

Guiding Principles of Co-Leadership Summary

About CAPSA

CAPSA actively collaborates with organizations, communities, and systems, resulting in substantial improvements in people's health concerning substance use. CAPSA's team of educators, researchers, and policy experts, informed by their professional expertise and lived experience, are dedicated to eliminating systemic stigma. By delivering evidence-based solutions, CAPSA works to ensure equitable access to knowledge and services for all individuals. This unique approach removes systemic barriers for people and brings positive change to organizations and systems to become inclusive, effective, and compassionate while improving Substance Use Health.

Co-Leadership

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 those who work within systems of care. Application of the following *Principles* reflects *our* understanding of the needs and goals of the community and the needs of those within the system working as professionals.

Understanding and Using Precise Language

In doing our work, transforming and dismantling systemic substance use stigma, we use language as the starting point for meaningful engagement and to lay the foundations for change. Within the context of the Co-Leadership model, using the correct language is also the starting point in the process. It is necessary to match the language with the intention and reality of each engagement. Otherwise, this process is not meaningful, as it continues historically unhelpful relationships between those in power positions and those who use services.

Principle 1: Co-Decision Making Authority

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 (Conger & Fulmer, 2003; Day, Gronn & Salas, 2004).

Principle 2: Pragmatic Action

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).

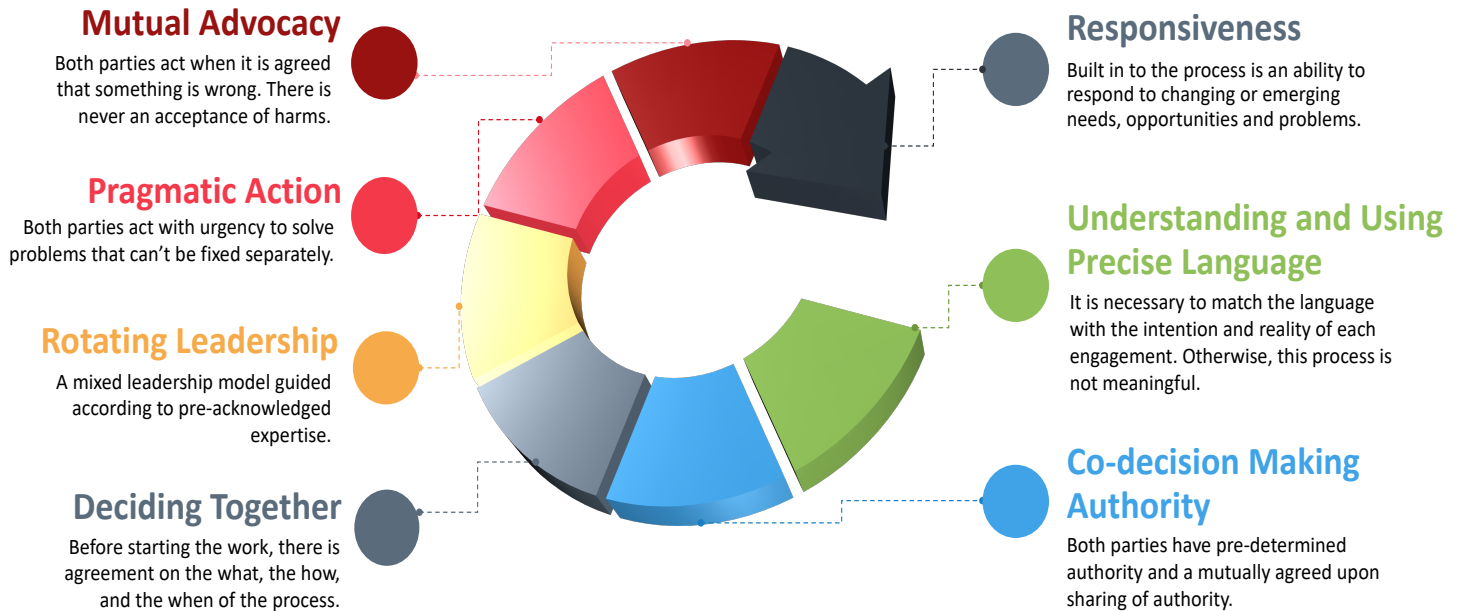
Principle 3: Mutual Advocacy

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.

The Co-Leadership Process and 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 this iterative process of change, and the reality of the system as a whole, responsiveness is required to meet community needs and goals.

The Co-Leadership Process & Meaningful Engagement



References & Resources

Conger, J. A., & Fulmer, R. M. (2003). Developing your leadership pipeline. *Harvard business review*, 81(12), 76-84.

Day, D. V., Gronn, P., & Salas, E. (2004). Leadership capacity in teams. *The leadership quarterly*, 15(6), 857-880.

De Brún, A., O'Donovan, R. & McAuliffe, E. (2019). Interventions to develop collectivistic leadership in healthcare settings: a systematic review. *BMC Health Serv Res* **19**, 72 <https://doi.org/10.1186/s12913-019-3883-x>.

Hasija, Dinesh. (2016). More the Merrier: Can Co-Leadership Be Effective?. *Academy of Management Proceedings*. 13021. 10.5465/AMBPP.2016.13021abstract.

Morgeson, F. P., DeRue, D. S., & Karam, E. P. (2010). Leadership in Teams: A Functional Approach to Understanding Leadership Structures and Processes. *Journal of Management*, 36(1), 5-39. <https://doi.org/10.1177/0149206309347376>.

Ti, L., Tzemis, D. & Buxton, J.A. (2012). Engaging people who use drugs in policy and program development: A review of the literature. *Subst Abuse Treat Prev Policy* **7**, 47). <https://doi.org/10.1186/1747-597X-7-47>.