

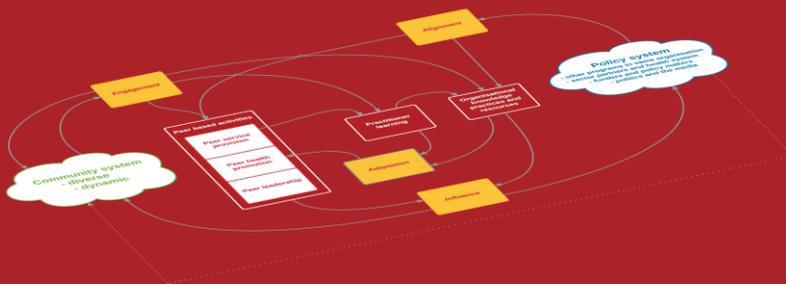


What Works and Why (W3) Project

**Stage 1:
(Jul 2013-Jun 2016)**

Summary Report

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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 Indicators 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.

W3 Phase 2

The next phase of W3 will build on and extend this work by trialling and refining the W3 framework at an organisational level. We plan to recruit two peer-led organisations in HIV and hepatitis C to implement and trial the W3 framework across their entire organisation. This will include the development of practical and sustainable tools that use data and insights to improve the impact and quality of programs as well as share real-time knowledge with the broader sector and policy response.

The W3 project continues its aim to support community and peer-led organisations to demonstrate their quality and impact, adapt their programs to the rapid changes occurring in HIV and hepatitis C, increase their value-add to the overall sector response, and strengthen the evidence base to guide investment in community and peer-led health promotion programs.

W3 Summary Report

Introduction

Australia's response to HIV and hepatitis C has often celebrated the partnership of affected community, clinicians, research and government. The key role of affected communities has been underpinned by peer-based health promotion and leadership among gay men, people who use drugs, sex workers, and people living with HIV and hepatitis C (1). These programs have needed to navigate and adapt to constantly changing political and stigmatising contexts around sex, sexuality and drug use. The emergence of PrEP (pre-exposure prophylaxis) and TasP (treatment as prevention) in HIV and new DAA (direct acting antiviral) treatments in hepatitis C have only accelerated the climate of rapid change.

At its core, peer-based health promotion is *all about* interactions between the program and the communities it works with in order to adapt in tandem with their communities. However, most traditional evaluations look at programs in isolation, overlooking the impact of interactions with other programs and the community and the broader socio-political context in which the programs operate. This often results in policy commitments to community mobilisation and peer based responses to improve the health of communities – but with programs contracted, evaluated and managed more like information dissemination or generic service provision.

The What Works and Why (W3) Project wanted to really shift the capacity of peer programs and their funders to demonstrate the role and influence they play as part of a larger system of public health programs and complex communities and politics. We needed a better way to describe our understanding from both research and practice of what the program is or should be achieving – a better program theory to guide our evaluation and investment decisions.

What the W3 Project did

Working in collaboration with ten peer-led organisations (table 1), we used systems thinking and participatory methods to develop a better understanding of how peer-based programs work, formulating a framework to evaluate the role and contribution of peer-based programs and developing methods to best capture and share insights from practice.

What systems thinking brought to the table was an understanding that for peer-led programs, the way communities respond, enhance, adapt, resist or ignore, interventions are *part of* the program, and that this something that should be leveraged(2). The systems thinking approach conceptualises peer-based programs, and the communities and policy environments they engage with, as complex adapting systems.

For example - the advent of PrEP and TasP has totally disrupted meanings of safe sex and the way HIV stigma is resisted or reinforced, resulting in community initiated access schemes to facilitate the importation of PrEP outside of the normal health structures. This has resulted in the community, peer-led HIV prevention programs, and the health system each having to adapt and change in tandem with an environment in flux. Systems thinking helps us to look at the relationship between all the parts of this picture, and assumes the ground will keep moving. Our approach looks for the best leverage points and synergies as the system and the programs continue to adapt and evolve (3-6).

Table 1 – The W3 Collaboration

W3 Project Partner	Participated In System Mapping Workshops	Participated In Framework Development	Participated In Development Of Tailored Indicators	Participated In Feasibility Trial Of Indicators And Tools
Australian Federation of AIDS Organisations,		✓	✓	
Australian Injecting and Illicit Drug Users League (AIVL),		✓	✓	
Harm Reduction Victoria,		✓	✓	✓
Living Positive Victoria,	✓	✓	✓	✓
National Association of People Living with HIV/AIDS,	✓	✓	✓	✓
Positive Life NSW.	✓	✓	✓	✓
Queensland Positive People,	✓	✓	✓	
Scarlet Alliance – Australian Sex Workers Association,	✓	✓		
Victorian AIDS Council,	✓	✓	✓	✓
Western Australian Substance Users Association,	✓	✓	✓	✓
Australian Research Centre in Sex, Health and Society, La Trobe University	✓	✓	✓	✓

Over a two-year period, the W3 Project conducted a series of 18 workshops ranging from one to two days each with the ten programs. Some workshops were with single organisations and some with up to four organisations. Over 90 people were involved across the workshops.

Through these workshops we developed and revised complex system maps – like a map of an ecological system – describing what happens during these programs and their relationships with all the components of the community and policy system they are situated within. The aim was to examine how peer-led programs operate, drawing on a range of differing perspectives, including outreach workers, community development practitioners, workshop facilitators, policy and leadership, management and board members. Each of these stakeholders holds a particular perspective, but the pieces of this picture are rarely brought together.

This detailed mapping process required a huge amount of trust from our partners – and was breaking new ground. There is more detail about the approach and methods in Appendix 1. The key point is that we analysed these complex system maps to draw out the key functions within the system which could be used to better demonstrate the value of investing in peer-led programs. These key functions are central to the W3 Framework.

The W3 Framework

Overview

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.

To unpack these concepts in more detail, let’s again look to the specific example of the community and policy response to PrEP as a way of illustrating how each of these functions works in practice. Appendix 1 provides a similar description of the framework using peer leadership as the focus.

Engagement

Identifying the different ways in which PrEP is being used by gay men, and how it may be interacting with meanings of safe sex and stigma, is not limited to listening to clients and doing consultation. It is about the unique relationship a peer-based approach has *within* its community, achieved by utilising staff and volunteers who are from the community, and ensuring that the peer-led program is seen as being a part of the community. W3 framework looks for signs of genuine and high quality engagement that ensures accurate and real-time community insights, including insights about how well the peer-led program is keeping up to speed with the community response to PrEP.

Alignment

Peer-led programs also need to pick up real-time signals about what’s happening regarding PrEP in the broader sector (policy, health services, surveillance and social research). Changes in how PrEP is defined, promoted, accessed, or researched impacts on communities, and can enhance the peer-led program’s own understanding of their communities. All this can affect how the peer-led programs operate in regard to PrEP; how well the policy response and sector aligns with the priorities of peer-led programs and their communities; and can provide guidance for adaptations to achieve synergy or advocacy that may be required. W3 framework looks for signs that the program is able to gain real-time insights into policy and sector changes, and is able to apply a peer lens to identify the implications.

Adaptation

Peer practitioners (staff or volunteers) are in a unique position to notice cues and patterns in their community, and so are able to constantly update and enhance their understanding of how their own personal experience of PrEP relates to a broader collective perspective of the community response to PrEP.

Because their community is changing in ways that are not easily predictable, peer programs often need to ‘test the waters’ as they adapt with their communities and monitor carefully. This includes adaptation within and across the range of peer activities, for instance, peer service delivery (such as peer-led rapid testing), peer health promotion (such as peer developed and implemented campaigns or community development), or peer leadership (such as peers taking leadership roles in their community, their sector, or participating in policy reform). This also means the organisation within which the peer activities are based need to understand the nuances of PrEP, in both the community and the policy systems, in order to support rapid adaptation. The W3 framework looks for signs that programs and organisations are learning and adapting (or even pre-empting) with their communities.

Influence

– *within community systems*

The unique opportunity peer-led programs have is that they are able to participate as a structural component within their community, rather than intervene on their community. While this still includes the usual changes in knowledge, attitudes or behaviour, it also includes the intentional and unintentional or distal influence a program has when it is navigating and participating in, rather than observing, community tensions and challenges in areas such as PrEP. W3 framework is looking for signs that: communities see the contribution of the peer-led program as culturally credible and authentic; communities are incorporating these into the ongoing adaptations in the community; and that the community expects the program to be based in the reality of their shared lives. The changes in the engagement with the peer program can be an indicator of the authenticity, relevance and impact of past influence.

– *within policy systems*

Other organisations in the policy and sector system, as they also adapt to PrEP, can be enablers or barriers to the role of peer-led organisations. For example, the way PrEP is discussed in a clinical setting, or in the media, can reinforce or undermine strategies to reduce stigma.

Insights from peer-led programs may be the broader sector's only source of real-time knowledge about emerging issues in rapidly changing environments. For example, insights about how different networks of gay men are adapting and responding to the emerging use of PrEP are insights useful for policy, health services as well as guiding social research. W3 framework looks for signs of the quality of this participation in the policy and sector system, recognising it as a key to improving system alignment to enhance the effectiveness of peer-led programs. W3 framework recognises that if funders, policymakers and researchers are not drawing on and gaining strategic benefit and insight from peer-led programs and leadership around issues such as PrEP, then the partnership as a whole is not maximising its investments.

Relationships between functions and other system elements

The most important part of the framework is how these functions and other elements in the peer-led program's system interact with each other. The diagram of the W3 framework (Figure 1) shows the flows of influence and knowledge that are crucial for the peer program to be effective and sustainable in this environment.

The focus is on the flows of influence through the functions. For example-

- Are the programs' understanding of the community accurate and timely enough to adapt and refine their action? (Engagement-Adaptation - Influence)
- Is the program maximising synergies with the broader sector system to enhance their influence in their community? (Influence- Alignment-Influence)
- Is the program maintaining its influence and participation in community to sustain engagement (Influence-Engagement -Adaptation)

For example – if engagement is not functioning effectively, then the mental models will not be up-to-date, or not complex enough, and the program will not be able to adapt programs to be influential within the community or have useful insight to leverage changes in the policy system. If there is not effective alignment then controversial programs may be vulnerable to or caught unaware of political or policy changes, without enough time to reinforce the policy system or adapt the peer program.

Every box and arrow on the W3 Framework (figure 1) is a potential source for an indicator – a thing that we need to be confident is happening in order to feel confident that a peer-led health promotion program is effective and sustainable in the long term. The framework helps us identify and tailor the most important indicators for monitoring the long-term effectiveness and sustainability of a program

Element	Definition
Community system	The community system includes the networks and cultures the program engages with, and the processes of interaction and change that are taking place within them.
Policy system	The policy system includes funders, policy-makers, politicians, the news media, sector partners and stakeholders, surveillance and research, the health system, and other programs in the same organisation or sector.
Engagement, Alignment, Adaptation, and Influence	Functions that are required for peer-led programs to be effective and sustainable in a constantly changing environment
Peer based activities	Different kinds of peer based approaches that depend on practitioners having and using peer skill – the ability to combine personal experience and real-time collective understanding to work effectively within a diverse community
Practitioner learning	Staff and volunteers in peer based programs pick up insights from clients and contacts, and in their practice over time they develop, test and refine mental models of their environment.
Organisational knowledge practices	Program management encourages the discussion and capture of insights from practitioner learning as an asset for the organisation and for sharing with stakeholders in the policy system.
Arrows	Flows of knowledge or causal influence that constitute the program as a system.

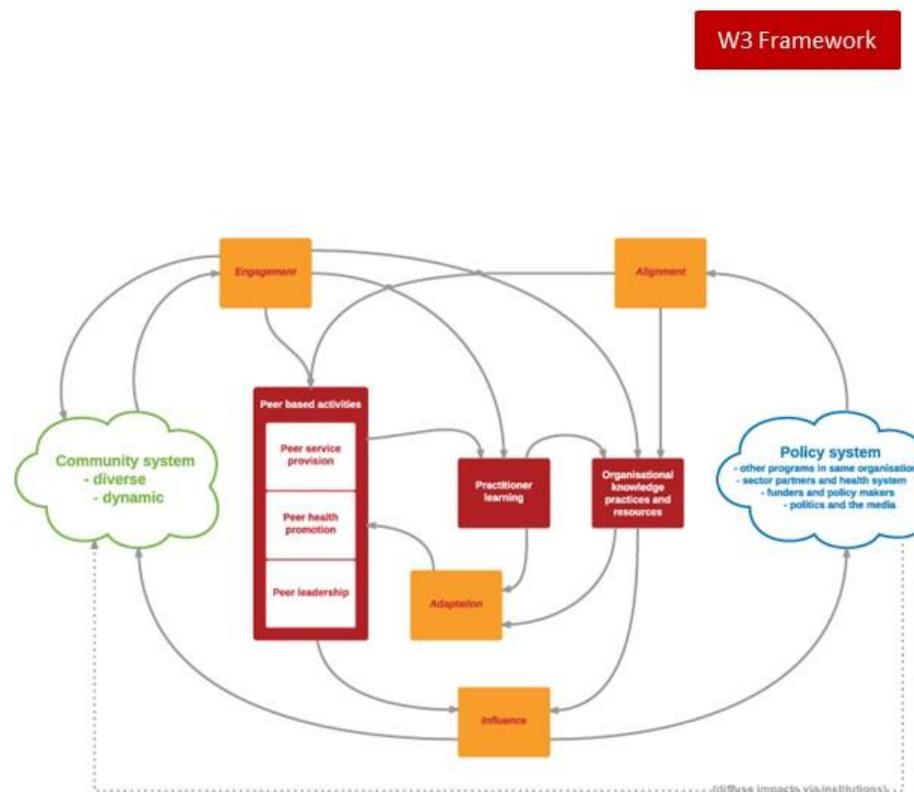


Figure 1: W3 Framework

Piloting indicators of quality and influence in peer-led health promotion

We worked with nine of the W3 project partners (see table 1) to develop tailored indicators under each of the four functions. The indicators were defined as ‘things that would *be happening* if this function were being fulfilled’. Initially relatively generic indicators across three peer program areas were developed and refined with the partners. These included peer leadership with PLHIV, peer health promotion with gay men, peer service delivery with people who use drugs. These sets of indicators were then used as a foundation to develop project specific indicators and tools to pilot in the feasibility trials. These are listed in Table 2.

Over a 15-month period (2015-2016) we piloted a range of different tools for gathering insights against the indicators and functions, guided primarily by the needs of our partner agencies and the questions they wanted to answer within their community and policy systems. Our goal was to develop methods that *add value to existing practices* without creating too much additional labour. The main aim was to identify what would be feasible within the resources of community and peer-led organisations.

During and after the trials interviews were conducted with key stakeholders in the organisations to gather insights as to the feasibility and usefulness of the tools and the indicators.

Table 2: List of Project specific tools piloted in the feasibility trials

Peer Activity Focus	Partner Organisation	Feasibility Trial	Tools
Peer Service Delivery	Harm reduction Victoria	Monitor the roll-out of a peer distribution project with a coalition of partners in a new area	Coding Indicator matrix Learning meetings
	WA Substance Users Association	Increase capture of insights across projects in an outreach program	Indicator matrix Learning meetings
	Victorian AIDS Council: PRONTO peer based rapid HIV testing	Understand the strengths, weaknesses and opportunities of the peer model in point of care HIV testing for gay men	Focus group schedule (peer staff) Focus group schedule (clients) Coding
Peer Health Promotion	Victorian AIDS Council: SAM project	Evaluate the project’s reach among discrete networks of sexually adventurous men	Interview schedule Coding Indicator matrix
	Victorian AIDS Council: SAMESH program	Plan for learning and evaluation to capture insights and success stories in first year of operation	Program logic tool Learning meetings Information system
Peer Leadership	Positive Leadership Development Institute (PLDI)- Positive Life Victoria and partners:	Evaluate the strength of the functions of a partnership among PLDI member organisations	Survey tool Indicator matrix
	Positive Life NSW	Improve capture of real-time insights from peer programs about the experience of community prescribing rolling out in NSW, Queensland and Victoria	Survey tool Indicator matrix

(full details of the feasibility trials are provided in Appendix 2)

Throughout the feasibility trials, there was an iterative process of refining and adapting both the indicators and the tools in preparation for the next stage of W3 Project. For example, Figure 2 provides examples of indicators of the quality and influence of a hypothetical peer-led program to support gay community engagement with PrEP.

Figure 2: Hypothetical examples of Quality and Influence Indicators for a peer-led program to support gay community engagement with PrEP.



Insights from the Feasibility Trials

The feasibility trial process provided important insights regarding what approaches and tools may or may not work within the reality and pressures of community based organisations. The full details of the programs and tools involved in the feasibility trials are in appendix 2. However in summary the key insights included:

- Tools, at least in the short term, need to be closely aligned to current practices and opportunities if they are to be sustainable. For example – using the framework to provide focus to the capturing of insights which are shared within team meetings and supervision sessions; reinterpreting current community reach and engagement data; or providing a refined structure for client or sector partner surveys and focus groups.
- As the W3 framework was applied, there were indicators of program staff identifying the potential value of their community insights to other colleagues in their own organisation as well as other organisations in their sector.
- While it was important that the trials began small for logistical reasons, and so focused on specific projects within organisations, without whole organisations being involved it was difficult to develop an internal ‘market’ for the insights gathered to sustain the approaches. The W3 framework strength is about integrating knowledge and influence across projects within an organisation, and across a sector, and so support building a ‘market’ for real time knowledge and evaluation across peer based programs.
- Programs highlighted the opportunity to use the framework, as a more sophisticated theory of peer based programs, would be a useful planning framework for programs which includes evaluation indicators. The application of W3 framework in this format was trialled with the SAMESH program in South Australia and at the AFAO national conference with strong results.
- To apply the W3 framework, there requires some cultural shift at many levels of an organisation in prioritising and valuing real-time knowledge from and for peer based programs. The complexity and challenges being experienced by organisations in rapidly changing environment highlights both the difficulty of achieving this as well as the critical need.

Next Steps

W3 Phase 2

The next phase of W3 will build on and extend this work by trialling and refining the W3 framework at an organisational level. We plan to recruit two peer-led organisations in HIV and hepatitis C to implement and trial the W3 framework across their entire organisation. This will include the development of practical and sustainable tools that use data and insights to improve the impact of programs as well as share real-time knowledge with the broader sector and policy response.

The W3 project continues its aim to support community and peer-led organisations to demonstrate their quality and impact, adapt their programs to the rapid changes occurring in HIV and hepatitis C, increase their value-add to the overall sector response, and strengthen the evidence base to guide investment in community and peer-led health promotion programs.

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