

KEY PRINCIPLES OF CO-LEADERSHIP SUMMARY

Co-Leadership Model

Adopting the Co-Leadership Model responds to the need for a fundamental shift in power relationships between people with lived/living experience (PWLLE) and health care practitioners, academic institutions and others with research, policy and system design responsibilities. The application of this evidence-based approach, increases the likelihood that project results are relevant and useful to people with Substance Use Health goals and other knowledge users. Application of the following *Principles* reflects our understanding of the needs and goals of the community when accessing the system. The following *Principles* will support your organization in applying practice-based evidence when working with PWLLE.

1. We Decide Together

The co-leadership process begins with mutual agreement on prospective opportunities, project activities and the appropriate roles and responsibilities of each partner. Both parties are decision makers, accountable for the project activities each are best positioned to lead. As neither party is the expert of everything, a co-developed rotating leadership model is required to ensure skills and expertise are leveraged most appropriately.

2. Working Together is Pragmatic

We each ask questions and generate evidence that close gaps in system design, research literature, policies, and practices. Our *living wisdom* is informed by the “hidden peers” – those excluded from services and evaluation, which helps service providers to build capacity to measure, monitor and effectively manage health systems. Our contributions have been demonstrated in thirty years of research to increase the uptake, use and impact of policy and program development activities (Ti et al., 2012). When parties have the same aim or ‘goal congruence’ and mutual trust, co-leading has been effective where one party cannot be successful on their own (Hasija, Dinesh. 2016).

3. Mutual Advocacy

Mutual advocacy applies when partners agree to advocate for change, *together* – even if that is a co-authored letter to those who can make the change. We practice the non-acceptance of harms through identifying and rejecting harmful practices. When needs emerge, both parties are committed to addressing the problem and opportunity as per *Principle 1* – this closes the loop in the process cycle.

Co-Leadership is Meaningful Engagement

Guided by the Principles of Co-Leadership this process answers the question of how we can work together in partnership and co-development. Each step in the process is a meaningful change in itself and models systems change as a whole. Given the iterative process of systems change, responsiveness is required to meet community needs and goals.

The Process of Meaningful Engagement

Responsiveness

Built-in to the process to respond to changing or emerging needs.

We Decide Together

The what, the how, and the when.

Mutual Advocacy

Do the right thing to address the agreed upon change.

Pragmatic Action

Fix the fixable, model for others and spread success.

Connect with CAPSA

CAPSA is a national organization addressing stigma and its effects on all of us. We are an organization led by subject matter experts, who are informed by our lived/living experience. Through multi-sectoral partnerships and community engagement, CAPSA models systems of care and language that help to break down silos, for the adoption of a co-leadership model to begin in earnest.

SCAN this QR code with a smart device



for evidence-based information and resources on stigma and person-first language.



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La Compassion Commence Avec Nous