Key: (-) = negative (+) = positive (^) = both positive and negative

Determinants

Intervention characteristics
Source: DHSC/OHID (0)
Evidence-base:
- Hard to evaluate LEROs as outcome measurements do not capture what LEROs do (-)
- LERO evidence is hard to disaggregate from other systems but evidence that peer support is associated with higher rates of abstinence, housing stability and treatment outcomes, and reduced relapse, cravings and HIV and hepatitis risk behaviours, and some limited evidence that LEROs may provide benefits in relation to emotional safety, wellbeing and access to mutual aid
- Well-functioning LEROs across country (+) – three types of LERO (informal, constituted, incorporated)

Relative advantage: comparison with not pairing with a LERO to provide services (^); comparison between different models of LERO creation (e.g. within treatment services, grass-roots)
Adaptability:
- LEROs are 'place-based' and grown from the community where they begin (+)
- Some LEROs deliver interventions/services outside their original community due to new investment (^)

Trialability: connections between LA/CDP and LEROs have been made around England (+)
Complexity:
- Heterogeneity across LEROs; category of LERO in local areas; connection between LA and LERO; integrating LEROs into systems of care; relationship building between LERO/LA/CDP; financial support and funding structure (^)

Design:
- Presentation of, and ease of interaction with, LEROs (^)
- Understanding of the difference between LEROs and treatment services (^)

Cost:
- Start-up costs (monetary and non-monetary) of building relationship with LEROs (^)
- Costs for LEROs to start up, build relationships, train and follow standards (^)
- Different funding models for each LERO (^)
- LEROs find money to exist but once they do they become subject to scrutiny, creating tension (-)
- Competitive model works against LEROs (-)

Inner setting (LAs and services are in this geographical space)
Structural characteristics (^)
Physical:
- Physical integration of LEROs into services, ease of access by people who use treatment and recovery services (^)
- Funding to create/sustain separate physical space for LEROs (^)

Work:
- Engagement between LEROs and system partners (^)
- PWLE across all job roles not just in peer support (+)
- LEROs engage with those not just in contact with services – but the wider community (^)

Relational connections:
- Partnerships between CDP/LA and LEROs, services providers and their interactions (^)
- Some LEROs supported to understand value of treatment and other RSS within LA/CDP (^)
- Some roles within LEROs and more broadly (i.e. PSWs) are well-defined and supported (^)

Culture:
- Recognition of value of peer-led support to reduce harm and access/maintain engagement with treatment (^)
- Stigma remains attached to PWLE creating barriers progressing as LEROs (-)
- Imbalance of power between LA/CDP and LEROs (-)
- Institutional distrust of PWLE (-)
- LEROs differing views on treatment offered locally (^) and changing ideas of what it means to work with LEROs (^)

Tension for change: acknowledged need to incorporate peer-led initiative in recovery (^)
Mission alignment: LA/CDP, LEROs serve same community (+) although goals can vary (^)
Incentive systems: The nature of how funding is rolled out to LAs (e.g. all at once) (^)
Access to knowledge and information:
- LA commissioner knowledge of local LEROs (^); commissioning model and commissioner expertise (^); training for PWLE across roles (^)

Relative priority: Other LA priorities under the SSMTR (^)

Strategy
Teaming: Create formal structures to encourage team working between LEROs, LA/CDP and systems of care
Assessing needs: Needs of commissioners, providers and LEROs (captured and addressed in local plan) (^)
Engaging:
- LEROs standards, when complete, will be a supportive intervention (+)
- Aim to publish and promote evidence on value of including LEROs in systems of care to providers (^)
- Create and disseminate LERO deliverables, e.g. lived experience and RSS guidance

Reflecting and evaluating/adapting:
- Informal data on LEROs collected and used to improve commissioning, service provision and policy (^)
- Limited data on LEROs and data is generally not collected after individuals leave structured treatment (-)
- Regular review of local delivery plan by CDP/LA
- Social value strategies in LEROs guidance – recognising quality and not just cost (^)

Planning/Tailoring: Implementation plan outlined as part of local delivery plan, tailored to status of local LEROs (^)

Characteristics of individuals
High-level leaders: DHSC/OHID (0)
Mid-level leaders: Senior Responsible Officer and Combating Drugs Partnership members (0)
Opinion leaders: Recovery Champion (+); CLERO leads (+); other emerging and established LE leaders (+); academics (-/+)
Implementation leads: LA commissioners, treatment provider leads, RSS leads, LERO leads (0)
Implementation team members: Treatment provider staff, RSS staff, LERO staff (0)
Other implementation support: Local charities not in the sector or other sources of support for LEROs in their location (+)
Intervention recipients: LEROs providing services across systems of care (i.e. treatment, recovery, harm reduction) (0)
PWLE are across all job roles and not just PSW within LEROs

Outer setting (DHSC in this geographical space)
Local attitudes:
- Recognised value of continued support in treatment and recovery (+)
- Encouragement to have one part of the system led by LEROs as they tend to be creative, listen to people who use their services, and reflect the community's needs (+)

Local conditions:
- Ensure commissioners acknowledge LEROs strength (^)
- Local funding dependent and wider business start-up issues for LEROs survival (^)
- Preconceived ideas for/against working with PWLE (^)

Partnerships and connections:
- Commissioner involvement in treatment system and wider political/government agenda (^)

Policies and laws:
- From Harm to Hope strategy (+); National Combating Drugs Outcomes Framework (+); 10-year Workforce Strategic Plan (+); No.10s deep dive into recovery (+); LEROs are not named in the Menu of Interventions but LEROs can deliver some of the interventions on the Menu (^)

External pressure:
- LA funding priorities (-)
- Drug-related and alcohol-related death statistics (-)
- Increased demand due to increased uptake/retention of people who use treatment and recovery services (^)
- Tension of competing metrics for outcomes in LEROs and treatment services (-)
- Long-term vs short-term goals – treatment versus recovery focus (^)

Implementation activities

DHSC/OHID
Develop:
- LERO guidance with input from CLERO
- UK standards for LEROs led by CLERO and supported by OHID
- Peer support worker strategy and capability-building project
- Unmet need toolkit [not public]
- Mapping of LEROs led by CLERO supported by OHID
- Effectiveness of LERO provision

Disseminate:
- Products to LA/CDP and LEROs and peer support groups

Monitor:
- Outline what data on LEROs are being collected
- Identify gap between what is currently collected and what should be collected
- Facilitate sharing best practices between LA/CDPs (future)

Combating Drugs Partnership/Local Authority
Use products from OHID/CLERO:
- To understand services within RSS, understand role of LERO and determine the needs of the LA/CDP

Fostering LERO integration:
- LA/CDP comprehensively induct LEROs within other services
- LA/CDP support and directly fund LEROs
- Use of money from Menu of Interventions for the development and embedding of LEROs within LA/CDP
- Support of peer-delivered and peer-led services to become LEROs
- Implement training and career development for LEROs and PWLE across all job roles
- Enable people to use their qualifications within LEROs, i.e. expert by experience
- Fostering collegial working and connectivity between LA/CDP and PWLE

Mechanisms

Anticipatory:
- LA/CDP and LEROs use the products from OHID/DHSC (e.g. LEROs guidance) to plan and prepare to connect with LEROs and build their systems of care

Directive:
- LEROs follow best practices and standards
- LEROs leverage their experience and expertise

Organisational:
- Embedding LEROs throughout the development, implementation and maintenance of systems of care
- Engagement of PWLE in oversight and delivery of drug strategy
- Training of PWLE and those within LEROs

Informational:
- Data on LEROs planned to be collected and analysed by OHID/DHSC and used to drive improvements in commissions, service provision and policy

Stakeholder:
- Drug strategy encourages and influences need to incorporate peer-led and peer-delivered initiatives in all systems of care

Lateral:
- Inter-organisational interactions between LA/CDP, LEROs, and systems of care (e.g. treatment) stimulate collegiate atmosphere to share learning, reduce stigma (of working with PWLE), and improve outcomes

Systemic:
- LERO leaders input into national policy for recovery services

Outcomes

Outer setting
Implementation:
- Workforce census and staff survey findings available annually
- Workforce-wide capability framework and strategic plan available
- Guidance on including LEROs in systems of care published
- LERO standards, principles and levels published
- LERO toolkit and capability-building project in place

Sustainment:
- DHSC/OHID continue with deliverables beyond 2024/25

Reach:
- LAs including LEROs in systems of care as part of LA plans
- LAs supporting involvement of PWLE in practice/policy development

Inner setting
Adoption:
- LEROs seek to align themselves with national expectations

Implementation:
- LA and treatment provider(s) understanding of, and value for, LEROs increases
- LA and treatment provider(s) acknowledge LERO as partner in treatment and recovery provision (i.e. reduced stigma, increased acceptance of PWLE)
- LA proactively identifies LEROs/peer-led initiatives in their local area if they have not already
- At least one area of an LA's system of care is led by a LERO

Sustainment:
- LA sustains or increases funding for LEROs
- LEROs continue to be part of systems of care within LA

Reach:
- LEROs or peer-led initiatives engage with the LERO toolkits and capability-building projects
- Peer-led initiatives and LEROs decide to adopt recommended standards and principles
- LEROs or peer-led initiatives engage with the LERO toolkits and capability-building projects
- Peer-led initiatives and LEROs decide to adopt recommended standards and principles

Recipients
Penetration:
- Extent to which LEROs demonstrably meet standards and follow guidance and principles

Effectiveness:
- LERO staff receive appropriate training and development for their roles
- LERO staff are appropriately renumerated
- Organisation development is achieved if desired:
  - Peer-led initiatives supported to progress to LERO
  - LEROs develop further from an organisational perspective
- Communication and integration between abstinence 'side' and harm reduction 'side' of LEROs within treatment and recovery services

Maintenance:
- LEROs continues to operate and/or expand
- Boundaries are maintained between LEROs and LAs

Individual modifiers

Outer setting
Implementation:
- Level/category of LEROs
- Existing governance structures
- Funding model of LERO and commissioning system it operates within
- Location of LERO in relation to services provided
- Relationship and environment within LEROs, e.g. between LEROs and people who use their services
- Clarity and understanding of role that LEROs bring to systems of care in LA/CDP
- Trust in the system (treatment offered, CJS, healthcare)
- How similar LERO workers and people who use their services are on key characteristics to the population they serve

Impacts

People who use treatment and recovery services
Intermediate:
- Reduction in unmet treatment and recovery support needs
- Increased number of people initiating recovery
- Improved health and wellbeing of individuals, families and communities
- Increased support from people who understand the local community and their needs

Long-term (societal):
- Increase in people accessing treatment
- Increase in people sustaining recovery
- Reduction in alcohol and/or other drug use

Annex A.

The barriers and facilitators to supporting, commissioning and working with Lived Experience Recovery Organisations in systems of care in England

The barriers and facilitators to supporting, commissioning and working with Lived Experience Recovery Organisations in systems of care in England

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Published by the RAND Corporation, Santa Monica, Calif., and Cambridge, UK

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Funded by NIHR | National Institute for Health and Care Research

Funding for this study has been provided through a research grant from the National Institute for Health and Care Research (NIHR) Policy Research Programme (PRP). The number for this grant is NIHR205228.

The views expressed in this research are those of the author(s) and not necessarily those of the NIHR or DHSC.