

From Client to Co-worker

**A Case Study of the Transition to Peer Work
Within a Multidisciplinary Hepatitis C Treatment Team
in Toronto, Canada**



TORONTO COMMUNITY
HEP C PROGRAM

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Program Description

- Started in 2007 as a response to gaps and barriers to healthcare for marginalized people living with HCV
- Partnership** of 3 community health centres in downtown Toronto with specialist support and multidisciplinary teams including peer workers
- Weekly treatment education and **support groups**
- Treatment outcomes as good as clinical trials
- Harm Reduction based (no OST on site)
- Community Development orientation (**patient advisory board**, peer training, post treatment support)

Group Support

- Ongoing weekly treatment support groups at each Centre with clinical care
- Weekly support group for those who cleared or are not eligible for tx at this time

Patient Advisory Board

- Feedback on existing program components, practices and issues
- Provide guidance and input into program development, research, evaluation and training
- Conduct public education and awareness regarding HCV through presentations and other public speaking engagements

Community Support Workers (current/former clients)

- Since 2011 annual peer training program - 18 weeks, 18 skill building topics, 2h/wk
- June 2012 - 6 CSW's hired, working at all 3 partner sites
- Hourly wage, vacation pay, sick time, work minimum 6h/wk
- Fully integrated (as much as possible - limited by funding)
- Goal: to provide meaningful employment and skill building opportunity for clients

Community Support Workers: Scope/Outcomes

- Keeps program well grounded in the community
- Provide additional client support
- Roles evolve to suit the needs of the workers and the program
- Currently: group facilitation, public speaking, training other peer workers, client medical/court accompaniment, admin support, informal one-on-one support

Study design

- Case study design
- Interviews were conducted with two current peer workers who were also involved in the study design, analysis and writing.
- Data was coded and analyzed using an inductive approach to identify emergent themes
- Study employed a collaborative approach whereby study 'cases' were involved in design, analysis and writing



Jenn

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

Jennifer B.



Marty

Green
 Sick of meds
 Sick and tired
 Sick of my life

Yellow
 Substance use
 Use to eat
 Use to forget
 Use to escape from Green problems
 Use to feel normal

Red
 Anger, stigma, ex-girlfriend, etc

White
 Thinking of ways to repeat all the colour above

Marty (Warhol) Behm

Themes: key transition factors

- ❑ **Personal characteristics**
 - Natural helpers/leaders
 - Easy-going/non-judgmental
- ❑ **Substance use**
 - Change in use in both: one abstinent, one changed to accommodate job needs
- ❑ **Boundaries**
 - Being able to identify and maintain boundaries,
 - Ability to learn from early mistakes/transgressions
- ❑ **Structural Factors**
 - Flexible job parameters, especially in the first year, Gradual transition to allow for development of skills and confidence
 - Clear but not rigid work expectations, adequate training and ongoing support
 - Stable housing

Conclusion

- ❑ This study suggests that a model of peer employment with broad qualification criteria, sufficient transition timelines, flexible job responsibilities, a **solid investment** in the inclusion of people with lived experience and a harm reduction framework will support successful integration of former clients into health care teams.



“There is no road map for it.” JB



“It was all just kind of gradual but everything has changed” MB

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