A peer-delivered intervention to reduce harm and improve the well-being of homeless people with problem substance use: the SHARPS feasibility mixed-methods study

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Declared competing interests of authors: Catriona Matheson has received personal fees and non-financial support from Indivior (Richmond, VA, USA) and personal fees from Camurus AB (Lund, Sweden) outside the submitted work.

Disclaimer: This report contains transcripts of interviews conducted in the course of the research and contains language that may offend some readers.

Dedication: This report is dedicated to Deano, one of the SHARPS participants, who sadly died on 10 November 2020. Deano will be remembered for his humour, his strength and his love for his dog, Bailey. He will be missed by many.

Published February 2022
DOI: 10.3310/WVVL4786

Scientific summary

The SHARPS feasibility mixed-methods study

Health Technology Assessment 2022; Vol. 26: No. 14
DOI: 10.3310/WVVL4786

NIHR Journals Library www.journalslibrary.nihr.ac.uk

Scientific summary

Background

People who are homeless typically experience poor physical and mental health and higher rates of substance use (both alcohol and drugs) than the general population. Many individuals who are homeless have experienced difficult lives, including traumatic experiences in childhood, adolescence and adulthood. The use of substances often contributes to people becoming homeless, and substance use as a coping mechanism can increase when homeless. Given the challenges experienced by people who are homeless and using substances, completely stopping the use of substances can be very difficult.

Harm reduction services are useful in minimising the risks associated with substance use, for example by offering clean needles and injecting equipment and offering advice for safer drinking. Harm reduction aims to support people where they are, rather than encouraging changes before an individual is ready or able to enact change. People experiencing homelessness and problem substance use tend to experience difficulty in accessing services; these individuals can also feel stigmatised by staff or by other service users/patients.

There is some evidence that the development of trusting relationships with non-judgemental staff can facilitate positive engagement with services, with peer-delivered approaches having particular promise. These are led/supported by individuals with lived or personal experience of a particular challenge, such as homelessness, problem substance use or poor mental health. The evidence base is limited, however, in terms of robust or large-scale studies regarding peer-delivered interventions that are acceptable to, and effective for, people who are homeless and using substances. Finally, psychologically informed environments are a recent development in UK homelessness services; these are based on an understanding that service users often have experiences of trauma and are likely to be experiencing a range of challenges. Services are therefore encouraged to be responsive to this in how they are designed and the way in which they are operated by staff. Although services in the UK are increasingly implementing a psychologically informed environments approach, with associated staff training, there is a lack of research on experiences of implementing this approach in services and its potential benefits.

This 2-year study (May 2018–May 2020) tested the feasibility and acceptability of a peer-delivered intervention using 'Peer Navigators' to support people who are homeless and have problem substance use to address a range of health and social issues, crucially, on individuals' own terms. The intervention design drew on harm reduction and psychologically informed environments principles and approaches.

Objectives

The overarching study objectives were to implement a peer-delivered, relational intervention to reduce harms and improve health/well-being, quality of life and social functioning for people experiencing homelessness and problem substance use, and to conduct a concurrent process evaluation to inform a future randomised controlled trial.

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Informed by the evidence reviewed as part of the proposal development, the research questions were as follows:

- Is a peer-delivered, relational harm reduction approach accessible and acceptable to, and feasible for, people who are homeless with problem substance use in non-NHS settings?
- If so, what adaptations, if any, would be required to facilitate adoption in wider NHS and social care statutory services?
- What outcome measures are most relevant and suitable to assess the effect of this intervention in a full randomised controlled trial?
- Are participants and staff/service settings involved in the intervention willing to be randomised?
- On the basis of study findings, is a full randomised controlled trial merited to test the effectiveness of the intervention?

Aims

This study had two overarching aims:

1. develop and implement a non-randomised, peer-delivered, relational intervention, drawing on principles of psychologically informed environments, that aims to reduce harms and improve health/well-being, quality of life and social functioning for people who are homeless and have problem substance use
2. conduct a concurrent process evaluation, in preparation for a potential randomised controlled trial, to assess all procedures for their acceptability, and analyse important intervention requirements such as fidelity, rate of recruitment and retention of participants, appropriate sample size and potential follow-up rates, the 'fit' with chosen settings and target population, availability and quality of data, and suitability of outcome measures.

Methods

Co-produced intervention

An intervention was co-produced that involved Peer Navigators (individuals with lived experience of homelessness and/or problem substance use) developing trusting relationships with individuals experiencing homelessness, or at risk of homelessness, and problem substance use. The intervention was co-produced among the study team and partner organisations, the Peer Navigators, experts in homelessness, problem substance use, psychologically informed environments, and Experts by Experience. The intervention began in October 2018 and was completed by November 2019.

Recruitment

Peer Navigators

Four Peer Navigators were recruited and employed by The Salvation Army on 18-month contracts (June 2018–December 2019) for 30 hours per week. One Peer Navigator left the role early (January 2019). The Peer Navigators received a 4-month induction, which involved inducting them to services and to The Salvation Army as an employer, as well as to the study/team. They received extensive 'core' training delivered by The Salvation Army and the Scottish Drugs Forum on a range of topics and practices, including harm reduction, trauma and naloxone administration. The Peer Navigators also co-produced the intervention, contributed to the intervention guide (manual) and received study/research training.

Intervention participants

To be eligible to take part, participants were required to be aged ≥ 18 years, experiencing homelessness or at risk of experiencing homelessness, using drugs and/or alcohol in a way that had a negative effect on their lives, and able to provide informed consent. Seventy-four individuals were invited to take part; of these, 68 participants were recruited.

Recruitment was intensive in the first two months of the intervention (October and November 2018) until a desired sample size of 60–70 participants was reached. This equated to approximately 19 individuals per Peer Navigator (10 participants for the Peer Navigator who left the post early). Recruitment was open until mid-April 2019 to enable participants to be replaced by new participants as people withdrew, to maximise reach.

Settings

The Peer Navigators were based in three outreach settings for people who are homeless in Scotland, and three Salvation Army hostels (termed 'Lifehouses') in England. The outreach settings in Scotland were managed by The Salvation Army, Streetwork (Simon Community Scotland) and the Cyrenians (this service was taken over by 'Change Grow Live' in April 2019).

To enable the study to assess differences between intervention and non-intervention care pathways, two standard care settings (an outreach service in Scotland and a Lifehouse in England) were identified. These shared similarities to the intervention sites, for example they were third-sector services with similar aims, funding types, staff roles and numbers of service users.

Intervention

After developing trusting relationships with participants, Peer Navigators provided practical and emotional support to their case load of participants (median 15 participants) for a period of 2–12 months (total intervention participants, $n = 68$). Participants could receive the intervention for a maximum of 12 months. The participants who were based in the setting where the Peer Navigator left early received a 2- to 2.5-month intervention until the Peer Navigator left.

The Peer Navigators drew on the principles of psychologically informed environments and followed a harm reduction approach to offer this support. They worked with their participants on an individual basis to identify what they needed, or what they wanted to focus on, and how their Peer Navigator could support them with that. The Peer Navigators supported participants to access services including health care, substance use treatment, housing and access to benefits. They accompanied participants to attend appointments, including with general practitioners, physiotherapists, dietitians, dentists and hairdressers. As they walked, took a bus or taxi or drove them to appointments, they also spent time speaking with their participants and listening to their stories, the challenges they were experiencing, and the changes they wanted to see in their lives. The Peer Navigators helped participants to secure volunteering and employment opportunities and helped them to connect or reconnect with family and friends, including their children. The Peer Navigators also had access to a modest budget (£10,000 in total for the 18-month intervention across the four Peer Navigators) to pay for travel, food and hot drinks. This budget was also used to buy clothes or stamps or to make telephone calls while participants were in custody, and to purchase household appliances to help maintain newly acquired tenancies.

Towards the end of the intervention, the Peer Navigators had conversations with participants to identify a 'winding-down' strategy to ensure that they were well supported by other members of staff and other services.

Dropouts/withdrawals

Participants were able to withdraw from the intervention at any time, but they were not withdrawn by the study team or Peer Navigators on the basis of either continued problem substance use or abstinence: if participants decided to withdraw, this was their own decision.

Fifteen participants withdrew from the study: 12 participants withdrew from the full intervention (20%) and three withdrew from the shortened intervention [3/10 participants (30%)]. No withdrawals/'dropouts' happened after the recruitment window closed in April 2019. This meant that 46 participants completed the full intervention when it closed in November 2019.

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Mixed-methods data collection

A mixed-methods study with concurrent process evaluation was conducted. A 'holistic' or 'whole-person' health check was conducted using standardised measures. This had a dual aim of providing important health and contextual information about the participant to the Peer Navigator and providing the study's quantitative data. Outcomes relating to participants' substance use, participants' physical and mental health needs and the quality of the Peer Navigator relationships were measured via six questionnaires: a sociodemographics, health and housing circumstances questionnaire; the Patient Health Questionnaire-9 items and Generalised Anxiety Disorder-7; the Maudsley Addiction Profile; the Substance Use Recovery Evaluator; the RAND Corporation Short Form survey-36 items; and the Consultation and Relational Empathy Measure.

This health check was conducted at one or two time points: 45 participants completed the first wave of the health check (wave 1, baseline); of these, 30 completed the second wave of the health check (wave 2, follow-up). Academic researchers completed these questionnaires with the participants, with the Peer Navigators present to offer support/reassurance to participants and listen to responses.

Interviews were conducted once with staff in the intervention settings ($n = 12$), and at four time points with the Peer Navigators (three for the Peer Navigator who left early). Observations were conducted in all intervention settings, approximately 5 hours per setting. Interviews with staff ($n = 4$) and observations were also conducted in the standard care settings. Academic researchers from the study team conducted these interviews and the observations. Peer researchers ($n = 8$) from the Scottish Drugs Forum, who were volunteers with lived experience of problem substance use and trained in research methods, undertook interviews with a sample of intervention participants at two time points ($n = 24$ in wave 1 and $n = 10$ in wave 2) in the intervention settings, to explore participants' views on and experiences of the intervention.

Results

Overall, the Supporting Harm Reduction through Peer Support (SHARPS) study was found to be acceptable to, and feasible for, those experiencing homelessness and problem substance use (intervention participants), as well as to staff working in the intervention settings and the Peer Navigators. Staff in standard care settings believed that the intervention would work well in their services and stated that they would welcome it.

Baseline and follow-up measures were conducted with participants to explore the feasibility and acceptability of these. For participants who completed both baseline and follow-up measures, there were improvements in mental health and quality of life. There was reduced drug use and an increase in the number of prescriptions for opioid substitution therapy. There was reduced risk-taking in terms of risky injecting practice and risky sexual behaviour. The relationship with the Peer Navigator was measured as excellent at baseline and follow-up.

Intervention participants valued the Peer Navigators and benefited from the support they provided. They reported being better connected to other services (e.g. for support with problem substance use and housing), and better equipped to access these services on their own. The lived experience of the Peer Navigators was highlighted by intervention participants as being particularly helpful, enabling trusting, authentic and meaningful relationships to be developed.

Some challenges were experienced in relation to the 'fit' of the intervention in some settings. Some Support Workers (and equivalent roles) did not fully understand the role, its purpose or how it fitted into their service. The very flexible role enabled the Peer Navigators to work beyond the service they were based in, for example in supporting outreach work, accompanying participants to appointments and meetings, and taking participants for coffee or lunch to have more informal or private conversations

outside service contexts. This was very different from most, if not all, roles in the intervention settings, which required staff to be more desk-based. These role differences sometimes contributed to tensions between existing staff and the Peer Navigators.

Staff in services were generally very positive about the intervention and, even when these tensions were more prominent, there was recognition of the value and importance of a specific staff member being able to spend more time with participants. Overall, staff members described that the Peer Navigators engaged extremely well with participants, and attributed this to a combination of the Peer Navigators' lived experience, their training and interpersonal skills. They felt that the Peer Navigators were particularly skilled at engaging with individuals who may be considered 'chaotic' or 'hard to reach' more quickly than non-peer staff members, and helping them to stabilise their lives.

The Peer Navigators sometimes found their roles to be challenging, for a range of reasons, but they responded to these challenges well and were supported throughout by their service managers and the study team, both formally and informally. The Peer Navigators felt fulfilled in their roles, proud of the participant journeys during the course of the intervention and succeeded in achieving related roles in the sector when their posts ended.

Conclusions

This feasibility and acceptability study demonstrated that the intervention was feasible for, and acceptable to, intervention participants, staff in settings and the Peer Navigators. On the basis of these promising findings, a randomised controlled trial is now recommended to assess the effectiveness of the Peer Navigator intervention.

Trial registration

The trial is registered as ISRCTN15900054.

Funding

This project was funded by the National Institute for Health Research (NIHR) Health Technology Assessment programme and will be published in full in *Health Technology Assessment*; Vol. 26, No. 14. See the NIHR Journals Library website for further project information.

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Health Technology Assessment

ISSN 1366-5278 (Print)

ISSN 2046-4924 (Online)

Impact factor: 4.014

Health Technology Assessment is indexed in MEDLINE, CINAHL, EMBASE, the Cochrane Library and Clarivate Analytics Science Citation Index.

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This report

The research reported in this issue of the journal was funded by the HTA programme as project number 16/153/14. The contractual start date was in May 2018. The draft report began editorial review in July 2020 and was accepted for publication in October 2020. The authors have been wholly responsible for all data collection, analysis and interpretation, and for writing up their work. The HTA editors and publisher have tried to ensure the accuracy of the authors' report and would like to thank the reviewers for their constructive comments on the draft document. However, they do not accept liability for damages or losses arising from material published in this report.

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