

MODULE 2: PRINCIPLES OF PEER EMPLOYMENT

**EMBEDDING SAFETY, INCLUSION &
EQUITY IN PEER SPECIALIST AND
EXPERIENTIAL WORKER ROLES**

UPDATED: SUMMER 2021

NOTHING ABOUT US WITHOUT US

ACKNOWLEDGEMENTS

Island Health acknowledges that this work has been completed on the unceded and traditional territories of the Kwakwaka'wakw and Coast Salish Peoples, including the territory of the Snuneymuxw First Nation. We recognize that many of us are uninvited guests to these lands. With gratitude.

Island Health's Peer Employment Learning Series is largely adapted from and influenced by the following resources:

- Interior Health's Peer Framework;
- Vancouver Coastal Health's Peer Framework for Health Focused Peer Positions in the Down Town East Side;
- BC Centre for Disease Control Engagement Principles and Best Practices;
- Centre for Excellence in Peer Support & Center for Innovation for Peer Support Supervising Peer Workers;
- Collective efforts from Provincial Health Services, Towards the Heart,
- BCCDC, Peer Payment Standards;
- UVic, A Public Health Guide to Developing Community Overdose Response Plan;
- BC Overdose Action Exchange Meeting June 9, 2016;
- Towards the Heart;
- and importantly, the Canadian Mental Health Association Power Assessment Framework: Mental Health and Substance use Peers.

Importantly we recognize the many people with lived and living experience, including family members and allies, who have been serving communities as mental health and substance use insider experts and specialists saving lives long before health institutions sought to value and embed peer work. Without their contributions, this series could not have been built. Thank you.

With special thanks for the creative minds and voices and the many collaborating hours dedicated to the development of this learning series: Lenae Silva and Jessy Knight Founders of Open Heart Collaborative, Tammy Dow, Stephanie McCune, Arlene Hogan, Karly Fennell, and Amelia Hamfelt. We would also like to thank the many people and voices who provided important feedback and guidance along the way including colleagues and insider knowledge holders at various advisory and consultation tables including Don Fraser, Danny O'Leary, John Adams, Alyse Paquette, Ash Horner, Kat Golik, Carlin Dunsmoor-Farley, Tracey Thompson, Jessica Huston, Jess McConnell, Tracey Nigro, Dana Leik, Norma Winsper. The work to create this has come to life through commitments, invitations and ways of being that centre inclusion, compassion, and equity.



ISLAND HEALTH AND PEER EMPLOYMENT LEARNING SERIES

The Island Health Peer Employment Learning Series has been developed to provide clarity on the context, role, scope, and opportunities for peer-based specialization in service design, delivery and evaluation. Each module will cover specific considerations for developing an equitable and inclusive peer workforce. The focus of each module is as follows:

Module One:

An introduction to Island Health's current and future state commitment to privileging voices and skills of people with lived and living experience in employed positions

Module Two:

Principles necessary for action on the safety, inclusion and equity of peer-based employment. This includes recommendations for addressing systemic barriers to the full participation of people with lived and living experience who are employed by Island Health within programs such as Mental Health Substance Use (MHSU), Public Health, and Acute Care.

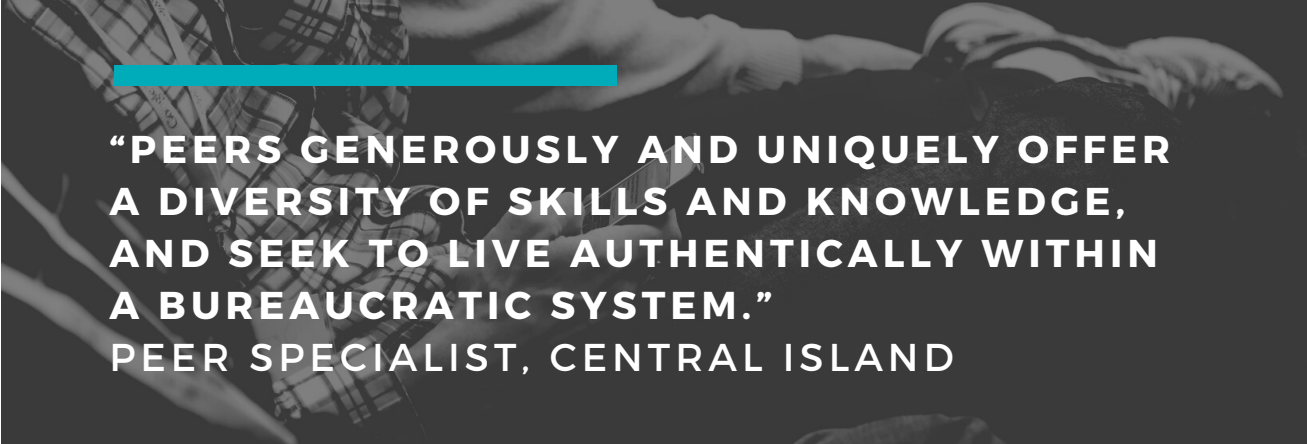
Module Three:

Practices specific to integrating personal expertise in professional roles. Including, reference and guidance on utilizing the Canadian Mental Health Association, Peer Power Indicators and Assessment Framework (2021) as a tool for leadership creating and supporting peer specialization and a continuum of peer positions.

Module Four: Recommendations and pathways for sustaining wellbeing.

It is recommended that all non-peer staff review the modules as a means to better understand the critical value of the role and ways in which people with lived and living experience can be shouldered up to use full range of skills and abilities. Specifically, this series is a key resource for Team Leads, Coordinators, and all Managers and Directors. Modules may be used to offer guidance and recommendations in the development of diverse peer specialist roles and in enhancing inclusion of people with living and lived experience on multi-disciplinary teams.

PRINCIPLES OF PEER SPECIALIZATION & EXPERIMENTAL WORK



“PEERS GENEROUSLY AND UNIQUELY OFFER A DIVERSITY OF SKILLS AND KNOWLEDGE, AND SEEK TO LIVE AUTHENTICALLY WITHIN A BUREAUCRATIC SYSTEM.”
PEER SPECIALIST, CENTRAL ISLAND

The act of embedding lived and living experience, i.e., insider knowledge, in health service design, delivery and evaluation can foster trust, relationships, and hope for people accessing services. Additionally, benefits can be experienced by people with lived experienced participating in experiential roles. From the qualitative study "It's an emotional roller coaster... But sometimes it's fucking awesome": Meaning and motivation of work for peers in overdose response environments in British Columbia. Three themes emerged illuminating the motivators for experiential workers ... including (1) A sense of purpose from helping others; (2) Being an inspiration for others, and; (3) A sense of belonging" (Pauly et.al, 2020, p. 1).

Systems integrating experiential workers such as peer specialists intentionally disrupt stigma and reduce barriers that impede access to service. Foregrounding the voice and roles of people with lived and living experience can spark the following exceptional opportunities:

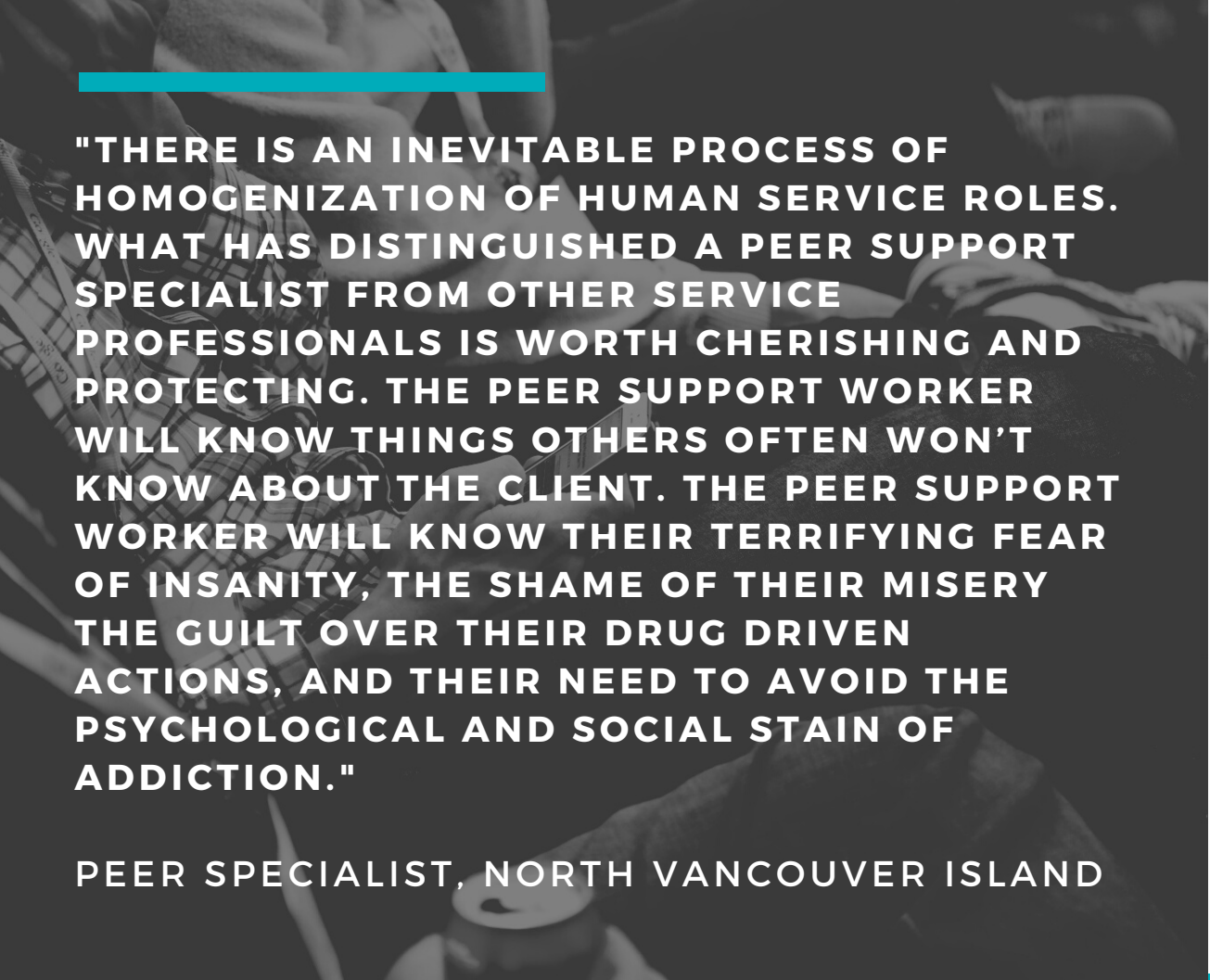
- **Mentorship**, role modeling and offering of hope for people accessing services. A focus on strength-based service delivery. A peer's greatest strength is who they are and the unique gifts they possess.
- **Empowerment**, choice and self-determination for people accessing services; interdependence rather than dependence and in turn, the opportunity to exercise control and power within their own lives. Peer specialists draw from a diversity of skills, knowledge and at times, ability to navigate the tenuous balance of living authentically within a bureaucratic system.

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1. International Journal of Drug Policy
 2. Exceptional as in different from the status quo of primarily hierarchical biomedical structure and service response.
 3. Slay, J. & Stephens, L. (2013). Co-production in mental health: A literature review. London: new economics foundation⁴

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- **Open and safe** conversations about experiences of accessing services including challenges, critiques, resistance, and adaptations to the system. People with lived and living experience can illuminate systemic areas that marginalize and stigmatize and thus prevent inclusivity and equity-oriented care.
 - **Authenticity and mutuality** of healing between people providing services and people accessing service. Peer specialization invites exceptional adaptations amongst organizations, teams, and service environment."
 - **Co-Production** Peer and non-peer staff share platforms to plan and

deliver support together, recognizing that both partners have vital contributions to make to improve the quality of life for people and communities. Co-production practices embody the values and ethics of reciprocity and mutuality and involves health care systems and staff examining and reassessing ties to being the expert and associated performances power. "Co-production sits within 'partnership' and the consumer. The person with lived and living experience taking the lead."(4)

4. Open Heart Collaborative (2021)



"THERE IS AN INEVITABLE PROCESS OF HOMOGENIZATION OF HUMAN SERVICE ROLES. WHAT HAS DISTINGUISHED A PEER SUPPORT SPECIALIST FROM OTHER SERVICE PROFESSIONALS IS WORTH CHERISHING AND PROTECTING. THE PEER SUPPORT WORKER WILL KNOW THINGS OTHERS OFTEN WON'T KNOW ABOUT THE CLIENT. THE PEER SUPPORT WORKER WILL KNOW THEIR TERRIFYING FEAR OF INSANITY, THE SHAME OF THEIR MISERY THE GUILT OVER THEIR DRUG DRIVEN ACTIONS, AND THEIR NEED TO AVOID THE PSYCHOLOGICAL AND SOCIAL STAIN OF ADDICTION."

PEER SPECIALIST, NORTH VANCOUVER ISLAND

POWER INDICATORS: ORIENTATION TO THE CMHA PEER POWER INDICATORS AND ASSESSMENT TOOL

To begin any planning, and development of experiential, peer-based positions, please start with an orientation to the Canadian Mental Health Association Peer Power Indicators and Assessment Tool (Appendix A). This is a crucial tool for assessing and responding to the need for increasingly meaningful and equitable experiential workforce.

Review the following Power Indicators and consider them as central principles at all points of engagement and employment.

SELF-DETERMINATION

“choice and control over employment, including job options that encompass a range of duties and durations, the capacity to set and achieve goals, and the professional independence to apply their expertise to their paid work.”

"ORGANIZATIONS CAN FOSTER EMPOWERMENT AND INCREASE PEER PARTICIPATION BY CONFIRMING THEIR BASIC NEEDS ARE MET, OFFERING BENEFITS THAT INCLUDE PAID VACATION AND SICK TIME, AND CREATING WORKING CONDITIONS THAT SUPPORT GOAL SETTING, UPHOLD VALUES, PRESENT OPPORTUNITY AND MAINTAIN ACCOUNTABILITY BETWEEN PEER AND NON-PEER STAFF."

CANADIAN MENTAL HEALTH ASSOCIATION (2021)

FINANCIAL SECURITY

“compensation and benefits that support peer workers to secure a regular and sufficient income, without delays between completion of work and payment. Some positions may be part-time or casual and may not offer a living wage in and of themselves, but supplement other sources of income such as disability assistance, honorarium or other forms of paid employment. Stability is achieved if and when peer workers can maintain safe housing, are food secure and can practice health management that includes self-care, enduring relationships and community participation.” (5) Embedded, permanent peer employment mitigate risks of precarious employment often associated with contract and temporary (honorarium-based) positions.

In their study of work conditions and experiences of peers engaged in harm reduction, Greer et al. define precarious work as “working arrangements and conditions that include job insecurity, low wages, lack of formal employment contracts” as well as “the absence of benefits, low worker control, and unpredictable future work.” (6)

AUTONOMY

Peer specialists are recognized as “capable and empowered to act according to their values while performing their job duties, interacting with their coworkers and navigating between personal and professional environments.”

5. CMHA Power Assessment Framework (2021)

6. Greer et al. (2020). Peer work as precarious: A qualitative study of work conditions and experiences of people who use drugs engaged in harm reduction work. *International Journal of Drug Policy*, 85

"I THINK THE KNOWN'S ARE ALMOST SCARIER THAN THE UNKNOWN'S. THE REALITIES OF HAVING TO GO BACK TO ILLEGAL MEANS OF WORK OR WORK THAT IS HIGHLY DANGEROUS AND EXPLOITATIVE. OR THE KNOWN'S OF WHAT IT HAS BEEN LIKE NAVIGATING THE WORLD IN EXTREME POVERTY WHILE TRYING TO MAKE POSITIVE CHANGES FOR YOURSELF. KNOWING THAT SOMEONE WHO IS EITHER OPENLY OR OBVIOUSLY A SUBSTANCE USER YOU ARE FAR MORE LIKELY TO BE TAKEN ADVANTAGE OF AND FORCED TO CONTINUE WITHOUT SUPPORT FOR ANY DISABILITIES."

PEER SPECIALIST, VANCOUVER ISLAND

“THERE ARE CERTAIN THINGS THAT I CAN DO AND CAN DO FRICKEN WELL! AT TIMES I HAVE WANTED TO SAY SOMETHING BUT DIDN’T HAVE A VOICE. IT CAN TAKE TIME TO BE HEARD, FOR PEOPLE TO SEE WHAT YOU HAVE TO OFFER.”

PEER SPECIALIST, NORTH VANCOUVER

OPPORTUNITY

resources are provided to “contribute to the design, development, delivery, and evaluation of services and systems, including access to physical worksites (e.g., key fobs, office space, laptops for remote work, etc.), technology (e.g., email addresses, online portals, etc.), capacity-building (e.g., training, mentorship, etc.) and decision-making tables (e.g., committees, meetings, communication with senior staff, leadership and board members, etc.)”

INFLUENCE

People with lived and living experience “can create change and play a significant role in program and organizational decision-making. Staff understand and recognize the value peers bring. Both staff and senior leadership are accountable to the input people with lived and living experience provide and act on their expertise.”

“I CRIED BECAUSE MY TEAM GAVE ME A KEY. I WOULD RATHER BE TREATED AS A HUMAN AND GIVEN ACCESS THEN TO BE PAID MORE AND OTHERED. IT REINFORCES AUTONOMY, TREATS ME AS AN EQUAL - I CAN’T SAY HOW MUCH THAT MEANT TO ME - IT HAS BEEN WORTH SO MUCH TO ME - HAVING THAT EXPERIENCE ...IT WAS SYMBOLIC”

PEER SPECIALIST, VANCOUVER ISLAND

CONSIDER:

After you have reviewed the CMHA Power Indicators, note your reactions and responses to each Power Indicator.

- What stands out as gaps?
- What stands out as new learning?
- Where might there be opportunities for change within systems, teams, and individual roles?
- Who else might support this change and at what levels/layers within the organization?

DEFINITIONS AND LANGUAGE

Words have a significant impact on how we perceive ourselves, each other, and our experiences. Depending on the situation in which they are used and the meanings that are socially assigned, words construct our realities. “Words create worlds.” (7)

Language related to substance use and mental health is deeply embedded in values. Therefore, words often become associated with beliefs about people with lived and living experience. All people providing health care services can become increasingly intentional about how words bolster capacity, belief, and ability.

Consider what words are often encountered on health care teams, in relation to Peer Specialists, mental health, substance use, lived and living experience. What about within organizations at large or among allied teams? How might such words impact Peer Specialists and what is required of non-peer staff in an effort to enhance inclusion, safety, and compassion.

7. Heschel, A.J. (n.d)

The following definitions offer some language considerations when developing Peer Specialist positions and engaging/developing multi-disciplinary teams.

PEOPLE WITH LIVED AND LIVING EXPERIENCE (PWLLE):

People with lived and living experience is a term used for people who have lived (historical) or living (current) experiences.

"BASICALLY, ANYTHING THAT SOMEONE HAS GONE THROUGH OR IS LIVING WITH AND IS WILLING TO IDENTIFY THEMSELVES AS TO SUPPORT OTHERS"

PEER WORKER, NANAIMO

PERSON INVOLVED WITH SUBSTANCES:

This term is offered rather than stigmatizing terminology such as “junkie, addict, and drug user”

“THIS TERM IS MEANT TO BE USED BY THE PERSON IDENTIFYING AND DESCRIBING THEIR RELATIONSHIP TO SUBSTANCES BUT SHOULD NEVER BE USED BY ANOTHER PERSON TO DESCRIBE SOMEONE ELSE”

PEER SPECIALIST, NANAIMO

PEER SUPPORT WORKER:

Provides emotional social support to others who share a common experience. Peer support can be offered in a variety of contexts including 1:1 interactions, group settings, via decision making and consultation tables, and in community and formal service delivery settings, training and education.

PEER SPECIALIST/EXPERIENTIAL WORKER:

Person employed with specific lived and/or living experiences who incorporates lived experience into professional work.

“AN ORGANIZATION IS A GROUP OF PEOPLE. WE HAVE BEEN SURROUNDED BY COMPASSIONATE ALLIES. WHAT I SAY OR DO MATTERS. I AM VALUED AND THERE IS A FUTURE. IT TAKES TIME TO TRUST THIS SPACE AND OUR ALLIES HAVE TAKEN THE TIME TO EARN THAT TRUST.”

PEER SPECIALIST, VANCOUVER ISLAND

INDIGENOUS PEER SUPPORT:

Demonstrates knowledge and understanding of the root causes and past, present and ongoing harms of colonialism experienced by Indigenous Peoples, and the social, historical, and lived experience of the cultural context.

FAMILY BASED PEER SUPPORT:

An important resource for people involved with substances and/or mental health challenges and the people in their circles of care whom love them. Family members with lived and living experience of supporting someone who uses substances can provide peer support resources to one another and offer an insider expertise and knowledge of the stresses, needs, and challenges encountered by loved ones. As such, engaging with family-based peer supports can offer relief, validation, guidance, and service navigation. Family based peer support often occurs in group settings. Although this document does not include a specific focus on the unique role of family based peer support, principles do apply.

ALLY/ACCOMPLICES:


Any person(s) that actively promotes and aspires to advance the culture of inclusion through intentional, positive and conscious efforts that benefit all people.

SAFETY:

Generally referred to as an 'outcome' based on respectful engagement; however, humility is a process of self-reflection, acknowledging oneself and location, and pledge to learning and growth.

“ACCOMPLICES ARE OUR ON-GOING PARTNERS, LIFTING OUR VOICES, SUPPORTING OUR NEEDS, AND ARE PART OF A JOURNEY ON HOW TO ACCOMPLISH LIBERATION WITHIN STRUCTURES THAT DEPEND ON HIERARCHIES AND NOT COMMUNITIES. THE SHARED LEARNING THAT HAPPENS WHEN WE CREATE SPACES WHERE RELATIONSHIP, COMMUNICATION, AND TRUST HAS A CHANCE TO GROW IS A MASSIVE PART OF A SLOW CULTURE SHIFT. A CULTURE SHIFT THAT WE NEED IN ORDER TO REORGANIZE OUR INSTITUTIONS IN A WAY THAT HONORS LIVED\LIVING EXPERIENCE AND HONORS THE EFFORTS OF ACCOMPLICES”

PEER SPECIALIST, CENTRAL ISLAND



“CULTURAL HUMILITY AND CULTURAL SAFETY IN THE HEALTH SYSTEM REQUIRES HEALTH PROFESSIONALS TO ACKNOWLEDGE THEY ARE ALWAYS ON A JOURNEY OF LEARNING, AND BEING OPEN TO LISTENING TO WHAT BETTER CARE MEANS FOR FIRST NATIONS AND ABORIGINAL PEOPLES. WE ALL NEED TO ACKNOWLEDGE, ‘IT STARTS WITH ME.’”

**DR. EVAN ADAMS, CHIEF MEDICAL OFFICER,
FIRST NATIONS HEALTH AUTHORITY**

KEY POINTS

- Foregrounding the voice and roles of people with lived and living experience can spark opportunities for mentorship, empowerment, safety, authenticity, and co-production.
- CMHA Power Indicators are key principles for engaging and employing people with lived and living experience. These include a focus on financial security, self-determination, autonomy, opportunity and influence.
- Language related to substance use, mental health, and peers are anchored in values and beliefs. What words we use can be empowering and oppressive.

REFLECTIVE PRACTICE

- What words are often encountered in relation to mental health and substance use?
- What about within helping systems at large, programs, and teams?
- How might such words impact the lived experience of people involved with and/or affected by alcohol and/ or other drugs.
- What does this mean for people with lived and living experience partnered in service provision such as experiential, peer-based roles?

ADDITIONAL LEARNING:



JOHNS INTRODUCTION TO PEER INCLUSION



WORDS CREATE REALITIES

Harm Reduction Coordinator Tracey Thompson speaks to the impact of words and language



A BRIEF OVERVIEW OF THE PEER ENGAGEMENT PRINCIPLES AND BEST PRACTICES

Towards the Heart



WORDS WITH RESPECT

Island Health



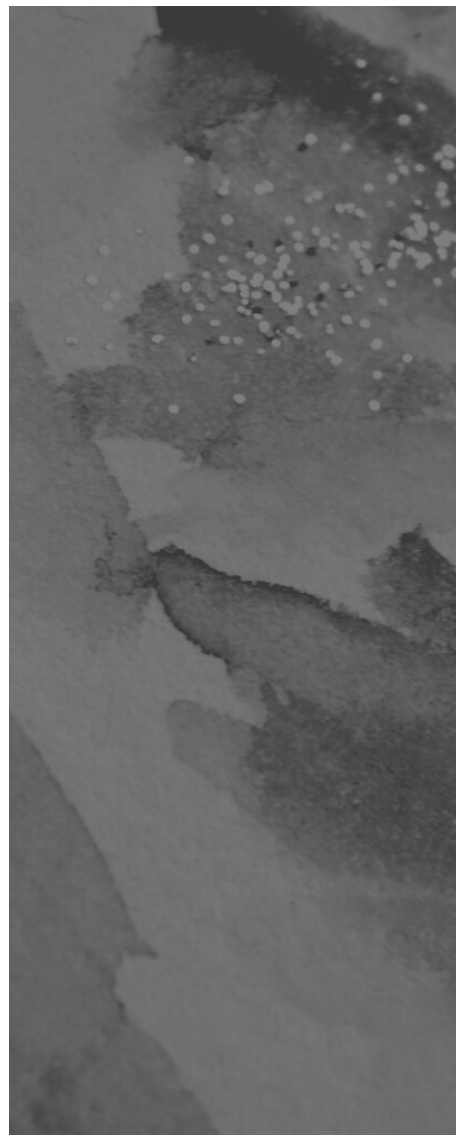
BCCDC LANGUAGE MATTERS

Towards the Heart

APPENDIX A:



CMHA POWER ASSESSMENT FRAMEWORK



**ISLAND HEALTH'S
PEER EMPLOYMENT LEARNING SERIES**



QUESTIONS ABOUT MODULE TWO?

E-MAIL US FOR FURTHER INFO:
ARLENE.HOGAN@VIHA.CA

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