Supporting Harm Reduction through Peer Support

Submission date	Recruitment status No longer recruiting	[X] Prospectively registered			
28/03/2018		[X] Protocol			
Registration date 28/03/2018	Overall study status Completed Condition category	Statistical analysis plan			
		[X] Results			
Last Edited		☐ Individual participant data			
04/04/2024	Mental and Behavioural Disorders				

Plain English summary of protocol

Background and study aims

People who are homeless have worse physical and mental health, and higher rates of substance use (alcohol or drugs), than the general population. For some people with severe substance use problems, completely stopping their use is a complex challenge. Many people who end up being homeless have had very difficult lives including traumatic experiences. Harm reduction services can be useful in cutting the risks connected with substance use, for example needle exchange services. Harm reduction aims to support people 'where they are at', rather than trying to get people to change before they are ready or able to do so. Harm reduction supports people to improve their quality of life. While harm reduction is suggested for homeless people there is a lack of research on exactly how it should be delivered. This study will build on research that has already been done to show that trusting relationships with staff can help people with serious health and social problems. Homeless people need services that suit their specific needs, with staff that are good listeners, caring and understanding. Relationships seem to be most helpful when staff also offer practical help. This study will involve peer 'Navigators' providing practical and emotional support to homeless people who have substance use problems. Peers are people with personal experience of problem substance use who are recovering and have been trained in a range of areas. The word 'Navigator' is used to mean that these workers will closely support each person. The aim of this study is to explore whether the Peer Navigator programme can be delivered to people with serious problem substance use in hostel and outreach settings for homeless people.

Who can participate?

People who are homeless or at risk of becoming homeless, who have alcohol or drug problems

What does the study involve?

The Peer Navigators build trusting relationships to try to help each person improve their quality of life and their health in a safe and supportive environment. As part of the study, a 'whole person' health check is offered and completed by a study researcher. Checks like this can take a while and can be off-putting so it is offered once a trusting relationship has been developed and when the person is comfortable with it. The Peer Navigators then help the person to find services that can meet their needs, such as healthcare, housing or counselling. They also go with them to appointments if needed. The practical support offered includes having enough money

to travel to appointments and to buy basics such as hot drinks, food and bus fares. The study looks at whether people want to get involved with the Navigators or not. It looks at how the Peer Navigators and participants work together. It also asks staff how they felt about delivering the programme. It does not find out if the programme actually improves people's lives as that is something that would happen in a later study. To understand how the programme works, Peer Researchers do interviews with a group of the participants at two different points in time. Interviews are also done with the Peer Navigators and other staff members working in the homeless services. Peer Researchers are also involved in making sense of the research findings alongside the research team. People with lived experience have been involved in the design of the Peer Navigator programme and the research study. The most important outcome of the research would be to decide if further research should be carried out to see if the Peer Navigators make a real difference to people's lives and to their health.

What are the possible benefits and risks of participating?

It is hoped that people taking part in the study will benefit from the support received from the Peer Navigator. Working with the Peer Navigator for up to 12 months may lead to improvements in: physical and mental health; housing status; access to services (such as GP, dentist, optician); awareness of services; and awareness of particular health conditions and how to manage them. It cannot be guaranteed that participants will experience any or all of these, but it is hoped that working with the Peer Navigator will be beneficial for those involved. It is hoped that participation in the study will not cause participants any harm. During the health check, participants will only have to answer questions and no tests (such as bloods) will be carried out. Participants might be asked questions they find difficult to answer or distressing. If this happens, the Peer Navigator will ensure participants have access to appropriate support so they can deal with this distress in a supportive manner. Participants will be informed that they do not have to answer any questions they do not wish to answer.

Where is the study run from?

- 1. Streetwork (UK)
- 2. Pre-Sync 27, Recovery Hub (Cyrenians) (UK)
- 3. Niddry Street drop in (Salvation Army) (UK)
- 4. Darbyshire House Lifehouse (Salvation Army) (UK)
- 5. Ann Fowler House Lifehouse (Salvation Army) (UK)
- 6. The Orchard Lifehouse (Salvation Army) (UK)

When is the study starting and how long is it expected to run for? May 2018 to April 2020

Who is funding the study? NIHR Health Technology Assessment Programme (UK)

Who is the main contact? Dr Tessa Parkes t.s.parkes@stir.ac.uk

Contact information

Type(s)

Contact name

Dr Tessa Parkes

Contact details

Salvation Army Centre for Addiction Services and Research Faculty of Social Sciences
3S26, Colin Bell Building
University of Stirling
Stirling
United Kingdom
FK9 4LA
+44 (0)1786 467747
t.s.parkes@stir.ac.uk

Additional identifiers

Protocol serial number HTA 16/153/14

Study information

Scientific Title

Testing the feasibility and acceptability of a peer-delivered, relational intervention for people with problem substance use who are homeless, to improve health outcomes, quality of life and social functioning, and reduce harms

Acronym

SHARPS-feasibility

Study objectives

This study will develop and test the use of a peer-to-peer (using Peer 'Navigators') relational intervention. Drawing on the concept of psychologically informed environments it will focus, first and foremost, on providing trusting and supportive relationships. This feasibility study aims to: 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/wellbeing, quality of life, and social functioning, for people who are homeless with problem substance use; and 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.

Ethics approval required

Old ethics approval format

Ethics approval(s)

- 1. Approved 27/04/2018, NICR (University of Stirling), ref: NICR 17/18 Paper 35. Amendments approved 06/11/2018, 22/11/2018, 13/02/2019, 26/05/2019.
- 2. Approved 05/06/2018, Salvation Army ethics committee, ref: none. Amendments approved 20 /11/2018, 23/11/2018, 12/02/2019, 04/06/2019.

Study design

Mixed-method feasibility study with concurrent process evaluation

Primary study design

Interventional

Study type(s)

Other

Health condition(s) or problem(s) studied

Problem drug/alcohol use and homelessness

Interventions

Intervention as of 14/12/2018:

The study will involve peer 'Navigators' providing practical and emotional support to homeless people who have substance use problems. Peers are people with personal experience of problem substance use who are recovering and have been trained in a range of areas. The word 'Navigator' is used to mean that these workers will closely support each person. The Peer Navigators will build trusting relationships to try to help each person improve their quality of life and their health in a safe and supportive environment. As part of the study, a 'whole person' health check will be offered and completed by a study researcher. Checks like this can take a while and can be off-putting so we will make sure that it is offered once a trusting relationship has been developed and when the person is comfortable with it. The Peer Navigators will then help the person to find services that can meet their needs, such as healthcare, housing or counselling. They will also go with them to appointments if needed. The practical support offered will include having enough money to travel to appointments and to buy basics such as hot drinks, food and bus fares.

The aim is to explore whether the Peer Navigator programme can be delivered to people with serious problem substance use in hostel and outreach settings for homeless people. The study will look at whether people want to get involved with the Navigators or not. It will describe how the Peer Navigators and participants worked together. It will also ask staff how they felt about delivering the programme. It will not find out if the programme actually improves people's lives as that is something that would happen in a later study. To understand how the programme works, Peer Researchers will do interviews with a group of the participants at two different points in time. Interviews will also be done with the Peer Navigators and other staff members working in the homeless services. Peer Researchers will also be involved in making sense of the research findings alongside the research team. People with lived experience have been involved in the design of the Peer Navigator programme and the research study. The most important outcome of the research would be to decide if further research should be carried out to see if the Peer Navigators make a real difference to people's lives and to their health.

The total duration of the intervention is up to 12 months. There is no additional follow up for participants due to the study being a feasibility study rather than an outcome trial.

Previous Intervention:

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The total duration of the intervention is 12 months. There is no additional follow up for participants due to the study being a feasibility study rather than an outcome trial.

Intervention Type

Other

Primary outcome(s)

Primary outcome measure as of 14/12/2018:

- 1. Estimates of recruitment and retention of participants
- 2. Participant engagement with the intervention and acceptability of intervention to participants /staff
- 3. Time needed to collect/analyse data
- 4. Sample size estimates
- 5. Fidelity

The specific outcome measures that will be tested for use in a trial are:

- 1. Standardised measures of socio-demographic characteristics
- 2. Housing status/quality, measured using MAP
- 3. Quality of life, measured using SF36
- 4. Substance use, measured using SURE
- 5. Mental health, measured using GAD7 and PHQ9
- 6. Relationship quality, measured using CARE

These measures will be used during holistic health checks when the participant is ready for these to be completed. Therefore, there are no specific timepoints.

Previous Primary outcome measure:

- 1. Estimates of recruitment and retention of participants
- 2. Participant engagement with the intervention and acceptability of intervention to participants /staff

- 3. Time needed to collect/analyse data
- 4. Sample size estimates
- 5. Fidelity

The specific outcome measures that will be tested for use in a trial are:

- 1. Standardised measures of socio-demographic characteristics
- 2. Housing status/quality, measured using MAP
- 3. Quality of life, measured using EQ-5D-5L
- 4. Substance use, measured using SURE
- 5. Mental health, measured using HADS
- 6. Relationship quality, measured using CARE

These measures will be used during holistic health checks when the participant is ready for these to be completed. Therefore, there are no specific timepoints.

Key secondary outcome(s))

There are no secondary outcome measures

Completion date

30/04/2020

Eligibility

Key inclusion criteria

- 1. People who are homeless/at risk of becoming homeless
- 2. Self-reported alcohol or drug problems

Participant type(s)

Other

Healthy volunteers allowed

No

Age group

Adult

Sex

All

Total final enrolment

68

Key exclusion criteria

- 1. Those unable to provide informed consent
- 2. Aged under 18
- 3. Those who do not use alcohol or drugs
- 4. Those who do not self-identify as using substances

Date of first enrolment

01/10/2018

Date of final enrolment

12/04/2019

Locations

Countries of recruitment

United Kingdom

England

Scotland

Study participating centre Streetwork

18 South Bridge Edinburgh United Kingdom EH1 1LL

Study participating centre Pre-Sync 27, Recovery Hub (Cyrenians)

27 George Street Bathgate United Kingdom EH48 3JQ

Study participating centre Niddry Street drop in (Salvation Army)

25 Niddry Street Edinburgh United Kingdom EH1 1LG

Study participating centre Darbyshire House Lifehouse (Salvation Army)

380 Prescot Road Liverpool United Kingdom L13 3DA

Ann Fowler House Lifehouse (Salvation Army)

45 London Road Liverpool United Kingdom L3 8HY

Study participating centre
The Orchard Lifehouse (Salvation Army)

371 Leeds Road Bradford United Kingdom BD3 9NG

Sponsor information

Organisation

University of Stirling

ROR

https://ror.org/045wgfr59

Funder(s)

Funder type

Government

Funder Name

Health Technology Assessment Programme

Alternative Name(s)

NIHR Health Technology Assessment Programme, Health Technology Assessment (HTA), HTA

Funding Body Type

Government organisation

Funding Body Subtype

National government

Location

United Kingdom

Results and Publications

Individual participant data (IPD) sharing plan

Due to the study being a feasibility and acceptability trial involving a process evaluation, participant data will not be available. If a future trial is commissioned the trialists would supply participant data at that stage.

IPD sharing plan summary

Not expected to be made available

Study outputs

Output type	Details	Date created	Date added	Peer reviewed?	Patient- facing?
Results article		04/02 /2022	07/02 /2022	Yes	No
Results article	НТА	01/02 /2022	28/02 /2022	Yes	No
Protocol article	protocol	29/04 /2019	15/01 /2021	Yes	No
Other publications	commentary article on experiences in a Patient and Public Involvement group	20/11 /2021	26/01 /2022	Yes	No
Participant information sheet	Participant information sheet	11/11 /2025	11/11 /2025	No	Yes