



Australian HIV Peer Support Standards



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Dedicated to those brave HIV peer supporters who led the way

Published by the National Association of People With HIV Australia (NAPWHA)

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Table of contents

Forewords	5
Introduction	8
• What is peer support? • Why do we need Standards in HIV peer support? • Context • Intended audience	
About peer support	11
• History of peer support in HIV • Peer support in other settings • Principles and values • Benefits of peer support ◦ Benefits to the health and well-being of the individual ◦ Financial benefits ◦ Wider social and community benefits	
The format of the standards	13
• Rationale • Competencies and skills • Expected outcomes • Auditable indicators	
Standard 1	15
Everyone living with HIV should have access to peer support	
• Rationale • What this means for PLHIV who are accessing peer support • What this means for PLHIV who are providing peer support • What this means for health, community and HIV service providers • Competencies and skills • Outcomes for PLHIV accessing peer support • Auditable indicators for health, community and HIV service providers	
Standard 2	19
People who provide peer support should be living with HIV and have access to training, supervision and personal development	
• Rationale • Training • Supervision • What this means for PLHIV who are accessing peer support • What this means for PLHIV who are providing peer support • What this means for health, community and HIV service providers • Competencies and skills • Outcomes for PLHIV accessing peer support • Auditable indicators for health, community and HIV service providers	



Standard 3 23

Peer support will include robust monitoring and evaluation processes

- Rationale
- What this means for PLHIV who are accessing peer support
- What this means for PLHIV who are providing peer support
- What this means for health, community and HIV service providers
- Competencies and skills
- Outcomes for PLHIV accessing peer support
- Auditable indicators for health, community and HIV service providers

Standard 4 27

Peer support should be tailored for key populations

- Rationale
- Key affected populations
- Adolescents and young people
- What this means for PLHIV who are accessing peer support
- What this means for PLHIV who are providing peer support
- What this means for health, community and HIV service providers
- Competencies and skills
- Outcomes for PLHIV accessing peer support
- Auditable indicators for health, community and HIV service providers

Standards in action 30

- Standard 1: Everyone living with HIV should have access to peer support
 - Queensland Positive People
- Standard 2: People who provide peer support should be living with HIV and have access to training, supervision and personal development
 - Queensland Positive People
 - Positive Women Victoria
- Standard 3: Peer support will include robust monitoring and evaluation processes
 - Positive Life NSW
 - Living Positive Victoria
- Standard 4: Peer support should be tailored for key populations
 - Multicultural HIV and Hepatitis Service
 - Positive Aboriginal and Torres Strait Islander Network (PAT SIN)
 - Living Positive Victoria

Forewords

March 2020

I am delighted to provide a foreword for these Australian HIV Peer Support Standards and to mark their seminal significance for people living with HIV and the centrality of our involvement in Australia's national response.

Taken at face value, the Standards published here are relatively unremarkable. Standards are applied commonly in a range of healthcare, community, social and other settings and are broadly accepted as instruments to ensure quality, safety and consistency.

Likewise, peer support is not new, especially to those of us living with HIV. From the earliest days of the epidemic people with HIV sought information, assistance and support from our friends, other people with HIV, and from our informal and formal networks. In fact, in those early days, the only information and support available to people with and about HIV came from within our community.

What is remarkable about these Standards is what they represent in terms of the evolution and application of the idea, first embodied in the Denver Principles of 1983, that the best health and other outcomes are achieved only when people with HIV are empowered, represented, and meaningfully involved in all aspects of the HIV response.

It is the activists of the early days of HIV, who demonstrated resilience and courage and were not silent in the face of fear, stigma and discrimination to advocate for people with HIV and our 'place at the table' who I think of when I read these Standards.

Call it 'peer support', call it 'peer navigation', call it what you will – these Standards formalise the peer workforce, the strength of community, positive people supporting positive people, lived experience, strength, and shared journeys. They represent the evolution and practical implementation of once revolutionary ideas.

Scott Harlum

President, National Association of People With HIV Australia (NAPWHA)

February 2020

The HIV Peer Support Standards, developed by the National Association of People With HIV Australia (NAPHWA), is a welcomed resource and addresses a long standing gap in policy and program planning of services for people living with HIV.

The evidence-informed standards provide a step-by-step guide that create a framework for procuring peer support services. A clear, mutually understood set of standards that provide a clear description of best practice will assist in co-designing a service model, with indicators for monitoring and evaluation. This will provide policy-makers and funders a set of benchmarks for procurement of services for the best peer support possible for people living with HIV.

Each standard describes the expected outcomes for people living with HIV who are accessing peer support programs. Importantly, the standards also describe the requisite skills and competencies required of a peer supporter. It also explicitly recognises the need to invest in training and supervision for peer supporters.

The HIV Peer Support Standards will provide people living with HIV, peer supporters, service managers, clinicians and policy-makers with a detailed description of what can be expected of evidence-informed practice of peer support programs and the benefit that peer support brings to the HIV affected community.

I hope to see the resource widely applied across jurisdictions.

Lisa Bastian

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March 2020

As Australia begins to experience the reality of the COVID-19 pandemic, the ugliness of overt, raw stigma directed towards people perceived as putting others at risk of this new infection has emerged locally and internationally.

Less-recently-arrived stigma, leading to dangerous and lethal discrimination is sliding around people based on their sexual attraction. Think the Ukraine, their ethnicity. The Rohingya and Uyghur peoples and on their HIV status. Think everywhere.

It is impossible to truly know stigma without having the direct experience of stigma.

There are common, innate qualities of the experience of stigma. For example, being othered and therefore being excluded and being made to feel inferior and unworthy.

There are also specific qualities of the experience of stigma such as whether the stigma is based on appearance (being Black, being Chinese during the early stages of the COVID-19 era, being obese), or based on a specific invisible health status (having cancer, being HIV positive).

If you're a healthcare provider who looks after people living with HIV, no matter how much you have witnessed the impact of stigma upon them, unless you also are living with HIV, you will always be outside the truth of their experience. You are not their equal.

And that's why HIV peer support workers are critical to the support of people living with HIV because their partnership is inherently equal and therefore full of rich potential for personal growth, resilience and a greater quality of life.

These Australian HIV Peer Support Standards, which have been produced by NAPWHA, provide an excellent framework to guide people who are living with HIV and are either providing or accessing peer support, or who are healthcare providers, work in HIV peak organisations, or are policy makers and providing performance standards for the provision of peer support. The four Standards outlined in this document seek to ensure that peer support is provided by people living with HIV and that peer supporters will receive excellent training, ongoing support and practice monitoring and that they will be able to provide peer support that is tailored to the needs of specific populations, including to Indigenous Australians, adolescents and culturally and linguistically diverse populations.

Australia arguably has the most advanced healthcare system in the world and with respect to HIV infection, we are leaders in supporting people living with HIV to be tested and to commence and maintain virologically suppressive antiretroviral therapy. As noted in the Introduction to these Standards, the need for Peer Support was highlighted in Australia's most recent 8th HIV Strategy. These Standards will guide the depth and reach of HIV peer support in Australia, beyond that which is already occurring at a high level in several Australian jurisdictions.

I look forward to working with and learning from HIV peer support workers who are supporting my patients living with HIV and observing the outcomes of these wonderful and true peer engagements.

Associate Professor Edwina Wright, FRACP PhD

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Honorary Associate Professor, Peter Doherty Institute for Infection and Immunity

Introduction

The active engagement and participation of people living with HIV (PLHIV) is recognised as central to any effective response to HIV¹. This engagement of communities of PLHIV is underpinned by investments in peer-based programs².

These programs may include activities ranging from peer health promotion (such as HIV-positive peer developed and implemented campaigns or community development), to peer leadership (such as PLHIV taking leadership roles in their community, their sector, or participating in policy and law reform)³ to peer service delivery (such as HIV peer support).

What is peer support?

Peer support is a relationship in which people see each other as equal partners and where the focus is on mutual learning and growth. At the roots of peer support there is a belief that through sharing and support we can transform our lives and the lives of others in our communities for the better.

Peers can be people with similar health conditions, from similar communities, or with shared identities based on sexuality, gender, or cultural background.

Peer support creates opportunities for both parties to grow and achieve a sense of control and empowerment. Peer support can be formal or informal and can range from friends sharing personal insights, to people within groups supporting each other, to paid workers providing a goal-oriented service.

Peer support is a reciprocal relationship benefiting those providing the support as well as those receiving it. Benefits can include creating collective strategies to maintain health, building resilience and self-esteem, and aiding advocacy and collective action.

Structured peer support is delivered by trained staff or volunteers, in both one-on-one or in group settings. Trained peer supporters can model positive and healthy behaviour and direct others to services and appropriate information. The focus of peer support is on strengths and abilities, motivating and working to achieve agreed goals and improve or maintain quality of life.

Why do we need standards in HIV peer support?

At the International AIDS Conference in 2014, UN AIDS set the 90-90-90 targets of 90% of PLHIV knowing their HIV status, 90% on treatment and 90% having an undetectable viral load⁴. It is important to stress the pivotal role that peer support plays in influencing and encouraging PLHIV to not only meet these targets but in the ongoing task of reaching and influencing the remaining 10%.

While Australia has made great progress in achieving these goals, there is growing demand for a fourth '90' target of people living with HIV to experience good quality of life. To achieve this, we must provide the right means of support.

1 UNAIDS. The greater involvement of people living with HIV (GIPA): Policy brief. Geneva: UNAIDS; 2007.

2 Brown, G., O'Donnell, D., Crooks, L., & Lake, R. (2014). Mobilisation, politics, investment and constantly adapting: Lessons from the Australian health promotion response to HIV. *Health Promotion Journal of Australia*, 25, 35–41.

3 Brown, G., Reeders, D., Cogle, A., Madden, A., Kim, J., & O'Donnell, D. (2018). 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*, 6(231). doi:10.3389/fpubh.2018.00231

4 90-90-90 An ambitious treatment target to help end the AIDS epidemic, UNAIDS, 2014

Australia has some of the best clinical support and clinical outcomes in the world. However, quality of life goes beyond clinical outcomes⁵, and encompasses good physical, mental, emotional, social and spiritual well-being⁶. Access to peer support encourages personal growth in all these areas, while a lack thereof to disengagement from both clinical and self care.

These standards are established and agreed by people living with HIV in the strong belief that those living with the condition are best placed to understand what is needed. This involvement of people living with HIV indeed underpins the peer support approach.

These standards are designed to create a benchmark for HIV, health and community service providers and decision makers to ensure consistency in approach and promote good practice in the delivery of peer support.

We acknowledge that smaller organisations or regional outreach services may have difficulty in meeting all the standards due to lack of resources. Some may be able to only offer some of the support options and provide peers from one or two key populations. We respect these limitations, but would encourage all services to implement strategies to utilise these standards as a goal for best practice.

Context

In 2017, it was estimated that 27,545 people were living with HIV in Australia⁷. Of these, an estimated 89% had been diagnosed by the end of 2017.

There is both a growing demand for peer support from communities living with HIV and a recognition from state governments and the Australian Government Department of Health of the role of peer support in supporting clinical outcomes and improving health and well-being.

The importance of peer support in providing high quality and effective healthcare is acknowledged in major Australian documents.

Launched in 2018, the Eighth National HIV Strategy highlights the importance of peer support in addressing stigma and creating an enabling environment. One of the “Key Areas For Action” is Number 24: *Maintain and develop peer support models appropriate for priority populations and maintain support for people with HIV as peer navigators in diagnosis, treatment and care*⁸.

Released in 2019, HIV Futures 9⁹ is a study of quality of life among PLHIV in Australia. HIV Futures 9 forms part of a series of studies that have been running since 1997. The HIV Futures 9 survey was completed by 847 people, which is approximately 3% of people living with diagnosed HIV in Australia.

Most HIV Futures 9 participants had connections with other PLHIV and indicated that they valued these connections:

- 66.8% knew at least one other PLHIV in their social/informal networks who they could talk to about HIV.
- 59.9% agreed that knowing other PLHIV was important to them.
- 49.2% were interested in being part of a community of PLHIV.

Despite this, there were some participants who found it more difficult to connect with other PLHIV:

- 33.2% indicated they did not have any other PLHIV in their social/ informal networks who they could talk to about HIV
- 37.9% did not feel like part of a community of PLHIV

5 Lazarus, J. V. Safreed-Harmon, K. Barton, S. E. Costagliola, D. Dedes, N. Del Amo Valero, J. et al. (2016) Beyond Viral Suppression of HIV – The New Quality of Life Frontier. BMC Medicine, 14 (1), 94

6 Preamble to the Constitution of the World Health Organization as adopted by the International Health Conference, New York, 19-22 June, 1946; signed on 22 July 1946 by the representatives of 61 States (Official Records of the World Health Organization, no. 2, p. 100) and entered into force on 7 April 1948 <http://www.who.int/about/definition/en/print.html>

7 Kirby Institute. HIV, viral hepatitis and sexually transmissible infections in Australia: annual surveillance report 2018. Sydney: Kirby Institute, UNSW Sydney; 2018.

8 Australian Government Department of Health. Eighth National HIV Strategy 2018–2022

9 Power, J., Amir, S., Brown, G., Rule, J., Johnson, J., Lyons, A., Bourne, A. and Carman, M. (2019) HIV Futures 9: Quality of Life Among People Living with HIV in Australia, monograph series number 116, The Australian Research Centre in Sex, Health and Society, La Trobe University, Melbourne, Australia

- 25.6% felt isolated or cut off from other PLHIV
- 32.9% felt it was hard to meet other PLHIV.

Peer-based programs and services play an important role in connecting PLHIV with each other and providing support for PLHIV, especially those who may be vulnerable due to recent HIV diagnosis, ill health, ageing, or social isolation.

Among HIV Futures 9 participants:

- 59.5% agreed that community-based services played an important role in connecting PLHIV with each other.
- 31.0% agreed that connecting online with other PLHIV was an important source of support for them.

In the past 12 months:

- 34.0% had accessed advice or support from a peer worker,
- 26.6% had participated in an online forum or network for PLHIV,
- 18.7% had participated in a peer support program or workshop, and
- 12.9% had used a peer navigator program.

Intended audience

These standards are for:

- People living with HIV both providing and accessing peer support.
- Organisations developing and providing peer support programmes, to inform the design of projects and ensure good practice.
- Health, community and HIV service staff interacting with peer support, including those bringing peer support into clinical settings.
- Those establishing standards for the services they purchase, to inform service specifications and ongoing monitoring of those services.
- Policy makers, to recognise the benefits of peer support and embed quality peer support into service

About peer support

History of peer support in HIV

The central role of community and peer-led action has been a key characteristic of the Australian partnership response to HIV since the beginning of the epidemic.¹⁰

In the 1980s, when little was known about HIV and discrimination was widespread, gay and HIV positive activists set up AIDS Councils and PLHIV organisations around Australia. Governed by community and led by community members, it was from within these organisations that peer-based programs emerged. Run by PLHIV, these projects provided one-on-one and group support, shared knowledge and lobbied for better treatment and appropriate care.

HIV services owe their existence to these activists and those who campaigned alongside them. From these beginnings emerged activism on treatment availability and prices, community advocacy, and the movements to combat stigma and influence service delivery. Then came the expert patient initiative, health promotion information written by people living with HIV as well as leadership and advocacy within policy^{11 12}.

HIV peer support, like the disability movement, has a political dimension in challenging discrimination, advocating for particular and appropriate services and access to treatment. It has altered the weighting in the doctor-patient relationship, into something at best approaching equality, or at least, being consultative.

Peer support in HIV has served to create a community for people who have experienced a disconnection from their wider community through secrecy and stigma¹³.

Peer support in other settings

There is a long history of the successful use of peer support in different settings such as education, mental health, and physical health – with the aim of improving and managing long term medical conditions, dealing with discrimination, and making changes in behaviour.

In Australia, peer support standards currently exist for mental health and suicide prevention¹⁴, and for diabetes¹⁵.

Principles and values

It is common for people with shared interests and experiences to exchange advice and knowledge. This is an informal type of peer support, and a form of exchange familiar to us all. Therefore, HIV peer support can readily take place when people living with HIV meet socially or for any other non-HIV focused activity, such as exercising or making art.

Peer support is founded on making your own experience and strategies freely available to others. It is voluntary and reflects Mauss¹⁶ theory of reciprocity and gift exchange in which giving, receiving and reciprocating gifts builds social bonds and interdependence between individuals who are giving and receiving.

10 Brown, G., O'Donnell, D., Crooks, L., & Lake, R. (2014). Mobilisation, politics, investment and constantly adapting: Lessons from the Australian health promotion response to HIV. *Health Promotion Journal of Australia*, 25, 35–41.

11 UNAIDS, STOP AIDS Alliance. Communities deliver: the critical role of communities in reaching global targets to end the AIDS epidemic. Geneva: Joint United Nations Programme on HIV/AIDS (UNAIDS); 2015.

12 UNAIDS. Invest in advocacy - Community participation in accountability is key to ending the AIDS epidemic. Geneva: Joint United Nations Programme on HIV/AIDS (UNAIDS); 2016.

13 Mead S. & MacNeil C. (2006) Peer Support: What Makes It Unique? *International Journal of Psychosocial Rehabilitation*, 10 (2), 29-37

14 [https://www1.health.gov.au/internet/main/publishing.nsf/content/2126B045A8DA90FDCA257F6500018260/\\$File/PHN%20Guidance%20-%20Peer%20Workforce%20role%20in%20Mental%20Health%20and%20Suicide%20Prevention.pdf](https://www1.health.gov.au/internet/main/publishing.nsf/content/2126B045A8DA90FDCA257F6500018260/$File/PHN%20Guidance%20-%20Peer%20Workforce%20role%20in%20Mental%20Health%20and%20Suicide%20Prevention.pdf)

15 <https://www.ndss.com.au/about-diabetes/resources/find-a-resource/peer-support-for-diabetes-fact-sheet/>

16 Mauss, M. (1950) *The Gift*. London: Routledge

This voluntary nature of peer support is reflected in the Australian HIV response; and these Standards acknowledge our rich history of volunteerism. So, while our focus is on formalising the peer workforce as part of the HIV health care team, we recognise the broader, more informal support of PLHIV. To this end peer supporters should be acknowledged and valued and preferably remunerated for their work, skills, knowledge and unique insights.

Peer support starts with where you are and who you are. At its best it is non-judgemental in action, and as such, has similarities with the core conditions of Carl Rogers' person-centred therapy¹⁷, that an attitude of empathy, congruence (i.e. match/compatibility) and acceptance of a client are the most important factors in successful therapy. The core conditions are explained as:

- Match/compatibility: to be yourself without a façade, valuing the person for who they are.
- Empathy: being willing to understand issues from another's point of view.
- Acceptance: not judging or being critical.

In action, peer support is the shift from 'we can help you' to 'together we can do it', making the sharing and empathy authentic. Those with shared experiences may also have strategies that professionals are unaware of, hence peer support offers something in addition to, but not something alternative to, professional support. By definition, peers are equals, so peer support should provide all players with equal opportunity to share and exchange.

In keeping with the 'together we can do it' approach, peer support is vital in helping people rebuild a sense of belonging after a disconnecting experience. The sharing of experiences can lead to other types of support, practical learning, education, advocacy and involvement.

Successful peer support enhances the individual's concept of self, their ability to make solutions and regain their strength in order to manage their situation. There

is evidence that peer support promotes feeling more empowered and valued, increases confidence and self-esteem, and gives a more positive sense of identity¹⁸. Evidence also shows that peer support makes behaviour change more likely¹⁹.

HIV and peer support

For these standards, the primary element is peer support by and for those living with HIV. Interventions or groups led by people who do not have HIV are not viewed as peer support.

Benefits of peer support

Successful medication for managing HIV is not a cure, and peer support remains important in maintaining health and well-being, overcoming stigma and promoting adherence and self-management.

The evidence around the benefits of peer support is still growing. Recent analysis of peer support and person-centred approaches to health, carried out by the National Health Service in the UK²⁰, places the benefits of peer support in three main areas:

Benefits to the health and well-being of the individual

This includes clinical outcomes, better adherence and understanding of health conditions leading to improved experiences of healthcare. Peer support has also been found to improve physical and emotional well-being by increasing confidence and supporting feelings of being in control of your own health, feeling less lonely and better connected to others in a similar situation.

17 Rogers, Carl R. (1942). *Counseling and psychotherapy*. Cambridge, MA: Riverside Press. ISBN 978-1406760873.

18 Mowbray, C. Moxley, D. & Collins, M. (1998) Consumers as mental health providers: first-person accounts of benefits and limitations. *Journal of Behavioural Services and Research* 25 (4), pp. 397-411

19 Bandura, A. (1977). *Social Learning Theory*. General Learning Press

20 Realising the Value (2016) Economic Model for Commissioners. <http://www.nesta.org.uk/publications/impact-and-cost-economic-modelling-tool-commissioners>

Financial benefits

Peer support has been found to create economic benefits by reducing pressure on other health and community services. Furthermore, by reducing anxiety and depression, improving self-management and individual well-being, peer support has the potential of contributing to wider social support.

Wider social and community benefits

Peer support has also been found to have an impact in strengthening communities, creating social connections, and contributing to public health and prevention. It can play an important role as well in enabling people to go back to work, education and volunteering and thus reducing pressure on other social services.

The format of the Standards

Each standard is headed by a Standard title, followed by:

Rationale:

The reason for having the Standard. Within this we will spell out what the Standard means for three main audiences:

- People living with HIV who access peer support.
- People living with HIV who provide peer support.
- Health, community and HIV service providers.

Competencies and skills:

Setting out what skills are needed by the PLHIV providing peer support and/or the providers to perform and deliver the Standard. Core competencies describe the knowledge, skills and attitudes that need to be developed in order for peer supporters to fulfil their role.

Expected outcomes:

Setting out what differences we can expect as a result of the work to deliver the Standard. This is not a prescriptive list and it is recognised that services targeted towards certain groups or within certain settings will define their own outcomes.

Auditable indicators:

Setting out means for demonstrating how the Standards have been implemented and how quality is being maintained.



Standard One

Everyone living with HIV should have access to peer support

Rationale

Peer support can increase a person's knowledge and provide them with the skills and confidence to manage their well-being and improve their overall quality of life.

The population of people living with HIV is diverse and peer support needs to meet this diversity by providing PLHIV with options. When resources of the service allows, the aim is to meet the person on their own terms as far as practicable. This includes offering a range of peer supporters and venues where the support can happen.

Some people may prefer to go to a community-based organisation or group outside of their clinic as they may feel more comfortable in a non-medical environment. Others may find it more convenient to access peer support in the clinic or hospital where they receive their HIV care, especially if they have initial anxieties around confidentiality and going to new places. Personal preference and resources can also influence the choice of whether to have peer support one-on-one, by telephone or online, or in formal or informal groups.

Whatever the setting for peer support, the relationship between peer supporter and PLHIV should be one of mutual respect, trust and collaboration. Ideally, the relationship will improve the quality of life for both parties. This said, the focus should always be on the PLHIV who is accessing the support. By focusing on their strengths and abilities, the peer supporter can model positive behaviour, and be motivating and inspiring.

It is important to set clear principles of good practice suitable to each setting of peer support. This will help ensure effective support and a safe and comfortable

environment. Good practice principles should cover expectations in a peer support relationship such as:

- Understanding confidentiality and what it means. For example, it is okay to talk about an experience shared but not to identify who shared it.
- Agreeing on a peer support plan. For example, the PLHIV agrees to join a support group for six weeks and contact the peer supporter for one-on-one sessions if required.
- Clarity on when and how to make contact outside of the meeting times.
- Hours available for support and whether there is a policy of drop-in, open access or if appointments are needed

What this means for PLHIV who are accessing peer support

All PLHIV should have peer support that is timely, easy to access and that meets their needs.

What this means for PLHIV who are providing peer support

People providing peer support should be able to do so in a range of settings and use approaches that will most benefit the PLHIV accessing the support.

People providing peer support need to be clear on how they can effectively listen and empathise in different contexts. They also need to be conscious that it is only appropriate to share their lived experiences when it will be beneficial to the person they are supporting.

The skills, insights and experience of people providing peer support should be valued by colleagues in community and health services. This includes being paid for their services, or when volunteering to be regarded with a high level of respect.

What this means for health, community and HIV service providers

Providers need to be aware that there are key times when referring to peer support may be of particular benefit and these include:

- At the time of diagnosis.
- When starting or changing treatment.
- At the diagnosis of a comorbidity or major illness.
- When reengaging in HIV care or at risk of disengaging from care.
- At the commencement or end of a relationship.
- When planning a family.
- When pregnancy is confirmed.
- When moving from child to adult clinical care.

- On entering aged care.
- At any other significant life event.

Peer support should be part of the clinical pathway. Effective peer support complements clinical services, and as such works best when the peer supporter is acknowledged and valued as part of the care team; acting as a bridge between the individual and the clinical staff, but remaining independent.

To ensure a transparent and safe working environment there needs to be a clear description of the peer supporter's role and responsibilities with a senior team member responsible for peer support. In a clinic or community service setting, agreements need to be established on the responsibilities of the person providing peer support with regard to governance, communication with the team, feedback, sharing of information and the role of advocacy.

Competencies and skills

People providing peer support will need to demonstrate an understanding of the following:

- The diverse needs of people living with HIV including those of specific groups, how to tailor support accordingly and when it is appropriate to refer a PLHIV onto another peer supporter.
- Confidentiality and the ability to explain its principles within the context of peer support.
- The importance of safeguarding those accessing peer support as well as those providing it.
- Collaboration with other agencies and the ability to refer appropriately.
- Scope of practice, the limitations of peer support and when to refer to another health care professional.
- The importance of professional boundaries protecting the peer supporter and PLHIV.
- The different forms of peer support e.g. one-on-one and group settings, and how each contributes to supporting people living with HIV.
- The unique role of the peer supporter to identify important trends and issues and the ability to relate

these to colleagues as well as the broader sector in order to enhance and improve health and community services.

Outcomes for PLHIV accessing peer support

Outcomes should be tailored to the needs of the service user, but may include:

- Enhanced knowledge of HIV and understanding the virus.
- Enhanced knowledge of HIV treatments and how they work.
- Improved adherence to medications.
- Increased ability to self-manage their health.
- Increased confidence to speak openly with healthcare professionals.
- Enhanced skills to build supportive and fulfilling relationships.
- Increased knowledge about their rights and responsibilities as they relate to HIV.
- The ability to talk about HIV and other issues.
- The confidence required to make choices within sexual relationships.
- The confidence to manage disclosure of HIV status.
- Improved engagement with a personal/peer network, faith group, workplace, or local community.
- Resilience, including the ability to manage without a peer supporter.
- Optimism about the future.
- The confidence to take up training, education, employment or personal development opportunities.
- Improved quality of life indicators.

Auditable indicators for health, community and HIV service providers

HIV service providers

A range of interventions are in place to meet the needs of PLHIV such as:

- One-on-one, online, group support, workshops
- Services are tailored to specific communities in need e.g. gay & bisexual men, women, African communities.
- Policies and procedures are in place for safeguarding and confidentiality.

HIV clinics and HIV s100 prescribing doctors

- 90% of those newly diagnosed are offered peer support or referred to peer support at their first clinic appointment.
- 90% of those living with HIV are offered peer support or referred to peer support when facing a significant life event.
- Policies and procedures are in place for safeguarding and confidentiality.
- There is an agreed pathway from the clinic to peer support.
- Referrals and information about peer navigation and support are given to patients.
- Mechanisms exist through which peer supporters' insights and feedback can inform and improve service delivery



Standard Two

People who provide peer support should be living with HIV and have access to training, supervision and personal development

Rationale

Peer support works best when facilitated by trained individuals drawn from the communities they support. Lived experience is a particularly invaluable tool when supporting other PLHIV. An HIV positive peer supporter is able to relate first-hand to the shock of an HIV diagnosis, the sting of HIV stigma, the complexities around treatment and the difficulty of disclosure. What's more, revealing their experience with an issue often helps alleviate the tension for those receiving support and can provide perspective.

Organisations or groups offering peer support should be committed to providing peer supporters with structured training and regular updates, support including regular supervision with peer supervisors where possible, time for reflection with other peers, and opportunities that facilitate personal and professional growth.

Structured training, supervision and support will ensure high quality services, safety for peer supporters and their clients, and retention of the peer support workforce.

Training

Peer supporters should have access to a suite of structured and regular training opportunities to develop their skills and knowledge.

Training should focus on a range of competencies that facilitate safe and effective peer work. These should include modules on active listening techniques, ethical practice, cultural competency, issues around transference/

countertransference, policies and procedures, and workplace health and safety . (See "Competencies and skills" section).

Where possible training should be accredited by an external agency and meet professional standards.

Peer supporters should be regularly consulted on training content, methods of delivery and contribute to the evaluation of training.

Supervision

Peer supporters require ongoing supervision and support to deliver safe and effective services.

A combination of different types of supervision is most appropriate. This might include formal/informal supervision, group/individual supervision, and clinical and operational (administrative) supervision.

Supervision broadly aims to enhance the peer supporter's skills, competence and confidence, provide a reflective space and emotional support, provide assistance with professional development, ensure that services to clients are safe, ethical and competent, and ensure compliance with organisational standards and practices.

Specific support may need to be given to peer supporters who have experience of alcohol or other drug use, mental health issues or trauma to ensure their own safety and that of those receiving their support.

Boundary-related challenges — including being a service-user as well as a provider and participating or identifying

within certain communities — must be acknowledged through the supervisory process. The possibility of mutual attraction needs to be addressed and include the ethical reasons why forming intimate relationships is neither appropriate nor permitted.

Throughout the process, supervisors need to look at ways to enable the people they supervise to self-care and have clear strategies on how to maintain their own physical and emotional health. This includes acknowledging the vulnerability of sharing personal lived experience and the potential for vicarious trauma from another's experiences.

All peer supporters should have a National Police Check and Working With Children Check.

What this means for PLHIV accessing peer support

PLHIV can access peer support in the knowledge that those providing the support are professionally trained, well-supported and supervised. They will be confident that peer supporters will treat them with respect, uphold their confidentiality and deliver safe and effective support.

What this means for PLHIV peer supporters

Peer supporters should:

- Subscribe to the basic philosophy and principles of peer support.
- Understand the importance of privacy and confidentiality.
- Be trained in providing culturally appropriate peer support and be able to adapt their approach to meet the needs of different people and different situations.
- Understand the differences between peer support, counselling, case management and psychological interventions.
- Have an awareness of their own abilities and the limits of peer support in supporting people who may be in distress or who present with mental health or other

issues that require clinical support.

- Recognise the focus and limitations to their scope of practice, identify areas within and beyond their remit and refer appropriately via their supervisor to another service.
- Be able to self-care, manage their well-being and identify issues which might negatively impact on them, and put safeguards in place.
- Adhere to the policies and procedures of the organisation providing peer support.
- Commit to attending regular supervision.
- Commit to professional development and to learning skills that enhance personal growth and the support role e.g. courses in first aid, active listening or updating HIV knowledge base.
- Understand the roles and responsibilities of multi-disciplinary health care teams of which they may be a part, and collaborate with them to better support individuals.
- Understand the need for personal and professional boundaries.

What this means for health, community and HIV service providers

Multidisciplinary care teams will be confident in the abilities and knowledge of the person providing peer support, that they are being trained and supervised, and the peer support being provided is planned, clear and structured.

Peer support training and supervision provides clarity on roles and responsibilities, boundaries and governance for peer support in clinical and social care settings.

Competencies and skills

Peer supporters should have:

- The ability to draw on one's own experience and a

broader collective understanding of the experience of PLHIV and use this to engage and work with diverse clients/service users.

- A basic knowledge of HIV; how it is transmitted, its life cycle and treatments.
- A contemporary understanding of HIV prevention including U=U and PrEP.
- A practical knowledge of sexual health; common STIs, how they are prevented and treated.
- An understanding of HIV stigma, its impact on disclosure and the strategies to deal with it.
- Recognising common key HIV triggers e.g. diagnosis, treatment, stigma, relationships, reproduction, ageing.
- The ability to work sensitively with a diverse range of people.
- Effective listening and communication skills.
- An understanding of the importance of confidentiality.
- The ability to safeguard all parties from emotional, verbal or physical harm.
- The ability to respond to suicidal presentations or mental health crises.
- Insight into well-being and self-management strategies including the ability to not over-identify with a presented issue.
- The ability to work within a defined scope of practice.
- The ability to maintain accurate records.
- The ability to communicate information around reproductive health needs and choices.
- Knowledge of current approaches to supporting people with mental health, alcohol and other drug issues.
- The ability to refer for further support services or information.
- The ability to record the impact of peer support for the purpose of evaluation.

- Acceptance of one's own HIV diagnosis and the ability to look to the future.
- Increased confidence with feelings of self-worth, a sense of meaning and purpose.
- Resilience, personal strength and improved stress management and problem-solving skills.
- Renewed interest in taking up training and skill-building opportunities.
- Willingness to engage with the HIV community and join boards, committees, campaigns and advocate "to make a difference".

Auditable indicators for health, community and HIV service providers

- All people providing peer support, whether paid staff or volunteers, have attended and completed relevant training.
- Peer support training covers the core competencies set out above.
- Where possible, peer support training is recognised and accredited by a secondary organisation; training is linked to a professional qualification.
- A schedule for supervision of peer supporters is agreed and provided.
- All people providing peer support attend an agreed number of formal supervision sessions per year.
- All people providing peer support have access to informal supervision on a needs basis.
- All people providing peer support have access to reflective case discussions amongst other peer supporters.
- All people providing peer support are appraised annually on their performance, and professional development plans are established.
- All people providing peer support have access to and complete an agreed programme of professional development per year.

Outcomes for PLHIV who are accessing peer support

- Increased knowledge around HIV, sexual health and related conditions.



Standard Three

Peer support will include robust monitoring and evaluation processes

Rationale

Monitoring and evaluation is a vital way of measuring the impact of services and programs. Monitoring and evaluation assists in:

- Identifying the impact of peer support services on target populations.
- Identifying what is working well and what might need improving.
- Measuring the effectiveness of services and providing evidence in meeting contractual requirements.
- Measuring quality and consistency of support provided.
- Collating peer insights into the evolving experience of PLHIV and their peer, community and health service needs.

Bodies who provide funding often require monitoring and evaluation of services and programs. Contracts will often specify performance indicators, which may include a combination of outputs, quality and outcomes measures. Data collected will be a combination of qualitative and quantitative data.

- Outputs focus on measurements that may include the number and types of activities provided i.e. the number and type of clients seen, the number of workshops delivered.
- Outcomes measure observable changes in people's knowledge, awareness or attitudes because of the services provided.
- Quality measures the quality of peer interactions and the level of satisfaction people have with the services provided.

Monitoring and evaluation processes should always include input from those accessing the peer support. This will assist in measuring progress towards them meeting their goals and the effectiveness of peer interventions. It should also include direct input from the peer supporters who are providing the services and programs.

In accordance with GIPA /MIPA principles, clients and peer supporters should be engaged at every stage of evaluation, design and implementation.

Evaluation of the service and the people providing peer support will help make for a dynamic and flexible service. In the current environment where resources are scarce, data analysis can provide evidence-based information for funding successful and cost effective services.

What this means for PLHIV who are accessing peer support

- A monitoring and evaluation system will provide opportunities for people to measure their own achievements.
- It will provide access to clear, accurate and secure records of the support sessions they have accessed and a record of their journey through the support service.
- PLHIV will have opportunities to contribute to the shape and content of their services.
- PLHIV will have confidence that the quality of

services are being continually monitored and improved as a result of their input and feedback.

What this means for PLHIV who are providing peer support

- A monitoring and evaluation system reveals both the successes and the areas requiring improvement, making for more effective peer support practices.
- It encourages practice reflection which assists personal growth and development.
- It provides a good evidence base to inform advocacy, including research gaps and the need for policy change.
- It ensures adequate time is allocated for record keeping, administrative work and debriefing sessions after the delivery of peer interventions.
- It provides an opportunity for peer supporters to reflect on their contribution towards outcomes, outputs and quality measurement.

What this means for health, community and HIV service providers

- A monitoring and evaluation system produces accurate data and evidence for planning and delivering services.
- It provides evidence that peer services and programs are continually monitored and evaluated to ensure quality and safety.
- It creates data for planning and informing research programmes.

Competencies and skills

PLHIV providing peer support should be able to:

- Describe why monitoring and evaluation are important, both for individuals and organisations.
- Describe the value of identifying peer insights and client trends for the organisation as well as health services.
- Explain the meaning of and reason for confidentiality.
- Record peer support interventions accurately e.g. who, what, when, why, actions taken and follow-up required.

Health, community and HIV service providers should have:

- An ability to collect and analyse information.
- An understanding of quantitative and qualitative data.
- Explicit/visible valuing of the insights provided by the evaluation of peer support.
- An ability to use information to demonstrate the effectiveness of services, identify areas for improvement and plan for the future.

Outcomes for PLHIV accessing peer support

The purpose of this standard is in gathering data and demonstrating the outcomes for *Standards 1, 2 and 4*.

Auditable indicators for health, community and HIV service providers

- There will be an agreed monitoring system in place for capturing, at a minimum, basic data on who is accessing the service and indicators of quality of the peer support interactions.
- There will be opportunities for people delivering and receiving peer support services to actively participate in the development and implementation of the monitoring and evaluation of the system.
- There will be an agreed method of evaluation to measure the impact of services upon health, well-being and quality of life.
- Monitoring and evaluation will be used to make changes and improvements to the service.
- There will be established systems in place to provide people accessing support to access their records, in line with legal requirements.



Standard Four

Peer support should be tailored for key populations

Rationale

The PLHIV population in Australia is made up of affected communities who group-identify in ways other than by HIV positive status.

Many of these sub-populations are from communities who already feel marginalised by broader society. HIV adds another burden that in many cases is not easily discussed within those communities. It is ideal, therefore, for peer support to be tailored and provided in a way suited to an individual who presents with a unique set of issues and/or who identifies with an affected community.

Empathy comes from others who share similar backgrounds and experience; therefore the ideal peer supporter will often be one drawn from the same community and the most appropriate peer support group will consist of other PLHIV who share similar cultural, sexual and gender issues.

While this may not be possible for all individuals or groups - particularly when services are limited - it is important for any organisation offering peer support to identify key affected communities within their jurisdiction and provide peer support training that includes specific sensitivity training on these populations.

The ability to address all key populations will be limited for smaller organisations or regional outreach areas. There is also a risk that a peer worker in a minority population is more likely to personally know members of that group and so confidentiality and boundaries become more acute factors in service delivery.

Fortunately, the principles of peer support should resonate

with any individual regardless of their background. Often the identity of the peer supporter is not important. For reasons of confidentiality, a PLHIV seeking support may in fact prefer to be supported by someone outside of their community. A well-trained and supervised peer supporter should be able to offer appropriate and sensitive support to any PLHIV. And while doing so, they will be looking for ways to link the PLHIV with other supportive networks.

It is the role of the intake worker to discuss options with the person seeking support; and if their preferred option is not available, to discuss ways that peer support may be met through a shared-care model.

Key affected populations

- HIV peer support projects in Australia were originally set up, run by and for gay and bisexual men living with HIV. **Gay and bisexual men** continue to make up the largest proportion of PLHIV in this country and for this reason it is usual and appropriate that the majority of peer supporters will be drawn from this community.
- **Women living with HIV** often present with peer support needs best met by another woman. It is always appropriate to have at least one female peer supporter available to provide one-on-one support. In addition, and in rural and remote areas, online or telephone linkage to women's support networks should be offered via the state-based PLHIV organisation or alternatively via NAPWHA's National Network of Women Living with HIV.
- **Men who identify as heterosexual** may prefer to

seek peer support from others who identify the same way. When this is not possible, shared-care options should be discussed and linkages made via the state-based PLHIV organisation or HIV positive heterosexual support organisations such as Pozhet in NSW.

- A PLHIV who identifies as a particular sexuality or gender may prefer support from a peer who identifies the same way. While it is not always feasible to have peer supporters of all gender identities and sexualities, shared-care options for **Trans and people with non-conformist sexual and gender identities** should be considered and discussed with those seeking support.
- In areas where HIV affects certain **culturally and linguistically diverse** (CALD) communities more than others it is ideal to have peer supporters drawn from those communities. Alternatively, it may be sufficient to have a pool of translators to draw on. In some cases, a non-English speaking PLHIV may choose to attend support sessions with a friend or family-member who can function as a translator.
- On working with **Aboriginal and Torres Strait Islander** PLHIV, peer supporters should have competency and training in cultural safety and cultural security. Peer support for a positive Aboriginal and Torres Strait Islander may also involve online or telephone contact with a member of NAPWHA's Positive Aboriginal and Torres Strait Islander Network (PATSIIN). In rural and remote settings where confidentiality is a concern, PLHIV may actually prefer to talk to a peer supporter from outside their own community.
- Some **people who inject drugs** (PWID) may identify with others who do the same. Others may not and prefer to mix with those of their same gender, sexual or cultural background. Whichever, peer support for people living with HIV who inject drugs should be non-judgmental and proceed according to the individual's wants and needs.
- **Sex workers** may choose to find support from others in the same profession or again, choose another self-identifier to find a like-minded peer.

There are particular groups where ethical and legal requirements call for specific models and safeguards.

Adolescents and young people living with HIV are one, and for this reason these will be discussed in depth.

Adolescents and young people

WHO recommends peer support, including peer counselling, for adolescents and young people living with HIV (AYPLHIV) aged from 10 to 24 years. Peer support enables providers, programs and services to be more responsive, acceptable, sustainable and relevant, encouraging AYPLHIV to seek and remain engaged in care.

There are specific requirements for children and young people in accessing support. If the person is under 16, parental/guardian consent will be required. Safeguarding of vulnerable children and young people from manipulation, violence, abuse and exploitation has to be ensured.

Peer supporters and the organisations they work for need to comply with Child Safe Standards relevant to the jurisdiction in which the service operates.

It is possible that support for children and young people may involve a health or social care professional who does not have HIV. At all times clear boundaries and relationship/group agreements will need to be in place.

Studies show that peer support can improve AYPLHIV linkage, adherence, viral suppression, retention and psychosocial wellbeing. Peer support models can also provide young peer supporters with opportunities for leadership development, capacity building and youth-led advocacy, helping to combat the negative effects of self-stigma and peer pressure.

What this means for PLHIV who are accessing peer support

- PLHIV can be confident that the support they receive will be sensitive to their cultural, sexual and gender identities.

- When requested and where possible, a PLHIV will be linked to a peer supporter who shares the same cultural, sexual or gender identity. Alternatively, shared-care options will be discussed and offered.

What this means for PLHIV who are providing peer support

- Peer supporters will be provided appropriate training on the diverse needs of members of affected communities in their jurisdiction.
- Peer supporters will have clear pathways to follow when supporting PLHIV of differing backgrounds including how to tailor support accordingly and when it is appropriate to refer a PLHIV onto another peer supporter or service provider.

What this means for health, community and HIV service providers

- Providers will be confident that the peer support services they provide are culturally appropriate.
- Providers will have safeguards in place to ensure that the services they provide met legal obligations.

Competencies and skills

People providing peer support will need to demonstrate an understanding of the following:

- The key affected populations in their jurisdiction and any particular cultural sensitivities.
- The impact of shame and stigma on people engaging in care and support.
- The appropriate language and demeanor to adopt when talking to PLHIV from certain communities.

- Any legal safeguards required when dealing with PLHIV under the age of 16.
- Barriers and/or beliefs held by certain populations that may inhibit the health of PLHIV e.g. resistance to see a doctor or visit a hospital.
- The balance between challenging unhealthy beliefs and accepting an individual's right to choose.

Outcomes for PLHIV who are accessing peer support

- PLHIV will feel less isolated both within and outside their community.
- PLHIV will find resilience to deal with the challenges faced by being a PLHIV within their own community and find permission to challenge unhelpful beliefs and behaviours.
- PLHIV will be well set-up to support other PLHIV from their community.

Auditable indicators for health, community and HIV service providers

- Services are tailored to specific communities in need e.g. gay and bisexual men, women, African communities.
- Training is designed in consultation with key affected communities and includes modules on cultural sensitivity that can be utilised for other services.
- Opportunities arise for cross-promotion and joint-funding with other services e.g. CALD organisations.
- A larger and broader range of people access the service.

Standards in action

The **Australian HIV Peer Support Standards** outline the core principles behind effective peer support, but are in no way prescriptive. It is recognised that good peer support can be provided in a variety of ways.

This appendix provides practical examples of HIV peer support in action, with each model of peer support linked to a relevant Standard.

Standard 1

Everyone living with HIV should have access to peer support

Queensland Positive People

Queensland Positive People (QPP) actively promotes access to peer support for all people with HIV. Two state-wide peer support services (Peer Case Management and Peer Navigation) are available at QPP and together they make up the organisation's Life+ program.

People with HIV can access services by way of a confidential, securely encrypted online self-referral form, by email or by dialing a free-call number. Sexual health clinics, HIV prescribers and diagnosing GPs are actively encouraged to refer all people with HIV— particularly those newly diagnosed—to our peer support services. Our peer navigation and case management services are promoted via GP software, through interagency networks and via our website.

People can access the Life+ program a myriad of ways, including face-to-face at an individual's home, out in the community or at any one of QPP's six offices located across the state. Support is also offered via mail, email, Zoom or Skype and by phone (voice and text). QPP facilitates access for diverse communities through

the use of interpreters, signing for people with hearing impairment, a free call number and by ensuring that all our offices have disability access.

The Life+ program goal is to support individuals to initiate HIV treatment, adhere to their regimen and remain connected to care by improving their ability to self-manage and ultimately elevating their quality of life. In consultation with the person seeking support, and according to their needs, either Peer Case Management or Peer Navigation is offered. A tailored plan of support is then negotiated between peer support staff and the person with HIV. This includes care goals and how and when services will be provided.

Peer Case Managers help individuals build resilience, develop personal skills and to network. They facilitate access to services and information and provide referral pathways into other support services. Peer Case Managers specialise in supporting individuals with complex care needs who may not otherwise access appropriate clinical services.

Peer Navigators focus on improving HIV health literacy and provide social and emotional support and practical assistance to navigate the health system. Peer Navigators present current information in the form of education modules and complement this with personal reflections of their own lived experience. This method helps individuals who are newly diagnosed or returning to care to build resilience, navigate the health system and achieve HIV self-management. Peer Navigators also provide social connections by linking people from diverse communities, including culturally and linguistically diverse ones, with a

range of social groups and networks

QPP's Life+ program improves outcomes for PLHIV by ensuring its peer workers have the appropriate skills and competencies to meet the needs of each PLHIV. QPP achieves this by:

- Ensuring all staff understand confidentiality and the need for safeguarding people accessing support and those providing it.
- Engaging in community consultation and training to better understand the needs of PLHIV and those of specific communities.
- Enabling interagency training and collaboration.
- Ensuring peer support workers understand the different forms of peer support available and how each can be accessed so that PLHIV may be better supported.

Standard 2

People who provide peer support should be living with HIV and have access to training, supervision and personal development

Positive Women Victoria

Positive Women Victoria recognises the complexities of providing HIV positive peer support in a professional context. We support our peer workers by ensuring that at each annual review of staff performance, there is an opportunity for peer support staff to identify any specific training needs, and any courses they would like to undertake. This may include or cover relevant topics such as understanding trauma-informed approaches to care, managing difficult phone calls, or mental health first aid.

We support our peer workers' knowledge of providing care to diverse clients through opportunities such as peer-led training in working with, for example, transgender or gender-diverse clients, or indigenous clients. Each week, our peer support workers are encouraged to meet with

each other, and discuss approaches to clients, referral pathways or options, and strategies.

Fortnightly team meetings with the Executive Officer are an opportunity to debrief on complex cases, be supported, and understand boundaries. Referral strategies and pathways are regularly discussed and reviewed. Most important of all is access to external, independent counselling support with a qualified and trusted practitioner, funded by the organisation, which provides a safe space for the peer workers to debrief, and examine their own strategies for self-care and client care, and clearly delineating the boundaries of the role.

It is important, too, to support workers with an understanding of the legislative framework in which peer organisations work, such as privacy laws.

Staff are also encouraged, where they feel comfortable, to share their skills and experiences in relevant forums with other health care workers, translating that peer experience back to other service providers.

Queensland Positive People

Queensland Positive People (QPP) ensures that all peer supporters (Peer Navigators, Peer Case Managers, and Peer Facilitators) have the required skills and knowledge and appropriate professional qualifications to effectively undertake their roles. Team members are trained in up-to-date core competencies such as:

- Client centred engagement.
- Client confidentiality and consent.

- Suicide intervention.
- Safety for clients and workers.
- Working within diverse communities.
- Safeguarding vulnerable clients.
- Effective listening and communication skills.
- HIV and HIV treatments.
- Practical knowledge of sexual and overall health and navigation of the health system.
- How to maintain accurate records.
- Importance of regular supervision.
- Self-awareness and self-care.

Core competency information is regularly reviewed by peers and retraining and upskilling is provided when

necessary. QPP is also committed to providing face-to-face peer staff meetings twice-yearly for two to three days state-wide. These meetings allow for both personal and professional development with education and training on topics identified by both peers and the management team.

QPP provides tailored support for peer supporters as follows:

- Ongoing training tailored to individual and/or group need.
- Formal monthly supervision with a Team Leader
- Peer group supervision every two months.
- Informal supervision as required for open, nonjudgmental conversation/debriefing.
- External supervision and psychological counselling through an Employee Assistance Provider.

Standard 3

Peer Support will include robust monitoring and evaluation processes

Positive Life NSW

HIV Work Ready is a peer support program that is part of Positive Life NSW's Peer Navigation suite of peer-delivered interventions. The project assists people living with HIV and other chronic and complex health conditions to prepare themselves for meaningful engagement and return to work (either paid or unpaid).

Employment is viewed as one of the key social determinants of physical and mental health, and enabling PLHIV to participate in work has the potential to create a meaningful and positive impact on their lives. Through re-engagement, vocational training and peer mentoring, the project works to increase the confidence, skills, resilience

and capacity of PLHIV to meaningfully engage in society and directly improve their health and quality of life.

Based on the participant's desired outcomes, an action plan is developed in consultation with the Peer Navigator and the participant leaves their initial meeting with clear and achievable next steps. To ensure the participant has the best opportunity to achieve their goals, they are supported to engage with services in a meaningful way and to enter any meeting with clear objectives. These are captured, along with the client's demographics and their own self-reported assessments of their health literacy and quality of life. Where suitable, automated workflows are utilised to reduce administrative burden on the Peer Navigator. These workflows can follow up on agreed actions, or prompt program participants to complete an evaluation such as a PozQOL survey.

Participants are supported to be self-directed but leave their initial meeting with the knowledge that they have a peer who can advocate for them if required. A common theme is that participants stop engaging when they are tasked with dealing with Centrelink or other government agencies. By utilising a combination of automated workflows and one-on-one support we work with our peers

to overcome bureaucratic hurdles and expedite progress towards their self-directed goals.

An example of an action plan for a participant looking at increasing their income:

When a participant expresses an interest in increasing their income or returning to work, they are asked what job they would like to do. Participants then describe the functions or tasks they are capable of performing, but often they also articulate what they cannot, or do not want to do. Based upon their current capacity, partnering employment agencies are used to match potential employers with the job seeker. The Peer Navigator helps the job seeker source supporting documentation from clinicians so they can firstly engage with Centrelink and have all diagnosed conditions (not just HIV) considered for a job capacity assessment. Once the participant is deemed eligible for the disability employment scheme (DES), they can then be enrolled with partnering employment agencies and supported by them as well as the Peer Navigator as they progress into employment.

An example action plan for a participant looking at re-skilling:

When a participant is looking at reskilling or upskilling, they are first asked to describe what they are looking to improve within their current skill set. The Peer Navigator then provides the program participant with a tailored range of learning and development opportunities ranging from free, not-for-profit skills-based learning to nationally accredited training organisations. Once the information is supplied the participant is followed up to see if they have engaged with a service. Further referrals can be made at this point to access one-off grants from services such as the Bobby Goldsmith Foundation (BGF) who provide no-interest loans to cover course costs and materials.

Living Positive Victoria

A variety of measures are used to evaluate the Living Positive Victoria Peer Navigation Program. All client interactions are tracked through a Client Relationship Management System. This catches key data points such as age, migration experience, cultural identity, aboriginality, gender and sexual identity.

Case management software captures the types of interactions Peer Navigators have with clients, and tracks client engagement with other programs within

the organisation. This gives the program staff a more complete picture of the types of programs accessed by particular types of clients, the length of their engagement with programs and services, including capacity-building initiatives, and helps to identify any gaps in service provision. Clients have access to their records and case notes upon request, and will be able to directly retrieve some parts of their own records in the future.

Client outcomes and program quality are evaluated using the PozQol Scale and the W3 Framework. The Peer Navigation team was fully consulted and intimately involved in customising the PozQol scale and W3 Framework as it was important that the tools are simple to implement when working with clients. A combination of these data is used to assess the quality of the program and make changes to delivery as appropriate.

The PozQol Scale measures quality of life indicators for Peer Navigator clients over time. Clients are surveyed at three separate intervals in their interactions with Peer Navigators and their change in quality of life is tracked. PozQol is divided into four domains: health management and health-related concerns; mood and outlook about oneself, life and the future; relationships with other people and a sense of belonging and support; and independence and living with HIV.

The W3 Framework (What works and why) is used to evaluate the quality of peer interactions throughout Living Positive Victoria's peer-based programs.

Reflective practice is embedded into the program with the W3 framework for self-assessment of the Peer Navigator's own performance after each client interaction. This is supported with monthly group reflective practice, individual supervision and access to regular debriefing.

The Peer Navigator Program is further being evaluated in an Implementation Trial being conducted by the Australian Research Centre for Sex, Health and Society at La Trobe University. This includes a mix of interviews and surveys with program staff, clients, clinic staff and other key stakeholders.

Standard 4

Peer support should be tailored for key populations

Multicultural HIV and Hepatitis Service

The HIV Client Support Program of the Multicultural HIV and Hepatitis Service (MHAHS) supports culturally and linguistically diverse (CALD) people within the HIV community. Principally, this NSW-wide program connects CALD PLHIV with Cultural Support Workers (CSWs).

While not necessarily HIV positive themselves, these CSWs are cultural peers who can assist CALD PLHIV to navigate an HIV positive diagnosis and the steps required to live healthy and engaged lives. The service draws from a pool of 80 bi-lingual/bi-cultural staff who speak a total of 25 languages, and this allows for a certain degree of 'finessing' when matching CSWs to prospective clients.

Many CALD PLHIV come from communities where high levels of stigma and silence about HIV has created an atmosphere of misinformation resulting in disclosure anxiety, a fear of authority and reluctance to access appropriate services.

CSWs address the particular issues affecting PLHIV of CALD backgrounds by:

- Offering psychosocial support to enhance emotional wellbeing, confidence and resilience.
- Improving health literacy through understanding HIV and how it is treated.
- Providing access to appropriate clinical services, facilitating engagement with treatment and assistance in adhering to HIV treatment regimens.
- Helping with decision-making about disclosure.
- Linking to other services and networks, creating social

connections and helping reduce social isolation.

- Facilitating independence in addressing HIV care needs and in navigating systems and services.

Referrals to the service are typically received at the time of HIV diagnosis or when someone disengages from treatment and care. Clients may also be dealing with a visa uncertainty and the ensuing mental health stressors of possibly having to return to a country where stigma is high and treatment is not optimal. The MHAHS also offer one-on-one support when PLHIV are reticent to participate in group peer situations because of disclosure issues.

CSWs often accompany clients to medical appointments, to address health literacy issues and to act as cultural consultants to clinicians who may otherwise be unaware of what is impacting their client's wellbeing and adherence.

Senior Social Workers (SSWs) oversee the program, assessing clients and personally supervising the linkage meetings. Clients have the opportunity to change CSWs or cease support as required, via regular reviews. SSWs ensure regular training and supervision of CSWs, as well as offering on-call, after hours support.

CSWs are available for one-on-one support, in person or by telephone, from Monday through Saturday from 9:00am until 9:00pm at a location and time that suits the client.

CSWs are trained in all aspects of confidentiality, boundaries, crisis support, safety and advocacy. They are able to refer back to the SSWs for both their own and their clients' support needs as necessary.

The Multicultural HIV and Hepatitis Service maintains contact with other HIV partner organisations, clinics and services and undertakes regular in-servicing to maintain an awareness of the options available to CALD PLHIV in NSW.

The service supports a shared-care model whereby both the HIV peer support and cultural peer support needs of clients can be met by inter-agency cooperation and referral.

Positive Aboriginal and Torres Strait Islander Network (PAT SIN)

“We are here right across Australia. Let’s support one another by yarning through our journey.”

HIV peer-support systems have been successfully operating within Aboriginal and Torres Strait Islander communities since the beginning of the Australian epidemic.

In June 2003, at a meeting in Adelaide, a group of HIV positive brothers and sisters decided it was time to formalise this network. By a special resolution, PAT SIN became an associate member of the NAPWHA.

The purpose of PAT SIN is to advance the rights and dignity of Aboriginal and Torres Strait Islander people living with HIV, including the right to participate in the Australian community without discrimination and the right to comprehensive and appropriate treatment, care, support and education.

By incorporating our perspective into the work of NAPWHA, the network provides the opportunity for HIV-positive Aboriginal and Torres Strait Islander people to advocate for change at a national level. It also gives members the opportunity to network across their diverse communities; to identify best practice in health promotion; and to encourage the promotion of safe sex, safe needle use, HIV testing and early treatment.

Perhaps most crucial of all, PAT SIN provides culturally appropriate peer support to Aboriginal and Torres Strait Islander people with HIV. One of the key guiding principles of the PAT SIN committee is to assist our people affected by HIV through the provision of emotional and social support.

We do this both informally, as fellow HIV positive peers, and professionally, when acting in professional roles within community organisations. Referrals may come via medical or community services, or directly to us via the NAPWHA office. We provide one-to-one peer support where possible and online and telephone support for those in more remote situations. We support a shared-care model and encourage cross-referrals in order to best support our HIV positive brothers and sisters.

Living Positive Victoria

The Living Positive Victoria Peer Navigator Program delivers one on one peer support to people who are newly diagnosed with HIV or experiencing HIV-related challenges. We work with diverse communities in terms of sexual identity, gender identity, migration experience, cultural background, aboriginality, age, lived experiences of sex work and/or injecting drug use, mental health status and disability.

While the program is founded upon the primacy of the peer interaction, it is recognised that it can be preferable to match a peer navigator to a client’s lived experiences or identity. Our peer navigators include women, heterosexual men, gay men, and people with a history of sex work and/or injecting drug use.

All peer navigators are trained to work in ways that are culturally appropriate and safe. Key affected communities have been engaged to deliver training to peer navigators and other peer staff. These include: Minus 18 (gender and sexuality diverse communities); Centre for Culture, Ethnicity and Health; Alcohol and Other Drug training facilitated by and using resources developed by people with a history of injecting drug use; and Victorian Aboriginal Community Controlled Health Organisation in partnership with Rural Workforce Agency Victoria. In addition, if we are unable to match a client with a peer navigator of a similar identity, we endeavour to foster social connections with like peers in an environment that is safe and supportive.

Living Positive Victoria also run peer support groups for heterosexual men, young people, and people over 50, and social activities for women. We run workshops for people who are recently diagnosed with HIV, with separate groups catering to the specific needs of gay men, bisexual men and MSM; women; and heterosexual men. We also auspice the Latin American Hispanic Rainbow Community to run a peer support group for Latinx people, with the view to extending the model in partnership with other cultural communities in the future.

This mix of programs has led to a significant increase in the uptake of services and the diversification of people taking up leadership, paid and volunteer opportunities within Living Positive Victoria.



Australian HIV Peer Support Standards