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Australian Research Centre in Sex, Health and Society

W3 Framework Guide

Part 1: About the W3 Framework for peer work in public health

https://w3framework.org

W3 Framework

Australian Research Centre in Sex, Health and Society

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W3 Framework Guide Part 1: About the W3 Framework for peer work in public health

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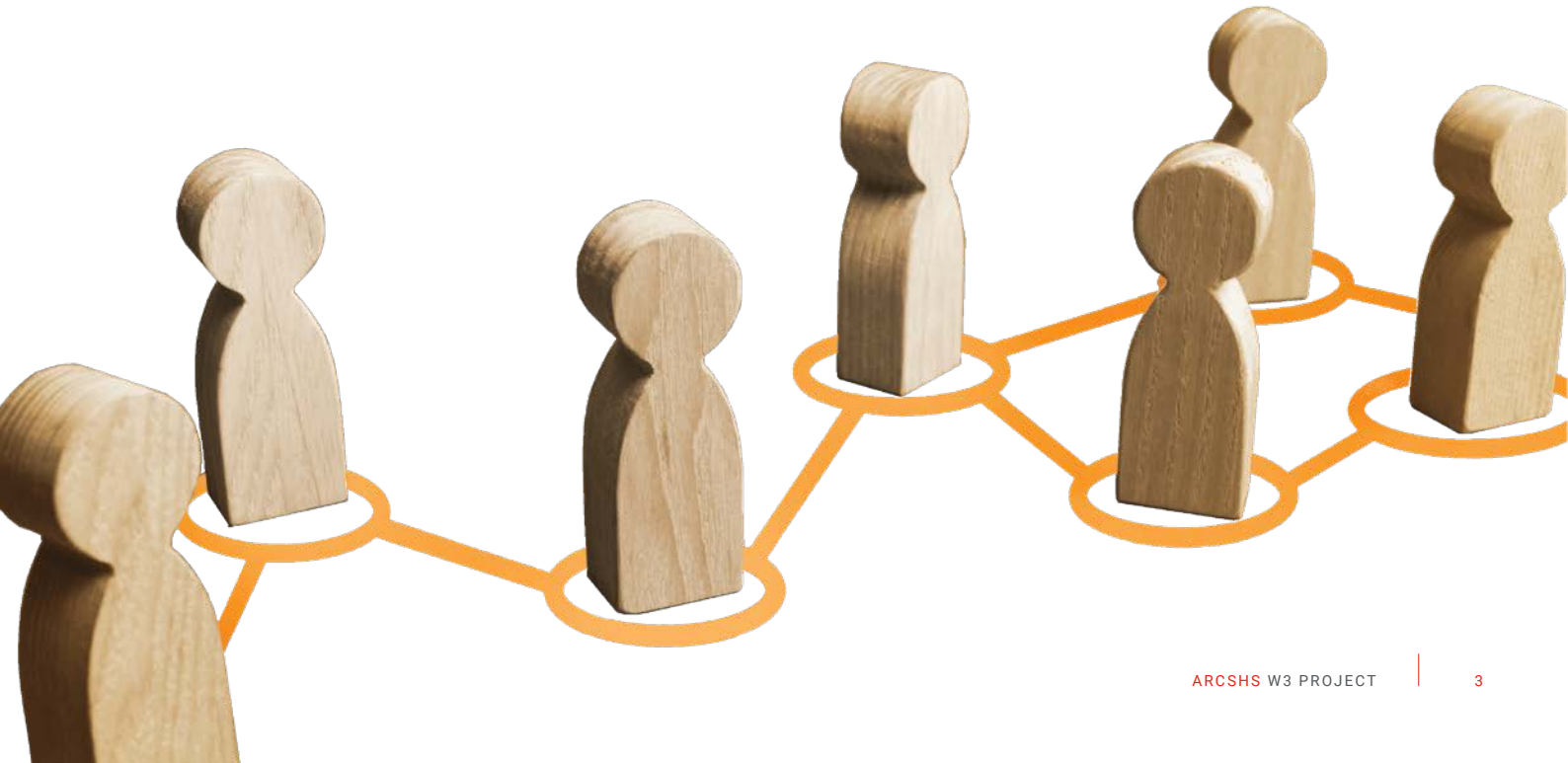


Preamble

Acknowledgements

The Australian Research Centre in Sex, Health and Society (ARCSHS) and the W3 Project Team thank all those involved over the life of the project for their ideas, feedback, reflections, and other support.

Creating this guide was possible because of the participation, collaboration, and contributions of peers and peer-led organisations across Australia, including our past and current partner organisations:

- ACON
- Australian Federation of AIDS Organisations (AFAO)
- Australian Injecting and Illicit Drug Users League (AIVL)
- Harm Reduction Victoria (HRVic)
- Living Positive Victoria
- National Association of People with HIV Australia (NAPWHA)
- NSW Users and AIDS Association (NUAA)
- Peer Based Harm Reduction WA
- Positive Life NSW
- Queensland Positive People
- Scarlet Alliance, Australian Sex Workers Association
- Thorne Harbour Health
- WAAC

These organisations helped develop and shape the concepts that underpin the W3 Framework and led the piloting of W3 indicators and tools.

Many thanks, in particular, to Chris Howard, Gari-Emma Perry, Jude Byrne, Sara Graham, and Timothy Krulic for your invaluable feedback on this guide.

We also acknowledge the work of W3 Project staff who contributed to developing and piloting the framework and/or who provided feedback on this guide, including Daniel Reeders, Kylie Johnston, Jen Johnson, and Emily Lenton.

The W3 Project was funded by the Australian Government Department of Health.

Terminology and acronyms

Adaptation: The W3 Function about how peer responses change the way they work to keep up with their changing environment

AFAO: Australian Federation of AIDS Organisations

AIVL: Australian Injecting and Illicit Drug Users League

Alignment: The W3 Function about how the peer responses interact with, partner with, and learn from the broader health sector and policy environment

ARCSHS: Australian Research Centre in Sex, Health and Society

Community: One of the systems that peer work is a part of – it includes diverse individuals, families, social networks, cultures, tensions, community spaces, and grassroots organisations and businesses with shared (or overlapping) backgrounds, experiences, identities, attitudes, and/or interests

Engagement: The W3 Function about how peer responses interact with, participate in, and learn from their communities

Health sector and policy environment: One of the systems that peer work is a part of – it includes government, health services, social services, other community organisations, research, politics, media, policies, laws, enforcement practices, and any other formal structure or system that can impact the health of communities

Influence: The W3 Function about how peer responses achieve or mobilise change within their communities and the health sector and policy environment

MEL: Monitoring, evaluation, and learning

Peer: Someone who both considers themselves a member of a community and is recognised by that community as one of its members

Peer insight: The uniquely nuanced understanding of their communities and community members that peers gain from being part of, and constantly engaging with, their communities

Peer response: Any organisation, program, project, intervention, or activity that fulfils all the following conditions:

- Developed and led by peers (or at least involving strong and authentic participatory processes, consultation, and leadership from peers)
- Implemented by peers (or a mix of peers and non-peers)
- With the purpose of improving the wellbeing of the peer response's community

Peer skill: The ability of peer workers to combine personal lived experience with their own and other people's peer insights to develop and maintain a broad, up-to-date understanding of their communities, allowing them to develop rapport and work effectively with diverse community members

PLHIV: People (or person) living with HIV

PWUD: People (or person) who use (uses) drugs

About the W3 Project

The aim of the W3 Project – also known as the 'What Works and Why (W3) Project' – is to improve our understanding of the peer response to HIV and hepatitis C.

Background

Peer-led approaches are vital to the HIV and hepatitis C response. These approaches have strong and positive impacts in their communities. They also help shape the health systems and policies that affect the health of their communities (1).

The type of evaluation asked for by funders often focusses on individual-level factors. These evaluations do not measure system-level impacts and synergies (2). This makes it hard for peer-led responses to show the full impact and value of their work.

What is the W3 Project?

The W3 Project's goal is to help peer-led responses show the full extent of their impact and value. W3 stands for 'What Works and Why?' The idea is that by understanding what works and why, we can find a better way of evaluating peer-led responses.

To do this, ARCSHS has partnered with national and state peer-led and community-based organisations in Australia. These are organisations that work with:

- People living with HIV (PLHIV)
- Gay and bisexual men, and other men who have sex with men
- People who use drugs (PWUD)
- People who work in the sex industry

What have we achieved?

Since 2014, the W3 Project has worked closely with staff from peer-led organisations and programs in the HIV and hepatitis C sectors. Peer workers and academics work together as researchers and collaborators.

In Stage 1 (2014-2016), we drew on insights from peer workers from a range of areas, including:

- Outreach
- Workshop facilitation
- Community development and leadership
- Policy reform, participation, and advice
- Management and governance

We found that people from different areas had different perspectives about their work. It was as though peer-led responses were a picture but that picture was a dismantled jigsaw puzzle. Working with peers from diverse areas helped us put the puzzle together and see the 'big picture' of how peer responses worked. That picture became the W3 Framework.

In Stage 2 (2016-2019), we trialled and refined the W3 Framework in PLHIV-led and PWUD-led organisations and programs. We built and adapted tools to help peer workers collect data about the impacts they have (3).

Stage 3 (2020-current) is a national study. We plan to pool resources and data from selected peer-led responses across Australia. The data will be analysed using the W3 Framework as a lens. We hope this will generate stronger and clearer evidence of the impact that peer-led responses are having.

For more information, visit our website at https://w3framework.org.

About the W3 Framework Guide

The W3 Framework is a tool to help peer responses enhance their monitoring, evaluation, and learning (MEL) practice. It supports the production of more meaningful evidence to show the full impact and value of peer work. We designed the W3 Framework Guide ('the guide') to help you understand the W3 Framework and apply it to your peer response.

Using the guide

The guide is presented in three parts:

1. About the W3 Framework for peer work in public health ('W3 Framework Guide Part 1')
2. The W3 Framework application process ('W3 Framework Guide Part 2')
3. The W3 Framework application toolkit ('the toolkit')

Part 1: About the W3 Framework for peer work in public health

Part 1 is for people:

- With little to no knowledge of the W3 Framework
- Who understand the W3 Framework and want more information about when and why to use it

It provides background information about:

- The role of peer work in a public health response
- Effectively evaluating peer work
- Understanding the W3 Framework
- Using the W3 Framework at different levels of a peer response to enhance evaluation and inform organisational change

Part 2: The W3 Framework application process

Part 2 is for people looking to apply the W3 Framework:

- Within existing peer programs (run by peer or non-peer organisations)
- Across whole peer organisations

It provides:

- Step-by-step guidance for applying the W3 Framework
- Tips and suggestions for achieving successful organisational change

Part 3: The W3 Framework application toolkit

Part 3 is for people who would like to use the tools and examples referenced in Part 2 to help them work through the activities.

It contains:

- W3 Framework application tools
- Worked examples of completed W3 Framework application tools
- Examples of final products from completing the W3 Framework application process

Do you have feedback?

This is the first version of the guide. The information herein is based on what we have learned so far in the W3 Project.

The guide is still a work in progress. We will continue to gather feedback about:

- How easy the guide is to use
- How we can make the guide easier to use
- Other extra information or examples we should include to make the guide more helpful

If you have any thoughts or feedback on the guide, please send them through to Petrina Hilton at p.hilton@latrobe.edu.au.

Check the W3 Framework website (https://w3framework.org/w3-framework-guide) for updates.

About the W3 Framework application process

The W3 Framework application process outlines how you can apply the W3 Framework to a whole peer organisation (organisation-level application) or to a single peer program (program-level application).

We recommend the same general process for both organisation- and program-level application. The key difference between each approach is the scope of focus.

For simplicity, we refer to both peer organisations and peer programs collectively as 'peer responses' throughout the W3 Framework application process unless there is a specific reason to differentiate between the two levels.

The W3 Framework enhances the way peer responses convert peer insights into organisational knowledge.

Peer responses that have more knowledge – gained through **peer insights** from both **engagement** and **alignment** – are in a much stronger position to confidently make good, timely decisions and defend them.

You can use the knowledge you gain from applying the W3 Framework to:

- Support understanding and decision-making at different levels of a peer response
- Enhance evaluation of peer responses
- Inform organisational change processes

How we developed the W3 Framework application process

To develop an application process that is likely to be successful, we drew on a combination of:

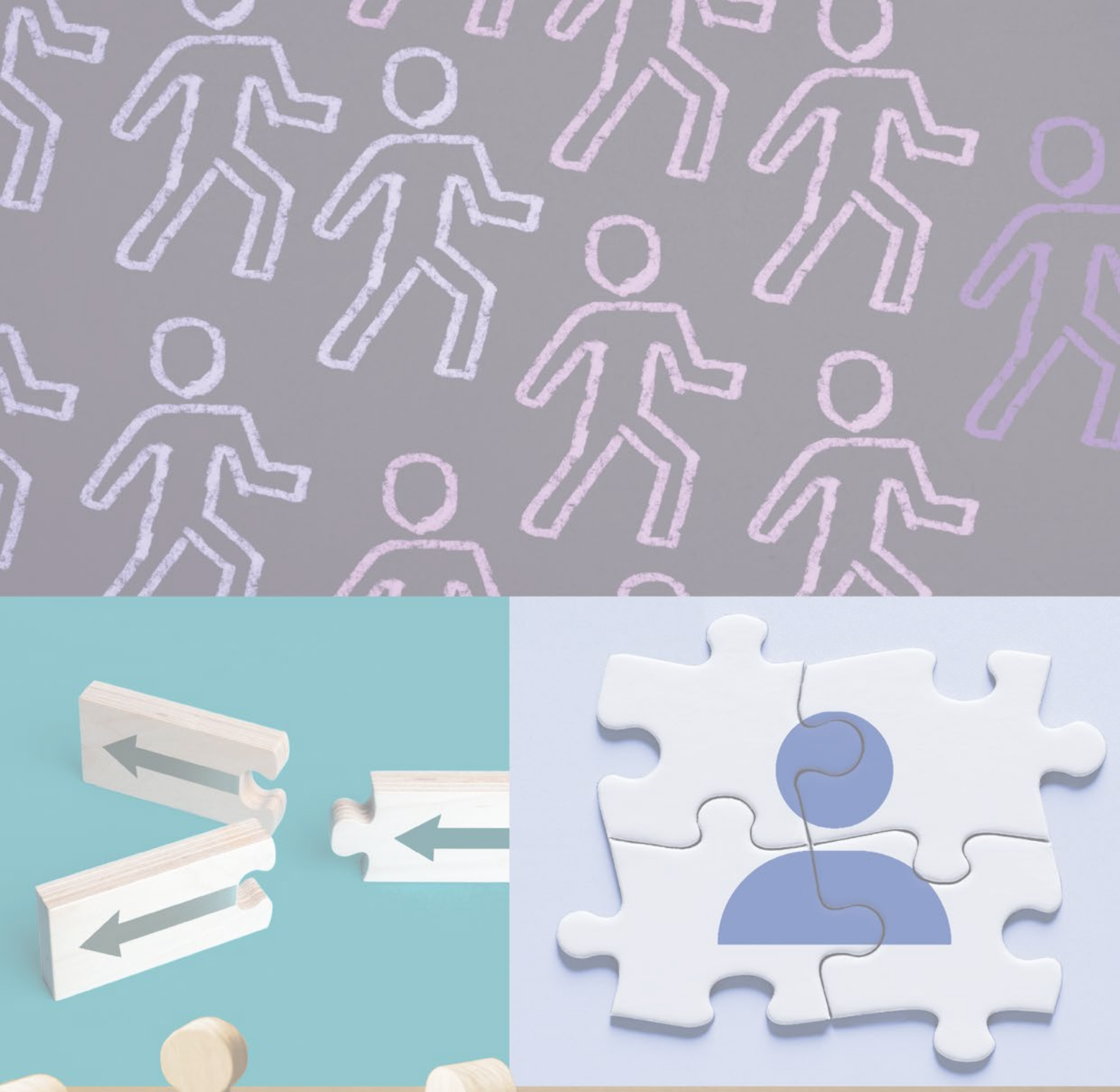
- Organisational change theories, including Stage Theory and Organizational Development Theory (4)
- Real experiences from the peer workers who piloted the W3 Framework during Stage 2 of the W3 Project (3)

We used organisational change theories predominantly to help us structure the process. The stages of the process are based on the four stages outlined in organisational change Stage Theory:

1. Define problem (Awareness stage)
2. Initiate action (Adoption stage)
3. Implement change
4. Institutionalise change (4)

The process itself, however, draws most heavily from the experiences of peer workers who have applied the W3 Framework to their own work, including:

- Their success stories, lessons learned, and tips
- Tools they created to help them apply the W3 Framework
- Examples of the real work and activities they completed as they applied the W3 Framework



About the W3 Framework for peer work in public health

The role of peer work in a public health response

Peer responses are a key part of health promotion. They emerge when communities actively work to influence conversations and decisions about the things that affect their health and wellbeing.

Peer responses:

- Enable people to take control of the things that determine their health
- Help create political, economic, social, cultural, and physical environments that promote health
- Advocate for social justice and equity

In doing so, peer work embodies health promotion's core features and values (5)

Peer responses play a unique role in positively influencing:

- Their communities
- The health systems and policies that affect their wellbeing (1)

How do peer responses work?

The information in this section is based on findings from the W3 Project (1). It provides background about peer responses that helps put the W3 Framework into context.

Peer responses work in complex contexts

Peer responses usually promote the health of communities:

- Who experience high levels of discrimination and stigma
- Who are criminalised
- Whose voices are not well represented in positions of power

Organisations, programs, and movements led by people with diverse sexualities and gender identities, PLHIV, PWUD, sex workers, and mental-health-service consumers (to name a few) contribute enormously to the wellbeing and safety of their communities. They are able to do this because of the unique way peers can:

- Draw on their lived experiences in support of individuals and communities
- Provide safe and inclusive health services and other spaces for community members
- Advocate for the rights of their communities
- Influence how the health sector responds to the needs of their communities
- Shape relevant policies and legislation (6-11)

For example, many of the internationally recognised successes of the Australian HIV and hepatitis C response can be attributed to the central role that communities and peer organisations have played since the beginning of these epidemics. (6, 7, 9)

Peer responses emerge from within at-risk or marginalised communities to address diverse unmet needs. The work of peer responses often centres around the intersection of topics that are controversial, complex, and/or sensitive, such as:

- Personal characteristics that are highly stigmatised (e.g. diverse gender identity or expression, and diverse sexuality)
- Health issues that are highly stigmatised (e.g. HIV, hepatitis C, mental illness, and drug dependence)
- Behaviours that people tend to be uncomfortable discussing (e.g. sex)
- Behaviours that are taboo or criminalised (e.g. sex work and drug use)

Additionally, the environment that peer responses work in is continually changing:

- Shifting funding priorities shape the extent and type of work community organisations can achieve
- Legislation and policy changes can improve or endanger individual and collective rights and freedoms
- New health sector practices, standards, and policies influence healthcare and treatment accessibility
- New medical technologies are developed
- Community understandings about, and attitudes towards, treatments and prevention strategies shift in response to new research findings
- Patterns of behaviour and attitudes shift within affected communities
- Attitudes and behaviours of other communities towards affected communities change in ways that can either increase or decrease stigma and discrimination

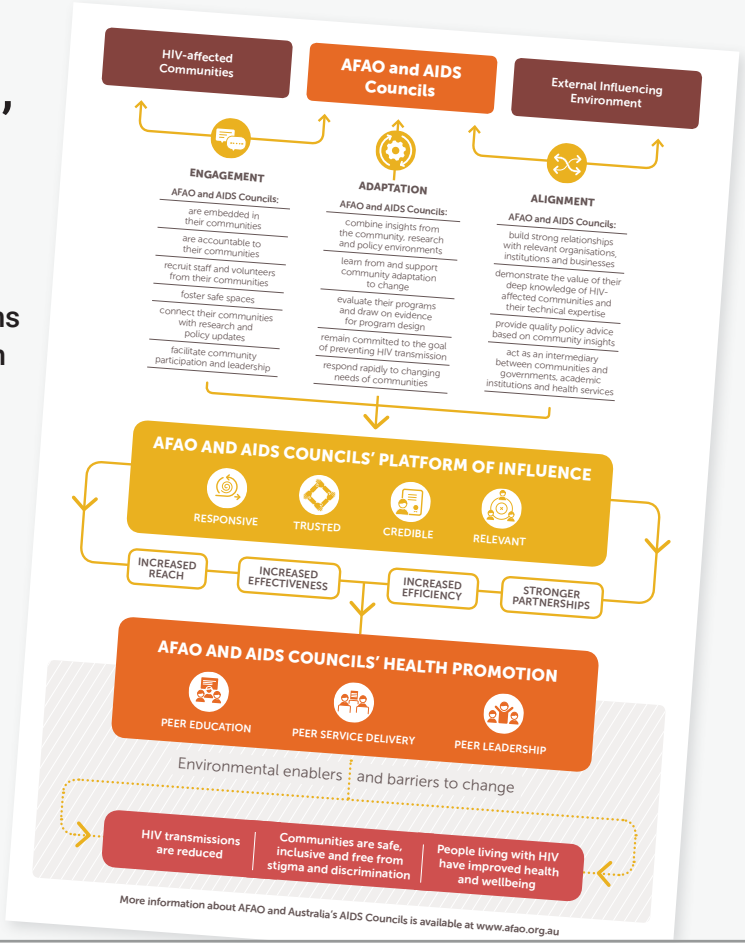
AFAO and AIDS Councils' Theory of Change

The Australian Federation of AIDS Organisations (AFAO) is Australia's national peak organisation for the community-led HIV response.

It adapted the W3 Framework to create a 'Theory of Change' for its peer-led work and that of the AIDS Councils within the overall HIV sector.

The resulting theory of change shows the:

- Unique role of AFAO and the AIDS Councils within Australia's overall HIV response
- Link between their on-the-ground work and community-level and system-level impacts



Peer insight and peer skill are central to effective peer work

Peer workers are from, and constantly engaging with, their communities. This gives them a uniquely nuanced understanding of their communities and community members, which we call **peer insight**.

With each peer-to-peer interaction, peers gain broader, deeper, and more up-to-date insights. Thus, peer workers – and by extension, peer responses – are attuned to what is happening in their communities as it happens.

Peer insight is the basis of **peer skill**. Peer skill is the ability to draw on personal lived experience with both their own and other people's peer insights to build an up-to-date, broad understanding of their communities, in order to:

- Engage deeply and authentically with their communities
- Develop rapport with clients and consumers even if their identity or experiences aren't the same
- Pre-empt and adapt to their communities' changing needs
- Predict how changes to the environment the peer response is working in might impact their communities
- Understand how (and why) their communities might respond to these changes

Peer responses operate within and between two complex and dynamic systems

Peer responses are simultaneously part of, and working within, two dynamic systems:

- **Community system**
- **Health sector and policy environment**

Community system

The **community system** that peer responses belong to include many diverse:

- Individuals
- Families
- Social networks
- Cultures
- Tensions
- Community spaces
- Other peer responses and community organisations and businesses

Peer responses are governed, staffed, and ultimately 'owned' by their communities. This makes them an integral part of these communities. It gives peer responses credibility within their communities but also makes them susceptible to the same environmental factors and changes that impact their communities. Positive changes provide opportunities. Discriminatory and stigmatising social attitudes, policies, and laws present challenges and barriers, which are often amplified by limited funding.

Health sector and policy environment

When we talk about the **health sector and policy environment**, we are referring to any formal structures and systems that impact the health of the communities in question. This includes all the complexity of:

- Government
- Health services
- Social services
- Research
- Politics
- Media
- Organisational (e.g. workplace) and social (e.g. government) policies
- Laws and enforcement practices

The primary roles of peer responses are providing health promotion and services and advice to inform social and political change. This means that peer responses are a part of the health system and it gives them a platform from which to generate high-level system and policy changes. It also makes them susceptible to the same factors that affect any other health services and policies, such as public opinion, funding limitations, politics, and elections.

Peer responses have combined community and health expertise

As a result of their work in both their communities and in the health sector and policy system, peer responses have unique 'combined' expertise.

Peer programs are professional services. Their health education and promotion resources are reviewed for accuracy. In cases where peers without clinical backgrounds provide services of a clinical nature, they do so with clinical oversight or supervision. These measures ensure that the information and support provided are evidence based and follow established best practice, thereby ensuring safety and promoting confidence in services across the health and community sectors.

In this context, peer workers have a combined expertise that sets them apart from non-peers.

Because they themselves are community members, peer workers have a deep understanding of (and genuine concern for) their communities' experiences, needs, and priorities.

They are also health professionals, with the expertise and experience to:

- Develop comprehensive health promotion interventions
- Understand and navigate the health sector
- In some circumstances, provide clinical services such as peer-led testing

Peer responses utilise this combined expertise and peer skill to improve their communities' health outcomes through their ability to:

- Provide targeted, appropriate, and accessible support and health services that their community members want, need, and trust
- Adapt to sector and policy changes to enhance benefits and/or mitigate potential disadvantages to their communities
- Recommend changes to address the rights and needs of their communities within the broader health sector and at state- and federal-government levels

ADAPTATION

Harm Reduction Victoria

Harm Reduction Victoria is a peer-led organisation for people who use drugs.

Harm Reduction Victoria uses the W3 Framework to drive consistent data collection and evaluation across all their programs.

This has helped them:

- Enhance data collection tools to capture important and nuanced information about their demographic reach
- Develop new indicators to capture previously unmeasured impacts (e.g. its peer leadership actions)
- Collate evaluation data across programs and activities to more accurately capture overall impact at an organisational level
- Better communicate its unique contribution to the blood-borne virus (BBV) response

'[The W3 Framework is] definitely improving the way we think about our impact, how we report, and how we think about what we do. [...] It's given us a framework to talk to [funders] about the importance of peer-led work.'

Harm Reduction Victoria CEO

ANNUAL REPORT 2019-2020

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About The Report

"In peer led & community based health promotion, the one constant is that the environment is continually changing"
- W3 Framework In Practice

To better understand, capture and demonstrate the impact of our organisation and our programs, Harm Reduction Victoria (HRVic) partnered with the 'What Works and Why (W3) Project. This collaborative study developed a framework which illustrates the role and influence of peer organisations in rapidly changing community and policy environments.

...is 2019-2020 Annual Report ...w on the W3 framework ...readily represent how ...duction Victoria is ...ing the four key ...successful peer-led ...s:
... Alignment, ...daptation and ...Community/Policy.

THE 4 KEY FUNCTIONS

ENGAGEMENT
How we engage with the community to understand its diversity and dynamism.
This section will show how HRVic programs work with and engage with our community and allies

ALIGNMENT
How we pick up signals about the sector we work in and how both we and our allies align ourselves to be more effective.
Here we provide examples of how HRVic is collaborating with and supporting our partner organisations in health, justice, welfare, research, and policy to empower and enhance the lives of our priority communities-people who use drugs throughout Victoria.

LEARNING & ADAPTATION
How we adapt our approaches based on learning from our community engagement and from our sector
Here we provide examples of how HRVic is learning from our community engagement, the evaluation of our programs, and our partnerships with research and health services, to ensure our programs evolve in line with our community's needs.

INFLUENCE
How HRVic uses existing social and political processes to influence and achieve improved outcomes in both the community and the policy/sector.
Here we provide examples of our organisation and program impacts on the drug using community, their actions, their lives, the services they access and the policies that affect them.

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The W3 Functions

Four W3 Functions are key to the effectiveness of peer responses.

In an overall public health response, there are four interrelated but distinct system-level functions that underpin peer work:

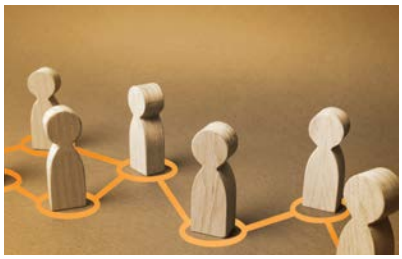
- **Engagement** with a diversity of peers in the community system
- **Alignment** between the peer program and the health sector and policy environment
- **Adaptation** to emerging needs and issues
- **Influence** on peers and their communities and within the health sector and policy environment

As we described earlier, peer responses are simultaneously part of, and working within, two systems: the community system and the health sector and policy environment.

If we take an overall view of a public health response and think of it as involving both of these systems, then we can think of peer responses as where the two systems overlap. The W3 Functions are how this overlap works. The more strongly these functions occur, the more effective the peer response and, ultimately, the more effective the overall public health response.

Engagement

Engagement is how the peer organisation or program interacts with, participates in, and learns from its communities.



Peer responses participate in community debate, tensions, and challenges. Peers build authenticity and credibility based on a long-term relationship with their communities. This participation in, and connection to, communities is the foundation of a peer response.

Engagement involves all of the ways that a peer response participates in, and interacts with, its community. It includes – but is not only about – program and service delivery. It is also about how the peer response interacts with, and participates in, its communities to maintain a strong and up-to-date understanding of its diversity, needs, and experiences.

Peer-to-peer interactions, peer skill, and peer insight are central to effective engagement. Each interaction (whether part of a peer service or in the day-to-day lives of peer workers) improves peer skill, which, in turn, leads to more robust, deeper, and more authentic engagement.

Changes in the way a community engages with peer responses can be an outcome of the past quality, credibility, and relevance of the peer response.

Alignment

Alignment is about how the peer organisation or program interacts with, partners with, and learns from the broader health sector and policy environment.

Peer responses pick up insights from the broader health sector and policy environment and use peer skill to identify the implications for their communities and/or their programs. These insights might be about (for example) new treatments; changes in health policies, policing policies, or epidemiology; or new organisational partnerships.

Peer responses can then identify:

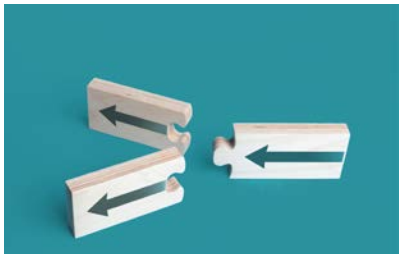
- Where there is alignment (or misalignment) between their communities or programs and the health system and policy environment
- Where change is needed and how best to go about creating that change

Strong alignment creates an environment in which peer responses and non-peer responses complement and enhance the effectiveness of each other's work because:

- Consistency and cooperation exists between peer responses and the rest of the health sector and policy environment
- The health sector and policy environment respects and values the input and expertise of peer responses
- Peer responses gain real-time insights into changes occurring in the health sector and policy environment, which help them both improve their own work within their communities and provide relevant advice to sector partners

Adaptation

Adaptation is about how the peer organisation or program changes the way it works to suit its changing environment.



Peer responses learn and adapt both from their experience of delivering services and from the lived experience of their peer staff, volunteers, and membership.

Peer workers pick up signals about changes in:

- Their communities through engagement, both in their personal and their work lives
- The health sector and policy environment through alignment

They use peer skill to understand how these changes may impact their communities and to pre-empt how their communities might react or respond.

Adaptation is how the peer response uses this understanding and peer skill to respond to change and refine its approach accordingly.

Effective adaptation ensures that peer responses:

- Don't become outdated or obsolete
- Maintain or increase their effectiveness
- Take advantage of positive changes
- Minimise potentially harmful effects that changes might have on their communities (12)

Influence

Influence is about how well the peer organisation or program is able to affect its community as well as the broader health sector and policy environment.

An effective peer response should have influence both within its communities and within the health sector and policy environment. Being relevant and influential within communities strengthens community engagement. Being relevant and influential within the health sector and policy environment helps move the system into more alignment, making the whole public health response more effective.

To remain relevant and influential, peer responses must constantly adapt in tandem with their communities and in response to insights from the health sector and policy environment.

Community influence is how the peer response participates in and understands the community's existing ways of doing things and uses peer insights to promote change.

A peer response's influence derives from the fact that they operate within and as part of communities rather than intervening on them from the outside.

Community influence is a strong reflection of a peer response's engagement and cultural authenticity, particularly demonstrated by:

- The level of trust communities have in the peer response
- The extent to which communities see the response as culturally credible and authentic
- Community confidence that the peer response is based on the reality of their shared experiences (12)

Health sector and policy environment influence is how the program achieves or mobilises influence on processes and outcomes within this system.

Insights from peer responses may be the broader sector's only source of real-time knowledge about emerging issues (12). This puts peer responses in a strong position to provide valuable strategic insights and guidance to funders, policymakers, health services, and researchers.

Health sector and policy environment influence is a strong reflection of a peer response's alignment, particularly demonstrated by the:

- Strength of the peer response's sector-wide partnerships
- Level of participation of the peer response in the health sector and policy environment
- Ability of the peer response to produce meaningful recommendations and strategic advice to the broader sector

On the other hand, influence is undermined by weak alignment and stigma within the health system and policy environment.

Effectively evaluating peer work

Most peer workers can talk at length about the positive and proactive influence that they know their work has. However, it is harder to back up that knowledge and experience with robust and accessible evidence. Rather than being a true reflection of the peer response's value, this lack of evidence usually comes down to gaps in their monitoring, evaluation, and learning (MEL) processes.

How are current evaluation methods failing peer responses?

The success of peer responses is often measured against the same kinds of indicators (or standards) as non-peer responses.

Both types of response contribute to goals of improving community health and provide some similar kinds of supports and services (e.g. health education or access to equipment for harm reduction).

As such, the indicators used to measure the impact of peer programs are often generic service-delivery indicators that were originally developed to measure the impact of non-peer work.

However, there are several important differences between peer and non-peer responses that should be taken into account when evaluating peer responses:

- **Peer responses impact their communities' health in ways that are not related to direct service delivery.** The 'Interpreting the W3 Framework' scenarios (p20 and p22) exemplify this. In both cases, the peer response had strong relationships within the health sector and policy environment. This resulted in the sector making changes in response to advice from the peer-led organisations that ultimately led to improved community health outcomes.
- **Interactions between peer workers and their communities in their personal lives (i.e., not through direct service delivery) are a relevant and vital input.** In the example in 'Interpreting the W3 Framework: Tracking policy changes and advocating for revisions' on page 22, the peer response knew how to act because of their staff's peer skill and the knowledge and insights they picked up through their personal lives.
- **Engagement with communities is not just a process but also an impact.** In both of the 'Interpreting the W3 Framework' examples, community engagement ensured that the peer response had the knowledge it needed to act properly (input). However, it was also the case that community engagement was improved and strengthened because of the work done by the peer response (impact).
- **Peer responses have an important role enhancing both individual and community empowerment and positive sense of self.** This is illustrated in the example 'Positive Leadership Development Institute' on page 16.

By only measuring the direct and immediate impacts of a program on its individual participants, evaluations of peer responses miss a lot of information about the role(s) that peer responses play, including in:

- Non-direct impacts on personal agency and self-worth
- Community mobilisation and empowerment
- Policy participation
- Providing advice to the health and social services sectors (2)

If peer responses are unable to undertake comprehensive and robust evaluations of the full range of their work, they miss valuable opportunities to:

- Understand the full impact of their work – what works and why
- Build on what they know is working and make improvements to other areas
- Provide valuable feedback to the rest of the health sector and policy environment about what does and does not work well

This makes it difficult (or impossible) for peer responses to demonstrate their full impact and value, which ultimately:

- Results in substantial underestimation and misrepresentation of their effectiveness and overall impact
- Undermines their credibility within the sector
- Results in lost funding
- Reduces their overall effectiveness and consequently that of the overall public health response

What are the barriers to peer responses conducting effective evaluations?

Despite the inherent benefits of robust MEL processes, reporting to funders is often the main (if not the only) focus of a peer response's evaluations. This is because, in practice, community organisations are not funded to comprehensively evaluate all their work. They often receive multiple streams of funding from diverse funders, who are usually interested in supporting only particular aspects or outcomes of the peer response. Such funding tends not to value nor understand the organisation or program's overall impact.

This creates two strong barriers to a peer response's capacity to conduct robust evaluation:

- Inadequate funds, staff, and other resources
- Inappropriate or incomplete evaluation indicators

Inadequate funds, staff, and other resources

Cost is a very real barrier for many organisations. Evaluation is a resource-intensive process that requires specific skills and expertise. Peer responses

Living Positive Victoria

Living Positive Victoria is a peer-led organisation for people living with HIV (PLHIV).

In 2016, Living Positive Victoria merged with Straight Arrows, Victoria's lead organisation for heterosexual PLHIV and their families.

The organisation experienced a period of rapid growth and began working with new communities.

This created a need for consistent and streamlined organisational evaluation processes to help:

- Understand its impact across all its programs and activities
- Adapt to its changing environment

Living Positive Victoria developed an organisation-wide W3 Framework–led evaluation process that enabled it to:

- Ensure that its evaluation processes support their work across all four W3 Functions
- Demonstrate the impact of individual programs and of the whole organisation
- Collate insights gathered through programs and feed them into annual business planning
- Enhance the link between program outcomes and strategic goals
- Better articulate and communicate their impact to stakeholders and funders

> 'The value in what we are finding is across all of [W3's Functions] because we aren't just looking at program delivery — we are looking at systematic approaches to improve supports for people living with HIV.'
>
> **Living Positive Victoria staff member**

This process resulted in a shift in organisational culture where evaluation is now:

- A central part of project planning
- A strong feature of budgeting
- An element of staff recruitment

often don't have adequate funds, staff, and other resources to conduct robust evaluation.

This barrier can be exacerbated by funders actively opposing data collection and evaluation activities that look beyond their priority impacts.

Inappropriate or incomplete evaluation indicators

The evaluation indicators that funders look for often fail to measure the full extent and impact of peer work (2). This is not least of all because most of these indicators originally came from evaluating non-peer work. As discussed previously, these indicators typically focus on individual-level impacts, leaving unseen and unmeasured system-level impacts and synergies that add significant extra value, not only for communities but also for funders.

How can we improve evaluation of peer responses?

If peer responses limit their MEL process to what the funders want, both the peer response and the funders miss the opportunity to learn so much more.

First and foremost, MEL processes should be designed to help the peer response with its own goals. When done well, MEL tells rich, exciting, and persuasive stories about all of the innovative and positive impact that peer responses have and how they achieve it. It also guides peer responses to ways they can improve their work and make it even more responsive and targeted.

To achieve this, peer responses need evaluation processes that:

- Capture everything they need so they can share stories about and improve their work (evaluation's primary purpose)
- Collect the information that funders want (evaluation's secondary purpose)

The W3 Framework was designed explicitly to help peer responses do exactly this while also ensuring that MEL processes are as easy and relevant as possible. It helps streamline data collection by tailoring MEL indicators, finding the smallest number of data collection points that give the largest amount of information, and gaining more value from what can be (and often already is) collected.

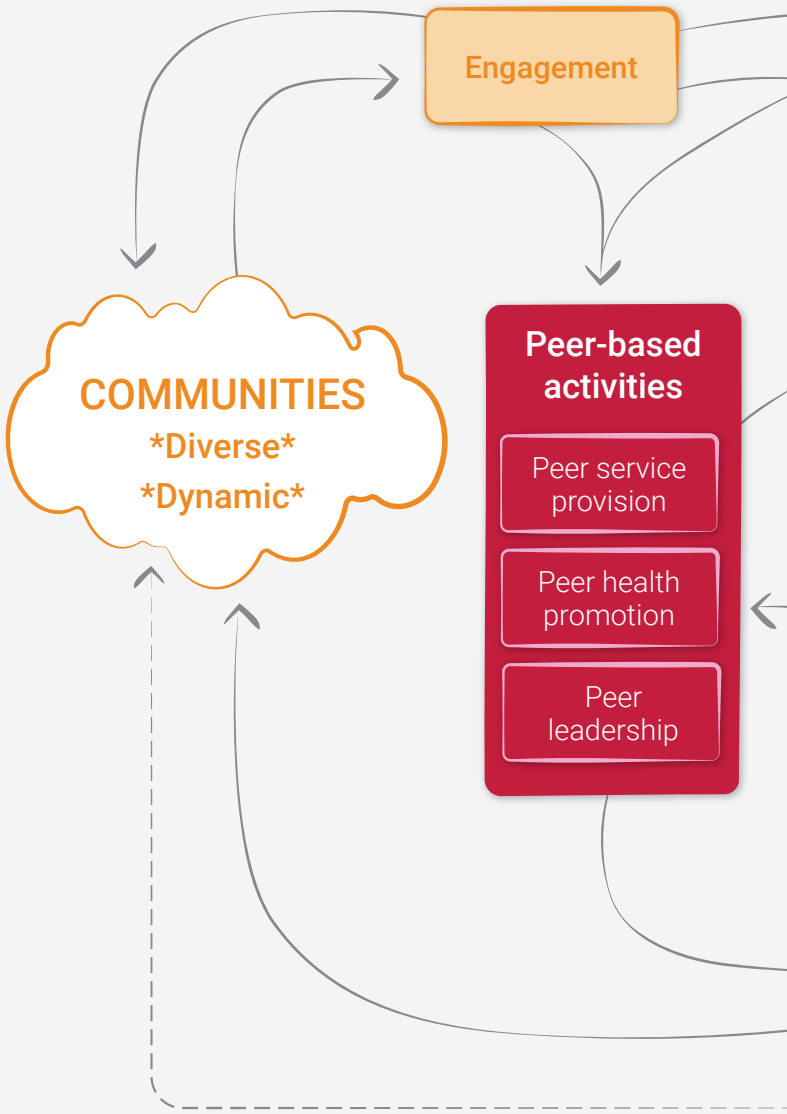
The W3 Framework

The W3 Framework is a simplified 'systems map' of peer work within an overall public health response. It shows how information and influence flow through peer responses, between their communities and the broader health sector and policy environment.

This 'map'[1] can help organisations decide where to look for information or evidence about how effectively they fulfil each of the W3 Functions (described on p12). It can also help them understand how their performance in one function might be affecting the others. Overall, this can help peer responses paint a comprehensive picture of all their work, which they can use to help them improve or to describe their achievements to stakeholders.

Organisations that implemented the W3 Framework found that it:

- Provided guidance for program and strategic planning
- Enhanced evaluation processes to better capture their full role and impact
- Demonstrated impacts beyond individual-level service access or knowledge and behaviour change
- Supported turning peer insights into meaningful evidence
- Helped improve organisational credibility within the health system and policy environment (3)



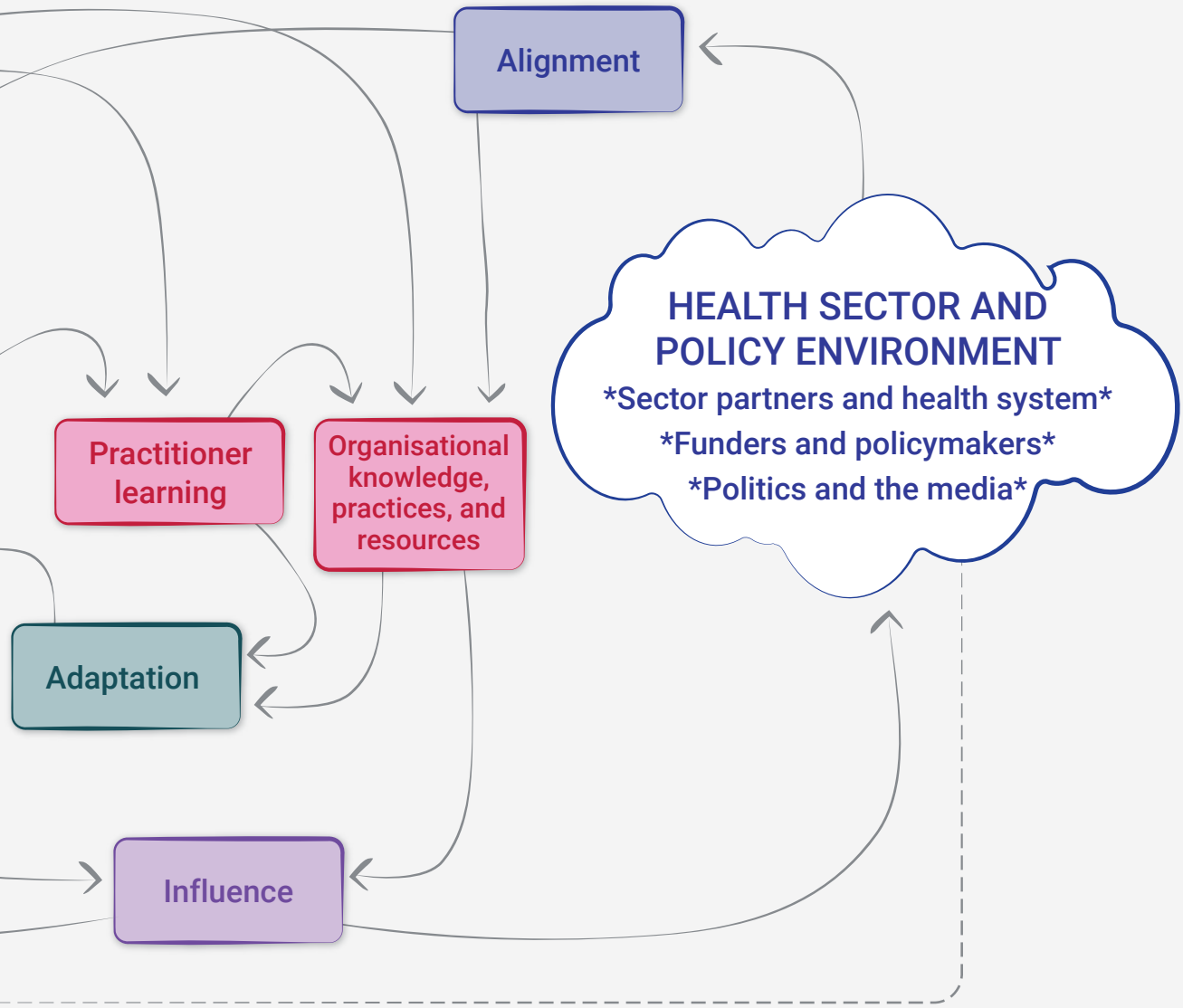
Key

The boxes represent peer work and the W3 Functions. Peer work includes the full spectrum of interrelated peer programs and activities, from direct service provision to health education to peer leadership (e.g. community organising or policy advice).

1. The W3 Framework was developed in partnership with peer-led responses. The references listed here, and on the W3 Website (https://w3framework

   Please note: the version of the W3 Framework used in this guide is slightly different to the one you will find in the academic papers. The terms and c

   1. Brown G, Reeders D, Cogle A, Madden A, Kim J, O'Donnell D. A systems thinking approach to understanding and demonstrating the role of peer-l
   2. Brown G, Reeders D. What Works and Why – Stage 1 summary report. Melbourne, Australia: Australian Research Centre in Sex, Health and Socie
   3. Brown G, Reeders D.The power of peers: W3 Framework for evaluating the quality and influence of peer-led programs. HIV Australia, 2016: 14(2)
   4. Reeders D, Brown G. Using systems methods to elicit complex program theories. New Directions for Evaluation. 2021; 2021(170):27-38.



The clouds are the systems that peer responses are part of and work between.

The arrows are the directions and flows of knowledge and/or influence.

.org) have details about the process used.

olours have been changed for this guide to make it easier to use.

ed programs and leadership in the response to HIV and hepatitis C: findings from the W3 Project. Frontiers in Public Health. 2018;6:231.
ety (ARCSHS), La Trobe University; 2016.
:26-29.

Using the W3 Framework

Using the W3 Framework can enhance the way peer responses convert peer insights into organisational knowledge. Peer responses that have more knowledge – gained through peer insights from both engagement and alignment – are in a much stronger position to confidently make good, timely decisions and defend them.

How do I 'read' the W3 Framework?

To interpret or 'read' the W3 Framework, you follow the arrows around the map from one cloud or box to the next. The pathways made by the arrows show you how knowledge and influence flow around the system.

You can see examples of what this might look like in practice in:

- 'Interpreting the W3 Framework: Picking up on community concerns and improving health service provision' on page 20
- 'Interpreting the W3 Framework: Tracking policy changes and advocating for revisions' on page 22

While using the W3 Framework, it is helpful to keep the following things in mind:

- **The clouds represent their own complex systems**
  - The clouds are not meant to be single entities – they are 'messy', dynamic, and complex systems of their own. These systems are described in more detail in, 'Peer responses operate within and between two complex and dynamic systems' on page 10.
- **Functions are umbrella terms for system-level roles, not activities for the peer response to do**
  - Although the functions sound like activities, it is better to think of them as roles or purposes that need to be happening in the system for peer responses to be effective. They are umbrella terms that cover any relevant activities, attributes, and outcomes.
  - Peer responses are most effective when all four of the functions are being fulfilled. It is, therefore, important to think about how well all these roles or purposes are being fulfilled within the overall system, rather than about whether the peer response is performing specific activities.
  - The functions are described in more detail in 'The W3 Functions' on page 12.
- **There are positive feedback loops**
  - If the item (activity, function, system etc.) at the start of the arrow is working well, the flow of knowledge or influence coming from that item will be stronger, which will improve or strengthen the item at the end of the arrow. If the item at the start of the arrow is not working well, the flows of knowledge and influence will be weaker, which will decrease the

COMMUNITY INFLUENCE

Positive Leadership Development Institute

The Positive Leadership Development Institute offers people living with HIV the opportunity to develop skills for leadership and resilience.

It used the W3 Framework to redesign its evaluation processes.

Previously, evaluation focussed exclusively on individual-level changes within participants during workshops. This missed the ongoing impact that the peer leaders went on to have in their communities.

The redesign used the W3 Framework to:

- Consider what was most important to find out about the program
- Refocus evaluation to capture community-level impacts peer leaders were having

The redesigned evaluation:

- Has shorter data collection tools
- Is more streamlined
- Is less onerous for participants
- Still captures individual-level changes in participants
- Also includes the ongoing influence of participants within their local communities

Harm Reduction Victoria's Peer Network Program

The goal of the Peer Network Program is to engage people who inject drugs (PWID) who are not being reached by mainstream needle and syringe programs (NSP).

Staff knew they were achieving this but the program's data collection tools were not sensitive enough to record it in a meaningful way.

They used the W3 Framework to adapt and improve the program's existing data collection tools and processes.

The improved tools can are helping the program:

- Produce data about the numbers of PWID who would not have obtained sterile injecting equipment if not for the Peer Network Program
- Demonstrate its reach and impact on the community
- Provide robust and compelling evidence of its value

potential effectiveness of the item at the end of the arrow.
  - You will find that it is possible to start at any item and find a pathway through the W3 Framework that leads back to that same item. Some of these full loops are long and convoluted, others are quite short. This means that parts of the system and even the whole system can become stronger if things are working well but weaker if they are not.
  - Some item or flows of knowledge/ influence may have greater, faster, and/or more far-reaching impacts than others.

- **It's not all up to the peer response**
  - Other organisations in the health sector and policy environment can be enablers or barriers to the W3 Functions working and peer responses achieving their full potential.
  - The way stigma towards communities is challenged or tolerated by other services will greatly impact whether the work of peer responses is leveraged or ignored within the health sector and policy environment.
  - It may be the case that advice from peer responses goes via other voices in the health sector and policy environment – allies who demonstrate their confidence in peer advice and advocate for the peer response's position (1).

- **It's similar if you are from a peer program within a non-peer organisation**
  - In this circumstance, however, it may be useful to think of other non-peer programs in your organisation and your organisation's leadership and decision-making mechanisms as part of the health sector and policy environment that you are working in.

Where can I use the W3 Framework?

The W3 Framework can be applied to peer work at the:

- System level
- Organisation level
- Program level

Applying the W3 Framework at the system level

Applying the W3 Framework at the system level can help define and articulate the unique contributions that peer interventions collectively have within a broader public health response.

'AFAO and AIDS Councils' Theory of Change' on page 8 shows a real-world example of system-level application of the W3 Framework within Australia's HIV response. In developing the Theory of Change, AFAO went beyond looking at the impact of individual organisations or programs. Rather, it focussed on the collective role of its work and that of the AIDS Councils within the overall HIV sector.

Applying the W3 Framework at the organisation level

Applying the W3 Framework at the organisation level can inform higher-level processes such as:

- Strategic planning
- Quality assurance and continuous improvement
- Organisational performance frameworks and indicators
- Annual reporting

'Harm Reduction Victoria' on page 9 and 'Living Positive Victoria' on page 13 are both examples of organisational-level application of the W3 Framework by peer-led PWUD and PLHIV organisations, respectively.

Applying the W3 Framework at the program level

Applying the W3 Framework at the program level can occur at any stage of the program planning cycle, including:

- Planning a program
- Monitoring implementation
- Refining implementation based on incoming information
- Evaluating and reporting
- Using lessons from monitoring and evaluation to inform program improvement

'Harm Reduction Victoria's Peer Network Program' on page 17 is an example of program-level application of the W3 Framework within a peer-led PWUD organisation.

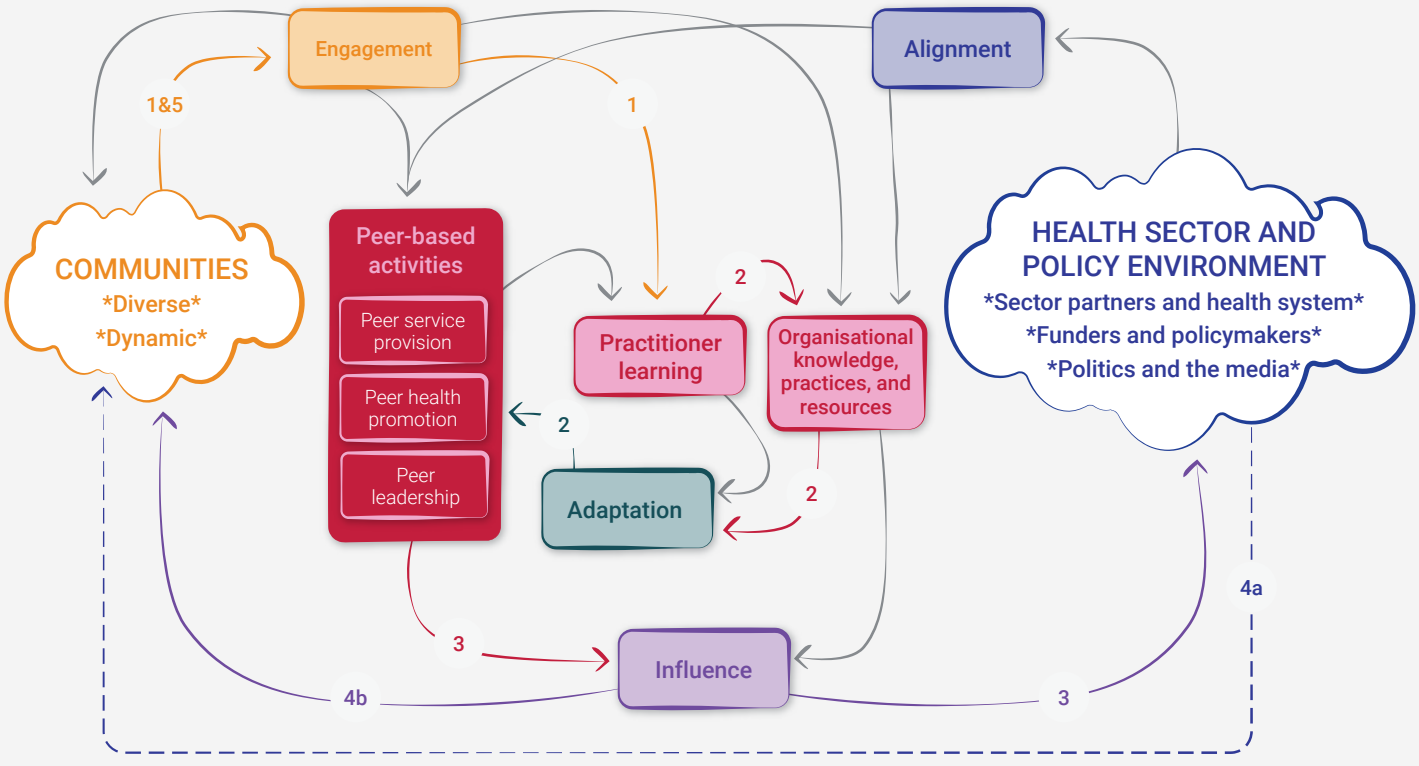
Interpreting the W3 Framework: Picking up on community concerns and improving health service provision

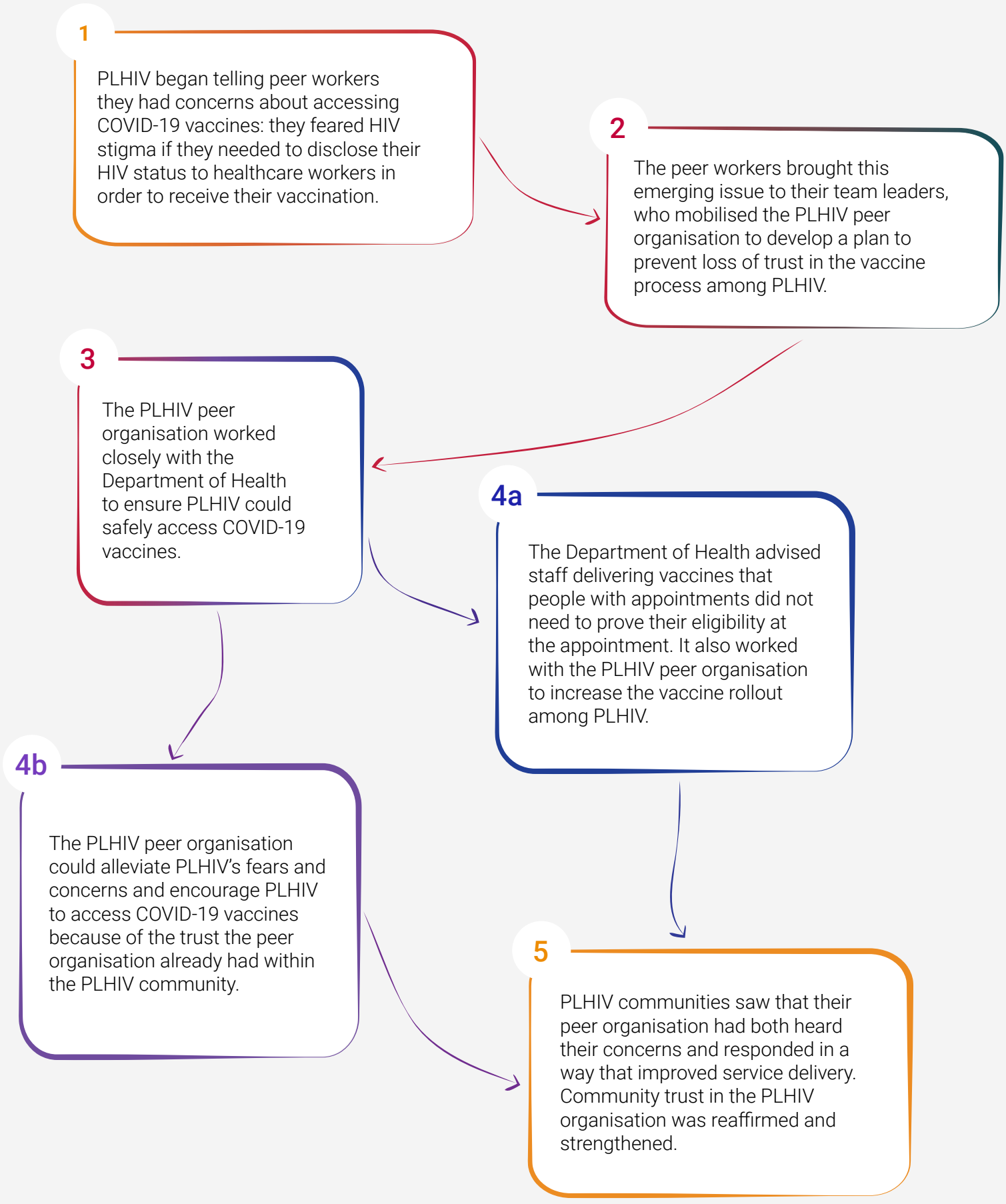
Scenario

This scenario is based on events that occurred during Australia's COVID-19 epidemic in 2021.

To ensure that the people most at risk of COVID-19 received vaccines first, the Australian Government rolled out the COVID-19 vaccine in several waves. The first waves offered vaccines to frontline workers and people who were at a higher risk of serious impacts from COVID-19. PLHIV were among these first eligible communities.

Strong relationships between the PLHIV-led response and the health sector placed PLHIV in a strong position to improve the health services delivered to their communities and positively influence the overall COVID-19 response.




1
PLHIV began telling peer workers they had concerns about accessing COVID-19 vaccines: they feared HIV stigma if they needed to disclose their HIV status to healthcare workers in order to receive their vaccination.
2
The peer workers brought this emerging issue to their team leaders, who mobilised the PLHIV peer organisation to develop a plan to prevent loss of trust in the vaccine process among PLHIV.
3
The PLHIV peer organisation worked closely with the Department of Health to ensure PLHIV could safely access COVID-19 vaccines.
4a
The Department of Health advised staff delivering vaccines that people with appointments did not need to prove their eligibility at the appointment. It also worked with the PLHIV peer organisation to increase the vaccine rollout among PLHIV.
4b
The PLHIV peer organisation could alleviate PLHIV's fears and concerns and encourage PLHIV to access COVID-19 vaccines because of the trust the peer organisation already had within the PLHIV community.
5
PLHIV communities saw that their peer organisation had both heard their concerns and responded in a way that improved service delivery. Community trust in the PLHIV organisation was reaffirmed and strengthened.

Interpreting the W3 Framework: Tracking policy changes and advocating for revisions

Scenario

A significant change in policy is being put forward by a government health department. The policy does not restrict access to hepatitis C treatment if the patient is currently injecting, but its wording and the information surrounding it make this unclear.

Implications for communities

- Communities and health workers may be confused by unclear or contradictory messages about treatment
- Health services may start imposing restrictions on treatment for people who inject drugs
- People living with hepatitis C who inject drugs may:
  - Be less likely to seek medical care because they think they are not eligible for hepatitis C treatment
  - Receive care that is inequitable and of a lower quality (when they do seek care)
  - Be exposed to increased discrimination and shaming
  - Experience negative impacts to mental health and social wellbeing as a result of stigma, discrimination, and shame
  - Experience increased risk of poor physical health and of transmitting the virus
- The number of new infections in the community may increase

Looking at this scenario through a 'W3 lens'

Alignment: The PWUD-led response becomes aware of this proposed policy and its implementation through its strong network of partners in the sector. It identifies that the way the policy is being implemented will cause confusion and anxiety in the community. It also recognises that mixed or unclear messaging from peer-led and non-peer-led services will undermine community trust in both service types. This misalignment is detrimental to community health. It may also restrict the capacity of peer-led organisations to meaningfully promote hepatitis C treatment, restricting their capacity to adapt and respond with their communities. Alignment in the policy system needs to be achieved for them to continue being effective in the community system and to ensure the safety and health of their community members.

Engagement: The PWUD-led response understands how these changes are impacting its communities as they occur, because it is engaging with its communities and because its staff are experiencing the current challenges and tensions in their personal lives.

Adaptation: The PWUD-led response has recognised that addressing this 'alignment issue' is important and adapts its response to address this new priority. Its response is informed by real-time evidence of how the change is impacting its communities (collected through engagement). It adapts its messages to communities to avoid confusion and provide added support during this tense time. It develops a plan for advocacy within the health sector and policy environment.

Influence (Health Sector and Policy Environment): The PWUD-led response provides advice and solutions that are listened to and enacted. This is possible due to the respect and validity the PWUD-led response has built within the sector. The sector recognises that the PWUD-led response's advice and solutions can be trusted because they are based on real-time insights into emerging trends, issues, and unintended consequences.

Influence (Community): The PWUD-led response provides support and information that help alleviate confusion and stress within its communities. The community also acknowledges the role that the PWUD-led response played in advocating for its rights. The community's trust and confidence in the PWUD-led response is reaffirmed (which improves future engagement).

Final thoughts

This is a relatively simplified description. In reality, this would not be a linear process. Rather, all the functions would occur simultaneously, influencing and building on each other. This is reflected in the way the process in the flow chart on the next page does not flow directly from 1 to 2 to 3 through to 7. (This is an important reminder that the arrows do not represent one function leading to or causing another. Rather, they represent how knowledge and influence flow through the system.)

1

Through its strong network of partners in the sector, the PWUD-led response becomes aware of the proposed policy and its implementation.

2

Staff engage with their communities and experience the current challenges and tensions in their own lives. The PWUD-led response understands how the changes impact their communities as they occur.

3

The PWUD-led response recognises that addressing this 'alignment issue' is important and adapts its response accordingly.

4

The PWUD-led response provides advice and solutions to policymakers, and they are listened to and enacted.

(Alignment is strengthened.)

5

The new policy positively impacts the communities.

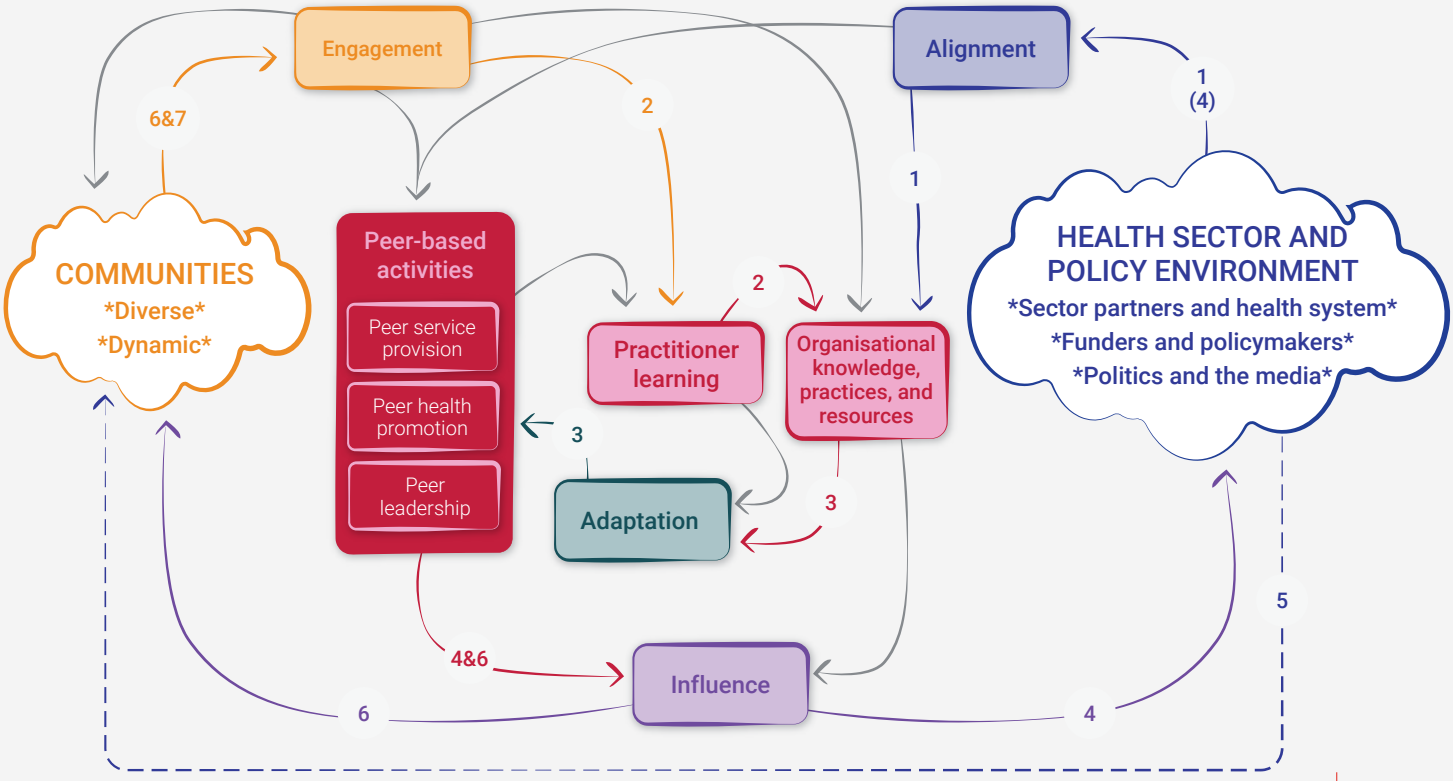
6

The PWUD-led response provides support and information to communities to help alleviate their confusion and stress.

7

Community health improves and engagement is strengthened.

How this fits within the W3 Framework is shown here:



W3 Peer Facilitator Tool

The W3 Peer Facilitator Tool is for collecting data about educational workshops.

Peer facilitators complete the tool at the end of a workshop.

The tool captures the facilitator's insights about changes they saw throughout the workshop among participants.

Living Positive Victoria uses the tool in the Phoenix Program for people with a new HIV diagnosis.

Harm Reduction Victoria uses the tool in educational workshops with service providers.

The tool allows the organisations to:

- Capture new and more meaningful data from workshops and education sessions
- Convert peer insights and reflections into systematically collected data

How can the W3 Framework enhance evaluation of peer responses?

The W3 Framework helps peer responses develop evaluation processes that are relevant and tailored to the full range of work they do.

This section discusses some of the ways the W3 Framework can improve evaluation of peer work. All of this information is based on feedback from and experiences of real peer responses that have used W3 in their work (3).

Demonstrating impact beyond individual-level service access or knowledge and behaviour change

As described previously, to be as effective as possible, peer responses need all four W3 Functions to be happening within the overall public health response.

The W3 Functions occur across every level of society, from individual to community to policy; and peer responses contribute at every level to all four functions. Despite this, peer responses are often judged purely against individual-level engagement or community influence indicators. Examples of this include counting the number of community members interacting with services or measuring changes in individual knowledge or attitudes following a health education workshop.

The W3 Framework provides a structure to help peer responses develop indicators across all four functions. This helps them show the impact that they are having not only on individuals, but also at community and policy levels, and to describe how these broader, higher-level impacts flow back through the system to improve individual and community health outcomes. In other words, the W3 Framework can help peer responses demonstrate the full breadth and depth of their work.

Examples:

'AFAO and AIDS Councils' Theory of Change' on page 8 is an example of how the W3 Framework can be adapted for this purpose.

By using the W3 Framework to guide organisation-wide evaluation, Harm Reduction Victoria (p9) and Living Positive Victoria (p13) report they are now able to better demonstrate the broader impacts of all their work at individual, community, and sector levels.

The Positive Leadership Development Institute (p16) used the W3 Framework to refocus its evaluation specifically for the purpose of better understanding their community-level influence. Its new processes not only give it more information than previously, but they also have the added benefits of being shorter and less work for participants.

Converting peer insight into compelling evidence

When it comes to providing evidence for evidence-based interventions, peer insights are usually not valued as highly as social or epidemiological research or health service data. However, in the rapidly changing sectors where peer-based responses work, these formal data can be outdated by the time they are released, rendering peer insights the only source of real-time information the sector has. Additionally, formal research and epidemiological findings can be misconstrued in the absence of nuanced contextual interpretation that can be provided by skilled peers.

The W3 Framework provides a structure to help peer responses draw data from program MEL, peer insights, and community anecdotes, and present them in more meaningful, useful, and persuasive ways.

Example:

The W3 Peer Facilitator Tool (p22) is an example of a data collection tool that was designed specifically for this purpose. (Templates for two versions of this tool are included in the toolkit: ('Peer facilitator reflection tool', toolkit p88).

Generating evidence to enhance organisational credibility within the health system and policy environment

Policy participation is a core part of quality peer responses. Policy advice from peer responses draws heavily from peer insights, which (as discussed previously) are often perceived as less credible than other types of evidence. Therefore, successful policy advice often requires peer responses to partner with allies (such as researchers and other sector advocates). This enables them to develop a reputation of credibility over time so that policymakers and sector partners increase their trust and confidence to act on peer input.

For peer responses to be able to provide relevant, high-quality input, they need strong relationships and influence within their communities. The W3 Framework can inform the collection and presentation of evidence to monitor

and demonstrate how peer leadership activities and peer leaders:

- Authentically engage with their communities
- Draw on high-quality engagement to identify key insights about emerging issues
- Package these in a way that justifies the need for the changes while also acknowledging pressures faced by other actors in the policy system
- Propose effective, practical, sustainable, feasible changes

Examples:

The examples of Harm Reduction Victoria (p9) and Living Positive Victoria (p13) both show how W3 Framework–led evaluation is enabling them to better demonstrate their impact and value to policymakers and funders.

The Australian Injecting and Illicit Drug Users League (AIVL) has adapted the language of the W3 Framework into a common language for the sector to improve their communication with policymakers and funders and reduce stigma against PWUD-led work (p24).

How can the W3 Framework inform organisational change?

Organisational change is **adaptation**. Peer responses that have applied the W3 Framework to their work may be better placed to manage change and adapt effectively. This is because the W3 Framework improves how peer responses convert peer insights into organisational knowledge. This can help organisations:

- Understand how the peer response is currently working
- Recognise gaps and barriers
- Identify how it can leverage its strengths
- Identify where it can make improvements

This information can be invaluable for both identifying the need for change and guiding the change process, for example during:

- Organisation-wide or subsystem change
- Transformational or incremental change
- Remedial or developmental change
- Reactive or proactive change (4)

It is worth noting here that the information about organisational change in this guide is based around four main dimensions of organisational change that McNamara (4) identified as relevant to public health. We acknowledge that there are many theories and a large body of literature about organisational change in public health. These dimensions were chosen simply to exemplify how the W3 Framework has been used (or might be used) in different situations to support change

Organisation-wide or subsystem change

Organisation-wide changes are changes to the organisation as a whole. They impact the organisation at all levels and usually require shifts in organisational culture (4).

SECTOR INFLUENCE

AIVL's Peer Workforce Capacity Building Training Framework

The Australian Injecting and Illicit Drug Users League (AIVL) is Australia's national peak organisation for people who use drugs and their peer organisations.

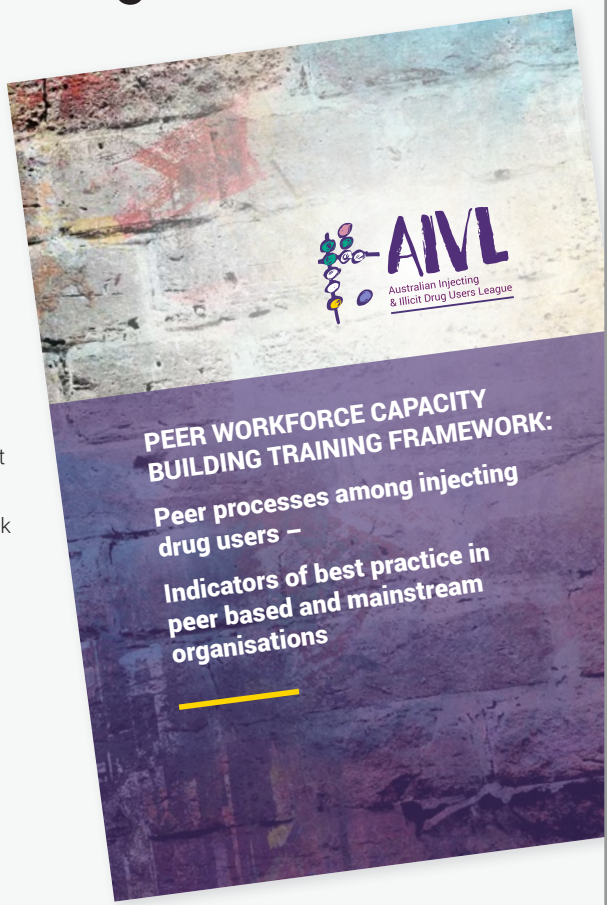
AIVL used the W3 Framework to develop a best practice guide f or the employment of people who use drugs (PWUD) as peer workers.

This guide aims to support both peer and non-peer organisations to create an organisational culture and environment where PWUD peer workers are:

- Safe and respected in their workplace
- Well supported and resourced to make effective contributions to the blood-borne virus response

It includes a best practice tool that takes users through each of the W3 Functions, prompting them to consider:

- What the function means in the context of PWUD peer work
- What achieving the function should look like in practice
- What impacts they should be seeing if things are going well
- How to create positive change



Adapting the W3 Framework to create a sector-appropriate common language

The Australian Injecting and Illict Drug Users League (AIVL) is Australia's national peak organisation for people who use drugs and their peer organisations.

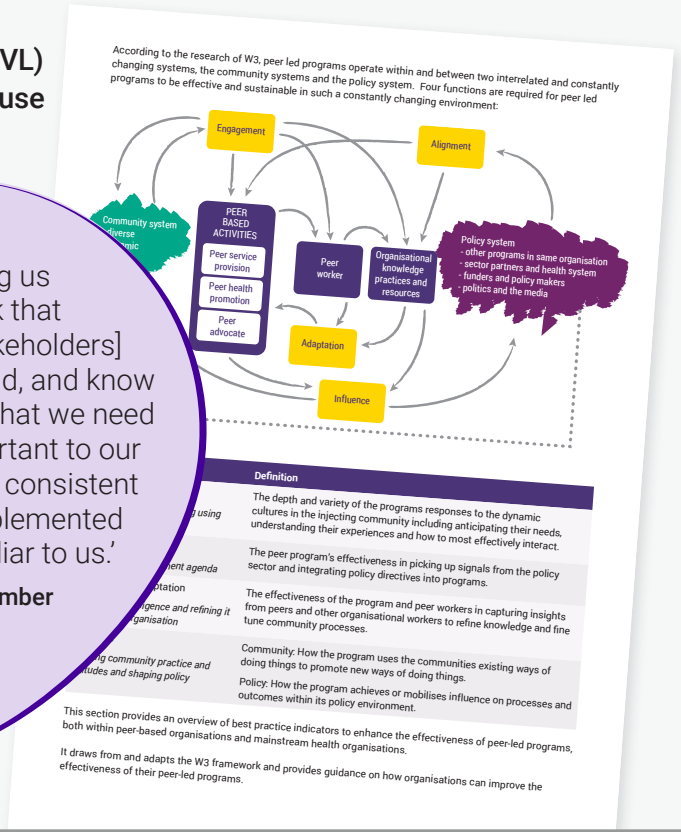
AIVL adapted the W3 Framework to help create a common language among peer-based drug user organisations.

This enabled AIVL and its members to:

- Define what the W3 Functions meant to them in the context of their own work
- Identify actions that may help achieve impact in each of the functions
- Demonstrate their impact within each of the functions
- The standard language is also helping overcome longstanding stigma towards drug user organisations and peer workers.

'W3 is giving us a framework that [mainstream stakeholders] can read, understand, and know that we are doing what we need to do. This is important to our community, that a consistent framework is implemented that is also familiar to us.'

AIVL staff member



These changes include such things as major restructuring or mergers, as was the case in the example from Living Positive Victoria (p13).

Subsystem changes include such things as adding or removing a service, reorganising a department or division, or implementing a new policy or process (4).

Implementing new evaluation processes is an example of this kind of change. The examples from Harm Reduction Victoria (p9 and p17), Living Positive Victoria (p13), and the Positive Leadership Development Institute (p16) involve implementing new evaluation processes using the W3 Framework.

Another example would be if a non-peer organisation identified a need to introduce new policies and practices to ensure a safer or more supportive environment for peer workers they employ. AIVL's Peer Workforce Capacity Building Training Framework is an example of how the W3 Framework can be adapted to inform this type of change (p23).

Transformational or incremental change

Transformational (or radical) change involves overhauling or changing the fundamental structure or culture of an organisation or program. These changestake more time and energy than incremental changes (4, 13).

The example from Living Positive Victoria (p13) shows how it used the W3 Framework to guide the adaptation of its evaluation processes during a time of transformational change.

Incremental change are step-by-step changes that happen over time in small, planned increments. They do not disrupt the way things are but improve on them (4, 13).

The examples from Harm Reduction Victoria (p9) and Living Positive Victoria (p13) show how these organisations used the W3 Framework to improve the evaluation processes in their programs and organisation gradually, trialling its use in some areas of their work and gradually rolling it out to others.

Remedial or developmental change

Remedial change is aimed at fixing or refining (finding a 'remedy' for) something that is not working as well as it should. These changes may be more urgent and obvious than developmental changes (4).

For example, if an organisation's data collection tools don't provide the information they need, they could use the W3 Framework to help them identify what changes to make and where to make them to improve their tools (as in the examples 'Harm Reduction Victoria's Peer Network Program' on page 17 and 'Positive Leadership Development Institute' on page 16).

Developmental change is a more general process of quality improvement. Well-planned and effective developmental change can prevent the need for remedial change from arising (4). This is perhaps the most common type of change the W3 Framework would be applied to in practice.

Most of the examples we've looked at so far involve organisations and programs improving their evaluation processes.

These are examples of developmental change.

Furthermore, the W3 Framework is a framework for evaluating peer-led responses. As discussed earlier, effective MEL processes should guide peer responses to improve their work – which is also developmental change.

Reactive or proactive change

Reactive changes are forced responses to sudden, major events. They tend to be characterised by (at least some level of) disorganisation (12).

The COVID-19 pandemic is an example of a recent such event that forced reactive change. The example 'Adapting to rapid change: Living Positive Victoria's Peer Navigator Program and COVID-19' on page 25 shows how previous implementation of the W3 Framework across the organisation helped it adapt rapidly and successfully to address its communities' existing and emerging needs in the context of a constantly changing health system and policy environment (14).

A less drastic example, however, could be the sudden, unexpected departure of a key and influential staff member.

Proactive changes happen in response to a change that is known or expected to be coming (12), such as an upcoming election or policy change.

For example, Living Positive Victoria (p13) was aware of its upcoming merger with Straight Arrows and planned the necessary changes to its organisational evaluation processes accordingly.

ADAPTATION

Adapting to rapid change: Living Positive Victoria's Peer Navigator Program and COVID-19

Living Positive Victoria's Peer Navigation Program provides peer-based support, guidance, and health system navigation for people living with HIV.

The program works from the time clients are first diagnosed or contact a clinic. This integration of peer practices into clinical and social services ensures timely access to information and support.

In 2020, COVID-19 presented the Peer Navigation Program and its clients with some significant challenges.

Due to COVID-19 lockdowns, the Peer Navigator Program:

- Moved to fully remote service delivery
- Managed significantly disrupted referral patterns
- Responded rapidly to address to new client priorities and challenges

Already having the W3 Framework applied across the organisation meant that the program had the data and processes in place to:

- Understand its influence and engagement
- Understand what adaptations would work to meet the challenges and support people to stay safe and healthy
- Use these insights to respond to its rapidly changing environment

Where to next?

If you are interested in applying the W3 Framework in your own peer response, check out Parts 2 and 3 of this guide.

You can find both documents on our website: https://w3framework.org

The website also has further information about peer work and the W3 Framework, including:

- Updates, resources, and publications from the W3 Project
- Examples and stories from real peer responses using the W3 Framework

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La Trobe University proudly acknowledges the Traditional Custodians of the lands where its campuses are located in Victoria and New South Wales. We recognise that Indigenous Australians have an ongoing connection to the land and value their unique contribution, both to the University and the wider Australian society.

La Trobe University is committed to providing opportunities for Aboriginal and Torres Strait Islander people, both as individuals and communities, through teaching and learning, research and community partnerships across all of our campuses.

The wedge-tailed eagle (*Aquila audax*) is one of the world's largest.

The Wurundjeri people – traditional owners of the land where ARCSHS is located and where our work is conducted – know the wedge-tailed eagle as Bunjil, the creator spirit of the Kulin Nations.

There is a special synergy between Bunjil and the La Trobe logo of an eagle. The symbolism and significance for both La Trobe and for Aboriginal people challenges us all to 'gamagoen yarrbat' – to soar.

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