NSW USER'S & AIDS ASSOCIATION

Peer Education & Evaluation Framework

Understanding NUAA's approach to peer education with people who inject drugs in NSW

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This document is dedicated to all the thousands of people across NSW who inject drugs and who educate and support each other in often difficult and challenging circumstances.

PART 1 INTRODUCTION

1.1 WHO IS NUAA?

The NSW User's & AIDS Association (NUAA) was established in 1989 by a group of people who use drugs and their friends and supporters. Its role is to be a voice for people who use drugs, with an emphasis on the issues relating to injecting drug use, particularly the transmission of blood borne viruses.

NUAA is a peer-based organisation, making it different from most other health oriented organisations. People who use drugs make up a large percentage of the membership, staff and volunteers and its programs and services are designed, developed and delivered by users for users. As a user centred organisation NUAA has a well developed credibility with people who use drugs. The majority of NUAA's projects and programs are peer-based with peer education and support playing a key role.

NUAA's philosophical principles are based on issues of health and human rights, dignity, respect and the removal of stigma and discrimination from programs and services, which result in the self-determination and self-management of health. The principles are enshrined in the Ottawa Charter for Health Promotion (1986), which is today the guiding principle for Australia's HIV/AIDS and hepatitis C responses. The charter highlights the importance of community organizing for health and has at its heart "the empowerment of communities, their ownership and control of their own endeavours and destinies" and defines health promotion as a "process of enabling people to increase control over and improve their health" (WHO, 1986).

1.2 CONTEXT

Peer education is included as a key component of many state and national strategies, including the NSW Hepatitis C Strategy 2007–2009 and the NSW HIV/AIDS Strategy 2006–2009 as well as the National Hepatitis C Strategy 2005-2008.

Although peer education is accepted nationally and internationally as a valuable health promotion approach, it has become increasingly necessary to develop creative evaluation strategies so that the value and impact of these approached can be understood.

The complex nature of peer based approaches means that creative and participative approaches to evaluation need to be implemented so that the valuable work that happens within peer education programs can be described and evaluated.

AIVL (AIVL 2006) formalised the process by publishing their framework document in 2006. They are also currently working with the National Centre for HIV Social Research (NCHSR) to complement this document with an evaluation framework document.

At a state level, NUAA has produced this framework document to describe its peer based approaches particularly in the context of injecting drug use. This document is not just a theoretical document which examines what peer education is. It takes as its premise certain principles articulated by AIVL and other drug user organisations about what constitutes peer education within an injecting drug use context. (AIVL 2006, Brogan 1999) These principles include: ownership, self determination and participation and will be described in detail later in this document.

Part one of the document will attempt to describe NUAA's peer education practice and how peer education sits within and across NUAA programs and strategies. As well as describing what NUAA sees as good practice peer education it will describe some of the barriers and issues which exist around achieving good outcomes and practice.

In Part two the NCHSR will provide an evaluation framework for NUAA's peer education programs so that NUAA will be able to improve the evidence base required to support its continued peer education programs.

1.3 WHY IS NUAA IN A POSITION TO PROVIDE PEER EDUCATION?

Drug user organisations within Australia and internationally are themselves examples of users self organising and their very existence depends on peers working together and sharing their knowledge within supportive environments.

As the only peer based drug user organisation in New South Wales which works with people who inject drugs, NUAA is in a unique position to develop and implement peer education and support initiatives. Throughout its history NUAA has involved people who inject drugs in all levels of the organisation: as employees, volunteers, members, service users and program participants. As a peer based organisation, peer education and support is a common theme which links the programs and services of the whole organisation.

NUAA's peer education programs are based on a premise that people who inject drugs although a very diverse group which can span many cultures and identities, have a commonality based on their experiences and understandings of injecting. This is often strengthened by the feeling of isolation and/or stigma and "otherness' which users experience. The context of drug use and blood borne virus transmission and other harms which can be associated with injecting drug use is complex and is influenced by the nature of desire, pleasure, dependency, and the many environmental and structural barriers to safer using. (Brogan,

1999) Peers have a common understanding of many of these issues as they live them on a day to day basis.

As the only drug user organisation in NSW, NUAA is the organisation which represents drug users, which is run by users for users and which employs people who use drugs as peer educators. Because of this it has a well developed credibility with people who use drugs which encourages users to participate in NUAA and its programs.

Although the essential nexus of peer education is what happens out in the networks and communities of people who use drugs, NUAA plays an essential resourcing and supporting role. NUAA works with peers to build their capacity, to resource them, to provide support and to act as a liaison point between the bureaucracy, services and the peer networks. In a peer education environment it is essential that this role is played by a peer-based agency which is respected and trusted and that users feel a sense of ownership towards.

Ownership is one of the key components of peer education. If programs are going to be relevant, culturally appropriate and sustainable, then the peers involved need to feel that they have been involved in all stages of the project development and implementation. According to adult education principles, participants should determine what it is they need to know or to learn and should be involved in all stages of the process (Brogan 2003).

If we agree that this is a necessary pre-condition of peer education then NUAA would be the most appropriate organisation to facilitate this process within the injecting drug use communities. This is not to say that groups of users cannot mobilise themselves and initiate harm reduction strategies. They can and they do. However if or when support or resourcing is required, the local peer based drug user group is the appropriate organisation to provide this.

1.4 WHO IS A PEER?

When discussing peer education, the question of who is a peer often overtakes the discussion. The interesting point is that within our programs and projects NUAA rarely finds that this is an issue. Peers know who are their peers and quickly suss out other peers and the NUAA peer workers. For NUAA a peer generally is "someone who is considered to be a member of a particular group by both themselves and members of the group" (Gore, C 1999, cited in Brogan, 2003. p2)

This can of course be more complex and needs to be integrated into the discussion about peer education itself and will hopefully be better explained within the context of the following section. The defining attributes of a peer and peer education, as agreed by AIVL and its members are detailed in Box 1.

Box 1: Defining Attributes of a Peer & Peer Education[1]

- A true peer is someone who is considered to be a member of a particular group by both themselves and members of the group
- Peer status cannot be externally determined or conferred
- (Organic) Peer education exists independently of organisations and funding and occurs in spontaneous, ongoing ways within peer networks
- (As an organised activity) peer education taps into the pre-existing, ongoing communications, culture and modes of interaction within a defined peer group. It follows then that where "peer status" is an artificial construct imposed by project planners and where no common culture, language or set of special interactions exist within a group, true peer education cannot work

[1] Taken Directly from Brogan, D. (2003) Peer Education; In Search of a Common Model, AIVL unpublished paper, AIVL Canberra, pp2-3

- Simply assuming that common age group or socio-economic background, education levels etc. can constitute a peer group or network for the purposes of user peer education is a huge mistake

- Bearing in mind the diversity and relativity of peer relationships, matching the correct peer-defining characteristics of the peer educators, the target group and the health or social issue concerned is a critical task

- Peer education can involve a range of techniques and educational methods at different points, but its primary aim is always to influence and harness, for positive outcomes, the naturally occurring and ongoing interactions and normative structures that exist within peer groups

- The locus of peer education is not in the training workshop but in the peer-networks

- Ownership of issues by all participants and equal power within the process are indispensable attributes of peer education

- Processes must be appropriate to the peer-community, agreed to by members of the community and where necessary, adapted to ensure ownership by the peer participants

- Credibility in peer education is a product of the peer-attributes of the messenger, the consistency of the message with the values and experiences of the intended recipients and the perceived reputation of the messenger and her/his sources for accuracy and relevance

1.5 WHAT IS PEER EDUCATION?

The NSW Department of Health define peer education as "a set of education strategies devised and implemented by members of a sub-culture, community or group of people for their peers...where the desired outcome is that of peer support and the culture of the target group is utilised to effect and sustain change" (NSW Health in Brogan, 2003; p27).

"Where the peer defining attributes attract a great deal of stigma, such as IDU, the credibility of peers is of crucial importance. The message too, must accord with the values of the community if it is to be accepted, no matter who presents it" (Brogan, 2003; p28). User peer education also draws on the credibility that

people have with their peers because peers are more likely to listen to and accept information if they believe that the peer educator is similar to them, has similar experiences and faces the similar issues and concerns (Fors and Jarvis, 1993; Brogan, 2003; Milburn, 1995). Peer-based information and messages delivered by drug using peers are seen as having three levels of credibility, including person-based, experience based and message based credibility (AIVL, 2006; Brogan, 2003; Turner and Shepherd, 1999; Shiner & Newburn 1996).

Credibility is derived from the fact that peer educators share similar characteristics with the program target group (Gore, 1997). This person-based credibility is derived through their previous, or current, drug use, which leads to experience-based credibility. Person-based and experience-based credibility leads to the ability to deliver information in a non-judgmental way, which creates message-based credibility and therefore increases the acceptability of the messages.

A further rationale for using peers who identify as people who inject drugs is that they are more effectively able to access a population who are identified as hard to reach and sometimes hidden (UNAIDS, 1999; Svenson et al., 1999; Brackertz, 2007; McCallum, 1998; McDonald et al., 2003; McDonald et al., 2000) through pre-existing social network ties. This access provides the opportunity of peer educators to talk to people who would not normally access or accept harm reduction information from other sources (McDonald et al. 2003).

1.6 WHO ARE PEER EDUCATORS?

1.6.1 NUAA EMPLOYED PEER EDUCATORS

As a peer based organisation, NUAA employs paid project workers with particular experiences around drug use, particularly injecting drug use. Although this brings some immediate credibility, credibility has to be continually worked on and earned. NUAA through its programs, especially User's News has a well developed track record with people who inject drugs within NSW. The paid peer workers who are employed by NUAA have the benefit of resources, training and the support of the organisation. Being employed, however, especially in a funded organisation can also mean that the peers are no longer able to do the same

things they do when they are not working in a professional capacity. Although employed to mix with and to develop relationships with people who currently inject, they must always remember that they are employed as professionals and cannot use their contacts developed at work to buy or sell drugs nor can they use within these networks. Anyone who has been in this position knows how difficult it can be to be in a drug using situation for much of the day and not be affected. It is an issue which requires much support and supervision and excellent internal processes.

The peer educators employed by NUAA are people who have an intimate knowledge of injecting drug use, treatment and related issues. They are employed because they have this personal experience and the capacity to communicate and share information. In many instances they have been involved with NUAA prior to their employment, either as members or as volunteers.

Although diverse networks of people who inject drugs exist, there is a certain grassroots identity which cuts across all networks and allows an immediate recognition and understanding. This often immediately overcomes existing social barriers very quickly.

"It's good talking like this [in a peer only group] 'cos you know you aren't being judged and we've been through the same shit"

- Paul, Coffs Harbour

There is a certain 'commonality' which does allow a shared understanding of what it means to be an injecting drug user – a sharing of experiences, values and understandings.

1.6.2 KEY PEERS

NUAA also engages with injecting people who use drugs who play a natural peer educator role within their networks. The peers may play a leadership role or may just have good relationships with lots of people who inject. They may be user/dealers or people who advocate on behalf of other users to services. What they have in common is that they are accepted and respected within their networks. NUAA works with these key peers when possible. The Community Mobilisation PeerLink program supports and resources key peers to implement community development and peer education activities within their networks. Identifying appropriate peers can be a challenging and time-consuming part of the program.

This does not mean that NUAA only works with "key peers". All programs run events where all peers within an area or a particular cultural group are invited to participate. There are many different networks of users and people move across many networks depending on what they are doing. For example many Asian users may hang out together because they have all grown up in the same community with the same or similar cultural backgrounds but this doesn't mean that they only hang out with Asian users.

Many networks do not have much contact with services and rely almost entirely on "word of mouth" or "peer education" for their information and knowledge. Many of the people in these networks may never actually speak to a drug user organisation such as NUAA, let alone a mainstream service. In order to access these groups, NUAA would usually use peer educators who are from the same cultural background or from the same "tribe". They have the language and the understanding necessary to communicate within their own networks. This is not always as simple as it may appear as discrimination and stigma issues often mean that people don't want to be seen as "peer educators" It is really important that time is taken to develop a relationship with known peers in order to access the "targeted" community.

Often the key peers working on NUAA projects do not want to go on project steering committees as they don't want to be publicly seen as a peer or a user

representative. There are confidentiality issues involved and it can be an alienating experience. NUAA can support and mentor people if they do want to commence going on committees or can represent their issues if they don't. This is the very reason why having the support of a drug user organisation is important. A comment from the NUAA CROWS project indicated *"we expect CROWS to work with their social networks not with services or policy makers. This is important in allowing us to employ people clearly as peers, rather than as good report writers."* As stated earlier this doesn't mean that we won't support people to develop those skills if that is what they wish.

As with most groups in society some users don't always respect other users. This respect needs to be earned. Users often have a well developed internalised user phobia and as one NUAA member recently stated "sometimes *you need a hand to get over the negative attitudes you have about yourself and other users."* (NUAA Focus Group Report 2007). Dealing with the internalised user phobia is an essential theme in NUAA's programs. Experienced peer educators showing what is possible is an excellent first step.

1.7 NUAA'S MODELS OF PEER EDUCATION

Because of the peer-based nature of the organisation, each of NUAA's projects is dependent on and builds on the success of other projects. This is important to recognise, as the overlapping relationships between NUAA's projects contributes to their successes. (NUAA 2007)

Within this context, NUAA practices and facilitates a variety of models of peer education while acknowledging that the most organic form of peer education happens spontaneously within networks of people who use drugs. As Kelsall and Kerger state:

Peer education is a natural process, which occurs inevitably and spontaneously among users. Users share information with each other all the time…this information is often vital and basic to survival as a user, often specific and localized, constantly changing, often quickly outdated. It may be anything from which vein to use, or who is selling good dope today, to places to avoid due to police activity. Or it could be something to do with hep C, how to protect yourself or how to live with it. Where else do you go or who do you ask? (Kelsall & Kerger 2001)

What NUAA is primarily attempting to do with its peer education programs is to resource and influence those processes which occur naturally. Even though NUAA runs peer education workshops and provides one on one peer education and support, the key goal is that people return to their networks better resourced and capable of playing the role which comes naturally. Although workshops and skill building play an important role; peer education is not so much what takes place at the training workshop – it is what takes place in the peer community as a result. (Brogan 2003 p16).

The Peer Education and Support Program at NUAA comprises:

- Peer to peer information and support provided by the needle and syringe program (*NSP), ISR* and *the Outreach program*

- *Resources such as User's News* and the NUAA website are written by peers for peers and facilitate the sharing of information and stories within peer networks as well as resourcing the more organic and informal peer information sharing which occurs within various injecting contexts

- Peer education and community development programs within networks and communities of people who use drugs. These models such as

PeerLink and Tribes attempt to move beyond the individual behaviour change models and work with key peers to change social norms and practices

- Representation and advocacy by ensuring that users are included in service planning development and evaluation. Users are trained and supported by NUAA peer workers to play a role and to advocate for themselves and other consumers.

1.7.1 PEER TO PEER (ONE-ON-ONE OR SMALL GROUP)

One of the most basic peer education models occurs when NUAA employed peer workers participate in one-on-one or informal small group peer education sessions. Providing one-on-one peer education and support can appear to be resource intensive and to have limited outcomes as it works with individuals rather than communities. The reality is that these peers engage with wider networks, collect equipment and information for others and NUAA resources this process. NUAA views this process as a component of a broader process where peers are skilled up and resourced so they can be more informed and share their knowledge within their own networks and communities.

Examples:

1.7.2 NUAA'S FIXED SITE NEEDLE AND SYRINGE PROGRAM (NSP) AND INFORMATION SUPPORT AND REFERRAL (ISR)

NUAA operates a fixed site NSP which is staffed by NUAA employed peer NSP workers and NUAA trained peer volunteers. The NUAA NSP provides equipment and information to support safer using. It also provides a safe environment where users can discuss issues, chat to peer workers and access and read

information. This environment in turn allows NUAA staff and volunteers to interact and to learn as well as share their knowledge. Peers are consulted about discreet peer education programs, which can include health promotion displays where service users are involved in all stages of development, implementation and evaluation.

NUAA also runs an Information Support and Referral (ISR) program where NUAA peer workers answer queries and provide support by phone, email and in person. NUAA supports people who access this program to advocate on their own and other people's behalf. This program is advertised as being from "one user to another" so most people are aware before they call that they will be talking to someone with experience.

1.7.3 STREET BASED OUTREACH

Street-based outreach is where NUAA peer workers provide safer using equipment, information and support and provide referral to internal and external services. This intervention can be an end in itself but is more often a strategy to develop relationships with local users usually as a complementary basis for other NUAA programs. Relationships are built which can support future programs.

Where possible NUAA employs outreach workers who are part of the specific peer group identified by the program. For example a Tribes Project which engaged with sex workers from the Kings Cross area, employed and skilled up peers to do this outreach themselves with the support of a project manager. One rather large barrier was that they could not as volunteer peers distribute injecting equipment.

1.7.4 ONE ON ONE AND SMALL GROUP OUTREACH TO USERS WHO ACCESS OTHER NSPS

After meeting and consulting with users in a particular area, NUAA negotiates with the Needle and Syringe Program or a similar service to conduct informal peer education sessions at the NSP. Where possible, NUAA sends staff members who have well developed expertise and knowledge in the type of drug use which is most common within the area. This of course is not always possible.

Topics discussed are in response to the needs of the people attending but NUAA will have hopefully been informed by the consultation process. The consultations sometimes indicate that some people would rather attend a session away from the NSP. In these situations NUAA hires a room in a community centre or a park and holds a drop in session or a relaxed workshop.

1.7.5 INFLUENCING THE MORE ORGANIC PEER EDUCATION PROCESSES

The most organic form of peer education occurs within the networks and communities of people who inject drugs. It happens spontaneously when users are doing things together such as using, scoring or just hanging about having a chat. (AIVL 2006, Brogan, 2003) As stated earlier NUAA can still have a significant influence on what "education' or knowledge sharing occurs out in the communities or networks. An example of this is "User's News"

1.7.6 USER'S NEWS

User's News, which has been in publication for twenty years is a magazine style publication which includes stories written by users. It is a vehicle for community development and peer education written in the sub-cultural language of people who use drugs. It is in fact a user's voice which by its very nature empowers. It is not a traditional educational resource and as such is not "focus tested". It relies on responding to and encouraging users to speak for themselves within the pages of the magazine (Chris Jones 1994) User's News is edited by a NUAA staff member (with the advice of an Editorial Committee, which includes interested

peers and NUAA staff peer educators) who attempt to ensure that the tone is accurate and non judgmental.

A large proportion of the magazine includes stories and experiences of people who inject. Users from all areas of NSW including many who are in prison write stories about their experiences and/or share tips about safer using with other contributors and readers. People identify with these stories and the experiences described allow users particularly the more isolated to feel less alone. Messages and harm reduction information is shared and NUAA peer workers write educational pieces based on their experiences as peers and as peer workers. The last two readership surveys have shown that most people share their copy of the magazine with at least three others. The results of the 2007 *User's News Reader Survey* suggest that the magazine is not only widely read by people who use drugs, but collected as well — many readers stated that they collect the magazine and repeatedly refer to previous issues to find out information.

User's News is not just another resource. It has become part of the culture and language of NSW drug use and many people who have not heard about NUAA have heard about User's News.

User's News has an established credibility amongst NSW people who use drugs and as such is an important peer educational tool for NUAA peer education programs.

1.7.7 COMMUNITY DEVELOPMENT / PEER EDUCATION WITH SPECIFIC COMMUNITIES

NUAA also runs more formal programs where selected key peers are recruited and invited to participate in workshops to build their knowledge and capacity to act as key peers within their networks. They consult with their networks and are then assisted to work within their networks to develop their own peer education

and community development activities within their local areas. Messages and activities, culturally appropriate and relevant are developed by the group.

These projects aim to work with communities of people who use drugs to build and empower the community so that they can advocate for themselves and achieve community change. Building self esteem and an identity is a key component of past and present NUAA programs.

The network of peers defines their own activities and often grows in size from the initial group of NUAA 'educated' peers. With the support of the NUAA worker, the group defines its own agenda and begins to advocate on its own behalf. It is important to ensure that issues relevant to users are allowed to flourish. This in turn ensures a community better able to deal with issues around blood borne virus prevention and support.

Although workshops and skill building play an important role within peer education programs, it is important to remember that the aim of the workshops are to skill-up people to go back to their networks with better resources and an improved capacity to share information and knowledge. *Peer education is not so much what takes place at the training workshop – it is what takes place in the peer community as a result.* (Brogan 2003 p16)

Examples of this model include the NUAA TRIBES, CROWS projects and the current PeerLink and Asian program. (Descriptions of these models are available from NUAA). Community based peer education programs at NUAA broadly follow the same process, with variations depending on location and the issues. Developing relationships with some CALD and Aboriginal communities may take longer and require partnerships with their own community based and owned organisations. The general process however is still the same as with other networks or groups.

All these programs involved an integrated mix of peer education and community development strategies.

The stages of the model include:

1.7.8 DEVELOPING RELATIONSHIPS

It can be difficult to build a relationship with a 'tribe" or a cultural group and this often takes time and commitment. It is much easier to access people who access services such as needle and syringe programs. Communities particularly CALD and Aboriginal often don't visit services and need to be accessed in creative ways. At times NUAA uses the local expertise of local workers to meet with known community members. It can be a slow process but the peer based nature of NUAA and the project worker can often overcome the barriers more quickly than non peer workers could.

The process commences at NUAA with NUAA project workers who are peer workers. These peer workers are generic peer workers and will probably not be part of the specific population group which NUAA is working with. Their credibility is tied to NUAA and User's News credibility in the initial stages until relationships and trust can be built.

NUAA peer workers begin to develop a presence within the specific population they are targeting. These populations may be geographical or may be specific populations who are situated within a certain geographic area.

Strategies include:

- Advertised peer education and support sessions at local needle and syringe programs and other local services.
- Outreach by NUAA peer workers
- Advertising projects
- Word of mouth

1.7.9 SELECTING AND SKILLING 'KEY PEERS'

At some point in this project key peers who show interest and who have a good relationship with the group are invited to play a key role. They then attend skill building sessions, where they discuss peer education, safer using and relevant local issues with the NUAA peer educators

1.7.10 CONSULTATION

The key peers then consult people in their networks about local issues. This process is used to spread information about the project to local users. After the consultation process the key peers and the NUAA peer workers decide what peer activities could be held to build on the already developing relationships between NUAA and the community. These activities are informed by the consultation.

1.7.11 MAINTAINING RELATIONSHIPS

Developing and maintaining relationships is a continuing theme throughout the project**.** In many ways the programs are cyclical. Activities are conducted within a framework of community involvement and development, of information flow, creating and developing networks and acting on local issues and needs, and thus empowering people. (Gore 1995)

The key peers can and will have a well developed relationship with the local community. This is an essential part of the process and NUAA continues to resource them they can continue to share information within their networks. Many of the peers consulted may never actually meet the NUAA worker but will still participate via their relationship with the "key peers". However as one of the aims of the project is to involve as many people as possible with NUAA's programs, it is also important that NUAA peer workers develop a relationship with the community of users which is being "targeted". Communities rapidly change and key peer workers move in and out of the using networks. Therefore developing an ongoing and sustainable relationship between NUAA and using networks is important and can take time and resources and an ongoing presence.

Holding ongoing events which are co-facilitated by the NUAA peer educators and the local community key peers are the focus of this stage of the process. The aims of this stage are to build ongoing relationships and to increase the knowledge and awareness around safer using and blood borne viruses. Events are both fun and informative.

Examples of events include:

- Regular yum cha discussions (NUAA & AIVL Asian Project)
- Visits to local events
- Picnics for parents in park
- More formal discussions around safer using

1.7.12 IMPLEMENTATION

The next stage of the program can involve working with a key group of peers to develop their own activities.

Activities can include:

- Distributing User's News and supporting local users to contribute to the magazine and attend writing workshops.

- Distributing other NUAA and AIVL resources

- Referring users to NUAA's Information Support and Referral (ISR) Program.

- Showing their peers the principles of safer using.

- Sharing information about hepatitis C and other blood borne viruses.

- Facilitating a support group/s.

- Becoming involved in the planning, implementation and evaluation of programs and services offered by local health services, including the local needle and syringe program (NSP)

1.8 BARRIERS

Resources and sustainability

If reducing the size of the hepatitis C epidemic is to be taken seriously there needs to be a major focus on training and supporting peer educators to do their job effectively. Properly trained peer educators are the people best equipped to ensure that hepatitis C prevention messages are understood at the level of practical application (AIVL 2006). Organic peer education does occur but it needs to be built on by increasing and better resourcing the number of programs which actually build a voice for users and have been shown to change social norms around using in communities.

Peer education is more than just the sharing of information. It is long term and if it is to be real 'education' requires resourcing user groups to spend time developing a better understanding of particular communities particularly CALD and Aboriginal groups. This means working with researchers to really understand the context of user's lives. Education should empower and lead to social change.

"*Education is a complex and often long-term process of skills and knowledge acquisition for application in a specific context or environment. The problem with the total emphasis on information provision as education is that the focus is on the outcome, being the resource, rather than the process which is the learning." (Madden quoted in McGuckin 2006)*

All too often user groups are expected to access, skill up and resource volunteer peer educators to spread messages within their communities in a short space of time.

Legal framework

Training up individual peer educators to hand out resources or to share information without being able to hand out equipment is a huge barrier.

The illegality of activities related to drug use does not create a supportive environment to encourage peers to become involved. Peer educators are often harassed by police and NUAA has to work closely with local police and peers to ensure the peer educators' security. Creating a supportive environment is an essential part of any program.

We have laws which state that drug use is illegal but we have national and state strategies which call for peer education. Peer educators need to be supported and the complexity of their roles within this contradictory environment acknowledged.

Volunteer peer educators

Only the well resourced peer projects can afford to pay their key peers or non employed peer educators to participate in peer based activities. Volunteer peer educators also cannot be expected to stay in drug using circles just so that NUAA can keep up the number of interactions required for our funding Key Performance Indicators. People move in and out of drug use and need to be supported constantly to deal with the issues they confront. Peer workers at NUAA spend many hours supporting and advocating for peer educators and other program participants.

Peer education does work but people and networks change. Programs need to be resourced and supported and new peers continually engaged if projects are going to be sustainable.

1.9 PEER EDUCATION FRAMEWORK PROGRAMS

NUAA's Peer Education Framework recognises that peer education is complex and multifaceted and that for effective long-term outcomes there is a need to envisage peer education as more than one immediate concrete action. It requires vertical integration, which results in a suite of complementary "service delivery, community development, advocacy and health promotion programs within user controlled organisations" (Brogan, 2003; p26).

The holistic framework explicitly recognises people that behaviour change requires more than information provision provided at a single point in time; it requires ongoing access to new drug using equipment, ongoing distribution of complementary education materials and an environment in which learned knowledge can result in behaviour change. The program and service components of NUAA's current Peer Education framework include:

the PeerLink Program;

Users News;

Needle and Syringe Programs;

Outreach Programs;

Volunteer Programs;

Distribution pilot program.

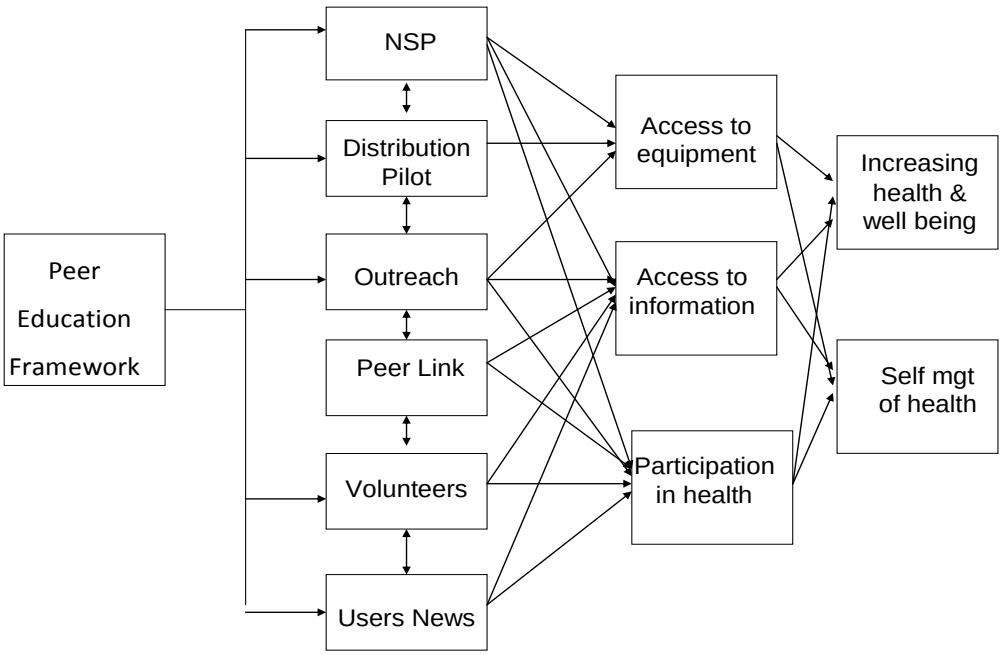
The implementation of each of the peer education framework component is dependent on location, availability of complementary and external services, target group characteristics and environmental and structural complexities related to the service location and target group.

<u>Theoretical Foundations</u>

- Adult education
- Health promotion

- Community development
- Maslow's Hierarchy of Needs
- Stages of Change – Proschaska & DiClimente
- Individual and group learning

Diagram 1 Peer Education Framework Theory



PART 2: PREPARING FOR EVALUATIONS

Peer education is widely espoused harm reduction program (Newland, 2009), which has been implemented by used by user-based organisations since the

1990's in an attempt to reduce incidence of blood born viruses, such as hepatitis C.

To date, although there have been a number of evaluations for peer education in Australia (LMS Consulting, 2007; Gore & Drucker, 1995; Parkes & Byrne, 1995; Fenandez, 2001; Brogan, 1999; Foundation for Young Australians, 2008; Kelsall, 2008; VIVAIDS, 2009), these evaluations have not produced the evidence required by government funding bodies to demonstrate the effectiveness of peer education. This is because the evaluations were undertaken to long ago, such as NUAA's Tribe Project in the 1990's, or because the evaluation design did not make assessments about effectiveness possible.

To ensure that the effectiveness of peer education is identified and documented, robust evaluations must be designed and implemented. These evaluations must document peer education programs success and achievements: together with what didn't work so well and the lessons learnt for future programs. This process will ensure that peer education has an evidence base for future funding opportunities and for internal program learning.

This chapter has not been written as a definitive guide to the evaluation of peer education programs. Rather it has been developed so that NUAA can identify and formalize the steps that need to be considered when planning an evaluation. The reason why this can not be a definitive guide is because program evaluation, like the programs it is intending to evaluate, will have many different and diverse contexts and considerations that need considered when development an evaluation framework.

This chapter will identify the essential elements to be considered when planning an evaluation. These elements include an understanding of what evaluation is, the 8 useful planning steps in preparing for an evaluation, additional approaches that will make the evaluation of peer education programs more meaningful and useful, types of evaluation data and factors to consider in data collection strategies and what type of evaluation governance may be required. Where possible, reference will be made to how this would operate in the real world, using the PeerLink Program as an example.

2.1 WHAT IS EVALUATION?

Evaluation is an assessment about how well a program is achieving its stated aims and objectives (Fitzpatrick et al., 2004; Rossi et al., 2004). Through this assessment, an evaluation makes judgements about the relevance, efficiency, effectiveness, impact and/or sustainability of program activities.

2.2 EVALUATION PLANNING STEPS

Before any evaluation is undertaken the Terms of Reference (ToRS) for the evaluation must be developed. ToRs can be developed by following 8 planning steps. These 8 steps include;

Step 1: Identify program Stakeholders;

Step 2: Document program aims, objectives, strategies and indicators;

Step 3: Identify reasons for undertaking the evaluation;

Step 4: Determine costs, time and resource availabilities and constraints;

Step 5: Determine design;

Step 6: Determine scope;

Step 7: Determine what information already exists; and

Step 8: Determine how the evaluation results will be used and by whom.

Step 1 Identifying program stakeholders

A stakeholder is any person, or organisation, that has an interest in and is affected, or can affect, program activities. There are many stakeholder groups,

including primary and secondary stakeholders, who can be internal and external stakeholders

The Primary Stakeholders

The primary stakeholder is identified as a person, or organisation, that has an immediate interest in the program: either because they depend on it for their livelihoods or because they are directly affected by its operation. For example, the primary stakeholder for the PeerLink Program would include the people who use drugs that the peer educators are intending to reach, peer educators and other PeerLink Program Staff.

When looking at available peer education evaluation literature it would be easy to forget that the primary stakeholder includes those people using drugs for which the program is intending to have impact, i.e. the target group. This is because there is almost a total absence of participation of the target group in all available evaluations, with the exception of Ruefli & Rogers (2004).

The participation of the program's target group in an evaluation is one area that needs to be addressed for peer education evaluation. This is because the participation and voice of the stakeholder for which the program is intending to have impact is vital to understanding and improving the program (USAID, 1996). This stakeholder is hard to reach, not out of reach (Brackertz, 2007). Therefore, prior to any evaluation activity, extensive planning needs to be undertaken to design a process that encourages and enables the programs target group to participate.

Secondary Stakeholders

Secondary stakeholders are individuals, or organisations, who have an interest in or impact on the program but due to some level of distance, are not immediately involved in program activities. For example, secondary stakeholders could include the Program Funder, NSW Health (WDP, Aids and Infectious Diseases Branch), the National peak user body – AIVL; other state-based user bodies and Academics and Research Institutes.

With respect to the PeerLink Program, the internal secondary stakeholders could sometimes be classified as primary stakeholders, although it is suggested that they be viewed as secondary stakeholders so that the focus of the primary stakeholder is on the immediate program target group.

Stakeholder Analysis

The identification of stakeholders is best undertaken through a Stakeholder Analysis, which will determine each stakeholder's need to participate in the evaluation, as well as their capacity and willingness to participate. Determining who the stakeholders are is an important evaluation task because it will determine who participates and who does not participate in evaluation activities (Kirkpatrick et al., 2003). It is also identified as well as being a pre-requisite to good governance and management (DFID, 1995).

To adequately understand program stakeholder's, a stakeholder analysis should be undertaken (Reineke, 1991). The aims of this analysis include:

- "Identify and define the characteristics of key stakeholders;
- Assess the manner in which they might affect or be affected by the program/project outcome;
- Understand the relations between stakeholders, including an assessment of the real or potential conflicts of interest and expectation between stakeholders;

- Assess the capacity of different stakeholders to participate" (DfID, 1998; no pagination).

Step 2 Program aims, objectives, strategies and indicators

An evaluation can only be undertaken when the aims and objectives of the program are documented because an evaluation is an assessment against the program aims and objectives. Also, a program cannot be evaluated and if the strategies to achieve the aims and objectives are not documented because performance indictors cannot be developed to measure the program impact and results. In evaluation terms, these factors are referred to as program's evaluability.

Although this sounds a little simple, it is vital. The common failings of peer education are seen to be due to a lack of documented peer education aim and objectives or because the program aims and objectives are vague (Shiner, 1999; Walker, 1999; Milburn & Wilson, 2000). The lack of, or poor documentation, of peer education aims and objectives may also be a reason why the evaluation evidence regarding the utility of peer education is seen to be equivocal (McDonald et al., 2003).

In the planning process for an evaluation of the PeerLink Program, the aims and objectives need to be identified. These aims and objectives, contained in Table 1, would then determine the scope, direction and evaluation questions for the evaluation. Performance measures, or indicators, would then be used to make judgments as to the appropriateness, effectiveness or efficacy or the program.

Table 1 PeerLink Program Aims and Objectives

Aim	**To educate and support peer educators to share harm reduction information through their networks so as to provide positive heath outcomes.**
Objectives	• To increase the health literacy of people who inject drugs around safer using and blood-borne viruses • To increase awareness of safer using strategies • To develop an enabling environments for peers • To increase the capacity of NUAA to respond to issues of relevance to local peers (NUAA, 2008: p10).

Step 3 Identify Reasons for undertaking the evaluation

There are two major reasons for undertaking an evaluation. These reasons include to improve program design and implementation and/or to demonstrate impact. The reason for undertaking the evaluation may not always be mutually exclusive but it will determine the design, scope and timing factors of an evaluation.

Step 4 Determining the time and resources available for evaluation activity

A clear identification of budget and resource availability is required before making decisions about the evaluation design and scope. Internal evaluation expertise and the ability to add these extra activities onto internal staff's job requirements will determine an evaluation's external resource needs. If there is no evaluation expertise, or no time for internal staff to undertake evaluation activities, this resource will need to be externally sourced.

As a guide, evaluation funding should be benchmarked between 5-10% of total program funds. If these evaluation funds have not been sourced prior to the

need to undertake an evaluation, there will be a need to obtain an evaluation budget from other sources; otherwise it will take away from well needed program funds.

As NUAA's peer education program is a NSW Government funded program, if the evaluation requires external expertise the sourcing and contractual obligations should be consistent with the NSW Government tendering process. There are three different requirements for external tendering processes. The different requirements for external tendering processes are outlined in the table 2.

Table 2 Requirements for external tendering processes

Evaluation Budget	**Evaluation Selection Process Requirements**
< $30,000	• A selective tender process, whereby the organisation requiring an evaluation contacts known evaluation individuals and organisations. • This budget has no lower limits on submitted tenders
$30,000 - $149,000	• A selective tender process whereby the organisation requiring an evaluation contacts known evaluation individuals and organisations. • At least three tenders are submitted.
$150,000 +	• A public tender process, where the Terms of Reference and Evaluation Brief are published in state and national media together with publication on the NSW Government e-Tender page

Other financial and budgetary issues that need to be considered when preparing for an evaluation include;

- Small scale External evaluator $500 - $1000 / day;
- Travel budget lines are usually required for external evaluators;
- Medium scale multi-site external evaluation $30k - $150k;

- Large scale multi-site external evaluation can cost millions;
- External evaluator data collection facilitation i.e. focus groups > $2000;
- Participation reimbursements for target group at $50 per person;
- If internal evaluation expertise is being used then the salary cost per day of the staff member should be identified.

Step 5 Determining the evaluation design

An evaluation design is concerned with the detailed planning of the evaluation and how it is going to be carried out. There is no one set rule for an evaluation design because its choice should be appropriate to the program context, evaluation questions, timing and responsibilities for completing an evaluation. There are 3 evaluation designs, including experimental, quasi-experimental or non-experimental.

Experimental Evaluation Designs

An experimental design involves the random selection of evaluation participants and dividing them into two groups, the treatment (those who receive program services or intervention) and the control (those who do not receive program services or intervention). An evaluation would then seek to measure the change in the treatment group and compare this against the control group to determine the impact and results of the program. With respect to health intervention and user based peer education programs, experimental designs may not be appropriate or feasible due to a number of factors, including;

1. "Randomisation may be unethical owing to the denial of benefits or services to otherwise eligible members of the population for the purposes of the study.
2. It can be politically difficult to provide an intervention to one group and not another.

3. The scope of the intervention may rule out the possibility of selecting a control group such as with a nationwide program or policy change.
4. Individuals in treatment or control groups may change certain identifying characteristics during the experiment that could invalidate or contaminate the results. If, for example, people move in and out of a project area, they may move in and out of the treatment or control group. Alternatively, people who were denied a program benefit may seek it through alternative sources, or those being offered a program may not take up the intervention.
5. It may be difficult to ensure that assignment is truly random. An example of this might be administrators who exclude high-risk applicants to achieve better results.
6. Experimental designs can be expensive and time consuming in certain situations, particularly in the collection of new data" (World Bank, 2009).

Quasi-Experimental Evaluation Designs

Quasi-experimental evaluation designs are similar to experimental designs except they use a comparison group instead of a control group. A comparison group is not randomly selected. They are a group of people who do not receive program services and have similar characteristics to those that do receive program services. The program effects are then measured against both groups to determine the impact and results of the program. With respect to health intervention and user based peer education programs, quasi-experimental designs may not be appropriate or feasible due to a number of factors, including;

- The ability to identify a group with similar characteristics in which to assess against;
- Small sample sizes; and
- Where a comparison group can be identified, it may be unethical owing to the denial of benefits or services to otherwise eligible members of the population for the purposes of the study.

Non-Experimental Evaluation Designs

Non-experimental evaluation designs are used when it is not possible to achieve randomization or identify or gain participation from a suitable control or comparison group. This is the most appropriate design for the evaluation of peer

education programs, although attribution of program impact and results may be difficult to determine.

Step 6 Determining the evaluation scope

The evaluation design will also determine the evaluation scope. The components of the evaluation design and scope include single site, multi-site, point-in-time and longitudinal evaluation. The differences in scope are summarised in the table below.

Table 3 Different Evaluation Scope

Scope	**Description**
Single-site	Where only one program site is included in the evaluation
Multi-site	Where there are multiple program sites included in the evaluation
Point-in-time	Evaluates the program at a point in time
Longitudinal	The program and its target group are evaluated over a period of time. The timeframe in a longitudinal evaluation is typically 1-3 years

The most commonly implemented evaluation scope is a single-site, point-in-time design. This is because this evaluation scope requires fewer resources, can be achieved within sorter time periods and does not have the methodological issues that arise in multi-site evaluations.

If the scope of the evaluation requires a multi-site approach or longitudinal design then the evaluation is made more complex through the need to evaluate the program and the location context in a number of program sites. These different program sites will increase the complexity of the evaluation because of the different target groups and their needs, differences in service access, complementary programs and services and the differential impact of structural factors.

Step 7 Determine what information already exists

An assessment needs to be made regarding the availability of the information. If data sources are not readily available, as they often do not for behavioural and environmental data, it is necessary to determine what is feasible to collect, what its purpose is and what time and cost considerations the data collection process will have.

Examples of pre-existing data that could be used in evaluations include program description documents, satisfaction surveys, newsletters, program work-plans, budgets and receipts, logs and diaries, personnel records, project proposals, grant records, service maps, agendas and minutes from meetings, media releases, policy documents, annual reports, government statistical data, academic literature and evaluations of similar programs.

Step 8 Deciding how the evaluation results will be used and by who

Another pragmatic concern is the decision regarding how the evaluation results will be used and by whom. This is because the different evaluation audiences "have different priorities, use different languages, operate to different time scales and are subjected to different reward systems" (Morgan, 2003; no pagination). This decision will generally be linked to step 3, the reasons for undertaking the evaluation.

If the evaluation has been designed for program improvement and the results will be used by program staff, attention needs to be paid to how the results will be presented and if they are useful and understandable for program staff. Alternatively, if the Funder is requesting the evaluation for accountability mechanisms, then the results will be used by NSW Health. The determination of how the evaluation results will be used will decide the timing and form of evaluation reporting, including decisions regarding interim evaluation reporting, its timing and if these results will be used to change program activities immediately or when the formal reporting period occurs.

2.3 EVALUATION APPROACHES

Traditional evaluation approaches includes process, impact and results evaluation. These approaches are represented in the diagram below and each approach will then be discussed.

Diagram 1 Traditional Evaluation Approaches

2.3.1 PROGRAM NEEDS ASSESSMENT

A program needs assessment is an evaluation approach that seeks to assess and document the "difference between the (program) target groups knowledge, skills, attitudes, beliefs, values or behaviour and what is desired" (McDonald et al, 2003). It is a process of identifying needs, setting priorities and making program decisions about how to address the identified program needs and priorities. There are typically five objectives of a needs assessment, including:

- Identifying the desired situation;
- Documenting the current situation;
- Identifying the difference between the current and desired situation;
- Identifying the reasons for the difference; and
- Prioritising needs" (Owens and Rogers, 1999; p66).

Needs assessment approaches are traditionally undertaken prior to program implementation. Peer Education Programs may require needs assessments to be part of an ongoing evaluation process due to the changing and evolving needs of

a diverse population and the environment in which the program operates. A needs assessment that uses a participatory approach will ensure that the current situation and context is adequately identified and that the needs and priorities are set for those that the program is intending to have impact (see Participatory Approaches).

2.3.2 PROCESS EVALUATION

Process evaluation is concerned with program development and improvement, which is assessed against program implementation. Process evaluation considers issues such as:

- "Planning, development, organisation and administration of the initiative;
- What actually happened;
- Who was involved;
- Whether the target group was reached;
- How and why the peer educators or target group changed as a result of the initiative; and
- How participants felt and thought about the initiative, including the target group, peer educators, initiative organisers, key stakeholders, funders etc" (McDonald et al., 2003:p83).

Process evaluation is the most commonly used approach to evaluating peer education programs (Milburn, 2000; Elliot, 1999; LMS Consulting dates; Foundation for Young Australians, 2007) because it is the easiest approach to undertake.

Although a process evaluation must be undertaken as a first step, process evaluations can not make any conclusions or recommendations about the effectiveness of a program as it only assesses whether a program has been implemented as designed (Fitzpatrick et al., 2004; Rossi et al., 2004; McDonald

et al., 2003). To understand the effectiveness and outcomes of a program, impact and results evaluation approaches must be used.

2.3.3 IMPACT EVALUATION

Impact evaluation is concerned with the short-term effects of the program. It is measured through an assessment of achievement in stated objectives, which are the statement/s that contains the specific steps, activities and resources required to achieve the program's aim.

For example, an impact evaluation approach to PeerLink would seek to measure the short term effects and impacts of the program objectives, including:

- "Increasing the health literacy of people who inject drugs around safer using and blood-borne viruses
- Increasing awareness of safer using strategies
- Developing enabling environments for peers
- Increasing the capacity of NUAA to respond to issues of relevance to local peers (NUAA, 2008; 10).

2.3.4 RESULTS (OUTCOME) EVALUATION

The focus of results, or outcome, evaluation approaches is how well the program is achieving its longer-term aims and goals. In peer education this aim is typically the reduction of risky behaviour which results in BBV reduction, such as hepatitis C. The aim of behavioural change resulting in incidence BBV reduction is an important accomplishment but it is not an appropriate aim or indictor for

peer education because it cannot be measured and it tells you little about how the target group makes decisions that impact on their lives.

A reduction in BBV incidence cannot be easily measured, if at all (Rollin et al., 1994; McDonald et al., 2002; McDonald et al,, 2003; Miller, 1996; Fors & Jarvis, 1995). This is because the design involves measuring long term behavioural changes, which may not be measurable or masked. Limited organisational resources for extensive longitudinal, multi-site evaluation are also a reason why results evaluation approaches are not extensively utilized for peer education evaluation.

Evaluation behaviour change is complex. This is because behaviour change is not just the capacity to change. It will only be realised if the structural opportunities, in which the program is operating, allow behaviour to change. These structural opportunities (and inhibitors) include law enforcement, housing, financial capacity, culture etc. Therefore, behaviour change is complex to measure in evaluation term because change:

- "May only occur in the long term and evaluation designs may not be able to capture the change in the short term due to limited evaluation resources and ongoing access to the target group;
- Effects are masking and the ability to attribute individual change to program activities may not be easily undertaken;
- Is compounded by environmental and structural factors, such as housing, income, service access, which impact on the program effectiveness but are out of the program's immediate control;
- Involves change at both the individual level and social group norm change" (Newland, 2009a; p5).

Even where an evaluation identifies behaviour change in the target group, the attribution the change to specific program activities will be hard to demonstrate. This is because of a number of factors such as peer education functions being undertaken in many complimentary programs and services that user-based organisations implement and the compounding structural effects.

An evaluation that seeks to measure the reduction in blood borne virus levels, such as hepatitis C, may also be seen as inappropriate because it tells the evaluation little about what impact the program "has in assisting drug users in

making changes in their life conditions, circumstances and quality of life" (Ruefli & Rogers; 2004: p2).

Therefore "impact evaluation may be more appropriate or achievable for peer education initiatives" (McDonald et al., 2003; p83).

2.4 ADDITIONAL APPROACHES SUITABLE FOR THE EVALUATION OF PEER EDUCATION PROGRAMS

The basic logic of evaluating peer education programs is like most of programs: it is possible to take a structured and systematic approach to evaluation activities. There are some specific evaluation complexities for peer education that "may not fit easily with traditional ways of assessing outcomes" (Evaluation Support Scotland: 2007; 1). Therefore traditional approaches, such as needs assessment process, impact and results evaluation need to be augmented with other evaluation approaches such as participatory and theory-based approaches, if peer education is to be evaluable and meaningful.

2.4.1 PARTICIPATORY EVALUATION APPROACHES

A participatory evaluation approach should be used for peer education evaluation because it has the same grounding principals that peer education, and user-based programs, is intending to achieve. These include;

- "Changing the balance of power so that everyone's rights and aspirations are respected, acknowledged and used as a basis for dialogue;
- Generating shared understandings of problems, priorities and possibilities;

- Agreeing achievable and sustainable change and action;
- Building the capacity of local stakeholders to initiate self-mobilised action; and
- Celebrating achievements, developing strengths and generating shared learning" (VSO, 2004; 4).

Participatory evaluation approaches are deliberate and democratic (House & Howe, 2000), which addresses the issue of primary stakeholder voice inclusion. Participatory approaches "empowers the community participating in the research so that members are not objects acted upon but rather partners in an endeavour to improve their circumstances" (Ruefli & Rogers; 2004; p2).

Due to the hard to reach nature of the target group, a participatory approach that utilises peer educators and other program staff that has contact with the target group, may be necessary. This is because of the need to build rapport and trust with the target group, which has resulting time factors.

Other issues that should be considered when using a participatory approach include the need to be flexible in scheduling (to ensure full participation), the need to explain to the evaluation stakeholders what the evaluation is about and why you are there (create rapport and reduce any misconceptions).

Participation burdens of the target group, such as the need for child care and other costs of participation such as travel and time, also need to be managed. As a general principal, $50 per participant (target group) should be allocated to ensure that participation in evaluation activities does not result in any financial or social burdens to the participant.

A participatory evaluation approach will also increase the "cultural appropriateness of the way the research is conduced, the potential validity and

reliability of the data that are generated and the utility of results" (Ruefli & Rogers; 2004; p2*)*.

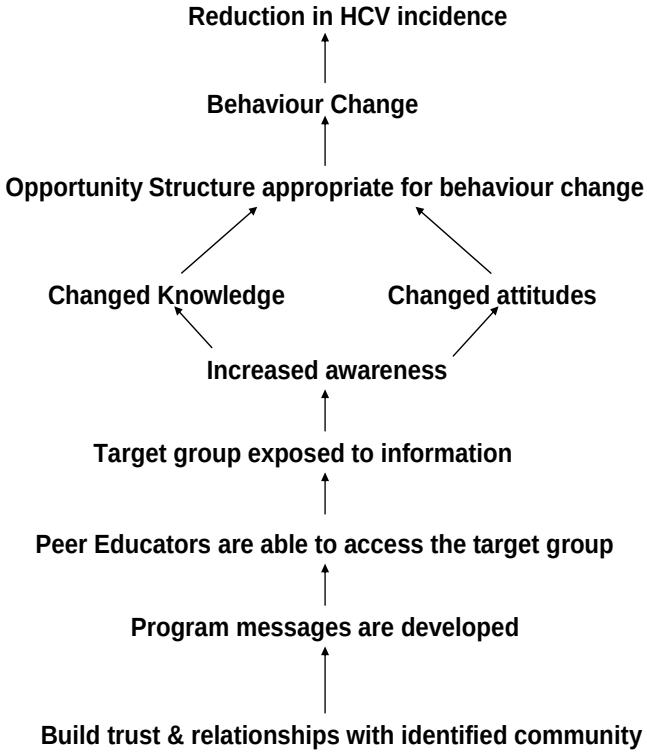
2.4.2 THEORY-BASED EVALUATION APPROACHES

Theory-based evaluation, or program theory, refers to an evaluation approach that seeks to understand whether the underlying program theory is connected to program inputs and is one that makes sense and is achievable. Theory based evaluation approaches are generally adopted when you can not adequately measure the long term aims of the program or achieve random assignment for experimental designs. Theory-based evaluation approaches are therefore a useful approach for evaluating NUAA's peer education programs.

Causal, or implementation, theory is a set of assumptions about how the program should work (Chen, 1990) and is the most widely used theory-based evaluation approach (Weiss, 1998). One way to measure causal (or implementation) theory is through logical frameworks, or log-frames. This approach uses a road map to identify and depict a program's planned work with the desired outcomes. It is "a picture of how you believe your program will work. It uses words and/or pictures to describe the sequence of activities thought to bring about change and how these activities are linked to the results the program is expected to achieve" (W.K.Kellogg Foundation, 2004; p1).

A causal theory identifies that individual steps that need to be undertaken as part of program activities and which can subsequently be measured in evaluation activity. In a sense it is a bit like Maslow's Hierarchy of Needs (1943) because a program must achieve the lower level activity/goal before its can proceed on to the next higher level goal. The diagrammatical representation of NUAA's peer education causal theory is contained in the diagram below. It is appropriate for evaluating all models of peer education previously discussed.

Diagram 2 Results based Accountability Theory for Peer Education Programs



If an evaluation uses a theory-based approach, it would seek to identify the individual programs movement up the causal theory and identify the processes undertaken and any impacts identified. To show the utility of the causal theory approach and how this could be implemented in real world evaluations, criteria for program success and performance measures have been developed to show how this approach would be used in practice. Appendix A details the intended results for each of the causal theory steps identified in the diagram above, including criteria for success, performance measures and data sources.

The appropriateness of theory-based evaluations for peer education evaluation has been identified because the approach recognises and accepts the diverse contexts and goals of the participating individuals and communities. Its appropriateness also increases because it recognizes the intangible and non-quantifiable nature of many of the peer education program goals (Weiss, 1998).

The use of a theory-based evaluation approach will also counter the criticism that "there is very little reference to theory. On the few occasions when theory is mentioned, it tends to be cursory, lacking in analysis or investigations. Claims for effectiveness therefore have little basis in existing theories" (Turner & Shepherd, 1999; p235).

This causal theory is appropriate for the evaluation of all peer education programs, whether they are pilots or established programs. For example, NUAA's *Phuc-Off* is a pilot program with a CALD community that has required extensive trust and relationship building with the target population. This relationship building is a requirement to proceed to the next causal level and it requires time and resources. Given that the target population is not homogenous, is geographically diverse, and has varying understandings of HCV and risk, timetabling milestones for suitable progression of the program should be based on this understanding.

2.5 EVALUATION DATA COLLECTION

An evaluation can use qualitative and/or quantitative data collection, the choice of which will be dependent on the evaluation questions, the type of analysis and the detail required. A comparison of qualitative and quantitative data is contained in the Table below.

Table 4 Comparison of Qualitative and Quantitative Data Collection in Evaluation[2]

[2] Table amended from McDonald, J., Roche, A., Durbridge, M., and Skinner, N. (2003) *Peer Education: From Evidence to Practice – An Alcohol and Other Drugs Primer*, National Centre for Education and Training on Addiction (NCETA), Flinders University South Aus

	Quantitative	**Qualitative**
Detail and amount of information	Gain less detailed information from a larger number of people	Gain in-depth information from a smaller number of people
Type of analysis	Analysis of numbers	Analysis of words and meaning
Key Concern	Concerned with 'How much"	Concerned with 'Why'
Data Collection	Numerical collection of frequency, intensity, duration, severity	Non-numerical collection of themes and issues
Time requirements	May be brief and easy to administer, score and interpret	More time intensive in terms of administration and analysis
Strengths	Reaches more subjects Allows more comparisons Enables measurements of effect size Findings are generalisable to other people or situations	Places quantitative data in context May reveal why things happened May reveal unexpected information
Limitations	Lack of depth	Difficult to generalise findings
Data Type	Surveys, questionnaires, attendance records	interviews, focus groups, observation, and analysis of stories and scripts, document review
Software	SPSS	NvIVO

The need for mixed data collection methods, including qualitative and quantitative data, is needed in peer education evaluation because the nature of peer education work "means that, although quantitative data is important, it must be put in context" (Evaluation Support Scotland:2007; 3).

For example, a peer educator may contact 20 people in a week, but this information tells you little about the content and nature of the discussion and therefore, the quantitative data used in evaluations "is only meaningful if augmented with other information" (Evaluation Support Scotland:2007; 3). Therefore, "qualitative research which describes the social behaviour of illicit

drug users has a key role to play in refining community based interventions" (Power et al., 1996; 86).

2.6 EVALUATION GOVERNANCE

There are a number of key internal and external stakeholders that should be involved in any evaluation activity. This is best managed through an Evaluation Steering Committee, or working group. Membership of this group could include representatives from The evaluator or evaluation team, NUAA General Manager, NUAA Manager Community Programs, NUAA Mgrs in Peer Education Framework Programs, PeerLink peer educators, AIVL, NCHSR, and NSW Health (as needed). It is strongly recommended that the Steering Committee chair be NUAA General Manager.

The role and terms of reference will need to be decided before any evaluation is undertaken. Issues to be considered include the frequency of meetings, how timeframes and milestones will be monitored and reviewed, if there is the need for interim reporting and how these findings will be utilized and how complications, ethical issues and other matters will be dealt with by the committee or group.

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APPENDIX A: HIERARCHY OF INTENDED RESULTS AND CRITERIA FOR SUCCESS

Intended Result	**Criteria of Success**	**Measures**	**Source**
Behaviour change	The further spread of HCV will be limited among people who inject drugs	Not within scope due to inability to measure or attribute results	
Opportunity Structure appropriate for behaviour change	Vertical integration (organisational) and partnership approach (external) to harm reduction	• Access to NSPs other source of equipment • Increased demand for other services (health-seeking behavior) • Identify structural, situational and environmental constraints to risk • Partnerships sought to reduce structural impacts	• NSP Service Statistics • # and type of demand for services • Target group interview • # and type of consultations undertaken with other Governement Departments and other community based organisations. • Outcomes of partnerships
Changed skills	People who inject drugs have increased skills to overcome the barriers to a healthy lifestyle while	• Nature and type of skills change • Most Significant Change	• Target group interview

Intended Result	Criteria of Success	Measures	Source
	maintaining drug use		
Changed attitudes	People who inject drugs change their attitudes towards risk reduction and healthy lifestyles	• Nature and type of attitude change	• Target group interview
Changed Knowledge	People who inject drugs have increased knowledge about HCV, how it is transmitted and how to reduce their risk of being infected or infecting others	• Nature of knowledge change	• Target group interview
Increased awareness	Target group is aware of the information and finds it interesting, understanding and appropriate	• Satisfaction of target group • Increasing demand for information	• Target group interview
Target group exposed to information	Peer educators about to access and exchange information with the target group. Barriers for access are identified	• # & type of target group reached • # & type of access barriers • # of target group refusing to interact with peer educator • Target group finds the material	• Peer educator interview • Program records

Intended Result	Criteria of Success	Measures	Source
		interesting, understandable and non-judgmental	
Program Information is developed	Information is developed in consultation with the peer educator and target group and reflects the needs of the people it is intending to have impact	• Information is consistent with program aims and objectives • Information acknowledges the experience of the target group • # & type of consultations undertaken in message development • # & type of support initiatives	• Program records • Target group interview • Peer educator interview
Peer educators are recruited and trained	• Training developed • Recruitment strategy developed • Recruitment	• # peer educators recruited per site • # & type belonging to relevant gender & cultural groups • Peer educators satisfied with training	• Program records • Peer Educator interview / survey regarding satisfaction and other needs
Trust and relationships are built with identified community	• NUAA is able to access target population to build trust and relationships for effective programming	• # and type of consultations undertaken • Community become aware of NUAA and start Utilising NUUA services and programs	• Diary appointments and attendees • Meeting notes • Target group interaction with NUUA services and programs