



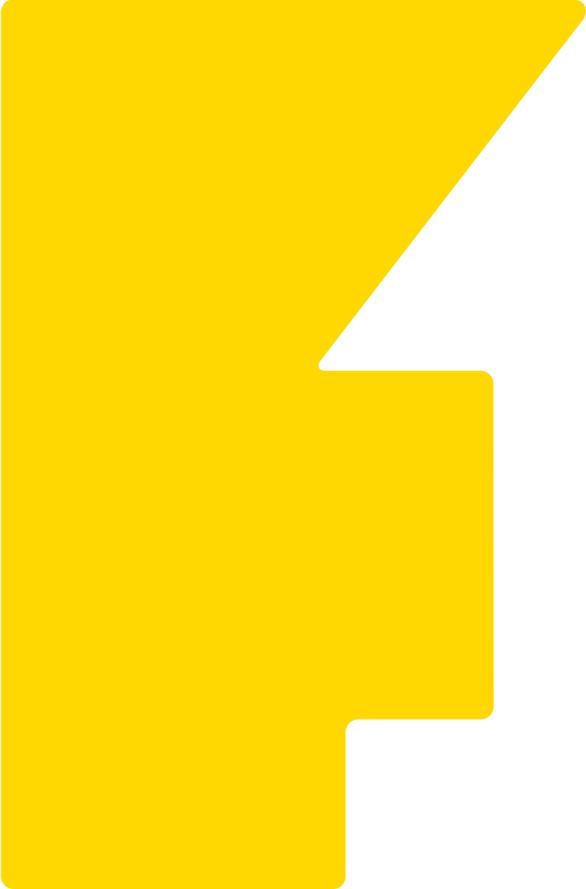
# Evaluation of Peer Support Work in Focus Ireland



**Challenging  
homelessness.  
Changing lives.**

**FOCUS**  
Ireland



A large yellow graphic element on the left side of the page, consisting of a vertical bar with a diagonal cutout at the top right and a horizontal extension at the bottom right.

# Evaluation of Peer Support Work in Focus Ireland

# Contents

---

About the authors	5
Acknowledgments	5
Foreword	6
<b>1 Introduction</b>	<b>7</b>
<b>2 Methodology</b>	<b>8</b>
2.1 Qualitative research	9
<b>3 Background and context</b>	<b>10</b>
<b>4 Process evaluation findings</b>	<b>14</b>
4.1 Focus Ireland peer work strategy and implementation	14
4.2 Recruitment, training, induction and supervision	16
4.3 Retention and job satisfaction	19
4.4 Value for money assessment	21
<b>5 Outcomes evaluation findings</b>	<b>22</b>
5.1 Peer Support Work Theory of Change	22
5.2 Assessment of outcomes	25
<b>6 Continuous improvement</b>	<b>28</b>
6.1 Learnings and recommendations	28
6.2 Future expansion	31
<b>Appendix 1: Literature review</b>	<b>32</b>
<b>Appendix 2: Topic guides</b>	<b>46</b>
<b>Table of figures</b>	
Figure 1: Process and outcomes evaluation main features	8
Figure 2: Theory of Change	24
<b>Table of tables</b>	
Table 1: Interview participants	9
Table 2: Lessons, findings and recommendations	29

## About the authors

---

The research was conducted by Dr Eilis Lawlor and Dr Eva Neitzert of Just Economics. Dr Lawlor and Dr Neitzert are evaluation experts, with a track record of more than 15 years research and evaluation around homelessness and housing. For more information about Just Economics and the authors, please visit [www.justeconomics.ie](http://www.justeconomics.ie).



## Acknowledgments

---

The authors would like to acknowledge the support of Focus Ireland staff that oversaw the research, Daniel Hoey and Ger Spillane, as well as staff from across the organisation who participated in the interviews.

A special thank you to the Peer Support Workers for their involvement in the evaluation.

Finally, the authors would like to acknowledge the members of the Advisory Group, who gave so generously of their time, providing feedback at key milestones of the research.

### **Advisory Group members:**

- › Kelly Anne Byrne, former Focus Ireland Lived Experience Ambassador
- › Grainne Johnston, Housing First National Office, The Housing Agency
- › Triona O'Connor, Genio
- › Ger Spillane, Head of Practice Development, Focus Ireland
- › Kathleena Twomey, Research Assistant & Expert by Experience, Focus Ireland
- › Mark Wright, Recovery Academy Coordinator, Coolmine

# Foreword

---

As Head of Practice Development and Director of HR at Focus Ireland, we are proud to introduce this evaluation of our Peer Support Work pilot, a milestone in our ongoing commitment to embedding lived experience at the heart of homelessness services.

This pilot represents more than a new staffing model. It is a reaffirmation of our founding philosophy, rooted in the insights of Sr. Stanislaus Kennedy, that those who have experienced homelessness must be central to shaping the services that support them. The integration of Peer Support Workers (PSWs) into our teams across Ireland has brought renewed energy, empathy, and authenticity to our work, and this evaluation captures both the promise and the complexity of that journey.

On a personal level, being part of this initiative has been deeply humbling. We have witnessed firsthand the transformative power of lived experience not just in how it connects with customers, but in how it challenges and enriches our organisational culture. The courage, insight, and professionalism of our Peer Support Workers has reminded us that recovery is not only possible but also powerful, and that inclusion must be more than a principle; it must be a practice.

The findings presented here offer a rich and honest account of what it takes to make peer support work not just for customers, but for Peer Support Workers themselves, for staff teams, and for the organisation as a whole. They highlight the transformative potential of peer support work, while also identifying the structural, cultural, and practical supports needed to ensure its success.

We would like to thank Dr Eilis Lawlor and Dr Eva Neitzert for their rigorous and thoughtful evaluation, and to acknowledge the invaluable contributions of our Peer Support Workers, whose courage and commitment continue to inspire us. We also extend our gratitude to the staff, customers, and members of the Advisory Group who participated in this process.

This report will inform our next steps as we seek to expand and strengthen peer support work across Focus Ireland. It is also offered as a resource to the wider sector, as we collectively work toward a more inclusive, effective, and compassionate response to homelessness.

**Gerard Spillane**

Head of Practice Development, Focus Ireland

**Barbara Dempsey**

Director of Human Resources, Focus Ireland

# 1 Introduction

Peer Support Workers (PSWs) are ‘experts-by-experience’ who leverage their living and lived experience to provide support to others experiencing similar situations.<sup>1</sup>

The philosophy of peer work is integral to the work of Focus Ireland, which has its origins in research conducted by Sr. Stanislaus Kennedy into the needs of women experiencing homelessness in Dublin in the 1980s.

Since those early beginnings, Focus Ireland have undertaken various peer initiatives, such as the Lived Experience Ambassador Programme and Peer Research Programme.<sup>2</sup> In 2023, Focus Ireland decided to integrate formal peer work into services. Following a national recruitment campaign, six PSWs were hired into services in each of the main cities.

In 2025, Just Economics was commissioned to evaluate the peer support work pilot. This report is the final output from that commission.

This report is structured as follows:

- › Evaluation methodology
- › Background and context
- › Process evaluation
- › Outcomes evaluation
- › Continuous improvement

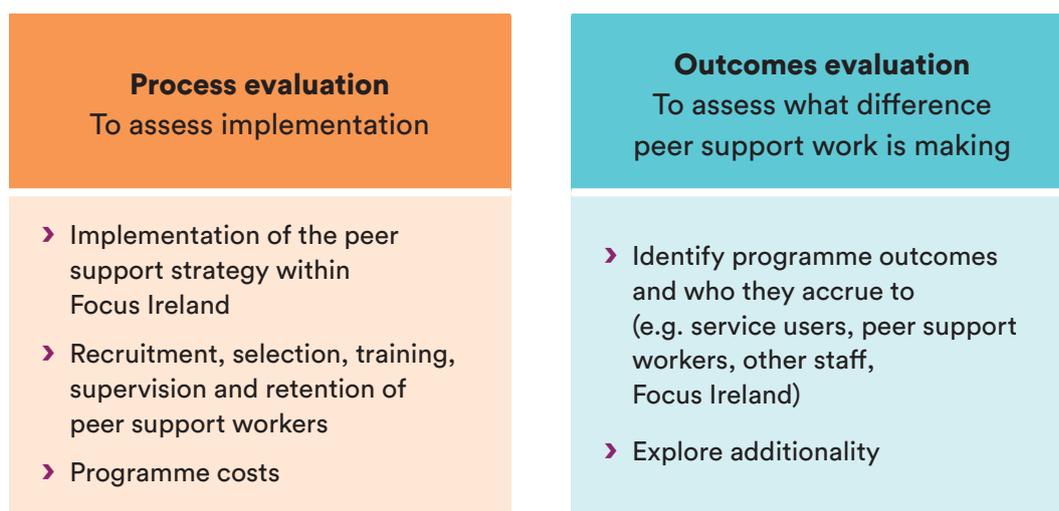
---

1 Mangan, J., del Cid Nunez, P., Daou, S., Richandi, G. E. K., Siddiqui, A., Wong, J., ... & Orkin, A. M. (2024). Peer and lay health work for people experiencing homelessness: A scoping review. *PLOS Global Public Health*, 4(6), e0003332.

2 Hoey, D., Haughan, P., Richardson, E., & Twomey, K. (2021) Peer research in housing and homelessness: A guidebook for organisations, researchers and funders, <https://www.focusireland.ie/wp-content/uploads/2022/04/Peer-Research-in-Housing-and-Homelessness-Guidebook.pdf>

## 2 Methodology

The peer support work pilot evaluation followed a qualitative design covering elements of both **process** and **outcomes** evaluation as set out in Figure 1.



**Figure 1: Process and outcomes evaluation main features**

The evaluation was overseen by an Advisory Group of experts, policy representatives and individuals with lived experience. This group met twice during the evaluation: during the inception phase to inform the evaluation questions and methodology, and again following data collection to review findings.

In advance of fieldwork, a literature review was conducted to provide background information, inform data collection and locate the peer support work within the international context (see Appendix 1).

## 2.1 Qualitative research

All six pilot sites were involved in the evaluation. Five of these continue to have a PSW in their setting (one had resigned at the time of the evaluation).

In total, 24 individuals were interviewed. A breakdown of participants by type is provided in Table 1.

**Table 1: Interview participants**

Participant group	Number
Peer Support Workers	5
Service users	7
Staff (project and implementation)	12
<b>Total</b>	<b>24</b>

Data was collected via confidential in-depth semi-structured interviews. Interview topic guides are available in Appendix 2.

All participants were provided with participant information leaflets and consent forms prior to interview. These, along with the methodology, were approved by Focus Ireland's internal research ethics committee.

## 3 Background and context

This section examines key findings from the international literature and the policy context. It intends to act as a brief synthesis and the full literature review is available in Appendix 1.

At the outset of the evaluation, a series of research questions were agreed with Focus Ireland and the Advisory Group. These are used to structure this section and each of the subsequent findings sections.

### **Research question 1: What does the literature tell us about the key elements of peer support work (e.g. in relation to lived experience) and the effectiveness of peer support work in housing/homelessness?**

Peer support work has evolved from informal mutual aid practices into a structured and professionalised field,<sup>3</sup> particularly within mental health, addiction, and more recently, homelessness services.<sup>4</sup> It has expanded most rapidly since the 1990s due to its perceived value in promoting wellbeing, empowerment, and recovery.<sup>5</sup>

Peer support involves individuals with lived experience—of homelessness, mental health issues, addiction, or similar challenges—offering support to others in comparable situations. Definitions vary slightly across contexts, but the emphasis is on shared experience, mutual respect, and fostering self-determined change.<sup>6</sup> Models range from informal peer-led initiatives to formalised roles within professional organisations.<sup>7</sup>

---

3 Dennis, C. L. (2003). Peer support within a health care context: a concept analysis. *International journal of nursing studies*, 40(3), 321–332.

4 Mangan, J., del Cid Nunez, P., Daou, S., Richandi, G. E. K., Siddiqui, A., Wong, J., ... & Orkin, A. M. (2024). Peer and lay health work for people experiencing homelessness: A scoping review. *PLOS Global Public Health*, 4(6), e0003332.

5 Fortuna, K. L., Solomon, P., & Rivera, J. (2022). An update of peer support/peer provided services underlying processes, benefits, and critical ingredients. *Psychiatric Quarterly*, 93(2), 571–586.

6 See for example: Fortuna, K. L., Solomon, P., & Rivera, J. (2022). An update of peer support/peer provided services underlying processes, benefits, and critical ingredients. *Psychiatric Quarterly*, 93(2), 571–586.

7 Barker, S. L., & Maguire, N. (2017). Experts by experience: peer support and its use with the homeless. *Community mental health journal*, 53, 598–612.

Peer support work is generally positioned as particularly suited to instances where there is complexity,<sup>8</sup> hence its use in approaches such as Housing First. There is a growing evidence base for its effectiveness in homelessness services through mechanisms such as increasing the acceptability of interventions, role modelling,<sup>9</sup> increasing feelings of safety and destigmatising experiences of homelessness.<sup>10</sup> Positive impacts on housing outcomes – for example, days in homelessness, tenancy status<sup>11</sup> and housing stability<sup>12</sup> – have also been found.

## **Research question 2: What works well in what contexts and what can be learned to inform peer support work in Ireland (e.g. in relation to qualifications and professionalisation)?**

Evidence suggests that peer support is particularly effective at engaging and retaining individuals who are often marginalised or ‘hard to reach’ by traditional services.<sup>13</sup> Peer workers can build trust and overcome barriers rooted in stigma, previous negative experiences with services, or perceptions of professional staff being disconnected from clients’ realities.<sup>14</sup> Research shows improved outcomes in service uptake and retention,<sup>15</sup> empowerment,<sup>16</sup> addiction recovery, and mental health,<sup>17</sup> although the strength of this evidence is uneven.

- 
- 8 Miler, J. A., Carver, H., Foster, R., & Parkes, T. (2020). Provision of peer support at the intersection of homelessness and problem substance use services: a systematic ‘state of the art’ review. *BMC Public Health*, 20, 1–18.
  - 9 Barker, S. L., Maguire, N., Bishop, F. L., & Stopa, L. (2018). Peer support critical elements and experiences in supporting the homeless: A qualitative study. *Journal of Community & Applied Social Psychology*, 28(4), 213–229.
  - 10 Magwood, O., Leki, V. Y., Kpade, V., Saad, A., Alkhateeb, Q., Gebremeskel, A., ... & Pottie, K. (2019). Common trust and personal safety issues: a systematic review on the acceptability of health and social interventions for persons with lived experience of homelessness. *PloS one*, 14(12), e0226306.
  - 11 Černá, E., & Gojová, A. (2023). Peer support workers as equal team members. A case study of peer support in Glasgow housing first. *The British Journal of Social Work*, 53(1), 315–333.
  - 12 Fortuna, K. L., Solomon, P., & Rivera, J. (2022). An update of peer support/peer provided services underlying processes, benefits, and critical ingredients. *Psychiatric Quarterly*, 93(2), 571–586.
  - 13 Sokol, R., & Fisher, E. (2016). Peer support for the hardly reached: a systematic review. *American journal of public health*, 106(7), e1–e8.
  - 14 de Zeeuw Wright, M., & Morgan, C. (2024). Certified Peer Support in the Field of Homelessness: Stories Behind the Work. *Community Mental Health Journal*, 1–11.
  - 15 Giraldo, A., Shah, P., Zerbo, E., & Nyaku, A. N. (2024). The role of recovery peer navigators in retention in outpatient buprenorphine treatment: a retrospective cohort study. *Annals of Medicine*, 56(1), 2355566.
  - 16 Burke, E., Pyle, M., Machin, K., Varese, F., & Morrison, A. P. (2019). The effects of peer support on empowerment, self-efficacy, and internalized stigma: A narrative synthesis and meta-analysis. *Stigma and health*, 4(3), 337.
  - 17 David, D. H., Rowe, M., Staeheli, M., & Ponce, A. N. (2015). Safety, trust, and treatment: Mental health service delivery for women who are homeless. *Women & Therapy*, 38(1–2), 114–127.

Peer workers themselves often experience significant personal and professional benefits. These include increased self-esteem, social connectedness, recovery reinforcement, and career development.<sup>18 19</sup> Peer support work allows individuals to transform personal hardship into a source of strength for others, fostering a sense of purpose and mutual growth. However, challenges such as unclear job roles, insufficient training or support, and emotional strain are common. Moreover, the push towards formalisation and professionalisation can clash with the foundational values of peer support, particularly when qualifications are required or when peer roles are tightly controlled by professionals lacking lived experience.

Implementation success relies heavily on organisational culture,<sup>20</sup> adequate resourcing, clarity of role and structural support.<sup>21</sup> Peer workers must be integrated into teams as equals, with fair pay,<sup>22</sup> clear roles and responsibilities, and access to training, supervision, and peer networks.<sup>23</sup> Training and structural support should take account of other challenges peers experience such as boundaries, self-care/safety, fulfilment of formal job requirements, and mental well-being.<sup>24</sup>

Other barriers include underfunding, tokenism, and philosophical tensions about the legitimacy of lived experience as a form of expertise. While some fear that professional oversight may dilute the authenticity of peer support, most advocate for a balanced approach that respects both lived and learned knowledge.<sup>25</sup>

---

18 Moran, G. S., Russinova, Z., Gidugu, V., Yim, J. Y., & Sprague, C. (2012). Benefits and mechanisms of recovery among peer providers with psychiatric illnesses. *Qualitative health research*, 22(3), 304–319.

19 MacLellan, J., Surey, J., Abubakar, I., & Stagg, H. R. (2015). Peer support workers in health: a qualitative metasynthesis of their experiences. *PloS one*, 10(10), e0141122.

20 Reeves, V., Loughhead, M., Halpin, M. A., & Procter, N. (2024). Organisational Actions for Improving Recognition, Integration and Acceptance of peer support as identified by a current peer workforce. *Community Mental Health Journal*, 60(1), 169–178.

21 Reeves, V., Loughhead, M., Halpin, M. A., & Procter, N. (2024). Organisational Actions for Improving Recognition, Integration and Acceptance of peer support as identified by a current peer workforce. *Community Mental Health Journal*, 60(1), 169–178.

22 Černá, E., & Gojová, A. (2023). Peer support workers as equal team members. A case study of peer support in Glasgow housing first. *The British Journal of Social Work*, 53(1), 315–333.

23 Ibrahim, N., Thompson, D., Nixdorf, R., Kalha, J., Mpango, R., Moran, G., ... & Slade, M. (2020). A systematic review of influences on implementation of peer support work for adults with mental health problems. *Social psychiatry and psychiatric epidemiology*, 55, 285–293.

24 Mangan, J., del Cid Nunez, P., Daou, S., Richandi, G. E. K., Siddiqui, A., Wong, J., ... & Orkin, A. M. (2024). Peer and lay health work for people experiencing homelessness: A scoping review. *PLOS Global Public Health*, 4(6), e0003332.

25 Ball, M., & Skinner, S. Raising the glass ceiling: considering a career pathway for peer support workers – 2021.

### **Research question 3: What are the evidence gaps?**

Much of the existing research is descriptive or based on small-scale studies, and while some experimental studies exist, their findings are mixed.<sup>26</sup> Nonetheless, peer support is widely seen as adding value in complex cases, particularly where traditional services struggle to make meaningful contact.<sup>27</sup>

As the field continues to mature, more rigorous, context-specific research is needed to understand when and how peer support is most effective and how its core values can be preserved during wider system integration.

### **Research question 4: What is the policy context around peer support work in Ireland, particularly in relation to Housing First?**

Policy on peer support work in the housing sector in Ireland has taken a step forward with the publication of a toolkit on peer support specialists by the Housing Agency.<sup>28</sup> This was developed as part of its work to operationalise the Housing First approach nationally. Peer support work and client-led approaches were integral to the development of Housing First and remain key to implementation.

The toolkit published by the Housing Agency, defines peer support work as follows:

**...[a peer support worker] should have personal experience in having sought assistance in overcoming their obstacles and is currently in recovery from substance use, mental health problems, homelessness, or has overcome other obstacles for a period of at least one year.**

This definition departs from homelessness-specific definitions of peer support, which would usually specify lived experience of homelessness as a first order requirement (see literature review). This is important in the context of the finding in this evaluation of the value of linking lived experience to customer backgrounds (see sections 4 and 5).

As the key policy document relating to peer support, the Housing Agency toolkit potentially risks siloing the approach within a Housing First context. As we will see from this evaluation, it has a much wider application within and beyond homelessness.

---

26 Bellamy, C., Schmutte, T., & Davidson, L. (2017). An update on the growing evidence base for peer support. *Mental Health and Social Inclusion*, 21(3), 161–167.

27 Resnick, S. G., & Rosenheck, R. A. (2008). Integrating peer-provided services: a quasi-experimental study of recovery orientation, confidence, and empowerment. *Psychiatric Services*, 59(11), 1307–1314.

28 Housing Agency (2024) Peer Support Specialist Toolkit: [https://www.housingagency.ie/sites/default/files/2024-09/The%20Housing%20Agency%20103982\\_Peer%20Support%20Specialist%20Toolkit\\_FINAL.pdf](https://www.housingagency.ie/sites/default/files/2024-09/The%20Housing%20Agency%20103982_Peer%20Support%20Specialist%20Toolkit_FINAL.pdf)

## 4 Process evaluation findings

This section presents the findings from the qualitative research relating to the process evaluation research questions.

### 4.1 Focus Ireland peer work strategy and implementation

#### **Research question 5: What is the Focus Ireland peer support strategy and how is it being implemented? How is it similar to, or different from, the Housing Agency guidance?<sup>29</sup>**

As mentioned earlier, the philosophy of peer work is a foundational principle of how Focus Ireland operates. Through her research, Sr Stan realised the importance of involving people with lived experience in the development of homelessness services. Aspects of the service today (e.g. the use of the term customer to describe service users) have their origin in this research.

An implementation group was established to oversee the development of formal peer support work within Focus Ireland services. The box below describes the early phases of the implementation process.

---

<sup>29</sup> Housing Agency (2024) Peer Support Specialist Toolkit, [https://www.housingagency.ie/sites/default/files/2024-09/The%20Housing%20Agency%20103982\\_Peer%20Support%20Specialist%20Toolkit\\_FINAL.pdf](https://www.housingagency.ie/sites/default/files/2024-09/The%20Housing%20Agency%20103982_Peer%20Support%20Specialist%20Toolkit_FINAL.pdf)

### What was done?

- › Extensive background research project to help shape the programme (67 academic papers consulted)
- › Informed by two key frameworks: Psychology-Informed Environments (PIE) and trauma-informed care (TIC) and by the principles of Housing First.
- › Implementation Group (IG) established that included people with lived experience and a range of Focus Ireland staff (HR, project staff, employment service, customer involvement etc.).
- › The guiding philosophy for the programme was that peer working is different, but skills are equal, and that the peer support work role would be modelled on project worker role.
- › Generic job description developed to enable flexibility for teams/peers and to ensure peer workers are not defined by their lived experience.

The implementation group led to the successful launch of the PSW pilot within Focus Ireland. However, the organisation was experiencing high staff turnover in some roles, which may have impeded the smooth functioning of the group. There was a view from several participants that aspects of the early implementation process could have been improved. Feedback included:

- › Inconsistent personnel (some joining late, others leaving) led to a feeling of disjointedness at times.
- › Development phase may have gone on for too long and, consequently, lost some of its momentum.
- › One respondent requested a learning and reflection session when the work of the Implementation Group concluded, but this was never arranged.
- › Suggestion that, with hindsight, the group could have benefited from more of a practical focus, such as on day-to-day experiences of peer support workers and their roles/responsibilities.

## 4.2 Recruitment, training, induction and supervision

### Research question 6: How effective are recruitment, selection, training and supervision processes?

Following a national recruitment campaign six peer support workers were hired (3 in Dublin and one each in Waterford, Cork and Limerick). At the time of evaluation, all but one peer support worker remained in post.

#### What was done?

- › Services were asked to recommend candidates from their local customer base that they thought would be suitable, and several did.
- › The job was advertised nationally with a generic PSW role description and there was strong interest in the role with interviewees reporting that they had several good candidates to choose from.
- › Interviews took place online (post-Covid) with a panel comprising senior managers, although not necessarily from the host service.
- › In line with the philosophy of the programme to treat PSWs the same as other staff, PSWs were provided with the same standard induction and training that project workers receive.

#### Recruitment and selection

Whilst the generic national recruitment approach was thought to have enabled the programme to get up and running quickly, there were aspects that may have hindered the integration of PSWs within the organisation.

First, it may have inadvertently led to PSWs being perceived to have a status similar to individuals on the graduate training programme, which was also a national programme. Second, due to the generic nature of the job description, teams and peers had to define the role within the service. This was intended to enable the role to be flexible and responsive to the needs of host team. However, in practice, doing so after recruitment meant that the opportunities to match PSW skills and experience with gaps and needs within a service were limited. This process of role definition was navigated with different levels of success across the sites. At its most extreme one peer support worker noted:

**When I got the job nobody knew what to do with me as there was no job defined. (PSW)**

Other comments included:

**There wasn't much thought put into the role (PSW)**

**There is a risk of duplication because there is no clearly defined role (Service Manager)**

**To get the added value from peer support there needs to be a clear role, rather than just another pair of hands (Service Manager)**

Finally, it was suggested that sharing PSWs across services may have been beneficial, as this would have reduced the workload for managers initially and provided more options for PSWs to identify areas that they could support. This would have been helpful in services that are less busy, or where the customer population is quite settled and there was less of a clear need for extra staff. For example one manager reported:

**There are some days where we go over policies and procedures because there isn't enough to do.**

There was a strong view from all participants that in-person interviews would have been preferable. This was considered a friendlier and less intimidating option, but it also would have improved accessibility (one candidate had a hearing disability) and provided a better opportunity to assess recovery.

That said, a PSW did report very positively on the experience of the interview:

**The interview was great. I was very nervous, but the panel were fantastic, really lovely.**

While the interviews were all conducted online during the pilot, adjustments were made in response to feedback after the first several interviews. This included allowing extra time for the candidate to settle in.

### **Training and supervision**

Whilst some services and PSWs were happy with the induction and training on offer, several felt it was insufficient. The evidence from the research literature would also suggest that there is a case for strengthening the induction, including developing a bespoke training for PSWs.

Some PSWs had previous work experience, including in some cases relevant experience, but all had been out of formal work for some time. None had experience of similar office-based roles, and some required support with digital skills.

The PSWs were conscious that they were starting from a significant work experience and/or educational disadvantage relative to project workers. For some this fuelled a sense of ‘imposter syndrome’. Although this dissipated over time, the learning curve was steeper than it perhaps needed to be had more training been provided at the outset. Perhaps stemming from their formal educational disadvantage, PSWs place huge value on training, and many had sought out training prior to being hired:

**I take every training course I get offered. (PSW)**

**I had very low confidence through lack of training. I was doing any course I could find that was free online. (PSW)**

The basic training provided to new staff also varies from team to team. Staff talked about experiencing difficulties fitting PSWs into the training calendar. Much of the responsibility for bringing peers up to speed with office skills fell to the service manager and was time consuming for some.

Suggested additional trainings for PSWs could include:

- › Professional etiquette
- › Professional boundaries and self-care
- › Handling difficult conversations
- › Digital skills

Shadowing was also considered very effective. In one service, training was mainly provided via intensive shadowing of a highly experienced team member who was very committed to the initiative, but this would not be possible in every setting. The potential for shadowing could be a selection criteria when choosing host teams in future PSW appointments.

Whilst the philosophy of treating everyone equally is well-intentioned, in the case of training, it may have led to some unique needs that PSWs tend to share being overlooked, impacting their effectiveness.

Whilst most PSWs settled in well to their teams, there was a general view that more could have been done to prepare teams for what to expect. It is noteworthy that teams were briefed in advance, but this still did not feel sufficient to many of the staff. Aspects like national recruitment may have created false expectations of how the peer support role was to operate within Focus Ireland and, specifically, contributed to to a misconception that it would operate similar to the Graduate Programme:<sup>30</sup>

---

<sup>30</sup> This misconception persisted despite three online and one face-to-face briefing sessions for staff on the PSW programme.

I thought it was a programme like the graduate programme where they would only be here for a year (Project Worker)

I didn't really know what to expect but assumed it was like the graduate programme (Project Worker)

It would have helped if there had been more information. The team welcomed it but would have benefited to have more info (Service Manager)

Other elements of the job, such as supervision, are working satisfactorily, although most PSWs have struggled with boundaries and this has been a big learning curve. They have also valued reflective practice, where this has been available.

### 4.3 Retention and job satisfaction

#### **Research question 7: Are peer support workers being retained and what are the determinants of retention (e.g. job satisfaction, support)?**

As noted above, at the time of the evaluation, all but one of the PSWs remained in post.

Some were very established in their roles and moving towards case working, whereas others still required more clarity on their role.

Those that are more established in their roles tend to be busy, whereas other PSWs are sometimes underutilised. The flexible approach to role definition appears to have suited some PSWs and teams better than others. Factors that influence this include:

- › Peer support worker ability to take the initiative
- › Having a busy service
- › A good fit between the lived experience of the PSW and the role

All PSWs expressed high levels of job satisfaction and found the work environment welcoming. However, satisfaction tends to be higher where they know they are having 'wins' and feel they are adding value.

PSWs also got satisfaction from being able to use their lived experience to greatest effect (usually in case working or group work). It is also the case that a good match between the lived experience of the customer and the PSW appears to increase their sense of their effectiveness:

**Being a mother gives her a great understanding of what parents are going through (Service Manager)**

**Because I had been through it myself, I knew I could help (PSW)**

### **Box 1: Key success factors for retention**

Recruiting the right individual is a key success factor. This highlights the importance of some of the points already covered in relation to recruitment – speed, lack of role clarity and the national aspect – are key success factors.

In addition, most interviewees felt that it was vital that the hired PSW is truly in recovery. This was a critical criteria in the recruitment process, but can be hard to assess in practice. Participants, including PSWs themselves were of the view that it is much easier to assess this in person, and by someone who has lived experience:

**“You need to have someone on the panel who is also in recovery. I would just know if someone is properly in recovery. You can tell from their behaviour and the way they speak about their recovery. Are they using the right phrases and language?” (PSW)**

It was also felt that more preparation for teams in managing the settling in process would have been helpful. While it was made clear to the host team’s that PSWs were employees of Focus Ireland and to be treated accordingly, some did not make use of the probation period to address concerns and there was a lack of understanding around when to escalate concerns.

Finally, there was some evidence that the housing situation of the PSW can play a role in retention. It could be challenging where a PSW has not exited homelessness or does not have a stable living situation. Of course, a PSW may become homeless again while employed – and this has happened to one PSW – but in the first instance, it may be easier for both teams and PSWs if the PSW worker is not in receipt of homelessness services at the time of appointment.

## 4.4 Value for money assessment

---

### **Research question 8: What are the initiative costs and is it likely to represent value for money?**

Although no formal VfM assessment has taken place as part of this evaluation, it is possible to make some inferences based on the available data.

Whilst some set-up costs were incurred by Focus Ireland – implementation group, recruitment and so on – these largely drew on existing staff time. Although these are real costs, they were not hugely onerous and – with the exception of this evaluation – no external bodies were contracted. We can assume, therefore, that the set-up costs were relatively low.

PSWs have the same pay and conditions as project workers. The six part-time roles represent the same cost, therefore, as three full time equivalent project workers. Where PSWs are fully utilised and operating to a high standard, this is generally considered to be cost-effective. Examples of where value for money is achieved include where the PSWs are saving project worker time or resolving issues for customers more efficiently.

Perhaps the largest ‘cost’ of the role is the investment of manager time before and after appointment (e.g. preparing the team, induction, supervision, ongoing support etc.). Some of these costs could potentially be reduced by providing the bespoke training recommended above, with the hope that the cost of such training would be offset by the reduced demand on managers to provide support.

## 5 Outcomes evaluation findings

This section presents the findings from the qualitative research relating to the outcomes evaluation questions. We begin by setting out the Theory of Change (ToC) before going on to discuss the evidence that it is being achieved.

### 5.1 Peer Support Work Theory of Change

#### **Research question 9: What is the ToC for the peer support work initiative for different stakeholders (service users, peer support workers, other staff, Focus Ireland)?**

A Theory of Change (ToC) is a detailed explanation of how and why a desired change is expected to happen in a specific context. It maps out the steps between what an intervention does and the long-term outcomes it hopes to achieve.

Figure 2 overleaf shows a diagrammatic representation of the ToC. This has been drawn up based on the *learnings from the pilot evaluation* and, as such, maps out how to optimally implement the project to achieve outcomes rather than what happened in the pilot per se.

There are a few key points to note:

- › The pre-implementation phase, where the organisation readies itself for peer support work, is essential. This can be aided, as it was in the Focus Ireland pilot, by an implementation group tasked with overseeing the development of the peer support work strategy, policies and practices.
- › A needs assessment is recommended to ensure PSWs are placed where they can add the most value and have clarity of role.
- › Teams, and especially host service managers, should be directly involved in recruiting candidates.
- › Provide bespoke training to ensure that both teams and PSWs feel well-supported and confident.

Overall, as set out in Figure 2, there are critical success factors at three-levels: the organisation, the team, and the individual. These can be summarised as follows:

- › Peer support workers benefit from a strong advocate, or manager, on the team that is fully supportive of them.
- › It is important that the team are open and that this culture is set by senior managers.
- › PSWs perform best when they have key personal qualities (e.g. empathy, non-judgemental) and are fully in recovery.
- › Those with prior training or work experience may find it easier to settle into their roles.
- › Peers that have significant and varied experiences may have more potential to be able to use that experience to connect authentically with a range of service users.

Finally, even where peer support is working to its full potential, there remain ongoing barriers and challenges. These can be summarised as follows:

- › PSWs reported that they are generally struggling on their salary, and some are keen to have more hours. It is noted however, that more hours may not lead to higher salaries due to the loss of benefits.
- › Some PSWs continue to have a difficult home life (one has been homeless for a year) and this can put pressure on them and the host team.
- › The new CORU requirement introducing the protected title of ‘Social Care Worker’ presents a challenge for the development and expansion of peer support work in Ireland. Some means of formally recognising lived experience is required.
- › As PSWs take on more responsibility and/or becoming more settled into their roles and teams, it is harder for managers to release them for ‘extras’, such as ambassadorial work or training.

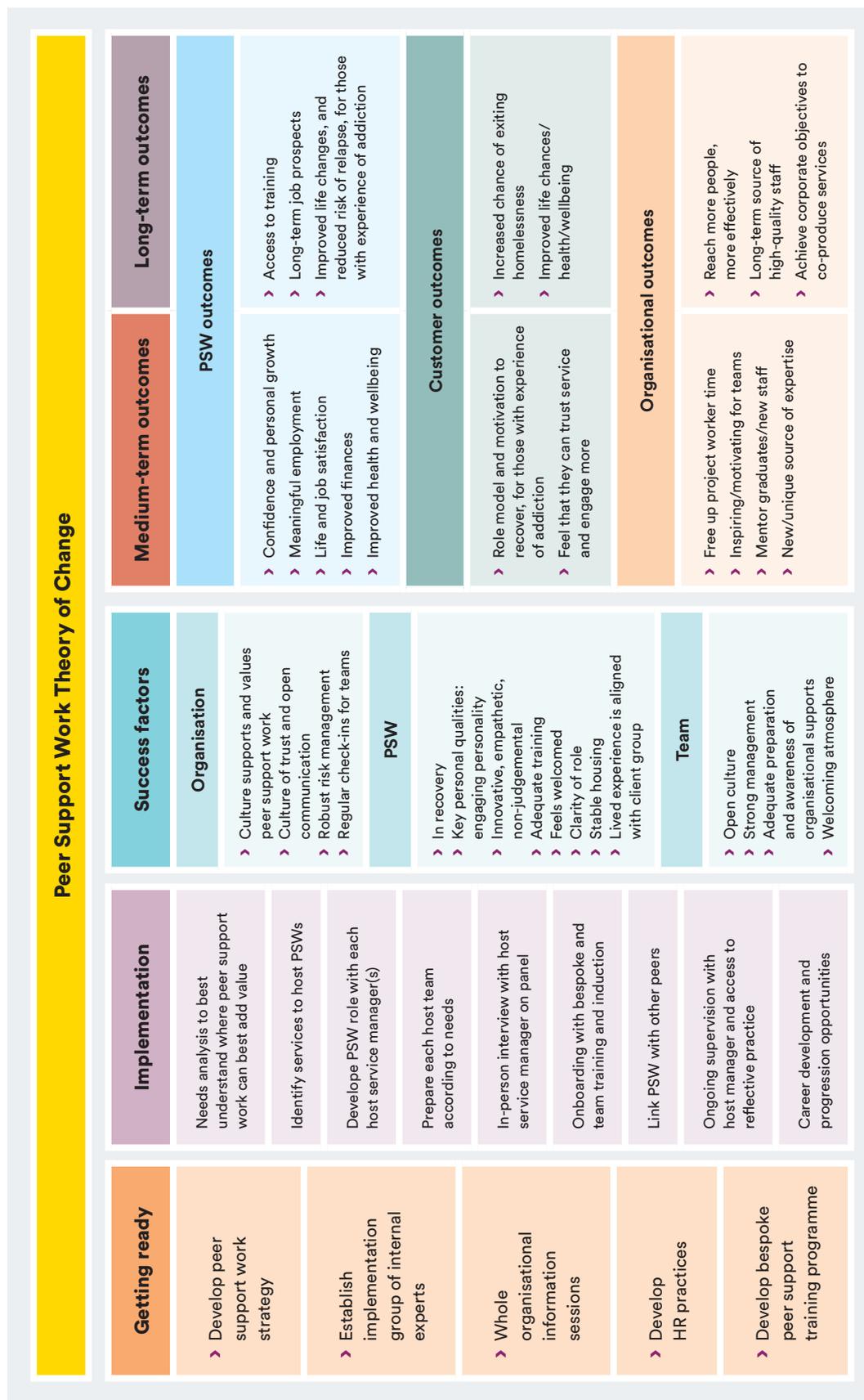


Figure 2: Theory of Change

## 5.2 Assessment of outcomes

---

### **Research question 10: What does the evidence tell us about whether the ToC is being achieved? What are the gaps? How attributable are observed outcomes to peer support work? What are the evidence gaps?**

Where the PSW initiative is working well, there is good evidence that the ToC is being achieved, with outcomes being identified for all three stakeholder groups: customers, PSWs, and Focus Ireland.

#### **Outcomes for customers**

A key strength is the ability of PSWs to reach customers that are hard to engage. There are examples where customers will only speak with the PSW. This is particularly the case where the lived experience of the PSW is relevant to the challenges being experienced by the customer (e.g. related to being a mother, having a disability, addiction, street homelessness, being in care, young, prison-experienced).

**It makes it easier to talk to someone who knows about addiction. I can sit and tell her stuff, and I know nobody is going to judge me. She always tries to give the best advice. I love her. (Customer)**

**When I speak to people and tell them I have been homeless, they can't believe it. I tell them my story and they can see there is hope, that things can change. (PSW)**

**Her strength is interacting. She is really strong in areas where her lived experience matches up. (Service Manager)**

They have been described as excellent role models for customers.

**It gives the customers someone to look up to. It shows them they can do it (Project Worker)**

PSWs described feeling like they had endless amounts of empathy because they had been there themselves. This also made them more tenacious in finding solutions and team members stated that this inspired them to try harder. This ability to see the positives in people also resonated with customers:

**I opened up to her straight away. She is a gem. She treats everyone like an individual...she helps us see the good in ourselves – listens, encourages you. When you are under the weather, she picks you up (Customer)**

**There is something about her. Customers relate to her a lot more. A lot come in specifically looking for her, particularly people who are feeling low mentally (Project Worker)**

Indeed, some customers described the impact as having been transformative in their lives:

**She knows when to push and when to go easy (Customer)**

**She has had the same experiences as me, so she understands me in a way nobody else does (Customer)**

**She has saved my life. I really mean that, she has (Customer)**

### **Outcomes for PSWs**

PSWs and managers described personal growth and increased confidence amongst all PSWs.

**The increase in confidence has been phenomenal (Service Manager)**

**It has been great to see her grow in the role (Service Manager)**

As mentioned earlier, PSWs report a high level of job satisfaction. All five remaining PSWs told us that they ‘loved’ their jobs. They are aware that this is a new programme, that there was a lot of competition for the role and that, in many instances, they have found a vocation, rather than a job.

**I feel so lucky to have this job (PSW)**

They are either training for a social care degree, or considering it, which opens up much wider career opportunities. PSWs have also expressed interest in related areas of work such as training or ambassadorial work.

### **Organisational outcomes**

A benefit of the programme is that it has introduced a new support role into teams. Project workers can be overstretched and don’t always have sufficient time to spend with clients. PSWs can invest in building relationships and being ‘on the side’ of the customer, thus freeing up the project work.

PSWs have also been effective at mentoring graduates, and this is an area that could be formalised going forward.

Colleagues also talked about cross-team learning. They would approach PSWs for advice on challenging situations and had gained some valuable insights. This has, in turn, helped to build the confidence of PSWs.

**She is amazing. She immediately enriched the service. She could be a project worker in the morning and run her own service (Service Manager)**

**We are really lucky she is the person she is.... Her character, professionalism, boundaries. We don't have to worry about her. she has done the work on herself (Service Manager)**

Finally, the PSW recruitment may provide a new stream of project workers and service managers and, thereby, build the skill base across the organisation.

### **Attribution**

Attribution refers to the process of determining how much of the observed change (or impact) can be directly linked to a specific intervention or program, rather than to other external factors. This recognises that many things can influence outcomes. For example, it might be that some services are just set up to be more effective than others and it is this, rather than the work of the PSW that is responsible for the observed outcomes.

One issue explored in interview was how attributable the outcomes reported were to the peer support work aspect of the whole range of activities that PSWs are involved in. It is clear, for example, that effective PSWs would have made good project workers had they gone through the standard graduate route, as they had the right personality and skillset.

There was strong agreement from peers, colleagues and customers that the peer element was bringing something additional. Outcomes such as reaching people related to their ability to build trust based on having a shared set of experiences with customers. Their determination to go the extra mile was due to their personal experiences and many breakthroughs came about as a result of their ability to role model.

Similarly for the organisation, the added value is not just from having the extra pair of hands but where the PSW is able to enrich the service, offer new insights, and inspire colleagues.

## 6 Continuous improvement

Many aspects of the pilot went well and followed best practice in the literature, leading to several exceptional candidates being recruited that are adding significant value.

As in any pilot, there are lessons that have emerged which will enable Focus Ireland to strengthen its delivery of peer support work. These lessons are also of value to the wider sector and will be summarised in a standalone Good Practice Guide.

### 6.1 Learnings and recommendations

---

**Research question 11: How can peer support work be strengthened and what are the recommendations to inform the peer support work strategy?**

The research identified four key lessons around recruitment, support, host team preparation, and supporting career progression. These lessons are summarised in Table 2.

**Table 2: Lessons, findings and recommendations**

Lesson	Finding	Recommendations
<p><b>Getting recruitment right is key</b></p>	<ul style="list-style-type: none"> <li>› Due to central recruitment, there was often a lack of role clarity with managers and peer support workers defining a role post-appointment.</li> <li>› This led to under-utilisation in some cases and missed opportunities to maximise fit between the role (as it came to be) and the peer support workers skillset.</li> <li>› Online interviews may have made it more difficult to assess recovery.</li> <li>› Where managers did not recommend candidates, they had limited input to hiring, which may have led to less buy-in.</li> <li>› Recruiting from within the tenant population led to some conflicts of interest.</li> <li>› All peer support workers are women, although this is not considered a problem as many male customers prefer to work with women.</li> <li>› In smaller cities, PSWs sometimes know the customer population from previous experiences (e.g. in hostels). This is being managed by services but is not ideal.</li> </ul>	<ol style="list-style-type: none"> <li><b>1</b> To improve role clarity and ownership within host teams, start the process locally: <ul style="list-style-type: none"> <li>› Work with teams to identify gaps in a local service that can be addressed by a peer support worker</li> <li>› Develop a tailored job description</li> <li>› Recruit locally with the service manager on the panel</li> <li>› Consider recruiting outside of Focus Ireland to reduce potential for conflicts of interest</li> <li>› Place PSWs outside of the direct area where they have experienced homelessness and/or addiction, where this is possible</li> </ul> </li> <li><b>2</b> Explore how men can be encouraged to apply for PSW roles in the next round of recruitment to address the current gender imbalance among PSWs.</li> </ol>
<p><b>Ensure the right supports are in place for the peer support worker</b></p>	<ul style="list-style-type: none"> <li>› ‘Different, but equal’ philosophy meant that peer support workers were treated in the same way as other new employees in terms of induction, training and probation.</li> <li>› Many of the peer support workers said they experienced ‘impostor syndrome’, in part because of educational/training/employment disadvantage.</li> <li>› Some did not have office skills (incl. digital) and this was time-consuming for service managers.</li> <li>› Some struggled with boundaries.</li> </ul>	<ol style="list-style-type: none"> <li><b>3</b> Develop and provide bespoke training and support for peer support workers, including: <ul style="list-style-type: none"> <li>› Training in practical matters, such as office skills</li> <li>› Training around how to use their lived experience, boundaries and self-care</li> <li>› Opportunities for networking among peer support workers</li> </ul> </li> <li><b>4</b> Ensure that existing organisational supports are utilised, including the buddy support programme and mentoring.</li> <li><b>5</b> Consider providing development days separate to the service similar those available to graduates.</li> </ol>

Lesson	Finding	Recommendations
<b>Ensure that teams are well-prepared</b>	<ul style="list-style-type: none"> <li>› Although organisation-wide information sessions were held, some staff/team members reported that they felt under-prepared for the arrival of the peer support worker and did not recall receiving briefings (this may have been due to high turnover at the time).</li> <li>› This meant that staff did not always know how to take appropriate action when things were not going well.</li> </ul>	<ol style="list-style-type: none"> <li>6 Work closely and directly with the teams that will have a peer support worker (<i>in addition to, and separate from, whole organisational information sessions</i>). <ul style="list-style-type: none"> <li>› Ensure that teams are fully aware of the supports available to them and the escalation pathways, including organisation-wide mechanisms such as the probation period.</li> <li>› Ensure that existing organisational supports are utilised (e.g. buddy system).</li> <li>› Encourage teams to attend the bespoke PSW training, if implemented.</li> <li>› Ensure that those attending briefing and information sessions feedback key learnings to the remainder of their team. This expectation should be made explicit at the training.</li> </ul> </li> </ol>
<b>Develop career progression pathways</b>	<ul style="list-style-type: none"> <li>› Peer support workers were hired as employees on the same pay scale as project workers, albeit on a part-time basis, and provided with access to the same training and educational support as other FI employees.</li> <li>› Peer support workers said they were struggling on the pay and some wanted more hours.</li> <li>› All five remaining peer support workers are either working towards becoming a project worker or have expressed an interest in doing so.</li> <li>› New CORU regulations requiring degrees for social care. This will be a barrier to progression for peer support workers and necessitates a focus on career pathways for peer support workers.</li> </ul>	<ol style="list-style-type: none"> <li>7 Explore with the peer support workers their preferences around working hours. This only applies in the busier teams where there is scope for more hours. Sharing of peer support workers across services could also be considered to enable increased hours.</li> <li>8 Given the educational disadvantage, consider whether additional support around training and qualifications can be provided to PSWs.</li> <li>9 Engage with policy/regulatory processes around the recognition of lived experience in lieu of qualifications to encourage the development of a clear career pathway for PSWs.</li> </ol>

## 6.2 Future expansion

---

### **Research question 12: Is there a case for expanding the initiative and what are the key lessons for doing so?**

The purpose of a pilot is to test a new idea before wider roll-out. It allows organisations to evaluate feasibility, identify risks, and make improvements without committing full resources upfront.

The peer support work pilot has established proof of concept. Peer support work has an incredible amount of potential and, where it works well, is a huge asset to Focus Ireland and its customers. Expanding peer support work to meet the needs of Housing First, and customers more generally, will require a continued concerted effort to maximise its impact, starting with the recommendations set out here.

# Appendix 1: Literature review

This review focuses most closely on findings relating to peer support work within the homelessness sector. However, as the evidence is still somewhat limited in this sector, we have also included findings from mental health, addiction and to a lesser extent physical health.

We begin with a brief history of peer support and discussion of what is meant by the term before discussing the evidence of its impact and key enablers.

## A1.1 History of peer support work

Mutual aid has existed informally in communities throughout history with the earliest formal examples recorded in the 18<sup>th</sup> century.<sup>31</sup> The modern practice of peer-to-peer support is linked to the mental health service user movement that emerged in the 1970s and began to be formalised as an alternative care practice in the 1990s. This was particularly important amidst adverse experiences with traditional service providers in fields such as psychiatry.<sup>32</sup> It is also part of a shift in emphasis towards health and wellbeing promotion and preventative services.<sup>33</sup>

Given its perceived value to the mental health and wellbeing field, peers support has been implemented in other service areas such as substance use treatment, harm reduction, chronic disease management, sex work and homelessness.<sup>34</sup> Homelessness converges and intersects with these other forms of marginalisation or disadvantage.

Since the 2000s, major advancement in peer support has taken place including the development of new specializations, training, certification, reimbursement mechanisms,

---

31 Faulkner, A., & Basset, T. (2012). A long and honourable history. *The Journal of Mental Health Training, Education and Practice*, 7(2), 53–59.

32 (Mead & MacNeil, 2006).

33 Dennis, C. L. (2003). Peer support within a health care context: a concept analysis. *International journal of nursing studies*, 40(3), 321–332.

34 Mangan, J., del Cid Nunez, P., Daou, S., Richandi, G. E. K., Siddiqui, A., Wong, J., ... & Orkin, A. M. (2024). Peer and lay health work for people experiencing homelessness: A scoping review. *PLOS Global Public Health*, 4(6), e0003332.

competency standards and fidelity assessments.<sup>35</sup> In the 21<sup>st</sup> century, peer support is emerging as a standard practice throughout various settings and undergoing significant professionalisation. In mental health, for example, peers sometimes deliver evidence-based programmes such as the Wellness and Recovery Action Plan (WRAP).<sup>36</sup>

## A1.2 Defining peer support work

Peer support has traditionally been defined as follows: “offering and receiving help, based on shared understanding, respect and mutual empowerment between people in similar situations”.<sup>37</sup>

Fortuna et al. recommend a modification, which allows for self-identification. They propose the following alternative:

**Social and/or emotional support that combines expertise from lived experience that is delivered with mutual agreement by persons who self-identify as [being or having had been homeless] as well as other social, psychological and medical challenges to service users sharing similar challenges to bring about self-determined personal change to the service user.**

The toolkit published by the Housing Agency, however, adopts a slightly different definition as follows:

**...[a peer support worker] should have personal experience in having sought assistance in overcoming their obstacles and is currently in recovery from substance use, mental health problems, homelessness, or has overcome other obstacles for a period of at least one year.**

That is, the Housing Agency departs from homelessness-specific definitions of peer support, which would usually specify lived experience of homelessness as a first order requirement.

A systematic review of peer work in homelessness found that whilst lived experience tends to vary with the context, lived experience of homelessness is generally present, accompanied sometimes with experience relevant to the population of interest (e.g. mental health, addiction).<sup>38</sup>

---

35 Fortuna, K. L., Solomon, P., & Rivera, J. (2022). An update of peer support/peer provided services underlying processes, benefits, and critical ingredients. *Psychiatric Quarterly*, 93(2), 571–586.

36 Fortuna, K. L., Solomon, P., & Rivera, J. (2022). An update of peer support/peer provided services underlying processes, benefits, and critical ingredients. *Psychiatric Quarterly*, 93(2), 571–586.

37 Mead, S., Hilton, D., & Curtis, L. (2001). Peer support: a theoretical perspective. *Psychiatric rehabilitation journal*, 25(2), 134.

38 Mangan, J., del Cid Nunez, P., Daou, S., Richandi, G. E. K., Siddiqui, A., Wong, J., ... & Orkin, A. M. (2024). Peer and lay health work for people experiencing homelessness: A scoping review. *PLOS Global Public Health*, 4(6), e0003332.

## A1.3 Types of peer work, modalities and outcomes

There are many categories of peer support and various taxonomies that have been developed. These include peer-delivered self-help, peer-run services, peer partnerships, and peers in recovery as employees.<sup>39</sup>

Similarly, various terms are used interchangeably in the literature to describe peer support workers and the work they do, such as peer health worker, peer support worker, peer specialist, peer advisor, peer mentor, peer ambassador, peer navigators, and peer recovery coach.<sup>40</sup>

Terms to describe the process include peer-led, peer-delivered, peer-driven interventions and peer-assisted case management.

The rest of this review will focus on Intentional Peer Support (IPS),<sup>41</sup> which is defined as peer support fostered and developed by professional organisations where peers work as employees or volunteers, as this is the model that is under review in this evaluation.

The objectives and outcomes targeted by peer support work are also wide-ranging. They can include:

- › Health promotion objectives such as increasing uptake of vaccinations, such as Covid-19 or TB or accessing diabetes treatment.<sup>42</sup>
- › Traditional key working<sup>43</sup> (e.g. as part of a sheltered housing programme)<sup>44</sup>
- › Specific targeting of groups such as young people,<sup>45</sup> LGBTQi+ groups,<sup>46</sup> people who are HIV+<sup>47</sup> or veterans.<sup>48</sup>

- 
- 39 Swarbrick M, Schmidt L. People in recovery as providers of psychiatric rehabilitation: Building on the wisdom of experience. US Psychiatr Rehab Assoc. 2010.
- 40 Mangan, J., del Cid Nunez, P., Daou, S., Richandi, G. E. K., Siddiqui, A., Wong, J., ... & Orkin, A. M. (2024). Peer and lay health work for people experiencing homelessness: A scoping review. *PLOS Global Public Health*, 4(6), e0003332.
- 41 Barker, S. L., & Maguire, N. (2017). Experts by experience: peer support and its use with the homeless. *Community mental health journal*, 53, 598–612.
- 42 Rosen AD, Senturia A, Howerton I, Kantrim EU, Evans V, Malluche T, et al. A covid-19 vaccination program to promote uptake and equity for people experiencing homelessness in Los Angeles County. *Am J Public Health*. 2023; 113(2):170–174. <https://doi.org/10.2105/AJPH.2022.307147> PMID: 36455191
- 43 Crane, D. A., Lepicki, T., & Knudsen, K. (2016). Unique and common elements of the role of peer support in the context of traditional mental health services. *Psychiatric Rehabilitation Journal*, 39(3), 282–288.
- 44 Crisanti AS, Duran D, Greene RN, Reno J, Luna-Anderson C, Altschul DB. A longitudinal analysis of peer-delivered permanent supportive housing: Impact of housing on mental and overall health in an ethnically diverse population. *Psychol Serv*. 2017; 14(2):141–153. <https://doi.org/10.1037/ser0000135> PMID: 28481599
- 45 Kidd, S. A., Vitopoulos, N., Frederick, T., Daley, M., Peters, K., Cohen, S., ... & McKenzie, K. (2019). Peer support in the homeless youth context: Requirements, design, and outcomes. *Child and Adolescent Social Work Journal*, 36, 641–654.
- 46 McNair, R. P., Parkinson, S., Dempsey, D., & Andrews, C. (2022). Lesbian, gay and bisexual homelessness in Australia: Risk and resilience factors to consider in policy and practice. *Health & Social Care in the Community*, 30(3), e687–e694.
- 47 Deering, K. N., Shannon, K., Sinclair, H., Parsad, D., Gilbert, E., & Tyndall, M. W. (2009). Piloting a peer-driven intervention model to increase access and adherence to antiretroviral therapy and HIV care among street-entrenched HIV-positive women in Vancouver. *AIDS patient care and STDs*, 23(8), 603–609.
- 48 Weissman, E. M., Covell, N. H., Kushner, M., Irwin, J., & Essock, S. M. (2005). Implementing peer-assisted case management to help homeless veterans with mental illness transition to independent housing. *Community Mental Health Journal*, 41, 267–276.

Peer support work is generally positioned as particularly suited to instances where there is complexity.<sup>49</sup> For this reason, it is seen as helpful to approaches such as Housing First that address housing, addiction and mental health simultaneously.<sup>50</sup> It is also employed as a strategy to reach groups that conventional services often struggle to engage; the so-called ‘hardly reached’ or ‘hard to reach’.<sup>51</sup>

Generally, peer support services are delivered in-person, in-groups or more recently through “digital peer support,” which became prominent during the COVID-19 pandemic.<sup>52</sup> Peer support can incorporate both emotional support (listening and empathising) and ‘instrumental’ support (form filling, navigating services).<sup>53</sup>

A systematic review of homelessness programmes found that most peer support workers were engaged as employees, but a small number recruited them as volunteers. Many programmes provide classroom training and tend to have a prescribed curriculum relevant to the topic prior to the peer worker commencing their work. Some are run by an interdisciplinary team with the peer workers being supervised by registered health professionals.<sup>54</sup>

## A1.4 The evidence for peer support work

This section first discusses the strength of the research literature before going on to describe the evidence for outcomes in the following areas:

- › Engagement and retention of service users
- › Service user outcomes
- › Peer worker outcomes
- › Wider social outcomes

---

49 Miler, J. A., Carver, H., Foster, R., & Parkes, T. (2020). Provision of peer support at the intersection of homelessness and problem substance use services: a systematic ‘state of the art’ review. *BMC Public Health*, 20, 1–18.

50 Nelson, G., Aubry, T., Estecahandy, P., Lavel, C., O’Sullivan, E., Shinn, Marybeth., & Tsemberis, S (2021). How Social Science Can Influence Homelessness Policy: Experiences from Europe, Canada, and the United States. Part 1 – Problems and Solutions. *European Journal of Homelessness*, Vol 15, No,1, 131–157

51 Miler, J. A., Carver, H., Foster, R., & Parkes, T. (2020). Provision of peer support at the intersection of homelessness and problem substance use services: a systematic ‘state of the art’ review. *BMC Public Health*, 20, 1–18.

52 Fortuna, K., Hill, J., Chalker, S., & Ferron, J. (2022). Certified peer support specialists training in technology and delivery of digital peer support services: cross-sectional study. *JMIR Formative Research*, 6(12), e40065.

53 Corrigan, P. W., Talluri, S. S., & Shah, B. (2022). Formal peer-support services that address priorities of people with psychiatric disabilities: A systematic review. *American Psychologist*, 77(9), 1104.

54 Mangan, J., del Cid Nunez, P., Daou, S., Richandi, G. E. K., Siddiqui, A., Wong, J., ... & Orkin, A. M. (2024). Peer and lay health work for people experiencing homelessness: A scoping review. *PLOS Global Public Health*, 4(6), e0003332.

## Quality of the evidence base

There has been significant growth in the peer support research base, including relating to homelessness. Nonetheless the research evidence has significantly lagged behind the expansion of peer support services.

In mental health, Bellamy et al. attribute the evidence gap to a confusion, or lack of clarity, about what precisely constitutes peer support and how it differs from traditional services, especially where it replaces services delivered by professionals.<sup>55</sup> The authors outline the following different models of peer support:

- › mutual support groups characterized by reciprocal relationships;
- › peer support services involving unidirectional support that is different from, but may be combined with, traditional services; and
- › peers as providers of traditional services.

The theory of change and type of research required for each of these would vary. For example, mutual support requires measurement of bi-directional outcomes and peers as providers of traditional services would usually incorporate a comparison with traditional services to evidence effectiveness.

An issue shared across the wider peer support literature is that whilst there are many effectiveness studies, researchers continue to highlight limitations, including:

- › Large numbers of descriptive studies, often with small samples and cross-sectional designs, and
- › Longitudinal designs without comparison groups.<sup>56</sup>

Traditional clinical trials can be difficult to implement in studies of peer-run services, which are often service user-driven, voluntary and based on a philosophy of inclusion, which is at odds with randomisation and other features of experimental designs.<sup>57</sup>

As the field continues to evolve and develop, the focus of the research has shifted more towards effective implementation, the contexts within which peer support is effective, and fidelity towards evidence-based approaches.

A further growth area in research and practice is peer research. This aims to move away from an extractive model of social research and to empower people to affect positive change in their communities.<sup>58</sup> A review of the use of peer researchers in the UK found that only 4 out of 48 studies related to homelessness.<sup>59</sup> Nonetheless, as the approach matures and standardises, we would expect to see it expand significantly in the coming years.

---

55 Bellamy, C., Schmutte, T., & Davidson, L. (2017). An update on the growing evidence base for peer support. *Mental Health and Social Inclusion*, 21(3), 161–167.

56 Resnick, S. G., & Rosenheck, R. A. (2008). Integrating peer-provided services: a quasi-experimental study of recovery orientation, confidence, and empowerment. *Psychiatric Services*, 59(11), 1307–1314.

57 Resnick, S. G., & Rosenheck, R. A. (2008). Integrating peer-provided services: a quasi-experimental study of recovery orientation, confidence, and empowerment. *Psychiatric Services*, 59(11), 1307–1314.

58 Yang, C., & Dibb, Z. (2020). Peer Research in the UK. <http://pub344.jb4-2.eprints-hosting.org/id/eprint/1022/1/ICS-WP-Peer-Research-in-the-UK.pdf>

59 Yang, C., & Dibb, Z. (2020). Peer Research in the UK. <http://pub344.jb4-2.eprints-hosting.org/id/eprint/1022/1/ICS-WP-Peer-Research-in-the-UK.pdf>

A final caveat is that much of the literature is from the US and Canada, where the context for housing is very different to Europe. It is notable for example, that whilst Housing First – which has a strong association with peer support due to it being a lived experience-driven policy – has been effective in countries such as Finland and France in reducing homelessness, it has not had the same impact in the US.<sup>60</sup> The wider policy environment in the US is different and may be impacting on the extent to which outcomes can be achieved and this should be borne in mind when reviewing the evidence.

### Engagement and retention of service users

Peer support is thought to be particularly effective for reaching and retaining ‘hard-to-reach’ or ‘hardly reached’ individuals. These might be people who are not, or have never, engaged with traditional services.

People who have experience of homelessness may be hard-to-reach because of historical issues associated with their homelessness status, such as mental health or substance use.<sup>61</sup>

There are many determinants of hard-to-reach but some are rooted in mistrust of services, previous adverse experiences and/or feelings that professional staff are ‘not like me’. In this context, peer support workers can act as a bridge between traditional services and service users.

One study found that individuals feel marginalized, dehumanized and excluded by their homelessness experience. Peer workers increased the acceptability of interventions, built trust, increased feelings of safety and destigmatised experiences of homelessness.<sup>62</sup> Several studies have found that peers are effective at reaching homeless populations with vaccination programmes,<sup>63</sup> or preventative health.<sup>64</sup>

Following a systematic review of the effectiveness of peer support at reaching ‘hardly reached’ groups with health interventions, Sokol and Fisher conclude that it is a robust strategy for reaching a wide range of audiences and health concerns.<sup>65</sup>

Evidence also suggests that retention in services is higher where peer support is deployed, particularly when workers are trained in culturally appropriate and/or gender

---

60 Nelson, G., Aubry, T., Estecahandy, P., Laval, C., O’Sullivan, E., Shinn, M., & Tsemberis, S. (2021). How Social Science Can Influence Homelessness Policy: Experiences from Europe, Canada, and the United States. Part I—Problem and Solutions. *European Journal of Homelessness*, 15(1), 131–157.

61 de Zeeuw Wright, M., & Morgan, C. (2024). Certified Peer Support in the Field of Homelessness: Stories Behind the Work. *Community Mental Health Journal*, 1–11.

62 Magwood, O., Leki, V. Y., Kpade, V., Saad, A., Alkhateeb, Q., Gebremeskel, A., ... & Pottie, K. (2019). Common trust and personal safety issues: a systematic review on the acceptability of health and social interventions for persons with lived experience of homelessness. *PLoS one*, 14(12), e0226306.

63 Choi, K., Romero, R., Guha, P., Sixx, G., Rosen, A. D., Frederes, A., ... & Shover, C. L. (2022). Community health worker perspectives on engaging unhoused peer ambassadors for COVID-19 vaccine outreach in homeless encampments and shelters. *Journal of general internal medicine*, 37(8), 2026–2032.

64 Campbell, D. J., Campbell, R. B., Booth, G. L., Hwang, S. W., & McBrien, K. A. (2020). Innovations in providing diabetes care for individuals experiencing homelessness: an environmental scan. *Canadian Journal of Diabetes*, 44(7), 643–650.

65 Sokol, R., & Fisher, E. (2016). Peer support for the hardly reached: a systematic review. *American journal of public health*, 106(7), e1–e8.

sensitive practices.<sup>66</sup> Peer workers have also been found to improve retention in clinical settings, for example, adherence to medications for substance misuse.<sup>67</sup> Engendering trust and respect has been found to be significantly associated with participant retention.<sup>68</sup>

### Service user outcomes

There are many studies showing positive outcomes from peer support work,<sup>69</sup> including some experimental studies<sup>70</sup> and systematic reviews.<sup>71 72</sup>

One international meta-analysis found that peer-facilitated, time-limited group interventions have shown significant improvements in empowerment and self-efficacy compared with treatment as usual.<sup>73</sup>

In the US, peer-delivered permanent supportive housing was significantly associated with good to excellent health six months after baseline.<sup>74</sup> Several studies consider the impact of peer support in situations where homelessness co-occurs with substance use/mental health challenges. For example, David et al. found it led to significant reductions in days of drug use, higher rates of employment, and improved mental health than at baseline in their US-based study.<sup>75</sup> Positive impacts on housing outcomes – for example, days in homelessness, tenancy status<sup>76</sup> and housing stability<sup>77</sup> – have also been found.

There are also examples of peer support work being effective with specific groups such as young people,<sup>78</sup> and women with mental health problems.<sup>79</sup> Service users have

---

66 Fortuna, K. L., Solomon, P., & Rivera, J. (2022). An update of peer support/peer provided services underlying processes, benefits, and critical ingredients. *Psychiatric Quarterly*, 93(2), 571–586.

67 Giraldo, A., Shah, P., Zerbo, E., & Nyaku, A. N. (2024). The role of recovery peer navigators in retention in outpatient buprenorphine treatment: a retrospective cohort study. *Annals of Medicine*, 56(1), 2355566.

68 Sokol, R., & Fisher, E. (2016). Peer support for the hardly reached: a systematic review. *American journal of public health*, 106(7), e1–e8.

69 Ranney, R. M., Goldberg, R., Maguen, S., & Blonigen, D. (2024). Peer specialist-led interventions in primary care at the Veterans Health Administration: An integrative review. *Psychological Services*.

70 Resnick, S. G., & Rosenheck, R. A. (2008). Integrating peer-provided services: a quasi-experimental study of recovery orientation, confidence, and empowerment. *Psychiatric Services*, 59(11), 1307–1314.

71 Miler, J. A., Carver, H., Foster, R., & Parkes, T. (2020). Provision of peer support at the intersection of homelessness and problem substance use services: a systematic ‘state of the art’ review. *BMC Public Health*, 20, 1–18.

72 Barker, S. L., & Maguire, N. (2017). Experts by experience: peer support and its use with the homeless. *Community mental health journal*, 53, 598–612.

73 Burke, E., Pyle, M., Machin, K., Varese, F., & Morrison, A. P. (2019). The effects of peer support on empowerment, self-efficacy, and internalized stigma: A narrative synthesis and meta-analysis. *Stigma and health*, 4(3), 337.

74 Crisanti, A. S., Duran, D., Greene, R. N., Reno, J., Luna-Anderson, C., & Altschul, D. B. (2017). A longitudinal analysis of peer-delivered permanent supportive housing: Impact of housing on mental and overall health in an ethnically diverse population. *Psychological services*, 14(2), 141.

75 David, D. H., Rowe, M., Staeheli, M., & Ponce, A. N. (2015). Safety, trust, and treatment: Mental health service delivery for women who are homeless. *Women & Therapy*, 38(1–2), 114–127.

76 Černá, E., & Gojová, A. (2023). Peer support workers as equal team members. A case study of peer support in Glasgow housing first. *The British Journal of Social Work*, 53(1), 315–333.

77 Fortuna, K. L., Solomon, P., & Rivera, J. (2022). An update of peer support/peer provided services underlying processes, benefits, and critical ingredients. *Psychiatric Quarterly*, 93(2), 571–586.

78 Erangey, J., Marvin, C., Littman, D. M., Mollica, M., Bender, K., Lucas, T., & Milligan, T. (2020). How peer support specialists uniquely initiate and build connection with young people experiencing homelessness. *Children and Youth Services Review*, 119, 105668.

79 David, D. H., Rowe, M., Staeheli, M., & Ponce, A. N. (2015). Safety, trust, and treatment: Mental health service delivery for women who are homeless. *Women & Therapy*, 38(1–2), 114–127.

been shown to have better engagement with services and motivation to tackle issues such as addiction where there is a peer worker involved.<sup>80</sup>

Although there is a broad consensus around the value of peer support in the literature and the theoretical basis for its additionality is well-established, there is limited quasi-experimental or experimental evidence (i.e. with non-peer support comparison groups). The experimental studies that do exist show mixed results. For example, a study comparing mental health outcomes from peer and non-peer mentoring for older adults found that both were equally effective.<sup>81</sup> Where randomised controlled trials (RCTs) of peer support are starting to show added value is on outcomes such as engagement<sup>82</sup> and empowerment.<sup>83</sup> Specific to homelessness, experimental research from the US has found positive impacts on drug use and risky behaviour amongst homeless ex-prisoners<sup>84</sup> and a reduction in homelessness amongst African-Americans with serious mental illness.<sup>85</sup>

A study of professionals' perceptions of peer support found that effective peer support workers increase the psychological wellbeing of their clients.<sup>86</sup>

It is important to remember however that non-peer support work can also be effective and to identify the contexts and conditions under which peer support adds the most value. It remains the case that further high-quality, robust study designs are required to evidence for whom, how, and under what circumstances peer support work creates additional value.

### Peer support worker outcomes

In most studies, service users are the intended beneficiary – i.e. a unidirectional model is adopted – and there is less emphasis on the benefits to peer workers.<sup>87</sup> Focus Ireland notably has adopted the Psychologically Informed Environments (PIE) approach, a key principle of which is that there are mutual benefits obtained by all parties.

- 
- 80 Schel, S. H., van den Dries, L., & Wolf, J. R. (2022). What Makes Intentional Unidirectional Peer Support for Homeless People Work? An Exploratory Analysis Based on Clients' and Peer Workers' Perceptions. *Qualitative Health Research*, 32(6), 929–941.
- 81 hui Joo, J., Xie, A., Choi, N., Gallo, J. J., Zhong, Y., Ma, M., ... & Solomon, P. (2024). A mixed methods effectiveness study of a peer support intervention for older adults during the COVID-19 pandemic: results of a randomized clinical trial. *The American Journal of Geriatric Psychiatry*.
- 82 Stagg, H. R., Surey, J., Francis, M., MacLellan, J., Foster, G. R., Charlett, A., & Abubakar, I. (2019). Improving engagement with healthcare in hepatitis C: a randomised controlled trial of a peer support intervention. *BMC medicine*, 17, 1–9.
- 83 Resnick, S. G., & Rosenheck, R. A. (2008). Integrating peer-provided services: a quasi-experimental study of recovery orientation, confidence, and empowerment. *Psychiatric Services*, 59(11), 1307–1314.
- 84 Nyamathi, A. M., Zhang, S. X., Wall, S., Hall, E. A., Salem, B. E., Farabee, D., ... & Yadav, K. (2016). Drug use and multiple sex partners among homeless ex-offenders: Secondary findings from an experimental study. *Nursing research*, 65(3), 179–190.
- 85 Corrigan, P. W., Kraus, D. J., Pickett, S. A., Schmidt, A., Stellon, E., Hantke, E., & Lara, J. L. (2017). Using peer navigators to address the integrated health care needs of homeless African Americans with serious mental illness. *Psychiatric services*, 68(3), 264–270.
- 86 Barker, S. L., Maguire, N., Bishop, F. L., & Stopa, L. L. (2019). Expert viewpoints of peer support for people experiencing homelessness: AQ sort study. *Psychological services*, 16(3), 402.
- 87 Tate, M. C., Roy, A., Pinchinat, M., Lund, E., Fox, J. B., Cottrill, S., ... & Stein, L. A. R. (2022). Impact of being a peer recovery specialist on work and personal life: Implications for training and supervision. *Community Mental Health Journal*, 1–12.

Nonetheless, some studies have documented the benefits to peer support workers and there is a wider evidence base supporting the wellbeing benefits of volunteering.<sup>88</sup>

Most immediately, peer support workers have described benefitting from helping, and from the therapeutic benefits of retelling their stories.<sup>89</sup> Other research has found evidence of increased personal growth.<sup>90</sup>

Peer workers in mental health services have reported improvements in interpersonal, social, mental health, recovery, spiritual, and professional domains. In the same study, 40 percent of respondents reported discontinuing at least one type of disability or social benefit.<sup>91</sup>

In substance misuse, peer support workers reported that it strengthened their ability to maintain personal recovery by keeping them connected to communities of support. In addition, delivering peer support work provided opportunities to be of service, allowing them to pay forward what had been given to them, and fostered a sense of accomplishment in being a part of the recovery of another individual.<sup>92</sup>

Other benefits that have been documented for peer support workers include increased coping skills, self-esteem,<sup>93</sup> career skills,<sup>94</sup> and interpersonal relationships.<sup>95</sup> MacLellan et al., for example, conducted a qualitative meta-synthesis of peer work in health and found a range of positive outcomes for peer workers that were mediated through the benefits of engaging in a reciprocal relationship.<sup>96</sup>

There are fewer studies relating directly to homelessness. However, one such study found that participants valued the training they received, and that certification helped them to develop competencies.<sup>97</sup>

---

88 Jenkinson, C. E., Dickens, A. P., Jones, K., Thompson-Coon, J., Taylor, R. S., Rogers, M., ... & Richards, S. H. (2013). Is volunteering a public health intervention? A systematic review and meta-analysis of the health and survival of volunteers. *BMC public health*, 13, 1–10.

89 Barker, S. L., Maguire, N., Bishop, F. L., & Stopa, L. (2018). Peer support critical elements and experiences in supporting the homeless: a qualitative study. *Journal of Community & Applied Social Psychology*, 28(4), 213–229.

90 Moran, G. S., Russinova, Z., Gidugu, V., Yim, J. Y., & Sprague, C. (2012). Benefits and mechanisms of recovery among peer providers with psychiatric illnesses. *Qualitative health research*, 22(3), 304–319.

91 Johnson, G., Magee, C., Maru, M., Furlong-Norman, K., Rogers, E. S., & Thompson, K. (2014). Personal and societal benefits of providing peer support: A survey of peer support specialists. *Psychiatric Services*, 65(5), 678–680.

92 Scannell, C. (2022). By helping others we help ourselves: insights from peer support workers in substance use recovery. *Advances in Mental Health*, 20(3), 232–241.

93 Solomon, P. (2004). Peer support/peer provided services underlying processes, benefits, and critical ingredients. *Psychiatric rehabilitation journal*, 27(4), 392.

94 Salzer, M. S., Darr, N., Calhoun, G., Boyer, W., Loss, R. E., Goessel, J., ... & Brusilovskiy, E. (2013). Benefits of working as a certified peer specialist: results from a statewide survey. *Psychiatric Rehabilitation Journal*, 36(3), 219.

95 Shalaby, R. A. H., & Agyapong, V. I. (2020). Peer support in mental health: literature review. *JMIR mental health*, 7(6), e15572.

96 MacLellan, J., Surey, J., Abubakar, I., & Stagg, H. R. (2015). Peer support workers in health: a qualitative metasynthesis of their experiences. *PloS one*, 10(10), e0141122.

97 de Zeeuw Wright, M., & Morgan, C. (2024). Certified Peer Support in the Field of Homelessness: Stories Behind the Work. *Community Mental Health Journal*, 1–11.

## Wider social outcomes

A key argument for peer support work is that it is cost-effective relative to traditional services. There are several rationales that are put forward in support of cost-effectiveness:

- 1 By providing preventative support, peer workers decrease the need for more intensive and costly downstream services;
- 2 Peer-led programs often require fewer resources while achieving comparable or better outcomes, making them more efficient than traditional services;
- 3 Incorporating peer workers can enhance overall team dynamics, increase job satisfaction among staff, and reduce turnover rates.

However, evidence to support these rationales is currently limited.<sup>98</sup> One study in mental health found that peer support has a reasonably high probability of being cost-effective.<sup>99</sup> An HIV-specific intervention in a prison setting showed that peer interventions were cost-effective compared with professionally-led interventions.<sup>100</sup> In healthcare, it has been associated with a reduction of re-admission rates, emergency visits, and fewer hospital stays and, therefore, cost savings.<sup>101</sup>

In homelessness, there is very good evidence for the cost-effectiveness of the Housing First approach,<sup>102</sup> which often incorporates peer support and recovery principles. There are also studies that demonstrate cost-effectiveness that include peer work<sup>103</sup> but there are few attempts to separate out the discrete impacts of peer support per se. More research is required to fully understand this.

---

98 Bagnall, A. M., South, J., Hulme, C., Woodall, J., Vinall-Collier, K., Raine, G., ... & Wright, N. M. (2015). A systematic review of the effectiveness and cost-effectiveness of peer education and peer support in prisons. *BMC public health*, 15, 1–30.

99 Simpson, A., Flood, C., Rowe, J., Quigley, J., Henry, S., Hall, C., ... & Bowers, L. (2014). Results of a pilot randomised controlled trial to measure the clinical and cost effectiveness of peer support in increasing hope and quality of life in mental health patients discharged from hospital in the UK. *BMC psychiatry*, 14, 1–14.

100 South, J., Bagnall, A., Hulme, C., Woodall, J., Longo, R., Dixey, R., ... & Wright, J. (2014). A systematic review of the effectiveness and cost-effectiveness of peer-based interventions to maintain and improve offender health in prison settings. *Health Services and Delivery Research*, 2(35).

101 Shalaby, R. A. H., & Agyapong, V. I. (2020). Peer support in mental health: literature review. *JMIR mental health*, 7(6), e15572.

102 Latimer, E. A., Rabouin, D., Cao, Z., Ly, A., Powell, G., Adair, C. E., ... & At Home/Chez Soi Investigators. (2019). Cost-effectiveness of Housing First intervention with intensive case management compared with treatment as usual for homeless adults with mental illness: secondary analysis of a randomized clinical trial. *JAMA network open*, 2(8), e199782–e199782.

103 Tinland, A., Loubière, S., Boucekine, M., Boyer, L., Fond, G., Girard, V., & Auquier, P. (2020). Effectiveness of a housing support team intervention with a recovery-oriented approach on hospital and emergency department use by homeless people with severe mental illness: a randomised controlled trial. *Epidemiology and psychiatric sciences*, 29, e169.

## A1.5 Change mechanisms and barriers/enablers to effective implementation

Several mechanisms have been put forward for how peer support creates change:

- 1 Peer workers **empower** individuals by fostering **self-efficacy** and encouraging **active participation** in their own recovery.<sup>104</sup>
- 2 Peers **change unhelpful patterns**, get out of ‘stuck’ places.<sup>105</sup>
- 3 Peer workers build relationships that are based on **dignity, respect** and **shared understanding**. One study identified peers’ persistence in developing **unique experience-based relationships**.<sup>106</sup>
- 4 Peer workers **model** positive coping strategies and **problem-solving skills**, which clients can adopt in their own lives.<sup>107</sup>
- 5 Peer workers are **flexible**, adapting their response for different contexts, including the intended audience, health problems, and setting.<sup>108</sup>
- 6 Peers are particularly effective at working with those less engaged with services. For example, they can initiate relationships with young people by becoming familiar faces in youth spaces, **identifying themselves as peers**, then formalizing relationships.<sup>109</sup>

As the peer support workforce professionalises, it will be important to ensure that the positive elements of peer support can be retained and are not diluted.<sup>110</sup>

The literature identifies a number of key enablers and barriers to effective implementation.

### Enablers

Most immediately, there is strong agreement in the literature that for peer support work to be effective, pay and conditions need to be adequate, and workers need to be respected as equal team members.<sup>111</sup>

---

104 Corrigan, P. W., Talluri, S. S., & Shah, B. (2022). Formal peer-support services that address priorities of people with psychiatric disabilities: A systematic review. *American Psychologist*, 77(9), 1104.

105 Corrigan, P. W., Talluri, S. S., & Shah, B. (2022). Formal peer-support services that address priorities of people with psychiatric disabilities: A systematic review. *American Psychologist*, 77(9), 1104.

106 Barker, S. L., Bishop, F. L., Scott, E. B., Stopa, L. L., & Maguire, N. J. (2020). Developing a model of change mechanisms within Intentional Unidirectional Peer Support (IUPS). *European Journal of Homelessness*, 14(2), 97–127.

107 Sokol R, Fisher E. Peer Support for the Hardly Reached: A Systematic Review. *Am J Public Health*. 2016 Jul;106(7):1308. doi: 10.2105/AJPH.2016.303180a. Epub 2016 Jul. PMID: PMC4984773.

108 Sokol R, Fisher E. Peer Support for the Hardly Reached: A Systematic Review. *Am J Public Health*. 2016 Jul;106(7):1308. doi: 10.2105/AJPH.2016.303180a. Epub 2016 Jul. PMID: PMC4984773.

109 Erangey, J., Marvin, C., Littman, D. M., Mollica, M., Bender, K., Lucas, T., & Milligan, T. (2020). How peer support specialists uniquely initiate and build connection with young people experiencing homelessness. *Children and Youth Services Review*, 119, 105668.

110 Fortuna, K. L., Solomon, P., & Rivera, J. (2022). An update of peer support/peer provided services underlying processes, benefits, and critical ingredients. *Psychiatric Quarterly*, 93(2), 571–586.

111 Černá, E., & Gojová, A. (2023). Peer support workers as equal team members. A case study of peer support in Glasgow housing first. *The British Journal of Social Work*, 53(1), 315–333.

There is also considerable evidence around the importance of culture. In line with the wider evidence for co-production and service user engagement strategies,<sup>112</sup> peer support works best where the organisational culture supports the approach, including active support by leadership.<sup>113</sup> In a systematic review of effective peer work in mental health, over half of papers identified organisational culture as important.<sup>114</sup> Key features of the culture are being strengths-based,<sup>115</sup> open staff and management attitudes,<sup>116</sup> and support provided to the role within the organisation.

Organisational support should also include practical matters such as robust induction, training, supervision and debriefing for peers.<sup>117</sup> Depending on starting points, wider staff training may also be required.<sup>118</sup>

Finally, role clarity, resourcing and access to a peer network have also been identified as key enablers. Whilst volunteers can work well, ideally peer support workers should be employed in a regularised, paid job.<sup>119</sup> Many organisations (e.g. Housing First providers) require a minimum abstinence period to qualify as a peer support worker.<sup>120</sup>

As Kidd et al. conclude, peer support cannot be an afterthought-type element of programming but must be robust in process and structure.<sup>121</sup> Not only is this good practice, but training, supervision, and support are also directly linked to the effectiveness of peer support workers.<sup>122</sup> Barker et al.<sup>123</sup> argue that the type of training must accurately

---

112 Bovaird, T., & Loeffler, E. (2012). From Engagement to Co-production: The Contribution of Users and Communities to Outcomes and Public Value. *Voluntas*, 23, 1119–1138.

113 Reeves, V., Loughhead, M., Halpin, M. A., & Procter, N. (2024). Organisational Actions for Improving Recognition, Integration and Acceptance of peer support as identified by a current peer workforce. *Community Mental Health Journal*, 60(1), 169–178.

114 Ibrahim, N., Thompson, D., Nixdorf, R., Kalha, J., Mpango, R., Moran, G., ... & Slade, M. (2020). A systematic review of influences on implementation of peer support work for adults with mental health problems. *Social psychiatry and psychiatric epidemiology*, 55, 285–293.

115 Watson, E. (2019). The mechanisms underpinning peer support: a literature review. *Journal of Mental Health*.

116 Ibrahim, N., Thompson, D., Nixdorf, R., Kalha, J., Mpango, R., Moran, G., ... & Slade, M. (2020). A systematic review of influences on implementation of peer support work for adults with mental health problems. *Social psychiatry and psychiatric epidemiology*, 55, 285–293.

117 Ibrahim, N., Thompson, D., Nixdorf, R., Kalha, J., Mpango, R., Moran, G., ... & Slade, M. (2020). A systematic review of influences on implementation of peer support work for adults with mental health problems. *Social psychiatry and psychiatric epidemiology*, 55, 285–293.

118 Reeves, V., Loughhead, M., Halpin, M. A., & Procter, N. (2024). Organisational Actions for Improving Recognition, Integration and Acceptance of peer support as identified by a current peer workforce. *Community Mental Health Journal*, 60(1), 169–178.

119 Černá, E., & Gojová, A. (2023). Peer support workers as equal team members. A case study of peer support in Glasgow housing first. *The British Journal of Social Work*, 53(1), 315–333.

120 Mangan, J., del Cid Nunez, P., Daou, S., Richandi, G. E. K., Siddiqui, A., Wong, J., ... & Orkin, A. M. (2024). Peer and lay health work for people experiencing homelessness: A scoping review. *PLOS Global Public Health*, 4(6), e0003332.

121 Kidd, S. A., Vitopoulos, N., Frederick, T., Daley, M., Peters, K., Cohen, S., ... & McKenzie, K. (2019). Peer support in the homeless youth context: Requirements, design, and outcomes. *Child and Adolescent Social Work Journal*, 36, 641–654.

122 Barker, S. L., Bishop, F. L., Scott, E. B., Stopa, L. L., & Maguire, N. J. (2020). Developing a model of change mechanisms within Intentional Unidirectional Peer Support (IUPS). *European Journal of Homelessness*, 14(2), 97–127.

123 Barker, S. L. (2018). *Peer support and homelessness* (Doctoral dissertation, University of Southampton).

reflect the context in which peer support is provided. Training can enable peers to be flexible and to effectively manage various situations. Gill et al. argue that formal training should concentrate on the peer role within the given context over specific training in – for example – mental health or addiction.<sup>124</sup>

Another study found that effective peer support respect boundaries, have supervision, and support from professionals and other peers.<sup>125</sup>

## Barriers

The main barriers to successful implementation of peer support work are the reverse of the supports set out above, including lack of support, unclear roles, precarious work and high turnover.

Mangan et al. identify some further challenges, some of which relate to lived experience, including: personal/relational boundaries, self-care, fulfilment of formal job requirements, poor attendance, safety and mental well-being.<sup>126</sup> There is no suggestion that it is solely peer workers that experience these as challenges.

A further potential barrier is the requirement for peers to have formal qualifications and there is some debate over this in the literature and in the Irish context.<sup>127</sup> Whilst the professionalisation of the sector is important, peers may be starting from a low qualifications base, which makes the journey to comparable qualifications longer. On the other hand, where peers do not have the qualifications, there are questions regarding their remuneration and status vis-à-vis professional colleagues.

In addition, there is a perception that supervision by non-peers could damage the essence of peer support (i.e. undermine or dilute the transfer and use of lived experience).<sup>128</sup> This perception is based on a radical philosophical position that elevates lived experience above all other forms of knowledge. In line with this ontological position, non-peer work, including evaluation, is not a legitimate form of knowledge. This may partly explain why the measurement of peer support outcomes have been largely non-experimental (i.e. an epistemological hostility towards quantitative methods within the sector). This perspective comes more from the mental health sphere where previous experiences of psychiatry and institutionalisation have led to an activist service user movement that rejects traditional services and believes that peers working is at risk of co-option into those problematic institutions.<sup>129</sup>

---

124 Gill, K. J., Murphy, A. A., Burns-Lynch, W., & Swarbrick, M. (2009). Delineation of the job role. *Journal of Rehabilitation*, 75(3), 23.

125 Barker, S. L., Maguire, N., Bishop, F. L., & Stopa, L. L. (2019). Expert viewpoints of peer support for people experiencing homelessness: AQ sort study. *Psychological services*, 16(3), 402.

126 Mangan, J., del Cid Nunez, P., Daou, S., Richandi, G. E. K., Siddiqui, A., Wong, J., ... & Orkin, A. M. (2024). Peer and lay health work for people experiencing homelessness: A scoping review. *PLOS Global Public Health*, 4(6), e0003332.

127 Scott, A. (2015). Gaining acceptance: Discourses on training and qualifications in peer support. *New Zealand Sociology*, 30(4), 38–57.

128 Norton, M. J. (2023). Peer support working: a question of ontology and epistemology?. *International Journal of Mental Health Systems*, 17(1), 1.

129 Ball, M., & Skinner, S. Raising the glass ceiling: considering a career pathway for peer support workers – 2021.

Even in mental health however, most commentators propose a middle ground<sup>130</sup> that requires finding a way to officially recognise an equivalence between these different forms of knowledge as well as pathways to formal qualifications and career development for those that want them, as these are also independently related to improved health and wellbeing.<sup>131</sup>

## A1.6 Conclusion

---

Peer support is a promising, context-sensitive approach with positive outcomes for both service users and peer workers, particularly in reaching marginalized populations. However, more rigorous and context-aware research is needed, especially to clarify where and how it adds the most value and how best to implement it without losing its core values.

---

130 Ball, M., & Skinner, S. Raising the glass ceiling: considering a career pathway for peer support workers-2021.

131 Dolan, P., Fujiwara, D., & Metcalfe, R. (2012). Review and update of research into the wider benefits of adult learning. *BIS Research Paper,(90)*, 1–47.

## Appendix 2: Topic guides

### A2.1 PSW topic guide

---

- › Your experience of the recruitment process
- › How you were trained, and to what extent has this prepared you for the realities of delivering peer support work?
  - › Prompt: Boundaries
  - › Prompt: Length of time in recovery – did you feel adequately prepared, do you think you would have been ready sooner or, conversely, would have benefitted from having longer in recovery before becoming a PSW?
- › Your experience of delivering peer support work, including what has gone well and what has been challenging and what difference it has made to you personally?
  - › Prompt: How important is it to have a ‘good fit’ between yourself and the client you are working with?
  - › Prompt: At Focus Ireland, you are allowed to work across a range of issues with clients, from homelessness through to addiction and mental health. In some other organisations, peer support workers are restricted to working on a single issues, for example addiction. Did you find it beneficially to be able to work on multiple issues with clients? Were there any downsides?
- › Your experience of working within the Focus Ireland team
  - › Did you feel a valued member of the team?
  - › Do you see yourself as playing a different role to a key worker? What is similar? What is different?
- › Your experience of supervision and any other ongoing support you have received
- › Your future plans
- › Any feedback you might have about the Peer Support Work Programme

## A2.2 Staff topic guide

---

- › Can you tell us about your role in the Peer Support Worker programme?
- › Recruitment (if involved): What was your experience of recruiting the Peer Support Workers?
  - › Can you describe the process, including barriers and enablers?
  - › What worked well?
  - › What could be improved?
  - › Currently Focus Ireland has a requirement for a PSW to have had at least two years in recovery, does this feel the right length of time to you?
- › Training (if involved): What was your experience of training the Peer Support Workers?
  - › Can you describe the process, including barriers and enablers?
  - › What worked well?
  - › What could be improved?
- › Line management/supervision (if involved): What was your experience of line management/supervision of the Peer Support Workers?
  - › Can you describe the process, including barriers and enablers?
  - › What worked well?
  - › What could be improved?
  - › How did the peer support worker fit into your team?
- › From your perspective, how effective do you feel the Peer Support Work programme has been?
  - › What have been the strengths? (explore holistic working vs. single issue)
  - › What have been any weaknesses and/or areas for improvement?
  - › What has been the added value for:
    - › Service users
    - › Peer Support workers themselves
    - › Other staff at Focus Ireland
    - › The organisation as a whole
  - › What would you do differently?
- › How would you like to see Peer Support Work develop within Focus Ireland?
- › Any other feedback on the Peer Support Work programme.

## A2.3 Service user topic guide

---

- › Can you tell us about your experience of receiving a service provided by a peer support worker?
  - › Did you feel that you connected with the peer support worker? Were they a good fit for you?
- › Was their approach different to other Focus Ireland services staff you have interacted with, or other services staff elsewhere?
  - › If so, in what ways?  
Prompts: Shared experiences/Connection/Empathy/Flexibility/Knowledge/Expertise/Understanding/Ability to get things done
  - › Did you find this helpful to you? In what ways?
  - › Do you think that your outcomes from the service were different because it was delivered by a peer support worker? If yes, in what ways?
  - › What issues did they help you with? Is there something that you needed help with, but they couldn't support you?
- › Would you have used, or stayed in this service, if it had not been delivered by staff member with personal experience of similar challenges?
- › Do you have any other feedback on your experience of working with a peer support worker?
  - › Prompts: What worked well?/What could be improved?/Would you recommend the service?/Would you use the service again?



focusireland.ie

**FOCUS**  
Ireland

Head Office  
9-12 High Street  
Christchurch, Dublin 8  
D08 E1W0

T 01 881 5900  
LoCall 1850 204 205  
F 01 881 5950  
E info@focusireland.ie

Registered Charity CHY 7220