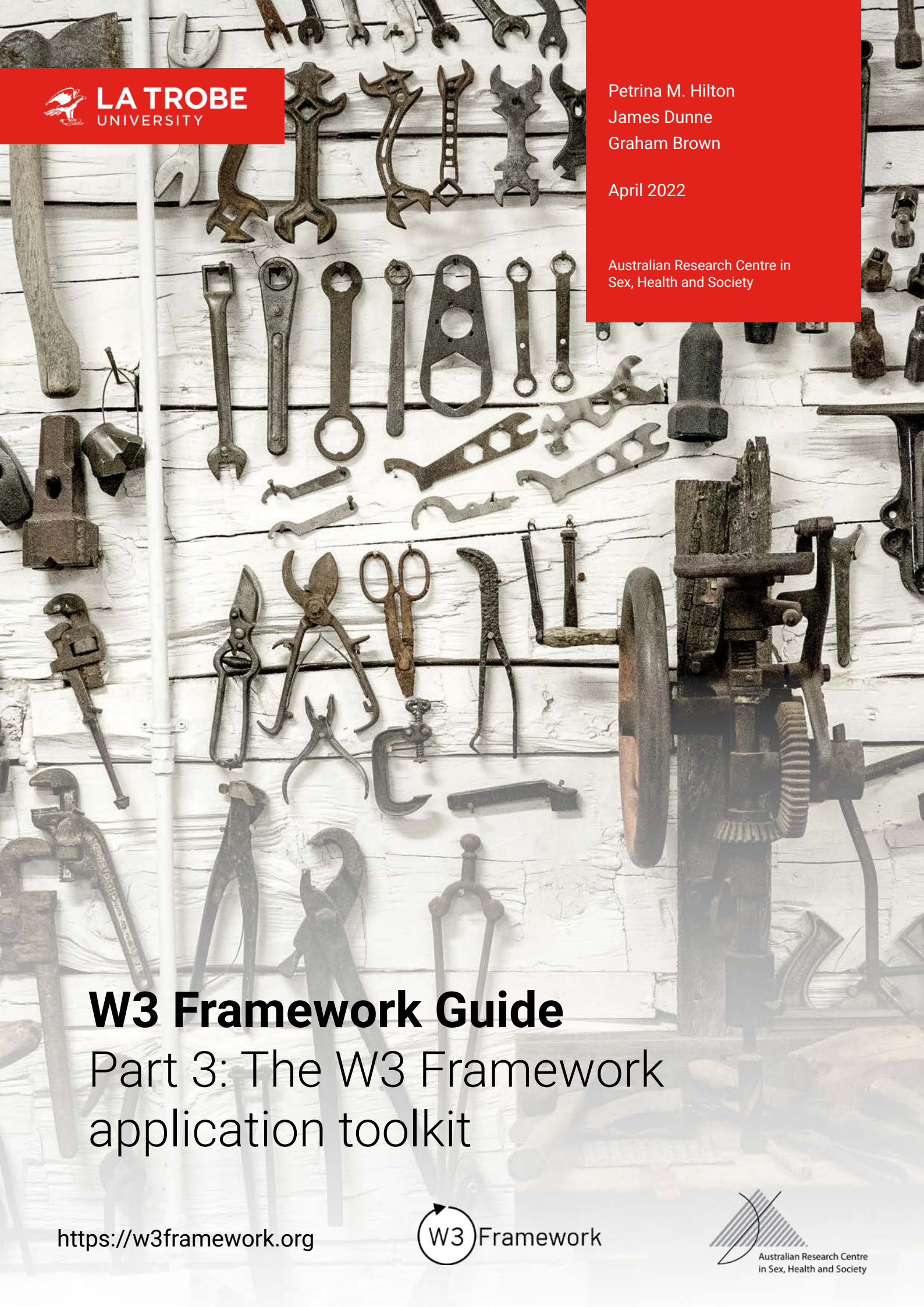

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Australian Research Centre in Sex, Health and Society

W3 Framework Guide

Part 3: The W3 Framework application toolkit

https://w3framework.org

W3 Framework

Australian Research Centre in Sex, Health and Society

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Contents

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.

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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

The W3 Framework application toolkit

How to use the W3 Framework application toolkit

You should use the toolkit in combination with the W3 Framework Guide Part 2: The W3 Framework application process.

The toolkit contains:

- **W3 Framework application tools**
- **Worked examples**
- **Final output examples**

Everything contained in this toolkit was developed by, or in partnership with, peer-led responses that have applied the W3 Framework to their work.

As we come across other examples of tools and approaches through our work with peer responses, we will share them on the W3 Framework website.[1]

The W3 Framework application tools

The W3 Framework application tools are designed to help you as you work through the W3 Framework application process.

Templates for each tool are available to download as Microsoft Word documents from the W3 Framework website.

All the templates are free from copyright for non-commercial use. You can use them as they are, or modify them to suit your needs.

The worked examples

The worked examples are completed versions of the W3 Framework application tools.

We included these to:

- Help give you some ideas
- Illustrate what completing the activities in the W3 Framework application process might tell you about your peer response

The worked examples are presented as the work of a hypothetical organisation, called the 'Blood-Borne Virus (BBV) Council' ('the Council'). They are, however, based on real work completed by peer workers while applying the W3 Framework.

The final output examples

The final output examples are actual templates and data collection tools that peer organisations and programs developed through applying the W3 Framework to their own work.

We have included these tools in this toolkit to help give you ideas about how you might be able to develop and adapt your own data collection processes.

1. https://w3framework.org

List of toolkit items for each stage of the W3 Framework application process

Stage 1

- **W3 Framework application tools**
  - W3 Framework application process overview and checklist (p12)
  - Peer response reflection tool (p14)
  - Understanding decisions about change (p16)
- **Worked examples**
  - Peer response reflection tool (organisation-level application) (p38)
  - Understanding decisions about change (program-level application) (p41)
- **Final output example**
  - Communicating the W3 Framework to different audiences (p64)

Stage 2

- **W3 Framework application tools**
  - W3 Framework application process overview and checklist (p12)
  - W3 indicators brainstorming tool (p22)
  - W3 indicators sorting tool (p24)
  - MEL assessment tool (p26)
  - Data collection processes development plan (p28)
- **Worked example**
  - MEL assessment tool (organisation-level application) (p48)
- **Final output examples**
  - Tailored definitions for the W3 Framework (p68)
  - W3 indicators for PLHIV-led and PWUD-led organisations and programs (p70)
  - Peer facilitator reflection tool (p88)
  - Peer insight tool (p92)

Stages 3

- **W3 Framework application tools**
  - W3 Framework application process overview and checklist (p12)
  - MEL data collection plan (p30)
  - Administration plan for data collection tools (p34)
- **Worked examples**
  - MEL data collection plan (program-level application) (p53)
  - Administration plan for data collection tools (organisation-level application) (p58)
- **Final output examples**
  - Peer facilitator reflection tool (p88)
  - Peer insight tool (p92)
  - Staff meeting agenda and minutes template (p94)

Stage 4

- **W3 Framework application tools**
  - W3 Framework application process overview and checklist (p12)
  - MEL data collection plan (p30)
  - Administration plan for data collection tools (p34)
- **Worked examples**
  - MEL data collection plan (program-level application) (p53)
  - Administration plan for data collection tools (organisation-level application) (p58)
- **Final output examples**
  - Peer insight tool (p92)
  - Staff meeting agenda and minutes template (p94)
  - Including W3 Framework–led KPIs in funding contracts (p96)

W3 Framework application tools

W3 Framework application tools

The W3 Framework application tools are designed to help you work through the W3 Framework application process.

All the tools in this section are based on tools originally developed by peer workers who have applied the W3 Framework within their own peer organisations or programs during Stage 2 of the W3 Project.

Templates for all the tools are available to download as Microsoft Word documents from the W3 Framework website.

These templates are free from copyright for non-commercial use. You can use them as they are or modify them to suit your needs.

In this section

W3 Framework application process overview and checklist

How this tool can help you

- Keep track of where you are in the W3 Framework application process
- Plan time lines
- Delegate responsibilities

How to use this tool

- Use the tool as it is or edit the list (for example, by adding the activities you intend to do) to make sure it is useful for you
- Note that we intentionally left activities off the checklist because not every activity will work for every peer response

When to use this tool

- All stages of the W3 Framework application process

W3 Framework application process overview and checklist

✓	Stage/Objective	Who is responsible	Start date	Due date
☐	**1. Mobilise support and define goals**			
☐	1.1. Gain support from leadership and staff (Mobilise support)			
☐	1.2. Understand how you know when your work has impact			
☐	1.3. Understand how you make decisions about change			
☐	1.4. Know what you are working towards (Define goals)			
☐	**2. Identify resources and plan actions**			
☐	2.1. Define tailored, W3-Framework-informed outcome measures			
☐	2.2. Understand your current data collection processes (Identify resources)			
☐	2.3. Build a plan to develop data collection processes (Plan actions)			
☐	**3. Apply the changes**			
☐	3.1. Develop processes for collecting W3-Framework-informed data			
☐	3.2. Develop a system to manage your W3-Framework-informed data			
☐	3.3. Build staff capacity to collect and manage your W3-Framework-informed data			
☐	**4. Maintain the changes**			
☐	4.1. Embed the W3 Framework into workplace culture			
☐	4.2. Foster a culture of W3-Framework-informed information sharing			
☐	4.3. Maintain and continue to build staff capacity			

Peer response reflection tool

How this tool can help you

- Break the ice and get everyone thinking deeply about your peer response's core purposes and how you achieve them
- Identify gaps in your data collection processes

How to use this tool

- Go through the columns and brainstorm answers to the questions
- Write everything you can think of – there are no wrong answers
- When you've finished, compare your answers in columns 3 and 4 – anything that is in column 3 that is not in column 4 represents a potential gap in your data collection processes
- See page p38 for a worked example of this tool

When to use this tool

- W3 Framework application process Objective 1.2 'Understand how you know when your work has impact:'
  - Use column 1 for Activities 1.2.1 and 1.2.2
  - Use column 2 for Activity 1.2.3
  - Use column 3 for Activity 1.2.4
  - Use column 4 for Activity 1.2.5
  - Compare columns 3 and 4 in Activity 1.2.6

Peer response reflection tool

☐ Whole organisation | ☐ Program: [Insert program name]

What do we seek to achieve? What impact do we know we are having?	How do we achieve our goals? What actions do we undertake?	How do we know that we are having the impact that we are expecting? What are our data sources?	What formal ways do we currently record our impact and what we are achieving?

Understanding decisions about change

How this tool can help you

- Drill into what information your peer response relies on to know how to respond to changes in its environment

How to use this tool

- Think of a time (or a couple of times) that your peer response changed something about the way it worked
- Go through each table and, in the blank column, jot down the main points about the thing each table asks you to describe
- The table (and the W3 Framework Guide Part 2) provide extra questions and prompts:
  - You do not need to answer all of the questions – they are just there to help get you thinking broadly about each topic
- See page p41 for a worked example of this tool

When to use this tool

- W3 Framework application process Objective 1.3:
  - Use the engagement table for Activity 1.3.1
  - Use the alignment table for Activity 1.3.2
  - Use the adaptation table for Activity 1.3.3
  - Use the community influence table for Activity 1.3.4
  - Use the health sector and policy environment influence table for Activity 1.3.5

Understanding decisions about change

☐ Whole organisation | ☐ Program: [Insert program name]

Engagement *How the peer response interacts with, participates in, and learns from its communities*	**Describe anything you learnt from your community that caused you to feel a change to your organisation or program may be required.** *Below are some questions you may wish to use to guide you. Feel free to ignore the questions.*	
	• *What did you learn, hear, or pick up that was happening in your community that made you consider the change?* • *What was it about the way your community members were engaging in (or not engaging in) your organisation or program that alerted you to the possible need for a change?* • *Where or how did you gain these insights? For example, was it from past participants, changing participation rates, feedback gathered in formal ways (such as workshop evaluation sheets), feedback from other parts of the organisation, or from your own experiences as a peer?* • *Where or how else could you have gained insight from your community members about the issue but perhaps in this instance did not?*	•

Alignment *How the peer response interacts with, partners with, and learns from the broader health sector and policy environment*	Describe how you gained any insights or guidance from the health sector or policy environment that influenced your thoughts about adapting/changing your organisation or program. *Below are some questions you may wish to use to guide you. Feel free to ignore the questions.*	
	• *Did you learn or hear anything from other organisations about things happening for your community that made you consider the change was needed?* • *Where or how did you gain these insights (e.g., feedback from other services, results from research)?* • *Are there other places or ways that you could have gained insight about the issue but in this instance did not (e.g., feedback from health services, results from research)?*	•

Adaptation *How the peer response changes the way it works to suit its changing environment*	Describe what you changed in your organisation or program and why. *Below are some questions you may wish to use to guide you. Feel free to ignore the questions.*	
	• *What did you change?* • *How useful were the insights from your community (engagement) and from the rest of the sector (alignment) to guide you in deciding what to do/change?* • *Did the change improve your organisation's or program's process outcomes (e.g., more participants, more of the participants who would most benefit from the program, better retention)?* • *Were there organisational and practical impediments, limitations, or restrictions on what you could change or adapt?* • *Were there other changes you could have made that you felt would be good ideas but you could not implement (e.g., changing the workshop to an online experience rather than making it shorter)?*	•

Influence — community *How well the peer response is able to affect its community's health, behaviour, knowledge, or attitudes (e.g., through health promotion, harm reduction, or support services)*	Describe any feedback or evaluation you have (or will have) that indicates the influence of your peer response, and the changes you made to your organisation or program, has had among participants and their community. *Below are some questions you may wish to use to guide you. Feel free to ignore the questions.*	

	• *Influence on participants:*
	  - *Were the outcomes for participants reduced, maintained, or improved by the change? Are the changes in the outcomes important or unimportant?*
	• *Influence in participant networks:*
	  - *Do you have any feedback about conversations participants have had in their networks due to involvement with your program or organisation (e.g., telling friends about the program, an increase in disclosing their BBV status to friends/partners)?*
	  - *Did the change increase participation of people from networks not previously engaged (e.g., women living with HIV, people whose first language is not English)*
	• *Influence in the community:*
	  - *Did the workshop result in more people from your community having a broader community influence (e.g., volunteering, public speaking, taking a stronger role in community initiatives or groups)?*
		•

Influence – health sector and policy environment *How well the peer response is able to mobilise change within the health sector and policy environment*	Describe any influence this change process may have had in the sector. *Below are some questions you may wish to use to guide you. Feel free to ignore the questions.*	
	• *Have you shared the community insights that led to the change your organisation or program with others in the sector?* • *Have you shared what you have learned from adapting your organisation or program with others in the sector?*	•

W3 indicators brainstorming tool

How this tool can help you

- Develop a first draft list of 'indicators' or outcome measures that:
  - Are tailored to the specific context of your peer response
  - Cover all of the W3 Functions
  - Provide all the information you need for continuous quality improvement
  - Cover everything you need to report to your funders

How to use this tool

- Go through the columns and brainstorm answers to the questions
- Your answers in the last three columns should relate directly to your answer to the question, 'What does this function mean to us?'
- Your answer in the last column (What should we be doing to achieve this?) should also relate to your answer in the second last column (What outcomes or impacts should we see?)

When to use this tool

- W3 Framework application process Objective 2.1:
  - Use column 2 for Activity 2.1.1
  - Use column 3 for Activity 2.1.2
  - Use column 4 for Activity 2.1.3
  - Use column 5 for Activity 2.1.4

W3 indicators brainstorming tool

☐ Whole organisation | ☐ Program: [Insert program name]

	What does this function mean to us?	What do we already measure or report on?	What outcomes or impacts should we see?	What should we be doing to achieve this?
Engagement	*[What does achieving high-quality engagement mean for us?]*	*[List your current data collection and reporting processes that show this]*	*[What would we see happening if we were achieving high-quality engagement?]*	*[What actions do we need to take to achieve high-quality engagement?]*
Alignment				
Adaptation				
Influence – community				
Influence – health sector and policy environment				

W3 indicators sorting tool

How this tool can help you

- Refine, sort, and prioritise your draft list of tailored 'evaluation indicators' or outcome measures for your peer response

How to use this tool

- Draw on your draft list of outcome measures or indicators (for example, from your W3 Indicators Brainstorming Tool)
- Put items from your list that are broad, abstract, or hard to count or measure in column 2
- Sort specific, measurable items from your list into column 3 (next to the appropriate theme where possible)
- Use the rest of the columns to help you group or sort the items in your list

When to use this tool

- W3 Framework application process Objective 2.1, Activity 2.1.5

W3 indicators sorting tool

☐ Whole organisation | ☐ Program: [Insert program name]

	Theme	Specific metric	Impact[1]	Quality[2]	Process[3]	Structure[4]
Engagement			☐	☐	☐	☐
Alignment			☐	☐	☐	☐
Adaptation			☐	☐	☐	☐
Influence – community			☐	☐	☐	☐
Influence – health sector and policy environment			☐	☐	☐	☐

[1] Measures the extent to which your work achieved its intended results.
[2] Measures the extent to which your work was person-centred and appropriate, acceptable, effective, safe, and accessible to your communities.
[3] Measures the extent to which your work was implemented as intended. Also encompasses the extent of the application of 'good' service provision, best practices, and standards.
[4] Measures the extent to which existing procedures and resources support work. Encompasses issues such as amount and adequacy of facilities and equipment, the qualifications of staff, and administrative structures.

MEL assessment tool

How this tool can help you

- Determine how well your current monitoring, evaluation, and learning (MEL) processes can gather information about your new outcome measures
- Plan how to adapt and enhance your MEL processes so they accurately capture information about the full range of your work

How to use this tool

- If you used the W3 Indicators Sorting Tool, copy and paste the information from the 'Theme' and 'Specific metric' columns into the 'Indicator' and 'Specific metric' columns
- Go through each indicator and brainstorm all of the possible ways and places where you do or could get information about this indicator from within your organisation (internal) and outside your organisation (external)
- Brainstorm how you might adapt your current data collection processes to make sure you strategically capture all this information
- See page p48 for a worked example of this tool

When to use this tool

- W3 Framework application process Objectives 2.2 and 2.3:
  - Use column 3 (internal) for Activity 2.2.1
  - Use column 4 (external) for Activity 2.2.2
  - Use column 5 (actions/comments) for Activity 2.3.1

MEL assessment tool

☐ Whole organisation | ☐ Program: [Insert program name]

Function	Indicator	Specific metric	Where we get (or could get) this information		Action/comments
			Internal	External	
Engagement					
Alignment					
Adaptation					
Influence – community					
Influence – health sector and policy environment					

Data collection processes development plan

How this tool can help you

- Compile a complete list of the data collection processes you need to collect information you need about of your outcome measures or evaluation indicators
- Develop an easy-to-follow plan for ensuring your peer response can put these processes in place

How to use this tool

- If you used the MEL Assessment Tool, you can draw from the information in the last three columns to help you fill out this tool
- Create a new row for each data collection process or tool

When to use this tool

- W3 Framework application process Objective 2.3, Activity 2.3.2

Data collection processes development plan

☐ Whole organisation | ☐ Program: [Insert program name]

Data collection process or tool	Indicator (specific metric) *What indicators will this process or tool collect data about?*	Intended use for process or tool *When/where/how will you use this process or tool?*	Data collection and analysis *How will you collect and analyse data?*	Action: 1. This process or tool already exists and is ready to go in its current form 2. This process or tool exists but needs to be modified (describe modifications that need to be made) 3. This is a new process or tool that needs to be developed

MEL data collection plan

How this tool can help you

- Articulate, keep track of, and make sense of your overall data collection plan
- Keep track of which of your data collection processes collect information about which of your outcome measures or evaluation indicators

How to use this tool

- Use this tool if you feel it would be useful for your peer response to have a structured list of outcome measures (evaluation indicators) alongside the data collection processes you use to collect information about them
- Adapt the table according to the 'types' of indicators your peer response uses (e.g. process, quality, outcome, or impact)
- See page p53 for a worked example of this tool

When to use this tool

- This tool will probably be most useful in Stages 3 and 4 to help you communicate your overall data collection strategy

MEL data collection plan

☐ Whole organisation | ☐ Program: [Insert program name]

	Indicator	Measure/target	Data source/tool
Engagement			
Process *Evidence of actions taken to achieve good engagement*			
Impact *Evidence that genuine and sustained engagement is being achieved*			

	Indicator	Measure/target	Data source/tool
Alignment			
Process *Evidence of actions taken to achieve or pursue alignment*			
Impact *Evidence that alignment is being achieved or misalignment being identified*			
Adaptation			
Process *Evidence of learning and adaptation within organisation*			
Impact *Evidence of effective and responsive adaptation*			

	Indicator	Measure/target	Data source/tool
Community influence			
Process *Evidence of actions taken to influence community directly or indirectly*			
Impact *Evidence of direct or indirect influence in clients/community*			
Health sector and policy environment influence			
Process *Evidence of actions taken to influence policy/sector directly or indirectly*			
Impact *Evidence of direct or indirect influence in policy/sector*			

Administration plan for data collection tools

How this tool can help you

- Articulate, keep track of, and make sense of your overall data collection plan
- Keep track of what each of your data collection processes is for, how you implement it, and what you do with the data you collect

How to use this tool

- Use this tool if you feel it would be useful for your peer response to have a structured list of data collection processes alongside the purpose and protocols used for applying them
- Adapt the table according to the information you and your staff would find most useful to have as a quick reference
- See page p58 for a worked example of this tool

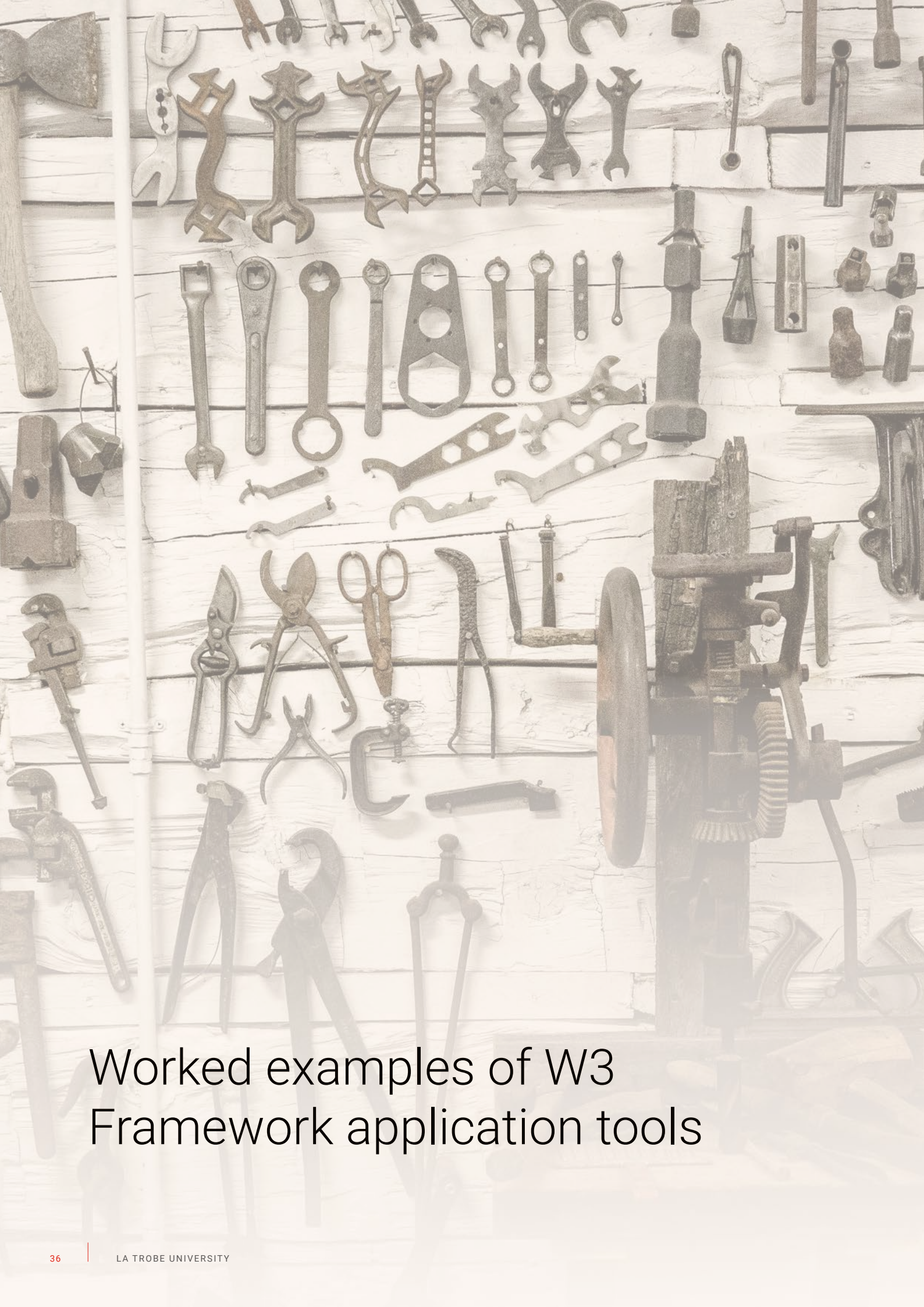
When to use this tool

- This tool will probably be most useful in Stages 3 and 4 to help you communicate your overall data collection strategy

Administration plan for data collection tools

☐ Whole organisation | ☐ Program: [Insert program name]

Data collection process or tool	What program (or programs) or activity (or activities) is it used in?	Information and W3 Function it collects data on	How does it collect this data?	How do we administer it?	When and how often do we administer it? How often are results collated?	What else should staff know about the tool and how it is used?
Example: Client intake form	• All programs and activities	• Engagement – Collects personal information such as size of social network	• Open-ended questions • Basic personal data • Formal clinical scales (K6 Distress Scale or PozQoL)	• On paper • Completed by clients	• Administered to all clients on intake • Information collated quarterly • Data reported in annual report • Data used for strategic planning	• Staff can support clients to complete form if necessary
	•	•	•	•	•	•
	•	•	•	•	•	•
	•	•	•	•	•	•
	•	•	•	•	•	•



Worked examples of W3 Framework application tools

Worked examples of W3 Framework application tools

The worked examples are versions of the W3 Framework application tools completed by a hypothetical organisation called the 'Blood-Borne Virus (BBV) Council'.

The examples are based on the work of peer-led PLHIV and PWUD organisations that developed and used the tools while applying the W3 Framework to their own peer responses.

We included these examples to help illustrate and give you some ideas on the kinds of things you might learn about your peer response through completing the activities in the W3 Framework application process.

In this section

Peer response reflection tool (organisation-level application)

About this example

- The Blood-Borne Virus Council held an all-of-staff planning day to go through the activities in Stage 1, and staff split into small groups according to their teams and roles
- In this example, it:
  - Applied the W3 Framework to the whole organisation
  - Used the peer response reflection tool
  - Completed the activities for Objective 1.2 'Understand how you know when your work has impact' (W3 Framework Guide Part 2, p28)
- Afterwards, the workshop facilitator collated the outcomes of these discussions, grouping information by common theme and summarising it into a single table (on the following pages)
- See page p14 for the blank template of this tool

What this example shows

- Notice how much more information there is in column 3 compared to column 4
- Column 3 asks, 'How do we know that our organisation is having the impact that we are expecting. What are our data sources?:'
  - Answers includes staff anecdotes and observations on top of the information collected for evaluation
- Column 4 asks, 'What formal ways do we currently record our impact and what our organisation is achieving?:'
  - Answers show that the Council's formal data collection focusses only on measuring outcomes or counting outputs of programs (e.g. pre-program and post-program client surveys or counts of resources that are distributed)
- Key takeaways:
  - This highlights the value of peer staff experience and knowledge (peer skill) in understanding an organisation or program's impact
  - By not capturing peer insights, current evaluation methods are missing the opportunity to explore the ways that the programs create outcomes
- Remember:
  - You might know that you are making a difference, but you need formal data to show stakeholders and potential funders
  - This tool helps you identify where your formal data collection practices are missing key data that help demonstrate your impact

Peer response reflection tool – Blood-Borne Virus Council

☑ Whole organisation | ☐ Program: [Insert program name]

What do we seek to achieve? What impact do we know we are having?	How do we achieve our goals? What actions do we undertake?	How do we know that we are having the impact that we are expecting? What are our data sources?	What formal ways do we currently record our impact and what we are achieving?
• Improving health and quality of life for people living with a blood-borne virus (organisation mission from annual plan) • Supporting people to access health care to manage/treat their blood-borne virus • Improving the quality of blood-borne virus treatment/ management	***Program level*** • Newly Diagnosed HIV Support Program – a social group for people recently diagnosed with HIV, focuses on social connection and education around HIV management. Recruited through general advertising about the Council and referrals from LGBTIQ health organisations and clinical services. Program is for people with a new diagnosis, so they transition to other programs after 6 months. • Outer Metro and Regional NSP Outreach – uses peer social networks to distribute sterile injecting equipment; peer volunteers also provide brief education sessions on BBVs and safer injecting; help link people not currently in treatment to care when requested. Most people volunteer to become Peer Volunteers after receiving sterile injecting equipment and wanting to help their friends and community. • Clinical and service staff workshops – training for clinicians and service providers on various BBV topics. Focus on increasing understanding about BBVs, supporting prevention and challenging stigma. Organisations approach the Council after	• Surveys before and after workshops • Surveys at the beginning of the Newly Diagnosed HIV Support Program and again at 6 months • Client conversations – anecdote – "When I visited someone to give them some new fits [sterile injecting equipment], I asked them if they'd ever had a hep C test. They said they hadn't because the treatment was so bad so there was no point in knowing and they didn't like getting a blood test anyway because their veins were bad. I told them about the new DAAs and how the treatments were better. I did it about a year ago and said they aren't perfect, but better than it used to be. I also gave them some ideas about how to prepare for a blood test – drink lots of water, have a coffee beforehand and wait until they were done having the test before they had a smoke. I said there was a nurse at the NSP in town that was really good at taking blood. I saw them again a few weeks later and they decided to have a test and found out they had hep C. They got linked in with a doctor that could give them DAAs. They hadn't start yet taking them yet but were just about to." • Policy changes and changes to the Minister's council – the new hepatitis policy was released and included a reference to the need for PrEP to be available in prisons and custodial settings. We have consistently raised this at the Minister's	• Surveys before and after workshops • Surveys at the beginning of the Newly Diagnosed HIV Support Program and again at 3 months • Records of the number of pieces of injecting equipment given out each month • Number of people that follow us on social media • Number of copies of health

Peer response reflection tool – Blood-Borne Virus Council

☑ Whole organisation | ☐ Program: [Insert program name]

What do we seek to achieve? What impact do we know we are having?	How do we achieve our goals? What actions do we undertake?	How do we know that we are having the impact that we are expecting? What are our data sources?	What formal ways do we currently record our impact and what we are achieving?
• Preventing people from acquiring a blood-borne virus • Challenging stigma and increasing the visible presence of people living with a blood-borne virus in the community	seeing training advertisements in general health email lists and newsletters, word of mouth and after partnering with the Council on specific projects. **Organisation-level** • Representation on Minister's Advisory Council on HIV and Viral Hepatitis – long-term role on the Minister's council providing peer-based advice/advocacy on policy and service delivery. • Communications – communicate what the Council does and what services/support it offers. Health promotion plays a big role – big campaigns and numerous resources when PrEP and direct-acting antivirals were released, specific health promotion material for particular communities like gay men/men who have sex with men, heterosexual men and women, and people who inject drugs. Large social media presence, 1,500+ followers on Twitter and Facebook, respectively. • Stakeholder partnerships – the BBV Council has a range of long and ongoing partnerships with individual clinicians, clinics, and other health service organisations across the state.	council since we were first invited on 3 years ago. Also, the Terms of Reference (TOR) for the council were reviewed and we were able to get a line in the new TOR that at least one peer had to be involved for a quorum to be reached. • Records of the number of pieces of injecting equipment given out each month • Number of people that follow us on social media • Number of copies of health promotion material that we distribute • Number of organisations that we train • Peer facilitator observations – anecdote – "There was a young guy that had just got his HIV diagnosis and his doctor suggested he come to our social program. He was pretty anxious when he first arrived, and he said to the group he didn't know anyone else living with HIV and he was a bit worried about his future. He didn't say much in the first few sessions, but he kept on coming. We had some speakers come in that had been living with HIV for a few years and they talked about what it was like living with HIV and how it could be managed. I could see after those sessions that he seemed less anxious. He started chatting more with everyone else in the group and I overheard him organising to catch up with a couple of people in the group outside of the sessions."	promotion material that we distribute • Number of organisations that we train

Understanding decisions about change (program-level application)

About this example

- During the BBV Council's all-of-staff planning day, staff also applied the W3 Framework to the Council's various programs
- In this example they:
  - Applied the W3 Framework to their Newly Diagnosed HIV Support Program
  - Used the Understanding Change Decisions Tool
  - Completed the activities for Objective 1.3 'Understand how you make decisions about change' (W3 Framework Guide Part 2, p42)
- The Newly Diagnosed HIV Support Program:
  - Runs workshops for people with a recent HIV diagnosis
  - Provides a safe, supportive, and confidential space
  - Supports participants to explore social and medical issues about being HIV positive
  - Provides a chance for participants to meet other people who are going through the same thing
- While completing this tool, staff talked about the decisions to:
  - Go from running 2-day workshops to 1-day workshops
  - Reduce the amount of medical information delivered in the workshop
- See page p16 for the blank template of this tool

Understanding decisions about change (program-level application) continued

What this example shows

- Highlighted phrases in the completed tool on the next pages illustrate the dynamics and factors that led to the program changing:
  - **'…facilitators started noticing…Facilitators also observed…':** Two of the most important reasons The BBV Council decided to go from workshops of 2 days to 1 day were because of things that facilitators noticed during workshops. These were peer insights that were not formally recorded as part of the workshop evaluations.
  - **'…suggesting that a large portion of the population…':** Peer skill was key to interpreting information from the sector in a way that helped explain the facilitators' observations.
  - **'Based on observations from facilitators…':** The BBV Council decided to shorten the workshops from 2 days to 1 day and to tweak the content focus. This decision was informed (among other things) by the facilitators' (non-formally recorded) peer insights.
  - **'…after adapting the program, we have seen an increase in engagement in the Council's work by participants…':** The adaptations to the program improved community engagement with the BBV Council. In addition, improvements they made to their evaluation processes let them catch other information about how their program was helping participants that they didn't know before.
  - **'This has seen a small increase in the number of people attending…through referrals from their GP':** Sharing information with the broader sector improved alignment. In addition, it is helping mainstream services improve the quality and person-centredness of their work.
- This example also illustrates points where data (such as facilitator observations) could be formally and proactively collected.

Understanding decisions about change – Blood-Borne Virus Council

☐ Whole organisation | ☑ Program: Newly Diagnosed HIV Support Program

Engagement *How the peer response interacts with, participates in, and learns from its communities*	Describe anything you learnt from your community that caused you to feel a change to your organisation or program may be required. *Below are some questions you may wish to use to guide you. Feel free to ignore the questions.*	
	• *What did you learn, hear or pick up that was happening in your community that made you consider the change?* • *What was it about the way your community members were engaging in (or not engaging in) your organisation or program that alerted you to the possible need for a change?* • *Where or how did you gain these insights? For example, was it past participants, changing participation rates, feedback gathered in formal ways (such as workshop evaluation sheets), feedback from other parts of the organisation, or from your own experiences as a peer?* • *Where or how else could you have gained insight from your community members about the issue but perhaps in this instance did not?*	• The program was run as a 2-day program; however, facilitators started reporting a steep drop-off in attendance on the second day, which focussed more heavily on the medical aspects of HIV. • At the same time, facilitators started noticing a change in conversations amongst group participants. Questions from participants focussed more on issues around quality of life, disclosure, and U=U. • Facilitators also observed that once the trial of PrEP began, the conversations amongst participants during the sessions and during break times were focussing on the use of PrEP and some of the stigmas around its use. Facilitators noticed that participants living with HIV felt for someone to disclose they were using PrEP – either through the formal trial or accessing it through their own sources – was an implicit code for signalling they were HIV negative, and there was a subtle stigma toward people not on PrEP, as they were assumed to be HIV positive. • End of session feedback forms also showed that the medical topics were seen as least useful for participants, while topics focussing on negotiating relationships, disclosure, and PrEP were seen as most useful.

Understanding decisions about change – Blood-Borne Virus Council

☐ Whole organisation | ☑ Program: Newly Diagnosed HIV Support Program

Alignment *How the peer response interacts with, partners with, and learns from the broader health sector and policy environment*	Describe if you gained any insights or guidance from the health sector or policy environment that influenced your thoughts about adapting/changing your organisation or program. *Below are some questions you may wish to use to guide you. Feel free to ignore the questions.*	
	• *Did you learn or hear anything from other organisations about things happening for your community that made you consider the change was needed?* • *Where or how did you gain these insights (e.g., feedback from other services, results from research)?* • *Are there other places or ways that you could have gained insight about the issue but in this instance did not (e.g., feedback from health services, results from research)?*	• Large-scale research studies consistently showed high ART adherence after diagnosis and an increasing number of practitioners being able to prescribe ARTs and provide routine care for people living with HIV. HIV testing also remained high. • This was confirmed by high case load clinics that the Council partners with and communicated at the Minister's Advisory Council, suggesting that a large portion of the population at risk of or living with HIV were highly engaged with their healthcare.

Understanding decisions about change – Blood-Borne Virus Council

☐ Whole organisation | ☑ Program: Newly Diagnosed HIV Support Program

Adaptation	Describe what you changed in your organisation or program and why.	
How the peer response changes the way it works to suit its changing environment	*Below are some questions you may wish to use to guide you. Feel free to ignore the questions.*	
	• *What did you change?* • *How useful were the insights from your community (engagement) and from the rest of the sector (alignment) to guide you in deciding what to do/change?* • *Did the change improve your organisation or program's process outcomes (e.g., more participants, more of the participants who would most benefit from the program, better retention)?* • *Were there organisational and practical impediments, limitations, or restrictions on what you could change or adapt?* • *Were there other changes you could have made that you felt would be good ideas but you could not implement (e.g., changing the workshop to an online experience rather than making it shorter)?*	• Based on the observations from facilitators, feedback forms from the sessions and research studies, we decided to shorten the program from 2 days to 1 and minimise discussions on the medical aspects of HIV. • This improved overall attendance and there was a slight increase in overall participants satisfaction with the program. • We also amended the session feedback forms to include the PozQol Scale, which focusses on quality-of-life issues of living with HIV. We also introduced some questions about social connection and how this had changed after being involved with the program. • There were not any significant impediments to this; however, it did take some time to develop a new feedback form. A couple of participants did report wanting some additional medical information and we linked them to the Peer Navigator Program for support. • We would like to have an increased focus and responses to issues about PrEP and stigma; however, as this is still relatively new in the community, we are not sure how to approach it. We have put this on the agenda as an organisational priority and will develop a way to respond by the end of the year.

Understanding decisions about change – Blood-Borne Virus Council

☐ Whole organisation | ☑ Program: Newly Diagnosed HIV Support Program

Influence — community	Describe any feedback or evaluation you have (or will have) that indicates the influence of your organisation or program, and the changes you made to your organisation or program, has had among participants and their community. *Below are some questions you may wish to use to guide you. Feel free to ignore the questions.*	

How well the peer response is able to affect its community's health, behaviour, knowledge, or attitudes (e.g., through health promotion, harm reduction, or support services)	• *Influence on participants:*
	  - *Were the outcomes for participants reduced, maintained, or improved by the change? Are the changes in the outcomes important or unimportant?*
	• *Influence in participant networks:*
	  - *Do you have any feedback about conversations participants have had in their networks due to involvement with your program or organisation (e.g., telling friends about the program, an increase in disclosing their BBV status to friends/partners)?*
	  - *Did the change increase participation of people from networks not previously engaged (e.g., women living with HIV, people whose first language is not English)*
	• *Influence in the community:*
	  - *Did the workshop result in more people from your community having a broader community influence (e.g., volunteering, public speaking, taking a stronger role in community initiatives or groups)?*
		• Using the PozQol Scale to track quality of life has showed the participants increased their quality of life after attending the program.
		• Another outcome was that by asking questions about social connection and asking participants how many people with HIV they knew before and after attending, we were able to see that participants expanded their social networks through the program.
		• The Newly Diagnosed HIV Support Program is a one-off program; however, after adapting the program, we have seen an increase in engagement in the Council's work by participants, with a small increase in participants from the Newly Diagnosed program transitioning across to other Council programs, such as the regular social group and Positive Speakers Bureau program.

Understanding decisions about change – Blood-Borne Virus Council

☐ Whole organisation | ☑ Program: Newly Diagnosed HIV Support Program

Influence – health sector and policy environment *How well the peer response is able to mobilise change within the health sector and policy environment*	Describe any influence this change process may have had in the sector. *Below are some questions you may wish to use to guide you. Feel free to ignore the questions.*	
	• *Have you shared the community insights that led to the change your organisation or program with others in the sector?* • *Have you shared what you have learned from adapting your organisation or program with others in the sector?*	• Through the various project and advisory committees that Council staff are part of, we have communicated the increasing focus on quality-of-life issues for people living with HIV. • This has seen a small increase in the number of people attending the Newly Diagnosed program through referrals from their GP (participants most often self-refer after seeing Council information on social media or are referred via LGBTIQ health organisations). • A couple of agencies are also in the process of implementing the PozQol Scale as part of their intake processes to track quality of life outcomes for their patients.

MEL assessment tool (organisation-level application)

About this example

- After completing Stage 1 for their organisation and programs, the BBV Council held another all-of-staff planning workshop to work through the activities in Stage 2
- In this example, staff:
  - Applied the W3 Framework to the whole organisation
  - Used the MEL Assessment Tool
  - Completed the activities for Objective 2.2 'Understand your current data collection processes (Identify resources)' (W3 Framework Guide Part 2, p88) and Objective 2.3 'Build a plan to develop data collection processes (Plan actions)' (W3 Framework Guide Part 2, p94)
- Staff also:
  - Worked through the indicators they developed during Objective 2.1 'Define tailored W3 Framework–informed outcome measures' (W3 Framework Guide Part 2, p70)
  - Identified whether (and how) they could collect the information they needed by using their current data collection tools and practices
  - Discussed what they needed to change and what new tools they needed to develop
- See page p26 for the blank template of this tool

What this example shows

- The completed tool is shown on the next pages
- The discussion in the 'Action/comments' column illustrates how staff could use program-level data at the organisational level to understand the impact of the BBV Council as a whole
- The highlighted text shows two new tools the BBV Council decided to create to fill important gaps in its data collection:
  - Peer insight tool
  - Peer facilitator reflection tool
- These new tools purposefully and systematically record and collate peer insights across different activities
- Templates for both these tools are available in the 'Final output examples' section on pages 88 and 92

MEL assessment tool – Blood-Borne Virus Council

☑ Whole organisation | ☐ Program: [Insert program name]

Function	Indicator	Where we get (or could get) this information		Action/comments
		Internal	External	
Engagement	Peer staff/the BBV Council are aware of current attitudes and practices (including trends and variations) amongst communities of people living with BBVs.	Not currently collecting in a systematic way. Peer staff have regular program meetings, and these issues are discussed but not recorded. We are reliant on knowledge being communicated ad hoc within the Council or communicated and recorded by external partners/platforms such as Minister's Advisory Council or research partners in their studies.	Research reports that we contribute to are fed back into our work and used as an evidence base for advocacy.	**Peer Insight Tool** – develop a tool that captures discussions from peer staff meetings and can be used to inform senior management of trends as well as staff in other programs. Useful for communications staff to report on online/social media trends – comments, engaging posts, types of people following. Also use to gauge whether resourcing and internal organisational support is adequate for program staff to extensively engage with and record information from the community. Can be collated at different points in time to see broad trends across the organisation and all programs.
	Programs and work areas are adequately resourced and supported to engage with the community and to capture community knowledge.	Not currently collected; however, discussions around these issues sometimes raised at annual planning days.		
	Programs regularly recruit and connect with community members that are not connected with other BBV services.	Most programs collect some type of demographic data but only the Newly Diagnosed Social Group asks what other services clients are linked with.	Policy documents and research highlight which population groups living with a BBV are not being adequately supported.	**Amend intake, pre-program and Outreach program forms** to ask clients what other services they access. This will help provide an indication of how many of our clients are only linked with us. Collate at the organisation level.

MEL assessment tool – Blood-Borne Virus Council

☑ Whole organisation | ☐ Program: [Insert program name]

Function	Indicator	Where we get (or could get) this information		Action/comments
		Internal	External	
Alignment	Programs/the BBV Council seek out and use knowledge from different parts of the sector.	Post-service provider training workshop forms ask which topics were relevant and what information was new. Facilitators often discuss key messages that come from workshop participants – this is not recorded or communicated in a purposeful way.	Use research reports on studies that the BBV Council has participated in as evidence base for advocacy and practice change. Participate in the Minister's Advisory Council to hear discussions about the broader service/policy sector.	**Peer Insight Tool** – extend this tool for use by Minister's Advisory Council members after each meeting (acknowledging that some discussions from the meeting are confidential). This can also be used to record knowledge of trends in research and broader sector. At the organisational level, the tool can record the type and nature of partnerships as well as other relevant partnership information. Tool can be collated at the organisation level alongside other completed Peer Insight Tools.
	Organisations regularly seek the BBV Council's support, advice, and expertise.	Minister's Advisory Council members discuss broader sector/policy issues but no way to feed this back into the organisation systematically – relies on conversations with Minister's Advisory Council members.		**Peer Facilitator Reflection** – develop a peer reflection tool that can capture key messages from service provider training workshops and other issues of note. Can be collated at the organisation level to understand trends/issues across the sector more broadly. **Intake/pre-workshop forms** – Amend existing intake and pre-workshop forms to include a question about where/how clients found out about the Council or our programs. Collate at the organisation level to understand referral pathways and system alignment. **Post-workshop evaluation form** – Amend post-workshop evaluation form to include questions about whether participants intend to refer clients to the Council and their intention to recommend training sessions to others. Analyse these forms to see how many organisations repeatedly engaged with the Council for its training. Collate at the organisation level as an indicator of system alignment.
	The BBV Council has strong, long-term partnerships with clinicians, clinics, and other health service providers.	Peer staff aware that a proportion of clients are referred to the Council from other services, but this isn't recorded. Post-service provider training workshop forms.		

MEL assessment tool – Blood-Borne Virus Council

☑ Whole organisation | ☐ Program: [Insert program name]

Function	Indicator	Where we get (or could get) this information		Action/comments
		Internal	External	
Adaptation	Knowledge that we gain from peer engagement with communities is used to improve the relevance and influence of our work (at both program and organisational levels).	Not currently used in a systematic way. Peer staff have regular program meetings, and these issues are discussed but not recorded. We are reliant on knowledge being communicated ad hoc within the Council. We also rely on that information to be incorporated into our work in an ad hoc way by individual managers or program staff.	Use research reports on studies that the Council has participated in as evidence base for practice change. Done in an ad hoc way by individual program staff.	Peer Insight Tool – develop a tool that captures discussions from peer staff meetings and can be used to inform senior management and staff in other programs of trends. Can be collated at different points in time to see broad trends across the organisation and all programs. Data will be formally reviewed and incorporated into annual planning process. However, regular team meetings can be used as a way to identify emerging trends and take action if critical, such as communicating to staff with policy influence roles or staff with partnerships with other services in the sector, or communicating emerging trends to all peer staff for dissemination amongst the community. The spike in hepatitis A notifications in 2018 and availability of free vaccines for at-risk groups is an example of an emerging trend requiring quick response. **Peer Support Training Survey** – develop a survey to rate the confidence of new peer staff across job functions and content before and after training. Collate at the organisation level to review, understand and modify training practice. Peer Facilitator Reflection Tool – use Peer Reflection Tool to track ongoing confidence in delivering peer programs. This could be undertaken at a point in time by all staff; for example, on a single day by all staff twice a year. This will help identify training/support needs and modify practice.
	The BBV Council culture and leadership support continuous staff learning and see the capturing of peer knowledge as a strategic asset of the organisation. (This is underpinned by processes that ensure it happens.)	All new peer staff undertake training and orientation. Training and orientation workshop evaluation is based on content knowledge about policies and practice. Unclear about how effective the orientation is in making peer staff feel confident to do their roles. Additionally, after orientation, staff feedback on experiences and confidence is reliant on ad hoc conversations.	None	

MEL assessment tool – Blood-Borne Virus Council

☑ Whole organisation | ☐ Program: [Insert program name]

Function	Indicator	Where we get (or could get) this information		Action/comments
		Internal	External	
Influence — community	Resilience/quality of life of clients increases after participating in BBV Council programs.	Newly Diagnosed HIV Support Program uses baseline and post-group surveys to track changes; however, does not use a validated scale.	Large-scale studies can help track quality of life indicators. Health department notifications on new BBV transmissions also give indication of the impact of prevention practices.	**Peer Support Health and Wellbeing Survey** – redesign pre-program and post-program surveys to include PozQoL quality of life scale for people living with HIV, and include other questions about social connection, treatment experience, and general wellbeing. This can be administered at intake/entry into programs and at points in time or upon exit. This can be collated at the organisation level to measure overall influence.
	Peer health promotion messages, experiences, and/or knowledge are incorporated into the lives of clients/ participants and their communities and/or networks.	Outer Metro and Regional NSP Outreach – current data collection focusses on the number of pieces of injecting equipment distributed and some basic demographic data (age, gender).	Australian NSP Survey (ANSPS) shows fixed-site NSP demographics/client profile.	**Outer Metro and Regional NSP Outreach Data Collection** – amend data collection tool to capture more detailed demographic data, such as postcode where they reside and postcode where they received equipment, Aboriginal and Torres Strait Islander status, gender, and where they would otherwise go to access equipment. This will help illustrate our unique influence on the community. This can be compared with the client profile in the ANSPS results. Mapping of postcodes also helps highlight the influence of the program.
Influence — health sector and policy environment	The BBV Council and its programs make visible contributions to sector learning to help program managers and policymakers understand and contextualise emerging issues for people living with BBVs.	Post-service provider training workshop forms ask which topics were relevant and what information was new, as well as testing content knowledge. No broader questions about influence outside of content. Influence on policy and practice occurs through at the Minister's Advisory Council; however, we are not recording this systematically or consistently.	Policy and treatment guideline documents	**Post-workshop evaluation form** – Amend post-workshop evaluation form to include questions about whether participants intend to refer clients to the Council, their intention to recommend training sessions to others and whether they have had their assumptions about communities of people living with BBVs challenged. Collate at the organisation level as an indicator of policy influence. **Peer Insight Tool** – extend this tool for use by Minister's Advisory Council to note indications of influence on the policy sector. Review and track influence over time to understand what influence has occurred.

MEL data collection plan (program-level application)

About this example

- After the BBV Council had completed Stage 2 for the organisation and programs, the evaluation officer:
  - Used the MEL Data Collection Plan
  - Compiled all of the information from completing the activities
- In this example they:
  - Focussed on the Newly Diagnosed HIV Support Program
  - Organised its indicators by W3 Function, including output/process/quality indicators and impact indicators under each function
  - Included measures/targets to collect information about and report against
- The completed tool is used during induction training for new staff and is available on the staff intranet for reference
- See page p30 for the blank template of this tool

What this example shows

- All of the measures/targets provide important information to help the program:
  - Monitor, maintain, and improve quality and effectiveness
  - Identify, monitor, and adapt to changing environments or emerging issues
  - Demonstrate its value and strengthen future funding applications
- The highlighted measures/targets are also used for reporting to current program funders
- Most data sources/tools provide information about more than one indicator

MEL data collection plan – Blood-Borne Virus Council

☐ Whole organisation | ☑ Program: Newly Diagnosed HIV Support Program

	Indicator	Measure/target	Data source/tool
Engagement			
Output/process/ quality *Evidence of actions taken to achieve good engagement*	• Peer navigators are recruited from diverse gender, sexuality, and cultural backgrounds	• Profile of peer navigators reflects priority groups	• Demographic profile of team
	• Peer navigators are identifying changing experiences of clients newly diagnosed or re-engaging in care	• Emerging issues are identified in peer sessions and brought forward in team meetings	• Team meeting minutes • Peer navigator feedback forms
	• Peer navigators maintain effective peer emphasis of service	• Evidence of quality peer interaction and peer skill are maintained across 80% of client sessions	• Peer navigator feedback forms
Impact *Evidence that genuine and sustained engagement is being achieved*	• Participation of PLHIV (clients) from diverse gender, sexuality and cultural backgrounds	• Analysis of client data identifies who is being reached and who is currently not represented • **Diversity of gender, sexuality and cultural backgrounds** • **Range of priority PLHIV participants accessing the Peer Navigator Program**	• Client service data
	• Clients respond to peer engagement from peer navigators	• Client feedback about peer navigator relatability, relevance, problem-solving, peer sharing, informative, timeliness	• Peer navigator feedback forms • Client feedback forms
	• Clients demonstrate connection with peer programs	• Number of PLHIV participants who become involved in providing feedback and guidance to the Peer Navigator Program as well as the health services • Client engagement with other peer programs and activities offered by the organisation	• Client profile/service data • Client feedback survey • Team meeting minutes

MEL data collection plan – Blood-Borne Virus Council

☐ Whole organisation | ☑ Program: Newly Diagnosed HIV Support Program

	Indicator	Measure/target	Data source/tool
Alignment			
Output/process/ quality *Evidence of actions taken to achieve or pursue alignment*	• Peer navigators are contributing to streamlining and strengthening linkages between testing, treatment, and support • Health service staff value the Peer Navigator Program	• Number of clinic meetings attended by peer navigators • Participation of clinics within Peer Navigator Advisory Group meetings • **Evidence of the Peer Navigator Program and health service partners collaborating to meet the needs of PLHIV**	• Interviews/feedback from clinic staff • Team meeting minutes
Impact *Evidence that alignment is being achieved or misalignment being identified*	• Relevant health service clients are being enabled to access the Peer Navigator Program	• Proportion of newly diagnosed clinic clients referred to the Peer Navigator Program within 6 months of diagnosis	• Interviews/feedback from clinic staff • Client service data
	• Peer navigator role is integrated within the health service system and culture	• **At least 70% of clinic staff report the Peer Navigator Program is an asset to their clinical practice** • **At least 70% of clinics demonstrate culture, environment and referral protocols that support an effective peer navigator program** • Peer Navigator Program funding enables responsiveness and adaptation to meet the needs of PLHIV	• Interviews/feedback from clinic staff • Peer navigator feedback forms

MEL data collection plan – Blood-Borne Virus Council

☐ Whole organisation | ☑ Program: Newly Diagnosed HIV Support Program

	Indicator	Measure/target	Data source/tool
Adaptation			
Output/process/ quality *Evidence of learning and adaptation within organisation*	• Peer insights from peer navigators influence ongoing adaption of program and organisation	• Emerging issues are identified in peer sessions and brought forward in team meetings • Regular collation and use of feedback and evaluation from service participants as well as insights from social research, epidemiology, and health service usage data • Peer insights and trends shared with other organisation staff	• Team meeting minutes
	• Training and further development for peer navigators remains responsive to changing environment	• Quality of training, supervision and in-service development of peer navigator staff	• Description of training and orientation of peer navigators
Impact *Evidence of effective and responsive adaptation*	• Learning and adaptation of the program to the evolving needs of PLHIV and the changing health service environment	• **Case studies of reviews, responses and adaptations to the Peer Navigator Program** • **Case studies of adaptations influenced by sharing of peer insights between the Peer Navigator Program and the rest of organisation**	• Team meeting minutes • Organisational case studies
Community influence			
Output/process/ quality *Evidence of actions taken to influence community directly or indirectly*	• Profile of the Peer Navigator Program in community	• Word of mouth endorsements and referrals from PLHIV to the Peer Navigator Program • Profile and endorsement of the Peer Navigator Program within online networks of PLHIV • **Feedback regarding the Peer Navigator Program through other services, as well as other research with PLHIV**	• Client feedback survey • Organisational social media monitoring • Feedback through service and research relationships
	• Peer Navigator Program delivery	• **Number of clients, number of episodes of service, number of repeat appointments**	• Client service data

MEL data collection plan – Blood-Borne Virus Council

☐ Whole organisation | ☑ Program: Newly Diagnosed HIV Support Program

	Indicator	Measure/target	Data source/tool
Impact *Evidence of direct or indirect influence in clients/community*	• *Clients report increase in quality of life, confidence with health providers, resilience, and TasP literacy*	• ***60% of clients who complete client health and wellbeing survey report increase in quality of life, confidence with health providers, TasP literacy, managing disclosure, and resilience***	• *Client health and wellbeing survey*
	• *Clients discussing program and living with HIV with peers* • *Participation of clients in community roles*	• *Word of mouth endorsements and referrals from PLHIV to the Peer Navigator Program* • *Profile and endorsement of the Peer Navigator Program within online networks of PLHIV* • *Proportion of Peer Navigator Program participants who nominate to be involved in PLHIV peer leadership programs or opportunities*	• *Stakeholder interviews and focus groups* • *Team meeting minutes*
Health sector and policy environment influence			
Output/process/ quality *Evidence of actions taken to influence policy/sector directly or indirectly*	• *Peer navigators supporting the streamlining and strengthening of linkages between testing, treatment, and support*	• ***Clinic services' feedback on quality, usefulness and timeliness of insights from the Peer Navigator Program about evolving needs of PLHIV***	• *Stakeholder interviews and focus groups*
	• *Peer Navigator Program influencing sector understanding of current service issues for newly diagnosed PLHIV*	• *Invited presentations at service meetings, sector forums and conferences* • *Other media participation*	• *Team meeting minutes* • *Organisation media/sector profile monitoring*
Impact *Evidence of direct or indirect influence in policy/sector*	• *Policy advice based on peer insights and experience of the Peer Navigator Program is influential*	• *Evidence of peer organisation and health service partners enabling adaptation of Peer Navigator Program to meet the needs of PLHIV* • ***Case examples of health service adaptation or reorientation with the support or participation of the Peer Navigator Program***	• *Stakeholder interviews and focus groups* • *Team meeting minutes*

Administration plan for data collection tools (organisation-level application)

About this example

- After the BBV Council had completed Stage 2 for the organisation and programs, the evaluation officer:
  - Used the MEL Administration Plan
  - Compiled all of the information from completing the activities
- In this example, they focussed on the whole BBV Council
- The completed tool is used during induction training for new staff and is available on the staff Intranet for reference
- See page p34 for the blank template of this tool

What this example shows

- Most tools are used in more than one situation, meaning information from across the organisation can easily be compiled and analysed
- Some tools provide information about more than one W3 Function, decreasing the total number of tools needed to collect information
- Information shows how the W3 Framework–informed information sharing is embedded into organisational culture, for example:
  - 'Collate and analyse peer facilitator reflection tool data at regular intervals and communicate to all staff via Council-wide staff meetings
  - 'Use peer insight tool at peer staff meetings to report and communicate trends'

Administration plan for data collection tools – Blood-Borne Virus Council

☑ Whole organisation | ☐ Program: [Insert program name]

What data collection tool is it?	What program (or programs) or activity (or activities) is it used in?	Describe the information and W3 Function it collects data on	How does it collect this data?	How do we administer it?	When and how often do we administer it? How often are results collated?	Notes/comments
Client intake form	*All*	• *Personal information* • *Citizenship/visa status* • *Language* • *Basic health information* • *Other services that clients are linked with* • *Support needs* ***Supports engagement***	*Client-reported*	*Paper-based intake form*	• *During intake; at a client's first program session* • *Annually: collate at organisation level and look for trends across years*	*Staff can assist clients to fill in the form if necessary*
Peer insight tool	*All meetings* *Including external meetings* *Excluding supervision/HR meetings*	***Engagement*** *– informs managers and peer staff in other programs about trends in the community* ***Alignment & policy influence*** *– captures sector trends and knowledge and points of influence from Advisory Council participation* ***Adaptation*** *– utilising data from the engagement and alignment indicators*	*Self-reported peer staff knowledge*	• *Digital template completed after each staff meeting* • *Digital template completed after each Minister's Advisory Council meeting*	• *All peers to fill out tool after any team or external meeting they attend* • *Quarterly: senior managers to collate insight tools across the organisation and analyse trends* • *Communicate quarterly insights back to staff at Council-wide staff meetings and incorporate into annual planning processes*	*Quick action may be necessary when critical trends emerge*

Administration plan for data collection tools – Blood-Borne Virus Council

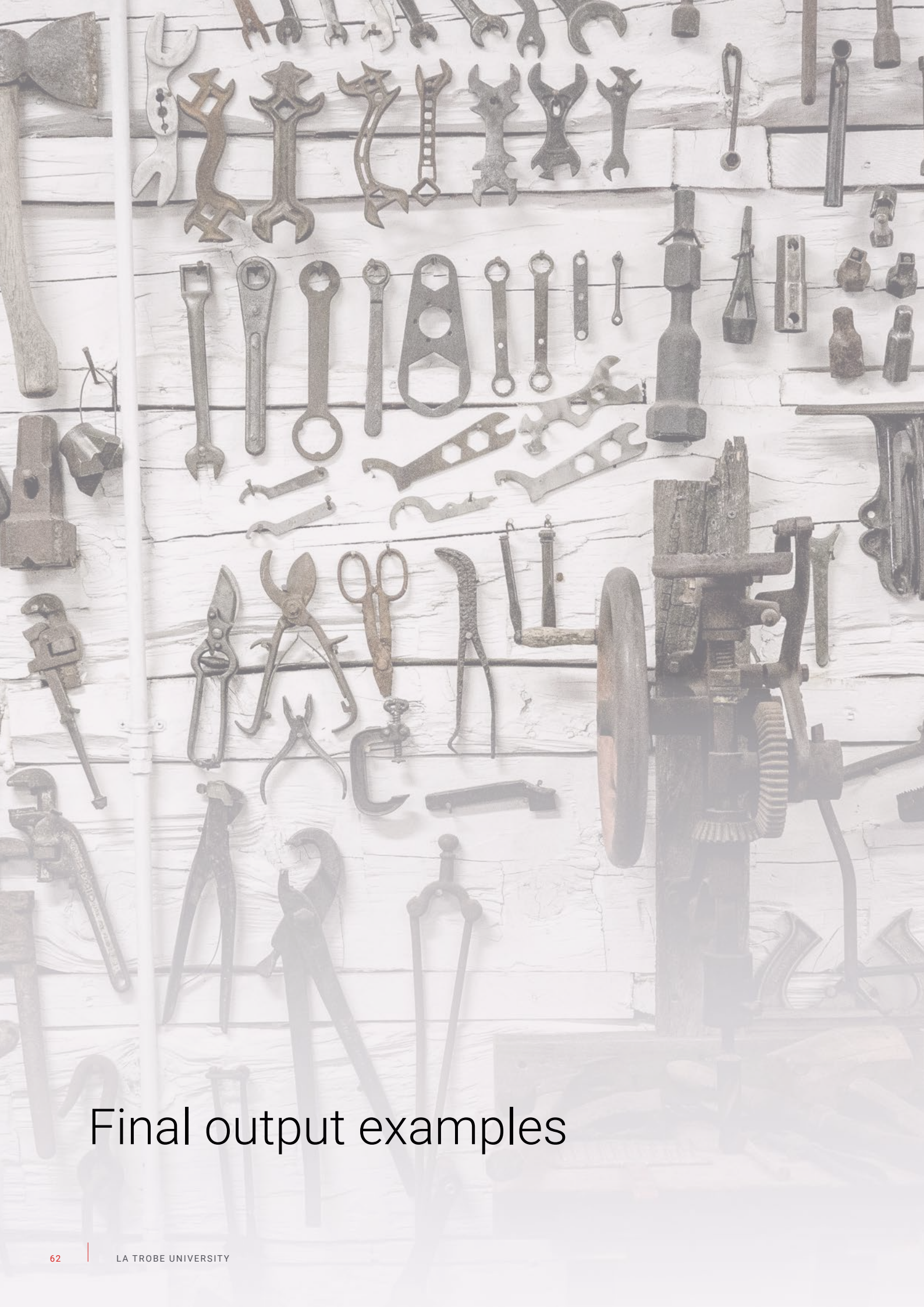
☑ Whole organisation | ☐ Program: [Insert program name]

What data collection tool is it?	What program (or programs) or activity (or activities) is it used in?	Describe the information and W3 Function it collects data on	How does it collect this data?	How do we administer it?	When and how often do we administer it? How often are results collated?	Notes/comments
Peer facilitator reflection tool	*Service provider training workshops*	***Alignment*** *– collects data on key messages and other issues of note from service provider training workshops* ***Adaptation*** *– collects data on confidence of peer facilitators to deliver peer programs and identifies training needs*	*Self-reported peer staff knowledge*	*Digital template completed after each workshop*	• *After each workshop* • *Collate and analyse at regular intervals and communicate to all staff via Council-wide staff meetings*	*Peer facilitator confidence indicators could be implemented at two points during the year to track point-in-time confidence*
Post-workshop evaluation form	*Service provider training workshops*	***Alignment*** *– collects data about service provider intention to refer clients to the Council and refer colleagues to service provider training* *– collation helps identify service providers that have undertaken training multiple times* ***Influence (policy)*** *– collects data about intention to refer clients to the Council and how assumptions about people living with a BBV have been challenged through training workshops*	*Workshop participant-reported*	*Paper-based form*	• *At the end of each service provider training workshop* • *Collate across all workshop sessions at 3-month intervals*	

Administration plan for data collection tools – Blood-Borne Virus Council

☑ Whole organisation | ☐ Program: [Insert program name]

What data collection tool is it?	What program (or programs) or activity (or activities) is it used in?	Describe the information and W3 Function it collects data on	How does it collect this data?	How do we administer it?	When and how often do we administer it? How often are results collated?	Notes/comments
Peer support training survey	*Peer staff orientation sessions*	***Adaptation*** *– collects data on the confidence of new peer staff to undertake their roles prior and after orientation training sessions*	*Peer staff self-reported*	*Paper-based*	• *Before and after orientation training* • *Collate annually prior to annual planning processes*	*Use in conjunction with the* ***Peer Facilitator Reflection Tool*** *to track peer staff confidence and identify training needs*
Peer support health and wellbeing survey	• *All programs* • *Case management*	***Influence (community)*** *– collects data on QoL measures, social connection, treatment experience and general wellbeing for clients*	*Client self-reported*	*Paper or online*	• *At intake and exit or other points in time as appropriate* • *Collate annually at organisation level to give overall indication of Council's contribution to client wellbeing*	*Use* ***PozQoL*** *for clients living with HIV*
Outer Metro and Regional NSP Outreach data collection	*Outer Metro and Regional NSP Outreach*	***Influence (community)*** *– collects detailed demographic data, postcode details and other sources of injecting equipment*	*Peer volunteer–completed*	*Paper or online*	• *After every client contact.* • *Collate across all workshop sessions at 3-month intervals*	*Use* ***Peer Insight Tool*** *at peer staff meetings to report and communicate trends*



Final output examples

Final output examples

The final output examples are actual resources, templates, and data collection tools that peer organisations and programs developed through applying the W3 Framework to their own work.

These differ from the worked examples in that they are not related to W3 Framework application tools.

We have included these examples in this toolkit to give you ideas about the what the end products and results of applying the W3 Framework across your work might look like.

In this section

Communicating the W3 Framework to different audiences

What is this?

- On the following pages are some different descriptions of the W3 Framework
- The W3 Project team has developed these over the life of the project as it presented for and worked closely with a diverse range of different audiences
- The descriptions are tailored to address the different audiences' needs and interests
- They can be used as they are or as a starting point to develop your own tailored descriptions
- There are also a range of reports and resources on the W3 Framework website that can help you describe W3 and how it can benefit your organisation

How is this useful?

- Implementing the W3 Framework across your peer response may involve working with a diverse range of people, for example:
  - Staff in program and non-program roles
  - Senior managers, CEOs, and boards of governance
  - Clients and community members
  - External partner and non-partner organisations
  - Funding agencies
- It is important to tailor the way you describe the potential benefits of implementing the W3 Framework to the needs, interests, and concerns of each audience
- Understand what your audience wants to know and what type of questions they might have, for example:
  - Emphasising the W3 Framework's ability to capture policy influence at the systemic level would probably be interesting for boards or funding agencies but may not resonate with program staff
  - Program staff may be more interested in whether their programs are improving quality of life for their communities

One-sentence description (for all audiences)

The What Works and Why (W3) Project supports peer organisations and programs to adapt, scale up, and demonstrate their impact in rapidly changing environments.

Short description (for all audiences)

The What Works and Why (W3) Project is a groundbreaking study that builds a deeper understanding of the role and effectiveness of peer responses and their contribution to policy and health service reform.

The W3 Project developed a monitoring, evaluation, and learning framework, and related tools to support peer responses to capture and use peer knowledge. Peer responses can use this knowledge to refine their practices and improve their influence within their community and policy environments.

Long description (for funders, funding proposals, and government audiences — general)

Peer leadership and knowledge are key to promoting the health of communities that experience high levels of discrimination and stigma, or whose voices are not well represented in positions of power. Peer responses play an important role in improving the wellbeing and safety of their communities. They do this through:

- Providing health services and safe spaces for community members
- Advocating for the rights of their community members
- Influencing how the health sector responds to the needs of communities
- Helping shape relevant policies and legislation

The What Works and Why (W3) Project seeks to build a deeper understanding of the way peer responses operate and how they create value in dynamic, complex communities and policy systems. The W3 Project developed practical tools and a monitoring, evaluation, and learning (MEL) framework based on systems science, which supports peer responses to adapt and refine their evaluation approach to their rapidly changing environment.

This MEL framework has been trialled in peer-based and community-based organisations across Australia. A preliminary evaluation found that organisations were implementing the W3 Framework across program, organisation, and system levels. This is helping develop a more rigorous evidence base for peer-led action by:

- Supporting the collection of more meaningful data
- Increasing peer staff confidence and motivation in using peer evaluation methods
- Capturing the unique impact of peer-led action
- Building stronger evidence of peer contributions to high-level epidemiological indicators

Long description (for funders, funding proposals, and government audiences — HIV/hepatitis C/BBV sector)

Peer leadership and knowledge form a longstanding and core part of Australia's response to HIV and hepatitis C. Peer work is a critical element of Australia's blood-borne virus (BBV) sector. Acknowledgement and support of the role of peer work is continued in the latest national HIV and hepatitis C strategies, which recognise the critical role that people living with HIV and people living with hepatitis C play in effective responses to BBVs.

The What Works and Why (W3) Project seeks to build a deeper understanding of the way peer organisations and programs operate, and how they create value in dynamic, complex HIV and hepatitis C communities and policy systems. The W3 Project developed practical

tools and a monitoring, evaluation, and learning (MEL) framework based on systems science, which supports peer responses to adapt and refine their evaluation approach to their rapidly changing environment.

This MEL framework has been trialled in peer-led and community-based organisations across Australia. A preliminary evaluation found that organisations were implementing the W3 Framework across program, organisation, and system levels. This is helping develop a more rigorous evidence base for peer-led action by:

1. Supporting the collection of more meaningful data
2. Increasing peer staff confidence and motivation in using peer evaluation methods
3. Capturing the unique impact of peer-led action
4. Building stronger evidence of peer contributions to high-level BBV indicators

Long description (for peer staff, volunteers, and community members — general)

The What Works and Why (W3) Project supports peer responses to adapt, scale up, and demonstrate their impact in rapidly changing environments. It builds a deeper understanding of the role and effectiveness of peer responses in health promotion, healthcare, and policy and health service reform.

The W3 Project does this by providing peer responses with a tailored monitoring, evaluation, and learning (MEL) framework and related tools that help capture more meaningful data about the way that they impact the health of vulnerable communities and the health system more widely.

The W3 Framework was developed by more than 90 peer staff and has been piloted by peer and community organisations across Australia. A 2019 impact study found that the W3 Framework helps make evaluation less onerous on staff and community members and increases staff confidence in undertaking evaluation. This enhanced evaluation helps replace a sense of "knowing" that peer work is effective with more rigorous data (or "proof") and consistent language to describe the impact of peer work on Australia's health equity goals.

Long description (for peer staff, volunteers, and community members — HIV/hepatitis C/BBV sector)

The What Works and Why (W3) Project supports community-based and peer-led HIV and hepatitis C programs and organisations to adapt, scale up, and demonstrate their impact in rapidly changing environments.

It builds a deeper understanding of the role and effectiveness of peer-based programs in hepatitis C and HIV prevention and care, and how they contribute to policy and health service reform.

The W3 Project does this by providing programs and organisations with a tailored monitoring, evaluation, and learning (MEL) framework and related tools that help capture more meaningful data about the way that peer-based responses impact people living with HIV or hepatitis C and the health system more widely.

The W3 Framework was developed by more than 90 peer staff from organisations led by people living with HIV (PLHIV), people who use drugs (PWUD), sex workers, and gay men and other men who have sex with men. It has been piloted by PLHIV and PWUD organisations across Australia. A 2019 impact study found that the W3 Framework helps make evaluation less onerous on staff and community members and increases staff confidence in undertaking evaluation. This enhanced evaluation helps replace a sense of "knowing" that peer work is effective with more rigorous data (or "proof") and consistent language to describe the impact of peer work on Australia's BBV goals.

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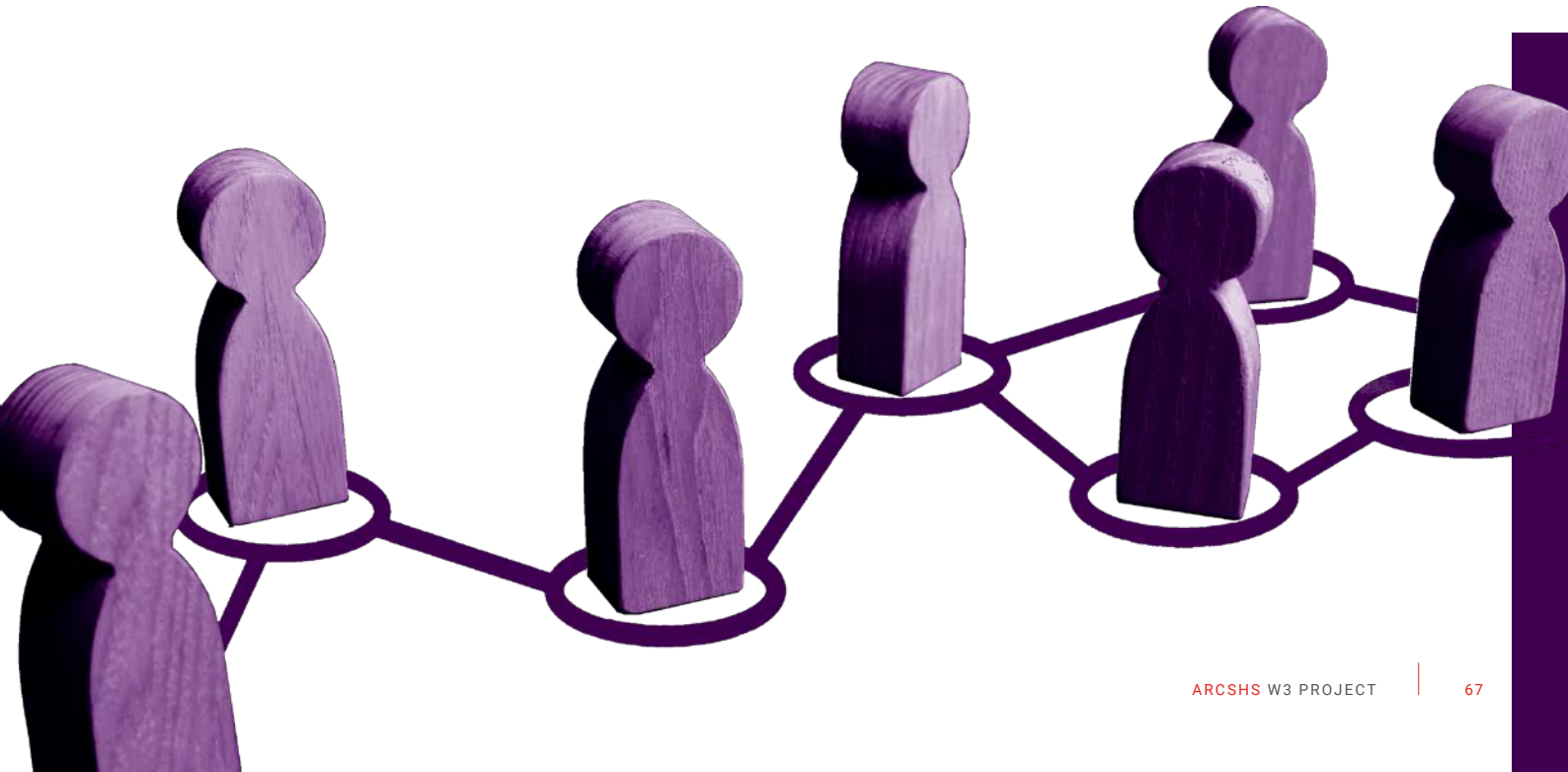


Tailored definitions for the W3 Framework

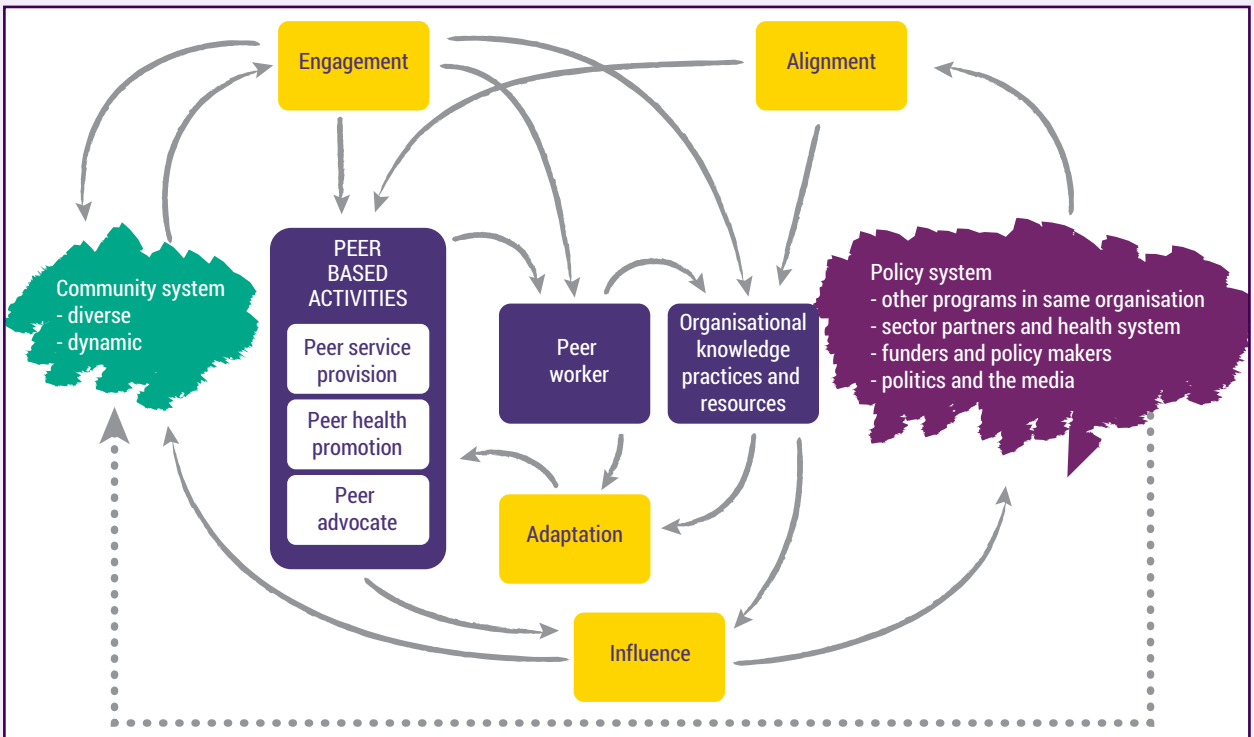
What is this?

- Australian Injecting and Illicit Drug Users League (AIVL) adapted the definitions of the W3 Functions:
  - To describe what each of the functions meant for its specific work and context
  - Using language familiar to the peer workers in their sector (e.g. 'plugged into')

How is this useful?

- This example illustrates how the W3 Function definitions can be adapted to suit a peer response or sector's specific work, context, priorities, and jargon

Excerpt from the Australian Injecting and Illicit Drug Users League's 'Peer Workforce Capacity Building Training Framework'



Domains	Definition
Engagement *Plugged into injecting drug using community*	The depth and variety of the programs responses to the dynamic cultures in the injecting community including anticipating their needs, understanding their experiences and how to most effectively interact.
Alignment *Plugged into government agenda*	The peer program's effectiveness in picking up signals from the policy sector and integrating policy directives into programs.
Learning and adaptation *Picking up intelligence and refining it to use in an organisation*	The effectiveness of the program and peer workers in capturing insights from peers and other organisational workers to refine knowledge and fine tune community processes.
Influence *Shaping community practice and attitudes and shaping policy*	Community: How the program uses the communities existing ways of doing things to promote new ways of doing things. Policy: How the program achieves or mobilises influence on processes and outcomes within its policy environment.

Source: Australian Injecting and Illicit Drug Users League (AIVL). Peer Workforce Capacity Building Training Framework: Peer processes among injecting drug users – Indicators of best practice in peer based and mainstream organisations. Canberra, Australia: AIVL; 2019. p7. Available from: https://aivl.org.au/peer-workforce-capacity-building-training-framework-peer-processes-among-injecting-drug-users-indicators-of-best-practice-in-peer-based-and-mainstream-organisations/

W3 indicators for PLHIV-led and PWUD-led organisations and programs

What is this?

- The evaluation indicators (or outcome measures) on the following pages were developed:
  - As part of Stage 3 of the W3 Project
  - Using a modified Delphi method
  - In collaboration with seven Australian peer-led PLHIV and PWUD organisations
  - With feedback from representatives working in BBV and alcohol and other drugs (AOD) policy from a state government health department, to ensure that the indicators would be relevant and useful from the perspective of funders
- The list covers all four W3 Functions, and includes:
  - Organisation-level and program-level indicators
  - Quality/process and impact indicators
  - Examples of potential metrics and sources of evidence against each indicator
- These indicators (along with a description of the process used to develop them) were originally published in: Hilton PM, Brown G, Bourne A. W3 Project: Creating a set of evaluation indicators for peer-led work. Melbourne, Australia: Australian Research Centre in Sex, Health and Society; 2021. Available from: https://doi.org/10.26181/612845a6d014e

How is this useful?

- The indicators are quite broad and can be adapted to peer responses working with other communities and in other contexts

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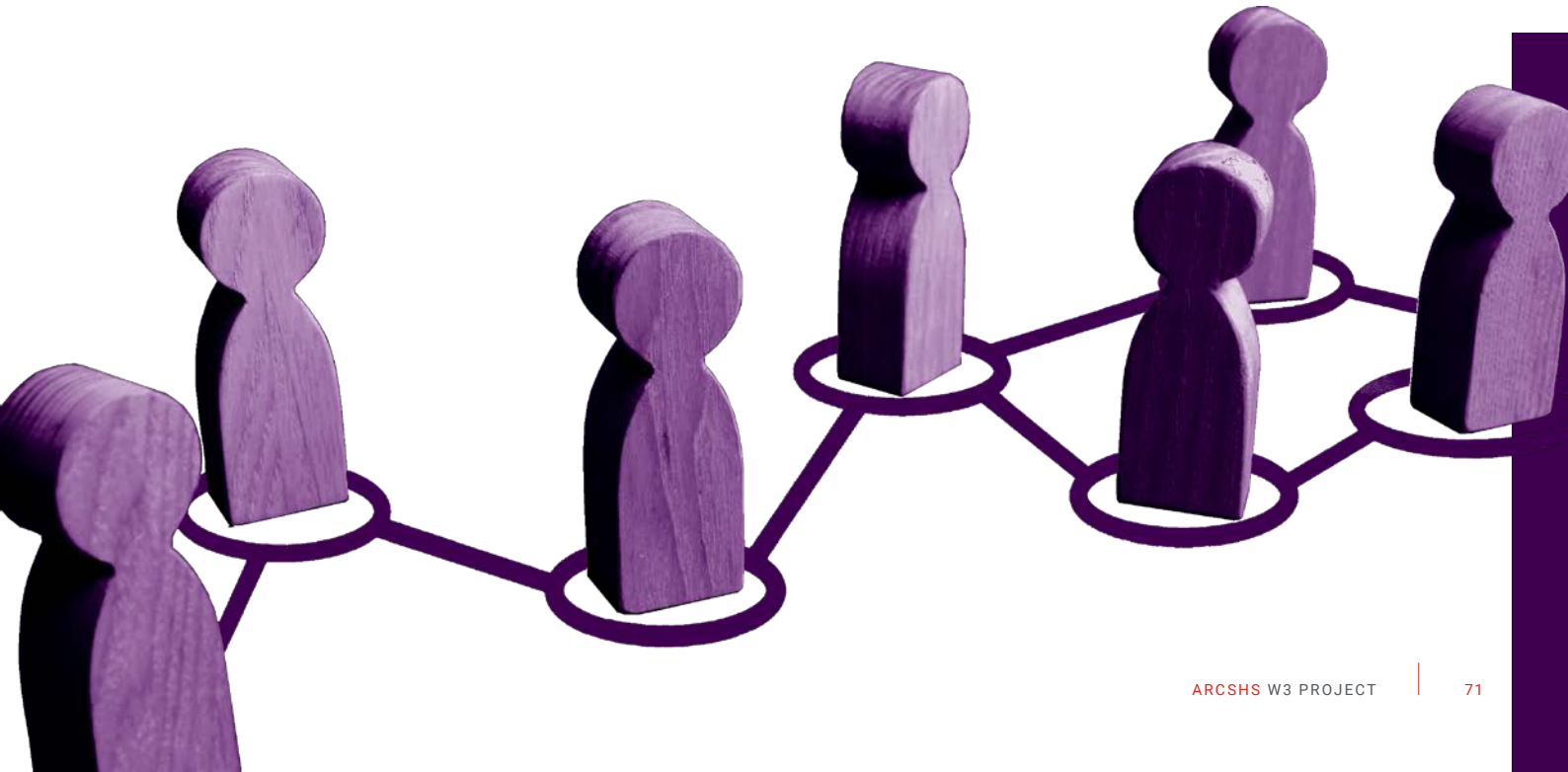

Example of W3 Framework–led evaluation indicators

Engagement: Organisation-level indicators

Indicator	Examples of potential metrics and sources of evidence
Quality/process indicators	
The diversity of clients that access and/or engage with the peer organisation reflects the diversity within the peer organisation's target community group(s).	• Client service/intake data (# of clients and demographic markers) • Peer worker notes about ad hoc interactions with clients
The peer organisation identifies, engages, and responds accordingly to community members who are less able to participate in consultation.	• Notes from/records of outreach, engagement, and responses • Demographic profile of organisation's board, advisory committees and other consultation groups • Materials and engagement are culturally responsive and adapted (e.g. languages, cultural considerations) • Access to opportunities for consultation is facilitated for people with different needs (disability access, translation services)
Structures, processes, and opportunities are in place to support peer workers to learn from each other's insights and maintain a current overall understanding of their diverse communities.	• Examples of policies, meeting schedules, professional development sessions etc. • Staff feedback indicates that they feel well-resourced and supported • Group supervision and reflective practice discussions for peer staff • Accreditation standards • Internal or externally delivered professional development for peer staff • Clinical supervision for peer staff • Board evaluations

Example of W3 Framework–led evaluation indicators continued

Indicator	Examples of potential metrics and sources of evidence
Impact indicators	
Community members recognise the organisation as peer-led and as an important part of and resource to their community.	• # of pieces of community feedback received (including expectations, complaints, endorsements, and suggestions) • # of requests by community members, networks, organisations etc. for information, support etc. • Social media metrics • # of self-referrals or self-referred on recommendation from other peers/ community members
Policy advice and peer leadership is based on current community needs and experience.	• Consolidated reports of peer insights from across the organisation are referenced in background information and justification for policy advice and peer leadership decisions
Relationships with different community members and networks are built or strengthened as a result of the peer organisation's activities.	• # of relationships, # new relationships, # relationships lost • # of former clients who engage with other activities or programs • % of staff or volunteers who are former clients/users of organisation's programs • Community feedback about quality of relationships • Partnerships and MOUs within community • Sustained community involvement in development and implementation of initiatives to address the needs of specific communities

Example of W3 Framework–led evaluation indicators continued

Engagement: Program-level indicators

Indicator	Examples of potential metrics and sources of evidence
Quality/process indicators	
Peers are consulted/involved in designing and developing the program.	• Evidence of peer consultation in documentation of program development • Program has an advisory committee that includes peers
The peer program is delivered by a diverse group of well-trained peer staff/peer staff with connection to diverse peer communities.	• Staff demographics • Peer program staff are hearing diverse views and/or changing experiences from within the community • Evaluations from training and professional development sessions
The peer program is accessed by diverse community members across the geographic span of the program.	• Number of clients accessing the service • Client service/intake data by gender, sexuality, cultural background, age, socioeconomic background, rural/regional populations, geographic distribution, and any other service-specific priority groups
Peer clients and staff report high levels of satisfaction with the peer-to-peer interactions within the program.	• Client feedback forms • Peer worker feedback forms • Staff performance evaluations and self-reflections • Staff–manager supervision sessions

Example of W3 Framework–led evaluation indicators continued

Indicator	Examples of potential metrics and sources of evidence
Impact indicators	
The program builds and maintains strong networks and relationships with community members.	• # of word-of-mouth referrals/referrals from community members • Formation and continuation of MOUs and partnerships with individuals and communities • Sustained community involvement in development and implementation of initiatives to address the needs of specific communities
Participants share their experiences and insights because they feel their contribution adds value to the program.	• Program evaluation survey data • Client interviews and focus groups • Peer worker notes about interactions with clients
The peer program's understanding of its community is kept up to date and strengthened through its on-the-ground work.	• Program staff/volunteers have regular meetings to discuss emerging community issues from within communities (evidence = meeting minutes). Learnings from these discussions are incorporated into program strategies and materials. • Systems are in place that allow program-level insights filter up to senior staff and board (staff, volunteers, supervisor, board meet to communicate insights)

Example of W3 Framework–led evaluation indicators continued

Alignment: Organisation-level indicators

Indicator	Examples of potential metrics and sources of evidence
Quality/process indicators	
The peer organisation actively seeks to create partnerships with stakeholders across the health sector and other relevant sectors, particularly at the senior management level.	• # of MOUs between the peer organisation and other stakeholders • # of advisory committees attended by senior management
The peer organisation collaborates with beneficial and relevant research and policy initiatives.	• # of research partnerships/collaborations • # of policy initiatives
The peer organisation actively communicates with sector partners to improve each other's understanding of emerging issues and practices, how these might impact communities, and how best to respond.	• # of contributions made to external working groups, advisory committees, interagency groups etc. • Records of new insights gained from participation in external working groups, advisory committees, interagency groups etc.
The peer organisation actively seeks out opportunities for policy contributions and advocates for creating safer and effective ways for community members to participate in the health and policy sector's response.	• Examples of advocacy • Nominations of peer leaders to sit on external advisory committees and boards • # of peers meaningfully contributing to external advisory committees or boards

Example of W3 Framework–led evaluation indicators continued

Indicator	Examples of potential metrics and sources of evidence
Impact indicators	
The peer organisation is informed about changes within the health sector and policy environment and assesses how they might affect its communities and/or its work.	• Discussion about new learnings from the health sector and policy environment (e.g. from interagency committees, communities of practice etc.) – including learnings coming from peer program staff – is a standing agenda item for executive team meetings • Records in executive team meeting minutes of discussions about new learnings from the health sector and policy environment
Key players from the broader health sector and policy environment recognise the peer organisation as credible, trustworthy and an essential partner in the overall public health response.	• # of collaborative partnerships with external/mainstream organisations that the organisation participates in • # of collaborative partnerships with external/mainstream organisations that the organisation leads • # of client referrals from external/mainstream organisations • Examples of resources or policies produced by external/mainstream organisations that use/reference materials and policy statements put out by the peer organisation • Examples of contributions to research • Examples of policy or other submissions
Key players from the broader health sector and policy environment seek advice and contributions from the peer organisation.	• # of requests for advice or other contributions from external/mainstream organisations • # of invitations from external/mainstream organisations for peer staff to contribute to advisory groups • Peer organisation is asked to engage in research • Peer organisation is drawn on as a resource/educator about its community

Example of W3 Framework–led evaluation indicators continued

Alignment: Program-level indicators

Indicator	Examples of potential metrics and sources of evidence
Quality/process indicators	
The peer program actively seeks out and uses knowledge from different parts of the health sector and policy environment.	• New learnings from the health sector and policy environment (e.g. from interagency committees, communities of practice etc.) is a standing agenda item for team meetings/discussions recorded in minutes
The peer program team is aware of emerging practices and changes within broader health sector and policy environment and how they may affect its communities or program.	• Discussion about new learnings from the health sector and policy environment (e.g. from interagency committees, communities of practice, research, legal and legislation, other areas of the sector etc.) is a standing agenda item for team meetings/discussions recorded in minutes
Other organisations and services recognise the peer program as useful and valuable.	• Stakeholder interviews and focus groups • # of other organisations that contact the peer program for advice • # of client referrals from other organisations and services
The peer program's priorities align with/contribute to the achievement of key high-level sector goals and strategies (e.g. National HIV or Hepatitis C Strategy).	• Examples of instances where program priorities draw from or align with key documents/strategies
The peer program and other partner services strive to complement each other.	• Evidence of collaborations and partnerships between peer program and other services • Stakeholder interviews and focus groups • Evidence of cross-referrals between peer program and partner services • Evaluations processes – external stakeholders are involved in evaluation processes

Example of W3 Framework–led evaluation indicators continued

Indicator	Examples of potential metrics and sources of evidence
Impact indicators	
The peer program is included within the broader health service system and culture.	• Referral data indicates steady or increasing referrals from mainstream services • Stakeholder interviews and focus groups
Other organisations and services within the health sector recognise the peer program as helping them meet their own strategic goals and engagement with community, and they look to the peer program for information and advice.	• Stakeholder interviews and focus groups • # of referrals to program from non-peer services • Program staff invited to contribute to interagency networks, advisory committees etc. • # of requests from other services for information and advice • Outcomes of program are used to inform policies and practice
The peer program creates, supports, strengthens, or streamlines referral pathways and service linkages.	• Client intake/referral information • Information from stakeholders informing program of cross-referrals • Peer workers refer clients to other relevant services

Example of W3 Framework–led evaluation indicators continued

Adaptation: Organisation-level indicators

Indicator	Examples of potential metrics and sources of evidence
Quality/process indicators	
The peer organisation regularly gathers feedback and evaluation results from peer service participants and insights from community (engagement) and insights from social research, epidemiology, health service usage data, and other sector knowledge (alignment).	• Examples of collated information • Sharing new insights from community, social research, epidemiology etc. are standard meeting agenda items across all levels of the organisation, and insights from across multiple meeting minutes are collated into a single document
The peer organisation uses information and insights from engagement and alignment to identify and to guide reorientations and responses to emerging priorities.	• Discussion of insights and information is a standing agenda item for executive team meetings • Records in executive team meeting minutes of discussions and decisions made in response to collated information • Examples of the use of this information in strategic planning documents • Examples of the use of collated information in policy briefings, advocacy materials etc. • Organisational strategy documents, position papers and policy advice briefings refer to insights from peer team meetings
The peer organisation's practices are guided by peer knowledge and insights.	• Policies, procedures, and guideline documents state that strategic planning and program design be informed by peer knowledge • Records of peer consultation in documentation about changes to practices relating to service delivery
The peer organisation draws on engagement with membership and partnerships with the sector to develop evidence-based positions.	• Position papers include references to information drawn from community and sector partnerships
The peer organisation supports staff to acquire skills in peer leadership, evaluation, and policy participation.	• Professional development (PD) is offered to peer staff interested in taking on peer leadership roles and policy participation. (Evidence = records of PD, staff participation in PD, # of staff who participate in PD going on to take on peer leadership or policy participation.)

Example of W3 Framework–led evaluation indicators continued

Indicator	Examples of potential metrics and sources of evidence
Impact indicators	
The peer organisation adapts priorities and strategies to the changing needs of its community.	• The background information, justifications, 'reference lists' etc. for strategic planning include reference to data from community engagement, client feedback and peer staff insights
The peer organisation draws on community and sector insights to improve future work.	• Reports of consolidated data from program evaluations, peer staff feedback and program planning sessions from across the organisation • Strategic planning documentation demonstrates that reports of consolidated data (that include data from client feedback and peer staff insights as well as evidence-based research) are used in planning process
The peer organisation draws on community and sector insights to improve (update and refine) policy advice.	• The background information, justifications, 'reference lists' etc. for policy advice decisions include reference to a range of evidence sources (that include data from client feedback and peer staff insights as well as evidence-based research)
The peer organisation translates research and community insights into accessible language and practical policy and program advice.	• Examples of resources produced
The peer organisation assesses and synthesises diverse views of the community and leads advocates on key priorities for the broader public health response.	• Position papers and policy advice

Example of W3 Framework–led evaluation indicators continued

Adaptation: Program-level indicators

Indicator	Examples of potential metrics and sources of evidence
Quality/process indicators	
Peer insights over time are collated, summarised, and shared within and beyond the peer program.	• Meeting minutes from internal and external meetings • Copies of correspondence with external partners • Range or nature of community and peer insights shared within the peer program and within the organisation that the program sits in
The peer program draws on peer insights, research and epidemiology, and program evaluations to refine programs.	• Documentation outlining the different sources of information that are used in program planning cycles • Team meeting minutes outlining actions in response to peer insights
The peer program adapts its approach in response to changes within the community, health sector and/or policy environment that impact upon the community or upon how the program is delivered.	• Program staff have regular meetings to discuss emerging community issues from within communities and the health/policy environment (evidence = meeting minutes). Learnings from these discussions are incorporated into program strategies and materials.
Impact indicators	
Knowledge acquired through engagement and alignment improves the relevance and influence of future work.	• Positive feedback from client and stakeholder interviews, evaluation surveys, focus groups etc. demonstrates high level of relevance and influence
The peer program learns from peer insights and evaluation and adapts accordingly.	• Data from program evaluations, peer staff feedback, and program planning sessions demonstrate that learnings from engagement and alignment are integrated into programs and evaluations report on the success of these integrations
The peer program has adapted to the needs of its clients and community.	• Client and community feedback endorses changes or remains positive through times of change Influence – Community

Example of W3 Framework–led evaluation indicators continued

Community Influence: Organisation-level indicators

Indicator	Examples of potential metrics and sources of evidence
Quality/process indicators	
The peer organisation has a strong profile within its community and is endorsed by peer networks (including both online and offline).	• Membership records • Examples of endorsements by peer networks • Social media engagement metrics • Positive feedback from clients and community members
The community is aware of and supports the policy advice and participation of the peer organisation.	• Positive feedback from clients and community members about peer organisation's visible participation in policy process
The peer organisation receives increasing referrals from community members (including those who are not current or former clients).	• Client intake and referral information • 'Where did you hear about this service/organisation?' on intake form • Self-referrals who found out about the service from other community members
The organisation supports peer leaders to build their confidence, skill and experience in community and personal advocacy.	• # of professional development sessions delivered to peer leaders (e.g. public speaking) • Resources allocated to peer leaders travelling and delivering workshops, speeches, presentations etc. • Participation at leadership or management meetings (invitation to participate/observe) • Mentoring people for growth/providing people with meaningful opportunity to lead, manage, engage at higher levels

Example of W3 Framework–led evaluation indicators continued

Community Influence: Organisation-level indicators continued

Indicator	Examples of potential metrics and sources of evidence
Impact indicators	
Coordinated peer leadership results in a strong collective community voice that contributes to policy recognition of diverse needs and experiences within the community.	• # of joint statements released by community organisations/networks (should be high) • # of opposing statements released by community organisations/networks (should be low)
The peer organisation's engagement activities are achieving its stated impact goals (e.g. increased client knowledge; informed health management, treatment, or harm reduction decisions; improved client quality of life).	• Collated/aggregated/consolidated evaluation data from across the peer organisation's programs and activities
Community-level research indicates a trend of improvements in priority health-related outcomes (e.g. quality of life, resilience, health behaviours, knowledge, behaviour etc.).	• National survey results • Academic research papers

Example of W3 Framework–led evaluation indicators continued

Community Influence: Program-level indicators

Indicator	Examples of potential metrics and sources of evidence
Quality/process indicators	
The peer program has broad, deep reach across and within its community.	• Service delivery records (# services delivered) • Resource distribution records (# resources distributed to # of different people/places) • Workshop attendance records (# of people attending workshops/ demographics)
The peer program has a strong profile and is endorsed by online and offline peer networks.	• Examples of endorsements by peer networks • Social media engagement metrics • Client intake and referral information includes referrals from peer networks • Reach of print advertising
The peer program receives increasing referrals from community members (including those who have not previously accessed the program).	• Client intake and referral information • Self-referrals who found out about the service from other community members • Attendance at events, programs, and services
Impact indicators	
Peer program delivery addresses community needs or gaps.	• Needs assessments • Client surveys and feedback
Peer program materials are adapted and incorporated by members of target networks and cultures.	• Examples (e.g. photos or physical copies) of adapted materials • Citations of peer program materials in reference lists • Sharing of peer program materials through online networks
Participants report increases in the outcome goals of the program (e.g. quality of life, resilience, health behaviours, knowledge, behaviour etc.).	• Client health and wellbeing surveys • Pre- and post-workshop or service evaluation surveys

Example of W3 Framework–led evaluation indicators continued

Health sector and policy environment influence: Organisation-level indicators

Indicator	Examples of potential metrics and sources of evidence
Quality/process indicators	
The peer organisation can demonstrate outcomes of policy advice and participation and achieve buy-in from stakeholders to advance community needs.	• Existence of a policy officer or other staff member with this duty in their job description/work plan • Existence of sector partnerships, relationships, or lines of communication between the peer organisation and policymakers or other sector partners and stakeholders • Minutes from external meetings • Emails between peer organisation and partners/policymakers • Representation on advisory boards and steering committees • Engagement in sector consultations
Policy advice is ready when needed and peer leadership is responsive to opportunities for policy participation.	• % of arising policy participation opportunities that were strategically important and taken/not missed
The peer-led organisation translates the needs/ experiences from the community into different languages used in policymaking.	• # of peer organisation's messages that have been adapted by policymakers
The peer organisation maintains control over the use and interpretation of the information they share with external stakeholders (data sovereignty).	• Policies that reflect the peer organisation's respectful management of community and peer insights on behalf of its community (e.g. data sovereignty policies)
Impact indicators	
The contribution of peer leadership in consumer representation and policy advocacy is recognised and sought out.	• # invitations from external organisations to sit on advisory committees
Insights from the peer organisation are recognised as current and useful.	• Repeat requests from sector partners for advice • Advice cited in policy/briefing documents
Policy, media, and funding environments support (or do not impede) innovative and culturally relevant approaches to community health.	• % campaign ideas that were possible/that were not shelved due to policy, media, funding environments

Example of W3 Framework–led evaluation indicators continued

Health sector and policy environment influence: Program-level indicators

Indicator	Examples of potential metrics and sources of evidence
Quality/process indicators	
The peer program and health service partners are collaborating to meet the needs of the peer community.	• Meeting minutes from collaborations • Correspondence records • Peer community feedback
Policy participation activities and messages draw on community experience and insights and use them to contextualise research.	• Records of communication between mainstream and peer staff that include examples of advocacy using diverse peer stories to humanise, explain and back up research-based evidence
Impact indicators	
Peer insights and knowledge from program implementation are shared and used by the broader sector.	• Stakeholder interviews and focus groups • Photos, screenshots, or physical examples of this happening within mainstream health/policy settings
Insights from the peer program are recognised as current, beneficial, and relevant.	• Repeat requests from sector partners for advice • Advice cited in policy/briefing documents
Other programs and sector stakeholders adapt their approach to support the effectiveness of the peer program.	• Stakeholder interviews and focus groups/peer staff evaluations of program partnerships and relationships indicates improvement over time

Peer facilitator reflection tool

What is this?

- The peer facilitator reflection tool is for collecting data about educational workshops
- Peer facilitators complete the tool at the end of the workshop
- The tool captures the facilitator's insights about changes they saw among participants throughout the workshop
- Provided on the next pages are two versions of the tool that were developed by peer-led PLHIV and PWUD organisations during Stage 2 of the W3 Project

How is this useful?

- The tool allows organisations to:
  - Capture new and more meaningful data from workshops and education sessions
  - Convert peer insights and reflections into systematically collected data
- Systematically capturing and recording peer insights supports peer responses to:
  - Convert peer insight into compelling evidence
  - Generate evidence to enhance organisational credibility within health system and policy environment

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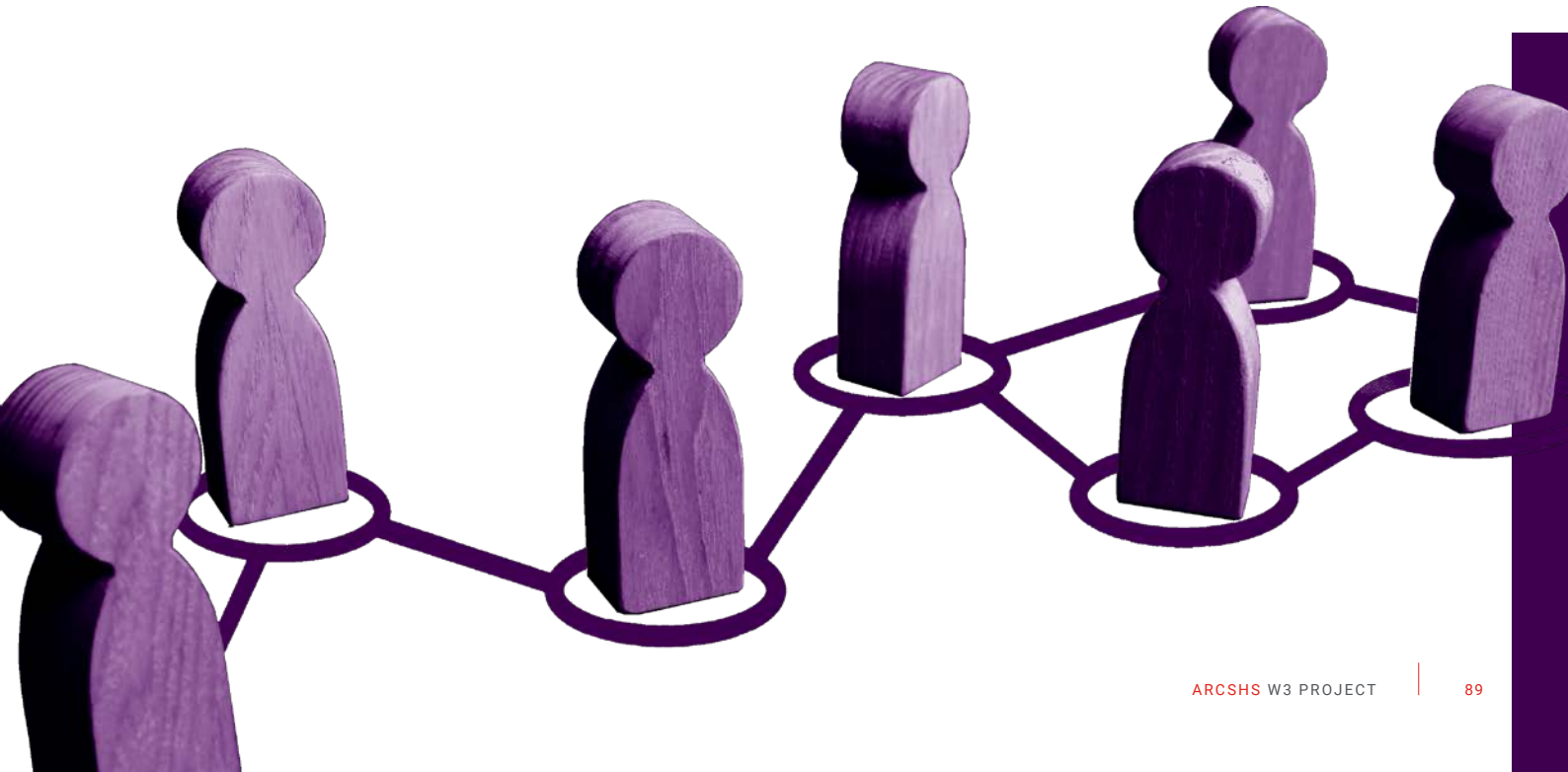

Peer facilitator reflection tool (version 1)

1. Please provide your observations on the following factors. (Rate from 1 to 5 using the following scale.

1	2	3	4	5	NA
Not at all	Rarely	Sometimes	Often	Always	Not applicable
Very poor	Poor	Fair	Good	Excellent	

Group factors	Rating
a) Members reported being satisfied with this session/event	
b) There was reciprocal sharing of lived experiences of [HIV/hep C/other experience]	
c) The discussion provided scope for members to share their feelings about [living with HIV/hep C/ other lived experience]	
d) You observed supportive dialogue (validation, sharing experiences of [living with HIV/hep C/ other lived experience]) between group members	
e) You observed the group self-moderate through disagreement or challenging subject matter	
f) The group maintained focus on the discussion topic(s)	
g) The group allowed for a diversity of members to contribute	
Facilitator factors	
h) I felt that I had enough experience and knowledge to relate as a peer	
i) I felt that I had enough skills and experience facilitating group discussions	
j) I felt supported to facilitate this session	
k) I felt a sense of satisfaction or accomplishment following this session	
Comments	

2. What were the key messages from participants?

3. Did anything new or unexpected come up for you during this session? How did you respond?

4. Were there any problems with running this session? Recommendations?

Peer facilitator reflection tool (version 2)

Key indicators	Rating (1 to 5) 1 = not at all 5 = strongly agree	Notes
1. Participants appeared to be satisfied with workshop and engaged with activities		
2. I observed peer-supportive dialogue between participants		
3. I could deal confidently with all issues raised		
4. I had a good level of rapport with all participants		
5. Participants appeared to relate to the workshop handout materials and resources		

- Did participants have any particular or unexpected areas of interest? (If yes, what were they?)

- Did participants bring up any new/emerging issues during the workshop? (If yes, what were they?)

- Did you encounter any significant events/problems? (If yes, what were they?)

- The following facilitation methods worked best during this workshop:

  ☐ Discussion

  ☐ Talking with

  ☐ Talking to

  ☐ Activities (doing with)

  ☐ Demonstrating (doing for)

Peer insight tool

What is this?

- The Peer Insight Tool captures discussions from internal and external meetings attended by peer workers, for example:
  - Team staff meetings
  - Interagency meetings
  - Advisory committee meetings

How is this useful?

- The information generated through regular use of the tool helps:
  - Quickly identify and respond to emerging trends in the community or health sector and policy environment
  - Identify broad trends across the organisation and all programs
  - Inform senior management, general staff, and external stakeholders of trends
  - Inform annual planning processes
- The Peer Insights Tool allows organisations to convert peer insights and reflections into systematically collected data
- Systematically capturing and recording peer insights supports peer responses to:
  - Convert peer insight into compelling evidence
  - Generate evidence to enhance organisational credibility within the health system and policy environment

Peer Insight Tool

Key questions	Comments
Engagement Are there any updates on reach of engagement and groups that we are seeing at different locations? What are the key concerns or messages that you have been hearing from clients or the community?	
Alignment Is there any news or updates from partners, across the sector or from within programs? Who are we partnering with? What do these partnerships look like?	
Adaptation Have there been any challenges or problems that you have encountered in the delivery of peer navigation sessions? Did you have any solutions, suggestions, or changes that you have made or would like to make?	
Influence Are there any updates or stories of progress or achievement that you would like to share with the team? (These could relate to individuals, groups, partners, or any other engagements across the community or sector.)	

Staff meeting agenda and minutes template

What is this?

- This staff meeting agenda and minutes template can be used to organise topics of discussion and discussion notes by W3 Function

How is this useful?

- Using the tool:
  - To structure meeting agendas can help ensure that staff meetings include updates and discussions related to all of the W3 Functions (i.e. the full breadth of the peer response's work)
  - To structure minutes can help the peer response quickly and easily scan to look for and identify trends or emerging issues from minutes taken over time or across multiple programs or teams
  - Can help embed into organisational culture the use of the W3 Framework to understand, describe, and discuss peer work

Staff meeting agenda and minutes template

Key questions	Agenda	Minutes
Engagement Are there any updates on reach of engagement and groups that we are seeing at different locations? What are the key concerns or messages that you have been hearing from clients or the community?	*Examples:* • *Many clients having issues with migration* • *Seeing lots of new clients from clinic A; clinic B under-utilised*	
Alignment Is there any news or updates from partners, across the sector or from within programs? Is our health, referral, and contact information up to date?	*Examples:* • *Updated guidelines* • *Feedback for resource that we are using* • *Workshop scheduled for newly diagnosed next month* • *Personnel updates*	
Adaptation Have there been any challenges or problems that you have encountered in the delivery of peer navigation sessions? Do you have any solutions, suggestions, or changes that you have made or would like to make?	*Examples:* • *Issue with referrals from clinic A*	
Influence Are there any updates or stories of progress or achievement that you would like to share with the team? With individuals, groups, partners or engagements across the sector?	*Examples:* • *Peer worker presented at forum or conference* • *Updates from individual peer navigators on cases; endorsements or feedback shared from clients or referrals*	

Including W3 Framework–led KPIs in funding contracts

What is this?

- This is the funding contract between:
  - The Blood-Borne Virus Council's PLHIV Support and Health Literacy Program (a hypothetical peer-led organisation and program) and the Department of Health (which funds it)
- It provides a snapshot of a format a peer response could use to include W3 Framework–led outcome measures or key performance indicators (KPIs) in its funding contracts

How is this useful?

- Referencing the W3 Functions in funding contracts can help embed the W3 Framework further into organisational culture
- Discussing and using W3 Framework–informed outcome measures/KPIs with funders can help:
  - Funders to understand the full value and impact of the peer response's work (particularly aspects of peer work they may not previously have seen as relevant to achieving their own goals)
  - Help improve alignment between the peer response and its funders

Blood-Borne Virus Council – Department of Health funding contract excerpt

EN: Engagement
AL: Alignment
AD: Adaptation (maintaining peer skill)
IC: Influence – community
IP: Influence – health sector and policy environment

PLHIV Support and Health Literacy Program				
Intended impact	• Increased treatment awareness/health literacy for people living with HIV (PLHIV) • Increased resilience in addressing stigma and discrimination and disclosure • Increased peer connectedness • Increased participation in and access to programs and services			
Activity	Time frame	Status	Activity output	Activity impact
Recruit, train, and maintain peer facilitators			• EN: Participation of peer facilitators in meetings and updates • EN: Quality of suggestions/advice from peer facilitators • AD: Adaptations to the training sessions Data from number of training sessions, changes made and description of participation of facilitators	• EN: Facilitators demonstrate required peer skills to be effective peer facilitators Data from the participant feedback and facilitator training and feedback forms
Maintain relationships with partner organisations			• AL: Promotion of PLHIV Support and Health Literacy Program to services	• AL: Number of partner agencies referring PLHIV to workshop or peer support generally (as an indicator of trust in the quality of the peer programs across health and community services) Data from intake forms and feedback from services

PLHIV Support and Health Literacy Program				
Intended impact	• Increased treatment awareness/health literacy for people living with HIV (PLHIV) • Increased resilience in addressing stigma and discrimination and disclosure • Increased peer connectedness • Increased participation in and access to programs and services			
Activity	Time frame	Status	Activity output	Activity impact
Promote and conduct workshops			• EN: #. of workshops conducted • EN: #. of participants, including. age, gender, postcode, and priority group status • EN: Workshop peer skill and engagement quality indicators Data from intake forms and facilitator feedback forms	• IC: At least 75% of workshop participants report increased confidence with health providers, disclosure, and engagement with other services • IC: At least 75% of workshop participants report increased resilience and quality of life (PozQoL) Data from the program's pre-workshop and post-workshop evaluations
Collate peer insights and emerging trends			• AD: Peer insights over time are collated, summarised and shared at the BBV Council • AD: Peer insights contribute to refinement of PLHIV Support and Health Literacy Program and other BBV Council programs (including peer leadership and influence) Data from contributions to regular reflective practice meetings	• IC: At least 75% of participants report the workshops to be relevant to their needs and experiences Data from the program's pre-workshop and post-workshop evaluations

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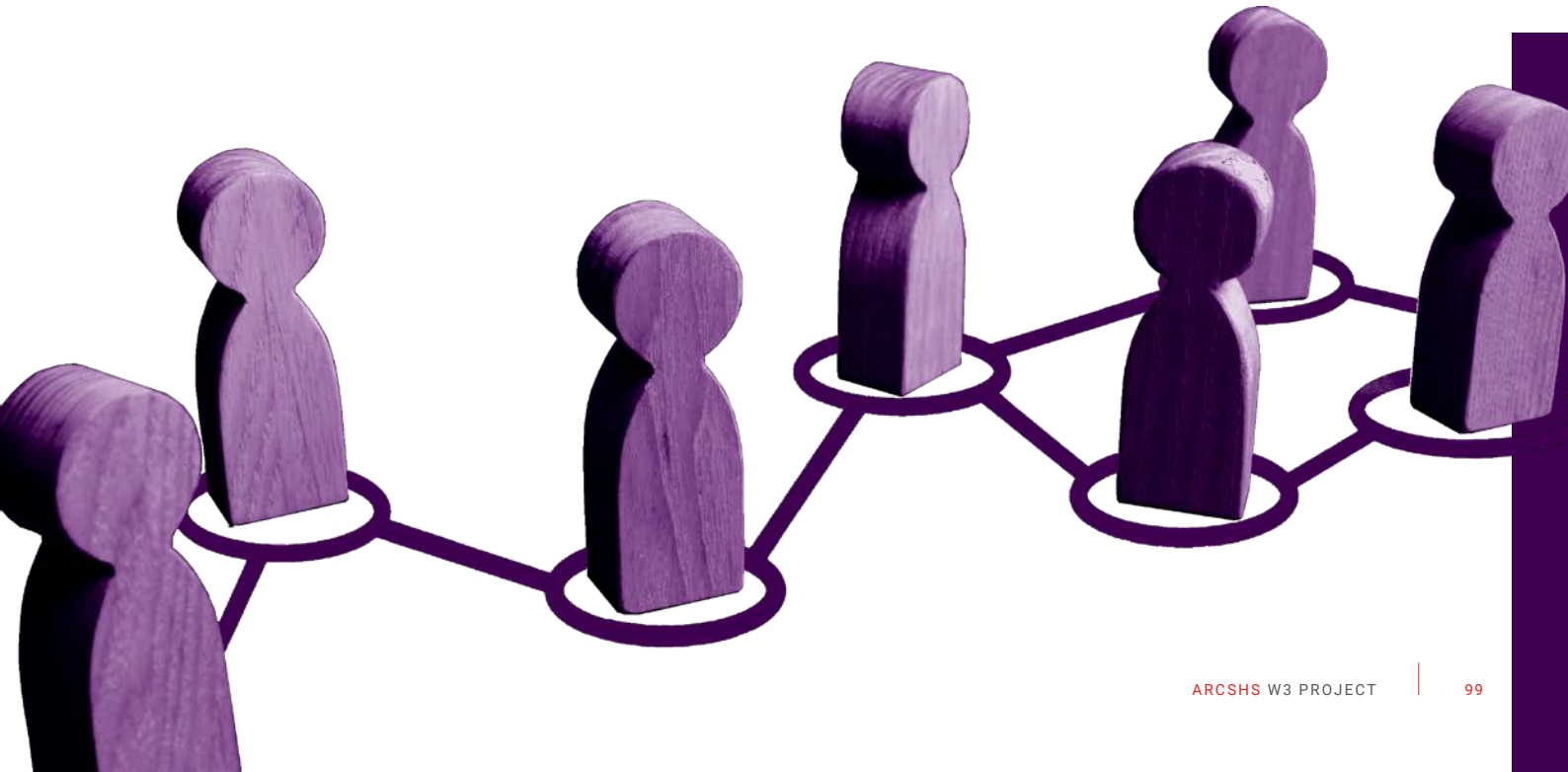

Where to next?

Find Parts 1 and 2 of the W3 Framework Guide on our website.

Visit the W3 Framework website at:
https://w3framework.org

The website 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
- Information on how to get in touch if you would like to help other peer responses by sharing your experiences using the W3 Framework

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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