



**ConnectGroups**  
helping support groups & individuals



**LGBTI+**  
**Peer Support:**  
A step by step guide.



**lotterywest**  
supported





## LGBTI+ PEER SUPPORT: A Step by Step Guide

Many LGBTI+ organisations in WA offer varying models of peer connection to support members, provide pathways for ex-members, and create opportunities for the local LGBTI+ community to engage with their services. However, funding in this area is limited in comparison to other community organisations, and services are largely volunteer operated. The informal nature of these arrangements makes them difficult to administer and evaluate, and they have the potential to hold some risk.

The LGBTI+ Peer Support Guide aims to assist LGBTI+ groups and group coordinators to implement an evidence-based peer support program with minimal support. It is based on resources from the My-Peer Toolkit [1.0], which was developed by the Collaboration for Evidence, Research and Impact in Public Health (CERIPH) at Curtin University.

LGBTI+ is a collective term that refers to people who are lesbian, gay, bisexual, transgender and/or intersex, and attempts to include the many ways that people describe their distinct histories, experiences, and needs. For the purpose of this toolkit, LGBTI+ will be used to aid effective communication about complex concepts around genders, bodies, relationships, sexualities, histories, and lived experiences.

### How to use this guide

The LGBTI+ Peer Support Guide is designed to be used by peer support programs at any stage of their development. It is recommended that you start at the beginning of the guide and work your way through systematically, particularly if you are starting a new peer support program. If you coordinate an existing program, you may choose to prioritise the sections based on gaps in your existing processes. Templates are referenced in each section, and are available as appendices that can be copied and edited to suit your peer support program. External resources are also referenced in each section and listed in Section 5.

### Acknowledgements

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We are also grateful for the support of the following people in the development of this guide:

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## 1. PLAN

This section provides a context and structure for developing peer support programs targeting LGBTI+ communities. It includes the following sections:

- 1.1 LGBTI+ BACKGROUND:** essential information about LGBTI+ communities
- 1.2 PEER SUPPORT BENEFITS:** learn about the benefits of peer support
- 1.3 AUDIENCE & OBJECTIVES:** identify your target group and the purpose of your group
- 1.4 METHODOLOGY:** identify the best method of peer support delivery

## 2. IMPLEMENT

This section provides practical tools for the delivery of peer support programs targeting LGBTI+ communities. It includes the following sections:

- 2.1 RECRUITMENT:** strategies and tools for recruiting peer supporters
- 2.2 TRAINING:** strategies and tools for instructing peer supporters
- 2.3 SUPERVISION:** strategies and tools for providing feedback to peer supporters
- 2.4 DEBRIEFING:** strategies and tools for maintaining engagement of peer supporters

## 3. EVALUATE

This section provides practical tools for assessing whether your peer support program is effective. It includes the following sections:

- 3.1 EVALUATION:** program monitoring and assessment strategies and tools
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# 1.1 LGBTI+ BACKGROUND

In Australia, LGBTI is used as a collective term for lesbian, gay, bisexual, transgender, and/or intersex people. Each is a distinct group, sometimes overlapping, consisting of a range of diverse people living real lives. The “plus” is used to be inclusive of the many other ways of describing histories, experiences, and needs.

Most LGBTI+ Australians are happy and healthy, however this population is disproportionately represented among those with poorer mental health outcomes and higher risk of suicidal behaviours than the rest of the Australian population.<sup>1</sup>

A factor that can affect the mental wellbeing of LGBTI+ individuals is their anticipation and fear of stigma, discrimination, abuse, violence, and exclusion that they may experience. This is often described as “minority stress”.

In combination with the possibility of existing predisposing risk factors such as family history of mental ill health, such experiences can result in increased vulnerability to mental health issues, particularly depression and anxiety and a higher risk of suicidal ideation and behaviours.<sup>2</sup>

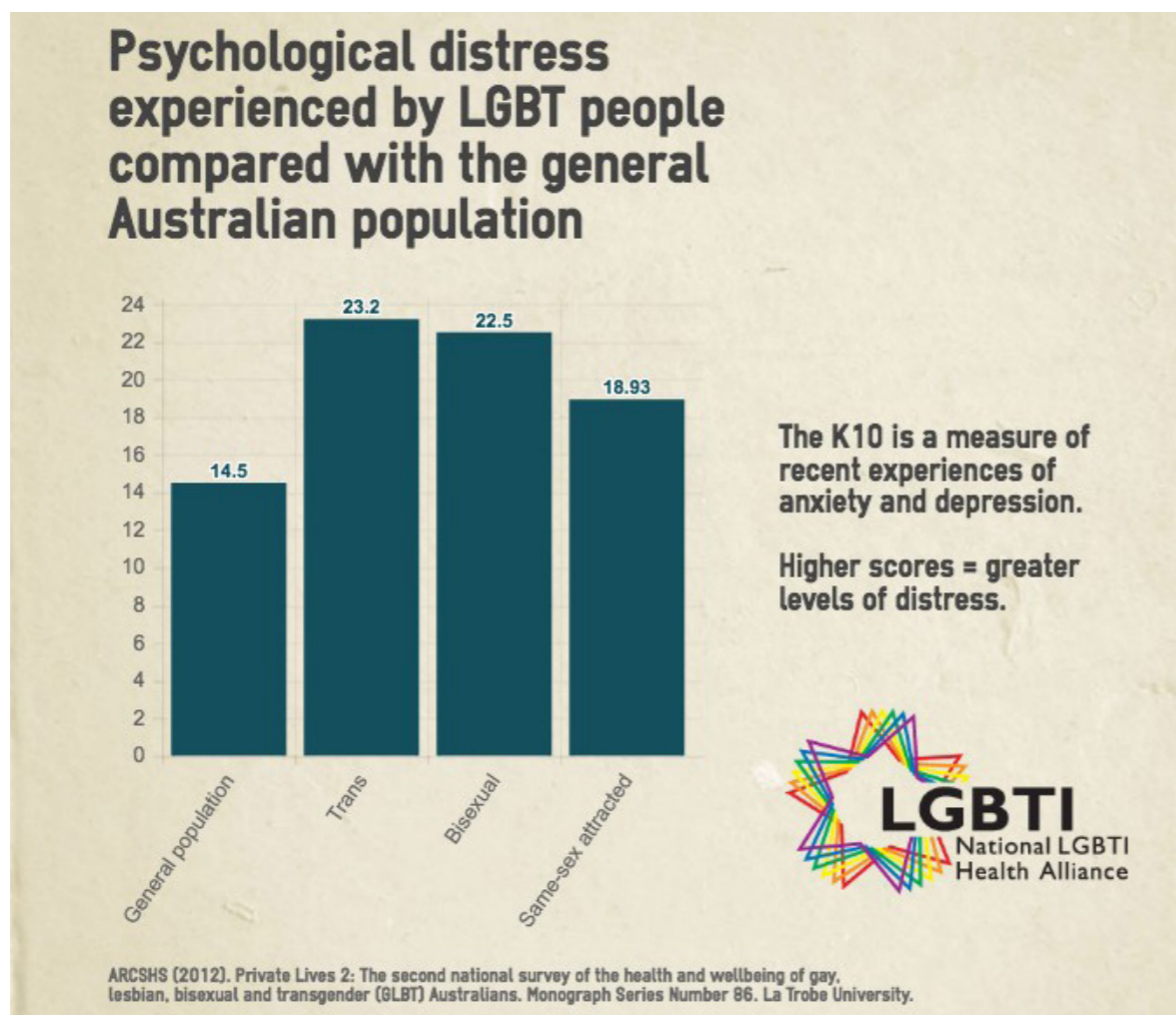


Image 1: Psychological distress experienced by the LGBTI+ community in comparison to the general Australian population (copyright of the National LGBTI Health Alliance).<sup>2</sup>



For more detailed **Mental Health Statistics** visit:

<http://www.livingproud.org.au/wp-content/uploads/2014/01/SafeSpaceScopingReport2013.pdf>

# 1.2 PEER SUPPORT BENEFITS

A sense of belonging is paramount to mental health and wellbeing. While many minority groups share their identity with their families and can seek support from within that structure, LGBTI+ people often do not and therefore may feel like they don’t belong. Peer support can help LGBTI+ individuals reduce the social isolation experienced when they feel alone in their identity.

Peer support is increasingly being used as a health promotion strategy, based on the premise that individuals are more likely to discuss personal issues with peers rather than their families or health professionals, and that peers are often thought of as more credible and non-judgmental. Peer-based initiatives can be an effective method to connect with hard to reach populations who may face difficulties accessing mainstream health care and support services.<sup>3</sup>

Peer-based approaches can be beneficial for those delivering support and for those accessing it. Trained peer supporters often feel a sense of empowerment resulting from sharing their own knowledge and skills with their peer group. Individuals accessing a peer support system often feel empowered to take responsibility for their own wellbeing.<sup>4</sup>

In a member survey of an existing WA-based LGBTI+ peer support initiative conducted as part of this project, both volunteers and other members reported that the most important outcome of the groups was increased social connectedness or sense of belonging. They stated the value of lived experience in providing emotional and practical support, and noted that this support is provided member-to-member as well as by volunteers.

It is important to recognise that most peer support initiatives are typically preventative strategies and aim to provide social support. They may not be suitable for treating existing mental distress, where other interventions may be more appropriate.<sup>5</sup>





Image 2: Potential benefits of the inclusion and recognition which a peer support program can provide (copyright of the National LGBTI Health Alliance).<sup>2</sup>

### 1.3 AUDIENCE & OBJECTIVES

You may have already considered which LGBTI+ individuals you would like to engage with for your peer support program, based on an unmet need in the community. However, it is important to be specific when defining your target population, as there will be diversity within the group. Aim to gain a deep understanding of the characteristics of your target group, including age, culture, geographic locality, occupation, level of education, health status, and any other relevant characteristics. You can do this through a “needs assessment” process of collecting data and consulting with your target group. Careful target group analysis will assist you to set appropriate objectives.<sup>6</sup>

For a **Guide to Safety, Diversity and Inclusion**<sup>7</sup>, visit:  
<http://www.livingproud.org.au/wp-content/uploads/2014/01/SafeSpaceScopingReport2013.pdf>

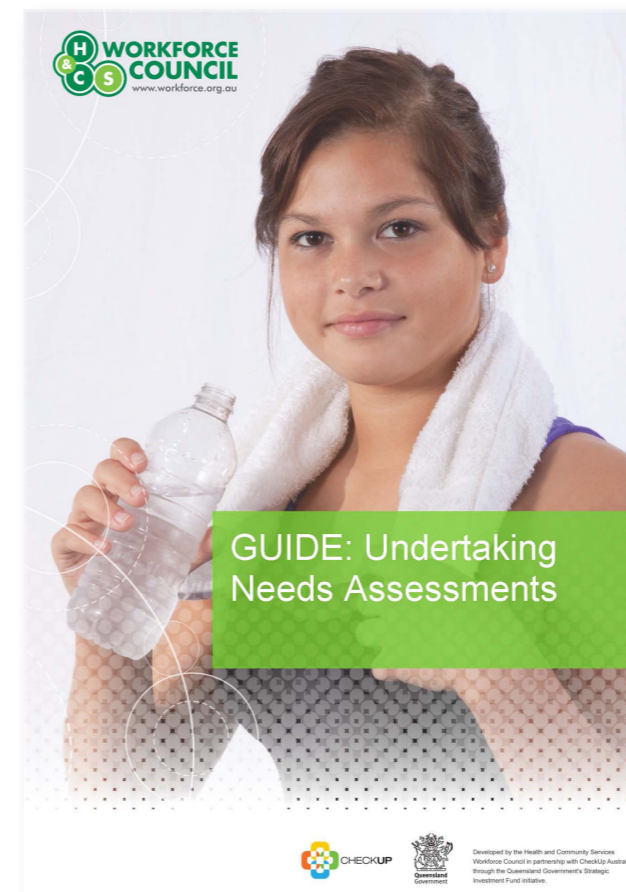
Your peer support goals will be the long-term changes you hope to see. Objectives are the stepping stones towards achieving your overarching goals. They need to be concise, specific statements that outline the change you are seeking to make and why, in what target group, by how much and by when. Clear objectives are important to provide clarity, and to determine whether your peer support is achieving what you intend (see 3.1 Evaluation).

When writing objectives, keep them SMART; Specific (concrete, detailed, well defined), Measurable (numbers, quantity, comparison), Achievable (likelihood of realising scale and scope), Realistic (considering resources), Time specific (a defined time line).<sup>9</sup> Common objectives of peer support initiatives are:

- To provide a safe environment
- To increase social connections and sense of belonging
- To provide positive role models or peer influences
- To prevent further development of mental distress
- To increase confidence, and develop communication and social skills
- To improve help-seeking behaviour and positive coping strategies
- To foster positive future thinking and optimism<sup>10</sup>

You might start this process by selecting 2-3 of these common objectives and filling in the additional details for your peer support. For example:

**[GROUP NAME]'s peer support program will increase the sense of belonging reported by [TARGET GROUP] by [X%] within [TIMEFRAME] by running [PEER SUPPORT MODEL]**



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For a **Guide to Undertaking a Needs Assessment**<sup>8</sup>, visit:  
[https://www.checkup.org.au/icms\\_docs/182816\\_12\\_GUIDE\\_A\\_Guide\\_to\\_Undertaking\\_a\\_Needs\\_Assessment.pdf](https://www.checkup.org.au/icms_docs/182816_12_GUIDE_A_Guide_to_Undertaking_a_Needs_Assessment.pdf)

## 1.4 METHODOLOGY

When determining how you will deliver your peer support, you will need to think about the best delivery method/s for your target group. Volunteer-based LGBTI+ peer support initiatives are typically structured as:

### Online Support Groups

Online peer support is becoming more popular because of its ability to access a broad cross section of target groups in a safe, confidential and potentially anonymous way. This method can be useful for those who are less comfortable in traditional social spaces, for those in rural or remote areas who cannot access sessions easily, and for those who rely on other people for transport.



For a **Guide to Online Environments**<sup>11</sup>, visit:

<https://qlife.org.au/wp-content/uploads/2013/11/10-Online-Environments-for-web.pdf>

### Formal Support Groups

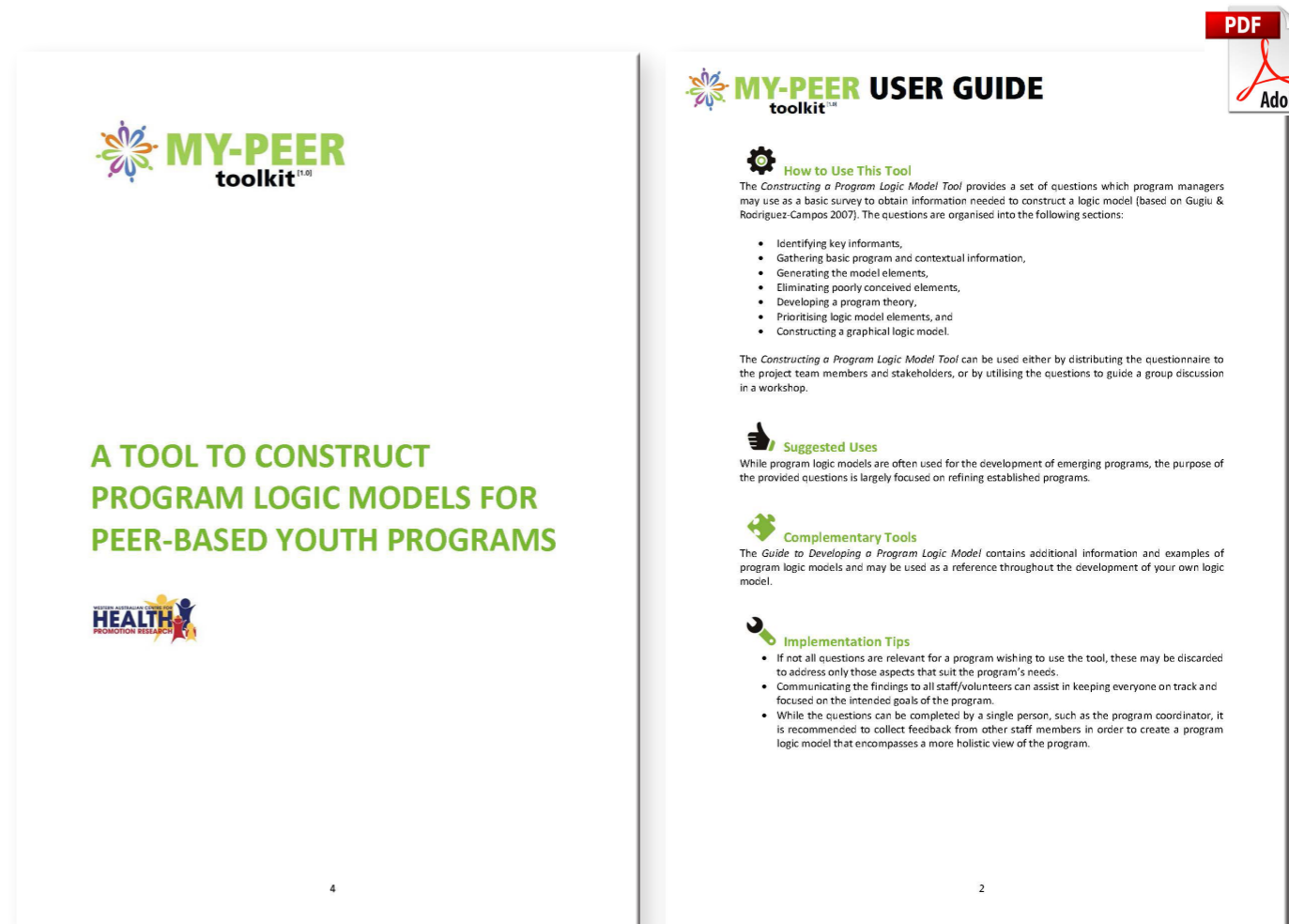
Peer support groups provide opportunities for formalised social and emotional support through regular facilitated discussion sessions. The content is usually tailored to meet the requirements of the target group and so the formality, structure, and flexibility may differ. Content may be defined early in the planning process, or may be built upon the needs and interests of participants during the sessions.

### Informal Support Groups

Social groups are a powerful form of peer exchange that may have the ability to access harder to reach populations. This type of peer support offers individuals informal social and emotional support through regular social gatherings in the community. It can also impact the broader community, as attitudes change through personal contact.

### One-to-One Support

One-to-one support sessions provide access to individualised emotional and practical support, with opportunities for referrals to other support services. These sessions provide opportunities to share experiences and information to enable informed choice and promote self-help. Note that one-to-one support can be very resource intensive.



For a more detailed **Program Logic**<sup>13</sup>, visit:

<http://mypeer.org.au/wp-content/uploads/sites/8/2013/05/My-Peer-Toolkit-V1-Constructing-a-Program-Logic-Model.pdf>

### Other Considerations

Once you have decided upon your delivery method, you will need to consider:

- **Location:** What is the best environment to operate your peer support? Is it a formal setting (meeting room) or informal setting (café)?
- **Timing:** How regularly will your peer support operate? What day and time will best suit the availability of your target group?
- **Resources:** Who will coordinate the peer support (consider capacity and availability to avoid burnout)? What materials will be required?

## 2. IMPLEMENT

## 2.1 RECRUITMENT

Success in peer support is largely determined by the commitment and skills of peer supporters, so recruiting the right people to participate is crucial.

Raising awareness of your peer support initiative among your target group is the first step in the recruitment process. Within the LGBTI+ community, it is often possible to access potential peer supporters through existing networks. However, you may also choose to use a number of other strategies, such as advertising through community networks or web-based promotion. If you have an existing peer support initiative, you may be able to draw upon your participants as potential peer supporters.

The role(s) of your peer supporters will vary depending on the needs of your target group, and should be tailored to fit your model. Position descriptions define roles and provide clarity about the expectations for everyone involved; the organisation, the peer supporter, and the individuals they are working with. Ideally, position descriptions should be developed for each individual role and particularly for online and formal groups.

*For a sample Position Description <sup>14</sup>, see **Appendix 1**.*

Formal interviews and selection days are often part of the selection processes. However, if you do not have the necessary resources for a formal process, an alternative solution may be to appoint the applicant for a probationary period following an informal conversation. This allows both parties to re-evaluate the appointment after a period of time. It is important to consider the history and current circumstances of the applicant. Try to ensure personal issues do not impact on their ability to provide support to others; encourage people to be aware of their own capacity and to engage in self-care when required.

During the induction process position descriptions, training requirements, organisational guidelines, and supervision details should be provided.

A few important things to remember about recruitment:

- Ensure that peer supporters share the characteristics of the target group of LGBTI+ people; also consider factors such as ethnicity, socioeconomic status, religion, etc.
- Place as much responsibility with the peer supporters as reasonable. This may vary based on groups and program types, but a respectful attitude and a belief that the group can find their own solutions is important.
- Recruit enough peer supporters to allow for drop-outs, commonly experienced by volunteer programs.<sup>15</sup>

## 2.2 TRAINING

Peer supporters are generally expected to be skilled in communication, have the ability to actively listen, and to utilise a problem-solving approach when discussing a peer’s issues. Taking part in a peer support program not only requires peer supporters to demonstrate a range of skills but will increase their skill base as they encounter a range of situations when engaging with their peers. When training peer supporters, development of skills should focus on the following:

Program knowledge	Content knowledge	Professional conduct	Communication skills	Decision making skills
Program values and attitudes	Health specific knowledge	Legal considerations	Verbal communication	Conflict resolution
Program goals and objectives	Relevant referral service knowledge	Potential referral issues	Written communication	Decision making
Role description		Confidentiality and boundaries	Body language	Evaluating consequences
How to access resources		Team work	Active listening	
		Working independently	Possible communication barriers	
		Duty of care	Incidental counselling	
		Occupational health and safety	Methods to provide information	

Using a staged preparatory model (an observer, co-facilitator, and then facilitator) to assist new peer supporters to build their capacity, allows ample opportunity for feedback, and creates consistency among peer supporters.

There are a number of common issues that can arise in peer support initiatives, and it is vital to address them in an ethical manner that emphasises a person-centred approach. Some of the key ethical issues in peer support programs include managing and maintaining boundaries, ensuring an understanding of confidentiality and its limitations, and implementing a duty of care policy which protects individuals in peer support roles, the peers they are supporting, and the organisations to which they are aligned.<sup>16</sup>

For a Volunteer Handbook template, see **Appendix 2**.  
For a Member Information Sheet template, see **Appendix 3**.

## 2.3 SUPERVISION

Supervision is the process of providing regular assistance, instruction and feedback to peer supporters. It can result in increased accountability, efficiency, feeling of support, and development of professional skills. It is also associated with decreased feelings of isolation and role ambiguity, ultimately resulting in lower levels of volunteer burnout.

Supervision will typically involve discussions about how a peer supporter is feeling about their peer support work and any areas for development. In a peer support service run by volunteers, it may not be practical to have frequent formal supervision sessions. You may decide to address these types of issues periodically as part of the group debriefing sessions, or individually as required in more urgent circumstances.

Although it may seem difficult to make time to regularly supervise peer supporters, this initial time investment can lead to saving time later.<sup>17</sup>

QLife, the national peer supported LGBTI+ counselling and referral service, can also be used by peer support volunteers and coordinators who feel they require additional support.

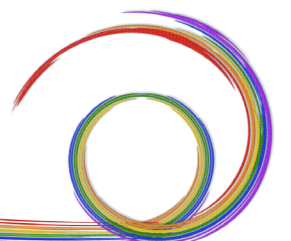
## 2.4 DEBRIEFING

Debriefing is the process of reflecting on peer support sessions; a process that is necessary for maintaining a safe and effective service and assisting volunteers to sustain their motivation. Conducting debriefing sessions in a group can add to team cohesion. Debriefing sessions should occur after every peer support session and include discussions on any issues that may have arisen during support, including engagement that went well, and areas for improvement.<sup>18</sup>

For a sample Debriefing Form, see **Appendix 4**.

In a peer support service run by volunteers, debriefing can be a quick and informal process. However, if any major issues arise in a peer support session, an incident report should be completed and passed on to a supervisor for action and recording.

For a sample Incident Report, see **Appendix 5**.





## 3. EVALUATE

## 3.1 EVALUATION

Monitoring and evaluation are fundamental aspects of program management and can enhance continuous improvement. Monitoring and evaluation:

- Provides program progress and effectiveness data
- Improves program management decisions
- Creates stakeholder accountability
- Provides data for future planning
- Provides an evidence-base to help secure funding
- Provides useful data for policy-making and advocacy <sup>19</sup>
- Allows for continuous improvement of the program

## What is monitoring?

Monitoring processes help demonstrate whether peer support inputs, activities, outputs, and outcomes are progressing as planned. Monitoring occurs frequently (i.e. monthly / quarterly) as part of day-to-day operations.

For a sample Session Log Sheet, see **Appendix 6**.

**MY-PEER USER GUIDE toolkit™**

**PROGRAM MONITORING TOOL**

**Summary**  
The peer group and program factors associated with a peer-based program can significantly contribute to how well the program is able to deliver its intended impacts and outcomes. The *Program Monitoring Tool* can be used by service providers to quickly identify any actions needed to ensure their peer program maintains a positive and safe environment for all participants and staff/volunteers.

**Resources**  
Paper-based  
At least 2 staff members and/or volunteers  
No training/support or external resources needed  
No costs associated

**Keywords**  
Observation tool  
Cross sectional data (snapshot)  
Longitudinal data (trend analysis)  
Monitoring  
Reporting

**Time**  
Set up: N/A  
Implementation: 15 minutes  
Analysis: 30 minutes - 1 hour

**Staff/Volunteer Use**

**Program Evaluation**

**Individual Activity**

**Frequency of use**  
Periodically depending on type of program

**Implementation Tips**

- If possible, all program facilitators should complete the tool so that the results can be compared and discussed and any actions that are required can be agreed. This discussion can take place as part of a scheduled staff meeting or during a program debrief session.
- Programs in online settings should use the *Program Monitoring Tool (Online Settings)* version of this tool.
- The *Evaluation framework for peer-based youth programs* provides further information on each of the indicators included in the *Program Monitoring Tool*.
- In order to rate some of the items, some previous evaluation data may need to be collected e.g. General Indicators Item 3: Participants report being satisfied with the program may be determined by implementing a participant satisfaction questionnaire.

**Links**  
[Program Monitoring Tool](#)  
[Program Monitoring Tool \(Online Settings\)](#)  
[Evaluation Framework for Peer-Based Youth Programs](#)  
[Group Discussion Guide](#)  
[Safe Space Monitoring Tool](#)  
[Camp Evaluation Questionnaire](#)  
[Short Term Impacts Tool](#)  
[Long Term Outcomes Tool](#)

**1**

**3**

The My-Peer Toolkit [1.0] was developed by Western Australian Centre for Health Promotion Research and is licensed under a Creative Commons Attribution-NonCommercial-No Derivative Works 2.5 Australia License. It can be accessed at [www.mypeer.org.au](http://www.mypeer.org.au)

HEALTH Lotterywest healthway Curtin

For sample **Monitoring Tools**<sup>20</sup>, visit this two links:

FACE TO FACE: <http://mypeer.org.au/wp-content/uploads/sites/8/2013/05/My-Peer-Toolkit-V1-Program-Monitoring-Tool.pdf>

ON LINE: <http://mypeer.org.au/wp-content/uploads/sites/8/2013/05/My-Peer-Toolkit-V1-Program-Monitoring-Tool-Online-Settings.pdf>

## What is evaluation?

Evaluation is the assessment of whether the peer support program has achieved its pre-determined objectives. In the longer term, it attempts to connect particular outcomes to the program after a period of time has passed. Evaluation typically occurs less frequently (i.e. annually) as part of the organisational strategy.

The effectiveness of a program is often measured by assessing the extent to which it meets its objectives (see 1.3 Audience & Objectives). Based on your objectives, you will need to identify specific indicators that will be used to measure program effectiveness.<sup>21</sup>

For a sample Evaluation Form, see **Appendix 7**.

Component	Description	Example Indicators
<b>MODERATING FACTORS</b> The factors which further increase or decrease the level of risk for a young person		
Personal	May include culture, housing, socio-economic status, health status, family environment, lifestyle, life experience	- Stable housing - Homelessness - Uncertain accommodation - Negative life experiences including abuse, trauma, family dysfunction - Low socio-economic status
Equity	Health policy – local, state, federal. Access to health information & health care, community services & resources. Cost of healthcare and support services.	- Access to youth health services - Free or affordable healthcare
Connectedness	Connectedness to family, school, community and religious groups may act as a buffer to other risk factors the young person may be exposed to	- Strong supportive relationships with family - Sense of belonging and acceptance at school - Involvement in community groups, projects, activities - Involvement in religious groups
Other health promoting influences	Positive influences from television, advertising, through schools and other mass media. Positive family, school, peer and community influences	- Experience using health services - Knowledge of others' experiences using health services - Knowledge of health and support services
<b>EXTERNAL FACTORS</b> The factors outside the peer-based program which influence its design, implementation and evaluation		
<b>Funding</b>		
Staffing	Influences program staffing capacity and number of participants	- Ratio of staff/moderators/volunteers to participants
Assessment criteria	Influences which indicators are monitored and prioritised for action.	- Key performance indicators set by funding body, e.g. number enrolled, number graduating, number going on to further study or employment
Size of program	Influences number of participants and number of program sites	- Number of participants less than 10 - Number of participants between 10-20 - Number of participants is 20+ - Single site or multi-site
Age of program	Influences the sustainability of a program	- Program established less than 1 year - Program established 1-3 years - Program established 3-5 years

For a more detailed **Evaluation Framework** example, visit:

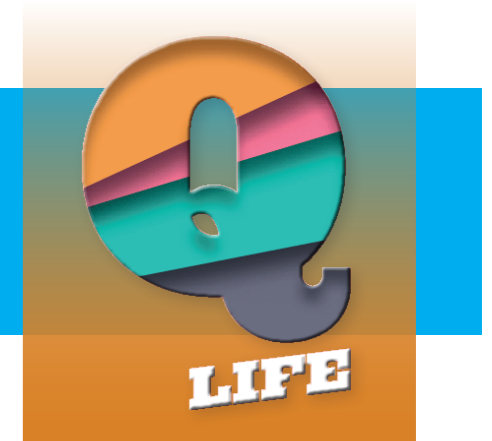
<http://mypeer.org.au/wp-content/uploads/sites/8/2013/05/My-Peer-Toolkit-V1-Evaluation-framework-March.pdf>

## 3.2 NEXT STEPS

### QLife Referral Database

**QLife** is a national peer supported LGBTI+ counselling and referral service providing access to a range of services who work directly with LGBTI+ communities. Once your peer support initiative is up and running, you may consider being included in the **QLife Referral Database**.

For more detailed information about QLife Referral Database and services, visit:  
<https://qlife.org.au/>  
 and <https://qlife.org.au/professionals/>



### The Rainbow Tick

**The Rainbow Tick** is six standards against which services can be formally assessed to demonstrate inclusive practice for LGBTI+ people. There is a cost associated with accreditation, but you may like to start by self-assessing your current level of LGBTI+ inclusive practice against the standards.

**LGBTI-inclusive practice audit tool for health and human service organisations**  
2nd edition

Does your organisation tick all the boxes?

- Lesbian
- Gay
- Bisexual
- Transgender
- Intersex

**GLHV INCLUSIVE**

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**About GLHV**  
GLHV is a lesbian, gay, bisexual, trans and gender diverse, and intersex (LGBTI) health and wellbeing policy and resource unit. GLHV is funded by the Victorian Government and sits within the Australian Research Centre in Sex, Health and Society (ARCSHS), La Trobe University.

GLHV's mission is to improve the health and wellbeing of LGBTI Victorians and the quality of care they receive. GLHV runs training and provides information and resources across the health, education and community and aged care sectors, including the HOW2 and Rainbow Tick Programs. GLHV undertakes LGBTI research and policy in collaboration with ARCSHS, other academic institutions, LGBTI community organisations and Government. GLHV also maintains a comprehensive, on-line LGBTI health research and information clearing house ([www.glvh.org.au](http://www.glvh.org.au)).

**About the LGBTI-inclusive practice audit tool**  
This audit tool can be used by organisations to get a sense of how LGBTI-inclusive they are. The audit tool is built around the six Rainbow Tick Standards. Each of the Standards is accompanied by its own set of quality-based indicators that organisations can use to gauge how well their current systems, practices and protocols are meeting the intent of that particular Standard.

The six LGBTI-inclusive practice Standards are:

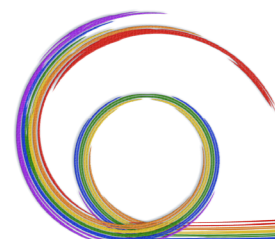
- Organisational capability
- Workforce development
- Consumer participation
- A welcoming and accessible organisation
- Disclosure and documentation
- Culturally safe and acceptable services.

The audit tool poses a question for each of the indicators that make up the six Rainbow Tick Standards. You and your audit team are asked to rate how well you believe your organisation is doing by using the following scale to answer each of the questions:  
**Not met** – Little or no progress has been made  
**Part met** – Some progress has been made  
**Met** – Good progress has been made

As you answer each question, identify and record the evidence that substantiates the rating you have given. In the case of 'not met' or 'part met', identify and list possible areas of improvement to achieve a 'met' rating.

For the **Rainbow Tick Self-Assessment Tool**<sup>22</sup>, visit:

[https://www.glvh.org.au/sites/default/files/2017-06/GLHV Audit Tool 2016\\_V2.pdf](https://www.glvh.org.au/sites/default/files/2017-06/GLHV Audit Tool 2016_V2.pdf)



## 4. GLOSSARY

The following terms are copyright of the National LGBTI Health Alliance.

### What does 'lesbian' mean?

A lesbian is a person who self-describes as a woman and who has experiences of romantic, sexual, and/or affectional attraction solely or primarily to other people who self-describe as women. Some women use other language to describe their relationships and attractions.

### What does 'gay' mean?

A gay man is a person who self-describes as a man and who has experiences of romantic, sexual and/or affectional attraction solely or primarily to other people who self-describe as men. Some men use other language to describe their relationships and attractions.

### What does 'bisexual' mean?

A bisexual person is a person of any gender who has romantic and/or sexual relationships with and/or is attracted to people from more than one gender. Some people who fit this description prefer the terms 'queer' or 'pansexual', in recognition of more than two genders. Although 'bi-' technically refers to two, it is often used by people who have relationships with and/or attractions for people of more genders than just women or men.

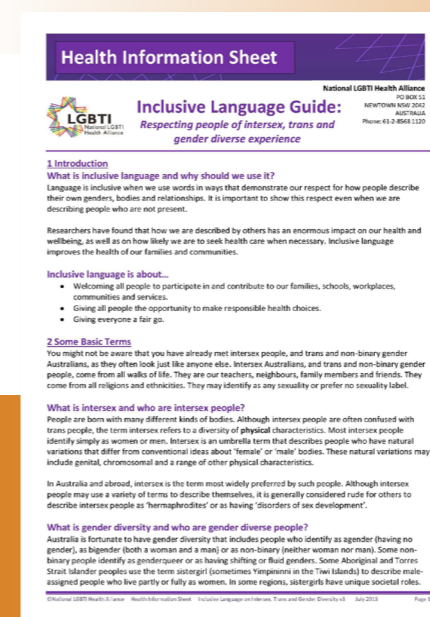
### What does 'transgender' mean?

Trans and transgender are umbrella terms often used to describe people who were assigned a sex at birth that they do not feel reflects how they understand their gender identity, expression, or behaviour. Most people of trans experience live and identify simply as women or men; most do not have 'a trans identity'. In addition to women and men of trans experience, some people do identify their gender as transgender, or as a gender other than woman or man. People from Aboriginal/Indigenous and Torres Strait Islander communities often use Sistergirl or Brotherboy. People from societies around the world with more than two traditional genders often use culturally specific language.

### What does 'intersex' mean?

A person with an intersex characteristic is a person born with physical characteristics that differ from modern medical norms about strictly 'female' and strictly 'male' bodies. Intersex is not about gender, but about innate physical variations. Most people with intersex characteristics describe their gender as simple women or men, not as a 'third gender'.

For a more detailed **Glossary of Terms**<sup>23</sup>, visit:  
<http://mypeer.org.au/wp-content/uploads/sites/8/2013/05/My-Peer-Toolkit-V1-Program-Monitoring-Tool.pdf>



For an **Inclusive Language Guide**<sup>24</sup>, visit:  
[https://lgbthealth.org.au/sites/default/files/Alliance Health Information Sheet Inclusive Language Guide on Intersex, Trans and Gender Diversity 0.pdf](https://lgbthealth.org.au/sites/default/files/Alliance%20Health%20Information%20Sheet%20Inclusive%20Language%20Guide%20on%20Intersex,%20Trans%20and%20Gender%20Diversity%200.pdf)

### Opening Closets Mental Health Training: Glossary of Terms

If you're new to all this, some of the words are probably new too. Stress less though, here are some of the descriptions we have for you.

If you need any further support in exploring some of these or other definitions please contact QLife. QLife provides a nation-wide, early intervention, LGBTI peer supported telephone and web-based information, referral and counselling service. Our service is also increasingly being used by the friends and family of LGBTI2 people and mainstream service providers who are seeking accurate information and referral options for their relatives, friends or clients.

The QLife service operates daily, 365 days a year from 3pm to midnight.

**Free Call 1800 184 527**  
 For online chat and support log onto [www.qlife.org.au](http://www.qlife.org.au)

Opening Closets [livingroud.org.au](http://livingroud.org.au) | page 1  
 Mental Health Training

## 5. RESOURCES

*The resources listed here have been referenced in the corresponding sections of the toolkit. Please refer back to those sections for further information.*

### 6. PLAN

- Mental Health Statistics
- Guide to Safety, Diversity, and Inclusion
- Guide to Conducting a Needs Assessment
- Guide to Online Environments
- Program Logic Tool

### 7. IMPLEMENT

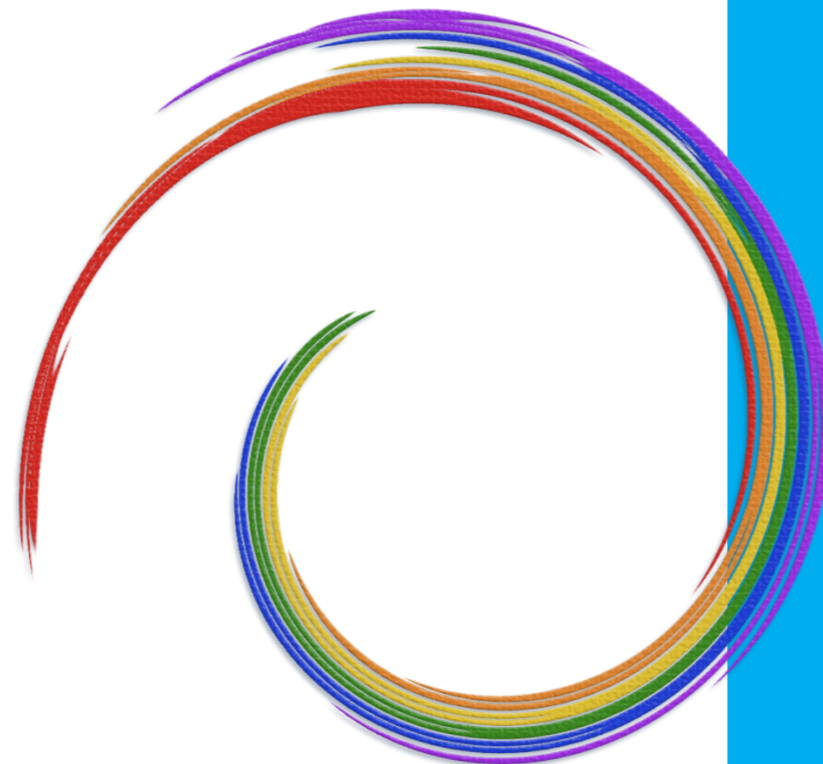
- Position Description (Appendix 1)
- Volunteer Handbook (Appendix 2)
- Member Information Sheet (Appendix 3)
- Debriefing Form (Appendix 4)
- Incident Report (Appendix 5)

### 8. EVALUATE

- Session Log Sheet (Appendix 6)
- Monitoring Tools (in-person and online)
- Evaluation Form (Appendix 7)
- Evaluation Framework
- Rainbow Tick Self-Assessment Tool

### 9. GLOSSARY

- Glossary of Terms
- Inclusive Language Guide



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## Appendix 1: Position Description

[INSERT POSITION TITLE]

### Primary objectives

- To provide information, peer support and referral.
- To carry out a range of administrative and peer support tasks.
- To implement strategies in response to current trends and client needs.

### Key responsibilities

- Providing peer support.
- Providing appropriate referrals.
- Being involved in organising support activities.
- Sourcing appropriate information and contacting people.
- Coordinate and facilitate peer support sessions, including providing a peer mentor role to volunteers, overseeing smooth running of the facilities, and providing peer based support and education to people accessing the service.
- Conduct a range of administrative tasks including responding to inquiries, rostering and liaising with volunteers and developing resources and fundraising initiatives.
- Attend regular team meetings, relevant training and complete performance appraisal reports.

### Selection criteria

- Understanding of a peer support model or programs.
- Ability to communicate effectively.
- Ability to work as part of a diverse team and in group environments.
- Ability to work autonomously.
- Ability to display initiative and provide creative solutions to problems.
- Ability to facilitate groups.
- Ability to work after hours and on weekends.
- Experience using a computer and associated programs.
- Successful application for a Police Clearance.
- Successful application for a Working with Children Check (if required).

### Additional information that should be included:

- Conditions
- Time required
- Additional requirements
- Remuneration and/or incentives

## Appendix 2: Volunteer Handbook

LOGO/  
ORGANISATION NAME

## PEER SUPPORT VOLUNTEER HANDBOOK



## [Organisation Name]

[Organisation description]

## Vision

[details]

## Mission

[details]

## Values

[details]

## Peer Support

A sense of belonging is paramount to mental health and wellbeing. While many minority groups share their identity with their families and can seek support from within that structure, LGBTI+ people often do not and therefore may feel like they don't belong. Peer support can help LGBTI+ individuals reduce the social isolation experienced when they feel alone in their identity.



Peer-based approaches can be beneficial for those delivering support and for those accessing it. Trained peer supporters often feel a sense of empowerment resulting from sharing their own knowledge and skills with their peer group. Individuals accessing a peer support system often feel empowered to take responsibility for their own wellbeing.

In a recent survey of an existing WA-based LGBTI+ peer support initiative, both volunteers and members reported that the most important outcome of the groups was increased social connectedness or sense of belonging. They stated the value of lived experience in providing emotional and practical support, and noted that this support is provided member-to-member as well as by volunteers.

It is important to recognise that most peer support initiatives are typically preventative strategies and aim to provide social support. They may not be suitable for treating existing mental distress, where other interventions may be more appropriate.

***If you are looking for a referral service, please contact QLife on 1800 184 527.***



## Facilitation

### 1. Preparation

Take some time to identify a list of possible topics for discussion. Arrive early to set up the room. As people begin arriving, say hello and ask them to complete the Session Log Sheet (see Appendix 6).

### 2. Introductions

Introduce yourself and explain the group ground rules (e.g. safe spaces and confidentiality). Have everyone introduce themselves, stating their names and a little bit about themselves.

### 3. Discussion

Begin with something that was mentioned in the introductions or a prepared topic. Demonstrate active listening skills and offer support to participants to encourage them to listen and support each other.

### 4. Close

Just before the end of the session, wrap things up with a summary statement, ask for additional comments and questions, remind people about the next session, and thank everyone for coming.



## Safe Spaces <sup>21</sup>

There are a number of things to consider to ensure you are providing a safe space for group members:

**Refuge:** People feel psychologically and physically safe within the program setting.

**Anonymity:** There is no requirement to disclose personal data. Group members are aware of confidentiality guidelines.

**Monitoring:** Observation of group members occurs to ensure the space remains positive and safe for all.

**Boundaries:** Boundaries guidelines exist and are enforced by group members and volunteers.

**Ethical Practice:** Peer supporters have a duty of care to group members. Volunteers do not provide specialist help, support, advice or counselling.

**Behaviour Management:** Expectations of behaviour are communicated and reinforced.

**Group Rules:** Group rules are established and enforced by the group and reinforced by volunteers.



## Confidentiality <sup>25</sup>

Peer supporters have a duty of care to everyone who accesses the peer support program. Individuals are less likely to return if confidentiality is not clearly communicated so they feel safe to divulge sensitive information about themselves.

### What is Confidentiality?

- Everything said to you in your role as a peer supporter should be kept to yourself.
- In supervision and a debriefing, discuss issues raised but do not disclose information that would identify the individual.
- Do not take any written records away with you.
- Only identify the individual who has sought your help in the circumstances where you need to break confidentiality (see below).
- Always consider your surroundings when having a confidential conversation.
- Always consider the security of where records are kept especially if computer based.

### Breaking Confidentiality

You will need to break confidentiality if, at any time, the health or safety of the person seeking your help or any other person is at risk, including:

- There is disclosure or evidence of physical, sexual or serious emotional abuse or neglect.
- Suicide is threatened or attempted.
- There is disclosure or evidence of serious self-harm (including life-threatening drug or alcohol misuse).
- There is evidence of serious mental illness.

### If you need to break confidentiality:

- Discuss the need to break confidentiality with the person seeking your help and encourage them to speak to the person in charge themselves.
- If the person is unwilling themselves, discuss the situation with the person in charge, preferably with the person's consent (with or without the person present).
- The person in charge will decide what action is needed and who needs to be informed, and they will keep a written record of all action taken.
- You and the person in charge should discuss any action taken with the person seeking help, and then continue to support them.
- The person in charge of the peer support will report the outcome back to you.

## Boundaries <sup>26 27</sup>

Effective peer support occurs by relaxing boundaries between you and group members so that relationships of trust can be established. However, boundaries must still be built to protect everyone involved.

### Role Boundaries

A role boundary is a clear definition of the duties, rights and limitations of facilitators, volunteers, and participants. Having a clear understanding of your role will prevent you from feeling pressure to take on something you do not feel comfortable with.

While peer supporters play a valuable role in providing help for other people to deal with a variety of issues, dealing with certain problems should always involve the guidance of a supervisor or experienced service provider. These include circumstances where there is a serious possibility of harm to the person seeking help or another person.

Continuous communication is essential in the process of defining and maintaining role boundaries. Regular debriefing after sessions will help prevent any blurring of these boundaries, especially as empathy and relationships develop.

### Relationship Boundaries

If no clear rules on relationship boundaries are in place, it is possible that peer supporters and participants can become friends. This is not always an issue, but problems may arise when boundaries are blurred as peer supporters may find it difficult to remain objective in their role. Suggestions for setting clear relationship boundaries in peer support settings are:

- Understand that the focus of any peer support interaction should remain on participant needs.
- Establish and maintain time and place boundaries, to clarify your availability as a peer supporter.
- Recognise your personal needs and take advantage of structured process to adequately manage them (e.g. supervision or debriefing) and ensure you maintain self-care.
- Recognise signs that you are becoming too involved or that the person seeking help is becoming too dependent on you, and identify ways to manage the situation.
- Raise awareness of boundaries verbally at the start of the program. Reminder posters can be put up on the walls to further increase the awareness of everyone involved.



## Forms

### Session Log Sheet

*Ask participants to complete this form at the beginning of every peer support session.*  
The Session Log Sheet is part of our peer support monitoring process. Monitoring assists us to understand whether our peer support is progressing as planned.

### Debriefing Form

*Complete this form at the end of every peer support session.*  
Debriefing is necessary to maintain safe support, and can add to team cohesion. If you feel you require support in addition to debriefing, please contact **QLife** on 1800 184 527.

### Incident Report

*Complete this form as required.*  
If any major issues arise in a peer support session, an incident report should be completed and a supervisor should be alerted.

*Remember to place all completed forms into a peer support folder at the end of every peer support session.*

## Appendix 3: Member Information Sheet

LOGO/  
ORGANISATION NAME

[Organisation description]

### Vision

[details]

### Mission

[details]

### Values

[details]

## Safe Space Guidelines<sup>21</sup>

**Refuge:** People feel psychologically and physically safe within the program setting.

**Anonymity:** There is no requirement to disclose personal data. Group members are aware of confidentiality guidelines.

**Monitoring:** Observation of group members occurs to ensure the space remains positive and safe for all.

**Boundaries:** Boundaries guidelines exist and are enforced by group members and volunteers.

**Ethical Practice:** Peer supporters have a duty of care to group members. Volunteers do not provide specialist help, support, advice or counselling.

**Behaviour Management:** Expectations of behaviour are communicated and reinforced.

**Group Rules:** Group rules are established and enforced by the group and reinforced by volunteers.

**QLife** is a peer supported LGBTI+ counselling and referral service. If you require additional support, please call **1800 184 527**

## Appendix 4: Debriefing Form

### DEBRIEFING FORM

DATE: \_\_\_\_\_ SESSION: \_\_\_\_\_

PEER SUPPORTER NAME/S: \_\_\_\_\_

#### Were there any specific issues?

[Discuss any issues that occurred in the session and how they might be addressed]  
*Note: complete an incident report form for any major issues*

#### What went well?

[Discuss any particularly positive aspects and how they might be maintained or increased]

#### What could be done differently

[Discuss any areas for improvement and how they might be addressed]

# Appendix 5: Incident Report

## INCIDENT REPORT

DATE: \_\_\_\_\_ SESSION: \_\_\_\_\_

PEER SUPPORTER NAME/S: \_\_\_\_\_

### Incident Description

[What happened? When and where? Who was involved and were there any witnesses?]

### Actions Taken

[What actions were taken immediately after the incident?]

### Investigation by [SUPERVISOR NAME]

[Why did this happen? What are the follow-up actions? Who will be responsible for them and by when? How can this be prevented from happening again?]



# Appendix 6: Session Log Sheet

## SESSION LOG SHEET

DATE: \_\_\_\_\_ SESSION: \_\_\_\_\_

PEER SUPPORTER NAME/S: \_\_\_\_\_

### NEW PARTICIPANTS

NAME	POSTCODE	EMAIL

### RETURNING PARTICIPANTS

NAME	POSTCODE	EMAIL



# Appendix 7: Evaluation Form

## EVALUATION FORM

DATE: \_\_\_\_\_ SESSION: \_\_\_\_\_

PEER SUPPORTER NAME/S: \_\_\_\_\_

**Did any participants demonstrate or report increased connectedness or reduced isolation?**

e.g. sense of belonging, fostering peer networks, experience of a safe space, making contribution to the group

**Did any participants demonstrate or report an increase in mental health and wellbeing?**

e.g. self-acceptance, empowerment, resilience, help-seeking skills, optimism

**Did any participants demonstrate or report any other significant changes?**

What was the most significant change that occurred because of our peer support (observed or reported)? Why was this significant?





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