



**Peer Engagement Project
Evaluation Report
May 13, 2015**

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Acknowledgements

We would like to thank all the people living with HIV/AIDS (PHA) Peer Mentors, PHA peer volunteers and Fife House staff who participated in the development of the project and the evaluation. As well, we deeply appreciate the support and guidance of staff from the AIDS Bereavement and Resiliency Project of Ontario (ABRPO). We would also like to thank Claude Boucher, our placement student from George Brown College, for his diligent work in conducting interviews, transcribing and analysis.

Our gratitude goes out to the Ontario Trillium Foundation for providing the funding for this project.

Finally, we would like to thank all the Peer Mentors and peer volunteers who contributed to this project. Your contributions, dedication and efforts have strengthened Fife House's commitment to the greater and more meaningful involvement of people living with HIV/AIDS. The value and significance of the peer engagement project resounds in the sentiments of a Peer Mentor:

"I would like to take this opportunity to thank Fife House for giving me the opportunity. I'm truly honoured and I would like to thank the Trillium funders for giving peers an opportunity to show what we are capable of. It has been a truly good four years that have opened up my eyes in a big way. I believe in myself... I feel that this is a family that loves peers. They are not just for show. It's for real, because I have experienced it". (Peer Mentor, 2014)

1. Background

Project Background

The Fife House people living with HIV/AIDS (PHA) Peer Engagement Project was a four year project funded by the Ontario Trillium Foundation, aimed at developing training, structured mentorship support and experiential learning opportunities for people living with HIV/AIDS (PHAs). The objectives of the program were:

- i) To increase the number of PHAs peers involved with Fife House (clients, residents and other PHAs).
- ii) To use 'PHA peer mentorship' to provide support and augment the skills of 'PHA peer volunteers'.
- iii) To reinforce and strengthen Fife House's commitment to the greater involvement of PHAs (GIPA) and the meaningful involvement of PHAs (MIPA).

In order to achieve the above objectives, Peer Mentors* were hired and trained to assist in recruitment and support of peer volunteers*. Peers were recruited as volunteers from within Fife House residential communities (Jarvis, Denison, Sherbourne, Transitional Housing Program, Addiction Supportive Housing program, units at Pears, Sudbury and Leonard and other units in the community – a total of 217 units), and the Homeless Outreach Program clients, as well as from the broader PHA community. Peer Mentors provided the peer volunteers training and support. The Peer Mentors and peer volunteers were then engaged in Community Programs, the Homeless Outreach Program (HOP) and other programs. They were involved in specific programs such as the HOP drop-in to support homeless PHAs in Toronto in accessing housing and health services. They were also engaged in other areas of the organization such as reception, fundraising, advisory committees.

*** For the purposes of this report Peer Mentor and peer volunteer denotes PHA Peer Mentors and PHA peer volunteers.**

2. Objectives of the Evaluation

Primary Objectives:

1. To assess peer involvement with Fife House Peer Engagement Project (PEP).
2. To identify the challenges and successes of the project.
3. To identify areas of growth and improvement of peer engagement.
4. To identify future areas for peer engagement at Fife House.

This evaluation aimed to seek answers to the following questions, which align with the objectives of the project:

1. Has there been an increase in the level of peer volunteer engagement within Fife House?
2. What were the successes and challenges of the Peer Engagement Project?
3. What were the successes and challenges in implementing the peer mentorship model, within this context?
4. Were greater and more meaningful opportunities for peers created to engage as volunteers in Fife House programs and services?
5. Were adequate supports and trainings provided to enhance peer engagement?

3. Evaluation Design and Methods

Both quantitative and qualitative methods were used in order to collect data. The determination of which data collection method to be used for a specific group was made by the evaluation committee comprised of the Director of Research and Evaluation, Director of Community Programs and Coordinator of Volunteers and Peer Engagement. Participants in the evaluation included Peer Mentors, peer volunteers (both active and inactive) and staff (both with high and low levels of involvement with the peer engagement project) and a staff member from another peer support organization.

Data were collected from peer volunteers using both quantitative and qualitative methods. A quantitative survey was developed and administered through an on-line survey, to collect quantitative information from peer volunteers engaged within Fife House programs and services. Focus groups were also conducted with peer volunteers in order to obtain more experiential information. Fife House staff, both with a high level of involvement utilizing peer volunteers i.e., Peer Mentors, HOP, Community Programs and staff of the AIDS Bereavement and Resiliency Program (ABRPO), as well as staff with a lesser level of involvement with peers i.e., from Denison, Sherbourne and Jarvis residential programs, participated in semi-structured in-depth interviews. Interviews were conducted by a final year placement student from George Brown College with previous program evaluation experience. The student was further trained in conducting qualitative interviews. Interview questions were developed for each group of participants, keeping in mind their particular role with the peer engagement project.

Ethical Considerations

In order to protect the confidentiality, anonymity and safety of clients/residents, peer volunteers and Peer Mentors participating in the evaluation, any identifying information such as their names was removed from documents or transcriptions.

Before recording commenced, peer volunteers and Peer Mentors were reminded that their participation is voluntary and they could withdraw from the evaluation at any time during the process. Peer mentors and staff participating in the in-depth interviews and peer volunteers participating in the focus groups were informed that the focus groups would be recorded and subsequently transcribed verbatim. Signed consent was obtained. Transcripts are stored at Fife House head office accessible only to the project team members. The recordings were destroyed upon the completion of the transcription.

Peer volunteers and Peer Mentors received an honorarium of \$20.00 for any out of pocket expenses that they may have incurred (such as child care, meals, transportation, etc.) in order to participate in the interview/focus groups. It was made clear to participants that should they withdraw from the study once the focus group had begun they would still receive the honorarium.

Peer volunteers, who were currently inactive, meaning they had not volunteered in the past year, were approached to participate in a telephone survey. Verbal consent for their participation was obtained prior to their participation.

Consent was also obtained from staff members participating in the evaluation. They, however, did not receive any honorariums.

Recruitment of Participants

The following groups participated in the Peer Engagement Project (PEP) evaluation:

1. Peer volunteers (7-Active) in a focus group.
2. Peer volunteers (16 – Active) in an online survey.
3. Peer volunteers (7-Inactive) in a survey administered via telephone.
4. Peer Mentors (5) in a one on one qualitative interview.
5. Fife House Staff (4-high involvement in the PEP).
6. Fife House Staff (5-low involvement in PEP).
7. Staff of another peer support organization (1)

The recruitment of participants was done through the following steps:

1. Peer volunteers of PEP were informed about the evaluation and recruitment of participants for the focus group through an e-flyer. They were required to call-in to a confidential voicemail if they were interested in participating in the focus group. The coordinator called the prospective participants back to screen them to ensure that they met the criteria for participation (engagement in the peer engagement project).
2. All peer volunteers of PEP were sent a link to the online survey through an email.
3. Peer volunteers (Inactive) were contacted by the evaluation coordinator through in-person telephone call.
4. Peer Mentors were informed and contacted in-person by the coordinator for recruitment.
5. Staff was informed in a staff meeting about the evaluation. Program supervisors suggested the names of the staff suitable for participation. Coordinator then called the staff to schedule an appointment for an interview.

Data Collection

Informed Consent: Participation was voluntary and required informed consent. Informed consent was obtained from all participants (verbal or written), as explained in the ethical considerations. Where applicable, the consent form was explained and the participants were provided the opportunity to ask any questions prior to signing the form. Participants were assured that consent or refusal to take part would not affect any current or future services provided by Fife House.

Timeframe: Data was collected between October 2014 - March 2015

Analysis

For the qualitative data, thematic analysis was carried out by Dr. Amrita Ahluwalia, Director of Research and Evaluation; Charles Shamess, Director of Community Programs; Andre Ceranto, Coordinator of Volunteer and Peer Engagement; and Claude Boucher, Placement Student. The

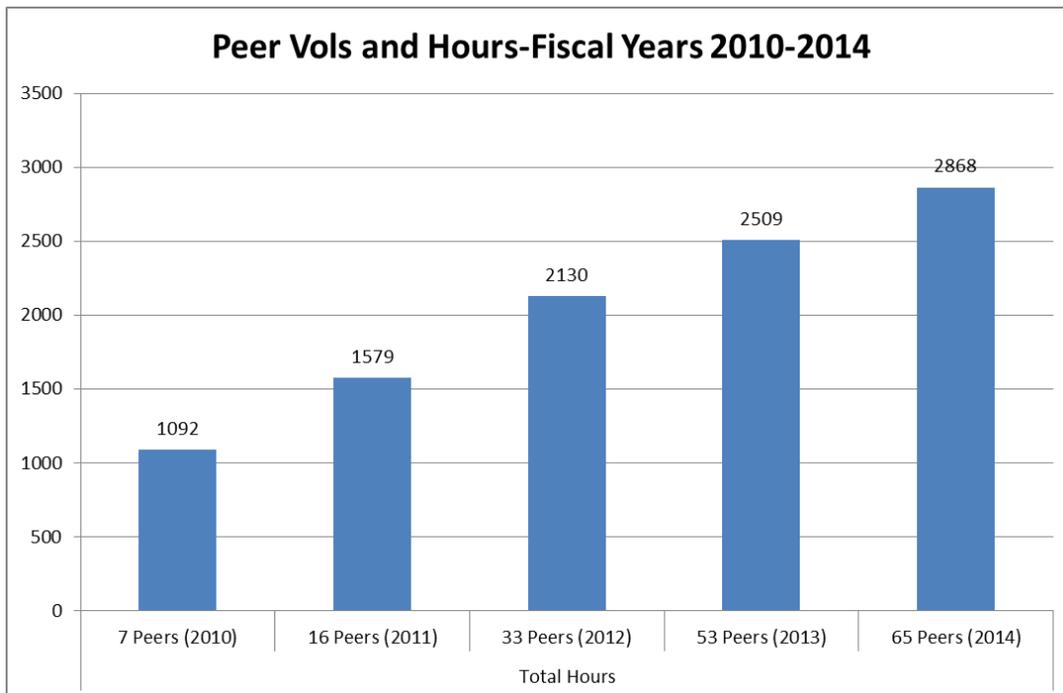
team read and re-read transcripts of the focus groups to identify patterns or regularities. Key ideas identified were then grouped into descriptive categories and these categories were grouped into themes. Any differences were resolved using mutual agreement based on a review of transcript segments.

The quantitative analysis was carried out by the same team and was used to support and supplement the information from the qualitative findings. Secondary data were also reviewed and form a part of this report.

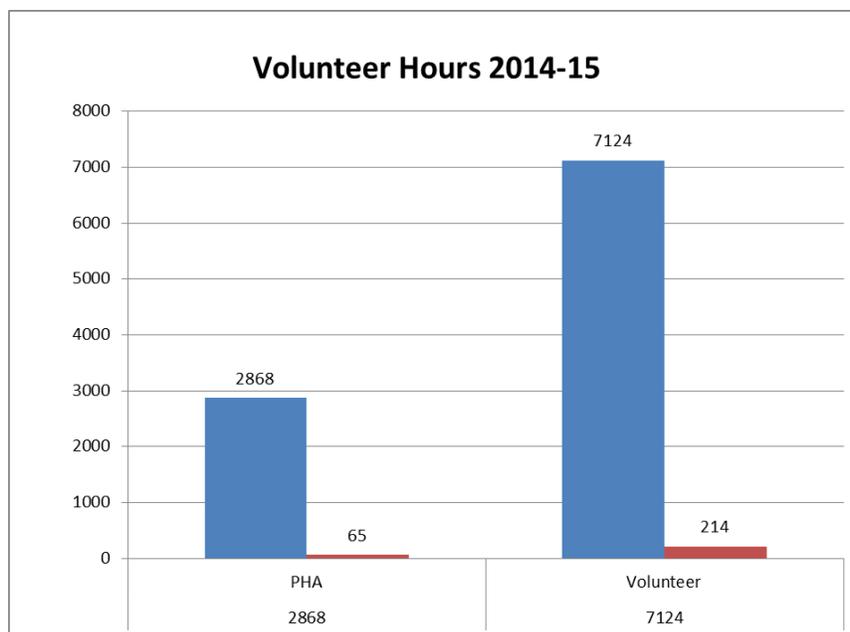
4. Findings

Findings: Secondary Data

Secondary data was collected from program statistics. The data reviewed below pertains to years 2010-2014, the timeframe of the peer engagement project. Over the course of this project, 84 peers were recruited and participated in the core training. Of those, 80 became active volunteers. As is common in volunteer programs, some peers chose not to volunteer or only do so episodically. At the beginning of the peer engagement project i.e., in 2009, there were only 4 volunteers at Fife House who identified as peers. This is partially due to Fife House not asking the HIV status of volunteers. As a result of this project, a decision was made by senior staff, and the board of Fife House was informed, to ask volunteers if they were willing to be tracked as PHAs, anonymously, in order for Fife House to quantify the greater involvement of peers. It should be noted that the large majority of peers (94%) active during this time were new to volunteering at Fife House.



As shown in the above graph, in 2014 the number of peer volunteers contributing to Fife House programs and services increased to 65. Over the past 5 years, the number of peers has increased over nine-fold and the number of hours contributed has more than doubled. The number of peers who volunteered in 2015 (65) is less than the total number recruited over the course of the project (84) as some are no longer active volunteers or did not volunteer for Fife House in the 2014 fiscal year.



The graph above shows that, from April 1, 2014 to March 31, 2015, 65 Peers contributed 29% of all volunteer hours and they constitute 23% of the volunteer workforce. Of the 65 active peer volunteers, 42 (65%) are current or past clients of Fife House. This includes residents of Fife House and clients supported by the Homeless Outreach Program. This underscores other evidence in this evaluation showing a strong correlation between receiving services from Fife House and wanting to give back to the organization as a peer volunteer. Twenty-three (35%) peer volunteers were neither clients nor residents of Fife House.

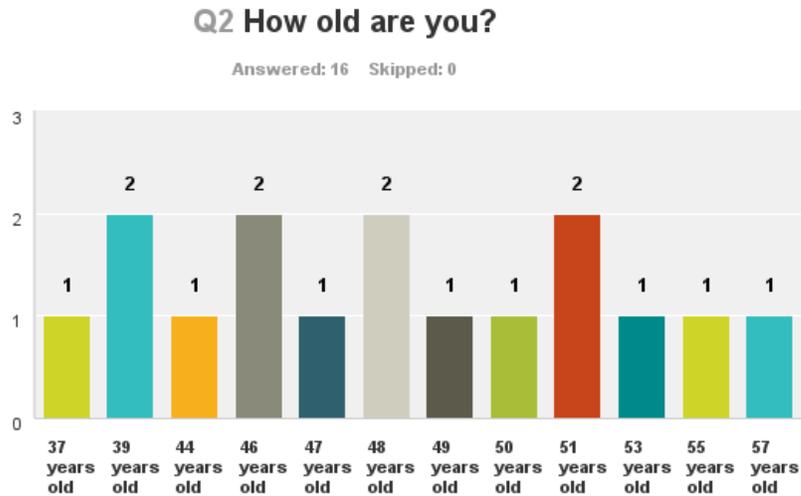
Findings: On-Line Survey (Peer Volunteers)

To gather information from the active and inactive peer volunteers, a link to the on-line survey was sent to 45 peer volunteers whose email information was available. Other volunteers were contacted and offered to fill out the survey manually. The survey aimed to gather mainly information about the reasons for volunteering, current volunteer engagement, trainings, support, barriers and impact of volunteering.

Sixteen (35%) peer volunteers participated in the on-line survey. Of the sixteen participants, thirteen identified as currently volunteering for Fife House, one was not volunteering any longer and two did not respond.

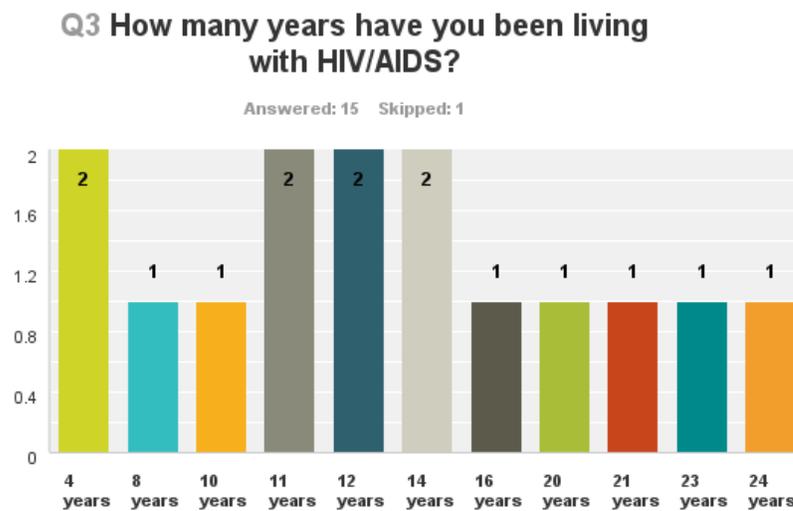
Participant Demographic Information

Age



Majority of the participants 10 (62.5%) were in the age group of 45-54 years, followed by 4 (25%) from the 35-44 years age group and 2 (12.5%) from the 55-64 years age group.

Living with HIV

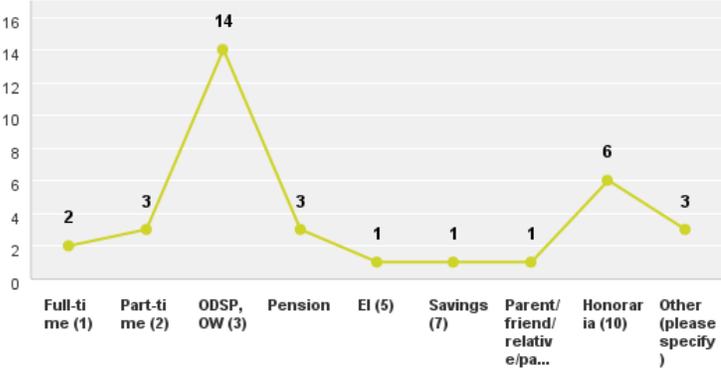


Six of the sixteen participants had been living with HIV for 11-15 years followed by three participants who have been living with HIV for 21-25 years, and two each for 0-5 years, 6-10 years and 16-20 years. One participant did not respond to the question.

Source of Income:

Q9 People make money in a variety of ways. Please tell us, in the last year, how did you earn your income? (Check all options that apply.)

Answered: 16 Skipped: 0



Fourteen (88%) participants were on social assistance; six (38%) received honoraria through workshops, trainings etc., five (32%) were employed either part-time or full-time; and three (19%) were on pension.

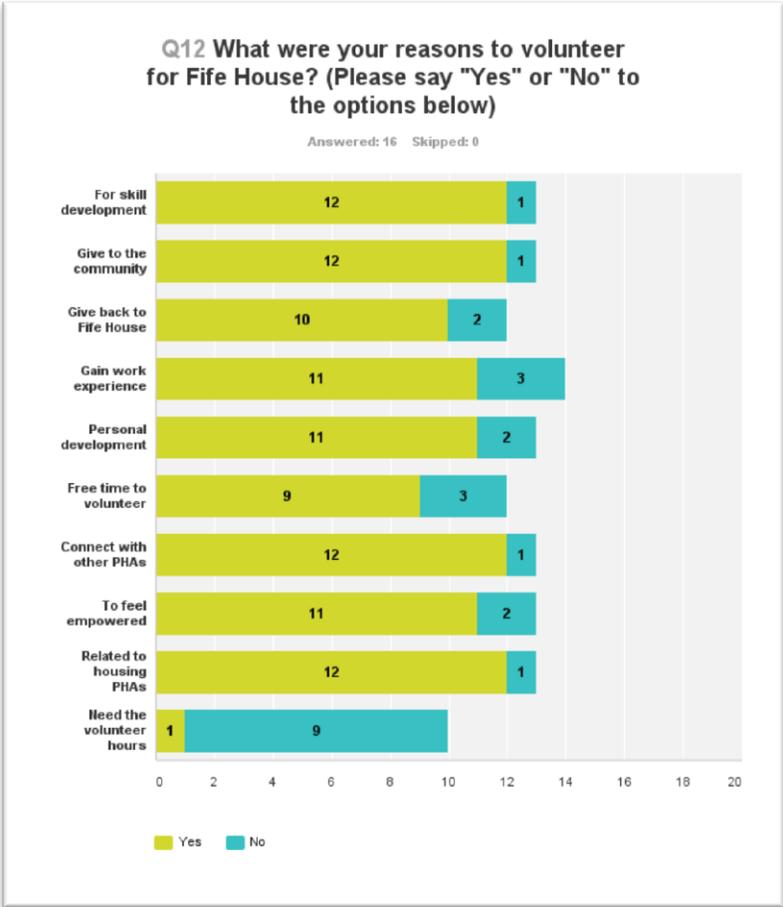
When asked if they were currently studying or enrolled in any school program, almost 1/3rd (31%) of the participants reported being currently in post-secondary school.

Peer Engagement

Peer recruitment and reasons for volunteering

Nine (63%) of the participants had been made aware about the peer engagement project through Fife House staff, while four (25%) through other AIDS Service Organizations (ASOs) and two (19%) heard about the project from friends. There was a high level of satisfaction among the participant's regarding the recruitment and registration process, with 100% reporting it to be good. Some of the comments given by participants were 'friendly and welcoming' and 'professionally done'.

Reasons for volunteering



When asked about the reasons for volunteering at Fife House, over 90% of the participants cited ‘giving back to the community’, ‘to connect with other PHAs’, ‘interest in issues related to housing’ and ‘skill development’ as reasons for volunteering. A high percentage of participants cited ‘to feel empowered’, ‘to gain work experience’ and ‘personal development’ as reasons for volunteering. These findings coincide with the findings of the needs assessment, wherein the PHAs had cited similar reasons for wanting to volunteer.

Current programs of peer volunteer engagement

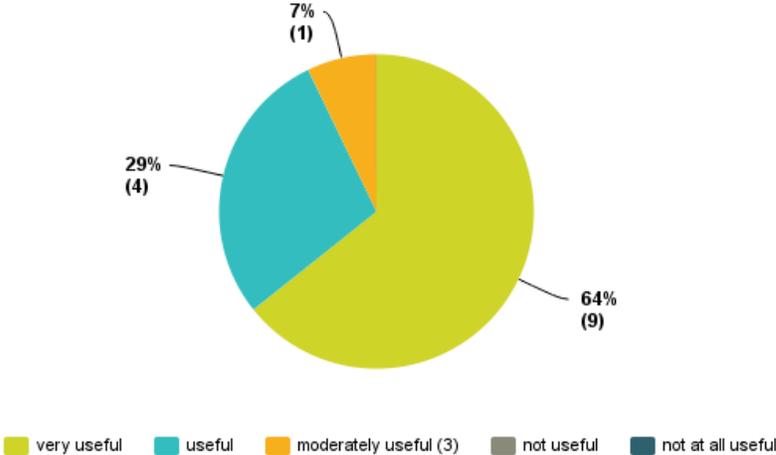
Seven participants (44%) chose Fife House as the only place to volunteer, while eight (50%) were volunteering in other ASOs as well; and one (6%) participant did not respond to the question.

Fourteen (88%) of the participants had volunteered at Fife House in the last six months; of those who had not volunteered in the last six months, finding employment, school commitments or personal issues were cited as reasons for being inactive. Further information was sought through a telephone survey with inactive peer volunteers which coincides with these findings.

Trainings

Q27 How useful were the skills you acquired from the 3-day Peer Core Skills Training?

Answered: 14 Skipped: 2



Fourteen (88%) of the participants had attended the three-day peer core skills training and the majority of them rated it as very good or good. Of the 14 who attended the training, 13 (93%) of the participants reported that they had acquired useful skills (very useful to moderately useful) from the core skills training. Some of the comments included ‘the skills are transferrable into other areas of life’, ‘I gained skills on how to communicate with respect for each other’.

Program Specific Trainings:

Thirteen (80%) of the participants had received a program specific or role specific training such as from homeless outreach program, drop-in or reception, while three (19%) reported not having received any such training. Of those who received the program specific training, 12 (92%) rated it as satisfactory or very satisfactory. When asked about the usefulness of the training in carrying out their volunteer assignments, 12 (92%) felt that it was useful (very useful to moderately useful), while one (8%) did not find it useful at all.

The volunteer program at Fife House provides opportunities for volunteers to participate in other trainings, offered collaboratively with Fife House or by other AIDS service organizations. Ten (63%) of the participants of this survey reported that they had participated in these trainings.

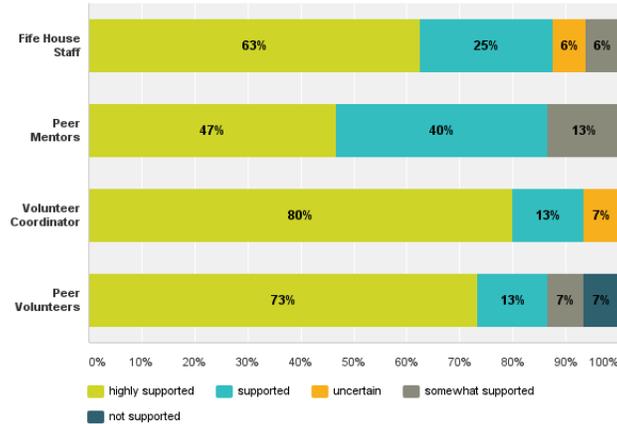
Support, opportunities and experience of volunteering

Participants were asked questions about opportunities to take responsibility and demonstrate their skills, level of support in their volunteer roles and experience of volunteering at Fife House. Of the 15 participants who responded to the question, 12 (80%) felt that they were provided with opportunities to take on responsibilities and demonstrate their skills almost always or frequently, in their volunteer role.

Level of support:

Q37 Please rate the level of support you felt in your volunteer role by the following:

Answered: 16 Skipped: 0



Of the 15 participants that responded to the question, 14 (93%) of them felt supported by the Volunteer and Peer Engagement Coordinator, 13 (87%) felt supported by their fellow peer volunteers and Peer Mentors. Of the 16 participants, 14 (88%) felt highly supported or supported by Fife House staff.

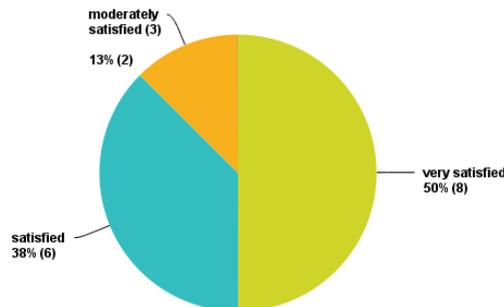
Satisfaction with volunteer experience and peer engagement project

Participants were asked questions about their overall experience of volunteering for Fife House. All the participants (100%) reported their overall experience volunteering at Fife House as either very good or good.

Satisfaction with Peer Engagement Project:

Q39 How do you rate your overall satisfaction with the Peer Engagement Project?

Answered: 16 Skipped: 0



Fourteen (88%) participants rated their overall satisfaction with the peer engagement project as satisfactory.

Barriers in volunteering

Information was also sought about the barriers in volunteering at Fife House. Of the 15 responses, 13 (87%) did not encounter any barriers while two (13%) experienced barriers. Those who did experience barriers, cited 'lack of appreciation', 'lack of quality opportunities or enough opportunities' and 'transportation' as the barriers.

Volunteer opportunities, interests and reasons for not volunteering

When asked about the programs that they were interested to volunteer for but had not had the opportunity to, the buddy program (complex care) was a highly sought after program, followed by homeless outreach program-service navigation, reception, board and committee.

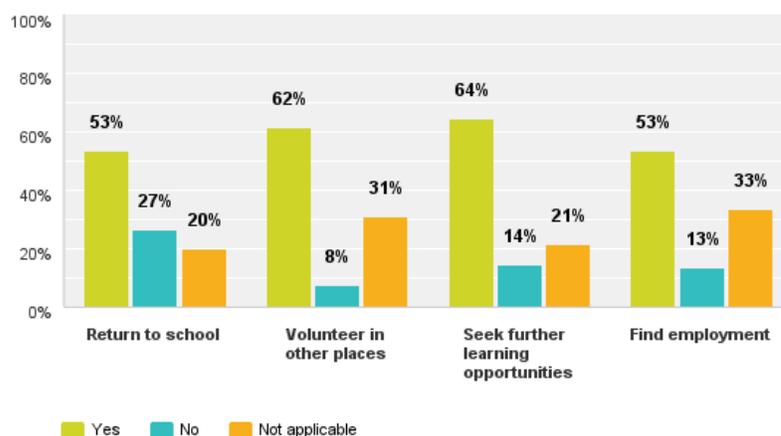
Fife House requires a police check for all volunteers as part of the assessment process for individuals working directly with clients. The police checks take anywhere from three to six months, thus delaying the placement of volunteers in direct work with clients without presence of staff.

Potential Impact of volunteering

In order to assess if there was any impact of volunteering, the participants were asked if volunteering at Fife House within the peer engagement project had impacted their decision to return to school, volunteer in other places, seek further learning opportunities or find employment.

Q34 Has volunteering with Fife House through the Peer Engagement Project impacted your decision to:

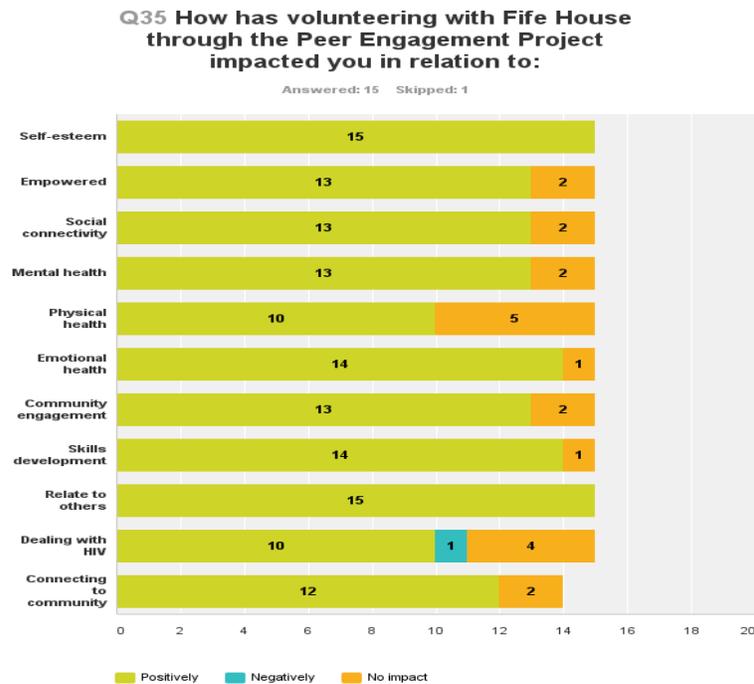
Answered: 16 Skipped: 0



Over 50% of the participant's felt that it impacted their decision to return to school, volunteer at other places or find employment and it impacted their decision to seek further learning opportunities.

One participant commented: *'It served its purpose and connected me to a lot of other learning such as the public health, Community for Accessible AIDS Treatment (CAAT), The 519 Community Centre, that I otherwise might not have been aware of...'*

Impact of Volunteering:



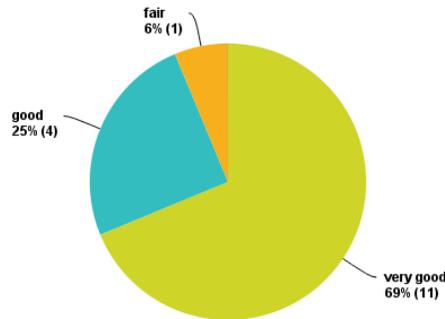
Most participants reported that volunteering at Fife House positively impacted their self-esteem, ability to relate to others; positively impacted their emotional health and skills; positively impacted their mental health, social connectivity, community engagement and they felt empowered. One participant commented that it: *'reduced my substance use'*

Fife House's commitment to GIPA/MIPA

Participants were asked to rate Fife House's commitment to greater and meaningful involvement of people living with HIV/AIDs.

Q40 How do you rate Fife House's commitment to and implementation of the GIPA/MIPA Principles (Greater/ Meaningful Involvement of people living with HIV/AIDS)?

Answered: 16 Skipped: 0



Fifteen participants (94%) rated Fife House's commitment to GIPA/MIPA as very good or good. A participant commented on Fife House's commitment to GIPA/MIPA and said: '(Fife House) created an awareness of GIPA/MIPA, positive contribution of PHAs and giving back'.

Findings: Qualitative Data (Peer Mentors, Peer Volunteers and Staff)

Information was collected from the peer volunteers through a focus group, and through in-depth interviews with the staff and Peer Mentors. Following are the findings:

1. Peer engagement invaluable in creating 'inclusive' and 'trusted' environment

Peer Mentors and peer volunteers said that having clients working as peers creates a level of comfort and a sense of fulfillment for clients and staff.

"I think that the empathy that that creates is very useful in allowing them to understand a client's need and allowing the client to feel comfortable enough to share their needs honestly. Which I think is one of the real benefits of the peer engagement, especially at the level of the homeless outreach." (Peer Mentor)

"I never had any complaints, any un-respectful thing from anybody here... Everybody is so respectful and so they treat you good... I guess they know where we are coming from, so they know how to interact with us. But I feel here is better than any other organization I worked before." (Peer Volunteer)

All staff members interviewed agreed on the value of lived experience of peers that enhances engagement of clients. One staff member said:

"I think that clients when they see peers engaged, have a place to be able to talk to someone in a different way than they would with staff, sometimes...it's that whole piece of being able to identify, and see someone with lived experience." (Staff)

A staff member pointed out the sense of fulfillment for themselves when they see a client successfully engaged as a volunteer:

“I loved having PHAs, that used to be clients, volunteering because it was just so nice to be working with somebody, you know, they were not doing so great a couple years ago. And now they are doing great, they are volunteering and they are giving back and they are engaged. It was great.” (Staff)

2. Engagement with the project (PEP) facilitates integration into workplace

Both the Peer Mentors and the peer volunteers reported that their engagement in this project provided them with an opportunity, skills and the confidence to integrate back into the work environment.

...Sometimes you can use all these skills and training and can to put them on your resume; and it's some experience and values. Experience people see because they know you work with people, you work in the community. You have the skill to have boundaries and resolutions of conflicts.” (Peer Volunteer)

“The years I spent here actually taught me and helped grow into the facilitator role. And now I feel the confidence, I have the workshops, the confidence or whatever... I am no longer shy and I am able to speak with confidence and prepare my material.” (Peer Mentor)

Staff facilitated this integration process by providing orientation to the program:

“I think the most important thing I did was to give them a heads up about, sort of, who comes to the programs, dynamics that arise in each program, challenges of each program. Sort of the opportunity and sort of the fun part of each program. I think I try to paint a realistic picture of what they are getting into and some of the issues we have had so they can at least go in with some basic tools and orientation.” (Staff)

3. Mentorship (or lack of it) is critical in peer engagement and retention

Mentorship, for both Peer Mentors and peer volunteers, acts as a support and guidance tool that is critical in their engagement and retention. While some challenges in the provision of structured mentorship were experienced by both the Peer Mentors and peer volunteers, during the course of this project, its value was reiterated by both.

“As much as I was a mentor, I was mentored by AA, CC, our new directors, our supervisor. They used to actually teach us, step by step every day... And I think that was helpful cause exactly what they taught us is exactly what we practiced.” (Peer Mentor)

“I think there were many goals achieved in the project. We developed, you know, a pretty robust team of peer volunteers who felt they had support from the Peer Mentors and were happy to do many of the volunteer roles.” (Peer Mentor)

A Peer volunteer reiterating the experience of Peer Mentors said:

“He (referring to a Peer Mentor) guides me on how to communicate well. He guides me on how I will like take over a situational thing. So it helped me to guide so many things on how will I communicate with such clients. So it's good.” (Peer Volunteer)

4. Sense of belonging within workplace impacts sense of self

Peer volunteers and Peer Mentors said that they felt a sense of belonging to the work environment, which empowered them. This empowerment and engagement positively impacts their self-esteem, confidence and creativity.

"... That is what I love, this organization where I work because I feel like I belong there... I am doing good... because I feel good with myself." (Peer Volunteer)

"I was coming from not working to being given a chance and a position to work. In a place where it is so comfortable, so accepted, it did not feel like it was real. I was able to stand up on my own." (Peer Mentor)

A staff member reflecting on the creativity and engagement of peer mentors in the development of the core training resources said:

"...when trying how to design something new...they were very excited about their trainings. They worked very hard to plan the agendas for their training and to be really creative in how they did their group development process, and to be really inclusive in the group development process... I saw them reaching out to the peers that they were training, so a real, warmth and generosity to do the community development aspect of their jobs." (Staff)

5. Fife House environment conducive for peer engagement work

An environment that accommodates the needs of people with a variety of health and other issues is critical to their engagement. Participants acknowledged the provision and necessity of such accommodations.

Reflecting on the importance of 'self-care' and accommodation provided by Fife House, a Peer Mentor said:

"It (PHA identity) has impacted very much, in a very positive way... I am working where... health comes first. So identifying myself as a PHA, I know number one, I will never be looked in a different way. I know my health will come first. I know that I am in a safe place. I am not being judged for being who I am... come to work and knowing that I am giving back...before I used to say, 'you know, people just go to work, it's just a work place, until I experienced working here at Fife. It is like a family." (Peer Mentor)

The importance of accommodations and flexibility in engagement of peers was also stressed by staff:

"...past physical health challenges, current health challenges, there may be other issues that come to the table...what should always underpin peer work, in our sector in terms of working with PHAs, is the ability to be flexible and be nimble around accommodation and understanding that it's going to be a process. ... And it is about us needing to step back and be able to acknowledge that, and to be able to support capacity building, right? And sometimes I think underpinning peer work should always be being nimble and flexible and being able to accommodate." (Staff)

A staff member of another organization involved in developing support structures for peers also pointed out the importance of an accommodation perspective in supervision to demonstrate supportive environment of peer work:

“... the message in the debriefing process says to the person are you getting the support that you need to deal with how this is impacting on you, and is there anything that we might modify in your experience of your work environment based on how these triggers might be operating. So it’s an accommodation perspective, which I think that Fife House was great on doing the accommodations when people were presenting with some pretty major problems.” (Staff)

“I just feel that Fife House takes care of us a little bit more than other organizations... But I didn’t feel as well taken care of when I volunteer elsewhere.”(Peer Volunteer)

6. Peer engagement increases a sense of community

Peer engagement provides motivation and opportunities for the peers to connect with their communities as well as give back, while also enhancing client engagement.

“...Although I was going through a hard time, seeing him (fellow peer volunteer) volunteering and coming out to the community, dropping off flyers, just encouraged me to say “you know what, my problem isn’t that big.” (Peer Volunteer)

“How to engage communities and how to excite communities about the work that I do. I got that inspiration from, you know, having this opportunity through this program.” (Peer Mentor)

Staff members also reflected on the shift in client engagement since the implementation of the PEP.

“It builds a greater sense of community; it makes people feel more empowered. It’s made so many of our clients in our residential programs feel more engaged... More attached to their relationship with Fife House, and feeling that they have a say and that they’re contributing too.” (Staff)

“I think it’s a huge benefit to clients to see PHAs helping them and get support from them... I think that a lot of our volunteers were former clients, and that is nice to see too, it’s nice to see them becoming involved and give back and help other people.” (Staff)

“Some of them would share personal stories that would make clients feel less anxious about coming there. I think that was the biggest contribution that the peer volunteers gave.” (Staff)

7. Learning opportunities in boundaries and multiple roles also creates challenges

For those peers, who were also clients or residents of Fife House, this project helped them to learn how to address issues of boundaries.

“Cause you have to really find your boundaries with the same people, because you are not only their neighbor, you’re their client, you’re friends and now you’re a volunteer... So it’s really finding your role within the community.” (Peer Volunteer)

Peer volunteers also experienced some challenges with their multiple roles, as a client or resident. A peer volunteer said:

“They say you don’t go to somebody’s apartment, but suppose you were friends before you became a volunteer... I became a volunteer and I wear that hat all the time; it may piss off my neighbor who is a client... they may say “you’re not volunteering, why are you acting this way?” (Peer Volunteer)

For Peer Mentors, balancing their multiple roles effectively was sometimes a challenge. A peer mentor said:

“You have to play both roles and sometimes it gets so difficult. Because sometimes I understand where they are coming from and sometimes I play like a staff. I know where I am coming from, trying to balance those two is not easy.” (Peer Mentor)

A staff member explaining the difficulties in boundary management and non-judgmental service provision with peer volunteer work with clients, said:

“Some of the concerns around peer volunteers are things like boundaries; it is challenging, this work, with people who are homeless. You have to have good boundaries, and you know the volunteers, the mentors, they get training somewhat, but you know, they don’t have formal training of any kind, in most cases...trying to wrap your head around how to support them (peer volunteers)...(in) that everybody deserves support and then how to do that in a non-judgmental way. It can be hard for some people and that is really important for our clients.” (Staff)

8. Confidence in agency as a ‘service user’, determines engagement as ‘peers’

While there may be a variety of reasons to want to volunteer, a positive experience as a service user with the agency encourages clients to get involved as a peer volunteer.

“I think it’s a little more personal than what agency service you access and how that motivates you. You know everybody has their own reasons for it. Mostly it was because they have received some sort of assistance in their own lives and they are now looking to assist other people.” (Peer Mentor)

Referring to the service users understanding of the process and experience and likelihood of volunteering for that specific program, a staff member said:

“... I found that the volunteers that were clients of HOP had more of an understanding of how things worked just because they experienced that themselves.” (Staff)

9. Engagement as peer, positively impacts future aspirations

Reflecting on their involvement in the project, a peer mentor shared how it has motivated him to seek further education to strengthen career prospects:

“I felt positive about my life. I felt more confidence over time. I also realized oh wow, I can actually go (and) do more.... I need to go to school. I need to improve. Even the learning of the skill sets I went through, I realized wow maybe I can go turn this...into a career.” (Peer Mentor)

10. Meaningful placement of volunteers key to the success of the program

While many of the volunteers felt that they had been placed strategically according to their skill set, others were not satisfied with the opportunities provided to them. Meaningful placement of volunteers emerged as a key component for active participation and retention of volunteers.

“I think the staff is pretty good at knowing our skill sets and things about us. Like they are really good at getting to know us. I have to say I am really impressed with Fife House with that.” (Peer Volunteer)

“I think there needs to be some ongoing feedback and that would be a way to discover what people deem as meaningful and to listen to them. And try to find creative ways to make it work...” (Peer Mentor)

11. Developing a strong core training and role specific training strengthens peer engagement

The impact of a strong training component was highlighted by staff and peers. Both the trainings themselves as well as the networking opportunities created through the training were of significance. One peer volunteer said:

“I like the way they came up with the peer engagement to take clients and re-involve them back into the program. What I found was unique, it wasn’t just a volunteer training, it was a peer volunteer training. There were other clients as well who felt like I did, to give back to the community. So it’s bonding with them and I have created some wonderful friendships.” (Peer Volunteer)

Reflecting on the realization of skills he had not recognized before, a Peer Mentor said:

“It was an opportunity to explore for me to explore myself and other skills I did not actually realize I had before. So it was a great opportunity. It was a learning experience.” (Peer Mentor)

A staff member of another organization involved in developing support structures for peers also reiterated the above:

“They (Peer Mentors) had lots of wonderful things to say about their experience (in the trainings). I think that the skills were quite significant but I think perhaps of equal significance was the building up of the peer network for themselves, because then they got connected to peers at other agencies who were doing similar work.” (Staff)

Another staff person that provided role specific training said:

“The training I provided volunteers was very specific to the job, I did a lot of training around how to search for housing, how to support people to do the applications for subsidized housing, how to do transfers within subsidized housing, finding resources for people who are homeless and also just resources for PHAs in general. I did a few trainings on that; we had different volunteers and sometimes we would just do refreshers for them. If they did not use the skills they kind of forgot, so we did it a couple times.” (Staff)

12. Holistic support system important for peer engagement

Adequacy of social supports for the peers requires a holistic approach encompassing several subsystems. Along with a supportive supervisory system, debriefing support structure and a

peer support structure are essential. Having a person with lived experience of HIV in a supervisory role facilitates the support system.

Outlining the importance of debriefing as a part of the holistic support mechanism for peers, a staff member of another organization said:

“So, the debriefing process about what is the impact on you, of being in your role, is coming at things from a much different perspective of how am I doing, how am I self-defining, what is supporting me, what are the challenges that I am personally experiencing in my work relationships, in my other peer relationships, or in my personal life that may be impacting my work relationships?” (Staff)

A Peer Mentor, reflecting on the process of debriefing said:

“We were supposed to have regular debriefings if you will, or meetings as a department, which became more and more sporadic as time went on. So I think being more diligent with following up with the workers and having these kinds of meetings would have been a start” (Peer Mentor)

Participants’ experiences varied with regards to the supports (and/or supervision) they received.

“...I felt like the supervision that I had was more of a policing and a micro-management than a support. It was not of a supportive function.” (Peer Mentor)

“...I feel like there was really insufficient... resources available. I know that I was very uncomfortable any time I had to go, we were sort of informally paired with (name of department) in order to receive (support). And they really have this idea of peer support, which is good on an emotional level, but at an administrative level it’s pretty ineffective when people offering support all occupy the same hierarchy...” (Peer Mentor)

13. Navigation between multiple identities can pose challenges

The shift in roles due to Peer Mentor or peer volunteer positioning also calls for attention to the practice of boundaries and an understanding of the impact of the service user to service provider transition.

A peer volunteer remarked:

“Cause you have to really find your boundaries with the same people, because you are not only their neighbor, you’re their client, you’re friends and now you’re a volunteer... So it’s really finding your role within the community.” (Peer Volunteer)

“I see this man from my class inside the elevator. Without thinking I say “Good morning sir, how are you today?” And he looked down and ignored me, and got off the elevator and I realized “Oh he lives here.” He must feel uncomfortable now that I know something about him that he had never shared.” (Peer Volunteer)

A staff of another organization involved in developing support structures for peers said:

“...the absence of an assessment of what is the impact of involvement on a peer, including what is the impact of the role transitions on their own identity which has already gone through many shifts up until that point, and then what is the identity reconstruction, they are then going (through) by taking on the job.” (Staff)

Challenges of Peer Engagement Project

1. Challenges in recruitment, placement and retention of peer volunteers

Peer Mentors reflecting on the recruitment of Fife House residents for volunteer work indicated that residents may perceive volunteering in other ASOs as easier. Being clients of the agency “pin-points” individuals as PHAs, while in other agencies they are more likely to blend with other volunteers. Reflecting on their conversations and the reasons provided by residents for not wanting to volunteer at Fife House, Peer Mentors said:

Challenges in Recruitment

“...I don’t want to be singled out as a Fife Client. Although I get the services I don’t want it to be an open book, that I am one of them.” (Peer Mentor)

“Because they (clients) don’t get along with people (staff), because they have unaddressed grievances, because they want to get out in the world and see what else there is besides where they live, because they recognize that there was a limitation to what they could achieve while doing volunteering at Fife House.” (Peer Mentor)

Health, stigma, and childcare issues were some of the other reasons brought up by Peer Mentors that prevented recruitment of peer volunteers, in general.

“The confidentiality thing, the stigma thing is certainly part of it. That’s a barrier for getting people involved with a project of this nature....” (Peer Mentor)

Challenges of Volunteer Retention and Placement

While some programs were eager to have volunteers, placement of peers in volunteer positions, was a concern for others. The time it took to receive a criminal record check also presented an issue in some cases which made it more difficult to retain the interest of the potential volunteers. A staff member said:

“... It was challenging because of the criminal record checks. That really slowed everything down.” (Staff)

“The other thing that we seemed to have a challenge with was that sometimes we would get volunteers but then the volunteers would suddenly be taking a job full time. And then like, as soon as we got them and trained them, they were gone.” (Staff)

Scheduling Challenges

Uncertainty of client schedules also made it harder for the staff to assign work to peer volunteers. Thus, coordination of client’s schedules and engagement of peer volunteers can sometimes be difficult. A staff member said:

“We did not get all the volunteers that we wanted. We did not get volunteers that were able to do the accompaniments that we were looking for, but we were able to get the volunteers for the drop-in at the same time...(HIS002, p.2, para.14) ...A lot of things are fly by moments and... so you have to set a schedule and we weren’t able to do that... Just because we did not know when we needed a peer volunteer.” (Staff)

“But it is really hard to organize... and just the fact we don’t have a lot of staff in our program, it is hard to just have the time to figure out and make it workable.” (Staff)

2. Challenges due to changing/evolving roles and responsibilities

Due to the changes in the program, during the course of the project, roles and responsibilities of the Peer Mentors and volunteers changed, and this created frustration for mentors, staff and peers. The program evolved and changed over the course of the project to address the challenges listed below.

Challenges for Peer Mentors

“ There was a lack of demarcation between what the peers were supposed to do and what certain programs thought we were supposed to do.” (Peer Mentor)

“So often it was a matter of knowing who to go to, or there simply not being anyone to go to, or person who you were supposed to go to being unsympathetic to whatever it was that was going on.” (Peer Mentor)

Challenges for Peer Volunteers

Peer volunteers experienced similar challenges with support and supervision:

“I don’t know who our key person will be, I am facilitating it... I shouldn’t be doing it alone, that is what I meant that I was unsupervised... If there was a trauma or something, if we had a crisis, or felt challenged or got triggered, I had nobody to run off with that person.” (Peer Volunteer)

Challenges for Staff

The challenges for the staff ranged from trying to understand the capacities and skills of the project staff to lack of clarity in communication of roles and responsibilities of Peer Mentors within specific programs of placement.

“It changed over time, for a variety of reasons having to do with people’s capacities, and abilities to actually be a leader.” (Staff)

“I am not sure that the peer mentors totally got...they thought their job was to mentor not necessarily to do the work. But for us that was kind of an important piece of actually how they could do their job. And so it would have been better to have them understand a little bit more. And to be really clear that they should be doing the work.” (Staff)

3. Challenges in availability of resources to support peer volunteers field work

Safety of the volunteers while on an assignment and vague or undetermined debriefing and support structures for Peer Mentors and peer volunteers should they experience any triggers, was also identified as a challenge.

Referring to the lack of availability of materials or tools to support peers to deal with any triggers or emotions generated through engagement in this project, a staff of another organization involved in developing support structures for peers said:

“... they were being managed for their tasks but weren’t actually going through a debriefing process.” (Staff)

“... people didn’t have a resource that they could hold in their hands and then refer to, to help guide them when they were feeling overwhelmed by the emotions generated in their experience of anything related to their workplace environment. Cause the stressors come in at multiple levels.” (Staff)

A staff member remarked on logistical challenges for the agency:

“But there are also challenges around sending clients out on accompaniments that, you know, not even having a cell phone to send a client out in the community with. That kind of stuff is important, what if they need to call to ask something, or they have a safety issue or something like that.” (Staff)

4. Issues of conflict, privacy and access to information

Issues of disclosure, access to information and potential conflict continue to pose a challenge in the assignment of roles and responsibilities. Expressing his concern a Peer Mentor said:

“What would happen if some information was accessed or leaked by peers. And how are we going to support peers in these roles when we are already their service providers... Even myself, I had the same challenge, cause these are the same peers.” (Peer Mentor)

A staff member commenting on potential confidentiality issues said:

“I think another aspect is more practical; which is, some of the peers they live here, they are residents. So some staff deal with very confidential, sensitive information about other residents which would be these peers neighbors and friends. I think... there is reluctance because of that but I know for me in my mind that is something I think about. If I am, you know... Let’s say a simple project like filing, I would be very careful to have somebody who lives in the building file things for me because there is a lot of sensitive information about other people there.” (Staff)

5. Peer engagement restricted due to issues with staff ‘buy-in’

The senior staff as well as the Peer Mentors identified staff buy-in as a challenge, specifically in the early years of the program. Some of the reasons for this have been discussed above, such as concerns of privacy, access of information. However, a Peer Mentor felt that it was also the adaptation to this culture shift that prevents optimum peer engagement.

“...they (staff) were satisfied with the status quo and (their) idea of clients as service users, so there was difficulty reconciling... So when we were looking to cooperate, draft volunteer roles for people, often we had very difficult time about it simply because people (staff) either did not believe that clients could do that work... but it seems that rather than looking for creative ways to involve people, that they were shut down immediately. Using these boundaries as a pretense simply because it would have required adaptation... I can think of a few areas in which we had difficulty with agency buy-in.” (Peer Mentor)

Staff members reflecting on managerial level buy-in, said:

“The shift was not difficult with front line staff. The, the shifts that needed to happen with frontline managers in terms of the residential programs, I would say, were challenging.” (Staff)

“...there were parts of the organization that saw it as being not a problem. There were parts of the organization that actually saw it as being a huge challenge. It required constant reassurance and constant... monitoring as we went along...” (Staff)

6. Greater involvement is not always meaningful involvement

Further to the challenges with staff buy-in, Peer Mentors and peer volunteers also brought to attention that, while the involvement of peers within the programs had increased in numbers, it may not always be meaningful. This calls for critical reflection on the measures that need to be taken to not only enhance the greater but also more meaningful engagement of peers.

“So I think it is GIPA/MIPA as opposed to being one or the other, for a reason that it has to be a little bit of both. I think the idea was to bring in more MIPA and the reality was that it was just more GIPA. It was greater... but not necessarily more meaningful.” (Peer Mentor)

“Well more meaningful opportunities. Some of the opportunities, they are very minimal, so the roles are very basic and don’t allow for a whole lot of engagement. You just sort of see a little bit of something.” (Peer Volunteer)

Successes of Peer Engagement Project

1. Capacity enhanced through skill building opportunities

Peer Mentors and volunteers were provided opportunities to attend a number of trainings both in-house at Fife House and those organized by various organizations, especially in the first year of the project. The trainings included qualitative interviewing and focus group facilitation by Fife House, Training focusing on Competencies Awareness, Respect and Empathy by Toronto People with AIDS Foundation (PWA); AIDS Bereavement and Resiliency Program of Ontario (ABRPO) training focusing on communication skills, self-care, boundaries; harm reduction training by Ontario HIV/AIDS Substance Use Training Program (OHSUTP). Trainings were also provided based on the specific programs that the mentors were assigned or the specific skill enhancement that were identified by the individual or their supervisor. A majority of peer mentors reported that their capacity was adequately built as per their role requirement. Trainings for peer volunteers were also provided in partnership with other service providers.

“...they engaged me (in) ongoing trainings. They sent me to different (trainings)-Toronto Hostel Training Centre, to going back to school, improving my language-writing skills. They encouraged me to do other staff involvement studies that came up within community...Most importantly we had a peer facilitator training; it looked at facilitation skills for community workers or service providers, or PHAs who are leaders in the community, workers in the agencies.” (Peer Mentor)

“What I liked about it was the fact that there were joint trainings between two agencies; Fife House and Casey House... I am also a Casey House client. So they got to see me in a different light because they saw me as a client always, so it helped bridge that gap.” (Peer Volunteer)

2. Return to work as ‘peer mentor’ or ‘peer volunteer’ an empowering experience

Peer Mentors felt empowered through the skills developed, support received and it helped build their confidence for future roles. After the completion of the project, all Peer Mentors continue to work or volunteer for community based organizations. They found the experience and skills developed as Peer Mentors or peer volunteers as instrumental in their returning to the workforce and personal growth. Peer Mentors said:

“I had not worked for many, many years prior to becoming a peer mentor. So that was good, returning to the work force. That was really cool.” (Peer Mentor)

“There is so much that I have learned that made me who I am today... It opened up ways; that is why I have a job as (job title), because that was my stepping stone. I was given a chance and I was able to believe in myself, that I can do better. I was empowered!” (Peer Mentor)

“Believing in myself, it doesn’t matter whether I am HIV positive, I can still do it. And Fife House has trusted me by giving me an opportunity to show that I can do it. And to tell you the truth, I don’t know where I would be if not for the Trillium Project.” (Peer Mentor)

Peer volunteers also felt that they had gained skills that were useful in management of their personal life. One peer said:

“And what helps out is the active listening, cause I have been away from home for so long... But it’s nice when you go back home after such a long time to listen to stories from your mother and you learn not to get into fights between your mom, and dad, and siblings... so the active listening in the Core Skill really paid off for me.” (Peer Volunteer)

3. Greater retention made possible through accommodations

While the project went through a number of changes in its duration, providing accommodations and a respectful work and learning environment helped in retention of the Peer Mentors and peer volunteers.

“I remember the first time I got hired, three weeks into the hiring process, my probation was not even finished, I fell sick and I had to stay home for seven weeks. I thought I’d lose my job but look at me today. They told me “No, take care of yourself. When you come back your job will still be there. We want you to look after yourself first.” (Peer Mentor)

“...they were always there if you had a logistical problem. There was never an issue with that. In fact some went out of their way at times to make sure you had what you needed in that sense. As I said the facilities, the building, the setting up, no problem.” (Peer Mentor)

“I never had any complaints, any un-respectful thing from anybody here... Everybody is so respectful and so they treat you good... I guess they know where we are coming from, so they know how to interact with us. But I feel here is better than any other organization I worked before.” (Peer Volunteer)

A staff member bringing to the forefront the immediate concern about peer retention said:

“the senior management team and the management team needs to sit down and we need to start revisiting our conversation around peer engagement... and our commitment to GIPA and MIPA. And we have to do that soon. We need to figure out in the absence of not having three

peer mentors, um, and really look at where peers are engaged, and are they being engaged in a meaningful way?” (Staff)

4. Opportunity for exposure to community and personal growth

In a formal role, through this project, Peer Mentors not only developed connections and networks, but also found that their roles and responsibilities were instrumental in breaking down barriers that may have prevented their engagement with the diverse groups of people within the community.

“I met people through the work that I did that I might not have met if I wasn’t doing the work... It did widen my exposure to the HIV community which I am a part of.” (Peer Mentor)

“The best part of it for me was the breaking down of barriers surrounding ethnicity, and gender, and sexuality, religion, all these things. Because when, you know, when you are working with a volunteer to try to find somebody a home there is not really the time or energy to get into the theological conversations... But for me that really encouraged this sense of being able to interact with other cultures and to learn from them. I think that was the most meaningful thing for me.” (Peer Mentor)

5. Development of comprehensive training program a significant resource for the community

The development of the core training manual has been a significant success of the project, noted by Peer Mentors, agencies involved, as well as participants in these trainings. Development of the training module and the trainings themselves were experienced as ‘building a sense of community’.

“...It was really a very precious environment to be in a group of people for three whole days knowing that we were all HIV positive and knowing that we all had different experiences of living that. But we sort of, you know, had a common goal, creating a better community... That I think is a very valuable legacy of this project.” (Peer Mentor)

A peer volunteer offered this:

“I like the way they came up with the Peer Engagement to take clients and re-involve them back into the program. What I found was unique, it wasn’t just a volunteer training, it was a Peer Volunteer training. There were other clients as well who felt like I did, to give back to the community. So it’s bonding with them and I have created some wonderful friendships.” (Peer Volunteer)

A staff of another organization actively involved in developing the core training materials for the project reflected on the process of collaboration:

“We were able to develop two different resources which have become a part of the core materials of another program. It was a wonderful contribution but because of the proximity, of us working so close to each other it was easier for us to work on something and then, you know, a week two weeks later review the draft, make more revisions, and then come back and look at it again over a period of at least three months.” (Staff)

“... they shared those resources with all the other pilot sites in the province... there are so many new people...who would benefit from having the resources that were developed by this program.” (Staff)

A staff member also noted the benefit of the core training:

“What we have found is that when people’s core skills are strengthened, that that is part of how they then start to get more confidence to share those skills with others.” (Staff)

6. Support and supervision from key personnel and partnerships strengthened PEP

Support and supervision that developed as a result of hiring a Volunteer and Peer Engagement Coordinator, with lived experience of HIV, strengthened the project. Also the project gained immensely from the involvement of ABRPO program, housed at Fife House, as a resource for support and guidance for the Peer Mentors. Referring to the support that developed through this collaboration, a staff member said:

“I think we have been incredibly lucky that ABRPO is housed here and the level of support that they have actually provided to peers that have been in the program, the peer mentors as well as peers, in allowing them to participate in programs that they run that help build their capacity... I think that has hugely contributed to some of the success and outcomes within the program.” (Staff)

“I think, you know, things have shifted and changed since (two years in to the project, Fife House changed the Volunteer Coordinator position to Volunteer and Peer Engagement Coordinator and designated that position for a PHA) has been here in terms of the level of support that the peer volunteers actually feel actively engaged.” (Staff)

7. Development of new service initiatives an outcome of PEP

A staff member attributing the development of new initiatives and service delivery at Fife House to the peer engagement project, said:

“...(it)has created an openness...most certainly in the homeless outreach program... it’s created an openness to kind of step back and go oh, ok, maybe the way in which we are doing things is not the perfect way to do it. And I think the drop in is an example of that.” (Staff)

Another staff person reflecting on the peer-led drop-in said:

“I don’t think the drop-in could exist without peer volunteers because we don’t have the people to do the drop-in like that... Even just having the drop-in... it makes the program more accessible to clients in general and particular to PHAs.” (Staff)

5. Reflections of Project Supervisors

Background

Funding for the Peer Engagement project started in October of 2010. At that time, the Community Program Director position was vacant and so the project start was delayed until March of 2011 when the new Director started. The Peer Engagement Project was primarily overseen by two positions at Fife House. In the first two years of the project, the day to day supervision was the responsibility of the Director of Community Programs. The Coordinator of Volunteers acted as administrative supervisor on the project until her retirement in June of 2013.

The roles of the Peer Mentors changed over the course of the project as did the people in those positions. Initially, in May 2011, two Peers and one Peer Mentor were hired. The Peer Mentor was to be responsible for administrative and coordination duties. One of the peers left a few months after starting and so another peer, who had graduated from the Peer Core Training, was hired. About a year later, after much discussion with all three Peers, it was decided to have them all be Peer Mentors and share the administrative and coordination duties. In October 2012, one of the Peers was hired in another position within Fife House and so a new peer was hired in the fall of 2012. In the spring and summer of 2013, two peers left their positions, one to return to school and the other for health reasons. A decision was taken to replace only one of the peers given there was less than a year left in the project, and this peer was also one of the graduates of the Peer Core Training. Over the course of the project there were a total of six peers and four different supervisors. Despite these challenges, the project achieved most of its goals and established a solid base for peer engagement at Fife House.

Challenges of Peer Engagement Project

One of the significant challenges with the project was how peer mentors were placed within programs and then trained by program staff to learn the tasks and responsibilities related to those roles in order to support peer volunteers. Some of the six Peer Mentors had little experience with social services other than as clients and others had not had any paid work experience for a number of years. For these reasons, during the first year of the project, most of the time was dedicated to building the skills and capacity of the Peer Mentors. This was done through trainings within the agency as well as seminars, conferences and workshops in the community. The work of training Peer Mentors to have the skills and knowledge to mentor peer volunteers within the Homeless Outreach Program and Complex Care Project was especially demanding and required longer time than expected because the learning curve was steep. The training was done by very experienced and trained staff who provided as much support as possible as well as meet their responsibilities to their clients.

Embedding peer mentors in programs added a layer of supervision and management that led to confusion and unclear boundaries around roles and responsibilities for staff, peer volunteers and Peer Mentors. It became clear that Peer Mentors were acting as 'coordinators' for the peers they were training and those peer volunteers also were supervised by the staff of the program as well as the Volunteer and Peer Engagement Coordinator. This complicated structure hampered the work of the Peer Mentors, who also felt at times that they were given responsibilities and tasks that should have been program staff's. Another challenge faced by Peer Mentors was related to their own ability and skills to work and support other PHAs. It also

became evident that some Peer Mentors worked better in group settings rather than one on one and those changes in roles slowed down the project.

There were times when Peer Mentors had to be reassigned to different roles based on their strengths and capacity and environments that were less of a trigger due to clients' experiences. Some Fife House staff had concerns around engaging residents and clients in their work and those challenges were overcome in some programs and less so in others. The shift from service provider to colleague or partner in service delivery can challenge the traditional roles staff play. This project was also about engaging staff to recognize and understand their roles with volunteers, especially when they were current or former clients. Despite the fact that this project was successful in preparing PHAs for mentorship and volunteer roles, gaps existed in preparing staff of programs to understand more deeply the principles of GIPA/MIPA and the goals of this project.

In the Community Programs such as weekly meals, breakfast club, bread delivery program, gardening group and others, it has been relatively easy to engage and retain peers. These programs involve group work and are not focused on individual problem solving and thus peer engagement is 'easier'. One on one work with clients such as accompaniments, friendly visiting, etc., have been more challenging to organize due to scheduling and training of the peers around boundaries, roles and personal triggers.

Maintaining healthy boundaries has proven to be a challenge in peer work because of the multiple roles the peers might have in their relationship with the client. Their enthusiasm and desire to help someone in need, who may have had similar experiences, can become an issue if the support they provide does not appear to be working or is rejected by the client. Boundaries have also challenged some staff in the transition from giving service to a client to working alongside them in delivering services. Boundaries will continue to be challenging and we will provide education and support to manage them.

Successes of Peer Engagement Project

In June of 2103, when the Volunteer Coordinator retired, based on learnings from the project, Fife House made the decision to change that position to Coordinator of Volunteers and Peer Engagement. The position was then filled by someone living with HIV/AIDS and who had worked with volunteer peers in other AIDS organizations and thus had both lived and professional experience with peers. For the last year and a half of the project, supervision was provided by the Coordinator of Volunteers and Peer Engagement and provided strong leadership to both the mentors and peer volunteers. This is perhaps the strongest legacy of the project as we have now embedded peer engagement in our ongoing work.

Of the 84 peers who were recruited in to the project, 56 of them are current or past clients of Fife House. This high percentage indicates a strong correlation between receiving services from and wanting to give back to Fife House. They often have commented on how they want to help other PHAs going through similar experiences of homelessness or insecure housing where they could utilize their personal experiences to support peers.

The HOP drop-in was also successful in attracting and retaining peers and there were usually three or four volunteers at the drop-in. This and other peer lead programs, such as the Breakfast Club, have peers delivering the programs with supervision and support of staff.

Another strong legacy to come out of this project is the peer core training manual. The Peer Mentors developed a thorough, sensitive, enjoyable and effective set of modules. Evaluations were consistently very high and demonstrated the positive impact the training had on the peers who graduated from it. The training, according to the participants, increased their skills around HIV/AIDS and housing related issues as well as their sense of belonging. They also felt empowered as they had a place where they could voice and express their experiences as peers and learn from one another. We continue to use the curriculum in current trainings. We've been asked to share the curriculum with several other AIDS organizations as well.

An interesting collateral aspect of the project is the number of peers who chose to go back to school or return to work while involved with the project. This is an indicator of the support and empowerment they received and their motivation to improve their lives. Several of those who did return to school or work continue to volunteer with us.

As a result of this project, we have a much larger and strong peer volunteer team involved in almost all areas of the organization. They contribute a significant number of volunteer hours every month, proportionally more than other volunteers. During this project, we have learned great lessons, accomplished much and changed the way we engage and support peers in their roles. Despite the expected and unexpected challenges we have faced, this project has put the organization in a much stronger position to continue to meaningfully engage people living with HIV/AIDS.

Embedding peers in front line service delivery has great rewards and, though there are some risks, Fife House will continue to strengthen our commitment to GIPA/MIPA.

- *Director of Community Programs and Coordinator of Volunteers and Peer Engagement*

6. Recommendations

Based on critical reflection and discussions based on the findings, the evaluation team recommends the following to be considered in the future development of peer engagement at Fife House.

1. Meaningful engagement of peer volunteers

- Create other/more meaningful opportunities that keep peer volunteers engaged in all areas of Fife House including operational activities.
- Develop more effective systems to match interests, skills and opportunities for peer volunteers.
- Create a more structured process for receiving requests for volunteers from Fife House programs to ensure strategic volunteer placement.
- Create more peer volunteer opportunities in a variety of roles including leadership positions.
- Include peer volunteers in developing future peer-based programs.
- Group development to strengthen program and foster leadership, with peers in facilitative roles.

2. Support and debriefing framework for peers

- Develop different levels of support, reflective of the structure to accommodate the needs of peers in their roles.
- Debriefing should be made an intrinsic part of peer engagement, separated from supervision or task management.
- Create peer support and debriefing framework/structure.

3. Consistent practices and supervisory structures

- Greater clarity in job descriptions and supervisory system.
- Structural level changes required to incorporate peer-culture in the delivery of programs, supervision and training.
- Enhance debriefing as a practice along with traditional supervision.
- Consistent practices regarding honoraria and refreshments.
- Greater support for peer volunteers with regards to child care, transportation.
- Train and prepare Fife House staff to have better clarity, communication and understanding of GIPA/MIPA and residents and clients as peer volunteers.

4. Capacity building and trainings

- Provide meaningful opportunities for capacity building (communication skills, debriefing skills, emotional first aid).
- Greater emphasis in trainings on conflict resolution, boundaries and management of multiple roles and on-going supervision.
- Centrally organized volunteer training and specialized training according to Toronto ASOs mandate, in order to avoid duplication of trainings.
- Develop and train peers and staff in effective communication strategies that addresses issues of power imbalance.
- Utilize the experience of trained peer volunteers to mentor new peer volunteers.

5. Agency and GIPA/MIPA

- Incorporate culture of acceptance and accommodation of GIPA/MIPA among all staff.
- Workshop/Meetings with staff to strengthen effective implementation of GIPA/MIPA, balancing of multiple roles (clients as volunteers) and addressing issues of conflict.
- Develop more collaboration within programs to better support peers.

6. Recognition

- Augment the recognition of peer volunteer contribution and bolster respect for peer volunteer work.
- Greater practical support to encourage peer volunteer involvement (refreshments, TTC tokens etc.).

7. Research

- Develop a study with focus on understanding the impact of changes in identity (service user to service provider) on the peers and their relationships in the larger community.

7. Limitations

This study comprised several different research methodologies combined to produce the data for analysis. While the intent was to be comprehensive in data collection, the result was a more challenging collection and analysis process, with each methodology having its own individual limitations.

Focus groups were chosen as a method of data collection because they allow a forum for unearthing common experiences, suggestions, understandings and complaints (Berg, 2004, p.126-127). There are, however, limitations to using focus groups. In focus groups, data is based on what people say they do or think, not what they actually do or think. Another major issue with focus groups is that there is the possibility of 'group think.' This phenomenon refers to people expressing an opinion which is in line with the rest of the group even if that opinion is at odds with their own personal one (Yegidis & Weinbach, 2009, p.156). Another factor which can obscure the data collected from focus groups is that one or two individuals may come to dominate the group, creating an inaccurate view of what users' overall opinions are (Berg, 2004, p.130) and thus a possibility of response bias. Response bias refers to the reality that research participants tend to represent the extremes in opinion (Yegidis & Weinbach 2009, p.173). Also, while the intent of the evaluation was to conduct two focus groups, not enough participants could be recruited therefore only one focus group was conducted. Thus, the findings may be limited in generalizability.

Survey method was chosen for this study in order to collect data from peer volunteers who were not able and/or not willing to attend focus groups. Both online and telephone surveys were utilized, allowing participants to use the technology they felt comfortable with. Response to the online survey was also limited. Surveys, as a methodology, have the limitation of reduced response rates, which limit the ability for the data collected to be representative. In order for data to become representative of a larger group, a higher response rate needs to be achieved (Krosnick, 1999, p.539). Online surveys in particular have been shown to have lower response rates, and increased omissions (Wright & Schwager, 2008, p.255). Access to a computer may also have limited the participation in the online survey.

In depth, one on one interviews were utilized in order to allow the interviewer to probe the individual perception, and gain a fuller understanding of the perspective held by the participant (DiCicco-Bloom & Crabtree, 2006, p.40). However, because one single perspective is being explored in each interview, it is difficult to make generalizations. While themes can be developed from analysis of groups of interviews, as in the case of this evaluation, the generalizability is still inherently limited.

The sample therefore is not representative of Fife House client demographic and the findings are limited in generalizability and thus there may be a response bias.

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