Practice Guidelines

in Peer Health Navigation for People Living with HIV

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About CATIE

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Introduction

Health navigation programs are for people with HIV to improve health and wellness outcomes. The Centers for Disease Control and Prevention in the U.S. recommends navigation as an effective intervention.

A number of Canadian peer health navigation programs have been established to improve the health and wellness of people with HIV. These programs have emerged because of a growing understanding of the importance of timely linkage to, and ongoing engagement in, essential and appropriate HIV-related medical and social services; and the complexity associated with navigating them.

In addition to existing programs, there is interest among other agencies and clinics in establishing peer health navigation programs for people living with HIV. Canadian practice guidelines on how to deliver these programs are needed to support agencies wanting to implement the most effective initiatives possible.

As a national working group, we strove to develop practice guidelines for community-based organizations that outline the gold standard of peer health navigation for Canadian programs. Although adaptations may be necessary for particular contexts, we encourage programs to strive to implement these recommended practices.

What do we mean by peer and health navigation for people living with HIV?

Peer is defined as a person with HIV who also has lived experience and an intimate understanding of the circumstances in which many clients live their lives.

Health navigation for people with HIV is defined as a person-centred approach to guide, connect, refer, educate and accompany people with HIV through systems of care. The goals of health navigation are to support people with HIV in their self-determined goals; build the capacity of clients to self-manage their HIV care and navigate systems themselves; and, ultimately, improve their HIV health and overall wellness.

A peer health navigator can have varied roles within the healthcare system. For this document, **a peer health navigator** performs the functions of health navigation (defined above). Peer health navigators may function similarly to a peer support worker, outreach worker or community health worker, but are different in that they cross the threshold of the clinic and continue to provide support within clinical environments and circumstances; and their work is inextricably linked to, although not limited to, clinical health outcomes.

Why is peer health navigation for people with HIV important?

A person with HIV needs access to a continuum of services — HIV testing and diagnosis, linkage to appropriate medical care and other health services, support while in care, access to ART if and when they are ready, and support while on treatment — to ensure optimal health outcomes. Estimates from the Public Health Agency of Canada[1] show that there is still work to be done to achieve the 90-90-90 targets by 2020. Set by UNAIDS, the 90-90-90 targets are:

- 90% of all people with HIV know their status
- 90% of people diagnosed with HIV are on treatment
- 90% of people on treatment have an undetectable viral load

One of the greatest challenges in achieving these targets in Canada and globally will be ensuring that their reach is extended to *all* communities at risk.[2] Efforts to reach 90-90-90 and address HIV must prioritize equity across populations, with a specific focus on those most affected by HIV and those who face extensive barriers to health and wellness.

Research shows that navigation can have an impact on the health and wellness of people with HIV. When developed and delivered with and for specific communities within a local context, navigation programs may help to bridge some of these gaps. First, research shows that peer health navigation benefits clients. Working with a navigator significantly improves engagement in care,[3-9] and crucially impacts treatment outcomes, including increased CD4 counts and decreased viral loads.[4-8,10] Second, there are also significant benefits for people living with HIV who work as peer health navigators, including improved self-esteem,[11-28] confidence,[22,25,29,30] and a sense of empowerment;[31-36] reduced isolation[31,33,35,37,38] and development of a sense of community;[11,16,19,20,22,24,25,27,32,36,37,39-43] access to positive activities;[16,40,44] improved health and wellness;[12,19,26,45,46] insight into their own struggles when helping clients with theirs;[14,32,43,45,47] increased knowledge and skills;[14,16,25,27,29,32-34,36,37] and a potential re-entry into the work force.[23-26,29,32-34,40,48]

Finally, there are also benefits to agencies that host peer health navigation programs. Peer health navigators can strengthen the agency's ability to provide appropriate and relevant services to clients.[27,32-34,49-51] Peer health navigators have a unique ability to

facilitate client engagement in care and support;[32] educate staff and program supervisors on community trends and client needs;[47,51] and support the agency to become more responsive to the needs of clients,[27,34,51] all of which will strengthen agency programs and services.

What are practice guidelines in peer health navigation for people with HIV?

These practice guidelines provide recommendations on how to develop, implement and strengthen peer health navigation programs. They emerged from research-based and practice-based evidence.

These practice guidelines aim to:

- Improve the quality and consistency of peer health navigation programs
- Improve the effectiveness of peer health navigation programs to positively impact the health and wellness of people with HIV
- Build on existing local/regional models and materials, many of which were developed and informed by people with HIV

There are three main components to the practice guidelines:

1. **Recommendations**. Provide general research-based and practice-based guidance on how to approach the development, implementation and strengthening of peer health navigation programs. Each recommendation is accompanied by a description indicating the type of evidence used to inform the recommendation.
2. **Evidence reviews**. Synthesize and analyze the best possible evidence from peer-reviewed and grey literature, supplemented with the practice-based experience of experts in the field.
3. **Vignettes**. Illustrate how the recommendations may be applied in practice, based on the practice-based knowledge of an expert working group.

Who are the practice guidelines for?

The practice guidelines are designed for community-based agencies interested in developing, implementing or strengthening peer health navigation services for people with HIV. The primary audiences are:

- Program planners and service providers in community health and community-based organizations

The secondary audiences are:

- Public health program planners and service providers
- HIV clinical care providers and administrators

- Researchers interested in health navigation
- Program funders

Core values

These practice guidelines are grounded in six core values that provide a foundation for peer health navigation programs in HIV:

- Greater involvement/meaningful engagement of people living with HIV (GIPA/MEPA)
- Harm reduction
- Anti-oppression
- Self-determination
- Resiliency
- Trauma-informed practice

See *Glossary* for more information on these values.

How were the practice guidelines developed?

The guidelines were developed through a rigorous process adapted from the UK-based National Institute for Health and Care Excellence and the Canadian Harm Reduction Best Practice Recommendations process.

CATIE convened a 13-member national expert working group made up of peer health navigators, frontline service providers, program planners, public health practitioners, clinicians and researchers. All working group members were experts in peer health navigation program development, delivery and/or supervision; members brought experience working as navigators or HIV peer workers, establishing or managing health navigation programs in HIV, working as program planners, and/or developing practice guidelines. It was important that all members had experience with peer health navigation specifically, to ensure that the guidelines could be shaped by practice-based knowledge and experience. Thirty-five percent of working group members identified as people with HIV. While regional and population-specific diversity is a priority for CATIE, given the small number of peer health navigation programs in operation when the working group was convened, membership does not reflect all regions in Canada or communities affected by HIV; the working group composition favoured peer health navigation experience over regional diversity.

The working group informed and developed research-based and practice-based guidelines on peer health navigation for people with HIV through a structured participatory process over two years (2015–2017). An outline of the process is:

- CATIE gathered, synthesized and analyzed the peer-reviewed research and grey literature in peer health navigation and HIV-related peer work.

- CATIE developed extensive evidence reviews from the peer-reviewed and grey literature based on a pre-determined list of key topics, developed in consultation with the working group.
- CATIE developed draft recommendations for each topic, reflective of the evidence review of peer reviewed and grey literature.
- The working group reviewed and considered individual evidence reviews and recommendations related to key topics monthly.
- The working group met as a group to discuss the recommendations in the context of their practice-based experience.
- The working group suggested changes to existing recommendations and suggested new recommendations to be added, based on their practice.
- CATIE incorporated the practice-based evidence into the draft recommendations.
- The working group developed vignettes based on their practice to illustrate many of the recommendations.

This process was iterative. All recommendations were drafted and re-drafted until we achieved consensus.

Working group members
- Jason Altenberg, Director of Programs and Services, South Riverdale Community Health Centre, Toronto, ON
- Glen Bradford, Manager, Peer Navigation and Prison Outreach Programs, Positive Living BC, Vancouver, BC
- Miranda Compton, Manager, Regional HIV Services, Vancouver Coastal Health, Vancouver, BC
- Holly Gauvin, Executive Director, Elevate NWO, Thunder Bay, ON
- Scott Harrison, Director of Strategy & Transformation — Urban Health, Mental Health and Substance Use, Providence Health Care, Vancouver, BC
- Kira Haug, Chronic Health Navigator/Blood Borne Infection Educator, ASK Wellness Centre, Kamloops, BC
- Shazia Islam, PHA Support Coordinator, Alliance for South Asian AIDS Prevention, Toronto, ON
- Murray Jose-Boerbridge, Executive Director, Toronto People With AIDS Foundation, Toronto, ON
- Marvelous Muchenje, Community Health Coordinator, Women's Health in Women's Hands Community Health Centre, Toronto, ON
- Susanne Nicolay, HIV Strategy Coordinator, Regina Qu'Appelle Health Region, Regina, SK (formerly)
- Mary Petty, Research, Education and Practice Coordinator, HIV Program Social Work, Providence Health Care, Vancouver, BC (formerly)
- Sudin Sherchan, Peer Navigator, Alliance for South Asian AIDS Prevention, Toronto, ON
- Carol Strike, Associate Professor, University of Toronto, Dalla Lana School of Public Health, Toronto, ON

Adapting agency structures to accommodate peer workers

These practice guidelines are based on the principles of GIPA/MEPA. They presume that agencies implementing peer health navigation programs are deeply committed to ensuring that programs are directed or guided by people with HIV and demonstrate their commitment to putting people with HIV at the centre of their work.

Agencies interested in developing, implementing or strengthening peer health navigation programs should recognize that hiring people with HIV as peer workers, including as peer health navigators, may present an organizational challenge. Peer workers may not easily fit into traditional structures that exist in most agencies — structures that are based on three key roles: staff, volunteer and client.

Unlike the clearly defined roles in the traditional model, peer workers are often *both* staff or volunteers and clients (or *service providers* and *service users*). Agencies hosting peer health navigation programs — and peer programs more generally — will need more complex, adaptable systems that include a spectrum of staff, volunteer and peer roles that build on current GIPA/MEPA principles.

These new systems need to determine how peer health navigators are integrated into agency services and wider staff teams. Agencies must consider multiple factors such as how much responsibility and accountability peer health navigators will have; how they will be compensated (salary, stipend, wage, honorarium); whether peers will get benefits

and if they do, what types; whether peer health navigators should be part of a union; and whether peer health navigators attend meetings or events traditionally held for staff or those traditionally held for volunteers.

Each agency will have to adapt its structures to accommodate peer health navigators, ensuring that their needs, and the needs of clients with HIV, are taken into account in the design, implementation and evaluation of the program. This will lead to a variety of programs that reflect the needs and constraints of local contexts. We recognize and embrace this diversity, understanding that, by using these guidelines, agencies are striving toward the highest possible standard of operation for the program.

Adapting the practice guidelines for other chronic illnesses and specific populations

These practice guidelines were developed to be used for peer health navigation programs in HIV. However, they may be adapted to health navigation programs in other chronic illnesses such as hepatitis C or to other types of peer programs in HIV by individuals and organizations who are experienced in those areas. When adapting the practice guidelines, service providers need to understand and consider the specific needs of their clients, the local context that influences clients' ability to attain the best health outcomes, and whether the supporting evidence is applicable to the new use.

These practice guidelines are also developed to be used by service providers from and providing services to *all* populations affected by HIV. However, the specific cultural, historical, local community contexts and lived realities of clients and peer health navigators must be considered in how these guidelines are interpreted. The recommendations included in these guidelines should be considered and taken up within the unique cultural contexts of the programs using these guidelines. It will be important to understand and consider how certain recommendations relate to specific populations.

For more information

For more information on the practice guidelines, tools and resources, please see www.catie.ca/en/peernavigation-guidelines.

Glossary

Term	Definition
Anti-oppression	Anti-oppression is a way of naming oppression that happens against certain people based on their identities (e.g., ability, age, class, serostatus, ethnicity, gender expression or identity, Indigenous identity, immigration status, race, religion or sexual orientation). It is a way to work toward ending the mistreatment, oppression, and violence directed at that particular group.[52]
Culturally safe care	Within an Indigenous context, culturally safe care refers to the fact that the educator/practitioner/professional, whether Indigenous or not, can communicate competently with a client in that client's social, political, linguistic, economic, and spiritual realm. Culturally safe care (and cultural safety, see below) move beyond the concept of cultural sensitivity to analyzing power imbalances, institutional discrimination, colonization and colonial relationships as they apply to healthcare.[53,54]
Cultural safety	Cultural safety is an outcome based on respectful engagement that recognizes and strives to address power imbalances inherent in the healthcare system. It results in an environment free of racism and discrimination, where people feel safe when receiving healthcare.[55]
Cultural humility	Cultural humility is a process of self-reflection to understand personal and systemic biases and to develop and maintain respectful processes and relationships based on mutual trust. Cultural humility involves humbly acknowledging oneself as a learner when it comes to understanding another's experience.[56]
Dual role	A dual role describes a situation where multiple roles exist between the health navigator and the organization where they work, typically, as a colleague/staff person and a client/peer of the agency's client base.

Term	Definition
Greater involvement/ meaningful engagement of people living with HIV (GIPA/MEPA)	GIPA/MEPA refers to principles that aim to realize the rights and responsibilities of people with HIV, including their right to self-determination and participation in decision-making processes that affect their lives. In these efforts, GIPA/MEPA also aims to enhance the quality and effectiveness of the HIV response.[57]
Harm reduction	Harm reduction is a set of practical strategies and ideas aimed at reducing negative consequences associated with drug use. Harm reduction is also a movement for social justice built on a belief in, and respect for, the rights of people who use drugs.[58]
Health navigation	Health navigation is a person-centred approach to guide, connect, refer, educate and accompany people living with HIV through systems of care, to support people with HIV in their self-determined goals; to build the capacity of clients to self-manage their HIV care and to navigate systems themselves; and, ultimately, improve their HIV health and overall wellness.
Peer	A peer is defined as a person with HIV who also has lived experienced and an intimate understanding of the circumstances in which many clients live their lives.
Resiliency	Resiliency is the process through which individuals persevere and succeed despite dealing with significant life stress, trauma and other forms of adversity.[59]
Self-determination	Self-determination is an individual's right to make choices concerning the development and direction of their lives.[60] This includes their right to choose their healthcare and their level of engagement in that healthcare, and their right to choose the level of risk with which they live.

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Summary of recommendations

Chapter 1: Infrastructure assessment for peer health navigation programs

In this chapter, we identify the necessary components of an infrastructure assessment. Infrastructure assessments should assess the capacity of the peer health navigation program host agency to support a peer health navigation program, and the capacity of the agency to work within a GIPA/MEPA framework.

RECOMMENDATION 1: Assess agency capacity to establish, sustain and fund a peer health navigation program using an assessment process (this may be done in conjunction with community members and funders). Through this assessment, an agency should consider whether a navigation program is appropriate for the agency; whether the agency has the necessary structures in place to incorporate a navigation program; and whether the agency can establish the necessary structures to support a navigation program, if gaps in agency structures have been identified. (Type of evidence: research and practice)

RECOMMENDATION 2: Assess agency capacity to work within a GIPA/MEPA framework. (Type of evidence: research and practice).

> **RECOMMENDATION 2a:** Assess agency commitment to working with a GIPA/MEPA framework (Type of evidence: practice)

RECOMMENDATION 3: Assess agency readiness to ensure agency culture is inclusive of peer health navigators. (Type of evidence: practice)

Chapter 2: Peer health navigator roles and responsibilities

In this chapter, we identify core peer health navigator roles and responsibilities, as well as the responsibilities of the agency in developing a clear peer navigator scope of practice that is based on the needs of the clients.

RECOMMENDATION 1: Conduct a local needs assessment that includes input from people with HIV, clients and service providers to determine the breadth of client needs. A needs assessment will help agencies to tailor peer health navigation programs and determine which roles a peer health navigator can take on to meet the needs of clients. (Type of evidence: practice)

RECOMMENDATION 2: Define a clear peer health navigator scope of practice and draft job descriptions that reflect the roles and responsibilities within the scope of practice. Job descriptions should also clearly outline the goals of the program and qualifications and experience that are necessary and preferred. Determine and communicate the roles and responsibilities that are outside the scope of practice of peer health navigators. Ensure job descriptions are clear and straight-forward. (Type of evidence: research and practice)

RECOMMENDATION 3: Involve peer health navigators in the intake and assessment of clients' needs as part of an interdisciplinary team. Using their lived experience to build trust over time, the navigator's role is to help clients identify and assess their strengths and challenges and help them develop a plan to achieve their health and wellness goals. This assessment should take into account all aspects of clients' lives. (Type of evidence: research and practice)

RECOMMENDATION 4: Peer health navigators use advocacy skills to ensure the client's voice is heard during healthcare appointments and in the community. Navigators also have a role in raising systemic issues that impact client care. (Type of evidence: research and practice)

RECOMMENDATION 5: Peer health navigators provide practical assistance to clients such as help with transportation, housing, financial assistance, child/elder care, and other services that can facilitate optimal engagement in healthcare and achievement of health and wellness goals. (Type of evidence: research and practice)

RECOMMENDATION 6: Peer health navigators provide support to clients before and after appointments with healthcare providers, help clients to understand the purpose of a particular medical appointment or specialist, help prepare clients with questions, and provide an explanation of the visit in plain language. Peer navigators can also provide accompaniment to appointments and advocacy during appointments. (Type of evidence: research and practice)

RECOMMENDATION 7: Peer health navigators play a role in providing emotional, cultural and social support to clients and their families (as appropriate) based on a common understanding of the experience of living with HIV. (Type of evidence: research and practice)

RECOMMENDATION 8: Peer health navigators provide culturally safe and trauma-informed education, information, care and support to clients and their families (as appropriate), based on a holistic model that includes the physical, emotional, spiritual and mental needs of clients and their families. Navigators share accurate information using language familiar to clients and their families, where appropriate. Health promotion

information may include living well with HIV, safer sex and treatment adherence. Peer navigators are supported by supervisors to know their limitations and competencies and will seek out other referrals when necessary. (Type of evidence: research and practice)

RECOMMENDATION 9: Peer health navigators provide referrals to appropriate services when needed to facilitate optimal engagement in healthcare and achievement of the person's personal health and wellness goals. When referrals to other professional services are needed, navigators should be aware of services and programs that are culturally safe and appropriate. (Type of evidence: research and practice)

RECOMMENDATION 10: Peer health navigators help clients develop the skills necessary to self-manage their own care and make informed decisions about their health. (Type of evidence: research and practice)

RECOMMENDATION 11: Peer health navigators work in partnership with clients and the healthcare team. Peer health navigators bring gaps in client care and support to the attention of the care team. Effective and collaborative relationships with clients and the healthcare team facilitate this role. (Type of evidence: practice)

RECOMMENDATION 12: Peer health navigators play a role in developing, administering and analyzing the monitoring and evaluation of the peer health navigation program. (Type of evidence: practice)

RECOMMENDATION 13: Peer health navigators plan, coordinate, organize and make meaningful and concrete contributions to activities related to the navigation program, according to the principles of GIPA/MEPA. (Type of evidence: research and practice)

RECOMMENDATION 14: Navigators maintain and sustain effective and collaborative professional relationships with clients and healthcare teams with the support and facilitation of program supervisors. (Type of evidence: research and practice)

> **RECOMMENDATION 14a:** Develop a process that supports relationship development between peer health navigators and external partners. (Type of evidence: practice)

RECOMMENDATION 15: Peer health navigators maintain up-to-date knowledge of available community and clinical services, with the support of program supervisors. Navigators share new knowledge with program supervisors and other members of the healthcare team. (Type of evidence: practice)

RECOMMENDATION 16: Peer health navigators maintain confidential and secure documentation of work with and for clients according to program policies. Documentation standards are determined by program supervisors in conjunction with peer health navigators. (Type of evidence: research and practice)

> **RECOMMENDATION 16a:** Develop a new or adapt an existing documentation policy. (Type of evidence: practice)

RECOMMENDATION 17: Peer health navigators attend relevant meetings. This includes ongoing trainings, case conferences, mentoring, debriefing, support, team meetings and supervision meetings. (Type of evidence: research and practice)

RECOMMENDATION 18: Peer health navigators comply with all agency policies (e.g., communication and punctuality). (Type of evidence: practice)

> **RECOMMENDATION 18a:** Develop a new or adapt an existing communication policy that outlines how and how often peer health navigators are expected to communicate with their program supervisors. (Type of evidence: practice)

> **RECOMMENDATION 18b:** Develop a new or adapt an existing punctuality policy for peer health navigators. (Type of evidence: practice)

RECOMMENDATION 19: Peer health navigators take a client-centred approach to the work that is consistent with program values, such as GIPA/MEPA, trauma-informed practice, harm reduction, anti-oppression, self-determination and resiliency. (Type of evidence: practice)

RECOMMENDATION 20: Peer health navigators proactively engage in preventative self-care and are attentive and responsive to other self-care needs as they arise. This includes taking advantage of self-care options available through the peer health navigation program and other community services. Self-care needs are culturally based, and should be addressed through relevant self-care and health promotion actions. (Type of evidence: practice)

Chapter 3: Ethical considerations for peer health navigation programs

In this chapter, we identify the ethical considerations that may arise in peer health navigation programs.

RECOMMENDATION 1: Peer health navigation programs should adopt an ethical decision-making process to work through the ethical considerations that may come up in these programs. (Type of evidence: practice)

RECOMMENDATION 2: Develop the capacity of peer health navigators to understand, respect and maintain healthy boundaries with clients, staff and volunteers through ongoing training and support. (Type of evidence: research and practice)

> **RECOMMENDATION 2a:** Develop a new or adapt an existing policy that identifies appropriate boundaries between peer health navigators and clients, staff and volunteers. Include a range of specific and clear accountability outcomes related to breach of boundaries. (Type of evidence: research and practice)

RECOMMENDATION 3: Develop the capacity of peer health navigators to maintain the confidentiality of clients, staff and volunteers through ongoing training and support. (Type of evidence: research and practice)

RECOMMENDATION 3a: Develop a new or adapt an existing confidentiality policy to maintain client confidentiality. Include a range of specific and clear accountability outcomes related to breach of confidentiality. (Type of evidence: research and practice)

RECOMMENDATION 3b: Develop a new or adapt an existing confidentiality policy to maintain the confidentiality of peer health navigators, agency staff/volunteers, partner agency staff and the agency itself. Include a range of specific and clear accountability outcomes related to breach of confidentiality. (Type of evidence: research and practice)

RECOMMENDATION 3c: Require all staff and volunteers, including peer health navigators, to sign a confidentiality agreement. (Type of evidence: research and practice)

RECOMMENDATION 4: Develop the capacity of peer health navigators to understand and navigate the ethical and legal implications around client disclosure and the criminalization of HIV non-disclosure through ongoing training and support. Ensure peer navigators understand when to seek support from other professionals. (Type of evidence: practice)

RECOMMENDATION 4a: Develop a new or adapt an existing disclosure policy that addresses the legal implications around client disclosure and the criminalization of HIV non-disclosure. (Type of evidence: practice)

RECOMMENDATION 5: Acknowledge the ethical implications that may arise because peer health navigators are both service providers and service users. Train and support peer health navigators, agency staff/volunteers and partner agency staff to understand, respect and adjust to the dual roles of peer health navigators as service providers and service users. (Type of evidence: research and practice)

RECOMMENDATION 6: Ensure peer health navigators have the autonomy to choose how to navigate their dual roles as service provider and service user, including where they access services. Ensure they can either receive services from external agencies or from a colleague at the host agency who is not a direct supervisor, depending on their preference. (Type of evidence: research and practice)

RECOMMENDATION 7: Acknowledge the ethical implication that may arise when agency staff become colleagues with and care providers for peer health navigators. Train and support peer health navigators and agency staff/volunteers to understand, respect and adjust to the new dual roles of agency staff when this arises. (Type of evidence: practice)

RECOMMENDATION 8: Recognize and accommodate the health and wellness needs of peer health navigators and understand that these needs are contextual and culturally depended. Recognize that navigators may continue to have complex lives that can require agency flexibility to maintain their health and wellness. Help the peer health navigators to recognize that, at times, the program may need to be flexible and accommodating to the health and wellness needs of some peer navigators more than

others; supporting peer navigators to understand the concept of 'equity' can be useful. (Type of evidence: research and practice)

RECOMMENDATION 9: Provide peer health navigators with ongoing training and support to address conflicts of interest. (Type of evidence: research and practice)

> **RECOMMENDATION 9a:** Develop a new or adapt an existing conflict of interest policy. The policy should be fair and flexible and may need to be applied on a case-by-case basis. Policies may vary from agency to agency depending on local contexts and culturally relevant approaches to conflict resolution. (Type of evidence: research and practice)

RECOMMENDATION 10: Develop the capacity of peer health navigators to understand the impact that culture and identity have on health and wellness. (Type of evidence: research and practice)

RECOMMENDATION 11: Support peer health navigators to understand the principles of cultural humility and to provide culturally safe environments. (Type of evidence: practice)

> **RECOMMENDATION 11a:** Develop a new or adapt an existing policy to promote a culturally safe environment. (Type of evidence: practice)

RECOMMENDATION 12: Undertake a concrete and timely process to identify and address the ethical implications related to power imbalances. Power imbalances may arise amongst peer health navigators; between peer health navigators and agency staff/volunteers; between peer health navigators and external agency staff; and between peer health navigators and clients. (Type of evidence: research and practice)

RECOMMENDATION 13: Address issues related to power imbalances through ongoing training and support for peer health navigators, agency staff/volunteers and external agency staff. (Type of evidence: practice)

RECOMMENDATION 14: Provide peer health navigators with ongoing training and support on conflict resolution. (Type of evidence: research and practice)

RECOMMENDATION 15: Offer support to peer health navigators that maximizes their ability to transition to other employment, should they want it. Building the capacity of peer health navigators to transition to other employment is in line with the principles of GIPA/MEPA and is one way to sustain the benefits of working as a peer health navigator over time. (Type of evidence: research and practice)

RECOMMENDATION 16: Develop a process to transition peer health navigators from the program in a supportive way in the rare instances that a peer navigator is not fit to continue their role as a navigator. This transition process should ensure that the peer navigator is able to continue to access their own HIV services at the host agency or elsewhere, as appropriate. (Type of evidence: practice)

Chapter 4: Program management – Recruitment and selection of peer health navigators

In this chapter, we identify host agency responsibilities related to recruitment and selection of peer health navigators. These include: defining peer health navigator competencies, developing a strategy to support candidates to assess their readiness to be navigators, and defining a recruitment and selection process.

RECOMMENDATION 1: Seek candidates who demonstrate an interest in peer support. (Type of evidence: research and practice)

RECOMMENDATION 2: Seek candidates who have the lived experience and understanding of the local context and culture of clients; if this is not possible, seek candidates who have the ability and interest to learn about the local context and culture. (Type of evidence: research and practice)

RECOMMENDATION 3: Seek candidates who demonstrate commitment and reliability. (Type of evidence: research and practice)

RECOMMENDATION 4: Seek candidates who model meaningful engagement in their own HIV care. (Type of evidence: research and practice)

RECOMMENDATION 5: Seek candidates who have achieved a measure of stability in their lives that allows them to carry out the functions of their position. (Type of evidence: research and practice)

RECOMMENDATION 6: Seek candidates who possess the ability to gain the skills and knowledge necessary to be peer health navigators. (Type of evidence: research and practice)

RECOMMENDATION 7: Seek candidates who possess leadership skills or the ability to develop leadership skills. As peer navigators gain knowledge and confidence, and feel empowered through their engagement in the program, leadership can develop. (Type of evidence: research and practice)

RECOMMENDATION 8: Seek candidates who understand how to set boundaries or have the ability to learn how to set them. (Type of evidence: research and practice)

RECOMMENDATION 9: Seek candidates who can demonstrate work/life balance. (Type of evidence: practice).

RECOMMENDATION 10: Seek candidates who are able to identify the need for self-care and/or who have positive self-care practices. (Type of evidence: practice)

RECOMMENDATION 11: Seek candidates who possess good communication skills or the ability to develop communication skills, such as active listening. (Type of evidence: research and practice)

RECOMMENDATION 12: Seek candidates who are able to create empathic relationships with clients. (Type of evidence: research and practice)

RECOMMENDATION 13: Seek candidates who demonstrate adaptability when addressing the needs of clients and in taking up new knowledge about HIV into their work. Also, seek those who can acknowledge, understand and overcome their biases and respond with compassion to the needs of clients. (Type of evidence: research and practice)

RECOMMENDATION 14: Seek candidates who demonstrate they can work within a trauma-informed framework to provide appropriate support and navigation services to clients. (Type of evidence: practice)

RECOMMENDATION 15: Seek candidates who demonstrate they can work within a harm reduction framework to provide appropriate support and navigation services to clients. (Type of evidence: practice)

RECOMMENDATION 16: Seek candidates who demonstrate they can work within a sexual health framework to provide appropriate support and navigation services to clients. (Type of evidence: practice)

RECOMMENDATION 17: Support and guide the self-assessment process of people with HIV who are considering an application for a peer health navigator position. (Type of evidence: research and practice)

RECOMMENDATION 18: Support and guide people with HIV to consider their ability to commit to a peer health navigator's roles and responsibilities. (Type of evidence: research and practice)

RECOMMENDATION 19: Support and guide people with HIV to consider their emotional readiness to work with clients facing similar challenges to their own. (Type of evidence: research and practice)

RECOMMENDATION 20: Support and guide people with HIV who use alcohol and/or other drugs to consider the impact use has on them, if any. Discuss whether current patterns of use are compatible with what the navigator needs to be successful in their role, and what the agency could do to facilitate success. (Type of evidence: practice)

> **RECOMMENDATION 20a:** Develop a new or adapt an existing policy related to alcohol and drug use in the work place. (Type of evidence: practice)

RECOMMENDATION 21: Support and guide people with HIV to consider whether they are comfortable being open about their HIV status and other relevant personal experience. People with HIV should consider their comfort with their own HIV status becoming known to healthcare staff, their clients, their communities and other service providers. (Type of evidence: research and practice)

RECOMMENDATION 22: Support and guide people with HIV to understand the agency's disclosure policy. Discuss the potential for public disclosures, including on social media, to occur during work with clients. (Type of evidence: practice)

RECOMMENDATION 23: Develop a new or adapt an existing HIV-status disclosure policy for staff, including peer health navigators and volunteers. (Type of evidence: practice)

RECOMMENDATION 24: Support and guide people with HIV to consider and explore whether they are ready to navigate the complex boundary challenges they may face as both service providers and service users. (Type of evidence: research and practice)

RECOMMENDATION 25: Support and guide people with HIV to consider how they will manage work/life balance to reduce potential burnout. Assess and ensure that the person has a support system of their own (formal and/or informal supports). (Type of evidence: practice)

RECOMMENDATION 26: Support and guide people with HIV to consider personal self-care practices that could help them maintain their own health and wellness as navigators. (Type: of evidence: practice)

RECOMMENDATION 27: Support and guide people with HIV to consider whether the agency's structures, processes and policies are compatible with their values and ethics. (Type of evidence: practice)

> **RECOMMENDATION 27a:** Develop a process that supports peer health navigators when incompatibilities arise between their values and ethics, and the agency's structures, processes and policies. (Type of evidence: practice)

RECOMMENDATION 28: Support and guide people with HIV to consider the impact (both positive and negative) that working as a peer health navigator will have on their health and wellness. (Type of evidence: practice)

RECOMMENDATION 29: Recruit peer health navigators through a transparent, flexible and accommodating process. Recruitment strategies, including targeted recruitment and general recruitment, may vary depending on the local context and the number of navigators needed. (Type of evidence: research and practice)

RECOMMENDATION 30: Develop a selection process to identify strong peer health navigator candidates. (Type of evidence: research and practice)

RECOMMENDATION 31: Convene a selection committee that includes people with lived experience similar to that of clients. If necessary, provide training and support to these individuals related to the interview, assessment and selection processes. Assess and address conflicts of interest in the review committee. (Type of evidence: research and practice)

RECOMMENDATION 32: Develop an interview guide that incorporates the peer health navigator competencies. This practice allows agencies to select navigators who have or can develop the competencies necessary to fulfill the position's roles and responsibilities. (Type of evidence: practice)

Chapter 5: Program management – Compensation for peer health navigators

In this chapter, we identify the responsibilities of the host agency that are related to peer health navigation compensation.

RECOMMENDATION 1: Compensate peer health navigators equitably, providing a fair and reasonable living wage. (Type of evidence: research and practice)

RECOMMENDATION 2: Determine how to structure compensation (salaries, stipends or honoraria) for peer health navigators in conjunction with the agency's financial expert to ensure the agency is not in violation of any employment standards. (Type of evidence: practice)

RECOMMENDATION 3: Involve peer health navigators in the development of compensation policies that address their needs. Policies should reflect the limits on earnings of social assistance and disability programs. They should also clearly define the benefits to which navigators who receive salaries, stipends, wages or honoraria are entitled. Compensation policies need to comply with other agency policies and provincial and territorial legislation related to payment and benefits. (Type of evidence: research and practice)

RECOMMENDATION 4: Develop an expense account policy for peer health navigators that ensures both that peer navigators are rarely expected to incur costs in association with their navigation role and reimbursement is provided in a very timely manner. Reimburse peer health navigators for pre-approved work-related expenses according to the policy. (Type of evidence: research and practice)

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.

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)

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)

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)

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)

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)

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)

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: research and practice)

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)

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

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)

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)

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

Chapter 7: Program management – Training for peer health navigators

In this chapter, we identify the responsibilities of the host agency related to peer health navigator training, which are specifically related to training methods and training content.

RECOMMENDATION 1: Develop a training program for peer health navigators that uses culturally safe and appropriate methods, materials, information, knowledge and skills relevant to the local context, and includes mandatory training such as health and safety training. (Type of evidence: practice)

RECOMMENDATION 2: Consult peer health navigators about the learning materials that work best for them and take that into account when training them. (Type of evidence: practice)

RECOMMENDATION 3: Use and share relevant and appropriate training materials. Materials should take into account varying levels of literacy, and different ways of learning. (Type of evidence: research and practice)

RECOMMENDATION 4: Use a variety of methods to train new peer health navigators. Methods should take into consideration the different ways adults learn. (Type of evidence: research and practice)

RECOMMENDATION 5: Conduct on-the-job training for peer health navigators. Shadowing experienced peers, agency staff and partner agency staff are appropriate on-the-job training techniques. Identify and facilitate mentorship opportunities. (Type of evidence: research and practice)

RECOMMENDATION 6: Assess the knowledge and skills of new peer health navigators as part of the training process. Encourage training participants to reflect on what they have learned and assess whether being a peer health navigator is right for them. (Type of evidence: research and practice)

RECOMMENDATION 7: Evaluate the peer health navigator training. Use this feedback to improve the training program. (Type of evidence: research and practice)

RECOMMENDATION 8: Identify and provide ongoing relevant training and professional development opportunities to peer health navigators based on peer navigator and client needs, and developments in HIV, hepatitis C and sexually transmitted infections (STI) knowledge. Navigators should also identify additional topics for further learning. (Type of evidence: research and practice)

RECOMMENDATION 9: Create an orientation or on-boarding checklist for each peer health navigator that identifies areas of strength and areas of improvement. After training, use the checklist to identify areas of further training that the navigator and supervisor both agree may be necessary. (Type of evidence: practice)

RECOMMENDATION 10: Orient peer health navigators to the host agency and the peer health navigation program. (Type of evidence: research and practice)

RECOMMENDATION 11: Orient peer health navigators to the job description – the roles and responsibilities of the position (and what is not part of their roles and responsibilities) – to ensure they remain within their scope of practice. (Type of evidence: research and practice)

RECOMMENDATION 12: Introduce and orient peer health navigators to the host agency's organizational culture. (Type of evidence: research and practice)

RECOMMENDATION 13: Train peer health navigators on the GIPA/MEPA Principles and how these principles will be operationalized in program planning, delivery and evaluation. (Type of evidence: practice)

RECOMMENDATION 14: Train peer health navigators on the ethical issues and program policies related to service provision to people with HIV. Training on these issues should be tailored to the culture and community of the peer navigators, as much as possible. (Type of evidence: research and practice)

RECOMMENDATION 15: Include basic HIV information in peer health navigator training. (Type of evidence: research and practice)

RECOMMENDATION 16: Include basic information on sexually transmitted infections (STI) and hepatitis C in peer health navigator training. (Type of evidence: research and practice)

RECOMMENDATION 17: Include basic information on a range of evidence-based interventions related to alcohol and drug use and addiction, including harm reduction, in peer health navigator training. (Type of evidence: research and practice)

RECOMMENDATION 18: Include basic information on behavioural health, mental health, violence and trauma in peer health navigator training (Type of evidence: research and practice)

RECOMMENDATION 19: Train peer health navigators to work with clients in a culturally safe way. (Type of evidence: research and practice)

RECOMMENDATION 20: Train peer health navigators on self-care techniques and provide information on burnout, compassion fatigue and vicarious trauma. (Type of evidence: research and practice)

RECOMMENDATION 21: Train peer health navigators on communication skills. This includes training on how to document work with, and on behalf of, clients; how to communicate with healthcare and service providers; and how peer health navigators should express themselves in meetings they attend. (Type of evidence: research and practice)

RECOMMENDATION 22: Train peer health navigators on leadership and advocacy skills. (Type of evidence: practice)

RECOMMENDATION 23: Train peer health navigators on the basics of active listening to support clients. (Type of evidence: research and practice)

RECOMMENDATION 24: Train peer health navigators to understand when and how to refer clients to other members of the healthcare team when necessary. (Type of evidence: practice)

RECOMMENDATION 25: Train peer health navigators on the principles of trauma-informed practice. (Type of evidence: practice)

RECOMMENDATION 26: Train peer health navigators on the specific documentation and evaluation processes used by the program. (Type of evidence: research and practice)

RECOMMENDATION 27: Train peer health navigators to identify potentially harmful situations and to use basic de-escalation techniques. (Type of evidence: practice).

Chapter 8: Program management – Monitoring and evaluation for peer health navigation programs

In this chapter, we identify a host agency's program monitoring and evaluation responsibilities.

RECOMMENDATION 1: Develop a culturally and organizationally appropriate and relevant evaluation strategy to assess the peer health navigation program and plan to integrate learnings back into the program. (Type of evidence: research and practice)

RECOMMENDATION 2: Ensure that GIPA/MEPA Principles are integrated into evaluation planning, execution and analysis, and in the integration of learnings from the program. (Type of evidence: practice)

RECOMMENDATION 3: Identify the client outcomes to be collected to assess the peer health navigation program. Do this in consultation with relevant stakeholders, including the clients, the navigators, the program supervisors and the program funder. (Type of evidence: research and practice)

RECOMMENDATION 4: Identify the peer health navigator outcomes to be collected to assess the peer health navigation program. Do this in consultation with relevant stakeholders, including the clients, the navigators, the program supervisors and the program, funder. (Type of evidence: research and practice)

RECOMMENDATION 5: Capture descriptive information after every client encounter, including demographic information for new clients, and the peer health navigation services that were provided. This information should be captured using a client contact sheet developed by or adapted for the peer health navigation program. (Type of evidence: research and practice)

RECOMMENDATION 6: Use a variety of evaluation methods to assess the peer health navigation program. (Type of evidence: research and practice)

Chapter 9: Integrating peer health navigators into a host agency

In this chapter, we explore how to integrate peer health navigators into a host agency.

RECOMMENDATION 1: Provide all host agency staff with training on GIPA/MEPA. Practising GIPA/MEPA Principles increases the effectiveness of policies, programs and services for people with HIV. (Type of evidence: research and practice)

RECOMMENDATION 2: Provide all host agency staff with an orientation on the peer health navigation program. (Type of evidence: research and practice)

RECOMMENDATION 3: Provide all host agency staff with training on the roles and responsibilities of peer health navigators. (Type of evidence: research and practice)

RECOMMENDATION 4: Provide all host agency staff with a clear understanding of how peer health navigators are situated within an agency's structure to help guide respectful interactions between staff and peers and ensure appropriate boundaries are kept. (Type of evidence: practice)

RECOMMENDATION 5: Provide peer health navigation program supervisors with specific training on supervision and support of navigators. (Type of evidence: research and practice)

RECOMMENDATION 6: Facilitate the introduction of individual peer health navigators to host agency staff. (Type of evidence: Practice)

Chapter 10: Integrating peer health navigators into healthcare settings

In this chapter, we explore issues related to integrating peer health navigators onto teams in healthcare settings such as hospitals and clinics.

RECOMMENDATION 1: Integrate peer health navigators into teams in healthcare settings and related environments as equal and engaged members of the healthcare team. (Type of evidence: research and practice)

RECOMMENDATION 2: Create new or adapt existing memoranda of understanding with healthcare teams to establish an official relationship between the peer health navigation program and the healthcare setting, if the program is not part of a healthcare organization. (Type of evidence: practice)

RECOMMENDATION 3: Orient social workers, nurses, pharmacists, doctors and other staff on the healthcare team who will work with peer health navigators. Before navigators join the team, discuss GIPA/MEPA and the importance of these principles; the specific roles and responsibilities of navigators; how their work can complement that of the rest of the healthcare team; how their work can improve the health and wellness of clients; and the potential for power imbalances to arise when service users become service

providers. Discuss the need for flexibility and adaptation on the part of the navigators and the rest of the healthcare team to ensure peers are integrated equitably. Provide ample time to address staff concerns. (Type of evidence: research and practice)

RECOMMENDATION 4: Establish open communication channels between peer health navigators and other healthcare team members. Communication channels may develop over time or may need to be established using mechanisms such as guidelines for respectful communication or regular all-team meetings. (Type of evidence: research and practice)

Chapter 11: Community engagement and development for peer health navigation programs

In this chapter, we explore the ongoing community engagement and development work needed to support peer health navigators to work with external community-based agencies; for example, agencies that provide housing, substance use, mental health, settlement and culturally specific services.

RECOMMENDATION 1: Consider the need to create a strategy to guide community engagement and development. (Type of evidence: practice)

RECOMMENDATION 2: Engage external community agencies to support the peer health navigation program before navigators work with clients in the community. (Type of evidence: research and practice)

RECOMMENDATION 3: Engage external community agencies to support the peer health navigation program in an ongoing way after navigators have started to work with clients in the community. In support of GIPA/MEPA, facilitate opportunities for peer health navigators to participate as advisors to this process, as ambassadors for the program, or in other appropriate and relevant ways. (Type of evidence: practice)

RECOMMENDATION 4: Create new or adapt existing memoranda of understanding with community partners to frame the work of peer health navigators in external community agencies. (Type of evidence: research and practice)

RECOMMENDATION 5: Support peer health navigators to acquire and maintain up-to-date knowledge of available community and clinical services; provide access to information about external programs and services that may be relevant to clients to facilitate referrals from the peer navigator program. (Type of evidence: practice)

RECOMMENDATION 6: Facilitate the integration of peer health navigators into external community agencies. (Type of evidence: research and practice)

Infrastructure assessment for peer health navigation programs

In this chapter, we identify the necessary components of an infrastructure assessment. Infrastructure assessments should assess the capacity of the peer health navigation program host agency to support a peer health navigation program, and the capacity of the agency to work within a GIPA/MEPA framework.

The literature and working group identified three activities related to an infrastructure assessment for peer health navigation programs. The recommendations for the activities are described below, along with a review of the evidence for each. The activities are:

- Assess agency capacity to support a peer health navigation program.
- Assess agency capacity to work within a GIPA/MEPA framework.
- Assess agency readiness to ensure agency culture is inclusive.

Assess agency capacity to support a peer health navigation program

RECOMMENDATION 1: Assess agency capacity to establish, sustain and fund a peer health navigation program using an assessment process (this may be done in conjunction with community members and funders). Through this assessment, an agency should consider whether a navigation program is appropriate for the agency; whether the agency has the necessary structures in place to incorporate a navigation program; and whether the agency can establish the necessary structures to support a navigation program, if gaps in agency structures have been identified. (Type of evidence: research and practice)

Evidence

An agency considering a peer health navigation program should assess its capacity to establish and sustain a program,[51] including identifying its goals for the program.[34,51,61,62] Identifying program goals early can help the agency determine if it has the necessary infrastructure to support the program's proposed scope. Identifying goals for the program can help determine the roles peer health navigators will take on to support clients.[61-63]

VIGNETTE   *A community-based agency has applied for funding to develop a peer health navigation program. Fran, the agency's program director, led an organizational readiness assessment guided by the toolkit* Building Blocks to Peer Program Success *to develop the funding proposal. After the agency proposal is submitted, their funder, Ben, meets with Fran to discuss how the agency has planned to successfully implement and support a peer health navigation program.*

Ben and Fran's discussion focuses on the agency's vision for incorporating the work of peer navigators as collaborative partners in service delivery, both within the agency and with external partners. Fran describes the way in which the agency has updated their protocols and work flows to delineate the peer navigator's role in care planning, documentation, case conferencing and one-to-one client work. She also reports on an initial meeting the agency held with external partners, to provide an overview of the navigation program, and to identify ways to build collaborative practice to meet the needs of shared clients across programs and services.

Ben also asks about the agency's capacity to provide support and supervision to the peer navigator team. Fran outlines the agency's plan for training and orientation, as well as the resources they have put in place for weekly supervision, group debriefing sessions, and strategies to ensure one-to-one supervision is available when needed. Ben enquires about how the agency plans to structure the peer's remuneration and discusses equity in compensation for work done. Fran explains that the vision is for peer navigators to be compensated for work on an hourly basis, with a pay structure similar to that of the outreach workers who are also on staff. Finally, Ben asks about any structural shifts the agency has made to ensure adaptability regarding work schedules, to be responsive to navigators' unique needs with respect to length of the workday and week. Fran responds that the agency is in the process of updating their human resource policies and employee agreement to ensure they are able to incorporate the flexibility required to support the new navigator team.

Assess agency capacity to work within a GIPA/MEPA framework

> **RECOMMENDATION 2:** Assess agency capacity to work within a GIPA/MEPA framework. (Type of evidence: research and practice).

Evidence

An agency should assess its capacity to ensure the greater involvement and meaningful engagement of people with HIV (GIPA/MEPA). The involvement and engagement of people with HIV in peer health navigation programs can have significant benefits for people who become navigators. Supportive leadership and a genuine commitment to the engagement of people with HIV in all aspects of program development and delivery, in various capacities, is extremely important.[50]

Agencies hosting peer health navigation programs should assess whether they can create a space where:

- People with HIV inform all aspects of service delivery[51] so that peer health navigators who reflect the clients served can be hired and supported in a flexible and inclusive manner.[50]
- The agency seeks to understand, is flexible and responsive to the needs and realities of navigators' lives (periodic illness, substance use, mental health challenges, family emergencies, other work commitments, etc.).[50]
- Peer health navigators are considered colleagues.[64]
- There are opportunities for navigators to develop their skills further.[26]
- All implications of peer involvement are recognized and addressed, including benefits and any drawbacks that can be experienced by the peer navigator.

> **RECOMMENDATION 2a:** Assess agency commitment to working with a GIPA/MEPA framework (Type of evidence: practice)

Evidence
The recommendation emerged from the practice expertise of the working group.

A local community-based agency currently provides case management for people with HIV. The agency is expanding to develop and deliver a peer health navigation program. In reviewing Practice Guidelines in Peer Health Navigation for People Living with HIV*, a consultant working with the agency to develop the program recommends that they consider how GIPA/MEPA principles are currently incorporated into the agency's work, and how they will be integrated into a peer navigation program.*

The agency's leadership reflects on how it has engaged people with HIV in its work so far.

The agency admits that it has not done enough to work within a GIPA/MEPA framework. They understand that the GIPA/MEPA principles aim to realize the rights and responsibilities of people with HIV, including the right to self-determination and participation in the decision-making process. Therefore, they engage people with HIV who are currently using services within their organization but they also reach out to other organizations to help actively link them to people with HIV from other organizations. A large group of diverse people with HIV from the community are brought together to help determine how they want their voices heard within the development of this program. Based on these consultations, multiple sessions are held to provide space for input into the development and delivery of the program and an ongoing committee is struck to ensure continued input into the delivery of the program. In the end, many of these people with HIV become peer health navigators within the newly developed program.

Assess agency readiness to ensure agency culture is inclusive

RECOMMENDATION 3: Assess agency readiness to ensure agency culture is inclusive of peer health navigators. (Type of evidence: practice)

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

2

Peer health navigator roles and responsibilities

In this chapter, we identify core peer health navigator roles and responsibilities, as well as the responsibilities of the agency in developing a clear peer navigator scope of practice that is based on the needs of the clients.

Peer health navigators have roles in:

- Intake and assessment
- Advocacy
- Practical assistance
- Healthcare appointment support
- Emotional and social support
- Education
- Referrals
- Support to navigate the healthcare system independently
- Collaboration
- Evaluation

Peer health navigators also have responsibilities in:

- Program planning
- Relationship development with service providers
- Up-to-date knowledge maintenance
- Documentation
- Meeting attendance
- Policy compliance
- Client-centred service delivery
- Self-care maintenance

Combined, peer health navigator roles and responsibilities constitute a navigator's scope of practice.

The development of the peer health navigator role

The literature and working group identified two agency responsibilities related to navigator roles and responsibilities. The recommendations for the responsibilities are described below, along with a review of the evidence for each. The agency responsibilities are:

- Conduct a local needs assessment
- Define a clear scope of practice

RECOMMENDATION 1: Conduct a local needs assessment that includes input from people with HIV, clients and service providers to determine the breadth of client needs. A needs assessment will help agencies to tailor peer health navigation programs and determine which roles a peer health navigator can take on to meet the needs of clients. (Type of evidence: practice)

Evidence

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

RECOMMENDATION 2: Define a clear peer health navigator scope of practice and draft job descriptions that reflect the roles and responsibilities within the scope of practice. Job descriptions should also clearly outline the goals of the program and qualifications and experience that are necessary and preferred. Determine and communicate the roles and responsibilities that are outside the scope of practice of peer health navigators. Ensure job descriptions are clear and straight-forward. (Type of evidence: research and practice)

Evidence

Scope of practice refers to the roles and responsibilities of peer health navigators in a specific program. For peer health navigators, the scope of practice can vary from narrow to broad. It is the agency's responsibility to develop a scope of practice before hiring peer navigators.[65,66] Developing a scope of practice should help agencies understand how navigators will be integrated into the agency[66] and define roles for peer health navigators that complement the work of other staff such as social workers and/or outreach workers.[65,67] Clarity in scope of practice can help agencies determine hiring criteria, which facilitates the recruitment and selection process.[28]

A peer health navigator's scope of practice should be outlined in a clear job description.[15,23,27,34,49,51,62,66,68–73] A clear job description helps peer health navigators[70] and other staff understand the parameters of navigator work, shapes their training,[62] and recognizes them as members of the team.[68]

Job descriptions should be detailed,[69] include the name of the program supervisor,[63] communicate clear performance expectations,[15,51,66,71,72] and define the peer health navigator's roles and responsibilities.[34,49,68,72,73]

Although a clear job description is crucial, the roles of a peer health navigator may evolve over time,[65] based on the interest and skills of the peer health navigator or the needs and challenges of clients or the program. Peer health navigators should be encouraged to discuss changes to their roles based on emerging issues.[28,34,51,66] Doing so can bring attention to issues faced by people with HIV that program supervisors may not have considered, in addition to different ways those issues can be addressed.[51,66] As with other staff, peer navigator job descriptions should be reviewed regularly and any changes to the roles and responsibilities of a peer health navigator should be reflected in an updated job description.

VIGNETTE   *Following their training, the peer health navigators felt quite confident that they understood their scope of practice. However, a few weeks after the training, the program supervisor, Kai, notices that one peer health navigator named Zoë is crossing boundaries with clients and doing work outside her scope. This includes babysitting one of her client's children. Kai likes that Zoe is using her great helping skills with her clients, but is worried that this is leading to inappropriate and unsustainable relationships with her clients. Over time, Kai works with Zoë to support her capacity to maintain required boundaries. Kai also starts to review the scope of practice regularly with all the navigators at team meetings to help them recognize when they are crossing boundaries. Within these meetings, the team also role plays talking to clients about the need to maintain appropriate boundaries. This helps them understand and work within their scope of practice and maintain good boundaries with clients.*

Core peer health navigator roles

Peer health navigator roles are the specific functions a peer navigator performs as a service provider. The literature and working group identified nine core peer health navigator roles. The recommendations for the roles are described below, along with a review of the evidence for each. The core navigator roles are:

- Intake and assessment
- Advocacy
- Practical assistance
- Healthcare appointment support
- Emotional and social support
- Education
- Referrals

- Support to navigate the healthcare system independently
- Collaboration
- Evaluation

Intake and assessment

RECOMMENDATION 3: Involve peer health navigators in the intake and assessment of clients' needs as part of an interdisciplinary team. Using their lived experience to build trust over time, the navigator's role is to help clients identify and assess their strengths and challenges and help them develop a plan to achieve their health and wellness goals. This assessment should take into account all aspects of clients' lives. (Type of evidence: research and practice)

Evidence

Peer health navigators play a role in client intake and assessment.[74–85] This starts with a preliminary meeting to build rapport with clients,[79] to identify the potential barriers to their successful engagement in care,[74–78,80,81,83,85,86] and/or to set health and wellness goals.[81,83] Some peer health navigation programs use a tool or a standardized assessment form to identify and prioritize potential client barriers to care.[79,84] Having peer health navigators participate in intake and assessments builds client trust and confidence in the healthcare system and creates a rapport with clients.[79,87]

Advocacy

RECOMMENDATION 4: Peer health navigators use advocacy skills to ensure the client's voice is heard during healthcare appointments and in the community. Navigators also have a role in raising systemic issues that impact client care. (Type of evidence: research and practice)

Evidence

There are a host of challenges clients may face when accessing care. Some barriers are related to the social determinants of health such as inadequate housing,[75,78,80,88–90] food insecurity[75,80,86,88,91] and lack of financial stability.[78–80,82–84,86,88,89,92–102] and how complex the healthcare system can be for clients.[111,112] Many barriers are logistical and include lack of transportation services,[78,84,86,88,89,93–96,98,104,105,108,109,113,114] child/elder care,[82,95] or a need for translation and interpretation services.[75,82,86,93,96,98,103–105,109,115,116]

Peer health navigators can advocate to reduce the impact these barriers have on their clients. Advocacy occurs both at the system level and for individual clients as they navigate care.

Peer navigators are in a unique position to advocate for community-level change to reduce the structural underpinnings of health disparities; peers can advocate at a government level, as well as within their health and social service agencies.[64] As service users, they understand how clients experience the system. As service providers, they have an understanding of how healthcare is delivered. This provides them with a unique opportunity to use their personal experience to identify the need for change and advocate for changes that would improve services and benefit clients.[64,78,115,117–125] Organizations that support leadership training; provide a flexible work environment; provide opportunities for peers to engage with community leaders; and hire peers who bring self-perception that they are leaders in their community, and knowledge of who to talk to in the community to make change may increase the likelihood that peer navigators engage in advocacy at the system level.[64] Peer navigators advocate for individual clients as they move through the healthcare system. They do so by advocating for clients to receive needed services,[123] care that is sensitive to the needs of specific communities, such as diverse Indigenous communities and ethnoracial communities,[115] and for benefits to be re-instated, for example.[101]

Practical assistance

RECOMMENDATION 5: Peer health navigators provide practical assistance to clients such as help with transportation, housing, financial assistance, child/elder care, and other services that can facilitate optimal engagement in healthcare and achievement of health and wellness goals. (Type of evidence: research and practice)

Evidence

Using practical assistance skills, peer health navigators can help to reduce the barriers that impact their clients' ability to access and stay in care. Practical assistance can include help with scheduling and reminding clients of upcoming appointments,[3,74,82,86,88,89,93,95,96,98,99,103–110,126] **finding transportation**[78,84,86,88,89,93–96,98,104,105,108,109,113,114] **securing child and elder care,**[82,95] **arranging translation and interpretation services, and acting as interpreters.**[75,82,86,93,96,98,103–105,109,115,116]

Peer health navigators also help clients overcome barriers to care that are related to housing,[75,78,80,88–90] food insecurity,[75,80,86,88,91] and financial assistance.[78–80,82–84,86,88,89,92–102] Financial assistance support includes creating awareness of assistance programs,[78] reviewing clients' current benefits,[79] establishing client eligibility for support programs,[86] linking clients to sources of financial assistance,[88,107] and assisting clients with financial assistance applications.[78,80,82–84,86,88,89,92–102,114]

Healthcare appointment support

> **RECOMMENDATION 6:** Peer health navigators provide support to clients before and after appointments with healthcare providers, help clients to understand the purpose of a particular medical appointment or specialist, help prepare clients with questions, and provide an explanation of the visit in plain language. Peer navigators can also provide accompaniment to appointments and advocacy during appointments. (Type of evidence: research and practice)

Evidence

The healthcare system is complex and organized in a way that may not make sense to clients.[83] Peer health navigators offer pre- and post-appointment support to clients and accompany them to healthcare appointments.[3,74,75,80,82,83,86,88–90,93,95,99–101,103,107–110,114,116,118,127–129]

Peer health navigators provide three kinds of healthcare appointment support:

1. Before appointments
2. Accompaniment to appointments
3. After appointments

Support before appointments

Peer health navigators help clients prepare for medical appointments.[3,74,86,89,93,101,107,108,114,118,127,129] Supports include encouraging clients to communicate with their doctors,[74,127] helping identify and also suggesting some questions clients may want to ask during the appointment,[74,89,107] and encouraging clients to ask questions if they are unclear about any answers they receive.[74]

Navigators also help clients think through and rehearse answers to questions their doctors are likely to ask.[3,108,127] Rehearsing responses is an effective way to model communication skills[3] and coach clients to be assertive[114,127] and open[129] with their doctors.

Other pre-appointment supports peer health navigators can provide to clients and their families include explanations of how the healthcare centre works[89,93,101,118] and how to understand diagnostic test results.[89] Peer health navigators can also wait with clients before appointments.[86,108]

Accompaniment to appointments

Peer health navigators can accompany clients to appointments,[3,74,75,80,82,83,88,90,93,99,100,103,107,109,110,116,127,128] if requested. During appointments, navigators can assist in asking appropriate questions of the healthcare provider,[74,75,107,110,127] taking notes,[88] and/or providing emotional support.[107]

Support after appointments

Peer health navigators also provide support to clients after appointments.[74,80,83,93,95,116,126] When the appointment is over, peer health navigators can re-explain what test results mean,[93] what treatment recommendations are,[80] go over the doctor's instructions,[116] and

support decision-making and adherence to treatment.[95] Navigators also identify and clarify potential areas of confusion that may arise as a result of the appointment with the doctor.[74] Navigators can also support clients by picking up their prescriptions.[83,126]

Emotional and social support

> **RECOMMENDATION 7:** Peer health navigators play a role in providing emotional, cultural and social support to clients and their families (as appropriate) based on a common understanding of the experience of living with HIV. (Type of evidence: research and practice)

Evidence

Some clients need emotional and social support[88,130] and peer health navigators have a role in offering it.[3,74,75,78–83,86,88–90,93–97,99–102,105–108,110,113,114,118–123,126–129,131–144] To provide support, navigators need to build trust and rapport with clients.[83,90,97,127,133,134,137,140] Navigators can also provide emotional support to help reduce fear and mistrust of the healthcare system.[118] Help to reduce client isolation[126,128,139] can include facilitating support groups[74,75,122] and social activities.[121,136] Emotional support is offered face-to-face,[74,107] over the phone[74,107] and via email.[74]

Peer health navigators offer different types of emotional support, including setting goals and planning for the future;[81,101,135] sharing their own lived experience with illness, treatment and recovery;[110,120–122,125,131,136,138–144] providing peer counselling and social support;[75,101,119,145] addressing psychosocial issues;[108,113] and celebrating successes.[3]

Navigators are also involved in providing support to help clients to disclose diagnoses and prognoses with families.[80,101] Navigators can also offer direct emotional support to families.[88,96,99]

> **VIGNETTE**   *Savita, a peer health navigator, hosts monthly group support sessions for South Asian clients. Each month, time is set aside for those clients who would like to share and celebrate certain festivals and rituals associated with their culture and faith. This is one way that Savita and the peer health navigation program recognize the significance of spirituality in the diverse South Asian communities they are a part of and serve. The agency also ensures that the group and one-on-one spaces are inclusive, respectful and accepting of the multiple ways in which South Asian people choose to express their culture.*

Education

> **RECOMMENDATION 8:** Peer health navigators provide culturally safe and trauma-informed education, information, care and support to clients and their families (as appropriate), based on a holistic model that includes the physical, emotional, spiritual and mental needs of clients and their families. Navigators share accurate information using language familiar to clients and their families, where appropriate. Health promotion information may include living well with HIV, safer sex and treatment adherence. Peer navigators are supported by supervisors to know their limitations and competencies and will seek out other referrals when necessary. (Type of evidence: research and practice)

Evidence

Clients may need information about their illness and its treatment,[146] and peer health navigators play an important role educating them.[74,75,80,86,88–90,92,93,95–97,99,105,107,109,110,117,123–127,129,132–134] While doing this work, peer health navigators take into account the cultural needs of clients[75,134] and use plain language.[89,92]

Peer health navigators can share information with clients through trusted websites and printed materials that explain diagnosis, treatment, treatment adherence and treatment side effects.[74,86,95–97,105,107,110,126] Health navigators may provide health promotion and disease prevention education that addresses behaviour change, safer sex, harm reduction and confidentiality.

Peer health navigators also share information about available community and financial resources[131,132] with clients and their families.[93,127,133]

Referrals

> **RECOMMENDATION 9:** Peer health navigators provide referrals to appropriate services when needed to facilitate optimal engagement in healthcare and achievement of the person's personal health and wellness goals. When referrals to other professional services are needed, navigators should be aware of services and programs that are culturally safe and appropriate. (Type of evidence: practice)

Evidence

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

Support to navigate the healthcare system independently

RECOMMENDATION 10: Peer health navigators help clients develop the skills necessary to self-manage their own care and make informed decisions about their health. (Type of evidence: research and practice)

Evidence

One of the roles of a peer health navigator is to help clients learn how to navigate the healthcare system and manage their care.[75,78,82,85,92–94,107,114,117,120,121,123,124,139,140,144,147]

Keeping their actions continually focused and centred on the self-determined health and wellness goals of clients, health navigators can help clients learn when and how to seek care,[75] including the specific steps to take to navigate the health system;[92] support to make informed decisions about their health and treatment that reflect their cultural values;[93,114,120] and/or support to keep their appointments[107,121] and adhere to treatment.[107] Self-management support also includes building client confidence to navigate the system independently.[82]

Collaboration

RECOMMENDATION 11: Peer health navigators work in partnership with clients and the healthcare team. Peer health navigators bring gaps in client care and support to the attention of the care team. Effective and collaborative relationships with clients and the healthcare team facilitate this role. (Type of evidence: practice)

Evidence

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

> **VIGNETTE**   *Wendy, a navigation client, is struggling with social isolation in her current apartment and her daily schedule is becoming more and more chaotic. The team's social worker, Quinn, starts to recognize this and speaks to Wendy about different options for stable supportive housing. They agree to speak again in a week and to invite Darla, her peer health navigator, to attend this meeting. Darla and Wendy have a very trusting relationship and within this meeting Darla is able to provide unique insight into Wendy's need for socialization. Because Wendy knows that Darla understands her, Darla's presence makes it easier for Wendy to attend the meeting and communicate her preference for a more stable and social living environment.*

Evaluation

RECOMMENDATION 12: Peer health navigators play a role in developing, administering and analyzing the monitoring and evaluation of the peer health navigation program. (Type of evidence: practice)

Evidence

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

Core peer health navigator responsibilities

Peer health navigator responsibilities are the tasks peer health navigators perform as members of a broader team. The literature and working group identified eight core peer health navigator responsibilities. The recommendations for the responsibilities are described below, along with a review of the evidence for each. The core navigator responsibilities are:

- Program planning
- Relationship development with service providers
- Knowledge maintenance
- Documentation
- Meeting attendance
- Policy compliance
- Client-centred service delivery
- Self-care maintenance

Program planning

> **RECOMMENDATION 13:** Peer health navigators plan, coordinate, organize and make meaningful and concrete contributions to activities related to the navigation program, according to the principles of GIPA/MEPA. (Type of evidence: research and practice)

Evidence

Peer health navigators play a part in the development and implementation of navigation programs. Their personal experience as service users and their professional experience as service providers are invaluable to program planning.

Peer health navigators have a responsibility to support the planning, coordination and organization of navigation programs,[105] and to contribute to the development of new policies, procedures and services.[124]

Relationship development with service providers

> **RECOMMENDATION 14:** Navigators maintain and sustain effective and collaborative professional relationships with clients and healthcare teams with the support and facilitation of program supervisors. (Type of evidence: research and practice)

Evidence

Peer health navigators foster strong relationships with colleagues and other service providers. They maintain good relationships with other services providers[86,97] including other navigators,[97] clinical staff [86] and support service staff.[86]

> **RECOMMENDATION 14a:** Develop a process that supports relationship development between peer health navigators and external partners. (Type of evidence: practice)

Evidence

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

Knowledge maintenance

> **RECOMMENDATION 15:** Peer health navigators maintain up-to-date knowledge of available community and clinical services, with the support of program supervisors. Navigators share new knowledge with program supervisors and other members of the healthcare team. (Type of evidence: practice)

Evidence

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

Documentation

> **RECOMMENDATION 16:** Peer health navigators maintain confidential and secure documentation of work with and for clients according to program policies. Documentation standards are determined by program supervisors in conjunction with peer health navigators. (Type of evidence: research and practice)

Evidence

Peer health navigators document their interactions with, and actions on behalf of, clients.[76,86,89,90,97,118] In addition to recording client encounters,[76,86,89,97] navigators also document client barriers to care.[89,118]

Peer health navigators use standard templates to record their work with, or on behalf of, clients.[79,84,86,89] Some of these tools are used at intake so that navigators can identify and prioritize client needs.[79,84] These tools may be used at other times as well.

> **VIGNETTE** *Based on discussions between the host agency and their clinical partner, there is an agreement that navigators have limited access to charting privileges at the HIV clinic. The agreement is that peer health navigators can enter case notes but do not have access to the patient's complete medical record. Protocols are developed for the peer health navigators to ensure security and confidentiality of the patient charts. Navigators are trained on how to use the electronic medical record (EMR) and security and confidentiality protocols. They are also trained on how to take minimal case notes that document each engagement with their clients into a brief summary. Training also includes how to use a "charting by exception" format, which allows for a summary of the overall discussions without documenting any potentially illegal activities shared by the client. For example, when Paola reports she is having unprotected sex without telling her partners she is HIV-positive, the peer health navigator, Hua, documents that she and Paola talked about ways to disclose and make sex safer.*

> **RECOMMENDATION 16a:** Develop a new or adapt an existing documentation policy. (Type of evidence: practice)

Evidence

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

Meeting attendance

RECOMMENDATION 17: Peer health navigators attend relevant meetings. This includes ongoing trainings, case conferences, mentoring, debriefing, support, team meetings and supervision meetings. (Type of evidence: research and practice)

Evidence

Peer health navigators are members of clients' healthcare teams and, as such, participate in team meetings.[86,97,118,120,122,139,145] This can include staff meetings,[97,122,139,145] meetings with program supervisors,[118,145] and meetings with specific staff to discuss services and referral processes.[86]

Policy compliance

RECOMMENDATION 18: Peer health navigators comply with all agency policies (e.g., communication and punctuality). (Type of evidence: practice)

Evidence

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

RECOMMENDATION 18a: Develop a new or adapt an existing communication policy that outlines how and how often peer health navigators are expected to communicate with their program supervisors. (Type of evidence: practice)

Evidence

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

RECOMMENDATION 18b: Develop a new or adapt an existing punctuality policy for peer health navigators. (Type of evidence: practice)

Evidence

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

Client-centred service delivery

RECOMMENDATION 19: Peer health navigators take a client-centred approach to the work that is consistent with program values, such as GIPA/MEPA, trauma-informed practice, harm reduction, anti-oppression, self-determination and resiliency. (Type of evidence: practice)

Evidence

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

Self-care maintenance

RECOMMENDATION 20: Peer health navigators proactively engage in preventative self-care and are attentive and responsive to other self-care needs as they arise. This includes taking advantage of self-care options available through the peer health navigation program and other community services. Self-care needs are culturally based, and should be addressed through relevant self-care and health promotion actions. (Type of evidence: practice)

Evidence

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

VIGNETTE *Rima, the peer navigator at a local agency, can take personal time and sick leave like all staff in accordance with the agency's collective agreement when she needs it for self-care. The agency also acknowledges that equity and access to services are important factors in supporting the empowerment of all peers who work at the agency. Alia, the program supervisor, acknowledges the challenges Rima is currently facing as a peer health navigator and within her personal life. As her supervisor, Alia talks to Rima to ensure she is continuing to find time to access services at the host agency and other agencies to maintain her self-care. She also encourages Rima to use her personal time and sick leave for self-care if she needs to.*

3

Ethical considerations for peer health navigation programs

In this chapter, we identify the ethical considerations that may arise in peer health navigation programs. The literature and working group identified 10 ethical considerations for peer health navigation programs.

The recommendations for the ethical considerations are described below, along with a review of the evidence for each. The ethical considerations relate to:

- Decision-making process
- Boundaries
- Confidentiality
- Disclosure
- Dual roles: A peer navigator and a service user
- Dual roles: A colleague and a care provider
- Health and wellness
- Conflicts of interest
- Cultural safety, power imbalances and conflict resolution
- Transition from the program

Decision-making process

RECOMMENDATION 1: Peer health navigation programs should adopt an ethical decision-making process to work through the ethical considerations that may come up in these programs. (Type of evidence: practice)

Evidence

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

A peer health navigator, Tanis, was told by her client that he had not disclosed his HIV status to a sexual partner. Tanis was unsure of whether she had a duty to disclose this information to other people, such as her supervisor. However, Tanis also recognized that she had very strong opinions on this situation; her personal believe was that everyone should disclose their HIV status to their sex partners. She decided to discuss the dilemma with her supervisor, Jason, who provides a safe space for Tanis to express her views on the subject. At the same time Jason also reaffirms Tanis's role as a health navigator and a support to her client. Jason suggests that they use an ethical-decision-making tool called Difficult Decisions: A Tool for Care Workers: Managing Ethical Dilemmas When Caring for Children and Families of Key Populations. The agency has used this document in the past to help them make tough decisions. The tool helps them to review the situation, choices, requirements and possible impacts their decision could have on the client, Tanis and the agency. Using the tool helps Tanis to reduce the role her strong personal opinions play in the situation, and repositions this as an agency issue in a respectful way that leaves Tanis feeling supported and, importantly, the client supported around his own self-determined disclosure decision-making.

Boundaries

RECOMMENDATION 2: Develop the capacity of peer health navigators to understand, respect and maintain healthy boundaries with clients, staff and volunteers through ongoing training and support. (Type of evidence: research and practice)

Evidence

Agencies should develop the capacity of peer health navigators to respect boundaries between their personal and professional lives.[66,148,149] Setting boundaries can be challenging for peer workers who can have both personal and professional relationships with their clients and service providers.[70,148,150–152] This is especially true where the community of people living with HIV is small and peer health navigators and clients are likely to meet in social settings.[32,47,148,151]

Peer health navigators may not initially understand the importance of clear boundaries between themselves and clients.[32,152] However, it is possible for peer health navigators to maintain clear boundaries while using their personal lived experience to help clients[49] despite the emotional closeness they may have to issues.[22] Maintaining boundaries can also increase peer health navigator effectiveness.[67,70,153]

A number of ethical concerns can arise if clear boundaries are not maintained:

1. inappropriate intimate relationships between peer health navigators and clients can lead to breaches in confidentiality or power imbalances[32,51,66,148]

2. emotional entanglement in the lives of clients may destabilize the well-being of peer health navigators and lead to burnout[21,71,151,153,154]
3. breaches in confidentiality by either the navigator or the client can damage trust.[66,148,155]

Agencies can develop the capacity of peer health navigators to separate their personal and professional lives by encouraging them to set clear boundaries, especially in terms of the time and energy they have to give clients.[51,66,156] Part of having good boundaries also means the peer navigators understanding the limits of their abilities, and when to refer clients to other services.[157] Ongoing training can increase peer health navigator understanding of, and their capacity to maintain, clear boundaries. For more information on training on boundaries for peer health navigators, see Chapter 7.

Peer health navigators should be supported to have strong emotional boundaries when working with clients. They may have experienced or continue to experience the same life stressors and challenges that their clients do—HIV stigma, mental health challenges, substance use, periods of illness. However, they should be able to develop an emotional distance from the lives of their clients while still offering the emotional support that can be crucial to successful peer navigation.[21,47,51,71,151,154]

VIGNETTE   *Teddy, a navigation client approaches Linh, a peer health navigator, at a local community social gathering. While they didn't know each other until Teddy became Linh's client, they are from the same community, share a cultural background, and know some of the same people. At the gathering, Teddy asks Linh if he could borrow some money. Linh, like all peer health navigators, receives training and support related to boundaries, and knows it's against her agency's policy to lend money to clients. But she is concerned that Teddy will think she is being unreasonable if she doesn't lend him the money. Linh says she'll think about it and tells Teddy to come by the office the next afternoon.*

In the morning, Linh talks to her program supervisor, Tien, about Teddy's request. They talk about some of the challenges that can arise in maintaining boundaries when there is a shared community connection between a client and a service provider, but also talk about why the agency policy exists. Tien also reminds Linh that the agency has an emergency fund for clients who may need cash. He suggests that when she lets Teddy know that she won't lend him the money, that she can support him to access some cash from the agency's emergency fund.

Max is hired as a peer health navigator in the local primary care clinic. After his initial probation and training period, Max begins working as the sole peer navigator in the clinic on Mondays. Henry, one of the clients, begins paying regular visits to the clinic on Monday. He starts to meet with Max for extended periods for emotional support, as he is feeling isolated. Max uses all of his active listening skills and works toward helping Henry develop goals for increasing his social network. Henry is particularly down one morning and invites Max to go for a coffee. He says it will really help him get out of this bad time. Max is torn because he has developed a good working relationship with Henry and wants to help, but understands the request to be outside the boundaries of their relationship. He also has some concerns about how much time Henry is spending with him in the clinic. Later in the week, Max approaches the program supervisor to discuss the situation. The supervisor supports his feeling of wanting to help, affirms his listening skills, and discusses this situation as one of the potential boundary issues that they had identified early on in their training. With his supervisor's support and guidance, Max is able to set some practical boundaries with Henry while continuing to help him.

RECOMMENDATION 2a: Develop a new or adapt an existing policy that identifies appropriate boundaries between peer health navigators and clients, staff and volunteers. Include a range of specific and clear accountability outcomes related to breach of boundaries. (Type of evidence: research and practice)

Evidence

Agencies should have policies related to boundaries. Policies and related training that support peer health navigators to maintain boundaries should be clear, and include descriptions of unacceptable behaviour and the associated outcomes.[24] When policies are not followed, mitigating circumstances may be taken into consideration when navigators feel they took appropriate action for the situation even though it was contrary to agency policy.[158]

Clear policies, training and open communication with supervisors about boundaries can help to prevent boundary issues from developing. Policies may outline expectations regarding whether or not peer health navigators can provide services to their friends,[32] have intimate relationships with clients,[51] and accept gifts and social invitations from clients.[47]

Program supervisors are responsible for monitoring peer health navigators for signs that appropriate boundaries are not being kept with clients.[51,69] This is an opportunity for program supervisors to provide one-on-one support for peer health navigators who are struggling with boundary issues.[15,26,70] For more information on supervision for peer health navigation programs, see Chapter 6.

Confidentiality

> **RECOMMENDATION 3:** Develop the capacity of peer health navigators to maintain the confidentiality of clients, staff and volunteers through ongoing training and support. (Type of evidence: research and practice)

Evidence

Agencies that host peer health navigation programs have an ethical obligation to preserve the confidentiality of *clients* and define a clear confidentiality policy.[24,44,51,69,159]

Client confidentiality is an essential component of any peer health navigation program.[71,72,160,161] Clients who do not feel that their personal information is kept confidential may not be willing to open up to their peer health navigator and their healthcare team. This is important as it may affect the ability of the program to help the client improve their health and wellness.

Peer health navigator training should cover the ethical issues related to confidentiality and the agency's confidentiality policy.[24,51,69,71,148,162] For more information on confidentiality training for peer health navigators, see Chapter 7.

VIGNETTE *Melinda is a new peer health navigator. She lives in a small community where people often know one other. Melinda has just started working with Otto, a client, who has been newly diagnosed with HIV. Otto requires support to travel to HIV specialist appointments in the nearest urban centre. Melinda confirms Otto's next appointment over the phone in the agency reception area, spelling his name out for the medical secretary. The program supervisor, Steven, overhears this conversation and notices that Otto's cousin is waiting in reception for a counselling appointment. When Melinda is off the phone, Steven chats with her about the importance of confidentiality, drawing on the confidentiality training that Melinda received when she started working as a navigator, and talks to her about examples of how unintended disclosures can occur. They discuss the examples and problem-solve together; they decide that Melinda will use private office space to make calls from now on. Steven also adds a standing item to the monthly group supervision meetings so frontline staff can debrief about confidentiality, share new learnings, and use role play to build their skills.*

> **RECOMMENDATION 3a:** Develop a new or adapt an existing confidentiality policy to maintain client confidentiality. Include a range of specific and clear accountability outcomes related to breach of confidentiality. (Type of evidence: research and practice)

Evidence

Confidentiality policies should define who on the healthcare team has access to the information the client shares with the peer health navigator;[34] if materials that have identifying information on them can be carried offsite;[148] and the limits of the confidentiality policy (e.g., when navigators have a legal obligation to break confidentiality).[27]

> **RECOMMENDATION 3b:** Develop a new or adapt an existing confidentiality policy to maintain the confidentiality of peer health navigators, agency staff/volunteers, partner agency staff and the agency itself. Include a range of specific and clear accountability outcomes related to breach of confidentiality. (Type of evidence: research and practice)

Evidence

Agencies have an ethical obligation to preserve the confidentiality of *peer health navigators*. The confidentiality of peer health navigators may be more difficult to manage if the peer is a client of the host agency and/or other agencies.[15,23,151] Agencies must determine appropriate methods to maintain the confidentiality of peer health navigators.[15,43,44,63]

Any information disclosed when a peer health navigator is at the agency as a client, including any personal struggles,[15] mental health issues,[151] substance use,[43] and any information disclosed during a support group[151] and in their charts should be kept confidential. Any documents completed by a peer health navigator as part of their recruitment and selection (application, personal contact information, orientation checklist, confidentiality agreement),[44] and any evaluation materials[44] should also be kept confidential.

> **RECOMMENDATION 3c:** Require all staff and volunteers, including peer health navigators, to sign a confidentiality agreement. (Type of evidence: research and practice)

Evidence

Once peer health navigators are aware of the confidentiality policy, they should sign a confidentiality agreement.[24]

Disclosure

> **RECOMMENDATION 4:** Develop the capacity of peer health navigators to understand and navigate the ethical and legal implications around client disclosure and the criminalization of HIV non-disclosure through ongoing training and support. Ensure peer navigators understand when to seek support from other professionals. (Type of evidence: practice)

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

VIGNETTE   *A client named Colby shares with his peer health navigator, Ivan, how successful his HIV disclosure to family has been. Colby was really concerned that it was going to be negative and explosive, but happily, it wasn't. Colby expressed that he felt appreciative of the support that Ivan provided to him in thinking through HIV disclosure. Looking back, Ivan recognizes how much his knowledge and skills around HIV disclosure have improved since becoming a navigator. When he started at the agency, Ivan attended one training session focused on HIV and the law. This made him feel pretty competent about HIV disclosure issues and he didn't think he needed any of the additional training offered by the agency. He attended those anyway, as it was mandatory as a part of his job. Listening to Colby now, he fully understands how training on the agency disclosure policy, understanding personal bias and power, personal boundaries, and self-care all contributed to what he was able to offer in supporting Colby.*

VIGNETTE   *Ryley is a program supervisor for the peer health navigation program at a wellness organization for gay, bisexual and other men who have sex with men. During monthly supervision, Shane, one of the navigators, asks for advice to support a client who has said that he has condomless sex with casual partners without disclosing his HIV status. The peer health navigator wants to talk to the client about the potential legal consequences of condomless sex without disclosure.*

Ryley, who is living with HIV as well, knows the potential stigma attached to an HIV disclosure to sex partners, especially casual ones. Ryley reminds the peer health navigator that his job is to provide non-judgmental support to his client. Ryley suggests several things for Shane to explore with the client when talking about condomless sex: Is Shane making informed decisions related to the sex he has? Does Shane know about and understand the criminalization of HIV non-disclosure? Does Shane want to talk about the role condoms or undetectable viral load could have in his own sex life? If so, what is he interesting in exploring?

A few other navigators say they are having similar discussions with their clients and some also felt conflicted between what they were hearing from clients and their personal opinions about disclosure or concerns about HIV and the law. Some are getting questions about the "duty to disclose" when a person has an undetectable viral load or their sex partners are on pre-exposure prophylaxis (PrEP). To better answer these questions and support clients in their self-determined goals and decision-making, the program supervisor plans an HIV non-disclosure training session and invites an HIV lawyer and a counsellor who works with people with HIV to help the navigators have sex-positive conversations with clients about the criminalization of HIV non-disclosure.

RECOMMENDATION 4a: Develop a new or adapt an existing disclosure policy that addresses the legal implications around client disclosure and the criminalization of HIV non-disclosure. (Type of evidence: practice)

Evidence

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

Dual roles: peer navigator and service user

RECOMMENDATION 5: Acknowledge the ethical implications that may arise because peer health navigators are both service providers and service users. Train and support peer health navigators, agency staff/volunteers and partner agency staff to understand, respect and adjust to the dual roles of peer health navigators as service providers and service users. (Type of evidence: research and practice)

Evidence

Agencies should consider the ethical issues for peer health navigators who have dual roles of service user and service provider.

Agencies hire people with HIV for their lived experience and knowledge of the local community. New roles may complicate social relationships within the community when the peer health navigator has real or perceived authority as a service provider.[50,163] Peer health navigators may struggle with this new identity [38,46,69,154] and may not be prepared for the positive and negative changes their new position may have on their personal and professional lives.[38]

RECOMMENDATION 6: Ensure peer health navigators have the autonomy to choose how to navigate their dual roles as service provider and service user, including where they access services. Ensure they can either receive services from external agencies or from a colleague at the host agency who is not a direct supervisor, depending on their preference. (Type of evidence: research and practice)

Evidence

Agencies should encourage peer health navigators to be realistic about their ongoing care and support needs. Peer health navigators may feel self-generated pressure to be good role models for clients.[11,13,151] A higher standard of conduct and appearance – abstaining from substance use or maintaining a positive attitude in the face of struggle – may be hard to sustain or not desired for some peer health navigators.[13] Peer health navigators may also feel they shouldn't access services when they need them, which can add to the pressure they feel.[151] Maintaining such high standards may be difficult

for some peer health navigators and may contribute to a decline in their emotional and physical wellness.

When a person with HIV becomes a peer health navigator, it may become more difficult for them to access confidential services at the host agency. Peer health navigators may feel that their previous emotional support networks, which may now include their co-workers, are closed to them.[15,69,150] When they continue to receive services in their host agency, they may feel uncomfortable about accessing services from colleagues, or fear being open and honest about their struggles. If they seek services elsewhere, it may take time for them to build trust with unfamiliar service providers.

One way to acknowledge and accommodate the ongoing care and support needs of navigators is to ensure their ability to access services in confidence. Agencies should develop agreements with external partners so peer health navigators can access confidential services outside the host agency.[15,26,28,44,69,151,159,163–167] If they choose, navigators may continue to receive services in the agency where they work.[26,167]

> **VIGNETTE** *Nupur has become a peer health navigator in the local AIDS service organization (ASO). She is also a long-standing client of the ASO and has strong ties with the case managers on staff. While they are excited to have Nupur as a new peer navigator, the program supervisor, Harpreet, is unsure whether Nupur should continue to receive services at the host agency. She is concerned that Nupur's relationship with the case managers as a client will impact her relationship with the case managers as a fellow staff person.*
>
> *Harpreet does not want to limit Nupur's access to services. Instead, Harpreet and the agency commit to expanding their confidentiality and "dual roles" training for staff to support professional relationships among all staff, including peer navigators. Like all staff, Nupur is trained in and signs onto confidentiality, conflict of interest, communications and other policy agreements that help peer health navigators and their colleagues navigate professional and personal boundaries.*

Dual roles: a colleague and a care provider

> **RECOMMENDATION 7:** Acknowledge the ethical implication that may arise when agency staff become colleagues with and care providers for peer health navigators. Train and support peer health navigators and agency staff/ volunteers to understand, respect and adjust to the new dual roles of agency staff when this arises. (Type of evidence: practice)

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

Health and wellness

> **RECOMMENDATION 8:** Recognize and accommodate the health and wellness needs of peer health navigators and understand that these needs are contextual and culturally depended. Recognize that navigators may continue to have complex lives that can require agency flexibility to maintain their health and wellness. Help the peer health navigators to recognize that, at times, the program may need to be flexible and accommodating to the health and wellness needs of some peer navigators more than others; supporting peer navigators to understand the concept of 'equity' can be useful. (Type of evidence: research and practice)

Evidence

Agencies have an ethical responsibility to acknowledge and accommodate the ongoing care and support needs of peer health navigators. Although the lives of peer health navigators may be as complex as those of their clients as they deal with bouts of illness, substance use issues and the effects of poverty and stigma,[26,66] agencies may have unspoken expectations that peer health navigators present themselves as people who cope well with stressors.[15] Program supervisors may falsely perceive peer health navigators as self-sufficient[151] and may expect them to come to work[26] even as they address some of the same barriers to care that their clients face. These unspoken expectations may increase pressure on peer health navigators to meet a higher standard that they are unable to meet, and can potentially contribute to navigator burnout.[15,26,151]

Conflicts of interest

> **RECOMMENDATION 9:** Provide peer health navigators with ongoing training and support to address conflicts of interest. (Type of evidence: research and practice)

Evidence

Agencies need to consider the ethical implications of conflicts of interest that arise in a peer health navigation program. Agencies are responsible for training and supporting peer health navigators to understand what conflicts of interest are and how to avoid them as much as possible.

A conflict of interest arises when a person cannot be objective in a situation. It may also arise when a peer health navigator has a personal involvement in a professional circumstance or when a power imbalance influences their judgment.

Peers should receive training on conflict of interest policies and how to address potential conflicts of interest.[154,166] For more information on peer health navigator training on conflict of interest, see Chapter 7.

> **RECOMMENDATION 9a:** Develop a new or adapt an existing conflict of interest policy. The policy should be fair and flexible and may need to be applied on a case-by-case basis. Policies may vary from agency to agency depending on local contexts and culturally relevant approaches to conflict resolution. (Type of evidence: research and practice)

Evidence

Agencies are responsible for developing a new or adapting an existing conflict of interest policy.[24,154,160,166] Policies can be simple – declaring a conflict of interest and excusing oneself from the situation creating the conflict[160] – or can be more detailed and provide concrete examples of situations where conflicts of interest may arise; for example, peer health navigators cannot borrow from or lend money to clients.[24]

Cultural safety, power imbalances and conflict resolution

> **RECOMMENDATION 10:** Develop the capacity of peer health navigators to understand the impact that culture and identity have on health and wellness. (Type of evidence: research and practice)

Evidence

Agencies have an ethical obligation to offer culturally safe support to clients and a culturally safe environment for both clients and peer health navigators.

Cultural safety – a concept that was originally developed among Indigenous communities in New Zealand – is more than acknowledging or recognizing difference.[167] A culturally safe space actively works to improve the ability of *all* people to bring their whole selves (e.g., pride in their identity) to the peer health navigation program, including and in recognition of: ability, age, class, ethnicity, gender expression or identity, immigration status, Indigenous identity, race, religion or sexual orientation.

Programs should train and support all staff, including peer health navigators, to use a trauma-informed lens, inclusive language,[157] embrace the gender identities and expressions of clients,[19] and create a space where all identities, in the multiplicity of ways that they are constructed, are safe. This space should support and reflect the specific needs of ethnocultural, Indigenous and other communities. [18,27,48,71,73,168] For more information on peer health navigator training on how to provide culturally safe services to clients, see Chapter 7.

It is the responsibility of the agency and program supervisors to create and uphold the necessary framework for a culturally safe environment. It is everyone's responsibility to ensure culturally safe practice. Agencies should encourage staff to contribute their knowledge to program development and agencies should, as much as possible, use that knowledge to create a better program.[73,169]

VIGNETTE *Christina, a straight, cisgender peer navigator finds that her client, Rogelio, a Latino gay man, is feeling triggered, emotional and unsafe due to a recent hate crime in the USA. Christina recognizes that some of her clients are marginalized on several fronts and from her cultural identity training knows that even distant events can trigger painful memories for people in marginalized communities. She talks to Rogelio about how he is feeling, validating why he feels his identity and safety feel threatened by this event. She makes sure that Rogelio has a safety plan and gives him space to talk about his feelings.*

RECOMMENDATION 11: Support peer health navigators to understand the principles of cultural humility and to provide culturally safe environments. (Type of evidence: practice)

Evidence

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

Viv, an HIV-positive Caucasian woman in her mid-50s, is hired as a peer health navigator. She feels that her HIV diagnosis and long history of involvement in the HIV community has educated her about the needs of other people with HIV. She completed a cultural competency course focusing on Indigenous peoples' healthcare needs, historical barriers to accessing care, and how providers can practice with cultural humility.

Viv is paired with Tina, an Indigenous woman close to her age. After working with Tina for several weeks, Viv brings up with her supervisor that she's having some problems with her relationship with Tina. She feels that she is respectful of Tina's culture and Tina's fears about the healthcare system. Tina told Viv about her use of alcohol and other drugs, and Viv considers this use a problem that the two of them should focus on. Viv quit drinking a few years ago, and she told Tina about how hard that was for her, but that she felt proud that she could do it. Viv is trying to get Tina to set goals to reduce her drug use. When Tina does not reduce her substance use the way that Viv thinks she should, Viv finds herself increasingly reluctant to listen to Tina's concerns about how she is treated in the healthcare system. She notices that Tina is not showing up for their meetings.

The program supervisor, Mariko, listens to Viv's feelings about Tina and explores them in the context of cultural safety and cultural humility that they had discussed during training. Mariko points out some examples from Tina's experience that were illustrated in the course they took. They also review the principles of client autonomy and active, reflective listening that the peers learned in their training. With the real example from her practice and Mariko's support, Viv is able to change the way she works with her client and notices Tina engaging more with her.

RECOMMENDATION 11a: Develop a new or adapt an existing policy to promote a culturally safe environment. (Type of evidence: practice)

Evidence

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

RECOMMENDATION 12: Undertake a concrete and timely process to identify and address the ethical implications related to power imbalances. Power imbalances may arise amongst peer health navigators; between peer health navigators and agency staff/volunteers; between peer health navigators and external agency staff; and between peer health navigators and clients. (Type of evidence: research and practice)

Evidence

Agencies have a responsibility to consider the ethical implications of power imbalances that may arise in a peer health navigation program and address them through ongoing training and support. Power imbalances may emerge between program supervisors

(and other agency staff) and peer health navigators;[22,30,46,154,166] external partners and peer health navigators;[21] and peer health navigators and their clients.[32,51] Imbalances may make it difficult for peer health navigators to be honest or to advocate for themselves and their clients, and for clients to advocate for themselves or request a new peer health navigator.

Power imbalances may emerge when peer health navigators feel gratitude to the agency for the position or have pre-existing long-term relationships with their program supervisors (and other agency staff).[46,154] Power imbalances may be exaggerated when program supervisors and other staff know confidential information about navigators, including potentially stigmatizing information about substance use and sexual behaviour.[30,166]

Power imbalances may also emerge between navigators and external partners when external service providers do not recognize the role of navigators as service providers.[21,65,170] Power imbalances may occur between peer health navigators and clients when intimate relationships develop[32,51] or when confidential information is disclosed to the peer health navigator.

> **VIGNETTE**   *Marie-Anne, the program supervisor, strives to minimize the impact of power imbalances on her peer health navigators. However, challenges with power imbalances inevitably come up between clients and navigators, and navigators and staff. Marie-Anne holds regular debriefing sessions with the staff team, including the navigators, which has helped mitigate and relieve tension. Marie-Anne also develops specific strategies and trainings to improve communication and implement anti-oppressive, non-punitive conflict resolution practices in the program. She works with other organizations in the city to provide navigators with training on peer counselling, and public speaking and communication, which empowers navigators with the skills needed to establish good relationships with people both internal and external to the agency.*

RECOMMENDATION 13: Address issues related to power imbalances through ongoing training and support for peer health navigators, agency staff/volunteers and external agency staff. (Type of evidence: practice)

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

RECOMMENDATION 14: Provide peer health navigators with ongoing training and support on conflict resolution. (Type of evidence: research and practice)

Evidence
Peer health navigation programs may experience instances of conflict amongst peer health navigators, and between peer health navigators and clients, other staff and/or

external partners.[30,50,62] Agencies are responsible for training and supporting peer health navigators to understand when and how conflict may arise and for helping to prevent or reduce conflict.

When initially responding to conflict related to the conduct of a peer health navigator, program supervisors should support the peer health navigator to meet the requirements of their position[72] and discuss the behaviour displayed rather than the person.[66] A plan for improving conduct can be established with clear objectives and timelines.[72] There may be exceptions to this when offences deemed serious (such as assault or theft) occur.[160]

VIGNETTE   *During a team meeting, Warsan, a peer navigator, makes a statement about her frustration that not everyone is on time. She comments that, to her, this demonstrates a lack of respect for the rest of the team. Laura, another peer navigator disagrees; she does not feel that being late is a sign of disrespect. Laura talks about her own challenges being on time for meetings, which include her reliance on public transit to get to work and her unstable childcare, due to a lack of options that are affordable. Warsan and Laura end up arguing about the topic of lateness and respect in front of the rest of the team, which is followed by silence. The program supervisor acknowledges Warsan's frustration and reminds the team about the agency's punctuality policy, but also acknowledges that some team members may face circumstances that may make it more difficult for them to be on time.*

The program supervisor follows up with Warsan and Laura separately. During these meetings they review the conflict resolution training the peer navigators received when they joined the navigator team. Through these conversations, Warsan acknowledges that her own children no longer require childcare as they once did, and recognizes that Laura felt judged by her. Both Warsan and Laura become aware of the need to be flexible and find a workable solution. The program supervisor suggests they take this opportunity to further debrief at the next team meeting to discuss the conflict, how they've been working through it, and use it as an opportunity for peer learning and capacity building around conflict resolution.

Transition from the program

RECOMMENDATION 15: Offer support to peer health navigators that maximizes their ability to transition to other employment, should they want it. Building the capacity of peer health navigators to transition to other employment is in line with the principles of GIPA/MEPA and is one way to sustain the benefits of working as a peer health navigator over time. (Type of evidence: research and practice)

Evidence

There are significant benefits for peer health navigators engaging in meaningful community work. Agencies have an ethical responsibility to support peer health navigators with training, opportunities and supports that will maximize their ability to move to other employment, should they want to.

Navigators should have access to the tools that can help them find other positions if they are interested. Agencies can offer additional training and professional development opportunities that help peer health navigators build skills beyond their immediate set of roles and responsibilities.[25,38,40,63,69,70,165,171] Where possible, agencies can also hire peer health navigators in other positions in the agency.[15,27,172,173] Agencies can also help peer health navigators with references[38,44] for new positions and they can refer peer health navigators to community partners who may be in need of staff.[38]

> **VIGNETTE**   *As program supervisor, Fern works to ensure the peer health navigation program supports capacity building and assists navigators looking to move into other employment. He facilitates access to and support for external training opportunities (e.g., letters of support for conference scholarships, distribution of available training sessions) and referrals to employment programs. He ensures that the agency does not see navigators transitioning to other roles as a failure – that a higher turnover rate is reflective of program issues – but as a success for both navigators and the program. He also offers to act as an employment reference for some of the peer navigators who have interviewed for other jobs.*

RECOMMENDATION 16: Develop a process to transition peer health navigators from the program in a supportive way in the rare instances that a peer navigator is not fit to continue their role as a navigator. This transition process should ensure that the peer navigator is able to continue to access their own HIV services at the host agency or elsewhere, as appropriate. (Type of evidence: practice)

Evidence

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

4

Program management – Recruitment and selection of peer health navigators

In this chapter, we identify host agency responsibilities related to recruitment and selection of peer health navigators. These include: defining peer health navigator competencies, developing a strategy to support candidates to assess their readiness to be navigators, and defining a recruitment and selection process.

Peer health navigator competencies

There are specific skills and knowledge people living with HIV should have to be peer health navigators. If they do not possess these competencies, they should be able to demonstrate an ability to learn them. The literature and working group identified 16 peer health navigator competencies. The recommendations for the competencies are described below, along with a review of the evidence for each. The competencies are:

- Interest in peer support
- Knowledge of local context and culture
- Commitment and reliability
- Engagement in HIV care
- Personal stability
- Ability to gain the skills and knowledge of a peer health navigator
- Leadership skills
- Ability to set boundaries
- Ability to demonstrate work/life balance
- Ability to identify need for self-care
- Communication skills

- Ability to demonstrate empathy toward others
- Adaptability
- Ability to work within a trauma-informed framework
- Ability to work within a harm reduction framework
- Ability to work within a sexual health framework

Interest in peer support

RECOMMENDATION 1: Seek candidates who demonstrate an interest in peer support. (Type of evidence: research and practice)

Evidence

It is important that candidates have an interest in peer work.[13,66,158,169,174,175] Interest can be gauged in a number of ways, including a candidate's interest in working in the community,[66] providing information to their peers,[13,175] or pursuing further training in peer work.[174] Candidate interest can also be assessed through previous experience working as an educator[169] or counsellor[174] (paid and volunteer) in the HIV community,[33]

Knowledge of local context and culture

RECOMMENDATION 2: Seek candidates who have the lived experience and understanding of the local context and culture of clients; if this is not possible, seek candidates who have the ability and interest to learn about the local context and culture. (Type of evidence: research and practice)

Evidence

Candidates applying to be peer health navigators should have knowledge of the communities served by the navigation program[33,51,63,71] and be familiar with the culture of clients or have the ability to learn about the cultures of the local clients.[34,44,66] Local knowledge can include knowledge of relevant languages[33,66] or local services and issues in communities.[33,51,66,71]

Commitment and reliability

RECOMMENDATION 3: Seek candidates who demonstrate commitment and reliability. (Type of evidence: research and practice)

Evidence

Commitment to the program, reliability and dependability are all important competencies peer health navigator candidates should possess. Candidates should be committed to the position,[51,67,157,160,176] the program's goals,[157] and working with others to improve HIV care.[51]

They should also demonstrate reliability[160,174] which can be assessed by previous examples of how they followed through on the things they said they would do.[160]

Engagement in HIV care

RECOMMENDATION 4: Seek candidates who model meaningful engagement in their own HIV care. (Type of evidence: research and practice)

Evidence

Peer health navigators are expected to model meaningful engagement in their own holistic health and wellness, including HIV care, for their clients. Candidates for peer health navigator positions should receive regular and consistent care,[71,174,177] attend appointments[178,179] and adhere to HIV treatment.[66,71,178–180]

Personal stability

RECOMMENDATION 5: Seek candidates who have achieved a measure of stability in their lives that allows them to carry out the functions of their position. (Type of evidence: research and practice)

Evidence

Candidates need to have enough stability in their lives to ensure that they can guide, connect, refer, educate and accompany people with HIV through systems of care.[26,28] Stability is difficult to measure and there is no set threshold.[26] The ability of peer navigator candidates to carry out their roles and responsibilities[23,28,149] and take care of themselves[152,181] when they experience challenges in their lives are key indicators to consider.[26]

Candidates who use drugs can continue to do so if it does not interfere with their ability to fulfill the roles and responsibilities of a navigator.[23,24,28,32,149]

> **VIGNETTE**   *Skye has been living with HIV for five years. She has been getting treatment for her bipolar disorder and started attending a support group for trans people. She has been able to go to her appointments for HIV care on a regular basis and is now on HIV treatment. Today, she is meeting with the peer health navigation program supervisor about becoming a navigator. Skye's HIV specialist referred her. The program supervisor and Skye talk about her current plan of care, and how she is remaining engaged in her treatment. Together, they make a shared plan to support Skye should she need it. The program supervisor believes that Skye maintains enough stability to do peer health navigation work.*

Ability to gain the skills and knowledge of a peer health navigator

> **RECOMMENDATION 6:** Seek candidates who possess the ability to gain the skills and knowledge necessary to be peer health navigators. (Type of evidence: research and practice)

Evidence

Candidates may have some of the necessary skills or knowledge to be peer health navigators before they apply. All candidates should, nevertheless, demonstrate they are able to gain the skills[13,17,19,20,22,27,28,30,31,33,34,44,49,51,67,71,155,158,162,178,179,182–189] and knowledge[17,19,20,27,28,67,71,158,162,183–186,189] necessary to work with clients in this role if they do not already have the skills or knowledge. For more information on peer health navigator training, see Chapter 7.

Candidates should have the ability to learn assessment techniques and peer counselling skills[20,27,71,158] related to offering emotional support to clients, which is one of their roles. They also assist clients to access health and social services and should know about community resources[27,71,183] and how the system of HIV care is set up in the area.[71]

In addition, peer health navigators have a role in educating their clients (either formally or informally) and should have the related skills to perform this role. They should have the ability to learn the factual information necessary for educating their clients.[17,19,20,27,67,71,158,162,183–186,189] Navigators will need to know information on sexual health, HIV and sexually transmitted infections prevention and treatment,[17,19,20,27,71,158,162,183–186] and risk reduction techniques.[27,183,186] In the case of formal, group education, facilitation and presentation skills can be useful.[27,30,185]

Peer health navigators gain the skills and knowledge required to be navigators through training and ongoing supervision. Candidates have to be able to attend peer health navigator training[13,28,31,44,178,179,187,188] and supervision meetings to gain and improve on their skills and update their knowledge.[31,178,179] See Chapter 6 for more information on peer health navigation supervision, and Chapter 7 for more information on training.

Leadership skills

> **RECOMMENDATION 7:** Seek candidates who possess leadership skills or the ability to develop leadership skills. As peer navigators gain knowledge and confidence, and feel empowered through their engagement in the program, leadership can develop. (Type of evidence: research and practice)

Evidence

Leadership qualities or a desire to build leadership skills are important for candidates[13,157,160,190,191] because they guide and motivate clients to manage their own care.

There are a variety of qualities that can point to leadership skills or the ability to develop these skills among candidates. Candidates could be role models or opinion leaders among their social networks[157,190] or have credibility among their peers. [157] Leadership qualities can also be demonstrated through an ability to motivate other people with HIV,[160] by being respectful of other people (including others with HIV, program staff and program supervisors),[160] and by showing insight into their own needs and limits.[160]

In addition, candidates for peer health navigator positions could demonstrate a desire to gain leadership skills through an interest in learning, comfort when seeking input from others, comfort with constructive feedback, and by being adaptable.[160]

Ability to set boundaries

RECOMMENDATION 8: Seek candidates who understand how to set boundaries or have the ability to learn how to set them. (Type of evidence: research and practice)

Evidence

Candidates applying to be peer health navigators should demonstrate they can set boundaries or have an ability to learn how to set boundaries.[49,71,174] Having good boundaries increases peer health navigator effectiveness.[67,70]

Setting boundaries – appropriate limits between personal and professional relationships – can be challenging for peer health navigators because they can have both personal and professional relationships with their clients and service providers.[70,148,150–152] Behaviours and actions that were normal and expected before they became peer health navigators may not be in line with the organizational policies and procedures that impact their role as navigators. Training navigators to identify and avoid inappropriately close relationships with clients is essential to prevent abuse of that relationship by the navigator or the client.[66,148]

Peer health navigators may also appear more accessible to clients than other service providers, which may lead clients to ask peer health navigators for more than they are able to offer. Setting clear boundaries will help to manage expectations related to what peer health navigators can and cannot do for clients.[28,51,66,149,156,157]

Given that navigators may have or continue to experience the same life stressors and challenges that their clients do – HIV stigma, financial concerns, periods of illness – it is important for navigators to have strong emotional boundaries when working with clients. Navigators need to develop an emotional distance from the lives of their clients while still offering the emotional support that can be crucial to successful peer health navigation.[21,47,51,71,151,154] This can reduce client dependence on navigators and navigator burnout.

A display of good boundaries can include separating professional and personal lives. Peer health navigators should suspend judgment on the actions of clients that they may not agree with,[34,67,170] and be clear about the time and energy they can devote to clients or their work.[51,66,156] Part of having good boundaries also means peer health navigators need to have an understanding of the limits of their abilities and when to refer clients to others.[157]

Ability to demonstrate work/life balance

RECOMMENDATION 9: Seek candidates who can demonstrate work/life balance. (Type of evidence: practice).

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

Ability to identify need for self-care

RECOMMENDATION 10: Seek candidates who are able to identify the need for self-care and/or who have positive self-care practices. (Type of evidence: practice)

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

Communication skills

RECOMMENDATION 11: Seek candidates who possess good communication skills or the ability to develop communication skills, such as active listening. (Type of evidence: research and practice)

Evidence
Candidates applying to peer health navigator positions should be good communicators[13,20,34,49,51,66,67,71,155,177,180,192] or have the ability to learn communication skills.[27,169,182–186]

Good communication skills are crucial to the work of peer health navigators because part of their role is to share information with clients in a way that is understandable,[34,66,182,185] during both one-on-one sessions[48,157,158,169] and, to a lesser extent, presentations.[17,175,184,185] Strong communication skills also include the ability to listen,[34,67,175,183] a willingness to voice opinions,[66] and a willingness to share personal stories to help clients through their own struggles.[34,71]

Ability to demonstrate empathy toward others

RECOMMENDATION 12: Seek candidates who are able to create empathic relationships with clients. (Type of evidence: research and practice)

Evidence

Candidates applying for peer health navigator positions should have the necessary social skills, especially empathy toward others, to create relationships with clients.[13,22,31,31,34,51,66,71,155,176,179,180,192]

Building rapport[71,180,192] with clients is an essential step in supporting them to achieve their goals. Peer health navigators need to be credible,[157,192] able to share their experience with HIV and other personal challenges and triumphs,[22,51,66,71,176] demonstrate empathy and warmth,[71,155] and respect other people's opinions.[13]

Adaptability

RECOMMENDATION 13: Seek candidates who demonstrate adaptability when addressing the needs of clients and in taking up new knowledge about HIV into their work. Also, seek those who can acknowledge, understand and overcome their biases and respond with compassion to the needs of clients. (Type of evidence: research and practice)

Evidence

Candidates for peer health navigator positions should be adaptable. Peer health navigators work with clients who face unique challenges and possess specific strengths. Each client's needs are different and navigators have to adapt their approach to help clients access the information or services they need to be healthy.[14,30,71]

Ability to work within a trauma-informed framework

RECOMMENDATION 14: Seek candidates who demonstrate they can work within a trauma-informed framework to provide appropriate support and navigation services to clients. (Type of evidence: practice)

Evidence

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

Ability to work within a harm reduction framework

RECOMMENDATION 15: Seek candidates who demonstrate they can work within a harm reduction framework to provide appropriate support and navigation services to clients. (Type of evidence: practice)

Evidence

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

Ability to work within a sexual health framework

> **RECOMMENDATION 16:** Seek candidates who demonstrate they can work within a sexual health framework to provide appropriate support and navigation services to clients. (Type of evidence: practice)

Evidence

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

Assessment of candidate readiness

It is important that people with HIV determine whether they are emotionally, mentally, physically and spiritually ready to work as peer health navigators. Conducting a readiness assessment may reduce the potential for negative impacts on the health and wellness of navigators and, perhaps, also future clients. When considering whether to become a peer navigator, people with HIV need to think about job expectations, their ability to perform the tasks required, and emotional readiness.

The literature and working group identified 10 agency responsibilities related to candidate readiness assessment. The recommendations for the responsibilities are described below, along with a review of the evidence for each The agency responsibilities are to support and guide:

- The self-assessment process
- The assessment of the ability to commit to the position
- The assessment of emotional readiness
- The assessment of alcohol and drug use
- The assessment of comfort with disclosure
- The assessment of the ability to maintain boundaries
- The assessment of work/life balance
- The assessment of self-care practices
- The assessment of the compatibility of the peer navigators and the agency
- The assessment of the impact of peer work on health and wellness

Support and guide the self-assessment process

> **RECOMMENDATION 17:** Support and guide the self-assessment process of people with HIV who are considering an application for a peer health navigator position. (Type of evidence: research and practice)

Evidence

People with HIV may need help from service providers to assess their readiness to take on the roles and responsibilities of a peer health navigator.[32,63,168,193] Program supervisors who have established relationships with people interested in peer navigation may be in a good position to help these individuals determine their readiness, their ability to cope with the job, and the potential supports they may need to be a successful navigator.[32]

Providing people with HIV with a thorough description of a navigator's roles and responsibilities will help in the readiness assessment. Allowing people with HIV to attend peer navigator training and/or shadowing a peer navigator without a prior commitment to become a navigator may also help in the assessment of readiness.[161,194]

Agencies should encourage and support candidates to ask themselves the following questions to assess their readiness:

- What is behind my motivation in becoming a peer health navigator?
- Am I comfortable being identified as a person with HIV? Am I comfortable with the consequences of disclosure and how to handle them?[161,195]
- Am I comfortable being identified as a member of a group that is at heightened risk for HIV?[195]
- Do I know the latest information necessary to be a peer health navigator? Am I willing to learn?[161]
- How much time and energy am I willing and able to give?[195]
- What do I enjoy doing? What issues are important to me?[195]
- Is the organization the right fit for me?[195]
- Does the organization offer incentives, supports or opportunities for personal and professional growth?[195]

Support and guide the assessment of the ability to commit to the position

> **RECOMMENDATION 18:** Support and guide people with HIV to consider their ability to commit to a peer health navigator's roles and responsibilities. (Type of evidence: research and practice)

Evidence

Candidates need to understand the requirements of the position of a navigator. People with HIV who choose to apply to be peer health navigators must be able to make a commitment to the position as outlined in a job description.[27,196]

In addition to understanding the expectations of the work that navigators will do, people with HIV need to commit to the job and their clients. This means navigators must be ready to do what they say they will do for both the program and clients, being honest about when they do not understand something or need more information, being open to

the differing ideas and opinions of others, and following instructions offered for how to do the work.[196]

Support and guide the assessment of emotional readiness

RECOMMENDATION 19: Support and guide people with HIV to consider their emotional readiness to work with clients facing similar challenges to their own. (Type of evidence: research and practice)

Evidence

Navigator candidates need to be emotionally ready. Emotional readiness involves being able to address mental health stressors as they arise.[21] Personal stressors for navigators can include HIV disclosure to friends, family and others,[162] experiences of stigma and discrimination,[162] and parenting issues. [162] In addition, peer health navigators work with clients who face struggles similar to their own, which can have a negative impact on their mental health.[151]

VIGNETTE *Samir is considering becoming a peer navigator with his local clinic. The program supervisor, Dani, has prepared a few written vignettes about typical and challenging situations that the clinic deals with. She sits with Samir and talks through how he would approach each situation. This helps Samir conceptualize some of the emotional and ethical realities of being a navigator. This experience helps Samir to consolidate his interest in being a peer navigator and helps Dani to confirm that Samir understands the kind of work he will be doing and that he is ready to take on this new challenge.*

Support and guide the assessment of alcohol and drug use

RECOMMENDATION 20: Support and guide people with HIV who use alcohol and/or other drugs to consider the impact use has on them, if any. Discuss whether current patterns of use are compatible with what the navigator needs to be successful in their role, and what the agency could do to facilitate success. (Type of evidence: practice)

Evidence

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

> **VIGNETTE**   *Sébastien is a volunteer with a local community-based organization. He has expressed interest in becoming a peer health navigator, and the volunteer coordinator, Sylvia, agrees that he could be a great asset to the team. However, recently, Sylvia has noticed Sébastien's absences for volunteer shifts after weekends. Sylvia sets time up to talk to Sébastien privately and asks how things are going. She shares her observations with him in a supportive way. Sébastien acknowledges he has been using crystal meth on weekends. Together, they work out a plan so that Sébastien can take volunteer shifts on Tuesdays and Wednesdays, instead of on the weekend. Sylvia reassures Sébastien that the agency does not require abstinence from navigators, but does expect them to be reliable. Sylvia and Sébastien make a plan to see how his new volunteer schedule works and then re-evaluate whether he is ready to be a peer health navigator.*

RECOMMENDATION 20a Develop a new or adapt an existing policy related to alcohol and drug use in the work place. (Type of evidence: practice)

Evidence

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

Support and guide the assessment of comfort with disclosure

RECOMMENDATION 21: Support and guide people with HIV to consider whether they are comfortable being open about their HIV status and other relevant personal experience. People with HIV should consider their comfort with their own HIV status becoming known to healthcare staff, their clients, their communities and other service providers. (Type of evidence: research and practice)

Evidence

Effective peer health navigation hinges on the shared experience of living with HIV and other complex challenges. Part of being a navigator involves discussing one's own experiences as a method to support clients. This includes disclosing their HIV status,[15,48,161] drug use history,[156] and other personal experience.[71]

> **VIGNETTE** *Aniso is keen to be part of the peer navigation program. Her husband and close family in Canada know about her HIV status, but she has not yet shared this with her children or religious community for fear of discrimination. The program supervisor talks Aniso through the realities of being a navigator and explores with her the consequences of other community members finding out her status. Aniso decides that before becoming a peer herself she would first like to work with a peer on helping her plan for her own personal disclosure in her community and with her children.*

RECOMMENDATION 22: Support and guide people with HIV to understand the agency's disclosure policy. Discuss the potential for public disclosures, including on social media, to occur during work with clients. (Type of evidence: practice)

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

> **VIGNETTE** *Margo has been living with HIV for three years and has applied to become a peer health navigator at the clinic where she receives care. The health navigators at this clinic provide support to clients at the clinic and through outreach services in the community. Nasir, the program supervisor, meets with Margo to discuss the navigator role, including the outreach component. Margo is taken through the agency's disclosure policy. Nasir talks to Margo about how the role involves disclosure of her HIV status both at the clinic and when performing outreach. Margo realizes that her disclosure will involve a wider audience than just the clinic patients, and she feels she needs to think about this and talk it over with her partner who may also be impacted by this wider disclosure.*

RECOMMENDATION 23: Develop a new or adapt an existing HIV-status disclosure policy for staff, including peer health navigators and volunteers. (Type of evidence: practice)

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

Support and guide the assessment of the ability to maintain boundaries

RECOMMENDATION 24: Support and guide people with HIV to consider and explore whether they are ready to navigate the complex boundary challenges they may face as both service providers and service users. (Type of evidence: research and practice)

Evidence

Becoming a peer health navigator creates new relationships between peers, the healthcare team and program staff, which have to be navigated.[40] Personal relationships can become challenging for peer navigators when their peers become clients and their service providers become colleagues.[15,26,40,69,70,150,151,158] Peer navigators may lose the level of support they used to have from service providers[15,150,151] and other people with HIV.[150,151] New expectations related to boundaries may mean that navigators can no longer seek support from their traditional support system.[69,70] Assessing the ability to set and maintain boundaries is important. Host agencies can develop or use existing tools that support and empower peer navigators to identify and successfully deal with issues related to their personal and professional boundaries.[69]

Support and guide the assessment of work/life balance

RECOMMENDATION 25: Support and guide people with HIV to consider how they will manage work/life balance to reduce potential burnout. Assess and ensure that the person has a support system of their own (formal and/or informal supports). (Type of evidence: practice)

Evidence

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

Support and guide the assessment of self-care practices

RECOMMENDATION 26: Support and guide people with HIV to consider personal self-care practices that could help them maintain their own health and wellness as navigators. (Type: of evidence: practice)

Evidence

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

Support and guide the assessment of the compatibility of the peer navigators and the agency

RECOMMENDATION 27: Support and guide people with HIV to consider whether the agency's structures, processes and policies are compatible with their values and ethics. (Type of evidence: practice)

Evidence

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

RECOMMENDATION 27a: Develop a process that supports peer health navigators when incompatibilities arise between their values and ethics, and the agency's structures, processes and policies. (Type of evidence: practice)

Evidence

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

Support and guide the assessment of the impact of peer work on health and wellness

RECOMMENDATION 28: Support and guide people with HIV to consider the impact (both positive and negative) that working as a peer health navigator will have on their health and wellness. (Type of evidence: practice)

Evidence

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

Recruitment and selection

A successful recruitment and selection strategy based on the competencies needed to be a peer health navigator will help to identify the best candidates for the position. The literature and working group identified two agency responsibilities related to navigator recruitment and selection. The recommendations for the responsibilities are described below, along with a review of the evidence for each. The agency responsibilities are

- Recruitment
- Selection

Recruitment

RECOMMENDATION 29: Recruit peer health navigators through a transparent, flexible and accommodating process. Recruitment strategies, including targeted recruitment and general recruitment, may vary depending on the local context and the number of navigators needed. (Type of evidence: research and practice)

Evidence

Agencies hosting peer health navigation programs are responsible for recruiting peer health navigators through a flexible and accommodating process that meets the needs of peer workers.[51] Recruitment activities include establishing a recruitment and selection process, advertising vacant peer health navigator positions, and identifying potential candidates.

Agencies hosting peer health navigation programs can recruit navigators through referrals from other programs and services that work with people with HIV.[17,28,32,40,47,51,66,70,164,165,183,193,197–199] Referrals can also come from healthcare providers.[31,47,51,66,71,179,200] In addition, clients and other peer workers can refer or nominate their own peers to programs seeking navigators.[28,164,165,174,182]

Agencies should develop recruitment materials to promote new positions. Materials should clearly state the nature of the work of a navigator and necessary qualifications[66] and use plain language and visual cues to account for varying degrees of literacy.[176] Advertisements in local publications,[17,186,188,198] flyers[17,27,51,201] and newsletter articles[63,201] can all be used to recruit candidates. These materials can also be shared or posted through websites[46,51,63,202] and on social media.[28,202]

Recruitment materials can be posted where potential candidates are likely to congregate, such as community-based programs,[24,27,28,46,63,66,158,184,195,201–205] clinical services,[19,22,25,27,32,33,66,180,184] schools and universities,[17,18,30,33,183,184,190,205] bars,[24] strip clubs,[24] housing projects,[14,184] in courts and legal aid clinics,[24] and during street outreach.[42,186]

Programs recruiting peer health navigators can host information sessions[149,181] and tables at community events to promote the program,[14] and make presentations[201] and announcements[25,63] at support groups[25,63] and other meetings.[63] Word of mouth can also be used to recruit candidates.[14,17,18,27,33,47,63,164,186]

Selection

RECOMMENDATION 30: Develop a selection process to identify strong peer health navigator candidates. (Type of evidence: research and practice)

Evidence

Agencies are responsible for selecting peer health navigators. Peer health navigators can be selected from recruited candidates using applications[28,40,149,181] and interviews.[24,28,51,63,66,70,166,176,181,183,190,199,206]

Agencies should not expect candidates for peer health navigator positions to have the same skill level as other staff.[24,51,176] Instead, agencies should consider candidates who have the relevant skills, interests and/or professional education or training related to the skills and knowledge needed to be a navigator. The application and selection process should be as simple as possible to account for differing levels of professional experience, literacy and ability.[28,40,149]

Application forms should encourage applicants to describe their personal experience,[40,149,181] their interest in becoming a peer health navigator,[40,149,181] what they can contribute to the program,[40,149] how much time they are able to commit,[40] and any previous work experience.

Interviews should be part of any selection process because they let agencies assess candidates' experience,[66,183] confidence[183] and commitment.[183] which can all demonstrate a candidate's potential to fulfill the position. Interview questions should focus on the candidates' previous professional and personal experience,[66] their knowledge of the community,[66] and their ability to work with diverse clients.[66]

> **VIGNETTE**   *Mimi applies to be a peer health navigator, but she is not hired. She wants to know why she didn't get the job and contacts the agency for more information. Julio, the program supervisor, meets with Mimi and reviews the information package that all prospective peer health navigators receive. In the package is a copy of the job description, the process for applying, and a description of the skills and assets that the candidate needs to demonstrate to be eligible for the position. Through the conversation with Mimi, Julio is able to demonstrate how they arrived at the decision to hire someone else and helps Mimi develop a learning/skill development plan that will help her to improve her chance the next time she applies.*

RECOMMENDATION 31: Convene a selection committee that includes people with lived experience similar to that of clients. If necessary, provide training and support to these individuals related to the interview, assessment and selection processes. Assess and address conflicts of interest in the review committee. (Type of evidence: research and practice)

Evidence

Agencies are responsible for convening a selection committee to interview candidates. Interviews should be conducted by both program supervisors and other peer workers.[24,28,51,63,66,166,176,181] The presence of peer workers on an interview panel lets candidates know there are other peer workers at the agency, and also that the agency

values the expertise of peer workers.[24] Peer workers, because of their lived experience, also have a unique perspective on the potential of candidates, which can be useful when selecting new navigators.[66]

> **RECOMMENDATION 32:** Develop an interview guide that incorporates the peer health navigator competencies. This practice allows agencies to select navigators who have or can develop the competencies necessary to fulfill the position's roles and responsibilities. (Type of evidence: practice)

Evidence

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

5

Program management – Compensation for peer health navigators

In this chapter, we identify the responsibilities of the host agency that are related to peer health navigator compensation.

The literature and working group identified two agency responsibilities. The recommendations for the responsibilities are described below, along with a review of the evidence for each. The agency responsibilities are:

- Compensate peer health navigators equitably
- Develop compensation policies and procedures to guide how compensation is determined

Compensate peer health navigators equitably

> **RECOMMENDATION 1:** Compensate peer health navigators equitably, providing a fair and reasonable living wage. (Type of evidence: research and practice)

Evidence

Agencies are responsible for compensating peer health navigators for work performed and for work expenses *in a fair and equitable manner.*[12,14,20,26,27,33–35,39–41,43,50,51,63,66,68,70–72,149,155,156,158,164–166,170,172,173,178–181,193,207–216] Compensation should be competitive.[28,35,70,166] There are a number of ways that peer health navigators can be paid, depending on various circumstances (e.g., funding available to the agency; the social assistance status of the peer, which may impact ability of the peer to receive a salary; among others). In all cases, regardless of the method of payment, the amount should be fair and provide a reasonable living wage. Peers can be paid by:

- Salary – navigators are agency staff and receive a regular pay cheque. This is considered the most fair and equitable method of peer navigator compensation.[20,51,63,70,149,164,165,170,172,173,209,213,215]
- Stipend – navigators receive a pre-set amount of money for their work on a regular basis.[34,41,51,66,70,71,179,180,211,216]
- Honorarium – navigators receive a pre-set amount of money for a specific activity.[12,14,27,40,43,70,155,156,158,166,181,193,207,208,212]

In addition to monetary payment, peer health navigators can receive other benefits.[14,20,24,25,33,51,63,183,185,189,217] This is especially true for navigators whose ability to earn financial compensation is limited by social assistance policies. These benefits are *not a substitute* for monetary compensation via salary, stipend or honoraria. Additional benefits can include conference attendance;[217] workshop attendance[51] and other professional development opportunities, which allow peers to build their skills;[63] support for a job search[28,217] and academic credit;[185,189] social events;[33] vouchers, gift certificates, and discounts;[63] and food.[25,156]

Peer health navigators should be compensated during their training period and when attending other professional development events.[20,37,175,182,205,208–211,216] This not only acknowledges the time and effort of navigators but is in keeping with how other staff may be compensated.

> **VIGNETTE** *During patient advisory meetings, the local HIV care clinic begins discussions about including HIV-positive people as peer health navigators in the work of the clinic. With the help of members of and staff from the local persons with HIV agency, the healthcare team begins planning a program in which trained peer health navigators work with staff to develop and run support groups. Despite the program being unfunded, the healthcare team feels that the peer navigators should be compensated. With no budget allocation and no means of paying salary to navigators, the healthcare team actively engage in efforts to secure funding to provide navigators with monetary compensation consistent with pay scales in the clinic. The healthcare team, working with the community agency, moves toward developing a formal proposal for a funded peer health navigation program in which peer navigators are compensated through a regular salary.*

RECOMMENDATION 2: Determine how to structure compensation (salaries, stipends or honoraria) for peer health navigators in conjunction with the agency's financial expert to ensure the agency is not in violation of any employment standards. (Type of evidence: practice)

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

Develop compensation policies and procedures to guide how compensation is determined

> **RECOMMENDATION 3:** Involve peer health navigators in the development of compensation policies that address their needs. Policies should reflect the limits on earnings of social assistance and disability programs. They should also clearly define the benefits to which navigators who receive salaries, stipends, wages or honoraria are entitled. Compensation policies need to comply with other agency policies and provincial and territorial legislation related to payment and benefits. (Type of evidence: research and practice)

Evidence

Agencies hosting peer health navigation programs should have clear compensation policies and procedures.[71,149,217] Compensation-related policies clarify peer navigator expectations around payment,[217] and let them know when and how they will be paid.[149] Compensation-related policies should be flexible enough that each peer health navigator can negotiate a package of monetary and non-monetary compensation that works for them.[63,68,217]

Not all peer health navigators will be receiving social assistance but, for those who do, agencies should consider how their compensation policy may impact the social assistance benefits peer health navigators can receive.[34,37,47,63,65,66,68,70,71,149,217] There may be restrictions on what a peer health navigator on social assistance can earn before benefits are reduced or eliminated.[47,68]

There are strategies that agencies hosting peer health navigation programs can use to ensure that peer navigators retain their full benefits. This includes offering part-time or stipend positions,[63,65,68] hourly wages that are in line with the amount that social assistance programs allow,[63,149] and vouchers or gift certificates instead of cash.[63]

Agencies can support peer health navigators to make a decision about their compensation by raising the peer navigator's awareness of how compensation may impact their social assistance benefits if they are receiving them.[34,51,217]

Agency compensation policies should also clearly define the benefits that peer health navigators may receive as part of their compensation package.[63,70,151,159] Benefits can be part of the formal benefits packages that all salaried employees receive such as vacation days, personal days and sick days;[63] short-term and long-term disability insurance; life insurance;[63] and dental insurance.[63]

RECOMMENDATION 4: Develop an expense account policy for peer health navigators that ensures both that peer navigators are rarely expected to incur costs in association with their navigation role and reimbursement is provided in a very timely manner. Reimburse peer health navigators for pre-approved work-related expenses according to the policy. (Type of evidence: research and practice)

Evidence

Agencies are responsible for reimbursing the work-related expenses of peer health navigators[20,34,44,50,51,66,71,180,205] such as transportation,[20,34,44,50,51,66,180,205] food[50,205] and any fees they incur.[44]

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)

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.*

Program management – Training for peer health navigators

In this chapter, we identify the responsibilities of the host agency related to peer health navigator training, which are specifically related to: training methods and training content

Peer health navigator training methods

Agencies are responsible for developing appropriate training methods for their peer health navigators. The literature and working group identified seven agency responsibilities related to peer health navigator training methods. The recommendations for the responsibilities are described below, along with a review of the evidence for each.

The agency responsibilities related to training methods are:

- Develop a training program
- Use relevant training materials and methods
- Conduct on-the-job training
- Assess peer health navigator knowledge and skills
- Evaluate peer health navigator training
- Provide ongoing training and professional development
- Create an orientation checklist for peer health navigators

Develop a training program

RECOMMENDATION 1: Develop a training program for peer health navigators that uses culturally safe and appropriate methods, materials, information, knowledge and skills relevant to the local context, and includes mandatory training such as health and safety training. (Type of evidence: practice)

Evidence

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

Use relevant training materials and methods

> **RECOMMENDATION 2:** Consult peer health navigators about the learning materials that work best for them and take that into account when training them. (Type of evidence: practice)

Evidence

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

> **RECOMMENDATION 3:** Use and share relevant and appropriate training materials. Materials should take into account varying levels of literacy, and different ways of learning. (Type of evidence: research and practice)

Evidence

Both printed and multimedia training materials may be useful during peer health navigator training. Printed training materials can be as extensive as training manuals[180,223] or as simple as handouts.[224] Fact sheets,[224] readings and homework assignments can also be used.[186,206] Multimedia materials can also be a useful way to present training information. Presentations that can be used for training include[18,201] audio recordings of experienced peer workers supporting clients,[204] and videos[189,225,226] that impart knowledge in a visual way, or that depict potential scenarios navigators may face during their work.

It is an agency's responsibility to supply relevant training materials to peer health navigators. Printed materials can be kept and used by peer health navigators as reference documents after any training. Agencies should provide navigators with a binder in which to keep any printed materials that are distributed.[24]

> **RECOMMENDATION 4:** Use a variety of methods to train new peer health navigators. Methods should take into consideration the different ways adults learn. (Type of evidence: research and practice)

Evidence

Agencies that host peer health navigation programs should train their navigators using a variety of training methods to share knowledge and skills.[14,17–20,24,28,33,46,47,51,66,67,165,169,174,180,189,199,201,202,206,209,221,224–227] This may ensure that participants remain engaged and allows different types of learners the opportunity to assimilate the material in the best way for them.

Agencies can choose a number of different training methods. Lecture-based learning,[46,169] where participants listen to presentations or attend workshops may be the most

common method. Presentations may be best suited to sharing knowledge that peer health navigators need in their roles, such as HIV or hepatitis C basics.

Group discussion is another possible training method.[14,17–19,24,47,225,228] During group discussions, peer health navigators can learn from each other and brainstorm strategies to overcome potential challenges in their work.[14] When discussion groups are small, they can contribute to team building and a sense of community among participants.

Training sessions can also include interactive activities.[17,19,24,63,224,226,227] Quizzes,[224,226] games,[224,226], arts-based activities such as writing and cartooning,[19] and demonstrations[227] with props[24] are all interactive ways to help peer health navigators learn the knowledge and skills they need for their roles.

Practical learning – learning by doing – should be part of any peer health navigator training. Hands-on learning helps trainees practise the skills they have learned and is an effective way for adults to learn.[66] Practical learning is most often done through role plays.[13,14,16–20,32,42,46,66,67,165,169,180,183,186,189,194,202,204,206,209,225,226,229] Role plays can be used to practise skills peer health navigators will need in their work, including peer counselling techniques, communication skills and facilitation methods. Role plays also allow peer health navigators to experience potential real-life scenarios[16] and practise how they might deal with negative client reactions.[42]

Experiential learning exercises like role plays can be followed by informal feedback[47,180,201] from training facilitators and other training participants. Feedback helps peer health navigators know what they did well and how they can improve their technique.

Conduct on-the-job training

> **RECOMMENDATION 5:** Conduct on-the-job training for peer health navigators. Shadowing experienced peers, agency staff and partner agency staff are appropriate on-the-job training techniques. Identify and facilitate mentorship opportunities. (Type of evidence: research and practice)

Evidence

On-the-job training is another way that agencies can provide experiential learning to peer health navigators. Shadowing current peer health navigators[44,51,66,67] gives trainees an opportunity to see how experienced peer health navigators work. Shadowing may also occur with staff at external partner agencies. Visiting other agencies and observing how their staff work with clients helps new navigators understand the role of other organizations in service provision and may facilitate relationship building between new navigators and staff of external partner agencies. Job shadowing should only occur with the consent of the client involved.

Having new peer health navigators provide services to clients under the observation of the program supervisor is another way for peer health navigators to use the knowledge and practise the skills they have learned.[40,42,51,165,225] Observing the work of peer health

navigators as part of their training allows program supervisors to offer positive reinforcement and constructive feedback on how navigators work with clients.[51,225]

As part of their training, agencies can choose to observe the work of new peer health navigators by audio recording[174] or videotaping[47,221] navigator sessions with clients. Consent of both the navigator and the client must be given. Recording sessions with clients can be a useful way to provide feedback because it allows program supervisors and navigators to go over the session together to discuss what went well and how the navigator might have conducted the session differently. Client privacy is paramount and recordings should be securely stored, with restricted access.

Assess peer health navigator knowledge and skills

RECOMMENDATION 6: Assess the knowledge and skills of new peer health navigators as part of the training process. Encourage training participants to reflect on what they have learned and assess whether being a peer health navigator is right for them. (Type of evidence: research and practice)

Evidence

Agencies are responsible for assessing the knowledge and skills of new peer health navigators during their training period.[28,33,40,70,174,178,179,194] Feedback on performance can help peers build on their strengths and identify areas for improvement.[194]

There are several ways to assess the knowledge and skills of new peer health navigators. Program supervisors can use either formal methods ,where navigators are tested on the competencies necessary for their position,[33,178,179] or informal methods. Agencies can also implement training as part of a probation period to determine who has grasped the knowledge and skills necessary to be a peer health navigator.[70]

Evaluate peer health navigator training

RECOMMENDATION 7: Evaluate the peer health navigator training. Use this feedback to improve the training program. (Type of evidence: research and practice)

Evidence

Agencies are responsible for allowing peer health navigators to evaluate the training they received.[42,66,149] Evaluation can be anecdotal and informal[66,149] or more structured[66] to assess training content, facilitation, activities and guest speakers. This feedback can be used to improve and adjust the training for future peer health navigators. For information on peer health navigation program evaluation, see Chapter 8.

Provide ongoing training and professional development

> **RECOMMENDATION 8:** Identify and provide ongoing relevant training and professional development opportunities to peer health navigators based on peer navigator and client needs, and developments in HIV, hepatitis C and sexually transmitted infections (STI) knowledge. Navigators should also identify additional topics for further learning. (Type of evidence: research and practice)

Evidence

Agencies are responsible for identifying and providing ongoing training and professional development opportunities for peer health navigators.

Booster sessions can be used as an ongoing training method that helps peer health navigators to keep knowledge and skills up-to-date.[47,165,230] Booster sessions can build navigator confidence by giving them an opportunity to practise the skills they learned through role plays,[47,165] and for program supervisors to update any knowledge that may be out of date.

Ongoing training for peer health navigators can also include training and workshops that help them build new knowledge and develop new skills.[20,28,38,44,51,66,68,69,71,155,157,158,190,194,201,210,215,218] Internal training opportunities can be scheduled regularly, and as often as once a month.[71,201] Additional training should include topics identified by the peer health navigators.[44,66,158,201] Ongoing training opportunities can be offered by program supervisors or external experts during group supervision.[40,47,194] Agencies can also identify and support peer health navigators to attend external workshops and local conferences[37,47,51,67,198] that are relevant to their work with clients. Agencies may want to identify commonalities in training needs with external organizations, so that partnering may be possible with respect to both core and ongoing training needs.[67]

In addition to increasing the capacity of peer health navigators to perform their roles and responsibilities, additional training and professional development opportunities allow peer health navigators to build on their skill sets. This may help them advance in the agency, or find other employment opportunities outside peer health navigation programs. Ongoing skills training on how to identify the need for and have healthy approaches to self-care can also help peer health navigators cope with the challenges of being a navigator and reduce the potential for burnout.

Create an orientation checklist for peer health navigators

RECOMMENDATION 9: Create an orientation or on-boarding checklist for each peer health navigator that identifies areas of strength and areas of improvement. After training, use the checklist to identify areas of further training that the navigator and supervisor both agree may be necessary. (Type of evidence: practice)

Evidence

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

Peer health navigator training content (initial and ongoing training)

The literature and working group identified 18 responsibilities the agency has in relation to peer health navigator training content (including both initial and ongoing training). The recommendations for the responsibilities are described below, along with a review of the evidence for each. The agency responsibilities related to training content are to provide peer health navigators with:

- Orientation to the program and agency
- A review of roles and responsibilities
- Orientation to organizational culture
- Training on GIPA/MEPA Principles
- Training on program ethics and policies
- Basic HIV prevention and treatment training
- Training on other sexually transmitted infections and hepatitis C
- Substance use basics training
- Mental health and trauma basics training

- Cultural safety training
- Self-care training
- Communication skills training
- Leadership skills training
- Peer counselling techniques training
- Referral skills training
- Training on the principles of trauma-informed practice
- Documentation and evaluation skills training
- Basic de-escalation skills training

Orient peer health navigators to the program and agency

RECOMMENDATION 10: Orient peer health navigators to the host agency and the peer health navigation program. (Type of evidence: research and practice)

Evidence

Agencies should include orientation information about the host agency and the peer health navigation program in their peer health navigator training curriculum.[28,34,63,71,149,165,175] Agencies can describe the host organization, its other programs, and its mission and values.[34,71] Orientation information can also include program-specific information, such as the history of the peer health navigation program,[28,63,165,175] the rationale for its development,[209] and its current scope of activities. Sharing background information on the agency and the program with peer health navigators helps them situate their own work in a wider context and may foster a sense of belonging to a larger organization.

Review peer health navigator roles and responsibilities

RECOMMENDATION 11: Orient peer health navigators to the job description – the roles and responsibilities of the position (and what is not part of their roles and responsibilities) – to ensure they remain within their scope of practice. (Type of evidence: research and practice)

Evidence

Agencies should include consistent information on the roles and responsibilities of peer health navigators in their training curriculum.[34,51,66,71,158,186,202,225,227,229] Although participants will learn the knowledge and skills to perform their roles over the course of the training, an introductory overview session can help participants better understand their scope of practice[24,27] This session can help peer health navigators grasp how the roles and responsibilities play out on a day-to-day basis. For more information on the roles and responsibilities of peer health navigators, see Chapter 2.

Training facilitators can outline what program supervisors expect from peer health navigators during an overview session on the peer health navigator roles.[71] Facilitators can also help new peer health navigators differentiate their roles from the roles of other staff, and show how their work complements the work of the rest of the healthcare team.[34,158]

VIGNETTE   *Before peer health navigators are hired, Ivy, the program supervisor, develops a scope of practice for the agency's navigators and bases the job description, including navigator roles and responsibilities, on that scope. Ivy uses the scope of practice to develop navigator training – ensuring that all the roles and responsibilities of a navigator are covered. During navigator training, she explains to new navigators that the scope of practice defines their roles and responsibilities. Ivy helps navigators understand their scope of practice by providing examples of what is in their scope and what is out of scope. She designs a game that describes a number of different activities and asks the navigators to explain why that activity is in their scope or not.*

Ivy also helps navigators to build their confidence in their skills and their role so that they are able to say no to a client or decline a team member's request to do something that is outside their roles and responsibilities.

Orient peer health navigators to organizational culture

RECOMMENDATION 12: Introduce and orient peer health navigators to the host agency's organizational culture. (Type of evidence: research and practice)

Evidence

Although some peer navigators will have worked before and some peer health navigators may have worked or volunteered in the host agency in other capacities, host agencies should take the time to introduce all new peer health navigators to the host agency's culture and environment.

Training can touch on organizational culture as a way to support new navigators to develop the skills necessary to work in their agency's specific environment. The session can cover the organization's expectations about behaviour in the workplace,[51,63,66,68–72,177] including dress code, if there is one,[63] and how to adequately represent the organization with external partners and other stakeholders.[70] The session can also introduce participants to the host organization's policy on punctuality[63] and time management.[177]

Information about clinical environments and common expectations for how people interact in these environments (if they work in a clinic or when they accompany clients to their clinical appointments) should also be part of this training.[68,71]

An orientation to organizational culture can also include information on the types of technology the agency uses and how to use them properly. Computer-based programs,[63,68,158] social media[202,203] and the telephone system[63,65] can all be covered in this orientation.

Educate peer health navigators on GIPA/MEPA principles

> **RECOMMENDATION 13:** Train peer health navigators on the GIPA/MEPA Principles and how these principles will be operationalized in program planning, delivery and evaluation. (Type of evidence: practice)

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

Provide peer health navigators with training on program ethics and policies

> **RECOMMENDATION 14:** Train peer health navigators on the ethical issues and program policies related to service provision to people with HIV. Training on these issues should be tailored to the culture and community of the peer navigators, as much as possible. (Type of evidence: research and practice)

Evidence
Peer health navigator training should include information on ethical standards for peer health navigators.[22,24,28,31,34,46,47,63,65–69,71–73,162,177,178,181,183,200,231] This may be especially important because of the ethical dilemmas related to being both a service provider and a service user. For more information on the ethical considerations for peer health navigation programs, see Chapter 3.

Training for peer health navigators should include clear information on confidentiality.[24,28,40,46,63,66–69,69,71,158,162,177,181,183,200] As part of peer health navigator training, agencies should train them on what confidentiality is[40,232] and the importance of confidentiality to the success of their work.[40,232] Peer health navigators should know when confidentiality needs to be broken for legal reasons.[27,158]

Setting boundaries – the ability to separate the personal and the professional – may be challenging for some peer workers who can have both personal and professional relationships with their clients and service providers.[70,148,150–152] Training for peer health navigators should include information on the importance of maintaining boundaries

with clients.[31,34,47,63,65,69,71,72,162,178,231] Such training can include strategies for maintaining boundaries,[231] how maintaining boundaries is a way to preserve confidentiality,[47] and the power imbalance between clients and peer health navigators[67] that puts the responsibility on navigators to maintain appropriate boundaries with clients.

Training should also include information on how to identify and report conflicts of interest.[24,154,166] A conflict of interest arises when a situation creates challenges in remaining objective as a peer health navigator, or a situation arises when a navigator can derive personal benefit from their actions or decisions. Situations such as these may arise when a peer health navigator has a personal involvement in a professional circumstance or when an obvious power imbalance influences their judgement. Training on this topic should include situations when conflicts of interest may arise, strategies for avoiding conflicts of interest, and the agency's policies related to conflicts of interest.

Provide peer health navigators with basic HIV prevention and treatment training

RECOMMENDATION 15: Include basic HIV information in peer health navigator training. (Type of evidence: research and practice)

Evidence

Peer health navigators need to know about HIV prevention and treatment to be able to share that information with clients. Agencies hosting peer health navigation programs should include HIV basics in their training curriculum.[17,20,32,34,70,149,158,162,164,165,181,183,205,209] This can include basic knowledge about the epidemiology of HIV in Canada,[189,201,223,229] HIV prevention methods,[19,23,27,47,51,63,175,185,186,188,189,193,201,202,210,213,221,229,230] HIV treatment[17,51,65,67,71,175,178,206] and treatment adherence.[34,65,66,71,71]

Although peer health navigators will have personal experience living well with HIV, agencies can complement this experience with additional knowledge about how clients can have a healthy life while living with HIV.[65,68,213]

Provide peer health navigators with training on other sexually transmitted infections and hepatitis C

RECOMMENDATION 16: Include basic information on sexually transmitted infections (STI) and hepatitis C in peer health navigator training. (Type of evidence: research and practice)

Evidence

Peer health navigators may need to answer questions from clients about other STIs and hepatitis C. Agencies can prepare navigators for these questions by including information on STIs[27,28,32,70,164,183,184,198] and hepatitis C basics in the training curriculum.[63,156,165,175,198,209,229]

The epidemiology of other STIs,[223,224] risk factors for acquiring STIs,[225,227] and the characteristics and symptoms of the most common STIs[227] can all be part of the curriculum. Peer health navigators should also know about STI prevention techniques and contraception[11,12,17,193,224,227,230] and where clients can be tested for STIs if they do not want to be tested by their primary healthcare provider.[224]

Peer health navigators should also know the basics of hepatitis C,[63,156,165,175,198,209,229] such as information on transmission through sex and drug use,[229] hepatitis C testing, and hepatitis C treatment and cure.[63]

Provide peer health navigators with drug use basics training

> **RECOMMENDATION 17:** Include basic information on a range of evidence-based interventions related to alcohol and drug use and addiction, including harm reduction, in peer health navigator training. (Type of evidence: research and practice)

Evidence
Agencies hosting peer health navigation programs should include knowledge on harm reduction[11,12,23,27,28,65,72,149,156,178,181,186,193,205,206,211,221,225,227] and drugs[17,20,67,230] in their training. Peer health navigators may need this information to understand and communicate with their clients who use drugs about drug use (if this is a priority for the client), support them to continue to use drugs safely or consider ways to use them more safely, to reduce their drug use, or to abstain altogether if that is what they want, based on the client's self-determined goals.

Provide peer health navigators with mental health and trauma basics training

> **RECOMMENDATION 18:** Include basic information on behavioural health, mental health, violence and trauma in peer health navigator training. (Type of evidence: research and practice)

Evidence
Agencies should include information on common mental health diagnoses,[28,65–67] violence[27,65] and trauma[156] in the training curriculum. Mental health training can include information on the signs and symptoms of common mental illnesses,[66] strategies to cope with mental health challenges,[67] and how HIV and depression can be interconnected.[65]

Peer health navigators should also be trained to know when to refer clients for more in-depth support related to mental health,[66,68] violence[27,65] and trauma.[156]

Provide peer health navigators with cultural safety training

▌**RECOMMENDATION 19:** Train peer health navigators to work with clients in a culturally safe way. (Type of evidence: research and practice)

Evidence

Most agencies with peer health navigation programs serve a wide range of people with HIV. Such a diverse clientele means that service providers, including peer health navigators, must have some capacity to work with people of different abilities, ages, classes, Indigenous identities, other ethnicities, immigration statuses, races, religions, gender expressions or identities, and sexual orientations.

Agencies should train peer health navigators on how to work with diverse peoples in a culturally safe way.[15,18,27,28,31,47,63,71,154,162,164,178,181,202] Culturally safe approaches to healthcare were first developed in Indigenous communities but have since been adapted to other populations and can be used to explore systemic oppression,[27,162] racism, sexism and homophobia in service delivery.[27]

This training can help peer health navigators to increase knowledge and enhance self-awareness about how their own culture, education and history might shape their health practice, especially with regard to stereotypes that impact Indigenous experiences of the health system, as well as the experiences of other racialized or marginalized communities. Peer navigators can learn about terminology, diversity, aspects of colonial history, and contexts for understanding social disparities and health inequities.[233,234] This training provides an opportunity to explore the present-day realities of colonization that continue to shape Indigenous health and wellness.[233,234] Training sessions can also provide peer health navigators with an opportunity to hear how cultural traditions may create barriers to HIV care for some clients,[18,202] and learn how to provide peer counselling in a culturally safe way[34,47] and approach topics sensitively.[71,202]

> **VIGNETTE**   *Paul runs an orientation program for peer health navigators. One activity he uses during orientation is to ask peers to reflect on their culture and heritage and their beliefs about 'others.' In a safe space, this activity helps the navigators to recognize the importance of culture in their own lives and how culture might be important in the lives of the people they support. Using these exercises, peer navigators begin to consider the impact of their own culture, intersectional identities and privilege on the clients that they serve, and begin to understand and empathize with clients from other cultures or who bring different intersectional identities. Paul talks about how trust and rapport are developed and the navigators are taught that cultural safety is about being open-minded and flexible in their attitudes toward people from cultures other than their own.*

Provide peer health navigators with self-care training

RECOMMENDATION 20: Train peer health navigators on self-care techniques and provide information on burnout, compassion fatigue and vicarious trauma. (Type of evidence: research and practice)

Evidence

The role of a peer health navigator is a challenging one. Peer health navigators are adapting to a new work environment and may be working with clients who have similar experiences to their own, which may challenge them emotionally.

Agencies should include training on self-care, in addition to providing other ongoing supports for self-care. This is one way that agencies can support peer health navigators to reduce the emotional toll that peer work may take on them.[63,69–71,158,162,164] Training can include a discussion of self-care strategies,[164] how to manage stress,[63] and how to deal with grief and loss.[69]

Provide peer health navigators with communication skills training

RECOMMENDATION 21: Train peer health navigators on communication skills. This includes training on how to document work with, and on behalf of, clients; how to communicate with healthcare and service providers; and how peer health navigators should express themselves in meetings they attend. (Type of evidence: research and practice)

Evidence

Much of the work of peer health navigators centres on strong communication between them and their clients. Training should include sessions that develop peer health navigators' communication[12,18,23,27,28,32,40,46,51,66,68,70,73,149,154,156,175,177,181,183,185,186,189,193,200,202,203,205,210,227,235] and facilitation skills.[13,18,34,40,47,48,63,156,184,186,201,221,229]

Peer health navigators may be working with people who have not traditionally been well-served by the healthcare and social service systems. This may create mistrust and may prevent clients from having open discussions with peer navigators or other service providers. Navigators may have to rely on non-verbal communication cues[46,181] to understand the kind of support clients need. Navigators should attempt to validate their interpretations with their program supervisor, to ensure that they are making accurate assessments when relying on non-verbal cues.

Peer health navigators also need to be active listeners.[23,71,149,183,189] This skill is important for clients to feel like their peer health navigator understands their challenges and is helping them work toward their goals. Both an understanding of non-verbal communication and active listening skills will help peer health navigators know when to introduce and talk

about sensitive topics[189,202] without judgement,[200] such as sex, drug use, mental health, trauma and family issues.

Training for peer health navigators can also include sessions on how to share their personal experience effectively to support client-identified needs.[12,28,66,69,71,197,201] Peer health navigators are hired to work with clients because of their personal experience living with HIV. However, it may not always be easy to know when or how to share personal history or experience in a way that helps clients address their needs. Communication training that centres on self-disclosure can help peer health navigators decide how much and what they are willing to share with clients[197,201] to be effective role models.[12]

Peer health navigators may experience conflict with clients or may have to work with clients who are reluctant to take their support. Communication training for navigators can include strategies to overcome potential barriers clients face in accepting support,[178] and ways to deal with conflict.[47,236]

Facilitation skills, including the ability to present information[18,48,156,201,203,236] and promote discussion of a topic among group members,[34,236] is important for peer health navigators who provide emotional support or educational support to groups.

It is important that agencies encourage peer health navigators to bring their own style to their work. Communication training should encourage new navigators to incorporate the new techniques they have learned into their natural way of communicating with others.[227]

Provide peer health navigators with leadership skills training

RECOMMENDATION 22: Train peer health navigators on leadership and advocacy skills. (Type of evidence: practice)

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

VIGNETTE *Coco, the peer health navigation program supervisor, is planning training for two new peer health navigators. Based on the recruitment process, she knows that both the navigators are outspoken and confident but may need some support to become effective role models to other people with HIV. Coco also knows that leadership and advocacy skills are crucial for successful navigation, but that it is a challenging topic on which to train navigators. Her agency is not an expert in the subject, but she knows that a local external agency has led leadership trainings for people with HIV in the past. She contacts them to provide a half-day training session for new navigators. Coco also invites existing navigators to the training as a way to update their skills.*

Provide peer health navigators with peer counselling techniques training

RECOMMENDATION 23: Train peer health navigators on the basics of active listening to support clients. (Type of evidence: research and practice)

Evidence

It should be emphasized that peer health navigators are not counsellors; however, agencies should train peer health navigators on the basic techniques of peer counselling to enhance the emotional support they provide.[20,28,31,34,63,66,67,158,164,165,178,179,183,187,200]

Clients may trust peer health navigators before they trust other service providers on a healthcare team. This may lead some clients to have discussions with their navigators about the struggles they face. Agencies should train peer health navigators in the basic principles of assessment so they can determine if these are challenges that they can address or if the client should be referred to another service provider.[31,178,179] Peer health navigators should know how to refer clients to other service providers and resources, both internal to the healthcare team and in the community.[31,63,66,164,165,183,187,200] Navigators should be trained on what resources are available to provide the most appropriate referral.[31,63,165,178,183,200]

Peer health navigators should be prepared to offer basic peer counselling support to clients. Basic peer counselling techniques in motivational interviewing,[47,65,67,71,200,206] cognitive behavioural therapy[200] and crisis intervention[63] can make it easier for peer health navigators to provide emotional support to their clients, and if appropriate, their families or networks. Grief counselling[67] and counselling techniques for disclosure of HIV status[11,65,162] can also be shared with peer health navigators.

Provide peer health navigators with referral skills training

RECOMMENDATION 24: Train peer health navigators to understand when and how to refer clients to other members of the healthcare team when necessary. (Type of evidence: practice)

Evidence

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

Provide peer health navigators with training on the principles of trauma-informed practice

RECOMMENDATION 25: Train peer health navigators on the principles of trauma-informed practice. (Type of evidence: practice)

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

VIGNETTE *Ella is a peer health navigator who has been working with her client, Jess, for six months. During this time, Jess has been evicted from housing three times and is now living in a shelter. Jess states that she hates all the rules at the shelter and has asked for Ella's help finding new housing. Ella has worked with Jess and Jess's social worker to set up interviews with housing facilities several times, but each time Jess has not shown up for her appointment.*

In her supervision meeting, Ella expresses that she is becoming frustrated in her work with Jess. Ella wonders if she really needs to keep working with Jess, as she feels that Jess just doesn't seem to want her help. Cam, Ella's supervisor, suggests that she draw upon some of the skills she developed in the workshop she recently attended on trauma-informed practice. Cam asks Ella to reflect on what might be some of the underlying reasons that Jess is finding it so difficult to get to housing appointments. Ella re-grounds herself in the understanding that Jess's past experiences with agencies and institutions impact the way in which she interacts with services in the present. Ella reminds herself that her work as a peer health navigator is to provide a safe, supportive and trusting space for Jess to access the resources she needs, but also to honour Jess's right to choose when and how to access services.

Provide peer health navigators with documentation and evaluation skills training

RECOMMENDATION 26: Train peer health navigators on the specific documentation and evaluation processes used by the program. (Type of evidence: research and practice)

Evidence

One of the responsibilities of a peer health navigator is to document their work with and on behalf of clients. Agencies should train peer health navigators on how they should document their work.[66,68,156,164]

Documentation is also important for program evaluation. Peer health navigators should be trained on why collecting data is important[28,166] and how to collect it.[28,166]

Provide peer health navigators with basic de-escalation skills training

| **RECOMMENDATION 27:** Train peer health navigators to identify potentially harmful situations and to use basic de-escalation techniques. (Type of evidence: practice).

Evidence

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

8

Program management – Monitoring and evaluation for peer health navigation programs

In this chapter, we identify a host agency's program monitoring and evaluation responsibilities.

The literature and working group identified four agency responsibilities related to peer health navigation program monitoring and evaluation. For information on assessments related to peer health navigator training, see Chapter 7. The recommendations for the responsibilities are described below, along with a review of the evidence for each. The agency responsibilities are:

■ Develop a program evaluation strategy
■ Determine the outcomes to measure
■ Collect program delivery statistics
■ Use a variety of evaluation methods

Develop a program evaluation strategy

RECOMMENDATION 1: Develop a culturally and organizationally appropriate and relevant evaluation strategy to assess the peer health navigation program and plan to integrate learnings back into the program. (Type of evidence: research and practice)

Evidence
Agencies that have peer health navigation programs are responsible for articulating an evaluation strategy for the overall program. It is the agency's responsibility to determine the best evaluation methods and outcome measures for their program.

Agencies should use a simple system for documenting and evaluating their peer health navigation program.[28,194] Agencies need to determine the impact they want the peer health navigation program to have,[27,167] identify specific outcomes that can measure

its impact,[27,34,167] and determine how they are going to carry out the evaluation. If an agency has existing evaluation systems, it should consider how these processes can be adapted to assess the peer health navigation program.[51,166] An evaluation should include mechanisms that gather feedback from clients,[23,27,65,171,174,191,214,217,220,223,228,236–238] peer health navigators[27,49,51,69,198] and staff.[23,49]

When both an evaluation strategy and the peer health navigators' evaluation-related responsibilities are determined, program supervisors should ensure that peer health navigators understand why collecting data is important[28,166] and how to collect it.[28,166]

> **VIGNETTE** *Iggy, the peer health navigation program supervisor, and Ama, the health authority manager responsible for funding the navigation program, meet to develop a program evaluation strategy. They agree to develop a logic model for the program that establishes what indicators will best reflect if the program is doing what it intended to do and what the impact of the program is for clients and health navigators. They also consider how this data can be collected and consult with a representative group of clients and health navigators for input through a focus group. Iggy identifies existing data-gathering activities at his agency that can be used, like client intake, which already records the demographic information of new clients. Iggy and Ama also agree on additional data collection activities that would be manageable for the program, such as a quarterly survey to assess client satisfaction. Taken altogether, the selected indicators and evaluation activities will help Iggy and Ama understand how the peer navigation program is doing, and provide data to improve the program and advocate for additional resources, if needed.*

RECOMMENDATION 2: Ensure that GIPA/MEPA Principles are integrated into evaluation planning, execution and analysis, and in the integration of learnings from the program. (Type of evidence: practice)

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

Determine the outcomes to measure

RECOMMENDATION 3: Identify the client outcomes to be collected to assess the peer health navigation program. Do this in consultation with relevant stakeholders, including the clients, the navigators, the program supervisors and the program funder. (Type of evidence: research and practice)

Evidence

Success, however defined, can be measured using a variety of outcomes. Agencies, alongside other stakeholders, are responsible for determining what those outcomes are for *clients*.[27,148,172,192,218,221,224,229,237–239] Client outcomes can be assessed through culturally appropriate quantitative and qualitative methods directly with the client[172,192,221,237] and through review of clinical records.[239]

Outcomes, such as frequency of primary care visits or connection to health and social services, can be measured for clients.[148,172,239] Treatment adherence, viral load tests and CD4 counts can be outcome measures used for clients who are on treatment.[239]

Client outcomes can also measure the impact of the peer health navigation program on changes in client HIV knowledge,[192,237] sexually transmitted infections testing,[224,229] safer sex,[192,218,221,224,237–239] and sexual negotiation skills.[192,224,237] There are also a number of possible outcome measures related to harm reduction knowledge and practice, such as frequency of drug use (injection and inhalation) and use of new injection supplies.[218,221,229,239]

Satisfaction with the program[71,148,175,228,237] and with the peer health navigator,[66] and acceptability of peer support[42] are all potential outcomes that agencies can use to measure the performance of the peer health navigation program in general.

As part of a program evaluation strategy, Iggy, the program supervisor, and Ama, the program funder, agree that it is important to assess a number of outcomes to determine the impact of the program for clients. To determine which outcomes to measure, Iggy and Ama reflect on the goals of the program, and consult with peer health navigators and a representative group of clients (through a focus group) to determine what their priorities are. Through this process, they decide that they would like to know if the program has had an impact on clients' engagement in HIV treatment and care, as well as their general feelings of well-being, specifically related to their emotional health. To measure this, they select as their indicators:

- *The number of clients attending clinic appointments and ready start treatment at intake*
- *The number of clients attending clinic appointments and ready to start treatment at reporting*
- *The number of clients on treatment*
- *The number of clients reporting positive emotional wellness at intake*
- *The number of clients reporting positive emotional wellness at reporting*

Iggy is also interested in evaluating clients' perception of the program and the impact the program has had on their knowledge. To gauge these outcomes, he chooses the following indicators:

- *Percentage of clients satisfied with the peer navigator program*
- *Percentage of clients that report an increased knowledge of HIV following work with navigators*

Iggy and Ama also agree on quality improvement targets, which will be assessed using the two indicators listed directly above. They determine that 80% of clients should be satisfied with the peer navigation program and 85% of clients should report an increased knowledge of HIV after working with navigators.

As part of an agency-wide initiative to be more transparent, Iggy creates a quality improvement board for the office, which is a visual display of their monthly data.

RECOMMENDATION 4: Identify the peer health navigator outcomes to be collected to assess the peer health navigation program. Do this in consultation with relevant stakeholders, including the clients, the navigators, the program supervisors and the program, funder. (Type of evidence: research and practice)

Evidence

Agencies, along with other relevant stakeholders, are responsible for identifying outcomes that capture the impact of the program on *peer health navigators*.[27,42,49,51,69,71,148,175,228,237]

Outcomes that measure the success of the program from the perspective of the peer health navigator should be developed as part of any program evaluation. Outcomes for peer health navigators can focus on how peer health navigators experience the program,

such as job satisfaction. Peer health navigators can evaluate how they have applied their skills and knowledge,[69,198] what parts of the program have been effective,[49] areas of the program that can be improved[69] and the effect of the program on their health and wellness.[198]

Collect program delivery statistics

> **RECOMMENDATION 5:** Capture descriptive information after every client encounter, including demographic information for new clients, and the peer health navigation services that were provided. This information should be captured using a client contact sheet developed by or adapted for the peer health navigation program. (Type of evidence: research and practice)

Evidence

Agencies should keep good statistics on the number and type of services offered to monitor the work of the peer health navigation program.[23,27,42,148,172,194,205,215] Capturing quantitative information can be used by program supervisors to monitor trends[49] related to which clients are using the program and how they are using it. This quantitative information can also be useful to evaluate the program's impact.

Peer health navigators can record basic demographic information such as age, gender and ethnocultural information of new clients.[205,215] They can also capture information related to their activities with clients. For example, navigators can record the number of people reached, the number of harm reduction and safe sex supplies shared with clients, and the number of educational sessions provided.[23]

As a way to help peer health navigators capture this data, agencies can develop a simple contact sheet or an encounter log that navigators can use to quickly record their activities.[42,148,194,205] Contact sheets can include sections on demographic information,[23,215] a glossary of services (intake, relationship building, HIV education, etc.) that can be checked off,[148,194] and information on unmet needs or requests for services.[23] These kinds of forms are easy for navigators to use, and help the agency track how peers spend time with clients. They can also be used when compiling reports to funders.[194]

Use a variety of evaluation methods

> **RECOMMENDATION 6:** Use a variety of evaluation methods to assess the peer health navigation program. (Type of evidence: research and practice)

Evidence

Agencies should use a variety of methods to evaluate the peer health navigation program. Using diverse and complementary evaluation methods can contribute to a more fulsome assessment of the program.

Evaluation methods can include tracking quantitative data related to services offered;[23,42,148,172,194,205,215] hiring an external evaluator to observe the work of the program;[30,199] analyzing documents;[27] and conducting surveys,[30,167,172,175,192,198,218,221,224,229,238] interviews,[22,30,49,66,192,199,215] and focus groups.[23,66,167,215] Surveys, interviews and focus groups can be used to solicit feedback from clients, peer health navigators and staff.

The impact of the program on clients can be measured using pre- and post-test surveys.[172,175,192,198,218,221,224,229,238] A pre-test survey establishes the baseline knowledge and skills of a client before working with a peer health navigator for a pre-determined amount of time. A post-test survey captures the change that occurs (if any) as a result of working with a peer health navigator.

General feedback surveys can also be used to identify specific peer health navigator needs and their satisfaction with the program.[30,167] When peer health navigators exit the program, agencies can conduct an exit survey.[44] Exit evaluations allow the agency to solicit the peer health navigator's feedback on how to improve the position or the program.[44]

Individual interviews with clients,[215] peer health navigators[22,30,49,66,192,199] and staff[23,49] are an additional method that agencies can use to evaluate their program. Interviews are useful if agencies want more in-depth information on how peer health navigation services have impacted a client's life over time. Interviews can also capture the experience of peer health navigators and their satisfaction with the program. They can also identify any positive or negative impacts the program has had in their lives. Interviews with staff can gauge their perceptions of how well the program operates.

Focus groups also provide more in-depth information on the impact of a peer health navigation program on clients[23,215] and peer health navigators.[66,167] Unlike interviews, focus groups are conducted with a small number of clients or navigators at the same time. Discussions are facilitated and can be designed to elicit information on whether clients or peer health navigators believe the program meets its objectives, what the program's strengths are, and areas of improvement, among other things.

9

Integrating peer health navigators into a host agency

In this chapter, we explore how to integrate peer health navigators into a host agency.

The literature and working group identified three agency responsibilities related to integrating peer health navigators into a host agency. The recommendations for the responsibilities are described below, along with a review of the evidence for each. The host agency responsibilities are:

- Train staff on the greater involvement/meaningful engagement of people with HIV (GIPA/MEPA)
- Orient host agency staff on peer health navigators in the work place
- Provide specific training to peer health navigation program supervisors

Train staff on GIPA/MEPA

RECOMMENDATION 1: Provide all host agency staff with training on GIPA/MEPA. Practising GIPA/MEPA Principles increases the effectiveness of policies, programs and services for people with HIV. (Type of evidence: research and practice)

Evidence

Agencies hosting peer health navigation programs should provide GIPA/MEPA training to all agency staff. Staff training can underscore how a GIPA/MEPA framework creates a space where people with HIV inform all aspects of service delivery;[51] how the agency is flexible to the needs and realities of navigators' lives (periodic illness, substance use, mental health challenges, family emergencies, other work commitments, etc.);[50] why peer health navigators are considered colleagues;[50] and how the agency facilitates opportunities for navigators to develop their skills further.[26]

GIPA/MEPA training is the first step in promoting a culturally safe[25,51] and respectful[167] work environment for people with HIV.[25,51]

Orient host agency staff on peer health navigators in the work place

RECOMMENDATION 2: Provide all host agency staff with an orientation on the peer health navigation program. (Type of evidence: research and practice)

Evidence

Agencies are responsible for providing all agency staff with an orientation to the peer health navigation program and peer health navigators in the work place.[51,72] This includes an orientation for all staff before a peer health navigation program is first introduced,[51,220] and for all staff hired after a peer health navigation program has been established.[51,72]

Host agency staff may not have experience working with peer workers as colleagues. It is important that staff receive orientation and training before peer health navigators start working.[63,71,194] Training and orientation can help staff to understand the value of peer health navigators to the work of the wider team and support their integration into it.

RECOMMENDATION 3: Provide all host agency staff with training on the roles and responsibilities of peer health navigators. (Type of evidence: research and practice)

Evidence

Agencies should also train staff on the roles and responsibilities of peer health navigators.[34,43,50,51,71,156,194,220] For more information on the roles and responsibilities of peer health navigators, see Chapter 2.

Training can include an examination of the value of peer work[43,50,51,71,156,194] and the goals of a peer health navigation program.[51] It can also include an explanation of the roles and responsibilities of peer health navigators[34,51,194] and when and how to include peer health navigators in discussions about clients.[71] Training should explain the unique challenges peer health navigators face as both service providers and service users,[24,71] and make it clear that peer health navigators are colleagues rather than clients when they are in their role as service provider.[71,73,220]

RECOMMENDATION 4: Provide all host agency staff with a clear understanding of how peer health navigators are situated within an agency's structure to help guide respectful interactions between staff and peers and ensure appropriate boundaries are kept. (Type of evidence: practice)

Evidence

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

Provide specific training to peer health navigation program supervisors

RECOMMENDATION 5: Provide peer health navigation program supervisors with specific training on supervision and support of navigators. (Type of evidence: research and practice)

Evidence

Agencies are responsible for providing additional training to peer health navigation program supervisors.[51,63,67,194] For more information on peer health navigator supervision, see Chapter 6.

Both administrative and clinical supervisors should have the skills and knowledge to meet the unique supervision needs of peer navigators.[28,63,66,69,70] This can include training on the program's policies and procedures,[63] and training on communication skills.[63] Strong communication skills can help supervisors build rapport with navigators so they can provide them with encouragement and constructive criticism.

RECOMMENDATION 6: Facilitate the introduction of individual peer health navigators to host agency staff. (Type of evidence: Practice)

Evidence

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

Integrating peer health navigators into healthcare settings

In this chapter, we explore issues related to integrating peer health navigators into teams in healthcare settings such as hospitals and clinics.

The literature and working group identified three activities related to integrating peer health navigators into a healthcare setting. The recommendations for the activities are described below, along with a review of the evidence for each. The activities are:

- Negotiate the integration of peer health navigators onto healthcare teams
- Orient staff in healthcare settings on peer health navigators in the work place
- Establish open communication channels between peer health navigators and other healthcare team members

Negotiate the integration of peer health navigators onto healthcare teams

RECOMMENDATION 1: Integrate peer health navigators into teams in healthcare settings and related environments as equal and engaged members of the healthcare team. (Type of evidence: research and practice)

Evidence
Community agencies hosting peer health navigation programs should consider formally partnering with HIV care teams in healthcare settings, such as hospitals and clinics, to provide more integrated healthcare services for clients. This should include work to determine how navigators can be integrated into existing healthcare services.

One of the roles of a peer health navigator is to work closely with a client's healthcare team to bring attention to gaps in care. Effective and collaborative relationships with clients and the healthcare team facilitate this role. Agencies that can create a supportive environment in healthcare settings for navigators may be more successful at

integrating navigators into healthcare settings.[194] For more information on the roles and responsibilities of peer health navigators, see Chapter 2.

Agencies should work with someone from the healthcare team who is committed to peer health navigation and can act as an internal champion among their colleagues.[68] Together with this internal champion, agencies can work with healthcare administrators and the healthcare team to develop a structure[68] for navigators to work in their setting. Guidelines[67] that outline how navigators will work with other staff, including social workers, nurses, pharmacists and doctors,[51,194] is one way to provide structure to the integration of peers into healthcare settings.

Negotiation with healthcare administrators and the rest of the healthcare team should include extensive discussions that determine how peer health navigators will contribute to the team,[51] based on the roles the agency has defined for its peer health navigators.

Discussions can include the level of integration of navigators on the team; each staff person's role and how that will be complemented by the work of a navigator; and the communication channels among team members, including peer health navigators.

RECOMMENDATION 2: Create new or adapt existing memoranda of understanding with healthcare teams to establish an official relationship between the peer health navigation program and the healthcare setting, if the program is not part of a healthcare organization. (Type of evidence: practice)

Evidence

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

Orient staff in healthcare settings on peer health navigators in the work place

RECOMMENDATION 3: Orient social workers, nurses, pharmacists, doctors and other staff on the healthcare team who will work with peer health navigators. Before navigators join the team, discuss GIPA/MEPA and the importance of these principles; the specific roles and responsibilities of navigators; how their work can complement that of the rest of the healthcare team; how their work can improve the health and wellness of clients; and the potential for power imbalances to arise when service users become service providers. Discuss the need for flexibility and adaptation on the part of the navigators and the rest of the healthcare team to ensure peers are integrated equitably. Provide ample time to address staff concerns. (Type of evidence: research and practice)

Evidence

Staff in healthcare settings may not be used to working with peer workers as colleagues. It is important that staff, such as social workers, nurses, pharmacists and doctors, receive adequate orientation before peer health navigators join the healthcare team.[63,71,194] Orientation can help healthcare staff to understand the value of peer health navigators to the work of the wider team and support their integration into it.

Orientation for healthcare staff should create a safe environment in which all staff can discuss their concerns about adding peer health navigators to the healthcare team.[63,68,194] Discussions can address staff concerns and support them to accept peer health navigators as colleagues.[73] Staff orientation should also draw attention to the power imbalance that can exist between peer health navigators and other healthcare staff that may make it difficult for peer health navigators to contribute to team discussions and advocate for their clients.[167]

Orientation sessions with healthcare team members should cover GIPA/MEPA;[166] information on the unique work of peers;[49,71,170,209,216] and other peer health navigation programs and models that have been implemented, including evaluations that demonstrate the health benefits to clients and the potential cost-savings to the healthcare system.[71]

Orientation can also include information about peer health navigator roles and responsibilities[63,68,71,152] that outlines how navigators will complement the work of the team;[68] how they will work with clients and other staff members;[51,63] and how to include peer health navigators in team discussions about clients.[68,71] Outlining the roles and responsibilities of navigators should clearly distinguish their work from the work of other staff members.[34]

Establish open communication channels between peer health navigators and other healthcare team members

> **RECOMMENDATION 4:** Establish open communication channels between peer health navigators and other healthcare team members. Communication channels may develop over time or may need to be established using mechanisms such as guidelines for respectful communication or regular all-team meetings. (Type of evidence: research and practice)

Evidence

Agencies that want to integrate peer health navigators into healthcare teams should work with their healthcare partners to establish clear and consistent communication channels between navigators and other healthcare staff.[152] A lack of consistent communication can lead to the underuse or inappropriate use of peer health navigators.[152]

Regular staff meetings are one way to create ongoing opportunities for the whole healthcare team to meet.[32,49,51,63,66,68,152] If that is not feasible, peer health navigators can have regular meetings with one member of the healthcare team, such as a social worker or case manager,[49,68] who then reports back to the rest of the healthcare team.

One-on-one mentoring is also a big part of how navigators and other healthcare team members communicate. When the clinic is slow, navigators ask healthcare staff about topics they feel they don't know enough about as a way to expand their knowledge and skills. In turn, healthcare staff often ask navigators about their personal experience as gay people, people who use drugs, or about other common experiences the navigators and their clients may share.

VIGNETTE *In a local clinic–community partnership to deliver peer navigation services, multiple formal and informal communication channels exist between peer health navigators and other healthcare team members. For example, navigators attend the regular staff meetings to discuss the day-to-day operations of the clinic, and participate in patient advisory meetings to provide feedback from patients. The peer health navigation program supervisor meets regularly with a member of the healthcare team to hear any staff issues or concerns related to the program and to bring attention to navigator concerns.*

11

Community engagement and development for peer health navigation programs

In this chapter, we explore the ongoing community engagement and development work needed to support peer health navigators to work with external community-based agencies; for example, agencies that provide housing, substance use, mental health, settlement and culturally specific services.

The literature and working group identified five activities related to community engagement and development for peer health navigation programs. The recommendations for the activities are described below, along with a review of the evidence for each. The activities are:

- Consider a community engagement strategy
- Educate and engage other community agencies to support the peer health navigation program
- Create memoranda of understanding with community partners
- Support peer navigators to acquire and maintain up-to-date knowledge of community services
- Facilitate integration of peer health navigators into the community

Consider a community engagement strategy

RECOMMENDATION 1: Consider the need to create a strategy to guide community engagement and development. (Type of evidence: practice)

Evidence

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

Educate and engage community agencies to support the peer health navigation program

RECOMMENDATION 2: Engage external community agencies to support the peer health navigation program before navigators work with clients in the community. (Type of evidence: research and practice)

Evidence

As part of their role, peer health navigators interact with external community agencies, including making referrals on behalf of clients, accompanying clients to appointments, and attending community events. Extensive community development may be needed before introducing peer health navigators into external community agencies.[65] Community support for the peer health navigation program can facilitate referrals, the presence of peer health navigators in community agencies, and the work of navigators generally.[73]

The first step in engaging external community agencies may be creating an inventory of available community services.[148] Such an inventory gives program supervisors a list of agencies that can be engaged. Later it can serve as an inventory of programs and services to which peer health navigators may refer clients.

There are a number of ways that program supervisors can prepare external community agencies for working with peer health navigators. Program supervisors can leverage existing professional relationships to educate other agencies about the purpose of the program and the work of the peers.[27,71] Community agencies with which the host agency already has some relationships can also help identify other agencies where peer health navigators may need to refer or support clients.[27]

Program supervisors can also solicit input on the peer health program from external service providers,[27,65,168] and can attend community events to establish or strengthen relationships with potential partners.[240]

RECOMMENDATION 3: Engage external community agencies to support the peer health navigation program in an ongoing way after navigators have started to work with clients in the community. In support of GIPA/MEPA, facilitate opportunities for peer health navigators to participate as advisors to this process, as ambassadors for the program, or in other appropriate and relevant ways. (Type of evidence: practice)

Evidence

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

VIGNETTE   *Ryan, the peer health navigation program supervisor, and his team of peer health navigators are excited to have received the Certificate of Community Contribution in Healthcare, which acknowledges their ongoing community engagement work of the last year. Ryan now wants to formalize his team's existing informal collaborations with community agencies and initiate new ones. With input from the navigators, Ryan standardizes the referral process from the local First Nations health centre, secures satellite space for regular shifts for navigators at HIV testing clinics around the city, and signs a memorandum of understanding so that navigators can shadow service providers at two harm reduction agencies as part of their training.*

The high point in the team's community engagement efforts is a finalized agreement between the peer health navigation program and the local medical school. Starting in the fall, peer health navigators will be hired as patient instructors for medical students.

Create memoranda of understanding with community partners

RECOMMENDATION 4: Create new or adapt existing memoranda of understanding with community partners to frame the work of peer health navigators in external community agencies. (Type of evidence: research and practice)

Evidence

Peer health navigation programs should develop memoranda of understandings or partnership agreements with any external community agencies where peer health navigators may have a significant presence.[27,71]

These agreements can include any information that facilitates a collaborative working relationship between the peer health navigation program and external community agencies. This can include information related to the roles and responsibilities of both the host agency and its partners,[27] the process for making policy and process decisions that impact the work of navigators,[27] any referral pathways from peer health navigators to other service providers,[71] and the process for sharing information among navigators and program supervisors from the peer health navigation program and their community partners.[71]

Support peer health navigators to refer clients to external services

> **RECOMMENDATION 5:** Support peer health navigators to acquire and maintain up-to-date knowledge of available community and clinical services; provide access to information about external programs and services that may be relevant to clients to facilitate referrals from the peer navigator program. (Type of evidence: practice)

Evidence

This recommendation emerged from the practice expertise of the working group

Facilitate integration of peer health navigators into the community

> **RECOMMENDATION 6:** Facilitate the integration of peer health navigators into external community agencies. (Type of evidence: research and practice)

Evidence

Agencies should facilitate relationship building for peer health navigators. For example, agencies should facilitate networking between their peer health navigators and external community-based agencies and peer navigators from other health regions/organizations. Peers should not be expected to network on their own. Agencies can also support peer health navigators to meet with external agencies to mutually understand each other's mandate and start to develop a working relationship. Especially in the earlier phases of a peer health navigation program, any interaction between peer health navigators and external service providers will be an opportunity to build relationships.[241] One of the first ways to facilitate the integration of peer health navigators into external community agencies can be to invite staff from these agencies to lead training sessions for peer health navigators.[158] Participating in training for peer health navigators allows community agencies to share their expertise. It also allows staff from community agencies and the navigators to familiarize themselves with one another.

Peer health navigators should be given an inventory of community agencies with which the host agency has formal partnerships or with which the host agency often collaborates.[34] These community agencies should be encouraged to formally affiliate themselves with the health navigation program through a partnership agreement. This may ease peer navigator interactions with external service providers.[26]

Once peer health navigators start working, program supervisors should also actively introduce peer health navigators to other service providers,[28,71,194,241] such as intake staff in community agencies where peer health navigators may often refer or accompany clients.[71] Navigators should be encouraged to attend relevant community events where they can establish their own contacts with community partners.[148]

Guideline development process

We searched Medline, Embase and CINAHL databases using pre-identified search terms. Search terms varied by chapter. Grey literature was searched using Google and by reviewing selected, relevant websites.

The process for each chapter was the same.

- Stage 1: Peer-reviewed and grey literature search conducted.
- Stage 2: All abstracts and grey literature were screened for eligibility. Ineligible abstracts and grey literature included duplicates, articles in languages other than French or English, articles based on research or programs outside of Canada and the United States, and articles that did not specifically examine the topic of interest for the chapter.
- Stage 3: All eligible abstracts were retrieved as full articles and then reviewed again to determine final eligibility. Eligible grey literature was further reviewed for final eligibility. Articles and grey literature that did not specifically examine the topic of interest for the chapter were deemed ineligible.
- Stage 4: Evidence reviews were written based on the eligible articles and grey literature.
- Stage 5: Recommendations were developed through a process of facilitated discussion and consensus-building among working group members at in-person meetings or monthly teleconferences. At this stage, practice-based evidence was also examined and incorporated into recommendations.
- Stage 6: Expert review. Final recommendations were reviewed by 10 external reviewers, including people with HIV, frontline service providers and program planners.

For more detailed information on the methodology used to develop specific evidence reviews and recommendations, please see Appendix 2.

2

Methods

We used two search strategies for the evidence reviews contained in these guidelines. The second search strategy, which focused on the roles and responsibilities of peer health navigators, was only used to inform Chapter 2: Peer health navigator roles and responsibilities.

Search strategy 1

We searched Medline and Embase databases to identify evidence from the general literature on HIV peer work. The search terms were: peer; peer group; greater involvement of people living with HIV; greater involvement of people living with AIDS; GIPA; meaningful involvement of people living with HIV; meaningful involvement of people living with AIDS; MIPA; meaningful engagement of people living with HIV; meaningful engagement of people living with AIDS; MEPA; and HIV. Searches were limited to HIV peer work in Canada and the United States.

All abstracts were reviewed for eligibility by one CATIE staff member. Ineligible abstracts included duplicates, articles in languages other than French or English, and articles that focused on HIV peer work in low- and middle-income countries. All eligible abstracts were retrieved as full articles and reviewed to determine final eligibility in an inventory of articles on HIV peer work. Full articles were divided and reviewed independently by two CATIE staff members. Where eligibility was in doubt, a third CATIE staff member provided input on inclusion. All 11 chapters are based on the evidence from some or all of the articles in the inventory. Full conference presentations were not retrieved; instead, conference abstracts were reviewed. Articles and conference abstracts that did not specifically include information on general HIV peer work were excluded from the inventory of articles.

In addition, a Google search for grey literature in HIV peer work in Canada and the United States was conducted. The search terms were: peer; greater involvement of people living with HIV; GIPA; guide; training; best practices; manual; toolkit; peer researcher; HIV; Canada; and United States. On average the first 28 pages of each search were reviewed. Websites of organizations producing relevant literature that were identified through the search were also further searched for additional grey literature. Eligible documents from the grey literature were retrieved and reviewed by one CATIE staff member. Ineligible

documents included duplicates, documents that focused on HIV peer work in low and middle income countries, and documents that did not describe the development or delivery of HIV-related peer work. Two CATIE staff members divided and independently reviewed full documents to determine final eligibility in an inventory of grey literature on HIV peer work. Nine documents from the grey literature were identified by working group members.

The reference lists of both ineligible and eligible articles and the grey literature were reviewed for additional articles.

Results

In total, 1,872 abstracts were reviewed for eligibility for inclusion in a general inventory of articles related to general HIV peer work. After review, 170 abstracts were eligible for full article review. From the reference list of these articles, we identified another 77 to review. After review of the 247 articles, we retained 109 in the final inventory of peer-reviewed literature related to general HIV peer work.

Articles reviewed reported a variety of research designs including literature reviews, randomized controlled trials, quasi-experimental studies, observational studies, case studies and non-peer reviewed articles.

In total, 50 documents in the grey literature were identified and 43 were included in the final inventory of grey literature related to general HIV peer work. The 43 documents eligible for the final inventory of grey literature related to HIV peer work included reports, needs assessments, operations and implementation manuals, guides, toolkits, terms of reference, checklists, program descriptions and magazine articles.

The 109 articles and 43 documents from the grey literature describe general HIV peer work in harm reduction, research, support, prevention, education and navigation.

Search strategy 2

We searched Medline, Embase and CINAHL databases to identify evidence from the general literature on peer health navigation relevant to HIV and hepatitis C. The search terms were: certified peer specialist(s); consumer-provider(s); consumer-survivor(s); health worker(s); health educator(s); navigator(s); navigation; community; lay; patient; peer; promotor(es); promotora(s); cancer; mental health; mental disorders; mental disease; hepatitis C; and HIV.

Searches were limited to cancer and mental health, where the majority of published research on health navigation is found; to HIV, the infection of focus for these guidelines; and to hepatitis C, an infection that impacts populations similar to the populations affected by HIV.

All abstracts were reviewed for eligibility by one CATIE staff member. Ineligible abstracts included duplicates; articles in languages other than French or English; articles that focused on peer health navigation in low- and middle-income countries; articles that

described navigation programs staffed by "professional" navigators (nurses or social workers, usually); articles that described peer health navigation programs for screening and diagnosis; and peer health navigation programs where the focus was on community education only. For this search, only abstracts that described certified peer specialist, consumer-provider or consumer-survivor programs (where disclosure of mental illness was part of the job description), and peer or lay (non-professional) navigation programs were included in the final list of eligible abstracts.

All eligible abstracts were retrieved as full articles and reviewed to determine final eligibility. Full conference presentations were not retrieved; instead, conference abstracts were reviewed. Articles and conference abstracts that did not specifically include information on the roles of peer health navigators after a confirmed diagnosis of illness were excluded. Full articles were divided and reviewed independently by two CATIE staff members. Where article eligibility was in doubt, a third CATIE staff member provided input on inclusion.

The reference lists of both ineligible and eligible articles were reviewed for additional articles.

Results

In total, 4,542 abstracts were reviewed for eligibility. After review, 240 abstracts were eligible for full article review. From the reference lists of these articles, we identified another 44 studies to review. After review of the 284 articles, we retained 72 of them.

Articles reviewed had a variety of research designs including systematic reviews, meta-analyses, randomized controlled trials, quasi-experimental studies, observational studies, case studies and non-peer reviewed articles.

The 72 peer-reviewed articles describe peer roles from 65 different programs, studies, networks and training programs, most of which come from cancer care and the United States. The studies focus primarily on the roles of peer health navigators as they relate to helping clients successfully achieve their health and wellness goals.

3

Policies for peer health navigation programs

Policy recommendations appear throughout the *Practice guidelines in peer health navigation for people living with HIV*. Below all the recommended areas of policy development are identified.

Policies

- **Chapter 2, recommendation 16a:** Develop a new or adapt an existing documentation policy.
- **Chapter 2, recommendation 18a:** Develop a new or adapt an existing communication policy that outlines how and how often peer health navigators are expected to communicate with their program supervisors.
- **Chapter 2, recommendation 18b:** Develop a new or adapt an existing punctuality policy for peer health navigators.
- **Chapter 3, recommendation 2a:** Develop a new or adapt an existing policy that identifies appropriate boundaries between peer health navigators and clients, staff and volunteers. Include a range of specific and clear accountability outcomes related to breach of boundaries.
- **Chapter 3, recommendation 3a:** Develop a new or adapt an existing confidentiality policy to maintain client confidentiality. Include a range of specific and clear accountability outcomes related to breach of confidentiality.
- **Chapter 3, recommendation 3b:** Develop a new or adapt an existing confidentiality policy to maintain the confidentiality of peer health navigators, agency staff/volunteers, partner agency staff, and the agency itself. Include a range of specific and clear accountability outcomes related to breach of confidentiality.
- **Chapter 3, recommendation 4a:** Develop a new or adapt an existing disclosure policy that addresses the legal implications around client disclosure and the criminalization of HIV non-disclosure.
- **Chapter 3, recommendation 9a:** Develop a new or adapt an existing conflict of interest policy. The policy should be fair and flexible and may need to be applied on a case-by-case basis. Policies may vary from agency to agency depending on local contexts and culturally relevant approaches to conflict resolution.

- **Chapter 3, recommendation 11a:** Develop a new or adapt an existing policy to promote a culturally safe environment.
- **Chapter 4, recommendation 20a:** Develop a new or adapt an existing policy related to alcohol and drug use in the work place.
- **Chapter 4, recommendation 23:** Develop a new or adapt an existing HIV-status disclosure policy for staff, including peer health navigators, and volunteers.
- **Chapter 5, recommendation 4:** Develop an expense account policy for peer health navigators that ensures both that peer navigators are rarely expected to incur costs in association with their navigation role and reimbursement is provided in a very timely manner. Reimburse peer health navigators for pre-approved work-related expenses according to the policy.

4

Acknowledgements

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