

ASSESSING THE FEASIBILITY, ACCEPTABILITY AND ACCESSIBILITY OF A PEER-DELIVERED INTERVENTION TO REDUCE HARM AND IMPROVE THE WELL-BEING OF PEOPLE WHO EXPERIENCE HOMELESSNESS WITH PROBLEM SUBSTANCE USE: THE SHARPS STUDY

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Background:

People experiencing homelessness often have complex needs and face overlapping challenges including poor mental and physical health, and problem substance use. They frequently encounter healthcare and support service landscapes which are challenging to navigate and stigmatising. A growing field of research suggests that trusting relationships, and particularly ones with peers, can protect against substance harms by facilitating engagement with mainstream services. Our 2 year mixed methods feasibility and acceptability study, 'Supporting Harm Reduction through Peer Support' (SHARPS), funded by the UK's National Institute for Health Research, was informed by this evidence and assessed the benefits of an innovative peer-led model of care.

Description of model of care/intervention:

A peer-delivered, relational, harm reduction intervention was delivered which drew extensively on the principles of psychologically informed environments. Four 'Peer Navigators (PNs)', individuals with lived experience of problem substance use and/or homelessness, were located across six third sector homelessness services in Scotland and England. Through the development of trusting and equitable relationships, each Peer Navigator delivered holistic, person-centred emotional and practical support to a caseload of approximately 15 participants for up to 12 months.

Effectiveness:

The SHARPS intervention was shown to be acceptable to, and feasible and accessible for, participants, staff in hosting services, and the PNs. Participants reported improved engagement with a range of health and social care services. The lived experience of the PNs enabled the development of trusting, authentic and meaningful relationships which were measured as excellent at baseline and follow-up. Some challenges were experienced in relation to the 'fit' of the intervention within some settings.

Conclusion and next steps:

Having demonstrated feasibility, our findings support the need for a randomised controlled trial to assess outcomes from the intervention, including effectiveness/cost effectiveness. Delegates will benefit from hearing about this model of care directly from one of the SHARPS PNs and the study lead.

Disclosure of Interest Statement:

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