



SEPTEMBER 8-11, 2019 | BARBICAN CENTRE

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Peer and Community Organisations in research

Thank you to people living with HIV, their communities, and key populations who have generously shared their time, experience, and trust for research throughout the HIV epidemic.





What Works and Why (W3) Project

- W3 Project is supporting community and peer-led programs to adapt, scale-up and demonstrate their impact in rapidly changing community and policy environments.
- W3 Project took a systems approach to develop a program theory and framework to demonstrate the quality and impact of investments in community organisations in a changing social and biomedical environment

Partner Organisations

- Australian Federation of AIDS Organisations
- Australian Injecting and Illicit Drug Users League
- National Association of People Living with HIV/AIDS
- Scarlet Alliance Australian Sex Workers Association
- Harm Reduction Victoria
- Peer Based Harm Reduction Western Australia
- Living Positive Victoria
- Positive Life NSW
- Queensland Positive People
- Thorne Harbour Health / Victorian AIDS Council





Development and application of W3 Framework

Development

- 1. Highly **participatory systems thinking workshops** with 10 community and peer organisations (over 90 peer staff) to develop **system maps**.
- Collaboratively analysed the system maps to identify common themes and functions, and develop a draft framework.
- 3. Draft framework **reviewed by additional peer organisations** and stakeholders from across Australia

Poster at FTC

W3project.org.au

Application

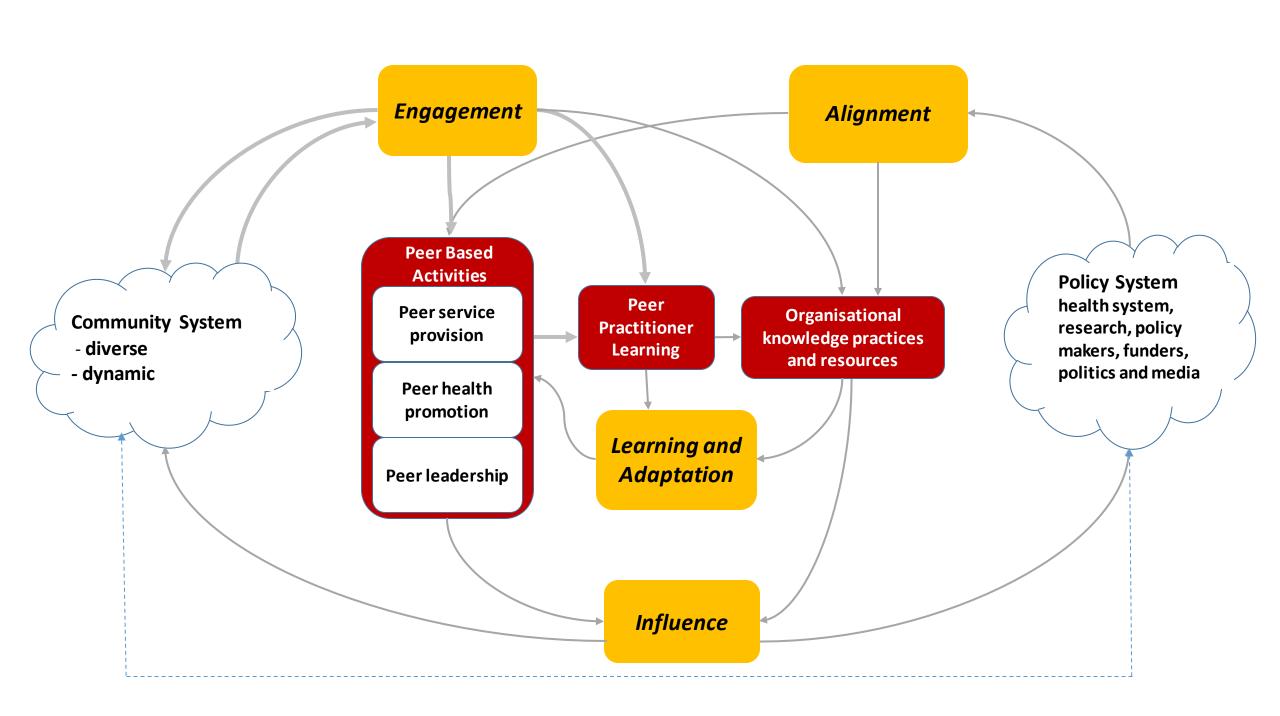
4. Worked with the partner organisations to apply the W3 Framework to identify quality and impact indicators and trial M&E tools

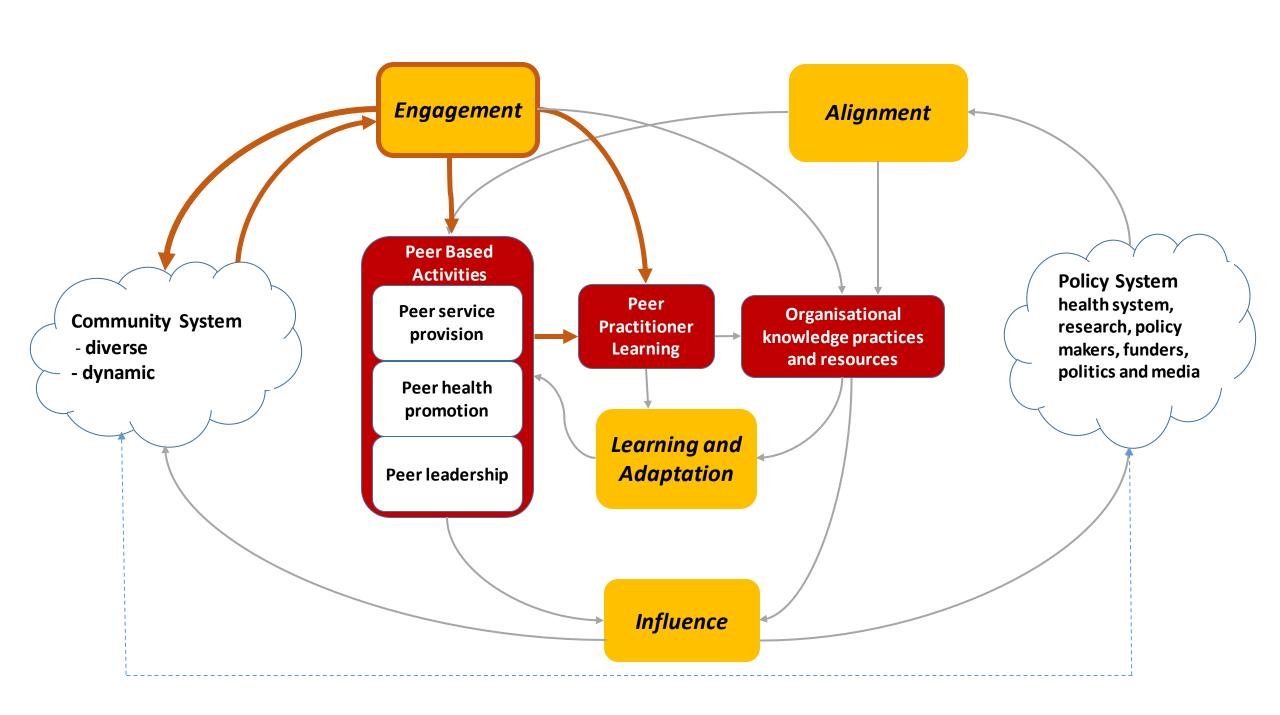


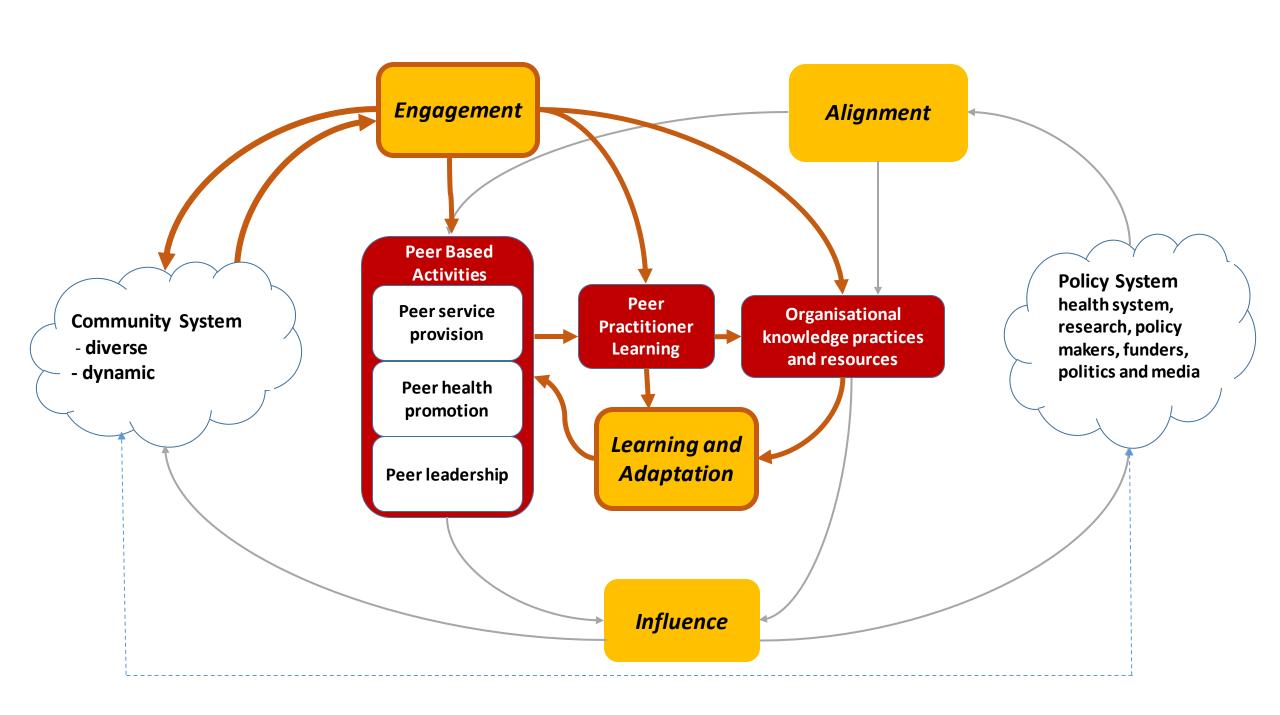


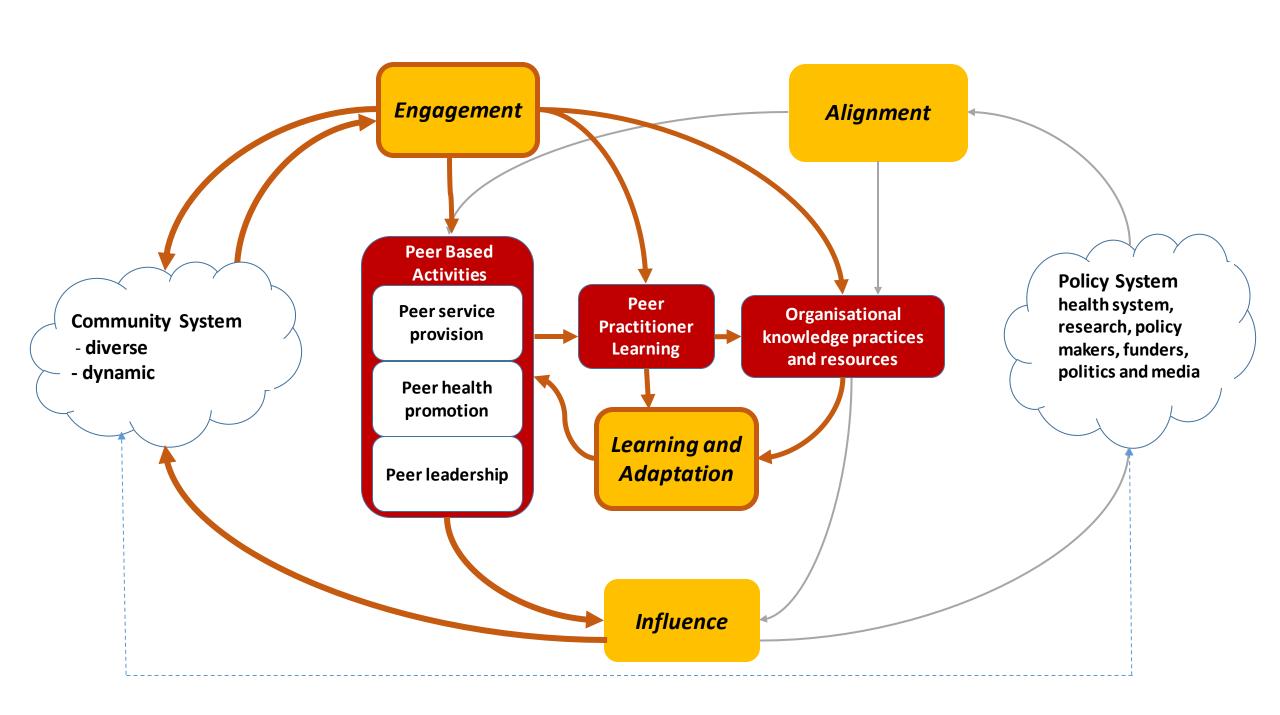
The four key functions are things that need to be happening for a program to be effective and sustainable in a constantly changing environment.

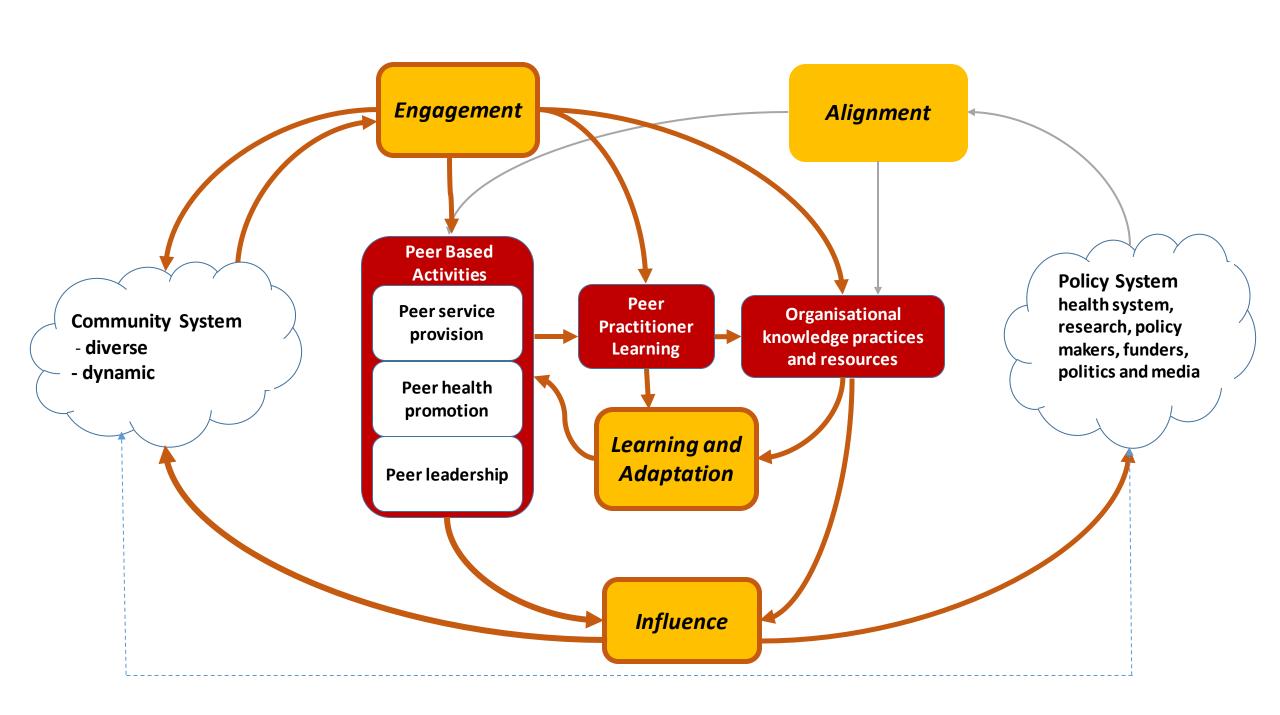
Function	Definition			
Engagement	How the program engages with community to maintain its understanding of the diversity and dynamism of needs, experiences and identities in its target communities.			
Alignment	How the program picks up signals about what's happening in its policy and health service environment and uses them to achieve stronger alignment, synergy and partnerships.			
Learning and Adaptation	How the program uses peer skill to change and refine its approach according to new insights from engagement and alignment.			
Influence	Community	How the program participates in the community's existing was of doing things to promote new ways of doing things.		
	Policy	How the program achieves or mobilises influence on processes and outcomes within its policy environment.		

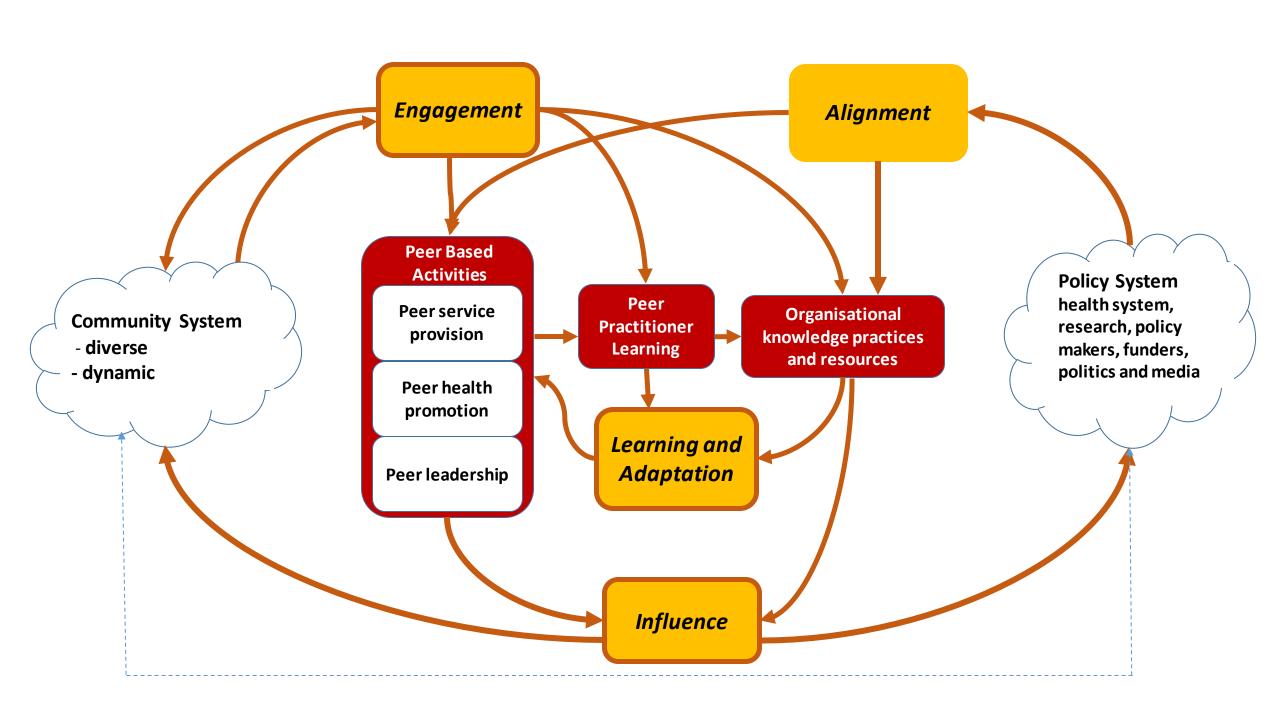












Functions (Engagement, Alignment, Adaptation, Influence – Community & Policy)

(quality and impact indicators across 12 programs)





Peer Navigator (Program Level)

Function	Example W3 Indicators adapted to outputs and outcomes funding framework				
	Process / Outputs		•	Impact/Outcomes	
Engagement	 Peer Navigators are identifying changing experiences of newly diagnosed. Clients are offering suggestions for improving peer navigator program or clinical services. Increasing word of mouth and referral to peer navigator program. 			Analysis of client data identifies who is being reached and who is currently not represented.	
Alignment (incl Partnership)	 70% of clinic staff report peer navigator program is an asset to their clinical practice. Case examples of health service adaptation or reorientation with the support or participation of the peer navigator program. 		•	At least 70% of clinics demonstrate culture, environment and referral protocols that support an effective peer navigator program.	
Learning and Adaptation	 Peer insights are collected and regularly collated to refine program and support peer leadership advocacy efforts. 		•	Indicators of quality peer interaction and peer skill are maintained across 80% of client sessions.	
Influence	Community	 Increase in clinical engagement indicators for peer navigator clients. Increase in endorsements or referrals to peer navigators within social media. 	•	60% of clients report increase confidence with health providers, disclosure, resilience and quality of life.	
	Policy	 Increased interest from non-participating clinics in the peer navigator program. 	•	Clinics seek and act on community insights from Peer Navigator program.	

Peer Navigator Program : Peer Navigator Feedback

Peer Interaction	Rating
There was reciprocal sharing of lived experience of HIV The client expressed appreciation or empathy with shared experiences of HIV	quality indicator of peer
The client communicated openly ² about health-related behaviours and information ³ The client communicated openly about emotional and support needs	interaction and engagement
Peer Support Outcomes	
The session maintained focus on the support needs of the client The session maintained focus on the health and wellbeing goals of the client	Quality indicators for peer
The client expressed confidence in addressing presenting issues The client has a plan for achieving goals for health and wellbeing	influence
Environmental Factors	
The appropriateness of the resources and space available for this session Clinic staff's awareness and knowledge of peer support and peer navigation service The convenience of systems and processes for referral and booking this session	Quality of alignment / partnership with clinic
Peer Support Practice	
I felt that I had enough experience and knowledge to relate as a peer ⁴ I felt confident providing appropriate referral and health information I felt supported to provide this peer support session I feel a sense of satisfaction or accomplishment following this peer support session	Peer skill vs facilitator skill to learn and adapt





Peer Leadership (Organisation level)

Function	Example Indicators from Peer Navigator Program				
	Outputs / Process			Outcomes	
Engagement	 Diverse peer leaders are regularly identified, recruited and supported from across peer programs Peer programs identify and regularly share new insights 			Peer organisation is hearing new things from community, reflective of the changes in community experiences and the diversifying epidemiology	
Alignment (incl Partnership)	 Policy and sector allies voice their confidence in the peer programs and the advice from peer leadership Repeat requests from sector partners for advice from Peer organisation 		•	Policy and sector allies demonstrate commitment to a community based response and the role of peers Peer Org advice cited in policy advice documents	
Learning and Adaptation	 Maintain peer skill through the collation and translation of peer insights from across programs 		•	Peer insights influencing the refinement of peer programs	
	Community	 Peer Org is seen by clients as trustworthy, provides peer leadership, worth sharing experiences with Peer Org 	•	Peer Org is recognised by community as an authentic voice for PLHIV	
Influence	Policy	 Evidence that peer insights and policy participation are being recognised as current and useful by the sector 	•	Changes in policy or services to better meet needs of peer community	

Demonstrating W3 Functions at an organisation level





Peer Organisations report the W3 Framework is helping demonstrate quality and impact by:

- Developing more consistent language to describe the contributions of peer-led responses,
- Supporting the collection of more meaningful data,
- Enhancing peer staff confidence and motivation in using peer evaluation methods,
- Capturing the unique impact of peer-led action, and
- Building stronger evidence of peer contributions to the HIV response











In closing.....

- We need to recognise the role of peer organisations as active participants and drivers within community and policy systems.
- This means supporting the policy and health system to identify, value and draw on quality peer and community leadership.
- To enhance peer-based programs and leadership, and achieve MIPA principles, we need practical evaluation approaches that recognise and demonstrate peer organisation's role in a city's community, health service and policy system.





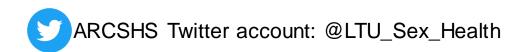
Thank you

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 W3 is funded by the Australian Government Department of Health









Open access journal paper

- Brown, G., Reeders, D., Cogle, A., Madden, A., Kim, J., & O'Donnell, D. (2018). A Systems Thinking Approach to Understanding and Demonstrating the Role of Peer-Led Programs and Leadership in the Response to HIV and Hepatitis C: Findings From the W3 Project. *Frontiers in Public Health*, 6(231). doi:10.3389/fpubh.2018.00231
- Go to google scholar and type "W3 Project Graham Brown"
- Revamped and updated website and toolkit in June 2019

www.w3project.org.au





Peer Navigator Program: Peer Navigator Team Learning Meetings

Key Questions	Agenda	Minutes
 Engagement Are there any updates on reach of engagement and groups that we are seeing at different locations? What are the key concerns or messages that you have been hearing from clients or the community? 	 e.g., Many clients having issues with migration Seeing lots of new clients from clinic A; clinic B underutilised. 	
 Alignment Are there any news or updates from partners, across the sector or from within LPV programs? Is our health, referral and contact information up-to-date? Learning/Adaptation 	 e.g., Updated guidelines Feedback on resources. Workshop scheduled for newly diagnosed next month. Clinic Personnel updates. e.g., 	
 Have there been any challenges or problems that you have encountered in the delivery of peer navigation sessions? Did you have any solutions, suggestions, or changes that you have made/would like to? 	Issue with referrals from clinic A	
 Influence Are there any updates or stories of progress or achievement that you would like to share with the team? With individuals, groups, partners or engagements across the sector? 	 e.g., Peer navigator presented at forum or conference Updates from individual peer navigators on cases; endorsements or feedback shared from clients or referrals. 	

