



# Expert Interview Findings

## Thematic Analysis of Practitioner Perspectives on Peer-Based Health Promotion

### Prepared for the PEER+ Advisory Group

March 2026

Collaboration for Evidence, Research and Impact in Public Health (CERIPH)

Curtin University, Perth, Western Australia

#### PURPOSE OF THIS DOCUMENT

This paper presents findings from nine expert interviews conducted with practitioners and researchers working in peer-based health promotion across Western Australia. Interviews were conducted between November 2025 and January 2026. The findings are presented here to facilitate discussion at the PEER+ Advisory Group meeting, inform development of project outputs, and support the establishment of the Community of Practice. Advisory Group members are invited to reflect on the themes, consider the discussion prompts, and provide feedback on how these findings should shape the next phase of the project.

## 1. Methods Overview

Nine semi-structured interviews were conducted with practitioners, program coordinators, managers and researchers working across peer-based health promotion in Western Australia. Participants were recruited from organisations with existing relationships with CERIPH, spanning diverse health focus areas and peer populations.

Interviews explored participants’ experiences with peer-based program planning, implementation and evaluation, their use of frameworks and theoretical models, and their perspectives on what resources would support the sector.

Interviews were transcribed and analysed using NVivo qualitative data management software. A reflexive thematic analysis approach was used, generating 161 codes which were organised into a hierarchical code structure and refined into six overarching themes presented below.

### Participant Overview

N = 10	Sectors Represented	Focus Populations
Interviews conducted Nov 2025 – Jan 2026	Sexual health & BBV; Harm reduction; Mental health; Youth services; LGBTIQ+ support; Drowning prevention; Community engagement; Research	Young people; LGBTIQ+ communities; People who use drugs; People from CaLD backgrounds; First Nations peoples; Trans and gender diverse people; People with lived experience of suicide

## 2. Thematic Overview

Six themes were identified from the analysis. These themes are organised into three domains that reflect the structural, practice-level and workforce dimensions of peer-based health promotion. Each theme includes illustrative quotes (attributed by participant number to preserve anonymity), a key finding summary, and a discussion prompt for the Advisory Group.

STRUCTURAL CONTEXT	PROGRAM DESIGN & PRACTICE	THE PEER WORKFORCE
<p><b>Theme 1:</b> Funding structures constrain program potential</p> <p><b>Theme 2:</b> The evaluation mismatch: Quantitative demands vs. qualitative realities</p>	<p><b>Theme 3:</b> Frameworks need to flex: From rigid models to adaptive principles</p> <p><b>Theme 4:</b> Co-design as non-negotiable: Authentic partnership with communities</p>	<p><b>Theme 5:</b> The power and reciprocal value of peer-based approaches</p> <p><b>Theme 6:</b> Sustaining the peer workforce: Underestimated support needs and blurred boundaries</p>

*A cross-cutting finding:* Health promotion principles being inherent, but not explicit in peer-based programs has emerged as a thread running across all domains.

### 3. Structural Context

#### Theme 1: Funding structures constrain program potential

Participants consistently described how funding arrangements shape and constrain what peer-based programs can achieve. Funders ultimately determine the scope of organisational activity, and participants reported that this leaves critical functions such as advocacy, research engagement and comprehensive evaluation under-resourced or unfunded. The practical consequences of these constraints were felt acutely at the service delivery level.

*“Just about every service we deliver, we could be doing a lot more if we had a very, you know, just a little bit more funding for staffing.” – Participant 3*

*“Many grant opportunities out there are generally very much time frame bound to like well, for 18 months, and often will require more than that in order for something to really occur.” – Participant 6*

For smaller organisations, limited staffing was a particularly acute barrier, with staff required to take on responsibilities well beyond their primary roles. Where health promotion was delivered, it was often as an adjunct to funded activities rather than a resourced priority in its own right.

*“If we had funding for health promotion rather than being something we do beside everything we’re actually funded to do, then I think we could take a more strategic sort of approach to this.” – Participant 3*

The temporal dimension of funding was also raised as a concern. Peer-based programs depend on trust and relationship-building with communities, which require timeframes that rarely align with grant cycles. Participants described a recurring pattern where programs barely reach maturity before resources are withdrawn.

*“If you only funded for 12 months, you spend the first few months getting something happening. You’re just starting to produce useful results and then you start have to start winding down.” – Participant 3*

Several participants also noted the tension between funders' desire for peer involvement and their willingness to fund the actual infrastructure that peer programs require. Emerging trends in funding requirements increasingly mandate peer involvement in tenders, yet do not always account for the additional support costs.

#### KEY FINDING

Funding structures create a persistent gap between what organisations know works and what they can demonstrate or sustain. Short cycles, limited staffing and rigid reporting prevent peer-based programs from reaching their potential, particularly for smaller organisations. The cost of peer infrastructure (training, supervision, support) is routinely underestimated by funders.

#### FOR ADVISORY GROUP DISCUSSION

How could the PEER+ project or Community of Practice advocate for funding models that better reflect the time, relationship-building and support infrastructure that peer-based programs require?

## Theme 2: The evaluation mismatch: Quantitative demands vs. qualitative realities

A strong and consistent finding across interviews was the disconnect between what funders require in evaluation reporting and what participants considered meaningful indicators of program impact. Participants described a reporting culture oriented toward countable outputs and measurable behaviour change, which they felt failed to represent the depth and breadth of what peer programs actually achieve.

*"The actual funders, what they really want from us is throughputs. You know, it's all quantitative data." – Participant 3*

*"All the questions that we need to report on are in relation to HIV, but we don't often capture like this program actually built the skills of someone who was now able- more confident in speaking in public, and they got a job." – Participant 5*

*"We're just reporting numbers... It's just not a respectful and reflective, or respectful sort of reflection rather, of our ambassadors' and our volunteers' involvement and how much value they bring." – Participant 9*

Participants expressed a clear desire to move beyond purely quantitative reporting to capture the broader, often transformative impacts of peer programs. These included changes in peer confidence, community connection, skill development, and the ripple effects of peer education through social networks. Some organisations had begun developing new evaluation approaches, but this work was largely unfunded and emergent.

*"I really like what you're saying about like, ensuring that we actually capture the change in the peers, not just the community." – Participant 1*

One participant described using a 'Most Significant Change' methodology to capture individual journeys across multiple levels – from participants to peer workers, to managers – as a way of understanding impact that standardised surveys could not capture. Others described relying on informal debrief conversations, facilitator observations and anecdotal feedback that never formally entered evaluation reporting.

Participants also identified practical challenges in collecting evaluation data from peer program participants, including research fatigue, selection bias when offering incentives, and the risk that formal evaluation processes could undermine the relational and trust-based nature of peer work.

#### KEY FINDING

There is a fundamental mismatch between funder-required evaluation indicators and the qualitative, relational and developmental impacts that characterise effective peer-based programs. Organisations possess rich knowledge of program impact that is not currently captured in formal evaluation. New evaluation approaches are emerging but remain largely unfunded and informal.

#### FOR ADVISORY GROUP DISCUSSION

What would peer-appropriate evaluation indicators look like in practice? How can this project support organisations to both satisfy funder requirements and capture the broader impacts of peer-based work?

## 4. Program Design and Practice

### Theme 3: Frameworks need to flex: From rigid models to adaptive principles

When asked about frameworks or theoretical models guiding their programs, most participants did not identify specific conceptual frameworks used for program planning, implementation or evaluation. One participant reported using program logic; another drew from a range of sector-specific approaches (youth work frameworks, trauma-informed practice, FDV frameworks) adapted to context. A further participant referenced the W3 (What Works and Why) evaluation framework developed specifically for the peer sector.

*“I take on the approaches that will be applied within a youth work framework. So, things like the Youth Work Code of Ethics, trauma informed practice, and child and youth safe practices. It’s kind of like a hodgepodge.” – Participant 1*

*“Using a fair bit of program logic. So looking at the impact of various programs and at the immediate level.” – Participant 6*

Significantly, several participants questioned whether a framework was the right approach for peer-based contexts. A consistent thread across interviews was that the diversity and dynamism of peer work requires flexibility that rigid frameworks may not accommodate. Participants described communities as constantly evolving and argued that programs need to pivot in response to changing needs.

*“Sometimes I question if a framework is the right approach, rather than maybe, like a suggested code of practice, because I think flexibility is really the key.” – Participant 1*

*“We need to think outside of the box, and we need to be constantly on our toes and I think frameworks can be somewhat detrimental if we try to stick to them.” – Participant 6*

*“I see value in PRECEDE-PROCEED and it does actually guide what we do ‘cause we have the SiREN toolkit about program development. So, it is useful, but I don’t whether or not it’s as translatable in a peer lens.” – Participant 7*

Rather than prescriptive step-by-step models, participants called for principles, considerations and flexible ways of working that could be adapted to different peer contexts. They emphasised that any resource needed to be simple (given resource constraints), co-designed with the sector, and framed as helping peer organisations fulfil what they are already trying to do rather than imposing new requirements.

*“Applying creating some kind of model that would allow for that degree of flexibility would go a long way.” – Participant 6*

*“This isn’t a rigid framework. This is one that you bring your strength, you bring your perspective to and this is going to help get more money in the future.” – Participant 7*

Participants also noted a lack of peer-specific frameworks in the literature, and where frameworks existed, limited reporting of how they were developed or adapted for peer contexts. This gap means organisations often work through trial and error without a shared knowledge base to draw upon.

*“There’s not a lot that talks about how they develop the framework, that would then drive the programs. It’s just that usually the starting point is we develop this program based on X framework.” – Participant 5*

### The research-practice tension

A related finding concerned the tension between research-derived frameworks and the realities of peer-based practice. One participant described how frameworks designed for adult, white, middle-aged women were mandated by funders for work with diverse young people, creating friction between evidence requirements and community relevance.

*“A lot of the frameworks were designed for adult, white, middle aged women, and they’re not always applicable for young people. And that can be particularly tricky with funders and or an academic that’s telling you that this is research, and you’re like, yes, but not with my population.” –*

**Participant 1**

Another participant highlighted how formal evaluation tools and behaviour change models, while useful for researchers and funders, can introduce power dynamics that do not serve peer-based ways of working.

*“It’s challenging when you’re working with a group of people, because it introduces a bit of a power dynamic when you start thinking about like Health Belief Models and Theories of Change. Those tools are very helpful for researchers and people who provide grants because it gives them an indication of where things are at, but it doesn’t help the individual always necessarily.” –*

**Participant 6**

#### KEY FINDING

Participants do not want a rigid framework. They want adaptable, principles-based guidance that respects peer ways of working, allows for community-driven flexibility, and is simple enough to use within existing resource constraints. Any PEER+ output should be framed as a supportive resource rather than a prescriptive model and must be co-designed with the sector.

#### FOR ADVISORY GROUP DISCUSSION

Given this feedback, should the PEER+ project or Community of Practice develop a set of guiding principles and practical considerations rather than a traditional framework? What format would be most useful for practitioners in the sector?

## Theme 4: Co-design as non-negotiable: Authentic partnership with communities

Authentic co-design with communities emerged as a foundational, non-negotiable element of effective peer-based programs. Participants distinguished clearly between genuine co-design, where communities drive program development, and tokenistic consultation where decisions have already been made.

*“And when I say shared ownership, I really mean like the person feels like they are listened to and that they actually... the language that gets thrown around in space is like decolonising how we work and making sure that things are community-led instead.” – Participant 6*

Participants described co-design as an ongoing, embedded process rather than a one-off consultation. Having peers as part of the team provided continuous community insight that informed rapid program adaptation.

*“And I think as well, what I found awesome about working with peers is that you kind of have this continuous community consultation.... The creativity, like I was saying before, that comes from having peers, in a way, is that, like, they’ll have ideas that I would never think of and being able to really do that engagement at the forefront.” – Participant 1*

Cross-sectoral partnerships were identified as critical for reaching diverse populations. Several participants described partnering with specialist organisations when working with specific communities, rather than assuming expertise across all population groups.

*“Often there would be a lot of partnerships with other services that are more experts in the field. So always partnering with a First Nations focused service for developing programs or First Nations young people, and then delivering that program together.” – Participant 4*

Maintaining organisational credibility within communities was identified as essential for sustaining co-design partnerships. Participants described advocacy and visible community engagement as necessary for maintaining the trust that underpins service uptake.

*“A big part of that is the departments of health having a trust that these organisations are actually embedded and engaged and deeply connected within their communities.” – Participant 5*

*“Most peer-led organisations by default need to be doing peer leadership and advocacy for their capacity to stay, have credibility within their communities.” – Participant 5*

### KEY FINDING

Co-design is not optional in peer-based health promotion, it is the foundational practice. Participants distinguish between authentic co-design (community-led, ongoing, power-sharing) and tokenistic consultation. Cross-sectoral partnerships and sustained organisational credibility are prerequisites for effective co-design with underserved communities.

### FOR ADVISORY GROUP DISCUSSION

How can the PEER+ project or Community of Practice support organisations to move from consultation to genuine co-design? Are there practical tools or processes that could help members embed authentic co-design into program planning?

## 5. The Peer Workforce

### Theme 5: The power and reciprocal value of peer-based approaches

All participants spoke with conviction about the unique effectiveness of peer-based approaches in reaching populations that mainstream services cannot. The mechanisms through which this occurs were described in remarkably consistent terms across interviews, pointing to something distinctive about the peer relationship that cannot be replicated by professional service delivery alone.

*“What makes them successful is the authenticity, the sometimes-immediate rapport that peers can have just purely by nature of the definition of what’s peer is they have things in common. I think it’s the efficiency and the speed of being able to connect with somebody and then in turn, that ability to actually communicate whatever the health message is.” – Participant 9*

*“If drug use organisations were running needle and syringe programs, there’s aspects of community engagement around needle and syringe programs that don’t work if it’s run by a hospital.” – Participant 3*

Participants described peer programs as creating ‘ripple effects’ through social networks, where education and health messages travel far beyond the initial point of contact. One participant provided a compelling example of using young people from migrant communities to bridge information about cancer screening to their parents, accessing conversations that professionals could not.

*“The peers being doorways into places that we wouldn’t be able to access. So it’s kind of like, how can we- which part of a community is in need that we can actually access?” – Participant 1*

#### Reciprocal benefits for the peer workforce

A particularly strong finding was the reciprocal benefit peer programs provide to the peer workers themselves. Participants frequently described witnessing transformative change among peers that extended well beyond the scope of the program’s stated objectives, suggesting that the act of being a peer itself constitutes a significant developmental experience.

*“Something that I’ve loved endlessly is seeing the peers grow from timid and unsure about the content, and then becoming really confident about it, and then deciding to do it as a professional career, and then also being leaders in their communities.” – Participant 1*

*“Watching people grow in confidence, watching them learn, watching them gain qualifications that they never thought they’d have, watching them gain that sense of agency and self-worth that they can actually affect change in the world.” – Participant 3*

However, participants noted that these reciprocal benefits are rarely captured in formal evaluation, contributing to an incomplete picture of peer program value. One participant observed that lived experience is not valued as an expertise in its own right, noting that adding ‘lived experience’ to a role title can actually reduce its perceived monetary value.

#### KEY FINDING

Peer-based approaches are uniquely effective in reaching underserved populations through mechanisms of trust, shared experience and social network influence. The reciprocal benefits to the peer workforce, being confidence, skills and career pathways, represent significant but under-captured program impact. Evaluation frameworks need to account for this dual-direction value.

**FOR ADVISORY GROUP DISCUSSION**

How should the impact on peer workers themselves be captured and valued in program evaluation?  
Should the PEER+ framework explicitly address reciprocal benefits as a core program outcome?

## Theme 6: Sustaining the peer workforce: Underestimated support needs and blurred boundaries

Participants described extensive support infrastructures required for peer work that are routinely underestimated by funders and organisations outside the sector. Support needs identified included supervision, formal and informal debriefing, ongoing training, incident management, access to employee assistance programs, and consistent relationship with a designated staff member.

*“The biggest challenge is around funders and organisations lacking the understanding as the amount of support that a peer requires.” – Participant 1*

*“You might be able to hire a professional to do something in three months. It may take a peer 12 to 18 months to get there, but the outcomes are going to look different.” – Participant 1*

A significant concern raised by multiple participants was the blurring of boundaries between peer and professional roles. Peers were described as absorbing tasks and responsibilities that fall outside their role scope, while the nature of peer identity, rooted in lived experience, makes it difficult to delineate where the role ends and personal life begins.

*“I’ve seen too much expectation placed on peers and assumption around their capacity, and particularly around a lack of understanding as to what additional challenges it brings to working in the workforce as a peer as well, in comparison to a professional.” – Participant 1*

*“And that boundary of like I’m a peer, I’ve been in that role before. I have lived experience and then not being able to- I think that line being quite grey.” – Participant 7*

To address these challenges, participants emphasised the need for proactive, structured approaches to peer workforce management from the outset. Successful programs were described as those where the organisation adapted its systems and culture to support peer ways of working, rather than expecting peers to conform to traditional professional structures.

*“Being very clear about the peer educator’s role, the role description, so they’re very clear about what’s expected of them, even sort of I guess time wise as well.” – Participant 8*

### Organisational readiness

Underpinning peer workforce sustainability was the broader theme of organisational readiness. Participants described how organisations need to place genuine trust in peers, flatten decision-making, and adapt their structures to support peer-led approaches rather than simply adding peer roles into existing hierarchies.

*“If an organisation actually gonna take on a peer-based approach it’s- there’s changes that have to happen throughout the whole organisation. The board needs to actually trust peers.” – Participant 5*

One participant described a deliberate organisational shift toward flattening decision-making and increasing consumer involvement in planning, recognising this as an ongoing process requiring the right people and structures.

#### KEY FINDING

The support infrastructure required for peer work is consistently underestimated. Successful peer programs require clear role expectations, graduated skill development, boundary management, and organisational cultures that trust and adapt to peer ways of working. Organisational readiness, not just individual peer capacity, determines program sustainability.

#### FOR ADVISORY GROUP DISCUSSION

What practical guidance on organisational readiness could the PEER+ project provide? Should the framework or resource include an organisational self-assessment component to help services determine their preparedness for peer-based approaches?

## 6. Cross-Cutting Finding: Health Promotion as Inherent but Not Explicit

A finding that cut across all themes was that health promotion principles are deeply embedded in peer-based practice but are not named or formally recognised as such. Participants described their programs as doing health promotion (enabling communities, building capacity, addressing determinants of health and advocating for equity) without necessarily framing their work in health promotion terminology.

*“If we go right back to, say, the Ottawa Charter, then I would say that health peer-based health promotion is reflected in every aspect of those components.” – Participant 5*

*“I think formal training and health promotion really supports someone’s practice. I think a lot of people have the similar principles, but they’ve not been able to formally refine the skills that are sort of indicative of health promotion.” – Participant 7*

Those participants with formal health promotion qualifications reported that their training provided significant benefits in program planning, evaluation design and advocacy. However, many practitioners working in peer-based programs do not have health promotion backgrounds and may not recognise the theoretical underpinnings of their practice.

*“I think what I probably had the greatest benefit from doing health promotion was in understanding the evaluation components.” – Participant 6*

This finding has direct implications for the PEER+ project: there is an opportunity to make health promotion principles explicit and accessible to peer-based practitioners without imposing jargon or rigid academic frameworks. Framing health promotion concepts as supportive resources that strengthen existing practice, rather than new requirements, is likely to achieve greater uptake and relevance.

#### KEY FINDING

Health promotion principles are already being practised within peer-based programs but are not explicitly recognised or named. Making these principles visible and accessible, and in language that

resonates with the peer sector, could strengthen program design, evaluation and advocacy without creating additional burden.

#### FOR ADVISORY GROUP DISCUSSION

How might the PEER+ project bridge health promotion and peer-based practice? Would capacity-building around health promotion concepts (e.g., evaluation, planning, advocacy) be welcomed by the sector if delivered in accessible, practice-relevant formats?

## 8. Next Steps

The Advisory Group is invited to review these findings and provide feedback at the upcoming meeting. Specific input is sought on the following:

- Whether the themes accurately reflect the Advisory Group's understanding of the sector's needs and priorities.
- The preferred format and scope of the PEER+ outputs (principles-based resource, toolkit, guide, or other).
- Priority focus areas for the Community of Practice in its first phase of activity.
- Any gaps, additional perspectives, or areas requiring further exploration.

#### CONTACT

For questions or feedback on this document, please contact Laura Thum or the PEER+ supervisory team at CERIPH, Curtin University.