Valuing expertise: community and clinical collaboration in an Australian HIV peer navigation program.

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Background

Our study examined how a peer navigation program could improve the effectiveness of the HIV service environment in Victoria, Australia. The program was run by Living Positive Victoria, a community-based organisation and employed people living with HIV as navigators to provide support to the clients of five clinical partners operating across the state.

Methods

We conducted interviews and focus groups with 30 program staff and management, peer workers and clinical stakeholders.

Interviews explored the quality of engagement and adaptation across diverse clinical settings and factors that influenced the program's effectiveness. Data were transcribed and thematically analysed.

Results

Participants highly valued peer navigator guidance to address the psychosocial complexities of an HIV diagnosis and strengthen engagement with other support services and PLHIV community.

Clinical referrals and appointments facilitated timely access to peer support for newly diagnosed or socially isolated PLHIV. The program also fostered greater appreciation among clinic staff of the practices, stories and experiences of peer navigators. Participants reported that these factors contributed to stronger referral pathways between clinical and community services, reducing barriers such as cost, distance and stigma.

Participants reported in-depth engagement between program management, staff and clinical partners. This included introductory meetings between clinical and peer staff and the development of formal agreements outlining organisational obligations and program scope.

The peer navigation program adapted service delivery based on needs assessments of clients and clinical service models, which required the delivery of flexible appointments available across clinical and community settings, online or over the phone.

Ongoing knowledge transfer between peer and clinical staff was recommended for learning, improvement and to address noted challenges in maintaining referral relationships for general practices and casual medical staff.

Peer-led workplace and employment frameworks in line with GIPA/MIPA principles guided policy, process and ethical considerations that arose in the recruitment, training and supervision of peer navigators.

Adequate renumeration and employee assistance, cross-support from peers, mentorship, and additional development and employment opportunities all supported peer navigators to work most effectively.

Conclusions

The peer navigation program met an identified need in Victoria's HIV care and support sector, providing stronger continuity of care between clinical and community services.

This paper uses examples of successful engagement, adaptations and supportive peer-led workplace culture and frameworks to guide the implementation of similar programs.

Peer navigation strengthened referral from clinical services to community-based support for socially isolated people living with HIV.

Outputs published from this research provide examples of successful clinical engagement, adaptations and peer-led workplace culture and frameworks to guide the delivery of similar programs.

The peer navigation team (photograph: Daniel Bourke).

living positive victoria

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