CONFERECE ABSTRACT

Utilisation of peers in services for disadvantaged young people: Insight from an Australian case study

22nd International Conference on Integrated Care, Odense, Denmark, 23-25 May 2022

Maja Lindegaard Moensted123

1: Central Clinical School, Discipline of Addiction Medicine, Faculty of Medicine and Health, University of Sydney
2: Edith Collins Centre (Translational Research in Alcohol, Drugs and Toxicology), Sydney Local Health District
3: Sydney School of Health Sciences, Faculty of Medicine and Health, University of Sydney

Introduction: Health and community youth services are increasingly criticised for being sites of disempowerment of young people. Disadvantaged young people are particularly vulnerable to poor outcomes and service system disengagement. The growing recognition of the need for alternative approaches to youth services has seen an increase in service models centred upon youth-led peer-support practices and youth participation. While consensus is gradually growing about the importance of meaningfully engaging young people as peers, research-based knowledge on how to do this effectively is still developing. It is essential to understand how peers work effectively with young people if we are to maximise the benefits young people can gain from participating in peer-support programs.

Methods: Ethnographic research was conducted in an Australian non-government peer-support service that supports young people with a range of needs, including physical health and mental health challenges, homelessness, anxiety, depression, social isolation, unemployment, and alcohol and drug misuse. Between January 2019 and March 2020, interviews were conducted with 20 young people and 11 adult professionals. In addition, a focus group was run with four young people and four adult professionals. One-year follow-up interviews were conducted with 11 young people and 3 staff. Selected aspects of constructivist grounded theory were used to thematically analyse the data.

Key Findings: A peer-support model supports a less structured person-centered approach, where those with lived experience mirror alternative pathways to coping, healing and empowerment. Through the mechanisms of relatability, similarity, normalisation of needing and asking for support, and the strategic use of personal past life events, new possibilities and hope were created. At the core of peer-support efforts was an attempt to increase social integration and a commitment to notions of equality and respect and the eradication of unequal power relations. Peer-support provided scaffolding for young people to gradual repositioning themselves as survivors and experts, no longer victims of circumstances. Participants’ ability to help others negotiate their challenges further engendered a sense of efficacy and self-worth and in this way contributed to their sense of agency. Risks of peer-support were also identified including over-reliance on personal experience, risk of burnout and compassion fatigue and the potential for the perpetuation of unhealthy coping strategies.
**Conclusions:** Achieving health equity requires ensuring service engagement and access for all young people, including those most disadvantaged. The findings contribute knowledge on effective strategies for increasing retention of socioeconomically disadvantaged young people in health services, thereby contributing to health practice for a consumer group generally considered “hard-to-reach”.

**Implications for applicability and limitations:** Peer-support approaches may be especially beneficial to disadvantaged young people whose voices are rarely heard in program development and delivery. However, as long as service models are framed by conceptualisations of youth as passive recipients of services, young people’s contributions to decision-making, program delivery and problem-solving will remain under-valued.