CHAPTER 6

Program management – Supervision, support, and mentorship for peer health navigators

In this chapter, we identify the responsibilities of the host agency related to program management.

The literature and the working group identified three broad categories under which these responsibilities can be organized:

- Peer health navigator supervision, support and mentorship
- Navigator and client matching
- Peer health navigator self-care

Peer health navigator supervision, support and mentorship

Peer health navigators need ongoing supervision, support and mentorship to effectively provide services to clients. The literature and working group identified three agency responsibilities related to supervision, support, and mentorship for peer health navigation programs. The recommendations for the responsibilities are described below, along with a review of the evidence for each. The agency responsibilities are:

- Identify an appropriate supervisory structure
- Provide a suite of supervision supports
- Refer peer health navigators to external services, when necessary

Identify an appropriate supervisory structure

RECOMMENDATION 1: Identify an appropriate supervisory structure for the peer health navigation program. Identify qualified and appropriate individuals who can provide administrative and clinical supervision support for peer health navigators. Determine if one or more supervisors should be responsible for providing this support. (Type of evidence: research and practice)

Evidence

Formal and informal supervision, support and mentorship should be provided by program supervisors. Supervisors may include health educators and trainers,[218] community team leaders,[164] project or program coordinators,[30,164,201] healthcare professionals,[40,45] and therapists[34] who are qualified to supervise peers.

Agencies should provide two types of supervision for peer health navigators: administrative[51,68,71] and clinical. [34,51,62,63,67,71,177,193,194] Administrative supervision includes managing peer navigator work hours,[51] monitoring client loads, [51,68] and supporting navigators to interact successfully with colleagues[51,71] and clients.[71]

Clinical supervision is a collaborative process between the peer and the supervisor that aims to enhance peer health navigators' skills, competence and confidence; provide a reflective space and emotional support; provide assistance with professional development; ensure that services to clients are safe, ethical and competent; and ensure compliance with organisational standards and practices.[219] In the context of peer support work, clinical supervision often focuses on psychological support for the peer workers[51] that helps them cope with the challenging nature of their work and allows them to discuss these challenges with someone.[24,34,40,51] Regular and ongoing clinical supervision also gives peer health navigators an opportunity to address any challenges in their personal lives with which they may be struggling.[38,51,66,194]

Agencies can choose to have one program supervisor that provides administrative and clinical supervision[71] or they can have one administrative and one clinical supervisor.[24,28,63,71] When two staff are involved in the supervision of navigators, the division of supervisory and staff development responsibilities should be clear.[71] Separate supervisory structures allow peer health navigators to discuss issues or concerns openly with one supervisor that they may be uncomfortable sharing with the other (based on the supervisors' clinical vs. administrative expertise).[24] When separate supervisory structures are not possible, navigators should have access to counselling supports as needed so they can discuss issues they do not want to raise with their regular supervisor.[24,68,152,172]

Regardless of the supervisory structure chosen, supervisors must have the skills and knowledge to meet the unique supervision needs of peer health navigators.[28,63,66,69,70] Peer health navigators may experience boundary-related challenges, difficulty with being a service user and a service provider, and may live with mental or physical health issues. They may need more or different forms of supervision, support and mentorship than

other staff.[23,38,50,62,70] Supervisors need to have good communication skills[63] to provide clear encouragement and constructive criticism to navigators. They have to understand the challenges that peer workers face[63] so they can build trust with navigators. Supervisors also need to understand the program's policies and procedures to offer appropriate guidance to navigators when they need it.[63]

Provide a suite of supervision supports

RECOMMENDATION 2: Provide peer health navigators with a suite of consistent and ongoing individual and group supervision (where possible) and peer-to-peer supports. (Type of evidence: research and practice)

Evidence

Agencies have a responsibility to provide a suite of supervision supports to peer health navigators. Supervision should include regular individual support,[47,63,148,160,173,189,209,220] group support,[14,16,28,32,40,47,50,51,63,66,69,148,156,157,160,164,165,173,179,188,194,201,209] and peer-to-peer support.[16,25,26,28,41,51,63,66,69–71,150,159,166,188,190,194,220]

Frequency of formal supervision and support sessions can vary but should always be regular, ongoing and consistent.[24,28,65,179,200] Depending on the type of supervision and support and the needs of peer health navigators, supervision and support can occur weekly,[32,34,62,65,66,165,173,194,200,209,218,221] every two weeks[34,51,66,178] or monthly.[20,164,201] Program supervisors should also be prepared to provide informal supervision, support and mentorship to peer health navigators when they have questions or need to debrief about their work with a client between scheduled supervisory sessions. Many peer workers may need support to adjust to a workplace environment. They may have never had a conventional job or not had one in years,[50] and they may need extra support integrating into the agency.[28]

One-on-one supervision and support can be used to provide positive and constructive feedback to individual peer health navigators.[24,33,37,40,44,51,70–72,194,201] This type of supervision allows program supervisors to gauge how well peer health navigators are fulfilling their roles and responsibilities,[34,40,194] and to coach peer health navigators so they can grow in their positions.[51,71,72,194] It is also a time for peer health navigators to ask for feedback on their performance and integration into the workplace,[14,26,34,47,51,68,194] to learn new information,[34,189] and to identify any training opportunities.[14,34,51,66,158]

Individual supervision can also be used to address challenges associated with difficult clients,[34] conflict with clients, colleagues and/or external partners,[34] or how to deal with ethical issues related to peer work, such as how to keep appropriate boundaries and navigate the dual roles of service users and service providers.[15,26,34,70,153,193]

Individual supervision allows peer health navigators to get tailored support from program supervisors. Group supervision, where all peer health navigators meet with program supervisors at the same time, provides an efficient way to review future activities.[40,165] It is also a way to relay any updates or other important information related to the workplace,[188,201] such as upcoming staff meetings, conferences or vacation time. Program supervisors can also use the time to encourage navigators to discuss the work they have been doing since the last group meeting,[165] review client cases,[47] and share any challenges they encountered.[40,194] This type of supervision is important because it can increase team cohesion.[32,40,51,66,69,157,164,201] Group supervision can also be used to provide ongoing skills building and training to navigators,[40,47,194] which may be provided by program supervisors or external experts.

Agencies are responsible for facilitating peer-to-peer support opportunities for peer health navigators separate from group supervision. Peer health navigators can derive significant benefit from the support of other peer workers who are either internal to the agency or work at other agencies in the area. Mentorship, where experienced peer workers support and guide new peer health navigators, is one way agencies can facilitate peer support for peer health navigators.[16,25,26,28,41,51,63,66,69–71,150,159,166,188,190,194] Both new peer workers and experienced peer workers benefit from mentorship relationships. Mentorship enables new peer workers to gain additional knowledge[16,41] that only other peer workers could share. Experienced peer workers further develop their capacity by adding mentorship to their skills.[51,69,166]

Peer-to-peer support opportunities can also be facilitated by making time for peer workers to network with and support each other without the participation of program supervisors.[33,39,40,65,66,70,165,166,170,181,193,201,222] During peer support sessions, which can take place between peer workers at the same agency or in the same city, peer workers can share their feelings about their work;[66,70] ideas and strategies about how to improve their skills;[66,165] and challenges they face as peer workers.[70,165] Some peer workers may not feel comfortable sharing these feelings with other members of their team.

VIGNETTE *The peer health navigation team at a local AIDS service organization holds monthly team meetings that include client case management updates and a discussion of challenges they are facing. During these meetings, the team provides one another with feedback and suggestions. The peer health navigation team is a collective, and is based on mutual understanding and awareness of the individual experience each member brings to the table and the areas in which each member can access capacity building from the team. Supervision occurs during team meetings with the program supervisor where each team member debriefs and the program supervisor offers team members feedback on wise practices. In addition to group supervision and support, the program supervisor also meets with team members individually biweekly, and more informally between supervision sessions if necessary.*

Refer peer health navigators to external services, when necessary

RECOMMENDATION 3: **Support peer health navigators to seek and/or connect them to adequate and appropriate external support services, when necessary, through a systematic approach that includes a regular debrief process. (Type of evidence: research and practice)**

Evidence

Program supervisors should refer peer health navigators to adequate and appropriate external services, when necessary.[28,69,151,163–165] External referrals allow peer navigators to discuss topics related to their work or personal lives that they are uncomfortable sharing with their program supervisors or colleagues. Referrals can be for support related to their work as peer health navigators[69,151,165] and for any personal challenges they may be facing.[163,164]

Peer health navigator and client matching

Rapport and connection between a navigator and client is facilitated when a good match is made between the two. A match is sustained over time, in part by the support that the program supervisor provides to navigators to develop and maintain strong therapeutic alliances with their clients.

The literature and working group identified four agency responsibilities related to the matching of navigators and clients. The recommendations for the responsibilities are described below, along with a review of the evidence for each. The agency responsibilities are:

- Match peer health navigators and clients
- Continually assess the match between peer health navigators and clients
- Transition clients to other supports, when necessary
- Support peer health navigators to maintain a therapeutic alliance once matched

Match peer health navigators and clients

RECOMMENDATION 4: **Wherever possible, match peer health navigators with appropriate clients using an approach that prioritizes the needs and preferences the client has identified, the strengths of the navigator, and the identity (or identities) most relevant to each. (Type of evidence: research and practice)**

Evidence

Peer health navigators and clients can be matched according to a number of criteria.[40,163,178,179] They can be matched according to the strengths and knowledge of the

peer health navigator[40] and the needs of the client. They can also be matched through common identity or identities such as gender, Indigeneity, race, ethnicity, sexual orientation[163,178,179] and other relevant characteristics.[163]

VIGNETTE *Neil has recently been diagnosed with HIV and is keen to have peer health navigator support. He expresses a preference to work with another gay man, who he believes will understand him better. The agency does not have a navigator that matches Neil's preference right now. Carla, who identifies as a cisgender woman, asks if Neil will meet to talk about his needs. During their conversation, Carla expresses her personal comfort and experience with the LGBT community and Neil comments that he feels reassured. Carla asks if they could perhaps work together and see how things go and Neil agrees that he is comfortable with this.*

Continually assess the match between peer health navigators and clients

RECOMMENDATION 5: Assess peer health navigator and client matches in an ongoing way. A formal or informal process can be used for assessing matches. (Type of evidence: research and practice)

Evidence

Effective peer health navigation relies on a productive and trusting relationship between a peer health navigator and their clients. Matches should be assessed periodically[148] by program supervisors to ensure both the peer health navigator and the client are comfortable with the match.

Both clients and peer health navigators should be able to express discomfort with a match.[148,155] It is the program's responsibility to develop a process to transition clients to a new peer health navigator if a match is not successful.[148]

VIGNETTE *At an interdisciplinary clinic with peer health navigators, the navigator team holds a meeting once a month with the program supervisor and clinic social worker. This is an opportunity to check in with the navigators and see how relationships with clients and the wider team are going, identify any issues, and work collectively to solve them. Navigators are able to share their experience and make suggestions about how to manage any issues. This team meeting is also the main place where re-matching is discussed for navigator/client relationships that are not able to be resolved.*

RECOMMENDATION 6: **When a health navigator and client match is not working, try to determine why and assess whether the issue can be resolved before transitioning a client to another navigator. (Type of evidence: practice)**

Evidence

This recommendation emerged from the practice expertise of the working group.

VIGNETTE *During regular supervision, Tammy, a peer health navigator, talks about her challenges with a client. Initially things had gone very well, but the client has recently relapsed to heavy alcohol use. During the last couple of meetings, the client has made several negative comments about Tammy's ongoing sobriety. Tammy discloses that the relationship is feeling unsafe for her. The program supervisor suggests that the client's team have a meeting about the situation to determine whether the client should be matched with another navigator, or if other approaches can help maintain the relationship during this period.*

Transition clients to other supports, when necessary

RECOMMENDATION 7: **Develop a process to transition clients to another navigator, or a different support program, if appropriate, when a client needs different supports than those they are receiving from their current navigator, when the match isn't working for some reason, or when a navigator is no longer available to work with the client. (Type of evidence: practice)**

Evidence

This recommendation emerged from the practice expertise of the working group.

Support peer health navigators to maintain a therapeutic alliance with clients once matched

RECOMMENDATION 8: **Support peer health navigators to maintain a therapeutic alliance with clients once matched through close supervision and access to professional development. (Type of evidence: research and practice)**

Evidence

Once matched to a client, program supervisors should support peer health navigators to maintain the match by training them on how to build their relationships with clients.[206] A good relationship between a peer health navigator and client can help clients remain engaged in care.[206]

Program supervisors should transition a client to a new navigator when the relationship between the peer health navigator and the client has not developed or has been severed.[148] Clients should also be transitioned when a navigator or client expresses discomfort with the match.[148]

VIGNETTE *Ricky, a peer navigator, who is finding it difficult to engage a new client, approaches Nomsa, a community social worker, for help. He describes the client as dramatic, overly emotional and difficult to handle. Nomsa talks with Ricky about the client's personality disorder and gives him some tips on managing difficult situations and not personalizing the client's behaviour. She provides Ricky with some follow-up material to look at. A few weeks later, Ricky happily reports to Nomsa that the tips really worked and he feels much more confident and relaxed with his new client.*

Peer health navigator self-care

Good self-care is critical for the health and wellness of peer health navigators. Self-care is about finding balance within and across all aspects of one's physical, mental, spiritual, emotional and social selves. Self-care is one way to adjust to life's constant change. Over time, good self-care supports peer health navigators to be more resilient.

Developing good self-care strategies and using them when needed can increase the sustainability of a peer health navigator's ongoing participation in the program,[152] and improve the ability of peer health navigators to help their clients.[156]

The literature and working group identified four agency responsibilities related to support for navigator self-care. The recommendations for the responsibilities are described below, along with a review of the evidence for each. The agency responsibilities are:

- Create a supportive environment for self-care
- Discuss self-care practices
- Nurture a supportive environment to discuss alcohol and drug use
- Be flexible with time for self-care

Create a supportive environment for self-care

RECOMMENDATION 9: Create a supportive environment for peer health navigators to take time for self-care. (Type of evidence: research and practice)

Evidence

Supervisors are responsible for encouraging peer health navigator self-care. Program supervisors, peer health navigators and other staff should be trained to identify the signs of burnout so that it can be addressed early.[25,69] Training should also cover strategies that could be used to support peer health navigators to maintain a good balance between work and life, and to be realistic about the limits of what they can take on.[25]

Training should also help peer health navigators take responsibility for their own self-care[21,25,28,153,155,196] by identifying coping strategies they already use and introducing new ones. Training and identifying the need to take time for self-care may normalize the challenge prioritizing one's own self-care can present – for all staff – and foster a more accepting environment for peer health navigators to take care of themselves when they need it. For additional information on peer health navigator training on self-care, see Chapter 7.

Ongoing support through supervision sessions can also be used to encourage peer health navigators to use self-care to manage the stress of their work.[47] Organizing staff retreats and outings may also give peer health navigators a break from their work.[24]

VIGNETTE *Sarah has been meeting with her clients after hours and on weekends and, as a result, has been missing her peer health navigation shifts during the day. Her colleagues note that she is absent from work more and approach her with care and concern. Sarah discloses that she has found it hard not to respond to client calls after hours, even though it means time away from her two children. She admits she is more tired, has been missing some of her HIV medications, and missed her last HIV care appointment.*

Sarah's colleagues talk to her about self-care, and reinforce the fact that unless Sarah herself is well and engaged in care, she can't be as present as she wants for clients. Sarah and the team identify strategies to facilitate self-care. This includes first talking about Sarah's clients with her to review the boundaries of the relationship and problem solve how the clients can meet their own needs after hours by using partner agencies. As a way to improve self-care for everyone, the team schedules time to work on boundaries and self-care management.

Discuss self-care practices

RECOMMENDATION 10: Discuss with peer health navigators their self-care practices, social networks and external support system. Demonstrating peer health navigators' connections to their own diverse personal networks can reduce the potential for burnout. (Type of evidence: practice)

Evidence

This recommendation emerged from the practice expertise of the working group.

Nurture a supportive environment to discuss alcohol and drug use

RECOMMENDATION 11: **Nurture an environment of safety to discuss alcohol, drug use and harm reduction with peer health navigators. Proactively develop a plan with individual peer health navigators if alcohol or drug use begins to impact the quality of support clients receive, to ensure that the client receives the best possible services from the program/agency and that the peer navigator is supported. (Type of evidence: practice)**

Evidence

This recommendation emerged from the practice expertise of the working group.

VIGNETTE *Frida and Liam go to AJ, the peer health navigation program supervisor, and state that they are concerned with a staff member and her drug use. They indicate that Jamie, the peer health navigator, is withdrawn, sleeping during the day at work, and losing hair and weight. There have been reports that she has been using drugs at work, which is against agency policy. They are concerned for their colleague and friend. They are worried that her health and reputation in the community may be negatively impacted.*

Before meeting with Jamie, AJ reviews the agency's current policies and resources. He also calls a colleague who is a substance use counsellor to see if she can see Jamie, if Jamie wants that kind of support. When AJ meets with Jamie, she is nervous. AJ assures Jamie that the meeting is not disciplinary and that the intent is to determine what support Jamie might need. AJ reviews the information he has been given, including his own observations around her attendance and performance. Jamie discloses that she has been using drugs more lately and that she feels like it has gotten out of hand. AJ advises her that the agency wants to provide her with the support she needs. AJ connects Jamie to a substance use counsellor, and suggests Jamie see her healthcare provider. Jamie decides to take a three-month leave of absence and take the steps she needs to manage her drug use. When Jamie returns to work, she receives weekly supervision meetings that focus on workload management, stress reduction, debriefing and general support.

Be flexible with time for self-care

RECOMMENDATION 12: **Be flexible with time for self-care. (Type of evidence: research and practice)**

Evidence

Supervisors should have flexible scheduling policies that allow peer health navigators to take time for self-care as needed. This may be as simple as building lengthy breaks into the work day so peer health navigators can recharge between clients.[24] When navigators show signs of needing self-care, such as signs of poor mental health or increased substance use,[66] program supervisors should offer peer health navigators the option of reducing their hours,[66] taking sick leave[66] or using their vacation time.[24,28] Another strategy may be to encourage peer health navigators to prioritize their own health by giving them paid time off to attend to their own healthcare and counselling appointments.[68]

VIGNETTE *Steve has been a peer health navigator in the HIV clinic for two years. He has taken extra training courses, is an excellent group facilitator, and has now successfully run several support groups in the clinic. He has been stable in his recovery and maintains a robust self-care program including regular supervision. He attends a weekly recovery group on Wednesday nights.*

The clinic program development committee plans a new support group for newly diagnosed patients. Steve is asked to run the group on Wednesday evenings. Steve approaches Mandy, his supervisor, because he is worried that he will be letting the clinic down by declining this assignment. Steve explains that his own support group is an important part of his self-care and recovery. Mandy meets with the clinic manager and is able to change the new group to another evening so that Steve can facilitate.

Chapter 6
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CATIE strengthens Canada's response to HIV and hepatitis C by bridging research and practice. We connect healthcare and community-based service providers with the latest science, and promote good practices for prevention and treatment programs. As Canada's official knowledge broker for HIV and hepatitis C, you can count on us for up-to-date, accurate and unbiased information.