Expert viewpoints of peer support for people experiencing homelessness: A Q Sort study

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Abstract

Peers have shared experiences of phenomena such as mental illness, addiction, and homelessness. Homelessness services are increasingly utilising peers in their models to support people experiencing homelessness. While there is extensive literature on peer support in general, few studies focus on the potential change mechanisms that might underpin this intervention, particularly regarding homelessness. This study aims to utilise expert opinions to identify common viewpoints on components involved in effective peer support. Forty-three statements were developed from previous literature that broadly describes elements involved in peer support. Forty experts (20 peers and 20 professionals) ranked the statements into a hierarchy. Q Methodology is a rigorous method to objectively research participants' subjective viewpoints, using a by-person rather than by-variable approach to factor analysis. The study was done in three stages: first order analysis to identify shared viewpoints within 1) the peer participant group, 2) the professional participant group, and 3) a second order analysis of stage 1 and 2 results to identify common viewpoints held across participant groups. Stage 3 analysis resulted in three differing viewpoints; the dominant viewpoint asserts that effective peer support is rooted in experiential knowledge, where peers build unique, trusting relationships to provide clients with a different level of support. The results highlighted different types of peer support and defined a new one: a unidirectional, mentorship-type of intentional peer support. Strengths and limitations are discussed.

*Keywords: homelessness; peer support; q methodology; change mechanisms; Q sort*

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The Substance Abuse and Mental Health Services Administration define peer support as “services [that] are delivered by individuals who have common life experiences with the people they are serving” (SAMHSA, 2015, para 1). Peers have a “unique capacity to help each other” (SAMHSA, 2015, para 1) based on their shared experiences of phenomena, such as mental health, addiction, and homelessness. Peer support has a long history in mental health and addictions (Wallcraft, Rose, Reid, & Sweeney, 2003), but has only recently become widespread within homelessness services. Organisations, such as Groundswell UK, are increasingly utilising peers to support people experiencing homelessness (Groundswell, 2015).

While there is extensive literature on peer support in general, few studies focus on the potential change mechanisms that might underpin this intervention. Without a clear understanding of how peer support might work, research can neither prescribe best methods for delivering peer support nor explain why effectiveness studies have mixed results (see Barker & Maguire, 2017; Lloyd-Evans et al., 2014). By establishing clarity about change mechanisms, organisations providing peer support for those experiencing homelessness will be better placed to improve their services and peer training to help their clients escape homelessness.

Barker, Maguire, Bishop, and Stopa (2018b) developed a new model of peer support based on findings from an extensive realist review of the literature. The model posits that peer support is comprised of three main elements: the peer-client relationship, role modelling, and the provision of experience-based social support. As can be seen in Figure 1, the elements create a pathway, beginning with the peer-client relationship. The model proposes that clients progress through the elements first as a recipient of peer support and then as a provider of support.

The model proposes that clients develop a relationship with their peer supporter, from whom they learn coping methods and conduct self-evaluations through social comparisons. Peers are role models for clients and provide them with various types of experience-based social support throughout their work, such as mentoring them through social services that the peer has already navigated. Peers benefit from entering into a helping role through identity development that integrates their sense of self and improves their self-esteem, confidence, and knowledge (Barker et al., 2018b).

## Aims & Objectives

This study aimed to understand what peers and professionals believe are the most and least important elements of effective peer support for those experiencing homelessness. Investigation into viewpoints from the entire participant group will further our understanding of potential change mechanisms through comparisons to previous literature, including components in the model developed by Barker et al. (2018b).

To assess the entire group, we sought to achieve the following objectives; 1) assess viewpoints held by peers, 2) assess viewpoints held by professionals, and then 3) combine the factors from each group to assess similarities and differences in viewpoints across both groups.

These objectives were achieved by asking experts (i.e. peers and professionals) involved in the facilitation and delivery of peer support interventions to participate by ranking statements that described various features of peer support. We used an approach called Q Methodology, described below, to help us identify potential change mechanisms.

# Method

## Brief Introduction to Q Methodology

Q Methodology is a unique mixed-methods design that aims to objectively assess subjective viewpoints by statistically and qualitatively assessing a ‘concourse’—communications surrounding a topic of interest (Stephenson, 1953). The researchers develop a set of items derived from multiple sources (e.g. interviews, previous research) that broadly represent the concourse (Brown, 1980). Participants with topic-expertise then rank the items hierarchically by rating how much they agree or disagree with the relevance of each statement. The Q sort is a pre-determined grid that forces participants to make a relational judgment about each item by considering their rankings of other related items (see Q sort forced distribution grid for 43 statements in Figure 2). Forced-choice distributions compel participants to be thoughtful regarding item placements in relation to other items. The forced-choice distribution used in the Q sort reduces bias, as it is difficult for participants to create socially desirable distributions (Watts & Stenner, 2005).

Individual Q sorts are compared and contrasted, through inverted factor analysis—a by-person approach rather than by-variable approach—to identify shared viewpoints (see Watts & Stenner, 2005). Factors are then interpreted by the researcher. Interpretation is guided by statistical analysis, participant demographics, and interrelationships of items, resulting in a holistic understanding of a shared viewpoint on a particular topic (Stephenson, 1953; Watts & Stenner, 2005).

## Statement Development

The statements chosen for the Q sort in this study were drawn from primary and secondary sources that included relevant populations; namely, qualitative interviews and previous literature, respectively (Du Plessis, 2005). To create statements, we examined results from an extensive literature review and from interviews with 28 peer supporters (Barker, Maguire, Bishop, & Stopa, 2018a; Barker & Maguire, 2017). Results from both sources indicated five themes that describe potential change mechanisms in peer support and homelessness. Additionally, we examined Creamer et al. (2012) and Varker and Creamer (2011), as they reported consensus statements in developing guidelines for peer support interventions with high-risk organisations (e.g. hospitals and the military). After requesting additional material from the authors, we identified statements that were not represented in our literature search or interviews that could be further examined in the current study (Varker, 2016). Therefore, we included ten adapted statements in our Q Set (statements 34-43) from their important work. Forty-three statements that broadly represent elements of peer support and homelessness were developed from themes and included literature that emerged from the reviewed literature and qualitative interviews. Table 1 shows the statements and their corresponding themes.

## Participants

Organisations and individuals that provide peer support interventions to homeless populations were identified through internet searches, conferences, publications, and authors’ personal contacts. Participants were recruited through emails, online social media posts, and face-to-face meetings, where a brief description of the study was provided. To supplement initial recruitment, we utilised snowball sampling (Sadler, Lee, Lim, & Fullerton, 2010). Participants represented eight different organisations across England. One was a University and seven organisations provided peer support to those experiencing homelessness. In addition to homelessness services, four of these organisations provided support for addiction, mental health, and physical health. Clients of these organisations cover the wide range of homelessness issues, from those who are deeply entrenched on the streets, to those who require assistance for acute homelessness.

Participants were purposively recruited if they were aged 18 and above and had organisationally defined experience in the facilitation and/or delivery of peer support to a homeless population (Trochim, 2006). By recruiting experts in Q Methodology, Brown (1980) argues that large sample sizes are rendered unnecessary. This study recruited 40 participants: 20 peers and 20 professionals. Professionals were from homeless charities and organisations, and had been working in the homeless sector for longer than 6 months. Peer supporters were defined as peers by their organisations and usually had homelessness experience. Peers were currently working with to provide support to homeless persons at various stages of recovery from homelessness. We did not impose a limit on peer supporter experience as peer support interventions with homeless people is relatively novel. Previous work by the authors with this population indicated that such limits would have significantly limited the potential participant pool. Additionally, peers have often experienced peer support as recipients before progressing into a peer support role, so their relevant experience does not begin at the moment they become formal peer supporters (Barker et al., 2018a). In this sense, time as a peer is somewhat arbitrary, but some measure is useful in analysis. Participant characteristics are reported in Table 2.

## Procedures

Statements were given to participants in a random order, then participants were instructed to sort according to how much they agree or disagree that the individual statement is important to peer support with a homeless population. Participants organised the statements into the pre-determined grid where they had to allocate a statement to every available space. As can be seen in Figure 2, there are limited spaces in each column.

This study utilised two methods of data collection: online and face-to-face. Research has shown no difference in the reliability or validity of online (or by mail) compared to face-to-face data collection (Reber, Kaufman, & Cropp, 2000; Stephenson, 1953). For online data collection, FlashQ (Version 1.0) was utilised (Hackert & Braehler, 2007).

Participants, who took part in the study online, were instructed to sort all the numbered statements into three different piles: ones they disagree with, ones they find neutral, and ones they agree with. Participants were then instructed to sort the statements into the grid (Figure 2), and given the opportunity to revise their sort. Next, participants were asked to provide their reasoning for the placement of items in the highest (+4) and lowest (-4) positions. Finally, participants had the option of providing additional explanatory comments.

In-person procedures followed the same format as online; however, not all participants sorted the statements into three piles. Participants reported being overwhelmed with the number of statements that they agreed with and most proceeded by laying out all the cards and then placing them into the grid. Ethical approval was granted by the University of Southampton on April 27, 2016.

## Analysis

Given the study objectives, the analysis was completed in three stages: 1) analysis and interpretation of factors from the peer supporters, 2) analysis and interpretation of factors from the professionals, and 3) a second-order factor analysis combining factors from both peers and professionals to understand common and differing viewpoints across both groups.

Steps in Q Methodology analysis include the following: 1) factor creation, 2) factor rotation, 3) factor extraction, 4) the creation of factor arrays, and 5) interpretation of factors. Participant Q sorts were entered into the computer software PQMethod (version 2.35, Schmolck & Atkinson, 2012), where Q sorts are inter-correlated and factor analysed. Factors are rotated through Varimax rotation; this analysis involves including as many sorts as possible to maximise saturation (Du Plessis, 2005).

Factors were extracted to ascertain the smallest number of factors that accounts for the most study variance. As we test factors identified by previous research (Barker et al., 2018a, 2018b; Creamer et al., 2012), the best method of analysis for this study was Principal Component Analysis (PCA). Using the best possible mathematical solution allows for the researchers to evaluate ideas developed in previous studies with statistical methods (Watts & Stenner, 2005).

This study stipulated two criteria for factor extraction; the Kaiser-Guttman criterion and a three-or-more rule (Schmolck, 2017; Watts & Stenner, 2005). Factors were extracted if they had Eigenvalues > 1.00 and three or more significantly loading Q sorts (Schmolck, 2017). In Q methodology, significance level is calculated by the number of items in the Q set, therefore factor loadings of 0.39 or above were significant at the *p* = 0.05 level (Watts & Stenner, 2005). Q sorts that significantly load onto more than one factor are said to be confounded and should not be included in the analysis (Brown, 1980).

The creation of factors leads to the development of factor arrays—a distribution of the Q set items that demonstrate the shared viewpoint from participants that contribute to that factor. Factor arrays are created by merging factor exemplars through weighted averages, where Q sorts that have higher factor loadings are considered representative of the factors’ viewpoint and therefore given more weight in the averaging process (Watts & Stenner, 2005).

A factor array is a diagram that represents an overall gestalt of the data, presented in the same format as a Q sort (i.e. Figure 2). Factor arrays serve as the foundation for interpretation. Interpretation is a hermeneutic process. Through a careful and holistic examination of the patterns of items in the factor array, we are able to understand what elements participants prioritise in effective peer support for those experiencing homelessness (Stephenson, 1993).

Each factor is described below, including brief demographic data of the participants that comprise that factor. Further rankings are included, for example (25: +3) indicates that item 25 was ranked in the +3 column. Distinguishing factors, or those statements that were ranked in a significantly different way than other factors, are marked in each factor summary with an asterisk. Distinguishing statements assist interpretation of the factors, ascertaining particular viewpoints about the factors. Conversely, statements that did not differentiate between factors are termed consensus statements because participants value them in similar ways and represent shared viewpoints (Watts & Stenner, 2005). As participants provided their reasoning for the placement of different statements, quotes are included to clarify viewpoints. Participant names have been changed.

# Results: First Order Analysis

Results are presented first with brief descriptions of the findings from the peer Q sort analysis and professional Q sort analysis. Factors from the peer and professional analysis provide the data for the second-order factor analysis, which is the focus of this paper. Detailed description of the peer and professional analysis can be obtained by contacting the first author.

## Principal Component Analysis Results: Peers

Four factors were identified, rotated, and extracted, which accounted for 52% of the peer-study variance. The four factors were comprised of 16 Q sorts (four each); the remaining four Q sorts were confounded and therefore not included. Each factor produced a unique factor array; however, Factor 4 had a rank-tie for the +2 column (Schmolck, 2017). This means that the +2 column had six statements instead of five and there was a spare spot in the +3 column. Consequently, an examination of the participant (“Shane”) with the highest factor loading helped to determine statement placements (Schmolck, 2017). Shane loads onto this factor at .69 and was the most consistent with the overall factor array and therefore the viewpoint represented by this factor. We reviewed Shane’s Q sort and found that he had ranked statement #30 higher than the other significantly loading Q sorts in Factor 4. Therefore, it was decided to place #30 in the spare +3 position.

The peer analysis resulted in three consensus statements: 18. Peers are paying back for the wrong they did (-4), 38. Peers have training in psychological skills, such as listening skills (0), and 41. Peers respect confidentiality (+3). Across all peer participants, statement 18 was ranked quite low, 15 out of 20 peers placed this statement at -4. It is apparent that peers disagree with this statement; peers having negative motivations for embarking in peer-work does not contribute to effective peer support. Conversely, peers generally agreed that confidentiality is an important aspect for effective peer support. Peers having training in psychological skills were consistently ranked in the middle, highlighting that peers felt that training is important, but not vital to effective peer support. Table 3 outlines the factors developed from the peer analysis.

## Principal Component Analysis Results: Professionals

Following the same procedure as the peer analysis, three factors were rotated and extracted and together accounted for 46% of the professional-study variance. The three factors are derived from perspectives of half of the professionals included in the study (*n* = 10). Three Q sorts were confounding and seven Q sorts generated factors that did not pass extraction criteria.

Professionals agreed on the ranking of 14 statements, specifically that effective peer support occurs when peers work to increase the psychological wellbeing of their clients, respect boundaries, have supervision, and support from professionals and other peers. They also felt that it is important that peers are positive role models who provide emotional social support and create a bridge between clients and professionals. Conversely, professionals felt that peers should not risk-assess clients. Further, professionals did not feel that successful peer support depended on peers knowing specific services, having genuine motivations, or potentially overextending themselves. Additionally, peers controlling their emotions, using support to cope with struggles, and facilitating connections to services were seen as important, but not vital, to effective peer support. Table 4 outlines the factors developed from the professional analysis.

# Results: Second Order Analysis

## Principal Component Analysis Results

The second order analysis combines factors developed from the peer and professional analyses in order to statistically assess shared opinions between the two groups (Hathcoat & Montgomery, 2010). To achieve this, factors developed from the peer and professional analyses are treated as new data (Hathcoat & Montgomery, 2010; Watts & Stenner, 2005). That is, four factor arrays from the peers and three factor arrays from the professionals were entered into the PQMethod software as new Q sorts (version 2.35, Schmolck & Atkinson, 2012). For clarity, these factor arrays shall be referred to as Q sorts hereafter.

These Q sorts were analysed, rotated, and extracted to provide a solution. Three factors met extraction criteria and accounted for 67% of the total second order analysis variance. Extraction criteria at this level was relaxed to allow different perspectives to be represented. Extracted factors meet the Kasier-Guttman rule but do not have three or more significantly loading sorts (Watts & Stenner, 2005). If the >3 criterion were to be applied in this situation we would eliminate perspectives from two valuable groups: professionals who have experienced homelessness and peer supporters only.

One of the Q sorts was confounded, resulting in a final solution of three factors with six Q sorts loading significantly and uniquely onto them. Twenty-two of the possible 26 participants (12 peers and 10 professionals) fed into the results of the second order analysis.

Consensus Statements are shown in Table 5, where both professionals and peers agree that effective peer support involves peers developing trust with clients and respecting confidentiality. The whole group also felt that peers needed support from supervision and other peers in order to positively influence client outcomes. They also agreed that peers needed to be adaptable, committed, provide emotional social support, and listen empathically to clients in order to be effective. Both participant groups felt that peers did not need to have a positive attitude towards their own homeless experience. Professional and peer participants agreed that it was not helpful when peer supporters are motivated by the need to repay a debt. Both groups agreed that there was no need for effective peers to provide information on specific services or people or to identify clients who are at risk to themselves or others. Both participant groups agreed that peers needed to control their emotions, use support to cope with struggles, and have training in psychological skills, but they did not consider these factors as vital to effective peer support.

### Factor 1: *Trusting Peers’ Experience While Providing Support and Structure*

This factor accounted for 27% of the total study variance, and represented the dominant factor in the second-order analysis. Three factors from the first level of analysis loaded significantly onto this factor: Factor 2: *Trusting the Lived Experience* from the peers, Factor 1: *Experience-Based Relationships* and Factor 3: *The Peer Role* from the professional analysis.

In total, 12 participants (four peers and eight professionals), six males and six females (average age = 43.64, range = 23-64) from six different organisations contributed to this perspective. All of the peers and two of the professionals reported personal experience of homelessness. One peer and two of the professionals reported experience of addiction. Participants ranged between 1-15 years’ experience working with a homeless population.

Participants acknowledge and value peers’ uniqueness, their difference from professionals (\*12: +3) and their ability to develop strong, trusting, experience-based relationships with clients (\*2: +4). Both groups of participants thought that peers were especially able to approach clients on an equal level (\*11: +3), and that they had a distinct ability to understand the clients’ perspective based on their shared experiences of homelessness (\*10: +4). Peers are able to develop trust with clients, and this is seen as a key ingredient of effective peer support:

####  “People who have been through the transition of homelessness as well as connected issues, and are now stable, can offer advice based on experience. This is valuable.”—Rick (Professional)

Further, the benefits that peers gained were prioritised, such as skill development from being in a helping role (\*20: +2), from training in psychological skills (38: +1), and through support from their respective organisations (40: +2; 8: 0), plus skills to control their own emotions (7: +2).

#### “Gaining trust can be done well if you can listen and absorb, controlling your emotions, lets the client relax and feel confident to trust you”—Glenn (Peer)

This group felt that peers are good role models for clients; peers were living a life that clients could look up to (\*21: 0), and they modelled recovery (22: +1). As Pippa (Professional) explained: *“Homeless people frequently make reference to 'successful peers' and model some of the behaviours.”* The above elements enable effective peer support to reduce stigma and breaks down barriers to services (\*42: +3).

Further, this viewpoint asserts that peer support needs structured and defined roles in order to allow peers to be effective and avoid harming either the clients or the peers themselves. Participants felt that peers should not be negatively motivated. It is about “*wanting to help…because peers have experiences that could be useful to others*”—Lori (Professional).

Peers should respect boundaries that have been established by their role (23: +1). They should avoid becoming friends with clients (31: -4), and giving advice (32: -4):

####  “They aren't there to give advice, it’s not their role. What works for one person won’t work for another so advice is a dangerous ground”—Sarah (Professional)

Boundaries need to be firm, and should not be bent to suit the client (24: -3). Participants agree that peers did not need to be available outside working hours (26: -2), or overextend themselves and risk burnout (25: -3).

In sum, this factor captures the viewpoint that peers need to value their lived experience as a tool to engage with clients and develop trusting experience-based relationships. According to this perspective, peers provide a different type and level of support that ideally operates within prescribed boundaries that maintain the safety of both clients and peers.

### Factor 2: *Healthy Peers, Healthy Clients*

This second-order factor accounts for 20% of the study variance. It is an exact replica of Factor 2: *Healthy Peers, Healthy Clients* from the professional analysis. While proponents of the Q sort method would recommend against including a factor that has only one significant loading (Brown, 1980; Watts & Stenner, 2005), we decided to include this factor because it provides a unique perspective. It does so because it reflects a view of effective peer support from two women who have experienced it from all three perspectives - as clients, peer supporters, and in the current study, as professionals.

In this viewpoint, peers’ health and personal recovery is important. Participants felt that peers needed to maintain their recovery (\*9: +4), know their own triggers (6: +2), use support from their respective organisations to cope with personal struggles (8: +1), and control their own emotions around clients and professionals (7: 0). Participants held the view that if peers are able to maintain their recovery, they will be more adept at living a lifestyle that clients can look up to (\*21: +3).

*“It is important for the peer to maintain their recovery because the clients see peer support as someone who is stable, they will usually model their life on [the peers]. Nobody will respect a peer who is in active addiction”—Julie*

Further, participants valued peers’ lived experiences (43: +4), but they did not view experiential knowledge as vital to developing trust. That is, effective peer support occurs when trust is developed between peers and clients (3: +4), but trust can be developed without a shared experience of homelessness (\*10: -2; \*1: -3, \*2: 0).

Peers who are healthy and supported by their organisations (40: +1) are able to provide effective social support. For example, peers can provide important information (29: +2), be an empathetic, listening ear (34: +1), and provide emotional social support without being overwhelmed, and are able to manage challenging client behaviour (5: +2). Recovering peers can gain clients’ trust through the provision of support and by being committed to the client (16: +1). Further, peers work to increase their clients’ overall wellbeing (\*37: +3), and help them learn how to self-advocate (\*28: +3).

This groups’ viewpoint diverges from other perspectives in how they described peers’ attitudes and motivations. Participants felt that while their homeless experience *“was not positive,”* being able to overcome the challenges has made them a better professional (Julie) (\*14: 0). Also, participants ranked statement 18 (“peers are paying back for the wrong they did”) at +3, significantly higher than the other factors. Perhaps participants felt some peers are paying back for wrongdoings, suggesting that peer motivations are complex.

Regarding breaking boundaries, participants felt that peers being available out of normal working hours (26: -4) is “*not professional*” (Molly). Further, being a source of friendship (31: -3) and giving advice (32: -4) were not prioritised in this factor. Participants also felt that skills developed in peer support (\*20: -4) are not necessarily helpful for further career development:

*“The skills you have may be different from the ones you need at work”—Molly*

Participants ranked statements that acknowledge peers’ uniqueness and equal power with clients low (12: -2; 13: 0; 11: -3), as explained by Julie:

*"Being a professional that came from lived experience is also about your abilities and passion for your job, not just because you were homeless”*

Consistent with this view, participants felt that peers should not be expected to perform tasks that are not expected of professionals, e.g. working outside normal business hours. Interestingly, this group felt that skills developed from the peer role are not necessary for effective peer support (20: -4).

In sum, this factor represents a unique perspective on elements involved in effective peer support from the perspective of those with a breadth of experience. This group felt that effective peer support starts with a healthy and supported peer; peers, who are maintaining their recovery, seek help for personal struggles, and are positively motivated are good role models for clients.

### Factor 3: *You can Trust Us, We are here to Help*

Two factor arrays from the first level of analysis contributed to this factor, accounting for 20% of the total variance: Factor 3: *Treatment Relationship over the Peer-Client Relationship* and Factor 4: *Informal Support, Provided by Supported Peers* from the peer analysis. The Q sorts from eight peers comprised this factor. All reported homelessness’ experience and five reported experience with addiction. These peers are from three different organisations and reported one to 15 years’ experience working with this population.

Participants in this factor hold the viewpoint that effective peer support is built upon the provision of social support in a trusting relationship. Peers need to respect boundaries (23: +4) and confidentiality (41: +4), both of which foster the development of trust (3: +3). Trust can also be strengthened by the provision of multiple types of social support. Peers give clients advice (\*32: +4) based upon their own experiences and knowledge of services (\*10: +1). Effective peers provide important information (29: +3), emotional social support (30: +3), actively listen to clients (34: +3), and are a source of friendship for the clients (\*31: +2). Effective peers know that the client is *“the most important person”—*Beth (Peer) and can work with them to provide the support that they require.

Peer support is most effective when peers are trained (38: +1) and are supported to do their work (40: +2; 8: 0). Peers’ main function is to provide social support, but also to acknowledge their limits, by connecting clients to appropriate professional support (36: +2; 39: +1) and help their clients learn how to self-advocate to better care for themselves (28: +1).

Participants in this factor did not feel that peers’ uniqueness from professionals (12: -2) and other people experiencing homelessness (\*13: -4) is vital to effective peer support, as described by Shane (Peer):

#### “There are no difference between peers and other people experiencing homelessness because most peers were homeless and passed through the same path like other homeless…we’re together in the struggle and we understand what you are going through but you have to understand that we can fight this together”

Contrary to the other factors, this group felt that because peers are not different, they are not viewed as role models. Peers in this group worried about social comparisons negatively affecting the relationship between peers and clients. While this group acknowledged the value of their experiential knowledge in providing social support, they do not value it as a vital component to effective peer support (\*43: -3). Peers are there to help the client and provide multiple types of social support and connect the client to professional services.

In sum, this factor captures the viewpoint that peer support is most effective when there is a focus on the type of support being delivered by trained and supported peers. Peers must be trustworthy and prioritise the clients’ needs in order to be effective.

# Discussion

This study aimed to understand what 1) peers and 2) professionals believe are the most and least important elements of effective peer support for those experiencing homelessness, with the overall aim of identifying common viewpoints held by both peers and professionals as to which elements are critical in effective peer support for people experiencing homelessness.

## Consensus across Peers and Professionals

As a group, peers and professionals had a number of consensus statements, shown in Table 5. Peers and professionals agree that effective peer support is built upon trust and confidentiality, a finding that is consistent with previous literature (Barker et al., 2018a; Creamer et al., 2012). The foundation of a working alliance, such as one that develops between peers and clients, is trusting that the other person will act in accordance with our expectations, and be genuine and authentic in sharing experiences (Barker et al., 2018b; Gelso, 2014; Gill, Murphy, Burns-Lynch, & Swarbrick, 2009). Another finding in line with previous research is that participants agreed that the provision of emotional social support is important in effective peer support (Barker et al., 2018a, 2018b; Creamer et al., 2012). Interestingly, peers and professionals in the current study did not reach consensus on any other type of social support.

The results suggest that training and supervision for peers may be a potential change mechanism; participants agree that peers need supervision and support to be effective (Barker et al., 2018b). However, peers getting training in psychological skills was not felt by participants to be integral to peer support. As recommended by Barker et al. (2017b), the type of training must accurately reflect the context in which peer support is provided. Training can enable peers to be flexible and to effectively manage various situations. For example, receiving training in how to manage and understand challenging client behaviour may reduce peers from acting inappropriately and/or relapsing into old behaviours. Further, Gill et al. (2009) argue that formal training concentrating on the peer role within the given context should be valued over specific training in mental health or addiction, for example.

Participants generally disagreed that effective peer support is influenced by peers being available outside regular business hours. This boundary crossing was developed from peer interviews, but participants in the current study felt that it does not contribute to effective peer support—participants felt it was “*unprofessional”*. A peer being available out of hours was also not prioritised by participants in Creamer et al. (2012).

Contrary to previous literature, this group did not feel that peers need to have a positive attitude towards their personal experience of homelessness (Barker et al., 2018b; Borkman, 1976). Participants felt that even if the overall experience of homelessness was not positive, it could still be used to benefit others. The statement (14) obviously lacks in describing a dimension of how peers may integrate their experiences into problem solving methods in experiential expertise (Borkman, 1976). Thus, this element needs further exploration to ascertain how these concepts do or do not overlap.

In the current study both peers and professionals agreed that peer motivations around money were not integral aspects to peer support. This idea had originally been developed from interviews with peers who had been recipients of peer support and who felt that peer motivations were key to establishing and maintaining trust. Therefore, this highlights another element that requires further investigation.

## Differing viewpoints

Even though the analysis resulted in a number of consensus statements, three different perspectives emerged. Factor 1: *Trusting Peers Experiences while Providing Support and Structure* represents the dominant perspective from both peers and professionals. Factor 1 captures the viewpoint that effective peers value and use their experiential knowledge as a tool for engagement and in building experience-based relationships with clients. Further, peer support is a unique level of support, but must operate within a given set of guidelines and boundaries. Factor 2: *Healthy Peers, Healthy Clients* provides a unique viewpoint from professionals who have experienced being a peer prior to their role as a professional. Factor 2 exemplars illustrate that peers who are active in their own recovery enable peer support to be effective and are appropriate role models. Factor 3: *You can Trust Us, We are here to Help* gives a distinct peer perspective, where exemplars demonstrate that peer support is effective when peers are supported, trained, and are actively trying to achieve peer support tasks. These differing viewpoints are discussed in terms of identified critical elements involved in peer support identified from the model in Barker et al. (2018b), presented in the introduction (Figure 1).

### Experiential Knowledge

The points of view illustrated by factors 1 and 2 support Barker et al. (2018b) assertion in their model that peers develop unique experience-based relationships, which become the foundation of peer support effectiveness. Peers are able to connect with clients through an intimate understanding of the homelessness experience, providing empathy, acceptance, and normalising the cognitions and emotions the client is feeling (Barker et al., 2018b). By valuing statements on experiential knowledge, peers’ ability to understand, and the provision of emotional social support, Factor 1 results support assertions made in previous literature. In Factor 2, participants value experiential knowledge, also viewing it as critical element to peer supports effectiveness.

### Role Modelling

Exemplars in Factor 1 and 2 illustrate peers’ ability to model recovery and be a positive source of social comparison for clients. This provides support for the role modelling element identified in the model by Barker et al. (2018b). Role modelling is suggested as key to peer support by other literature as well (see Chinman et al., 2016; Salzer, 2002; Solomon, 2004). Role modelling and mentoring enables peers to deliver multiple types of social support. It can improve clients’ self-efficacy, feelings of hope, increase coping skills, and reduce drug/alcohol use (Bean, Shafer, & Glennon, 2013; Davidson, Bellamy, Guy, & Miller, 2012; Fors & Jarvis, 1995; Galanter, Dermatis, Egelko, & De Leon, 1998).

However, the model developed by Barker et al. (2018b) also acknowledged that clients can learn negative behaviours from peers, a problem identified by participants in Factor 3. Participants felt that role modelling could result in harm to the client and/or peer, such as modelling inappropriate behaviours or creating power imbalances that diminish the clients’ self-esteem.

Barker et al. (2018b) suggest that peers adopt a strengths-based approach, where peers advocate for their clients, actively break down barriers to care, and help clients learn how to self-advocate for their own needs. This assertion was supported by viewpoints in Factor 1 and Factor 3, by participants valuing statements that describe this process. Research shows that strengths-based approaches can increase client engagement, feelings of hope, and result in fewer hospital admissions (Davidson et al., 2012; Davidson, Chinman, Sells, & Rowe, 2006; Finlayson, Boleman, Young, & Kwan, 2016).

### Peers’ Motivations

Participant responses on peer motivations in this study are not consistent with Barker et al. (2018b), which suggested that peers needed honest and genuine motivations in order to be effective and be seen as different from professionals. Although participants in both Factors 1 and 3 placed statements describing peers’ motivations low in the grid, Factor 2 participants ranked one particular statement (18) quite high. It appears that this group did not shy away from the blaming language in the statement. However, overall the results highlighted the fact that majority of participants are uncomfortable letting peers blame themselves and feeling that they need to make up for wrongdoings. The statement was developed as a direct quote from interviews with peers (Barker et al., 2018a).

Factor 2 views negative motivations and blame as a real element within peer support—some peers have colourful pasts and may feel that by engaging in peer-work, they are making up for past indiscretions. Peers in the interviews talked about peer motivations, stating that honest motivations were crucial to building trust. However, maybe it is not about having honest motivations but rather being honest *about* the motivations that drive them.

Recent research exploring peers’ motivation for engaging in peer-work found that peers engaged for the benefits that they experience (Croft, Hayward, & Story, 2013). Moran, Russinova, Yim, and Sprague (2014) found that peers entered into peer support to align with their own personal values, the opportunity to connect to others, and because they wanted to feel confident and capable of helping others. Given that research exploring if peers engage with peer-work to satisfy a need to repay and make up for wrongdoings has yet to be completed, we cannot be certain that this is not already occurring.

### Social Support

Factor 3 illustrates a viewpoint that bolsters assertions that social support is key to peer support (e.g. Dennis, 2003). The literature proposes that social support is how peer supporters’ effect change because different types of social support result in different outcomes (Barker et al., 2018b). Clients can feel emotionally supported, experience feelings of belonging, become better informed, and evaluate their own behaviours through social support (Barker et al., 2018b). Consistent with Chinman et al. (2016) Factors 1 and 2 devalued the idea of companionship as a form of effective social support, because participants felt that peers being ‘friends’ with clients’ is a boundary crossing. Participants in the current study valued emotional social support, as shown in the consensus statements. However, participants in Factor 3 consistently ranked statements on social support highly whereas Factors 1 and 2 did not. This discrepancy highlights the lack of clarity about key elements in effective peer support. Professionals and some peers may feel that some types of social support (such as companionship support) may breach boundaries, whereas other peers feel that these types of social support are integral to the care they provide.

However, this discrepancy could be explained by acknowledging that participants are describing different types of peer support, one-to-one mentoring support versus mutual support. While there may be underlying common change mechanisms in peer support, such as the peer-client relationship, this result indicates that there may be a type of peer support not currently defined in the literature.

### Defining a New Type of Peer support

Overall, Factor 1 and 2 exemplars appear to reflect a view of peer support that is best aligned with intentional peer support as described by Bradstreet (2006), where peers use their lived experience to build relationships with clients and provide support that is fostered and supported by organisations. However, intentional peer support, in its current definition, can include different types of support. Intentional peer support can be multidirectional support, where both clients and peers are at the same level of recovery and both receive recovery-related benefits from the peer relationship. Indeed, this is indicative of mutual peer support (Bradstreet, 2006; Mead, Hilton, & Curtis, 2001). Exemplars in Factor 3 appear to be describing mutual peer support—intentional support that embodies a mutually beneficial relationship where peers are not “different” or “better than” the clients (Barker et al., 2018a, pg 13).

Factors 1 and 2 appear to be valuing a more formal, mentorship type of peer support, arguably a type of support that is not clearly defined in the current peer support literature. By combining different types of peer support in one study, we may be confounding our results. Therefore, we propose that unidirectional, mentorship intentional peer support must be defined separately from traditional types of peer support and explored independently to understand its impact on homeless clients. By identifying services that provide this type of unidirectional, mentorship support we can begin to unpack how different models of peer support impact on clients. Furthermore, by clearly defining this type of support, services would be able to identify what type of support they are providing and make appropriate improvements.

## Strengths and Limitations

Limitations of this study include the collection of the demographic data ascertaining participants’ level of experience working with a homeless population—the question did not clearly differentiate between formal peer supporting from informal. We identified the need for clearly defined terms in order to understand peer support as a specific intervention and avoid participant misinterpretation. It is notable that 45% of our peer participants had less than one year of experience working with this population, which may have affected our results. Peers with less experience working with this population may lack clear understandings of their role, leading to wide interpretations similar to current results. However, there was a breadth of experience represented through personal experience of homelessness, addiction, and of working with the population. Nonetheless, it would be interesting for future studies to compare our results with a peer population that is more experienced.

Additionally, we failed to ask about participants’ experiences as recipients of peer support. Fortunately, some participants volunteered this information, but the analysis would have been strengthened with this information. Accurately understanding participants’ experiences would have allowed a deeper exploration into their viewpoints. Participant feedback indicated that some statements were not specific enough; participants noted the obscure wording of some statements. Watts and Stenner (2005) suggest that clarity in instruction and statements is imperative to successful Q studies. The statements were developed from attempts to bring clarity to an undefined topic. Due to limited resources, we did not pilot the statements to our target population prior to the full study. Future research could examine our statements and help to further refine them. Additionally, only 22 of the possible 40 participant Q sorts were eligible to be in the analysis. Clearly, the number of confounding sorts highlight the lack of consistency in defining this intervention.

This study has added to the literature on this topic by exploring critical elements in peer support within homelessness. Participant feedback suggested that the concourse was appropriately representative; however, further investigation into this topic may reveal items that are not yet represented in the literature. Q methodology is a unique and a rigorous method that results in useful collections of viewpoints on peer support and homelessness.

# Conclusion

This Q sort study included 20 peers and 20 professionals who rank ordered 43 statements into a hierarchy to identify critical elements of peer supports within a homeless population. The study analysis occurred in three stages, peers and professionals Q sorts were analysed as two distinct groups, followed by a second order analysis. The second order analysis combined viewpoints from the two groups, which resulted in three distinct viewpoints on key elements involved in peer support for those experiencing homelessness. The viewpoints support previous literature assertions on critical elements in peer support and identify areas for further exploration. Specifically, future research could examine our developed statements, investigating comprehensiveness and feasibility of developing a psychometric assessment of effective peer support. Future research could also assess the statements to see if, and how, they map onto domains of a peer-specialist role fidelity measure developed by Chinman et al. (2016). Additionally, future research on peer support should take care to identify what type of peer support is being evaluated to ensure clear understanding of its effectiveness. Programmes delivering peer support can use these results to understand what type of peer support they are providing and tailor their peer training to focus on critical elements.

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Table 1. Q Set statements and corresponding themes

|  |  |  |
| --- | --- | --- |
| **Theme** | **Statement Number** | **Q Set Statement** |
| Experience-Based Relationships | 10 | Peers’ unique ability to understand where the client is coming from because they have been homeless too  |
| 15 | Peers knowing specific people or services that help |
| 14 | Peers’ positive attitude toward their experience of homelessness |
| 43 | Peer support works because peers have been homeless too |
| 11 | Peers connecting to clients as equals |
| 12 | Peers being different from professionals  |
| 13 | Peers being different from other people experiencing homelessness through their training and connection to supportive organisations |
| Peer Motivations | 16 | Peers being committed to their clients |
| 17 | Peers’ motivations for helping are genuine, rather than for money |
| 18 | Peers are paying back for the wrong they did |
| 19 | Peers repaying for the kindness that was shown to them |
| Benefits for Peers | 6 | Peers know their own triggers |
| 7 | Peers controlling their emotions around clients and professionals |
| 8 | Peers using support from organisations to cope with struggles |
| 9 | Peers maintaining their recovery |
| 20 | Peers learn skills help them escape from homelessness  |
| 21 | Peers are actively living a lifestyle that clients can look up to |
| 22 | Peers model recovery by representing someone who has gone through a similar experience and thrived  |
| 33 | Clients can compare themselves to peers |
| Peer Support Tasks | 23 | Peers respect boundaries |
| 24 | Peers bend boundaries to fit the needs of their client in a particular situation |
| 25 | Peers go the extra mile for their client |
| 26 | Peers being available outside of normal professional hours |
| 27 | Peers understand, and can help to adapt treatment for their clients’ needs |
| 28 | Peers advocate for their clients and help them learn how to self-advocate |
| 29 | Peers provide important information  |
| 30 | Peers provide emotional support |
| 31 | Peers are a source of friendship for the client |
| 32 | Peers give advice to help |
| 34 | Peers provide an empathic, listening ear |
| 35 | Peers identify clients who might be at risk to themselves or others |
| 36 | Peers facilitate connections to other services and help |
| 37 | Peers help to increase psychological, health, and overall wellbeing of their clients |
| 38 | Peers have training in psychological skills, such as listening skills |
| 39 | Peers are a bridge between clients and professional help |
| 40 | Peers have support from supervision and other peer supporters |
| 41 | Peers respect confidentiality |
| 42 | Peers reduce stigma around homelessness, mental illness, and addiction |
| Peers’ Never Giving Up | 1 | Peers being persistent and clients help, taking time to develop trust. |
| 2 | Building trust based on experience of homelessness |
| 3 | Developing trust with clients |
| 4 | Peers being adaptable to clients’ needs  |
| 5 | Peers being adaptable to clients’ personalities and behaviours |

Table 2. Participant characteristics

|  |  |
| --- | --- |
| Characteristic | *n* (%) |
| Gender  |  |
| Male | 21 (52) |
| Female | 19 (47) |
| Age\* |  |
| 20-30 | 10 (25) |
| 31-40 | 10 (25) |
| 41-50 | 10 (25) |
| 51-64 | 8 (20) |
| Professionals Experience (*n* = 20) |  |
| Work Experience |  |
| Up to 1 Year | 4 (20) |
| Up to 2 Years | 0 (0) |
| Up to 3 Years | 5 (25) |
| Up to 5 Years | 3 (15) |
| More than 5 Years | 2 (10) |
| More than 10 Years | 2 (10) |
| More than 15 Years | 4 (20) |
| Homelessness\*\* | 7 (35) |
| Addiction | 6 (30) |
| Peer supporters Experience (*n* = 20) |  |
| Work Experience |  |
| Up to 1 Year | 9 (45) |
| Up to 2 Years | 6 (30) |
| Up to 3 Years | 1 (5) |
| Up to 5 Years | 2 (10) |
| More than 5 Years | 1 (5) |
| More than 10 Years | 1 (5) |
| More than 15 Years | 1 (5) |
| Homelessness\*\*\* | 19 (95) |
| Addiction | 9 (45) |

*Note*. \*Two participants did not disclose their age. \*\*Professionals with homeless experience were found to have a range of professional experience: 1 = up to 1 year; 4 = up to 3 years; 1 = up to 5 years; and 1 = up to 10 years. \*\*\*One peer participant reported that they did not have homelessness experience however, they did report addiction experience and had been working with a homeless population as a peer for up to 3 years. It was decided that their experience as a peer warranted their inclusion into the study.

Table 3. Peer analysis results: Factors

|  |  |
| --- | --- |
| **Details** | **Factor Summary** |
| **Factor 1: Reaching Overall Goals** |
| * Comprised of 4 Q sorts
* Accounts for 16% of the variance
* Three females and one male
* Average age 36.25 (range = 30-42)
* Three reported homelessness
* Two reported addiction
 | * Peer support is effective when peers are increasing their clients’ wellbeing and helping to reduce stigma
* Positive outcomes achieved through trusting and confidential relationships
* Peers are unique and can provide a different level of support than professionals or informal counterparts
* Peers who have honest motivations (\*17: +3), support from organisations (40: +3; 8: +1), and maintaining recovery (9: +1) are effective
* Peers’ experiential knowledge of homelessness (\*10: -3; \*2: 0) was not a vital element of effective peer support
* Peers needed to focus on building trusting, confidential relationships with clients
* Peers’ lived experience has minimal impact on an effective peer-client relationship
 |
| **Factor 2: Trusting the Lived Experience** |
| * Comprised of 4 Q sorts
* Accounts for 12% of the variance
* Two females and two males
* Average age 51.35 (range = 47-55)
* All experience reported homelessness
* One reported addiction
 | * Effective peer support includes strong experience-based trusting relationships
* Peers connect with clients as equals (11: +3), and persist even in significant difficulties (\*1: +3)
* Valued uniqueness of peers—different from both professionals (12: +2) and other people experiencing homelessness (13: +1).
* Devalued clients comparing themselves to peers (33: -4) or peers breaking boundaries by being the clients’ friend (\*31: -4)
* Peers should be at a stable level of recovery (9: +1) to provide effective support
* Peers do not need to know their own triggers (\*6: -3) to be effective
	+ Only one of the peers reported experience with addiction, the term ‘triggers’ may be unfamiliar. Given that this group prioritised other elements of peer recovery and health (e.g. \*7: +3; 8: 0; 9: +1), this is interpreted as a potential limitation in the study, where the statement used a potentially unfamiliar term
 |
| **Factor 3: Treatment Relationship over the Peer-Client Relationship** |
| * Comprised of 4 Q sorts
* Accounts for 12% of the variance
* Three males and one female
* Average age 47.25 (range = 37-60)
* All reported homelessness
* Three reported addiction
 | * Minimised importance of ‘peer’ aspects, such as role modelling, peer recovery, and experiential knowledge
* Prioritised the provision of practical activities of peer support
* Developing trust is important (3: +4), but trust based on shared experiences of homelessness is not vital to effective peer support (\*2: -3)
* Clients comparing themselves to peers (33: -4), clients looking up to peers (21: -3), and peers’ modelling recovery (22: -1) were not integral elements of effective peer support
* Peers’ recovery status is not as important to practical support in effective peer support (\*9: -3; 8: -1)
 |
| **Factor 4: Informal Support, Provided by Supported Peers** |
| * Comprised of 4 Q sorts
* Accounts for 12% of the variance
* All male
* Average age of 36 (range = 25-47)
* All reported homelessness
* Two reported addiction
 | * Provision of social support as key in effective peer support
* Prioritised support for peers—support from supervision and other peer supporters
* Informal peer support—peers giving advice (32: +4), source of friendship (31: +2) and available outside of normal business hours (\*26: +1)
* Conflicting viewpoint: valued the informality of peer support, did not value peers connecting to clients as equals (\*11: -4).
	+ Acknowledge that there are power imbalances but actual provision of support operates within an informal relationship—potentially highlighting an element that is not represented within this research. Certainly, this factor and participant responses reinforce lack of clarity around peer support terms being clearly defined and understood
 |

Table 4. Professional analysis results: Factors

|  |
| --- |
|  |
| **Details** | **Factor Summary** |
| **Factor 1: Experience-Based Relationships** |
| * Comprised of 5 Q sorts
* Accounts for 17% of the variance
* Three males and two male
* Average age 41 (range = 35-44)
* Two reported homelessness
* Two reported addiction
 | * Peers develop unique experience-based relationships and are positive role models
* Valued the shared life experiences—peer support works because peers have been homeless too (43: +4), allows for genuine understanding of the clients’ perspective (\*10: +4; \*27: +1)
* Peers help to reduce stigma, reducing barriers to services (42: +4) and help to increase client wellbeing (37: +2)
* Peer support was less effective if peers were motivated by guilt (18: -4), if peers broke boundaries by becoming friends with the clients (31: -4), overextended themselves (25: -3), or bent boundaries (24: -3)
 |
|  |  |
| **Factor 2: Healthy Peers, Healthy Clients** |
| * Comprised of 2 Q sorts
* Accounts for 8% of the variance
* Two females
* Average age 38.5 (range = 38-39)
* Both reported homelessness
* One reported addiction
 | * Unique perspective from two Q sorts
* Effective peer support starts with a healthy and supported peer; maintaining their recovery, seeking help for personal struggles, and are positively motivated
* Peers need to maintain their recovery (\*9: +4), know their triggers (6: +2), use support from organisations to cope with personal struggles (8: +1), and control their emotions around clients and professionals (7: 0
* Peers are living a lifestyle that clients can look up to (\*21: +3).
* This group ranked a statement on peer motivations significantly higher than the other factors (\*18: +3), suggesting that peer motivations are complex and important
* Skills developed from the peer role are not necessary for effective peer support (20: -4)
 |
|  |  |
| **Factor 3: The Peer Role** |
| * Comprised of 3 Q sorts
* Accounts for 12% of the variance
* Two females and one male
* Average age 40.33 (range = 23-64)
 | * Peers need training and supervision, build trust with clients, know their own triggers, provide clients with social support, respect confidentiality, be adaptive, and flexible—including working outside of normal professional hours (\*26: +2)
* Peer support is effective when peers are operating within a set of defined guidelines (e.g. training, goals, values)
* Peers needed to be able to cope with various potentially stressful situations—proficiency in coping with triggers and challenging situations to preserve client and peer safety
* Peers should not be providing treatment (27: -4), or giving advice (32: -4)
 |
|  |  |

Table 5. Consensus statements from the second order analysis

|  |  |
| --- | --- |
| Statement | Agreed Position |
| 26 | Peers being available outside of normal professional hours | -3 |
| 19\* | Peers repaying for the kindness that was shown to them | -2 |
| 14\* | Peers’ positive attitude toward their experience of homelessness | -2 |
| 27 | Peers understand, and can help to adapt treatment for their clients’ needs | -2 |
| 33 | Clients can compare themselves to peers | -2 |
| 17\* | Peers’ motivations for helping are genuine, rather than for money | -1 |
| 15\* | Peers knowing specific people or services that help | -1 |
| 35 | Peers identify clients who might be at risk to themselves or others | -1 |
| 7\* | Peers controlling their emotions around clients and professionals | 0 |
| 8\* | Peers using support from organisations to cope with struggles | 0 |
| 38\* | Peers have training in psychological skills, such as listening skills | 0 |
| 4 | Peers being adaptable to clients’ needs  | +1 |
| 39 | Peers are a bridge between clients and professional help | +1 |
| 30 | Peers provide emotional support | +1 |
| 16\* | Peers being committed to their clients | +1 |
| 40\* | Peers have support from supervision and other peer supporters | +2 |
| 34\* | Peers provide an empathic, listening ear | +2 |
| 5\* | Peers being adaptable to clients’ personalities and behaviours | +2 |
| 41 | Peers respect confidentiality | +3 |
| 3\* | Developing trust with clients | +4 |
| All statements are Nonsignificant at *p* <.01; \*Nonsignificant at *p* < .05 |



Figure 1. Peer support model of potential change mechanisms and elements (adapted from Barker et al. (2018b))



Figure 2. Q sort forced distribution grid