



***Getting Started:***  
**A Guide to Develop and Deliver**  
**Peer Support Services**

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## Peer Support Toolkit for People living with HIV and/or Hepatitis C

**Toolkit Purpose and Objectives:** This toolkit provides practical guidance and tools to assist community-based organizations or groups to deliver social and emotional peer support services to people living with HIV and/or hepatitis C (Hep C). It includes four parts.

1. Getting started: a guide to develop and deliver peer support services.
2. Training peer mentors: facilitation guide.
3. Becoming a peer mentor: participant training guide.
4. Peer mentor policy and procedure handbook.

**Target Population:** This toolkit is intended to support the development or enhancement of social and emotional peer support services for people living with HIV and/or Hep C in the Interior Health Region of BC. The Interior Region includes East Kootenay, Kootenay Boundary, Okanagan and Thompson Cariboo Shuswap.



Image by Aaryn Secker. Originally created for *Breastfeeding Art Expo Art Catalogue*, 2017, Interior Health & KCR – Community Resources.

**How the Toolkit Was Developed:** CMHA Kelowna engaged two advisory groups (content experts and context experts) to provide guidance and expertise to the development of the toolkit. CMHA Kelowna reviewed peer support materials from a wide variety of sources and identified key guiding documents. The advisory groups met a combined total of nine times over the course of six months shaping the content and layout of the toolkit to ensure it is relevant to people living with HIV and/or Hep C in the interior region of British Columbia.

**Acknowledgements:**

- a. Advisory Groups: One advisory group involved the participation of 8 individuals with lived experience of HIV and/or Hepatitis C and one health outreach nurse, most of whom are members of the Peer Advisory Committee for STOP HIV at the time.

The other advisory group involved the participation of 16 individuals from the following 10 organizations:

- i. ANKORS: AIDS Network Kootneys Outreach and Support Society.
  - ii. ASK Wellness: AIDS Society of Kamloops & Merritt Branch.
  - iii. Canadian Mental Health Association Kelowna & District Branch.
  - iv. Interior Health Authority, HIV and Health Outreach Program, Population Health.
  - v. Living Positive Resource Centre Kelowna.
  - vi. North Okanagan Youth & Family Services Society.
  - vii. Pacific Hepatitis C Network.
  - viii. Penticton & District Community Resource Society.
  - ix. Positive Living BC.
  - x. REL8 Okanagan.
- b. Funder: This project would not have been possible without funding and leadership provided by the Interior Health Authority, HIV and Health Outreach Program, Population Health.
  - c. Authors: Alison Kyte, Jayme Pereira and the Canadian Mental Health Association Kelowna & District Branch
  - d. Formatting: Aaryn Secker and the Canadian Mental Health Association Kelowna & District Branch

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**Editable Templates:** Form and certificate templates in editable word documents are available by request. Please email [lhhealthoutreach@interiorhealth.ca](mailto:lhhealthoutreach@interiorhealth.ca) at the Interior Health Authority, HIV and Health Outreach Program, Population Health.

**Editable Handbook:** Part 4, the peer mentor policy and procedure handbook is available by request as an editable word document. Please email [lhhealthoutreach@interiorhealth.ca](mailto:lhhealthoutreach@interiorhealth.ca) at the Interior Health Authority, HIV and Health Outreach Program, Population Health.

**How to Cite this Document:** Kyte, A., Pereira, J. (2018). *Peer support toolkit for people living with HIV and/or hepatitis C: part 1 getting started: a guide to develop and deliver peer support services*. Kelowna, British Columbia: Canadian Mental Health Association Kelowna & District Branch.

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The complete toolkit can be found at [www.interiorhealth.ca/PeerToolkit](http://www.interiorhealth.ca/PeerToolkit).

*“As a young newly diagnosed person living with HIV I was lost, scared, alone and isolated. The social gatherings at REL8 Okanagan played a major role in breaking the isolation as well as supporting me as a person, a leader and new HIV activist. The support I received at REL8 Social has given me the confidence to be out about my diagnosis. REL8 has and continues to empower me to try and make a difference within the HIV community.”*



## What is Peer Support?

Peer support is the practical, social, and emotional support between people in a community of common interest. Peer support is unique, offering the kind of support and practical help that one can only get from others who share similar experiences. There is no “one-size fits all” approach to peer support around the world, but can be done one-to-one or in groups, in person, by telephone or online.<sup>1,2</sup>

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## Why Peer Support?

Peer support has been widely recognized to benefit health in a variety of ways for a range of complex health concerns in communities across the globe.<sup>3</sup> It is an important complement to other forms of health treatment. Peer support has been largely discussed in the area of mental health as making significant contributions to health, health care, health promotion, and prevention of illness by improving quality of life, symptoms, coping, medication adherence, satisfaction with health, daily functioning and management; increasing social networks; and decreasing worry; among other benefits.<sup>4</sup>

For people living with HIV and/or Hep C, “Peer support can really help someone coping with the physical, mental and mood changes that result from treatment. Peer support can help reduce depression and fear. It can help you understand what is happening to your body and to develop positive ways to deal with emotions and changes ... peer support breaks down isolation and helps to link people to needed resources.”<sup>5</sup>

## The Philosophy of Peer Support<sup>6</sup>

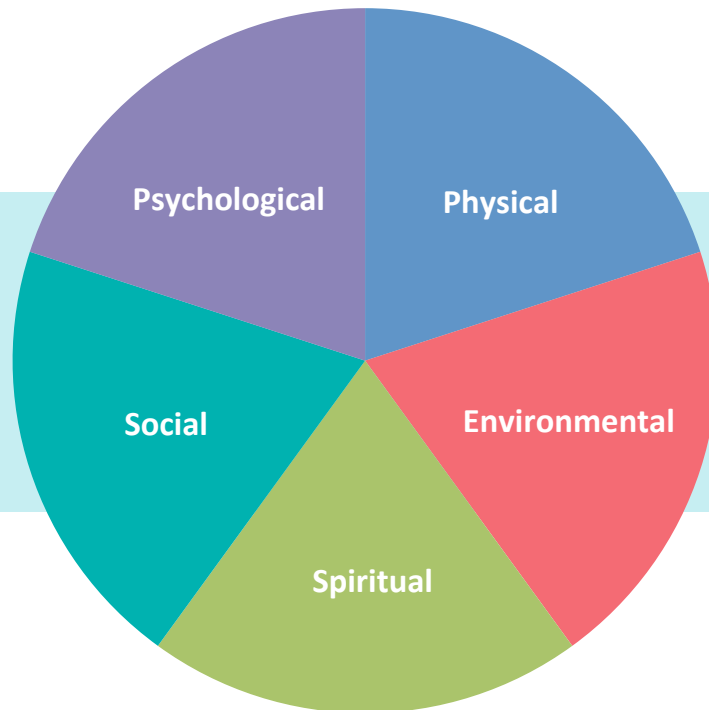
“The philosophy of peer support is that individuals have within themselves the knowledge of what is best for them and a strong desire to find a path towards improved health. The peer supporter supports that person as they search for that inner knowledge and re-ignite that hopeful desire. Peer support is based on relationships in which each person is considered equal within the relationship and self-determination is highly respected. Peer support is focused on health [and wellbeing] rather than on illness and disability. In all types of peer support relationships, empathetic understanding and experiential learning is shared in a non-judgmental and supportive manner.”<sup>6</sup>



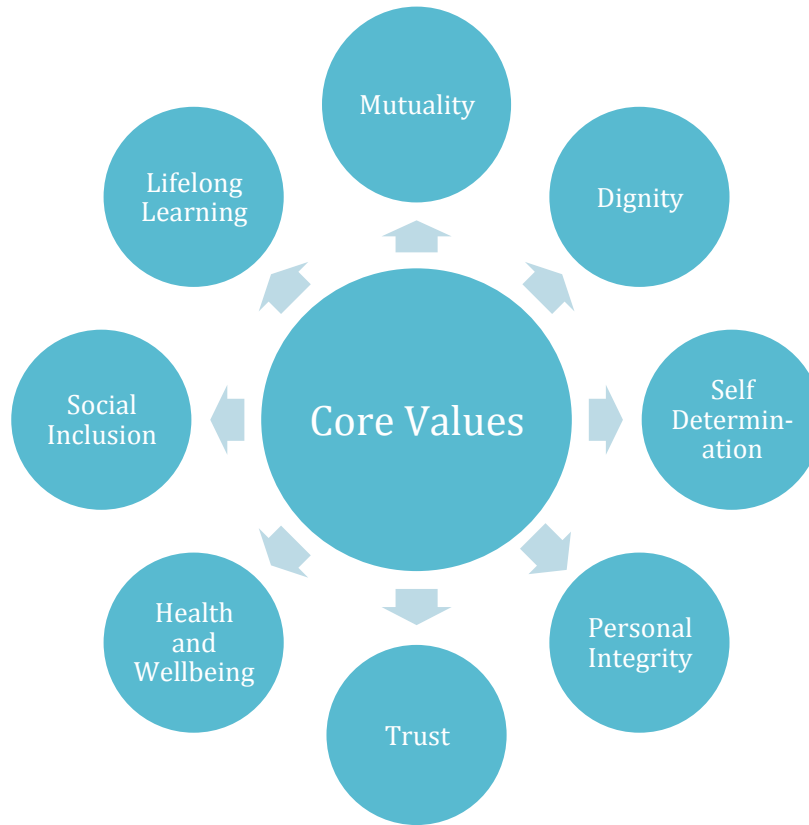
## Defining Wellbeing

Peer support is focused on health and wellbeing; what does “wellbeing” mean and how does one know if it has been achieved?

The holistic wellness wheel is one way to better understand the concept of wellbeing. The aim of the wellness wheel is to promote balance between the five areas of life and to recognize all aspects are essential and interconnected. Achieving balance is a lifelong pursuit. Similar to personal mastery, wellbeing or wellness is not so much a state to achieve, but rather a practice to establish. The responsibility and role of the peer mentor is to identify and develop personal practices to nurture each of the five areas of life and support peers to do the same in their own unique way.



## The Core Values and Principles of Peer Support<sup>6</sup>



<b>Mutuality</b>	<b>Dignity</b>	<b>Self Determination</b>	<b>Personal Integrity</b>
We value the empathy that comes from shared experience	We honour and respect the intrinsic worth of all individuals	We honour an individual's autonomy and inherent right to make their own choices as they determine their path to wellbeing	We value interpersonal relationships that honour authenticity, trust, respect and ethical behavior that upholds our Code of Conduct
<b>Trust</b>	<b>Health and Wellbeing</b>	<b>Social Inclusion</b>	<b>Lifelong Learning</b>
We are honest, reliable, and accountable for our actions	We value health, well-being, and the power of hope for ourselves and others	We respect diversity and value social justice	We value personal growth through professional and personal development

## Peer Support Standards of Practice<sup>6</sup>

The Standards of Practice include the following components:

### Lived Experience

- Experience living with HIV or Hep C (either personally or as a loved one) and the experience of wellbeing and readiness.

### Code of Conduct

- The rules that Peer Supporters agree to follow.

### Knowledge

- The information and know-how that is required.

### Acquired Experience

- The experience providing peer support that is required.

### Competencies

- The natural talent and acquired skills that are required to provide peer support.

**Helpful Resources:** To learn more about peer support accreditation, check out Peer Support (Accreditation and Certification) Canada<sup>6</sup> and download the *National Certification Handbook* for free. Go to [www.psic-canada.com/wp-content/uploads/PSACC-Certification-Handbook-2016.pdf](http://www.psic-canada.com/wp-content/uploads/PSACC-Certification-Handbook-2016.pdf).

To learn more about the elements, guiding values, principles of practice for peer support check out: *Guidelines for the Practice and Training of Peer Support* (2013) by the Mental Health Commission of Canada.<sup>7</sup> Go to <https://www.mentalhealthcommission.ca/English/document/18291/peer-support-guidelines>.

## The Principles of Practice<sup>6</sup>

The Principles of Practice embody the character of the relationship and the philosophy of the work. The Principles of Practice flow from the Core Values and will help to define the Standards for certification as a peer supporter.

### **Peer supporters:**

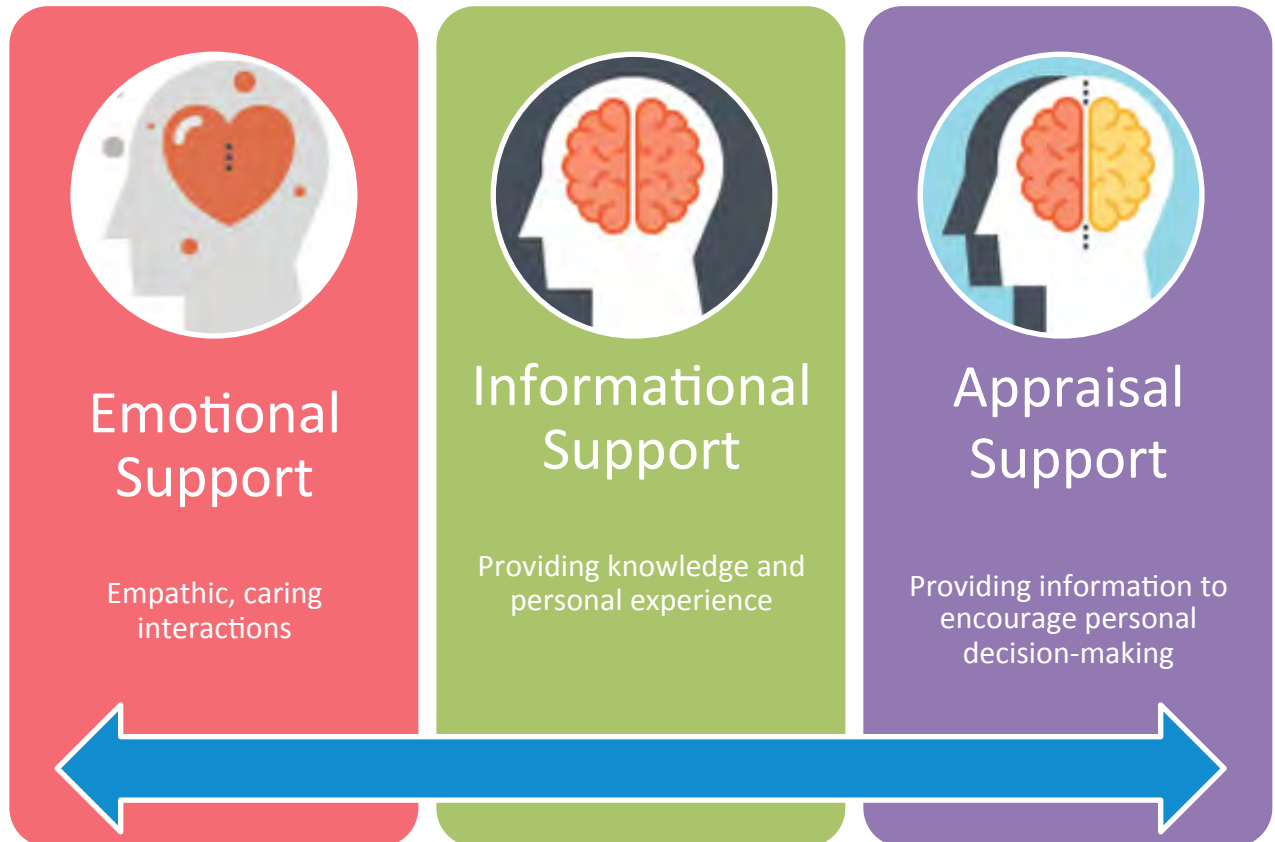
- Recognize the importance of an individual approach to wellbeing.
- Honour and respect where each individual is in their own unique journey, recognizing that the focus is on the process and not just the end result.
- Facilitate the self-determination and the empowerment of peers to take an active role in their health and wellbeing.
- Recognize that the goals, values and beliefs of their peers may not be the same as their own.
- Are collaborative in building equal, open and trusting relationships with peers.
- Share their lived experiences in a manner that demonstrates compassionate understanding and inspires hope for health.
- Ensure that the knowledge gained from personal experience is used in a manner that contributes to the wellbeing of the

peer and that the relationship is always peer-focused.

- Maintain mutually agreed upon limits and boundaries in the peer support relationship.
- Respect external limits and boundaries within the context of their role as a peer supporter.
- Practice self-care, monitor their own well-being and are aware of their own needs, as well as promote self-care for their peers.
- Play an active role in connecting peers to other resources and are open to seeking help when needed.
- Are collaborative with community partners, service providers and other stakeholders.
- Aspire to be current within their field of practice by remaining up-to-date regarding available resources, especially those that are locally available, and by engaging in continuous learning.

## Models and Structures of Peer Support

Peer support can be offered in many ways by various providers in different settings using both formal and informal approaches. Any given peer support program will include a combination of three key characteristics.<sup>8</sup>



## Model 1: In-Person Group Peer Support<sup>9</sup>

<b>Overview and key characteristics</b>	<ul style="list-style-type: none"><li>• Peer support groups differ in their purpose, structure (e.g. meeting frequency; duration of program; length of each meeting; drop-in versus registration; use of curriculum versus open-ended), format, and the engagement of facilitators.<ul style="list-style-type: none"><li>• Peer-led support groups engage group leaders who are volunteer members of the group sharing in a common experience.</li><li>• Support groups led by a professional (e.g. health care providers) or professional guest speaker use educational resources and decision-making processes to guide group discussions.</li></ul></li><li>• Support groups can focus on: emotional support, socialization, education or life skills, storytelling, information sharing, pre-treatment engagement or wellness activities.</li></ul>
<b>Potential challenges</b>	<ul style="list-style-type: none"><li>• Peers may be hesitant to share their personal feelings with others.</li><li>• There may be limited time and resources to participate (e.g. childcare, transportation, work schedules).</li><li>• Potential lack of shared social identity (e.g. age, gender, background, recent versus longstanding diagnosis).</li><li>• Maintaining consistent attendance.</li><li>• Meeting diverse needs in one group (e.g. emotional support for peer experiencing depression and socialization for peer wanting connection and fun).</li><li>• Peer-led groups can experience a perceived power imbalance between peers and facilitators.</li></ul>
<b>Key considerations when developing programs</b>	<ul style="list-style-type: none"><li>• Create a relaxed atmosphere where members feel they can share their experiences and provide support to others.</li><li>• Meeting times and locations should suit the group needs.</li><li>• Include activities involving information and experience sharing.</li><li>• Develop criteria (e.g. communication and leadership skills; experience with the support group topic) to screen and select program facilitators (professional and/or peer).</li><li>• Activities that focus on socialization and fun can ease group tension and allow supportive conversations to emerge naturally (e.g. <i>Apples to Apples</i> or other non-competitive games).</li></ul>

## Model 2: Online Peer Support<sup>9</sup>

<b>Overview and key characteristics</b>	<ul style="list-style-type: none"><li>• Online support uses technology to connect peers.</li><li>• May provide support in an anonymous and non-judgmental way.</li><li>• Typically cost-effective and convenient (e.g. due to living in a remote area; balancing employment and childcare responsibilities).</li><li>• Online peer support can be public (open to all users) or private (password access only).</li><li>• Online peer support can be offered via discussion board, chat, e-mail, live meetings.</li><li>• One-to-one discussion, and open group forums.</li><li>• Communication may involve real-time discussion (synchronous) or reading and responding to messages when it is convenient for the user (asynchronous).</li><li>• Peers, professionals or both may be involved in communications.</li><li>• Considered a valuable complement to face-to-face communication.</li></ul>
<b>Potential challenges</b>	<ul style="list-style-type: none"><li>• Access to computers/internet.</li><li>• Technical problems (e.g. privacy; security).</li><li>• Receiving a large volume of emails or lack of replies to messages.</li><li>• Receiving negative messages or impulsive statements.</li><li>• Inability to 'hear' tone of voice or see non-verbal expressions.</li><li>• Difficulty establishing rapport, meaningful relationships.</li></ul>
<b>Key considerations when developing programs</b>	<ul style="list-style-type: none"><li>• Provide an orientation to online support to help peers be successful and get what they need from this model.</li><li>• Choose a platform that is easy to access. Consider removing the registration step and have a moderator monitor usage for security.</li><li>• Offer ongoing technical assistance.</li><li>• Consider using more than one platform for connection (e.g. text-based chat and video conferencing; video conferencing systems: <a href="https://zoom.us">zoom.us</a> or <a href="https://skype.com">skype.com</a>).</li><li>• Provide usernames and passwords to maintain confidentiality and security.</li><li>• Provide guidelines to assist online support users (e.g. typing in capital letters is considered shouting).</li><li>• Provide training (e.g. skill development) and clear guidelines to facilitators who deliver online peer support (e.g. how to build rapport; how to interpret and reflect on discussions).</li></ul>

### Model 3: One-to-One Peer Support<sup>9</sup>

<b>Overview and key characteristics</b>	<ul style="list-style-type: none"><li>• One-to-one peer support programs offer supports to individuals living with HIV and/or Hep C by individuals living with HIV and/or Hep C who understand the stress and challenges by virtue of shared experience.</li><li>• Experienced peers who provide support are referred to as <i>peer mentors</i> and are matched one-to-one with a <i>referral</i> or <i>referred peer</i> who is seeking support.<ul style="list-style-type: none"><li>• Peers are matched based on criteria to ensure the relationship meets the needs of both people involved.</li><li>• These programs are flexible and often vary in their structure and set-up depending on the context (e.g. one-to-one meetings can happen in person, on the phone, online, or a combined approach; the meeting length and duration can be set or open and ongoing; the focus can be specific goal setting or informal emotional support and social connection).</li><li>• Facilitation by a healthcare professional may enhance program effectiveness and aid in monitoring for potential deleterious effects of peer matching.</li><li>• Provides the mentor an opportunity to ‘give back’.</li></ul></li></ul>
<b>Potential challenges</b>	<ul style="list-style-type: none"><li>• Smaller or rural communities have fewer peers and peer mentors, limiting options to create successful matches.</li><li>• Challenges with confidentiality can arise in smaller communities.</li><li>• High level of responsibility on peer mentor.</li><li>• Potential to stray outside of scope of practice (e.g. assessment of peer, advice-giving).</li></ul>
<b>Key considerations when developing programs</b>	<ul style="list-style-type: none"><li>• Ensure mentor is kept safe.</li><li>• Seek helpers, not rescuers.</li><li>• Mentors require initial and ongoing training.</li><li>• Mentors require ongoing support and supervision.</li><li>• The health and wellbeing of mentors will fluctuate and require flexibility and accommodation.</li></ul>



## Helpful Resources to Guide the Start-Up of Peer Support Services

Resource	Link	How It Can Help
<b>Peer Support Guide for Parents of Youth with Mental Health Problems, Canadian Mental Health Association, BC Division<sup>10</sup></b>	<a href="http://www.cmha.bc.ca/wp-content/uploads/2016/07/ParentPeerSupportGuide.pdf">http://www.cmha.bc.ca/wp-content/uploads/2016/07/ParentPeerSupportGuide.pdf</a>	Offers practical supports for starting peer support groups including the following appendices: sample initial invitation, sample first meeting agenda, sample sign-up sheet, how to be a good group member, sample volunteer sign-up sheet, and more.
<b>Peer Support Best Practice Toolkit: A resource for individuals developing and providing peer support programs for families of children with medical complexity and other lifelong disabilities<sup>11</sup></b>	<a href="https://hollandbloorview.ca/Assets/Evidence%20to%20Care/Peer%20support%20toolkit/EtC_PeerSupport_Section3_FA.pdf">https://hollandbloorview.ca/Assets/Evidence%20to%20Care/Peer%20support%20toolkit/EtC_PeerSupport_Section3_FA.pdf</a>	Offers practical guidance for starting up peer support services including considerations on setting, timing, size, and frequency (p. 7), program evaluation (p. 15), and a comprehensive resource matrix that summarizes resources, templates, and tools to help get started (p. 18-20).
<b>PeerNetBC<sup>12</sup></b>	<a href="http://www.peernetbc.com/resources">http://www.peernetbc.com/resources</a>	Offers free resources including <i>tips for starting rural peer support groups</i> and <i>six steps to starting peer support groups</i> .



## Case Study: Online HIV Peer Support – REL8 Okanagan’s POZ Linx Program

### Program Description

POZ Linx is an online video chat for people living with HIV in BC. It was started to help break down the isolation felt by so many, especially those living in remote areas. It is offered 2 times per month on Thursday evenings via Zoom video conferencing service. Participants can choose to have video on or off if they prefer to remain anonymous (voice only). So far, every participant has chosen video. POZ Linx has a moderator who can screen participants and eject anyone that is abusive, disruptive or not HIV positive. To date, this has not been necessary. Technical support is offered via email.

### Successes

- The service is available on computers, laptops, smartphones and tablets with any operating system.
- New connections have been made between participants.
- Discussions are lively with a full range of topics brought up by the participants (not just HIV talk).
- There is a lot of laughter and good cheer, one of REL8 Okanagan’s barometers of success.
- Repeat participation by peers over several sessions.

### Challenges

- Getting the word out that POZ Linx exists.
- Fear-based stigma can prevent people from participating.
- Costs: Monthly fee for administrator of Zoom, advertising is limited to no-cost social media options.
- Lack or limited Internet access in some parts of BC.
- Technophobia or lack of experience with technology.

### Recommendations

- Approach your health authority for funding and promotion support and build a strong relationship to ensure practitioners and staff confidently refer to your program.
- Get a link to your program on the health authority website.
- Identify places with free Wi-Fi access available for program participants at the times they need it.
- Encourage the health authority to provide free Wi-Fi in safe spaces.

### Resources and Contact Information:

Visit REL8 Okanagan’s website at [rel8okanagan.com](http://rel8okanagan.com) for further information and login instructions. Email contact: [poz.linx@gmail.com](mailto:poz.linx@gmail.com).

## Peer Mentor Scope of Practice

The following roles, responsibilities, and rights<sup>13</sup> together make up the peer mentor's scope of practice. These roles, responsibilities and rights are reflected in the peer mentor general role description template provided.

### **Peer mentor role includes:**

- relationship development (build trust),
- emotional and social support (provide empathy and hope),
- sharing knowledge and information,
- wellness planning,
- raising awareness of HIV/Hep C issues.

### **Peer mentor responsibilities include:**

- program planning,
- relationship development with peer support service providers,
- attendance at trainings,
- meeting participation,
- documentation related to program participant interactions,
- self-care/personal wellness planning.

### **Peer mentor rights include:**

- right to choose how to navigate the dual role of service receiver and service provider,
- right to receive service from [AGENCY] or an external agency,
- right to receive service from a staff person at [AGENCY] who is not a direct supervisor, depending on preference,
- right to flexibility and accommodation to maintain health and wellbeing,
- right to understand how a peer mentor role fits within [AGENCY]'s structure or chart.

### **The following are outside the scope of practice for peer mentors, but would fall within a peer navigator's role:**

- program participant education,
- care coordination support,
- healthcare appointment support,
- assessment,
- self-management skills support.



**PEER MENTOR ROLE DESCRIPTION**

**Name of position:** Peer Mentor  
**Department:** Peer Support Services  
**Type of position:** Volunteer

**MISSION:**  
Insert your organization’s mission here.

**PEER SUPPORT PHILOSOPHY <sup>1</sup>:**  
The philosophy of peer support is that individuals have within themselves the knowledge of what is best for them and a strong desire to find a path towards improved health.

The peer mentor supports that person as they search for that inner knowledge and re-ignite that hopeful desire.

Peer support is based on relationships in which each person is considered equal within the relationship and self-determination is highly respected. Peer support is focused on health and wellbeing rather than on illness and disability.

In all types of peer support relationships, empathetic understanding and experiential learning is shared in a non-judgmental and supportive manner.

**GOALS OF PEER SUPPORT:**  
Peer support strives for wellness of the whole person through empowering relationships, engagement in meaningful activities, and nurturing the ability to experience happiness <sup>2</sup>. Our peer support services aim to break isolation and provide social and emotional support and connection for people living with HIV and/or Hep C by people living with HIV and/or Hep C. Our programs offer a structured supportive environment with one to one and group support.

**-[AGENCY NAME]                      [PHONE#]                      [EMAIL]                      [WEBSITE]-**

### PEER SUPPORT CORE VALUES<sup>1</sup>:

<b>Mutuality</b>	<b>Dignity</b>	<b>Self Determination</b>	<b>Personal Integrity</b>
We value the empathy that comes from shared experience.	We honour and respect the intrinsic worth of all individuals.	We honour an individual's autonomy and inherent right to make their own choices as they determine their path to health and wellbeing.	We value interpersonal relationships that honour authenticity, trust, respect and ethical behavior that uphold our Code of Conduct.
<b>Trust</b>	<b>Health and Wellbeing</b>	<b>Social Inclusion</b>	<b>Lifelong Learning</b>
We are honest, reliable, and accountable for our actions.	We value health, wellbeing and the power of hope for ourselves and others.	We respect diversity and value social justice.	We value personal growth through professional and personal development.

### PEER MENTOR CORE ROLES<sup>3</sup>:

- **Relationship development:** peer mentors use lived experience to build trust over time.
- **Emotional and social support:** peer mentors use empathy and active listening free of shame and blame to provide safe and non-judgmental spaces where peers feel heard, valued and regarded as whole human beings.
- **Share Knowledge and Information:** peer mentors share accurate information and resources using language familiar to peers that can help peers achieve their health and wellness goals. Peer Mentors are supported by supervisors to know their limitations and competencies and will seek out other referrals when necessary.
- **Wellness planning:** peer mentors help peers identify and assess their strengths and challenges and help them develop a plan to achieve their health and wellness goals.
- **Raising Awareness:** peer mentors can play a role in raising awareness of systemic issues that impact the care of people living with HIV and/or Hep C. Peer mentors can use their personal experience to identify the need for change and advocate for changes that would improve services and benefit peers. One way peer mentors achieve this is by sharing their personal story.

### PEER MENTOR RESPONSIBILITIES<sup>3</sup>:

- Peer mentors plan, coordinate and organize activities related to the peer program, including facilitating support groups, social activities, celebrating successes and/or one-to-one mentoring.
- Peer mentors maintain and sustain collaborative relationships with peers with the support and facilitation of program supervisors.
- Peer mentors maintain up-to-date knowledge of available community and clinical services, with the support of program supervisors. Peer mentors share new knowledge with program

supervisors and other members of the peer mentor team.

- Peer mentors attend relevant meetings. This may include trainings, mentoring, debriefing, planning, support and supervision meetings.
- Peer mentors take a person-centered approach (relationship is the foundation) that is consistent with program values.
- Peer mentors are attentive and responsive to their own self-care needs as they arise. Peer mentors develop and practice a personal wellness plan that promotes balance between the five areas of life: psychological, social, physical, spiritual and environmental. In doing so, peer mentors act as positive role models.
- Peer mentors promote the values of peer support.
- Peer mentors adhere to program policies, including communication, punctuality and confidentiality policies.
- Peer mentors maintain confidential documentation of work with and for peers according to program policies.
- Peer mentors report any immediate concerns to peer support staff.

#### **PEER MENTOR RIGHTS:**

- Right to choose how to navigate the dual role of service receiver and service provider.
- Right to receive service from [AGENCY] or an external agency.
- Right to receive service from a staff person at [AGENCY] who is not a direct supervisor, depending on preference.
- Right to flexibility and accommodation to maintain health and wellbeing.
- Right to understand how a peer mentor role fits within [AGENCY]'s structure or chart.

#### **ACCOUNTABILITY:**

- Peer mentor reports to [NAME], [TITLE].

#### **PERFORMANCE EXPECTATIONS:**

- Know your scope of practice (roles + responsibilities + rights).
- Comply with program policies.
- Maintain healthy boundaries.
- Have a positive attitude and demeanor.
- Have a neat and clean appearance.
- Be prompt.

#### **SKILLS, ABILITIES, AND PERSONAL ATTRIBUTES OF A PEER MENTOR:**

- Lived experience.
- Interpersonal communication.
- Critical thinking.
- Teamwork and collaboration.
- Ethics and reliability.

**QUALIFICATIONS:**

- First-hand experience living with HIV and/or Hep C and treatment/care.
- Peer support mentor training completed; other relevant training considered.
- Criminal record check to ensure that mentors do not pose a risk to their peers. The criminal record check is used only to ensure that mentors do not have a history of violence. Records associated with street involvement such as drug offenses and petty crimes are not a barrier to participation in the program.

**TIME COMMITMENT:** Minimum 1 year commitment.

**[AGENCY] WILL PROVIDE:**

- Peer mentor training.
- An orientation to the organization.
- A supportive team environment.
- Ongoing feedback & support.
- Reference for long- term, reliable volunteers.

**The following sources were used or adapted in the creation of this document:**

1. Peer Support (Accreditation and Certification) Canada. (2016). *National certification handbook - version 3*. Retrieved from <http://www.pfac-canada.com/wp-content/uploads/PSACC-Certification-Handbook-2016.pdf>
2. Sunderland, K., Mishkin, W., Peer Leadership Group, Mental Health Commission of Canada. (2013). *Guidelines for the Practice and Training of Peer Support*. Calgary, AB: Mental Health Commission of Canada. Retrieved from: <http://www.mentalhealthcommission.ca>
3. CATIE: Canada's source for HIV and hepatitis C information. (2017). *Practice Guidelines for Peer Health Navigators*. Manuscript in preparation.

-[AGENCY NAME]

[PHONE#]

[EMAIL]

[WEBSITE]-

CATIE<sup>13</sup> recommends agencies complete a candidate readiness assessment to figure out if an individual is ready to be a peer navigator. This recommendation holds true for peer mentors as well.

“It is important that people living with HIV [and/or Hep C] determine whether they are emotionally, mentally, physically, and spiritually ready to work as peer health navigators [or peer mentors]. Conducting a readiness assessment may reduce the potential for negative impacts on the health and wellness of navigators, and perhaps also future program participants. When considering whether to become a peer navigator, people living with HIV [and/or Hep C] need to think about job expectations, ability to perform the tasks required, and emotional readiness.”<sup>13</sup>

**Recommendation:** Read Chapter 4: Program management – Recruitment and selection of peer health navigators in the *Practice Guidelines for Peer Health Navigators*<sup>13</sup> before starting the recruitment process.

### Promotion Strategies

It is important to decide what the primary goal of your promotion efforts is. For example, a group or agency can choose to promote:

- an opportunity to work or volunteer as a peer mentor that includes peer mentor training or
- a training opportunity that prepares individuals for peer mentoring, but does not require a commitment to working or volunteering as a peer mentor.

Example: CMHA Kelowna Peer Support Services takes the first approach to keep expectations clear from the onset that the training is intended to result in a minimum 1-year commitment to peer mentoring with CMHA Kelowna. The primary goal of the training at CMHA Kelowna is to recruit and train new peer mentors to increase the delivery of our peer support services.

In some cases it may be beneficial to promote the peer mentor training as a personal and professional skills development opportunity, such as in cases where the anticipated number of applicants is low. Similarly, it may be necessary to remain flexible in regards to volunteer commitment expectations attached to the training. If peer support is new to a community, the primary goal of peer mentor training may be to spread knowledge and understanding of the benefits of peer support, increase skills of support, and build social connections in the community. In any case, it is important to decide on the goal and strategy for recruitment before promotion starts.



## Example Recruitment Process

**1.** Promote generally and broadly by posting the peer mentor volunteer and training opportunity on agency/group website, social media, and at local information hubs (examples in Kelowna: volinspire.com, castanet.net, kcr.ca). Include information on how to get an application package.

**2.** Promote in a targeted way by emailing and delivering the posting to community agencies, groups, and health professionals who have contact with people living with HIV and/or Hep C, in coffee shops, bars, and other gathering places, and personally invite individuals you identify as potential candidates. Include information on how to get an application package.

**3.** Host an information session to meet potential candidates in person and talk in detail about the peer support program and opportunity to become a peer mentor.

**4.** Receive applications and referral letters and respond to applicants to confirm receipt of application and provide clear information of next steps and timeline for the process.

**5.** Screen applications and determine which applicants will receive an interview for training and which (if any) will not. Notify the applicants and set up interviews with the potential candidates.

**6.** Interview peer mentor candidates to determine suitability for peer mentor training.

**7.** Notify candidates of the results and send training invitations to successful candidates.

**8.** Host peer mentor training.

**9.** Conduct a post-training interview with each candidate who has successfully completed training to determine suitability for peer mentoring and provide feedback on participation in training if appropriate. If any candidates do not complete the training, meet with them to determine what (if any) involvement they would like to have with peer support and provide tangible next steps to make that happen.

**10.** Notify candidates of the post-training interview results and invite successful peer mentor candidates to attend a peer mentor orientation and planning meeting.

## Volunteers Wanted! HIV/Hep C Peer Support Services



We are looking for positive and respectful individuals to provide support one-to-one in community and/or in a group setting at [AGENCY]. Peer support services help to reduce isolation and can increase feelings of self-esteem, confidence, acceptance, and belonging.

### Requirements:

- Personal lived experience with HIV and/or Hep C.
- A health professional's recommendation.
- Willingness to undergo an interview and complete peer mentor training provided by [AGENCY].
- Criminal record check to ensure that mentors do not pose a risk to their peers. The criminal record check is used only to ensure that mentors do not have a history of violence. Records associated with street involvement such as drug offenses and petty crimes are not a barrier to participation in the program.
- Committing to ideally 2-3 hours of volunteering per week for a minimum of 1 year.
- Own transportation or access to public transportation.

To Apply: Contact {NAME/EMAIL/PHONE} at [AGENCY]  
Applications will be accepted until: [DATE]

## Examples of Social Media Posts for Recruitment

### Tips:

- Ensure it is easy to access an application form or contact information in every post/tweet you create. People often get lost or give up if they have to click more than 1-2 times.
- If your organization has access to welcoming photos, videos, and/or testimonials, those are perfect for recruiting on social media.
- If using Instagram, choose welcoming photos and use tweet examples for the text description.

### Example Tweets:

1. We are looking for peer mentors with lived experience of HIV or Hep C. For application to begin training, visit: [website address]
2. Want to make a difference in the lives of others with HIV or Hep C? Apply to be a peer mentor today! Visit: [website address]
3. Training for our new peer mentor program for those living with HIV or Hep C begins soon! Apply today, visit: [website address]

### Example Facebook Post:

Want to make a difference in the lives of others living with HIV and/or Hep C? We are starting a new Peer Mentor Program and want to hear from you!

Successful Peer Mentor Candidates will receive training before being matched with a peer as well as ongoing training and support. [Include a sentence about ongoing time commitment]. [Include a sentence about compensation or honorarium].

For a Peer Mentor application form, visit [website link]. Applications must be received by [date]. Questions can be sent to [name] at [email address].



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## BECOMING A PEER SUPPORT MENTOR

### Key Role

Our peer support services aim to break isolation and provide support from people who understand what it's like to live with HIV and/or Hepatitis C. Our services:

- connect people with HIV and/or Hep C in a structured supportive environment;
- provide support for health and wellbeing;
- offer both group and one-to-one mentorship opportunities.

### Applying for Mentor Training

1. Fill out and submit the following forms:
  1. Application for Peer Support Mentor Training,
  2. Referral from a Health Professional.
2. Submit the application to [AGENCY NAME] either in person or to [EMAIL] with “peer mentor training application” typed in the email subject line.
3. The peer support team will contact you to set up a time for an interview to assess suitability for the training.

### Prerequisites:

- Applicants must have lived experience of HIV and/or hepatitis C.
- Applicants are maintaining their own personal wellness and able to support others.
- Applicants must be 19 years of age or older.
- A desire to learn and practice skills of communication, support and group facilitation.

### After the training is complete:

**Note: Completing the training will not ensure you automatically become a peer mentor.**

- The peer support team will conduct interviews post training to assess suitability for the peer mentor role and to determine if the trainee is a successful candidate.
- Upon acceptance, the mentor must complete:
  - A Criminal Record Check form to ensure that mentors do not pose a risk to their peers. The criminal record check is used only to ensure that mentors do not have a history of violence. Records associated with street involvement such as drug offenses and petty crimes are not a barrier to becoming a mentor.
  - Oath of Confidentiality form.
  - Attend monthly peer mentor meetings.
  - Commit to ideally 2-3 hours of volunteering per week.

**A brief description of volunteer roles:**

- **ONE TO ONE PEER MENTORING**

[**Example:** Provides support for people coping with the isolating effects of HIV and/or Hep C. A peer mentor meets with a peer in community once a week for up to 10 visits and provides emotional support and help with goal setting.]

- **GROUP PEER SUPPORT FACILITATOR**

[**Example:** Facilitates the peer support meeting, helps participants to feel welcomed and comfortable, takes attendance, leads opening activity such as reading a poem, quote or inspirational story to set the tone of the gathering, leads a small group check in, thanks peers for participating.]

- **PEER SUPPORT OUTING FACILITATOR**

[**Example:** Facilitates a social outing in the community during the evening to help break isolation outside of regular program hours and helps participants to feel welcomed and comfortable and safe.]

-[AGENCY NAME]

[PHONE#]

[EMAIL]

[WEBSITE]-



**APPLICATION FOR VOLUNTEER HIV AND/OR  
HEPATITIS C PEER MENTOR TRAINING  
PROGRAM**

*You must be 19 years or older to apply*

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ (home) \_\_\_\_\_ (cell)

Email: \_\_\_\_\_

Can we leave a message at number provided? (Circle your answer)     YES     /     NO

Gender you identify with: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_

Emergency Contact Phone: \_\_\_\_\_

**All information is kept confidential**

Please assess your readiness to become a peer mentor by answering the following questions (use the back of this page or attach additional pages to your application):

- Am I comfortable being identified as a person living with HIV and/or Hep C?
- What is behind my motivation in becoming a peer mentor?
- Do I know the latest information necessary to be a peer mentor? Am I willing to learn?
- How much time and energy am I willing and able to give?
- What do I enjoy doing? What issues are important to me?
- Is the organization the right fit for me?
- Does the organization offer incentives, supports or opportunities for growth both personally and professionally?

**-[AGENCY NAME]                      [PHONE#]                      [EMAIL]                      [WEBSITE]-**



**REFERRAL FROM A HEALTH PROFESSIONAL (NURSE, DOCTOR, COUNSELLOR, CLINICIAN)**

DATE: \_\_\_\_\_

NAME OF APPLICANT: \_\_\_\_\_

The individual above has applied to participate in a training program to become a peer mentor through [AGENCY]. This volunteer opportunity requires that the applicant has lived experience with HIV and/or hepatitis C and is currently maintaining emotional and physical wellbeing as they will be helping to support others living with HIV and/or hepatitis C upon the completion of training.

By signing below you are agreeing that the applicant is suitable for training and to continue on as a volunteer after training.

\_\_\_\_\_  
Referral source name (please print)

\_\_\_\_\_  
Referral source agency and contact number (please print)

\_\_\_\_\_  
Signature

Please fax this form to [NUMBER] or email it to [EMAIL ADDRESS].

Thank you.

**-[AGENCY NAME]                      [PHONE#]                      [EMAIL]                      [WEBSITE]-**

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## PEER MENTOR RECRUITMENT AGENCY RESPONSIBILITY CHECKLIST

Throughout the recruitment process, it is important for your organization to support and guide the self-assessment process for the peer mentor candidate.

Additionally, ensure that you support and guide the assessment of the candidate's:

- ability to commit to the position,
- emotional readiness,
- alcohol and drug use,
- comfort with disclosure,
- ability to maintain boundaries,
- work/life balance,
- self-care practices,
- compatibility with your agency,
- ability to maintain own health and wellness while supporting others,
- tendency to be a *helper* vs. a *rescuer*,
- ability to take feedback.

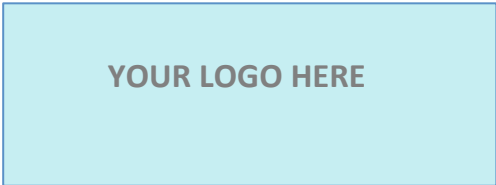
-[AGENCY NAME]

[PHONE#]

[EMAIL]

[WEBSITE]-





## PEER MENTOR APPLICANT INTERVIEW QUESTIONS

INTERVIEWER NAME:

PEER MENTOR APPLICANT:

DATE:

1. What motivated you to apply for this training program?
2. Describe what “peer support” means to you, and how you feel it would benefit a person with a HIV and/or Hep C.
3. What is one experience you have had living with HIV and/or Hep C that would help you in the role of a peer mentor?
4. Do you think you are in a good place to be able to provide support to others? How do you know?
5. What skills and personal strengths would you bring to the peer support program?
6. Tell us about any previous volunteer or work experience that would help you in a peer mentor role.
7. Are you familiar with community services and supports for people living with HIV and/or Hep C. Do you consider yourself knowledgeable in this area? Where do you go for information?
8. What is your experience with diversity?
9. Tell us about a time you interacted with someone who was different from you – what was the situation, what did you do, and what was the outcome? (situation, action, result)
10. Tell us about a time someone gave you unwanted feedback. What was the situation, what did you do, and what was the outcome? (situation, action, result)
11. Tell us about a time you helped someone. What was the situation? How did you know the person needed help? What did you do and what was the outcome? (situation, action, result)
12. How much time do you have to volunteer? What is your availability?
13. Do you have any questions?

Which peer support services are you interested in? (Please check all that apply)

- |  |   |
|--|---|
| <input type="checkbox"/> One to One Peer Mentoring       | <input type="checkbox"/> Activity Facilitator |
| <input type="checkbox"/> Group Peer Support Facilitator  | <input type="checkbox"/> Public Speaking      |
| <input type="checkbox"/> Peer Support Outing Facilitator |   |

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## PEER MENTOR POST-TRAINING INTERVIEW

INTERVIEWER NAME:

PEER MENTOR CANDIDATE:

DATE:

*Select the questions you feel are most relevant.*

1. Now that you have completed the peer mentor training, do you think you will be a good fit for our peer support program? Why or why not?
2. Tell us something new you learned during training and something new you learned about yourself.
3. Please describe your understanding of the peer/mentor relationship. What are the main differences between a counsellor and a peer mentor?
4. Define “confidentiality”. In what circumstance would you break confidentiality? Who would you talk to?
5. What skills do you believe are most important in being an effective peer mentor?
6. Are there any areas within the peer mentor role that you may find challenging?

7. How will you identify if you are becoming unwell and unable to maintain a peer/mentor relationship? How will you take care of your own wellbeing and what support you need from staff?

8. Peer / Mentor Relationship Process

- How would you approach the beginning of the peer/mentor relationship?
  
- How would you maintain the relationship?
  
- How would you handle the end of the peer/mentor relationship?

9. Please describe the approach you would use to help your peer with goal setting.

10. What is considered appropriate “self-disclosure”? What would be inappropriate?

11. What is your understanding of “boundaries”? Describe your personal boundaries, and how you would present them to others.

### **Scenario Questions:**

“One of the participants in the peer support group always puts me down after the meeting. I am getting sick of it and am thinking about quitting the group.”

“I am having really bad side effects from the medication my doctor prescribed. I think I’m going to stop taking my medication, I will feel better without it.

“I’m tired of feeling like this, I’m so overwhelmed and I want it all to end. I think everyone would be better off without me anyways.”

You are facilitating the small group check-in. One peer is sharing about an argument they had earlier in the day, and someone in the group says, “Are you talking about that fight with Sharon today?” What do you do?

You are participating in a peer support group activity when one of the peers becomes agitated and aggressive, directing it at you. What would you do?

What peer mentor services are you interested in doing?

- One to One Mentoring
- Group Facilitation
- Group Outings
- Social Activity Planning
- Public Speaking

If you would like to have an opportunity to experience one or more of the activities above by shadowing a peer mentor before signing up, please let us know and we will arrange it.

## Peer Mentor Compensation

Agencies are responsible for compensating peer mentors for work performed and for work expenses. Compensation includes monetary and other benefits. According to the “Nothing About Us Without Us” guidelines<sup>14</sup>, compensation in cash is best practice. As such, if possible cash should be offered first and peer mentors should be involved in decision-making regarding this or alternate payment options. In addition to monetary compensation, peer mentors can receive other benefits such as:

- workshop attendance,
- professional development opportunities that enable peers to build their skills,
- conference attendance,
- social events,
- vouchers,
- gift certificates,
- food.

### **Paid Employee or Volunteer?**

In order to determine what type of compensation (honoraria, hourly wage, salary, etc.) makes the most sense, first decide if the peer mentor role will be volunteer or paid employment.

### **Paid Employee**

“[Peer mentors] receiving paid employment earnings reduces stigma by paying wages comparable to other employees, increases opportunities for advancement, encourages ongoing and sustainable peer engagement, and gives a sense of responsibility and agency to employees through job title and duties. Hiring peers as a paid employee comes with benefits through the Employment Act, such as WorkSafe BC, employment insurance (EI) and Canadian Pension Plan (CPP), which they otherwise may not receive. Paid positions also allow [peer mentors] to build an official employment history, which may help in building experience for future employment or applying for housing.”<sup>15</sup>



## Categories of Paid Employment<sup>15</sup>

Contractor with Set Tasks/Pay	Hourly Staff with Timesheets	Salary Position
<p>A contractor position requires defined and set duties and fixed number of hours paid.</p> <p>This type of position requires setting up an official contract typically through a finance department, outlining these duties and pay. All parties then must sign the contract – a process that can take time.</p>	<p>Peer mentors may be set up as project staff with fixed or fluid number of hours of work per pay period, recorded on a timesheet.</p> <p>Peer mentors and managers must submit a timesheet every pay period with number of hours worked.</p> <p>These forms must be submitted typically one week before the pay period is over.</p>	<p>Some institutions may be able to offer part- or full-time salary positions.</p> <p>These positions must be approved by human resources and typically require a minimum number of hours per week by the employee. They are typically long term roles that are maintained throughout the project.</p>
<p><b>Pros:</b> May pay as lump sum or as ongoing work; after contracts are set up payment can be issued in a timely and ongoing manner; benefits offered such as WorkSafe BC, CPP and EI; can pay contractors with electronic fund transfers (e-transfers).</p>	<p><b>Pros:</b> Flexible; may pay as lump sum; number of hours per week can vary. Provided participants have the ability to open a bank account the flexibility of direct payment and fluid hours are attractive benefits.</p>	<p><b>Pros:</b> Titled position; full benefits available.</p>
<p><b>Cons:</b> A delay in pay during initial set up period, difficult to add additional hours.</p>	<p><b>Cons:</b> Often must set a minimum number of hours (e.g. employment policy must guarantee over 10 hours per week, even if peer does not work that much); delays in receiving pay; conflicts with income assistance; must track, submit hours, obtain signatures each pay period.</p>	<p><b>Cons:</b> Social insurance number required; long process of getting position approved; restraints based on job description; some institutions require criminal record check.</p>

## Volunteers Receiving Honoraria

### Information concerning paying peer mentors who are receiving income or disability assistance:<sup>15</sup>

- (Beginning December 1, 2015, the BC Ministry of Social Development and Social Innovation will consider one-off payments in cash or gift card for any purpose (i.e. honorarium, research stipend) as income.
- These “gifts” are considered either non-recurring or recurring. To determine if a gift is non-recurring both the frequency and source must be considered. Examples of a non-recurring gift are a one-time public speaking stipend of \$50. A recurring gift would be receiving a \$50 public speaking stipend on a monthly or quarterly basis.
- Non-recurring gifts are exempt, while recurring gifts are not exempt and are treated as unearned income.
- In BC, individuals may receive up to \$500 cash without claiming it as earnings (and having to issue a T4A).
- Individuals who receive over \$500 per calendar year must be hired and paid as an employee.

### Other Costs and Expenses

Where possible, employers should pay associated costs directly to avoid income exemptions being applied to these expenses, such as:

- travel costs,
- telephone fees,
- program materials and supplies,
- social or recreational program activity costs,
- program guest honoraria.





## Create a Well-Considered and Transparent Process for Paying Peer Mentors

Several questions to consider in this process include:<sup>15</sup>

How much will peer mentors be paid (and how does this compare with others who are being paid)?	How often will peer mentors be paid (ie. monthly, 2X per month, weekly, lump sum)?
How long is the peer mentor position?	When will the first pay cheque or cash honoraria come?
Are taxes taken off each pay cheque? How much can they expect on each cheque?	How will this compensation be delivered (i.e. e-transfer, mail)?
Are benefits being offered?	Who do peer mentors contact if there are inconsistencies in pay or pay procedure? How will these be reconciled?
How is time for travel paid?	How many hours is expected?
How will travel expenses be paid?	If peer mentors work more or less time than agreed upon, how will this be reconciled?
Will peer mentors be expected to pay out-of-pocket? If yes, when will they be reimbursed and how?	Will telephone costs be covered?



### Examples of Honoraria in Peer Mentoring Programs:

- The CMHA Kelowna Peer Support Program operates on funding provided by the Interior Health Authority. The annual budget for honorariums has its limitations and has required some creativity. CMHA Kelowna routinely involves peer mentors in decision-making about compensation. Peer mentors are volunteers at CMHA Kelowna and are given an honorarium for certain activities, but not all.

CMHA Kelowna pays peer mentors an honorarium of \$20 per event for the following activities:

- one-to-one peer support,
- group facilitation,
- community outing facilitation,
- Kelowna General Hospital psychiatric patient group activity facilitation,
- public speaking events.

The following activities are *not* paid an honorarium:

- peer mentor training,
  - peer mentor supervision and support meetings.
  - peer mentor team meetings,
- The Regina Qu'Appelle Health Region peer-to-peer program for people living with HIV is funded by the Saskatchewan Ministry of Health. The peer-to-peer program pays peer mentors in the form of honoraria for all support, training and staff meetings they attend as part of the peer-to-peer program at the same rate at which they are paid for their meetings with mentees, which is an hourly rate above the provincial minimum wage. Peer mentors are reimbursed for the child care and transportation costs they incur during their work. To learn more about the peer-to-peer program in the Regina Qu'Appelle Health Region, go to: <http://sagecollection.ca/en/groups/peer-program-regina-quappelle-health-region>.

**Helpful Resource:** *A Guide for Paying Peer Research Assistants*<sup>15</sup> provides important compensation information that pertains to peer mentors, including:

- flowchart to assist decision making about how to pay (p.4);
- deciding between payment in cash, cheque, e-transfer, money order, bank draft (p.5-6);
- information about income exemption for peers on disability or income assistance (p.9-16);
- setting up a bank account (p.19);
- obtaining identification (p.21-23).

Find it here: <http://www.bccdc.ca/resource-gallery/Documents/A%20guide%20for%20paying%20peer%20research%20assistants%202017.pdf>

## Peer Mentor Supervision and Support

The frequency of supervision can be determined by considering the skill-level, comfort, and needs of the peer mentor and program. For example, a seasoned peer mentor who is facilitating one group per month will most likely require less frequent one-to-one supervision as compared to a newly trained peer mentor who is providing weekly one-to-one support to two peers.

### Structures of Supervision

- Monthly peer mentor team meeting.
- Weekly, bi-weekly, monthly or quarterly meetings.
- Informal check-ins.
- Yearly review.
- One-to-one or in groups.

Regardless of the structures you select, it is important to document supervision meetings to create a record of performance strengths, challenges and patterns.

### Structures of Support

- A monthly peer mentor team meeting is an opportunity to share mentoring experiences, challenges and successes and to give and receive support with other peer mentors.
- Structured or casual/as-needed guidance and support by a peer support professional, healthcare provider or community-service provider.
- Designated on-call point person (e.g., peer support program supervisor or coordinator).
- Monthly access to a therapist or counsellor for peer mentors.

## Examples of Supervision and Support

**Positive Living BC's (PLBC)** peer navigators meet once per month as a group to receive support from a trained therapist without their supervisor present. The budget to cover the cost of this clinical support is included in PLBC's contract with Vancouver Coastal Health to deliver peer navigation services.

To learn more about PLBC's peer navigator services go here:

<https://positivelivingbc.org/services/newly-diagnosed/>

**The Regina Qu'Appelle Health Region's** peer-to-peer program is coordinated by a social worker who works as part of the Communicable Disease and Sexual Health Programs, Population Health department within Regina Qu'Appelle Health Region. Peer mentors can receive support from the coordinator or any member of the integrated team. The coordinator hosts a bi-monthly peer mentor team meeting to provide support and plan mentor activities. The peer mentors provide peer support through one-to-one visits at a weekly drop-in at a primary health care clinic and also at an AIDS service organization within Regina twice per month.

Learn more here: <http://sagecollection.ca/en/groups/peer-program-regina-quappelle-health-region>.

**CMHA Kelowna's** mental health peer support services are part of an integrated group of services and supports called wellness programs. The wellness programs team leader is responsible for overseeing the delivery of peer support services, but two wellness coaches coordinate the peer support services and provide support to peer mentors. It is a requirement that the wellness coaches have lived experience of mental illness. The wellness coaches host a monthly peer mentor meeting, but the peer mentors facilitate key parts of the meeting. Support is offered to mentors by mentors with guidance and clarification only as needed by the wellness coaches.

Learn more here: <https://cmhakilowna.com/wellness-programs/>



### 3 MONTH PEER MENTOR SELF-REVIEW

The peer support services team at [AGENCY] is committed to nurturing and maintaining a safe environment where all peer mentor team members are treated with respect and dignity.

The peer support services team strives to provide an environment in which the peer mentors live out the peer support values of hope, self-determination, empathetic and equal relationships, dignity, respect and social inclusion, integrity, authenticity and trust, health and wellness and lifelong learning and personal growth. We feel the best way to live out our values is to be a strengths based organization – investing in the best of you!

Please take some time to consider and answer the following questions and return this form to: [NAME] by [DATE] by [METHOD] (e.g. email address, drop off at front desk). We will use the completed form to guide the conversation at our 3-month check-in meeting on [DATE] at [TIME] at [LOCATION].

### REFLECTION

1. What was the best day you've had as a peer mentor in the last 3 months? What were you doing? Why did you enjoy it so much?

2. What was your worst day you've had as a peer mentor in the last 3 months? What were you doing? Why did it trouble you so much?

3. What challenges have you had to face that have affected your ability to perform to your best abilities?

4. How can we support you to be able perform your role better, i.e. resources, training, support, etc.?

**Action Plan/Follow-Up Required:**

Action	Person(s) Responsible	Timeline for Completion

Date: \_\_\_\_\_ Peer Mentor Name & Signature: \_\_\_\_\_

Peer Support Staff Name & Signature: \_\_\_\_\_

## YEARLY PEER MENTOR SELF-REVIEW

The peer support services team at [AGENCY] is committed to nurturing and maintaining a safe environment where all peer mentor team members are treated with respect and dignity.

The peer support services team strives to provide an environment in which the peer mentors live out the peer support values of hope, self-determination, empathetic and equal relationships, dignity, respect and social inclusion, integrity, authenticity and trust, health and wellness and lifelong learning and personal growth. We feel the best way to live out our values is to be a strengths based organization – investing in the best of you!

Please take some time to consider and answer the following questions and return this form to: [NAME] by [DATE] by [METHOD] (e.g. email address, drop off at front desk). We will use the completed form to guide the conversation at our yearly check-in meeting on [DATE] at [TIME] at [LOCATION].

### REFLECTION

1. What was the best day as a peer mentor you've had this past year? What were you doing? Why did you enjoy it so much?

2. What was the worst day as a peer mentor you've had this past year? What were you doing? Why did it trouble you so much?

3. What was the best feedback or recognition you've received this past year? What made it so good?

4. Overall how do you feel you have performed as a peer mentor this past year? What do you think your strengths are? (i.e. skills, knowledge, talents).

5. What challenges have you had to face that have affected your ability to perform at your best? How can we best support in your role as a peer mentor?

6. Any comments or questions you would like to ask during our upcoming meeting?

**Action Plan/Follow-Up Required:**

Action	Person(s) Responsible	Timeline for Completion

Date: \_\_\_\_\_ Peer Mentor Name & Signature: \_\_\_\_\_

Peer Support Staff Name & Signature: \_\_\_\_\_



**Example Referral and Orientation Process**

CMHA Kelowna uses one referral form for all wellness programs, including peer support services, in order to simplify the referral process. The form is available as a writable pdf on the website so referral sources can download it, fill it out, and email it to the address indicated on the form. Alternately, the form can be faxed or dropped off in person. Applicants are referred by a professional support (doctor, nurse, mental health clinician, psychiatrist, counsellor, etc.) in order to help grow and strengthen a network of support around the applicant. If the applicant does not have any professional supports, the applicant is encouraged to seek out a referral from a health clinic or in some cases a self-referral is accepted. Once the referral is received, the applicant is contacted within 2-3 business days and invited to attend a group orientation or a one-to-one orientation as needed. Group orientations are offered twice per week, one morning and one afternoon. Applicants are oriented to all wellness programs and can select which programs and services best fit their needs in the present moment. Applicants fill out a form at the orientation.

Orientation form includes:

- contact information,
- reason for joining,
- consent to guidelines and responsibilities,
- authorization to release information.

If the applicant wants to participate in one-to-one peer support, the following sections of the orientation form are also completed:

- peer support 1:1 (the information in this section is most often gathered via interview and recorded by a peer support staff member),
- one-to-one peer support boundaries for peers.

OFFICE USE ONLY  
RECEIVED:

**AGENCY PROGRAMS REFERRAL FORM**  
COMPLETE AND FAX TO: [FAX NUMBER]

In order to provide you with the best service,  
please let us know if you require wheelchair access:

Yes       No

*Please select ALL that apply:* [PROGRAM NAME]

PEER SUPPORT: GROUP  OR 1 TO 1

[PROGRAM NAME]

[PROGRAM NAME]

**THIS FORM IS TO BE COMPLETED BY THE PROFESSIONAL MOST FAMILIAR WITH THE APPLICANT'S HEALTH.**

**AGENCY PROGRAM PURPOSE STATEMENT**

Example: CMHA'S Wellness Programs offer opportunities for adults with mental health concerns to build the skills necessary to promote mental health and wellbeing and develop personal tools to enable meaningful and productive lives.

<p>[Example: <i>Peer Support Services</i> aim to break isolation and provide support from people who understand what it's like to live with HIV and/or Hep C issues. One-to-one mentorship is available on a case-by-case basis.]</p>	<p><b>BRIEF PROGRAM DESCRIPTION</b></p>	<p><b>BRIEF PROGRAM DESCRIPTION</b></p>	<p><b>BRIEF PROGRAM DESCRIPTION</b></p>
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**For more information on these programs, visit: [website]**

APPLICANT CONTACT INFORMATION				
NAME				
DATE OF BIRTH				GENDER
	DAY	MONTH	YEAR	
PHONE			CELL #	
EMAIL				
ADDRESS				
CITY			POSTAL CODE	
EMERGENCY CONTACT	NAME	RELATIONSHIP		CONTACT #

**REFERRAL INFORMATION**

REFERRING AGENT NAME		
TITLE/POSITION	AGENCY/ ORGANIZATION	
TELEPHONE	FAX	
EMAIL		
PHYSICIAN	PHONE	
NURSE	PHONE	
OTHER SUPPORT	PHONE	

**APPLICANT'S HEALTH HISTORY**

Medical conditions and/or disabilities	Describe:	
Signs of decompensation, i.e. what does it look like when this person becomes unwell?	Describe:	
Has applicant been prescribed medication?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure	If medication not used as prescribed, please explain:   Any comments on this?   If yes, please provide details:
If yes, does the applicant use medication as prescribed?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure	
Does applicant have a history of drug use?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure	
If yes, are they currently using drugs?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure	
Does applicant have a history of violence?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure	

Has applicant been informed of this referral?	<input type="checkbox"/> Yes <input type="checkbox"/> No	How long have you been working with the applicant?	
---	---	--	--

REFERRING AGENT SIGNATURE		DATE	
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Our programs are group-oriented and for each referral we take into consideration the fit and appropriateness of the applicant. If we think we are unable to provide an appropriate level of service for this applicant, you will be contacted by our staff. [AGENCY] will make every effort to review referrals within three (3) business days and applicants will be contacted directly to arrange an appointment. We are unable to process incomplete or illegible referrals.



# PROGRAMS ORIENTATION FORM

<b>DATE</b>		<b>EMAIL</b>	
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**CONTACT INFORMATION**

<b>LAST NAME</b>		<b>FIRST NAME</b>	
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WHICH OF YOUR PROFESSIONAL SUPPORTS DO YOU FEEL KNOW YOU BEST?

**HEALTH**

WHAT ARE YOUR HEALTH CHALLENGES? (CURRENT AND PAST)

IS THERE ANYTHING IN PARTICULAR YOU WOULD LIKE US TO KNOW ABOUT YOU?

HOW DO YOU PLAN TO USE THE PROGRAMS TO BENEFIT YOUR HEALTH AND WELLBEING?

**GUIDELINES AND RESPONSIBILITIES FOR PARTICIPANTS AND STAFF**

**EXAMPLES**

- THE [AGENCY AND PROGRAM NAME] PROVIDES A SAFE ENVIRONMENT WHERE COURTESY, TOLERANCE AND RESPECT ARE REQUIRED AT ALL TIMES BY PARTICIPANTS, STAFF AND VOLUNTEERS.
- CONFIDENTIALITY: YOUR PERSONAL INFORMATION IS YOURS TO SHARE IF YOU CHOOSE. PLEASE DON'T SHARE OTHER PARTICIPANTS' INFORMATION WITHOUT THEIR PERMISSION.
- FOR THE HEALTH OF ALL OUR PARTICIPANTS, WE PROVIDE A SCENT-FREE ENVIRONMENT. WE ASK THAT YOU AVOID USING PERFUME, COLOGNE AND SCENTED LOTIONS/SOAPS.
- EFFORTS WILL BE MADE BY ALL TO MAINTAIN A SAFE, CLEAN AND WELCOMING ENVIRONMENT. PLEASE REPORT ANY UNSAFE SITUATIONS TO STAFF.
- THE [PROGRAM NAME] PROMOTES A FOCUS ON WELLBEING. IF A PARTICIPANT'S ACTIONS ARE AFFECTING OTHERS NEGATIVELY, STAFF MAY ASK THE PARTICIPANT TO LEAVE THE PROPERTY FOR THE DAY. WE APPRECIATE EVERYONE'S UNDERSTANDING AND COMPLIANCE.

**AUTHORIZATION FOR RELEASE OF INFORMATION**

I, \_\_\_\_\_ HEREBY AUTHORIZE THE [AGENCY] AND ITS STAFF TO SHARE INFORMATION ABOUT ME WITH PERSONS OR AGENCIES INVOLVED IN MY CARE. THESE PERSONS OR AGENCIES MAY INCLUDE MY DOCTOR, NURSE, COUNSELLOR AND MY EMERGENCY CONTACT PERSON.

I UNDERSTAND THAT THIS INFORMATION IS BEING SHARED IN ORDER TO ASSIST AND SUPPORT ME WHILE I AM A PARTICIPANT IN ANY [AGENCY] PROGRAMS, AND TO ENSURE THE SAFETY AND WELLBEING OF ALL [PROGRAM] PARTICIPANTS AND STAFF. I HEREBY RELEASE [AGENCY] AND IT'S STAFF FROM ALL MANNER OF LIABILITY, CLAIMS OR DEMANDS I MAY OR WILL HAVE AS A RESULT OF THEIR SHARING SAID INFORMATION.

PARTICIPANT'S SIGNATURE (OR PERSON AUTHORIZED TO SIGN FOR PARTICIPANT)	X
WITNESS	DATE

**I HAVE HAD THE [PROGRAM] GUIDELINES EXPLAINED TO ME AND I WILL ABIDE BY THEM TO THE BEST OF MY ABILITIES.**

SIGNATURE	X
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[AGENCY] STAFF ONLY - PEER SUPPORT 1:1

DO YOU HAVE ANY GOALS YOU ARE WORKING ON?

HOW CAN A MENTOR BEST SUPPORT YOU?

WHEN ARE YOU AVAILABLE TO MEET WITH A PEER MENTOR?

### ONE TO ONE PEER SUPPORT BOUNDARIES FOR PEERS

- THIS PROGRAM PROVIDES 1:1 SUPPORT. NO ONE ELSE IS TO BE INCLUDED IN ANY PART OF THE MEETINGS WITH A MENTOR.
- THE MENTOR INITIATES PHONE CONTACT TO SET UP WEEKLY MEETINGS WITH THE PEER AT A MUTUALLY CONVENIENT TIME AND PLACE. THE NEED TO MAINTAIN CONFIDENTIALITY IN A PUBLIC PLACE NEEDS TO BE CONSIDERED.
- THIS IS A FORMAL RELATIONSHIP. THERE ARE NO CASUAL MEETINGS AS FRIENDS OR WITH FRIENDS OUTSIDE THE PROGRAM AND NO PLANNED ACTIVITIES AS FRIENDS.
- MEETINGS DO NOT OCCUR IN RESIDENCES OR PRIVATE PLACES AND NO RIDES ARE SHARED, EVEN IF THE MENTOR AND PEER HAVE MET IN ONE PLACE AND ARE GOING TO ANOTHER.
- IN THE FIRST MEETING AFTER GETTING TO KNOW EACH OTHER, MENTORS WILL ASK PEERS IF THEY HAVE ANY GOALS THEY WOULD LIKE TO SET. IT IS UP TO THE PEER TO DECIDE WHAT, IF ANY, GOALS WILL BE SET.
- DO NOT CONSUME ALCOHOL OR DRUGS PRIOR TO OR DURING A MEETING WITH A MENTOR. DO NOT SPEAK TO A MENTOR ON THE PHONE IF YOU ARE INTOXICATED. IF A MEDICATION IS AFFECTING YOUR JUDGMENT, CANCEL THE MEETING PLANNED AND RE-SCHEDULE IT LATER. IF A MENTOR COMES TO A MEETING INTOXICATED, NOTIFY THE PROGRAM STAFF.
- MENTORS AND PEERS MUST MAINTAIN CONFIDENTIALITY AT ALL TIMES.

I UNDERSTAND THE ABOVE RULES ARE NOT NEGOTIABLE AND AGREE TO ABIDE BY THEM. IF I DO NOT, I UNDERSTAND MY INVOLVEMENT WITH THE ONE TO ONE PEER SUPPORT PROGRAM MAY END.

NAME		SIGNATURE
PEER SUPPORT STAFF		DATE



**Helpful Resource:** Sage: a resource-sharing community for Canadian HIV and hepatitis C service providers.

Go to:

<http://sagecollection.ca/en/groups/peer-program-regina-quappelle-health-region>

to see the resources used by the Regina Qu'Appelle health region peer program, including:

- peer mentor referral form,
- peer mentor description,
- peer mentor consent,
- peer mentor application,
- peer to peer program evaluation,
- peer assessment form (peer intake) and more!



The following accommodation and code of conduct policies and procedures are examples to be adapted to fit within your own agency policy and procedure manual. These policies have been selected as examples that can help establish a foundation of success and safety for Employees and Program Participants who have lived experience of HIV or Hep C. Policies specific to peer mentors, written in plain language, are included in the Peer Mentor Policy and Procedure Handbook, part 4 of this toolkit.

## DEFINITIONS

**Employee** includes individuals employed, privileged, contracted or on a volunteer basis with “Agency”.

**Program Participants** include customers and tenants of “Agency”.

**Privacy** is a right that prevents the unauthorized collection, use, or disclosure of personal information.

**Confidential Information** whether oral, written, and electronic or film, includes the following:

- a) personal information about Program Participants and Employees that includes their
  - name address or telephone number;
  - race, national or ethnic origin, color, or religious beliefs or associations,
  - age, gender identity, sexual orientation, marital status or family status;
  - identifying number, symbol, or other particular assigned to them;
  - fingerprints, blood type or inheritable characteristics;
  - health care history, including a physical or mental disability;
  - information about their educational, financial, criminal or employment history;
  - personal views or opinions, except if they are about someone else;
  - and anyone else’s opinion about themselves.

b) business information collected or created by “Agency” that exists regardless of form that includes, but is not limited to:

- information provided to “Agency” by an external vendor which, if disclosed would harm the business interests of the external vendor;
- information prepared as part of pending or ongoing litigation, law enforcement investigations,
- quality assurance review, and worker’s compensation board or ombudsman investigation;
- information related to credentialing, discipline, privilege, quality assurance reviews and external review of quality of care;
- in-camera deliberations of “Agency” where such topics as personnel, labour relations, land acquisitions or litigation may be discussed;
- unpublished statistical information and internal correspondence related to organizational initiatives; and
- information supplied in confidence to a mediator or arbitrator to resolve or investigate a labour relations dispute.

c) all information that, if disclosed without authorization, could be prejudicial to the interests of “Agency” and associated individuals or agencies; and

d) organizational business information that would harm “Agency’s” financial interests and/or information that relates to the management of “Agency” that has not yet been implemented or made public.

## Employee Accommodation

### Policies

“Agency” is committed to meeting its workplace objectives while supporting its Employees to excel in their positions. We offer a supportive and safe environment to work in. When an Employee cannot meet the requirements of the position due to a disability or hardship, accommodations may be put in place.

The objective of this policy is to make the “Agency” work environment inclusive and non-discriminatory, and to establish effective mechanisms for responding to the individual accommodation needs of existing and potential Employees.

“Agency” strives to create an inclusive, mentally healthy workplace where Employees are supported to maintain psychological health, physical health and professional excellence. This policy acknowledges our duty as an employer to provide individual accommodation up to the point of undue hardship on the agency and the responsibility to minimise the need for individual accommodation by ensuring that any rules, policies, standards or practices are not discriminatory.

“Agency” prides itself on the health of the organization. We practise wellness at work by promoting work/life balance, office safety, personal and professional growth, learning opportunities, celebrations, Employee activities and strong leadership. “Agency” promotes inclusion and fairness for all. “Agency” ensures that its association activities, including all policies, practices, procedures, procurements, and the construction or renovation of facilities will not result in discrimination.

## Procedures

“Agency” will respond in a timely, confidential and sensitive manner to requests for individual workplace accommodation. “Agency” is responsible for advising Employees about their right to accommodation and assisting the Employee to identify the most suitable accommodation.

The Employee is responsible for requesting accommodation including identifying, where possible, the types of accommodation the Employee considers appropriate. The Employee has a responsibility to provide reports or medical information specifically relevant to the process of identifying appropriate accommodation. Employees are to meet with their individual supervisor to discuss the need for individual accommodations.

When a person’s ability to meet performance expectations is affected by a disability or hardship, management may recommend accommodations to the Employee’s position. “Agency” is not required to make changes to workplace policies, rules, practices and operations or provide accommodation where such accommodations result in undue hardship to “Agency” or its programs and services.

Employee Accommodation may include, but is not limited to:

- work station access and adjustments: changes to work area design and means of access to the workplace and all facilities, modifications to technology and equipment;
- hiring practices: changes to the procedures used for selection, training, promotion and termination;
- work procedure adjustments: changes to the specific requirements of a particular job, restructuring of duties, modifications to working hours, adoption of flexible work practices, relocation to other programs, flexible hours and leave options, and modification of particular policies;
- provision of specific services, facilities, aids or equipment: including the provision of interpreters, particular equipment, attendant services, a quiet place for prayer or assistance with particular aspects of a job;
- reassignment of an individual Employee: a change of position or the reassignment of specific tasks to another position.



### **Standard of Conduct Policy**

The “Agency” believes that the highest standards of conduct on the part of its Employees are essential to maintain and enhance the public’s trust and confidence, and to ensure superior service to those who we serve. Employees who exemplify the highest standards of professionalism, courtesy and ethics while representing the Agency improve the Agency’s image in the community it serves.

This Policy describes the standards of conduct required of all Employees. This Policy is not intended to abridge the statutory rights of the “Agency” or any person, or the rights of any Employee under the terms of a Collective Agreement.

The requirement to comply with these standards of conduct is a condition of employment. Employees who fail to comply with these standards may be subject to disciplinary action up to and including dismissal. Employees should contact Administration for advice and assistance on the interpretation or application of this Policy.

### **Loyalty Policy**

“Agency” Employees have a duty of loyalty to the “Agency” as their employer. The duty of loyalty requires Employees to serve the Agency honestly, faithfully and to the best of their ability. The conduct of “Agency” Employees should instill confidence and trust and not bring “Agency” into disrepute.

### **Confidentiality Policy**

All information contained in an Employee’s file will remain in the confidence of the executive director, the Employee’s direct supervisor and the director of finance except where permission for release is obtained in writing from the Employee. Reasonable precaution will be maintained in the storage of all personnel records. Chairperson of the board of directors retains the right of access to all personnel files.

Confidential Information that Employees receive through their employment must not be divulged to anyone other than persons who are authorized to receive the information. Employees who are in doubt as to whether certain information is confidential must ask the appropriate authority before disclosing it. Caution and discretion in handling Confidential Information extends to disclosure made inside and outside of “Agency” and continues to apply after the employment relationship ceases.

Confidential Information that Employees receive through their employment must not be used by an Employee for the purpose of furthering any private interest, or as a means of making personal gains. See the Conflict of Interest section of this Policy for details.

## Code of Conduct Policy– Privacy and Management of Confidential Information

In order to protect the legal rights of our Program Participants, Employees and agents to privacy of their personal business information in our custody and control, “Agency” recognizes:

- the rights of our Program Participants and Employees to protection of privacy regarding all aspects of their personal and business information, in keeping with the Freedom of Information and Protection of Privacy Act; and
- our requirement to inform our Program Participants and Employees that there are circumstances that override their right to privacy when personal information will be shared with authorized individuals.

“Agency” expects Employees who come in contact with Confidential Information as a result of their appointment/association with “Agency” will:

- access/discuss only that Confidential Information that is needed to carry out their Program Participant/service responsibilities;
- preserve confidentiality of Confidential Information while engaged in “Agency” and outside of work;
- follow “Agency’s” policy/procedure in the security and release of Confidential Information;

- report breaches in accessing Confidential Information or maintain confidentiality, without fear of reprisal.

“Agency” considers intentional viewing of Confidential Information that is not required to carry out work-related responsibilities or misuse of Confidential Information to be a breach of access rights/confidentiality.

“Agency” will initiate action against those who breach access or confidentiality standards, up to and including dismissal, termination of privileges, and termination of contractual agreements and/or legal action.

Prior to commencing their relationship with “Agency”, Employees will sign a Privacy and Confidentiality Acknowledgement form outlining individual responsibility for access to and use of Confidential Information.

Audits will be performed to ensure compliance with this policy.

All projects or initiatives that collect, use or disclose Confidential Information must complete a Privacy Impact Assessment (PIA) prior to the implementation of the project/initiative to identify and address any impacts on privacy that may result.

## PROCEDURE

### a) Employee

- Review the privacy and management of Confidential Information policy/procedure and sign a Privacy and Confidentiality Information Acknowledgement form prior to commencing his/her relationship with “Agency”.
- Complete an incident report for and report any breaches in accessing Confidential Information or maintaining confidentiality to a manager/medical administrator or designate, as appropriate, without fear of reprisal.

### b) Directors/Managers/Supervisors

- Ensure new Employees sign a Privacy and Confidentiality Information Acknowledgement form prior to commencing their relationship with “Agency”.
- For privacy and confidentiality breaches:
  - notify your supervisor/manager or director if the breach involved confidential electronic information;
  - investigate and act on reported incidents.

### c) Human Resources

- File signed Privacy and Confidentiality Information Acknowledgement form in personnel/student/other files as indicated.

An Employee who breaches Program Participant or agency confidentiality may be dismissed without prior warning by the executive director.

## REFERENCES

- COACH (1995). Guidelines to Promote the Confidentiality and Security of Automated Health Record Information
- Family and Child Service Act
- Freedom of Information and Protection of Privacy Act
- Hospital Act
- Hospital Insurance Act
- Interior Health (2002) Standards of Conduct for Interior Health Authority Employees
- IHA Policy: Security of Information
- IHA Policy: Release of Information



## EXAMPLES OF BREACHES OF PRIVACY AND CONFIDENTIALITY

Examples of breaches of privacy or confidentiality include, but are not limited to:

- unauthorized reading of a Program Participant's file or personal information;
- accessing information that you do not need to know to do your job;
- accessing information on yourself, children, family, friends or coworkers;
- asking co-workers for information that you do not need to do your job;
- showing, telling, copying, selling, changing or disposing of Confidential Information that is not pertinent to your role or care activity;
- providing access to your sign-on code and password for computer systems;
- telling a co-worker your password so that they can log onto a computer system;
- telling an unauthorized person the access codes for Employee files or Program Participant information;
- leaving your password in plain view so that others may know it;
- providing or gaining unauthorized access to physical locations (e.g., file cabinets), which contain Confidential Information;
- lending out your keys to someone else to access file cabinets, file storage areas or other areas where Confidential Information is stored, OR using another's keys for the same purpose;
- leaving file storage areas unlocked when they should be locked;
- leaving a password-protected application unattended while signed on;
- being away from your desk while you are logged into an application;
- allowing a co-worker to use your application for which they do not have access after you have logged in;
- sharing, copying or changing information without proper authorization such as
  - making unauthorized entries or deletions to a Program Participant's chart;
  - making unauthorized changes to an Employee file;
- discussing Confidential Information in a public area such as a waiting room or elevator;
- using another person's sign-on code and password;
- using a co-worker's password to log on to a computer system;
- unauthorized use of a login code to access Employee files or Program Participant accounts;
- using a co-worker's application for which you do not have rights after they are logged in;
- failing to report a breach of confidentiality;
- being aware of a breach of privacy confidentiality, but not reporting the breach to your supervisor or other designated individual;
- not reporting that your password to a computer system has been compromised or that you have lost your keys to a storage location for Confidential Information.

## Code of Conduct Policy - Conflict of Interest

A conflict of interest occurs when an Employee's private affairs or financial interests are in conflict, or could result in a perception of conflict, with the Employee's duties or responsibilities in such a way that

- the Employee's ability to act in the public interest could be impaired;
- the Employee's actions or conduct could undermine or compromise the public's confidence in the Employee's ability to discharge work responsibilities, or the trust that the public places in "Agency".

All Employees are encouraged to participate in a full range of community organizations. However, when doing so, Employees must arrange their private affairs in a manner that will prevent conflicts of interest, or the perception of conflicts of interest, from arising.

Employees with questions regarding interpretation of this policy may discuss them with the executive director. Employees who find themselves in an actual, perceived or potential conflict of interest must disclose the matter to the executive director.

Examples of conflicts of interest include, but are not limited to, the following:

- an Employee uses "Agency" property or the Employee's position, office or "Agency" affiliation to pursue personal interests;
- an Employee is in a situation where the Employee is under obligation to a person who might benefit from or seek to gain special consideration or favour;
- an Employee, in the performance of official duties, gives preferential treatment to an individual, corporation or organization, including a non-profit organization, in which the Employee, or a relative or friend of the Employee, has an interest, financial or otherwise;
- an Employee benefits from, or is reasonably perceived by the public to have benefited from, the use of information acquired solely by reason of the Employee's employment or role;
- an Employee requests or accepts from an individual, corporation or organization, directly or indirectly, a personal gift or benefit that arises out of their employment role within "Agency", other than
- the exchange of hospitality between persons doing business together;
- tokens exchanged as part of protocol, the normal presentation of gifts to persons participating in public functions, or the normal exchange of gifts between friends.
- An Employee solicits or accepts gifts, donations or free services for work-related leisure activities other than in situations outlined above.

## Code of Conduct Policy - Workplace Behaviour

The conduct and language of “Agency” Employees in the workplace must meet acceptable social standards and must contribute to a positive work environment. An Employee`s conduct must not compromise the integrity of the “Agency”.

In the workplace Employees are to treat each other, members and the public with respect and dignity and must not engage in discrimination or harassment based on any of the prohibited grounds covered by the Human Rights Code. The prohibited grounds are race, colour, ancestry, place of origin, religion, family status, marital status, physical disability, mental disability, gender, sexual orientation, age, political belief or conviction of a criminal or summary offence unrelated to the individual’s employment.

## Code of Conduct Policy - Responsibility

### **EXECUTIVE MANAGEMENT PERSONNEL ARE RESPONSIBLE FOR:**

- ensuring that the provisions of standards of conduct are met;
- ensuring that Employees are advised of the required standards of conduct and understand the consequences of non-compliance;
- designating contacts for matters related to standards of conduct;
- ensuring that all possible breaches of the Policy directive are thoroughly investigated;
- based on the results of an investigation, ensuring that appropriate action is taken;
- ensuring that Confidential Information is handled with caution and discretion;
- waiving the provision on working relationships under the circumstances indicated;
- delegating authority and responsibility, where applicable, to apply this policy within their organization;
- providing Employee signature forms acknowledging acceptance of standards and receipt of policy.

### **SUPERVISORS AND COORDINATORS ARE RESPONSIBLE FOR:**

- applying this policy within their organization;
- advising Employees on standards of conduct issues;
- ensuring that Confidential Information is handled with caution and discretion;
- assisting Employees in the resolution of conflicts of interest.

### **EMPLOYEES ARE RESPONSIBLE FOR:**

- fulfilling their assigned duties and responsibilities under this Policy;
- disclosing and resolving conflicts of interest situations in which they find themselves;
- maintaining appropriate workplace behaviour;
- checking with their supervisor or executive director when they are uncertain about any aspect of this Policy, including:
  - the appropriateness of receiving outside remuneration;
  - potential, perceived or actual conflicts of interest;
  - releasing any information that may be confidential.

### **LEGISLATIVE AUTHORITIES**

- BC Human Rights code.
- Freedom of Information and Protection of Privacy Act.
- Workers Compensation Act.
- Occupational Health and Safety Regulations.

### **Code of Conduct Policy- Respectful Workplace (Bullying & Harassment Policy)**

“Agency” recognizes the right of all Employees, Board members (including all members of governance committees), volunteers, contractors, donors and guests to be treated with respect and dignity, in an environment free from harassment. “Agency” shall take such actions as are necessary, which may include discipline, respecting an Employee or trustee engaging in harassment (sexual or personal as defined below) in the workplace. To constitute harassment, behaviour may be repeated or persistent, or may be a single incident.

This policy applies to all persons related to or dealing with “Agency”. This includes Employees, board members (including all members of governance committees), volunteers, contractors, donors and guests, or anyone else dealing with “Agency”. It is a condition of employment, paid or unpaid; it is imperative that there be respect for the personal dignity of all persons. This policy applies in and on all “Agency” premises, and wherever a “Agency” sanctioned event takes place.

Preventing harassment is everyone’s responsibility. Senior management and board members are expected to act against harassment even without a formal complaint, and Employee and board members are expected to express their disapproval if they encounter harassing behaviour.

“*Harassment*” is defined as conduct or comments that the person knew or ought reasonably to have known would be unwelcome and inappropriate or otherwise offensive to a person or a group of people and that have the effect of creating an intimidating, hostile, embarrassing, or offensive work environment. The accused harasser’s *intent* has little bearing; the *impact* of the act is what is considered. *Harassment* includes sexual harassment, personal harassment and abuse of authority.

*Harassment* can occur with a colleague, a supervisor, subordinate, Board or board member, persons contracted to work for the organization or donors/customers. It can occur through telecommunication equipment such as the telephone, facsimile machine, or computer terminals in the workplace or the Employee’s home. *Harassment* comprises unwelcome or objectionable conduct, reprisal, communication, comments or display made on either a one time or continual basis that could reasonably be expected to demean, belittle, or cause personal humiliation or embarrassment.

Without limiting the definition, *harassment* as defined in the British Columbia Human Rights Act, is discrimination on the basis of the following prohibited grounds:

- race,
- national or ethnic origin,
- colour,
- religion,
- age,
- gender/gender identity,
- sexual orientation,
- marital or family status,
- source of income,
- disability,
- conviction for an offense for which a pardon has been granted.

Sexual harassment is defined as “any conduct, comment, gesture, or contact of a sexual nature that the person knew or ought reasonably to have known would likely cause offense or humiliation to any Employee, or that might on reasonable ground, be perceived by that Employee as placing an implicit or explicit sexual condition on employment opportunities for training, job security, performance assessments, promotion, or salary increases. Sexual harassment may occur in the form of behavior by any gender or gender identity toward any other gender or gender identity.

*Harassment* and *sexual harassment* includes, but is not limited to:

- abuse of authority, which undermines or threatens an Employee’s career;
- written or verbal insult, abuse, or threats;
- racial or ethnic slurs, including racially derogatory nicknames;
- unwelcome remarks, jokes, innuendoes, or taunts;
- patronizing, or condescending behaviour, language, or terminology which reinforces stereotypes and undermines self-respect or adversely affects work performance or working conditions;

- displaying offensive or demeaning pictures or material, (this includes pictures or material in private offices);
- practical jokes which cause awkwardness, embarrassment, or negatively affect work performance;
- unwelcome sexually-oriented remarks, invitations, jokes, or requests whether indirect or explicit;
- leering or obscene or offensive gestures;
- unwanted and inappropriate physical contact such as touching, kissing, patting, pinching and brushing up against a person;
- inquiries or comments about a person’s sex life or sexual preferences;
- differential treatment based upon race, gender, gender identity, ethnicity, etc.;
- both physical and psychological intimidation, such as demeaning behaviour, and treating others with a lack of respect, or generally creating an atmosphere of fear.

It should be noted that, whereas some behaviour may be offensive, inappropriate, unwanted, or a misuse of authority, it may not be considered harassment under the law. This does not make it acceptable at “Agency”, and this type of behaviour will not be tolerated.

Actions and comments have different effects on each individual. Just because one person may accept or tolerate offensive language, jokes or taunting, this should not make another person, who is offended or embarrassed by the same actions or comments, reluctant to express or report their objections.

Disciplinary action may include: warnings, reprimands, disciplinary counselling, negative performance appraisals, withheld or delayed promotions, suspension without pay, and termination.



## **Code of Conduct Policy – Release of Personal Information**

Personal information on Employees shall not be given out without the Employee's authorization except under the conditions outlined below as required by the operation of the "Agency's" business.

The "Agency" complies with the Personal Information & Privacy Act and shall not release personal information on any Employee to any person without prior written permission of the Employee. This shall, in no way, limit the "Agency's" right to provide employment related information to requests related to the proper operation of the "Agency's" business (including the provision of employment references to other employers).

Should an Employee wish to have personal information released, s/he shall provide the "Agency" with a written statement authorizing the "Agency" to release the information.

When a request for the release of personal information is received, and where the Employee has not authorized the "Agency" to release the information, the "Agency" shall respond to the inquirer with a statement that it is not the organization's policy to give out information without the Employee's prior approval. The "Agency" is not responsible for advising the Employee when a request has been made.

## **Code of Conduct Policy– Daily Records and Internal Communications**

All formal and informal notes, including telephone messages, notes to oneself, etc., will be written with the Freedom of Information and Protection of Privacy Act in mind (available at the "Agency" administration office). Notes and all other documentation should be factual, objective and respectful. If notes are taken in meetings with Program Participants present, the Program Participants will be told that the notes are not secret and that they are welcome to read them.

Written records are designed to ensure case continuity and provide a basis for continuous and consistent work through Employee changes or worker absence and to provide for accountability, worker protection (e.g. against false allegations), court purposes, or the possibility of an inquiry/investigation.

Records are to include a sufficient and clear level of detail so that a colleague or supervisor would be able to read the record and respond appropriately in the absence of the regular worker.

**PROCEDURES:**

All official notes and documentation must be typed or written in ink and signed.

**CODE OF CONDUCT – DISCIPLINE**

When an Employee has committed a violation, the Employee shall be subject to the disciplinary action therein.

**INVESTIGATION**

An Employee accused of violation of this code of conduct may receive a three-day suspension with pay while the accusation is being investigated. If the accusation is upheld, discipline outlined in these sections will apply. If the accusation is not upheld, the Employee will be returned to work immediately.

**INDEMNITY**

Where an Employee is charged with an offence resulting directly from the performance of his/her duties and is subsequently found not guilty, the Employee shall be reimbursed for reasonable legal fees, providing the “Agency” has given prior approval to the choice of legal counsel.

The Employee must immediately notify the executive director of such a charge and provide ongoing information on the progress of the case.

**Code of Conduct – Confidentiality**

An Employee who breaches Program Participant or agency confidentiality may be dismissed without prior warning by the Executive Director.





## Program Measurement Tools

A successful peer support program is one that evolves over time to continually meet the social and emotional needs of the community it serves. The best way to know if your program is making a difference and meeting the needs of your community is to evaluate it regularly. Start by setting program objectives, indicators and performance goals. Then decide what data you will need to collect to determine if you are meeting your goals and how you will gather it. You will want to collect both quantitative (e.g. # of referrals, # active program participants) and qualitative data (e.g. surveys, focus groups, quotes) to determine the impact of your program. Listen to feedback and suggestions for improvements, stay open to the possibilities and be nimble, flexible and adaptable to get the best results.

## Peer Support Quarterly Reporting Template

<b>Completed By:</b>	<b>Year:</b>	<b>Period:</b>
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### Overall Program Productivity/Efficiency Measures

	Measure	Comparison to Previous Period			Comparison to Same Period Last Year		Comparison to Target	
		Current Quarter	Last Quarter	% Variance	Same Period Last Year	% Variance	Target or Target Range	On Target (as expected)?
1	✓ Total One to One Peer Mentoring Referrals Received			-%		%		
2	✓ Total One to One Participants Matched			%		%		
3	✓ Total One to One Files Closed in Quarter			%		%		
4	✓ Total One to One Caseload on last day of reporting period			%		%		
5	✓ New Peer Support Group Participants Attending			%		%		
6	✓ Total Served (unduplicated individuals count) in Peer Support Group			%		%		
7	✓ Average Daily Peer Support Group Attendance			%		%		
8	✓ # of Active Peer Mentors on last day of reporting period			%		%		
9	✓ # of participant surveys completed			%		%		

Key Findings (Include Comments on Areas Where Goal was Not Achieved):

## Learning & Growth Measures

# of New Staff Hired This Quarter: \_\_\_ # of Staff Departing This Quarter: \_\_\_

	Areas	Indicator	Performance Goal	Actual Results		Met Performance Goal?
10	Performance Evaluations	% of Performance Evaluations Completed On Time	100%	# of Evaluations Completed on time: # of Evaluations Required:	% Completed On Time: %	
11	Documented Supervision	% of staff with at least 1 documented Supervision	90 – 100%	# of Supervisions Completed: # of Supervisions Required:	% Completed as Required:%	
12	Staff Training	% of staff with all required trainings up to date	90 – 100%	# of Staff Completing Required Trainings- Total Staff:	% of Staff with Training Up to Date:%	
13	One to One Participant File Reporting	% of participant files reviewed that quality expectations	90 – 100%	# of Files Reviewed: # of Files Meeting Expectations:	% of Files that met quality expectations:%	

Key Findings (Include Comments on Areas Where Goal was Not Achieved):

**Participant & Stakeholder Focus - Program Effectiveness/Impact**

	Objectives	Indicator	Performance Goal	Actual Results		Met Performance Goal?
14	Participants experience improvements in their overall mental health	% of program participants reporting improved mental health	80% agree or strongly agree with Item #3	# of participants Completing this Survey Item: # of participants Agree/Strongly Agree:	% Agree/Strongly Agree: %	
15	Participants experience improvements in their interpersonal relationships	% of program participants that report improvement in their interpersonal relationships	80% agree or strongly agree with Item #5	# of participants Completing this Survey Item: # of participants Agree/Strongly Agree:	% Agree/Strongly Agree:%	
16	Participants have a stronger social network to support them	% of people that report a stronger social network	80% agree of strongly agree with Item #3	# participants Completing this Survey Item: # of participants Agree/Strongly Agree:	% of participants that Agree/Strongly Agree:%	
17	Participants experience improvements in their sense of identity and self-esteem	% of program participants that report improvement in sense of identity and self-esteem	80% agree or strongly agree with Item #6	# of participants Completing this Survey Item # of participants Agree/Strongly Agree:	% of participants that Agree/Strongly Agree:%	
18	Participants have improved physical health and self-care	% of program participants that report improvement in physical health and self-care	80% agree or strongly agree with Item #7	# of participants Completing this Survey Item: # of participants Agree/Strongly Agree:	% of participants that Agree/Strongly Agree:%	

Key Findings (Include Comment on Areas Where Goal was Not Achieved):

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**Action Plan/Follow-up Required**

<b>Action</b>	<b>Person(s) Responsible</b>	<b>Timeline for Completion</b>

## Peer Support Program Participant Evaluation

Please help us by taking a few minutes to answer some questions about the help that you have received from our Peer Support Program. We are interested in your honest opinions, whether they are positive or negative. Please answer all of the questions. We welcome your comments and suggestions, as they help us to improve the quality of the program.

Thank you very much. We appreciate your help!

### I have participated in/received support from the following Peer Support Programs:

- Peer Support Program (group)
- Peer Support Program (one to one support)

### I have:

- Regular contact with Peer Support Program staff
- Occasional contact with Peer Support Program staff
- Very little contact with Peer Support Program staff

### I am:

- Very knowledgeable about all or most of the Peer Support Programs that \_\_\_\_\_ provides
- Somewhat knowledgeable about the Peer Support Programs that \_\_\_\_\_ provides
- Not very knowledgeable about the Peer Support Programs that \_\_\_\_\_ provides

Areas to be Considered	Strongly Agree	Agree	Disagree	Strongly Disagree	Not Applicable
Peer Support Programs staff follows through with what they have agreed to do.					
I feel respected by Peer Support Programs Staff.					
I feel welcomed by Peer Support Programs Staff.					
I am involved in planning the services I receive from Peer Support Programs.					
My overall mental health has improved by participating in Peer Support Programs.					
My relationships with others have improved as a result of my participation in Peer Support Programs.					

I feel more connected to others as a result of my involvement with Peer Support Programs.					
I feel better about myself as a result of participating in Peer Support Programs.					
I feel better physically and am more able to care for myself as a result of participating in Peer Support Programs.					

<b>What has been most helpful to you as a Program Participant of Peer Support Programs?</b>
<u>Comments:</u>

<b>In an overall sense, how satisfied are you with the services you received from Peer Support Programs? (Circle most appropriate)</b>	Very Satisfied	Mostly Satisfied	Neutral or mildly dissatisfied	Quite dissatisfied
<b>Please Rate Peer Support Programs. (Circle most appropriate)</b>	Excellent	Good	Fair	Poor

<b>What could Peer Support Programs improve on?</b>
<u>Comments:</u>

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