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Review

Strengths, weaknesses, opportunities and threats of peer support among disadvantaged groups: A rapid scoping review

Kalina Mikolajczak-Degrauwe [a], Sybren R. Slimmen [a], Dylan Gillissen [a], Petra de Bil [a], Valerie Bosmans [b], Corrine Keemink [b], Inge Meyvis [b], Yvonne J. Kuipers [b, c, *]

[a] Research Group Healthy Region, HZ University of Applied Sciences, Vlissingen, Netherlands
[b] Department of Health and Social Studies, School of Midwifery, Artesis Plantijn University of Applied Sciences, Antwerp, Belgium
[c] School of Health and Social Care, Edinburgh Napier University, Edinburgh, UK

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ABSTRACT

Objective: To explore the current state of knowledge and evidence about peer support for various disadvantaged groups; to identify the strengths, weaknesses, opportunities, and threats of peer support to critically reflect on peer support within health and social services.
Methods: A rapid scoping review was conducted according to Arksey and O'Malley's framework, aiming to identify eligible studies in PubMed, APA PsychInfo, Education Resources Information Center, Cochrane Library, Academic Search Premier, ScienceDirect, Directory of Open Access Journals, ResearchGate, WorldCat, and Google Scholar. According to Rodgers' concept analysis steps and the SWOT model, data was reported using thematic synthesis.
Results: Forty-five studies were included, describing a variety of peer support initiatives among groups of young migrants and unsupervised minors, young adults with autism, people with (mental) health problems, foster/shelter families, vulnerable pregnant women, people outside the labour force, older adults, and homeless people. The strength of peer support is its positive effect on the quality of life among vulnerable people. The weakness is represented by peers both being too involved and focused on personal interest or by peers lacking expertise and knowledge. Opportunities for peer support are mutual learning, the anticipated long-term effects, and the potential to facilitate social inclusion. Culture, language barriers, drop-out rates, securing sustainability, and peers' lack of time and commitment are regarded as threats to peer support.
Conclusion: Although peer support offers good outcomes for various groups of vulnerable people, the weaknesses and threats need to be considered to provide and proliferate peer support.

What is known?

- Peer support involves people drawing on shared personal experiences or characteristics to help one another.
- We need to make better use of community resources.

What is new?

- The study provides an overview of various target groups and the extent to which peer support is received or offered, highlighting the key elements of peer support.

1. Introduction

Worldwide, individuals and groups face barriers to access and participate in social life. A growing number of socially disadvantaged people whose needs are not recognised or met by current health and social care structures and services are more likely to become vulnerable [1,2]. Vulnerability can relate to gender, age, race, ethnicity, religion, citizenship status, disability, and

* Corresponding author. School of Health and Social Care, Edinburgh Napier University, Edinburgh, UK.
E-mail address: y.kuipers@napier.ac.uk (Y.J. Kuipers).
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occupation – aspects that label and stigmatise individuals and groups [3]. During times of need and distress, individuals turn to social relationships for support, often in response to barriers or deficiencies encountered in the present health and social care system. In recognition of the importance of social relationships, peer support has been recognised as a solution to reach socially vulnerable people to prevent catastrophe and excesses, to improve equity and individuals' connection to the community, to facilitate psychosocial adjustment (emotional, healthy behaviour and disease management) and to support and to empower individuals [4–7].

Peer support is a powerful method in human behaviour and health and social inclusion [4,6,7], receiving a strong emphasis in the WHO's Global Health Workforce Alliance [8]. The concept of peer support in health and social care has been defined as: "the provision of emotional, appraisal, and informational assistance by a created social network member who possesses experiential knowledge of a specific behaviour or stressor and similar characteristics as the target population, to address a health-related issue of a potentially or stressed focal person" [5]. Peer support is non-hierarchal and is provided by peer lay individuals or para-professionals with experiential knowledge who connect individuals and services, extend natural (embedded) social networks, and complement professional health services [5]. Economic analyses of peer support initiatives have shown economic benefits [9].

Peer support, however, is complex, inconsistent, and diverse in its application [4–7]. It is unknown if the positive effect of peer support is achieved by the 'sum of its parts' or whether there are distinct features that contribute to its impact. In response to the known benefits of peer support, its diversity, and the unknown overall effect or the effect of its different elements, it is of merit to comprehensively explore the extent to which peer support can be used to pertain to and increase its implementation. This paper aims to explore and gain insight into the current knowledge and evidence about peer support. It provides a better understanding of using the method, its strategies, and how it might complement professional health and social services. Ultimately, to narrow the gap between excluded and vulnerable individuals and groups and services - facilitating social inclusion.

This paper was written as part of the ENSURE Interreg 2Seas Mers Zeeën project (https://www.interreg2seas.eu/nl/ENSURE). This project aimed to provide inclusive peer-support and to enable positive community development. The outputs of the project will consist of 1) developing a model linking peer-to-peer community volunteers/supporters, professionals, and vulnerable groups in society – the latter labelled by the characteristic that pre-determine them as being vulnerable, and 2) developing a training program for health, social care & welfare professionals/volunteers/non-governmental organisations (NGO), based around mentalization and for peer-to-peer community volunteering acting as intermediaries between vulnerable individuals and state services. The outputs will have an inclusive and co-creative character, aiming to suit all groups in the community, drawing upon what works and on the current gaps that need to be addressed.

The ENSURE project group contains several social and health-care partners and NGO's from the four European coastal North Sea Channel areas (France, Belgium, Netherlands, and the United Kingdom). The project group is diverse in structure, including parties that target a variety of groups, such as (young) migrants, refugees, and status holders, people with an ethnic background different from the country of habituation, young adults with autism, care avoiders, people on welfare, non-accompanied minors, foster children and foster families, isolated individuals, pregnant women, unemployed/unskilled/untrained people. All project partners developed some form of peer support within their services based on expertise and progressive insights as a result of involvement with their target groups - with varying effects, outcomes, and success. ENSURE parties would benefit from evidence that indicates strengths, weaknesses, opportunities, and threats of peer support to inform the development of the ENSURE project's model and the training programs. Therefore, to inform and optimise the application of peer support to benefit a wider service provision, seeking evidence comprehensively and systematically on how and to which extent peer support is offered is needed. This paper is the first step of the ENSURE project to inform the further development of the outputs.

2. Methods

A rapid scoping review, an approach used to cover a vast volume of literature on a broad topic, was considered the best method for producing a broad overview of the area of interest [10–13]. Opposed to a systematic review, a rapid review allows to synthesise evidence without delays, is timely and resource-efficient to inform target audiences such as policymakers, health, social care, and welfare organisations, and NGO's - like the ENSURE project partners –to direct transformation and to provide information for strategic focus [13–15]. The approach described in the WHO's practical guide for rapid reviews [14], directed the method for this study. The current rapid scoping review protocol was structured using the scoping review methodological framework described by Arksey and O'Malley [11].

2.1. Search strategy

An extensive literature search was conducted to identify studies published from the earliest date in each database until March 2020. The timetable of the project determined the end date of the search; the review served to inform the next step of the project. It was anticipated that searches would result in a broad range of studies. To narrow this down, the search was designed to retrieve all texts covering multiple target groups' vulnerability concepts. Search terms were therefore formulated in agreement with the ENSURE project partners, and target groups were chosen based on the character of the project partners' service users. One author performed a search per population/target group, which is common in a rapid review [13]. A mixture of keywords was used to guide searches joined together by the Boolean operators (AND, OR): ((((((peer support OR peer-to-peer OR peer-led OR peer group) AND (inclusion) AND (social skills OR social participation OR interpersonal relation) AND (support OR caregiver OR informal care OR nonrelative OR family OR parent) AND (community) AND (target group))))). A search term representing the specific target group was imputed, such as young migrants and refugees (migrants OR refugees OR asylum AND young OR minors OR adolescent OR unsupervised), young adults with autism (autistic OR autism OR autistic spectrum disorder AND young OR adolescent OR child), individuals with (mental) health issues (mental OR psychiatric OR disease), foster families (foster OR shelter), older adults (elderly OR older adults OR senior), pregnant women (pregnant OR pregnancy AND vulnerable), people outside the labour force (unemployed OR unskilled OR untrained AND poverty OR low income OR financially disadvantage OR homeless). The main search strategy was systematically applied to the following electronic collections, databases, and academic search engines: PubMed, APA PsychInfo, Education Resources Information Center (ERIC), Cochrane Library, Academic Search Premier, ScienceDirect, Directory of Open Access Journals, ResearchGate, WorldCat, and Google Scholar. These sources were considered most suitable and relevant for the topic of study [14].

Several criteria were applied to the searches. Studies published in peer-reviewed journals, books, book chapters, guidelines, and conference papers available in English and studies with participants of all ethnicities performed in any country were considered eligible. Studies with a quantitative, qualitative, or mixed-methods study design were suitable. Studies referring to the specified target populations, part of the ENSURE project group (i.e. [young] migrants, young adults with autism, people on welfare, non-accompanied minors, foster/shelter families and children, pregnant women with specific psychosocial needs, care avoiders, physically and emotionally neglected people, people with [mental] health issues, and homeless people) were included. Studies that referred to peer support (of any form) as an intervention were included. Studies that compared peer support with other forms of support provided by lay individuals or paraprofessionals (e.g., buddy support, group support, student support, neighborhood support) were included.

2.2. Screening and charting

Per target group, the screening and charting were independently performed by one reviewer [13,14]. The titles and abstracts of books, book chapters, guidelines, and conference papers and articles were screened according to the described criteria. The full texts were assessed for final inclusion.

2.3. Literature analysis

To systematically analyse how peer support is unambiguously used in various disciplines and services, Rodgers' concept analysis steps were chosen to guide the process of exploring, extracting, and describing the antecedents, attributes, and consequences of peer support within each target group and record [16]. The text of the records served as the data source. Per the target group, two authors (CK & YK, IM & VB, KM & PdB, SS & DG) charted the data in an MS Excel spreadsheet© to categorise the relevant information comprehensively and accurately. This way, each target group's concept of peer support was described. All authors combined, compared and discussed the charts to create a multidisciplinary perspective to detect similarities and differences of antecedents, attributes, and consequences of peer support [17].

A second analysis was performed using the SWOT model - a simple but effective framework for analysing and synthesizing data and information to identify and maximise strengths, overcome or minimise weaknesses, exploit opportunities, and identify threats of intervention, project, or situation [18]. Per target group, two authors extracted the strengths, weaknesses, opportunities, and threats of peer support, drawing on thematic synthesis. The MS Excel spreadsheets© served as the data source. As a next step, all authors compared and discussed the results, reaching a consensus about peer support's general strengths, weaknesses, opportunities, and threats. All authors agreed with the final content. Considering the nature and the purpose of the review, no critical appraisal of the content of the studies included was required for selection [11,13,14].

3. Results

3.1. Literature search results

A total of 1,224 records identified via the databases were screened for title and abstract, of which 140 records were selected for full-text review. After reading the full texts, 45 records were included (Fig. 1). The papers and books were published between 1989 and 2020. The included studies were undertaken in the following countries: former Yugoslavia [19], Belgium [20], Netherlands [21,22], Australia [23,24], Canada [25–29], United Kingdom (UK) [26,30–33], United States (USA) [34–52,60], Italy [53], China [54], South Africa [55], Ireland [26,56], and Germany [57–59]. Some reviews did not clearly specify the countries of the included studies [26,27,39,41,50,61–63].

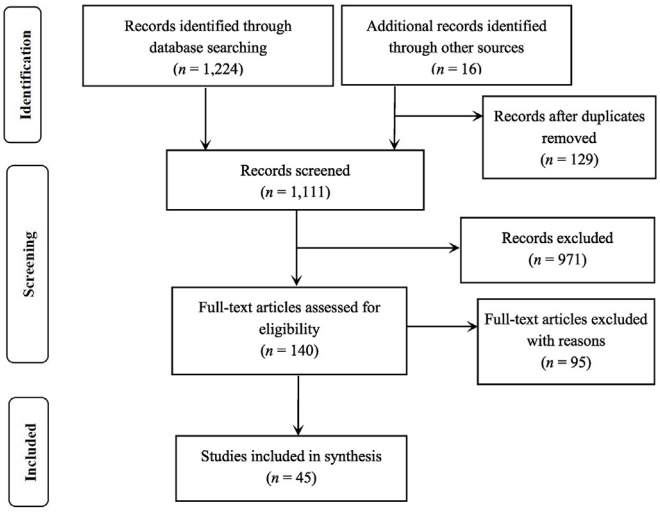

Fig. 1. Flowchart of the study selection process.

3.2. Methods reviewed studies

The 45 records included 12 randomised (controlled) trials [24,25,30,38,40,42,43,45,47,56,59], one discussion paper [27], six reviews [39,41,50,60–62], one meta-analysis [63], one narrative review [26], four pilot studies [23,37,58], 14 surveys [19,22,25,29,34–37,46,48,51,52,55,58], one case study [21], and 18 qualitative studies, using diaries [22], focus groups [33,44,46], observation [21], and interviews [19–21,28,31,32,46,49,54–59].

3.3. Content and nature of the peer interventions

The peer interventions varied in nature, strategies, and content: cognitive-behavioural group-based support [19,51], communal living [20], social networking [34,38,39,41,44,62], mentoring [23,39,56], (daily) in-person, telephone and online social media interaction [21,22,25,28,29,33,35,39,56,57,60,61], support (in coping) [20,30,52], home visits [49,50,55,56,63], counselling [29,31,32,36,48,58], story-sharing/narrating [52,61], coaching [41], training [34,41,42], education/knowledge and information sharing [27,33,35,37,38,43,44,54,57,59,60,63], recreational activities [29,35,49], companionship/befriending [30,47,49], modelling [24,45,61], roleplay [40,45], goal setting [37,41,43], financial assistance [39,41], and practical support [29–31,37,49,57].

3.4. Type of peers

The type of buddies [22], students [23,33,36], parents [27,28,50], administrators [48], family members [50–52,54], informal caregivers [40,42,46], volunteers [26,29,41,63], volunteers with similar lived experiences/experiential knowledge [25,30–32,37], locals [20,26,30,49], and (semi) professionals [33,41,44,45,48,51,52,57–59,63]. The characteristics of the 45 included records are presented in Table 1.

Table 1
Included studies structured per target group ($n = 45$).

Author, year, country	Design & methods	Sample; type of peer	Programme/intervention	Main findings
Young migrants & unsupervised minors				
Barrett et al., 2003 [19], former Yugoslavia	Self-reported questionnaires and semi-structured interviews	Twenty female young migrants (14–19 years old) from former-Yugoslavia, with internalising difficulties. Participants were allocated either on an intervention ($n = 9$) or a waiting list ($n = 11$).	FRIENDS program: a 10-week cognitive-behavioural group-based anxiety intervention, aiming to build up resilience through a peer-learning model.	Anxiety decreased significantly over time. The intervention was seen as highly useful in helping build resilience.
Mahieu & Van Caudenberg, 2020 [20], Belgium	Semi-structured in-depth interviews	Twenty-three refugees and 17 buddies.	Offering young unaccompanied refugees (aged 17–23) cohabitation with young locals (aged 20–30) during a period of one to 2 years in Antwerp (Belgium) in small-scale collective housing units. This mixed, intercultural communal living and organised befriending aims to promote regular, informal, and meaningful social encounters between refugees and locals.	Support emerging from refugees and local young adults living together, helps and improves access to institutionalised formal social support for young refugees and complements formal learning processes.
Czischke & Huisman, 2018 [21], Netherlands	Case study, semi-structured interviews and participant observations during residents' meetings	Residents with Dutch background. Most refugees are from Syria and Eritrea, mostly male. The residents are 18–27 years of age.	Bringing together of young refugees and Dutch young adults in an even mix, following a 50/50 principle aiming, through structured self-organisation and daily interaction, progressively lead to the formation of social bonds, connection and social bridges, key to the integration process. They eat together, develop friendships, and organise social activities together. The project provides refugees not only opportunities to education and employment, but also opportunities to form wider social networks, including with ethnic communities akin.	Most participants indicate to feel connected to the other residents in this project. Findings suggest that social connections are being formed between both groups.
Kneer et al., 2019 [22], Netherlands	Survey and media diaries	Sixteen refugee adolescents (aged 13–18 years) matched with 16 local adolescents/peer coaches (buddies).	Peer2 Peer: combined face-to-face and social media peer contact.	In the pre-test, the refugees reported higher peer-loneliness and lower self-esteem than their buddies, but these differences disappeared in the post-test. In diaries, buddies reported high feelings of responsibilities and also pride due to peers' improvements. Language and communication barriers reduced and friendships between buddies and peers grew.
Olujic et al., 2012 [36], USA	Self-administrated questionnaires	Refugee and immigrant adolescents (aged 14–19 years) with primarily Bhutanese, Congolese, Somali, Eritrean, Iraqi backgrounds.	Culturally sensitive and trauma-informed counselling services in school to help newcomers adjust to their new school and to life in the USA, engaging international students who have been in the USA for some time. They not only orientate peers to the school rules, but also introduce them to friends, invite them to participate inactivities, and help them navigate the transportation system.	Not reported
Gutknecht et al., 2020 [48], USA	Self-administrated questionnaires	One hundred and ninety-seven refugees and immigrant adolescents (aged 14–19 years) living in camps. Adolescents with primarily Bhutanese, Congolese, Somali, Eritrean, Iraqi backgrounds. Eighteen peer helpers as 16 social workers and administrators of twelve refugee shelters participated in the project.	Culturally sensitive and trauma-informed counselling services in school to help newcomers adjust to their new school and to life in the USA.	Social workers and administrators of the refugee shelters evaluated the peer-helper project as helpful.
Nonchev & Tagarov, 2012 [53], Italy	Experiential qualitative study	Italian students (peers and young migrants) from 62 schools.	Educating new generations of Italian citizens to respect and welcome others by making refugees the cornerstone of a cultural and formative offer directed to young Italian students. Italian students receive a module entitled “In their	Positive impacts are the number of students who write a story about asylum, and the number of workshops activated for students who had already been involved in the project and who desired to advance knowledge.

Table 1 (*continued*)

Author, year, country	Design & methods	Sample; type of peer	Programme/intervention	Main findings
			shoes," in which they learn about ongoing wars, human rights, the plight and resilience of refugees, and the importance of intercultural harmony. Refugee students can share their personal stories, traditions, and histories with their classmates in the presence of a trained meeting facilitator.	
Young adults with autism				
Siew et al., 2017 [23], Australia	Pilot study	Ten undergraduate students diagnosed with autism (age category of 17–20 years). Peers consisted of postgraduate students recruited from the School of Psychology and Speech Pathology and the School of Occupational Therapy and Social Work.	Curtin Specialist Mentoring Program (CSMP): participants are individually linked to postgraduate students, aiming to work on improving self-reported well-being, academic success, and retention in university studies. Central to the program are personal needs and working on daily skills. Attention is paid to skills in self-managing, time management, academic performance, stress management, social skills and communication with teaching staff and peers.	An increase in social support and a decreased concern for communication skills were reported. During the pilot, participants had a high level of academic performance and did not drop out.
Kent et al., 2018 [24], Australia	Randomised controlled trial	Ten children with autism paired with typically developing playmates, chosen by their families.	Ten sessions involve video modelling, therapist- and peer-mediation and free play.	Test of Playfulness (ToP) scores showed a positive, but not statistically significant, trend from pre- to post-intervention.
Kasari et al., 2016 [38], USA	Randomised study	One hundred and thirty-seven elementary-aged children.	Eight-week (16 sessions) didactic skills (SKILLS) and activity-based engagement (ENGAGE) programme through peer nomination and playground peer engagement, teacher-child relationship.	Social networks significantly improved for children who entered the study with high conflict and low closeness with their teachers. Children showed high teacher closeness scores.
Laugeson et al., 2015 [40], USA	Randomised controlled trial	Twenty-two young adults (ages 18–24 years), randomly assigned to a treatment ($n = 12$) or delayed treatment control ($n = 10$) group. All participants were diagnosed with autism and experienced social problems. Peers consisted of peer groups and coaches.	PEERS *for Young Adults* program (see above).	The intervention group scores were higher than the control group on (almost) all outcomes but significantly improving social skills, frequency of social engagement and knowledge of social skills. Autism symptoms decreased significantly.
McVey et al., 2016 [42], USA	Randomised controlled trial	Forty-seven young adults (ages: 17–28 years), randomly assigned to an experimental group ($n = 24$) and a wait list control group ($n = 23$). All participants were diagnosed with autism. Peers consists of peer groups and coaches.	Peers for Young Adults program (Program for the Education and Enrichment of Relational Skills): a caregiver-assisted social skills program for high-functioning young adults with autism. The program focuses on establishing and maintaining relationships, including social skills training through use of didactic lessons, roleplay demonstrations, behavioural rehearsal exercises, and homework assignments. The duration of the program was 16 weeks, once a week for 90 min.	Self-efficacy to face challenges (social, daily challenges) improved. A significant improvement in social skills, knowledge of social skills, social responsiveness, social skills knowledge, empathy, and social anxiety in the experimental group compared to the waiting list control group.
Watkins et al., 2015 [61], country/ countries not specified	Review	A total of 14 studies were included. Data from 44 respondents was extracted following the criteria to be students and diagnosed with: autism, autism spectrum disorder, Asperger's syndrome or pervasive developmental disorder-not otherwise specified (PDD-NOS). A total of 144 peers were included following the criteria that they were students, have social skills and have a good comprehension of the language being spoken. Having autism was not a criterium.	Peer-mediated interventions: facilitator modelling, prompting and reinforcement, use of learned scripted phrases for play themes like visual interaction cards, model play, narrating play, use of communication book with socially appropriate topics, daily goal setting for number of initiations made to peers.	Peer-mediated interventions seem to be a promising treatment for increasing social interaction in children, adolescents, and young adults with autism (ASD) in inclusive settings, with positive generalization, maintenance, and social validity outcomes. Ten of the 14 studies reported significant positive intervention outcomes across most included variables.
Odom, 2019 [62], country/	Literature review	Children and young people who are diagnosed with autism. The peers are	Peer initiation interventions are used to acquire social skills, with extra	Mainly have a positive influence on social skills. There is a clear increase in

(*continued on next page*)

Table 1 (*continued*)

Author, year, country	Design & methods	Sample; type of peer	Programme/intervention	Main findings
countries not specified		assigned individuals, peer groups or professionals. No information is available on the number of respondents in the included studies.	emphasis on conversation skills and behaviour. Peer mediated social network interventions are used to obtain improved friendships, with extra emphasis on establishing and maintaining relationships (in groups). Peer support interventions or peer mediated interventions are used to acquire skills (not just social skills).	social engagement, with participants entering better relationships with their peers. In addition, self-determination increased, and participants were able to make better choices, suggesting they have more control over their own lives. However, it is very important that peers are selected carefully.
(mental) Health & wellbeing				
Bassuk et al., 2016 [41], USA	Systematic review	Nine studies including adults with alcohol or drug abuse, not specific to a certain substance and one study focusing on outpatient users of heroin or cocaine. The adults included veterans, unemployed, homeless men, and women from varying backgrounds (American, Afro-American, Hispanic). Support is provided by paid staff and volunteers who are coping successfully with mental health issues and had abstained from drugs/alcohol.	A variety of peer-delivered services including individual and group recovery coaching, recovery support group, relapse prevention, spiritual support, helping with goal-setting and coping strategies, social engagement, advocating for services, and encouraging sobriety, transportation vouchers plus manual skills training.	Most studies reported statistically significant findings indicating that participants receiving the peer intervention showed improvements in substance use. These findings suggest that peer interventions positively impact the lives of individuals with substance use disorders. One study reported a small trend in re-duction of substance use.
Olson et al., 2016 [43], USA	Randomised Controlled Trial	Sixteen clusters of workers ($n = 149$).	COMmunity of Practice And Safety Support (COMPASS): a 12-month scripted and peer-led programme, involving education about safety, health, and wellbeing, goal setting and self-monitoring and structured social support.	Significant and sustained improvements at 6- and 12-months post-intervention in workers' experienced community of practice. Additional significant improvements regarding the use of ergonomic tools or techniques for physical work, safety communication with consumer-employers, hazard correction in homes, fruit and vegetable consumption.
Rosenblum et al., 2017 [45], USA	Community-based randomized controlled trial	One hundred and twenty-two mothers with interpersonal trauma histories, mental health problems, poverty, and their young children (age <6 years); model-trained community clinicians.	Mom Power: 13-session intervention targeting 1) knowledge of parenting and child development, 2) parental resilience, 3) social-emotional competence of children, 4) social connections, and 5) concrete support in times of need. A time-limited program based on attachment-theory, social learning and trauma-informed perspective. The Mom Power curriculum rests on five core pillars: attachment-based parenting education, self-care, practice, social support, and connection to resources.	Mom Power contributed to improving mental health and parenting outcomes for trauma-exposed women with young children.
Vaughan et al., 2018 [46], USA	Mixed methods: survey, focus groups and interviews	Informal caregivers.	Web-based peer support that featured interest groups organised around specific topics, webinars, webchats, and messaging functionality and moderated by professionally trained peers.	Quantitative and qualitative findings suggested that users viewed the website primarily as a source of informational support. The most reported network-related activity (63.2%) was obtaining information from the network's resource library.
Acri et al., 2017 [50], USA	Systematic review of randomised trials	Six studies of peer-delivered services for families of children and adults with mental health problems.	Individual home visits and support group sessions, including emotional support, psychoeducation, facilitation of linkages to self-help and agencies for family-related problems. Family members and parents act as peers.	Significant improvements in family functioning, knowledge about mental illness, parental concerns about their child, and parenting skills were associated with the interventions.
Yuen et al., 2019 [54], China	Semi-structured interviews, thematic analysis	Fourteen family caregivers from community settings; Family members of patients with bipolar disorder.	Support program for family members of patient with bipolar disorder through sharing of expert-by-experience knowledge. Expert knowledge was provided by professionals.	The views and experiences shared by family members positively changed their perception of the bipolar disorder and of their loved ones with the disorder.
Embuldeniya et al., 2013 [63], not all countries specified apart from USA, Sweden	Meta-analysis	Twenty-five studies focusing on peer support of people with chronic diseases: rheumatic disease, cancer, diabetes, asthma, CVD, HIV.	Individual in-person home visits, dyadic support, telephone contacts and peer meetings and talking circles, weekly/monthly: twice-monthly sessions, either lay-led and professional-led, including illness and lifestyle information, self-	Peer support impacted the experiences of people with chronic diseases of finding meaning, feelings of empowerment and positively contributed to changed knowledge, behaviour, and outlook on life

Table 1 (*continued*)

Author, year, country	Design & methods	Sample; type of peer	Programme/intervention	Main findings
			management and coping with a chronic illness.	
Foster/shelter families				
Bourque et al., 2018 [27], Canada	Discussion paper	Examination of recent experiences of resource parents in neonatology, based on author's experiences and on the current literature. Two authors of this article are full-time resource parents, co-developing their roles in neonatology with clinicians, teachers, administrators, and researchers.	Resource parents who interact with new parents need to understand the rules of the unit and be able to place their personal/family story in perspective. In some programs, bereaved resource parents are available to provide peer support for newly bereaved families, either in person, on the telephone or via internet. In units where there are several resource parents, those with more experience may also be involved in the coordination of the "resource parent program" and help with recruitment, training, and evaluation.	When resource parents have close contact with new families, this involves a level of risk for both the resource parent and new parents, making it necessary to recruit individuals who can have such interactions. Peer-led groups experienced significant improvements in psychological functioning, expansion of informal support networks, and positive personal changes in handling the caregiving role when compared with control participants.
Brown et al., 2019 [28], Canada	Interviews	Fourteen foster parent peer mentors.	Telephone consultation service for foster parents.	Each peer was asked: what do you need to be a good peer support volunteer? Results included five concepts: kindness, self-care, good people skills, fostering experience, and informed and knowledgeable.
Finn & Kerman, 2005 [34], USA	Survey	Thirty-four foster families in an intervention program and a comparison sample of 30 foster families not part of the program.	A digital divide intervention program. Carers take part in the Building Skills-Building Futures IT pilot program and are provided with home computers and Internet access.	A minority of parents and children increased their use of the Internet to give and receive help, communicate with other foster families and e-mail with their foster care worker. More than half of foster youth have used the Internet to stay in touch with friends and relatives and have "made a new friend" over the Internet.
Hall et al., 2015 [39], USA	Review of the peer-to-peer support for neonatal intensive care unit (NICU) parents	Peer support provided by 'veteran' NICU parents to those with current NICU babies.	All types of support provided by mentors from peer support organisations, hospital-based or community-based. Support may be emotional, informational, or tangible, including concrete physical, financial or material assistance. Types of interventions include in person support or telephone-based support; parent support groups, internet support groups.	Parents who receive peer support have been found to have increased confidence and well-being, problem-solving capacity, and adaptive coping, perception of social support, self-esteem, and acceptance of their situation.
Denby, 2011 [51], USA	Survey	Seventy-four caregivers.	A 5-year Children's Bureau System of Care Demonstration project entailing: peer-to-peer approach (based in social cognitive theory) pairing a new relative caregiver with a full-time, paid kinship liaison (a current or former relative caregiver).	Significant increases in caregivers' coping abilities and willingness to become a permanent resource for the children in their care.
Toseland et al., 1989 [52], USA	Survey	Fifty-six adult women (daughters and daughters-in-law) who are primary care givers for a frail parent(s). One-half lived of the frail parents had their own households and one-half lived with their daughter(in-law). Care receivers were between 63 and 98 years of age. Caregivers were between 35 and 66 years of age and were primarily married and white women in the USA.	Groups meet for a total of eight weekly, 2-h sessions relying on supportive interventions, such as encouraging ventilation of stressful experiences, validation and confirmation of similar caregiving experiences, affirmation of members' ability to cope, praise for providing care, support and understanding for those struggling with difficult situations and problem-solving. There are two professional leaders.	Participants were extremely satisfied with their experiences in the project and felt that their participation had been personally beneficial, reporting improvement on standardized and original measures of psychological functioning, personal change, informal support network size, knowledge of community resources, coping with personal problems and in having increased the informal support relationships available to them.
Heller et al., 2002 [60], USA	Review	Children with physical health and mental health conditions.	Goals: 1) to address the child's multiple and complex developmental and behavioural needs while in foster care, and 2) to maintain stable placements— that is, to provide support to foster families before problems reach a crisis level and the removal of a child is requested. Strategies are support, education to recognise the challenges, case	Level of satisfaction with the programme correlated with intent to continue to foster. Other specific factors included: a) child behaviour (difficult behaviour was negatively correlated with intent to continue); b) support and affiliation with the program, predicted the intent to continue fostering); and c) shared

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Table 1 (*continued*)

Author, year, country	Design & methods	Sample; type of peer	Programme/intervention	Main findings
			management, regular contact, evaluation, reinforcement.	experiences with other foster families predicted intent to continue fostering
Vulnerable pregnant women				
Dennis, 2010 [25], Canada	Cross-sectional survey of women participating in a randomized controlled trial	Seven hundred and one women with heightened depression levels who were within 2 weeks postpartum, at least 18 years of age, able to speak English, had a live birth; volunteer who is a mother.	Telephone-based peer support.	Most mothers perceived their peer volunteer experience positively lending further support to telephone-based peer support as a preventative strategy for postpartum depression.
Leger & Letourneau, 2015 [26], UK, Canada	Narrative review	Six studies including 1,069 pregnant and postpartum women with positive screening for depression; volunteers; parents who live locally; volunteer 'Pal'; local mothers.	In home support; telephone-based peer support; completely confidential listening ear in person or by telephone. Interventions vary in terms of length and nature of support offered, frequency and mode of delivery. All volunteers participate in a training and receive support from a coordinator.	Volunteers reported positively on their experience. Overall findings suggest that interventions should be targeted and take into consideration the age of the mother, any cultural and linguistic differences, the mother's circumstances, and her needs. All volunteers should receive training before providing support and be screened for their ability to commit their time to be part of a team approach to postpartum depression.
Taft et al., 2011 [30], Australia	Cluster randomised trial	Two hundred and fifteen women in 106 primary care (maternal and child health nurse and general practitioner) clinics; trained and supervised local mothers, (English & Vietnamese speaking)	Twelve months of weekly home visiting offering non-professional befriending, advocacy, parenting support, and referrals.	There was a true difference in mean abuse scores at follow-up in the intervention compared with the comparison arm. There was a trend was evident favouring the intervention: proportions of women with scores of composite abuses, depression, scores of physical wellbeing and mental wellbeing. 82% of women mentored would recommend mentors to friends in similar situations.
MacLeish & Redshaw, 2015 [31], UK	Experiential qualitative descriptive study, based on semi-structured, in-depth interviews, informed by the theoretical perspective of phenomenology	Forty-seven volunteer peer supporters and 42 women who had received peer support during pregnancy and early parenthood in nine peer support projects; volunteers with similar lived experiences/experiential knowledge.	Nine peer charity and voluntary peer support projects during pregnancy and early parenthood with a focus on disadvantaged women, varying between 8 and 18 sessions or open colleges. The most common method is 1:1 support with a trained unpaid volunteer allocated to a mother as her peer supporter, but sometimes two or more volunteers support a mother together. Some projects also run groups to bring mothers together for mutual support and sometimes therapeutic activities, and one provides support at birth as well as during pregnancy and limited postnatal support.	Volunteer peer supporters have the potential to connect with and give support to vulnerable and marginalised mothers, and to enable them to access services, in ways that complement the work of health professionals. They have the potential to improve physical outcomes for mothers and babies by increasing the uptake of maternal and child health services and may improve emotional outcomes by forming relationships that reduce feelings of isolation and stress and increase feelings of empowerment and capability.
MacLeish & Redshaw, 2017 [32], UK	Experimental qualitative descriptive design, based on semi-structured interviews, and informed by the theoretical perspective of phenomenology	The majority of 47 participants were disadvantaged black and ethnic minority women, including recent migrants. Women with similar lived experiences/experiential knowledge.	One-to-one peer support, including both projects offering 'mental health' peer support and others offering more broadly-based peer support.	Mothers self-identified emotional needs, with four subthemes (emotional distress, stressful circumstances, lack of social support and unwilling to be open with professionals). Peer support affected mothers through social connecting, being hard, building confidence, empowerment, feeling valued, reducing stress through practical support and the significance of mental health peer experiences. Peer support contributed to reducing low mood and anxiety by overcoming feelings of isolation, disempowerment, and stress, supporting improvements in mothers' feelings of self-esteem, self-efficacy, and parenting competence.
Hunter et al., 2019 [33], UK	Phenomenological constructivist study using focus groups	Twenty-six women of reproductive age and aged 16 or over, in an inner-city community. Most participants had a South Asian background.	Four pregnancy circles facilitated by two midwives including core elements: partnership, continuity of carer, participation/self-check, brief clinical check, interactive activities, information sharing, inclusion lay	Group antenatal care appeared to function as a safe place to learn and travel together with the potential to increase awareness of personal and social capital, a sense of belonging, control and expanding horizons.

Table 1 (*continued*)

Author, year, country	Design & methods	Sample; type of peer	Programme/intervention	Main findings
			professionals such as interpreters, student midwives or other service users.	
Hackley et al., 2018 [44], USA	Semi-structured interviews	Seventeen English speaking women aged at least 18 years. Women with similar experiences acted as peers.	Group perinatal and/or well-baby care, where a series of health care visits occur in group setting, including health assessment, interactive learning, and community building.	Overall, women were highly satisfied with their group prenatal and/or well-baby care experience. Three major themes were identified: sustained change, transferable skills, and group as a safe haven. Group care-built connections within a medical home and provides connections to other potentially untapped community resources. Group care helped to promote the health of women and infants by addressing personal and community level factors that can undermine their wellbeing.
Cupples et al., 2011 [56], UK	Randomised controlled trial; parallel qualitative study using semi-structured interviews.	Three hundred and forty-three primigravidae, aged 16–30 years, without significant co-morbidity living in socio-economically disadvantaged areas. Mothers younger than 40, with at least one child less than 10 years old.	Peer-mentoring by a lay-worker fortnightly during pregnancy and monthly for the following year, tailored to participants' wishes (home visits/telephone contacts), additional to usual care.	Women valued advice given in context of personal experience of child-rearing. Mentors gained health-related knowledge, personal skills, and new employment opportunities.
People outside the labour force				
Barreira et al., 2011 [35], USA	Survey	Seventy-three unemployed adults, a mean age of 47, 82% single, 53% women and an income < $1,200 and with a history of mental illness.	Interactive community-based rehabilitation program. Job hunting assistance is primarily one-on-one contact. Weekly employment support group is organised with other members including spending time in casual conversation, group discussions, and other interactive social, educational, and recreational activities.	Working in an integrated setting that paid at least minimum wage encouraged program participants to meet and interact in community locations, thereby strengthening peer-support while furthering social integration.
Fieseler et al., 2014 [57], Germany	Telephone interviews	A total of 1,322 unemployed adults between 18 and 65 years of age, equally divided 50/50% men and women. Peers were Federal Employment Agency staff.	Online social support on job searching self-efficacy including enabling support: conveying knowledge and advice about various job opportunities and resources and competences required for the job search process and help in writing a resume or an application, financial help, or training. The support also includes caring support through online social support groups consisting of unemployed people.	The more an unemployed person perceived caring and enabling support through the Internet, the higher his or her perceived job-search self-efficacy was. Online support led to higher job search self-efficacy and, in turn, resulted in more active job search behaviour. Caring support and enabling support in the form of online communication led to higher self-efficacy scores.
Felgenhauer et al., 2019 [58], Germany	Pilot study using a survey and semi-structured interviews	Sixty-two unemployed individuals.	Smart Counselling Support: online peer-group-based job counselling approach using a mobile application (app) anonymously used by both unemployed individuals and counsellors to ask advice and support from peers (with 1 professional to moderate); including sharing of emotions, sharing labour market information such as job offers, training opportunities and job fairs. Moderators give concrete job-seeking advice, and advice on complex barriers such as how to deal with drug addiction, single parenthood, and financial problems. They motivate group members to support one another and answer specialised questions.	Positive tendencies were observed: Using the app aided to job search self-efficacy, environmental exploration, self-exploration, connectedness, and digital skills.
Klier et al., 2019 [59], Germany	Randomized controlled trial and semi-structured interviews	One hundred and thirty-four youths between 14 and 19 years of age, 70% female, 30% male.	Mobile peer groups of approximately 10 members (WhatsApp platform) where youths can support one another in a trusting environment, independent of time and place. Information and advice provision about job fairs, applications and	Participants in the treatment group had significantly more positive attitudes toward career choice than youths in the control group. Participants in the treatment group showed a significantly higher

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Table 1 (*continued*)

Author, year, country	Design & methods	Sample; type of peer	Programme/intervention	Main findings
			interviews. Moderators answer questions for instance about application deadlines, if other youths do not know the answers.	intensity in career search than subjects in the control group.
Older adults				
Chapin et al., 2013 [37], USA	Pilot study, survey	Thirty-two older adults 64–87 years of age. Most adults were women; 75% had at least some high school education. The majority participants lived alone. Just over half of adults (58%) reported that they needed assistance with personal care needs (e.g., eating, bathing, dressing), and nearly all (95%) reported that they needed assistance with routine needs (e.g., household chores, shopping),.	Reclaiming joy: a mental health intervention that pairs an older adult volunteer with a participant (older adult who receives peer support). Volunteers receive training on the strengths-based approach, mental health and aging, goal setting and attainment, community resources, and safety. Participant-volunteer pairs meet once a week for 10 weeks. Participants establish and work toward goals they feel would improve their mental health and well-being.	Pre/post assessment group means showed statistically significant improvement for depression but not for symptoms of anxiety. Quality-of-life indicators for health and functioning also improved for participants with symptoms of both depression and anxiety.
Conwell et al., 2021 [47], USA	Pragmatic, nonblinded, parallel group, randomized controlled trial	A total of 369 older adults.	Peer companionship.	Increased feelings of belonging and decreased suicidal ideation. Over the course of the program, depression, anxiety, and feelings that they are a burden on others significantly reduced.
Schwei et al., 2020 [49], USA	Interviews	Twenty adults between 65 and 79 years of age, living independently in their own home, and receiving an average of 1 h of help from their peer per week.	Matching one older adult with a less able older adult in the same community. Peer supporters visit their client in their homes, take them to the grocery store or doctor's appointments, and are a connection point with whom the older adult can engage with socially. The program includes training for the peer supporters with topics such as developing a relationship, the importance of companionship, basic health, and emotional health needs of at-risk older adults; providing emotional support and troubleshooting of particular issues that might arise in a relationship.	Peer supporters contributed to maintaining the independence of the older adult despite decreasing cognitive and physical ability. The peer support offered new friendship that countered social isolation and loneliness.
Geffen et al., 2019 [55], South Africa	Survey and interviews	A total of 212 adults >60 years of age, who do not require 24-h professional care in Khayelitsha, a disadvantaged peri-urban suburb.	Home visits.	1) The self-reported wellbeing increased by 58%; 2) emotional and informational support increased by 50%; 3) social interaction decreased by 91%; 4) loneliness reduced by 70%; 5) the mood scores (anxiety, depression, lack of interest or pleasure in activities, and withdrawal from activities of interest) improved; 6) the level of physical activity increased from 49 to 66%.
Homeless				
Kidd et al., 2019 [29], Canada	Survey	Twenty-eight participants between 18 and 26 years of age attended one or more peer-led social events. Participants had obtained secured housing between 1 day and 1 year prior to recruitment.	HOP–C: Weekly peer drop-in sessions, typically attended by 3–5 participants: i) early peer engagement, with peers outreaching to supportive housing settings and shelters; ii) one-to-one peer support in the form of texts, phone calls, and in person meetings; iii) facilitation of social outing; iv) co-participation in the mental health group; v) participatory action projects; vi) in the first year of HOP–C peers ran a drop in, offering meals and arts activities.	Participants that engaged more with peer workers had significantly more engagement with employment, education, and/or volunteering at the end of the study period compared with the group which had no/low engagement with peer workers.

3.5. SWOT analysis

The programs/interventions (attributes) and results (consequences) are presented in Table 1 per individual target group. One study did not report outcomes. The *strength* of the peer support method is that it provides a better quality of life outcome in the different target groups of vulnerable people, predominantly in terms of psychosocial and emotional outcomes. This applied to all the target groups apart from homeless people. Regarding weaknesses, the major obstacle seems to be the matching or the

combination of compatible individuals. If the peer is not a good match with the vulnerable individual, the drop-out rate for both parties increases, and the effectiveness of the intervention decreases. Also, a mismatch or ambiguity of personal interests or intentions weakens peer support. This was mostly observed in the case of parent-child peer support. Major *opportunities* for peer support are giving vulnerable people the chance to have positive experiences with formal care again, offering help tailored to the individual needs of a vulnerable person, and mutual learning. Peer support also can extend, enhance, and complement professional health services. Some important *threats* to the effectiveness of peer support are observed. First, the sustainability of the peer support projects and the commitment of volunteers are often omitted. Second, when the relationship of trust is lacking, the effects will be less positive or have less impact. Lastly, peer support should not replace any formal or professional support, that is, care provided by a health, social care, or welfare professional (Table 2).

4. Discussion

To the best of our knowledge, this is the first rapid scoping review providing a systematic and comprehensive overview of peer support initiatives among various target groups. Rodgers' concept analysis steps and the SWOT model aided to structure and synthesise the breadth of information. As the search terms for the review were drawn up in consultation with social and health service providers, we believe to have provided an overview, fitting and informing health and social care practice and current society. Our rapid scoping review results show that peer support initiatives are not equally utilised (or not proportionally evaluated) within the different target populations. There is, for example, more evidence of peer support among foster families than among young migrants. Additionally, most of the peer support studies in our review originated from the USA. Our findings suggest a scientific underreport of peer support from countries other than the USA and certain target populations, such as homeless people. We are very aware that vulnerable groups or vulnerable individuals are difficult to reach for research purposes, depending on the nature and level of their vulnerability [64], influencing the scientific output.

According to our review, the major strength of peer support is the beneficial effect on the quality of life of vulnerable people, represented by increased emotional, social, and physical well-being, self-confidence, resilience, and development and use of positive coping skills. A concurrent decline in feelings of anxiety, depression, loneliness, and stress is observed. Interestingly, peer support has a two-way effect as it affects the person being supported and the peer providing the support [9]. Our review shows that peer support includes mutual learning, creating an opportunity to develop new friendships, and increased feelings of responsibility and pride among peer supporters, likely to result from feelings of connection, positive interaction, and the peer's improvements and achievements. Our findings enhance community sense and social inclusion.

Next to the positive aspects, we observed that the weakness of peer support is related to the peer's level of involvement and commitment: *too much or too little*. On the one hand, the peer can be too involved and unable to ignore their interests, for instance, being a parent personally benefitting from the child's achievements or development, affecting the non-hierarchal nature of peer support. On the other hand, the peer might lack sufficient expertise and interest in the person they are supporting or lack rapport to be adequately involved or feel involved or committed. Therefore, it seems of merit to provide peer supporters with appropriate *mentalization* training [39]. In this training, peer supporters learn how to define their roles and specify (mutual) expectations for the peer and the supporter individually, or between them [39,65,66]. It is known that when peers do not receive any training, preparation, or intervention, this can negatively affect the quality and content of their peer support [26]. Mentalization training might enhance the sustainability of peer support initiatives by preventing burdens and strengthening peer supporters' resilience and coping skills [39]. Therefore, it can be recommended to provide peer supporters with adequate training before acting as a peer supporter.

Peer support "*is based on the belief that people who have faced, endured, and have overcome adversity can offer* support*, encouragement, hope, and mentorship to others facing similar situations*" [67]. Although our review shows that peers and peer supporters without similar problems or circumstances can be a perfect match, individuals who are too similar in terms of their past experiences can become too emotionally involved to provide adequate support. Based on the review results, we cannot define or identify what constitutes an ideal peer. The studies included a variation of peer supporters. Therefore, the character and requirements of the peers in the studies very much relied on the nature of the (target) population. However, it seems clear that a bond of trust and appropriate involvement is necessary, regarded as a crucial and paramount condition for all types of peers and support [67]. This again emphasises the need for training to prepare peer supporters for the challenges and barriers that might arise and to remain motivated and committed to their role as and the task of peer supporters [66,67].

Although many opportunities for peer support have been identified by the study, such as mutual learning and the possibility to tailor the interventions to the vulnerable person's needs, peer support has its challenges. Cultural and language barriers, time, commitment issues, and high drop-out rates are being recognised to threaten the sustainability of the peer support projects. It is, therefore, of great importance to address these issues early in volunteer/peer recruitment and selection and during initiatives' development and evaluation processes. Further exploration of training or preparation programs in terms of the type of program, content, and quality would provide a better understanding of how training can contribute to sustaining peer support initiatives and encourage volunteers. Some suggestions to optimise peer support were given, including tailoring on environmental factors, matching, and specific needs of target groups [23,25]. We want to emphasize that the support provided by a peer should never replace formal support. Formal and informal support should be regarded as interchangeable yet separate sources of help and support, each with unique shortcomings and benefits. Peer support, however, can act as a bridge between the vulnerable individual who has difficulties finding or asking for help and finding the right formal care or care pathway [3,5,9,31].

Additionally, during the COVID-19 pandemic, we recognised the importance of online, social media, or telephone interaction. Therefore, it would be of value to address the potential value of remotely delivered peer support and to incorporate the knowledge and expertise in peer support services during a time of social distancing. Although it is a huge challenge for online social media interventions to create an environment that enables meaningful relationships, creating a sense of belonging and a positive environment, current evidence shows that online peer support benefits vulnerable individuals in a similar way as physical, face-to-face, in-person peer support [50] although this applies to a lesser extent for people with mental health issues [46].

5. Limitations

A few shortcomings of the current study must be considered when interpreting the results. For the homeless, a limited number

Table 2
Overall strengths, weaknesses, opportunities and threats (SWOT) per peer support program for the different target group.

Target group	Strengths	Weaknesses	Opportunities	Threats
Young migrants, & unsupervised minors	Different forms of informal support are readily available in peer support projects, since the thresholds for asking (young migrants) and offering help (local young adolescents) are very low. Peer support complements/ improves access to institutionalised formal social support; helps to build resilience and self-esteem, while they decrease feelings of anxiety, peer-loneliness and distress. Peer support involves mutual learning of peers and their supporters.	Small sample sizes; poor statistical power.	To measure the extent of the potential of peer projects, especially on the long term.	Recruitment, retention and loss of motivation (from the peers). Measuring peer projects is difficult, especially because of language and cultural barriers. Duration of the peer project (too short, too long).
Young adults with autism	The overall positive effect. Main progress has been made in social skills, social engagement, self-efficacy to face challenges, empathy, social knowledge, social anxiety, communication, language and cognitive skills.	Many different types of peers have been evaluated. In some cases, peers without autism, parents or counsellors and therapists or psychologists. It is unclear what the ideal peer looks like.	Peer to peer or peer mediated interventions challenge youngsters with autism to develop and grow. The peers take them to areas they do not yet know or dare not to enter on their own. The relationship of trust with the peer means that steps can be taken in development. Peer support is more effective when tailored to the individual. Peer support is a promising treatment for increasing social interaction in children, adolescents, and young adults with autism in inclusive settings, with positive generalisation, maintenance, and social validity outcomes.	A peer to peer or peer mediated intervention is often temporary. Studies do not take into account the sustainability of developments. It is unclear what happens to the young adults as soon as the pear drops out. When there is no relationship of trust the effect will be less positive. Effectiveness of the interventions might be influenced by the environmental factors which should be taken into account.
(Mental) health & wellbeing	The overall positive effects on health and wellbeing. Exchange of experience, and mutual learning, resulting in stronger interventions. The interventions are developed by professionals; the context applies to relevant and actual cases. Some of the interventions are available online.	Peers may have been influenced or biased by each other when working in groups. When family members are involved as peers, personal interests may interfere with the support given.	Doing research on the long-term changes caused by the interventions. Peer supports offers positive reframing of situations or individuals with disorders.	When social workers do not use peer to peer techniques on a daily basis or when a program is finished, they may find it difficult to maintain their level of competence, needing some follow up, or extra courses during their professional career. Sustainability of the peer support interventions for care/social workers. Unequal power relationships.
Foster/shelter families	Parents who receive peer support perceive increased confidence and wellbeing, problem-solving capacity and adaptive coping, perception of social support, self-esteem and acceptance of their situation. Parental stress and anxiety, as well as depression, are all reduced. Support is provided in non-medical language that is easier for parents to understand than that provided by the health-care team. Mentors give parents practical advice, help them resolve day-to-day problems and help them access other services. Connections between mentors and parents occur more spontaneously and with greater flexibility. Support is private and non-stigmatising.	Matches may become problematic if the mentor parent has not experienced what the family to be supported is going through. The level of effectiveness is strongly influenced by the characteristics of the families. As a result, successful outcomes are likely to take longer where families have multiple and long-standing problems, have fewer social supports and have lost confidence in their own ability to overcome adversity	When recognising that family supporters control resources, they have the power to reduce inequality through working in an alliance with wider anti-poverty strategies. Such strategies facilitate social inclusion and are strengthened by models of family support that seek to empower service users, providing a climate or setting in which individuals or groups can take positive action on their own behalf.	The support provided by volunteer mentors from externally developed peer support organisations should never duplicate or replace formal/ professional support provided to parents. Without appropriate training, support, or ongoing evaluation this may contribute to negative experiences for resource parents, clinical teams, and target families and carrying out the peer support role in a responsible and culturally sensitive way. Redundancy of professional and peer support services may lead to underutilisation of the latter, and inadequate cultural awareness on the part of staff as well as their limited availability to do outreach may also reduce families' access to peer support services. Inability to find individuals who are prepared/able to interact with parents.
Pregnant women	Group antenatal care has advantages for pregnant women and mothers who have recently given birth, on physical but predominantly on psychological and emotional outcomes, in terms of	All volunteers/other mothers should receive training before providing support and be screened for their ability to commit their time, otherwise quality is affected.	Peer support offers the possibility to be tailored to the mother's age, circumstances and cultural and linguistic needs.	Commitment of the volunteers.

Table 2 (*continued*)

Target group	Strengths	Weaknesses	Opportunities	Threats
	more self-esteem, more self-confidence regarding the birth and the parenthood, reduced depression and anxiety levels. Group sessions aids bonding of (locally living) women. Some of the interventions are available by telephone.			
People outside the labour force	Online support for this group is achieved through online services.	All research was online peer support.	The long-term effects of peer support on people who were unemployed for a long time are not known. A wider effect through reaching more unemployed.	Drop-out of participants.
Older adult	Peer support to older adults contributes to increased emotional wellbeing and physical activity and reduced feelings of loneliness. Peer interventions offer a beneficial link between community dwelling older adults with a need for health and social services and the professionals offering the services.	The evaluated peer programs are all case studies, and therefore have limited statistical power. The peer programs lasted between the 4 and 12 months. The relatively short period in which these programs are carried out and evaluated are not demonstrating long-term impact of such programs.	Integrating the peer interventions in regular healthcare services could reinforce the benefits and allow a more effective link between the community and health & social services. Long-term implementation and evaluation could substantiate the positive impact measured in these programs and result in an increased cost-effectiveness, due to the limited resources needed for implementation and the reduced costs of healthcare professionals.	Political stability was found to be a crucial factor for the implementation of peer support. Whereas political unrest interferes with enrolment, visits and linking clients to health and social services. The challenges older adults face (e.g., declining health and financial hardship) are potentially of that magnitude that peer support, alone, cannot meet the needs. Consequently, overburdened and under-resourced health and social systems tend to undermine the effectiveness of peer support.
Homeless		Only one study including limited information.	Development of interpersonal and cooperation skills in a work environment.	
Summary of findings	Peer support has a positive effect on quality of life among those who are vulnerable	Peers either being too involved and focused on personal interest or peers lacking expertise and knowledge	Mutual learning and the anticipation of long-term effects, and the potential to facilitate social inclusion.	Culture and language barriers, drop-out rates, securing sustainability and the lack of time and commitment of peers.

of studies were available to be included, affecting to draw reliable conclusions - suggesting a knowledge gap regarding requiring more scientific efforts. One author conducted article screening, which may have introduced reporting bias, albeit common for rapid reviews [13], and group discussion and consensus followed the individual searches. The studies varied in nature, research methodology, outcome measures, and target groups. Although the data showed commonalities in strengths, weaknesses, opportunities, and threats - approached through quantitative and qualitative methods and covering a breadth of services, target groups, peers, and peer support - it is unclear how transferable the evidence is between the different contexts. Future research focusing on more homogenous types of peers and support will provide more group-specific information. We realise that because the literature search was conducted in 2020, more up-to-date evidence has become available, so that we might have missed information. Additionally, because we did not perform a systematic review, we might have introduced bias and random error, potentially affecting validity and trustworthiness [13].

6. Conclusion

We regard this rapid scoping review as a first step to explore peer support, and we have provided an overview of various target groups. We believe that we have informed and provided information about peer support as a service provision by understanding who is exposed to peer support, who provides it, and who benefits from it. The findings can inform policymakers and strengthen existing peer systems. Peer support shows strengths and opportunities that contribute to positive effects and outcomes for the quality of life of different target groups of vulnerable people in the social, psychological, and/or physical domains. Bonds of trust and involvement are necessary to make peer support successful. Adequate and tailored training for peer volunteers to better prepare and support them throughout the engagement with their buddy is needed and requires further exploration. Attention to sustaining peer support is needed for long-term benefits and the realistic viability of projects and initiatives. By no means should peer support replace any formal or professional support, but its merit of facilitating positive experiences, though formal care (again) must be safeguarded.

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CRediT authorship contribution statement

Kalina Mikolajczak-Degrauwe: Validation, Formal analysis, Investigation, Writing - review & editing, Supervision, Project administration. **Sybren R. Slimmen**: Formal analysis, Investigation, Writing - review & editing. **Dylan Gillissen**: Formal analysis, Investigation, Writing - review & editing. **Petra de Bil**: Formal analysis, Investigation, Writing - review & editing. **Valerie Bosmans**: Formal analysis, Investigation, Writing - review & editing. **Corrine Keemink**: Formal analysis, Investigation, Writing - review & editing. **Inge Meyvis**: Formal analysis, Investigation, Writing - review & editing. **Yvonne J. Kuipers**: Conceptualization, Methodology, Validation, Funding acquisition, Writing - original draft, supervision.

Data availability statement

Data sharing not applicable to this article as no datasets were generated or analyzed during the current study.

Declaration of competing interest

There are no conflicts of interest to be reported.

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Appendix A. Supplementary data

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