

PEER INPUT ON INDIGENOUS REGIONAL PEER COORDINATOR POSITIONS

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<http://towardtheheart.com/>

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We would like to acknowledge that this work took place on the unceded territory of the Syilx (Okanagan) Peoples.

TRUTH AND RECONCILIATION: CALLS TO ACTION

This report highlights specific calls to action from the [Truth and Reconciliation Commission Report](#):

#22. We call upon those who can effect change within the Canadian health-care system to recognize the value of Aboriginal healing practices and use them in the treatment of Aboriginal patients in collaboration with Aboriginal healers and Elders where requested by Aboriginal patients.

#23. We call upon all levels of government to:

- I. Increase the number of Aboriginal professionals working in the health-care field.
- II. Ensure the retention of Aboriginal health-care providers in Aboriginal communities.
- III. Provide cultural competency training for all health-care professionals

PURPOSE

The purpose of the peer hiring meeting was to gather feedback and input from peers, harm reduction coordinators, and other health authority staff about the hiring of Indigenous Regional Peer Coordinators in each health authority to engage and support existing and emerging peer networks within their regions.

DEFINING “PEER”

Beginning with a common definition for peer is needed to form the foundation for the dialogue on peer hiring. The group brainstormed a number of components for the definition and then re-worked an existing definition from the BCCDC Peer Payment Standards document.

PEERS:

“People who have lived experience of oppression, which can take many forms, including but not limited to drug use, homelessness, poverty, and or/sex work, who are considered experts and use their lived experience to inform their professional work.”

MEETING SUMMARY

Feedback on a set of questions (Appendix C) was gathered world café style via a facilitator and a note taker who were together responsible for two of the six questions. Each group answered all six questions. Feedback was reviewed and themed before presentation.

RECRUITMENT STRATEGIES FOR PEERS

Peer recruitment may be different from recruitment for other health authority staff positions and requires a more thoughtful, engaged, and supportive process that meets peers where they are at.

ENGAGE WITH PEER NETWORKS AND ORGANIZATIONS Peers emphasized the need to engage with established peer networks and organizations in each region to recruit candidates for the Indigenous Regional Peer Coordinator position. The focus should be on developing relationships with the peer organizations, not simply using the networks for recruitment, laying the foundation for a long-term partnership. Peers recommended utilizing non-traditional methods of outreach, such as posting in businesses and community organization or by word-of-mouth.

SUPPORTS FOR PEERS DURING APPLICATION PROCESS

Prior to hiring, supports need to be in place to engage peers throughout the application process.

A NON-TRADITIONAL APPLICATION PROCESS was preferred by peers who rejected the desire for a formal interview or resume. The application process then becomes more of a meeting between health authority management and peers to assess fit for the position.

APPLICATION SUPPORTS should be available if a non-traditional process is not an option, supports could be made available to peers who require assistance with resume writing and preparing for interviewing. It is critical to acknowledge how gaps in resumes may be triggering for some peers. Recognize and validate transferable skills that have been learned through lived experience.

SUPPORT THROUGH THE CRIMINAL RECORD CHECK process is essential to ensure peers triggered or traumatized by the process of undergoing a criminal records check receive the care and support they need to continue through the application process. It needs to be made explicit in the job description that having a criminal record does not exclude you from being hired for the Indigenous Regional Peer Coordinator position.

JOB DESCRIPTION OF THE INDIGENOUS REGIONAL PEER COORDINATOR

Peers provided feedback on a draft job description (Appendix C). The following are suggestions to be included in the final version of the job description.

LANGUAGE IN THE JOB DESCRIPTION NEEDS TO BE MADE ACCESSIBLE

because literacy levels vary among peers and good candidates could decide not to apply because the language in the job description is too bureaucratic.

BE EXPLICIT ABOUT THE QUALITIES YOU ARE LOOKING FOR in the Indigenous Regional Peer Coordinators. Beyond roles and responsibilities, peers emphasized the importance of key qualities in successful Indigenous Regional Peer Coordinators, such as being non-judgemental, supportive, harm reduction focused, and collaborative.

OUTLINE THE REGIONAL CONTEXT

in each job description because each region has a different geography, history, range of harm reduction services, and established/emerging priorities.

EXPLAIN THE TEAM STRUCTURE within the job description. Providing this information up-front gives peers more information to make their decision about applying. Peers said they would like to know the roles and responsibilities of other team members, the reporting structure, and how their role fits within the mandate of the broader health authority.

BE EXPLICIT ABOUT THE POSSIBILITY OF AN EXTENSION as some peers on income assistance may not want to go through

the process of navigating the annual earnings exemption limits for a two-year term position, so the potential for this to be long term may be more enticing. However, it is important to communicate clearly about the nature of the term position and that there is no guarantee beyond FY 2018/2019 and FY 2019/2020.

HOURS OF WORK NEED TO BE FLEXIBLE

because peer engagement is not a 9:00am – 5:00pm job. The Indigenous Regional Peer Coordinator position may require some evening and weekend work. Flexibility needs to be stated clearly in the job description.

TERMS OF PAYMENT NEED TO BE FLEXIBLE

to accommodate evening and weekend work (e.g. hourly, salary, honoraria, and/or some combination thereof.)

ACCOUNTABILITY SHOULD BE MADE

EXPLICIT in the job description, including accountability of peers, management, and other health authority staff to one another.

BE EXPLICIT ABOUT TRANSIT AND

MOBILITY for example, if the position requires a driver's license and access to a vehicle, then that should be stated as a requirement. If fleet vehicles are available, this should also be stated.

EXPLAIN HOW THE POSITION WILL IMPACT SOMEONE ON INCOME ASSISTANCE AND

HOW AFTER THE TWO-YEAR TERM, SOMEONE MAY ACCESS EMPLOYMENT INSURANCE to provide peers with the information they need to make decisions.

ENCOURAGE AND SUPPORT APPLICANTS FROM UNDERREPRESENTED GROUPS

to promote equity in hiring. There needs to

be an explicit statement that encourages applications to help reduce barriers for people considering applying for the role (e.g. “It doesn’t hurt to apply” or “We strongly encourage people with lived experience of substance use, those living with HIV or Hep C, black, indigenous, people of colour, two-spirit, gay, bisexual, queer, transgender individuals, and/or those living with disabilities to apply.”)

SUPPORTS FOR PEERS IN THE INDIGENOUS REGIONAL PEER COORDINATOR ROLE

STRUCTURAL SUPPORTS NEED TO BE MADE AVAILABLE for peers transitioning into full time employment, including setting up a bank account and finding stable housing.

DEVELOP A PROVINCIAL PEER CAPACITY BUILDING TRAINING CURRICULUM in order to support peers to develop existing skills and learn as they grow in their new roles and beyond.

EXTERNAL SUPPORTS AND MENTORSHIP FROM PEER ORGANIZATIONS should be available as peers may feel uncomfortable seeking assistance within health authorities.

EXTENDED BENEFITS MUST BE MADE AVAILABLE IMMEDIATELY to Indigenous Regional Peer Coordinators once hired as access to these benefits is essential for self-care within the role. Extended benefits would ideally include the Employee Family Assistance Program (EFAP) as well as harm reduction and substance use treatment supports.

A REGULAR INDIGENOUS REGIONAL PEER COORDINATOR MEETING/ TELECONFERENCE for all individuals in the role would be helpful to identify common issues, strategize solutions, and support one another through challenges encountered within the role across all health authorities that adopt these positions.

TRAINING AND CAPACITY BUILDING

Peers identified a number of training opportunities related to harm reduction, capacity building, and peer engagement. Overall, peers stressed the importance of coordinating training with existing peer organizations and networks in each region. Specifically, peers identified that training can support self-care/community-care.

TRAINING OPPORTUNITIES IDENTIFIED

HARM REDUCTION	CAPACITY BUILDING/PEER ENGAGEMENT
▶ Naloxone Train-the-Trainer	▶ Non-violent crisis intervention
▶ Assisted injection training	▶ Conflict resolution
▶ Stigma free society	▶ Facilitation training
▶ Liability/legal training	▶ Mental health support training
▶ Training on drug interactions	▶ Boundary training
▶ Drug Policy	▶ Trans Inclusion
▶ “Not Just Naloxone”	▶ Training on gender and accessibility of services
▶ Post-Overdose Care	▶ Debriefing and self-care
	▶ Cultural Safety
	▶ Trauma-informed practice

INDIGENOUS REGIONAL PEER COORDINATORS AND INCOME ASSISTANCE

The Indigenous Regional Peer Coordinator positions planned for each health authority have dedicated funding for FY 2018/2019 and FY 2019/2020. These will be full-time, unionized positions with starting hourly wages of \$20–\$25/hr or more plus benefits. This question was posed to peers: “Would people consider going off income and/or disability assistance for this type of position? Why or why not.”

PEERS ARE INTERESTED IN GOING OFF SOCIAL ASSISTANCE OR DISABILITY ASSISTANCE TO WORK as Indigenous Regional Peer Coordinators, but some are concerned about the process of getting back on income assistance if and when the position ends. Systems navigation between income assistance and employment would be necessary.

THERE NEEDS TO BE FLEXIBILITY TO WORK IN A PART-TIME CAPACITY such as the option of having two 0.5 FTE Indigenous Regional Peer Coordinators, which would allow peers to remain on income assistance if they so choose and earn income up to the annual earnings exemption limit. Two part-time positions at a higher wage were seen as preferable to one full-time position in each region.

SUPPORTS FOR HEALTH AUTHORITY STAFF WORKING WITH PEERS

Health authority staff require supports to ensure that relationships with peers are respectful, collaborative, and equitable.

READINESS FOR CHANGE among health authority staff needs to be assessed before hiring peers to work alongside health authority employees. Support and training needs to be available to ensure that health authority staff have the knowledge, skills, attitudes, and behaviours to work respectfully, collaboratively, and equitably with peers.

TRAININGS ON TRAUMA-INFORMED CARE, CULTURAL SAFETY, AND HARM REDUCTION were identified as necessary to foster good working relationships. Within harm reduction training, peers identified a need for more curriculum for health authority staff on drug policy and (de)criminalization.

TRAINING ON PEER BEST PRACTICES should be made available to staff working with peers. See [Peer Engagement Principles and Best Practices](#).

ACCOUNTABILITY OF PEERS TO MANAGEMENT

Accountability of peers to managers can feel oppressive and triggering due to the power dynamics at play. A trauma-informed approach is necessary in any discussions around accountability. Providing options, choice, and agency to peers is essential to have a healthy dialogue around accountability.

TREATED EQUITABLY Peers would like to have the same accountability to management as other employees.

ACCOUNTABILITY IS AN ONGOING CONVERSATION Peers recognize that challenges emerge over time, so an ongoing dialogue on accountability is essential.

BE FIT FOR DUTY People can be abstinent, on treatment, or using harm reduction. One peer summarized the importance of maintaining use for some peers but drawing the line at being fit for duty: “don’t come high, but come well.”

BE TRANSPARENT ABOUT USE in order to build trusting relationships with management.

COMPETING PRIORITIES Peers may have other competing priorities in their life that may impact their work, so flexibility is important.

ACCOUNTABILITY OF MANAGEMENT TO PEERS

DEMONSTRATE AN UNDERSTANDING OF PEERS' LIVED EXPERIENCE including building relationships with local peers and using non-stigmatizing language.

GET TO KNOW PEERS AS PEOPLE
Peers emphasized how getting to know peers as people demonstrates being non-judgmental and inclusive.

INVOLVE PEERS IN DECISION-MAKING
Part of treating peers as equals is recognizing their contribution as equal to other staff, including when developing work plans and setting priorities.

WRITE COLLABORATION WITH PEERS INTO THE JOB DESCRIPTIONS OF HEALTH AUTHORITY STAFF in order to normalize peer involvement in the health care system.

HOLD SPACE FOR SELF-CARE FOR INDIGENOUS REGIONAL PEER COORDINATORS demonstrated through reserving time for de-briefings, holding group discussions on successes and challenges, and/or checking in with peers during scheduled meetings.

PROVIDE POSITIVE REINFORCEMENT through celebrating successes.

SUPPORT FOR FINDING MEANINGFUL EMPLOYMENT WHEN THE POSITION ENDS this could include assisting with the job search, providing coaching, and/or assistance in preparing a resume or cover letter.

APPENDIX A: GROUP GUIDELINES

Before the group began discussing the hiring of the Indigenous Regional Peer Coordinators, they outlined guidelines for engagement to hold each other accountable.

- ✓ Respect
- ✓ No judgement
- ✓ Consideration
- ✓ Step Forward/Step Back
- ✓ Provide space
- ✓ Mindfulness
- ✓ Cell phones on vibrate
- ✓ Courage to speak up

APPENDIX B: AGENDA FOR PEER HIRING MEETING

PEER HIRING MEETING | TUESDAY, APRIL 10TH, 2018

9:30 am – 10:00 am	Light breakfast and sign in
10:00 am – 10:30 am	Welcome & Introductions
10:30 am – 11:10 am	Group Questions/Discussions – First set of questions
11:10 am – 11:30 am	Break
11:30 am – 12:10 pm	Group Questions/Discussions – Second set of questions
12:10 pm – 1:00 pm	Lunch
1:00 pm – 1:40 pm	Group Questions/Discussions – Third set of questions
1:40 pm – 2:10 pm	Report Back from Facilitators of each group
2:10 pm – 2:30 pm	Break
2:30 pm – 3:00 pm	Next Steps and Closing Circle

APPENDIX C: DISCUSSION QUESTIONS

1. Have you had the opportunity to register in any staff engagement training? If so, what is, or was the training?

a. What kind of staff engagement/training is important and most needed to create a more peer inclusive work place?

2. What are some recruitment strategies that can be used to reach peers to apply for roles within health authorities?

a. Where should opportunities be advertised to reach a diverse group of people?

b. How can we be sure the strategies focus on relationship building and networking?

3. What should the Indigenous Regional Peer Coordinator role and responsibilities include? See attached. What is missing?

4. What does accountability look like for peers in Health Authorities (to Management)? (ie. being on time, etc.)

5. What does accountability look like for Management when working with peers? (ie. Level of flexibility, etc.)

6. What does support look like...

a. For peers before being hired? (i.e. resume writing, interview preparation, etc.)

b. For peers during the hiring process and starting in the position? (ie. paperwork, orientation, etc.)

c. For peers when they are working in the role? (ie. skills training, capacity building, etc.)

d. For HA staff working with the peer? (ie. best practices, use of language, etc.)

e. For HA Management who the peer will work for?

APPENDIX D: EXAMPLE DRAFT PEER COORDINATOR JOB DESCRIPTION

Context: This job description is simply a sample and should be modified to include region-specific information, as recommended above. It is also recommended that a peer-specific FAQ is circulated with the job description, which describes the requirements and qualifications in succinct language.

INDIGENOUS REGIONAL PEER COORDINATOR

JOB SUMMARY:

The Regional Peer Coordinator is a person with past or present lived substance use experience (peer) who may also have experience with poverty, sex work, homelessness, and/or physical or mental health. This role promotes and facilitates meaningful engagement with peers and peer networks. They will lead ongoing work in future planning, harm reduction, and health system change. They will participate in identifying peers within Indigenous communities and across the health authority to provide support and training based on community reported needs. And lastly, the Peer Coordinator is a resource who informs both internal and external partners to ensure peer initiatives follow Peer Engagement Principles and Best Practices Guidelines.

DUTIES & RESPONSIBILITIES:

1. Understands current community specific context and evidence related to peer engagement, culturally relevant practice, harm reduction, and associated best practices. Working with the First Nations Health Authority Regional offices to identify Indigenous community learning needs/opportunities with respect to peer engagement and assist with developing and delivering training/capacity building to support these needs.
2. Working in partnership with Indigenous community members, members of Regional and Provincial Health Programs/Services and external community partners to contribute to long-term, sustainable service improvements through capacity building within the health system for peer inclusion and engagement, Indigenous safety and cultural humility.
3. Provides/develops resources and education for internal and external partners to support Peer Engagement Principles and Best Practices Guidelines. Coordinates and facilitates workshops and/or training sessions including logistics support, content development, and promotion.
4. Identifies, supports and provides education/capacity building opportunities for peers (ie. Take Home Naloxone training). Identifies opportunities for, and responds to, requests for peer involvement in Indigenous communities and in the Health Authority or community led initiatives. This includes providing peer feedback and addressing any concerns, with Provincial Peer Coordinator as required. Assists with the coordination of peer payments (eg. stipends) as per Peer Payment Standards and Peer Engagement Principles and Best Practices Guidelines.
5. Creates and develops new Peer Resource policies and quality improvement activities in collaboration with the Provincial Peer Coordinator and Harm Reduction Coordinators to inform Regional Health Authorities, Provincial Health Service Authority, First Nations Health Authority, BC Centre for Disease Control, Mental Health and Substance

Use, Ministry of Health, community organizations, and Indigenous communities around peer engagement.

6. Assist with developing and coordinating peer engagement committees/networks. Communicate peer input to inform policy, communications, organizational change and standards.

7. Prepares documents, letters, and informs reports, etc. utilizing word processing, email, spreadsheets, and PowerPoint or is willing to learn these new skills.

8. Performs other related duties as assigned.

QUALIFICATIONS:

Education, Training, and Experience:

- Lived experience with substance use and may also have experience with poverty, sex work, homelessness and/or physical and mental health challenges.
- High school diploma is an asset. Open to continuing education in related field.
- Two (2) years' recent, related experience working/volunteering with and/or mentoring peers in urban and/or rural, isolated, and remote communities (including Indigenous communities).
- Experience working with peers in community and providing health promotion and harm reduction activities in the areas of substance use, or an equivalent combined education, training and experience.
- Valid BC Driver's License is an asset
- Preference will be given to persons who self-identify as Indigenous

Skills and Abilities:

- Knowledge of diverse Indigenous communities' social, historical, jurisdictional, and cultural context, and Indigenous views on approaches to health and wellness.
- Knowledge of the Truth and Reconciliation Commission's Calls to Action into their work
- Knowledge of harm reduction principles and practices.
- Knowledge of peer-driven initiatives and interventions.
- Demonstrated excellent interpersonal and communications skills, both verbally and in writing.
- Demonstrated facilitation, leadership, public speaking, circle sharing, and conflict resolution skills.
- Ability to reflect on the way their lived experiences influences their work.
- Ability to maintain non-violent communication in work-related environments and correspondence
- Ability to work independently and in cooperation with others.
- Ability to practice humility
- Ability to manage time effectively based on workload.
- Ability to establish and maintain relationships with people and communities at large.
- Ability to provide guidance and work direction.
- Ability to problem-solve.
- Ability to prepare presentations, promotional materials, and business correspondence.
- Ability to be creative and flexible, to work under the pressure of interruptions and change.
- Ability to present information based on audience.