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COMPENSATING PEOPLE WITH LIVED EXPERIENCE: BEST PRACTICES FROM THE LITERATURE

LITERATURE REVIEW FOR THE GUELPH NEIGHBOURHOOD SUPPORT COALITION

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INTRODUCTION

This literature review is being conducted for the Guelph Neighbourhood Support Coalition (GNSC), the Guelph and Wellington Task Force for Poverty Elimination (PTF), and HIV/AIDS Resources and Community Health-Guelph (ARCH), to develop a deeper understanding of best practices for engaging community members with lived experience who contribute to partner organizations with their insights and expertise. This will inform the development of organizational structures and processes for working with and compensating people with lived experience, who are also known as peers, in ways that are appropriate and fair. It is hoped that this will enable the sharing of knowledge about best practices with other community organizations (e.g., in the form of communication tools and graphic summaries), in an effort to establish community guidelines and standards for peer engagement, and facilitate fairness and consistency in approaches to peer compensation. The goal of this literature review is:

- To identify best practices for engaging and compensating people with lived experience in organizations' work, and for communicating the importance of adopting best practices.

This literature review seeks to fulfill the following objectives:

- **1. Terminology:** Examine the language that is used to refer to people with lived experience who are a part of community organizations, and make recommendations for preferred terminology.

- **2. Roles, Contexts, and Accessibility:** Assess and account for the varied roles and contexts in which community members engage with organizations when recommending best practices that prioritize accessibility.

- **3. Compensation:** Assess and recommend best practices for how to compensate peers fairly for their contributions. This will account for both monetary and non-monetary options for compensation.

- **4. Legal Considerations:** Explore legal considerations that may be relevant when providing compensation for peer engagement work.

- **5. Foundational Framing:** Research effective ways of communicating the importance of compensating community members for their peer engagement work.

Background: Engaging People with Lived Experience (PWLE)

Engaging people with lived experience (PWLE) has become an increasingly important priority in the work of community organizations and governmental agencies in Canada and globally (Greer et al., 2017; Homer, 2019; The Change Foundation, 2015; Ti, Tzemis, & Buxton, 2012). 'Lived experience' in this sense can refer to any experience of an issue or situation (e.g., poverty, illness, historical trauma, etc.) that is pertinent to an organization's work, and which is acknowledged as a source of valuable insight and understanding that individuals without that experience lack, irrespective of their education or training (Saskatoon Poverty Reduction Partnership, 2017). This document will use the terms 'person with lived experience (PWLE)' and 'peer' interchangeably to refer to people who work in these roles, as these are the two currently most prevalent forms of terminology, but this should not prevent organizations from taking a flexible, bottom-up approach to terminology which begins directly from the voices of the local people they serve (Becu & Allan, 2018; CAMH, 2018, 2019; City of Toronto, 2019; Greer & Buxton, 2017; Homer, 2019; Saskatoon Poverty Reduction Partnership, 2017; Toronto Community Hep C Program, 2018; Toward the Heart, 2019; Vlachoyannacos, 2019).

Lived conditions of social and economic marginalization, such as poverty, are consistently associated with adverse health outcomes, and drastically increase peoples' risk for morbidity and mortality (Canadian HIV/AIDS Legal Network, 2005; Greer et al., 2017). Social determinants of health speak to the necessity of addressing the underlying causes of health disparities, calling for a more meaningful and foundational integration of peoples' lived experiences in legal and policy frameworks for health and social service provision (Canadian HIV/AIDS Legal Network, 2005; CAMH, 2019; Homer, 2019). PWLE have advocated for such fundamental, systems-wide changes to health and social service frameworks for more than two decades, under the banner of "nothing about us without us" (Homer, 2019; LEAC, 2016; Saskatoon Poverty Reduction Partnership, 2017). As a result of community action, it has become clear that engaging PWLE actively, directly, and meaningfully in the design, delivery, and evaluation of health and social services represents both a public health and an ethical or human rights-based imperative (Canadian HIV/AIDS Legal Network, 2005; CAMH, 2018; Greer et al., 2017; Homer, 2019; Paradis, 2018; Ti, Tzemis, & Buxton, 2012).

In the domain of public health, conventional provider-client models empower providers with expertise to design health and social solutions, which creates limitations in what health and social services can accomplish. By failing to meaningfully integrate the perspectives of PWLE, and often treating PWLE as objects, these models tend to produce programs and services that are impractical, marginalizing, and unresponsive towards community needs (Canadian HIV/AIDS Legal Network, 2005; Greer et al., 2017; Homer, 2019). PWLE are often socially marginalized, silenced, and at times criminalized due to their lived experiences, and positioned with less power and resources due to political, historical, economic, and social conditions (Belle Isle et al., 2016; Greer et al., 2017; LEAC, 2016). PWLE may not be regarded as fully human, but rather defined with reference to labels associated with their lived experiences, and many have experienced trauma (CAMH, 2019; Arthur et al., 2013; Homer, 2019).

Indigenous PWLE in particular have been systematically excluded from decision-making processes by institutions across Canada, whether through patent disregard or tokenizing and ingenuine "consultations" (End Poverty Edmonton, 2018; Paradis, 2018). The lack of meaningful integration of Indigenous PWLE's lived perspectives into services and structures reflects the painful history of settler colonialism in this nation (End Poverty Edmonton, 2018; Truth and Reconciliation Commission of Canada, 2015).

The vulnerabilities created by these power imbalances have been used to justify the neglect of the voices and perspectives of PWLE in processes for decision-making about policy, programs and services (Canadian HIV/AIDS Legal Network, 2005; Greer et al., 2017; Region of Waterloo Social Services, 2012). Given this context, it is not surprising that PWLE often have experiences of being systematically disempowered by disrespectful, paternalistic, and at times harmful services (Burkett, 2009; CAMH, 2019; Coleman et al., 2017). Stigmatizing and traumatizing service experiences reduce service access, reinforce health disparities, and can create mistrust towards social structures and institutions (CAMH, 2019; Greer et al., 2017; Homer, 2019; Ti, Tzemis, & Buxton, 2012).

In response to such problems, the United Nations (UN) has stated that all people – especially people from marginalized and vulnerable communities – should have meaningful agency in decisions that affect their lives, including decisions about service planning and provision (Office of the United Nations High Commissioner on Human Rights, 2001, 2006). The Canadian government endorsed the UN's 2001 statement in the same year (Canadian HIV/AIDS Legal Network, 2005). True, genuine relationships

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with Indigenous PWLE in service planning and delivery are integral in working towards reconciliation on Turtle Island, which is known today as North America (End Poverty Edmonton, 2018; Truth and Reconciliation Commission of Canada, 2015). Meaningful relationships with Indigenous PWLE can be founded on the concept of First Voice, according to which Indigenous peoples should act as leaders in all endeavours relevant to their lives based on their own lived experience (End Poverty Edmonton, 2018; United Nations Educational, Scientific, and Cultural Organization, 2007).

PWLE understand the issues that are relevant to their communities and which may not be known to outsiders, such as local risk environments and barriers to treatment access, and can bring these to the level of policy and program development (Canadian HIV/AIDS Legal Network, 2005; Greer et al., 2017; Hamilton Roundtable for Poverty Reduction, 2010; Homer, 2019; Ti, Tzemis, & Buxton, 2012; Toronto Community Hep C Program, 2018). PWLE have the best understanding of the context, root causes and scope of social determinants of health, and deep insight into the systemic barriers which prevent social problems from being adequately addressed (Homer, 2019; LEAC, 2016; Region of Waterloo Social Services, 2012; Ti, Tzemis, & Buxton, 2012; Toward the Heart, 2019). Moreover, they have critical vantage points about community needs, what aspects of services are working, and what needs to be changed (Becu & Allan, 2018; CAMH, 2018; Canadian HIV/AIDS Legal Network, 2005; Coleman et al., 2017; Greer et al., 2017; Homer, 2019; Saskatoon Poverty Reduction Partnership, 2017). For such reasons, lived experience, both past and current, represents an invaluable form of expertise (Canadian HIV/AIDS Legal Network, 2005; Coleman et al., 2017; Greer & Buxton, 2017; Hastings-Prince Edward Poverty Roundtable, 2017; Region of Waterloo Social Services, 2012; Saskatoon Poverty Reduction Partnership, 2017; Toronto Community Hep C Program, 2018). Allowing people who are disproportionately affected by social determinants of health to have a voice in decisions that affect their lives can play a vital role in the creation of health, social, legal, and research policies (Belle Isle et al., 2016; Canadian HIV/AIDS Legal Network, 2005; Greer et al., 2017; LEAC, 2016).

When organizations and governments allow the firsthand viewpoints of PWLE to guide policy and practice, services can be adjusted to be more accessible and relevant to the community of focus, to meet community needs more compassionately, and to make service experiences more empowering and equitable (Belle Isle et al., 2016; Becu & Allan, 2018; CAMH, 2018; Canadian HIV/AIDS Legal Network, 2005; Coleman et al., 2017; Greer et al., 2017; Homer, 2019; Saskatoon Poverty Reduction Partnership, 2017; Toronto Community Hep C Program, 2018). Moreover, engaging PWLE in

research can help to ensure that questions, approaches, and avenues for knowledge-sharing are appropriate and sensitive to lived realities (Greer & Buxton, 2017; LiveStories, 2018). By adopting a strengths-based approach, organizations and governments can allow PWLE to act as leaders in reducing barriers and bridging communities, services, and policies (Canadian HIV/AIDS Legal Network, 2005; Coleman et al., 2017; Greer & Buxton, 2017; Hastings-Prince Edward Poverty Roundtable, 2017; Region of Waterloo Social Services, 2012; Saskatoon Poverty Reduction Partnership, 2017; Vancouver Coastal Health, 2016).

Provided that equity and the active sharing of power guide organizations' practices for engaging PWLE, engagement work can be a means of civic engagement that builds meaningful relationships between PWLE, the organizations that serve them, and the greater community (CAMH, 2019; Greer et al., 2017; Hamilton Roundtable for Poverty Reduction, 2010). In turn, this can facilitate trust and a sense of belonging, challenge the social marginalization and isolation of PWLE, and improve the self-esteem and self-confidence of PWLE (Belle Isle et al., 2016; Burkett, 2009; CAMH, 2019; Greer et al., 2017; Hamilton Roundtable for Poverty Reduction, 2010; Region of Waterloo Social Services, 2012; Saskatoon Poverty Reduction Partnership, 2017; Toronto Community Hep C Program, 2018). This represents a step toward more democratic and participatory decision-making processes, which can change perceptions of PWLE within organizations and catalyze further social action (Greer & Buxton, 2017; Burkett, 2009; Homer, 2019; Paradis, 2018; Vlachyannacos, 2019; Ti, Tzemis, & Buxton, 2012).

Evidence indicates that the meaningful involvement of PWLE in service and program design, delivery, and evaluation can help to reduce stigma and health inequities, and make services more effective and responsive to the needs of people who access services (Becu & Allan, 2018; Belle Isle et al., 2016; CAMH, 2019; Toward the Heart, 2019). Making services more accessible and effective improves outcomes and reduces costs and issues with implementation (Greer et al., 2017; Saskatoon Poverty Reduction Partnership, 2017; Ti, Tzemis, & Buxton, 2012). For example, the voices of PWLE have been central to the shift from abstinence-based models for serving people who use drugs – which reinforced stigma and were experienced as actively harmful by many services users – towards harm-reduction approaches which have had positive impacts on disease prevention and safety (Canadian HIV/AIDS Legal Network, 2005; Ti, Tzemis, & Buxton, 2012). The contributions of PWLE have similarly been integral to the success of a variety of new service and policy developments, for instance in decisions related to supportive housing (Ti, Tzemis, & Buxton, 2012).

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There is increasing public and research support highlighting the importance of engaging PWLE meaningfully in services, policy, and research (Canadian HIV/AIDS Legal Network, 2005; Greer et al., 2017; CAMH, 2018). However, in practice PWLE are often engaged in ways that can be tokenizing, reinforce power imbalances and social exclusion, and ultimately undermine efforts to promote health equity and social justice (Belle Isle et al., 2016; Burkett, 2009; CAMH, 2018; Greer et al., 2017; Coleman et al., 2017; Hastings-Prince Edward Poverty Roundtable, 2017; Paradis, 2018; Toronto Community Hep C Program, 2018; Toward the Heart, 2019). One example of this is the tendency to view the work conducted by PWLE as "volunteer" labour, which does not recognize the equal value and expertise of PWLE, and can reinforce social and economic marginalization (Canadian HIV/AIDS Legal Network, 2005; Greer & Buxton, 2017; Greer et al., 2017). Health authorities and service providers have noted an overall lack of understanding of the principles and best practices for peer engagement, and a lack of national and international standards (Greer et al., 2017; The Change Foundation, 2015). To support organizations in collaborating with PWLE meaningfully and equitably, this document provides recommendations of best practices for engaging PWLE, with a focus on the provision of appropriate and equitable compensation.

METHODS

Term searches were conducted on academic and publicly available databases to find relevant primary, secondary, and grey sources of information about engaging PWLE. These sources were reviewed to determine their relevance and were included in this analysis where appropriate. The terms that were searched can be found in Appendix A.

Limitations

Although a list of search terms from preliminary searches was provided for this literature review, not all of these were successful. Several of the terms overlapped with each other in terms of the literature they were returning.

RESULTS/FINDINGS

A total of 47 sources were included in this analysis. Of these, one was from open-access academic literature; 17 were published by municipal, provincial, and federal branches of government; and 29 were published by community organizations and non-governmental organizations.

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1. Terminology

There is no formal consensus about the best language to use in referring to people who meaningfully contribute to a community with their deep understanding of lived realities (Homer, 2019). Organizations could benefit from knowing that terminology is always evolving, and so it is important to stay up-to-date about developments in language use (Becu & Allan, 2018). It is generally accepted that a person-centered approach to language is crucial, and that using the encompassing term 'volunteer' does not adequately recognize the valuable expertise these individuals offer (Coleman et al., 2017; End Poverty Edmonton, 2018; Hastings-Prince Edward Poverty Roundtable, 2017). In all cases, it is considered best practice to use language that has been endorsed directly by people themselves (Becu & Allan, 2018).

The language of 'First Voice' is often used to describe the position of speaking and working from lived experience among Indigenous communities (End Poverty Edmonton, 2018; Homer, 2019). Provided community members wish to do so, it may be important to use language that further distinguishes the particular roles of Indigenous people with lived experience, who include Elders, knowledge keepers, cultural resource people, and youth, among others (End Poverty Edmonton, 2018).

Although it is not universal, the term 'person with lived/living experience' (PWLE) is often used to refer generally to people in these roles (CAMH, 2018; City of Toronto, 2019; Homer, 2019; Vlachoyannacos, 2019). Alternatively, 'community resident with lived experience', 'person with grounded expertise', or 'expert by experience' can be used to emphasize the person's belongingness in the larger community, or their expertise (Coleman et al., 2017; Homer, 2019; Wilcox, Pei, Boyer, & Johnson, 2018).

Despite the frequency of use, the term PWLE or terms that emphasize lived experience have been identified as potentially problematic because they remove peoples' agency in choosing to self-identify or not, which may be a particular concern when a lived experience is highly stigmatized, e.g., drug use (Homer, 2019; Toronto Community Hep C Program, 2018). On the other hand, it has been noted that acting in a peer worker role itself automatically "outs" one's past or present lived experiences (Toronto Community Hep C Program, 2018). If using more direct language is a concern among peers, terms that refer to a peer's role, e.g., 'community support worker', 'outreach worker', 'harm reduction worker', 'paid apprentice', or 'intern', may be preferred alternatives (Homer, 2019; Toronto Community Hep C Program, 2018).

The terms 'peer' or 'peer worker' are other general, widely used options (Becu & Allan, 2018; CAMH, 2019; Greer & Buxton, 2017; Toronto Community Hep C Program, 2018; Toward the Heart, 2019). However, it is important to keep in mind that the term 'peer', when used to designate PWLE in any context may gloss over differences among PWLE within the same community. On the other hand, 'peer' may be more appropriate when referring to roles in which PWLE are providing direct services for people from the same PWLE community, e.g., 'peer-to-peer support' (Becu & Allan, 2018).

At times, groups of people may wish to be more or less specific about their lived experience, depending on the context and purpose – for example, the peer-led Vancouver Network of Drug Users (VANDU) uses direct language to describe their lived experience, which they see as an important step towards de-stigmatizing the lived experience itself (Canadian HIV/AIDS Legal Network, 2005). When using more specific language, PWLE may include people with lived experience of disabilities; the justice system; addictions; poverty; food insecurity; homelessness and/or precarious housing; chronic illness; gendered violence, mental health issues, etc. (Belle Isle et al., 2016; Burkett, 2009; CAMH, 2018; CAMH, 2019; Canadian HIV/AIDS Legal Network, 2005; Cheff, 2018; City of Toronto, 2019; Coleman et al., 2017). This list is not exhaustive. If specific language is used, it should never be used without the consent of the person or people being described (Becu & Allan, 2018).

Some organizations may prefer to use more unique language to refer to specific PWLE roles. For example, 'partners with lived/living experience' may be used to emphasize the agency and equality of PWLE (Homer, 2019). As another example, one peer engagement initiative uses the term 'community champions' to refer to PWLE who act as leaders in community transformation work (Coleman et al., 2017). If an organization does wish to use more unique language, it is recommended the terms chosen should be rooted in the language used by community members and it should be acceptable to the PWLE to whom it refers. As well, the specific meaning of the language should be communicated explicitly in the organization's intended framework (Coleman et al., 2017).

2. Roles and Contexts of Work

PWLE draw from and apply the knowledge base they have learned through the conditions of their lives (e.g., conditions related to health, social positions, etc.) to actively support individuals and organizations (Becu & Allan, 2018; CAMH, 2018). This is not the same as simply *having* lived experience (CAMH, 2018). The work performed by PWLE includes a variety of different roles in different contexts, including within

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organizations, their own communities, the community at large, and with private industry partners (Becu & Allan, 2018). It is important to note that in working from their own lived experience, PWLE may pull from other areas of knowledge, skills, and expertise that do not come solely from the conditions of their lives, e.g., knowledge gained through reading, and skills and expertise gained through employment (CAMH, 2018). Therefore, it is recommended that organizations do not overemphasize the lived experiences of a peer to the neglect of their other contributions, and also do not underestimate peers' knowledge, capacity, and skills (Belle Isle et al., 2016).

Contexts: Power, Equity, and Accessibility

PWLE are silenced in ways that are widespread and deep-seated in Canadian society, and many community organizations want their work to allow PWLE to have more voice in decisions that affect their lives (Belle Isle et al., 2016; CAMH, 2018). Because PWLE are marginalized on multiple levels, there are many barriers for organizations to engage PWLE in ways that are meaningful and fair (Belle Isle et al., 2016; Becu & Allan, 2018; Greer et al., 2017; Ti, Tzemis, & Buxton, 2012; Toronto Community Hep C Program, 2018). Inadequate resources, a lack of support among decision-makers, stigma toward PWLE among organization staff and the wider public, punitive and criminalizing policies, and unfair law enforcement practices present systemic barriers to equitable peer involvement (Belle Isle et al., 2016; Becu & Allan, 2018; Greer et al., 2017; Ti, Tzemis, & Buxton, 2012; Toronto Community Hep C Program, 2018). As a result, organizations can engage PWLE in ways that are more or less meaningful and equitable.

If organizations want to create equitable structures and processes for engaging PWLE in their work, they need to actively challenge dominant power relations to prevent reinforcing the stigma and silencing that many PWLE face in their daily lives (Belle Isle et al., 2016; Homer, 2019; LEAC, 2016). Professionals in the room will generally hold power by default (e.g., in decision-making, access to resources), and organizations will often need to assume responsibility for sharing power and facilitating equality of voices (Greer et al., 2017). Organizations should view their efforts to engage PWLE in equitable ways as part of a process of organizational transformation (Greer et al., 2017; Hastings-Prince Edward Poverty Roundtable, 2017; Paradis, 2018, p. 27; Toronto Community Hep C Program, 2018; Wilcox, Pei, Boyer, & Johnson, 2018). Organizations can build their capacity for equitable peer engagement, and contribute to meaningful systems-wide changes, by making persistent efforts that add up over time (Wilcox, Pei, Boyer, & Johnson, 2018).

Building capacity for equitable peer engagement requires that organizations identify barriers to meaningful, equitable engagement at all levels of their organizational culture, practices, and finances, and orient their engagement work to improving access for under-served communities (Belle Isle et al., 2016; Greer et al., 2017; CAMH, 2019; Hamilton Roundtable for Poverty Reduction, 2010; Hastings-Prince Edward Poverty Roundtable, 2017; Homer, 2019). Organizational practices and policies around peer engagement should be reviewed with PWLE through an equity lens regularly and proactively (e.g., at least annually), and all issues should be actionably addressed (CAMH, 2019). To support this, organizations should require and provide dedicated time and space for staff and leadership to engage in ongoing personal reflection and regular group discussions of issues related to power and equity (CAMH, 2019). Formal training should be required and provided at least annually to organization staff to develop their capacity to challenge stigma and create safer, more equitable spaces for engagement work (Belle Isle et al., 2016; Greer et al., 2017; Hastings-Prince Edward Poverty Roundtable, 2017). Training should be provided by skilled facilitators who are, whenever possible, also PWLE (CAMH, 2019; Greer et al., 2017; LEAC, 2016; Paradis, 2018). Training should address equity and inclusion, anti-oppression and anti-racism, intersectionality, the history of relevant policies and practices, cultural safety, and trauma-informed approaches (Greer et al., 2017; Arthur et al., 2013; Hamilton Roundtable for Poverty Reduction, 2010). See Appendix B for additional supportive resources for organizational training and capacity-building.

To work towards more equitable peer engagement, organizations should make special efforts to engage and hire diverse PWLE (City of Toronto, 2019; Greer et al., 2017; Hamilton Roundtable for Poverty Reduction, 2010; Paradis, 2018; Region of Waterloo Social Services, 2012). Although peers may share some elements of a common lived experience, PWLE are diverse even within the same category of lived experience (Greer et al., 2017; Saskatoon Poverty Reduction Partnership, 2017). Correspondingly, meaningful engagement requires multiple peer perspectives – not just one – whenever possible (Canadian HIV/AIDS Legal Network, 2005; City of Toronto, 2019; Greer et al., 2017; Toronto Community Hep C Program, 2018). Moreover, power dynamics and social hierarchies within PWLE communities may give rise to the marginalizing and tokenizing of PWLE by other PWLE (Coleman et al., 2017). Thus, organizations should prioritize shared power and strong representation of PWLE who are underserved and disadvantaged by multiple, intersecting processes of marginalization, e.g., racism, ableism, ageism, homophobia (City of Toronto, 2019; Greer et al., 2017; Hamilton

Roundtable for Poverty Reduction, 2010; Homer, 2019; Vlachyannacos, 2019; Wilcox, Pei, Boyer, & Johnson, 2018). Organizations can work towards this goal by creating equity support policies that include targeted outreach initiatives, like direct invitation, to engage groups who are served by the organization (CAMH, 2019; City of Toronto, 2019; Hamilton Roundtable for Poverty Reduction, 2010; Paradis, 2018; Region of Waterloo Social Services, 2012). Another strategy might be to allow equal speaking time to each member of a peer group (Paradis, 2018).

Engaging diverse PWLE requires that organizations take steps to ensure that engagement work is accessible. Work settings are often structured in ways that assume all people live on middle-class incomes, which creates many barriers for people who do not (Paradis, 2018). Common barriers that impact the accessibility of work for PWLE include barriers in organizational culture, barriers to meeting physical needs, cultural and environmental barriers, and literacy and communication-based barriers (Greer et al., 2017; Homer, 2019; Paradis, 2018). It is important to note that removing or mitigating these barriers and improving accessibility is often done easily and at low cost (Hastings-Prince Edward Poverty Roundtable, 2017).

One way that organizations can help to make their culture and engagement practices safer and more accessible for PWLE is by adopting a trauma-informed approach to engagement (Arthur et al., 2013; Paradis, 2018). Trauma-informed approaches are based on an awareness of the prevalence and symptoms of trauma, and the strategies that people rely on for coping with trauma (e.g., behaviors that might otherwise be considered "disruptive"). Trauma-informed approaches emphasize safety, collaborative informed choice, and strengths-building (Arthur et al., 2013; Hastings-Prince Edward Poverty Roundtable, 2017). Trauma-informed engagement practices aim to prevent re-traumatization or further traumatization by accounting for people's needs for emotional and physical safety and for control in their own lives and their work. This might involve adapting the physical space to be less threatening and providing clear information about activities in advance (Arthur et al., 2013). PWLE should always be informed about who will be involved (e.g., names, roles) – including other PWLE, organization staff, social workers, community members such as religious leaders, and especially law enforcement personnel – prior to consenting to engagement work, and prior to specific meetings or activities once work has begun (Greer et al., 2017). As well, trauma-informed engagement means protecting the confidentiality of peers' identities and statements (e.g., contributions to meetings), and never requesting or requiring disclosures that are not absolutely necessary, such as those which pertain to trauma history, health status, or proof of income (Arthur et al., 2013; Canadian HIV/AIDS Legal

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Network, 2005; Greer et al., 2017). Organizations should strive to implement these principles and practices in all aspects of their work with PWLE (Arthur et al., 2013; End Poverty Edmonton, 2018).

Practicing a trauma-informed approach involves striving for consistency and predictability in group processes, dynamics, and expectations. To support this, staff who work with groups of PWLE should support the establishment of group norms which might include: having an open mind, respecting the personal experiences of others, not talking down to others, and not using hostile language (e.g., swearing) or behaving in aggressive or violent ways (Greer et al., 2017; Homer, 2019; Region of Waterloo Social Services, 2012). To facilitate consistency and predictability for peers working in group settings, it is recommended that organizations develop a "memorandum of understanding" (MoU) – also known as a "team agreement" – for each team or project in order to clarify expectations, roles and responsibilities for those involved, as well as team supports, ground rules for meetings, and processes for decision-making and conflict resolution (Arthur et al., 2013; Greer & Buxton, 2017; Greer et al., 2017). An MoU can aid team members' cooperation and partnership in working towards mutual goals, and it should be written, printed, and signed by all members of a team (Greer et al., 2017). Consistency is important; however, organizations may also want to prepare for flexibility and growth in roles. It is often the case that a person's role will evolve as their work unfolds, and so an MoU may need to be revised during a project as changes take place (Coleman et al., 2017; Greer et al., 2017). Some organizations notice that, over time, a "life cycle of engagement" may become visible in peer engagement work, as some PWLE transition from acting as occasional consultants to becoming more actively involved in leadership positions (Coleman et al., 2017).

Organizations should never make assumptions about the type of barriers peers might face, or how they prefer to meet their needs (Greer et al., 2017; Hastings-Prince Edward Poverty Roundtable, 2017; Homer, 2019). As such, it is recommended that organizations work to make it easier for diverse PWLE to engage by providing opportunities to discuss needs (e.g., time, transportation) and ways that the team could be adapted to accommodate them (Coleman et al., 2017). Staff may consider inquiring about PWLE needs in an open-ended, compassionate way, and offering check-ins with all team members on an ongoing basis (Canadian HIV/AIDS Legal Network, 2005; Coleman et al., 2017). Creating a flexible environment where people feel comfortable to express their feelings and needs can begin with a discussion of the purpose of engaging PWLE in organizations' work, and the importance of hearing from PWLE (Coleman et al., 2017; LEAC, 2016; Region of Waterloo Social Services, 2012). Understanding and allowing people to fail and to grow is important – for instance, when

adjusting to a new role or learning employment etiquette like calling when unable to come in for work (Toronto Community Hep C Program, 2018). If a peer team member is dealing with current trauma, upheaval, or urgent needs, the team may consider providing the peer with the choice of adapting the team's planned work (Coleman et al., 2017; Greer et al., 2017; Homer, 2019).

Early in the engagement process, providing one-to-one support with a staff member or more experienced peer can help new PWLE to integrate and can help organizations to assess for and remove any barriers (Coleman et al., 2017). Peer mentors can help PWLE who are new to an organization to navigate new spaces, e.g., the location of restrooms, kitchen, drinking water, exits, elevators, cigarette break areas (Greer et al., 2017; Region of Waterloo Social Services, 2012). Peer mentors can also make sure that the needs of people with specific lived experiences are being met and can share information about the local supports that are available (Belle Isle et al., 2016). Referrals to services should be provided to PWLE as needed (Coleman et al., 2017). As well, for all engagements and especially those that are not one-time (e.g. acting as a member of a committee or board) it is recommended that organizations acknowledge that it may be the peer's first time in such a role by assigning a peer mentor and/or providing training (Canadian HIV/AIDS Legal Network, 2005; Saskatoon Poverty Reduction Partnership, 2017).

Flexibility is key. When planning engagement work, take account of the "opportunity costs" of engagement (e.g., missing an appointment or opportunity to work or access resources due to engagement work) for PWLE who face multiple barriers (Donnelly et al., 2015, p.5; Homer, 2019). Requiring work or holding meetings in the early morning and on days when Ontario Works (OW) funds are released is typically not preferred (Canadian HIV/AIDS Legal Network, 2005; Region of Waterloo Social Services, 2012). Respecting peoples' ability to participate when and however much they are able is important (Homer, 2019). Everyone's schedules should be accommodated to the greatest extent possible and technology should be used in a flexible way, e.g., phone calls or mail rather than e-mail as computer access may be limited (Coleman et al., 2017; Greer et al., 2017; Hastings-Prince Edward Poverty Roundtable, 2017). Sending out meeting reminders through peers' preferred methods of contact may be helpful, as well as starting and ending meetings at agreed-upon times to show people that their time is respected and valued (Region of Waterloo Social Services, 2012).

Removing barriers to meeting physical needs (e.g., for rest) might involve restricting the length of meetings and providing regular breaks during longer meetings for informal conversations, eating, and/or smoking (Hastings-Prince Edward Poverty Roundtable,

2017; Region of Waterloo Social Services, 2012). It is recommended to always have healthy food options, refreshments, and childcare available during meetings (Donnelly et al., 2015; Homer, 2019; Saskatoon Poverty Reduction Partnership, 2017; Wilcox, Pei, Boyer, & Johnson, 2018). Given that people may prefer to meet their needs in different ways, it is recommended that different options are provided; e.g., a mother may prefer to bring her infant to a meeting or to be compensated for childcare costs rather than having to access in-house childcare (Homer, 2019; Region of Waterloo Social Services, 2012; Saskatoon Poverty Reduction Partnership, 2017). Meeting at meal-time and having containers available so people can take leftovers home may be helpful (Region of Waterloo Social Services, 2012; Saskatoon Poverty Reduction Partnership, 2017). Ask about dietary needs ahead of time so people can meet their cultural, health, and nutrition needs (Saskatoon Poverty Reduction Partnership, 2017).

PWLE may encounter a variety of specific barriers to meeting physical needs. PWLE (e.g., those who live with HIV/AIDS) may experience side effects of medications, and consequently, appropriate comfort measures should be readily available (Canadian HIV/AIDS Legal Network, 2005). Information about opioid substitution sites near meetings should be provided to account for the needs of those who are on opioid substitution therapy. Onsite health and support services or referrals to nearby services should be provided to account for the needs of those who use drugs or who are choosing abstinence. As well, the possibility that triggers may arise needs to be considered (Belle Isle et al., 2016). During meetings, make harm reduction supplies available and provide breaks to ensure that people can tend to their needs (Belle Isle et al., 2016). If peer engagement work requires travel, advance notice should be given as early as possible, accommodation close to the meeting space should be provided, and an on-call physician should be available (Canadian HIV/AIDS Legal Network, 2005). Ask PWLE who have disclosed opioid substitution therapy if they need help with methadone carries, and ask self-identified people who use drugs (PWUD) if they would like a meeting arranged in the destination city with another PWUD who can help the peer to navigate the new locale and manage risks (Canadian HIV/AIDS Legal Network, 2005). If a peer requires identification documents for travel, provide support in obtaining those prior to a meeting, or alternatively, offer to have a person accompany them during travel to confirm their identity when needed (Belle Isle et al., 2016).

Cultural barriers, such as specific foods, spaces, practices, interactions with people, etc., should be addressed prior to engagement in the effort to create culturally safer environments for PWLE (Burkett, 2009; Greer et al, 2017). The needs and practices of individuals from non-Eurocentric backgrounds should be anticipated, and barriers to safety and respect should be removed prior to engagement (Hamilton Roundtable for

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Poverty Reduction, 2010). Both organizational staff and PWLE should receive training in cultural safety and anti-racism to minimize the impact of systemic discrimination on peers who are new to Canada and/or racialized (Hamilton Roundtable for Poverty Reduction, 2010; Homer, 2019). A land acknowledgment should be included as part of a welcoming introduction to meetings, training sessions, and other team-based work activities to show respect for Indigenous peoples (Homer, 2019).

Environmental barriers, such as stairs, steps, narrow doorways, lack of assistive technology or barriers to their use (e.g., non-automatic doors, barriers to assistive listening devices), the temperature of a space, etc., should be mitigated wherever possible (Burkett, 2009; Hastings-Prince Edward Poverty Roundtable, 2017; LiveStories, 2018). PWLE who use mobility devices like canes, scooters, walkers, and wheelchairs should be able to easily enter and navigate spaces where work takes place (Region of Waterloo Social Services, 2012). Environmental barriers concerning the location of work should be addressed by providing peers with public transportation passes, or when public transportation is unavailable, organizing a rideshare or paying a peer driver for fuel and parking costs (Hastings-Prince Edward Poverty Roundtable, 2017; Region of Waterloo Social Services, 2012). Other environmental barriers include the nature of work in a building (e.g., government building); meetings are often more accessible when they are held in casual settings or in places where PWLE already spend time (Greer et al, 2017). However, such areas may be triggering and/or impact the psychological safety of PWLE (e.g., urban centres) and in such cases the pros and cons of hosting work in a particular location should be discussed (Greer et al., 2017). Forums should be as inclusive and welcoming as possible, e.g., not around large crowds and with no dress codes (Hastings-Prince Edward Poverty Roundtable, 2017; Homer, 2019).

Removing literacy-based barriers to engagement requires that organizations use plain, non-technical language, and avoid jargon (Coleman et al., 2017; LiveStories, 2018; Wilcox, Pei, Boyer, & Johnson, 2018). This may involve asking peers about the best ways they learn (e.g., verbally, visually, both) and providing peers with printed written documents days or weeks in advance of meetings (Greer et al, 2017). Providing interpretive services and/or note-taking is optimal (Homer, 2019). When discussing peer work it is helpful to be clear, use plain language, translate any terminology and acronyms, and use non-technical language as much as possible (Coleman et al., 2017; Greer et al., 2017). Having peer mentors review documents beforehand and providing a box where peers can deposit "jargon" words can help to identify language that is not familiar to all in a way that is less stigmatizing than expecting peers to explicitly disclose

low reading comprehension or learning disabilities (Coleman et al., 2017; Greer et al., 2017; LiveStories, 2018).

Addressing communication barriers means that organizations should enable PWLE to participate and share their expertise in a variety of different formats (Coleman et al., 2017; Hastings-Prince Edward Poverty Roundtable, 2017; Paradis, 2018). Feedback and advocacy work should include both written language-based tools (e.g., anonymous surveys), narrative forms (e.g., interviews, focus groups), art (e.g., drama, drawings), and other types of qualitative data, such as photovoice, or design thinking tools like experience mapping (Coleman et al., 2017; Hastings-Prince Edward Poverty Roundtable, 2017; LiveStories, 2018; Paradis, 2018). As well, the accessibility of the forum of communication should be considered. As it might be intimidating for some PWLE to sit on a board, for example, PWLE should be invited to express their thoughts directly in ways that feel most comfortable for them (Coleman et al., 2017).

Roles: Possibilities for Peer Work

Because organizations hold considerable power in shaping the roles and contexts in which PWLE conduct work, PWLE are engaged across a spectrum of power (CAMH, 2019; Coleman et al., 2017; Greer et al., 2017; Homer, 2019; Vlachyannacos, 2019; Saskatoon Poverty Reduction Partnership, 2017; Ti, Tzemis, & Buxton, 2012). The continuum (CAMH, 2019; Greer et al., 2017) ranges from:

- Leading (peers are in charge)

- Partnering (peers are equals)

- Collaborating (peers are actively involved)

- Consulting (peers are given some influence)

- Informing (peers are asked but given less influence)

- Tokenizing (peers' presence is symbolic or "just for show")

- Using (peers are treated as means to organizational ends)

Note that there is potential for re-traumatization at the latter end of this spectrum of power (Arthur et al., 2013).

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For engagement to be genuinely equitable, it is crucial that PWLE contribute meaningfully in all stages of research that affects their communities, in all aspects of decisions that affect their lives, and at all levels of organizations that seek to respond to problems faced by their communities (Coleman et al., 2017; Canadian HIV/AIDS Legal Network, 2005; Greer et al., 2017; LEAC, 2016). On the other hand, engagement should be purposeful, and simply involving PWLE for the sake of engagement is not recommended as not all decisions may require peer engagement (Greer et al., 2017). The emphasis of peer engagement should be on "quality" over "quantity", and engaging PWLE solely as "information sources" is not enough (Coleman et al., 2017; Greer et al., 2017). If organizations have not already done so it would be beneficial to shift their thinking towards meaningful partnership and PWLE-led engagement, and frame organizational activities accordingly: i.e., "co-design", "co-delivery", and "co-review" of services (CAMH, 2019; Coleman et al., 2017; Wilcox, Pei, Boyer, & Johnson, 2018). Correspondingly, PWLE roles and projects themselves can be co-designed and co-envisioned by PWLE in a process of collaborative, shared leadership to facilitate the sharing of power (Coleman et al., 2017; Belle Isle et al., 2016; Wilcox, Pei, Boyer, & Johnson, 2018). Adopting this relational approach supports the trauma-informed practices of choice, collaboration, and strengths-building (Arthur et al., 2013).

When co-creating roles and projects, relationships between organizations and PWLE should be negotiated upfront (Belle Isle et al., 2016; LiveStories, 2018). Prior to agreeing to work, expectations for a project and a peer's role – including the term and scope of a project, the peer's role in contributing to decisions, compensation, training, support, access to resources, preferred modes of communication, confidentiality, and what will happen when a project concludes – should be established both verbally and in writing (Greer et al., 2017). It is recommended that peers be encouraged to identify what their own interests are and what their possibilities for engagement might be, and to communicate their expectations for support, learning, and leadership on the part of organization staff (Burkett, 2009; Belle Isle et al., 2016; Greer et al., 2017; LiveStories, 2018). Any opportunities for engagement that exist within an organization should be clearly explained and communicated to peers, and organizations should provide terms of reference when describing organizational structures and processes (Belle Isle et al., 2016; CAMH, 2019). Practicing meaningful informed choice in this way and allowing peers to have control over their decisions and their work are key to a trauma-informed approach to engagement (Arthur et al., 2013).

The specific roles and contexts for work provided by PWLE are highly variable. Peer engagement work can be shorter-term, for which work is typically not classified as an employment relationship, or longer-term, as when peers are employed full-time or for

contractual engagements. It is recommended that peers be offered longer-term employment for their work when possible and appropriate to the role or task (Burkett, 2009; Becu & Allan, 2018; CAMH, 2018; Greer et al., 2017). Currently in North America, the roles in which PWLE provide work can be thought to encompass the following domains: advocacy, education and awareness, research, direct service provision, and monitoring and evaluation (Burkett, 2009; Becu & Allan, 2018; CAMH, 2018; Cheff, 2018; City of Toronto, 2019; Coleman et al., 2017). Neither these domains, nor the specific roles identified below, are exhaustive, and the work of PWLE often does not fit rigidly into only one domain.

The advocacy work of PWLE often begins with storytelling. In these roles, PWLE attend meetings as experts, sit on organizational boards, act as advisors or reviewers in the development of policy documents, and participate in ongoing tables or working groups of peers who provide organizations with regular input (Becu & Allan, 2018; Belle Isle et al., 2016; Region of Waterloo Social Services, 2012). When acting in these roles, PWLE may provide feedback about organizational services, programs, and policies; assess service needs and priorities; reveal hidden challenges and resources in a community; and improve service access (City of Toronto, 2019; Coleman et al., 2017). If PWLE are providing general feedback to an organization, multiple formal and informal methods of feedback collection should be used to ensure harder-to-reach populations are included (CAMH, 2019). Feedback should be gathered at useful and relevant times and the purpose of feedback and the process by which it will be used should be shared with peers up front (CAMH, 2019). It is recommended to invite more than one person to ensure representation at tables and to accommodate situations where a peer cannot attend due to life circumstances that may prevent continuous or regular participation (Belle Isle et al., 2016; Canadian HIV/AIDS Legal Network, 2005). As well, peers who act as occasional consultants should be kept informed between meetings (Belle Isle et al., 2016). Assigning specific people to do this liaising can help to ensure consistency in these communication processes (Belle Isle et al., 2016).

The education and awareness work provided by PWLE is closely aligned and often overlaps with advocacy work. In these roles, PWLE mobilize knowledge within their own communities and the community at large. Within their own communities, PWLE may connect peers to resources, and educate peers about legal structures and processes (Coleman et al., 2017; Paradis, 2018). In the community at large, PWLE may create and deliver presentations and workshops and share information about their work with governmental and community agencies, private sector partners, and community residents (Becu & Allan, 2018; City of Toronto, 2019).

PWLE also provide work in the form of direct service provision. In these roles, PWLE act as greeters for program meetings, engage other PWLE, liaise between communities and organizations to implement strategies for action, and provide peer-to-peer support (Becu & Allan, 2018; CAMH, 2019; City of Toronto, 2019). PWLE can act as mentors, "translators", or "buddies" for other PWLE in their community, sharing experiential knowledge (e.g., how to set up a bank account), building hope, and acting as confidantes for peers who need advice (Greer & Buxton, 2017; Toronto Community Hep C Program, 2018).

PWLE contribute to research processes that include surveys, interviews, and focus groups. For example, PWLE develop and distribute surveys, act as participants in research, write reports, and act as co-researchers (Burkett, 2009; Cheff, 2018). When PWLE act as research participants, independent ethical review in accordance with the most current *Tri-Council Policy Statement: Ethical Conduct for Research Involving Humans* must be obtained prior to beginning research, which may influence possibilities for compensation (Canadian Institutes of Health Research, Natural Sciences and Engineering Research Council of Canada, and Social Sciences and Humanities Research Council, 2018). Co-researcher roles typically involve training and term employment (Greer & Buxton, 2017). Authorship and recognition should be discussed in-depth and decided prior to a peer consenting to research work (Greer et al., 2017).

It is recommended that organizations who engage PWLE conduct regular assessments of their engagement work. This involves evaluating how the organization is incorporating feedback provided by peer advocates and communicating to PWLE how their feedback is influencing programming and services (Greer et al., 2017). Responding to feedback and other results of peer engagement work transparently and in a timely way helps to keep organizations accountable and shares power with PWLE, who can see their feedback reflected in the services they access (CAMH, 2019). PWLE can be involved in conducting this monitoring and evaluation work, drawing on their ties to a community (City of Toronto, 2019). For example. experienced peers with enough training can facilitate assessments of an organization's engagement practices, by comparing peers' reflections about how engaged they feel (in a safer and/or anonymous environment) with the perceptions of engagement among the organizations' staff (see CAMH's visual tool, the "Ladder of Engagement", 2019, p. 9). This represents a domain where PWLE are not yet widely represented, and where roles for PWLE are beginning to emerge. In conducting this work, it is recommended that PWLE co-create processes for evaluating the organization's feedback response, monitoring outcomes resulting

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from changes, and communicating results with peers (CAMH, 2019; Hamilton Roundtable for Poverty Reduction, 2010).

3. Compensation

Financial need is a key obstacle to peer engagement (End Poverty Edmonton, 2018; Hastings-Prince Edward Poverty Roundtable, 2017; Toronto Community Hep C Program, 2018). Multiple barriers like inadequate housing, clothing, and food; underpaid employment; and holding multiple jobs mean that some PWLE experience considerable "survival stress" (Hastings-Prince Edward Poverty Roundtable, 2017, p.10; Homer, 2019). Such barriers can mean that some PWLE bear an unfair burden of participation which can result in their exclusion from the potential benefits of engagement work (Coleman et al., 2017; End Poverty Edmonton, 2018; The Change Foundation, 2015). Supporting equitable participation requires that organizations recognize that each person will be impacted in different ways by different barriers, and commit to mitigating and removing experienced barriers wherever possible (End Poverty Edmonton, 2018; Hastings-Prince Edward Poverty Roundtable, 2017).

Direct Forms of Compensation

To ensure that PWLE who face financial barriers have equal opportunity to share their wisdom in collective work, organizations should "level the playing field" by providing financial compensation for peer work (End Poverty Edmonton, 2018; Donnelly et al., 2015, p.2; Hastings-Prince Edward Poverty Roundtable, 2017; Toronto Community Hep C Program, 2018). Compensation is also symbolic, as it recognizes the value of peers' contributions and expertise, which can positively impact sense of self-worth and mental health (Donnelly et al., 2015; Hastings-Prince Edward Poverty Roundtable, 2017; The Change Foundation, 2015). Because lived experience should be valued as much as professional accreditation and education, PWLE who share their lived expertise should be compensated equally to organizational staff (Belle Isle et al., 2016; End Poverty Edmonton, 2018; Coleman et al., 2017; Hastings-Prince Edward Poverty Roundtable, 2017; LEAC, 2016; Vancouver Coastal Health, 2016). Compensation should correspond to the time given, plus any costs incurred by the peer as a result of their work (Cheff, 2018; Coleman et al., 2017). Expecting PWLE to "volunteer" or otherwise failing to compensate peers fairly can be exploitative, particularly in the context of marginalization and systemic vulnerability (Cheff, 2018; LEAC, 2016). Further, because financial barriers are accompanied by social stigma, it is recommended that organizations adopt a trauma-informed approach to providing compensation to PWLE (End Poverty Edmonton, 2018; Greer et al., 2017). Trauma-informed approaches to compensation

include such practices as never requiring PWLE to justify the barriers they face or their level of need when negotiating or receiving compensation (Arthur et al., 2013; End Poverty Edmonton, 2018).

Awareness of the ongoing, traumatizing legacy of Canada's assimilating and genocidal violence against First Peoples should guide trauma-informed and culturally safe organizational practices for compensating Indigenous peers (Arthur et al., 2013). PWLE-led organizations that center the experiences of Indigenous people emphasize that peer engagement and compensation should be framed with an Indigenous lens regarding the values and practices of giving and gifting. According to End Poverty Edmonton (2018), gifting is a part of the sharing ethos of Indigenous peoples, for whom it "has always been a necessary aspect of survival" (p. 2). Through this lens, peer engagement is about sharing resources, stories, and lived experiences to benefit and support others who seek guidance, advice, or assistance from people with unique abilities, including Elders, cultural resource people, and knowledge keepers (End Poverty Edmonton, 2018). Gifting traditions show respect for giver, receiver, and their families and ancestors. Forms of gifting that can be offered to Indigenous PWLE include financial gifts that account for both the time contributed and expenses, and/or traditional gifts (e.g., traditional medicines, foods, etc.) in lieu of financial gifts, as requested (Cheff, 2018; End Poverty Edmonton, 2018).

Funding for appropriate peer compensation is often a major barrier for organizations. Solutions include fundraising with local governments and businesses and partnering with other organizations to share resources (Homer, 2019), as well as including peer compensation in funding requests along with a clear case for why it is important (Burkett, 2009; Donnelly et al., 2015; Homer, 2019; LEAC, 2016). Consistency in the payment of PWLE (e.g., when, how much) both within organizations and between different organizations in the same region is recommended, as this fosters ongoing inter-organizational dialogue and collaboration and promotes fairness for workers. That said, flexibility may be important to account for the different local contexts of organizations and of PWLE (Donnelly et al., 2015).

A practically oriented set of guidelines specific to best practices for PWLE compensation can be found below.

1. Discuss payment upfront:

It is recommended that the compensation of peers be thoughtful, transparent, and negotiated clearly with peers before the start of engagement (Becu & Allan, 2018; Belle

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Isle et al., 2016). Discussions about compensation should be individual, confidential, respectful and sensitive (Belle Isle et al., 2016). It is crucial that peers have all the details about payment processes that they need prior to making decisions about engagement work (Becu & Allan, 2018; Greer & Buxton, 2017; Saskatoon Poverty Reduction Partnership, 2017; The Change Foundation, 2015). Expectations for a specific role, including minimum and maximum number of hours for the engagement and payment amounts, should be discussed and agreed upon upfront (Becu & Allan, 2018; Greer et al., 2017). Other details that need to be discussed upfront include how the peer would like to be paid, the best time to pay the peer, any other expenses that will be covered, and any relevant legal implications (Becu & Allan, 2018). Communicate with PWLE upfront if they might not be able to expect similar payment for engagement in the future, e.g., due to precarious organizational funding (Donnelly et al., 2015).

To facilitate these conversations, organizations should identify any barriers within their organizations specific to the provision of peer compensation (e.g., staff capacity, staff attitudes toward peer compensation; Greer et al., 2017). Organizations should have all processes required for timely, consistent, and respectful compensation in place before the organization begins discussions with peers to ensure that any details of payment that are discussed with peers are feasible and familiar to all staff who are involved (Belle Isle et al., 2016; Donnelly et al., 2015; Greer & Buxton, 2017). For example, finance policies, procedures, and a budget specific to their peer engagement work should be created in advance (Burkett, 2009; Greer et al, 2017). If organizations are taking steps to create career pathways for PWLE, it is recommended that they develop human resource policies specific to hiring PWLE, including strategies for how to respond to ethical dilemmas (Belle Isle et al., 2016; see Toronto Community Hep C Program, 2018).

It is considered the "gold standard" to financially compensate PWLE for their work in alignment with professional compensation for similar work (CAMH, 2019; Coleman et al., 2017; LEAC, 2016; Paradis, 2018; Vancouver Coastal Health, 2016). Always pay a peer for the minimum number of hours plus any time they have worked beyond the minimum (Becu & Allan, 2018). If engagements are under one hour in length, payment for a full hour should be made (Becu & Allan, 2018). Recommended payment amounts (Becu & Allan, 2018; Cheff, 2018; Coleman et al., 2017; Saskatoon Poverty Reduction Partnership, 2017; Wilcox, Pei, Boyer, & Johnson, 2018) are as follows:

- Advisory role (e.g., meeting, document review): $25/hour

- Peer support worker: $30/hour during meeting, $100/day flat for on-call 24-hour peer support plus meeting rate (as applicable)

- Presentation, facilitation: $50/hour

- Task-based work: at least the local living wage (Guelph was $16.90/hour in 2018; Guelph & Wellington Task Force for Poverty Elimination, 2019)

- Employment, contract: market rate, with applicable benefits, for similar non-peer roles

2. Provide options:

Ask peers when and how they would prefer to be paid (Becu & Allan, 2018). Options may include being paid after work is complete; receiving part of the total payment before and after work is complete (e.g., half before, half after); receiving a lump sum or spreading payment out over a period of time; or being paid in part by cash and in part by cheque (Becu & Allan, 2018; Greer & Buxton, 2017). Providing options for payment may also include allowing peers to choose their preferred form of compensation. For example, a peer may prefer to be compensated with an equal value of gift cards or with traditional foods or medicines (Cheff, 2018; End Poverty Edmonton, 2018).

3. Pay in cash:

Paying PWLE strictly with gift cards can be patronizing, stigmatizing, and/or insulting, as gift cards dictate where peers can and cannot spend their money and suggests that they would otherwise spend their money "irresponsibly" (Becu & Allan, 2018; Cheff, 2018; Toronto Community Hep C Program, 2018). As well, gift cards presume that someone has access to the infrastructure required to meet needs in particular ways. For example, a person with lived experience of homelessness may not have a fridge, rendering grocery cards worthless (Cheff, 2018).

As such, when engagement work is short-term, cash provided directly to peers is generally preferred, unless the peer specifically requests otherwise (Greer et al., 2017). Paying in cash instead of by cheque is often recommended because some PWLE may not have a bank account or identification (Greer & Buxton, 2017; Region of Waterloo Social Services, 2012; Saskatoon Poverty Reduction Partnership, 2017). Organizations may also consider helping peers get an ID card or set up a low-barrier bank account (Greer & Buxton, 2017; Homer, 2019). Paying cash with bills larger than $20 can be

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problematic as some businesses won't accept larger bills (Becu & Allan, 2018). Organizations should ensure that there is a private, discreet location where peers can be paid, and pay them privately whenever possible. Don't provide peers with payment in the presence of others who are not receiving payment, as this can be uncomfortable and create "insider-outside" tensions (Becu & Allan, 2018; Greer & Buxton, 2017).

Cash may not be appropriate under certain circumstances. If a peer requests cheque payment, organizations should provide a realistic timeline for when peers can expect to receive their cheques (Becu & Allan, 2018). For peers without bank accounts who cash cheques, add the value of any applicable user fees to payment amounts (Becu & Allan, 2018; Greer & Buxton, 2017). For peers that live in other locations, e-transfer may be acceptable, but it is best to work directly with the peer to find the best method of providing them with cash in these cases (Becu & Allan, 2018). If peer engagement is longer-term, cash payment may not be appropriate, and it may make PWLE ineligible for benefits they might receive if their work was classified as an employment relationship (Greer & Buxton, 2017). In these cases, consider employment or a contract, and discuss options for payroll upfront (Becu & Allan, 2018).

Ensuring that cash payment is possible and that it can be done smoothly in a timely fashion requires organizations to develop a process for cash payments with their finance staff (Becu & Allan, 2018; Greer et al., 2017). Long lead-times for cash payment can require staff to pay PWLE out-of-pocket and be reimbursed, which is not recommended (Greer & Buxton, 2017). A payment form should be developed by the organization to track payments; PWLE should sign the form when they receive payment, and forms should be retained by the organization to ensure proper record-keeping (see Appendix C, for two payment form templates that can be modified for use by your organization; Becu & Allan, 2018; Greer & Buxton, 2017).

4. Pay for any additional costs:

Whenever possible, other costs should be paid by the organization directly and in advance, rather than reimbursing peers (Becu & Allan, 2018; Greer & Buxton, 2017; Saskatoon Poverty Reduction Partnership, 2017; The Change Foundation, 2015). Discuss with peers all other costs that will be covered upfront so they are fully informed (Becu & Allan, 2018; Burkett, 2009; Saskatoon Poverty Reduction Partnership, 2017). Ask the person if there are any barriers to them participating (e.g., childcare) with the intention to reduce these barriers whenever possible (Becu & Allan, 2018; Burkett, 2009; LEAC, 2016). Paying for additional costs does not count as income for peers, so this won't affect maximum earning exemptions for people receiving OW or Ontario

Disability Support Programs (ODSP); but to support the ease and clarity of reporting, it is recommended that organizations pay these costs directly wherever possible (Becu & Allan, 2018; Greer & Buxton, 2017).

For in-town work, other costs that should be covered include: transportation round trip (e.g., gas and mileage, parking, public transit, taxi); child and/or elder care; registration fees; other expenses related to the engagement (e.g., long distance charges; Becu & Allan, 2018; Burkett, 2009; Cheff, 2018; Homer, 2019).

If work is out-of-town, traveling costs should be assessed on a case-by-case basis, by considering meeting traveling length, barriers to transportation, and other impacts to the travelling peer beyond what are accounted for in the internal employee policies (Becu & Allan, 2018). For out-of-town work, other costs that should be covered include: transportation round trip (e.g., gas and mileage, parking, public transit, taxi, rental car, airfare); child and/or elder care; accommodations (e.g., hotel; if the peer doesn't have ID and/or a credit card, speak with the hotel to ensure they don't ask the peer for these documents at check-in); meal per diems; travel time (if a peer spends the day travelling before or after a meeting, cover 3 hours); registration fees; and other expenses related to the engagement, like long-distance charges (Becu & Allan, 2018; Burkett, 2009; Cheff, 2018; Homer, 2019).

5. Implications of payment for OW and/or ODSP beforehand:

Payment for peer engagement work counts as income, which may have implications for taxes and for people who receive income from government assistance programs (Becu & Allan, 2018). Organizations should be familiar with the implications of earnings for such individuals and with the associated processes for reporting income (see more details in the next section of this report). Information about government assistance is always changing, so it is important to remain current through regular updating of knowledge (Becu & Allan, 2018).

It is best practice to have a discussion about implications with peers prior to beginning engagement, as it is crucial to ensure that all peers have the information they need to make a decision about their earnings (Becu & Allan, 2018; Homer, 2019). Organizations should not assume that peers are on assistance or that they are uninformed. It is recommended to ask a peer if they would like assistance navigating the process of claiming income or tracking their payments, and to provide this assistance as requested (Becu & Allan, 2018; Homer, 2019). Having receipts on hand for peers is recommended (Becu & Allan, 2018).

Indirect Forms of Compensation

In addition to direct forms of compensation, empowering PWLE with skill development, capacity-building, and professional growth opportunities is a way that organizations can show respect for peers' work while challenging the systemic disempowerment of PWLE (Arthur et al., 2013; Coleman et al., 2017; Homer, 2019; Saskatoon Poverty Reduction Partnership, 2017; Wilcox, Pei, Boyer, & Johnson, 2018). Creating opportunities for learning concrete skills and developing knowledge and goals can help to reduce economic and social marginalization and help people to grow (Burkett, 2009; CAMH, 2019; Greer et al., 2017). As well, this can support peers' development as leaders and mentors, facilitate continued engagement, and enhance the capacity and impact of a PWLE team (Burkett, 2009; CAMH, 2019; Saskatoon Poverty Reduction Partnership, 2017).

It is recommended that organization staff respond to peer requests for further learning about collaborative processes, models, tools, and business language, and regularly explore capacity-building and technical opportunities that are available (Coleman, 2017). Learning opportunities might include access to shared resources, skill-building trainings, and one-on-one leadership development opportunities, as well as community activities and political events that relate to a peer's work (Burkett, 2009). Capacity-building and skill development can be facilitated by an experienced peer, or in other cases might involve mentorship and interactive learning opportunities in which a peer is paired with individuals from industry, non-profit organizations, academic institutions or public agencies (Coleman et al., 2017). Organizations should pay for such opportunities in advance if they are not offered directly by the organization (Burkett, 2009).

Specific learning opportunities that might be relevant to peers' work include how to create shared codes of conduct, how to share information, how to use clear language, how to establish and maintain healthy boundaries and confidentiality, and how to engage the entire team equitably in vision and process (Coleman et al., 2017; Toronto Community Hep C Program, 2018). Relevant trainings may also include diversity and inclusion, anti-oppression, cultural safety, compassionate engagement, housing/income/legal issues, research skills, public speaking, conflict resolution, mental health and addiction, and trauma-informed practice (Greer et al., 2017; Homer, 2019; Paradis, 2018; Toronto Community Hep C Program, 2018). Some organizations have begun to develop comprehensive, peer-specific training programs which provide consistent programming from orientation to graduation (e.g., see Toronto Community Hep C Program, 2018).

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Organizations can also support peers in identifying the skills they are obtaining that might bridge a gap to potential employment (Donnelly et al., 2015). Organizations should seek to connect PWLE to supports that might allow them to use their peer work experience in other professional roles (Coleman et al., 2017; Homer, 2019; LEAC, 2016). It is considered best practice for organizations to create career pathways for PWLE at all levels of their own organizations (Coleman et al., 2017; Homer, 2019; LEAC, 2016). Having peers complete a comprehensive training program like the one designed by the Toronto Community Hep C Program (2018) can help to prepare peers for longer term employment in your organization.

Finally, to enhance cohesion and show appreciation, it is recommended that organizations offer an annual community social event celebrating the contributions of PWLE, and make efforts to expand peer gatherings beyond formal meetings to include informal social events like community meals or festivals (Burkett, 2009; Hastings-Prince Edward Poverty Roundtable, 2017).

4. Legal Considerations

Generally, compensation that is provided to PWLE in exchange for their work is considered "income" according to the Canada Revenue Agency (CRA), OW, and the ODSP. Consequently, compensating PWLE for their work may have implications for taxes and for individuals who receive income from government assistance programs. It is best practice for organizations to discuss the possible implications of payment before a PWLE consents to provide engagement work (Becu & Allan, 2018). Organizations should never assume that peers are receiving income assistance, or that they do not want to pay taxes (Greer et al., 2017). It may be beneficial for organizations to include a note in the envelope that contains a peer's cash or cheque at the time of payment. For example, this note may read, "As with any source of income, receiving a compensation for your work with our organization may have implications if you receive monthly benefits or when you file your taxes. A list of tax preparation clinics in Guelph is provided on Guelph MP Lloyd Longfield's website" (End Poverty Edmonton, 2018, p.5).

The tax policies of the CRA aim to ensure that cash, "near-cash" (cash-like, e.g., gift certificates), and non-cash forms of appreciation (e.g., gifts, awards) are not "disguised remuneration". Thus, the CRA considers all cash and "near-cash" payments for work as taxable income. Non-cash gifts, awards and honoraria are not considered taxable income provided they do not exceed $500 in a calendar year (Canadian Council of Christian Charities, 2019; University of Waterloo, 2019). For the purposes of the CRA,

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an honorarium is defined as a payment made to a person that is not considered full compensation for the time and effort expended or for which a fee would not normally be charged. If honoraria are provided on a non-routine basis, do not exceed $500 in a calendar year, and do not relate to a service the recipient has provided, they are generally not considered taxable income. However, it is ultimately up to the CRA to assess whether individuals must pay taxes on the amount received (Canadian Council of Christian Charities, 2019; University of Waterloo, 2019).

If the agency or person seeking services and the individual providing services agree to the amount of payment beforehand – as would be the case if organizations are abiding by best practices for peer compensation – then this is generally seen to constitute a contractual arrangement and the income received is classified as taxable income (University of Waterloo, 2019). Payments received for "volunteer" labour are considered income except in the cases of firefighters, ambulance technicians, emergency responders, and search and rescue workers (Government of Canada, 2019). Travel expenses paid for by an organization are not considered taxable income by the CRA (Government of Canada, 2019).

If compensation is classified as income for the purposes of the CRA, it is further classified with reference to a person's employment status. Thus, income is classified either as employment income, which is received through an individual's role as an employee, or business income, which is received through an individual's work as an independent contractor (Canadian Council of Christian Charities, 2019; University of Waterloo, 2019). Whether income constitutes employment income or business income influences the way income must be reported to the CRA (Canadian Council of Christian Charities, 2019; University of Waterloo, 2018). Employment income represents the sum total of amounts identified in box 14 on an individual's T4 slips, and it is claimable on line 101 of the tax return (CRA, 2019a). If an individual reports income received through peer work as employment income, the organization and the individual will need to share payment of CPP and EI premiums. As well, the organization will need to ensure that they offer vacation pay, Workplace Safety Insurance Board (WSIB) and Employer's Health Tax (EHT) premiums in order to maintain compliance with the Employment Standards Act (University of Waterloo, 2019). Business income is reported using the T2125 (Statement of Business or Professional Activities) form, which must be submitted with an individual's annual income tax return (CRA, 2019b).

ODSP recipients are subject to maximum monthly earnings limits, and consequently, the Ontario government mandates that individuals who receive ODSP must report any earned income on a monthly basis. Both gross pay (i.e., the amount paid before

deductions like income tax, EI, CPP, child/spousal support, garnishments to repay a debt, etc.) and net pay (i.e., amount paid after deductions) must be reported on the form. Thus, individuals who receive ODSP are advised to keep receipts and statements that provide proof of income (e.g., pay stubs) to assist with recordkeeping. Income from compensation for peer work is reportable to ODSP on the "Employment/Training Income Report form", which is received each month with ODSP payments (Government of Ontario, 2018a).

Individuals whose net earnings exceed $200 per month will have 50% of their net earnings deducted from their ODSP payment in the month following receipt of the reported income (Government of Ontario, 2018f). As such, if a PWLE has earned more than $200 for their work, an organization may consider offering to split up the payment over multiple months to preserve their ODSP payments. No earnings-related deductions will be made if the individual is attending secondary or post-secondary school full-time (Government of Ontario, 2018d). PWLE who receive ODSP may be eligible for "Work-Related Benefit" (up to $100) for employment costs like transportation and work clothing, if they provide proof of earnings, making this benefit more suitable for longer term work (Government of Ontario, 2018b). Due to such exceptions and conditional benefits, it is recommended that individuals discuss any earnings implications with their caseworker prior to beginning work (Government of Ontario, 2018d).

Similar to ODSP, the income exemption for OW is set at a limit of $200, above which 50% of net earnings are deducted from an individual's OW payments. Income as defined by OW includes cash or cheque payment for work that is received on a regular basis or in a lump sum, and it must be reported on a monthly basis (Government of Ontario, 2018c). Money that is earned by a recipient is not considered "income" until it is received (Government of Ontario, 2018e). Reimbursements for out-of-pocket expenses, including honorariums that cover such costs, are not considered income and are therefore exempt from income reporting requirements (Government of Ontario, 2018e). If a PWLE's earnings exceed monthly income exemptions for ODSP or OW, organizations may provide compensatory supports in lieu of lost benefits, e.g., bus passes (Greer & Buxton, 2017).

5. Foundational Framing

Due to the risk of tokenism in peer engagement, it is important that organizations intentionally manage both internal and external messaging about their practices for working with PWLE (CAMH, 2018; Toronto Community Hep C Program, 2018). This is particularly important when it comes to practices surrounding the compensation of

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PWLE, which have historically been very inconsistent due to systemic organizational barriers (Belle Isle et al., 2016; Becu & Allan, 2018). The framing provided below may help organizations to communicate to other organizations, partners, and funders the importance of compensating PWLE appropriately and equitably for their work.

Compensating PWLE is crucial for several reasons. Firstly, because many PWLE are economically disadvantaged, financial need is a key barrier to PWLE engagement. PWLE provide work that demonstrably improves the relevance, effectiveness, and accessibility of programs and services (Belle Isle et al., 2016; Becu & Allan, 2018; CAMH, 2018; Canadian HIV/AIDS Legal Network, 2005; Coleman et al., 2017; Greer et al., 2017; Homer, 2019; Saskatoon Poverty Reduction Partnership, 2017; Toronto Community Hep C Program, 2018). Expecting PWLE to work on a volunteer basis, or providing compensation that does not sufficiently recognize the time and expertise peers contribute, can result in the exclusion of many PWLE from this work, especially those who face multiple intersecting barriers (Coleman et al., 2017; End Poverty Edmonton, 2018). As such, not providing compensation, or providing compensation that is insufficient, means that only the most privileged voices of PWLE are likely to be heard, while those who are the most disadvantaged are prevented from accessing the potential benefits of engagement work (End Poverty Edmonton, 2018; Greer et al., 2017).

Appropriate peer compensation enables the participation of a wider diversity of individuals, which enhances the beneficial impact of engagement on programs and services (Greer & Buxton, 2017). In this sense, compensation can be thought of as an investment in people and communities (Toronto Community Hep C Program, 2018). Compensating PWLE appropriately – which includes fair payment, opportunities for capacity-building, and potential bridges to employment – is a direct means of combating economic marginalization (Becu & Allan, 2018; Greer & Buxton, 2017).

Secondly, appropriate compensation of PWLE helps to reduce stigma and build social equity because compensating PWLE for their work recognizes their humanity, values their work, respects their dignity, and emphasizes their equality with other workers (Canadian HIV/AIDS Legal Network, 2005; Greer & Buxton, 2017; Saskatoon Poverty Reduction Partnership, 2017). The stigmatizing of PWLE can push them to live at the margins of society, and many PWLE are vilified due to their lived experiences (Canadian HIV/AIDS Legal Network, 2005; Ti, Tzemis, & Buxton, 2012). As such, their human dignity may not be recognized often in the wider public (Canadian HIV/AIDS Legal Network, 2005).

Providing appropriate compensation helps to shift from dominant narratives surrounding marginalized people which call for "charity" from people with more resources, to an interconnected and strengths-based narrative which centers the mutually beneficial contributions of all people (Arthur et al., 2013; Coleman et al., 2017; Hastings-Prince Edward Poverty Roundtable, 2017; Homer, 2019; Saskatoon Poverty Reduction Partnership, 2017; Wilcox, Pei, Boyer, & Johnson, 2018). Appropriate compensation can validate peers' knowledge and expertise, reduce isolation, and improve capacity, which ultimately can enhance self-esteem and self-efficacy (Greer & Buxton, 2017; Greer et al., 2017; Hastings-Prince Edward Poverty Roundtable, 2017). In this respect, appropriate compensation can help to mitigate some of the impacts to mental health that result from social marginalization (Coleman et al., 2017).

IMPLICATIONS AND CONCLUSIONS

Suggestions in this document are based on reports from PWLE, community-based and peer-run organizations, and health authorities across Canada. These suggestions can be used to inform equitable peer payment by organizations, government, and other health authorities in Ontario and beyond, provided legal considerations are adapted as needed (Becu & Allan, 2018; Greer et al., 2017). Peer engagement work, terminology, the cost of living, living wages, and relevant legislation are all constantly evolving, and so best practices are likely to change as time goes on. As such, recommendations made in this report will require periodic updating (Becu & Allan, 2018).

Because social, health, and program/service needs and contexts are regionally and locally specific, organizations would benefit from creating their own specific policies and protocols for PWLE engagement and compensation (Belle Isle et al., 2016; Greer et al., 2017). This may include a peer engagement protocol, an equity support policy, a trauma-informed safer space policy, a peer compensation protocol, and a policy review protocol (End Poverty Edmonton, 2018; Hamilton Roundtable for Poverty Reduction, 2010; Homer, 2019). As well, organizations may find it helpful to set annual budget limits for PWLE compensation and to assess their budgeting each quarter.

Developing a form to track payments and having a designated staff member maintain records of completed forms, will support the budgeting process. A payment tracking form may include the payment serial number, the date given, and the signature of the recipient (see Appendix C; End Poverty Edmonton, 2018). A new policy or protocol should be reviewed in partnership with PWLE after an initial three-month trial period, and adjusted accordingly, then reassessed annually once it is well-established (End

Poverty Edmonton, 2018; Hamilton Roundtable for Poverty Reduction, 2010). Organizations would benefit from having patience and dedicating several weeks or months to building organizational readiness and preparing for peer engagement, which often takes considerably more time than anticipated (Greer et al., 2017; Homer, 2019; Toronto Community Hep C Program, 2018).

We acknowledge that there are many barriers, especially for peer-run and community-based organizations, in meeting the standards for best practices of peer engagement that are outlined in this document (Greer et al., 2017; Ti, Tzemis, & Buxton, 2012). Such barriers include inadequate resources, a lack of support among management, and stigma toward PWLE among staff (Belle Isle et al., 2016; Becu & Allan, 2018; Greer et al., 2017; Ti, Tzemis, & Buxton, 2012; Toronto Community Hep C Program, 2018). The criminalizing of lived experiences, rather than viewing them as health issues, and unfair law enforcement practices are also major systemic barriers to meaningful peer involvement (Canadian HIV/AIDS Legal Network, 2005; Ti, Tzemis, & Buxton, 2012).

The presence of such barriers should never be used as justification for not engaging peers altogether (Greer et al., 2017). It is recommended that organizations do the best they can, and take the practices detailed here as ideals which should be held in mind and adapted as needed. If an organization's ability to provide appropriate compensation is genuinely limited, selection and compensation decision processes that prioritize equity may be considered (End Poverty Edmonton, 2018; Toronto Community Hep C Program, 2018). If all peers cannot be compensated equally, peers should be able to freely decide how they want to contribute their time, and to what extent (Homer, 2019).

We wish to acknowledge the considerable time, effort, and care that organizational staff contribute in their attempts to create pathways for meaningful PWLE engagement despite the considerable systemic barriers that often undermine such efforts. As such, a trauma-informed work culture that supports wellness can be protective for staff as well as for PWLE (Arthur et al., 2013). This might include regular check-ins among staff, training around healthy boundaries, referrals to counseling, collective/individual care plans, and developing plans for staff if the engagement process is too demanding (Greer et al., 2017).

Building systemic capacity and addressing the many structural barriers that exist requires that organizations and governing agencies follow through on concrete targets for action and timelines that seek to create the conditions necessary for meaningful peer involvement (Canadian HIV/AIDS Legal Network, 2005; Greer et al, 2017; Hamilton

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Roundtable for Poverty Reduction, 2010; LEAC, 2016). Action targets should be both small and short-term – e.g., creating protocols, hiring one part-time peer worker – and loftier and long-term – e.g., de-stigmatizing a lived experience (Wilcox, Pei, Boyer, & Johnson, 2018). Targets might include establishing equal voting power for PWLE in decision-making processes, scaling up peer training programs, and supporting networks of PWLE (Canadian HIV/AIDS Legal Network, 2005; Greer et al., 2017; Toronto Community Hep C Program, 2018). Organizations may consider advocating for systemic change in their work with governing agencies (e.g., basic income), and linking policymakers with PWLE (Hastings-Prince Edward Poverty Roundtable, 2017). Finally, organizations may benefit from developing partnerships with other organizations, especially those that are peer-based and peer-run, to support ongoing learning and strengthen the growing field of PWLE engagement (CAMH, 2018; Greer et al., 2017).

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APPENDIX A: SEARCH TERMS

- Compensating people with lived experience

- Engaging people with lived experience

- Honorarium

- Peer engagement

- Peer engagement best practices

- Peer engagement compensation

- Peer engagement toolkit

- Peer support work

- Peer support work compensation

- Peer toolkit

- People with lived experience

- Toolkit for engaging people with lived experience

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APPENDIX B: ADDTIONAL TRAINING & MATERIALS

www.robynpriest.com

A peer support education firm specific to mental health. Programs are designed and delivered by PWLE.

https://cips-shh.wixsite.com/cips/training

The Centre for Innovation in Peer Support links to internal and external training opportunities for peer-centered organizations in Southwestern Ontario.

http://bccewh.bc.ca/wp-content/uploads/2012/05/2013_TIP-Guide.pdf

Arthur et al. (2013) provide a detailed guide to trauma-informed approaches to service provision.

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APPENDIX C: PAYMENT FORM TEMPLATES

Submitting for Payment

Payment serial no: _____

Work completed:

_____

_____

_____

_____

_____ (_____ hours).

DATE: _____

PARTICIPANT: _____

By signing below, you are acknowledging that you completed the work above and are eligible for payment in the amount of $_____. Please accept this payment as appreciation for your contributions to the above-mentioned work.

Thank you,

_____

Witness (Organization Staff)

_____

Participant

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I, _____ (name), acknowledge that I have

received $_____ for my work _____

_____.

Signature:_____ Date: _____

I, _____ (name), acknowledge that I have

received $_____ for my work _____

_____.

Signature:_____ Date: _____

I, _____ (name), acknowledge that I have

received $_____ for my work _____

_____.

Signature:_____ Date: _____

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