Australian Research Centre in Sex, Health and Society

# Peer skill in service provision and policy advocacy
## FINDINGS FROM THE WHAT WORKS AND WHY PROJECT

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## Peer-led responses for people who use drugs must navigate a rapidly changing and highly stigmatised context around drug use.

**In WA, policy-makers have learned to trust and rely on insights from the WA Substance Users Association about emerging issues.**

Our work with WASUA showed us that **flows of knowledge** are crucial to the ability of a peer based program to understand and influence its environment.

After working with three peer based programs we developed a framework identifying the four key functions *any* peer based program needs to fulfil to be effective and sustainable in a continually changing environment.

- **See framework diagram (right) and the four key functions defined (below).**

### Definitions of the four functions

**Engagement**

The quality of the program's mental models of the diversity and dynamism of needs, experiences and identities in the networks and cultures it engages.

**Learning & Adaptation**

The effectiveness of the program in capturing insights from practice learning, refining mental models and planning for action.

**Alignment**

The program's effectiveness in picking up signals about what's happening in the policy system to support program adaptation and identification of priorities for influence.

**Influence**

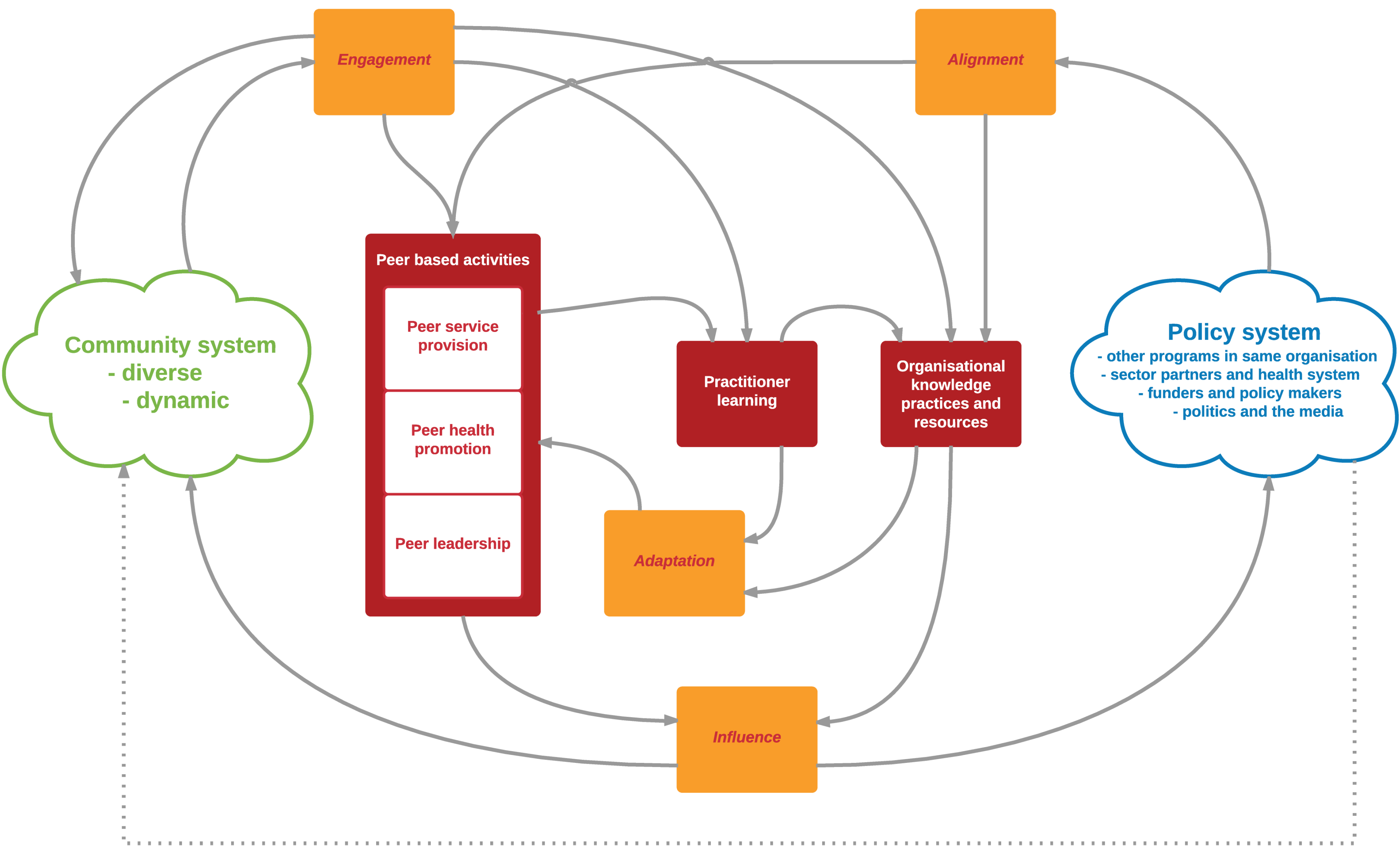How effectively the program mobilises influence within its target community and within its policy environment.

To view all the posters in this series, pick up our folder at the ARCSHS booth, scan this QR code or visit: w3project.org.au/posters/ online.

## Introducing the W3 framework

**Four key functions for effective and sustainable peer based programs**
Arrows represent regular flows of knowledge or influence that constitute the program as a system

# Peer insights for policy making in harm reduction

The WA Substance Users Association (WASUA) is a peer organisation that operates West Australia's largest needle and syringe exchange program. It is also a trusted source of close-to-realtime knowledge about emerging issues affecting people who use drugs (PWUD) as well as other services in the mental health and drug sector in that state.

**DEFINING PEER SKILL**

Nobody seeking help or equipment from WASUA comes through the door empty-handed – everyone has knowledge to exchange. WASUA staff said personal history of drug use is not a qualification – their workers must demonstrate **peer skill**, which we define as *the ability to use personal experience to work effectively with someone whose identity and experience may be different from your own.* Peer workers are continually learning from encounters with clients in order to refine their peer skill and their mental models of PWUD networks.

**ORGANISATIONAL KNOWLEDGE PRACTICES**

The WASUA leadership team makes a point of discussing insights from practitioner learning among its peer workers. These insights are used to guide its health promotion resource development and inform policy advocacy (including by staff and peer leaders).

**MULTI-LEVEL INFLUENCE**

The 'system logic' of a peer led NSP shows there is more going on than just 'a needle over a counter'. Peer skill enables knowledge exchange which feeds into practitioner learning from which insights are captured for health promotion and policy advocacy.

What looks like a straightforward individual-level intervention turns out to have influence on multiple levels. Our argument for policy-makers is that if you are *not* getting this multi-level contribution, you are not getting the full value of your investment in the peer and community based approach.