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Peer workers as bridge-makers: symbolic representation and co-production of services for stigmatized groups

André Feliciano Lino[a], Elke Loeffler[b], Patrícia Maria Emerenciano de Mendonça[c] and André Carlos Busanelli de Aquino[c]

[a]University of Essex; [b]University of Birmingham; [c]University of São Paulo

ABSTRACT

Public services often struggle to reach stigmatized populations, as professionals may lack the trust, cultural knowledge, or standing needed to engage them effectively. Peer workers—people involved in service delivery who share an identity or lived experience with the population served—are increasingly used to bridge this gap. This study investigates these bridge-making benefits of peer workers through the lens of symbolic representation and co-production. Specifically, we analyze which approaches of "symbolic peer co-production" enable peer workers to engage effectively with both professionals and stigmatized groups, and the variety of roles played by peer workers with different identities as bridge-makers. Using a case study of HIV prevention in São Paulo, we conducted a documentary and social media analysis to examine how symbolic representation and lived experience help peer workers to act as bridge-makers between professionals and stigmatized groups. The findings suggest that peer workers enhance service accessibility by leveraging shared identities and experiences, reducing stigma, and building trusting relationships. This study contributes a novel theoretical framework integrating symbolic representation and co-production, and offers insights for designing more inclusive public services for stigmatized populations.

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Introduction

Public services are designed to meet the needs of all citizens, yet they often fall short when it comes to marginalized, stigmatized, and vulnerable groups (McCandless et al. 2022; Hastings, Matthews, and Wang 2023). Traditional bureaucratic systems can inadvertently perpetuate exclusion, as standardized procedures and insufficient sensitivity to cultural differences fail to address the unique challenges faced by these populations (Blessett 2018; Starke, Heckler, and Mackey 2018). In healthcare, for instance, there is evidence that individuals with or at risk of HIV/AIDS are frequently stigmatized and encounter professionals who discriminate against their identity group (El-Krab, Brousseau, and Kalichman 2023). This not only hinders access to essential services but also exacerbates health disparities (McCandless et al. 2022).

Within the field of public management, co-production and representative bureaucracy offer ways to analyze and address these challenges (Cepiku and Mastrodascio 2021). Co-production emphasizes the contributions and unique insights of service users and communities to create more effective and responsive interventions (Bovaird and Loeffler 2012). In the representative

CONTACT André Feliciano Lino andre.lino@essex.ac.uk University of Essex, EBS.3.25, Colchester Campus, Wivenhoe Park, Colchester, CO4 3SQ, United Kingdom.
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bureaucracy literature (Andrews, Ashworth, and Meier 2014), with a particular focus on symbolic representation (Riccucci and Van Ryzin 2017), similar social origins on the part of service providers may lead service users to afford them increased trust and legitimacy, thereby facilitating greater co-production, and achievement of better policy outcomes, "*without* any action by the bureaucrat (in other words, without active representation)" (Riccucci and Van Ryzin 2017:25). The peer co-production literature investigates the contributions to providing services, advice or emotional support made by people with lived experiences similar to those of service users (Park 2020a; McCulloch 2021; Mulvale and Robert 2021). However, while the peer co-production literature has focused on similarity of experiences (Park 2020a, Park 2020b; Åkerblom and Tritter 2025), there is little research on how similarity of identities through symbolic representation facilitates engagement with stigmatized people.

This article seeks to contribute to theory-building by bridging the co-production and representative bureaucracy literatures, which have been largely separate (Meier and McCrea 2024; Dhillon and K. J. Meier 2022; Andrews, Ashworth, and Meier 2014). Specifically, we integrate symbolic representation (Riccucci and Van Ryzin 2017) and peer co-production (Park 2020a) in a single conceptual framework (i.e., symbolic peer co-production), responding to Sievert (2023), who calls for more qualitative research on the relationship between symbolic representation and co-production. Furthermore, we address a major gap in the co-production literature, which has neglected the involvement in co-production of vulnerable people (Brandsen 2021; Brandsen et al. 2024; Nipa, Lino and Arun 2025), particularly stigmatized groups.

Focusing on both similar identities and lived experience, we gain insights into effective strategies for activating co-production with stigmatized groups. In this paper, we undertake a social media analysis on how symbolic representation and lived experience enable peer workers to access and engage with people experiencing stigmatization. By integrating shared identities and lived experiences, we conceptualize "symbolic peer co-production," and analyze what approaches enable peer workers to engage effectively with both professionals and stigmatized groups, and the variety of roles that peer workers with different identities may play as bridge-makers.

The paper, therefore, first presents our symbolic peer co-production conceptual framework. After explaining our methodology, we apply this conceptual framework to the analysis of a case study of providing support to stigmatized people living with or at risk of HIV/AIDS, based on an initiative in São Paulo City (Brazil). Our results illustrate that peer workers who combine identity similarity and lived experience act as bridge-makers between stigmatized communities and public service staff, thereby extending representative bureaucracy theory and advancing the peer co-production literature with actionable strategies for engaging stigmatized groups. Finally, the paper considers the implications for public management, in terms of how symbolic peer co-production might apply to other stigmatized groups in other public services.

Defining symbolic peer CO-production and its key mechanisms

Peer co-production and representative bureaucracy concepts, while related, are analytically distinct. Representative bureaucracy focuses on how the demographic composition of public agencies affects outcomes for citizens (Meier and McCrea 2024; Dhillon and K. J. Meier 2022; Andrews, Ashworth, and Meier 2014). Symbolic representation is a specific mechanism within that theory, referring to effects that arise not from bureaucrats' active advocacy but from shared social identity alone (Wang 2025; Riccucci and Van Ryzin 2017), following a "mirror image" pathway, whereby individual-level identity congruence between bureaucrat and citizen generates trust and improved interaction (Wang 2025). Peer co-production, by contrast, originates in a different tradition focused on experiential similarity—the shared knowledge of living through a condition—as a resource for service delivery (Åkerblom and Ness 2023; Park 2020a). What unites them in our framework is the peer worker. While typically the literature characterizes peer workers as people "employed specifically to utilize their personal experience and knowledge of using similar services" (Åkerblom and Tritter 2025:1653) we argue that when combining identity

similarity (symbolic representation) with lived experience (peer co-production), a much stronger form of engagement emerges between peer workers and served members of the community. Thus, we define peer workers as people involved in service delivery who share an identity or lived experience with the population served.

In the co-production literature, the consideration of peer contributions focuses on people living with (or having lived with) similar experiences of a specific condition or situation (e.g., experience of drug abuse, depression, or sex work). Such peers range from former service users employed as service providers, people with lived experience being involved as consultants, to "naturally occurring" informal peer support (Åkerblom and Ness 2023; Loeffler 2021; McCulloch 2021:416), all of whom can use their lived experience to promote behavior change on the part of vulnerable and stigmatized groups.

In addition, but much less recognized in the literature (Åkerblom and Ness 2021), is the ability of peer workers to collaborate with professionals to transform services. Having benefited from training and briefing by professionals, who transmit their explicit knowledge through planned co-production activities, these peer workers can use their unique intermediary position to translate the needs and perspectives of their service user peers into language understood by professionals, facilitating better-informed decision-making and service customization (Åkerblom and Tritter 2025; Eriksson 2022). The co-delivery and co-design of public services by peers with lived experience helps to overcome the limitations of explicit knowledge on the part of professionals, who may lack tacit knowledge from direct experience of the issues faced by stigmatized groups (see Polanyi 1958) and/or understanding of the values and attitudes of these groups.

This literature on peer co-production generally focuses less on the degree to which the "peer" represents the service user in terms of socio-demographic background or other identity characteristics (e.g., age, gender, ethnicity, dialect, locality)—something traditionally covered by the concept of symbolic representation (Wang 2025; Riccucci and Van Ryzin 2017). While peers from different social groups can provide a wider set of lived experiences ("experiential peer co-production"), we argue that peers who come from the same social group may be more successful in activating those with a similar identity to join in the co-production process. Hence, shared identity and lived experience are not simply additive. While symbolic representation theory focuses on passive effects, we argue that peer workers in stigmatized contexts may not rely on visibility alone—their effectiveness could depend on the active deployment of both identity-based and experiential capacities, a combination which we term "symbolic peer co-production."

We define symbolic peer co-production as the relational enactment of experiential and identity-based capabilities held by peer-workers, whereby shared lived experience and key identity traits are harnessed both in community-facing and system-facing interactions—see Figure 1. Community-facing interactions are oriented toward community members (i.e., service users, residents), while system-facing interactions are oriented toward professional or public service organizational contexts.

Symbolic peer co-production enables peer workers to jointly design and deliver services and act as a bridge between stigmatized groups and professionals, which greatly enhances their role, potentially enabling improved access, effective peer support, and greater service customization through both experiential and identity-based capacities—these bridge-building relationships are shown by the two-way arrows in Figure 2.

Symbolic peer co-production denotes a process that is *initiated* by symbolic recognition but sustained through active relational work. Before any substantive exchange occurs, recognition of shared identity can itself generate trust and lower resistance among service users to interact with peer workers (Wang 2025; Riccucci and Van Ryzin 2017). For instance, shared identity may lower the psychological and social barriers that allow lived experience to be perceived as credible: peers who "look like" and "have been through" what service users face can communicate in stronger ways. This integrates the literature on symbolic representation and peer co-production, extending the latter toward symbolic peer co-production.

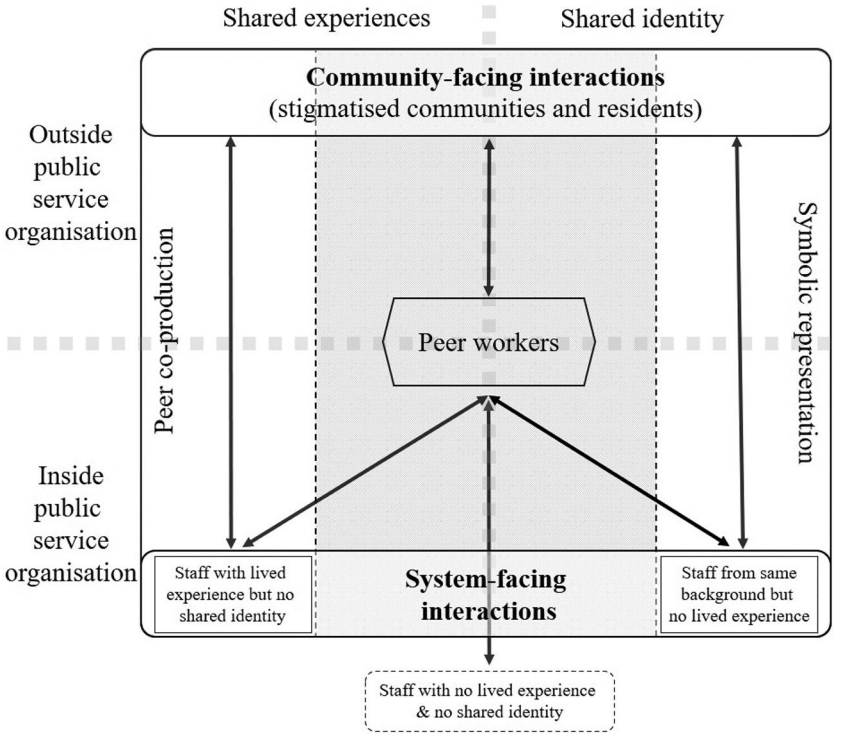


Figure 1. An integrative model of symbolic peer co-production. *Source:* Authors.

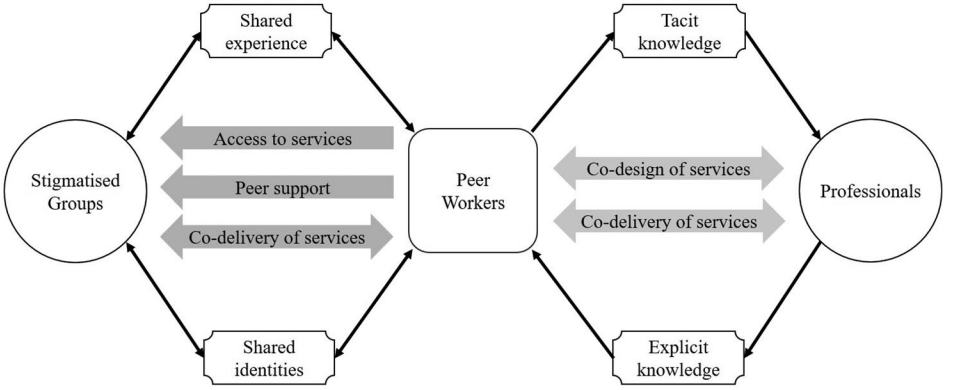


Figure 2. Peer workers as bridge-makers through symbolic peer co-production. *Source:* Authors.

This analysis highlights how peer workers who have the same lived experience as stigmatized groups, but also share a similar identity, have the "super-power" of symbolic peer co-production, giving them two different sources of influence over stigmatized people and their circle. Since they share both experiences and identities with service users, they are thereby positioned to enhance trust and engagement more effectively than professionals or peer supporters who possess only one of these capacities. This double capacity distinguishes symbolic peer co-production from more generic forms of peer support.

In this paper, we use this integrative framework to address the complex and intersectional needs of stigmatized populations—recognizing that identity and experience are rarely one dimensional but are shaped by overlapping social characteristics that together define how individuals relate to public services and those who deliver them (Wang 2025). We will also explore how

co-production between professionals and peer workers benefits from the tacit knowledge gained by peer workers from their lived experience, as well as the skills, based on formal knowledge, which they pick up from their interaction with (and partially from their training by) professional staff.

Methodology

To analyze how symbolic peer co-production can enable peer workers to engage effectively as bridge-makers with both professionals and stigmatized groups, we follow a critical single-case study design (Yin 2018). We intentionally selected São Paulo's *Check it Out!* programme, part of the "Combination HIV Prevention Approach" of the STI/AIDS Department, as it (i) formally recruits peer workers on the basis of both shared identity and lived experience across six distinct stigmatized populations and (ii) systematically integrates them into both community-facing and system-facing co-production activities (Table 1). This design provides internal variation across identity and experiential configurations, while operating within a coherent organizational framework, enabling theoretical transferability. The case is further detailed in the next section.

Due to the sensitive nature of the topic and barriers to accessing the field, we opted to undertake a multi-platform social media study (Mayr and Weller 2016), complemented by documentary analysis of publicly available information (Zeller 2016). When relying on social media data, it is crucial to select the platform most relevant for the research question (Mayr and Weller 2016). Our initial review of all platforms on which the STI/AIDS Department is present showed that three social media platforms (Facebook, Instagram, and YouTube) hosted rich videos describing the role, identities, and history of peer workers. Moreover Facebook and Instagram also hosted text-based posts related to the co-production mechanism relevant to our analysis.

To minimize potential bias stemming from broadcasting of information by the STI/AIDS Department on their social media platforms but also to complement official views on how co-production developed, we collected comments made by followers engaging with the posts on Facebook and YouTube. For Facebook, using a page scraper tool, we collected all comments (2999 in total) on all posts (including the analyzed videos) since the page was created in 2015. On YouTube, we manually collected comments on the videos selected. Therefore, we focused on (i) broadcasted posts and videos published on these platforms, but also (ii) comments and dialogic engagement on social media.

Not all videos on social media platforms were selected for our analysis—e.g., some videos had animated images while others were unrelated to our research question. We included only videos in which service users, peer workers, or health professionals talked about combined HIV prevention and themes related to co-production with stigmatized groups. In line with the "extant qualitative online method" (Salmons 2016), all collected materials were created independently of any intervention from the research team. By focusing on these platforms, we collected data available on videos uploaded since 2016, and posts/comments made since 2015. The format and length of the videos varied from 27 s to 5 min and 56 s. Some followed an interview format, while others were recorded by peer workers on their own mobile phones. We also collected (i) nearly 5 h of discussions and city council public hearings about IST prevention; (ii) a 24-minute documentary on the 30 years of the first specialized testing and counseling center (CTC) service for STI/AIDS created in São Paulo; and (iii) a workshop (70 min) in which managers and

Table 1. STI/AIDS social networks and empirical material analyzed.

	Creation year	Number of posts [videos]	Number of followers	Number of videos analyzed	Average duration
Facebook	2015	3487 [327]	8,498	19	1 min 10 s
Instagram	2017	2,940 [244]	10,216	10	1 min 18 s
YouTube	2012	140 [140]	630	19	7 min 05 s

Notes: Data collected in June 2024.

coordinators gave detailed information about the project "*Check it Out!*." All these documents are available on YouTube. All videos were fully transcribed.

As suggested by Zeller (2016), to contextualize our findings our data collection was complemented by publicly available documents, e.g., from the São Paulo City STI/AIDS Department website:

i. quadrennial activity reports (2017-2020; 2021–2024),
ii. annual technical reports of the partnership with Pan-American Health Organization (PAHO, 2016–2024),
iii. information sheets of sub-projects in which symbolic peer co-production approach happens,
iv. peer workers' voluntary recruitment documentation,
v. official news items related to the case study, and
vi. a book by Cruz (2022) sharing stories of lived experiences from people at risk.

Finally, at some points in our analysis, we cite excerpts—quotes, but not analysis—from a dissertation by Alan Lorena (2022), who worked as coordinator of the project under analysis, and so had facilitated access to interview(ee)s but whose dataset is not available online.

While publicly available documents were mostly used to reconstruct the history of the case study, all videos (including the workshops) were analyzed following a thematic analysis, combining inductive and deductive elements. Deductively, the extant literature strands informed the initial analysis, directing attention toward how shared identity and lived experience of peer workers operate across citizen and professional interactions. We proceeded with inductive coding, where close engagement with the empirical material allowed themes to be refined and grounded in the specific practices and experiences of the case, exploring emergent categories linked to our research question. Two researchers independently analyzed the material and compared codes.

The emerging coding structure was then shared with the remaining authors, who discussed it in relation to both the empirical material and the conceptual framework, improving the rigor of the analysis by subjecting interpretive choices to collective scrutiny (Nowell et al. 2017). After these discussions of initial codes (e.g., reduced barriers to engagement among stigmatized groups; translation of tacit knowledge to professionals; intermediary role of peer workers; channeling), the researchers agreed themes against which the data should be grouped and reported (Braun and Clarke 2006), representing the key approaches of symbolic peer co-production.

Our research strategy has been designed to adhere to best practices and ethical principles for social media research. Following Townsend and Wallace (2017), the data analyzed is considered public-facing, as the videos are published by a city council department, not by individual private users, intended to reach "as wide an audience as possible"—so they are clearly genuinely public data (Townsend and Wallace 2017: 199; Williams, Burnap, and Sloan 2017). Also, we made every effort to preserve the anonymity of individuals. Specific individuals in the videos are not identified or named in our analysis. Similarly, all comments were taken from public pages (not closed pages) and anonymized. Moreover, for comments, we do not use direct quotations, since these could be traced back to users *via* simple text search (see Townsend and Wallace 2017). Similarly, direct links to the videos analyzed are not included here.

The context and emergence of the (combined) HIV prevention strategy in São Paulo city

The HIV epidemic is surrounded by stigma, fear, and prejudice, especially against groups such as homosexual men, sex workers, injecting drug users, transvestites, and imprisoned individuals. Many such stigmatized groups are considered hard-to-reach by public services (Shaghaghi, Bopal, and Sheikh 2011), yet these people themselves often view public services as being "hard to reach," with stigma being a major barrier to care.

Stigma refers to "the negative regard and inferior status that society collectively accords to people who possess a particular characteristic or belong to a particular group or category" (Herek 2009:66). In our case study, it refers to the collective negative status associated with groups living with HIV/AIDS. It manifests itself in multiple forms and can result in the loss of rights and opportunities, such as dismissal from employment, rejection of job applications, restricted access to healthcare and education, as well as exposure to verbal and/or physical violence, discrimination, and insults. While stigma has external roots, it can be internalized, e.g., when the person living with HIV begins to experience feelings of shame, guilt, worthlessness, or even a "sense of being unclean" as a consequence of the diagnosis (UNAIDS 2019; Herek, Capitanio, and Widaman 2002).

Combined HIV prevention approaches emerged as rights-based, evidence-informed, and community-driven approaches, using a mix of *biomedical*, *behavioral*, and *structural* interventions to meet the needs of specific groups (UNAIDS 2010). *Biomedical* interventions include condoms, antiretrovirals (e.g., post-exposure prophylaxis (PEP) and pre-exposure (PrEP)) to prevent or treat infection, and rapid testing outside laboratories. *Behavioral* interventions include education and information tailored to affected groups, enabling them to develop preventive strategies that recognize individual, social, and programmatic vulnerabilities. *Structural* interventions address symbolic barriers to care, such as homophobia, racism, and transphobia, as highlighted in Brazilian National LGBT Health Policy (Brasil 2013).

Although Brazil formally only adopted a combined HIV prevention strategy in 2013 (Brasil 2017), São Paulo City implemented key elements earlier. In 1983, São Paulo launched a municipal AIDS program, and in 1989 established the first specialized counseling and testing center (CTC Henfil, named in honor of a famous cartoonist who died from AIDS in 1988). Over time, professionals from CTC Henfil learned how to get closer to potential users of their services. Responding to criticisms of overemphasis on biomedical aspects and neglect of structural factors (e.g., homophobia and discrimination based on gender identity), there was a stronger emphasis on *logistical* and *symbolic* factors (Lorena 2022).

As a logistical strategy the location of CTC Henfil—near several cultural spaces frequented by its potential users (e.g., homosexual men and sex workers), e.g., city center cinemas and famous red-light streets—facilitated free distribution of condoms (biomedical interventions) and also allowed CTC professionals to pass on information to passersby. They also championed scheduling consultations and tests by telephone, improving accessibility.

On the symbolic front, CTC Henfil promoted the humanization of care to counter stigma and engage with hard-to-reach groups. Humanization in care supports co-production, since it strengthens user resilience through enabling dialogues with service users. For instance, HIV testing includes pre- and post-test counseling, encouraging open conversations about sexuality and challenging misinformation about HIV, AIDS, and forms of transmission.

There were also other innovations, e.g., a guarantee of anonymity (no name needed to get a HIV test) and strong proximity to some civil society organizations—such as gay groups, which later became the first AIDS NGOs in the country, and became partners in preventative actions, creating networks of people living with HIV, such as peer support groups.

This pioneering spirit meant that CTA Henfil played an important role in training and promotion of prevention to health professionals throughout Brazil. Indeed, São Paulo played a key role in Brazilian AIDS policy in the 1990s through its innovative approach in collaborating with civil society, focusing on prevention and treatment, and access to affordable medicine.

Overall, São Paulo AIDS policy presents a picture of considerable success. For instance, in 2018, the city formally committed to the UNAIDS 90-90-90 strategy to eliminate AIDS by 2030: 90% of individuals living with HIV must be identified, 90% of these individuals must be treated, and 90% of those receiving treatment must achieve an undetectable viral load (reducing the risk of transmission due to the low quantity of the virus in the body). There is also a clear reduction in the number of people identified as infected with HIV (Table 2). This movement naturally aligns with the adoption of combined prevention strategies.

Table 2. São Paulo's reported HIV cases, by sex and year of diagnosis, with sex ratio.

Year	Female cases	Male cases	Total cases	Sex ratio (M/F)
2015	586	2,841	3,427	5/1
2016	623	3,138	3,761	5/1
2017	615	3,098	3,713	5/1
2018	557	2,728	3,285	5/1
2019	522	2,450	2,972	5/1
2020	404	2,114	2,518	5/1
2021	421	1,984	2,405	5/1
2022	413	1,785	2,198	4/1
2023	450	1,461	1,911	3/1
2024	415	1,351	1,766	3/1

Source: HIV/AIDS Epidemiological Bulletin (São Paulo 2025).

In December 2020 (CMSP 2020), 84.8% of individuals in São Paulo identified as living with HIV were undertaking treatment and 94.5% had undetectable viral load, close to the UNAIDS targets. Comparing 2016 to 2020, the average time for someone identified as living with HIV to start treatment reduced by 80% (now, on average, 20 days after testing positive). In 2021, São Paulo was recognized by the Brazilian Federal Ministry of Health as successfully eliminating vertical transmission (from mother to baby), in line with criteria set by the PAHO.

Case study: check it out! Programme for HIV prevention

Following learning from the CTC Henfil operation, *Check it Out!* (in Portuguese, *Se liga!*) was developed as a co-production approach based on the recruitment and training of peer workers with the role of "prevention agents" (São Paulo 2021a), the term often used by local stakeholders when referring to peer workers. These peer workers are each responsible for covering part of the local area, always connected to one of the 26 specialized facilities (São Paulo 2021b). They are former CTC service users, which means they share lived experiences and have tacit knowledge about the places where potential service users live and frequent: places where young people meet, where sex workers work, where the LGBT population feels more welcome, where people use drugs (PAHO—Pan American Health Organisation 2022). By creating sub-projects focused on specific groups vulnerable to HIV, the overarching recruitment strategy has been to increase representativeness, i.e., to mirror the potential service users (Park 2020a). Peer workers are recruited to work voluntarily alongside São Paulo health professionals allocated to specialized facilities for STI/AIDS for one to two years in specific sub-projects, matching their shared lived experiences and similar identities to the target groups with which they work (a requirement for their selection); they then receive formal training to develop their co-production skills and receive a monthly stipend to support their actions—however, they are not characterized as public servants (São Paulo 2022).

Check it Out! is structured around six sub-projects, each built around and led by peer workers with relevant identities for their target communities: men who have sex with men, young people, drug users, sex workers, vulnerable women, and transvestites. Table 3 depicts these projects and the number of peer workers involved, giving a sense of the programme scale and scope. The sub-projects range from promoting respect for diverse sexual orientations while distributing condoms and lubricant gel, facilitating access to HIV, syphilis, and hepatitis testing, and supporting the use of PEP and PrEP to spread prevention messages in specific cultural spaces, including parties and artistic events. Collectively, these sub-projects feature identity as a source of legitimacy, trust, and political representation, enabling peer workers to bridge between their communities and professional health systems.

In the next sections, we discuss the approaches to symbolic peer co-production and the role of peer workers in the case study.

Table 3. Check it out! sub-projects working with peer workers (2022).

Sub-project (in Portuguese)	Number of peers workers	Target group
Rainbow Citizenship (*Cidadania Arco-Iris*)	46	Gay men and men who have sex with men
Sampa[1] Harm Reduction (*PRD SAMPA*)	20	People who use drugs
Partnerships of Pleasure, Health, and Rights (*Tudo de bom*)	76	Male, female, transvestites, and transsexuals sex workers
Young on duty (*Plantão Jovem*).	46	Youth (between the ages of 18 and 29)
She for she (E*las por elas*).	33	Women in situations of vulnerability
Rock it, Mona! (*Arrasa, Mona!*).	28	Trans and transvestite women

Notes: (1) Sampa is the abbreviation for São Paulo City. (2) Mona
Source: PAHO—Pan American Health Organisation (2022) (translated by authors).

How peer workers engage with professionals

Peer workers in the *Check it Out!* Programme assigned to each of the above-mentioned sub-projects are constantly interacting with professionals from specialized facilities for STI/AIDS in São Paulo City. For instance, according to peer workers' voluntary recruitment documentation, they are required to participate in supervision and technical meetings with the service professionals from the CTCs to which they are linked and submit a monthly report on their activities linked to the core strategies of *Check it Out!*

Facilitating knowledge transfer and communication between users and professionals

Peer workers are crucial in supporting professionals in how to approach specific groups, facilitating communication, and sharing their tacit knowledge, as mentioned during an official internal knowledge transfer event at São Paulo, involving different departments:

> The HIV epidemic is not an epidemic that affects the general population in the same way that it affects the most socially vulnerable populations, such as gays, transvestites, and transsexuals. Therefore, we work with peers via prevention [sub]project[s] [targeted] on these populations. […] Volunteer peers let us know what happens in the field [spaces of vulnerability], which also enriches the perspective of the health professional, improving services. [The peer worker] is sharing knowledge [with their peers] and expanding access to inputs, testing, and prevention. But we [as professionals] are learning a lot also on how to do it. I think this exchange [between professionals and peer workers] is super important. (Coordinator of combination HIV prevention in São Paulo)

In the same event, according to the *Check it Out!* project coordinator, the peer workers involved in specific sub-projects support the strategies used to access target groups and collaborative decisions about what actions need to be taken in the local areas—"*it allows us to know what the next step of the combined strategy should be: information, supplies, self-testing? While it allows active search for the service, it reduces the structural and symbolic barriers of access, contributing to the fight against HIV stigma*." Moreover, peer workers also support professionals to identify spaces of vulnerability—in this way, they are co-delivering parts of the service:

> How is this done? […] the work of the prevention agents [peer workers] gives us inputs to customise our actions. It is not isolated, and it links to several points of combined HIV prevention. No isolated practice can promote prevention. They [the peer workers] perform exploratory field work—it is not random, they already have a pre-mapping of transmission scenes, already knowing that these populations have structural barriers to accessing prevention services. (*Check it Out!* coordinator)

Co-designing support to service users—"extramural actions"

A key contribution from peer workers is through their so-called extramural actions in combined HIV prevention. Long-standing interactions between professionals and peer workers identified that not only are prevention actions needed at the physical locations of the 26 specialized facilities for STI/AIDS distributed throughout all regions of São Paulo City but mobile services are

also needed, offering all the services of combined HIV prevention, including HIV and syphilis tests, at much wider locations. These extramural actions can occur inside closed spaces—e.g., cultural centers—or in open spaces with large circulation of people, e.g., subways, parks, and main avenues. Baskets with prevention supplies are permanently available at several of these locations. Extramural actions in open spaces rely on an adapted vehicle providing all services offered by a conventional CTC; however, it operates at different times (e.g., from 4 to 10 pm), reaching spaces of vulnerability where the target population is concentrated but has difficulty accessing tests and medicines.

Peer workers provide support to professionals in extramural actions not only by identifying and mapping spaces of vulnerability in which target populations socialize but ultimately by co-designing the service, suggesting how actions can be customized to each specific group:

> We need to check [with peer workers], whether the language we are using in the field, on the streets, is appropriate for the [target] population. Are the supplies we are delivering the most appropriate at that moment? So, for each context, for each scenario, for each population, our strategy must be unique. (Coordinator of combination HIV prevention in São Paulo)

In sum, the case suggests that peer workers can go beyond co-delivery; they co-design interventions, offer field insights, and help to reduce structural and symbolic barriers that hinder access to prevention services for vulnerable and marginalized groups, contributing unique tacit knowledge that can enrich professionals' explicit knowledge and can facilitate tailored, context-specific approaches.

How peer workers engage with stigmatized groups

Shared identity and experiences play a role. As highlighted in the peer workers' recruitment documentation, one of the most important recruitment criteria for a peer worker is to demonstrate identity alignment with the population of the prevention sub-project in which they will work. They must also have well-defined access to relevant networks and activities of peers. For example, one peer worker, a transvestite who moved to São Paulo looking for job opportunities—but ended up only able to survive through sex work, comments:

> "I am now a prevention agent [peer worker], talking and providing guidance for other girls on the streets. They see me [as opposed to the invisibility of sex workers and transvestites], they listen and pay attention to me. Because I know their dialect, I know their fears. I am just like them." (Peer worker 1, as cited by Cruz 2022:17)

The quote, particularly the phrase "I am just like them," underscores the significance of shared identity and shared experiences. Similarly, a short video by peer worker 3, in the Sampa Harm Reduction Project, explains her connection to her community as a factor that supports educating her peers about HIV prevention.

> "I usually approach people (who use drugs) in the community where I lived for the last 19 years. They are in alleys, shacks, and abandoned lots. I am like the big mother there. I'm known by everyone, and everyone has respect for me. If I arrive at any place, I will be welcome. I often talk about prevention with them such as using condoms and not sharing needles. […] Lots of people are curious to pick up a female condom when I talk about it, and they end up using it." (Peer worker 3, Sampa Harm Reduction)

Peer workers are selected systematically by each CTC, recognizing the demand in each local area and taking into account the profile of each potential peer worker, since some attributes are fundamental to peer support, such as aptitude for communication and ability to circulate in environments frequented by populations with greater vulnerability (OPAS 2022).

Importantly, the *Check it Out!* project coordinator points to the reduction of symbolic barriers that come from the peer workers' engagement—more members of the target population from the specific groups under each sub-project umbrella are willing to engage in prevention practices,

since their peers, with whom they identify, are taking part in their education and promoting awareness, as highlighted by the following quote:

> No matter how much health professionals are willing and prepared—it's different when you talk to someone that you identify with. (*Check it Out!* coordinator)

Peer workers as intermediaries

In their intermediary role, peer workers may build bridges between stigmatized groups and professionals by facilitating their communication with and trust in each other. In the case of the mobile units previously mentioned, peer workers approach hard-to-reach populations in the areas which have been initially identified and facilitate precise location of potential users from target populations, as well as widely disseminating information from the mobile units. For instance, in one of the analyzed videos, a peer worker is at a public park using a megaphone to explain how the mobile unit works and the services they provide, inviting people to engage—in effect, "channeling" potential service users to use available services. Professionals in the mobile units then conduct tests, make diagnoses, disseminate prevention practices, and refer users to permanent CTCs for treatment if needed. The following quote exemplifies how channeling happens in practice:

> Knowing a street transvestite as I do—because I used to be one—I come up and say "Hey mona, what's up? I'm bringing condoms, gel, and information for you." On the streets, the language has to be fast. Street transvestites don't have time for conversation. A street transvestite doesn't want another person near her. Clients don't like to see this kind of thing [professionals counselling about HIV]. They think that the girls have [HIV]. (Peer worker 4, excerpt from Lorena (2022))

In several of the analyzed videos, the focus is on the experiences of service users. They highlight the ease of access to the service, which does not require traveling to healthcare facilities, as well as the welcoming approach of peer workers and, despite having previously experienced stigmatizing experiences, the positive engagement of healthcare professionals. These accounts suggest that, even in contexts where stigma has previously shaped users' interactions, peer workers can play an important role in reestablishing their access to care.

Peer workers as translators and behavior change agents

As noted, peer workers are crucial to ensuring the language used by professionals linked to *Check it Out!* is appropriate. In one YouTube video, a peer worker mentions she "*approaches women and talks about rapid tests and prevention in the simplest and most succinct way*." She customizes her talk—for pregnant women, she talks about HIV vertical transmission; when talking to women who suffer domestic violence, she emphasizes prevention (PrEP or female condoms) to avoid infection. The language of transgender people, as well as young people, is unique. Through appropriate language, peer workers make dialogue much more natural and accessible—increasing successful access to hard-to-reach populations and encouraging them to use prevention services—a key behavior change:

> Once prevention agents [peer workers] act in the local areas, a spontaneous demand is created, people start to recognise the importance of getting tested and also demand the health services to go there where they are [vulnerability spaces] and undertake action within their groups or collectives. (*Check it Out!* coordinator)

Emphasis on appropriate language is also evident in the increasing online engagement of the IST/AIDS Department:

> We have diversified the [social media] posts, precisely for people to identify themselves [with the posts' contents], using accessible language. We have increased the number of posts, increased the number of social media that we currently have. […] Also, we have been dialoguing with young people to evaluate what we have been doing, to be able to fine-tune and bring our social media closer to people. Our social media have been more active precisely for this. (Coordinator of combination HIV prevention in São Paulo)

Peer workers are also a central component of this digital strategy. In many of the videos, they appear not only describing their activities but also sharing their own experiences and inviting potential users to access prevention, often using tailored language. Comments analyzed on social media posts indicate user engagement (for example, questions about where the mobile unit will be located during a given period), suggesting that the online engagement may also help attract new users to the services.

Between 2021, when the mobile units were established, and July 2022 more than 1,066 service users were approached to use the services. Fourteen users (1.3% of total) were confirmed as HIV cases and redirected to the CTCs for treatment. In sum, peer workers help to build bridges between stigmatized groups and professionals. They facilitate communication by informing professionals on the practices, behavior and language that is used by specific groups at risk of the HIV epidemic. Finally, peer workers increase the likelihood of stigmatized groups changing their behavior and trusting unknown professionals, as a service user has posted about a CTC: *it's so good to know that there are still places where patients are seen as whole human beings […] I'm a patient […] and I feel very welcomed […] you give us the security of care […] that brings trust and peace of mind*.

Discussion

While there is emerging research on the outcomes of peer co-production in other public service settings, involving stigmatized groups such as mental health and addiction services (Åkerblom and Tritter 2025), there is still a lack of research on how both identity-based and experience-based skills and values of peer workers help stigmatized groups to overcome barriers to access public services.

Our analysis of social media posts and documentary data in our case study allows us to identify how shared identities and experiences support peer workers to act as "bridge-makers" under what we term "symbolic peer co-production." Building upon this empirical data, Table 4 unpacks the strategies and roles of peer workers alongside stigmatized groups and professionals, allowing the development of a novel taxonomy of the roles of peer workers engaged in symbolic peer co-production in their interactions with both stigmatized people and professionals.

Table 4 focuses on how peer workers have two different but interacting capacities to act as bridge-makers within arrangements of symbolic peer co-production. First, their resources, skills, and knowledge based on shared identities and experiences provide them with the ability to reach out to stigmatized groups, to engage with them in a meaningful way, and build relationships, which they can build on to promote access to public services and to promote behavior change toward prevention. Secondly, due to their unique assets, peer workers can enrich the formal knowledge of professionals engaged in HIV prevention by contributing their tacit understanding of the context, emotions, and behaviors of service users—while also passing on that formal knowledge to service users in ways which get through to them. This can have the further important impact of breaking down the barriers to vulnerable groups accessing services, by reducing the stigmatizing of those groups by some highly professionalized workers (McMullin and Needham 2018).

Table 4 highlights that effective co-delivery and co-design of public services by and for stigmatized groups through peer support is predicated upon facilitation of appropriate access. Consequently, peer workers need to take on a range of other social marketing and relationship building roles to help their target group overcome barriers to engagement in a co-productive way. Accessing spaces of vulnerability often relies on identity-based factors (e.g., being known and respected in certain neighbourhoods) and experience-based factors (e.g., familiarity with transmission scenarios and other high-risk settings), which position peer workers as locators of and interactors with "hidden communities" (Potz and Koca 2025), advancing co-production design by indicating where and with whom prevention efforts of public service staff should be targeted (Tuurnas 2021), skills crucial to understanding and meeting the special needs of specific

Table 4. Strategies and roles of peer workers engaged in symbolic peer co-production.

Strategies of symbolic peer co-production	Identity-based abilities and values	Experience-based abilities and values	Roles of peer workers engaged in symbolic peer co-production with regard to stigmatized people	Roles of peer workers engaged in symbolic peer co-production with regard to professionals
Ability to access vulnerability spaces and groups	Being respected and known in specific localities	Knowledge about transmission scenes and vulnerability spaces	Locator of people with needs (Potz and Koca 2025)	Area and Group Segmenter (identifying people with different needs) (Tuurnas 2021)
Identification of public service barriers experienced by stigmatized people	Having similar characteristics and values as target group	Knowledge about customs and habits of target group	Sense-maker (Gilson et al. 2021) Advocate (representing people's needs to the service system) (Monaghan 2012)	Educator, Influencer (Åkerblom and Tritter 2025), getting people's needs understood by the service system
Service demand and needs analysis	Being aware of emotions experienced by stigmatized people	Knowledge about contexts of individuals or specific groups	Catalyst of legitimacy and trust of service users (Åkerblom and Tritter 2025)	Pathfinder for closer relationships with service users (Åkerblom and Tritter 2025); Sense-maker about emergent user behaviors and service needs (Gilson et al. 2021)
Developing relationships with stigmatized people	Being accepted as a network member	Ability to create social networks (in person and online)	Networker (Wallace, Farmer, and McCosker 2018)	Broker (Wallace, Farmer, and McCosker 2018) to bring services closer to people
Speaking the appropriate language	Shared dialect	Use of accessible and appropriate language	Networker (Wallace, Farmer, and McCosker 2018)	Story-teller (Co-production Collective 2024)
Promoting access to public services provided by professionals	Being trusted	Ability to share tacit and explicit knowledge with peers	Navigator to relevant services (Miles 2025)	Locator of people with needs (Potz and Koca 2025)
Promoting behavior change	Personal relationships with specific individuals and groups	Ability to provide relevant information and support to stigmatized people	Educator, Influencer (Åkerblom and Tritter 2025), getting stigmatized groups to understand potential service benefits	Educator, Influencer (Åkerblom and Tritter 2025), getting professionals to understand how to convince stigmatized groups of service benefits

Source: Authors.

groups (Tuurnas 2021:493). In this way, peer workers can contribute to negating the claim that both service providers and those needing services often make that the other party is "hard to reach."

Moreover, peer workers help to identify barriers to public service access that professionals may not even be aware of. They also act as sense-makers for service users, translating formal procedures into usable guidance, while operating as advocates and influencing professional decisions about prevention or treatment programmes (Park 2020a:466). Peer workers also contribute their tacit knowledge to demand and needs analysis, enabling more substantive involvement of stigmatized people in the co-design of individual interventions (Mulvale and Robert 2021; Brandsen et al. 2024) and more appropriate intervention strategies with staff (Åkerblom and Tritter 2025).

Relationship-building is central. As trusted networkers within communities and brokers across organizational boundaries, peer workers extend reach and engagement (Wallace, Farmer, and McCosker 2018; Stolle 2003). Language amplifies this effect: through shared dialects and accessible framings, peers function as story-tellers to professionals (Co-production Collective 2024), converting lived experience into narratives that shape service design—a key element in symbolic representation's pathways (Riccucci and Van Ryzin 2017; Sievert 2023). Peer workers can also help professional staff to customize their language and forms of communication to be more appropriate for interaction with the target groups.

A key role is also played by the knowledge of "representative" peer workers about how each sub-group can best make use of the service system relevant to their condition, which influences service users' willingness to co-produce better outcomes (Pitkin 2023; Riccucci, Van Ryzin, and Li 2016). Moreover, peer workers also play an important role in changing the perspectives of professionals toward stigmatized groups and their willingness to co-produce with these users—something largely unexplored in current literature (Åkerblom and Ness 2023).

In all the ways outlined in Table 4, peer workers through symbolic peer co-production can act as bridge makers between service users, professionals, and communities (Gillard et al. 2015:2017; Marks et al. 2022).

Moreover, these improvements to language, communications, accessibility and improved contacts may lead to positive spillover effects on trust, which was often missing in the past (Wallace, Farmer, and McCosker 2018), especially where the different groups were largely unfamiliar with each other (Stolle 2003).

While the concept of peer workers is already used by a number of user-led organizations, such as the national charity User Voice in the UK (User Voice 2023), which says that only "offenders can stop re-offending," and homeless shelters with strong self-management by "task volunteers and managers" (Hoppen, Brandsen, and Honingh 2026), existing research has focused little on the identity-dimension of such forms of symbolic peer co-production. This concept raises again the evergreen research issue of how to widen the publics in public engagement. In the light of rising inequalities in public services, it offers a new perspective for public services to address staffing issues and to improve key outcomes of groups with high vulnerabilities.

Consequently, this case study, coupled with evidence from the literature, suggests broader implications for public administration beyond the health sector. First, as effective access to services is not guaranteed, particularly for stigmatized populations, outreach-based governance involving peer workers with shared identity and lived experience can activate territorial search, generate flexible service delivery formats, and embed actions in everyday spaces of sociability—which can reduce the "service-population" distance. Moreover, the case highlights the importance of collaborative and relational state capacity, where peer workers not only enable the co-production of interventions tailored to specific social contexts but also reinterpret technical policy language and institutional norms to enhance trust and usability. Finally, symbolic peer co-production based on shared identity and experiential knowledge indicates that public policies targeting vulnerable and stigmatized groups may benefit from hybrid workforce arrangements and tacit knowledge from the community, suggesting transferable lessons for sectors such as social care, migration, youth policy, and homelessness services where similar dynamics of social exclusion and target group invisibility are present.

Conclusions

This study advances our understanding of the roles of peer workers as bridge-makers between stigmatized people and public service staff by integrating the lenses of symbolic representation and peer co-production. We provide a novel conceptual framework that unpacks the approaches of "symbolic peer co-production," extending earlier peer co-production discussions as seen in Åkerblom and Ness (2021). By analyzing São Paulo's *Check it Out!* Programme, we directly address three persistent gaps in the literature: first, the separation of representative bureaucracy,

symbolic representation, and peer co-production research (Sievert 2023); second, the neglect of identity similarity as a mechanism in peer co-production (Park 2020a:2020b); third, the lack of rich cases of co-production with multi-stigmatized populations (such as LGBTQ+, sex workers or drug users), as called for by Brandsen (2021) and Brandsen et al. (2024). Moreover, it has allowed us to discuss strategies for overcoming structural and symbolic barriers to co-production with vulnerable groups.

Our case study highlights the unique roles peer workers play as bridge-makers between stigmatized groups and public service staff. This involves co-delivery of public services and peer support with vulnerable citizens and co-design and co-delivery of public services with professionals. Our analysis highlights that the combination of identity similarity and lived experience equips peer workers with a "dual legitimacy" that can enable access to vulnerability spaces, help to reduce structural and symbolic barriers, and inform professional practice by giving unique access to tacit knowledge about service users' needs and behaviors. These mechanisms foster a more relational and context-sensitive approach to both planned and emergent service provision, with implications for recruitment, training, and role design in public services.

The framework developed in this paper contributes to theory-building on representative bureaucracy and co-production by integrating these concepts in the context of peer workers, offering an innovative model adaptable across various public service domains.

Future research should explore the limits and tensions surrounding symbolic peer co-production and the role of peer workers as bridge-makers—which can operate differently across contexts and populations. There may be cases in which public organizations implicitly shift responsibility for overcoming structural barriers onto peer workers, thereby placing disproportionate expectations on them to compensate for broader service limitations. Exploring these dynamics would help identify the boundary conditions under which symbolic peer co-production is most effective, as well as the circumstances in which its potential is constrained. Furthermore, we wish to explore the experiences of public servants in managing such peer worker programmes, including their challenges and lessons learned. Through such continued exploration, public service systems may better harness the potential of peer workers to foster more inclusive, responsive, and equitable services for those most in need.

Disclosure statement

No potential conflict of interest was reported by the author(s).

Notes on contributors

André Feliciano Lino is a Lecturer in Accounting at the University of Essex, UK. Lino is a member of the Public Service Accounting and Accountability Group's (PSAAG) Executive Committee, and a board member of the research group Public Sector Accounting and Governance in Brazil (PSAGiB). His research interests involve local governments' auditing, (financial and systems) resilience, accounting reforms, digitalization, and co-production of public services.

Elke Loeffler is Associate at INLOGOV, University of Birmingham and Director of Governance International. Her research focusses on public governance, user and community co-production, systems resilience and digital public service innovation. Elke is a board member of the European Network for Public Administration (ENPA) and IRSPM (International Research Society of Public Management), Chair of the Public & Nonprofit Management SIG in EURAM (European Academy of Management) and Vice-Chair for Doctoral Research in UKAPA (UK Association for Public Administration). She is an editorial board member of the International Review of Administrative Sciences, Public Money & Management, Azienda Pubblica and der moderne staat.

Patrícia Maria Emerenciano de Mendonça is an Associate Professor of Public Policy & Management at the School of Arts, Sciences and Humanities, University of São Paulo (USP), Brazil. Her research focuses on public–nonprofit partnerships, collaborative governance, co-production and socio-state capacities. She is a member of the Board of Directors of the International Society for Third-Sector Research (ISTR), and of the editorial board of Voluntas: International Journal of Voluntary and Nonprofit Organizations.

André Carlos Busanelli de Aquino is Professor of Organizational Studies at the School of Arts, Sciences and Humanities, University of São Paulo (USP), Brazil. His research agenda covered public sector accounting reforms and their budgetary effects. He currently is the Director of Science, Technology and Innovation for the State of São Paulo, and President of the São Paulo Innovation District. His current research interest is on accountability for impact, innovation policy, open innovation ecosystems.

ORCID

André Feliciano Lino http://orcid.org/0000-0003-1121-4971
Elke Loeffler http://orcid.org/0000-0002-9424-8917
Patrícia Maria Emerenciano de Mendonça http://orcid.org/0000-0002-5675-4261
André Carlos Busanelli de Aquino http://orcid.org/0000-0002-0329-410X

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