

Research Shows Peer Outreach is Essential

- Use of Peer staff with homeless individuals results in decreases in the number of homeless days and reduced relapse to homelessness. (2; 3; 14)
- Use of Peer staff with homeless individuals results in significant increased rates of employment and satisfaction with finances. (6; 17)
- Peer staff are more willing and better to engage mentally ill people on the street. (9)
- Peer based outreach and the use of the expertise of homeless and formerly homeless persons should be actively sought out. (5)
- Employing Peers is a key component of building trust in homeless outreach. (7)
- Outreach conducted by peers is effective in locating, engaging, and completing assessments of the clients' perceived needs. (5)
- Peers convey a sense of understanding and make a bridge between street life and the world of "professionals" whom homeless individuals don't initially trust. (5)
- Peer outreach strategies reduce HIV risk in low-income, drug-using communities. (8)
- Peer support has significant impacts on quality of life, drug/alcohol use, and social support. (1)
- Shared experiences, role modelling, and social support are suggested to be vital aspects of peer support and moderate changes in homeless clients. (1)
- Peers reduce hospital admissions, relapses, increase coping skills, and improve overall quality of life for those with mental illness. (4; 11; 12; 16)
- Peers have a unique ability to engage with those who are socially excluded. (10; 14).
- Peers have experiential knowledge which enables them to genuinely empathize and connect with clients. (1)

References

1. Barker, S. L., Maguire, N., Bishop, F., & Stopa, L. (2017). Critical elements of peer support and the experience of peer supporters helping the homeless. *Manuscript in prep.*

2. Bean, K. F., Shafer, M. S., & Glennon, M. (2013). The impact of housing first and peer support on people who are medically vulnerable and homeless. *Psychiatric Rehabilitation Journal*, 36(1), 48–50. doi:[10.1037/h0094748](https://doi.org/10.1037/h0094748).
3. Boisvert, R. A., Martin, L. M., Grosek, M., & Clarie, A. J. (2008). Effectiveness of a peer-support community in addiction recovery: participation as intervention. *Occupational Therapy International*, 15(4), 205–220.
4. Davidson, L., Chinman, M., Sells, D., & Rowe, M. (2006). Peer support among adults with serious mental illness: a report from the field. *Schizophrenia Bulletin*, 32(3), 443–450. doi:[10.1093/schbul/sbj043](https://doi.org/10.1093/schbul/sbj043).
5. Erickson S, Page J. To dance with grace: outreach and engagement to persons on the street. In: Fosburg LB, Dennis DL, Eds. Practical Lessons: The 1998 National Symposium on Homelessness Research Washington, DC: U.S. Department of Housing and Urban Development; U.S Department of Health and Human Services 1999.
6. Felton, C. J., Stastny, P., Shern, D. L., Blanch, A., Donahue, S. A., Knight, E., & Brown, C. (1995). Consumers as peer specialists on intensive case management teams: impact on client outcomes. *Psychiatric Services*, 46(10), 1037–1044. doi:[10.1176/ps.46.10.1037](https://doi.org/10.1176/ps.46.10.1037).
7. Kryda AD, Compton MT. Mistrust of outreach workers and lack of confidence in available services among individuals who are chronically street homeless. *Commun Ment Health J* 2009; 45: 14450.
8. Latkin, C. A., Sherman, S., & Knowlton, A. (2003). HIV prevention among drug users: Outcome of a network-oriented peer outreach intervention. *Health Psychology*, 22(4), 332–339. <https://doi.org/10.1037/0278-6133.22.4.332>
9. Lyons JS, Cook JA, Ruth AR, *et al.* Service delivery using consumer staff in a mobile crisis assessment program. *Commun Ment Health J* 1996; 32: 33-40.
10. Pilote, L., Tulsy, J. P., Zolopa, A. R., Hahn, J. A., Schecter, G. F., & Moss, A. R. (1996). Tuberculosis prophylaxis in the homeless. A trial to improve adherence to referral. *Archives of Internal Medicine*, 156(2), 161–165.
11. Salzer, M. S. (2002). Consumer-delivered services as a best practice in mental health care delivery and the development of practice guidelines. *Psychiatric Rehabilitation Skills*, 6(3), 355–382. doi:[10.1080/10973430208408443](https://doi.org/10.1080/10973430208408443).
12. Solomon, P. (2004). Peer support/peer provided services underlying processes, benefits, and critical ingredients. *Psychiatric Rehabilitation Journal*, 27(4), 392–401.
13. Stahler, G. J., Shipley, T. E., Kirby, K. C., Godboldte, C., Kerwin, M. E., Shandler, I., *et al.* (2005). Development and initial demonstration of a community-based intervention for homeless, cocaine-using, African American women. *Journal of Substance Abuse Treatment*, 28, 171–179.
14. Tulsy, J. P., Pilote, L., Hahn, J. A., Zolopa, A. J., Burke, M., Chesney, M., & Moss, A. R. (2000). Adherence to isoniazid prophylaxis in the homeless: a randomized controlled trial. *Archives of Internal Medicine*, 160(5), 697–702.
15. van Vugt, M. D., Kroon, H., Delespaul, P. A., & Mulder, C. L. (2012). Consumer-providers in assertive community treatment programs: associations with client outcomes. *Psychiatric Services*, 63(5), 477–481. doi:[10.1176/appi.ps.201000549](https://doi.org/10.1176/appi.ps.201000549).
16. Wallcraft, J., Rose, D., Reid, J., & Sweeney, A. (2003). *On our own terms: Users and survivors of mental health services working together for support and change*. London: Sainsbury Centre for Mental Health.
17. Weissman, E. M., Covell, N. H., Kushner, M., Irwin, J., & Essock, S. M. (2005). Implementing peer-assisted case management to help homeless veterans with mental illness transition to independent housing. *Community Mental Health Journal*, 41(3), 267–276. doi:[10.1007/s10597-005-5001-2](https://doi.org/10.1007/s10597-005-5001-2).