

REPORT ON ADVANCING PEER SUPPORT IN THE WEST GTA STROKE NETWORK

Background and Purpose of the Working Group:

Stemming from the work of the West GTA Stroke Network Community Reintegration Expert Committee (2019), a working group was formed to compile the available evidence to progress peer support in the West GTA Stroke Network and examine the logistics of implementing peer support programs in the northern geography of our region (Orangeville and Georgetown) (West GTA Stroke Network, 2019). The working group was composed of the March of Dimes Canada and the West GTA Stroke Network. The working group met monthly for 60 minutes for approximately 6 months. The information compiled during the meetings was summarized via short report which will be considered in future implementation.

Approach to the Work:

The working group reviewed recent literature on peer support, other provincial work done in this area, compiled a current state of peer support in the region and reflected on the impact of the pandemic and use of virtual supports. Based on the review of the literature and discussions, the group compiled recommendations and created action plan to advance peer support in the West GTA Stroke Network region.

Main Findings from Review of the Literature:

1. A definition of peer support was identified. Peer support is defined as being “composed of individuals who share a similar problem and come together to provide mutual help and support” (Hughes, Fleming and Henshall, year, p. 847).
2. Through the literature review the group identified overwhelming support for the benefit of peer support.
 - a. Regional work conducted by the Community Reintegration Committee identified that 48% of persons with stroke and 57% of providers felt that they would like to see peer support in the community to help persons with stroke reintegrate after stroke (West GTA Stroke Network, 2019).
 - b. The Canadian Stroke Best Practice Recommendations related to Transitions of Care (2019) stated that that “people with stroke, their families, and caregivers should be provided with information about peer support groups in their community where available, descriptions of the services and benefits they offer, and be encouraged to consider participation” (Mountain et al., 2020, p. 7). The Canadian Stroke Best Practice Recommendations on transitions of care also state that the use of telemedicine (e.g., video, and web-based technologies and services such as web-based support groups, tele-rehabilitation) should be considered to increase access to ongoing support services, health-care services, and rehabilitation therapies following transitions to the community; especially in settings where people with stroke and their family members are unable to travel to access care and services” (Mountain et al., 2020, p. 6).
 - c. The literature highlights the multiple benefits to providing peer support. Some examples of benefits listed in the literature include:
 - i. Emotional, affirmational and informational support, encouragement, motivation, validation, and decreased feelings of being alone, increased social connections, personal growth, enjoyment, and feelings of making a difference in the lives of others (Kessler, Egan, Kubina, 2014)

- ii. Helpful information, advice, making new connections and increased awareness of stroke (Morris & Morris, 2012)
 - iii. Empowerment, inspiration, sense of belonging, learning new ways to cope, feeling helpful, feeling secure, being able to express feelings, a sense of increased agency and independence (Morris & Morris, 2012)
 - iv. Knowledge, empowerment and a sense of community (Christensen, Golden & Gesell, 2019)
 - v. Sharing of experiences, social comparison, vicarious learning and increased motivation (Clark, MacCrosain, Ward, & Jones, 2020)
 - vi. Peer support facilitated the sharing of experiences, social comparisons, vicarious learning and increased motivation (Clark, MacCrosain, Ward, & Jones, 2020)
 - vii. Experiences of managing stroke and resources of support (Hartford, Lear & Nimmon, 2019).
3. The variability of peer support was highlighted. Peer support can be provided in different formats. Some variability in the peer support intervention includes one to one support vs. group intervention, clinician guided vs. peer guided, structured vs. unstructured, hospital based vs. community based. The diversity of approaches to providing peer support makes it difficult to tease out which components of the peer support intervention were the most beneficial.
 4. Education is one key component of the peer support program. Several interesting topics have been covered in peer support groups mentioned in the literature are resilience training, warning signs of stroke and impacts of stroke on mental health.
 5. Some of the literature reviewed also identified the opportunity to evaluate peer support. In the literature, peer support is measured via standardized community reintegration scales or via qualitative methods (focus group, survey, thematic analysis). Majority of the standardized community reintegration scales are general and may not measure the specific components of peer support. One potential scale to explore further in the evaluation of peer support is the Therapeutic Factors Inventory.
 6. The importance of matching peers with similar impairments and age groups for maximal benefit from peer intervention was also highlighted in the literature (Muler, Toth-Cohen & Mulcahey, 2014). A study by Morris & Morris (2012) found that “peer supporters with similar backgrounds and experiences to the stroke survivor and carer are experienced as the most helpful” (p.347).
 7. The literature supports the need for an individualized intervention which may include group format and/or one on one support intervention.
 8. There is some evidence that peer support should be provided early in the recovery period. A study by Morris & Morris (2012) found that “peer support groups for stroke survivors and their carers, provided early during the inpatient rehabilitation, are experienced as beneficial by survivors, carers and peer supporters alike” (p. 347).

Current State of Peer Support in the West GTA Stroke Network:

The core peer support programs in the West GTA Stroke Network are the Peers Fostering Hope Hospital Visitation Program and Peer Support Groups. Due to the pandemic, all in person components of the peer support programs have been put on hold and replaced with virtual supports. The Peers Fostering Hope Hospital Visitation Program started to provide virtual visits at one site at Halton Healthcare (Oakville site). Initial work has started to look for additional opportunities to begin a virtual model of the Peers Fostering Hope program at other hospital sites in our region. The program has been adapted to provide one to one virtual peer support for persons with stroke and caregivers upon discharge from

the hospital. These connections are arranged via phone call or zoom platform. See Appendix A for detailed current state of peer support in the West GTA Stroke Network.

March of Dimes Canada is now offering staff and volunteer led peer support virtual programs. Some examples of program offerings include; After Stroke Virtual Community Conversation, Aphasia Peer Connect, and Caregiver Connection sessions. The Peel Stroke group occasionally meets virtually which is organized by group volunteers.

Challenges to Providing Peer Support

Pre pandemic, there were several challenges to providing in person peer support interventions. These include:

- Finding a venue
- Covering the cost of venue
- Recruiting volunteers to support the programs
- Recruiting new members
- Program planning for the meetings
- Transportation to meetings/providing options to rural communities with smaller # of strokes
- Demographic barriers – differences in ages
- Working with partner organizations
- Staff support required for in-hospital programs

As a result of the pandemic the accessibility to peer support intervention has increased. Venue availability, cost and transportation challenges have been eliminated due to the virtual format. In addition, there is flexibility in scheduling and time of day that peer support is offered and more options for programming. Individuals can connect with other persons with stroke in different geographies, there is potential to reach more individuals, more flexibility for volunteers, and there is more opportunity to match peers based on similar impacts from stroke or similar stage of life. Persons with stroke can also access one to one peer support virtually at different points through their recovery. Prior to the pandemic, one to one peer support was only offered in-hospital, whereas now there is an opportunity for someone to continue to connect to a peer as they transition through different stages of their recovery.

Although there are several benefits of increased utilization of virtual platforms to provide peer support, there was also the realization that not everyone will have the technology or preference for virtual intervention. These individuals include but are not limited to individuals without internet access or proper technology devices, persons with stroke with more severe cognitive or communication impacts, and some individuals who do not feel confident using technology. To mitigate some of these issues, March of Dimes Canada has implemented a program to access virtual supports titled “Hi Tech Program”. More information about the “Hi Tech Program” can be found at the following link <https://www.marchofdimes.ca/en-ca/programs/acs/aac/Pages/Hi-Tech.aspx>

Post pandemic it is likely that a combination of in person and virtual peer support offerings will be available to persons with stroke and caregivers in the West GTA Stroke network.

Opportunities to Service Northern Parts of the West GTA Stroke Network (Georgetown and Orangeville)

The expansion of virtual peer support offerings has made the service more accessible for persons with stroke and caregivers. Leveraging the work already done in the area of virtual peer support is important to ensure that some form of support is available regardless of location. For areas with smaller numbers of strokes especially in the northern geography of the West GTA Stroke Network region the goal is to offer peer support virtually in hospital and post discharge. There is now opportunity for individuals living in the Northern Parts of the region to access the virtual peer support group programs, regardless of when they experienced their stroke.

General Recommendations to Advance Peer Support in the West GTA Stroke Network

Based upon the review of the literature and discussions. Several general recommendations were made to advance peer support in the West GTA Stroke network region.

1. Using the core benefits of peer support identified in the literature reflecting on the core elements of peer support currently provided and what should be provided in the future.
2. Creating some core education content for peer support groups. Some suggested topics may include warning signs and the importance of calling 911.
3. Providing multiple options for peer support and customizing to the individual (virtual, in person, group, and one on one).
4. Consider adding an evaluation component to the peer support intervention. One tool to consider is the Therapeutic Factors Inventory. Additional evaluation methods may be qualitative in nature and should reflect the core elements of the program (ie. survey or focus group).
5. Consider providing education to key referral sources on the current peer support services to sustain referrals.
6. Ensuring that some form of support is available regardless of location. For areas with smaller numbers of strokes, offer virtual connections in-hospital and post-discharge.

Specific Action Plan to Advance Peer Support in the West GTA Stroke Network

1. Create regional communication to share with healthcare professionals in the region and other organizations providing service to persons with stroke to encourage referrals and advertise virtual program offerings
 - Connected with marketing department, beginning work on draft communication, goal to share throughout region by end of March 2021
2. Virtual peer support: Starting in Q1 of 2021 (April 1st)
 - Begin to connect to new hospital units around virtual peer support options/virtual program offerings;
 - i. Headwaters Healthcare (Orangeville)
 - ii. Halton Healthcare – Georgetown
 - iii. Look at new units within existing hospitals to build relationships and promote virtual programs/staff support
 - Work to expand virtual Peers Fostering Hope program within hospitals with existing relationships and continue to encourage patient referrals to provide one on one or group virtual peer support following discharge.
3. Explore the creation of one education module using existing resources on the warning signs of stroke and importance of calling 911.

References

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Appendix A: Current State of Peer Support in the West GTA Stroke Network

Program	Location/Type	Notes (Blue text = ongoing during COVID)
Peers Fostering Hope	Halton Healthcare - Oakville Trafalger Memorial Hospital	In person & virtual visits on In-Patient Rehab unit Patient referrals to After Stroke coordinator
	Trillium Health Partners – Mississauga Site	In person visits on integrated stroke unit
	William Osler Health Systems – Brampton Civic	In person visits on rehab unit Staff connecting patients to After Stroke coordinator prior to discharge
Peer Support Groups (Chapters/Clubs)	Peel Stroke Chapter	Monthly in-person meetings Volunteer led group connections
	Milton Stroke Club	Monthly in-person meetings Staff led
	Brampton Civic After Stroke Group	Monthly in-person meetings Staff led
Virtual Peer Support (outside of hospitals)	Weekly programs on Zoom	Staff led After Stroke Virtual Community Conversation Virtual Stroke Recovery Program Aphasia Peer Connect Caregiver Connection sessions
	1 on 1 peer volunteer connections for stroke survivors	Adaptation of Peers Fostering Hope where stroke survivors who are discharged/living at home can be connected to a volunteer via Zoom or a phone call
	1 on 1 peer volunteer caregiver connections	Connecting volunteer caregiver to a peer for 1 on 1 conversation via Zoom or phone call