



Co-RIG Project

# Caring Community: Integrating peer support in homelessness during the pandemic

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**Project location:** Montreal (Centre-South Neighbourhood), Quebec

## Summary

The Caring Community Model is an internationally recognized model for integrated care and was adapted for the pandemic to respond to the unique challenges of people experiencing homelessness in Montreal. Pairing primary care providers with a peer-support worker generated a sense of social support and hope for both patients and providers and proved to be an effective strategy to mitigate harmful impacts of the pandemic.

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## Faces of COVID-19

### Building bridges and offering hope

An Elder at the annual Hotiï Ts'eeda research gathering in October 2020 wisely noted that one can only "move at the speed of trust." Peer-support worker Daniel Turgeon demonstrated this through trust-building with the most vulnerable people in Montreal's Centre-South community. Mr. Turgeon said, "My own personal challenges, including a period of homelessness, helps me understand how to help other people." He trained to become a peer-support worker in order to help others through guidance and compassion. Working with primary care providers in downtown Montreal, Mr. Turgeon's personal experience provides him the perspective and credibility needed to connect meaningfully with people in his community who are homeless and often hardest hit by the pandemic. This experiential approach to care has had a profound effect on the team's ability to connect with individuals who have historically had little trust in a health system that takes a "one size fits all" approach to care. Mr. Turgeon's impact is captured in three words: bridge, hope, meaning.

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## Project detail

COVID-19 has significantly impacted disadvantaged communities across Canada, and in particular people experiencing homelessness.<sup>1</sup> As COVID-19 outbreaks and deaths spread through Montreal shelters and health services were reduced or centralized in hospitals, many shelter clients were unable to access critical community and health services.

Facing a rapid increase in homelessness early on in the pandemic, Dr. Antoine Boivin, Dr. Mathieu Isabel, and other clinicians from a local community clinic recognized an urgent need to modify care delivery to the most vulnerable residents in their Montreal community.

With Co-RIG funding, the project team partnered with a primary care homeless clinic to rapidly adapt the Caring Community Model, which integrates peer-support workers into primary care teams to support people experiencing complex medical and social conditions.<sup>2</sup>

The adapted Caring Community Model helped the clinical team respond to the unique challenges of people in the shelter system by pairing a peer-support worker who has experienced homelessness with the primary care team.

Together the team is able to build trust and bridges with shelter clients and other vulnerable individuals, identify life goals, and connect clients with community and health services. The role of the peer-support worker is foundational to help connect and build trust with clients, and help the clinical team understand the unique challenges of those who are marginalized and isolated.

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## Impact

- **Person-centred approach:** Early evidence suggests that including someone with lived experience in the care team empowers individuals to achieve their own life goals, reduces the need for hospitalization, and generates a sense of social support and hope.
- **Enhancing family medicine:** Research shows this approach increases overall family physician confidence and capacity to care for patients and improves person-centred care and patient outcomes. Clinic staff said it reduced their feelings of anxiety and stress and gave them a sense of shared meaning during the height of the pandemic.
- **Building capacity:** With the pandemic continuing to impact communities across Canada, the Caring Community Model offers community and health system leaders an effective intervention strategy to mitigate harmful impacts of a health care crisis like COVID-19.
- **Furthering research:** The initiative documented the feasibility and value of integrating peer-support workers in the acute stage of the pandemic crisis. Further research on the sustainability and long-term impacts of this approach will help measure future value.<sup>2,3</sup>

## Results to date

- Twenty-five meetings were held with local clinical and community partners to help establish relationships to facilitate care within the community.
- A total of 115 people experiencing homelessness were in contact with the peer-support worker, 24 of which formally participated in the research project.
- Surveys and case studies were used to document changes in quality of life, social support, health empowerment, and perceived self-improvement. Results indicate an overall improvement in patient well-being.

## Methodology

- Establish project co-leadership with a clinician and experienced peer-support worker (or organization experienced with peer-support interventions) to design the peer-support strategy, oversee project initiation, recruitment, implementation and evaluation.
- Recruit, train, and provide ongoing support to peer-support worker with lived experience of homelessness, in collaboration with community organizations and people experienced in peer-support approaches.
- Support the clinical team (family physician, social worker, community workers) to facilitate the integration of peer-support in the clinic and community.
- Conduct weekly interdisciplinary case meetings with family physicians, social workers, nurses, psychologists, and peer-support workers to track interventions and monitor client progress.
- Evaluate both the implementation process and the impact of the intervention on patients, peer-support workers, and providers using a flexible and reflexive approach. The methods must suit the reality of people experiencing homelessness. This includes validated questionnaires, patient visit logs, and group and individual interviews with patients and the implementation team.

“Homelessness is a symptom and not a diagnosis. We need to understand what brought a person there, what keeps them there, and what are their life goals. We need to see the whole person and Daniel, the peer-support worker, helps us do that.”

– Dr. Mathieu Isabel, project co-lead

- <sup>1</sup> Perri M, Dosani N, Hwang SW. COVID-19 and people experiencing homelessness: challenges and mitigation strategies. *CMAJ*. 2020;192(26):E716-E719. Available from: <https://www.cmaj.ca/content/192/26/E716>. Accessed May 19, 2021.
- <sup>2</sup> Boivin A, Rouly G. Community initiative co-led with patients could improve care for people with complex health and social needs [blog]. *The BMJ Opinion*. February 28, 2020. Available from: <https://blogs.bmj.com/bmj/2020/02/28/community-initiative-co-led-with-patients-could-improve-care-for-people-with-complex-health-and-social-needs/>. Accessed May 19, 2021.
- <sup>3</sup> Barker SL, Maguire N. Experts by Experience: Peer Support and its Use with the Homeless. *Community Ment Health J*. 2017;53(5):598–612.

### Project team

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