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A BRIEF OVERVIEW OF THE PEER ENGAGEMENT PRINCIPLES AND BEST PRACTICES

BY THE PEER ENGAGEMENT AND EVALUATION PROJECT



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PEER ENGAGEMENT CHECKLIST

BEFORE COMMITTING TO AN ENGAGEMENT PROJECT

- ✓ Ensure ample resources (human, financial, time, and skill) are available for the duration project.
- ✓ Start early and build a solid plan.

BEFORE ENGAGING PEERS

- ✓ Prepare and develop capacity through adequate education (knowledge and skill training).
- ✓ Identify and engage or partner with local peer based organizations.
- ✓ Consider engaging 2 or more peers that represent a diversity of voices and experiences.
- ✓ Research organizational financial procedures; identify barriers and create solutions.
- ✓ Hire and train peer mentors or navigators who can help support and guide new peers.
- ✓ Review guides like “How to Involve People Who Use Drugs” and “Nothing About Us Without Us.”
- ✓ Develop disengagement plans to establish clear expectations early on.

ENGAGEMENT

- ✓ Talk to peers. Don't assume you know what is best; peers know what's best for themselves.
- ✓ Discuss with peers what the engagement is, their role, and how voices will be heard and used.
- ✓ Provide names and complete roles of attendees to peers (i.e. police, MCFD, probation officers).
- ✓ For out-of-town peers, work with a peer substance navigator so peers may get well safely.
- ✓ Review the compensation peers will receive (i.e. cash), and discuss any financial barriers.
- ✓ Exchange expectations of each other, peers, and the team.
- ✓ Collaboratively create a memorandum of understanding and ground rules with the team.
- ✓ Be transparent about what level of participation and involvement you will engage in.
- ✓ Have a conversation with each peer to identify and adopt communication that works for them.
- ✓ Discuss with peers what barriers they might face and identify potential solutions.
- ✓ Discuss with peers what strengths and expertise they bring; value, respect, and enable these.
- ✓ Provide education (training, information) that team members need to thrive and succeed.
- ✓ Mitigate power differentials; identify strategies to foster equal voices and share power.
- ✓ Be flexible and practice reflexivity – reflect and adapt to what is working and what is not.
- ✓ Commit to and provide support where needed.
- ✓ Schedule regular team and self-care check ins for peers and other team members.

DISENGAGEMENT

- ✓ Review wrap-up plans with peers and staff; discuss and resolve any sense of loss.
- ✓ Evaluate and share your engagement process publicly.
- ✓ Disseminate knowledge back to the community and more broadly.

SUMMARY OF THE PEER ENGAGEMENT PRINCIPLES AND BEST PRACTICES

“Peers” is a word to describe people with lived experience of substance use who use that experience to inform their professional work. Peer engagement can be defined as the active participation of people with lived experience of substance use in different research, program, and policy decision-making processes. The principle behind peer engagement is that people who use (or have used) drugs should have a voice in shaping policies and interventions that affect their lives. Peers can provide insights into the realities of substance use and their local risk environments, and the applicability of programs and policies. Furthermore, engaging with peers when designing health and policy solutions can help to mitigate equity issues through capacity building and empowerment.

Over the past decade or so, peer engagement has been an evolving, iterative process in BC. Although peer engagement has improved, there remains a gap in understanding of peer engagement principles and practices. This identified gap led to the development of the Peer Engagement and Evaluation Project (PEEP). PEEP is a participatory project that aims to enhance peer engagement and listen to voices that have been missing from decision-making tables across the province. PEEP engaged seven peer research assistants/advisors and several health authority representatives from across the province as active members of the research team throughout the project.

The peer engagement principles and best practice guidelines were created through several steps. In 2015 PEEP conducted 13 focus groups with 83 participants with lived experience of substance use across BC. The qualitative data was coded by all team members and themes were derived through a participatory process. These results, along with a literature review, and PEEP’s experiences with engagement served as the basis for the initial document (version 1).

In 2017 after gaining health authority leadership support, the PEEP team returned to these 13 communities, and held 22 exchanges with people who use drugs (n=120), and staff at health authority and community agencies (n=99) about the peer engagement best practices and readiness to engage. Lessons learned in these exchanges and an evaluation of the best practices helped inform the next version of the best practices. This document, The Peer Engagement Principles and Best Practice Guidelines (version 2), was ultimately developed and written in partnership with peers, peer based organizations, service providers, and researchers involved with PEEP in BC.

The Peer Engagement Principles and Best Practices offer both principles and practices for health authorities and other community agencies engaging and working with people with lived experience of substance use. Peer engagement is based on the theoretical roots of inclusion and equity, and offers benefits to peers and other providers. Practicing peer engagement is not limited to one-on-one participation processes; it includes certain considerations in the contemplation, preparation, engagement, and disengagement stages of the peer engagement process.

This document provides both an overview and details of these processes to support meaningful and equitable engagement between service providers and peers. An overview or checklist of these practices is first provided in the beginning of the document; details of these practices follow. More information and explanation of PEEP, and the peer engagement principles and practices can be found in the full guidelines.



PEER ENGAGEMENT PRINCIPLES

PEERS AS EXPERTS

Peers are the experts in the context and content of decisions that affect their lives. Through lived experience with substance use, peers have gained highly specific knowledge and insights about the realities of using substances and accessing health services. This expertise is valued by recognizing peers' interests, placing emphasis on their voices, and providing fair and equitable compensation.

EQUITY

Peers experience barriers, discrimination, and differences in relationships, compensation, and health due to the social positionality of people who use drugs in our society. This positionality can result in social, physical, and economic inequities in peer work, including power imbalances in decision making. Promoting equity requires acknowledging these factors and addressing them, and restructuring power differences in decision making.

DIVERSITY

One size does not fit all. Peers can experience different barriers to doing peer engagement and these barriers vary over time and between people. Similarly, peers are not all the same, and have a range of voices and experiences that need to be heard.

TRANSPARENCY

Transparency includes acknowledging successes and failures, or not meeting expectations. Transparency includes providing evidence and rationales for decision making, revealing hidden power dynamics, and providing honest and forthcoming explanations for processes and outcomes. Transparency is the antithesis of bureaucracy, in which peers have full knowledge of the processes that impact their lives and work.

ACCOUNTABILITY

All peer engagement practitioners must take responsibility for their decisions and actions and provide rationales for these decisions and actions in order for the team to learn from their experiences.

SHARED DECISION MAKING POWER

Decisions that affect the lives of people who use drugs should ideally involve peers in all aspects of that decision. The conditions that peers experience in our society create inequitable power relations with decision makers and other members of the public. Recognizing and addressing the differences in power that are entrenched at decision-making tables is paramount to the success and validity of the voices of peers in peer engagement work.

INCREASING CAPACITY

Capacity building is the development of concrete skills, knowledge, goals, and confidence. In peer engagement, capacity building is experienced among both peers and other professionals alike.

PEER ENGAGEMENT BEST PRACTICES

***More information and explanation (including other strategies) of the peer engagement principles and practices can be found in the full Best Practice Guidelines.**

Start Early. Peer engagement often takes far more time than anticipated. Setting up includes ensuring the initiative has ample resources (time, commitment, and human and financial resources), Preparing weeks or months will set the project up for success, and promote integrity and meaningful engagement.


Engage with several peers. Inviting 2+ peers is best practice. Peers can support each other as well as bring a range of perspectives. Lived experiences among peers are diverse across age, race, gender, sexual orientation, physical ability, drug of choice, active use–abstinence, Indigeneity, and geography. Representation may differ based on the project or subject matter of decisions being made.

Informed recruitment. Recruiting peers may take time, so start early. Peer based organizations, other peers, and providers can help in recruiting peers. Recruitment materials must be reviewed by other peers. Identifying as a peer in some regions may be difficult where drug use is highly stigmatizing. Anonymity and confidentiality are important during this process. It is best practice to not hand–pick the person you know and are comfortable with every time.

Clear expectations. Expectations are created through knowledge, collaboration, and discussion with all – peers and other team members alike (staff/providers/researchers). Information to discuss includes what the engagement is, goals/objectives, role expectations, and how voices will be heard, valued, and used. Providing information on the number of peers, other staff, and community members (especially law enforcement) gives important insight into the initiative. Expectations should be set for peers, providers, and the team.

Partner with Peer Based Organizations. Partnering with organizations that have been created by peers, are run by peers, and service peers is an invaluable resource that can assist in the preparation and execution of the initiative. Important practices to consider when partnering with peer based organizations include: build a relationship with the Organization (not just one person); recognize the range of voices within the Organization; recognize that not all Organizations are the same; and take the findings or outputs back to the Organization.

Equitable pay. Peers should be paid the same as others (non–peers) doing similar work. Cash stipend is considered best practice; however, discuss with peers what their financial situation is, including barriers, and what works best for them. Understanding the financial processes and barriers early on will prevent frustration. Expectations about pay– amount, frequency, and method – should be made clear early on. The procedure of paying peers can be complex. Also, review and follow any available peer–informed payment standards or guides, such as those offered by the BC Centre for Disease Control or Vancouver Coastal Health.




Develop capacity. It is best practice to develop the skills, abilities, and knowledge (capacity) that the entire team needs to thrive and succeed. Capacity building should take a strengths-based approach by identifying and bolstering the strengths peers and other staff bring to the team. Training opportunities include those related to cultural safety, trauma informed care, compassionate engagement, and other skills-based training. Such training promotes sustainability and future employment opportunities.

Follow the do's and don'ts. Several guides exist that succinctly outline the “how to” in doing peer engagement. These guides include the Canadian HIV/AIDS Legal Network “Nothing About Us Without Us” guidelines, which was adapted and informed by BC peer engagement activities to create the document “How to Involve People Who Use Drugs”.

Overcome barriers. It is important to identify what potential barriers to participation exist for peers. Common barriers for people who use drugs include location, travel, childcare, substance use or opioid agonist therapy, and literacy. However, while peers often face barriers to participation, do not make assumptions as to which barriers peers face or how they should be navigated (or by whom).

Work with peer mentors and substance navigators. Peer mentors are people who have previously engaged with providers. Using this experiential knowledge, mentors support peers in ways that non-experiential staff cannot. Similarly, peer navigators are connected to the local community or peer based organizations, and help others navigate the local drug use scene so they can use safely. Peers can sometimes take on the dual role as navigator and mentor. These roles require additional support, including appropriate compensation.



Meaningfully disengage. There can be an intense feeling of loss and isolation among peers and providers at the end of an engagement project, which often emerges from a lack of direction or purpose once the project is finished. It is important to be mindful of not cultivating a false sense of independence and success during the project without acknowledging the real barriers and inequities peers face in continuing to do peer engagement, and the support needed to continue their work and growth. Connecting with peers' support networks can assist peers in this transition period.

Evaluate and share outputs. Peer engagement is an evolving process. Evaluation allows others to learn from your successes and challenges, and helps team members feel heard and seen. Sharing the outputs from decisions, projects, or programs with the community and more broadly is essential. Peers should be highly involved in this dissemination, including their input on the how, when, where, what, who, and why knowledge is disseminated.

