Compassion, Inclusion and Engagement

Evaluation Report 2015-2020

April 30, 2021

CIE acknowledges with gratitude that our collaborative work took place on the traditional and unceded territories of the Coast Salish, Dakelh, Secwepemc, Tsimshian, Dunne-za, Kwakwaka'wakw, and Okanagan peoples.

It is with heavy hearts that we also acknowledge and honor all those who have died due to overdose during the course of this work. Many of whom we know, some have worked with CIE and all will be missed.

British Columbia has lost more than 7500 people to overdose since 2015.

We would like to thank all of our partners across the province including peers, all five regional health authorities, community agencies and our external advisory committee for their trust, generosity, kindness, and respect. We are nothing without you.

We are deeply grateful for the funding and operational support of the First Nations Health Authority and the BC Centre for Disease Control.

First Nations Health Authority
Health through wellness

BC Centre for Disease Control
Provincial Health Services Authority

Contents

Executive Summary

The Compassion, Inclusion and Engagement (CIE) initiative is a provincial partnership between the First Nations Health Authority (FNHA) and the BC Centre for Disease Control (BCCDC). We work in collaboration with the regional health authorities and non-profit community agencies to foster innovations in harm reduction and overdose prevention services to make them more culturally safe, accessible, and inclusive. CIE dialogues and engagement sessions have provided collaborative opportunities for FNHA and the BCCDC to work with peers, regional health authorities (RHA), community agencies, the Overdose Emergency Response Centre (OERC), and Community Action Teams (CAT) in rural, semi-urban and urban communities across the province. Between 2015 and 2021, CIE was invited to 19 communities across BC to facilitate dialogue and offer capacity building opportunities for peers and harm reduction service providers.

Evaluation has been embedded in the project since it began. CIE used a developmental evaluation approach, which is participatory, strengths-based and designed for strategic learning. The following are recommendations that came from our evaluation of CIE from 2015-2020.

- Continue providing grant funds directly to peer groups
- Develop free, accessible, peer-specific Indigenous Cultural Safety (anti-racism) training
- Develop the capacity of hospitals to offer harm reduction services
- Create opportunities for dialogue in acute care settings
- Continued support for peer capacity building opportunities
- Continued support for service provider capacity building in peer inclusion, harm reduction, Indigenous Cultural Safety and Trauma-Informed Practice
- Continue to provide opportunities for collaborative dialogue between peers and service providers
- Provide mental health supports to peers and service providers who are working as part of the overdose response

Background

The Compassion, Inclusion and Engagement (CIE) initiative is a provincial partnership between the First Nations Health Authority (FNHA) and the BC Centre for Disease Control (BCCDC). We work in collaboration with the regional health authorities and non-profit community agencies to foster innovations in harm reduction and overdose prevention services to make them more culturally safe, accessible, and inclusive. We work to build the capacity of peers – people with lived and living experience of substance use - as well as direct service providers, health planners, Community Action Teams, local and regional leaders to engage in respectful and meaningful dialogue, planning, and the development of opportunities for peer inclusion.

CIE emerged prior to the declaration of a public health emergency. It began in response to reports of stigma and discrimination experienced by peers accessing harm reduction services in BC. The FNHA, BCCDC and BC Mental Health and Substance Use Services (BCMHSU) began working together in 2015. CIE dialogues and engagement sessions have provided collaborative opportunities for FNHA and the BCCDC to work with peers, regional health authorities , community agencies, the Overdose Emergency Response Centre (OERC), and Community Action Teams (CAT) in rural, semi-urban and urban communities across the province.

The CIE team is currently made up of two provincial peer coordinators and two non-peer administrators. This unique structure gives the team access to networks across the province including peers, health planners, leaders, direct service providers, provincial programs and agencies, regional health authorities, academic institutions, and community agencies. All of which provide unique supports and resources to the CIE team and create a foundation for linkages and collaboration.

CIE is seen as a connection point between service providers and peer communities across the province. As the desire to meaningfully engage, include and employ peers as expert partners in responding to the overdose crisis grows, CIE is recognized throughout the province as specialists in this complex work. CIE respectfully supports the development of peer groups and networks across the province while bridging the capacity of health authorities and community partners who are committed to peer inclusion, Indigenous Cultural Safety, and harm reduction to work with peers. CIE provides linkages to regional health authorities, peer groups, networks, and communities across the province as well as a connection point between the two provincial health authorities.

An estimated 70% of BC's First Nations population are living in urban centres or away-from-home [1]. The FNHA's newly released *Urban and Away-From-Home Health and Wellness Framework* speaks to the importance of partnership and collaboration with and between the provincial and regional health authorities in order to provide the highest quality, most effective services to First Nations and Indigenous people in BC. CIE provides a model for collaboration and engagement that is provincial in scope, while being responsive to the priorities of communities.

Defining peers

People with lived or living experience of substance use (PWLLE) are vitally important in the planning, implementation and evaluation of harm reduction and overdose prevention services. There are several terms that are used when referring to PWLLE and they all have a slightly different meaning. The following are three commonly used terms.

People with Lived and Living Experience (PWLLE): A general term used to refer to community members whose current or past life experiences with drug use informs their knowledge about the personal, social, legal, and health impacts and harms. PWLLE may or may not draw on their live experiences in their work.

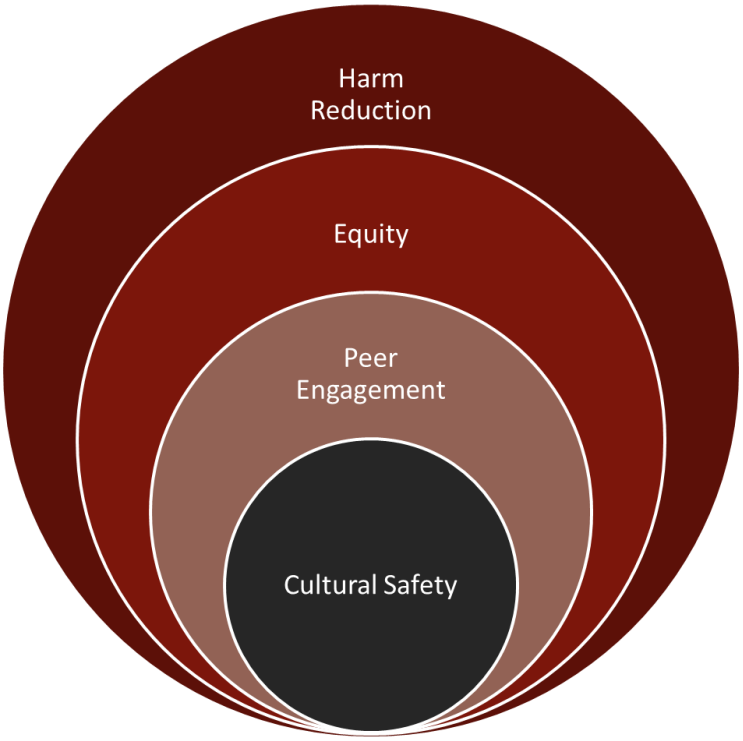
Experiential workers: People whose expertise in their field of work is formed in part from lived experience with drug use. Often used interchangeably with “peer workers”, or "peers".

Peers: Refers to people who bring their lived and living experiences in relation to drug use, mental health, homelessness, HIV and Hep C status, gender or sex work to their community engagement, activism, or work.

CIE uses the term peer as it most accurately reflects the role of PWLLE in the context of the CIE initiative. It is important to note that not all PWLLE use the word peer to define themselves or their work and individual preferences should be respected when using these terms.

Core Principles

The development of CIE was rooted in the core principles of harm reduction, peer engagement, equity and Indigenous cultural safety and humility. The approaches, methods and engagement strategies of CIE are all informed by these principles.



Harm Reduction

CIE's focus is primarily substance use harm reduction; however, we acknowledge and encourage dialogue about harm reduction as a philosophy of care that is holistic, person-centred, and empowering.

The practice of harm reduction is based on;

- Combatting stigma
- Respect for human rights and dignity
- A commitment to evidence
- A commitment to social justice and collaboration

The goals of harm reduction are to:

- Keep people alive and encourage positive change in their lives
- Reduce the harms of drug laws and policy
- Offer alternatives to abstinence-only approaches

Equity

Equity refers to fairness, and justice. It is distinct from equality, which refers to being equal, or the same. Equity attempts to understand and address differences in access to resources, opportunities, power, and responsibility in order to create equal opportunities and outcomes in people's lives and across communities. CIE is attentive to equity when designing and facilitating dialogue and engagement opportunities, recognizing that people are coming to the conversation from very different places.

Peer Engagement and Inclusion

Engaging patient populations in service design and delivery is considered good practice in healthcare. BC's Ministry of Health developed a *Patient, Family, Caregiver and Public Engagement Framework* in 2018 outlining the stages, principles and reasons for patient engagement [2]. Applying such frameworks to peers and harm reduction services is still not common practice, however. CIE's understanding of peer engagement is based on the Nothing About Us Without Us philosophy [3]. CIE dialogues are designed not only to engage peers to hear their ideas and opinions, but to create a foundation for peer inclusion in service design, delivery, and evaluation.

Indigenous Cultural Safety and Cultural Humility

The concept of cultural safety was first articulated in nursing practice in Aotearoa, New Zealand in the late 1980's and early 1990's [4]. It is a relational practice that requires self-reflection on one's attitudes, beliefs, assumptions, and values. It recognizes and seeks to address the harms caused by Canada's colonial history in the context of health and social services and systems. Indigenous people are the only ones who can decide when services are culturally safe.

Key Approaches

CIE is firmly rooted in the principle of health equity and seeks to develop approaches, tools and methods that are participatory, and strengths based. The following key approaches inform the planning, implementation, and evaluation of CIE.

Appreciative Inquiry

CIE uses an appreciative inquiry approach, which is collaborative, participatory, and strengths-based. An appreciative inquiry approach focuses on the existing capacity and strengths of a community to develop solutions to challenging issues. It is based on the understanding that the future you create is based on the intention and focus of every dialogue, interaction, inquiry or change process you engage in today.

Collaborative Dialogue

The current overdose emergency is taking place amidst a complex system of non-governmental agencies, regional and provincial health services, and multiple levels of government within the unique historical, social, political and economic contexts of individual communities. The diversity of interests, concerns and experiences can result in conflicting ideas about how to approach it and individual efforts not having the capacity or resources to sustain themselves. Collaborative dialogue brings people together who have diverse experiences, expertise, relationships, networks and understanding of an issue. It can result in service innovation, institutional flexibility, organizational learning, shared understanding and the creation of social capital [5]. By providing opportunities for collaborative dialogue and planning, CIE hopes to build capacity among harm reduction champions and peers to engage in processes with the potential to achieve some of the same outcomes.

Community based Solutions

Harm reduction services and supports exist within the context of communities that have unique geographic, cultural, economic, and political histories. Community members are the experts in what the strengths, needs and resources of their own community are and are best situated to mobilize action. Using a strengths-based approach acknowledges the inherent capacity for wellness within communities and supports the idea that we can all be champions for wellness; contributing to change on a systems level by using our influence within our own community.

Implementation and Evaluation

CIE has been using developmental evaluation (DE) to inform the development of the initiative since its inception in 2015. DE is person centred, utilization focused and grounded in the principles of community-based research. DE is an evaluation approach that is embedded in the design and implementation of a program or project from the beginning and provides a structure to inform and track its intentional adaptation over time.

Outcome mapping

The evaluation of CIE used an adaptation of the Outcome Mapping (OM) methodology. OM is a DE methodology that focuses on the *contribution* of an initiative to an outcome rather than the *attribution* of an outcome to the initiative itself. It is a relational practice that acknowledges that change is actually achieved by our partners and the role of the initiative is to provide access to resources, ideas and opportunities that can facilitate and support change. OM consists of three stages and twelve steps.

Stage 1 - Intentional Design

This is the conceptual and design stage, which includes articulating vision and mission statements and defining who the project's boundary partners are. Boundary partners in OM are groups, individuals, and organizations that the project hopes to work with directly. They are the central focus of OM as they are the ones who actually effect change in their communities and are collaborative partners in the project's development. Boundary partners are defined by the contributions they could make to the project's vision.

Once a project has defined its boundary partners, their significance is articulated through an Outcome Challenge Statement. This describes the ideal state that a boundary partners will achieve if the project is successful. Ideally, outcome challenge statements are drafted in collaboration with each boundary partner to reflect their experiences, expectations, understanding of the project and unique context.

The next step in stage 1 is to collaboratively define a set of progress markers with each boundary partner. Progress markers are a series of observable changes that would ultimately lead to achieving the outcome challenge. They are not intended to be a linear process, but rather points of reflection that allow for stories and learning to emerge.

Stage 1 also includes the use of strategy maps and the examination of organizational practices. These are tools in the OM methodology that a project can use to align its planning with the progress markers defined by its boundary partners. CIE followed the first steps of the OM methodology but did not use these tools as they were too time intensive, and the team lacked the capacity to fully implement them. CIE did implement the first steps of stage 1, articulating a vision and mission statement, defining its boundary partners, creating outcome challenge statements, and developing progress markers in collaboration with its boundary partners.

Vision

Harm reduction services and supports in BC are meaningfully engaging and including service users in policy and program planning, development and evaluation with Indigenous cultural safety and cultural humility included as core elements across all programs, agencies, and jurisdictions.
Service users and service providers are working collaboratively with each other and with leadership to develop and provide accessible, non-judgmental, compassionate harm reduction within an adaptable and responsive system that supports peer empowerment and capacity development across an integrated network of public health, substance use and mental health services and supports.

Mission

To provide opportunities for First Nations people, peers, community partners, service providers and leadership to engage in collaborative dialogue, planning and action to foster the development of intersectoral peer and service networks that inspire and sustain innovation and improvement in harm reduction services and supports across agencies and service settings. To build individual and organizational capacity to meaningfully engage peers in respectful and culturally safe ways and build connections between communities and agencies for shared learning and support.

Boundary Partners

CIE recognized that peers and service providers would be their key partners. Managers were also seen as important decision makers and regional harm reduction coordinators as essential strategic partners. CIE sought to prioritize First Nations people and communities for each type of boundary partner.

Stage 2 – Monitoring and Development

OM proposes the use of monitoring tools such as outcome journals, strategy journals and performance journals. CIE did not use these tools as they were too onerous and time consuming and not well suited to peers. Instead, CIE used regular formal and informal feedback mechanisms to track progress and respond to the changing needs of its boundary partners. These included semi-structured interviews, engagement evaluations, reporting from CIE grant recipients, follow-up community engagements and informal networking through social media, conversation, and professional network opportunities.

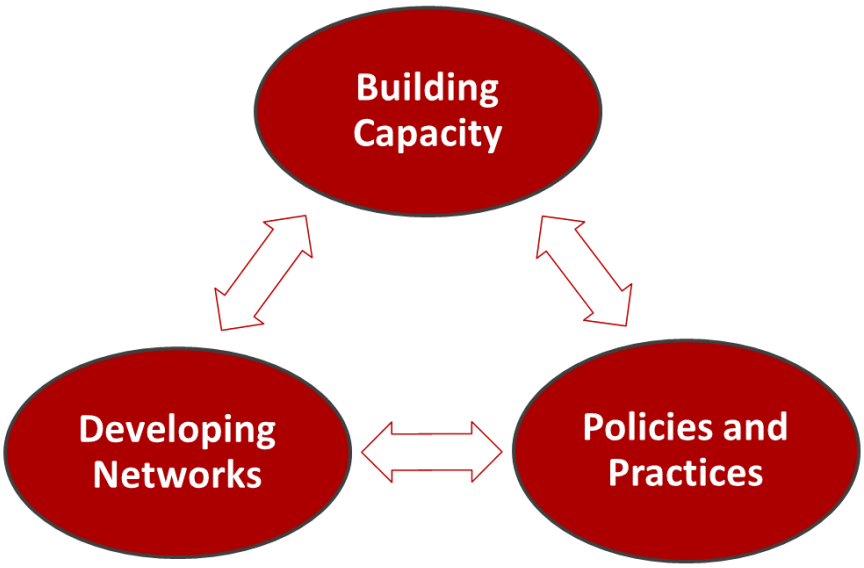
CIE framework

Through cycles of feedback and adaptive planning, CIE developed an implementation framework to refine the focus of its efforts. The framework consists of three interconnected domains: building capacity, developing networks, and supporting policy and practice change. They are defined as follows.

1. **Building capacity** within existing harm reduction services to meaningfully include and engage peers and practice Indigenous cultural safety and cultural humility. **Building capacity** within the peer community to access engagement opportunities, advocate for the priorities of peers, create and prepare for employment opportunities.

2. **Developing networks** of service providers through CIE dialogues and supporting the development of peer run networks through capacity building and peer mentorship.

3. **Policies and practices**, both within and beyond harm reduction services, that are informed by peer inclusion and engagement will better serve communities. **Policies and practices** that support further capacity development and peer run networks, can facilitate the process of peer inclusion by creating connections between communities and the systems and services that provide health and social supports.



Components of CIE

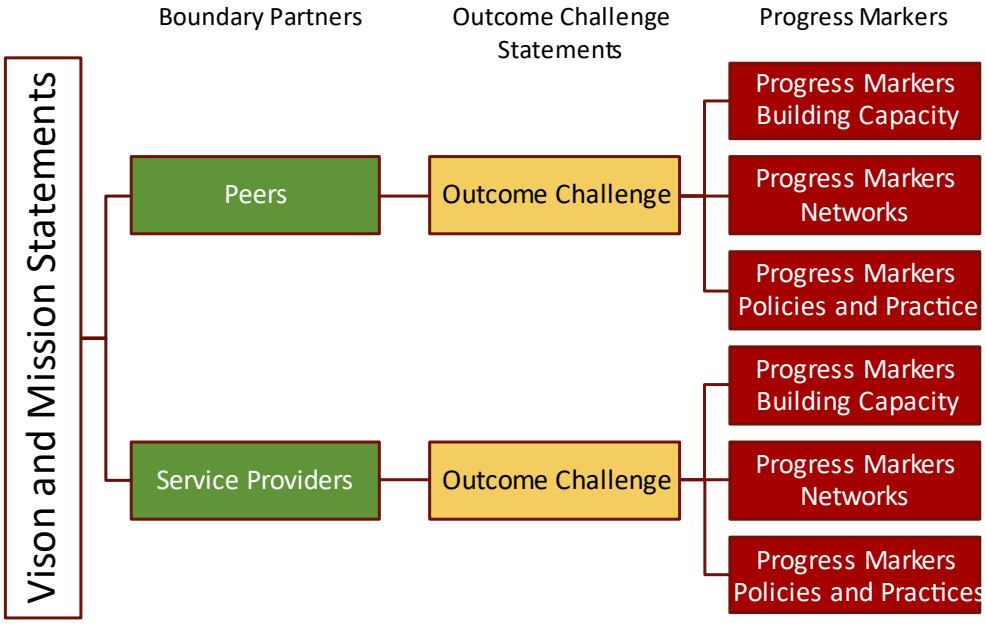
Since 2015, CIE has been involved in two primary activities, facilitating dialogue and providing grant funding.

Facilitated Dialogue - between March 2016 and April 2021, CIE delivered 51 days of facilitated dialogue including 19 communities across BC. CIE developed a process of engagement that included two days of peer engagement and one day of service provider engagement prior to a collaborative dialogue. Some engagements included only peers and some only service providers, but collaborative dialogues did not occur without the preceding peer and service provider engagements.

Grant Funding – CIE began administering grant funding to emergent peer groups in 2018. Between 2018 and 2021, CIE distributed $547,390.00 in grant funding to 32 peer groups in 20 different communities. Roughly one third of the funds came from FNHA, and two thirds from PHSA and the BCCDC foundation, who have actively campaigned for CIE since 2017.

Stage 3 - Evaluation

Between 2016 and 2018, CIE engaged participants in their dialogue sessions to collaboratively define the projects indicators of success, or Progress Markers. This included input from 13 communities, over 110 peers and 130 service providers. The Progress Markers were classified according to CIE's three domains of implementation to provide an analytical framework for the evaluation.



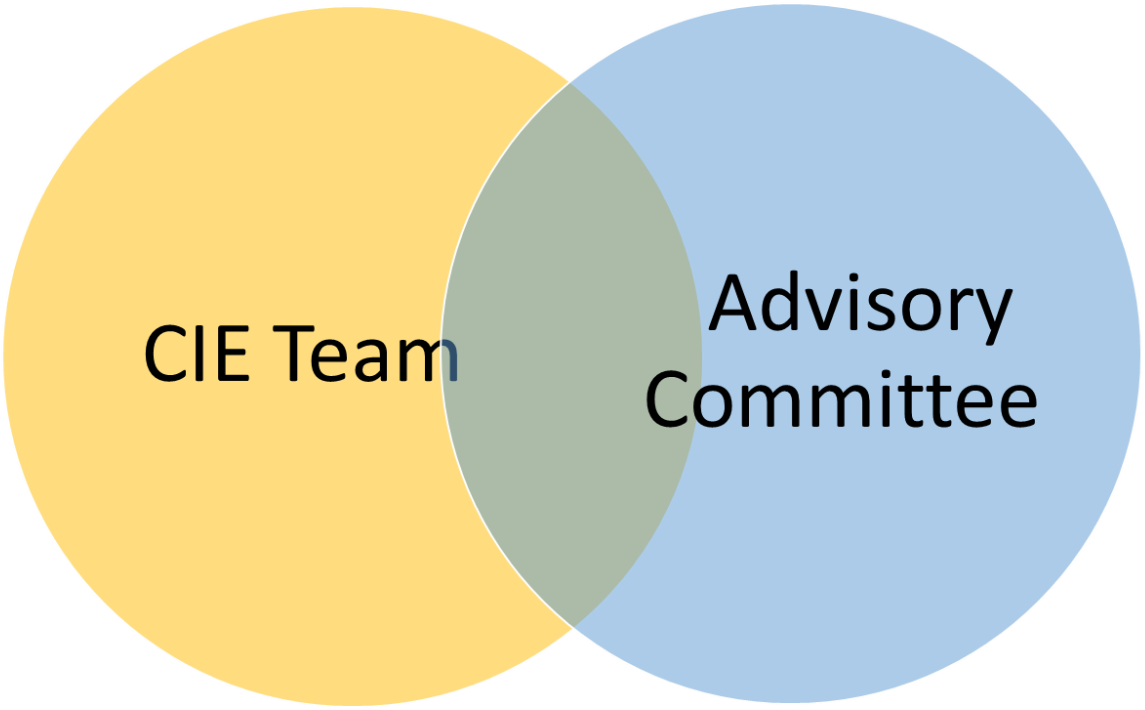
Data Gathering

Fiscal year 2020/21 marked the fifth year of the project. Peer and service provider online surveys and semi-structured interview guides were created in the fall of 2020. CIE received ethics approval from the Community Research Ethics Office for its evaluation activities in December 2020. All 255 peers and 206 service providers

were invited to take the online survey and participate in a 30–60-minute semi-structured telephone interview. Forty-three telephone interviews were conducted between December 2020 and March 2021 with peers and service providers from 17 of the 19 communities CIE hosted collaborative dialogues in between 2015 and 2020. This sample represents approximately 10% of CIE dialogue participants. Twenty-eight people responded to the online surveys. Peers were compensated $25/hr for their time if they chose to take the survey, participate in an interview or both. CIE had hoped to integrate data gathering into its engagement activities by conducting in person interviews and focus groups while in communities. COVID-19 severely restricted CIE's ability to travel and made in person interviews and data collection unsafe and impractical. Peers and service providers were emailed an invitation to participate in an interview and the online survey. Peers who were not able to receive emails or who were more accessible through phone or social media were contacted through the most appropriate means. CIE recognizes that connecting with peers through phone, email and social media is not as equitable as meeting in person in their own communities. The unfortunate restrictions of COVID-19 required these adaptations.

Data Analysis

An external, Indigenous-led advisory committee was created in December 2020 to provide an additional analytical perspective. The CIE team analysed the transcripts using the Progress Marker framework and the external advisory committee used a grounded theory approach to find recurring themes and learning. The CIE team and advisory committee met for a comparative analysis dialogue in April 2021. The learning summaries and recommendations provided in this report include insights from the two analyses.



What did we learn?

What are we evaluating?
The fundamental evaluation questions that informed the interview guides and online surveys are

1. Are our partners closer to the outcome challenges that we stated when we started CIE?
2. How has CIE contributed to or supported our partners to move closer to the Progress Markers?
3. What unintended *outcomes* (positive or negative) have occurred as a result of CIE?

The online surveys were created to reflect the Progress Markers directly. The semi-structured interview guides included broader questions aimed at capturing some of the unintended outcomes that may not be included in the Progress Markers.

Lessons from peers

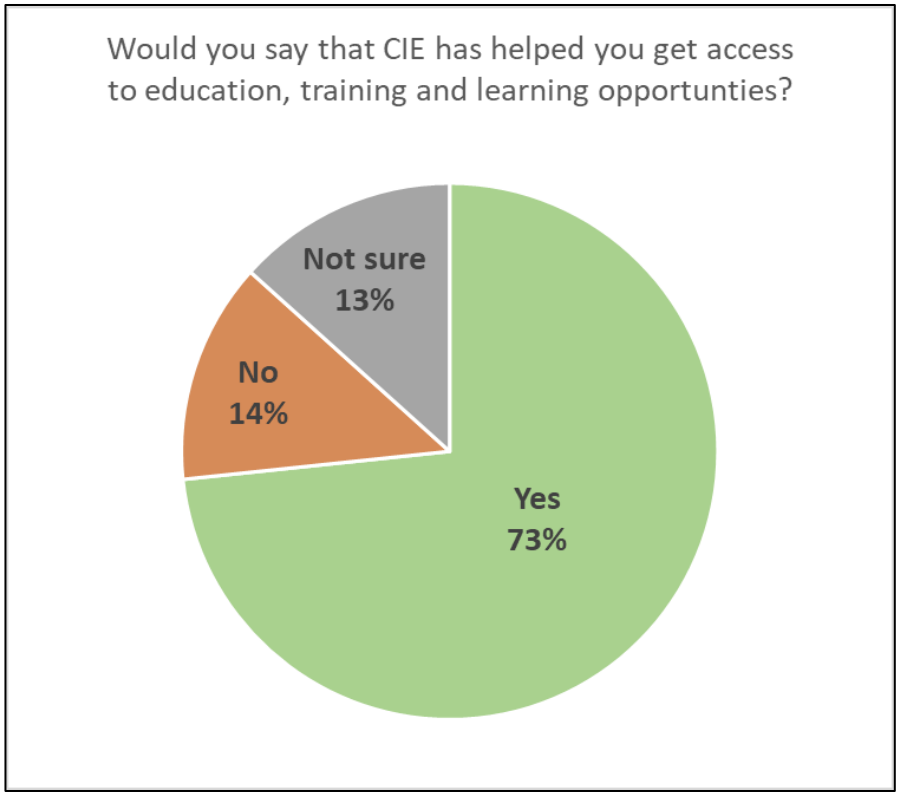
Twenty-nine peers participated in qualitative interviews and 16 peers participated in the online survey. Peers from all five health authorities are represented in these findings, and about one quarter of survey respondents and interviewees self-identify as Indigenous. The following is a summary of what they shared with us. It is broken down by the three domains and Progress Markers as well as over-arching themes.

BUILDING CAPACITY – Progress Markers

- Access to education, training and learning opportunities
- Understanding the basics of the health system
- Learning how to move ideas to action
- Developing skills in overdose prevention
- Learning to cope with trauma and triggers
- Understanding the impact of colonization on Indigenous people and its relationship to harm reduction
- Taking on leadership roles

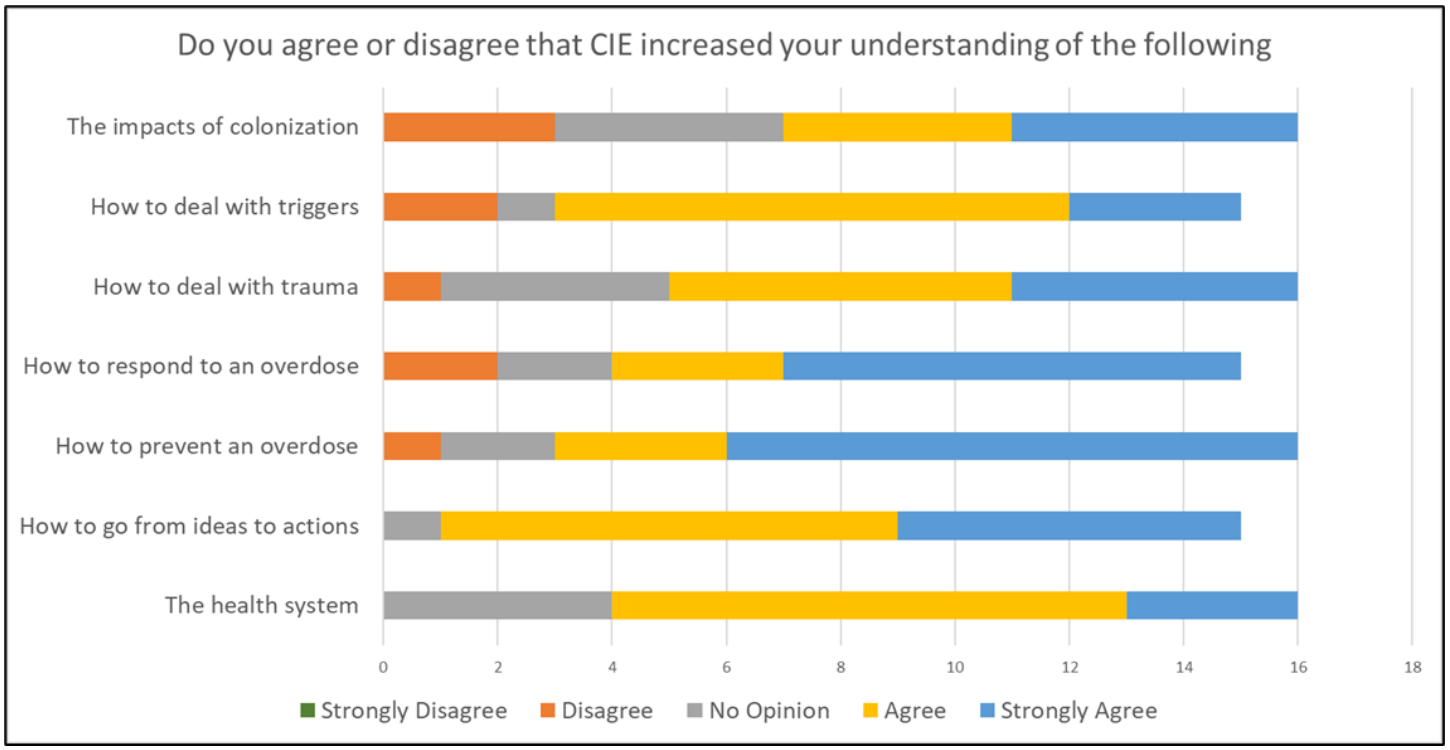
Peers identified the need for training and practical skills development in areas like overdose response, cultural safety, trauma and grief management early in CIE's development. Peers also expressed their desire to learn more about the healthcare system and how to contribute to local overdose response efforts in their communities.

Seventy-three percent of peers felt that CIE helped them get access to education, training, and learning opportunities. One peer from the Island describes how the dialogue "**was almost like practice for what my job would become in the future**" (P1003). Providing accessible educational opportunities was important, as one peer from the Interior explains "**everybody wanted to be the captain of the ship, but nobody knew how to paddle a boat**" (P601). CIE aimed to create accessible training to build practical skills and confidence, to equip peers to take on leadership roles and have a voice at decision making tables. One peer from the North explains



how CIE dialogues "**were the first things that started to give me a little bit of confidence in myself**…" (P301). Building the skills and confidence of people with lived experience creates a foundation for more equitable participation in decision making and harm reduction service planning and implementation. In some cases, participation in CIE dialogues led directly to peers securing employment "**Alright, so when we went to the meeting way back then, it opened my eyes to how other people see things where they're not quite of comfortable with their diagnosis or being a peer and being outspoken, whereas I was. And with the help of learning the different techniques and different scenarios and different ways of dealing with healthcare workers or anybody in the healthcare field opened my doors to get the jobs I have and to move up into different positions, and now I'm running the program, and I get to mentor a lot of other people because of this and I do have a voice when I sit in on business meetings, CAT tables, specific AIDS network concern. I'm also a consultant for PAN and BCCDC on different projects. So it opened a lot of doors and brought awareness and... I'm the voice that people don't have. And that's what I do with most of my work, and I also opened up doors where I could do different programs to add those valuable teachings to my work. Right now, well... I'm an indigenous end of life guide, so I support people through the beginning of knowing to when the people are passing, I support through that. And right now I'm gonna be taking my palliative care to be more aware of how to help people through, like say if their people that are passing or there's no help for them they just gotta end... Life the rest of their life and how to support everybody, and that helps with my HIV clients and everybody else they deal with in society. I'm also a life coach now too, so that really helps. And it gave me the courage to do all these things from doing what we did back in 2016, it was like a starting point for me, so yeah"** (P1201).

Peer respondents to the online survey overwhelmingly agreed that CIE has helped them to understand the health system and how to move ideas into action. Though Naloxone administration or other explicit overdose prevention and response training was not part of CIE, peer groups sometimes chose to bring in their own training opportunities with CIE grant funding. The majority of peers felt that CIE had increased their understanding of how to prevent and respond to an overdose through these opportunities. Most agreed that CIE had increased their understanding of how to deal with triggers, some felt CIE had increased their understanding of how to deal with trauma and just over half felt CIE had increased their understanding of the impacts of colonization.



DEVELOPING NETWORKS – Progress Markers

- Feeling safe and supported
- Developing better relationships with service providers and the broader community
- Making new connections with service providers and other peers
- Being heard by other peers
- Encouraging, motivating, and supporting other peers
- Being present and engaged in conversations
- Being accountable to each other
- Feeling more in control
- Being more proactive and positive
- Believing in ourselves as peers
- Establishing supportive peer groups

CIE dialogues use a strengths-based approach which is focused on connection and collaboration within a safe space. This provides opportunities for peers to network and build connections within the peer community and with local service providers. As peer networks began to form, peers felt better prepared to take on leadership opportunities, get involved in community events, and improve relationships with local service providers. CIE created safe spaces for peers to share their lived experience, highlighting the important role they play in their community's overdose response. One peer from Fraser noted that they "**learned that I was important, that what I had felt and had lived to experience could be moved into helping people, and that all that my addiction, everything wasn't just useless. That I have a lot of things that could be relevant and help people to survive overdose.**" (P1204). Independent, peer-led groups have created a sense of community and provided a platform for local action. One peer from the Interior explained how a CIE engagement "**gave us a**

> I was just a peer, and now I'm a peer lead. I'm a strong voice up here, and CIE gave me that step, the tools to be able to do that, and to be able to reach those folks and be like, "Okay, we need to build this, and this is how we're gonna do it.
>
> P107

little bit more knowledge and understanding of what we could be as a group, what we could do as a team. It helped us with engaging more with the community service providers." (P702) One peer from the North states that "**To have somebody that's gone through it, knows what they're talking about, knows what they're feeling, and can look 'em straight in the eye and tell 'em, "I understand what you mean. I understand what you feel." Not somebody that's gone through university or through a course to try and help somebody. Because a lot of people, including myself, it's hard for me to open up to somebody that hasn't been there, hasn't walked that mile in my shoes…**" (P505). Connecting to larger peer networks has also been a source of support and strength to peers, particularly in smaller, rural or isolated communities. A peer from the North explains "**I mean it's hard work. It's hard work. You gotta have the passion, you gotta have the drive, never give up, 'cause there's always folks out there to help, and I mean, I've reached out lots, and my networking now, I mean I have people all over the place now, I can reach out and be like, I need to know about this, so I can call this individual...**" (P107).

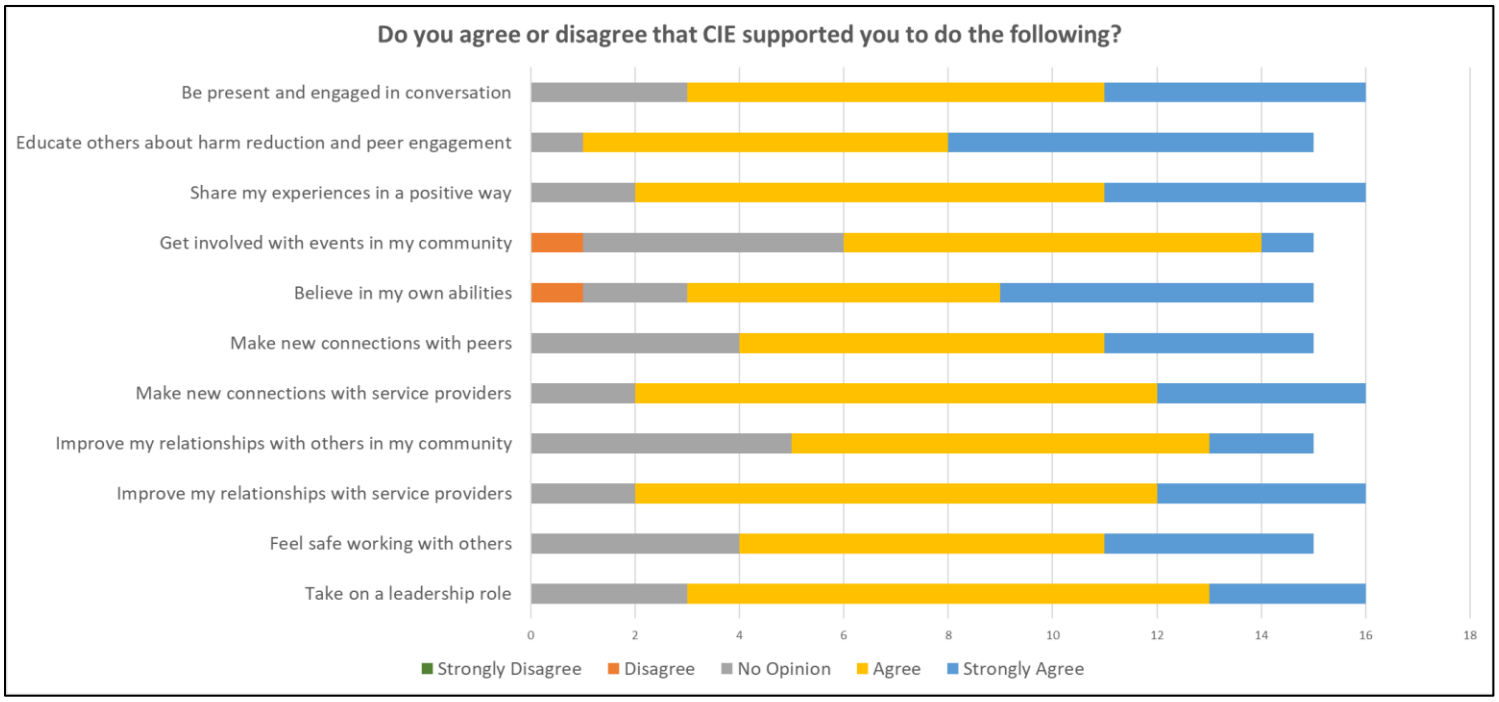
CIE regularly received community requests to support emerging peer groups with capacity building trainings and to facilitate dialogues among peers who were keen to get involved with harm reduction and overdose response in their community. CIE quickly learned that the continuation of this important work would stall without support through direct funding to peers after the dialogue. The CIE Fund to Support Emerging Peer Organizations was created in 2018 to support fledgling peer organizations and groups across BC to form, sustain membership, and begin to effect change in their communities. One such group is the Indigenous Harm Reduction Team (IHRT). IHRT is a peer-led group that started after a CIE dialogue. They provide harm reduction supports in the Victoria area by, and for, Indigenous people. IHRT reported that they "**used [their] grant money to step into a leadership role in [their] community. While [they] are a small team, [they] significantly ramped up services and began doing daily outreach to the street community"**. In 2018, few opportunities for funding were available that were low barrier and accessible to peers. CIE's Fund to Support Emerging Peer Organizations has supported 32 peer groups, encouraging peer and Indigenous leadership whenever possible.

Fledgling peer groups in small communities often do not feel supported by local health systems. As one peer from the North explains **"[they were] in absolute 100% crisis and if we didn't have your guys' engagement, who knows where we would be."** (P107).

CIE has continued to support the development of peer groups and strengthen peer networks, as well as strengthening relationships between peers and service providers. One peer from the North explained that "**just as I've been educated and seeing things from a different point of view, service providers or folks in the community that also attend these engagements, that have had preconceived notions about why people become persons with lived experience also changed, so it's a bridge. The work that you guys have done has been a really valuable bridge**" (P206). CIE intentionally brought peers and service providers together in dialogue to work on their specific community needs. One peer from the North "**found that having that big meeting and being at the tables with peers and service providers together at every different table was very**

helpful on that, 'cause we had those conversations together as a group. And they had an idea at every table that they were working with, so there was many different ideas that were being talked about at different tables, and we forged partnerships doing those meetings" (P301). When relationships between the peer community and local service providers are strengthened, opportunities for peer employment and empowerment develop. Working within a CIE funding peer group also led to employment opportunities. "**Doing this work also meant that peers were able to get work experience and build skills, and then get hired with other organizations"** (Island, 2020).

Peer respondents to the online survey overwhelmingly agreed that CIE had supported them to be present and engaged in conversations, educate others about harm reduction and peer engagement, share their experiences in a positive way, make new connections with service providers, improve their relationships with service providers and take on leadership roles. They largely agreed that CIE had supported them to make new connections with peers, improve relationships in their communities and feel safe working with others. Most felt CIE had supported them to get involved in their communities and believe in their own abilities, but one person disagreed with these two questions.



POLICIES AND PRACTICES – Progress Markers

- Being paid for peer work
- Being involved in public campaigns and educating the public
- Being Invited to every harm reduction table as part the decision making process
- Updating and changing policies to reflect peer priorities
- Being invited to share peer experiences
- More safe places to use substances and access services

CIE advocated for peers to be paid to attend their local Community Action Team (CAT) meetings, have paid roles with the regional health authorities, and have leadership roles in community organizations. The safe

space that CIE created allowed room for open dialogue between peers and service providers and peers felt that after engagements service providers were "**more open to dialogue and engagement… more willing and understanding of our situation and that we are trying to provide knowledge, information, and a safe space**" (P203). Many of the CATs now include peers in meetings and decision making on an ongoing basis, and most of the regional health authorities have developed peer engagement frameworks and employment opportunities. While these opportunities are encouraging, it is important that peers have continued support while working within the constraints of a healthcare system that can be inflexible. Working within rigid and unfamiliar systems can place an undue burden on peers, leaving them feeling frustrated and overwhelmed. One peer from the North shared that "**it's been a struggle, it's still a struggle. But I still reach out to CIE, to your folks, I'm like, Hey, this is what's going on, I want to do best practices, I want to proceed with best intentions, but I'm really struggling with this. And I've been able to reach out to members of CIE and they've given me information and tools to reground me and refocus me and help me grow**" (P107). Despite the challenges, peers have persevered. Often, unfortunately, without adequate compensation or recognition. Many peers spoke of a sense of purpose in their community work and how they appreciated the opportunity to give back. One peer from the North shared "**Because I have lived experiences in the past and in the current, present, I guess, not me personally, but just individuals and family members and whatever that have been, how do I put it, involved with drugs, alcohol, to me, it means a lot. I can be out here, I can get back to the community, and it makes me feel really good...It just makes me feel really good to be out there and supporting and helping**" (P402). Sharing best practices and working with service providers, CIE has been able to support efforts to include peers at the community level. Following a CIE engagement on the Island, one peer shared "**I think that they realized that there's peers out there who are willing to be-- that want to be listened to. And want to put the hours in to help with this-- with all the work that's being done. And I think they learned how to pay us, I mean, there was a lot of talk about, you know, there still is about peers being paid fairly. Because a lot of people-- they don't do that, you know, they give them just basically nothing and expect them to put hours in. But it's happening less and less**" (P1002).

> for 25 years as someone that had a really piss poor self esteem, very little self-confidence, and self-medicated to overcome those things or to deal with those things, I can't stop doing the work now...I've felt like I was someone that was not part of the community, or society… because I always felt like I was a taker. I was taking from the community; I wasn't giving back. And now I actually feel like I'm part of the community…So yeah, that's what it's meant to me, it made me feel human again.
>
> P206

> CIE really helped to frame peer engagement in terms of bringing to light best practices and thoughtful ways to support peers and service providers coming together and…having those CIE sessions and being a part of them really gave me an idea of what thoughtful engagement and what needed to be part of the day, and a part of those sessions in order to meet best practice.
>
> SP311

All 206 service providers who participated in CIE dialogues from 2015-2020 were invited to participate in an interview and online survey. Fourteen interviews were conducted, and 12 online surveys were completed. Four of the five regional health authorities are represented in the data.

BUIILDING CAPACITY – Progress Markers

- Working with peers to define processes, standards of practice and competencies for peer engagement and employment
- Articulating key challenges and barriers to peer engagement that currently exist
- Seeking out opportunities for skills, capacity building and mentorship for peers and service providers
- Understanding health and harm reduction systems and organizations

While capacity building among peers was identified as an immediate need in 2015, CIE quickly learned that service providers needed support in building their capacity to work with peers as well. We heard from service providers that learning how to frame these difficult conversations, and tools for engaging with peers in a good way were extremely valuable to their work. One service provider from the North explained "**where [CIE] actually worked with service providers and explained to service providers what it means to engage with peers in a proper way and that was hugely beneficial because that was the first time I'd seen things like the payment manual and that kind of stuff. Very positive engagement and really, really nice to have basically a framework on which to hang things on**" (SP212) Being able to take BCCDC tools like the Peer Engagement Best Practice Guidelines and the Peer Payment Standards and socialize these concepts in person was invaluable. Peer engagement can be complicated, and one service provider from the North notes "**CIE really helped to frame peer engagement in terms of bringing to light best practices and thoughtful ways to support peers and service providers coming together and... having those CIE sessions and being a part of them really gave me an idea of what thoughtful engagement and what needed to be part of the day, and a part of those sessions in order to meet best practice**" (SP311).

DEVELOPING NETWORK – Progress Markers

- **Willingness to collaborate, listen and learn**
- **Making and leaving space for others in conversations and planning**
- **Identifying allies and champions**
- **Staying connected to peers**
- **Supporting and investing in champions**
- **Sharing resources and knowledge across networks of professionals**
- **Hearing peer confirmation that changes are happening and are going in the right direction**
- **Establishing and maintaining networks for collaboration across and between agencies**

> There's an emotionality to it, there's a gravity to this work that it's not easily forgotten. And it only takes one person in the room to go, "Were you at that?" And then you could just see people percolate right up. It's legacy type work.
>
> SP912

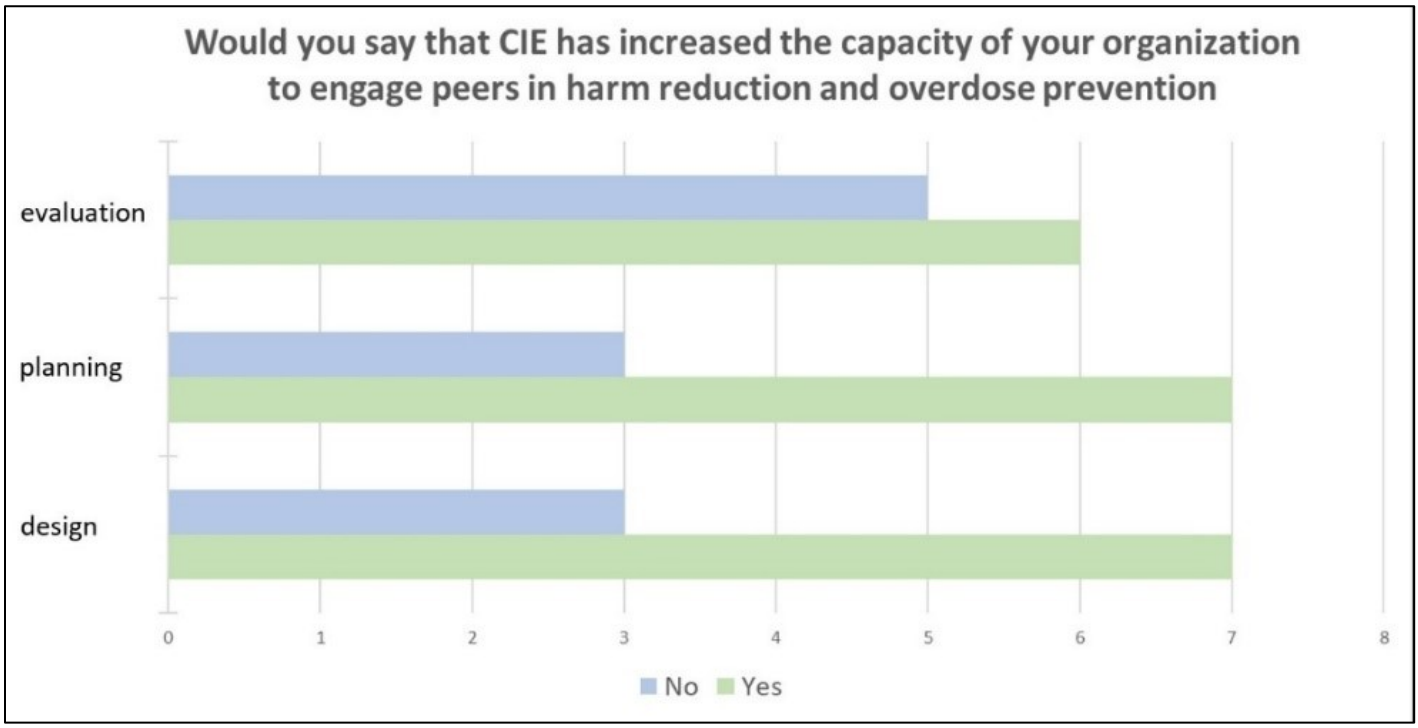
Engagement not only socialized ideas like Peer Engagement Best Practices and Payment Standards, it also built relationships between local service providers and the peer community. Relationship is essential to reduce stigma and peer inclusion in harm reduction and overdose response services. One service provider from the Island explained that "**the most important things were the things that are probably the least tangible and those things were relationships. Those experiences of connection, the experience of feeling inspired, right? And because of that we were able to really create some sustainable actions that came out of those events**" (SP911). Working in harm reduction and as part of the overdose response can take a toll on service providers. Just as peers found value in supporting each other through community building, service providers also recognized the value in creating connections. A service provider from the Interior shared that "**there's other people that are just as angry and frustrated with the system, and then it helps for me to feel stronger and to be a louder voice and know that there's backup and connections**"(SP811).

It can be difficult to measure or evaluate relationships, and the outcomes that result from them. In some communities the connections that were formed through a CIE dialogue were transformative. One service provider from the Island explains "**every person that I've heard from that has had an opportunity to attend a CIE, it's a big deal. It's a really big deal. And you can be two years out, like we're now venturing into two and a half years out from the one that happened when I was away. It's still a big deal. It's still foundational to work that's happening**" (SP912). When a safe space is created and power dynamics are broken down, peer voices can be lifted and service providers realize the network they have behind them to create change within their organizations and advocate for equitable decision making and empowerment of peers.

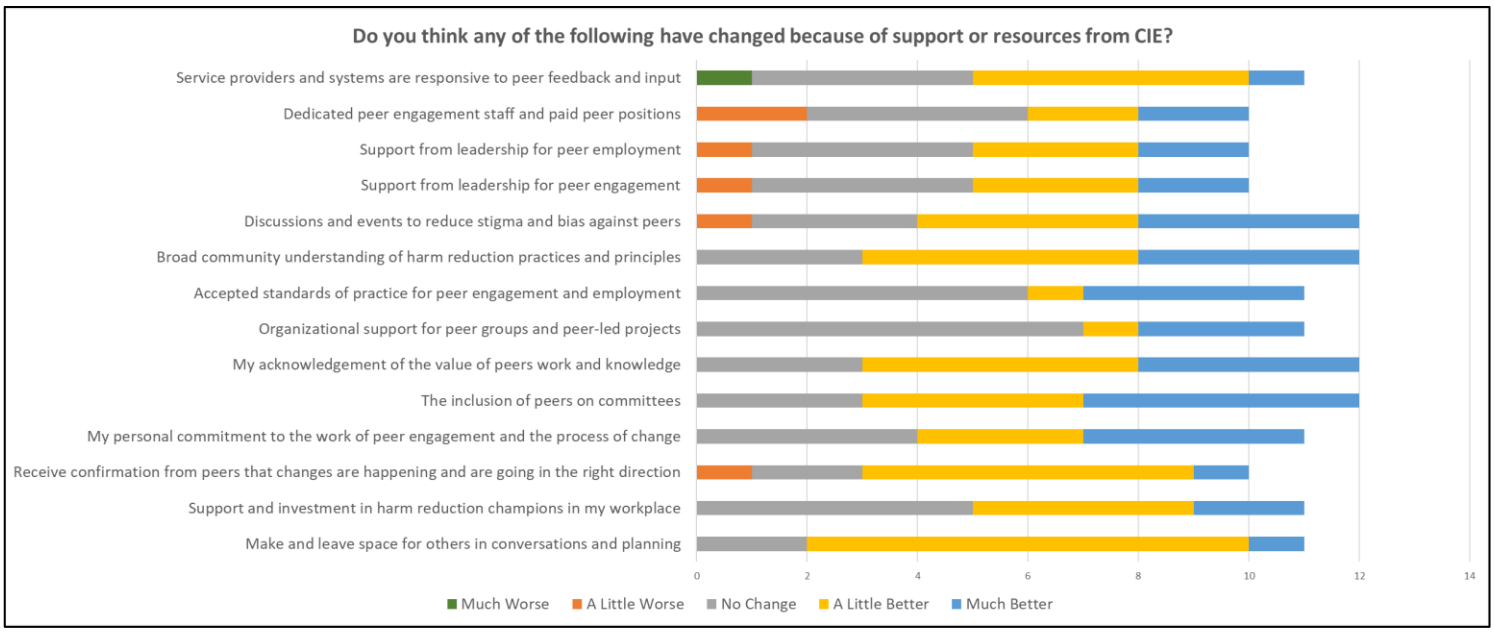
Providing harm reduction and overdose prevention services can be very challenging work. Several service providers became quite emotional and even began crying during interviews. There were repeated requests for further engagement opportunities. A service provider from Fraser remarked **"…people talked about that engagement quite a bit, and then they're like, "When are we gonna have that again?" and "What happened?" Like the people wanting follow up from that**" (SP1211). Another provider from the Interior said "**I think that there's really good work. I think that... I guess... I wonder as the overdose crisis continues and then whatever mental health crisis sort of implodes upon us post-COVID, that we feel as though we've been doing this for so long, maybe we don't need this anymore. I hope that none of that ever happens and that we recognize that we can't just become complacent. And dialogues and engagement sessions, sometimes even if they don't result in what might initially be perceived as a massive change, they may have provided a vitally important space to just feel connected or loved or heard, and I don't think that those should be... I think they need to be equally recognized for what they're worth. And we need to still create spaces whether that safety can happen and where we can come together at a time that otherwise feels just quite overwhelming and often very alone. I hope this sticks around**" (SP712).

POLICIES AND PRACTICES – Progress Markers

- Working to find resources to support peer engagement
- Being accountable
- Working toward cultural safety and cultural humility
- Personally committing to the work of peer engagement and the process of change
- Engaging in critical self-reflection
- Including peers on committees
- Actively looking for opportunities to increase peer engagement
- Initiating more conversations about peer involvement
- Acknowledging the value of peers work and knowledge
- Identifying opportunities for peer employment
- Health authorities are supporting peer organizations
- Peers are at decision making tables
- Standards of practice include peer engagement
- Broad community support and understanding of harm reduction practices and principles
- Ongoing discussions and events to reduce stigma and bias against PWLLE
- Acknowledgement and support from leadership for peer engagement
- Dedicated peer engagement staff and paid peer positions
- Service providers and systems are responsive to peer feedback and input
- Being an active part of the co-ordination and integration of structured peer involvement
- Modeling commitment to equity and inclusion in daily work



The majority of service providers who responded to the online survey said that CIE had increased the capacity of their organization to engage peers in service planning, design and, to a lesser extent, evaluation.

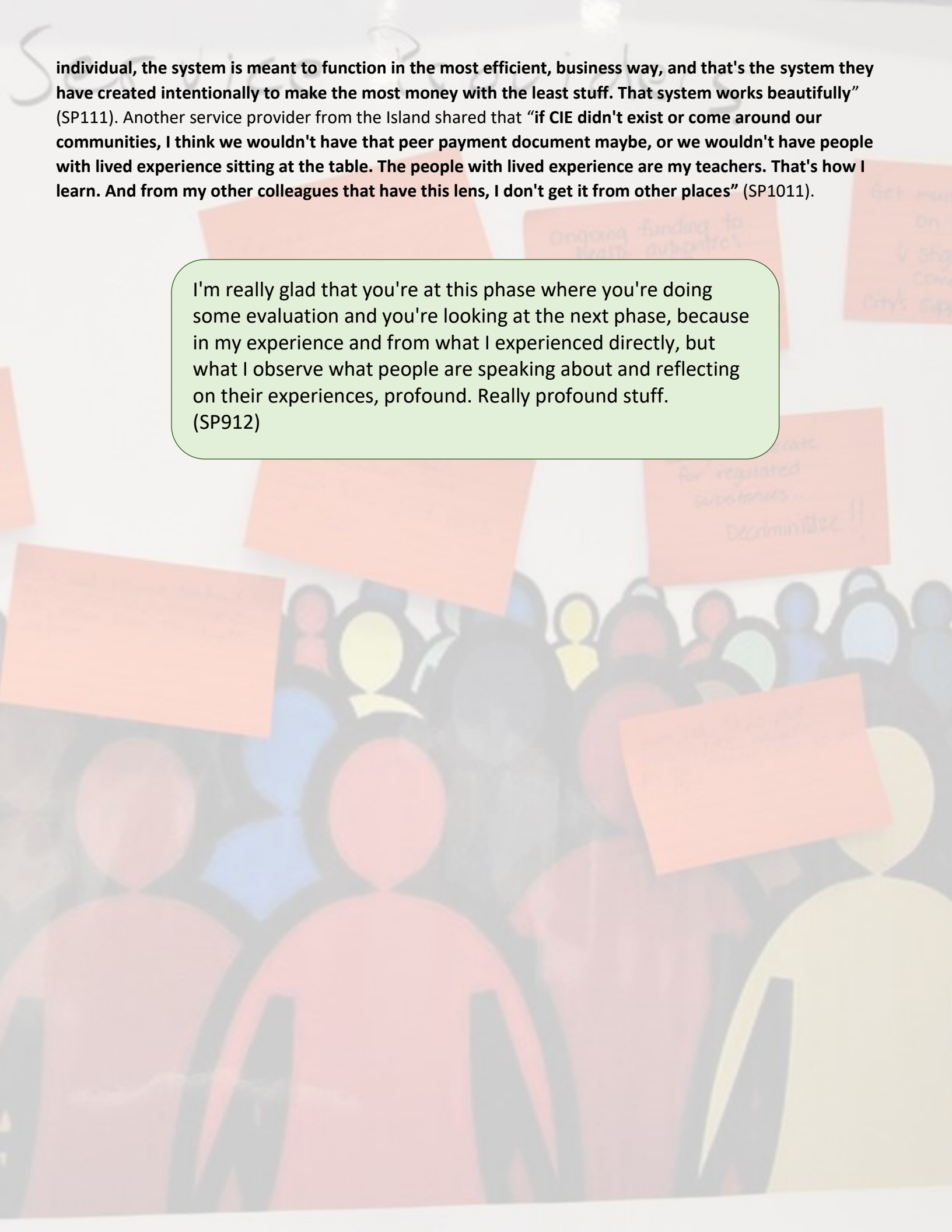


Survey respondents also thought that there are more peers included on committees, they better acknowledged the value of peers, were able to make and leave space for others in conversations and that there is a broader community understanding of harm reduction practices and principles because of the support of CIE.

Through the experience of a facilitated collaborative dialogue, service providers started to see "**we need to do things differently… then people who you wouldn't expect in terms of service providers were saying, yes, but we need to listen because we need to do things differently**" (SP211). By bringing service providers and peers together, CIE sought to strengthen the peer voice and highlight the importance of equity when shaping policies and practices. One service provider from the Island described how "**the service providers and people with lived and living experience in their unique roles have become human beings to each other with names and direct pathways of connection, and as a result, that has supported the ease of service delivery, it supported experiences of safety**" (SP911). CIE engagements generated "**some really pragmatic strategies that we were able to adopt locally really quickly… we created a more anonymous form of harm reduction, like created the party packs and things like that**" (SP212). Payment for peers was a recurring challenge across health authorities. Following a CIE engagement and with the provincial guidelines, One service provider from the Island explains "**at the time, we were even hard-pressed to be able to buy gift certificates and gift cards. Cash was off the table, it was a non-starter. And now I have a petty cash flow and we're rolling, and we're able to do those things**" (SP912). It has also helped service providers raise concerns about the nature of peer employment "**I think the peer engagement framework is an example where that's been co-authored and really speaks to very difficult points of health inequity and precarious employment and naming the harms, naming the harms of not including people with living experience and roles, and the structural inequity of job descriptions. That's raising really big flags that the organization is now gonna have to address. It can no longer be invisible. And so I think that it's the peer voice together that is illuminating that, and as a result, the recommendations within that framework will include more established and ongoing peer advisory tables that are connected to and paralleling some of our quality council structures in the health authority**" (SP911). One service provider in the North remarked "**The system isn't broken, the system works perfectly, but the system is not patient-focused. The system is not individual, right? The system is not to serve the**

individual, the system is meant to function in the most efficient, business way, and that's the system they have created intentionally to make the most money with the least stuff. That system works beautifully" (SP111). Another service provider from the Island shared that "**if CIE didn't exist or come around our communities, I think we wouldn't have that peer payment document maybe, or we wouldn't have people with lived experience sitting at the table. The people with lived experience are my teachers. That's how I learn. And from my other colleagues that have this lens, I don't get it from other places"** (SP1011).

> I'm really glad that you're at this phase where you're doing some evaluation and you're looking at the next phase, because in my experience and from what I experienced directly, but what I observe what people are speaking about and reflecting on their experiences, profound. Really profound stuff. (SP912)



Recommendations

Continue providing grant funds directly to peer groups
Grant funding, even in small amounts has facilitated peer driven work and built the capacity of peers to address issues that are important to them in their communities.

Develop free, accessible, peer-specific Indigenous Cultural Safety (anti-racism) training
Cultural safety training programs that are available to healthcare workers are not affordable or accessible to most peers or community agencies. Having access to free, peer-specific training would increase the cultural safety of developing peer groups and networks and community harm reduction services.

Develop the capacity of hospitals to offer harm reduction services
Several acute care and hospital services have identified the need to incorporate harm reduction approaches and services to better meet the needs of people accessing their services.

Create opportunities for dialogue in acute care settings
Peer engagement is important in the development of accessible and appropriate harm reduction services within acute care and hospital settings.

Continued support for peer capacity building opportunities
Peers have identified the need for ongoing capacity building and training opportunities in order to access employment opportunities and contribute to peer led initiatives in their communities.

Continued support for service provider capacity building in peer inclusion, harm reduction, Indigenous Cultural Safety and Trauma-Informed Practice
The work of CIE has highlighted the importance of building capacity in the health system to engage meaningfully with peers and create opportunities for peer inclusion and employment. Developing the skills and abilities of healthcare service providers and leaders to create safe and equitable spaces will support these goals.

Continue to provide opportunities for collaborative dialogue between peers and service providers
The results of CIE's 5-year evaluation demonstrate the value of collaborative dialogue far beyond the outcomes of the day(s) themselves.

Provide mental health supports to peers and service providers who are working as part of the overdose response
Peers and service providers in community agencies usually do not have access to mental health supports despite being on the frontlines of the overdose emergency. Providing free, accessible mental health supports would be a step toward acknowledging and rewarding the incredible, selfless work of peers in their communities.

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APPENDIX 1 – OUTCOME CHALLENGE STATEMENTS AND PROGRESS MARKERS

Peers

Outcome Challenge Statement - Peers in communities across BC are collaborating with service providers and leadership in their region and across the province to design, implement and evaluate culturally safe, accessible and non-judgmental harm reduction services. Peers are participating in and taking on leadership roles within peer-run networks and organizations that are a strong and influential voice in the planning and provision of health and social services.

BUILDING CAPACITY - PEERS
Access to education, training and learning opportunities
Understanding the basics of the health system
Learning how to move ideas to action
Developing skills in overdose prevention
Learning to cope with trauma and triggers
Understanding the impact of colonization on Indigenous people and its relationship to HR
Taking on leadership roles
DEVELOPING NETWORKS - PEERS
Feeling safe and supported
Developing better relationships with service providers and the broader community
Making new connections with service providers and other peers
Being heard by other peers
Encouraging, motivating, and supporting other peers
Being present and engaged in conversations
Being accountable to each other
Feeling more in control
Being more proactive and positive
Believing in ourselves as peers
Establishing supportive peer groups
POLICIES AND PRACTICES - PEERS
Being paid for peer work
Being involved in public campaigns and educating the public
Being Invited to every harm reduction table as part the decision making process
Updating and changing policies to reflect peer priorities
Being invited to share peer experiences
More safe places to use substances and access services

Service Providers

Outcome Challenge Statement - Service providers are providing culturally safe, compassionate, adaptable and flexible harm reduction services across BC. They listen to and actively engage service users with an increased awareness and understanding of Indigenous cultural safety, health equity and harm reduction issues and challenges. They are connected and networked with other agencies and services, engaged and included in harm reduction service design and evaluation.

BUIILDING CAPACITY – SERVICE PROVIDERS
Working with peers to define processes, standards of practice and competencies for peer engagement and employment
Articulating key challenges and barriers to peer engagement that currently exist
Seeking out opportunities for skills, capacity building and mentorship for peers and service providers
Understanding health and harm reduction systems and organizations
DEVELOPING NETWORK – SERVICE PROVIDERS
Willingness to collaborate, listen and learn
Making and leaving space for others in conversations and planning
Identifying allies and champions
Staying connected to peers
Supporting and investing in champions
Sharing resources and knowledge across networks of professionals
Hearing peer confirmation that changes are happening and are going in the right direction
Establishing and maintaining networks for collaboration across and between agencies
POLICIES AND PRACTICES – SERVICE PROVIDERS
Working to find resources to support peer engagement
Being accountable
Working toward cultural safety and cultural humility
Personally committing to the work of peer engagement and the process of change
Engaging in critical self-reflection
Including peers on committees
Actively looking for opportunities to increase peer engagement
Initiating more conversations about peer involvement
Acknowledging the value of peers work and knowledge
Identifying opportunities for peer employment
Health authorities are supporting peer organizations
Peers are at decision making tables
Standards of practice include peer engagement
Broad community support and understanding of harm reduction practices and principles
Ongoing discussions and events to reduce stigma and bias against PWLLE
Acknowledgement and support from leadership for peer engagement
Dedicated peer engagement staff and paid peer positions
Service providers and systems are responsive to peer feedback and input
Being an active part of the co-ordination and integration of structured peer involvement
Modeling commitment to equity and inclusion in daily work