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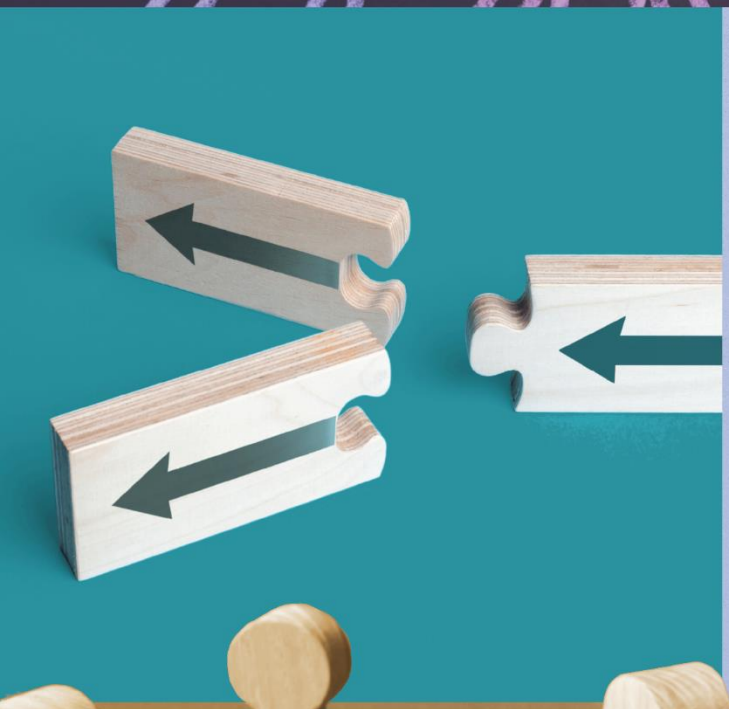

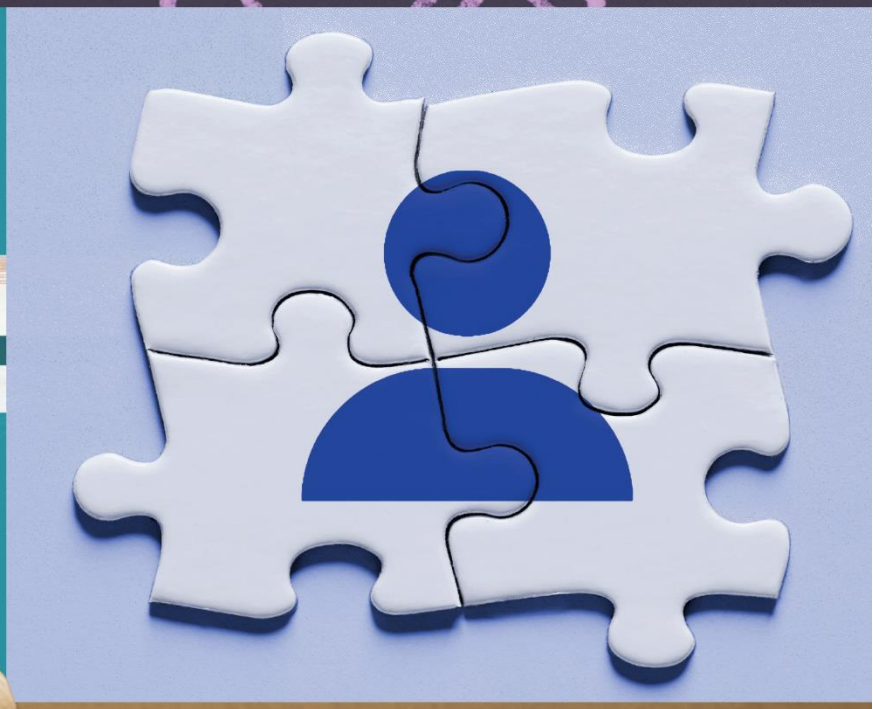

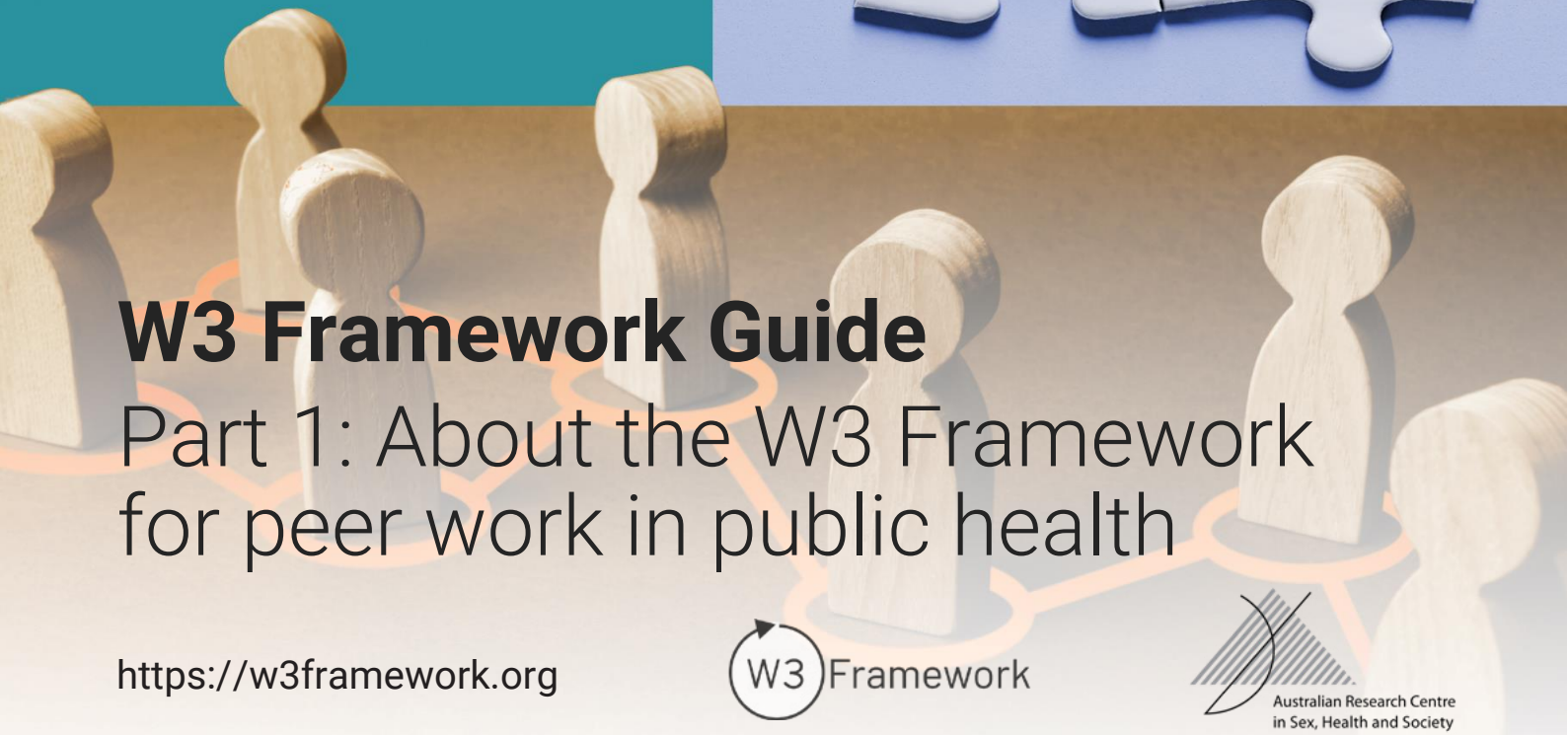

W3 Framework Guide

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

https://w3framework.org

W3 Framework

Australian Research Centre in Sex, Health and Society

Copies of this report or any other publications from this project may be obtained by contacting:

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Preamble

Acknowledgements

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

We acknowledge our partner organisations. Creating this guide was possible because of the participation, collaboration, and contributions of peers and peer-led organisations across Australia. They helped develop and shape the concepts that underpin W3 Framework and led the piloting of W3 Indicators and tools in their communities.

- ACON
- Australian Federation of AIDS Organisations (AFAO)
- Australian Injecting and Illicit Drug Users League (AIVL)
- Harm Reduction Victoria (HRVic)
- Living Positive Victoria
- National Association for 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
- Western Australian AIDS Council

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We also acknowledge the work of W3 Project staff who contributed to developing and piloting the framework, including Daniel Reeders and Kylie Johnston.

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

Terminology and acronyms

Adaptation: The W3 Function about how the peer response changes the way it works to keep up with its changing environment

AFAO: Australian Federation of AIDS Organisations

AIVL: Australian Injecting and Illicit Drug Users League

Alignment: The W3 Function about how the peer response interacts with, partners with, and learns 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 other grassroots organisations and businesses with shared (or overlapping) backgrounds, experiences, identities, attitudes and/or interests

Engagement: The W3 Function about how the peer response interacts with and learns from its communities

GMSM: Gay men and other men who have sex with men

HCV: Hepatitis C Virus

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 the peer response achieves or mobilises change within its communities as well as within the health sector and policy environment

MEL: Monitoring, evaluation, and learning

NAPWHA: National Association of People with HIV Australia

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 have 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 their communities

Peer skill: The ability of peer workers to combine personal lived experience with both their own and others' peer insights to develop an evolving broad and collective understanding of their community, which allows them to develop rapport and work effectively with diverse community members

PLHIV: People (or person) living with HIV

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

About the W3 Project

The aim of the W3 Project — also known as the "What Works and Why (W3) Project" — was 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 communities (1). The type of evaluation asked for by funders and donors often focuses 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 their full impact and value.

What is the W3 Project?

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

To do this, the Australian Research Centre for Sex, Health, and Society (ARCSHS) partnered with national and state peer-led and community-based organisations in Australia. These were organisations that work with:

- People living with HIV (PLHIV)
- Gay men and other men who have sex with men (GMSM)
- 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, 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. If peer-led responses were a picture, it was a dismantled jigsaw puzzle. Working with peers from diverse areas helped us put the puzzle together and see the 'big picture'. That picture became the W3 Framework.

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

The Project is now in Stage 3. This is a national study. We plan to pool resources and data from selected peer-led responses across Australia. We will analyse the data 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

This guide will help you understand the W3 Framework and guide you through applying it to your work.

The W3 Framework is a tool to help peer-led responses enhance monitoring, evaluation, and learning (MEL) practice. It supports the production of more meaningful evidence to show the full impact and value of peer-led work.

Using this guide

This guide is presented in three parts:

1. **About the W3 Framework for peer work in public health**
2. W3 Framework Application Process
3. W3 Framework 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 how to use it**

It provides background information about:

- **The importance of peer work in a public health response**
- **Effectively evaluating peer work**
- **Understanding the W3 Framework**
- **Applying the W3 Framework across the program planning cycle**
- **Using the W3 Framework to inform organisational change**

Part 2: 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: W3 Framework Toolkit

Part 3 is for people who would like to use the pre-designed tools and templates to work through the activities in Part 2.

It contains:

- W3 Framework application tools
- Worked examples of completed W3 Framework application tools
- Templates and examples of final products of completing the W3 Framework Application Process

All the tools, examples, and case studies were developed by (or adapted from work developed by) peer workers who have already implemented the W3 Framework in their own work.

About this version

This is the first version of the W3 Framework Application Guide. The information and steps are based on what we have learned so far in the W3 Project.

This guide is still a work in progress. We will continue to gather feedback from peer-led organisations about:

- How easy the guide is to use
- How we can make the guide easier to use
- Ideas about helpful extra information and examples to include

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

Check the W3 Framework website (https://w3framework.org) for updates.

W3 Framework Guide

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

The role of peer work in a public health response

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

Peer responses:

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

In doing so, peer work embodies health promotion's core features and values (4).

Peer responses play a unique role in positively influencing:

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

How do peer responses work?

The following sections are based on findings from the W3 Project (1). They provide background about peer responses and help put the W3 Framework into context. Most peer workers will already intuitively know a lot of this information.

Peer responses work in complex contexts

Peer responses usually promote the health of communities:

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

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

- Draw on their lived experiences in support of individuals and communities
- Provide safe and inclusive health services and other spaces for community members
- Advocate for the rights of their communities
- Influence how the health sector responds to the needs of their communities
- Shape relevant policies and legislation (5-10)

For example, many of the internationally recognised successes of the Australian HIV and HCV response can be attributed to the central role that community and peer organisations have played since the beginning of these epidemics. (5, 6, 8)

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

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

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

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

Peer insight and peer skill are central to effective peer work

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

With each peer-to-peer interaction, peers gain broader, deeper, and more up-to-date insights. Thus, peer workers

– and by extension, peer responses – are attuned to what is happening in their communities as it happens.

Peer insight is the basis of **peer skill**. Peer skill is the ability to draw on personal lived experience with both their own and others' peer insights to build a broad collective understanding of their communities, in order to:

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

Peer responses operate within and between two complex and dynamic systems

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

- Community system
- Health sector and policy environment

Community system

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

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

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

Health sector and policy environment

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

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

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

Peer responses have combined community and health expertise

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

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

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

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

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

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

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

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

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

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

- **Engagement** with a diversity of peers in the community system,
- **Alignment** between the peer program and the policy and health system,
- **Adaptation** to emerging needs and issues, and
- **Influence** on peers and their communities (impact) and within the policy and health system (advice).

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

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

Engagement

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

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

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

Peer-to-peer interactions, peer skill, and peer insight are central to effective engagement. Each interaction (whether it be part of a peer service or in the day-to-day lives of peer workers) improves peer skill, which, in turn, leads to more robust, deeper, and more authentic engagement. Changes in the way a community engages with peer responses can be an outcome of the past quality, credibility, and relevance of the peer response.

Alignment

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

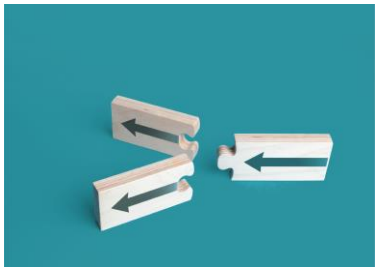
Peer responses pick up insights from the broader policy and health system and use peer skill to identify the implications for their community and/or their programs. We call this alignment. This might be new treatments; changes in health policies, policing policies, or epidemiology; or new organisational partnerships. It involves identifying where there is alignment (or misalignment) with the needs of their community or their programs and drawing on peer insight to identify what needs to be adapted or advocated.

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

- Peer responses gain real-time insights into changes occurring in policy and health system
- The policy and health system respects and values the input and expertise of peer responses
- There is consistency between the policy and health system and the peer response

Adaptation

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



Peer responses are based on personal knowledge. These responses have strong connections to and understanding of their communities and the policy and health system. Peer workers pick up signals about changes in their communities through engagement and they pick up changes in the policy and health system through alignment. They use their peer skill to understand how these changes may impact their communities and to pre-empt how their communities might react or respond.

Adaptation is how the peer response uses peer skill to change and refine its approach according to new insights from engagement and alignment. As described above, individual peer practitioners are constantly learning and adapting (improving peer skill) through their interactions with their communities – both in their work and in their personal lives. Peer responses learn and adapt both from their experience of delivering services and from the lived experience of their peer staff, volunteers, and membership.

Effective adaptation ensures that peer responses:

- Don't become outdated or obsolete
- Maintain or increase their effectiveness
- Take advantage of positive changes
- Minimise potentially harmful effects that changes might have on their communities (11)

Influence

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

An effective peer response should have influence both within its communities and within policy and health system. Being relevant and influential within communities strengthens community engagement. Being relevant and influential within the policy and health system helps move the system into more alignment, making the whole response more effective. To remain relevant and influential, peer responses must be constantly adapting in tandem with their communities and with insights from the policy system.

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

A peer response's influence derives from the fact that they operate within and as part of communities rather than intervening on them from the outside. Community influence is a strong reflection of a peer response's engagement and cultural authenticity, particularly demonstrated by:

- The level of trust communities have in the peer response
- Whether communities see the response as culturally credible and authentic
- Community expectations that the peer response is based on the reality of their shared experiences (11)

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

Insights from peer responses may be the broader sector's only source of real-time knowledge about emerging issues (11). This puts peer responses in a strong position to provide valuable strategic insights and guidance to funders, policymakers, health services, and researchers. Health sector and policy environment influence is a strong reflection of a peer response's alignment, particularly demonstrated by the:

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

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

Effectively evaluating peer work

How are current evaluation methods failing peer responses?

Most peer workers can talk at length about positive and proactive influence that they know their work has.

But it is harder to back up that knowledge and experience with robust and accessible evidence. This comes down to the strength of their monitoring, evaluation, and learning (MEL) processes.

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

MEL is also useful for providing feedback to external funders and donors. Of course, this is important, but it should be secondary. Despite this, reporting to funders is often the main (if not the only) focus of a peer response's MEL processes. This is because, in practice, community organisations often receive multiple streams of funding from diverse funders. These different funders are usually interested in supporting only particular aspects of outcomes of a peer response. Such funding tends not to value or understand the organisation or program's overall impact.

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

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

Inadequate funds, staff, and other resources

Cost is a very real barrier for many organisations. Evaluation is a resource-intensive process that requires specific skills and expertise. Peer responses often don't have adequate funds, staff, and other resources to conduct robust evaluation.

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

Inappropriate or incomplete evaluation indicators

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

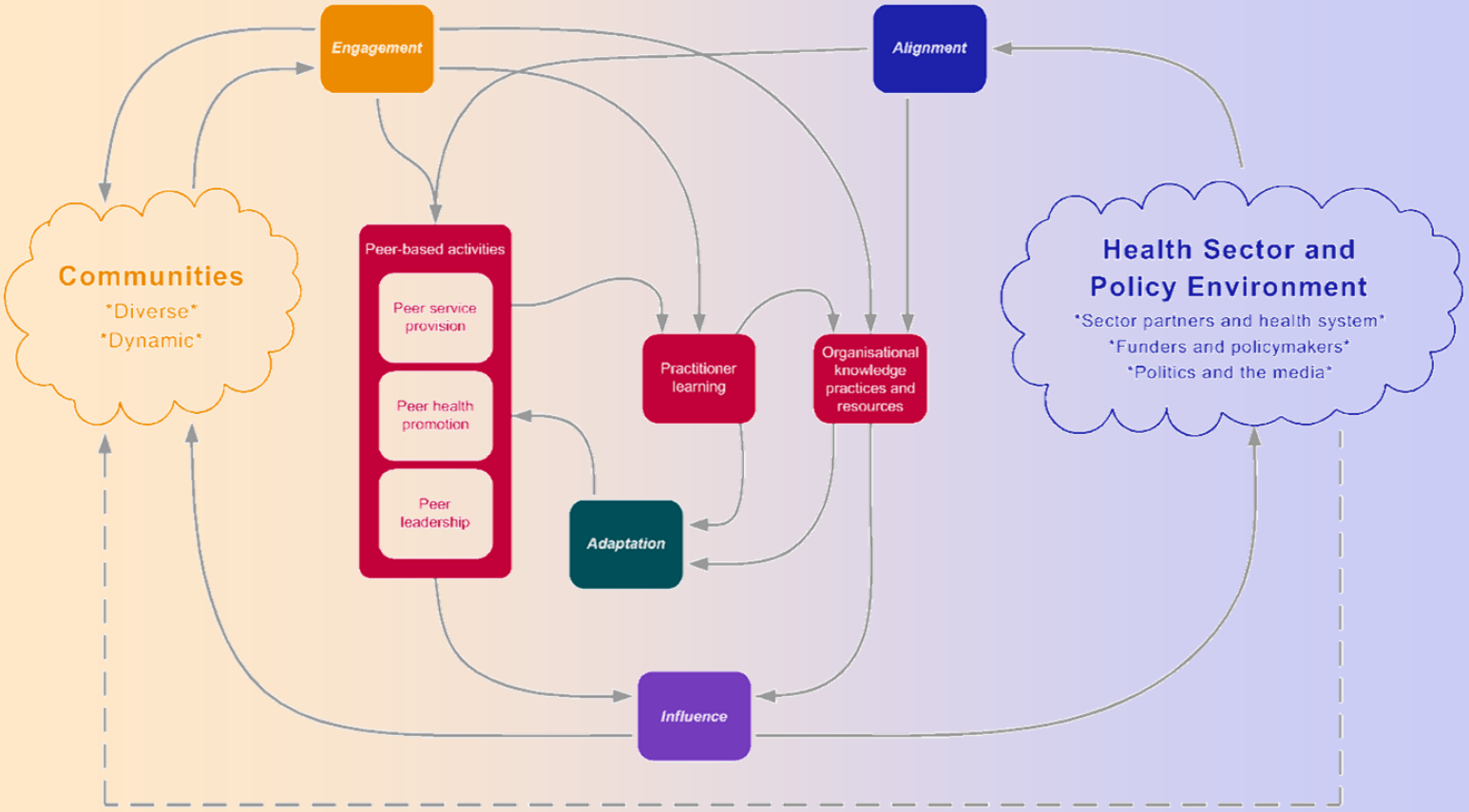
Thus, if peer responses limit their MEL process to what the donors want, both the peer response and the donors miss the opportunity to learn so much more.

How can we improve evaluation of peer responses?

Peer responses need to have evaluation processes that both:

- Capture everything they need so they can share stories about and improve their work
- Also happen to collect the information that donors want

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



The W3 Framework

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

This 'map'[1] can help organisations decide where to look for information or evidence about how effectively they are fulfilling each of the W3 Functions (described on p6). It can also help them understand how their performance in one function might be affecting the others. Overall, this can help peer responses paint a comprehensive picture of all their work, which they can use to help them improve or to describe what they are achieving to stakeholders.

Organisations that implemented the Framework found that it:

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

Understanding the W3 Framework

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

Box 1 describes the different elements of the systems map. Box 2 and Box 3 are examples of what this all might look in practice.

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

The clouds represent their own complex systems

The clouds are not meant to be single entities – they are 'messy', dynamic, and complex systems of their own. These systems are described in more detail above in the section, 'Peer responses operate within and between two complex and dynamic systems' (p7).

Functions are umbrella terms, not single activities

Although the functions sound like activities, it is better to think of them as roles or purposes that need to be happening in the system for peer responses to be effective. They are umbrella terms that cover all and any activities, attributes, and outcomes related to those functions. The most effective peer responses perform all four of the functions, so it is important to think about how well all these roles or purposes are being fulfilled, not just about whether specific activities are happening. The functions are described in more detail above in the section, 'The W3 Functions' (pError! Bookmark not defined.).

There are positive feedback loops

If the item (activity, function, system etc) at the start of the arrow is working well, the flow of knowledge or influence coming from that item will be stronger, which will improve or strengthen the item at the end of the arrow. If the item at the start of the arrow is not working well, the flows of knowledge and influence will be weaker, which will decrease the potential effectiveness of the item at the end of the arrow.

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

It's not all up to the peer response

Other organisations in the policy and health system can be enablers or barriers to the W3 Functions working and peer responses achieving their full potential. The way stigma towards communities is challenged or tolerated by other services will greatly impact whether the work of peer responses is leveraged or ignored within the health sector and policy environment. It may be that advice from peer responses goes via other voices in the health sector and policy environment — allies who demonstrate their confidence in peer advice and advocate for the peer response's position (1).

If you are from a peer program within a non-peer organisation

In this circumstance – it may be useful to think of other non-peer programs in your organisation and your organisation's leadership and decision-making mechanisms as part of the health sector and policy environment that you are working in.

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[1] The W3 Framework was developed in partnership with peer-led responses. The references listed here, and the W3 Website (https://w3framework.org) have details about the process used.

Please note: the version of the Framework used in this guide is slightly different to the one you will find in the academic papers. The terms and colours have been changed for this guide to make it easier to use.

1. Brown, G., et al., A systems thinking approach to understanding and demonstrating the role of peer-led programs and leadership in the response to HIV and hepatitis C: Findings from the W3 Project. Frontiers in Public Health, 2018. 6: p. 231
2. Brown, G. and D. Reeders, What Works and Why – Stage 1 Summary Report and Appendices. 2016, Australian Research Centre in Sex, Health and Society (ARCSHS), La Trobe University: Melbourne, Australia
3. Brown, G. and D. Reeders, The power of peers: W3 Framework for evaluating the quality and influence of peer-led programs. HIV Australia, 2016. 14(2): p. 26-29.
4. Reeders, D. and Brown, G, Using systems methods to elicit complex program theories. New Directions for Evaluation, 2021. 2021(170): p.27-38.

Using the W3 Framework

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.

The next sections discuss using the W3 Framework:

- At different levels of a peer response
- To enhance evaluation of peer responses
- To inform organisational change processes

Where can I use the W3 Framework?

The W3 Framework can be applied to peer work at:

- System level
- Organisation level
- Program level

Applying the W3 Framework at the system level

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

Box 4 shows a real-world example of system-level application of the W3 Framework within Australia's HIV response. In developing their Theory of Change, AFAO went beyond looking at the impact of individual organisations or programs. Rather, they focused on the collective role of their work and that of the AIDS Councils within the overall HIV sector.

Applying the W3 Framework at the organisation level

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

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

Boxes 5 and 6 are both examples of organisational-level application of the W3 Framework by peer-led PWUD (Box 5) and PLHIV (Box 6) organisations.

Applying the W3 Framework at the program level

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

- Program planning
- Monitoring implementation
- Refining implementation based on incoming information
- Evaluation and reporting
- Using lessons from M&E to inform program improvement

Box 7 is an example of program-level application of the W3 Framework within a peer-led PWUD organisation. However, the W3 Framework can also be applied to peer programs run by non-peer organisations.

How can the W3 Framework enhance evaluation of peer responses?

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

As touched upon in above, the success of peer responses is often measured against the same kinds of indicators (or standards) as non-peer responses.

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

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

However, the examples in Boxes 2 and 3 show several important things about peer responses that are different to non-peer responses:

- **Peer responses can (and do) impact their communities' health in ways that are not related to direct service delivery.** In both examples, the peer response's strong relationships within the health sector and policy environment led to changes in the sector that led to improved community health outcomes.
- **Interactions between peer workers and their communities in their personal lives (i.e., not through direct service delivery) are not only relevant but also a vital input.** In the example in Box 3, the peer response knew how to act because of the knowledge and insights their staff picked up through their personal lives (i.e., through their peer skill).
- **Engagement with communities is not just a process but also an impact.** In both examples, engagement with communities gave the peer response the knowledge it needed to act properly (input). Community engagement was also improved and strengthened because the work done by the peer response (impact).

Additionally, (as illustrated in Box 8), peer responses also have an important role enhancing both individual and community empowerment and positive sense of self.

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

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

This makes it difficult (or impossible) for peer responses to demonstrate their full impact and value.

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

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

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

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

This failure to acknowledge the full range of a peer response's work ultimately:

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

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

AFAO's Theory of Change (Box 4) is an example of how the W3 Framework can be adapted for this purpose. By using the W3 Framework to guide organisation-wide evaluation, Harm Reduction Victoria (Box 5) and Living Positive Victoria (Box 6) report they are now able to better demonstrate the broader impacts of all their work at individual, community, and sector levels.

In the example in Box 8, the Positive Leadership Institute used the W3 Framework to refocus their evaluation specifically for the purpose of better understanding their community-level influence. Not only do their new processes give them more information than previously, but they also have the added benefits of being shorter and less work for participants.

Converting peer insight into compelling evidence

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

The W3 Framework provides a structure to help peer responses draw data from program MEL, peer insights, and community anecdotes, and present them in more meaningful, useful, and persuasive ways. The W3 Peer Facilitator Tool (Box 9) is an example of a data collection tool that was designed specifically for this purpose.

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

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

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

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

The examples of Harm Reduction Victoria (Box 5) and Living Positive Victoria (Box 6) both show how W3-Framework-led evaluation is improving their ability to better demonstrate their impact and value to policymakers and funders.

The Australian Injecting Drug User's League (AIVL) have adapted the language of the W3 Framework into a common language for the sector to enhance their communication with policymakers and funders and reduce stigma against PWUD-led work (Box 10).

How can the W3 Framework inform organisational change?

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

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

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

- Organisation-wide or subsystem change
- Transformational or incremental change
- Remedial or developmental change
- Reactive or proactive change (12) [2]

Organisation-wide or subsystem change

Organisation-wide changes are changes to the organisation as a whole. They impact the organisation at all levels and usually requires shifts in organisational culture. (12)

These changes include such things as major restructuring or mergers (as was the case in the example in Box 6).

Subsystem changes include such things as adding or removing a service, reorganising a department or division, or implementing a new policy or process. (12)

Implementing new evaluation processes —as has been the case in many of the examples we've seen so far — is an example of this kind of change.

[2] The information about organisational change in this guide is based around four main dimensions of organisational change that McNamara (cited in Butterfoss et al. 2008) identified as relevant to public health. We acknowledge that there are many theories and a large body of literature about organisational change in public health. These dimensions were chosen simply to exemplify how W3 Framework might be used in different situations to support change.

Another example would be if a non-peer organisation identified a need to introduce new policies and practices to ensure a safer or more supportive environment for peer workers they employ. AIVL's Peer Workforce Capacity Building Training Framework is an example of how the W3 Framework can be adapted into a tool to inform this type of change (Box 11).

Transformational or incremental change

Transformational (or radical) change is a 'variation in kind that involves reconceptualization and discontinuity from the initial system' (13, p477). These changes involve changing the fundamental structure or culture of an organisation or program. They take more time and energy than incremental changes (12, 13).

The example in Box 6 shows how Living Positive Victoria used the W3 Framework as a tool to guide the adaptation of their evaluation processes during a time of transformational change.

Incremental change is 'step-by-movement or variations in degree along an established conceptual continuum or system framework' (13, p476). These changes happens over time in small, planned steps. They do not disrupt the way things are but improve on them (12, 13).

The examples in Boxes 5 and 6 were both carried out as incremental change. Both organisations implemented the W3 Framework across their programs and organisation gradually, trialling its use in some areas of their work and gradually rolling it out to others.

Remedial or developmental change

Remedial change is aimed at fixing or refining (finding a 'remedy' for) something that is not working as well as it should be. These changes may be more urgent and obvious than developmental changes (12).

For example, if an organisation's data collection tools don't provide the information they need, they might use the W3 Framework to help them identify what changes to make and where to make them in order to enhance their tools (as in the examples in Boxes 7 and 8).

Developmental change is a more general process of quality improvement. Well-planned and effective developmental change can prevent the need for remedial change from arising (12). This is perhaps the most common type of change the W3 Framework would be applied to in practice.

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

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

Reactive or proactive change

Reactive changes are forced responses to sudden, major events. They tend to be characterised by (at least some level of) disorganisation. (15)

COVID-19 is a recent example of such an event that forced reactive change.

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

Proactive changes happen in response to a change that is known to be coming. (15)

An example of an event that might prompt proactive change may be an upcoming election or policy change. For example, in Box 6, Living Positive Victoria were aware of their upcoming merger with Straight Arrows and planned the necessary changes to their organisational evaluation processes accordingly.

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Where to next?

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

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

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

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

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