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. 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.

VIGNETTE *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.

VIGNETTE *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)

Evidence

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 *A hospital clinic sees mostly First Nations Peoples as clients. The clinic provides education to all new staff, including peer health navigators, about culture, power and privilege, and how these relate to health. The program includes both First Nation and non-First Nation navigators so Alex, the program supervisor, must create an environment of learning that is open and safe. Navigators are supported to explore their own cultural heritage and beliefs and how these may affect interpersonal relationships. Alex ensures that education on First Nations, Inuit and Metis history and health, traditional ways of knowing, living and healing are regularly provided by a local Elder. Alex also provides navigators with culturally appropriate posters and materials that include the seven sacred teachings of love, respect, courage, honesty, wisdom, humility and truth. Materials are offered as a way to engage with clients in a way that promotes safety and inclusion.*

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.

VIGNETTE *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.

Chapter 3
References

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