



Living in
Niagara

COMMUNITY BELONGING

Information & Insights

***From Lived Experience to System Impact:
Integrating Peer Support into Health and
Social Services***

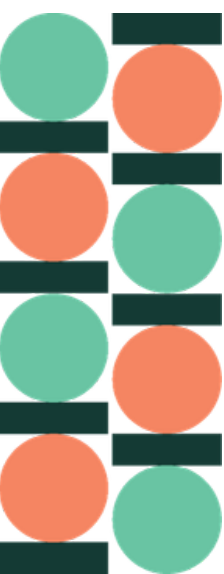


In the spirit of reconciliation, Community Potential acknowledges that our work takes place on the traditional and treaty lands of Indigenous peoples who have cared for and stewarded these lands since time immemorial.

We recognize that the Niagara region is situated on lands with a rich Indigenous history, including the Hatiwendaronk (Neutral Confederacy), the Haudenosaunee, and the Anishinaabe peoples – including the Mississaugas of the Credit First Nation. These lands are subject to the Upper Canada Treaties and are within the territory protected by the Dish With One Spoon Wampum Agreement.

As an organization committed to community-driven research, collaboration, and systems change, we recognize our responsibility to reflect on how the systems we help shape impact Indigenous peoples. We are committed to ongoing learning, relationship-building, and to supporting equitable and respectful partnerships grounded in truth, accountability, and reciprocity.

We pay our respects to Elders past and present and extend that respect to all First Nations, Inuit, and Métis peoples today. We are committed to continuing to learn from Indigenous communities and to supporting respectful relationships grounded in truth, accountability, and reciprocity.





ABOUT COMMUNITY POTENTIAL & THE LIVING IN NIAGARA REPORT

FULFILLING THE PROMISE OF COMMUNITY

Research, data, insight, and support to help Niagara's communities address emerging issues and discover opportunities

Community Potential is a Niagara-based research and planning non-profit organization that works with local partners to turn data, lived experience, research, and community knowledge into practical insight and action.

Our Information & Insights papers build on the foundation of the [Living in Niagara Report](#) and the [Niagara Knowledge Exchange](#) by taking a closer look at emerging issues, promising practices, and topics that are relevant to the well-being of people and communities across Niagara. These papers are intended to make useful information easier to understand, share, and apply, while also strengthening the connection between

research, community expertise, and local decision-making.

By bringing together evidence and perspectives from Niagara and beyond, the series supports informed discussion, encourages collaboration across sectors, and helps community organizations, leaders, and residents consider how knowledge can be mobilized in practical and meaningful ways.

Each paper is designed to contribute to a stronger shared understanding of local issues and to support thoughtful responses that reflect Niagara's unique experiences, strengths, and opportunities.

From Lived Experience to System Impact: Integrating Peer Support into Health and Social Services

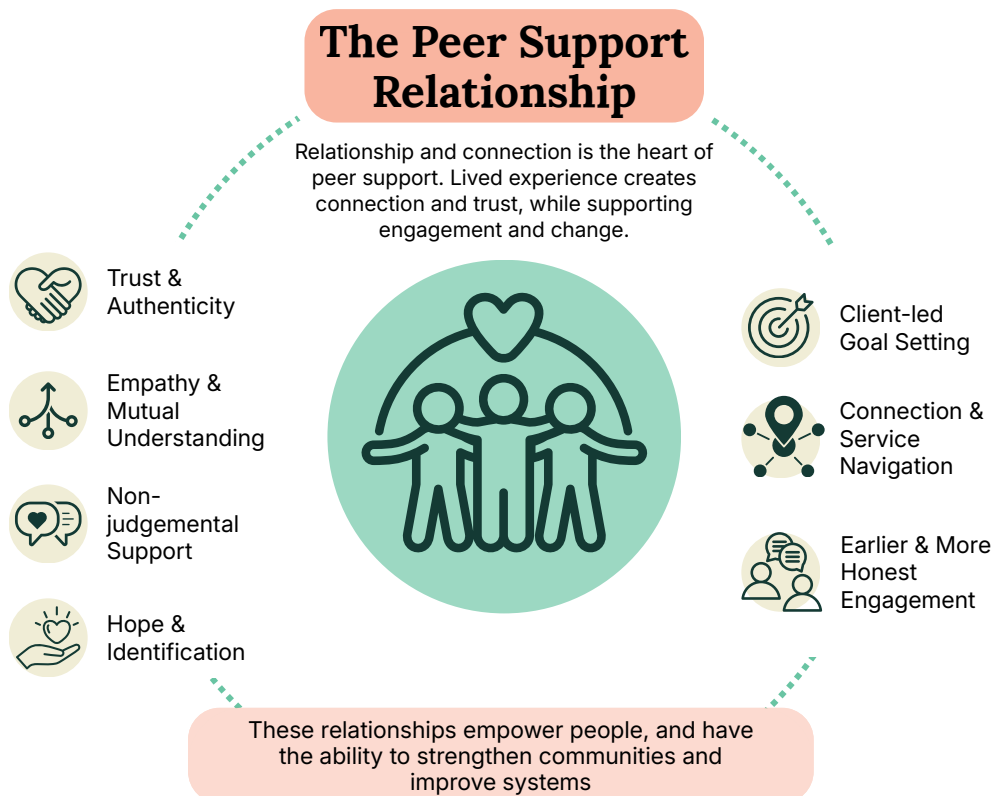
Prepared by Madeleine Kearns, Rachel Gillmore, and Mary Wiley

Defining Peer Support

Peer support workers are individuals with lived experience who are trained to support clients experiencing challenges in their lives—such as mental health issues, homelessness, or substance use disorders. Most peer support workers are previous clients and cite their greatest motivation as the desire to help others who are going through similar situations that they have recovered from.²²

In Niagara, one such peer support program is the Safer Harm Reduction Practices (SHaRP) program run by Positive Living Niagara's StreetWorks department. An interview with Talia Storm, the Director of StreetWorks Services, revealed the importance of peer support workers in their programs:

"They have this lens and expertise that you can't get from textbooks or formal education [...] lived and living



experience is something that should be valued and honoured."

The ability to identify and empathize with clients is a powerful component of peer support.^{18,20} Peer support workers establish supportive, authentic, and reciprocal relationships with their clients^{11,16} which helps support recovery and bridge them to services.²² At Positive Living, Talia explained that:

"People are more open and honest and transparent with peer support workers [...] their shared experience makes clients more comfortable sharing and providing feedback."

A client's recovery is complex and unique to the individual. Each client has different goals and needs, so peer support workers aim to employ client-led, harm-reduction, and trauma-informed practices in their work.^{8,16} For example, for a peer who has overdosed over 200 times, success is 2 months without an overdose. For another peer, success might be 2 months without use.¹⁶

Benefits of peer support

Overall, researchers recommend the use of peer support workers in health and social services. Systematic reviews have shown mild-to-moderate effects for individuals with mental health issues or substance use disorders.¹⁸

Peer support programs have been shown to increase treatment retention, reduce relapse rates, reduce hospital admissions, and improve treatment satisfaction for individuals with substance use disorders.^{5,18,19,23} These programs are also associated with improvements in self-esteem, self-efficacy, well-being, and psychiatric symptoms⁶ as well as reductions in cravings, guilt, and shame.^{1,23} For complex cases, peer support workers are instrumental for getting clients into treatment, maintaining treatment compliance, and providing emotional support to clients and their families.⁹

"Clients are more likely to engage with services a lot sooner with a peer support worker." (Talia Storm, Positive Living Niagara)

These benefits extend beyond the clients that peer support workers serve. Peer workers have a lower risk of relapse, better self-confidence, better self-satisfaction, and more professional growth opportunities compared to non-peer workers at the same level of recovery.^{2,21,23}

"These programs give people a sense of self-worth and empowerment [...] they're considered an inspiration to the community." (Talia Storm, Positive Living Niagara)

As well, peer support workers are more cost-effective than traditional mental



Impacts of Peer Support Programs



Peer Support Workers

- Increased well-being and confidence
- Reframing identity
- Therapeutic use of self-enhancing responsibility
- Professional growth and building job skills and career goals



Health Care System

- Decreased admission and rehospitalization rates
- Reduced length of stay
- Cost-effective approach
- Reduced duplication and service disengagement
- Earlier connection to appropriate supports



Peer Support Program Participants

- Reduced stigma, shame, and isolation
- Increased hope, confidence, and empowerment
- Improve overall wellness, social integration, and resilience
- Nonjudgemental support and greater satisfaction with services

health or substance use programs. In the United States, peer support programs can save the health care system up to \$10,562.08 USD per person.³

At Positive Living Niagara, Talia discussed how peer support workers benefit their organization:

"They help you understand what is actually going on in the community [...] we can develop programs that are responsive and meet the actual need of the community instead of the perceived need."

Challenges of Peer Support Programs

Peer support workers experience challenges at the interpersonal and organizational level. At an interpersonal level (such as between peer workers and their clients), peer support workers discuss challenges with maintaining boundaries, re-traumatization, burn-out, and self-care.¹³ The peer support workers also report feeling stigmatized and unsupported by non-peer colleagues who frequently misunderstand their role in the organization.^{7,15,25}

"At Positive Living Niagara, the main challenges we see for peer support workers are triggers and re-traumatization, especially for those who are abstaining completely." (Talia Storm, Positive Living Niagara)

At an organizational level, peer workers experience challenges around sufficient training,^{7,17,19} having their job and expectations poorly defined,^{20,24} and having unclear policies and mandates for integrating peer work into an existing structure.^{5,7,24,25} These organizational challenges create confusion for peer support workers which can further exacerbate their struggles with boundaries and self-care. When asked about these challenges at Positive Living Niagara, Talia said:

"There are many challenges...but it's so worth it. It's a balance of empathy and compassion, paired with accountability. For example, we can understand why someone can't come into work today but it can cause a ripple impact, and now we're scrambling to find replacement coverage. Those kinds of challenges."

Incorporating Peer Support Programs into your Practice

Successfully integrating peer support workers into your practice requires several key components. After securing program funding,⁹ the first step is to

develop internal policies and guidelines prior to implementation of a peer support program. This is particularly important in hierarchical and structured work settings such as a health team.¹⁴

Next, leadership should develop clear job descriptions and expectations for peer workers. This ensures that coworkers understand the role and benefits of peer support workers.^{8,15,25} During the hiring process, only consider peers who are comfortable with a flexible, harm-reduction, and trauma-informed model of care.⁸

Foundational Aspects of a Successful Peer Support Worker Program

Protecting peer support workers and strengthening the role improves outcomes at every level.

The following considerations need to be actively managed:

- Burnout and retraumatization
- Boundaries and changing community relationships
- Stigma and non-peer colleagues
- Unclear responsibilities or role-drift
- Inconsistent attendance or workplace readiness
- Insufficient supervision, training, and self-care supports



Once your organization has hired peer support workers, it is important to provide comprehensive training, job shadowing, and mentorship to ease them into their new role. It is recommended that leadership train peer support workers on client-led practices, harm reduction, trauma-informed approaches, confidentiality, boundary issues, role expectations, organizational structure, and workflow.^{8,15,25}

At Positive Living Niagara, Talia discussed her personal tips for training:

"Don't forget about teaching the small things like computer skills, team dynamics, and how to share office space. We might not think of them but they're really important skills for peer support workers to have to succeed. Some people have never worked in formal environments, and for others it may have been a long time."

Once peer support workers have been transitioned into your organization, it is important to make sure that they feel integrated and valued in the work environment. Leadership should give

space for peers to share feedback on program implementation and to offer suggestions for quality improvements.⁸

"You really need to hear the experiences of the people that are doing the work. If we want them to be successful, we need to understand their challenges." (Talia Storm, Positive Living Niagara)

Finally, peer support workers need high-quality supervision. The supervision of peer support workers should ensure that the peer workers are not working outside of their roles, experiencing re-traumatization, burn-out, or not practicing self-care.^{8,17,20}

"A peer support workers' work can really affect their relationships with friends and the community. They put on a different cap and all of a sudden they have all these expectations and need to set different boundaries. Sometimes they need a lot of support in the day-to-day...debriefing at the end of the day is super helpful." (Talia Storm, Positive Living Niagara)

Community Potential gratefully acknowledges Positive Living Niagara, and particularly Talia Storm, Director of StreetWorks Services, for sharing their experience, insight, and practical knowledge. Their contribution helped ground this paper in the realities of peer support work in Niagara and highlighted the essential value of lived experience in building more responsive and compassionate services.





References

1. Boisvert RA, Martin LM, Grosek M, Clarie AJ. Effectiveness of a peer-support community in addiction recovery: participation as intervention. *Occupational Therapy International*. 2008;15(4):205–220.
2. Tracy K, Burton M, Nich C, Rounsaville B. Utilizing peer mentorship to engage high recidivism substance-abusing patients in treatment. *The American Journal of Drug and Alcohol Abuse*. 2011;37(6):525–531.
3. Castedo de Martell S, Moore MB, Wang H, Holleran Steiker L, Wilkerson JM, Ranjit N, [...] Brown HS. The cost-effectiveness of long-term post-treatment peer recovery support services in the United States. *The American Journal of Drug and Alcohol Abuse*. 2025;51(2):180–190.
<https://doi.org/10.1080/00952990.2024.2406251>
4. Dermatis H, Galanter M, Trujillo M, Rahman-Dujarric C, Ramaglia K, & LaGressa D. Evaluation of a model for the treatment of combined mental illness and substance abuse: the Bellevue model for peer-led treatment in systems change. *Journal of Addictive Diseases*. 2006;25(3):69–78. https://doi.org/10.1300/J069v25n03_09
5. Eddie D, Hoffman L, Vilsaint C, Abry A, Bergman B, Hoepfner B, Weinstein C, & Kelly JF. Lived Experience in New Models of Care for Substance Use Disorder: A Systematic Review of Peer Recovery Support Services and Recovery Coaching. *Frontiers in Psychology*. 2019;10, 1052. <https://doi.org/10.3389/fpsyg.2019.01052>
6. Fukui S, Davidson LJ, Holter MC, & Rapp CA. Pathways to recovery (PTR): impact of peer-led group participation on mental health recovery outcomes. *Psychiatry Rehabilitation Journal*. 2010;34(1):42–8.
7. Hagaman A, Warren HL, Miller R, & Henderson C. Peer support service activity prevalence by setting: a nine-state survey of peer workers. *Frontiers in Public Health*. 2025;13, 1533051. <https://doi.org/10.3389/fpubh.2025.1533051>
8. Harris et al. Integrating peer support services into primary care-based OUD treatment: Lessons from the Penn integrated model. *Healthcare*. 2022;10:3.
9. Heber A, Grenier S, Richardson D, Darte, K. 2006. Combining Clinical Treatment and Peer Support: A Unique Approach to Overcoming Stigma and Delivering Care. In *Human Dimensions in Military Operations – Military Leaders' Strategies for Addressing Stress and Psychological Support*. Meeting Proceedings RTO-MP-HFM-134, Paper 23. Neuilly-sur-Seine, France: RTO. Available from: <http://www.rto.nato.int/abstracts.asp>.
10. Hiller-Venegas S, Gilmer TP, Jones N, Munson MR, & Ojeda VD. Clients' perspectives regarding peer support providers' roles and support for client access to and use of publicly funded mental health programs serving transition-age youth





References Cont'd

- in two Southern California counties. *The Journal of Behavioral Health Services & Research*. 2022;49(3):364–384.
11. Lennox et al. Peer support workers as a bridge: A qualitative study exploring the role of peer support workers in the care of people who use drugs during and after hospitalization. *Harm Reduction Journal*. 2021;18:19. <https://doi.org/10.1186/s12954-021-00467-7>
 12. McColl LD, Rideout PE, Parmar TN, & Abba-Aji A. Peer support intervention through mobile application: An integrative literature review and future directions. *Canadian Psychology*. 2014;55(4):250–257. <https://doi.org/10.1037/a0038095>
 13. Mercer F, Miler JA, Pauly B, Carver H, Hnízdilová K, Foster R, Parkes T. Peer support and overdose prevention responses: A systematic 'state-of-the-art' review. *International Journal of Environmental Research and Public Health*. 2021;18(22):12073. <https://doi.org/10.3390/ijerph182212073>
 14. Milliard B. Utilization and impact of peer-support programs on police officers' mental health. *Frontiers in Psychology*. 2020;11:1686. <https://doi.org/10.3389/fpsyg.2020.01686>
 15. Mulvale et al. Integrating mental health peer support in clinical settings: Lessons from Canada and Norway. *Healthcare Management Forum*. 2019;32(2):68–72. <https://doi.org/10.1177/0840470418812495>
 16. Rasmussen & Ngaire. What is success? How peer support workers in Ontario see addiction & recovery. 2025. *Theses and Dissertations (Comprehensive)*. 2774.
 17. Rebeiro G et al. Authentic peer support work: challenges and opportunities for an evolving occupation. *Journal of Mental Health*. 2016;25(1):78–86. <https://doi.org/10.3109/09638237.2015.1057322>
 18. Reif et al. Peer recovery support for individuals with substance use disorders: Assessing the evidence. *Psychiatric Services*. 2014;65:7.
 19. Repper & Carter. A review of the literature on peer support in mental health services. *Journal of Mental Health*. 2011;20:392–411.
 20. Scannell. Voices of hope: Substance use peer support in a system of care. *Substance Abuse*. 2021;15:1–7
 21. Shalaby RAH & Agyapong VIO. Peer support in mental health: literature review. *JMIR Mental Health*. 2020;7(6):e15572.
 22. Segawa, P. Drawing on the lived experiences of peer support workers in the provision of substance and addiction services: A case study of ABC Health Center. Thesis paper: Brock University. 2023.
 23. Tracy & Wallace. Benefits of peer support groups in the treatment of addiction. *Substance Abuse and Rehabilitation*. 2016;7:143–154.





References

24. Jacobson N, Trojanowski L, Dewa CS. What do peer support workers do? A job description. BMC Health Services Research. 2012;12:205. <https://doi.org/10.1186/1472-6963-12-205>
25. Turuba, et al. "A peer support worker can really be there supporting the youth throughout the whole process": A qualitative study exploring the role of peer support in providing substance use services to youth. Harm Reduction Journal. 2023;20:118. <https://doi.org/10.1186/s12954-023-00853-3>
25. White S, Foster R, Marks J, et al. The effectiveness of one-to-one peer support in mental health services: a systematic review and meta-analysis. BMC Psychiatry. 2020;20:534. <https://doi.org/10.1186/s12888-020-02923-3>
25. Quilty LC, Wardell JD, Garner G, et al. Peer support and online cognitive behavioural therapy for substance use concerns: Protocol for a randomised controlled trial. BMJ Open. 2022;12:e064360. <https://doi.org/10.1136/bmjopen-2022-064360>

For a step-by-step guide for incorporating people with lived and living experience in your work, please see the following new resource from Ontario Network of People Who Use Drugs (ONPUD), *"Working with people with lived and living experience: A Guide for Meaningful Engagement"* (2026).

<https://www.catie.ca/sites/default/files/2026-04/ONPUD-lived-living-experience-engagement-2026.pdf>

This guide can also be found on the [Niagara Knowledge Exchange](https://www.niagaraknowledgeexchange.com/resources-publications/working-with-people-with-lived-and-living-experience-a-guide-for-meaningful-engagement/) at <https://www.niagaraknowledgeexchange.com/resources-publications/working-with-people-with-lived-and-living-experience-a-guide-for-meaningful-engagement/>

