W3 Framework: Understanding the role and quality of peer led programs in HCV

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People who use drugs and people living with HCV in research
Role of peer and community led organisations in HCV prevention and treatment

What Works and Why (W3) Project

W3 Project took a systems approach to develop a ‘system’ level **program theory for community and peer-led organisations** to guide their planning, evaluation and evolution in a changing social and biomedical environment

project.org.au
Collaborating Community and Peer Led Organisations

• Australian Federation of AIDS Organisations
• Australian Injecting and Illicit Drug Users League
• Harm Reduction Victoria
• Living Positive Victoria
• National Association of People Living with HIV/AIDS
• Peer Based Harm Reduction Western Australia
• Positive Life NSW
• Queensland Positive People
• Scarlet Alliance – Australian Sex Workers Association
• Thorne Harbour / Victorian AIDS Council

W3 is funded by the Australian Government Department of Health

Four stages to develop W3 Framework

1. Highly participatory systems workshops with the partner organisations to develop system maps.
2. Collaboratively analysed the system maps to identify common themes and functions, and develop a draft framework.
3. Draft framework reviewed by additional peer organisations and stakeholders from across Australia
4. Worked with the partner organisations to apply the W3 Framework to identify draft quality and impact indicators
Community System - diverse - dynamic

Peer Based Activities
- Peer service provision
- Peer health promotion
- Peer leadership

Policy System
- health system, research, policy makers, funders, politics and media

Engagement

Community System - diverse - dynamic

Policy System
- health system, research, policy makers, funders, politics and media
The four key functions are things that need to be happening for a program to be effective and sustainable in a constantly changing environment.

<table>
<thead>
<tr>
<th>Function</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>Engagement</td>
<td>How the program engages with community to maintain its understanding of the diversity and dynamism of needs, experiences and identities in its target communities.</td>
</tr>
<tr>
<td>Alignment</td>
<td>How the program picks up signals about what’s happening in its policy environment and uses them to achieve stronger alignment, synergy and partnerships.</td>
</tr>
<tr>
<td>Learning and Adaptation</td>
<td>How the program uses peer skill to change and refine its approach according to new insights from engagement and alignment.</td>
</tr>
<tr>
<td>Influence</td>
<td><strong>Community</strong> How the program participates in the community’s existing ways of doing things to promote new ways of doing things.</td>
</tr>
<tr>
<td></td>
<td><strong>Policy</strong> How the program achieves or mobilises influence on processes and outcomes within its policy environment.</td>
</tr>
</tbody>
</table>
Functions

- **Indicators** that the function is occurring (quality and impact)

- **tools and practices** for monitoring that are practical and sustainable in small peer organisations

In closing.....

In a rapidly changing landscape, timely and persuasive community insights will be key

Recognise peer-led organisations as active participants and drivers within community and policy systems

Evaluation that values this will more clearly demonstrate the role of peer led organisations in the HCV response.
Open access journal paper


• Go to google scholar and type “W3 Project Graham Brown”

Thank you

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W3 project.org.au
**Workshops for PWID**

<table>
<thead>
<tr>
<th>Function</th>
<th>Indicator</th>
<th>Source/data</th>
</tr>
</thead>
</table>
| Engagement, participation and peer skill (Process) | • Range of participants  
• Peer to peer interaction  
• Peer to content interaction/engagement  
• Peer skill of facilitators | • Facilitator monitoring tool/form  
• Participant evaluation and feedback form |
| Alignment and partnership (Process) | • # of venues  
• # of partner organisations  
• #repeat requests from organisations | • Coordination data  
• Organisation feedback |
| Adaptation and peer skill | • Tracking of topics and questions raised in workshops  
• Tracking of emerging needs identified by partner orgs  
• Tracking of feedback from one month follow up  
• Relevant workshops refined/adapted  
• Targeting of workshop promotion refined/adapted | • Facilitator monitoring tool/form  
• Participant evaluation and feedback form  
• One month follow up |
| Influence (Impact) | Community  
• Knowledge indicators  
• Referral Indicators | • Participant evaluation and feedback form  
• One month follow up |
| | Policy (Leadership)  
• Feedback incorporated into policy advice of/from HRVic | • Workshop biannual reports |

**Function**

**Example Indicators from Peer Navigator Program** (need to be tailored for each program)

**Engagement**

- Peer Navigators are identifying changing experiences of newly diagnosed.
- Clients are offering suggestions for improving peer navigator program or clinical services.
- Increasing word of mouth and referral to peer navigator program.
- Analysis of client data identifies whose experience is not currently represented.

**Alignment**

- 70% of clinics demonstrate culture, environment and referral protocols that support an effective peer navigator program.
- 70% of clinic staff report peer navigator program is an asset to their clinical practice.
- Case examples of health service adaptation or reorientation with the support or participation of the peer navigator program.

**Learning and Adaptation**

- Indicators of quality peer interaction and peer skill are maintained across 80% of client sessions.
- Peer insights are collected and regularly collated and packaged to refine program and support peer leadership advocacy efforts.

**Influence**

**Community**

- Increase in clinical engagement indicators for peer navigator clients.
- 60% of clients report increase confidence with health providers, disclosure,, resilience and quality of life.
- Increase in endorsements or referrals to peer navigators within social media.

**Policy**

- Clinics seek and act on community insights from Peer Navigator program.
- Increased interest from non-participating clinics in the peer navigator program.
<table>
<thead>
<tr>
<th>Peer Factors</th>
<th>Group Factors</th>
<th>Program Content Factors</th>
<th>Facilitator Factors</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Participants report being satisfied with workshop</td>
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<td>1. You had enough knowledge + experience as a peer</td>
</tr>
<tr>
<td>2. Observed participants engaging with workshop activities</td>
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<td>2. You had enough skills + capacity as a facilitator</td>
</tr>
<tr>
<td>3. Observed supportive dialogue between participants (validation, sharing experiences)</td>
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<td>3. Your rapport with participants</td>
</tr>
<tr>
<td>4. Group agreements observed by participants</td>
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<td>4. You felt supported as a facilitator</td>
</tr>
<tr>
<td>5. Tensions positively resolved by participants (if any)</td>
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<td>5. Your sense of satisfaction/ accomplishment in delivering the workshop</td>
</tr>
<tr>
<td>6. Participants were inclusive during workshop activities</td>
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<td>6. Participants were inclusive during workshop activities</td>
<td></td>
</tr>
<tr>
<td>7. Participants appear to have improved confidence (body language, talking about experience)</td>
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<td></td>
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<tr>
<td>Peer interaction experience indicators</td>
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<tr>
<td>Peer relevancy and engagement with content</td>
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</tr>
<tr>
<td>Quality of peer interaction between participants</td>
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<td>Peer relevance and engagement with content</td>
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<td>Peer skill and facilitator skills</td>
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</tbody>
</table>

**Participant feedback**

*On a scale of 1 - 5 please rate the workshop on the following*

<table>
<thead>
<tr>
<th>Not at all</th>
<th>Very</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>5</td>
</tr>
</tbody>
</table>

How relatable was the workshop?
How well were discussions facilitated?
How useful was sharing experiences with other workshop/training?
How informative was the workshop?