AUSTRALIAN RESEARCH CENTRE IN SEX HEALTH AND SOCIETY

Using systems thinking to articulate the role and value of peer based programs: the What Works and Why (W3) project

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Traditional evaluation methods struggle to capture what matters to practitioners and policy-makers about peer approaches.

Our hunch is that practitioners have mental models of how peer programs work that may be more sophisticated than published evidence.

Community-based HIV health promotion needs to respond to rapidly changing circumstances, emerging conditions, and the new challenges and opportunities of combination prevention. However, we often have an understanding of what works but limited evidence about why and how it works.

Most evaluations of peer based HIV programs are

- limited to outputs and not quality or impact,
- focus on projects in isolation from their broader system, and
- are not integrated into a shared and evolving evidence base

What are we doing: We're collaborating with peer based programs in community organisations on using systems thinking to articulate program theories showing how peer programs engage with cultures/communities – what we're calling *system logic*.

Where is it headed: We hope to use the system logic diagrams we develop to identify quality indicators and suggest low-cost evaluation strategies that enable community organisations to generate credible, shareable evidence of what works.

What are the questions we're hoping to answer:

- What is (and is not) a peer based community HIV program? (definitions, theory, and quality practice indicators)
- What role or impact are different peer based programs intended to have within a broader public health and HIV prevention system? (objectives, relationships, resources, barriers and enablers within a broader system)
- How can peer based programs demonstrate they are achieving these roles or impacts? (quality and impact indicators that are sustainable and build a shared and evolving evidence base)

Our approach: We are trialling the application of systems thinking and quality improvement approaches to better understand and demonstrate the role and impact of peer based programs.

Our challenge in the W3 project: whether we can support community organisations to capture, analyse and translate knowledge from peer based programs into shareable formats that will have credibility with a wide range of stakeholders.

Five surprising insights on peer approaches

These are five things we've learned so far that could come as a surprise if your only source of knowledge about peer based programs was the published literature and international technical guidance.

1. 'Peer' is more about skill than just sameness – our participants have talked about being a *cultural peer* and the *peer skill* enabling peer workers to connect with a client or contact despite having different personal attributes and life experiences.
2. Peer approaches are not about disseminating information – participants understood peer approaches as involving *two way exchange of knowledge*, which means clients and contacts always have something to contribute.
3. Peer programs can be a strategic asset to organisations – practitioners learn from constant knowledge exchange with peer clients/contacts and organisations can take steps to capture, translate and share the real-time knowledge generated in this way about the issues, communities and cultures peer work engages with.
4. Peer models might let low quality non peer services 'off the hook' – when a flexible and culturally appropriate service model means a peer service becomes a safety net for clients excluded by other services, an unintended consequence can be reduced pressure on non-peer services to improve their quality and accessibility and address stigmatising or exclusionary attitudes and practices.
5. Prevention of HIV and hepatitis C might be an *emergent effect* of the networks and cultures that peer based programs engage with – there is no secret ingredient or magic bullet activity that guarantees prevention will happen; most of the hard work of prevention is done by members of affected communities and peer programs aim to support them.

Visit our blog to learn more as we discover it: www.w3project.org.au

Different models for peer based programs

Our partners in the W3 project include with Australian peer and community based organisations working with people who use drugs, sex workers, people living with HIV and gay men in the Australian responses to HIV and hepatitis C (see Acknowledgements for a full list). We have chosen to focus on these organisations and responses because they have the longest history and experience of peer based programs and approaches.

Peer work is not a standalone intervention strategy – it is a broad approach that covers a family of different models and configurations.

In the W3 project we are working with four case trials that enable us to explore the dimensions of different peer models and approaches. These include:

- A peer based needle & syringe program
- Sex worker peer advocacy and outreach
- A coalition for PLHIV leadership and advocacy
- Peer-delivered rapid testing and peer cultural health promotion for gay men and other men who have sex with men

Why a systems approach?

Traditional program planning and evaluation efforts frequently employ linear, causal and/or 'control and predict' approaches to understand how programs influence change in health behaviours or attitudes.(1) However, peer-based programs engage with peer interactions, social networks, communities and cultures that can be understood as complex adaptive systems. They are dynamic, multi-level and adaptive: for example peer identification and community structure are not fixed, and there is more to them than the behaviour of individuals.(2)

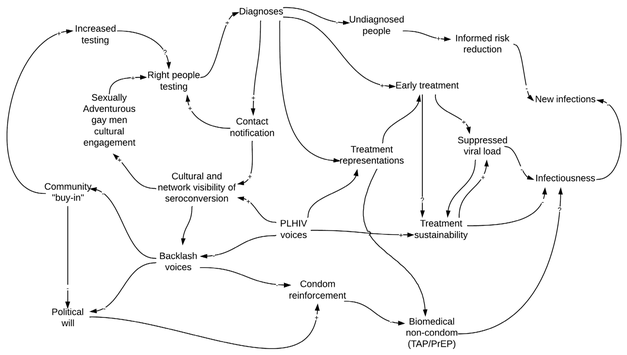
Systems thinking is based on the belief that the components of a system can be best understood in the context of relationships with each other and with other systems, rather than in isolation.(3) This approach looks at how things influence one another within a whole and how this affects their purpose and functioning. It is consistent with the social and structural foundations of Australia's responses to blood borne viruses including HIV and hepatitis C.(4)

How we are applying a systems approach

Through a collaborative and iterative approach, the project combines published evidence and practice based experience across four case trials. Each case trial involves interactive workshops that aim to:

- Articulate practitioners' mental models of how a peer-based approach works and understand how their program is supported within its organisational context
- Map the interaction of their work with their environment and prioritise these relationships as potential quality and impact indicators for evaluation
- Identify where strategically useful knowledge might be generated in their organisational and sectoral systems and suggest practices to capture and share it in formats credible to stakeholders

The W3 project can be located within the tradition of realist evaluation and uses systems thinking and causal loop diagrams to articulate the 'system logic' of peer based programs. See the diagram below what this might look like.



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