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"You are helping from the heart not just from the head": a systematic review and qualitative evidence synthesis of the experiences of peer workers working with people experiencing homelessness and substance use

Hannah Carver[1*], Joanna Astrid Miler[2], Jessica Greenhalgh[1], Bernie Pauly[3], Nicola R0.dl]t7 -.563.721 0 7.699999809 369.43621

experience of substance use and homelessness, who provide sup
research regarding the e□ectiveness of such peer workers in help
is known about their experiences in this role.

Methods A systematic review and qualitative evidence synthesis
ences of peer workers who have lived/living experience of substa
port to those experiencing similar challenges within substance us
bases were searched for primary qualitative research published fr
quality assessed using the Critical Appraisal Skills Programme che
entered into NVivo, and analysed using a thematic synthesis appr

Results Nine studies were identified, published from 2006 from t
were identified: peer workers'

encompassing specific peer qualities, training and education opportunities, and peer-to-peer, professional, and organisational support.

Keywords Substance use, Homelessness, Peer workers, Peer support, Qualitative, Qualitative evidence synthesis, Systematic review

Background

Peer support refers to a process whereby individuals with lived experience of a particular phenomenon provide support to others by explicitly drawing on their experience of this situation to support others in similar circumstances [1]. e idea that peers can help others through

members of society [36]. A previous 'state of the art' review synthesised the available evidence regarding peer support interventions that specifically address the intersection of homelessness and substance use [1]. Five key themes relating to the challenges faced by peer workers were identified including vulnerability, authenticity, boundaries, stigma, and lack of recognition [1]. While not its main focus, this was one of the first reviews to look at the potential impact of the role on the peer workers themselves. The qualitative evidence synthesis reported in this paper was inspired by Miler et al.'s (2020) findings [1], with the aim of developing an in depth understanding of peer workers' experiences, which is missing from the evidence base. Miler et al.'s (2020) [1] state of the art review was very broad and focused on all literature on peer support models (including literature from the perspective of those receiving support, both quantitative and qualitative), whereas this review focuses solely on the experiences of peer workers in qualitative literature. This review aims to examine the perspectives of peer workers with experience of substance use and homelessness who are now working at this intersection, providing support to people facing both of these challenges, either in specific interventions or in service provision. Understanding peer workers' experiences can provide essential information to organisations wishing to employ these workers in the future or improve the experiences of those currently employed, by understanding, and therefore avoiding, some of the key challenges.

Methods

Study design

Qualitative evidence synthesis refers to systematic reviews of qualitative research, bringing together findings across a range of studies to provide an in-depth understanding of a particular area of research [37]. Qualitative evidence syntheses go beyond simply summarising research findings to develop new knowledge in narrative form [38]. Flemming and Noyes (2021) note that there are more than 30 approaches to conducting qualitative evidence syntheses, with thematic synthesis, framework synthesis, and meta-ethnography being the most widely used and well-developed methods [38]. This qualitative evidence synthesis involved taking a thematic synthesis approach, using thematic analysis to generate new insights and understandings from a body of qualitative studies [39]. Thematic synthesis was chosen due to its ability to maintain links between the findings and conclusions of the primary studies, and its common use within qualitative evidence synthesis research [39]. Our thematic analysis addressed the research question: *how do individuals with lived/living experience of homelessness and substance use manage the process of providing support as peer workers to people experiencing these same challenges?*

After conducting a preliminary search to ensure the availability of a body of literature to be synthesis

Table 1 Inclusion/exclusion criteria

Inclusion	Exclusion
Sample	
People with lived or living experience of homelessness AND substance use (including poly-substance use – i.e., concurrent use of various substances) in formal peer worker roles (paid or voluntary) Adults (aged 18 years and older, with no upper age limit)	Participants had not experienced substance use and homelessness or work in formal peer support worker roles Receipt of peer support reported but not experiences of support provision
Phenomenon of interest	
Formal peer worker roles delivered in homelessness and substance use settings, working with people experiencing substance use (drugs and/or alcohol) and homelessness Studies must examine the experiences of people with lived/living experience of substance use (drugs and/or alcohol) AND homelessness, who transitioned to become peer workers All types of formal peer support worker roles (including paid and voluntary roles e.g., a defined formal peer support worker role within the charitable sector)	Informal peer support experience only or formal peer worker role experience in settings other than homelessness and substance use Peer workers with lived/living experience with substance use or homelessness only
Design, Evaluation, Research type	
Experiences of peer workers from the perspective of the peer workers Any qualitative methodology; mixed-methods studies containing substantial qualitative components and su□cient depth of results Papers published between 1990-July 2022 (inclusive)/August 2023	Other experiences of peer workers e.g., evaluations of peer workers' e□ectiveness and experiences of clients who receive peer support Quantitative research designs, not primary research e.g., editorials, other systematic reviews Papers published before 1990

Table 2 Example search strategy

PsychInfo
1. (Substance us* OR drug use* OP alcohol use* OR problem* substance use OR problem* alcohol use OR problem* drug use OR addiction OR substance dependenc* OR alcohol dependenc* OR drug dependenc* OR drug dependenc* treat* OR intervention OR recovery OR therap* service*)
2. (homeless* OR underhouse* or roofless*OR street involved OR rough sleep* OR unstable hous* OR housing instability OR precarious* hous* OR undomiciled OR houseless OR street person OR street people OR no fixed abode OR transient OR vagrant OR shelter OR unshelter OR* OR destitute)
3. 1 AND 2
4. (peer support worker* OR peer worker* OR peer mentor* OR peer specialist*OR peer nsvigstor* OR peer support* OR houseless OR houseless OR precario precariT] /Span<</ActualTexofles ffGC (houseless OR)Tj /S1 51]e)/Aþÿ precari
2. (homeless* OR alcohol dependenc* OR

such as support to friends, were excluded. Because the focus of this review is peer work at the intersection of homelessness and substance use, only studies which explicitly mentioned both homelessness and substance use were included (in terms of both peer worker experiences and the setting in which they worked). is meant that a range of studies were excluded, such as those focusing on peer work in harm reduction if homelessness was not explicitly mentioned.

Initial searches and deduplication were performed by one reviewer (JM). Two reviewers performed screening by title and abstract (JM screened 100%, and HC screened 20% of the titles and abstracts, in parallel) using Rayyan. Any disagreements were resolved by a third reviewer (TP). Once potential included studies had been identified, full texts were screened against the inclusion criteria by one reviewer (JM). A wider team with di erent required expertise met, reviewed, and agreed on the included papers (JM, HC, TP, BP, HB, and NR). Any disagreements were resolved through full team discussion and consensus. No outreach to authors was conducted as this was not deemed to be required. e updated searches were performed by JG, with HC and JG reviewing all potential titles and abstracts. No new studies were identified. Reference details identified through the literature search were collated and managed using Rayyan. Literature searching and screening results were reported using PRISMA [43].

Studies meeting the inclusion criteria were quality assessed using the Critical Appraisal Skills Programme (CASP) qualitative research checklist [44] (see Supplementary file 2). Both HC and JM independently appraised each study and then discussed the results. Scores were then combined to create the final CASP table (Supplementary file 2). Quality appraisal allowed for the systematic consideration of study strengths and weaknesses [45]: it was not used to exclude studies [46].

Data extraction and analysis

Study characteristics including setting, participant characteristics, and methods were entered into an Excel spreadsheet. ematic synthesis was conducted inductively using the three-stage approach described by omas and Harden (2008): line-by-line coding of individual studies; creation of analytical themes; and generation of new constructs, explanations, or hypotheses [39]. Following a thematic synthesis approach [37], first-order (participant quotes) and second-order (author inter-

It feels like a bit of karma, a bit of balancing the scales if you like because when I was 21 I was a

Table 3 Characteristics of included studies (chronological order)

Authors	Country	Setting	Study aim	Participant information	De□nition of peer support	Methods	Key □ndings of the study
Weeks et al. (2006) [52]	Connecticut, US	Outreach settings where people are using drugs including parks, soup kitchens, homeless shelters, abandoned buildings, and alleyways	To understand the impact of the Risk Avoidance Partnership (RAP) project in terms of the training provided to peer/public health advocates and their experiences of the intervention programme	Candidates who received the intake interview (n = 176) and initiated training programme (n = 130), who experienced drug use, who became peer health advocates. Majority were male (61.6%) and from diverse ethnic backgrounds (African American, Puerto Rican, non-Hispanic White)	Peer health advocates were actively using drugs who were trained to provide a structured, peer-led intervention to those using drugs. Received monetary and non-monetary compensations	Observations during in-o□ce training sessions (n = 25) and partnered training sessions in the community (n = 66)	The peer health advocates reported a significant positive role change in themselves while conducting health advocacy work, and willingly and successfully carry the peer-led intervention into locations of high-risk drug activity. They successfully conducted full engagements, providing education, materials, and, less often, demonstration of proper use of the harm reduction materials with peers in a variety of settings, without project sta□ support
Croft et al. (2013) [47]	England, UK	Specialist outreach team focused on tuberculosis (TB) amongst those experiencing homelessness, drug and/or alcohol problems	To understand the motivation and personal impact of being a peer educator on people with experience of anti-tuberculosis treatment, homelessness, and addiction	Peer workers (n = 7) with current/recent experience of working as peer educators. Five males of diverse ethnic origin (Eastern European, British Black Caribbean, South Asian, Black Caribbean) and one white, UK born female	Peer workers with experience of homelessness, TB and drug/alcohol dependency. No other details provided regarding intervention or payments	Individual semi-structured interviews to understand the motivation and personal impact of being a peer educator Analysis: grounded theory	Participants reported that being a peer educator can help them make sense of past experiences and renew their sense of self, helping with their long-term recovery. The motivational themes identified highlight changes in self-perception that can occur as a result of being a peer, where what motivates initial volunteering is the transition from treatment, followed by the perception of new opportunities such as training or employment

Table 3 (continued)

Authors	Country	Setting	Study aim	Participant information	De nition of peer support	Methods	Key ndings of the study

Table 3 (continued)

Authors	Country	Setting	Study aim	Participant information	De nition of peer support	Methods	Key ndings of the study
Barker et al. (2018) [49]	England, UK	Four homelessness third sector (not-for-profit) organisations	To understand the critical elements of intentional peer support on those who provide and/or experience this support	Current providers of intentional peer support (IPS) ($n = 28$). *(One service user recipient was also interviewed but their data were excluded from our analysis).* 80% of participants were analysithn5.5t.125 Td [(pr)11y gience this supp9980467706298 cm 0 0 m 0 -7.935 -1.125 Td [(ticipants w)7.1(er)5 l S Q q 1 0 0 (þÿ072 305.5938 1035 cm 00			

Table 3 (continued)

Authors	Country	Setting	Study aim	Participant information	De□nition of peer support	Methods	Key □ndings of the study
Tookey et al. (2018) [51]	Ontario, Canada	Three community-based health centres with onsite specialist support from nearby hospital	To gain an understanding of the transition from client to support worker from the perspective of two individuals who were involved in the project	Community support workers ($n = 2$) employed to provide support to people living with hepatitis C. No gender or ethnicity information reported	Peer workers were those who had received treatment for hepatitis-C. Training o□ered to current or former clients and aimed to increase their capacity to work as support workers within the programme or in other organisations. Training programme involved 2-h sessions over 16 weeks. All paid an hourly wage, as well as holiday and sick pay	Participatory case study approach with two of the five workers to explore the transition from client to support worker Analysis: inductive approach	The transition from client to co-worker described as a gradual process and one that is supported by, and in turn helps to support, a number of other personal transitions. Prior experience, changes in substance use practices, shifts in relationships with community members and friends, supportive organisational and structural factors, and role transition were highlighted as facilitators and challenges
Pauly et al. (2021) [27]	British Columbia, Canada	Two substance use/homelessness organisations	To identify, implement and evaluate support for peer workers in overdose response environments,	Peer workers ($n = 31$) working in overdose response environments. 55% male and 45% female; ethnicity not reported	Peer ('experiential') workers had past or present drug use experience who are using that experience in their professional work. Work includes distribution of harm reduction supplies, peer witnessing of drug use, referrals to other agencies, advocacy, outreach work and overdose response. No details about training or payment	Focus groups (n = 8) to explore peer workers' roles, positive aspects of the role, challenges, and support needs Analysis: interpretative description	Peer workers described a range of motivators for their role: a sense of purpose from helping others; being an inspiration for others; and a sense of belonging

Table 3 (continued)

Authors	Country	Setting	Study aim	Participant information	De□nition of peer support	Methods	Key □ndings of the study
Surey et al. (2021) [							

Table 3 (continued)

Authors	Country	Setting	Study aim	Participant information	De□nition of peer support	Methods	Key □ndings of the study
Parkes et al. (2022)[36]	Scotland and England, UK	Third sector (not-for-profit) homelessness services, three outreach services and three residential services	To understand the experience of those working as Peer Navigators	Peer Navigators (*n* = 4) who provided emotional and practical support to clients. *(Sta (n = 12) and clients (n = 24/n = 10 also interviewed but their data were excluded from our analysis).* No gender or ethnicity information reported	Peer Navigators had lived experience of homelessness and/or substance use and received extensive training on wide range of areas. All paid roles	Individual semi-structured interviews at three or four time points and reflective diaries, to explore peer navigators' experiences in their role Analysis: framework analysis	The peer navigators were employed in demanding professional roles, providing unique support to their clients, as well as making complex decisions, holding responsibilities for clients' personalised budgets, and case management, as well as performing a range of tasks. The peer navigators reported a range of benefits and challenges with their role

On the whole, the motivation to do peer work was largely compassionate, with a genuine desire to help, wanting to give back to society and save lives. is is of particular importance, as peer work continuous to be largely inadequately remunerated (e.g. [29, 49]) and thus poses the question whether the compassionate motivation to undertake such role precipitates or reinforces the low wages or lack of payment.

What qualities are required to be a peer worker?

e qualities required to become a peer worker were discussed in eight studies [34, 36, 47–52]. Being able to work using their own initiative [48], working with their intuition, and displaying tenacity in not giving up on people, were all seen by peer workers themselves as crucially important:

> *I would go away, but they would still be in my mind. In my mind I'm already preplanning, I'm coming back next week, I won't give up. [[49]; p.219]*

Also discussed was the need to provide person-centred [48, 49] and holistic care to those they support, which was often far wider than just substance use:

> *It was di cult because [name of sta] wanted me to just be working with them around the drugs and alcohol. But obviously, when people are coming into me and you are doing a whole holistic thing around all the trauma they have su ered, you are not just sat there talking about drugs and alcohol, you are talking about sexual abuse, about them working on the streets, about all the di erent things. [[36]; p.73]*

Showing a keen interest in the lives of the people they support, leadership skills, self-belief, and confidence were also seen as important in being successful as a peer worker [34, 48, 51]. Authors in some studies found that the peers who were no longer experiencing homelessness and substance use challenges in their own lives viewed themselves as more successful in their peer worker roles [34, 51].

Shared experiences as a way of developing connections and trust

e lived experiences of peer workers and the experiences they shared with the people they supported were central to all nine studies. Shared experiences of homelessness and substance use were seen as instrumental to their roles as they enabled peers to develop deeper levels of empathy:

> *Lived experience acted as a conduit to an expression of empathy, respect and unconditional positive regard. [[36]; p.70]*

e peer workers reported having deeper connections with the people they supported compared to colleagues without such lived experience. is helped peers to identify the challenges people were likely facing but perhaps not talking about:

> *Like when you're homeless you pick up very well on certain things like vibes, energies, intentions, lies, you pick up very well on these things because more time*

Table 5 Theme and sub-theme breakdown by study

Table 5 (continued)

	Annand et al. (2022)	**Barker et al. (2018)**	**Croft et al. (2013)**	**MacLellan et al. (2017)**	**Parkes et al. (2022)**	**Pauly et al. (2021)**	**Surey et al. (2021)**	**Tookey et al. (2018)**	**Weeks et al. (2006)**
Destabilising challenges to peer worker growth and recovery	The impact of own and others' substance use on growth and recovery The difficulties of setting boundaries Tensions between peer workers and other professionals	The impact of own and others' substance use on growth and recovery Emotional difficulties associated with the role The difficulties of setting boundaries The impact of clients' difficult lives, circumstances, and behaviours on peer workers Tensions between peer workers and other professionals	The impact of own and others' substance use on growth and recovery Emotional difficulties associated with the role The difficulties of setting boundaries The impact of clients' difficult lives, circumstances, and behaviours on peer workers Tensions between peer workers and other professionals	Emotional difficulties associated with the role The difficulties of setting boundaries The impact of clients' difficult lives, circumstances, and behaviours on peer workers Tensions between peer workers and other professionals	The impact of own and others' substance use on growth and recovery Emotional difficulties associated with the role The difficulties of setting boundaries The impact of clients' difficult lives, circumstances, and behaviours on peer workers Tensions between peer workers and other professionals	The impact of own and others' substance use on growth and recovery Emotional difficulties associated with the role Tensions between peer workers and other professionals	The impact of own and others' substance use on growth and recovery The difficulties of setting boundaries Tensions between peer workers and other professionals	Emotional difficulties associated with the role The difficulties of setting boundaries The impact of clients' difficult lives, circumstances, and behaviours on peer workers Tensions between peer workers and other professionals	The impact of own and others' substance use on growth and recovery Emotional difficulties associated with the role The difficulties of setting boundaries The impact of clients' difficult lives, circumstances, and behaviours on peer workers Tensions between peer workers and other professionals

> *[Shared experiences] make people that generally would not associate, associate. [[27]; para.34]*

Being a role model was discussed in three studies [27, 36, 49]. is was described in these studies as ways of helping to destigmatise the challenges that people were experiencing around substance use and homelessness.

Positive life changes as a result of peer work

Eight studies [27, 34, 36, 47, 49–52] reported positive life changes, including substance use, such as being able to focus on something other than drugs:

> *And you are focusing on something other than the streets, or on getting high and just copping [obtaining] drugs. [[52]; para.34]*

Learning new skills around, and therefore practicing, safer drug use (amongst those who continued to use drugs) as well as feeling "*solid*" in their own recovery [[36]; p.78] due to the work they were doing, was also discussed:

> *ere's much better ways of doing... using drugs, so that's how I practice. Drug, set, setting. [[51]; para.29]*

Additional positive changes reported included learning how to 'tolerate' the drug use of others and empathise with di erent individuals' circumstances. Peers developed their own skills to help manage internal battles whereby they wanted clients to reach the same level of 'recovery' they were currently at, at the same time as understanding that individual will face a variety of personal obstacles:

> *Tolerance, tolerance... when you go back into that community and there's that atmosphere it makes you realise how hard it is and you develop sympathy for people that you are helping. [[47]; p.S38]*

e positive life changes reported by the peers show their own greater levels of stability, improved recovery outcomes, and increased quality of life, helping them to progress as individuals.

Peer work as providing opportunities for developing a sense of responsibility

A sense of responsibility in their own lives and their work was reported as another benefit for peer workers in seven studies [27, 34, 47, 49–52]. is level of responsibility came from feelings that others in the community looked up to the peers, which helped to keep the peer workers motivated in their roles:

> *I really realized that, yeah, I know a lot of the people coming into the program and a lot of people were looking up to me at the time because I had helped implement all these di erent programs [as part of the patient advisory board] and stu so I figured, well hey, might as well just keep going with it and see what happens. [[51]; para.26]*

Some participants talked about hoping to turn the role into a career by enabling them to progress in their own lives:

> *As far as this program, it's brought me to the forefront,cause being involved in this and doing outreach work, it's given me some sense of responsibility. You know when you out there in addiction, it's easy to say, "Oh I'm gonna do this, I'm gonna do that" and then push it to the side. But then when people ask you things and they reaching out and I say things, I try to make it mean something. [[52]; para.36]*

Being responsible for others, and being trusted with that level of responsibility, helped the peers to further develop skills benefitting their own progression, acting as a role model, "*to derive both pride and happiness from their work*" [[27]; para.37].

Theme 3: Destabilising challenges to peer worker growth and recovery

In all nine studies, challenges of the peer worker role which could impact individual's growth and recovery were described. ese challenges are described across five sub-themes: the impact of own and others' substance use on growth and recovery; emotional di culties associated with the role; the di culties of setting boundaries; the impact of clients' di cult lives, circumstances, and behaviours on peer workers; and tensions between peer workers and other professionals.

The impact of own and others' substance use on growth and recovery

Seven of the studies identified substance use issues as challenges for peer workers [27, 34, 36, 47, 49, 50, 52]. Some peer workers, who were no longer using substances, discussed their initial personal challenges with the harm reduction model and discomfort trying to reconcile it with their ideas of recovery:

> *From the job I was doing before, treatment, very in line with my recovery model... is is going to be very di erent. It's going to be very di erent doing harm reduction. [[36]; p.79]*

Others talked about the heartbreak of losing friends and family members to substance use, and the impact that that had on them as a person and their ability to do their job:

> *I lost a couple of my best friends in the last couple of years and it's just been really friggin' hard. [[27]; para.29]*

Peers in several studies discussed the importance of having clear relapse policies for their roles, where

one of the conditions of being a peer worker was being drug-free:

> *A lot of people won't disclose the fact that they have a substance misuse background and the di culty is*

boundaries, they also felt that some clients could become too dependent on them:

> *I do explain to them, like you know, even though I would love to help you I just can't, I'm not clued up to do that... you do need a barrier there for your own sanity because it is frustrating. [[48]; para.21]*

Peers reported struggling to navigate such "*professional boundaries*" [[49]; p.223] while still being supportive of people's wants and needs, adding that they often felt the need to self-disclose their own past experiences, but this needed to be balanced appropriately:

> *You can feel the tension and then you can, then you think maybe I'll better just say "oh yeah I used to be a drug addict, but I had a little help I got through it, you know it is possible", something like that. Just saying that you open your hand, your cards up. It makes them trust you straight away a bit more. So you've got to share a bit but not too much. [[48]; para.24]*

In particular, there is a tension described here between being a peer and being a professional. On the one hand, peer workers described the need for authentic relationships with the people they supported through shared experiences and trust. On the other, there was the need for clear, professional boundaries, in terms of what information they could share and the support they could provide, in order to protect peer workers' own wellbeing. Importantly, 'consequences' for crossing boundaries were discussed in two studies [48, 51], without any mention of what such consequences may be for either the peer workers or the people they are supporting.

The impact of clients' difficult lives, circumstances and behaviours on peer workers

Challenges arising from working with the people the peer workers supported were identified in six studies [36, 47–49, 51, 52]. These related to having closer relationships with some people compared to others [36], and difficulties respecting individuals' choices [48]. This included finding it hard to just 'be' with individuals who are acutely suffering without moving into 'doing' with or for them, as this participant eloquently describes:

> *It's a balance… just sitting around it sometimes is the hardest, most intense aspect of the job. Just sitting with someone who is obviously suffering quite a bit and just going "do you know what, I will sit with you while you feel like shit". [[36]; p.71]*

Perceived difficulties relating to peoples' behaviour and emotions were discussed in detail by peer workers in five studies [34, 36, 48, 49, 51]. These included feelings of frustration [50], people being viewed as volatile and, at times, unreliable [36], as well as having to deal with anger directed at them [49]. Challenges were also encountered because the people they supported were often very mistrustful of wider health professionals and services, which made it more difficult to persuade them to engage with them [34]. Indeed, there was a sense that peer workers had to mentally prepare themselves when experiencing such challenging behaviours, whilst also being mindful of the potential reasons for such behaviours, including wider systemic or structural problems, such as social inequalities and marginalisation:

> *Sometimes they become even abusive, challenging behaviour, so if we just really, withdraw immediately because of that sort of abuse or behaviour or whatever, then definitely that person is not going to get the help. So that I expect, I expect and I have to be mentally ready you know not um fail because of that. Because I need to support that individual. So the first step is to come back. You know that's, that's really important. So that person today, is not angry at me, but is angry at something that is not related to me. [[49]; p.222]*

Finally, additional challenges highlighted in four studies [36, 48, 51, 52] included peer worker concerns regarding a lack of change in individual's substance use and the consequent need to adjust expectations regarding outcomes, moving from a focus on abstinence to one of harm reduction. In addition, peer workers also described the difficulties of not being able to provide support to every person presenting at a service [36].

Tensions between peer workers and other professionals

All nine studies identified challenges arising from working collaboratively with other professionals and/or services. These related to differences in outlook/approach between peer and non-peer staff [34, 36, 49], challenges with some staff having difficulty accepting confidentiality between peer workers and the people they supported [36, 48], being treated differently to other staff [36, 49], and experiencing negativity from other staff, both colleagues intern2 6513(eing tr)6.1(e)-9(a)9(t)6(e)rs .129 Tw (r st)-5.9(a , b)-12

set boundaries about what is shared, as well as creating boundaries related to work hours. e experiences of peer workers in this review, and related research, highlight the importance of giving back and being a role model for their communities. ere appears to be a deep and enduring commitment to others and finding ways to manage this commitment, as well as care for oneself, is a unique situation for peer workers who are often members of the communities they serve. Other studies of peer work have also highlighted this, with the recognition that crises are not confined to working hours [7]. is highlights the importance of setting boundaries to support health and wellness for peer workers. However, boundary setting for peer workers, given their experiences, is not going to be the same as the guidelines for professionals who are situated di erently. Notably, several studies talked about 'consequences' for crossing boundaries, without providing detail as to what these might be [48, 51]. us, there is a need for open and ongoing engagement around what constitutes safe boundaries in the context of peer work that supports and promotes the health and wellbeing of workers. Training around setting appropriate boundaries to keep peer workers safe and to support their wellbeing appears to be of particular importance.

As noted in this review, relationships with other peer workers are an important source of support, including opportunities to debrief. is peer-to-peer support, alongside other professional support and mentorship, may enhance role transitions and experiences [36, 57].

ere are additional challenges that come from working in highly emotional and stressful situations and supporting individuals with complex needs including traumatic life experiences who may display challenging behaviours. Clinical supervision has been identified in four of the nine included studies as an important source of support to the peer workers. Our findings suggest that it is vital to distil and identify key components of adequate clinical supervision for those working at this intersection. Peer workers across the studies in this review highlighted the importance of positive factors such as the need for training, personal, professional and career development opportunities, as well as sustainable employment. For those who were in paid roles, adequate remuneration was highlighted as important.

is concern is echoed by those working in multiple sectors (harm reduction services, mental health and alcohol and treatment services) [53, 58, 59]. Peer work is commonly considered 'low barrier' work (casual employment or volunteer) and experienced as 'precarious', due to lack of permanent employment that provides financial stability, benefits, and job security [58]. Given the diverse and extensive benefits of peer work that have been identified in this synthesis, there is an urgent need to recognise, formalise, properly remunerate, and provide additional training for these roles. e need for such professionalisation speaks to the organisational context and seeing peer workers as employees rather than volunteers. Clearly, transitioning to the role would be supported by clear job descriptions, stable working conditions, adequate pay and benefits alongside orientation and training [1].

ere are key milestones in peer worker professional development, namely: orientation and training, adapting to organisational culture, managing relationships, and engaging with opportunities for professional development. A range of studies have identified a mix of formal training with on-the-job learning, yet detailed insights into peer worker experiences and evaluation of this process are limited [27, 50, 53, 57, 60–63]. In adapting to organisational culture, peer workers have faced challenges in integrating their experiential expertise within professional environments, navigating tensions between di erently valued knowledge types (i.e., lived versus professional experience) [61, 64, 65]. However, the literature highlights a significant gap in the development of professional networks with other professionals in the field beyond organisational boundaries, where peer workers often feel undervalued by external non-peer colleagues. As reflected elsewhere, organisations employing peer workers across homelessness and substance use support have developed internal support systems to try to help manage and strengthen these external professional relationships [57, 60, 66, 67]. Lastly, opportunities for peer worker professional development remain under-explored in the literature, with only a limited number of studies indicating pathways to career advancement and a lack of exploration of transitions from volunteering to paid roles within organisations which is a common route for those with lived experience in this field [50].

In terms of implications, there is a clear evidence gap in understanding peer workers' experiences of transitioning into such roles. is is important in terms of providing suitable support for those currently receiving support to subsequently become a peer worker, therefore build-

that organisations may wish to consider when employing peer workers.

Strengths and limitations

Declarations

Ethics approval and consent to participate
Not applicable.

Consent for publication
Not applicable.

Competing interests
The authors declare no competing interests.

Author details
[1]Salvation Army Centre for Addiction Services and Research, Faculty of Social Sciences, University of Stirling, Stirling, Scotland FK9 4LA, UK. [2]School of Applied Sciences, Edinburgh Napier University, Sighthill Campus, Edinburgh, Scotland EH11 4BN, UK. [3]Canadian Institute for Substance Use Research, University of Victoria, Victoria V8N 5M8, Canada. [4]School of Health and Social Care, Edinburgh Napier University, Sighthill Campus, Edinburgh, Scotland EH11 4BN, UK. [5]School of Health Sciences, University of Dundee, Dundee, Scotland DD1 4HJ, UK.

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