IT'S WHO WE ARE:

EXPLORING THE ROLE, IMPACT AND VALUE OF PEERS

ACON DISCUSSION PAPER

acon HERE FOR HEALTH

ABOUT ACON

ACON is NSW's leading health organisation specialising in community health, inclusion and HIV responses for people of diverse sexualities and genders. Established in 1985, ACON works to create opportunities for people in our communities to live their healthiest lives.

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We pay our respects to the Traditional Owners of all the lands on which we work, and acknowledge their Elders, past, present and emerging.

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CONTENTS

EXECUTIVE SUMMARY

Peers are people who share lived experiences, social and cultural practices, sexuality, gender, ethnicity or other characteristics.

Peer connection can be based on a range of factors and these factors may intersect. They can include the shared lived experience of a similar health condition (e.g. HIV or mental health) or disability, being sexuality and/or gender diverse, drug use, having a similar cultural background, being Aboriginal or Torres Strait Islander, and/or being from the same age group.

They use their shared lived experiences to connect with, support and educate one another and advocate for the health needs of their communities

They are often trained in specific health issues and provide information, support, and assistance, as well as some clinical activities such as HIV/STI screening.

Central to a peer's role is a deep and intrinsic connection with the community they belong to.

At the root of peer work is an understanding that through sharing and support, as equal partners, peer workers can appreciably improve the health and wellbeing of the people in their communities.

Peers can improve the reach of services due to their unique access to their communities, which other organisations and service providers are not able to easily access. This greatly improves the effectiveness of services and programs and is integral to reaching priority populations.

For marginalised populations, such as those most affected by HIV and people of diverse sexualities and genders, who may have had poor experiences with mainstream health services, peer support is vital.

Peer-based programs can be delivered in informal settings, which also contributes to their effectiveness. Peer interventions are often delivered in places where the target community already live, work and interact (for example, clubs, bars and other venues).

Since the early days of the HIV epidemic, peers have been central to NSW's world leading HIV responses. In those early days, when little was known about HIV and discrimination was widespread, small groups were formed by people who risked much to give and get support, to share knowledge, and to lobby for treatment and care. These groups consisted of the people most affected by HIV, including gay and bisexual men, people who inject drugs and sex workers.

Programs facilitated by peers improve health literacy, including knowledge of HIV risks and prevention methods, behaviours and health outcomes. These programs likewise help people living with HIV (PLHIV) initiate HIV treatment, better adhere to HIV treatment once started and find culturally appropriate support around sensitive issues such as HIV disclosure and building resilience.

Peers encourage connection to health services, support and information and empower individuals to advocate for themselves and their communities.

Peer work has a political dimension in challenging discrimination and advocating for particular and appropriate services, including access to treatment.

Central to peer-based health programs health programs is person-centred and community-centred health care, better mental and physical health, cost savings and stronger community ties.

To achieve greater health outcomes, the effectiveness of peer support programs can be built on by ensuring that:

- peers are well-trained and adequately supported;
- peer programs are considered across a wide range of health interventions where they currently do not operate;
- investment in existing peer programs is strengthened and prioritised;
- peer programs are delivered in partnership;
- are culturally appropriate;
- and respond nimbly to evidence as it emerges.

INTRODUCTION

The history of the successful response to HIV in New South Wales is a testament to the effectiveness and strength of the community's response and the understanding shown by policy makers, researchers, politicians and other health professionals to work in partnership with affected communities. This partnership has been at the core of the world leading response and has meant that NSW has been able to respond to HIV more effectively than many other places around the world.

At the centre of this partnership has been our communities and the peer workers who have dedicated countless hours and much energy in responding to HIV and in supporting and caring for each other.

From the beginning of the emerging epidemic in the early-1980s, our communities have been remarkably successful in dealing with HIV, with groups of people living with or affected by HIV coming together to establish community-based and peer-led HIV organisations and groups, which evolved into the organisations we know today, including ACON.

As these organisations emerged, they took on the primary responsibility of supporting those who had been diagnosed and preventing HIV transmission within their communities. This was at a time when gay men, PLHIV, people who inject drugs and sex workers were much ostracised and vilified by large segments of the Australian community.

This practice-focused paper examines the role of peer support and education in the HIV response, the role of the peer worker, the importance of peer education in dealing with HIV, and how best to support peers who are doing this important work.

The paper will also examine the innovative peer work that is currently being done by ACON more broadly in drug and alcohol, ageing, trans and gender diverse health and with other important health issues facing our communities, as well as what peer work may look like going forward.

- Section One provides some key definitions of peer work, including the principles underpinning peer programs, and a summary of the various types of peer work.
- Section Two will explore the history of peer education and support in NSW and will examine the early years of the HIV epidemic, and the community's response as it emerged.
- Section Three examines how peer work operates and will assess the value of peers.
- Section Four and Five will look at the future of HIV peer work in NSW, including the impact of biomedical HIV interventions, how technology has impacted peer education and support, and divergent trends in HIV notification data.
- Finally, Section Six will conclude the paper and provide rconcluding remarks for consideration to build on the success of peer programs.

While this paper focuses on HIV and sexual health, it is important to note that peers have been extensively utilised in alcohol and other drug support, mental health, domestic and family violence, work with prisoners and in many other areas of health and community work. The paper uses cases studies from ACON's work to not only illustrate the impact and value our own peer work, but also to highlight the role of peers in building and supporting effective community led responses to a wide range of health issues.

"I left the peer workshop feeling more informed and educated, and incredibly well supported. It allowed me to clear my head and think more positively about my diagnoses"

– ACON workshop participant

CASE STUDY

a[TEST] HIV and STI Testing Services

The a[TEST] rapid HIV and STI community-based testing sites offer testing by well-trained, paid peers who deliver services to gay, bisexual and other men who have sex with men. A diverse group of gay and bisexual peers act as both educators and testers in this setting and provide information on HIV and STIs, PrEP, PEP, undetectable viral load and can offer referrals to other services, including other ACON peer programs. They also perform the rapid HIV test and provide a result to the client. The service is operated in conjunction with clinical partners, with a nurse on site to perform syphilis testing and confirmatory testing of the rapid HIV result.

Between 2015-2019, HIV tests performed at a[TEST] accounted for 13.4% of all HIV diagnoses among gay and bisexual men in NSW, demonstrating that the service was reaching those most at-risk of acquiring HIV. a[TEST] accounted for 19.9% of HIV diagnoses in NSW among overseas-born gay and bisexual men, and 19.6% of Asian-born gay and bisexual men between 2015-2019. Overseas-born men accounted for 56.8% of unique clients, with about one-quarter of all unique clients born in Asia.[70]

I. BACKGROUND

1. What is a Peer?

In broad terms, peer support occurs where people with shared lived experiences connect with, educate, support and care for one another. The shared lived experience enables peers to work in partnership and allows for mutual understanding, learning and growth.

Peer connection may be based on living with similar health conditions such as HIV, drug use, being from similar communities or locations, or from shared identities based on sexuality, gender, age, disability, ethnicity, cultural or linguistic background, or being Aboriginal or Torres Strait Islander, or shared experiences such as migration or seeking asylum. It can also be from sharing similar experiences of oppression, stigma and discrimination.

Through these shared experiences, which often intersect, peers are vital tools in culturally appropriate health promotion activities and public health responses that enable individuals to learn and grow in a safe, welcoming and understanding space to achieve a sense of empowerment through knowledge, support and social connectedness.

A range of definitions and understandings have been offered as to what is meant by the terms 'peer education' and 'peer support'. Peer education and peer support are broad concepts that imply an approach, a communication channel, a methodology, a philosophy, and a strategy.[1] Peer education has been described as the teaching or sharing of information, values and behaviours by members of similar age or status group[2] or as those of the same social group educating each other.[3]

Peer education has been described as a process which attempts to build on existing information exchange, or as taking place anywhere people share information in social groups.[4] Peer relationships can be structured and formal, semi-structured, or entirely informal (for instance, friends sharing information between themselves). As well as building on existing information, the process creates discourses and forms of knowledge that are specific to each peer group, making the information more relatable and easier to understand.

Peer support and education is different from other types of support and education because the information is delivered by a person with lived experience and deep understanding of the relevant issues.[5,6] Peers draw on shared personal experience to provide knowledge, social interaction, emotional assistance or practical help to each other, often in a way that is mutually beneficial.[7]

Despite the diversity in definitions of peer education and support, the key characteristic of the approach is the underlying principle that those with shared lived experiences educate and support each other.[3] This notion of shared social status, whether relating to age, ethnicity, sexuality or gender is considered integral to the application of any peer education or support program.[8]

While peer relationships can include friends sharing information or insights in an informal, unstructured way, structured peer support is delivered by trained, skilled volunteers or staff.

Another feature of peer support is that it is a mutually beneficial relationship, to those providing the support as well as those receiving it. Benefits can include forming collective strategies to manage health, developing resilience and self-esteem, and advocacy and collective action.[9,10]

Peer education and support should be non-judgemental in its delivery.[10] Empathy (being open to understanding a person's point of view), congruence (the ability to relate to others without a professional or personal façade) and acceptance (being non-judgemental) are vital elements to the success of peer work.[11] These core elements can also be seen as important principles and values in the delivery of peer education and support.

2. Peer Work Values

Sharing Lived Experience

People with shared interests and lived experiences often share advice and knowledge with others, and this is an important form of both informal and formal peer support or education. Making one's own experiences available to others is central to peer work, building social bonds and trust. Peer education and navigation, for example, is the sharing of peers' lived experience in order to enhance individual and community health and wellbeing.

Accepting and Non-judgemental

Acceptance and being non-judgemental is key for successful peer work. It allows peers to communicate as mutual partners and builds empathy, authenticity, and encourages an open and honest dialogue.

Mutual Benefit

Key to the impact of peer work is the mutual benefit received by both peers. Peer work can lead to learning, education, support and care, but it also can lead to advocacy, empowerment and community engagement.

Person-centred and Community Oriented

Peer work is at its heart person-centred and community oriented and is therefore also tied to the notions of social and cultural determinants of health. For peer work the notion of empowering people and communities more broadly to take control of their own health is key to its success. Peer work embodies the notion of people and communities working together to address their own health behaviours, concerns and issues.

3. Peers in Practice

In practical terms, peers may operate in many different roles, from providing informal advice and support through to trained peers providing some clinical services.ACON services are run by and for peers, including:

Peer Educators

Peer educators share information with members of a specific community or group of people to achieve positive health and wellbeing outcomes.[12] In the context of HIV prevention and sexual health, peer education programs empower members of their communities to make informed decisions about their sexual health. This includes learning about combination prevention strategies such as HIV and STI testing, PrEP, PEP and where to access additional health referrals. These trained peer educators relay information to others to influence and positively impact individual and collective knowledge, attitudes, beliefs or behaviours within the community that the peer belongs.[1, 13] In the context of HIV peer education, this information is often explored using real-world situations such as dating and hooking up, so the knowledge exchange is contextual to their experience.

Peer Support Workers

Peer support workers are trained to provide social and emotional support to others with a similar experience (such as living with HIV) in order to create a safe and supportive environment to discuss issues and concerns, or to provide practical information.[12] Trained peer support workers can normalise the process of help-seeking for individuals and can enhance self-esteem, self-efficacy and problem-solving skills.[1,13,14]

Peer Support for PLHIV

Peer support plays a key role in supporting PLHIV, in particular, for those newly diagnosed. Peer support comes through both one-on-one sessions and through peer led group work. Peers help individuals living with HIV navigate the often complex and daunting health system. This can include supporting individuals with finding and accessing appropriate care and treatment services, connecting to other forms of care and support, assisting with identifying and overcoming barriers, and providing health information.[15] Peers are uniquely suited to help PLHIV makes sense of complex topics such as HIV disclosure, HIV stigma and building resilience. HIV peer support is unique from case workers or other health professionals in that they have experienced living with HIV while navigating the health system and society themselves and are specifically trained to support newly diagnosed individuals to navigate the health and social services systems and society more broadly.

Peer Health Workers

Peer Health Workers are peers who have been trained to provide specific health services. These include Peer Testers who provide sexual health screening and health promotion within clinical settings. Peer testers conduct rapid HIV and STI testing and screening and provide results to clients. Peers also conduct sexual health promotion on topics such as HIV combination prevention strategies such as PrEP, PEP, and undetectable viral load (UVL). Other peer testers support community around cervical and STI screening prior to clients seeing a health care practitioner such as a doctor or nurse.

Peer Advocates and Advisors

Peer-based organisations, such as ACON, depend on peer advocates and advisors to contribute to and at times lead much of the essential advocacy work undertaken. Peer advisors of migrant backgrounds help ACON translate resources such as Ending HIV into foreign languages, using community language and colloquial phrasings. Peer advocates and advisors may be organisational board members or volunteers that contribute their expertise and knowledge to program advisory groups. As with all peer workers, peer advocates share a common commitment to their communities, an expertise drawn from both their lived and professional experience, and a willingness to share that experience to improve the health outcomes of their communities.

Informal Peer Work

Peers offer support to one another in informal settings as part of everyday life. Informal support comes in the form of help, assistance, guidance and information exchange that people give freely to each other as part of daily life. Among marginalised communities most affected by HIV, informal peer networks are ubiquitous, with peers sharing information and advice on a range of issues affecting their health and wellbeing. Historically, these informal peer networks were needed as accurate information was not readily available from mainstream healthcare providers or educational institutions.

4. How Does Peer Work, Work?

Peer-based approaches put people and communities at the centre of their health and wellbeing. Peers work by ensuring that individuals have access to the necessary support and information they need. Sometimes, this also requires clinical care, which peers may not be able to provide. Conversely, oftentimes clinicians cannot offer services which peers can.

The below illustrates how the peer workforce and the clinical workforce can work in tandem to ensure that individuals are empowered to access services and lead their healthiest lives.

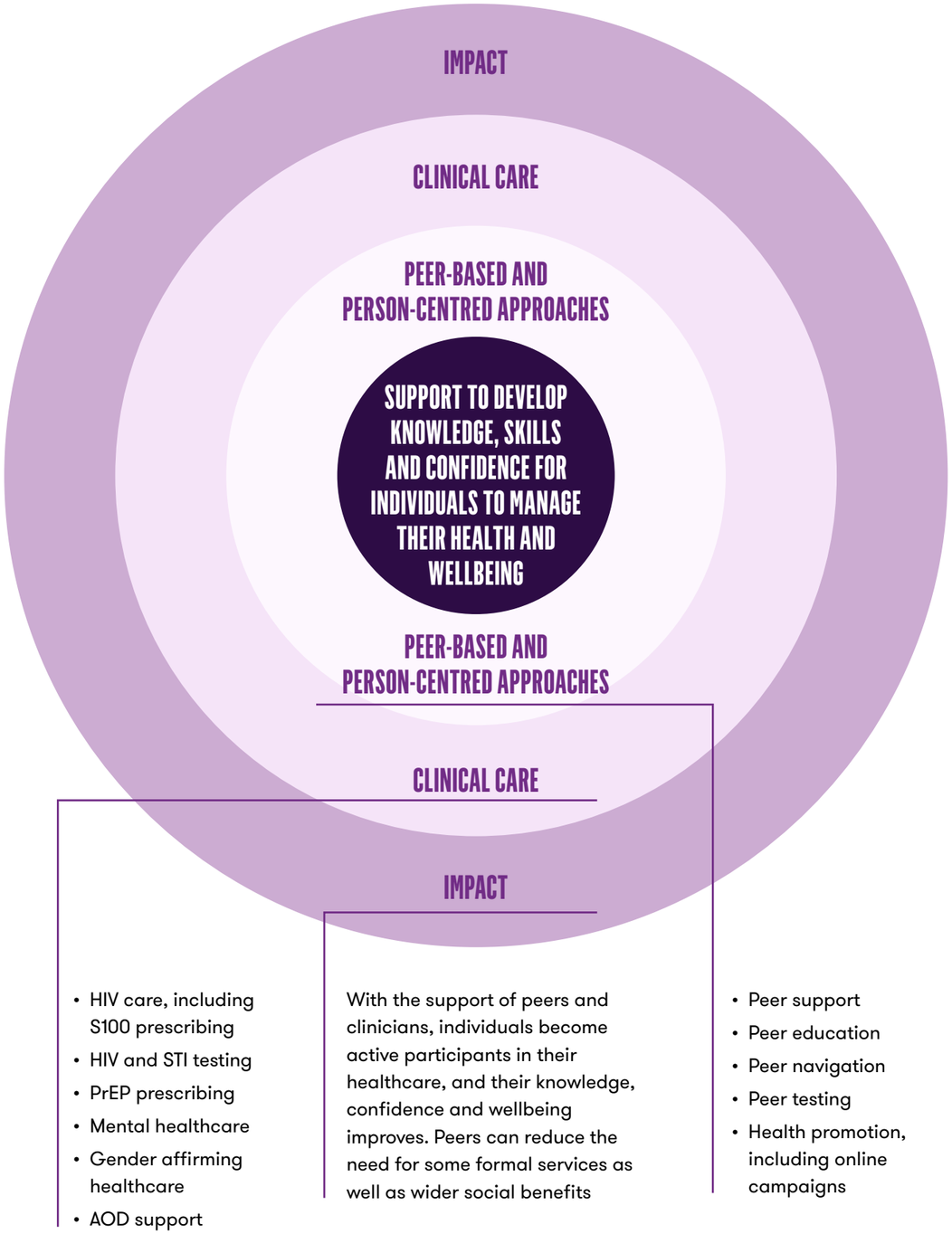
The model is not linear and will manifest in different ways, depending on the health and wellbeing needs of the individual accessing the services. However, key to the illustration below is the centring of people and communities and how peers and clinicians are both central to this process, with both ideally supporting individuals to access necessary services and support from either as required.

CASE STUDY **trans[TEST]**

trans[TEST] was launched in September 2019 by ACON, in partnership with the Kirketon Road Centre, and is a community-based sexual health service for anyone who is trans or gender diverse.

Like all ACON peer testing services, trans[TEST] is a peer-led service. This means trans and gender diverse peers work in partnership with a nurse to provide HIV and STI testing for clients in a culturally appropriate environment. Where necessary, trans[TEST] also provides access to a doctor, which expands service options to clients. Additional trans[TEST] services include vaccinations, PrEP and PEP services, STI treatment, cervical screenings and blood tests to check hormone levels. Referral pathways to and advice about gender affirming healthcare can also be provided.

PEER WORK IN PRACTICE



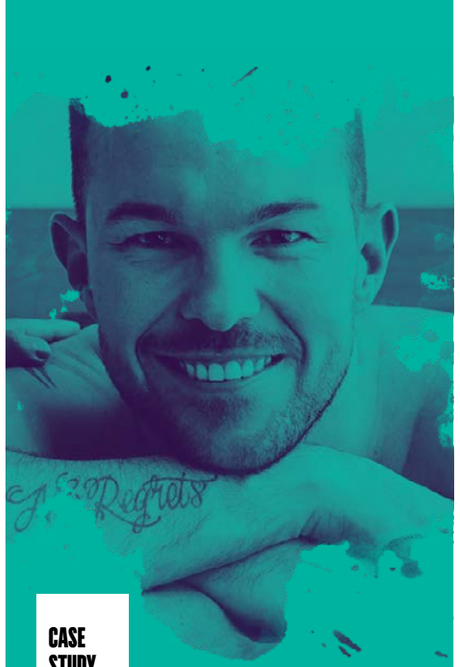
II. THE ROLE OF PEERS IN HIV RESPONSES

1. History of Community Mobilisation and HIV

In Australia and NSW, the early period of the HIV response was characterised by innovative and previously untested activities and responses led by the communities most affected by HIV.[16,17,18] These developments formed the foundations of what is now standard practice in HIV health promotion, education and support.[19] Central to the early response was the utilisation of peers, who continue to play a central role in the response to HIV.

As HIV emerged in Australia, communities most affected – gay men, people who use drugs and sex workers – mobilised to respond by building on already existing rights-based movements, political groups and collectives. These communities were confronted with friends and lovers dying, while simultaneously dealing with significant increases in discrimination, violence and denial in service access due to the hysteria and fear caused by the arrival of HIV.[20]

During this time, there was a very urgent need for gay men to educate each other on how to reduce HIV transmission at an individual and community level, so community groups organised around the cause and disseminated information that would enable gay men to make informed decisions about their sexual practices.[20] This gave gay men the tools to prevent transmission of the HIV virus through education and provide people living with HIV support.[21]



CASE STUDY

SPARK (Formerly Fun & Esteem)

SPARK (formerly Fun & Esteem) is a peer education program for young men that has been run by ACON since 1988, delivering sexual health information in a culturally appropriate, frank and fun way through the provision of workshops, forums and events.

Workshops cover a range of issues including coming out, healthy relationships, HIV and sexual health, and sex and pleasure. Workshops are facilitated by other young gay and bisexual men, who are trained and supported by ACON staff. As its former name suggests, the program empowers and engages young men through fun, social, interactive and informative ways to build confidence, self-esteem and community connection while educating about HIV and a range of other issues.

Since its inception, over 10,000 young gay and bisexual men have taken part in the peer-led workshops, with evaluations of the program demonstrating its continued success and effectiveness.

Gay men, sex workers and people who use drugs were portrayed in media and policy discourse as at risk of transmitting HIV and other infections, but also as a risk to the sensibilities of the broader community due to their nonconformity within society[22] and many believed that working in the HIV sector was damaging to one's career.[20] Nevertheless, peers mobilised to plan, fund and deliver early education and support programs, which in many states were illegal (such as needle and syringe programs, education for gay men about sex, and sex worker programs), with peers and community organisations risking legal consequences.[20]

The important role of peers in an effective HIV response was eventually recognised by the federal and state governments, who acknowledged the unique ability they had reaching affected communities over and above mainstream health services and as such, peer groups were funded.

By the mid-1980s, gay and HIV positive community members had established state and territory AIDS Councils and PLHIV organisations across the country. It was from these community-led and community governed organisations that more formalised and structured peer-based programs arose alongside the informal peer networks already in existence. These peer-led programs delivered one-on-one and group support, shared knowledge and advocated for better treatment and appropriate care for people living with HIV.[20]

ACON continues this work today, with effective peer-based and community-led programs bringing an authenticity and credibility based on a long-term relationship and trust within communities.[23] This authenticity and credibility can be seen in the ways in which our programs continue to participate within the community, rather than intervening on the community. This participation *within* distinguishes peer-based organisations like ours. It has come to be recognised as unique among peer-based organisations and is expected by our communities.[24]

CASE STUDY

ACON Rovers

The ACON Rovers is a long-standing peer-based program that was created in 2003. The Rovers provide alcohol and other drug harm reduction services at LGBTQ dance parties and events in NSW. The Rovers, as they are known, work alongside medical teams, security and venue staff to identify the early signs of drug overdose among patrons and help to prevent serious adverse incidents, and are highly valued and respected at the events they attend and, in the community, more broadly.

With around 115 volunteer Rovers across NSW, Rovers attend multiple LGBTQ community events across Sydney and NSW every year. Since 2015, the Rovers are estimated to have provided harm reduction advice and assistance to over 10,000 community members, or around 2,000 per year. In the 2019/2020 financial year alone, the Rovers identified 57 overdoses and worked with medical teams to support 93 community members experiencing distress and adverse health impacts.

"I can advocate for clients within my community and my team as well as supporting them to self-advocate. I am able to provide a lived experience perspective to my work mates. I connect with clients on an equal and human level"

– Peer worker

2. HIV Partnership

As outlined, these communities of gay men, people who use drugs, and sex workers led much of the way in the initial decline in HIV diagnoses and health promotion efforts, which existed prior to the first National HIV Strategy in 1989 and its related campaigns and health promotion initiatives.[17]

It was during this politically fraught time that communities most affected by HIV, clinicians, researchers and government built a multifaceted and collaborative approach that would become known as the Australian HIV partnership. The partnership that was forged was unique in that it was in direct contrast to the HIV response in other similar countries at the time, where ideology, dogma and politics informed decision making.[18,24] The effect of dogmatic, moralising and politicised responses to HIV in other jurisdictions is still felt today and continues to shape how some people within society understand or perceive HIV.

This period was also characterised by drawing on the expertise of communities most affected by HIV at a time when there was limited scientific evidence about how HIV is transmitted and treated.[20] This meant trusting in the knowledge and experience of peers, recognising the needs of those living

with HIV and others affected by HIV, and resisting pressure from external forces driven by ideology or indifference. At the same time, communities were advocating for more research and diffusion of evidence as well as fighting for access to treatments that showed some effectiveness.

For example, from 1989 onwards, ACON began helping people import HIV medications before they were approved for use in Australia.[25] Our communities saw their peers and loved ones becoming increasingly sick and dying and recognised that these treatments were needed urgently. Peer networks were utilised and supported by community-led organisations to transport medications from the US and elsewhere, despite governments and law enforcement warning against doing so.

3. Recognition of the Role of Peers in Current HIV Strategies

Peer-based networks, community organisations, funding agencies and successive Australian and NSW governments have long promoted peer interventions for HIV prevention, education and support.[26,27] Indeed, successive Australian and NSW governments have recognised the importance of peer support, as evidenced by the emphasis of the importance of peers in guiding HIV Strategies.

The most recent National HIV Strategy 2018-2022, highlights the role of peers in several 'Key Areas for Action', including: 'maintain and implement… peer-based approaches, which improve HIV-related knowledge, reinforce prevention and promote safe behaviours in priority populations'; 'ensure that people diagnosed with HIV are promptly linked to peer support'; and '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'. [28]

The NSW Government has also highlighted the importance of peers throughout the NSW HIV Strategy 2021-2025. The Strategy outlines that the workforce will: 'Deliver education, targeted health promotion, community mobilisation and behavioural prevention interventions, including peer-led initiatives for priority populations and emerging sub-populations, to promote and support the uptake of condoms, PEP, PrEP, screening for STIs and other prevention and risk reduction strategies'.[29]

> "In my peer worker role, I use my lived experience to create relationships of trust and understanding. Having a lived experience of HIV gives me insights into the feelings, fears and concerns of the people living with HIV we work with"
>
> – Peer worker

The NSW HIV Strategy also describes the importance of models for HIV support including access to psychosocial and peer support and that 'everyone diagnosed with HIV is offered the opportunity to speak to a trained peer living with HIV'. It notes that it will 'invest in partner organisations to provide peer support and peer-driven services, and represent communities affected by HIV' acknowledging that 'peers are partners in testing, prevention, treatment and management of HIV'.[30]

It also emphasises the important role of peers in testing programs with priority populations as well as the use of peer-led programs for sex workers and people who inject drugs.[30]

4. Greater and Meaningful Involvement of People Living with HIV

The Greater and Meaningful Involvement of PLHIV/AIDS (GIPA/MIPA) is a fundamental guiding principle for the design and implementation of rights-based, effective strategies to eliminate stigma and discrimination against people living with HIV (PLHIV). It is also a community led response, which highlights the importance of peer-led strategies in the response to HIV.

Initially stemming from the 1983 Denver Principles and later the 1994 Paris Declaration[30], the GIPA and MIPA principles aim to realise PLHIV's rights to self-determination and participation in decision-making processes that affect their lives.

MIPA/GIPA are recognised, globally and nationally, as a key feature of effective HIV responses. As noted by UNAIDS, 'experiences have shown that when communities are proactively involved in ensuring their own well-being, success is more likely. GIPA seeks to ensure that PLHIV are equal partners and breaks down simplistic (and false) assumptions of "service providers" (as those living without HIV) and "service receivers" (as those living with HIV)'.[31]

The importance of GIPA/MIPA in combatting HIV-related stigma is two-fold. At the program level, initiatives to combat HIV-related stigma are more likely to be effective if they are informed, designed and implemented with the meaningful involvement of PLHIV. At a policy level, by being meaningfully involved in designing HIV responses, the positive community has been able to shape key government policies, strategies and laws, and ensure the inclusion of anti-stigma as a key priority for action.

MIPA/GIPA provide a key framework that encapsulates the value of peer work to the community. As outlined in MIPA/GIPA, the community, through peers, are essential partners in the development and implementation of effective health strategies. Involvement of the community, however, must be meaningful, authentic and mutually beneficial and most importantly it must value the shared lived experience. GIPA/MIPA principles must ensure diverse representation into the future, so that the voices of all people living with HIV are listened to.

CASE STUDY

a[START]x
(Formerly known as Genesis)

a[STARTx] is a workshop for gay, bisexual and other same sex attracted men (cis or trans) recently diagnosed with HIV. It is run in partnership by ACON and Positive Life NSW.

a[STARTx] is peer-led and presented, which means it is run by other gay and bi men living with HIV.

The aim is to empower you with the confidence and the skills to manage HIV by drawing on your own experience and others' in the workshop. Topics covered across the weekend include HIV treatment, HIV disclosure, building resilience, pleasure and risk, and more.

a[STARTx] provides practical advice, information and a peer perspective on a wide range of issues that may confront you after diagnosis. There's also time set aside for sharing personal experiences, problems and possible solutions with the support and encouragement of other men who are living with HIV. The broad range of participants taking part in the workshops also gives attendees a broad and nuanced understanding of what it means to live with HIV in Australia today.

III.

THE VALUE OF PEER WORK

Programs facilitated by peers in a range of settings can improve people's experience, behaviours and health outcomes.[32] While medical and other professionals do play a vital role in treatment, support and education, peers (by nature of their lived experience) are able to provide additional strategies to deal with problems that clinical and policy professionals may not be aware of (by nature of their lack of lived experience) or unwilling to talk about. As a result, peers offer 'something in addition to, but not alternative to, professional support'.[10]

Through the sharing of lived experience and practical skills, peers can positively impact on a person's sense of self, help them find solutions to problems and build resilience.[10] Evidence has shown that working with peers helps individuals feel more valued and empowered, builds self-esteem and confidence, and promotes a greater sense of identity.[33] There is also evidence that behaviour change is more likely with support from a peer.[34]

While NSW has a strong health system with excellent clinical outcomes, it is important to recognise that quality of life, access to health services and prevention efforts cannot be achieved solely from clinical outcomes and must be supported by other effective means, including peer support. Physical, mental, emotional, social and spiritual wellbeing are all important factors in one's quality of life[35] and these determinants cannot be achieved through clinical care alone.[36] Peers play an important role in strengthening these quality of life determinants and supporting engagement with both clinical and self-care, navigating health systems, sharing information on treatment and treatment access, and other issues to allow for the best quality of life.[10]

This recognition of the value of peers is based on a range of factors, which will be explored here.

1. Peers have a Unique Understanding of their Communities

By nature of their existence within and connection to communities, well-designed and delivered programs and services developed by peer-based organisations are informed by highly specialised knowledge of their communities, their practices and behaviours. This in turn allows for services, programs and information to be targeted in a culturally relevant, impactful and effective way.[37] Peers speak the same community language, have similar ways of communicating information and have an irreplaceable and invaluable understanding of our own lives because we have shared experiences of stigma, discrimination and oppression.

Peer-based organisations and peer workers understand that input from communities is essential for the program, service or campaign to work effectively. As a result, peers develop strong connections and mutual understanding between their peer groups and the peer-based organisations offering services, allowing for mutual and dynamic exchange within communities. As a result, communities themselves are kept abreast of information and service offerings, while peer-based organisations are able to adapt and change according to community need.[39]

Trained peers play a critical role in developing trust through the delivery of safe, non-judgemental services and programs. For example, ACON's Needle and Syringe Program (NSP) provides sterile injecting equipment and health promotion to people who inject drugs and is delivered by trained peers who better understand clients, do not stigmatise drug use and provide an opportunity for open discussion and referral pathways as required.

Another example demonstrating peers' unique understanding of their communities can be seen in an early health promotion campaign delivered by ACON. Talk, Test, Test, Trust was a campaign launched in 1996 which targeted gay men in relationships and provided guidance around condomless anal intercourse within relationships. An evaluation found the campaign added to the community's understanding of how to safely negotiate condomless sex within relationships and achieved broad reach into the target community. According to one evaluation, 80% of the target group surveyed were aware of and understood the campaign.[38] Talk, Test, Test, Trust is still used today in peer education workshops at ACON and other HIV organisations across the country.

> "I felt so reassured to be able to have an open discussion about domestic violence, drug abuse, and gay relationships without being judged. I felt safe to talk about all the problems I am facing at the moment"
>
> – Received ACON peer support

2. Peers Increase Reach and Engagement

Peers can improve the reach of services due to their unique access to their communities, which other organisations and service providers are not able to easily access. This greatly improves the effectiveness of services and programs and is integral to reaching the harder to reach groups. Due to peers' deep understanding, shared experiences, and cultural competency, peer-led programs are able to reach and engage with target populations in a way that others are not.

Peer-based services can be more accessible than mainstream services because they are embedded in communities.[39] Peer-based organisations exist within and participate with existing peer networks and therefore have a greater reach into and engagement with the communities they work alongside.[40]

When it comes to marginalised populations, such as those most affected by HIV and people of diverse sexualities and genders who may have had poor experiences with mainstream health services, this is a real strength of peer-based approaches. Stigma is a real barrier to accessing healthcare, with more than half (56%) of PLHIV who participated in the HIV Futures 9 study reporting experiencing some form of stigma in the past 12 months, including 9% reporting that they 'often' or 'always' experienced stigma.[41] Because peers exist within and are part of the stigmatised group, people who utilise services delivered by peers are less likely to experience stigma in these settings.

Peers are well-placed to identify and leverage existing behaviours and trends within their communities to provide peer support and services in spaces where communities most affected by HIV meet, socialise and hook-up. Today, this can be seen in the online space, with peers utilising the internet to provide information and support. As well as being present in sex on premises venues, ACON's Sexperts program utilises online hook-up apps to provide targeted and relevant HIV health promotion and other information to gay and bisexual men.

"They [peer worker] have supported me through some very traumatic and difficult personal events and have helped empower me to feel in control of my circumstances, my life and my choices"

– Received ACON peer support

CASE STUDY

ACON's Asian Gay Men's Peer Education Project

The Asian Gay Men's Project is a long-standing community-led HIV peer education project that provides support and engages gay and bisexual men from Asian cultural backgrounds. The project enables and empowers Asian gay men to take control of their sexual health and wellbeing. Asian gay men face unique barriers when it to comes to HIV prevention, treatment and care, and the project works with these communities to ensure they have access to appropriate messages and services.

The Asian Gay Men's Project conducts peer-led forums and HIV education workshops including ConversAsians and SocialisAsians, which provide essential HIV and STI education and information.

The project also provides specific education workshops in community languages.

The workshops and forums are designed and delivered by trained Asian, gay peer educators, who provided over 930 hours of volunteer work to the project over the last year, with more than 1,500 people attending these events, getting access to vital health information and resources.

The Asian Gay Men's Project and ACON's a[TEST] service also partner to deliver the a[TEST] Chinese Clinic. The a[TEST] Chinese Clinic provides peer-led HIV and STI testing services in Mandarin, by Mandarin speaking gay men.

ACON's Ending HIV campaign is another example of the reach and engagement possible through peer-led marketing and education campaigns online. The Ending HIV campaign was and continues to be central in mobilising the response to HIV through social media, websites, frontline services and on-the-ground networks. Evaluations of the initiative found that in NSW, the 'Ending HIV' campaign has had an 82% recall among gay and bisexual men. This is one of the highest recall rates ever recorded for an HIV campaign. The campaign has also contributed to increased rates of testing across the state.[28,42]

The Ending HIV campaign has been highly effective, with surveys measuring advertisement awareness, engagement with campaign components, and self-reported impact repeatedly demonstrating the campaign has increased HIV knowledge among target populations.

Between 2013 and 2019, the surveys showed that respondents' agreement with the statement 'HIV treatments significantly reduce the risk of passing on HIV' increased from 33% to 83%, agreement with the statement 'sexually active gay men should take an HIV test at least twice a year' increased from 88% to 94%, and agreement with the statement 'everything has changed, we can now dramatically reduce HIV transmission' increased from 48% to 85%.[43]

3. Peers are Agile and Responsive

The flexibility in service delivery that peer-led interventions allow means that these peer-based programs can be more responsive and agile. Because peer interventions are often more informal and less rigid than highly structured or clinical interventions, organisations are able to respond in a nimbler way and adapt and change as needed.[44]

Compared to traditional health promotion or treatment services, peer-based programs can be delivered in more informal settings, which also contributes to their effectiveness. Peer interventions are often delivered in places where the target community already live, work and interact (for example, clubs, bars and other venues). This allows for interventions with priority populations.[45,46]

For example, ACON's Sexperts program involves outreach at gay sex on premises venues to more effectively disseminate targeted health promotion information. It positions ACON in the heart of the gay community, builds trust with community and provides information in line with ACON's messaging. The outreach enables peers to reach a key population that government and other services would not be able to easily reach. Evaluations of the Sexperts program show that the initiative is successful in increasing the uptake of self-testing kits at targeted venues.[47]

Peer programs agility and responsiveness can also be seen in the ways in which programs adapted with the emergence of COVID-19 and the need to maintain social distancing. In response to the pandemic, ACON's peer education team rapidly developed and delivered a suite of online peer education programs for gay and bisexual men. With communities physically distancing and being more isolated, ACON's online response focused on creating community connection, in order to effectively promote rapidly changing HIV and sexual health information in the context of the COVID-19 pandemic, with existing programs adapted to focus on intimacy and online sexual pleasure.

Evaluation data of the online sessions demonstrated that participants were highly satisfied and valued the online sessions, and that they would recommend it to other people. Feedback also demonstrated that the sessions provided vital community connection and a space for peers to share their experiences and strategies for looking after their wellbeing and sexual health during COVID-19. By creating an innovative online engagement model that utilised readily available technologies (laptop, webcam, phone) and a community wide increase in video conferencing abilities, ACON's peer education team were able to continue to deliver up-to-date HIV, sexual health and COVID-19 information, as well as peer strategies for mental and physical wellbeing to participants across NSW during the middle of the COVID-19 pandemic.

4. Peers Encourage Connection to Services, Support and Information

Peer workers and peer-based organisations are able to reduce barriers to accessing services and support, including fear, stigma and accessibility.[48] Through the provision of safe, welcoming and culturally appropriate services and programs free from discrimination, peer workers are able to help connect people to care and support as required. For members of some marginalised groups (such as such as gay and bisexual men, Asian-born gay and bisexual men, and transgender and gender-diverse people), peer-based and community-led services can be more appealing than traditional health services.[49,50,51]

Due to the stigma that can exist with seeking out support and information related to HIV, and fears about confronting discrimination in mainstream health settings due to sexuality and/or gender, our communities regularly search for information in informal ways. While not discounting the value of informal information sharing among peer networks, information seeking on one's own may nevertheless lead to inaccurate or misleading information. Therefore, well-trained and skilled peers serve an important function in facilitating the exchange of accurate information and in creating appropriate referral pathways when necessary.

For example, a[STARTx] (previously known as Genesis) a partnership between ACON and Positive Life NSW delivers a non-residential weekend workshop for gay men recently diagnosed with HIV. At the core of a[STARTx] is that it is peer-led and presented, designed and delivered by and for gay and bisexual men living with HIV. a[STARTx] gives people newly diagnosed with HIV the capacity and confidence to effectively manage HIV. Similar programs exist around the world and have proven effective and popular. The workshop creates a space where sharing personal experiences, issues and solutions to common difficulties or barriers that exist for those living with HIV can be discussed in a safe and welcoming environment among men who have experienced a recent HIV diagnosis. Trained peers are able to provide accurate information and refer participants as necessary.

5. Peers Empower Each Other and Advocate for their Communities

Peers empower individuals and communities through capacity building and through developing the skills and knowledge of all involved. Participation in peer-led programs enables individuals to demonstrate their leadership, which in turn provides communities with examples of individuals leading the way within organisations and within the community.

However, empowerment also encompasses more than the involvement, participation or engagement of communities.[52] It is fundamentally about community ownership and action that overtly aims to achieve social and political change and involves the re-negotiating of power in order to gain more control. Empowerment confronts the social, cultural, political and economic determinants that underpin health, and aims to develop partnerships to find solutions.[54]

CASE STUDY

Check OUT: LGBTQ+ Sexual Health Clinic

The Check OUT Clinic is peer led partnership cervical screening, HIV and STI testing service run by Family Planning NSW and ACON. In the 2019/2020 financial year, Check OUT saw over 205 clients for HIV and STI testing and/or cervical screening.

While the majority of clients of Check OUT are queer, lesbian or bisexual cis women, the service also sees a large proportion of trans and gender diverse clients of all sexualities.

Key to the success of this unique service are the peer workers. Peers from sexuality and gender diverse communities have come together to create a non-judgemental, supportive environment where members of the community feel free to share their experiences of their health needs.

For people who often face significant stigma and discrimination in mainstream services, the service has built great trust and respect. In recent client a satisfaction survey over 98% of people stated they would recommend the service to other people, and 63% of clients had already done so.

Peers play a critical role in recognising gaps in the health system and advocating for change. For example, peer-based organisations have played a critical role in treatment access. Historically, this was through clandestine importation of HIV medications before they were approved. Today, we see this continue with peer-led advocacy to decision makers to list HIV treatment and prevention medications such as PrEP on the PBS, access to Medicare for people who are ineligible and so on. Peers are well placed to advocate for the listing and use of HIV prevention and treatment options through their embeddedness in communities and their intrinsic understanding of the needs of the communities they belong to.

The high uptake of PrEP can be attributed to targeted campaigning, peer-led health promotion, and other peer programs. Over 15,000 NSW residents have been dispensed PrEP since it was listed on the Pharmaceutical Benefits Scheme in April 2018, demonstrating the success of the rollout.[30]

6. Working with Peers is Cost-effective

In comparison to programs and services delivered predominantly by clinical staff, peer-based approaches are relatively cost effective.[53,54,55]

This cost-effectiveness is often attributed to the fact that many peer-based programs use volunteers as peer educators and support workers.[56] As we have discussed, the HIV response has a long history of utilising peers for HIV programs. However, with greater recognition of the value of peers and the formalisation of a 'peer workforce' it is worth considering whether peers should be formally reimbursed for their time, skill and expertise. While historically the HIV peer workforce has often included a large number of volunteers, paying peers for their work leads to better retention, upskilling and better outcomes for the organisation overall.

ACON's rapid HIV testing for gay and bisexual men demonstrates the cost effectiveness of peer-led interventions. a[TEST] sites offer free rapid HIV testing with a paid peer, who also provides brief health promotion interventions to the client. The community-based, semi-clinical service

allows individuals to discuss relevant issues, ask questions and receive information on HIV prevention strategies such as condom use, PrEP and undetectable viral load.

An evaluation of a[TEST] found the total cost of offering rapid testing was lower in services where paid peer-workers and enrolled nurses conducted the testing.[57] The complementary partnership between peers and clinical partners that enables a[TEST] to operate leverages the strength of all involved, is cost effective (with paid peers) and demonstrates the utility of incorporating peers into testing services, both for their skill and expertise and their ability to ensure the sustainability of the service in the long term.

In the online space, ACON's 'Ending HIV' campaign uses a mixture of advertising strategies including paid media channels and voluntary, peer-led resources and assets. An independent evaluation found the value of ACON's intangible assets (voluntary work and unpaid media) contributed to more than $520,283 to the campaign.[58]

A recent UK Government report on peer work found that peer programs create economic benefits by reducing pressure on other health and social care services in overseas studies. The *Realising the Value* report's economic modelling demonstrated that implementing peer support self-management approaches for people with a subset of particular long-term conditions could equate to net savings of around £2,000 per person reached per year, achievable within the first year of implementation.[33]

Furthermore, the report found that by reducing anxiety and depression, improving self-management and individual well-being, peer support has the potential of contributing up to £20,800 per-person per-year in terms of wider social support.[33]

The report goes on to state while there is considerable uncertainty about how these potential savings might scale up at a population level, it does suggest there may be potential for savings of up to £950m per year nationally from targeted peer support and self-management education to people with particular conditions who are expected to see the most benefit. This figure could be much higher if the full impact of investing in these approaches is assessed, such as through improved employment outcomes and reduced social isolation.[33]

7. Mutual Benefit from Peer Work

Engaging peers can be mutually beneficial for all parties involved. Through the training they receive, peers increase their own knowledge and skills, which can be transferred to other contexts. Peer workers benefit from better individual health outcomes through increased knowledge and connection and the experience they gain from undertaking peer work is unique, highly regarded and professionally and personally rewarding.

Peers working in ACON's peer education and HIV support teams, delivering workshops for gay, bisexual and queer men and people living with HIV, report feeling a sense purpose derived from the opportunity to 'give back', a greater sense of belonging within their community and with other likeminded people, and an enjoyment from the challenges and problem solving they face when undertaking peer work.

While peers often benefit from undertaking peer work, it must also be acknowledged that peer work may take a toll. For some, being required to support someone through a recent HIV diagnosis or discussions of drug use can be retraumatising or triggering and can have adverse impacts. It is vital that peers are adequately supported when revisiting sensitive and highly personal experiences.

CASE STUDY

ACON's Needle and Syringe Program

ACON provides sterile injecting equipment to drugs users through the Needle and Syringe programs located in Sydney, Lismore and Newcastle.

The program is staffed by peers, providing not only safe injecting equipment but also information, education and support around drug use. Over many years, the program has built enormous trust and engagement with the community, and in 2019-2020 dispensed over 288,000 units of equipment as well as over 2,400 condoms.

Peer interactions with people who use drugs are vital to effectively provide harm reduction services and, in the wake of the COVID-19 pandemic, changes were implemented to ensure social distancing and the safety of clients and staff during service. While this resulted in a drop in the number of clients, this important peer-based service still recorded 9,188 occasions of service and 202 referrals across the three facilities in 2019-2020. Between March 2020 and June 2020, ACON dispensed 88,365 sterile equipment packs, demonstrating the success of the program.

IV.

THE FUTURE OF PEER WORK IN HIV

As significant developments in HIV prevention and treatment emerge, the way peers operate in NSW has changed and will continue to adapt going forward.

In recent times we have witnessed the introduction of pre-exposure prophylaxis (PrEP) and a greater understanding of the importance of maintaining an undetectable viral load, both for the individual's health and wellbeing as well for onward transmission of HIV. We have seen the emergence of divergent trends in HIV notifications, with overseas born men now representing a larger proportion of new HIV notifications. The COVID-19 pandemic and changing social practices has also highlighted the way that peer programs have needed to adapt, with a greater reliance on technology to deliver information and support. Lessons learnt from the HIV response and the use of peers can also be transferred to respond to other health conditions which affect our communities.

1. Biomedical Interventions and Peer Work

There is growing consensus that treatment as prevention, PrEP and other biomedical advances mean it is now possible to eliminate almost all new HIV infections.[59] The community's rapid and widespread acceptance and use of new biomedical prevention strategies has impacted the separation between community-based services (including peer programs) and health services, as well as peers and clinicians.[60,61] This presents many opportunities and some challenges.

In many instances, mainstream policy, health systems, and public health responses have yet to adapt to these advances, despite gay and bisexual men, in particular, adapting to the introduction of PrEP and treatment as prevention.[62,63] PrEP and treatment as prevention have shifted how safe sex is perceived and practiced and the way HIV-related stigma and discrimination occurs.[64,65] The introduction of these biomedical interventions has seen the proliferation of community-based and peer-led access schemes through overseas importation of drugs and community campaigning for Medicare-funded access to PrEP and HIV treatment.[66] This has meant that formal peer-based initiatives and the health system more broadly will need to continue looking at ways to respond to this and adapt accordingly.

PrEP and treatment as prevention cannot be relied on alone and must continue to be accompanied by other interventions, including peer education and campaigns which address social and sexual practices if they are to be effective and achieve their goals in reducing HIV transmission.[67] Peer-based organisations have maintained a focus on community and social outcomes when it would have been possible to leave HIV prevention and support to clinicians. By recognising the important role that peers still play, the response in the age of biomedicals has not become too medicalised. Affected communities' needs and interests must be aligned with biomedical interventions in order to be effective.

2. Technology and Peers

The emergence of new technologies and changes to the way the communities socialise and meet has meant that peer programs have needed to effectively respond to this reality and to continue to target key populations. This presents challenges but also a myriad of opportunities. The emergence of COVID-19 also highlighted the critical role that technology plays in allowing us to remain connected.

Prior to COVID-19, ACON had already begun engaging with new ways of peer work that used technology to respond to our communities' needs. This included online outreach on hook-up apps and websites, delivering online workshops to rural and regional areas, and developing online resources and websites to our communities.

During the COVID-19 pandemic, ACON recognised the emergence of additional barriers to accessing HIV testing, with many unwilling or unable to visit HIV testing sites due to concerns around acquiring COVID-19 and reduced capacity of the healthcare workforce to deliver these services. ACON launched you[TEST], an innovative peer-led telehealth service which facilitates contactless access to HIV self-test kits. The service was developed as a variation on ACON's successful a[TEST] service, which provides sexual health screening and sexual health information delivered by peers, supported by nurses, in community-based settings. you[TEST] has allowed men to connect with a trained peer via virtual appointment and be provided with information about two different HIV home testing options. you[TEST] is an excellent example of the way in which peer work has shifted due to necessary changes in the way that services are delivered.

3. Divergent Trends

In recent years we have seen a substantial decline in HIV diagnoses among Australian-born gay and bisexual men, however this decline has not been seen among overseas-born gay and bisexual men. Between 2015 and 2019, late diagnoses among Australian-born men declined 47%. For men born overseas, there was a 32% increase. For overseas-born men who have lived in Australia for four years or less, this was even more pronounced, with a 57% increase in the same period.[30]

Overseas-born gay and bisexual men have high rates of testing and treatment uptake when they are connected to health services.[68] Therefore, it is vital that we continue to ensure that peer-led and culturally appropriate programs are expanded beyond inner metropolitan areas to reduce barriers to testing for overseas born men who may not have established community connection.[69] The importance of culturally appropriate programs cannot be understated.

ACON's peer work with overseas born men, including the work of the Asian Gay Men's Peer Education Project and the a[TEST] Chinese Clinic are important examples of how peer workers utilising culturally appropriate strategies can have a major impact on future directions of the

CASE STUDY

Rainbow Mental Health Lived Experience Network

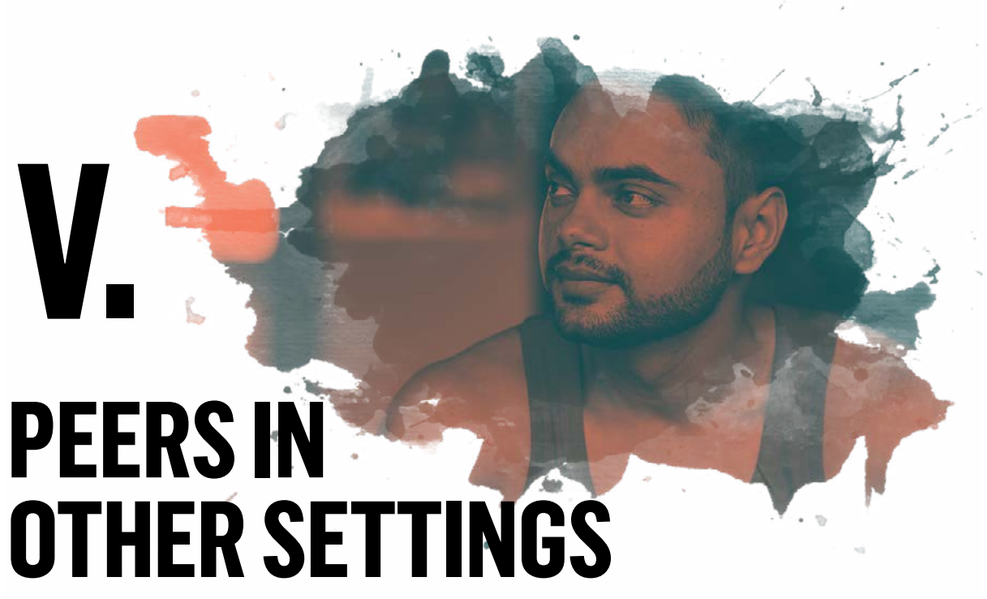
ACON established a Rainbow Mental Health Lived Experience Network through funding by the NSW Mental Health Commission under their Lived Experience Framework. Network members were trained in advocacy skills, clarified their values, refined their storytelling skills and learnt how to effectively represent sexuality and gender diverse communities.

Sexuality and gender diverse community members with lived experience of mental health distress from across NSW trained to represent our communities in a codesign and consultation processes around mental health. Meeting monthly, network members continue to shape ACON's new mental health programs, consulting on workshops and campaigns related to practicing self-care, supporting peers around experiences of distress, accessing services and building resilience.

HIV epidemic. Launched in December 2018, the a[TEST] Chinese Clinic is a weekly a[TEST] clinic delivered entirely in Mandarin Chinese. The a[TEST] Chinese clinic provides the entire a[TEST] experience translated for a Chinese audience. The peers and nurses working on the day are both fluent in Mandarin, and the registration systems are translated into Simplified Chinese. ACON's Asian Gay Men's Project promotes the clinic through community events and online platforms popular with Chinese GBMSM. Finally, ACON has developed in-language, community promotional videos featuring an a[TEST] Chinese clinic client, peer educator and nurse speaking about the service.

"At first, I was ashamed, shy and afraid to enter the main door at ACON, but with the help of the HIV peer worker I was able to meet up with other HIV positive guys, hear their stories and share mine. It has helped me a great deal and made me realise that I was not alone."

– ACON workshop participant



V. PEERS IN OTHER SETTINGS

While this paper's focus is on HIV peer support and education, peers have been used in a range of other settings to combat an array of health and wellbeing issues and has been shown to be effective in improving and managing chronic health conditions, preventing diseases, positive behaviour change and advocacy. This includes in areas such as mental health and suicide prevention, cancer, drug and alcohol support, and domestic and family violence.

In 2000, ACON shifted from being an organisation solely focused on HIV prevention and support to one that also provides services and support to all LGBTQ people. Models of peer education and support that were finessed through ACON's experiences with HIV were applied to other health areas including alcohol and other drugs, mental health, ageing, domestic and family violence.

More recently, ACON has proposed the idea of establishing a LGBTQ focused health centre that caters to the health needs LGBTQ people in a culturally sensitive and non-judgmental manner, with many services offered by peers. Informed by overseas models, ACON undertook discussions with health stakeholders about the possibility of developing this health centre. Following the enthusiasm and interest in the concept, work commenced on a Strategic Business Case for the 'ACON Health Centre' which received bipartisan support in the March 2019 NSW election. In 2020 ACON with NSW Government support developed the *NSW LGBTQ Health Centre Feasibility Study* which built on the Business Case to outline a comprehensive model for a health centre integrating peer workers and leaders in the delivery of quality, safe, inclusive, person-centred, health service for the LGBTQ community.

The NSW Government announced in the 2021 State Budget that the LGBTQ Health Centre would receive $3 million to support its establishment. Work is now underway to finalise a contract and move forward to building the Centre.

The LGBTQ Health Centre model demonstrates how the value and impact of the peer workforce, utilised across a broad offering of health and wellbeing programs, can play an instrumental role in enhancing the psychosocial support for LGBTQ communities, ensure people are connected to care and directly impact on the health outcomes for our communities.

It is through the integration of the peer workforce into health services, such as through the LGBTQ Health Centre, that significant leverage can be used to create programs and services that are effective and cultural safe for sexuality and gender diverse communities.

VI.

CONCLUSION

Peers have been at the heart of the HIV response from the very beginning. Without their intimate and innate understanding of the communities in which they exist, our ability to respond effectively to HIV would be virtually impossible. Peers in this context emerged out of an existential need to fight back and survive.

Today, when discrimination, oppression and stigma still exist, the need for a strong and well-supported peer workforce remains as important as ever.

Programs facilitated by peers in a range of settings improve people's experience, behaviours and health outcomes. Peers, by nature of their shared lived experience, offer unique understandings of their communities and supports that complement clinical services. Blended models of care - involving peers and clinical partners - have proven most effective in HIV responses and have significant potential to be replicated to address other health issues.

With the advent of biomedical prevention, a divergent HIV epidemic in NSW, and the greater role of technology in our lives, peer programs will need to continue to adapt to effectively respond to these realities.

Going forward, we must continue to ensure that peer programs are delivered in partnership between peer-based organisations and community members and informed by evidence. Peers must be listened to, recognising that they have an intrinsic understanding and highly specialised knowledge of their communities' needs and are necessary to the effectiveness of programs.

The success of our response to HIV is testament to the value of peers. Our intrinsic understanding of the communities we serve, our agility and responsiveness, and our care for one another mean that peers will continue to play a vital role into the future.

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