

[Peer support](#) (also known as mutual support) is one of the core elements of the Housing First model and is of central importance in helping individuals achieve self-sufficiency. This is based on the belief that people who have faced, endured, and overcome adversity can offer useful support, encouragement, hope, and perhaps mentorship to others facing similar situations. In addition, there is a need for a shift in service delivery models in the homeless sector to adopt a system-wide recovery-oriented approach. The implementation of a recovery-oriented model of care in homeless services and systems should start with the recognition of the important role of peer support in the delivery of homeless services to their peers. This contrasts with the historically predominant focus on “managing” episodes of homelessness through emergency intervention. It is imperative to promote peer support and raise awareness about it for policymakers and practitioners in specialist and mainstream services.

## What is Peer Support?

Peer support is a supportive relationship in which individuals with lived experience of a particular phenomenon provide support to others by explicitly drawing on their personal experience.

Peer support is helpful to youth and adults who are experiencing:

- Homelessness.
- Substance use (e.g., alcohol, drugs, tobacco).
- Mental health disorders such as depression, deep social exclusion, and isolation.
- Physical health conditions such as tuberculosis, HIV, AIDS, and hepatitis (A, B, and C).
- Re-entry or returning from an institution and seeking navigation.

Peer support may be implemented:

- Ad hoc based on need from one individual to another.
- Formally with peers trained to offer support in a structured way.
- Informally by offering social support.

## Types of Peer Support

- Peer workers
- Peer research
- Peer mentoring
- Peer advocacy
- [Peer specialist](#)

## Potential Benefits

There are many potential benefits to implementing a peer support program. Peer support:

- Reduces strain on staff who do not have lived expertise.
- Assists with harm reduction.
- Decreases cultural barriers.
- Builds trust and meaningful relationships.
- Increases participants’ sense of hope and control.
- Positively impacts participants’ ability to effect changes in their lives.
- Increases participants’ self-care awareness.
- Increases participants’ sense of belonging in the community.
- Helps to reduce, alleviate, or manage mental health illnesses.
- Helps to produce confidence in capability.
- Helps to reduce hospital admissions and relapses.
- Increases positive and productive coping skills.
- Improves participants’ physical health.
- Produces positive outcomes related to homelessness.
- Increases rates of employment and satisfaction with finances.

## Potential Challenges

There are also potential challenges to implementing a successful peer support program:

- Adequate compensation.
- Support for peer workers.
- Confidentiality.
- Vulnerability that may lead to relapse for peer supporters.
- Lack of employee benefits (health benefits and paid leave) for peer supporters.
- Providing additional ad hoc training to complement lived experience.
- Peer supporters may have difficulties establishing boundaries between themselves and their clients.
- Stigmatization of peer supporters.

## Roles & Responsibilities

A peer supporter must:

- Share real-world knowledge and experience to teach others to build a better life.
- Utilize a strength-based, solution-focused perspective.
- Acknowledge that everyone's recovery is unique.
- Serve as a role model by sharing their personal recovery stories, showing that recovery is possible.
- Teach goal-setting, problem-solving, and symptom management skills.
- Empower others by helping them identify their strengths, supports, resources, and skills.
- Use recovery-oriented tools to help their peers address challenges.
- Assist others to build their self-directed wellness plans.
- Set up and sustain peer self-help and educational groups.
- Offer a sounding board and a shoulder to lean on.
- Advocate by working to eliminate the stigma of behavioral health disorders.
- On the other hand, a peer supporter should NOT:
  - Be responsible for directing the recovery journey.
  - Be case managers or therapists; they are peers.

## Case Studies

### Qualitative

- [Barker and Maguire's](#) systematic review included 10 studies that found an overall reduction in harm related to drug and/or alcohol use.
- [Tracy and Wallace's](#) systematic review showed higher-than-expected rates of abstinence, significant reductions in relapse rates, and higher levels of satisfaction with treatment.
- [Boisvert](#) reported that the return to homelessness was dramatically reduced by assisting participants in managing their recovery from problem substance use.

### Quantitative

- [Bean and colleagues](#) reported that 98 percent of participants remained in housing after 12 months.
- The [European Federation of National Organisations Working With the Homeless](#) (FEANTSA) reported that 21 out of 25 (84 percent) of people who have experienced homelessness specifically mentioned that having the perspective of peers was a critical factor in them escaping homelessness.

## Additional Information

### Community Organizations/Examples

- [Project H3](#)
- [Skid Row Housing Trust](#)
- [Pathways to Housing DC](#)
- [SHARE! Collaborative Housing](#)
- [Step Up](#)
- [Healing Hands](#)
- [Peer Housing Support Program](#)
- [Recovery Within Reach](#)

### Resources

- [Peer Support Specialist Job Description](#)
- [Peer Support for Young People Experiencing Homelessness](#)
- [Peer Housing Support Toolkit](#)
- [Peer Recovery Center of Excellence](#)

### Funding Sources

- [Treatment for Individuals Experiencing Homelessness](#) (TIEH)
- Projects for Assistance in Transition from Homelessness (PATH)
- [Block Grants](#)