W3 Project

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Peers, Drugs and Politics
Role of peer insights in harm reduction programs and policies for people who use drugs

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Peer Based Programs in HIV/HCV

- Underpin the partnership approach in HIV / HCV

- Complex relationship between investment and outcomes – difficult to demonstrate

- Programs are inextricably linked to constant changes in their context and system

- *What makes one peer program a more effective investment than another within these complex environments?*

What Works and Why

Using systems approaches to:

- *develop a more sophisticated understanding of how peer based programs work;*

- *help community / peer based organisations evaluate what really matters to their work; and*

- *articulate how peer based programs add value to HIV and HCV programs and policy*
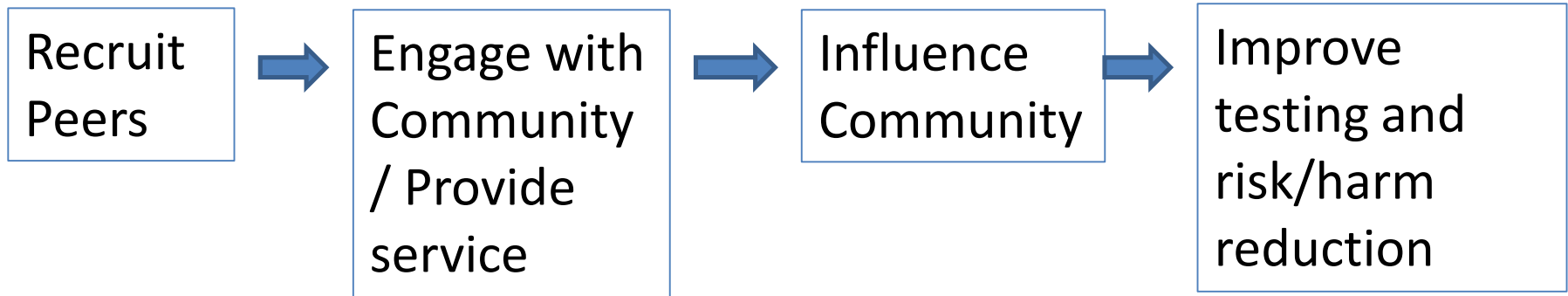
Collaborators

- **Australian Federation of AIDS Organisations,**
- **Australian Injecting and Illicit Drug Users League (AIVL),**
- **National Association of People Living with HIV/AIDS,**
- **Scarlet Alliance – Australian Sex Workers Association,**
- **Western Australian Substance Users Association,**
- **Harm Reduction Victoria**
- **Victorian AIDS Council,**
- **Living Positive Victoria,**
- **Queensland Positive People,**
- **Positive Life NSW.**
- **Funded by the Commonwealth Department of Health and Ageing, Canberra.**
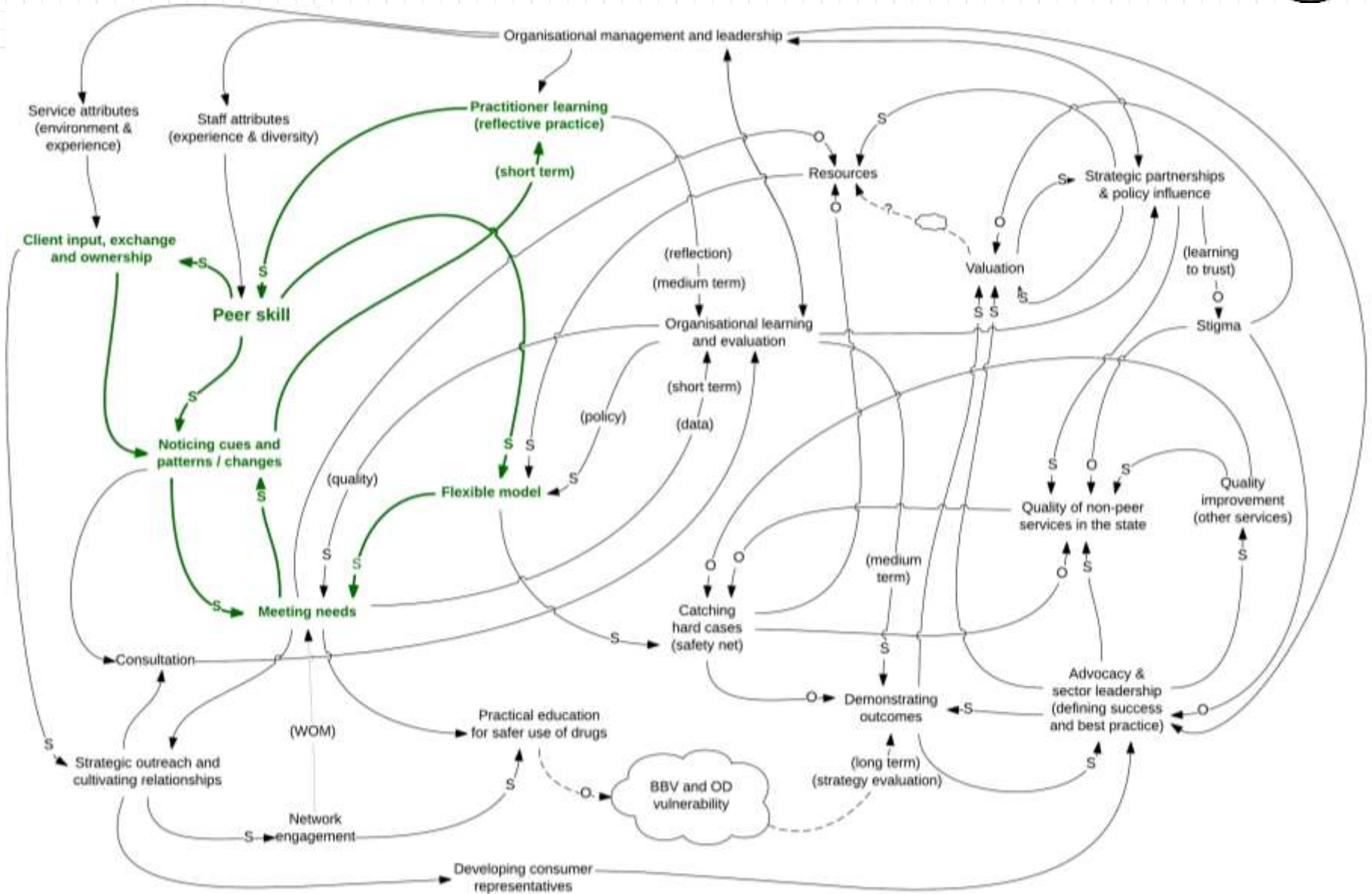
W3 approach

- Drawing together the mental models of experienced practitioners to develop a more comprehensive theory of peer based programs

- Developed system maps showing how interventions are embedded in and engage with communities-as-systems.

- **Identifying key functions and how they strategically relate to each other**

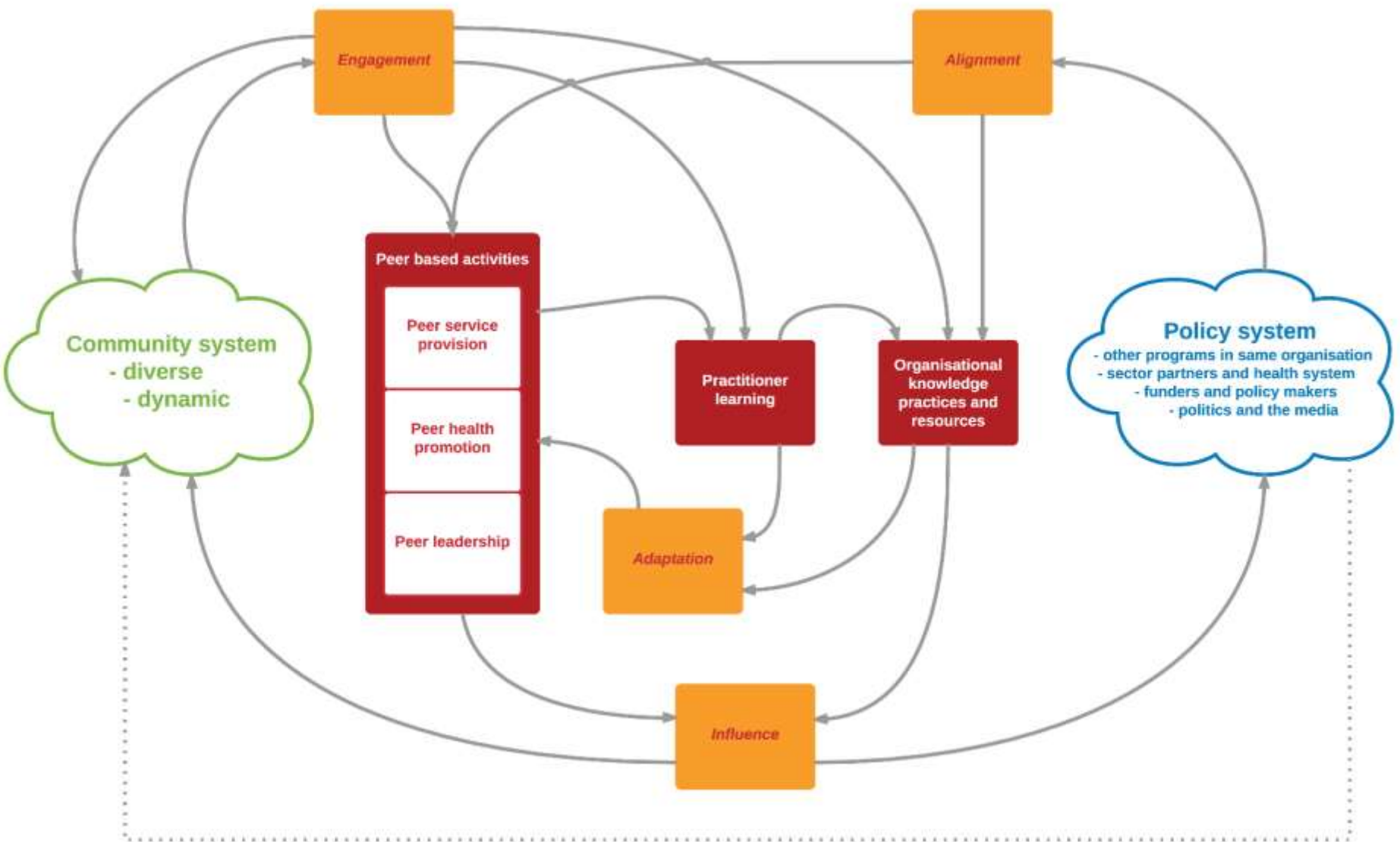- Identifying and prioritising indicators

Instead of this….

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| Recruit Peers | → | Engage with Community / Provide service | → | Influence Community | → | Improve testing and risk/harm reduction |

......we have this

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

Function	Definition	
Engagement	How the program maintains up to date mental models 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 / sector environment and uses them to better understand how it works.	
Adaptation	How the program changes its approach based on mental models that are refined according to new insights from engagement and alignment.	
Influence	Community	How the program uses the community's existing ways 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.

Engagement

Alignment

Peer based activities

Peer service provision

Peer health promotion

Peer leadership

Practitioner learning

Organisational knowledge practices and resources

Community system
- diverse
- dynamic

Policy system
- other programs in same organisation
- sector partners and health system
- funders and policy makers
- politics and the media

Adaptation

Influence

Feasibility trials

Framework➔ Indicators ➔ 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	Example Indicators (usually 4-5 for each function)	
Engagement	The program constantly updates its mental maps of the networks and cultures within the community and works to extend its reach within them Insights from on the ground peer programs update and strengthen the understanding of patterns and trends in the community	
Alignment	Peer Leadership receive feedback from a range of sources about emerging issues and problems via 'back channels' with policy stakeholders	
Adaptation	The cues/signals and insights collected are regularly collated and packaged to refine programs and priorities.	
Influence	Community	Peer Leadership collects and shares its stories of success to sustain the broader momentum.
	Policy	Peer Leadership are able to work with and through other players where it helps to achieve good outcomes.

Selection of hypothetical quality indicators

The program integrates peer insights with knowledge acquired from research, and signals from the policy system

The program's mental maps of the community, an policy systems and their responses to PrEP are checked and refined on an ongoing basis.

Organisational leadership support continual practitioner learning and facilitate the capture and packaging of knowledge from peer insights as an organisational and strategic asset

The team identifies emerging practices with PrEP to assess their implications for prevention across the community

Insights from on the ground peer programs update and strengthen the understanding of how PrEP is being used in the community

Community members recognise the program as a participant within its networks and cultures and feel a sense of ownership around its work

The program updates a mental map of the networks and cultures within the community and works to extend its reach within them

Peer staff use personal experience as well as cultural knowledge to communicate and work effectively with community

Reach and recall of health promotion products, images or messages among members of the targeted networks and cultures

Materials produced by health promotion undergo circulation, consumption, translation and incorporation by members of target networks and cultures.

Policy, media and funding environment supports (or does not impede) innovative and culturally relevant approaches to sexually adventurous men

The broader sector and policy system includes and values the peer approach and insights it generates

The team identifies emerging practices with PrEP to assess their implications for prevention across the community

Other programs and sector stakeholders adapt their approach to support the effectiveness of the program.

The organisation communicates with sector partners to improve their understanding of the program's perspective on emerging issues.

The program actively seeks out and uses knowledge from partners and stakeholders with different perspectives on emerging issues within the sector

Adaptation

Alignment

Engagement

Influence

Policy

Community

Organisation	Purpose	Tools
HRV	Monitor the roll-out of a peer distribution project with a coalition of partners in a new area	Coding Indicator matrix Learning and Action meetings
WASUA	Increase capture of insights across projects in an outreach program	Indicator matrix Learning and Action meetings
PRONTO	Understand the strengths, weaknesses and opportunities of the peer model in point of care HIV testing for gay men	Focus group schedule (peer staff) Focus group schedule (clients) Coding
SAM project	Evaluate the project's reach and influence among discrete networks of sexually adventurous men	Interview schedule Coding Indicator matrix
SAMESH program	Plan for learning and evaluation to capture insights and success stories in first year of operation	Program logic tool Learning meetings Information system
PLDI	Evaluate the strength of the functions of a partnership among PLDI member organisations	Survey tool Indicator matrix
PAG/ PLNSW	Improve capture of real-time insights from peer programs about the experience of community prescribing rolling out in NSW, Queensland and Victoria	Survey tool Indicator matrix

How can we meaningfully enhance our investment in community and peer led responses to HIV & HCV

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- Focus on the four key system level functions that are required for peer-led programs to:
  - demonstrate the authenticity and timeliness of their peer and community insights;
  - adapt to changing contexts and policy priorities in tandem with their communities.
  - influence and add value to community and sector/policy systems to improve health;

- If we as funders, policy-makers and researchers are not drawing on and gaining strategic benefit and insight from peer-led programs and leadership, then our sector is not maximising its investments.

Next Steps

- The aim of the W3 framework is to support peer-led organisations to strengthen programs, inform partnerships, and make better policy.

- To date the work has only been at a program level.

- Recently re-funded to
  - take the approach to the whole organization level,
  - Investigate and demonstrate the sector level influence and participation of peer-led programs

What Works & Why (W3) is a project of the
Australian Research Centre in Sex, Health and
Society at La Trobe University.

Visit us on the web at **www.w3project.org.au**

EXAMPLE TOOLS

Using W3 Framework in team meetings, supervision, and program reviews

W3 PROJECT - Questions for Staff Meetings

Key Questions	Every few meetings
Engagement Are there any new or emerging issues or trends? Do we understand why?	Are we hearing enough new things or diversity to be confident we have broad enough engagement? Are we seeing changes as a result of our past influence
Alignment What changes are occurring in the sector that we need to consider? How can WASUA best respond to these new trends or issues? How are other Agencies responding?	Are we seeing the impact of our advocacy / influence to policy system getting through? Do we know what the enablers/barriers are? What are we hearing through engagement or alignment about changes we have made?
Learning & Adaptation Are these new trends or issues immediately altering the way we provide service? What do we need to investigate further to take action/adapt?	Are we seeing changes as a result of our past influence (cross referenced to engagement above)
Influence on Community How are the services we deliver influencing our target communities?	Are we seeing increased or more relevant requests for our insights from the policy system?
Influence on policy system insights we have gained	

Monitoring quality in Outreach

Collating Insights and Rating Confidence in our Mental Models of Emerging Issues

Function	Indicators – what would be happening if this function were being fulfilled in our work	Confidence - that this is actually happening	Example Markers –cues or signals that justify confidence (+) or lack of confidence (-)
Engagement with the diversity and dynamism of community	Reaching a diverse range of networks among PWUD including people not connected to other services	-2 -1 0 +1 +2	+ Outreach workers do not all know each other + New OPAM peer educators every 6 months + Contacts have long-unmet needs met + Geographic coverage of known areas of need + Demographic client data + Number of word of mouth referrals - Lack of capacity to visit known areas of need
	PWUD are aware of WASUA outreach services	-2 -1 0 +1 +2	+ PWUD seeking to become OPAM peer educators + ACE worker put in touch with a significant dealer - Only have access to PWUD who use WASUA services – we do not know about other PWUD
	Hearing new things and knowing what myths are circulating in the target area	-2 -1 0 +1 +2	+ data received about hospitalisations for endocarditis and osteomyelitis + clients make disclosures they would not make to other agencies + ACE worker invited into homes of PWUD + ACE worker able to ask dealer for data on injecting practices in community e.g. sharing
	Impact on other services in the right direction	-2 -1 0 +1 +2	+ Agencies allocate budget to fund WASUA outreach services to visit remote communities + Parents Drug Information Service (PDIS) refers parents and family members to WASUA
Alignment picking up signals from the policy system including partner agencies	Willingness to partner with WASUA	-2 -1 0 +1 +2	+ Chem Centre shares information on new drugs with WASUA and discusses implications of their availability for local PWUD community - Key person reliance on expertise and credibility of outreach team leader – limits capacity, risks sustainability of service - Access to ED data on soft tissue or vein injuries related to drug use
	WASUA is seen as helping services meet their strategic goals	-2 -1 0 +1 +2	+ Requests for advice from AOD sector + Requests for information from BBV sector + Requests for advice from mental health sector + Demand for outreach to areas not well-served by existing NSP investment + Referrals from other agencies
	Outreach workers train contacts (informal distributors) and other	-2 -1 0 +1 +2	+ OPAM diaries record training opportunities

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PLDI – Partner Survey

Alignment

The questions on this page help us gauge how well the PLDI partnership is picking up signals about what's happening in the HIV sector and policy environment.

10. Alignment indicators

	Very confident this is not happening	Confident this is not happening	Confident this is happening	Very confident this is happening	No opinion at this time
As part of our involvement in PLDI, my program/organisation shares information about changes in the sector and policy landscape.	○	○	○	○	○
Through our involvement in PLDI, my program/organisation learns about changes in the sector and policy landscape.	○	○	○	○	○

Please give brief details of what you've seen/heard that inform your rating.

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