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

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 skil ls.[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 pla ys.[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.

VIGNETTE *Georgie supervises a peer health navigation program. She understands learning happens for people in different ways and at different paces. All new navigators receive a core training from Georgie, augmented with shadowing with more experienced navigators. Georgie also provides annual performance reviews where learning goals are jointly agreed upon with the navigators.*

As part of ongoing professional development, navigators are encouraged and compensated to attend workshops and lunch and learn sessions provided by the host agency and external partners. In addition, the agency has set aside some money for professional development for the navigators. Georgie and the navigators use that money to attend external trainings, meetings and conferences that they identify as important to their development as navigators.

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.[24,28,40,46,63,66–69,71,158,162,177,181,183,200] 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)**

Evidence

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.

Chapter 7
References

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Author
Logan Broeckaert

Editors
Jason Altenberg, South Riverdale Community Health Centre
Glen Bradford, Positive Living BC
Laurel Challacombe, CATIE
Miranda Compton, Vancouver Coastal Health
Holly Gauvin, Elevate NWO
Amanda Giacomazzo, CATIE
Scott Harrison, Providence Health Care
Kira Haug, ASK Wellness Centre
Shazia Islam, Alliance for South Asian AIDS Prevention
Christie Johnston, CATIE
Murray Jose-Boerbridge, Toronto People With AIDS Foundation
Erica Lee, CATIE
Marvelous Muchenje, Women's Health in Women's Hands Community Health Centre
Susanne Nicolay, Regina Qu'Appelle Health Region
Mary Petty, Providence Health Care
Sudin Sherchan, Alliance for South Asian AIDS Prevention
Carol Strike, University of Toronto

Copy Editor
Zak Knowles

Translation
Alain Boutilier
Alexandra Martin-Roche

Design and Layout
David Vereschagin/Quadrat Communications

Reviewers
Jamie Crossman, Regina Qu'Appelle Health Region
Samantha Francois, Regina Qu'Appelle Health Region
Nelson Hollinger, Regina Qu'Appelle Health Region
Alexandra King, Lu'Ma Medical Centre
Elgin Lim, Positive Living BC
Bernie Mathieson, Regina Qu'Appelle Health Region
Beth Rachlis, Ontario HIV Treatment Network
Glyn Townson, Positive Living BC
Gloria Tremblay, Regina Qu'Appelle Health Region
Danita Wahpoosewyan, Regina Qu'Appelle Health Region

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