SUPPORTING PEER WORK

Full Report

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Introduction

> "A peer is somebody that is a peer of *the community*, not a peer of *your organization*. This is where organizations get confused. Yeah, they're doing the work, they're bringing education about your organization, but they're doing it in a way they know the community needs." — Peer worker

Acronyms

CHC: Community Health Centre
GTA: Greater Toronto Area
SPW: Supporting Peer Work

Welcome

Welcome to the Supporting Peer Work (SPW) community report. This document summarizes two years of research into the working conditions of people in peer positions at social service agencies across the GTA. What is now called Toronto is the territory of multiple Indigenous nations and communities, including the Haudenosaunee Confederacy, the Wendat, and the Mississaugas of the Credit River First Nation. As researchers and workers on stolen land, we are accountable to the Dish with One Spoon, the Two-Row Wampum, and Treaty 13. We have tried to uphold our responsibilities to them throughout our work to the best of our ability and describe some of our specific practices later in this report.

Project summary

Over the past two decades, so-called "low barrier" social service agencies like drop-ins and CHCs have hired more people with lived/living expertise into frontline positions. These individuals – often referred to as "peers" – do essential, life saving work (Bouchard, Montreuil, & Gros, 2010; Chinman et al., 2014; CMHA, 2013; Smith, 2016). At the same time, they are face oppression in the form of low pay; inconsistent hours; job insecurity; exposure to violence, grief, and loss; and discrimination from supervisors, and non-peer staff.

The SPW project came together because we saw peers pushed into corners by the agencies they worked for and wanted to understand why. Between 2021 and 2022, we interviewed 35 people in peer positions and 16 supervisors across the GTA and discovered that most social service agencies misunderstand peer work. While many organizations say they value the contributions of people with lived/living expertise, they force peer workers to follow policies and practices that undermine their unique

knowledge and skills. Peers are subject to discrimination, neglect, and double standards that block them from making positive change at their organizations and in their lives. Agencies build a maze for peers, then blame them for not being able to escape.

To truly support peer workers, organizations must break down the barriers they have built. This begins with making sure all employees enjoy job security and make a living wage. But it can't end there. We found that many peers experience oppression even at agencies that offer benefits and better pay. This is because the culture at social service organizations is based on hierarchies of value that come from white supremacy, colonialism, and capitalism. In our research, these intersecting systems of power show up as direct discrimination against Black and Indigenous peer workers, narrow and inappropriate standards of "professionalism," and criminalizing and classist ideas about drug use. These issues do not just exist in policy and interpersonal relationships – they are built into the physical environments of service sites, and reinforced at the front door, in the hallways, and on the street.

Change is both possible and necessary. Peers have the potential to forge new and necessary paths. However, they can only do so if they are trusted, respected, and resourced on their own terms.

A note on language

SPW uses the word "peer" to refer to any frontline social service position reserved for people who share lived/living experiences with the communities they serve, including those that go by other names. We recognize "peer" is a loaded term for many people and support all efforts to develop more accurate and empowering language. At the same time, we found that many interviewees who had won changes to their job title still faced discrimination based on their status as current or former service users. We chose to use the word "peer" in our research because we felt it captured both shared practices *and* shared struggles. We hope in the future there will be better words – and better working conditions – for these roles.

Unfamiliar terms

This document deals with complicated subjects. We write in plain language wherever possible, but sometime use highly specific words or phrases to describe an issue. Any text that is bolded the first time it appears is explained in the glossary at the end.

Content warning

This report contains stories of workplace abuse, anti-Black and anti-Indigenous racism; anti-drug user oppression; and physical violence. There is also mention of overdose and suicide. Please take care of yourself while you read.
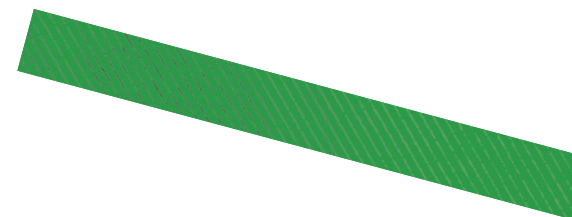
How To Use This Text

This document was collaboratively theorized and guided by the core SPW team: Griffin Epstein, Dawnmarie Harriott, Andre Hermanstyne, Suwaida Farah, Madelyn Gold, Lindsay Jennings, Michael Nurse, Maria Scotton and Julia Walter. Our status as co-authors honors this collective effort. Collaboration means compromise. To create the final text, some parts of our analysis were emphasized while others were left out. Individual members of the team may have different perspectives or beliefs on specific points in this work. We also reserve the right to change our minds. This text comes from a particular place and time. It is part of an ongoing conversation, not the final word.

This report is designed to be used by individuals and agencies interested in breaking down barriers and laying new paths. We hope it will help you make real change. Because we know the needs and capacities of every organization are different, we've chosen to conclude this report with tough questions rather than recommendations. We want you to ask yourselves: Who are we looking for when we hire a peer? What do we hope they'll do? How do we know our expectations are meaningful to the communities we claim to serve? Are we trying to force the people with lived/living expertise to fit our vision of "professional" standards, or are we willing to let them transform our organization to better meet community needs?

For SPW, asking questions – and being willing to answer them – is a practice of love. Black feminist scholar bell hooks (2000) reminds us that love is a series of actions – a verb, not a noun. Love is the opposite of abuse: "When we understand love as the will to nurture our own and another's… growth, it becomes clear that we cannot claim to love if we are hurtful and abusive" (hooks, 2000, p. 6). Many organizations claim to value peer workers. Yet these same agencies exploit them. We hope this report can play a role in achieving justice for peers. As Dr. Cornel West (2014) writes, "justice is what love looks like in public" (in West & Shuster, para. 21).

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The SPW Research Project

> "We're so burnt out right now, not just from the overdose crisis, but from the homelessness crisis and COVID. It's just a shitstorm out there for people on the street." — Peer worker

Who we are

SPW is a partnership between George Brown College, Working for Change and The Toronto Drop-In Network, funded by a government CCSIF grant. The core team includes project lead Griffin Epstein, research coordinator Julia Walter, program developer Dawnmarie Harriott and steering committee members Andre Hermanstyne, Lindsay Jennings, Madelyn Gold, Maria Scotton, Michael Nurse and Suwaida Farah. We received direction and guidance from Indigenous Health Promoter and community leader Les Harper; academic co-investigators Jijian Voronka and Melissa Teles; and informal collaborators Juno Zavitz and Franky Morris. We were also assisted by GBC SSW Program graduates Carla Barbosa, Cassie Morris, Lizeth Fernanda Teran Lopez, Mari-Elisa Cedeno, Samira Truesdale and Tom Kirby. SPW benefited from the early input of Diana Chan McNally and former steering committee members Cate Boyd and Harold Odiete.

Project history

SPW started with an idea from GBC professor and former frontline worker Griffin Epstein. In the fall of 2019, Griffin approached Diana from TDIN and Dawnmarie from WfC to propose a collaborative research project to look into why peers face dead ends, traps and other negative working conditions at the same agencies that seem eager to recruit and employ them. Though none of us were working in peer-designated positions at the time, we all had direct personal connections to peer work.

When we applied for funding, we had no idea we were in the early stages of a global pandemic. By April 2020 when we received the CCSIF grant, it was clear that COVID's impact would be widespread and devastating, particularly on people who were already socially oppressed — Black, Indigenous, and other racialized people; Mad, psychiatrized, disabled and chronically ill people; incarcerated people; newcomers; people without secure immigration status (particularly migrant workers); people working in criminalized economies (like drug sellers and sex workers); and anyone living unhoused, on low or no income, or in crowded places. Meanwhile, government and corporate refusal to prioritize human life over profit pushed more and more people into poverty, increasing

Acronyms

CCSIF: College and Community Social Innovation Fund
COVID: Coronavirus Disease 2019
GBC: George Brown College
SPW: Supporting Peer Work
SSW: Social Service Worker
TDIN: Toronto Drop-In Network
WfC: Working for Change

Key Points

• SPW is a community-guided research project that identifies oppressive labor practices in order to help agencies change.

• We tried to live our commitments to trusting collaboration and collective care in each phase of our work.

Questions

• How has research helped oppressed communities?

• How has it damaged or exploited them?

• How can you use research to make genuine change?

the pressure on already underfunded and over-worked services (Boisvert, 2020; Bowden & Cain, 2020; Bowleg, 2020; Cressy, 2020; McNally, 2020). Unsurprisingly, peers were among the frontline service providers most affected by these conditions (Johnson, 2021).

Community-guided research

SPW was designed as community-guided participatory action research. Traditional research often exploits community knowledge without delivering any benefit (Boilevin et al, 2019; Maggie's, n.d.; Pyett, 1998; Simon et al, 2021). Community-guided research is a strategy for reducing the harms of academic work by making sure that people whose lives and experiences are being researched have control over how their data is collected, analyzed, and used. Participatory action research is a type of community-guided research that aims to make a concrete change in a social problem, led by the needs and desires of those most affected by that problem (Duke, 2020; Jacobson & Rugeley, 2007; Ortiz et al, 2020; Thompson, et al, 2016; Tuck & Guishard, 2013).

At first, SPW was going to be guided by an oversight committee of people in peer positions. When COVID hit, we realized we would need much more than that; people working as peers in the midst of the crisis had to direct every decision we made. The project originators recruited a group of individuals working from their lived/living expertise in low-barrier organizations who had a strong critical analysis of power, and experience working on complex teams. Collectively, we became the SPW steering committee and the co-authors of this text.

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Data collection

The steering committee began our work by thinking about our responsibilities to the treaties that govern and protect this land. We devoted time at every meeting to learning about the Dish with One Spoon and Two Row Wampum, using writing and videos from Indigenous Elders, scholars, teachers, and activists. We talked about the ways we were trying – and sometimes failing – to disrupt colonialism in our everyday lives. We decided our relationships to each other were our main priority, over and above any funder deadlines or demands. In the beginning, we met every few weeks. In early 2021, we started meeting at least once a month. We chose to make every research decision by consensus, meaning that if anyone vetoed a direction, we could not move forward. We spent time building deep connections. We circled back, stopped to rethink, and sat with discomfort. We took our time. For us, this was a way to push back against colonial ways of doing research, which are more interested in outcomes than process (Liboiron, 2017; Tuck and Guishard, 2013).

We knew we wanted to focus on peer workers' own stories and experiences, but we didn't want to repeat work that had already been done. Peer work is an established "evidence-based practice" – research has shown that having access to someone with shared lived/living expertise contributes to well-being and self-identified "recovery" for many people who access social services (Bouchard, Montreuil, & Gros, 2010; Chinman et al., 2014; CMHA, 2019; Smith, 2016). There has also been substantial research revealing the oppression of peers at their workplaces (Greer et al. 2020; Greer et al, 2021; Olding et al, 2021a; Olding et al, 2021b; OPDI/Self-Help, 2014; Voronka, 2015). We wanted to build on this body of knowledge in a meaningful way. Consultant Les Harper warned us not to simply collect more stories of oppression and trauma. He challenged us to consider a different, more nourishing path. We were also influenced here by the work of scholar Eve Tuck (2009), who reminds us that centering desire, rather than damage, can be a powerful way of pushing back against traditional, exploitative academic work. We spent two months crafting an interview script that asked peers what they're proudest of, what they do to resist oppression, and how their workplaces could change to better support them. We sent it to the GBC Research Ethics Board for approval and got the go ahead in February 2021.

To recruit research participants, SPW sent a call-out to our shared networks over email. We also posted flyers, approached specific individuals, and asked people we interviewed to recommend others. We shared information about the project and the interview script with each potential participant and set aside time to hear any concerns. People were given the option to skip any question and end the interview at any time. They were also told they could omit any part of the interview or withdraw from the study completely. We compensated everyone at a rate of $50 per interview, paid before we started recording, so no one felt they had to say the "right thing" or stay the whole time in order to get compensation. All interviews happened by video or phone call scheduled at a time that worked for the interviewee. Some took place in one 60-minute session; others happened in small chunks over several days.

In fall of 2021, we decided we also wanted to speak to people who have hiring and firing power over peers, to see how they justify the working conditions that peers are forced to survive. We wrote an interview script and engaged in the same outreach process we had for peer workers.

Analysis

We concluded our interviews in April 2022, having spoken to 51 individuals: 35 in peer positions and 16 in supervisory roles. Once we finished, we analyzed the anonymized transcripts for common themes. We examined how peers define their roles; what innovative practices they engage in; the barriers and dead ends they face and how they resist them; and where and how systems of power show up in their working lives. We also paid close attention to the recommendations peers made for how organizations might dismantle their oppressive structures and build something new. We then compared these findings with our interviews with supervisors, looking for similarities and differences.

Our analysis revealed many contradictions between peers and their supervisors. It also drew our attention to complexities in the research work itself. SPW believes in community control of all resources. At the same time, we are wary of the misleading ways the word "community" is used in both academic and social service settings. We want to support better working conditions for peers. Yet we are not sure that social service organizations can ever truly understand or engage in the kinds of radical practice that peers do. As individuals, we hold different beliefs about how much change is necessary or even possible within social services. Accepting these tensions is part of our work together.

Ongoing issues

The members of SPW knew coming in that peer workers face confusing methods of compensation and insultingly low pay (Greer et al, 2020; Greer et al, 2021; Mamdani et al, 2021; OPDI/Self-Help 2014; Voronka, 2015, 2019). We really didn't want to repeat that in our work. It was essential that everyone involved receive fair payment for their labor and expertise. Cash payments are well known to be the most accessible form of compensation for people in oppressed and heavily researched communities (Greer & Buxton, 2018; MacKay 2022; Souleymanov et al, 2016). After considerable effort, we established an agreement with the institution administering our grant that allowed us to pay everyone at a meaningful rate via direct e-transfer to ensure COVID safety. Due to high turnover at the institution, we found ourselves repeatedly explaining this practice to new project managers. In the fall of 2022, we were abruptly informed that our established payment method would no longer be accepted. At the same time, we were asked to provide sensitive personal information from members of our committee. The process of ensuring meaningful compensation continues to be thorny. We are angry – though not necessarily surprised – to see the dynamics that exist between non-profit agencies and peers extend to tension between colleges and their community partners. Such conflicts are why many researchers urge caution when working with large institutions, which tend to consume and benefit from the knowledge of oppressed peoples while refusing to redistribute their own wealth and power (Fursova et al, 2022). This, too, is a tension we are figuring out how to work with.

A Short History of Peer Work

"Peer, I don't like that term – it's very **tokenistic**. It's a shame, because it's technically accurate for someone who is your equal, someone who can share similar experiences. But it has a lot of historical baggage." — Peer worker

What is peer work?

Penney (2018) defines peer support as "a process through which people who share common experiences or face similar challenges come together as equals to give and receive help based on the knowledge that comes through shared experience" (p. 1). But peer work is more than that. Many peers come to their roles knowing that the types of help people are usually offered aren't working, and that it is systems of social power, rather than individual choices or defects, that put people into distress, crisis and/or need in the first place. Indigenous outreach worker Deanna Cachagee (2020) considers peer work a way to provide communities with resources "outside the system" of "colonial care." The Intentional Peer Support model (2022) proposes that peer work creates "transformative relationships" and "mutually accountable… communities" (para. 6). For Cachagee and IPS, albeit in different ways, peer work is similar to mutual aid, a community organizing practice that focuses on meeting peoples' survival needs "based on a shared understanding that the crises we are facing are caused by the system that we're living under" (Spade in Fernandez, 2020, para. 5). As activist and scholar Dean Spade (2020) writes, mutual aid provides people immediate support, while at the same time working to eliminate the causes of suffering and injustice (ibid). The word "radical" refers to *getting to the root* of something; peer work is radical because it struggles to dismantle or uproot hierarchical service provision, focusing instead on deep forms of community care.

Social service agencies see peer work differently. The majority of mainstream organizations consider peer roles as a form of "supported" employment, a way that community members can practice for more "mainstream" work in service provision. These agencies use a spectrum model, where opportunities range from what they call "low responsibility" activities like making harm reduction kits or sitting on advisory committees to more formalized outreach and client support. They often promise that peers can move along the spectrum, eventually securing non-peer roles, if they go through "intensive training and case management" (Penn et al, 2011, p. 15).

Acronyms

CAS: Children's Aid Services
CHC: Community Health Centre
C/S/X: Consumer/Survivor/Ex-patient
IPS: Intentional Peer Support

Key Points

• Peer work is very different from other types of service provision, but the history of it that is most familiar focuses on the parts that are most compatible with mainstream social work. There are other origin stories that can and should be told.

• There are more peer work positions now than ever, but the postings for these jobs screen out many people with lived/living expertise.

Questions

• Who benefits from silencing alternative histories? Who loses out?

• Has the sector actually moved forward? Or has it only undergone surface-level change?

The mainstream story of peer work

The definition of peer work used by most social service agencies comes from a specific history. This story begins in Western Europe in the 17 and 1800s, with patient-led organizing for more humane care in the asylum system. (Shalaby & Agyapong, 2020; Tang, 2013). The modern version of peer work came about during the deinstitutionalization era (1970s – 1990s), a complicated time in the US, UK and Canada that marked both the success of the c/s/x and disability rights movements – which organized to get people out of long-term confinement in institutions – and the beginning of the neoliberal era of government defunding and disinvestment (Ben-Moshe, 2020; Dear & Wolch, 1987; Slater, 2005). Many of the agencies in Toronto that currently employ peer workers started at this time.

This history overlapped with early peer support for people who use drugs. Abstinence-based self-help programs organized by 12-step communities were common throughout the 19th and 20th centuries (White, 2004). From the 1980s onward, injection drug users began underground clean needle distribution programs, paving the way for public health-based harm reduction (Des Jarlais, 2017; Smith, 2016). This activism was so successful that by the late 1990s, City-funded institutions started hiring people who use drugs to work with their own communities (Smith, 2016). Most contemporary peer positions continue to be in "mental health," abstinence-based support, and harm reduction.

Silenced histories and hidden paths

The mainstream history of peer work tells a story of progress, where first ex-patients, then abstinence-based self-help groups, and finally people who use drugs went from passive recipients of social services to active participants in their own care. Some aspects of this story are true. But these accounts rely on the assumptions that inclusion in the social services system is a good outcome of community-led movements. As a result, movements that challenge the nature of the system itself are often conveniently ignored. These include sex worker mutual aid networks, organizing by incarcerated people, radical youth movements, and abolitionist work (Davis & Fayer, 2020; It'sGoingDown.org, 2018; Maggie's, 2019; Simonpillai, 2021).

Similarly, the mainstream history of peer work centers white-led organizing to the exclusion of movements led by racialized and colonized people. The claim that resistance to psychiatry began in the asylums of Western Europe ignores earlier and parallel accounts of resistance from within the communities these nations sought to colonize and control. For example, captive African peoples fought against the use of psychiatry as one of the many tools of enslavement in the Americas, and Chinese and other East Asian immigrants to Canada refused psychiatric oppression in the late 18th and early 19th centuries (Redikopp, 2021). Intersectional movements for disability justice continue this work today.

The internal racism of well-known peer movements also frequently goes unacknowledged. The c/s/x movement has been hostile to the voices and contributions of racialized people (Gorman et al, 2013; Gorman, 2017; Joseph, 2019). 12-step programs appropriate from the healing circles and ceremonies of several Indigenous nations and communities (Coyhis and Simonelli, 2008; Healing Justice, 2018; Stevenson, 1999; Vick, Smith & Herrera, 1998). Public health-based harm reduction paradigms often ignore the need for legalization and community-controlled safe supply, even though the criminalization of drugs disproportionately affects racialized – most specifically Black – people (John Howard, 2017; Maynard 2017).

There are other types of harm reduction that the mainstream story leaves out, including anti-colonial and Indigenous harm reduction, and what Shira Hassan (2022) calls "liberatory harm reduction," which prioritizes individual pleasure and choice, community care, and collective organizing over narrow and limiting ideas about "health" (Dodd & McClelland, 2016; Hassan, 2022; VANDU, n.d.). Liberatory harm reduction has been practiced for many decades, starting with the work of revolutionary organizations like Street Transvestite Action Revolutionaries, the Black Panther Party, and the Young Lords (Hall, 2022; Hassan, 2022; Stanley, 2021; Tula, 2017).

The social service system

SPW feels uneasy about peer work being included into social services. We believe that the social service system as a whole can be very damaging. Because social service providers are not generally uniformed or armed, the harm they do can be hard to see. However, these agencies and workers are part of a larger system that concentrates wealth, resources, and power in a dangerously small number of people, leaving the rest fighting to meet our basic needs (Badwall, 2013, 2016; Chapman & Withers, 2019; Heron 2007). One of the main jobs of social service providers – most of whom are white, middle-class cisgender women – is to determine who is deserving of support. The people who benefit most from the existing service system are those who are seen as easiest to assimilate, or already close to social norms (Heron, 2007; Ou Jin Lee & Ferrer, 2014). People who do not or cannot fit are either abandoned and/or targeted by the policing, prison and medical systems (Chapman & Withers, 2019; Fortier and Wong, 2018; Roberts, 2022).

Most peer workers are employed at so-called "low barrier" agencies like drop-ins and CHCs. Of all the organizations within the social service system, these tend to be the most progressive and accessible (Ashford, Curtis & Brown, 2018; Wellesley Institute, 2009; Wilson, 2015). However, they are still caught up in the oppressive patterns of the larger system. This reality often shows up in what Chapman and Withers (2019) call the "gap between what's said and what's done" (p. 340).

Activism and cooptation

The last ten years have been a time of important activism led by people with lived/living expertise. Community organizing has led to the creation of new essential services, including 24 hour drop-ins for trans and cis women, non-binary, and gender-diverse people; Overdose Prevention Sites (OPS); harm reduction satellite sites run out of peoples' homes; and encampment support projects. All of these initiatives began with direct action to demand change. Traditional agencies were forced to recognize the necessity of these resources, and many became funded programs administered by larger organizations. Once that happened, the priorities shifted from community needs to funder demands. Now, more activism is required to ensure that these services remain meaningful to the people who created them in the first place.

This cycle is especially clear in the story of the OPSes. In 2017, the Toronto Harm Reduction Alliance set up an unsanctioned OPS in Moss Park staffed by drug users and their allies (Mullin, 2017, para. 13). After preventing hundreds of overdoses and becoming a hub of organizing activity, the Moss Park OPS received provincial funding for indoor space and paid staff (Ghosh, 2018). Similar programs emerged at many other social service sites (City of Toronto, 1998 – 2022). While the formalization of OPS services was a big victory, it also meant complying with the rules of funders. Now, these programs are forced to fight to sustain their funding, and must find workarounds for inappropriate or insulting government requirements (Groleau, 2018; PIVOT, 2020).

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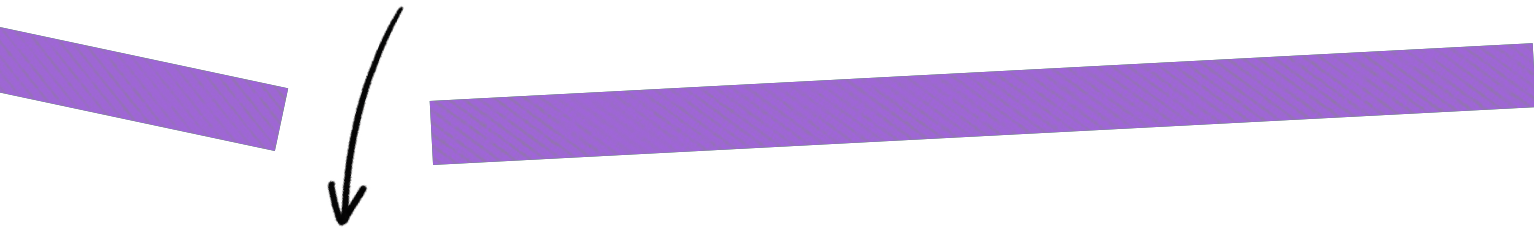
Peer work today

There are more opportunities for people with lived/living expertise than ever before. In Toronto alone, there are over a dozen manuals for agencies that want to start peer programs and just as many training programs for aspiring peers. There are also a lot of job postings, some of which are decently compensated ($20+/hr) and permanent. But research has shown that many opportunities for peers have restrictions, including low pay and inconsistent contracts (Mackinnon et al, 2021). A brief May 2022 survey of relevant postings in Toronto implied that peers are also expected to have expensive post-secondary educational credentials. A "peer mobile crisis worker" position noted "the ideal candidate will have at minimum an Undergraduate degree/Diploma in social services," while another posting said a "degree or diploma in health or social services" was preferred. Peer positions that did not require education were paid at much lower rates of $15 – 18/hr. Almost all positions required vulnerable sector / police record checks, which can keep people who have been criminalized from applying. Because of the disproportionate criminalization of racialized – and, most specifically, Black– people, this can function as a racist barrier to employment.

The peer positions we surveyed also often listed duties very similar to those of non-peer staff. One required "clinical and crisis assessments," knowledge of several laws, "computer skills" and "a valid Canadian drivers license." At the same time, the roles contained warnings about employee behavior and boundaries. One required applicants "to engage in appropriate emotional regulation [and] reasonable self-care strategies designed to reduce stress." Another asked for "confidence in asserting and maintaining strong boundaries." Phrases like "emotional regulation" and "self care" are rarely seen in non-peer listings.

The mainstream history of peer work tells us that the sheer number of opportunities for peers is a mark of success. But if lived/living expertise is truly being valued, why do agencies require academic or professional credentials? Is peer work just a stepping stone into mainstream social services? Or is it something more? Shery Mead, founder of IPS, writes, "we must be mindful of our intention: social change. [Peer work] is not about developing more effective services, but rather about creating dialogues that have influence on all of our understandings, conversations, and relationships" (in IPS, 2022, para. 1). Most peers we spoke to agreed.

Forging New Paths:
The Radical Practice of Peer Work

"I definitely come from the mindset – in community organizing or any type of work – where you just showed up and started setting up chairs. You started from where you were at." — Peer worker

Acronyms

ODSP: Ontario Disability Support Program
OPS: Overdose Prevention Site
OW: Ontario Works
SCS: Supervised Consumption Site
SSW: Social Service Worker
SPW: Supporting Peer Work

Key Points

• Peer support work is built on authentic, non-hierarchical relationships. Peers care most about the needs of their communities, rather than those of the organization they work for.

• Social services benefit from having peer workers, yet peers have to fight for recognition at their agencies.

Questions

• What would the world be like if communities controlled their own resources?

• How does peer work support a new vision of access and care?

Peer interviewees

Between February 2021 and March 2022, the SPW academic team interviewed 35 current, former, and aspiring peer workers. We share our interview demographics below. Demographic information helps us demonstrate the diversity of peer work and find patterns in what was said. However, these numbers do not represent peoples' full humanity. We recognize that peoples' social locations (race, class, gender, etc.) inform their roles, responsibilities, and relationships in complex ways. People also live all their identities at the same time. Unfortunately, to preserve the anonymity of our interviewees and clearly organize our data, we had to split apart or "disaggregate" peoples' social locations and use standardized categories rather than peoples' own words.

Of the 35 peers we interviewed, ten (29%) were white, nine (26%) were Indigenous, four (11%) were Black, and five (14%) were racialized but not Black or Indigenous. There were also seven people (20%) who did not provide their racial identities. One person we interviewed was a member of a culturally and racially marginalized faith community.

Twenty (57%) of the peers we interviewed identified as cisgender women, eight (23%) as cisgender men, and four (11%) were not identified or declined to give information. We also interviewed three people (8%) who identified as trans, non-binary, or gender diverse. As with racial categories, social locations are flattened here. There is no one "trans experience" and peoples' lives differ depending on their specific gender and other identities. A further 20% of people we interviewed identified as gay, lesbian, queer or, when they were Indigenous, Two-Spirit.

Over 80% of the people we interviewed were currently working as peers at the time we talked to them, with approximately 9% having left peer work recently and another 9% aspiring to become peers. Interviewees had job experience at more than 20 agencies across the GTA and at least ten elsewhere in Canada or internationally. Nearly 20% had at least one post-secondary diploma or degree.

The majority of people we spoke to identified as current or former criminalized drug users (64%); many had been or were currently unhoused or experiencing housing precarity (36%). Several identified as Mad, psychiatrized, and/or disabled (27%). Some were current or former sex workers; others disclosed experiences of incarceration. Most discussed gender-based, familial, or interpersonal violence; some named histories of trafficking. Almost every peer we spoke to reported experiences of poverty. Most were still living in poverty when we interviewed them.

The political philosophy of peer work

SPW began with the knowledge that peer work *works*. But peer labor is not just one thing. Each of our interviewees had different job duties. Some engaged in outreach, going to street corners, encampments, parties, and/or rooming houses to provide people with supplies and informal counseling. Others accompanied people to doctors offices and courts to help them advocate for themselves. Some worked at or ran drop-ins, OPS or SCSes, and/or satellite sites. Others facilitated small groups, doing collaborative art work, or building community capacity.

The commonality we saw wasn't in *what* peers do but *how* they do it. Interviewees told us that peer work is "not just about lived experience; it's how you can hold space for someone as an equal." "Subjectivity alone" does not make you a "good worker" – people also need "a particular orientation" to the world: "it's ideally as non-hierarchical a relationship as possible, as authentic a relationship as possible." As one person put it: "A huge part of peer work for me is being very much against the idea of professional-ization. So, the way I dress, the way I speak, it's all trying to be as egalitarian and relatable as possible."

Peer work requires a shared set of values. As one interviewee told us, peers must see themselves as part of a community of people with "shared common struggles" who are "seeking equity…as a collective group." In the words of another: "we're all community members, we're all in this together, and we need to meet each other on the same level." One peer said, "the system imposes so much hierarchy and barriers," whereas "peer work is very balanced." As another person put it, "it's not a top-down way of helping people, it's a way of cultivating community."

More than anything else, interviewees asserted that peer work is different from other types of social service provision. Peer services are always voluntary, never coerced – many people we spoke to told us that it isn't peer work if someone is being forced or mandated to access it. Where non-peer social service staff have to fulfill quotas and deal with paperwork, "peer work is not gatekeeping…it's advocacy, it's empowering people." The power comes from being able to show that you "have a messy life, too" and connect with people based on the skills and abilities gained from surviving a violent system. "Being a social worker would actually tie my hands so much more," one peer explained, "I wouldn't be able to be myself, which is what makes other people trust me…I've heard so many stories of being let down by workers, and workers not being there, and workers not caring, and workers forgetting. I take the time. I have human relatability. It just opens up a more trusting, engaging, and interchangeable relationship." Another said, "there's so many boundaries in social work [but] with peer work, we take away those lines, which I think it's a good thing…I think with a lot of peer workers, they make themselves available. It's good because we're actually there for our clients. But it does take a tremendous amount of energy from our lives."

Interviewees often commented on the "energy" peer work takes. While some hoped to advance into non-peer positions, most felt committed to the peer role: "If I could start from ground zero, I would be a peer worker again," one person told us. Another said, "I'm sure I could apply for other things," but peer work allows you to really get "into the mud.": "I feel like being a peer worker lets you meet people more where they're at instead of where *you're* at." An Indigenous worker explained that peer work is how they contribute to the bigger project of "decolonizing" care and opposing "the way the world is set up."

Peer services are always voluntary, never coerced – many people we spoke to told us that it isn't peer work if someone is being forced or mandated to access it.

Advocacy and innovation

Many people we spoke to had made their workplaces safer for their communities. Some did this through quietly refusing to enforce oppressive policies, while others agitated for changes to organizational practice, including insisting that all services be voluntary and directly responsive to peoples' clearly articulated needs. Several interviewees told us how they expanded their organization's sense of meaningful service provision by asserting that peoples' emotional and creative needs are just as important as their need for food and shelter. Multiple peer workers started projects at their organizations. This was particularly true for Indigenous peer workers at settler-run agencies, and drug users at agencies new to harm reduction. In fact, almost every harm reduction worker we spoke to had been partly or wholly responsible for bringing a new lens or set of practices to the organizations where they worked. Several interviewees had started their own organizations, while others engaged in systemic advocacy through municipal, provincial, and federal policy work. Black harm reduction workers shared stories of fighting anti-Black racism in both drug user communities *and* institutional spaces.

Though some peer workers were supported in making change at their agencies, most felt they had to constantly fight to be heard. One person recalled directly confronting the Board of Directors at an agency when it became clear that no supervisors or managers were going to listen. Multiple people discussed showing up or staying at meetings they knew they were not supposed to be at in order to ensure community needs were represented: "I got an email to attend a day-long staff meeting and it was going to be all about harm reduction….I really wanted to make the new hires comfortable, because I know how uncomfortable it can be being from our world in that kind of setting. It was in a big auditorium, and I get there, and a manager came to me and said, 'Oh, you're not supposed to be here today,' and I said, 'What are you talking about? It's harm reduction day!' [The manager] goes, 'Oh, it's only for staff,' so I said, 'Well, who do you think you're talking to?! I'm here, and I'm staying!' What the hell kind of harm reduction day is it if there's no harm reduction workers?"

The word "peer"

The peers we spoke to were deeply committed to their jobs. One said: "I feel more duty-bound to this work than I did even when I worked [in a professional job], because I think this is serious work." At the same time, many people felt uncomfortable with the word "peer": "As soon as you say peer, people have a particular idea of what you can do, where you fit within an organization; they imagine who you are as a person, they already put all these ideas and stories in their head." One person noted that the term "can be demoralizing": "[Organizations] picked a word that funded well, and it's funding driven, and now it's embedded in our sector…but it minimizes the work and its importance." Another said: "So often you will see the word 'peer' followed by the word 'support': like, 'peer support worker.' Here is a good question: who supports the support workers?" This is one of the traps of peer work – while the "peer" title and emphasis on lived/living experience gives people space to work from their actual values and ethics, it also constrains them. Peer work is undervalued – once you are labeled a "peer," it is hard to get adequate pay or meaningful respect.

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Locked Doors and Higher Floors:
The Oppression of Peers in Social Services

Acronyms

COVID: Coronavirus Disease 2019
ODSP: Ontario Disability Support Program
PPE: Personal Protective Equipment
SPW: Supporting Peer Work
WSIB: Workplace Safety and Insurance Board

Key Points

• Peers endure precarious conditions and dehumanizing treatment from non-peer staff. They also navigate hostile and dangerous environments. Workers with lived/living expertise are locked out, left in the cold, and put in harm's way.

• Discrimination against peer workers is worsened by anti-Black and anti-Indigenous racism, as well as other forms of oppression.

Questions

• Whose needs are prioritized in social service agencies? Whose work is supported, trusted, and resourced?

• How do forms of oppression like colonialism, capitalism, white supremacy, cisheteropatriarchy and ableism shape workplace culture? How do they shape the built environment and physical spaces like hallways, doors, and streets?

Precarious labor

According to the International Labor Rights Forum (n.d.), precarious workers "fill permanent job needs but are denied permanent employee rights." They deal with lower wages, unstable employment, and more dangerous working conditions than permanent employees. They are also treated as easily replaceable, which makes it more difficult for them to fight back against their supervisors (para. 2).

Precarious work has always been a part of the Canadian capitalist settler-colonial economy. However, since the ramping up of neoliberalization in the 1980s, these conditions have extended to more and more workers (Procyk, Lewchuk & Shields, 2017, p. 7). Over the past 20 years, the entire social service field has become increasingly unstable (Shields, Baines & Cunningham, 2017). However, no workers face more precarity than peers.

SPW is not the first research project to find that peers face workplace oppression (Greer et al, 2020; Greer et al, 2021; Mamdani et al, 2021; OPDI/Self-Help 2014; Voronka, 2015, 2019). However, we discovered that this oppression persists even in agencies where peers are better paid and/or unionized. This is because of how social service agencies are *structured*. In critical theory, the word "structure" refers to the overarching systems that govern a society, including the economic relations, laws, and social institutions. A structural analysis requires considering how systemic forms of oppression show up in agency policies, as well as in dynamics between people. However, the word "structure" can also refer to physical space. Power doesn't just shape peoples' thoughts, feelings, and words; it is also built into staircases, hallways, and streets. In this section, we use the term "structure" to refer to all of these things.

Insecure employment

Almost every peer we spoke to worked an insecure contract position, with terms ranging from two months to a year. This was true in part and full-time roles, and regardless of whether peers felt supported or exploited in their specific agency. As one person put it, "Job security? I have none. I'm expecting funding for the program to be cut at any point." Another shared, "The last position [I had] was open ended – the contract could be extended or cut short. There was a clause that said I had a six-month probationary period, but it was a six-month contract, so they could have let me go

"There is a huge burnout rate, a huge high turnover rate. You are getting paid the least, and you are doing the hardest jobs. That is why we are losing here." — Peer worker

anytime. There was a wide kind of range of things that could result in termination…. I never quite knew where I stood."

As Procyk, Lewchuk and Shields (2017) write, insecure and short-term labor has significant personal consequences. It "increases anxiety at home and concerns over maintaining living standards," and makes it difficult for people to be present in their lives (p. 5). While there was variation between interviewees' desires for full-time or part-time positions, everyone wanted more permanent jobs. "We all want secure employment. We all want job security," one person said. "I don't think that precarious work really cuts it."

Low wages

On average, people we interviewed were paid $15 to $18 an hour, with a small number making as little as $10 and even fewer making more — as much as $28. This means that the majority of peer positions we surveyed were compensated at or slightly above the then-current Ontario minimum wage of $15/hour. This is far below the *living* wage asserted by The Ontario Living Wage Network (2021) of $22.08/hour for full-time employees in Toronto, as of November 2021. It is important to note that most peer workers are part-time, and so hourly pay would actually need to be even higher to meet their basic needs.

Some of the peer workers we spoke to noted that they are paid less than non-peer staff for similar or identical duties— including managerial tasks. As one person said, "[my organization] hired people for $30 an hour [to do similar work], when I was making $16.75. It is just so disproportionately unfair." Another said that peers have been taking on more and more non-peer roles in the context of the ongoing pandemic: "[Because of COVID, non-peers] dropped like flies and there was no one there – there was no lead, there was no manager, there was nothing except for [the peers]. So, I had to just kind of pick it up. I organized all the donations. We made all of our own meals. I just kind of picked it up and got the ball rolling." Yet this worker told us that they were never offered compensation that reflected their role. As another peer worker put it, "I think if you legitimately valued peer work in the way that you claim to, you would pay peers the same that [you] pay medical staff."

We found that, in addition to being paid less for similar work, peers are also paid *differently*. Unlike non-peer staff, "as peer workers, there's no set date that we get paid."

Many interviewees discussed feeling frustrated or confused by how payment systems worked. Some said they were expected to be grateful for being paid at all. Multiple peers shared that despite being interviewed and hired for a position, they were sometimes mistaken for volunteers: "I remember submitting my hours and my boss was like, 'I thought you were volunteering.' I was like, 'No...' And [my boss] said 'Oh, I thought you were just looking for something to do.'" It's important to recognize that most peer workers have long held support roles in their communities and are committed to mutual aid. Many insisted they would always do this type of work, whether or not they were paid. However, our interviews focused on the formal roles these workers held, where they were subject to organizational policies and had to answer to supervisors. In these positions, peer workers are providing frontline social services for a funded agency to fill gaps in their programs and services.

Social service agencies claim that peer work is a pathway out of poverty, but low pay means that peers often struggle to maintain basic life supports. When payment is delayed, the consequences can be dire: "My rent checks have bounced because the money is not in my account. So, then I'm paying my landlord…and I'm paying my bank…It's costing me to work there."

It's important to recognize that most peer workers have long held support roles in their communities and are committed to mutual aid. Many insisted they would always do this type of work, whether or not they were paid. However, our interviews focused on the formal roles these workers held, where they were subject to organizational policies and had to answer to supervisors. In these positions, peer workers are providing frontline social services for a funded agency to fill gaps in their programs and services.

Lack of benefits and representation

Pandemic conditions have increased both the intensity and the risks of providing direct social service (Johnson, 2021). Despite this, many peers still do not have paid debriefing time, sick days, or benefits. Some workers noted that they were told they could "take time" when they needed and "work it out" informally with their supervisor. Yet multiple interviewees told stories of returning from informal leaves to find their roles filled by others. In these cases, there was little or no recourse. As one person put it, "as peer support workers, we're not allowed to defend ourselves" to management.

Some peers who weren't unionized told us they needed a union to defend their rights. However, the few peers who were members of an employee union didn't experience significant benefit: "…the thing is, if you don't have full time hours, you can't complain the same way…if you complain and you do file something and your manager finds out, then you get your hours cut. A lot of the peer jobs are not set in stone - so, if you want those hours, you better suck it up and deal, right?" Another interviewee told us that they transitioned off of social assistance to take a unionized peer job, only to find that the union blocked their ability to get enough hours and pay: "So, I have all this medical stuff, and I have no benefits now, because I'm not on ODSP."

Lesser status

Almost every peer worker we spoke to told us of dehumanizing and discriminatory treatment from non-peer staff and supervisors. Some shared stories of outright bigotry and disrespect, while others experienced a general sense of disdain. "They don't respect us," one person said, "they treat us like we are nothing. Because they are staff, they think they are higher than you." When asked why peers are treated differently, many interviewees told us it's because they are not considered staff, and that peers are treated poorly "because they are low paid or they have no benefits." These experiences reveal the circular logic of agencies: people are peers because they are not staff; they are not staff because they are paid less; they are paid less because they are peers.

Peers' lesser status is often communicated to them when applying for a role: "[when I was interviewed], they never asked me what I needed or told me how I would be supported – [instead], every place I have ever worked they asked me what I did for self-care, like that would be a big problem." One worker said, "the number one question I heard [at the interview] was 'what resources do you have in place to support yourself? 'And it would make it feel like, 'oh, well, you're not healed enough [to be a real worker].'" When asked if they thought non-peers were asked these kinds of questions, most interviewees responded with an emphatic "no." One told us ironically: "I've never worked somewhere that made such an effort [to check in on my self-care]…it makes me feel like I need to give updates on whether or not I'm accessing therapy. The questions and things that get asked…I'm always reminded that I'm not really an employee."

Regardless of the roles they were hired into, many peers reported being handed "the grunt work, and the dirty work." One person said that peers are expected to do tasks others think of as "beneath them." As another put it: "I am a harm reduction worker. We were actually literally hired to give knowledge about substance use. Not serve food, not clean toilets. It seems these jobs that nobody else is willing to do fall on peers."

Neglect and surveillance

Most agencies understand peer work as a form of job training, with more resources and support than non-peer roles (Penn et al, 2011). Yet almost every peer worker we spoke to said they received little assistance from supervisors: "There was absolutely no support, no debrief, nothing. It was almost as if the peer was supposed to know." "Our support from management is very limited, very limited," one person told us. "As harm reduction workers, we give support to our clients, we're always there for our clients. When it comes to us, we can only get it from our [peer] colleagues."

At the same time, most peers felt constantly watched by non-peer staff. Many people recounted being told not to say or do certain things, and felt they had to be "careful" all the time: "I'm the only employee that was asked to review my hours, and I'm never going to rip them off. It's just the inconsistency that gets me." As one interviewee put it, "I had a supervisor who was so disorganized. Things like punctuality weren't [their] forte, so the same behaviors that I would typically feel like I would be terminated or reprimanded for were valid for [my supervisor]."

The issue of surveillance was most intense for Black peer workers. Every Black peer we spoke to named experiences of questioning and undermining behavior from supervisors in ways that were more consistent and aggressive than those shared by white workers. Two of the four Black peers we interviewed were accused of stealing the supplies they were using to fulfill the basic duties of their job.

One Black peer worker told us about an experience early in the pandemic when their agency was mostly closed. After checking in with a supervisor, they came to pick up harm reduction kits so they could assemble and distribute them from home. Later, they learned that a white non-peer staff saw them enter the building and called to report "a theft." The interviewee said: "I was feeling, like, I've been there for a year and a half, and this person *knows* me…You know, the funny thing is, they never called me. I'm thinking, are you scared of me? I am not a scary person. So, it was a black and white thing." Though they were cleared of wrongdoing, the same worker was then told they had "contaminated" the kits they took. "I don't understand how they can say that they were contaminated since there were four people doing kits barehanded in the same way as if I brought it home, as if my home isn't safe. [But] what am I gonna do?" they concluded, "I don't want to lose my job…in my life, unfortunately, being me, that happens a lot."

False accusations are one of the many ways Black people are regularly criminalized and devalued in their workplaces and beyond. Scholars, activists, and communities have thoroughly documented the foundational role of anti-Black racism in the prison system (Alexander, 2010; Davis, 2003; James, 2005), the policing system (Maynard, 2017; Lepore, 2020), the medical system (Washington, 2006), the social service system (Roberts, 2022), and all other institutions in contemporary society (McKittrick, 2006; Sharpe, 2016; Walcott, 2021). At its most openly violent, this culture of pervasive anti-Blackness allows or even encourages the execution of Black people for expressing distress or crisis, walking down the street, or simply existing in public space. In June 2022, as SPW was finishing our analysis, Toronto Police Service released race-based data on their use of force, confirming what Black communities have always known: because the policing system is based in white supremacy, they have been and will continue to be subject to excessive police surveillance, violence, and murder (Bond, 2022).

The built environment

The "low barrier" social service sites most interviewees worked at often advertise themselves as having "welcoming" and "open door" policies. But as we learned, the literal doors are almost always shut to peers: "we don't have ID badges, we don't have keys, we have to ring the bell to get let into the building, we need someone to help us go into certain parts of the building, and it sucks, because you are left standing out in the cold, literally, waiting to be let in."

Such restrictions were commonplace. Many peer workers reported having to convince non-peer staff to let them in, no matter how long they'd been at an agency: "they hired us as peers to work in the drop in, but we weren't allowed certain keys, or [they'd say] 'Don't go in there!' Why are you treating me like I have leprosy? Or they'd have the office door closed and we'd be standing there saying, 'Can you let me in please? I need to start my shift.' 'Oh, I have to get permission.' For what? What is wrong with you people?" Others said non-peer staff intentionally humiliate them by shutting them out of shared spaces: "Peers are not allowed in the office, and check this out, our keys are in there! So, we've gotta sit and wait until they're finished talking! They're sitting there drinking coffee and I can hear them talking about their family life or whatever. Then you have us sitting out there to wait for our keys to start our shift."

This restriction of physical access demonstrates a social hierarchy that is reinforced by the layouts of buildings themselves. At almost every agency referenced by interviewees, people with more power worked on the upper floors while people with less worked on the lower ones. As one person told us: "There are three floors. The doctors and the case managers are on the top floor, the middle floor is the drop-in, and then we're in the basement." Additionally, workers told us they were questioned when entering higher floors: "[Non-peer staff say] 'What do you want?' and you're like: 'I work here,' and they're like: 'well, who's waiting for you downstairs?" One person told us: "I [have to] stand outside of a photocopier room for 35 minutes, waiting for someone to give me permission to have the passcode to go in there so I can make copies of flyers for a program."

Peers are hired for their unique ability to understand and relate to their communities in ways non-peer staff can't. However, the policing and surveillance our interviewees face often seem designed to test their professional and emotional limits in contradictory and exploitative ways. If a worker locked out of an office for half an hour gets impatient and shouts or leaves work, will they still be seen as deserving of their job? Whether intentional or not, these restrictions create opportunities for non-peer staff to scrutinize and judge peer workers' worthiness. Peers are highly aware of this. One interviewee mused: "Why am I getting treated like I'm a criminal in my own workspace? Because I'm not considered an employee? Okay, well, if I was an employee that might create a barrier to service for our clients. There's a reason why we are in this sort of in between state."

As was true on many issues, Black and Indigenous workers reported the greatest barriers navigating or even accessing agency spaces. As one person put it: "You're not allowed on the floor where the directors [and] managers [are]...you're already putting that oppression there. 'Oh, I'll keep you down here, that's where I can see everything you're doing.'" An Indigenous worker asserted that social services are always "colonized spaces," because "any hierarchy is colonial." "Hierarchy always affects work," another Indigenous interviewee said: "Some organizations say they're progressive…but they're still rooted in colonialist frameworks and worldviews, and that bothers me because they don't do anything about it. They just sit there in their high chairs. All these higher-up people are making a living off of people's misery, and that's not right."

> At almost every agency referenced by interviewees, people with more power worked on the upper floors while people with less worked on the lower ones.

Danger and violence

Since the beginning of the ongoing COVID-19 pandemic, peer workers have faced the greatest threat of illness or death on the job. Starting early in 2020, many non-peer staff were allowed to work from home. This left peers doing riskier high-contact tasks, often without adequate protection. "We're still waiting for more masks," one interviewee told us. Another said, "in our kitchen, there's no space, no social distance at all, so if I need that money, which I do, because so many of my hours have been cut, I just put up with the risk of getting sick." Some peers had to supply their own PPE. Those offered the chance to work remotely expressed fear that these options would be removed when the government rolled protections back. This was particularly worrying for disabled workers.

Many peer workers shared experiences of workplace violence. One interviewee recalled a co-worker who was threatened with a knife – "and then the manager came in and debriefed without [the peer]. Like, totally victim blaming and not taking into consideration that we have trauma too, that something could be triggered by someone threatening us with a knife." This kind of abandonment was common, and well as the sense that peers are put in harm's way. Another worker shared: "I am a pretty small person and they had this guy that was coming in and smashing everything, so they locked the place down and then they had me man the front door, in case he came back." When asked how the agency explained this situation, the interviewee continued: "They were like, 'do you want hours? Come on in we will give you something to do' and then I got there and then they were like 'this is what you are doing for the day' and you can't really say anything."

Despite these experiences, peer workers tend to be the only employees at mainstream agencies with no workplace benefits or WSIB coverage. When violence occurs, they receive considerably less support than non-peer staff, except, ironically, in the form of additional scrutiny around their "self care", which can lead to more precarity: "I was physically assaulted [while on shift], and I had trouble dealing with it. I really asked myself, am I capable of working? Because I'm already a survivor, right?"

"I was physically assaulted [while on shift], and I had trouble dealing with it. I really asked myself, am I capable of working? Because I'm already a survivor, right?"

Outreach and satellite sites

Peers who did street outreach faced a different set of challenges. Many we spoke to sustained injuries and exhaustion from the physical demands of their jobs: "we were carrying a lot on our backs. We had nothing that rolled, you know, to help us. I have a really bad back… in the winter, we were walking long stretches in between encampments in the wind and the snow with these heavy backpacks with all our winter gear." Another interviewee told us that when help is promised, it rarely arrives: "They always say that they have a van [to help us with outreach], and the van never shows up. They do that with all of the places I've ever worked. Always they go 'we're getting a van' and no one's ever seen a van yet. A lot of broken promises."

Workers at satellite sites reported the greatest threats to their wellbeing. One person who had two different jobs at the same agency — one onsite and another as a satellite worker — told us: "I was having my life threatened [at the satellite site] – [a client] was trying to break my door down, yelling outside my window, threatening me. It was scary because it's within my place of residence." Despite reporting the issue, they received no support, leading to further instability: "[Because of all that], I ended up taking a step back from my [onsite] work. I was told that my hours would be there for me when I got back and they weren't. They hired new people. And so, that was really crappy for me, I went into a dark place. Because I was not feeling safe."

Impacts of workplace oppression

Peer positions are often described as "supported roles", but many peer workers are denied the wages, benefits and job security that would help stabilize their lives. Meanwhile, they are constantly grieving the preventable deaths of their family, friends, and colleagues due to systemic violence. Several people we spoke to had lost coworkers to the drug policy / toxic supply crisis. Two workers chose to tell us about beloved colleagues who died by suicide while in peer roles. Neither interviewee directly blamed the organization they worked for, but both drew connections between their coworkers' labor conditions and subsequent deaths.

We do not feel it is useful to speculate on the causes of an individual person's suicide here. That said, there is a reason that communities with the highest suicide rates – Indigenous people; trans and gender diverse people; criminalized drug users; people living with so-called "addictions," etc. – are also those who face the most substantial violence from white supremacy, colonialism, cisheteropatriarchy, capitalism, and ableism (Centre for Suicide Prevention, 2019; Kral, 2016; National LGBTQ Task Force 2019; Randhawa, 2017; Stober, 2019). Peoples' lives are made unlivable by design.

Traps and Dead Ends: Agency Excuses

"When it comes to what we consider peer work, I wonder if there's a fundamental distrust. It's almost like you need to prove that you can fit into this established thing, as opposed to maybe that the established thing needs to take several steps towards you."

— Supervisor

Acronyms

2SLGBTQQIA+: Two Spirit, lesbian, gay, bisexual, transgender, queer, questioning, intersex, asexual +
CMHA: Canadian Mental Health Association
ED: Executive Director
ODSP: Ontario Disability Support Program
OW: Ontario Works
SPW: Supporting Peer Work

Key Points

• Supervisors understand that peer workers face oppressive labor conditions. However, they tend to justify these conditions with excuses based on inaccurate assumptions about peers' skills and lives.

• Peer workers are forced to cope with difficult workplace environments through acts of **lateral violence**, including competition, gossip, and policing.

Questions

• Why would peer work be threatening to mainstream social services?

• How is the oppression of peer workers justified by supervisors? How is it internalized by peers?

Supervisor interviewees

Peers are not silent about the discrimination they face. Yet these issues persist. Why? To answer this question, SPW spoke to 16 people in supervisory positions and asked them to reflect on their roles and the conditions of peer work at their agencies. Below we share our interviewees demographics and observations about on the interview process.

The majority of supervisors we interviewed (13 out of 16, or 81%) were white. Though many were cisgender women, seven out of sixteen – or 44% – were cisgender men. This is not surprising; though social services are overwhelmingly staffed by cisgender women, cisgender men still tend to hold the highest position (Shields, Baines & Cunningham, 2017, p. 33). Two (12.5%) supervisors identified as trans, non-binary, or gender diverse, and two (12.5%) elected not to share a gender identity. Approximately 25% identified as a member of 2SLGBTQQIA+ communities. Most (over 87%) were currently working in their roles at the time of the interview.

The comparatively small number of supervisors we spoke with was intentional – we decided early on we wanted to talk to more peers than non-peers. Even so, we found these interviewees surprisingly difficult to reach. In order to meet our goal of 16 people, we had to extend our outreach deadline twice. In general, supervisors also expressed more worry about being identified in the final report, emphasizing the importance of their anonymity during interviews and in follow-up emails. The interviews themselves also flowed differently; two supervisors shared their most open critiques only after the recording stopped; only one gave consent to reflect these insights in the interview transcript.

The apprehensions supervisors expressed around being identified were contradicted by the fact that many of those we interviewed also wanted to be recognized as leaders in the field. Several claimed they had single-handedly "pushed to change the policy around honorariums" or "advocated for a raise in pay" at their agencies. They often expressed great pride in their work: "The thing I'm proudest of in my life is [that] I have probably given 30 or 40 people career opportunities that they wouldn't have had otherwise, because I looked beyond their formal education… many of those people are still working in the sector today because somebody opened the door for them."

While supervisors may believe they hold the doors of opportunity open, peers

repeatedly told us that the most meaningful pathways remain closed. Many supervisors seemed to be aware of this. However, when asked to reflect further, they offered excuses and paradoxes that came from assumptions and stereotypes about peers' lives.

"Peers need lower pay"

Nearly all supervisors we spoke to recognized that peers are underpaid. Some expressed regret or discomfort about this but said their "hands" were "tied" because of funding restrictions: "I think funders have recognized that this is a cheap way to get programs happening. It's a recipe for failure and it's absolutely funder driven." Only one interviewee – notably, someone at a peer-run agency – told us they would turn down funding that didn't provide a living wage. Everyone else seemed resigned to the status quo.

Other supervisors told us that peers *need* to receive low pay to preserve their social assistance: "Peer workers want to remain in a peer role because they're on social assistance – the cash is good." While it is true that social assistance programs will claw back earned income beyond a fixed amount, it is inaccurate to assume that most peers receive OW or ODSP. Among workers we interviewed, some told us they intentionally took a peer job to transition *off* of state benefits, only to find themselves in a worse financial position. One supervisor noted this reality: "The classic excuse [for low pay] is this logic of 'well they're on OW or ODSP right now; if we pay them too much, they'll get kicked off' and it's this sort of assumption that we could *never* pay them a living wage. It's like….the welfare state is subsidizing unethical labour practices."

Several interviewees told us they would prefer to pay peers more but "if you only have $18/hr and somebody will accept it, that beats nothing." As another supervisor put it: "It's a more desperate workforce that's willing to do jobs that many people are not willing to do at a lower rate." These comments present a confusing paradox: the same agencies that assert peers should accept low pay because they are members of a labor underclass are the agencies that are *actively creating and reinforcing* that underclass. The precarious nature of peer roles is justified based on the idea that, as "a desperate work-force," they are simply getting what they expect.

One interviewee recognized this bias as follows: "there's an unspoken preconception that if you're an employee, you need a salary in order to sustain a certain standard of life whereas if you're a peer, you don't need as much." Ironically, this belief completely undermines agencies' claims that peer roles create pathways out of poverty. It also creates a vicious cycle of supervisors perceiving peers as less reliable due to the precarious nature of their roles: "there's this assumption that you won't be able to rely on a peer worker in a way you would an employee and it's like, you know, one of the reasons *why* you can rely on your employees is *because* they're being compensated and it's a job and they know they have to show up every day."

"Peer work is job training"

One of the main ways supervisors justified peers' labor conditions was by insisting that peer work isn't actually work at all. One interviewee claimed that peer positions are "an opportunity for people to try the field"; another described the role as "[a] learning environment" that might eventually "help people make that transition into work." A third supervisor said, "I think the best-case scenario is doing what you can as somebody within that agency to nurture and foster that person in their growth." These assertions contrast peer workers' experience of being denied meaningful training and support at almost every agency.

When asked to reflect on what peers need in order to become "real workers," many supervisors suggested "hands on supervision" and/or "case management" instead of any specific workplace skills. When asked for more detail, most supervisors suggested that what peers really need is the help of social workers: "I often do a bit of an inventory or assessment when people first come in, and if we need to fill in any gaps or if there's

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CIRCULAR LOGIC
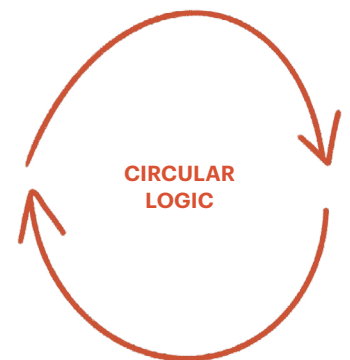
any connections they want us to help make. Because also oftentimes people can go into crisis, lose housing, get incarcerated. They also encounter conflict —a relationship fallout or mental health crisis. And it's a lot easier if you have those support and resources already in place."

It is true that many peers face difficult life circumstances. However, they are not the only workers who might experience a "relationship fallout or mental health crisis." According to CMHA (2021), "in any given year, 1 in 5 people in Canada will personally experience a mental health problem," and by age 40, "about 50% of the population will have or have had [what they refer to as] a mental illness" (np). Putting aside the questionable definition of "mental illness", these statistics are important to consider. If half of the people in Canada experience mental health concerns, then these issues must be common among non-peer staff. However, whereas people with secure, well-paid employment are often protected from severe outcomes like housing loss or incarceration, "not having enough income to support basic needs…is associated with poorer general and mental health" (Procyk, Lewchuk & Shields, 2017, p. 5). Following this logic, peers' life circumstances may be made worse or even created by a lack of job stability. Yet supervisors often refer to such crises as reasons peers can't be "real workers." Instead of offering better pay and more benefits, they suggest peers might need more "self-esteem" to stabilize their lives: "My [supervision] philosophy is…build up people's self esteem. I try to coach them in guilt and shame— about not making it for work or having to cancel…and try to get them to open up about if they have substance use. Getting them to a place where they're more comfortable sharing with me so I can offer more support."

"Peers aren't educated"

Both supervisors and peers told us that a primary difference between peer workers and non-peer staff was "education." Yet nearly 20% of the peer workers that we interviewed noted they came to their positions with existing diplomas or degrees. We didn't ask for this information directly, so we can assume the real number might be higher. While we resist the bias that education makes you a better worker, we are interested in why education is seen as a dividing line.

When asked to reflect on this, many peers told us they had never been asked about their education. Others said their post-secondary experiences were questioned or disregarded. This was most obvious in a story from a peer who told us about a formerly incarcerated friend who was accused of falsifying their degree: "management came down on [my friend] about whether [their] actual education was true, if [they] had any past criminal dealings, and [their criminal] record… so, we are supposed to be basing this on 'recovery' and 'rehabilitation,' but do you really even believe that yourself, if you're going to try and block integration?" This scrutiny was common among people with histories of incarceration. In fact, some interviewees with post-secondary diplomas or degrees said they still wouldn't apply for relevant jobs that required a criminal record check.

Several workers – particularly those who were Black or Indigenous – told us getting a credential didn't help their job prospects. One Black interviewee with post-secondary credentials told us they were consistently passed over for white workers with less education. An Indigenous worker explained that organizations are "predominantly very cis, white, straight, and those are the people that [are] getting promoted." Another worker told us peers are never actually considered for "real" jobs: "They'll say, 'apply for it,' but you already know you're not gonna get it, and they know that [too]. Then, [at the interview], they see you and you can tell on their face – the stigma, the judgment." This interviewee continued, "Then, even if you go and get the education, they'll want to totally change you: 'You know, you can't use while you're working.' As long as I'm functioning, and I'm doing my job, that's what matters! They say to jump through the hoop and you jump through the hoop, they put five more out and say, 'jump through those.'"

This interviewee was not the only worker who told us it drugs, not diplomas, that

really divide peers and non-peers. A peer who had recently been promoted said: "I don't think I would be treated as well if I were actively using – I don't think I'd be getting the same pay or be regarded as highly." Another peer noted that it isn't *whether* someone uses, but how noticeable that use is: "I know peers who use drugs and are mistreated, but then there are other peers who use drugs but lie about it, so they get treated differently." This is an important observation; studies have consistently shown that while people across all identity categories *use* drugs, Indigenous and Black people are the most likely to be *presumed* to be using drugs, and therefore profiled, stopped, arrested, charged, and jailed (Global Commission on Drug Policy, 2017; John Howard Society, 2017; Maynard, 2017; Turner, 2017). Further, poor people – particularly those who are unhoused and/ or living in crowded conditions – are less likely to have safe, private spaces to use. This means they are more likely to use untested drugs with toxic **adulterants** or use in ways that increase the potential for visible intoxication and/or lead to overdose (Lupik, 2017). As a result, the more social power or benefit a worker has, the less likely they are to be profiled as a drug user and face discrimination on the job.

"Peers are unprofessional"

Supervisors who told us peer work is "job training" rather than "real work" sometimes justified this difference as a matter of "professionalism": "Somebody who has lived experience and is working in a non-peer role, the fact that they have lived experience is awesome…but I expect the same level of professionalism that I would from anybody…. For a peer worker, my expectations around professionalism and their ability to do the work are less. The issue of professionalism is huge." When asked to define "professional-ism," this interviewee told a story of another supervisor training a new peer worker who "lit up a spliff" while doing outreach. The supervisor was shocked: "we just talked about this – you can't use drugs on shift!" "It's not drugs," the peer responded, "it's just pot." Our interviewee explained: "I would expect that if I hired somebody for a non-peer role, we wouldn't have that conversation. They would come with the understanding of what 'don't use drugs on shift' means."

Using cannabis as a dividing line is surprising given that it is a legal and widely used drug. However, just as the recent Cannabis Act allows some people to consume it freely while adding new penalties that target already-criminalized "Black, Indigenous, and racialized peoples in Canada and globally" (Timothy, 2018, para. 9), we suspect that the supervisor's surprise in the story is not about *what* the peer in question used, but *who* they were. We know anecdotally that many non-peer staff and supervisors use

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cannabis; some even have prescriptions that direct them to consume it during the working day. Given these realities, the fact that the peer worker was scrutinized and seen as inadequate for the same behavior suggests that this supervisor's idea of "professionalism" contains a more fundamental bias.

Broadly, professionalism is defined as "the set of standards concerning appearance, character, values, and behavior that mark employees as competent, appropriate, effective, ethical, and respected/respectful" (Davis, 2016, p. 3). In practice, these standards refer more to personal habits, like how someone dresses or speaks, than to any skills directly relevant to a job. They are also highly dependent on race, class, gender, and ability: people who dress according to expected gender norms, wear more expensive clothing, or hide disability and/or socially taboo behavior are seen as "more professional" than those for whom this isn't possible or desirable (Gray, 2019; Okun, 1999/2021). In this way, "professionalism" standards are not neutral - by relying on unearned social privilege, they are "intended to deny opportunities, exploit labor, and force conformity" (Martone in Navlakha, 2022, para. 8). Ultimately, "professionalism creates a baseline of discrimination against people with different socioeconomic backgrounds, against people of color, people working multiple jobs, people with disabilities and people with caretaking responsibilities" (Liponis, 2020, para 3).

We suggest that the supervisor in this story was not alarmed by a peer worker's drug use because it compromised their ability to do their job. Rather, they objected to it being done openly, and therefore in a way that violates mainstream social norms. Put another way, the problem wasn't that cannabis would alter how the peer provided services, but whether or not they fit into ideas about how a "professional" should look and act. Other supervisors echoed this contradiction, treating peers' behavior as irresponsible or untrustworthy simply because their appearance and life circumstances did not align with those of non-peer staff. Throughout our interviews, the word "unprofessional" was never used to refer to any behavior that would endanger a client. Outside of visible drug use, supervisors complained of lateness, absence, and issues with paperwork. Still, rather than recommending these issues be addressed with training or more secure employment, they used them to justify the impossibility of peers becoming true "professionals" or earning the benefits of this status. Unsurprisingly, peers we spoke with recognized this double standard: "I am really great at what I do… but my attendance record is not very good. I do great work when I am there, but [when I try to advocate for better pay], they keep going back to 'well, your attendance.' The truth is, if I got paid what I'm worth, I don't think I would have a problem attending. But I'm tired and I feel like I'm being used."

We suggest that the supervisor in this story was not alarmed by a peer worker's drug use because it compromised their ability to do their job. Rather, they objected to it being done openly, and therefore in a way that violates mainstream social norms. Put another way, the problem wasn't that cannabis would alter how the peer provided services, but whether or not they fit into ideas about how a "professional" should look and act.

Lateral violence

In an environment shaped by excuses and assumptions, peers often feel forced into "gossip, shaming and blaming others, backstabbing and attempts to socially isolate others" in order to compete for the few opportunities that exist (Frankland, 2009, in Korff, 2020, para. 6). This is what's called lateral violence, or the ways that people who are oppressed by a system of power are sometimes forced to play out that oppression against each other. Facing a maze full of twists and turns – sharp corners and dead-ends – peers often mislead or step over each other to get ahead.

A common example of this dynamic was the way some white cisgender women peers who identified as "in recovery" talked about their more marginalized colleagues. These workers - whose identities were closest to the standard for professionalized staff - were more likely to distance themselves from other peers, saying things like "I'm not your typical peer," or "you'd never know I was a peer worker." They were also more likely to make negative or insulting comments about peers who were racialized, disabled, visibly poor, and/or active drug users. One worker asserted that she is taken more seriously than peers who are closer to "the street": "I've been actually surprised at how many people haven't questioned that I'm a peer worker. I think it's the way that I present myself, because I don't necessarily say that I'm a peer worker…I choose my language." She described a colleague who is open about their drug use and "comes across as less confident and has run up against organizations not wanting to help." She suggested that the issue was about "how we present ourselves," implying that her co-worker could simply *choose* a different way to be seen by others.

Another worker we spoke to who had recently been promoted out of a peer position told us they reported a peer colleague for "lying" in order to "help a client": "I disagree with lying, because we could lose the ability to do what we're doing if we get caught. So, I did bring it to my supervisor because I'm expecting to do this job for the rest of my life. I worked really hard to get this job." Here, the interviewee is valuing her work based on the same vague standards of "professionalism" used by supervisors. She went on to describe her "lying" co-worker as dressing and speaking in a way that shows "they have a lot of experience on the street." These phrases are code – they contain subtle information about race, class, gender, and other forms of power without saying anything outright.

Lateral violence has a significant impact on who gets - and keeps - their jobs. One supervisor observed, "[There's this] whole rumour mill [of peers] saying when someone would be using…It became this thing of people couldn't trust each other in terms of hanging out with each other outside of work because of if there were drugs or alcohol involved, it would come back to them." Though they claimed it made them "uncomfortable," many supervisors told us they relied on this kind of "gossip" to make workplace decisions: "I feel that [gossip] played into the hiring process in the sense of personal matters being brought into it."

Peers also told us that "gossip" determined how their work was evaluated and who received promotion. "The peers stick together as much as they can," one worker told us, "but because there is not the pay equity and because like there is not a lot of full-time permanent peer jobs, people are kind of stepping on each other to get ahead because that is what we have to do." Another put it bluntly: "[Peers] get brainwashed. Just because you're a peer doesn't mean you're in it for the right reasons."

Facing a maze full of twists and turns – sharp corners and dead-ends – peers often mislead or step over each other to get ahead.
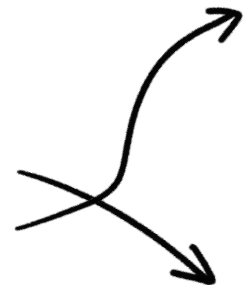
Escaping the Maze: The Future of Peer Work

"People in power are making six figures, and I struggle with that because we taught *them*. We have all the expertise and the knowledge, and you take that information from us, and you put it in a book, in a text, in a language that is hard for us to interpret and we have to come back and ask you [what it means], like you are the one with lived experience? That's wrong." — Peer worker

Acronyms

COVID: Coronavirus Disease 2019
ED: Executive Director
ODSP: Ontario Disability Support Program
OW: Ontario Works
PPE: Personal Protective Equipment
SPW: Supporting Peer Work

Key Points

- Peer workers know what they need. Their recommendations for creating better working conditions are meaningful and achievable, but they require agencies to shift their culture and structure

- Change can't be forced – high-level decision-makers must want things to be different, or step aside. Both peers and supervisors are concerned that there might not be enough will to change.

Questions

- How can agencies support peer work? What kinds of changes are necessary to provide meaningful resources and opportunities to community members with lived/living expertise?

- How do organizations change? Is education enough to get people to think and act differently? Or do we need to do more?

The need for change

Peers know what is wrong in their workplaces. They also have strong ideas about what needs to change. SPW ended all interviews with peer workers by asking: If you could share anything with non-peer staff and supervisors, what would you say? In an ideal world, how would agencies support your work? We also asked supervisors what they felt might make their agencies better. This is some of what we heard.

Better hiring and onboarding

Agencies need to recognize peer workers in all their unique and diverse experiences. They need to understand that not all types of lived/living expertise are the same. As one worker put it, peers "are not monolithic entities – [we are] so much more than one thing." Another peer told us they had been hired into a harm reduction position without being asked anything about their knowledge and skills. On the first shift, they discovered they were expected to reverse opioid overdoses – something they knew nothing about. During our interview, they told us they hoped this would never happen to anyone else: "they cannot assume everyone has used to the same degree, the same substances, has the same idea what harm reduction is." People should be hired for their "real abilities" and trained in "things that matter" like "computer skills," "agency lingo," and "labor rights."

Employment equity

Peers need more employment security and better pay: "there needs to be more full-time positions, more money for everything." One worker suggested that people get paid at least "an extra hour every week, just for administrative stuff. " Some supervisors agreed: "unionized or not, organizations shouldn't be able to hire a peer worker without paying them a living wage for however many hours you're offering them. Some people don't wanna work full-time, [but] if you're gonna ask someone to work for you it has to be a living wage, at the very least." They also need comprehensive benefits and sick leave.

Similarly, there must be opportunities for job advancement for those who want it, especially if peer positions continue to be sold by agencies as a pathway to "mainstream work": "I think that there should also be, for people who opt into it, a guaranteed progression track towards another position within the organization. Organizations need to either create internal career progression tracks for people with guaranteed positions where possible or partner with other agencies [to get positions there]."

Peers asked for political representation in the workplace: "Definitely there needs to be a separate union for peers." The emphasis on *separate* is important here: several workers felt that the existing employee union did not work for them. One interviewee stated: "there is a big reckoning to be had with supposedly progressive labour unions that wanna talk about solidarity but share a bulk of responsibility with the current state of peer work" because they refuse to support peers on their own terms.

Physical safety and access

All workers at an agency should get "fobs and keys," email addresses, and badges. The literal doors that are often shut on peers must be opened. Peers also need access to basic COVID safety measures and PPE. Multiple people also requested support to prevent and/or respond to potential violence and harm in the workplace.

Both peers and supervisors drew attention to the conditions of satellite work done out of peoples' homes. As one interviewee put it, satellite work is "arguably the most marginalized and exploited sector of peer harm reduction work. The organization is taking on the responsibility of employing someone, although very marginally, and asking them to take on risks so [the organization] can brag about the great work they're doing…. I've seen people doing satellite work experiencing unit takeovers or being evicted with no support from the employer. It's disgusting what people are expected to do, for the amount of compensation they're being offered, without any of the recognition of the trauma and violence they are being exposed to."

Satellite work is marginalized within social services for many inappropriate reasons. In SPW, we believe in and support drug users' practices of community care. Agencies should never take credit for the mutual aid efforts forged and sustained by drug users. However, if their organizational image is going to benefit from supporting satellite sites, they are obligated to appropriately resource them.

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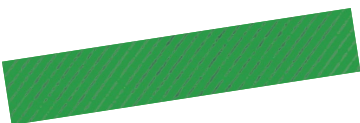
Transparency and trust

Peers need to be a part of decision-making at agencies. They should be "incorporated and affiliated beyond a tokenistic sense." Agencies must be willing to have "real conversations" with peers about their work: "I don't want them to micromanage us. I want them to come in and say: How are you? How are you doing? Is there anything I can do? Have you seen anything different today in your work?" This requires a baseline of trust: "allow the person just to be themselves, don't babysit them too much. You've got to give people the chance to feel comfortable." They also need to be patient: "Don't condemn people because [they don't understand] the bureaucracy – and don't do 'three strikes you're out.' You're in harm reduction! There's no strikes!" Agencies should work to actively foster good relationships "between co-workers" and "show a little bit more gratitude for people that are burning out."

Lived/living expertise should be represented at every level of the agency. One person told us "supervisors need to be peers," while another said, "it's important to have a manager that has done peer work before." Peer experience "can't be isolated." Agencies must also be willing to listen to peers' suggestions for change: "I'm gonna bring a new environment into this… allow me to do that." Likewise, before starting peer programs, agencies must consult with the wider community: "they have to sit down with peers that are in the community and have forums with them, so they understand what they're getting themselves into, and why they want to be doing it. Because if they are just doing it because 'oh, we'll get extra funding from the government,' no, no."

Anti-oppressive practice

Agencies - particularly those in harm reduction - have to address white supremacy in general and anti-Black racism in specific. This begins with hiring more Black workers at every organizational level. As one Black peer said, "a lot of the services that I advocated for, took time out of my life to go marching in the middle of the winter for, there's not one Black face in there. I remember going into an agency and I walked right out. You guys are supposed to be our support, to lift us up. Why aren't there any Black people here? On all the staff, there's not even one!" As one interviewee put it: "There's 100% a whiteness issue with harm reduction because it's been co-opted by mainstream public health organizations. Harm reduction at the upper levels of management tends to be white [and] if they're hiring a diverse and representative peer team you have white, predominantly female-identified people who are university educated managing people…who are ideally Black, Indigenous or people of color. So, you're guaranteeing that dynamic of a white woman managing a team of non-white homeless or marginally housed people who are currently or recently stigmatized by criminalized drug use." Similarly, agencies must address how Black peer workers are targeted. As the same interviewee continued, "if something is stolen or missing, peer workers are the first to get accused of theft. If there were two peer workers in the room when something may or may not have been stolen, it's the Black one that's getting accused of it. If there's a shit-tier job to be done, who's gonna do it? Peer worker. Every ism, every form of oppression that people intersect with, as peer workers, that's what's getting pulled on them."

Many peers felt that these forms of oppression – all the "isms" – show agencies need more than reform - they need transformative change. Some peers suggested agencies equip their communities with the skills they need to run an organization, then get out of the way: "This is our work, and we want to be leaders, we badly want to organize

ourselves. What we really need are leadership skills, and organizational skills in order to do that. Have cooperatives, living environments where we are not being trapped in oppression, but we can become the managers of the organization. Essentially, our organizations should become peer housing. [We need to] work from the bottom up."

Importantly, a small number of the people we interviewed felt their organizations had already begun this shift. A supervisor at a peer-run agency told us that everyone at their organization comes from "the same perspective. Is it person directed? What does person-directed [work] look like? Are [community members] self-determining what's right for them? We come from those values [of] holding people in unconditional high regard, regardless of whether they're service users or staff within…we've really focused on building that culture of values-based work."

One supervisor suggested other "practical solutions: Workplaces and unions need to get creative with how to pro-rate health care plans to supplement what the Ontario Drug Benefit Plan and OW or ODSP don't provide people access to. There should be to pro-rate things like pension contributions." But then they paused: "I'm speaking more about material stuff there, but [the real issue] is changing the workplace culture. I think that it would require acknowledgement from all levels, including myself. I'm benefitting from a hierarchy, I don't deserve to be on top within my program, and yet here I am, so it takes, I don't know… I guess that I'm great at pointing out problems, not so great at pointing out solutions."

Cultural change

How do cultures change? Many peer workers suggested that supervisors need to be "educated…to know and understand what value peers bring." One interviewee said: "I think [supervisors] need to be educated around their language, their physical being. [They need to be taught] acceptance. I accept you, why can't you accept me?" As another worker put it, supervisors need to learn "to respect peers, to appreciate the fact that they're up there in front of you baring their soul to help make your job a little bit easier." A third suggested that supervisors "need trauma-informed care and a training on the language that we use – like stigmatizing language and anti-oppressive stuff. They expect the peers to have all these trainings, but we already know all this. Why the hell is management not here?" Others agreed: "they need empathy training. I would tell them to just try to imagine the life of one of our clients, what it feels like, to be so alone and have so little, because they're very privileged. I think a lot of people don't realize how privileged they are." To build this knowledge and empathy, several workers suggested that supervisors do a "ride-along" with peers or be a "peer apprentice" for a while. Others stressed the importance of showing supervisors peers' intimate lives: "What's most important is bringing [supervisors] to environments [where peers live]– we need these social workers to see their lives and their homes [but also] their successes [and that] their identity should not be built on their marginalization."

Not everyone felt this type of education would work. As our conversations proceeded, many peers wondered aloud if the problem was actually just ignorance or something more deep-seated. One worker suggested the real issue might instead be fear: "Our ED is a bit of a jerk. [They] love that we're helping the community, but [they're] not very sensitive *to* the community. And there have been a couple of times that [they've] been really rude to clients. I want to give [them] the benefit of the doubt and say that it comes from a place of fear. Our financial person is [also] very afraid of all the clients. And you can tell. I want to encourage sensitivity training, to see if maybe that will make a difference." Ultimately, this worker said they weren't sure it would.

"Is it person directed? What does person-directed [work] look like? Are [community members] self-determining what's right for them?"

Other interviewees were similarly uncertain: "Yeah, I think that education must be a big part of it.…but it's not the job of the oppressed to educate the oppressor. So, I don't know. There needs to be more allyship created, we need to break down barriers. There needs to be a common ground for everybody around what it is we do." But this type of change can't be forced – as one person put it, agency leaders "need to actually make a conscious choice. If you don't want to change then you won't. A lot of them just want to stay in that box."

Supervisors often felt similarly stuck: "Of course [change] is possible, but you're also asking people to make a shift within an organizational culture that is not supportive of that change. I don't want my team to be paid as little as they are, and I still work within a funding arrangement and unionization environment and social assistance environment that makes that change very hard to achieve. If you can get enough people changing their mentality then that's more people to change the system and, yes, it is possible, but it requires people with relatively great privilege giving that up and that's hard to do." Another said: "There's an opportunity for education, but everybody has their own bias and there's things deep down in people that won't be changed. I think for some agencies it's possible. But then there's some of them where it's not. Some places come from a good place and some places don't".

Can organizations be helped to reach that "good place"? bell hooks (2003) writes "progressive education, education as the practice of freedom, enables us to confront feelings of loss and restore our sense of connection. It teaches us how to create community" (pp. 21 – 22). This transformative work requires that students and teachers alike be "fully committed to [the] shared learning experience" (p. 21); Are organizations ready to recognize peers as teachers who can guide them toward better practice? The first step is being willing to ask hard questions. We recommend that any agencies invested in truly supporting peer workers use the questions on the following pages as a guide to start deep conversations – and, from these conversations, begin to make concrete change.

"Progressive education, education as the practice of freedom, enables us to confront feelings of loss and restore our sense of connection. It teaches us how to create community." — bell hooks

Questions for Agencies

SYSTEMS OF POWER AND RESISTANCE MOVEMENTS

- What values guide your work? Where do these values come from? Why are they important? How do you practice them with the communities you serve? With your non-peer staff? With peers?

- How does your agency relate to the social service system? Do your staff and supervisors know how the system perpetuates social oppression? What are you doing to minimize the harm of the social service system? What are you doing to support your communities in meeting their own needs, in their own way?

- How do you identify power at your agency? Do you notice white supremacy and racism, colonialism, classism, cisheteropatriarchy, and ableism? Do you interrupt them? How? What material resources have you committed to this process? For example, are you willing to re-train or, if necessary, fire supervisors or non-peer staff who hold damaging beliefs or behave in oppressive ways? Are you willing to abandon practices that are harmful to service users and/or peer staff?

- What are your connections with social movements arising from and led by the communities you serve? Do you show interest and/or support for the individuals involved and/or for the movements themselves? If yes, how do you share resources with these social movements? Do these movements inform the values of your organization? Your daily practices? How?

DEFINITIONS OF PEER WORK

- How does your agency define peer work? Where does your definition come from? Is it written by peer workers? Or does it come from somewhere else?

- What do non-peer staff think about peer work? Do they understand it? Are they prepared to respect and learn from peers? Or do they feel threatened by peer workers? What kinds of discriminatory ideas do your non-peer staff have? How can you assess them? How can you address them?

- What is the responsibility of an agency to ensure that non-peers are educated about peer work? How can you make this education relevant and meaningful?

We recommend that any agencies invested in truly supporting peer workers use the questions on the following pages as a guide to start deep conversations – and, from these conversations, begin to make concrete change.

GOVERNANCE

- What is the role of the communities you serve in making decisions about the direction of your organization? Are they central? If so, how? If not, why not?

- How is your agency governed? Do you rely on a hierarchical model? If so, why? Is this the only way? How can you integrate more lateral decision-making? Collective models?

- Who holds supervisory and/or managerial roles at your organization? How did they get these roles? Is your organization primarily white? Cisgender? Straight? Non-disabled? Does everyone have post-secondary education? Is this representative of your communities? Do people from and *still connected to* the communities you serve have decision-making power at the higher levels?

- Are there peer workers and/or members of the community you serve on your Board? If so, are they in tokenized positions, or do they have real decision-making power? What percentage of the Board do they comprise? Why?

- How is your agency evaluated? Whose work is assessed? Are there annual evaluations of the ED? Board members? Supervisors? Who conducts these evaluations? Are there exit interviews for individuals who leave the organization? If so, who runs these interviews? What do you do with the results?

FUNDING

- What kind of funding do you receive or seek for peer work? What are the restrictions? Can you work around, or push back against them? How? If you are being forced to set up exploitative labor conditions, is the funding worth it? Why?

- Who makes decisions about how funding is sought? About how funding is used? About reporting back to funders? Who can support you in making these decisions strategically to support the practices of peers?

- What steps are you taking to not rely on government funding to support peer workers? How are you diversifying your funding streams? If you have private donors, how can you be sure they are not unduly influencing your work?

JOB POSTINGS

- What are you looking for when you hire a peer worker? What type of skills, values and experiences are you seeking? How do you communicate this in you job posting?

- How do you post for your job? What is included in the posting? Is it accurate to the role the person will take on?

- What do you require from your potential employees? Do you research candidates on social media platforms or elsewhere on the internet? Do you ask for criminal record checks? Why? What information are you looking for? What are other ways you can assess someone's suitability for a role?

INTERVIEWS

• What do you ask at a job interview? Do you prioritize peoples' skills and abilities? Is there a focus on "boundaries" and "self care"? What are you trying to discover when you ask these questions? Can you determine this in another way? Is this appropriate information for you to ask for or have?

• How do you judge potential hires? Are you relying on how well they fit with existing agency culture and practice? If so, who does this serve? Do you seek out "gossip" or ask about "reputation"? From whom? How do you differentiate between lateral violence and community accountability? Who can assist you in this?

• Do you ask potential peer employees what they need in order to be successful? If so, do you provide it to them once they are hired? How?

COMPENSATION AND BENEFITS

• How much are peers paid? Are they paid less than non-peer staff? Are they paid differently than non-peer staff (e.g., cash vs. direct deposit)? If so, why? Do peers get a say in determining how they get paid, as well as how much?

• How do you decide what tasks peers should be paid for? When are peers who are working in their own communities and/or out of their homes (e.g., at satellite sites) "off the clock"? Who gets to decide?

• What kinds of support are available to peer workers? Do they have a comprehensive benefits package? If not, how do you ensure that they get the care they need from practitioners outside the organization?

JOB SECURITY AND ADVANCEMENT

• Do you see peer work as a potentially permanent and secure position? Or do you only hire peers for short-term contracts? Who makes these decisions? Why?

• What kinds of training and personal development opportunities are available to peer workers? Are they relevant to peers' needs? How do you know?

• How do peer workers transition into other jobs and/or seek higher pay and more job security? What is the pathway? Who can access it? How do you ensure that there is equity and transparency in this process?

WORKPLACE REPRESENTATION

• How do peer workers give criticism and feedback to the agency and/or assert their collective rights? Are they unionized? If so, does the union actually understand and represent them? Or does it present a barrier? What other models of political representation are possible?

• Are peer workers at your agency connected to peers at other agencies? Do you recognize and respect cross-agency issues?

PHYSICAL ENVIRONMENTS

• Does your agency occupy Indigenous land? If so, how are you working to return that land? How are you working to become accountable to your treaty responsibilities? Who gives you guidance on this?

• How accessible and safe is your built environment? Do you have consistent COVID safety practices? How do you ensure people are safe from physical violence? Are some workers subject to greater risks of illness and/or injury than others? Why?

• Can peer workers access all the same spaces at your agency that non-peers can? Do they have keys? Fobs? IDs? Do they have email addresses? If not, why not?

• Who "belongs" at your agency? Are some people scrutinized or seen as "out of place" in particular rooms and/or on certain floors? Do you work in an agency where there are clear hierarchies in the floorplan (e.g., managers on higher floors, peers on lower floors)? Why?

SATELLITE AND OUTREACH WORK

• How do you support satellite workers? How do you respond when issues of safety emerge for them? How do you compensate them? What benefits do you offer? What do you do if they have needs "off the clock"?

• How do you support outreach workers? Do they have warm jackets and good shoes? Cell phones with adequate data? Rolling bags? Do you have a vehicle they can use?

SUPERVISION AND OUTREACH WORK

• Do you have a supervision philosophy? If so, where does it come from? Who supports you in ensuring you are aligned with it in your work? If you do not have a philosophy, why? Who can support you in articulating one? Who can assist you in enacting it?

• Does your supervision practice differ for peers than for non-peers? If so, how, and why? Are there questions that you would ask peers that you would never ask non-peers? Why?

• Do you subject peers to greater scrutiny than non-peers? Do you subject some peers to greater scrutiny than others? Who? How? Why?

• What expectations do you have of peers? How clearly are they communicated? How do they relate to your supervision philosophy and your definition of peer work? How do you deal with an issue that emerges with a peer? What kinds of accountability practices do you have? Why?

• How does your agency define "professionalism"? Why is it defined this way? Does your definition focus on how people dress and speak? On punctuality and document-keeping? Or is it about ethical practices? Who gets to decide which of your expectations are meaningful and which present barriers to peers?

Glossary

12-step community: A peer-run mutual aid support group based on the 12-step model, a set of social and spiritual guidelines for maintaining sobriety from a substance or behavior. As with any other form of support, some find these communities lifesaving, while others find them extremely damaging. In order to remain true to their peer commitments, they should never be mandated or involuntarily enforced.

Ableism: A system of social power that both creates the social category of disability *and* discriminates against disabled people. Talila "TL" Lewis (2022) defines ableism as: "A system of assigning value to people's bodies and minds based on societally constructed ideas of normalcy, productivity, desirability, intelligence, excellence, and fitness. These constructed ideas are deeply rooted in eugenics, anti-Blackness, misogyny, colonialism, imperialism, and capitalism" (para. 1). Ableism is therefore a product and a function of white supremacy and many other forms of social oppression.

Abolition: The comprehensive political, economic, social, cultural, and spiritual project of tearing down all structures of violence – including but not limited to the policing and prison system – and imagining new ways of living together that prioritize collective care. Abolition involves not just "disarming, demilitarizing, defunding and disbanding of entities of coercive state power," but also building something completely new (Acheson, 2022, para. 3). As abolitionist geographer Ruth Wilson Gilmore says, "abolition requires we change one thing: everything" (ibid).

Adulterant: A substance added to a drug that changes its composition, often compromising its effectiveness and/or safety.

Anonymization / anonymity / anonymized: The act of removing personal information from data so that people who are described cannot be identified.

Anti-Black racism: Racism that specifically targets people of African descent. Because the modern concept of race was invented in Western Europe to justify the trans-Atlantic enslavement system, anti-Black racism is a foundational part of any modern society within the global capitalist economy that emerged from and still benefits from that system, including Canada.

Anti-Indigenous racism: Racism that specifically targets Indigenous peoples. Though it may not look like it to some people, anti-Indigenous racism is a genocidal project. It shows up in systemic and interpersonal forms anywhere there is ongoing colonialism like Canada, and/or or in societies affected by historical colonialism.

Appropriation: Taking something from someone else without their permission, often for personal benefit. This can be material or cultural.

Assimilation: The process through which a person outside a dominant culture becomes incorporated into it, either voluntarily or by force, usually a little of both. Assimilation often pressures people to shed or conceal parts of themselves devalued by the dominant culture.

Black Panther Party: A Black revolutionary organization founded in the United States in the 1960s which worked for the liberation of Black peoples from white supremacy and capitalism. The Black Panther party provided survival services like community-controlled medical care and free breakfasts; engaged in political education; and practiced armed self-defence against violent racists, including police and government agents (Tula, 2017).

Capitalism: An economic and cultural system in which a small number of individuals and/or corporations own and control the land, natural resources, and means of production and use them to accrue profit and power. Capitalism is a hierarchical system in which poverty and wealth are tied together, meaning that some people are rich *because* others are poor.

Cisgender: A person who identifies with the sex and gender they were assigned by a doctor at birth.

Cisheteropatriarchy: A system of social power in which gender is presumed to be binary, masculinity is valued over femininity, and heterosexuality is perceived as the "normal" or "natural" state.

Classism: Discrimination based on someone's access to wealth and money; specifically, the oppression of poor and/or working-class people under capitalism.

Colonialism: The historical and contemporary process of a nation or people attempting to extend their power by establishing control over another territory and/or its peoples. Canada is an example of settler-colonialism, which involves large-scale immigration from the dominating nation(s) to occupy the land and displace or eradicate the peoples of the colonized one.

Community-guided research: A strategy for reducing the harms of academic research by ensuring participant communities have control over how their data is collected and analyzed.

Consumer/Survivor/Ex-patient (c/s/x): An umbrella term for social movements by and for people with lived experience of contact with the psychiatric system. The demands of these movements range from reform of psychiatric institutions to the abolition of psychiatry.

Criminalization: The social, cultural, and legal process through which behaviors and acts are deemed "crimes" and individuals are transformed into "criminals."

Deinstitutionalization: The common term for the period between the 1950s and early 2000s when, as a result of both grassroots organizing *and* increasing neoliberalism, the US, UK, and Canada closed the majority of psychiatric asylums and residential facilities for disabled people. This was a major victory for movements of Mad, psychiatrized and disabled people. However, in the years since, governments have not lived up to the promises they made to reinvest reinvest money and resources in much-needed community programs and resources (Ben-Moshe, 2020; Dear & Wolch, 1987; Slater, 2005).

Disability: A socially constructed and context-specific identity and experience that describes individual illness, injury, and/or difference from physical, emotional and/or cognitive norms.

Disability justice: A framework, vision and organizing strategy led by Black, Indigenous and other racialized disabled people, that seeks to address all interlocking causes of ableist violence. A disability justice framework reminds us that "there is no way to stop a single gear [of oppression] in motion – we must dismantle this machine." As disability justice performance collective Sins Invalid (2020) writes, "there has always been resistance to all forms of oppression, as we know in our bones that there have also always been disabled people visioning a world where we flourish, a world that values and celebrates us in all our beauty" (para. 18).

Demographics: Social characteristics of a population of people, including race, gender, class, age, etc.

Direct action: A type of political action in which a person or community intervenes directly on a social problem.

Dish with One Spoon: A treaty between the Anishinaabe Three Fires Confederacy (Ojibwe, Odawa, and Potawatomi Nations) and the Haudenosaunee Confederacy that guides and governs how people and communities relate to each other and the land in the Great Lakes region and along what is now called the St. Lawrence river. This treaty stresses the interdependence of all life and directs people to take only what they need and ensure there is always enough to go around.

Drug policy / toxic supply crisis: An ongoing surge in fatal drug overdoses resulting from restrictions on the prescription of opioids, punitive measures in the medical system, and the ongoing criminalization of street drugs, leading to their increasing toxicity. This crisis has a solution: the legalization of all currently criminalized drugs (ACLU, 2023; Barnett, 2009; Burrus, 2019; Herzberg, 2020; Jones, 2019; Zwarenstein, 2021).

Encampments: A shorthand for semi-permanent gatherings of unhoused people in tents and DIY structures to create community and safety in numbers. Encampments in Toronto grew during the COVID-19 pandemic due to increasing poverty and the ongoing housing crisis, as well as the risks of viral transmission in the shelter system.

Exploitation: Benefitting from another person's labor without fair compensation or credit.

Gatekeeping: In the context of social services, withholding, controlling, or limiting access to necessary resources.

Gender-diverse: A term used to refer to persons whose gender identity or expression is "at odds with what is perceived as being the gender norm in a particular context at a particular point in time" (UN, n.d., para. 1).

Hierarchy: A system or structure which ranks people, objects, or ideas. In a hierarchy, those at the bottom are less valued than those at the top.

Indigenous harm reduction: A way of practicing harm reduction rooted in Indigenous knowledges that prioritizes dismantling the harms of colonialism and all "hierarchies of worthiness" (CAAN/ICAD, 2019, p. 4).

Intersectionality: A way of analyzing how multiple systems of power operate together, reinforcing each other. Intersectionality is "a lens through which you can see where power comes and collides, where it interlocks and intersects" (Crenshaw in Columbia Law, 2017, para. 4).

Lateral violence: The ways that oppressed peoples "covertly or overtly direct their dissatisfaction inward toward each other, toward themselves, and toward those less powerful than themselves" (para. 5). Lateral violence can appear as "gossip, shaming and blaming others, backstabbing and attempts to socially isolate others" (Frankland, 2009, in Korff, 2020, para. 6).

Legalization: The process by which behaviors, acts, and individuals are made acceptable through the passing and/or enforcing of laws.

Liberatory harm reduction: A harm reduction philosophy that prioritizes pleasure, choice and self-determination at the individual level, and collective organizing against systems of power at the structural level (Hassan, 2022).

Lived/living expertise: Knowledge and awareness that comes from personal experience of navigating systems of social power and/or accessing (or being acted on by) social services.

Low-barrier social service agency: A social service site that offers services that are relatively easy to access. Generally, this refers to drop-ins, food banks, extreme weather shelters, and other community programs. Importantly, low barrier does not mean *no* barrier: the policies and schedules of these services do not always fit the needs of their communities.

Mad/Madness: A term reclaimed by people who have been deemed deviant by the psychiatric system to assert the creative possibilities of being outside narrow ideas of "normal."

Marginalization: The process of pushing individuals, groups, or communities with less social power to the metaphorical and/or literal margins or outskirts of society.

Neoliberalism: A form of extreme capitalism that prioritizes market rule, deregulation, privatization, and defunding social services. Neoliberalism asks individuals to presume all resources are scarce and consider any potential action in their lives using a cost-benefit and risk-reward analysis.

Non-binary: A person whose ender identity does not fit the socially constructed masculine/feminine gender binary.

Overdose Prevention Sites (OPSes): Informal, grassroots spaces where someone can use drugs around others who are trained to reverse an overdose.

Paradox: A senseless, logically unacceptable, or contradictory statement or situation.

Psychiatrization: Contact with the mental health system leading to diagnosis and/or "treatment," with or without consent. Psychiatrization often leads to "discrimination, rejection, silencing, exclusion, low expectations, incarceration, and other forms of violence against people who are othered through mental 'illness' diagnosis, history or even suspicion" (Meerai, Abdillahi & Poole, 2016, p. 18).

Racialization: The social process of creating and assigning racial identities to groups of people, making them *not white*. The modern concept of race was invented in Western Europe to justify European colonialism and enslavement. There is no biological or genetic basis for racial categories – there is more genetic diversity *within* a given race than *between* them (Chowkwanyun, 2013; Goodman, 2020; Kolbert, 2018).

Racism: Individual and/or institutional actions, policies or laws that reinforce white supremacy by devaluing, discrediting, damaging, dispossessing, erasing, or destroying the languages, cultures and/or lives of Indigenous people, Black people, and other racialized people. Racism can be *overt* or *covert, intended* or *unintended*.

Research Ethics Board: A committee responsible for ensuring that research is carried out in a manner according to national and international law, and through ethical practices generally established by a government or university.

Safe supply: Legalized, regulated, accessible drugs.

Satellite sites: Harm reduction services "operating out of the homes of people who use drugs" (Michaud & Thomas, 2020 p. 4). Rooted in principles of mutual aid and supported by agencies, satellite sites can provide services ranging from distribution of harm reduction supplies to acting as an informal OPS.

Settler: A person who benefits in an ongoing way from a legislated relationship to a settler-colonial government like that of Canada. Like all social locations, this identity is context-specific and subject to change.

Social location: The elements of a person's identity that are created by and related to broad systems of social power like white supremacy, capitalism, colonialism, cisheteropatriarchy and ableism (e.g., race, class, citizenship, gender, sexuality, and ability). A person's social location tells them where they are "located" on a "map" of power in any given society or culture (Choo and Ferree, 2010).

Social norms: Informal rules and/or expectations by which a society guides the behavior of its members, including ideas about what is "right" and "wrong," or "polite" and "rude," within a given culture.

Status quo: The way things are right now; the existing state of affairs.

Street Transvestite Action Revolutionaries (STAR): A revolutionary mutual aid organization and political collective in New York City in the 1970s by and for racialized queer and trans sex workers. STAR engaged in direct action protests and survival activities on a variety of issues, including housing insecurity and homelessness, and queer and trans self-determination.

Surveillance: Watching or monitoring a person or community for the purpose of gathering data and information, and/or asserting power and control.

System of power: A broad, overarching social structure that describes and enforces relationships between individuals and institutions at all levels. Examples include colonialism, white supremacy, capitalism, cisheteropatriarchy, and ableism.

Tokenism: The practice of including someone from an oppressed community in a surface-level and symbolic way in order to make those already in power look good, without giving up any authority.

Trans: A constellation of different identities for someone whose gender does not correspond to what they were assigned at birth.

Transcript: A written or printed version of information that was previously presented in another form.

Treaty: A binding agreement between nations and communities that sets rules and guidelines for interaction. As Leanne Betasamosake Simpson (2008) writes, "it has long been known that Indigenous nations had their own processes for making and maintaining peaceful diplomatic relationships…grounded in the worldviews, language, knowledge system and political cultures of the nations involved" (p. 29). Most of the treaties that we discuss in this document are all pre-Confederation treaties made between different Indigenous nations or between Indigenous nations and early colonizers/settlers, which means they are based in what Simpson calls "the common Indigenous ethics of justice, peace, respect, reciprocity and accountability" (ibid).

Treaty 13: The legal treaty agreement between the Mississaugas of the Credit River First Nation and the settler-colonial Canadian government that acknowledges Mississauga rights to the land that is now called Toronto. Negotiations for Treaty 13 began in the 1780s and were only resolved in 2010. In the interim, the British Crown and, later, the Canadian government violated the sovereignty and self-determination of the Mississaugas and violated the terms of their own agreements (Boileau, 2021).

Trafficking: Non-consensual recruitment into exploitative or coercive sex or work relationships for the profit of another person, company, or government. In Canada, most trafficking occurs within the national borders, to people who have citizenship, through someone they know, usually a family member. Trafficking is different from sex work (Nonomura, 2020).

Two Row Wampum: A treaty between the Haudenosaunee Confederacy and Dutch colonizers made in 1613 which directs colonizers, settlers, and all non-Indigenous peoples who want to live on Haudenosaunee territory to respect Indigenous self-determination, and practice non-interference with Indigenous culture and governance. As the Onondaga Nation (n.d.) writes, the two rows represent the communities of colonizer/settlers and Indigenous peoples: "In one row is a ship with our White Brothers' ways; in the other a canoe with our ways. Each will travel down the river of life side by side. Neither will attempt to steer the other's vessel" (para. 4).

Two Spirit: A "contemporary pan-Indigenous term used by some Indigenous LGBTQQIA+ people that honours male/female, and other gendered or non-gendered spirits, as well as spiritual and cultural expressions. The term may also be used inter-changeably to express one's sexuality, gender, and spirituality as separate terms for each or together as an interrelated identity that captures the wholeness of their gender and sexuality with their spirituality" (Lezard et al, 2021, p. 8).

Unsanctioned: Not officially approved or permitted by law.

Whiteness: A socially constructed set of physical and/or cultural attributes that are treated as dominant and superior under white supremacy.

White supremacy: A social, economic, cultural, and political system that empowers, privileges, and deputizes white people to benefit from the marginalization, exploitation, suffering, and even death of Black people, Indigenous people, and other racialized people. White supremacy was central to the colonial settlement of nation-states such as Canada and continues to shape daily life in Canada in an active way.

Young Lords: A United States-based anti-colonial, anti-capitalist revolutionary organization from the 1960s and 1970s that fought for empowerment and self-determination of colonized people, specifically focused on Puerto Rican and Latinx communities. The Young Lords and Black Panther Party came together in 1970s to seize Lincoln Hospital in New York City in order to create a "People's Detox" to better serve Black and Latinx communities oppressed by existing substance use treatment (Hassan, 2022; O'Brien, 2020; Ricciulli, 2021).

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