Interactive Presentation and Group Discussion

Facilitator(s): Program Coordinator/educator and a Peer worker

Materials: Peer Manual(s), articles, etc

Presentation:

Types of public speaking - teaching a topic, speaking about the program, sharing personal experiences, etc.

Public speaking styles

Public speaking skills

Personal disclosure, sharing of lived experience

How to prepare a presentation or a lesson on a topic

Group Discussion:

Each participant prepares and gives a short speech to the group. The group will give feedback re: clarity of communication and delivery

Participants will discuss how they felt about the exercise as speakers



**SRCHC/TCHCP
Peer Worker Training**

Community Resources

Purpose:

Discussion about resources available in the community, Tips on how to search for/find resources, tips on how to access (and the process to go through) specific resources

Duration: 2 hours

Format: Interactive Presentation and Group Discussion

Facilitator(s): Program Coordinator/educator, Community worker/Peer worker

Materials: Handouts, list of resources, etc.

Presentation:

Health care resources

Shelters and housing

Substance use related resources

Identification

Legal help, Legal Aid

Food Access

Personal support/crisis support

Recreation

Where to look for resources

Group Discussion:

Discussion about experiences with resources available, quality of service

Small groups scenarios work, sharing and discussion with everyone



**SRCHC/TCHCP
Peer Worker Training**

Employment Readiness

Purpose:

To discuss how to create an effective resume reflecting skills in lieu of education and life experience in lieu of employment history. To provide an overview of a job application and hiring process.
To connect participants with a community employment program

Duration:	2 hours
Format:	Interactive Presentation and Group Discussion
Facilitator(s):	Community Employment program staff and a Peer worker
Materials:	Employment program materials, contacts for support, etc

Presentation:

How to write a resume if you don't have education and/or a formal employment history
How to apply for a job, how to read a job posting
What does hiring process looks like
Introduction of a local community employment program, what services are available, staff to contact to engage
Q and A



Job Description

TCHCP - HCV Community Support Worker

Toronto Community Hepatitis C Program (TCHCP) is a community-based, collaborative care, peer group support model of HCV care delivery focused on improving access to treatment for people with HCV. The HCV Community Support Worker works within the TCHCP providing support to program members as well as supporting and assisting with the program activities. S/he will work together with the rest of the team to improve existing services and projects and in the development of new initiatives. The HCV Community Support Worker will work as a part of multidisciplinary team.

Duties/ tasks

- Street outreach
- Distribution of harm reduction materials and harm reduction education
- Community outreach and HCV education
- Co-facilitation of groups, supervision of drop ins
- Public speaking, public education and advocacy
- One on one support to program members, including appointment accompaniment
- Referrals to appropriate resources
- Assist with preparation for groups and with projects
- Support members through testing results, living with HCV and /or assessing and sustaining treatment for HCV
- Assist with research/ surveys

Administrative

- Record keeping, maintaining accurate records and documentation of services
- Attend meetings and trainings (professional development)
- Regular supervisory/support meetings

Skills/Experience

- Maintain confidentiality and appropriate boundaries
- Maintain good self care
- Ability to work independently as well as in a team
- Good interpersonal and communication skills
- Be a role model
- Other duties as assigned



Casual Employee Performance Review

Employee Name: _____ Position: _____ Team: _____

Supervisor to complete by putting an X in the area that best describes the employee's performance

Competency/Attribute	N/A	Above Expectations	Meets Expectations	Needs Improvement
Public Speaking/Group Facilitation Skills: <i>Clear, audible, effective delivery</i>				
Decision Making/Problem Solving Ability: <i>Sound judgment, makes good choices</i>				
Communication (verbal, written) Skills: <i>Clear and concise messaging, listens well</i>				
Teamwork and Cooperation: <i>Respectful of others, inclusive</i>				
Organizing and Prioritizing Tasks: <i>Manages time and work priorities effectively</i>				
Planning & Coordinating: <i>Makes arrangements, plans logistics effectively</i>				
Computer Skills: <i>Able to use required software</i>				
Continuous Learning and Improvement: <i>Responds well to feedback</i>				
Dealing with Challenging People/Situations: <i>Able to de-escalate situations, resolve conflict</i>				
Counselling, Support, Advocacy, Referral: <i>Uses knowledge of sector to help others</i>				
Flexibility: <i>Can be available, adapts to changes</i>				
Accuracy: <i>Attention to detail, conscientious</i>				
Takes Initiative: <i>Offers to assist, gets involved appropriately, acts on ideas</i>				
Professionalism (appropriate for role): <i>Personal presentation and relations, clear boundaries</i>				
Reliability, Accountability: <i>Can be counted on, delivers on commitments</i>				
Supervising Others: <i>Monitors work and offers support/guidance</i>				
Other:				

Add any additional comments (if applicable) related to the above competencies/attributes:



Casual Employee Performance Review

Work Requirements to be completed by the Supervisor

	Check if completed regularly and as required	Performance of Tasks as outlined in the Job Description
Follows Safety Protocols		Areas of Strength in Role: Areas to Develop in Role:
Follows Work Protocols		
Completes Required documentation		
Punctual, on a consistent basis		
Meets Deadlines		
Acceptable and consistent quality of work		

Additional Comments regarding performance in the role (if applicable):

Employee Comments:

Date: _____ Signature of Employee: _____ Signature of Supervisor: _____

Do any goals need to be set for the coming period? ☐ Yes ☐ No If yes, complete the final page

If this is a Probationary Review, complete this section (check only one box):

Probation Review Successful months	Probation Review Unsuccessful	Extend Probationary Period by _____
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Casual Employee Performance Review

(Optional) Goal Setting

Establish goals for the coming period as required. Involve the employee in identifying and articulating appropriate goals. Document outcomes at the end of the coming period.

Goal/Objective <i>Realistic and specific</i>	Completion Target <i>Include Milestones if relevant</i>	Measurement <i>How will outcomes be measured? Using what data/information?</i>	Outcomes/Comment <ul style="list-style-type: none">Fully completedPartially completedNot completed
Example Work Goal: Reorganize and tidy supplies cupboard to make supplies more readily available, and inventory easier to track	Begin and complete on July 8	Visual inspection by supervisor and feedback from team to confirm effective organization and improved access to supplies	
Work Goal(s):			
Career Goal(s):			
Development/Learning Goal(s):			

Date: _____ Signature of Employee: _____ Signature of Supervisor: _____



DATE

NAME ADDRESS

Dear XXX,

We are pleased to offer you the casual, contract position of HCV Community Support Worker with South Riverdale Community Health Centre ("SRCHC") effective from XXX to XXX. This letter will constitute both an offer of employment and the terms and conditions of that employment. This position is conditional on funding from the Ministry of Health and Long-Term Care and/or the Toronto Central Local Health Integrated Network (TC-LHIN).

1. Position

You will work in the position of HCV Community Support Worker. Your daily work will be supervised by the Hepatitis C Case Manager, who is accountable to the Manager, Urban Health. The duties are outlined in your job description. SRCHC may make reasonable changes to these duties and reporting relationships at any time in order to meet program needs and align with SRCHC's strategic directions.

Your employment is subject to the terms of SRCHC's Organizational Policies and any other applicable policies, procedures, rules and regulations, both written and oral, as made by SRCHC from time to time. SRCHC reserves the right to amend the Organizational Policies and Procedures and any other policies, procedures, rules or regulations from time to time and will keep you informed if any substantive changes are made.

As part of the M-SAA (Multi-Service Accountability Agreement) between SRCHC and the Toronto Central LHIN (TC LHIN), SRCHC and its employees will work towards performance standards and targets as established in the M-SAA.

In addition to the duties and responsibilities outlined in the job description, it is understood that you are expected to work effectively within the strong team context that exists at SRCHC. It is further expected that you will work professionally, collaboratively and respectfully with all of your colleagues.

Your performance will be supervised on an ongoing basis. We reserve the right to change your reporting relationships or level of supervision according to performance issues or concerns.

2. Remuneration

You will be working at a rate of \$XX.XX/hour (Peer Classification), less applicable deductions, withholdings and remittances. Your hours will be assigned and are not to exceed 6 hours per week. You may be asked by your Supervisor to work additional hours from time to time and these can be reported on your time sheets.

You will be paid following the submission of your time sheet on the 1st and the 16th of every month, as per current practice.

3. Benefits

As per organizational policy, you will be entitled to 2 hours of paid sick time for every 35 hours worked.

All benefits will be adjusted according to your start and end date.

4. Vacation Pay

You are entitled to vacation pay at a rate of 4% of your wages, as outlined in the Organizational Policies.

5. Probationary Period and Cessation of Employment

You will be on probation for the first six (6) months of your employment. This period will allow us to assess whether your skills are suitable for our needs and culture, and whether the career opportunities we offer are compatible with your goals.

You will cease to be on probation only upon receiving written notice from SRCHC that you have successfully completed your probationary period. SRCHC reserves the right to unilaterally extend your probation beyond the initial six month period.

This agreement and the employment relationship will automatically terminate on XXX (unless terminated previously pursuant to the terms below) without further notice, pay in lieu of notice, benefit entitlement or severance (subject only to the provisions of any additional notice, pay in lieu of notice, benefit entitlement, severance or other entitlements, if any, necessary to meet the minimum requirements of the Employment Standards Act, 2000 ("the ESA"), as amended or replaced from time to time).

During the first three (3) months of your probationary period, SRCHC may terminate your employment without notice, pay in lieu of notice, severance pay or benefit entitlements at any time and without cause. Thereafter, your employment may cease under any of the following circumstances:

i) You provide SRCHC with a minimum notice period of two (2) weeks. SRCHC may waive the requirements of this notice in whole or in part.

ii) SRCHC has the right at any time to terminate your employment without notice, pay in lieu thereof, severance and/or benefit entitlement for any conduct that constitutes both: (1) just cause at law; and (2) wilful misconduct, disobedience or wilful neglect of duty that is not trivial and has not been condoned by SRCHC, pursuant to the *Employment Standards Act, 2000*, (ESA) as amended from time to time.

If SRCHC has just cause at law to terminate your employment but your conduct does not entitle SRCHC to terminate your employment without the notice, pay in lieu of notice, benefit entitlement and/or severance, if any, required under the ESA, your employment may be terminated by SRCHC providing you with the minimum notice of termination or pay in lieu thereof (or any combination of notice of termination and pay in lieu thereof), benefit entitlement and severance pay, if any, required by the ESA.

iii) SRCHC may terminate your employment without just cause by providing you with the minimum notice or pay in lieu thereof (or any combination of notice of termination and pay in lieu thereof), benefit entitlements and severance pay, if any, required pursuant to the ESA.

6. Work Location

There is an expectation that as part of your employment you may be required to deliver services in satellite offices, shelters and other places outside of the main SRCHC building in the interest of outreach to vulnerable communities.

7. Driver's License

It is your responsibility to maintain your driver's license and liability insurance for any vehicle used by you to perform SRCHC duties, including home visits, attendance at off-site meetings and driving between satellite locations. Any breach whatsoever of this clause will be regarded as a serious breach of your contract of employment and is grounds for disciplinary action, up to and including termination.

8. Occupational Health and Safety

You are expected to review the Occupational Health and Safety policies and procedures and function within the standards set out by the most current Occupational Health and Safety Act, as amended from time to time.

9. Confidentiality and Conflict of Interest

In the course of your employment with SRCHC, you will have access to confidential information about the SRCHC and its clients. As a condition of your employment, you are required to abide by the confidentiality provisions as outlined in SRCHC's Organizational Policies and any other relevant policies, as amended from time to time, and are precluded from disclosing any confidential information to any third party except to the extent required by law. Any breach whatsoever of this clause will be regarded as a serious breach of your contract of employment and is grounds for disciplinary action, up to and including termination.

In keeping with SRCHC's conflict of interest policy, employees must act in the best interest of SRCHC and perform their official duties and arrange their personal and private affairs in such a manner that the public confidence and trust in the integrity, objectivity and impartiality of SRCHC are conserved and enhanced.

10. Entire Agreement

This agreement contains the entire understanding between you and SRCHC and supersedes any previous written or verbal representations or agreements related to your employment. Any modifications to this agreement must be in writing and signed by both you and by a person authorized to bind SRCHC.

This agreement is governed by the laws of the Province of Ontario. References in this agreement to any legislation, including the ESA, include any amendments to successor legislation.

After you have read and understood this contract, and if you are in agreement with the terms, please indicate your acceptance on the second copy of this letter and return it as soon as possible.

XXX, I hope you will find your association with SRCHC both rewarding and challenging.

Sincerely,
Shannon Wiens
Director, Organizational Health Systems

I have received a copy of this letter and have had time to consider it with my professional and legal advisors. I hereby accept the employment offer on the terms and conditions contained in this agreement, with a full understanding of its contents.

NAME

References:

- Shifting Roles: Peer Harm Reduction Work at a Multicultural Community Health Centre.** R. Penn, et al CAMH/Regent Park CHC.
- Super HOs – Women in the Know: The Safer Stroll Project Manual** – available at www.streethealth.ca (Street Health/Regent Park CHC)
- Crack Users Project: A Manual** – available at www.streethealth.ca (Street Health/Regent Park CHC)
- Harm Reduction At Work:** Raffi Balian, Cheryl White, available at www.opensocietyfoundations.org/reports/harm-reduction-work
- Peer Manual – A guide for peer workers and agencies.** Toronto Harm Reduction Task Force
- Hepatitis C Peer Support Group Manual.** CATIE. www.catie.ca

TCHCP Publications

- Toronto Community Hep C Program – Peer Engagement Video**
<https://www.youtube.com/watch?v=woLx3VJ4EYc&t=1s>
- Toronto Community Hep C Program Guide Book.** Available at -
<http://www.catie.ca/en/resources/toronto-community-hep-c-program-guide-book>

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- Tookey P, Mason K, Broad J, Behm M, Bondy L, Powis J. 2018. **From client to co-worker: a case study of the transition to peer work within a multi-disciplinary hepatitis c treatment team in Toronto, Canada.** *Harm Reduction Journal.* 15:41. Full article available at: <https://doi.org/10.1186/s12954-018-0245-7>
- Woolhouse, S., Cooper, E., Pickard, A. **“It gives me a sense of belonging”: providing integrated health care and treatment to people with HCV engaged in a psycho-educational support group.** *International Journal of Drug Policy.* 2013. 24(6): 550-557.

**Thank You to all of our
Community Support Workers, past and present.**

Jennifer Broad, Marty Behm, Chris Mason, Greg Bright,
Keith Williams, Heather Greaves, Angela Cassidy, Terra Tynes,
Jennifer Shankland, Kevin Giroux, Robert Ian McKay

**Thank You to all Patient Advisory Board members, past and present
for their meaningful contribution**

Thank You to all TCHCP clients, staff and leadership



**TORONTO COMMUNITY
HEP C PROGRAM**



For further information regarding this document or any other programming of Toronto Community
Hep C Program, please contact South Riverdale Community Health Centre
at [srhc@srhc.com](mailto:srchc@srhc.com) or find us at www.srchc.com