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What Works and Why (W3) Project

PLHIV Peer Leadership and Policy Participation System Logic and Draft Indicators

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Introduction

This document provides a detailed description of the people living with HIV (PLHIV) Peer Leadership and Policy Participation system logic diagram developed in stage 1 of the What Works and Why (W3) Project. This work draws on a series of workshops conducted in 2014 with the Positive Action Group (PAG) of executive officers and senior staff of National Association of People Living with HIV Australia (NAPWHA), Positive Life NSW, Queensland Positive People, and Living Positive Victoria.

This document should be read in conjunction with

> Graham Brown and Daniel Reeders (2016). What Works and Why – Stage 1 Summary Report. Melbourne: Australian Research Centre in Sex, Health and Society, La Trobe University. Available at www.w3project.org.au

The above report provides details of the project background, methods and the W3 Framework. An excerpt from the report is provided below.

Executive Summary

The Australian HIV and hepatitis C response is undergoing the most rapid change in decades. Community and peer-led programs needed a better way to demonstrate their unique role and contribution to achieving the goals of the National strategies, their capacity to adapt with the rapid changes, and the role of the HIV and hepatitis C partnership in supporting this role.

Working in collaboration with ten peer-led community organisations, the What Works and Why (W3) Project used systems thinking and participatory methods to develop a better understanding of how peer-based programs work, formulated a framework to evaluate the role and contribution of peer-based programs, and developed quality and impact indicators and tools to best capture and share insights from practice. This involved a series of 18 workshops ranging from one to two days each with the ten peer-led community organisations working with gay men, people who use drugs, sex workers and people living with HIV. Some workshops were with single organisations and some with up to four organisations, and over 90 people were involved across the workshops.

W3 Framework

We found that peer-led programs are operating within and between two interrelated and constantly changing sub-systems – the community system and the policy (or sector) system. We found there are four functions that are required for peer-led programs to be effective and sustainable in such a constantly changing environment:

- **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 and to achieve better synergies
- **Adaptation**: How the program changes its approach based on mental models that are refined according to new insights from engagement and alignment
- **Influence**: how the program uses existing social and political processes to influence and achieve improved outcomes in both the community and the policy/sector.

The combination of these functions is required for peer based programs to: demonstrate the credibility of their peer and community insights; influence community, health, and political systems; and adapt to changing contexts and policy priorities in tandem with their communities.

Feasibility Trial of Indictors and Tools

We worked with nine of the W3 project partners to develop tailored indicators under each of the four functions, and then piloted a range of different tools for gathering insights against the indicators and functions with peer-led projects within seven organisations. The main aim was to identify what would be feasible within the resources of community and peer-led organisations.

Generating System Logic Diagrams for Peer Based Programs

The W3 Project applied a systems thinking approach that conceptualises peer based programs, and the communities and policy environments they engage with, as complex adaptive systems. We held a series of workshops with each of our partner programs to map out the complex flows of knowledge and influence that underpin their effectiveness within their target communities and policy environment. The result was 'system logic' diagrams that were used in conversation with partner programs to identify four key functions at which a peer and community based program needs to succeed in order to be effective (W3 Framework – see www.w3project.org.au).

The system logic diagrams illustrate the contribution of peer insights and leadership at the individual level in service provision; in health promotion targeting networks and cultures of sexually adventurous men within the broader gay community; and in positive leadership and policy participation at the state/territory and Commonwealth jurisdictional levels.

For each one we drafted a range of indicators that could inform program evaluation and quality improvement.

We worked with four groups of programs from Australia's responses to HIV and hepatitis C, chosen because they have the longest history of using peer and community based approaches:

- Western Australia Substance Users Association (WASUA) and Australian Illicit and Injecting Drug Users League (AIVL) – PWUD peer service provision and policy participation map
- Victorian AIDS Council (VAC) and Australian Federation of AIDS Organisations (AFAO) – GMSM peer network-targeted health promotion map
- The Positive Action Group (PAG) consisting of the National Association of People Living with HIV Australia (NAPWHA), Positive Life NSW, Queensland Positive People, and Living Positive Victoria – PLHIV peer leadership and policy participation map
- Scarlet Alliance, the National Sex Worker Association and members. This map contributed to the area of sex worker peer leadership and policy participation, however has not yet reached a level of completion to be released publically

Full details of the methods and processes are described in:

Graham Brown and Daniel Reeders (2016). What Works and Why – Stage 1 Appendices. Melbourne: Australian Research Centre in Sex, Health and Society, La Trobe University. Available at www.w3project.org.au

Reading the Peer Leadership and Policy Participation System Diagram

Theory statement	• A high level description of the approach: how practitioners and program managers think it works, in plain English.
System logic diagram	• A diagram of the causal loops and processes that shows how the program engages with the community and its policy and funding context.
Explanatory text	• Brief definitions of the items and key relationships from the system logic diagram.
Strategic dynamics	• Aspects of the map that practitioners said they'd most want to monitor in order to confirm and revise their understanding of the system and whether the program was working.
Worked example	• We take one strategic dynamic and talk through the mechanism that produces it -- the causal loop and other structural features of the map -- as well as indicators that could be used to monitor it.

Note: three case studies are presented here; a fourth, with Scarlet Alliance and its members, is still being worked on.

Peer Leadership and Policy Participation System Diagram

This case study is based on the Positive Action Group (PAG) of executive officers and senior staff of National Association of People Living with HIV Australia (NAPWHA), Positive Life NSW, Queensland Positive People, and Living Positive Victoria.

In our understanding of the PAG model, coordinated action and regular meetings enable the PAG members to achieve economies of scale in responding to opportunities whenever they may arise, and to develop stronger advice by considering a diverse range of models and sources of knowledge about positive people's needs and experiences. The wording of this description is subject to change according to feedback from the PAG membership.

a. Program theory statement

The system is structured around two major tensions. The first is between very high level processes of policy reform leading to rationalisation of health funding and policy frameworks, and, on the other hand, the HIV sector-specific commitment to a community-based response involving positive leadership. The arrow between these is dotted to indicate it's not a direct causal relationship, since they operate at very different levels. The impact of rationalisation takes place via the discourse of consumer representation, leading to tokenism.

The second tension arises as a direct result of that first tension and encapsulates the work of PAG members to mitigate its concrete impact. There are two pathways an emerging positive leader can take with quite different implications for the effectiveness of PAG.

Pathway (1) *combines* personal political capital with skills and values for effective positive leadership, which necessarily involves representation of positive diversity and the ability to grasp and balance the complex web of sector interests, and improves quality of advice and therefore both effectiveness and credibility.

Pathway (2) works solely on personal political capital (e.g. charisma, having an incredible story, being in a management role) in a context of tokenism, at the cost of representation of positive diversity and subsequently quality of advice and, unfortunately, credibility of positive leadership generally. Personal authority can be enough to achieve policy influence -- but it might damage PAG's credibility if this 'shortcut' pathway were taken frequently.

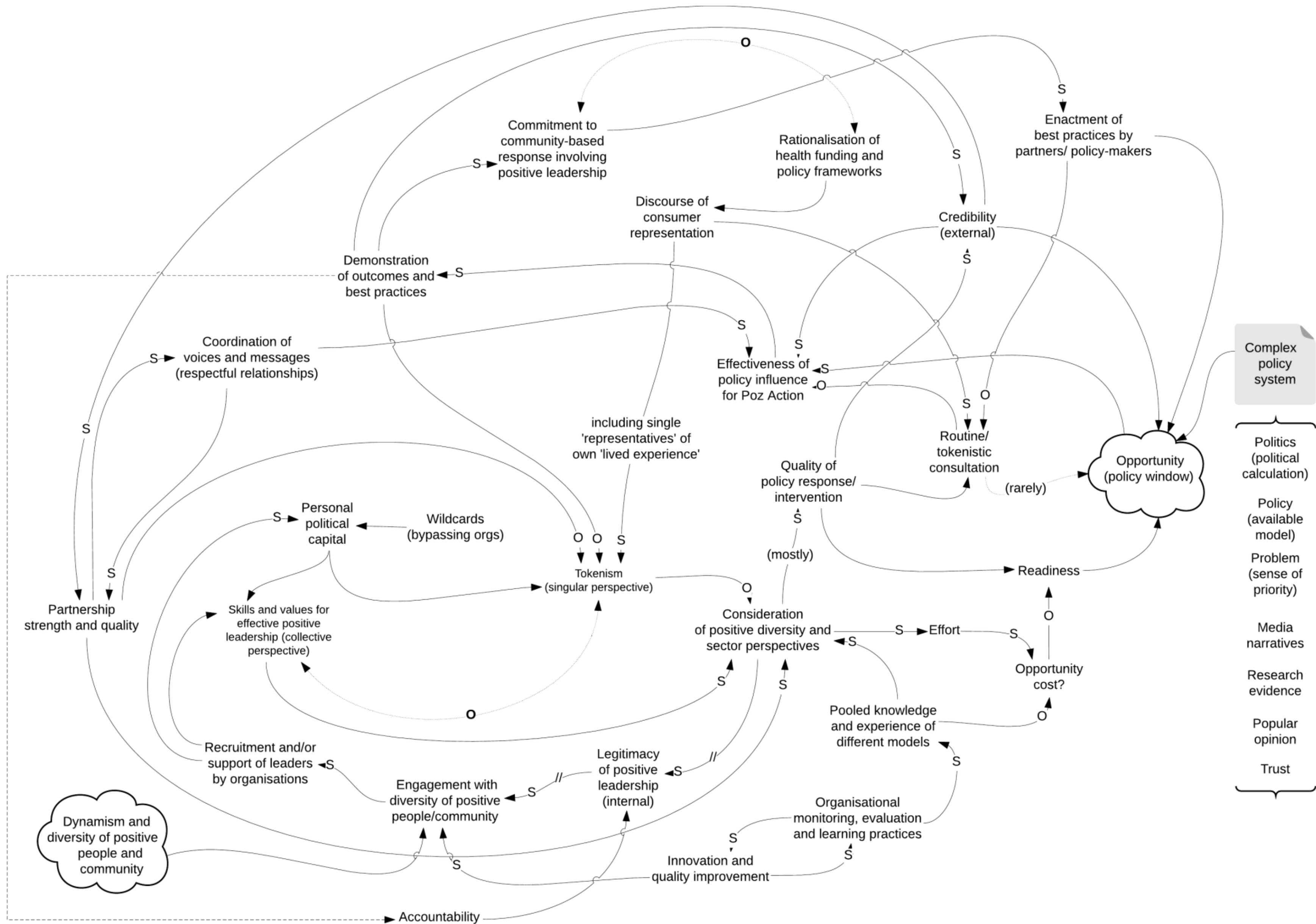
A quieter 'back loop', operating over a much longer timescale, describes the way in which representation of positive diversity results in greater legitimacy of positive member organisations and helps to increase PAG members' engagement with positive diversity, which is essential for effective positive leadership.

The role and value of 'peer' within this system

Much of the published literature on peer approaches talks about 'peer' as a close-enough match or similarity between people on characteristics that are relevant to the intervention at hand. So for example, if the intervention is peer education, then the characteristics might be gay identity and similar life stage. However, in some of the system logic workshops we've done in the W3 project, participants have talked about *peer skill* as the ability to work effectively across *differences* in experiences and characteristics.

In this map we've emphasised the foundation of 'engagement with positive diversity', which refers to the many different identities, needs, and experiences that exist among positive people in Australia. Positive leadership is an extension of peer skill that combines the ability to take and advocate a *collective perspective* that is not limited to one's own personal needs, agenda, story and experiences, with an *internal legitimacy* comes from the skill and values a positive leader demonstrates in representing positive diversity.

b. System logic diagram



c. Explanatory text

Pathway 1 – peer leadership

PAG members' engagement with positive diversity

This item is the foundation of the system logic of peer involvement in positive leadership. We often talk about 'positive community' as if it is a stable thing with defined boundaries, when, as PAG members already know, it is dynamic, fragmentary, constantly in transition, and diverse in terms of needs, experiences, and identities.

Diversity is a major source of complexity and a key concern for systems thinking, the approach we are using in the W3 project. In complex adaptive systems, the elements of a system – like 'positive community' or 'health policy' – can be combined in so many different ways, it's never possible to calculate a prediction of how the system will behave. Instead, we develop rough but 'good enough' *mental models* based on past experience and open to revision according to future experiences.

At the workshop with Poz Action members from Victoria, NSW, and Queensland, we talked about how *taking a collective perspective* on positive needs in policy advocacy was a crucial skill that led to better quality advice and greater political legitimacy.

That perspective refers both to mental models and depends on what researchers call 'knowledge practices' such as consultation and evaluation, both formal and informal.

In this diagram, to keep things simple we have combined 'positive diversity' and 'engagement' in a single item. Engagement means the activities that PAG member organisations undertake to connect with positive people and understand and respond to their diversity.

Engagement includes both formal processes, such as Board membership, project and program evaluation, formal consultation, and nominating NAPWHA representatives, and informal processes, such as reflective practice among staff members, informal consultation via key informants and partners, etc.

Engagement also sums up how closely the agency is engaged with and informed about the diverse and changing needs and issues experienced by positive people.

This can go up or down, and that has an impact on the system via a link with *selection of positive leaders*, who may have more or less *personal political capital*, and may choose to participate in *tokenism* (personal authority) or to model *skills and values for effective positive leadership* (peer leadership).

Selection of positive leaders

This can be a formal process, e.g. where PAG members nominate individual people to take part on reference groups or committees at state and Commonwealth levels, or their memberships elect individual people to their Board or sub-committees.

It can also be an informal process, such as when PAG EOs identify latent potential for leadership in clients and contacts, and mentor them or connect them up with opportunities to advocate around issues of concern to them or the PAG member.

As one of the workshop participants noted, sometimes it may involve *re*-activating someone who played a leadership role in the HIV response in years past.

Selection of a leader is often the first key step in the individual person acquiring *personal political capital*, which might be built up carefully over time by someone who wasn't initially 'a natural leader or positive advocate', or might be an 'X factor' there from day one.

Personal political capital

As mentioned above, this might be an 'X factor' – someone who is naturally charismatic or has a really powerful personal story – or they might live at the intersection of HIV-positive status and a network or identity that is recognisably underrepresented in the sector and sought-after for involvement. Alternatively, they might not be terribly charismatic but they have great personal persistence and accumulate considerable political capital over time.

The system logic aims to map out the processes that contribute to *effectiveness of policy influence for Poz Action*, so it doesn't show the way that personal political capital can, on its own, be a way to achieve considerable policy influence. Pathway 2 (later in this document) maps out some of the negative consequences that can arise when this occurs.

As discussed at the workshop, the ideal scenario is that a person who is *selected as a possible leader* and begins to develop *personal political capital* also develops and demonstrates *skill and values for effective positive leadership* (next item).

Skills and values for effective positive leadership

The most basic example is the ability to perform effectively on a committee, or how to seek a brief from an organisational manager and carry a message. More complex skills are how to talk from personal experience without making it sounds like that 'represents' all positive people. Advanced practitioners develop skills in cultivating and consulting both informal and formal 'key informants', and the verbal judo sometimes necessary to convince a clinician to listen to a community perspective. Positive leadership skills and values are connected with effective *consideration of positive diversity and sector interests* (next item).

Consideration of positive diversity and sector interests

This refers to the *position taken* and the extent to which it reflects an optimal balance among the different needs and interests that exist, both within positive diversity and the broader HIV and health sectors. Optimal does not mean perfect.

Quality of advice

This refers to the quality of the position taken as an intervention in a policy question.
The key input into quality of advice is from *representativeness*, because quality is most likely to be achieved when the advice is informed by consultation with people and groups with diverse needs and interests – it is less likely to have 'blind spots' and more likely to achieve support from a wider range of sector voices.

Effective policy influence for Poz Action

At the workshop we discussed Kingdon's (1984) analysis showing that an effective outcome depends on an alignment of the problem, policy and politics 'streams' that is impossible to control or predict. This analysis suggests that *quality advice* is separate from *effective policy influence* because the quality of the advice does not guarantee it will 'hit home'.

The unpredictability of the system means the impact of an advocacy position can't be measured by asking whether the objectives at the outset were achieved or not.

Effective policy influence might not mean that Poz Action gets exactly what its position asked for – but the outcome might be better than if it hadn't got involved.

Demonstration of outcomes and best practices

This item refers to the need to continually justify *why* there is an ongoing need for Greater and Meaningful Involvement of People Living with HIV/AIDS (GIPA/MIPA), as well as to develop and demonstrate new best practices for achieving it. Participants talked about the importance of not just achieving policy influence but demonstrating outcomes from it. They also mentioned that sometimes, *partnership strength and quality* depends on sharing credit.

Credibility (external)

Discussion at the workshop talked about both credibility and *legitimacy* (see below). Credibility refers to external credibility within the system of policy-making and health funding that Poz Action seeks to influence. Demonstrating outcomes (above) and quality of advice (above) both contribute to increasing credibility, and credibility in turn contributes to *partnership strength and quality* (below).

Partnership strength and quality

This was both a constant subject and subtext within the discussion at the workshop. There was an awareness of a balancing act where disrespectful behaviour could result in greater short-term policy influence but at the long-term cost of trusting relationships with other current and potential future partners. There is a link between partnership strength and quality and *coordination of voices and messages* (next item) and the extent to which an advocacy position *represents diversity of sector interests* (see above).

Coordination of voices and messages

A key issue discussed at the workshop was the role that non-positive voices can play in supporting GIPA/MIPA and positive leadership, as well as the greater effectiveness PAG messages and positions can have when they are echoed and reinforced by other players within the HIV sector.This is primarily affected by *partnership strength and quality* and its impact is felt on *effectiveness of policy influence for Poz Action*.

Commitment to community based response involving positive leadership

This is the long-term end game for positive leadership – it refers to the sector and broader health system and political commitment to (a) the Australian partnership and community based response to HIV and (b) the role of positive leadership within it. This depends on *demonstrating outcomes* (above) but it is under constant challenge by *rationalisation of health funding and policy frameworks* (below).

Pathway 2 – personal authority on its own

Stepping back to the two arrows coming out of *personal political capital,* the first one leads to *developing skills and values for effective positive leadership* (above) and as discussed above, that can be the first step towards genuine peer leadership. The second one, however, leads to inauthentic involvement of positive people, via *tokenism* (next item).

Tokenism

Tokenism is what happens when there is a *convention* for a particular kind of event or process, such as 'reference group for development of evidence-based guidelines', and it is being *enacted* (or to put it another way, 'staged') by a player in the system who doesn't fully understand how or agree why positive leadership is important. In this context, the *appearance* of positive 'involvement' is what matters, and the enacting body probably doesn't inquire too closely into whether the position being advanced is based on consultation or a collective perspective on positive diversity.

An individual with *personal political capital* – whether that be the 'X factor' or their position as leader of a program, service or member organisation – can, in a context of tokenistic involvement, achieve effective policy influence without *representing positive diversity* or finding a careful and respectful balance of *sector interests*. This has an opposite-linkage with *representation of policy diversity and sector interests* and from that, impacts negatively upon both *quality of advice* and *credibility (external)* in one direction and *legitimacy (internal)* and *PAG members' engagement with positive diversity* in the other direction.

Rationalisation of health funding and policy frameworks
This is the background context to the whole system. It refers to very high level changes to the architecture of the health system funding and policy framework. Part of this process seems to be a determination to rationalise ‘exceptional’ pockets of the system into ‘mainstream’ modes and institutions of service delivery, including HIV. This is being achieved in part by seeing GIPA/MIPA and community-based responses as variations of *consumer representation* (next item).

Discourse of consumer representation
This is the policy discourse that legitimises tokenistic involvement of positive ‘representatives’. The discourse of consumer representation does reflect historical innovations from the response to HIV as well as other fields like disability and mental health. However, it has been operationalised in a way that probably doesn’t count as ‘greater’ or ‘meaningful’, and it involves claims of representativeness that are based on optimistic and idealistic assumptions about lived experience rather than *engagement with positive diversity* and *skills and values for effective positive leadership*. Although there is no direct way to ‘counter’ this process, it is possible to counter its concrete impact by demonstrating outcomes and best practices for positive leadership in a community-based response to HIV.

d. Strategy dynamics

Strategic dynamics are higher level strategic considerations that emerge from interactions among the processes and relationships depicted on the system logic diagram.

Dynamic #7 refers to actual cost (staff time, travel bookings) as well as the *opportunity cost* of policy participation – if you focus on issue A hoping it might find a window of opportunity within the complex policy system, your ability to focus on issue B is reduced. A key indicator is whether PAG’s coordinated approach helps to reduce this inefficiency.

1. Everything depends on the quality of PLHIV organisations’ engagement with the diversity and dynamism of positive people and communities.
2. The tension between health system reform and maintaining the community based response including positive leadership.
3. The tension between different forms of leadership – charismatic vs collective perspective – and their respective impact on quality of the policy response.
4. Legitimacy of positive leadership within positive communities as a long term indicator of engagement with their dynamism and diversity.
5. Effectiveness of policy influence depends on integration within the sector and the complex policy system.
6. Nobody is in control of the complex policy system.
7. Consideration of diversity in developing quality policy responses is costly; a joint policy advocacy response aims to reduce the risk of opportunity cost.
8. Demonstrating outcomes requires flexible use of stories and data.
9. Orchestrating indirect influence within the organised complexity of the policy system.
10. Increasing tendency toward tokenised and routinised ‘inclusion’ rather than ‘enabling leadership’.
11. Where would we see changes if PAG were delivering on the promise of its model
12. Tokenism ‘poisons’ existing pathways.

Indicators for peer leadership and policy participation

Drawing on the W3 Framework (www.w3project.org.au) and the program theory, system diagram, and strategy dynamics described above, the following indicators were drafted.

In the indicators, 'advocacy' refers to efforts to promote quality among other services in the HIV sector and broader health system, as well as to challenge stigma and inaccurate reporting in the media; 'policy participation' refers to positive representation and leadership in state/territory and Commonwealth government consultation opportunities

The wording of these indicators are subject to change according to feedback from the PAG membership.

W3 Framework Function	Draft Indicators
Engagement	Service provision at a state and territory level takes every opportunity to develop a closer understanding of the diversity and dynamism of positive communities and their members' needs and experiences
	The program reflects on which stakeholders are less able to participate in consultation and is flexible in reaching them.
	Participation of diverse PLHIV in formal and informal consultation and representation processes and opportunities within state/territory HIV community organisations and NAPWHA (nominated as priority)
	Policy advice and peer leadership is based on current PLHIV needs and experience
	Active and ongoing identification and recruitment of potential leaders, particularly among people who can help NAPWHA and PAG better engage with positive diversity and dynamism; no sudden vacuum of potential leaders willing to step up; opportunities for people to dip out and back into leadership.
	Structures, processes and opportunities are in place to support peer leaders to develop a collective perspective
	Legitimacy of positive peer leadership within PLHIV communities; consultation isn't seen as rote or tokenistic and participants expect some action to be taken on their feedback.
	Peer leadership demonstrates accountability to the community and passion/commitment in representing the community.
Learning & Adaptation	Sophisticated use of mixed sources of evidence (including experience) to refine collective perspectives and inform positions and strategy for policy advocacy (nominated)
	Collective perspectives are constantly refined, adapted, shared for discussion and revised when necessary.
	Knowledge practices and systems support practitioner learning and adaption and enhance the application of peer skill
	The program supports members to acquire skills in positive leadership and policy participation
	The principle of PLHIV involvement is enacted and demonstrated via practical innovations
	The program adapts and then learns from the result
	Senior workers and leadership support processes that translate peer insights and

	practitioner learning into organisational knowledge
	Organisational learning is packaged with data and perspective for sharing with stakeholders outside the immediate program
	Member programs and PAG overall are able to monitor and report on the impact of different policy stances and models (e.g. damage to credibility within community caused by models of service provision imposed via funding contracts)
	Member programs and PAG combine indicators in ‘pathways’ to tell the story of complex changes and impacts
Influence	Strong voice as a result of coordinated positive leadership that contributes to policy recognition of diverse needs and experiences within the positive community
	Strength of personal authority and sophisticated use of personal narratives to complement evidence based policy advice (not just the strongest performers and stories)
	Ability to speak the different languages used in policy-making and translate needs/experiences from the community into policy language
	Readiness of policy advice and responsiveness of peer leadership to opportunities for policy participation
	Ability to demonstrate outcomes of policy advice and participation and achieve buy-in from stakeholders with different perspectives
	Strategic use of indirect influence and alliances (including influence on or via the positive community and clinician or public servant champions) (nominated for follow-up)
	Commitment to community based response and positive leadership
Alignment	Access to mixed sources of current evidence
	The program learns to speak in other policy ‘languages’
	Tokenistic PLHIV participation is minimised through quality peer leadership and partnerships and opportunities
	There is room for new people not just the same old voices
	Demonstration of outcomes and best practices in positive leadership (nominated for follow-up)
	The program knows when to partner and when to ‘go it alone’
	Sector partners see positive leadership as credible and trustworthy
	Alignment and taking advantage of policy ‘windows’ is enhanced by peer insights and perspectives
	Efficiency of providing a collective peer perspective is recognised by sector partners
	Consistency in commitment to peer insights and perspective when working with system wide priorities and demands
	Awareness of forthcoming opportunities for policy contribution