

Time for Change Evaluation

Sarah Johnsen & Janice Blenkinsopp

February 2020



I-SPHERE
Institute for Social Policy, Housing and Equalities Research



EUROPE & SCOTLAND
European Social Fund
Investing in a Smart, Sustainable and Inclusive Future

Shelter
Scotland

ACKNOWLEDGEMENTS

Sincere thanks are due to Shelter Scotland and Time for Change project staff, peers/trainees, and clients, together with external stakeholder agency representatives, for taking the time to share their experiences and thoughts with the research team. We are especially indebted to Rhona Manson and Mark Thomson from the Aberdeen Hub, Lisa Cooney and John McCabe from the Dundee Hub, William Wright from the Edinburgh Hub, and Stephen Wishart and David MacIver from the Glasgow Hub, for their practical assistance with fieldwork visits. We would also like to extend our thanks to Gillian Reid for her oversight of the evaluation and coordination of the outcomes data compilation.

CONTENTS

ACKNOWLEDGEMENTS.....	i
ACRONYMS.....	iv
PART I: SETTING THE SCENE	1
CHAPTER 1: INTRODUCTION	2
TFC history	2
TFC aim and approach	2
Evaluation aim	4
Report outline	4
CHAPTER 2: METHODS.....	5
Literature review	5
Interviews.....	5
Documentation and outcomes data review.....	6
CHAPTER 3: LITERATURE REVIEW	7
Peer support in context	7
Evidence scope and quality	7
Definitions, rationale and models	8
Outcomes for recipients	9
Outcomes for peers	10
Delivery challenges.....	11
Implementation guidance	12
Conclusion	13
PART II: PROJECT OVERVIEWS.....	14
CHAPTER 4: TFC GLASGOW	15
Background and overview	15
Activities to date.....	15
Contribution to co-production and system change agendas.....	17
CHAPTER 5: TFC DUNDEE	18
Background and overview	18
Activities to date.....	18
Contribution to co-production and system change agendas.....	19
CHAPTER 6: TFC EDINBURGH	21
Background and overview	21
Activities to date.....	21
Contribution to co-production and system change agendas.....	22
CHAPTER 7: TFC ABERDEEN	24
Background and overview	24

Activities to date.....	24
Contribution to co-production and system change agendas	25
PART III: EFFECTIVENESS AND LESSONS LEARNED	27
CHAPTER 8: EXPERIENCES AND OUTCOMES	28
Peers	28
Clients.....	30
Conclusion	33
CHAPTER 9: OPERATIONAL CHALLENGES AND LESSONS	34
Development.....	34
Implementation	37
Conclusion.....	39
CHAPTER 10: CONCLUSION.....	40
Conclusions	40
Recommendations	43
REFERENCES.....	45

ACRONYMS

CDW	Community Development Worker
DW	Development Worker
FEANTSA	European Federation of National Organisations working with the Homeless
GPP	Glasgow Participation Project
TFC	Time for Change
RQ	Research Question
SDW	Senior Development Worker
SS	Shelter Scotland

PART I: SETTING THE SCENE

CHAPTER 1: INTRODUCTION

This report documents the findings of an independent evaluation of Shelter Scotland's Time for Change (TFC) initiative. TFC is a set of projects involving people with lived experience of homelessness in the co-production and delivery of service responses to an issue that is identified as problematic for homeless people in the local area. The recent development and expansion of TFC is reflective of the increasing emphasis accorded by Shelter Scotland to ensuring that user involvement is central to the organisation's local (and by extension national) service delivery (Reid and Watson, 2018).

A TFC project operates out of each of the four main Shelter Scotland Hubs, which are key to the delivery of Shelter Scotland's 'core offer' of housing advice and advocacy¹, in Glasgow, Dundee, Edinburgh and Aberdeen. Each city's TFC project has been operating for different lengths of time and/or has faced different implementational challenges, hence is at a different stage in development and/or delivery. This evaluation documents the experiences, achievements, challenges, and operational lessons associated with all four projects.

TFC history

The roots of TFC lie in Shelter Scotland's Glasgow Participation Project (GPP) which was set up in 2014 in response to evidence regarding the difficulties that homeless people with complex needs faced in navigating support services in the city. The inception of the GPP represented a step-change in the nature and extent of the organisation's commitment to co-production and use of peer support at the time.

The GPP evolved into TFC Glasgow. A TFC project subsequently commenced in Dundee in 2017 and was evaluated in 2018 (see Johnsen and Blenkinsopp, 2018). Learning from the Glasgow and Dundee projects informed the development of new TFC initiatives in Aberdeen and Edinburgh in 2019.

The TFC projects in Dundee and Aberdeen are funded by the Social Innovation Fund which is supported by the European Social Fund (ESF) and Scottish Government. The TFC Glasgow project is funded by Shelter Scotland with TFC Edinburgh commencing thanks to a donation from a corporate partner in the city.

Shelter Scotland has recently articulated a vision that TFC becomes 'part of the fabric' of its Hub operation, such that the TFC model informs and supports the organisation's campaigns, policy work, community engagement, and service design and delivery (Reid and Watson, 2019). It is the organisation's main avenue for involving people with lived experience in service design and delivery.

TFC aim and approach

TFC aims "to consult and engage with people with lived experience in identifying the issues they face and exploring what changes could be made to make the experience of them, and others facing similar challenges, better" (Reid and Watson, 2019, p.11). The initiative aims to engender positive change for peers, clients, for Shelter Scotland, and the homelessness sector more widely.

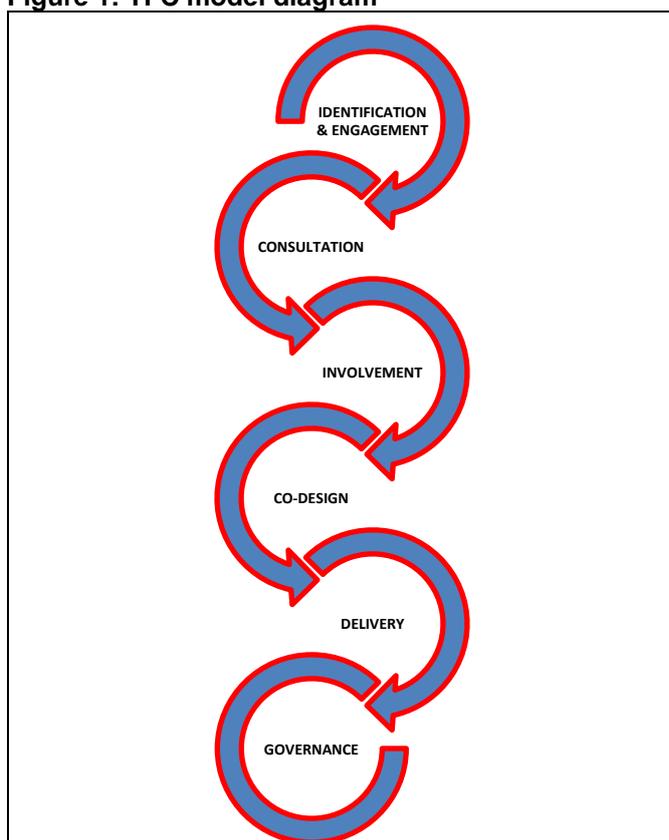
¹ The mainstay of Shelter Scotland's work is to enforce people's housing rights via the provision of housing advice and advocating on clients' behalf. The 'core offer' is delivered through four community hubs (on a drop-in, appointment and outreach basis) and via a national helpline.

In essence, implementation involves paid TFC staff supporting a core group of unpaid² 'peers' (referred to as 'trainees' in Glasgow³) with lived experience of homelessness to design, deliver, and govern a service response to an issue identified as a problem for homeless people at the local level. The nature of the problem and focus and operationalisation of the response therefore varies between the cities.

The TFC model comprises six key components which underpin all four projects, as shown in Figure 1. The first is *identification and engagement*, which involves identifying and building relationships with local stakeholder agencies and people who have lived experience of homelessness. The second, *consultation*, involves a process of seeking to understand 'what better looks like' from the perspective of the target group and other key stakeholders locally. The third, *involvement*, creates opportunities for individuals with lived experience to be 'agents of change' in their city.

The fourth element, *co-design*, involves the coordination of a response to the issues identified and identification of support, training and development needs for the core group of individuals involved. The fifth, *delivery*, sees the implementation plan being put into action and continuation of support to the core group. The sixth, *governance*, should ensure that the individuals with lived experience are the key decision makers identifying priorities, analysing impact, discussing and responding to challenges.

Figure 1: TFC model diagram



Source: Reid and Watson (2019, p.8)

² Shelter Scotland maintains that there is a spectrum between involvement and volunteering. The TFC projects work closely with the volunteering team in the Directorate to identify when a peer's activity meets the volunteer 'threshold' in which case different processes apply. For example, TFC Glasgow trainees are officially considered volunteers due to the service delivery nature of their involvement (see Chapter 4), whilst peers involved in campaigning work would be part of Shelter Scotland's involvement programme (without being considered 'volunteers' in terms of the definition formally employed by the organisation).

³ The term 'trainee' rather than 'peer' (or 'peer mentor') has been used in Glasgow at the request of members of the initial core group (see Chapter 4).

Evaluation aim

The evaluation aimed to assess the impact that the co-production of solutions has had on tackling localised homelessness issues and explore the experiences of peers and service users where the projects were more established.

It was underpinned by five key research questions:

1. What *impact* does TFC have on peers and clients (as regards service engagement, employability, health, and other key outcomes)?
2. What *operational lessons* have been learned during project development and implementation?
3. To what extent (if at all) does TFC contribute to Shelter Scotland's broader agenda regarding the *co-production* of service delivery?
4. What do peers and clients think 'better would look like' as regards *system design and operation* in their local area?
5. To what extent (if at all) has TFC contributed to '*system change*' for homeless people at the local level?

The evaluation was conducted by the Institute for Social Policy, Housing and Equalities Research (I-SPHERE) at Heriot-Watt University. It was funded by the European Social Fund and Scottish Government's Social Innovation Fund (Stage Three) programme. An overview of the methods used is provided in the next chapter.

Report outline

This report comprises three main parts. The first part, *Setting the scene*, includes this introductory chapter (Chapter 1), an account of the research methods employed (Chapter 2), and a review of literature regarding existing evidence on peer support schemes (Chapter 3). The second part, *TFC project overviews*, consists of four chapters providing descriptive details and highlighting key issues pertaining to the projects in Glasgow (Chapter 4), Dundee (Chapter 5), Edinburgh (Chapter 6), and Aberdeen (Chapter 7) respectively. The third part, *Effectiveness and lessons learned*, draws together findings from across all four projects as regards the experiences of and outcomes for peers and individuals supported (Chapter 8), implementational challenges and lessons (Chapter 9), and overall conclusions and recommendations (Chapter 10).

CHAPTER 2: METHODS

A primarily qualitative methodology was employed. The evaluation design incorporated three core elements: a review of literature, a series of interviews, and a review of project documentation and outcomes data. Each of these is described below.

Literature review

A review of international literature was conducted in order to document what is currently known about the implementation and effectiveness of peer support schemes for homeless people. It involved a comprehensive search of academic literature via the Web of Knowledge and Google Scholar databases. This task was complemented by a search for relevant 'grey' literature via the System for Information on Grey Literature in Europe and key international evidence repositories held by the Institute of Global Homelessness, European Federation of National Organisations working with the Homeless (FEANTSA), National Coalition for the Homeless, Canadian Observatory on Homelessness, Homeless Link, Crisis, and Shelter.

Interviews

Semi-structured interviews were conducted with a total of 43 individuals representing a number of different groups between the end of November 2019 and early February 2020. These included:

- TFC and Hub staff with direct involvement in the delivery and/or oversight of a TFC project (n=8);
- Peers/trainees who had been actively involved the design and/or delivery of a TFC project, or in the case of those projects still in development stages, the associated training (n=18);
- Representatives of stakeholder agencies who work with TFC, support the same client group, or are involved in designing or implementing local homelessness strategies (n=9);
- Clients/users of local homelessness services within which peers operate (n=5); and
- Shelter Scotland staff with a regional or national strategic role (n=3).

The numbers representing each of the above groups in each city varied considerably reflecting the different stages of development each was at, as shown in Table 1.

Table 1: Number of interviewees or focus group participants, by city

	Aberdeen	Dundee	Edinburgh	Glasgow
TFC and Hub staff	3	1	2	2
Peers/trainees	5	4	4	5
External stakeholder representatives	2	0	4	3
Clients/users of homelessness services	0	3	1	1
TOTAL*	10	8	11	11

*Note that column totals do not include the (n=3) Shelter Scotland staff with strategic roles whose responsibilities extended beyond these geographic areas

Interviews were conducted face-to-face in the vast majority of cases, but by telephone if doing so was the explicit preference of an interviewee or was necessary for logistical reasons. Most interviews were conducted on a one-to-one basis, but small group interviews were conducted where this was the preference of peers/trainees and/or clients/users (as was the case for a total of four groups involving n=14 interviewees).

Peers and clients were given £15 shopping vouchers to thank them for their contribution to the evaluation. Interviews were audio recorded with the permission of interviewees, transcribed verbatim, and analysed thematically.

Documentation and outcomes data review

All four projects were asked to provide details regarding basic monitoring outcomes data for peers and/or clients where this had been recorded. The format and time periods covered varied given the projects' different start-points and data recording processes, but aggregate figures are reported insofar as the evidence shared allows. Where presented, figures relate to the period up until the end of January 2020.

It must be noted that potential to measure progress as regards some intended outcomes – and the experiences of the individuals being supported by peers in particular – was extremely limited in most of the cities given their early stage in project design or delivery.

Project documentation such as policies, procedures, and reports were also reviewed where this was provided by individual TFC projects.

Ethical approval for the study was granted by Heriot-Watt University's School of Energy, Geoscience, Infrastructure and Society (EGIS) Research Ethics Committee (approval number 589923).

CHAPTER 3: LITERATURE REVIEW

This chapter reviews academic and grey literature relating to peer support programmes targeting people with experience of homelessness. It begins by reflecting on the historical context, volume, and quality of existing research, before then reviewing key messages from literature regarding the definitions and approaches used, outcomes for recipients and peers, delivery challenges, and implementation guidance.

Peer support in context

The use of peer support is sometimes presented as a relatively 'new' phenomenon in health and community services, but evidence suggests that the idea that someone in recovery may be especially well suited to helping others suffering from the same condition has a much longer, if rarely acknowledged, history which dates back to the 1800s at least (Davidson et al., 2012). Peer support programmes of various kinds have become increasingly formalised and implemented by professional organisations in a range of health and social care settings over the past three decades or so (Davidson, 2015).

Peer support programmes are particularly prominent within mental health services, where they have grown exponentially in number in recent years, such that there is now a relatively established literature documenting their implementation and outcomes in the mental health sector (Bellamy et al., 2017; Chinman et al., 2014; Repper and Carter, 2011; Walker and Bryant, 2013). Although lesser in volume, there is also an expanding literature relating to the involvement of peers with lived experience of substance misuse in recovery programmes (Bassuk et al., 2016; Parkes et al., 2019), including within services supporting individuals who are dually diagnosed with substance misuse and mental health issues (Eddie et al., 2019).

Peer support programmes targeting homeless people are being increasingly developed and implemented within and beyond the UK, albeit to differing degrees in different contexts (FEANTSA, 2015; Parkes et al., 2019). The volume of research devoted to peer support in the homelessness sector is however extremely limited in comparison to that in mental health and substance misuse fields (Barker and Maguire, 2017; FEANTSA, 2015). On this subject, Barker and Maguire (2017, p.599) argue that "Increasingly, intentional peer support is used within homelessness services without a supporting evidence base".

Evidence scope and quality

A systematic review of literature on the effectiveness of peer support used with a homeless population conducted by Barker and Maguire (2017) cast light on just how limited the evidence base on this topic is. They identified only eleven publications, relating to ten studies, which they reviewed in detail. Most of these studies were conducted in the USA and used a range of quantitative outcomes measures. None examined adults experiencing homelessness exclusively but rather incorporated some other disadvantage (e.g. substance misuse or mental illness diagnoses).

Barker and Maguire (2017) note that the quality and reliability of the studies reviewed was variable. Quality assessment scores indicated that the results of only one of these can be interpreted with confidence, and the reviewers advise that the findings of the other studies should be treated with 'some caution' (in the case of five) and 'extreme caution' (in the case of four) (Barker and Maguire, 2017). The variable quality of evidence echoes that of evaluations of peer support schemes in other sectors (Bassuk et al., 2016; Chinman et al., 2014; Eddie et al., 2019).

Barker and colleagues have since published the findings of some small scale yet detailed qualitative research examining the experiencing of peer supporters (many of whom have at some point been recipients of peer support) which has very clear relevance for this review (Barker and Maguire, 2017; Barker et al., 2018, 2019). These contributions are welcome additions to the limited evidence base, and the rest of the chapter draws heavily on Barker and colleagues' systematic review and original empirical research. Qualitative accounts of recipients' experiences and perceptions of peer support schemes for homeless people are nevertheless notable by their absence from existing literature⁴.

While some studies attribute the (quantitative) outcomes reported for recipients quite directly to the peer support received (see for example Young Foundation, 2016), some scholars caution against making such associations, emphasising the difficulty of disentangling the effects of peer support from those of other service attributes or service interventions that users might be utilising concurrently or have used in the past (Corrigan et al., 2017b). Further research needs to be done to better understand the nature and mechanisms of any effects.

In this vein, there is a clear plea amongst academics within and beyond the homelessness field for more research enabling better understanding of the outcomes, experiences and mechanics of peer support, especially from the perspective of homeless people in receipt of the intervention (Bassuk et al., 2016; Parkes et al., 2019). As Eddie et al. (2019, p.10) observe: "existing peer support service literature speaks to both the potential of peer supports across a number of ... settings, as well as the great amount of work yet needed to establish the efficacy and effectiveness of such ministrations".

Definitions, rationale and models

Peer support is defined by scholars Mead et al. (2001, p.135) as "a system of giving and receiving help founded on key principles of respect, shared responsibility and mutual agreement of what is helpful". One of the most widely used definitions employed by services is that advocated by the Substance Abuse and Mental Health Services Administration (SAMHSA), this being "services [that] are delivered by individuals who have common life experiences with the people they are serving" (SAMHSA, 2015, cited in Barker and Maguire, 2017, p.598). Some publications use the term 'intentional peer support' to refer specifically to that fostered and developed by professional organisations (Faulkner et al., 2012). Following Barker and Maguire (2017), this chapter reviews literature pertaining to programmes incorporating intentional peer support.

The common denominator shared by peer support programmes, across sectors, is that peers share some aspect of their personal biography with clients and are viewed as offering something distinct from professional staff whom do not have that lived experience (Barker and Maguire, 2017). Peer support initiatives are based on the premise that people that have similar experiences can better relate and offer more authentic empathy and validation than professionals (Mead and McNeil, 2006). Whilst discussion of the theoretical basis underpinning peer support programmes is surprisingly absent from the literature reviewed, some papers do allude to the pivotal role played by reciprocity in therapeutic relationships (Sandhu et al., 2015) and/or suggest that this reciprocity is integral to and/or a key defining feature of peer support (Repper and Carter, 2011).

⁴ Many of the people with lived experience of homelessness interviewed in Barker et al.'s (2018) study (see below for further detail) had at some point been recipients of peer support, but only one of the 29 interviewees did not have experience of being a peer supporter (i.e. was a recipient but not a provider of peer support). The vast majority of interviewees thus represented a particular subset of the homeless (peer support recipient) population, that is, those who went on to become peer supporter themselves. Their accounts cannot therefore be assumed to be representative of the broader population of users of peer support programmes.

In identifying what is unique about peer support, FEANTSA argues that:

A peer is in a unique position to offer support by virtue of relevant experience: he or she has 'been there, done that' and can relate to others who are now in a similar situation. Because of their relevant experience, peer workers and/or peer supporters have expertise and real world knowledge that professional training cannot replicate. (FEANTSA, 2015, p.3)

Barker and Maguire's (2017) review indicates that peer support schemes within homelessness services are quite diverse; some utilise peers as formal one-to-one mentors, others as informal supporters, and a number as a link to professionals, for example. They emphasise that peers may or not be trained and/or paid for their work (Barker and Maguire, 2017). FEANTSA (2015) distinguishes between and provides case examples of different models operating with the sector across Europe, including: peer support (befriending, peer mentoring, facilitating and delivering management courses, leading self-help groups etc.); peer support workers in Housing First (supporting homeless people with complex needs on a long-term basis); peer health educators (describing their own experiences of a health issue, its treatment, and impact on them); and peer health advocates (promoting patients' rights and access to healthcare services).

In the only study of its kind to date, Barker et al. (2018, p.213) interviewed 29 peer supporters working within four homelessness services in England in an attempt to better "understand the critical element of intentional peer support". Participants defined peer support as an experience-based relationship built upon mutual understanding, empathy and respect. The analysis of their narratives highlighted peers' persistence in building meaningful and trusting relationships, provision of social support to clients, influence as role models (inspiring clients to do better and instilling hope that recovery is achievable), and preparedness to break (or 'adjust') boundaries to assist clients when they felt it appropriate to do so.

Outcomes for recipients

Barker and Maguire's (2017) systematic review concluded that all the eleven publications reviewed in detail (see above) reported positive effects on service users, but that the size of and confidence in those effects varied. Two of these studies found that outcomes of peer support programmes were broadly comparable to the outcomes found in those involving support from clinicians only (Felton et al., 2015; Resnick and Rosenheck, 2008), but the findings of two further studies suggested that the outcomes of those receiving support from peers were better than those in 'treatment as usual' comparison groups (Fors and Jarvis, 1995; Van Vugt et al., 2012).

Barker and Maguire's (2017) review, and other relevant research (e.g. Corrigan et al., 2017a, 2017b; Resnik et al., 2017; Van Voorhees et al., 2019), documents significant positive effects of peer support programmes on service users in the following outcome areas:

- Quality of life (e.g. reduction in life problems, increased satisfaction with living);
- Social support (e.g. increased belonging, decreased loneliness, increased social relationships);
- Harm related to addiction (e.g. reduced drug or alcohol use, reduced relapse rates);
- Physical health (e.g. improved health, increased health promotion behaviours);
- Mental health (e.g. increase in psychological health, reduction in psychiatric symptoms, improved self-esteem);

- Homelessness (e.g. decrease in the number of days homeless, reduced incidences of repeat homelessness);
- Criminality (e.g. decrease in arrests);
- Employment/finances (e.g. increased rates of employment and satisfaction with finances);
- Attendance/interest (e.g. improved appointment attendance, maintenance of contact with professional services).

That said, some of the studies reviewed by Barker and Maguire (2017) reported null or non-significant effects for some of the outcome areas measured, meaning that either no impact was identified, or that an association may have been identified but was not 'big' (statistically significant) enough to be considered a definite outcome. No impact (null effect) was reported by some studies in the following outcome areas: size/composition of social network or perceptions of social inclusion (Felton et al., 1995; Stewart et al., 2009; Weissman et al., 2005), perceived treatment of mental health (Van Vugt et al., 2012), and length of homelessness episodes (Felton et al., 1995).

This non-uniformity of findings echoes the conclusions of studies in the mental health and substance misuse fields (Chinman et al., 2014; Eddie et al., 2019). A review of peer support initiatives conducted for the Cochrane Collaborative, for example, concluded that involving 'consumer-providers' in mental health teams resulted in psychosocial, mental health symptoms and service use outcomes for clients that were 'no better or worse' than those achieved by professionals employed in similar roles (Pitt et al., 2012). That said, Repper and Carter (2011, p.400) argue that the benefits of peer support in the mental health field become more apparent when a broader range of (non-experimental) studies is taken into account, suggesting that peer support programmes are better at engendering greater levels of engagement, self-efficacy and social inclusion. After systematically reviewing evidence in the substance misuse field Bassuk et al. (2016) concluded that the majority of studies have indicated that the participation of peers in recovery support interventions has a salutary effect on service users and makes a positive contribution to substance misuse outcomes.

Looking to grey literature, the evaluation of Groundswell's Homeless Health Peer Advocacy (HHPA) programme is highly relevant. The HHPA trained peer advocates with previous experience of homelessness to support homeless people to access and use health and care services appropriately. An independent mixed method evaluation conducted by the Young Foundation (2016) concluded that the programme improved clients' health through: increased access to preventative and early stage health services; increased confidence, knowledge and motivation to access healthcare and manage health proactively; reduced number of missed scheduled appointments; and decreased reliance on unplanned secondary care services. This was calculated to result in cost savings relating to reductions in unplanned care activity and was reported to be indicative of a probable reduction in ongoing care costs due to improved health. The evaluators concluded that the HHPA demonstrated the capacity for peer advocates to act as an effective bridge between homeless people and public services, and to do so in a cash-positive way.

Outcomes for peers

Psychosocial and instrumental benefits for peer supporters/mentors are widely reported (Bassuk et al., 2016; Barker and Maguire, 2017; Repper and Carter, 2011), and arguably feature more frequently in existing literature than do outcomes for service users in fact. The HHPA evaluation for example reported that peer advocates tended to remain in the role for 12 to 18 months then move on to either training or employment, with some going on to apprenticeships (Young Foundation, 2016). Whilst no figures regarding specific outcomes for peer advocates were provided, the evaluators concluded that through developing

employability and 'soft' skills, peer advocates tended to transition from unstable accommodation and chaotic lifestyles to employment and/or training and more stable lives.

Concrete benefits for peers such as skill development, gaining references, and enhancing work possibilities were also reported in Barker et al.'s (2018) study. Some of that study's interviewees had been able to get a paid job and move out of homelessness as a result of their role as a peer supporter. Many also reported deriving psychological benefits, including increases in self-esteem and self-efficacy which, together with an enhanced sense of purpose, aided their own recovery from issues such as substance misuse. Barker et al. (2018, p.226) describe a process of identity reconstruction which can occur as a result of such impacts, wherein peers are reported to move from a 'taker/consumer/harmful' individual to an actor that 'gives/provides/helps'.

The experiences of peers documented in the literature are not uniformly positive, however. Walker and Bryant's (2013) metasynthesis of qualitative studies of peer support in mental health services for example indicates that positive outcomes such as increased wellness and improved social networks can be accompanied by: non-peer staff discrimination and prejudice, low pay, and difficulty managing the transition from service user to peer support worker. Further to this, Barker et al. (2018) note that 'role confusion' is widely experienced by peer supporters in homelessness programmes. A number of other studies also identify stress as an unintended negative outcome which affects some peers (Repper and Carter, 2011; Parkes et al., 2019).

Delivery challenges

Existing literature documents a number of challenges associated with the delivery of peer support programmes. These are most widely reported to include issues such as: a lack of clarity regarding where peers' accountability begins and ends; a lack of boundaries; power imbalances (within peer relationships and/or with professionals); dealing with difficult behaviours; risks of maintaining clients in the homelessness sector long-term; and high levels of peer absenteeism or dropout (Davidson et al., 2012; Johnsen, 2013; FEANTSA, 2015; Parkes et al., 2019; Repper and Carter, 2011).

A number of these were echoed by the peers interviewed in Maguire et al.'s (2018) study of peer support programmes in homelessness, whom identified challenges and obstacles including: coping with challenging client behaviour, dealing with specific policies, difficulties maintaining their own recovery, and a lack of receptivity from some professionals. Some of the key challenges and learning from a peer support programme delivered in the context of tertiary prevention of youth homelessness in a Canadian city reported by Kidd et al. (2019) are also worth noting. These included:

- peers were sometimes held to a higher standard by service users, such that their perceived weaknesses or failures were monitored more closely and they were required to prove their merit in their roles, by virtue of both their proximity to participants' lived experience as well as their role as staff and mentor;
- defining and developing the peer role was a steep learning curve for peers and clinical staff, and while involving peers in all aspects of design and delivery was regarded as invaluable, this process was not without its 'growing pains';
- there are tensions and challenges associated with balancing the need for supervision and structure versus promotion of the agency and independence of peers;
- peers found the administrative tasks (such as submitting timesheets, tracking client contact and attending meetings) the most challenging aspects of the role;
- explicit structure and prompting by other staff members was important in helping create both clear expectations for and fostering the safety of peers; and

- peers developed both comfort from and confidence in their role over time.

The issue of disclosure is also worthy of note given the extent to which it features in literature on this subject. Recounting the nature of relationships between peer advocates with experience of homelessness, alcohol and drug misuse with a cohort of hepatitis C-positive clients with a history of injecting drug use and homelessness, MacLellan et al. (2017) noted that peers often built rapport with clients by disclosing personal details about their lives. The researchers note that this runs counter to assumptions about the need to maintain distance in relationships with patients, yet assert that it helped peers form a short-term therapeutic alliance with clients which encouraged clients' engagement and self-disclosure. MacLellan et al. (2017) emphasised that such evidence highlights the need for support in boundary setting to protect the vulnerability of the peers. After reviewing these and other challenges, MacLellan et al. (2017) conclude that the therapeutic benefits of peer support appear to outweigh the potential costs.

Implementation guidance

A core message running through literature regarding the delivery of peer support programmes is articulated succinctly by Kidd et al. (2019, p.641) who emphasise that it "cannot be an afterthought", but rather must be robust in process and structure to facilitate improvements for service recipients and foster the wellness of peers. Specific strategies that have been deemed effective in introducing peer support into conventional mental health and/or addiction settings include: having a clear job description; involving non-peer staff and leaders as well as people in recovery throughout the process of creating peer positions; identifying and valuing the unique contribution that peers can make; starting with at least two peers in any programme to facilitate their transition and enable them to provide mutual support to one another; having a senior administrator adopt the role of peer 'champion'; provide tailored training for peers; providing supervision that concentrates on job skills, performance and support rather than clinical status; and providing training and education for non-peer staff covering relevant disability and discrimination legislation, expectations of peers, boundaries, and how to talk openly about power and hierarchy (Davidson et al., 2012).

The most detailed guidance on delivering peer support within the UK homeless sector is arguably that provided in relation to Housing First, a model which is being replicated rapidly internationally as a means to address the housing and other needs of homeless people with so-called 'complex needs' (Bean et al., 2013; Mackie et al., 2017). Peer support is a core element of most Housing First programmes, and whilst there are some examples of peers being paid in formal peer support worker roles within schemes in the UK (Johnsen, 2013), it is more common for people with lived experience to hold unpaid peer mentoring roles (Homeless Link, 2017). Guidance developed by Homeless Link's Housing First England programme offers practical suggestions regarding the recruitment and support of (volunteer) peer mentors, including amongst others:

- the involvement of peer mentors should be sufficiently resourced, and may require the contribution of dedicated coordinator;
- providers should be clear about the activities involved during recruitment, and what peers will be offered in return for their time;
- an 'asset based' approach to risk assessment should be adopted and peers should be treated in the same manner as other volunteers;
- peer mentors should be provided with access to the same information and training as paid employees, and training should be as interactive as possible;
- specific documents should be developed for peer mentors including but not limited to a code of conduct, and guidelines re how to manage customer contact, expectations and boundaries, and a confidentiality statement;

- regular supervision and an opportunity to debrief at the end of each peer mentoring session should be offered;
- if reflective practice sessions and/or clinical supervision is provided for paid staff, consideration should be given to whether this could be extended to peer mentors;
- a risk management plan regarding the safety of peer mentors should be developed; and
- when matching people, consideration should be given to mentors' and mentees' interests and hopes rather than just the nature of their lived experience.

Homeless Link's (2017) guidance also notes that a positive ending to a relationship can be facilitated when both parties are in agreement that the aims have been achieved and can recognise the positive changes made by the mentee. There are nevertheless occasions when a peer mentoring relationship can end in less positive circumstances if either party becomes unable or resistant to engaging in it. Reasons might include for example: personal crises; poor health or substance misuse; past histories, experiences or acquaintances; a clash in religious, cultural or personal beliefs; and/or a mentee not engaging with the peer and failing to attend meetings. Homeless link (2017) note that some of these can be identified and managed in the early stages of the relationship, and it is good practice for the mentor and mentee to discuss how they might handle potential challenges.

Conclusion

Existing evidence regarding the effectiveness of peer support programmes for homeless people is at present extremely limited in terms of both volume and scientific rigour. The lack of research evidence regarding impacts on and experiences of recipients is particularly acute.

Limits to the research base notwithstanding, existing evidence regarding the beneficial effects on service users, and to a greater extent peers, is generally described as 'promising'. For users, peer support programmes are reported to increase levels of service engagement in particular and key outcomes for peers appear to include improved mental health, strengthened social support, and enhanced employability.

A few key publications in grey literature offer guidance as regards practical 'dos and do nots' in the implementation of peer support programmes for homeless people. This highlights a number of benefits, operational challenges and risks, yet generally echoes academic literature in concluding that the benefits (for peers in particular) appear to outweigh the challenges and risks.

PART II: PROJECT OVERVIEWS

CHAPTER 4: TFC GLASGOW

Background and overview

TFC Glasgow has the longest history of all the TFC projects, originating as the Glasgow Participation Project GPP which began in 2015. It became known as Time for Change in 2016.

The current team comprises a Senior Development Worker (SDW), who also has advice-giving responsibilities, and four peers (with the official role title of 'service trainees' but more commonly known simply as 'trainees'), all of whom are overseen by the Hub manager.

The project has evolved in such a way that it has a particular focus on providing 'assisted presentations' wherein trainees support people to make a formal homelessness application and ensure their rights are met under the homelessness legislation.

In contrast to the newer TFC projects in other cities (see Chapters 5-7), TFC Glasgow has experience of each and every stage of the model outlined in Figure 1, that is: identification/engagement, consultation, involvement, co-design, delivery, and governance. TFC Glasgow was joint winner of a 2019 Scottish Social Services Award in the 'A Different Approach' category.

Activities to date

This was the first project of its kind developed by Shelter Scotland, and its inception was described by those involved as 'fluid' and 'often based on trial and error'. In terms of initial engagement and consultation, a questionnaire went out to users of and frontline staff in local homelessness services. These were completed by a total of 57 people with lived experience and 11 support service practitioners. The themes that emerged from this exercise were that people with a lived experience wanted support to 'reduce medication', to 'combat isolation', to find a 'permanent place' to live, to have services which helped them 'spend their time more productively', and to 'access to employment, education and training'⁵.

The findings of the survey were discussed in a Conversation Café event attended by approximately 40 people. Following these consultation exercises the SDW got back in contact with the agencies involved and enquired whether the project could pilot outreach sessions within those services. During this time they also piloted assisted presentations and the provision of advocacy.

A further consultation (involving 12 individuals) took place in 2019 as it was felt that there was a need to update their understanding of the issues experienced by services users. There were two main themes emerging from this second consultation: 'gatekeeping' which was already a central campaign area for Shelter Scotland; and addictions which were seen to go hand in hand with the experiences of homelessness for many individuals in Glasgow.

During both consultation events, the SDW recruited individuals with lived experience (who at this point were known as 'peer supporters') and core group members. At this juncture a workstream priority for the Glasgow Hub was 'assisted presentations' and these were originally offered as part of their growing 'Helpdesk and Hub offer.' Taking the findings from the consultation process, and mindful of the Glasgow Hub's own funding priorities, the core group and peer supporters elected to focus on supporting service users with their homelessness presentations:

⁵ Themes taken from of an undated internal document: "Been there, done that advice" (p.3)

There was a lot of things and that question then got took back to the core group and said, 'This is an issue, gatekeeping,' where the local authorities are refusing to accommodate people ... [and] refusing to take homeless [applications]... That's where we started saying, 'Is this something that we should be doing...?' (Staff, Glasgow)

Having reservations about use of both the words 'peer' and 'volunteer' in their role title given concern that these may put them at a disadvantage when interacting with council staff and/other stakeholders, the original group of peer volunteers decided to call themselves 'trainees'.

The total number of trainees recruited to date (including from the original GPP) is 13. Of those no longer involved, six have moved into employment, two into education, and one into drug treatment (see also Chapter 8). Anywhere between four and 12 individuals attend core group meetings, with an average of five in attendance at any one time.

Trainees were invited to complete Shelter Scotland's Level 1 Housing Law and Advice training as part of the e-learning package and then work towards accredited qualifications depending on their career goals. The latter, obtained by a number of trainees, have included PDA HLA and SVQ 3 Social Care. Peers complete a training agreement which takes account of goals and a support plan. Risk assessments, Disclosure Scotland applications, and a volunteer induction must be completed before peers can formally become trainees. They can shadow other team members during the interim period.

The trainees attend arranged outreach sessions, take initial contacts and details for the Hub staff, and make referrals to the Hub. The trainees also attend homelessness presentations at the council and other appointments with clients which may be out of office hours. In addition, the trainees take responsibility for making contact with council caseworkers by phone and email to ensure they are still assisting the client appropriately. They may also offer advice within the remit of their abilities and can call on the SDW for 'on the spot' advice where necessary. By the end of January 2020, a total of 171 clients had received casework via the TFC team, and the 151 individuals had been assisted in their presentations to the council.

Two trainees were actively involved in supporting a protest rally associated with the city's statutory homelessness statistics. Some were also involved in a photography project funded by the NHS called 'Open Eye' where the peers were given cameras and asked to take photos of self-identified barriers and issues for those experiencing mental ill health and homelessness across the city. The photos are to be made into a booklet and there is to be a launch of the project. Trainees have been offered free research training for their time.

TFC Glasgow trainees have worked in a total of seven outreach sites and continue to operate in four. Each of the outreach sites is on a six weekly review period and the core group can decide to withdraw their offer of support at sites if they are not deemed to be 'working'. Some stakeholder interviewees noted that the sustainability of their involvement with and ability to support TFC had been affected detrimentally by Shelter Scotland's recent legal action against the local authority⁶. This issue was particularly acute for those delivering services commissioned by the council.

⁶ Shelter Scotland launched a legal challenge against the council in October 2019 for breaches of its legal duty to provide accommodation to homeless people in the city. In January 2020, they dropped this action because the Scottish Housing Regulator launched an inquiry into the city's homelessness services. This decision may be revisited at a later date, however.

In terms of governance, the broader core group (which includes trainees) acts as the steering group. There is 'no closed door' as regards core group membership, but peers must be 'non-chaotic' in order to become a trainee. Being on a methadone script is not a barrier in this regard. The only risk assessment carried out for core group membership relates to any potential risk to that individual. Staff interviewees indicated that around 90 percent of the things that core group members wanted to take forward had been.

Contribution to co-production and system change agendas

The development of TFC Glasgow might be regarded as a watershed in Shelter Scotland's history, marking a shift toward greater involvement of people with lived experience and co-production at national and local levels. The project has become increasingly integrated into the Glasgow Hub. Its achievements inspired the development of TFC projects in the three other cities with a Shelter Scotland presence and fed quite directly into the organisation's most recent strategy.

The benefits to the organisation are we've [TFC have] been involved in feeding into the new strategy, going to the board of directors, working with them, telling them what decisions they should be taking... People are seeing the benefits of having people with lived experience in here, they have brought a fresh... You know, none of that middle-class, 'We're the experts,' attitude stuff, it's like, 'No, these guys are the experts' ... type thing. I think organisationally we've really benefitted... (Staff, Glasgow)

On a related note, TFC Glasgow trainees have been used as a 'sounding board' by Shelter Scotland's national Policy Advocacy team, helping the organisation tailor its campaigning messages. Feedback from TFC trainees was also influential in informing the organisation's recent decision to remove the requirements that all volunteers provide references as part of the application process, and to shift away from highly structured e-learning toward more interactive forms of training for volunteers.

Further to this, feedback from trainees has fed very directly into Shelter Scotland's consultation responses regarding the national criminal record disclosure system, particularly around the lack of dignity given to applicants with past convictions. In this vein, Shelter Scotland has advocated that Disclosure Scotland applicants be allowed to explain the circumstances surrounding any convictions, especially where the individual involved has since made significant progress in terms of recovery from substance misuse issues.

Existing evidence also indicates that assisted presentations have improved the experiences of and outcomes for a large number of individuals undergoing formal homelessness assessments (see also Chapter 8). It is unclear what if any impact the legacy of Shelter Scotland's court case against the local authority will have on the 'reach' and extent of systems change affected by TFC Glasgow in the long term. TFC Glasgow's core group continues to support Shelter Scotland's efforts to reduce gatekeeping within the city.

CHAPTER 5: TFC DUNDEE

Background and overview

TFC Dundee was first developed in October 2017 but has evolved quite substantially since then. Its early iteration (referred to as 'phase one' below) was evaluated in 2018 (see Johnsen and Blenkinsopp, 2018), hence the details below focus primarily on developments in the period subsequent to that (i.e. 'phase two').

The project is managed by a SDW. It has six active peers and around 12-13 core group members; two further individuals have noted their interest in contributing. It delivers outreach in a total of 21 locations including hostels, community cafes, and a prison visitor centre.

The project had reached the co-design stage of the model in its first phase, but this was revisited and consultations re-conducted in light of the initial evaluation and subsequent developments on the ground. The core group was involved in the early stages of the co-design process for phase two at the point of fieldwork.

Activities to date

Since the 2018 evaluation, TFC Dundee has been overseen and supported by just one member of staff who also had a change of job specification in line with a new title to Senior Development Worker (SDW). This change meant that the SDW was no longer responsible for an advice case load but focussed fully on the development of TFC instead. This was considered a positive development, albeit that direct involvement in casework during phase one had enabled the SDW to encourage potential peers to become involved personally.

A decision was made to run an amended questionnaire across the city followed by a further conversation café event to ensure that the findings of the earlier consultation phases were still valid. The questionnaire was administered between April and September 2019 across 21 services and yielded 106 responses. The conversation café had 46 attendees and was held in September 2019.⁷ The findings of these exercises were the same as when the consultation was first conducted, these highlighting problems associated with the hostel accommodation in the city.

It should be noted that the repetition of these exercises posed a risk of some phase one consultation participants, and service users in particular, potentially feeling that their voices had not been valued the first time around. The council's engagement with the findings of the first consultation is a very positive outcome, but a significant delay in getting a response from the council had also generated a degree of uncertainty as to whether the TFC team should push forward with their proposed action plan (see Chapter 9 for further details).

Key issues that the peers would like to focus on include combating the social isolation experienced by those in hostels, particularly for people who felt compelled to 'shut themselves away' from others involved in substance misuse, and supporting young people who may be at risk of exploitation by older residents and/or of developing addictions. A further issue being assessed by the core group is the extent to which there may be a need for personal belonging provision for homeless applicants. Plans were being made for a consultation re the latter at the point of interview.

⁷ Internal Shelter Scotland document 'Time for Change Dundee 1st March until 28 February 2020'

The TFC peers continue to support services by going along and chatting with service users across Dundee where they offer basic housing advice, support or referrals to the Hub where issues are more complex, as well as signposting to health, addiction and homelessness services. The peers also help people complete applications for housing and also for furniture grants. The peers attend Making Dundee Home, Men's Shed and Women's groups across the city, the Gowrie, Addaction, Street Soccer and community centres in Douglas, Charleston, Fintry and Kirkton.

Shelter Scotland and the peers also continue to have a strong relationship with Street Soccer. New peers have been recruited by word of mouth and mainly through them knowing peers who have given them housing advice whilst at Street Soccer. As one of the peers describes:

Your target group at Street Soccer is almost the exact same target group you're hitting at Shelter You could be there for the people that are going through the addictions or the actual emotional support that they need, and maybe the self-esteem needs building. You get them on the park, you try to get them to be a captain ... You give them a wee bit of encouragement ... They then begin to trust you. They open up to you a wee bitty. You find out that they're actually in a very bad housing situation. You could then give them that advice as well as saying right, 'Well look come in and have a chat with me this day' ... And then they come in and you've got the ball rolling... (Peer, Dundee)

Shelter Scotland have developed their relationship with Eagle's Wings in such a way that they no longer attend outreach but this service, including volunteers, have access to advice workers via online chat. There is one peer who also volunteers for the Gowrie centre whilst being a TFC peer and this has been seen as a positive move for both peer and service. One of the original peers is working with Shelter Scotland in a paid role but still also volunteers through TFC and Street Soccer.

Given the core group members' wish to be able to offer support to people in outlying areas of the city, a decision was made to also offer outreach in community centres across the city. It has however since been discovered that such centres are rarely attended by people experiencing homelessness or severe housing problems, hence there is little demand for their support in these contexts (see also Chapter 9). Community centre outreach work will be reviewed going forward.

The evaluation conducted in 2018 highlighted that e-learning may not always be the best approach for this cohort, with some peers finding it isolating and/or difficult to cope with. The training provided was therefore amended and was mostly delivered via shadowing advice staff (including the peer in employment with Shelter) within outreach sites. Some of the peers have however also chosen to start e-learning, as this is still available if people wish to do it or want to become a formal Shelter Scotland volunteer.

As part of the supervision process of the peers a tracker system has been set up. This looks at how many people they speak to and engage with and the peer is encouraged to complete this themselves. The tracker has been used to assess levels of demand and response within different outreach venues, and as a tool to record peers' activities and achievements (see also Chapter 9).

Contribution to co-production and system change agendas

Greater progress has been made as regards embedding the work of TFC Dundee in the Hub in phase two of the project than had been the case during phase one. Peer interviewees reported feeling 'at home' in the Hub and being comfortable availing themselves of the

training available on site. They were also confident referring the people they support given that they had personally met the Hub staff who would deal with those cases. Hub staff will also sometimes identify and refer individual clients whom they think might benefit from peer support to TFC.

The peers had not had any direct involvement in developing Shelter Scotland's local and national campaigning messages (such as housing being a human right) – which were reported to come more from the management “upstairs” – but they fully endorsed and were willing to promote these.

In terms of broader system change, it is notable that the project has engaged actively with senior council managers. Not only had the council engaged with TFC findings from the first consultation, but they had attended minuted core group meetings to speak personally with the peers. These conversations have fed quite directly into conversations around broader policy initiatives associated with things such as but not limited to Dundee's Rapid Rehousing Transition Plan. The council now has a stated aim of consulting people with lived experience of homelessness, and it is anticipated that continued engagement with TFC will be a vehicle for this during what is a critical period of change during hostel decommissioning within the city.

This engagement has emboldened peers, with the outcome that: “...*they'll [peers will] actually speak to Dundee City Council, and they'll actually trust them.*” (Staff). TFC representatives were very optimistic about the potential for the project to further bridge the gaps and improve joint working between Shelter Scotland and local statutory services, whilst also providing a forum for greater input of people with lived experiences into services for homeless people locally.

Looking forward, the TFC Dundee peers wish to develop a closer relationship with the Housing First Scotland Pathfinder peer mentors in the city; so too to offer support through prisons and speak to children in schools. Additional opportunities being discussed by the core group included the potential of street clinics being delivered by the peers wherein peers would develop pop up services in the city centre to make people aware of the project, as well as offer basic housing advice, signposting and referrals to the Hub.

CHAPTER 6: TFC EDINBURGH

Background and overview

TFC Edinburgh has been operating since April 2019. Unlike the other projects which are all led by individuals with a background in advice recruited internally from within Shelter Scotland, Edinburgh's SDW was externally recruited and comes from a community development and engagement background.

The project currently has six active peers (from a total of eight recruits - see below), with another three individuals identified as potential candidates. It operates out of the Hub located within Shelter Scotland's head office and currently provides outreach within seven different organisations within the city.

Given its early stage in development, the project's activities to date have been focussed on the TFC model elements of: identification and engagement, consultation, and involvement.

Activities to date

Key activities during the consultation phase involved a questionnaire survey and community conversation event. The questionnaire was initially administered in eight services (four of which were visited on more than one occasion) between April and October 2019. It was completed by 120 people with lived experience of homelessness. The respondents were predominately males aged between 31-50 years, hence a decision was made to run the questionnaire again to capture the experiences of groups less represented, most notably younger people and women. The results of this second survey will be available in due course.

The main themes emerging from the survey related to personal safety (with over one half of respondents stating this was an issue for them), also temporary accommodation issues and experiences of mental health, followed by street homelessness, council services and drug use. Further concern was expressed by those completing the questionnaire as to the lack of timely help and support from services.⁸

Following the initial questionnaire, the project delivered a Community Conversation event⁹ in November 2019 to ask what better would look like for those experiencing homelessness. A total of 44 individuals from stakeholder organisations, Shelter Scotland and 13 people with lived experience of homelessness (including peers) attended the event. Its purpose was to sense check the survey finding themes and to allow prioritisation of the most pressing issues. From this conversation, the prioritised themes were discussed within the core group to decide on actions and the ways in which the peers could best involve themselves to effect change.

The core messages emerging from the conversation event included issues relating to: housing availability, safety particularly within temporary accommodation, support for mental health, street homelessness, council services, and drug use. Solutions discussed stemmed from responses stating that homeless people did not get adequate support around these issues or, if they did, they did not receive it at the right time.

⁸ Reported in Shelter Scotland internal document: 'Time for Change, Edinburgh Person Consultation: April to October 2019'

⁹ Reported in Shelter Scotland internal document: Time for Change, Edinburgh What Does Better Look Like? Community Conversation Event November 2019

The core group originated from those with a lived experience involved in the consultation and conversation event, along with those who had expressed an interest in becoming a peer (some of whom subsequently became peers) and key stakeholders. The number of core group representatives with lived experience has been considered 'sparse' to date by staff, and further invitations are expected to go to this cohort in due course.

A total of eight peers have been recruited to the project to date, and six of these continue to be actively involved. Of those no longer involved, one contributed for approximately two months before disengaging to pursue personal business interests (albeit that they are looking to retain involvement in one of the other cities in which TFC operates); the other was involved for three or four months before being evicted from supported accommodation and moving into alternative accommodation.

Although the core group has had only a small number of meetings to date, engagement with the peers has been ongoing since their recruitment. In the main this consists of the SDW making contact with peers regarding potential opportunities. These opportunities have mainly involved the peers being involved in Shelter Scotland campaign work but peers themselves feel this is the right approach for them at present, with one noting: *"...as peers we feel that we are right now just absorbing things, to evolve ourselves."*

The peers were also given the opportunity to play a very active role in the 'Sleepwalk' awareness raising and fundraising campaign which was to be introduced to Edinburgh. The peers had decided where the walk was to happen informed by their own experiences of homelessness. They also designed the messages portrayed on placards. The project was thus deemed by some interviewees to have a distinctive activist thread.

Additional opportunities relate to a photography project and a soon to be published short story relating to one peer's experience of homelessness. Peers were also invited to speak about their experiences of the project at large events such as the conversation café held by TFC Aberdeen. The peers have also played a critical role in communicating ways that the Hub's drop-in advice sessions might be made more welcoming for clients who might otherwise find the building intimidating (see Chapter 9).

TFC Edinburgh's core focus was yet to be discussed within the core group. However, the SDW described the topic areas to be covered, in light of both the questionnaire and consultation findings, as including how the peers could look to offer support for residents of temporary accommodation. A further topic area to be discussed was how the peers could help create centrally based hubs for services users to use whilst waiting for appointments.

Contribution to co-production and system change agendas

TFC Edinburgh has already had a tangible influence on Shelter Scotland's operation at the local level. The effort that had been invested in embedding TFC's work within the Hub from its inception was widely commented on and welcomed by staff. The opportunities provided for peers to contribute to the recruitment of the new Hub manager was highlighted as a particularly notable example of TFC's influence on organisational practice. The peers designed six of the questions with the support of the SDW, and two members of the core group posed these to short-listed candidates during interview. The peers involved reported finding this empowering:

You get a sense of worth, because when you are doing something meaningful like interviewing the hub manager, it's something you wouldn't imagine doing, but being valued that, okay, we could judge, I would say, a hub manager in the first place was quite empowering ... We felt really a sense of worth was there. Yes, we are ... contributing in a way that is really meaningful for us. (Peer, Edinburgh)

It is too early to gauge whether the project has contributed (or will contribute) to systems change for homeless people locally, but it is worth noting that all the stakeholders interviewed expressed support for the development of a co-produced service involving people with lived experience. Some stakeholder interviewees also suggested that their own service users had been more enthusiastic about taking part in TFC than they had other similar initiatives seeking input from people with lived experiences, given greater levels of confidence that they would be genuinely 'listened to' by TFC (see also Chapter 9). Further to this, one stakeholder reported that they and their service users were much more aware of Shelter Scotland's core offer as a direct consequence of TFC's contribution.

Looking forward, there appear to be a number of potential opportunities for TFC Edinburgh to further develop its contribution to system change. For example, the questionnaire and conversation event had raised issues for service users having nowhere in the city to stay out of the cold whilst waiting for appointments. Further, the service users were essentially spending a lot of time moving between appointments at different venues. Currently the SDW along with the peers are discussing the potential for a small Hub, external to the one based in head office, to allow service users to spend time in between appointments and to receive advice and support whilst there. Also, potential was identified for the peers to attend outreach sites where those who are currently in temporary accommodation might be supported by peers.

In this respect talks were ongoing with Midlothian council to facilitate a peer attending their Multidisciplinary hub. At the project inception, the SDW had spoken of the project vision to senior managers of homelessness and related services within the council and the potential of the peers' involvement within these services. Although the initial response from City of Edinburgh council was described as enthusiastic, it was noted that engaging with TFC had not been a council priority at the point of evaluation fieldwork. There were therefore hopes of reigniting the earlier enthusiasm of Edinburgh council going forward.

CHAPTER 7: TFC ABERDEEN

Background and overview

TFC Aberdeen began in March 2019. The team consists of a Senior Development Worker (SDW), Development Worker (DW), and six active peers (whom were very newly recruited to their roles at the point of interview).

Reflecting its early stage in operationalisation, the project has focused on the identification/engagement and consultation elements of the TFC model to date, albeit is in the very early stages of implementing the involvement element.

Activities to date

There was a slight delay in getting TFC Aberdeen off the ground given that recruitment of the CDW post was not concluded until April. There has been a change of staffing subsequent to this, with the SDW going off on maternity leave in mid-October, when the CDW stepped up into an Acting SDW role and a new CDW was seconded internally. The Hub manager, who has a background in working with community development projects, oversees the project.

Shelter Scotland's position in Aberdeen is distinct from that in the other cities in which TFC operates, as the majority of funding for the Aberdeen Hub has come from a local authority commission. It thus is known locally for its provision of housing advice and support for those at risk of eviction, for example, rather than the direct provision of services for homeless people per se. The staff have therefore had to invest a great deal of effort onto developing relationships with the relevant services and organisations at the local level.

The team made contact with 16 agencies during the initial consultation phase, 3 of which assisted with hosting outreach sessions for questionnaire completion, and 14 of which they have ongoing contact with. A total of 18 individuals engaged with the first Conversation Café in November 2019. Partner agencies completed 18 partner questionnaires on service delivery.

The task of engaging with other organisations who could support the aims of the project was hindered by the fact that the council was in the process of retendering homelessness services in the city at the time. The associated uncertainty about which services would be (re)commissioned and anxieties around the potential role Shelter Scotland might play in future competitive tenders was considered to have limited the receptivity of some local stakeholders.

By early February 2020 the project had received 81 completed questionnaires, with plans for the next stage being to set up more conversation cafes to discuss consultation findings. Emerging themes from the questionnaire include individuals with a lived experience of homelessness expressing that there was no or inconsistent support services available to them and lack of temporary accommodation available across the locale. Further themes emerging during the conversation café event was service users feeling invisible and wanting to have the opportunity to tell their stories, together with a lack of interpretation services available where language barriers were an issue.

As of early February 2020 the project had recruited seven peers with lived experience of homelessness or housing issues. Six of these were still actively involved, with one having withdrawn due to ongoing health concerns. Of those peers who are currently active, five

were resident in settled accommodation, and one in temporary accommodation. All peer interviewees were recruited during the first conversation café, during which a presentation was given by a peer and the SDW from TFC Edinburgh. The TFC Aberdeen peers had not yet had an opportunity to meet as a core group at the time of fieldwork.

Despite having been recruited only a few weeks prior to being interviewed for the evaluation, the peers already had a clear idea regarding how they wished to support clients. They talked at length about the difference that both high quality and non-existent support made to their own experiences of accessing accommodation and furnishings and attending appointments. In their view, TFC would offer greatest benefit in supporting people to navigate these sorts of processes, whilst emphasising that they may not 'have all the answers'.

Peer interviewees reported being very inspired and motivated by the experiences of the peer from TFC Edinburgh who had contributed to the conversation café (see above). They expressed a clear wish to emulate that individual's achievements and were optimistic about the influence that their lived experience would have on how they could relate to and support clients in the future. As one explained:

...we've been there, done that, got the trophy in like... You take it more on board if somebody's been there. Especially if, for instance like before, you ... plant a seed for them to say, 'Well, there is hope because he's managed to do it.' Actually, I'd personally say, 'Listen, I've been where you are and I'm in a better place now than what I was. If I can do it, you can do it,' sort of thing. 'I'll give you a helping hand.'
(Peer, Aberdeen)

Plans for training of the peers had not been finalised, but staff were clear that they wanted it to be flexible and led by what the peers requested, whilst ensuring the peers were also given access to the e-learning provided by Shelter Scotland. The approach adopted will be informed by the learning of other TFC projects.

The Development Worker delivers weekly drop-in sessions at two different voluntary sector organisations. Project records indicate that between October 2019 and the end of January 2020, interactions during these sessions had focused on the following primary issues: immigration/RTR issues (n=24), general benefit advice (n=20), issues with benefits (n=10), money/debt issues (n=8), repair issues (n=4), threatened with/facing eviction (n=4), threatened with homelessness (n=3), domestic abuse (n=2), and unsuitable accommodation (n=2).

Contribution to co-production and system change agendas

Given its early stage in development, it is too soon to assess what impact TFC Aberdeen has had or will have on Shelter Scotland's co-production agenda and/or broader system change within the city. Regarding the former, there was a clear desire amongst Shelter Scotland representatives interviewed that TFC be used as a tool to push the Aberdeen Hub and Shelter Scotland more generally to 'do better', allied with an expectation that it will add value to and improve the accessibility of the organisation's core offer locally.

The staff team had a vision that the peers will challenge and thereby engender changes within the delivery of services for homeless people within the city. As one team member described:

I think with the peer mentors if we can move them to a place where they can then become part of the movement, part of the wider Shelter Scotland movement and part of that informative movement. Being able to speak directly with the designers and

managers and funders of these services, to say, 'This is what you need to change to make it more accessible to us and to other people', then that's what's going to make the difference. (Staff, Aberdeen)

This 'strategic' view contrasts rather from the frontline support delivery focus articulated by the peers (see above), hence the balance of these potential emphases will need to be worked out and understood by all parties going forward (see also Chapter 9).

**PART III:
EFFECTIVENESS
AND LESSONS
LEARNED**

CHAPTER 8: EXPERIENCES AND OUTCOMES

This chapter documents the qualitative experiences of, and outcomes for, TFC peers and clients. It draws together key themes from across all four projects. It provides an overview of findings relating to peers, before then reviewing those reported in relation to the clients being supported.

Peers

Echoing the findings of existing research into peer support programmes (see Chapter 3), peer interviewees highlighted a number of key psychological and other benefits to their involvement. Key amongst these was an increased sense of purpose and associated increase in self-worth, self-esteem, and/or self-confidence.

It's probably too early in the involvement for me to say, but what it has given me a sense of is I'm helping and contributing...It maybe physically hasn't changed my case, but emotionally it's given me the sense of I'm doing something, if that makes sense? (Peer, Aberdeen)

I've now got a home and I've started to obviously get my mental health together and rebuild my life, but it's not that too distant in the past for me to recollect exactly how I felt at the time. So for me the volunteering aspect that I'm doing here just now, it brings me a lot of personal comfort because it's nice to give back. I really, I just enjoy the fact that I'm now active again, I'm involved in doing things, that's good for my mental health, but it's also fulfilling for me if I can see that I helped somebody else that's been in a predicament that I've been in. (Trainee, Glasgow)

A number of peers reported that these changes, together with the structure offered by their involvement with TFC, and/or the way that their contribution acted as a reminder of 'how far they had come', had helped to motivate them on their own recovery journey from substance misuse:

...this actually helps me. This is sort of part of my therapy. (Peer, Dundee).

I had just come out of long-term rehab and done community rehab as well, and that kind of filled up my time. I'd never been clean before. I was 42, and I just didn't know what I was meant to be doing. I'd never went to school and didn't have any education. I'd no confidence, I'd no self-esteem and this built me up. (Trainee, Glasgow)

On this subject, a staff member noted that TFC helps peers realise their own potential which gives them the confidence to move forward in life:

...realising their potential and a lot of the people we've got, maybe have had adverse childhood experiences, never held employment, never thought they would and it's about that. So that ends their cycle of homelessness and within that then, what we've got then is them engaging with our service users, showing them that there's a way out, supporting them, talking to them. (Staff, Glasgow)

With such changes, and involvement in a project that was perceived to make a difference, came a sense of pride for many peer interviewees. One trainee relayed their pride in being part of a team that had won an award: "...everybody came. It was a really nice feeling

because people kept coming up and congratulating you.” The trainee also described how their son’s pride in them had been conveyed by a teacher at a parents’ evening: “...this is his teacher to me, 'I know everything about you, you work for Shelter, you work with homeless people, he's so proud of you.’”

Another key area of benefit for peers related to enhanced employability. Those who had been involved for a period of time had accrued knowledge, skills, references, and (in the case of Glasgow trainees particularly) qualifications that bolstered their chance of obtaining paid work substantially. A total of six of the original 13 trainees recruited to the TFC Glasgow had in fact moved on to paid employment. One of the original (phase one) TFC Dundee peers had secured a paid position within the Shelter Scotland Hub and another a paid job outwith the organisation. Further to this, and despite the project being in an early stage of development, two of TFC Edinburgh’s current peers had obtained paid employment with local stakeholder organisations.

On this subject, a former TFC Glasgow trainee who had secured employment explained that:

Personally, it's personal development, it's been off the scale to be honest ... As I say it was about confidence. The chances of employment were bleak, and I came here and I got this opportunity to volunteer with Shelter, the Time for Change project. All the stuff [SDW] done and all the information, all the stuff that I learned... I can't believe the position I'm in, because I was long-term unemployed. Who was ever going to employ me because...? A lot of my personal barriers as well, but it's like a tidal wave has just came and swept everything away... Honestly, unbelievable change. (Trainee, Glasgow)

The housing circumstances of many peers had also improved at least in part as a result of their involvement with TFC and/or Shelter Scotland’s core offer more generally. In Dundee for example four of the peers who were homeless at the point of recruitment now have secure housing association tenancies. In Glasgow, all existing peers (and all former peers at the point of them leaving TFC) were in secure social rented tenancies, despite approximately half of them having been homeless or in insecure housing when recruited.

One SDW interviewee emphasised that the support provided by TFC had also helped at least some of the project’s peers with tenancy sustainment. A few peers noted that knowledge obtained via their involvement had been beneficial in terms of their own tenancy sustainment. For example, one explained that:

I kind of picked up stuff that I was telling clients to do when they got a house, and how to pay their bills and how to get in touch with DWP to pay everything. So it kind of taught me to do all that, because before when I've had houses, I've just... Like Council Tax and all that, I've just thought you didn't pay that ... Aye, I've never paid anything like that. That's how I ended up homeless ... Oh aye, it's changed my whole life. (Trainee, Glasgow)

The final broad outcome area highlighted by interviewees was improved social support networks and related reductions in experiences of loneliness and/or social isolation. Some of these benefits derived from friendships developed with fellow peers specifically, but others interacting with clients and/or other stakeholders more generally.

...so my engaging with each and every peer over here ... these are my family. These are my extended family ... they are always at the back of my mind. (Peer, Edinburgh)

It helps me, and hopefully it helps the people that I chat to. I've found lots of people - whether I've gave them housing advice or not - at the end I chat with them. They're all

sort of, 'Thanks very much for that chat, you've made my day today'. Whatever you've said to them. (Peer, Dundee)

I just think even the aspect of being engaging again with people, you actually feel you're socially active again. Me, I suffered a lot. I went through a good few years of social isolation, I didn't come out of the house, I used to get severe anxiety every time I went near my front door. I stopped talking to people on phones and all this. I just hated life, you know what I mean, so to get that back again, to come back into this and be socially engaged again, you feel a personal worth, a value. (Trainee, Glasgow)

Peers' accounts of their experiences of involvement with TFC were overwhelmingly positive on balance. A few, particularly but not exclusively those who had moved on into paid employment, went as far as to describe participation as 'life changing'. All of the projects had had peers drop out, however, with staff and remaining peers explaining that this tended to be because they found their contribution 'too much' given other things going on for them at the time, relapses in substance misuse, or poor mental health.

A few peer interviewees also recalled instances where they had felt under substantial pressure. For example, at an outreach session, one trainee was supporting a client exhibiting severe mental health symptoms: "*his mental health was bad, really bad, he was saying things that were worrying*". They raised this with a staff member of the outreach service and because none of their staff could take him, the peer eventually accompanied this client to hospital, not returning home until around 8pm that evening.

Some of the Glasgow trainees, especially those who were fulfilling tasks that were not dissimilar from those of paid staff (particularly around the provision of advice and out-of-hours support), reported being slightly resentful of the fact that they were unpaid (see also Chapter 9). Whilst some had bus passes, one noted that the requirement that they pay for travel out of their own pocket and seek reimbursement from Head Office had been problematic financially and logistically.

Clients

The volume of data collected regarding the experiences of clients was far more limited and therefore less definitive than was the case regarding peers (see Chapter 2), but the key findings here also echo those reported in existing literature. A major theme in this regard related to the potential for peers to inspire hope and motivation in clients, and increased their confidence as regards their own ability to move on from the challenges they were facing.

Like a positive influence and really inspirational, but because he was so honest about his experience ... it gave me courage. (Client, Glasgow)

This was articulated clearly by a former TFC client (now peer) when recalling the effect of witnessing another peer's journey on their own motivation to recover from substance misuse:

I was there for the two year that you [fellow peer] were involved in your recovery and to see that journey was incredible ... It was brilliant. That was a massive eye opener for me ... [It] just inspire[s] you to keep going and doing the things you've been doing (Peer, Dundee)

The authenticity and credibility that peers bring was widely regarded to bring an ease and empathy to interactions that is not readily substitutable. Staff and peers considered this to have had a positive influence on clients' willingness to engage and disclose more than they otherwise may have:

I went to meet one individual with a lot of mental health problems, and he wasn't very big on conversation. The guy was an addict but the minute I started speaking about my own personal experiences - I was trying to find something to break the ice - the minute I told this man about my own experiences, totally changed him. He wouldn't stop talking! (Trainee, Glasgow)

This enhanced engagement and willingness to self-disclose was attributed, in part, to empathy borne of shared experiences by client interviewees:

...whether it be drink, drugs, whatever, it's easier to speak to the recovering addict, the recovering alcoholic, whatever, because it's still lived, shared experience. When it comes to community organisations, the homeless kind of depend on each other. Your addicts depend on each other to say, whether it be Shelter, whether be whoever, that can help us. It makes it a lot easier, it breaks down barriers, because I don't know who learns from a book. You've not got a clue what you're talking about. Just because a bit of paper says so. We've learned the hard way. When we speak to somebody that's been there, done that, it makes it easier for us. (Client, Dundee)

I think it's an advantage, because they can really connect with somebody when they've got lived experience...I think that was an advantage for me - to anybody in fact - that if somebody's telling you their experience then I think, well, for me, it gave me courage to own my experience and speak my truth. That's helped me... I honestly don't think I would have, because when you have a connection with another human being and they're telling you stuff about them, and they're being honest, I find that I can be honest. When somebody gives you a wee bit of themselves - not that I feel obliged to - but I feel more comfortable speaking about my stuff and admitting things, aye. (Client, Glasgow)

A number of peers – who were also reflecting on their own experiences as former users of homelessness services – commented on the influence of lived experience on their ability to pick up on certain ‘cues’ and/or translate ‘coded language’ relating to clients’ circumstances:

I think we can see in people what kind of thing they're going through and I think certain people use certain language. As [another trainee] says, there's code words for like what people use for drugs and people use for different substances and stuff like that. Well you know what they are. Other people might not pick up on that and I think even sometimes you can tell with - people's choice of words and language will let you know what they're going through, and you can identify with that. (Trainee, Glasgow)

Lived experience was also regarded by peers to be an effective tool to disarm the defensive stance presented by some (potential) clients:

You get people like, 'You don't know what it's like to lie in a doorway in a sleeping bag on a wet December night.' 'Actually, I do. I done it for a long, long time.' 'You don't know what it's like to withdraw from drugs.' 'Yes, I do, I've done it many times.' When people know that then they put something, they can relate to you because you've got the experience of something that they know. In my experience it goes a long way with people; it really does. As much of the subject matter isn't nice, it goes a long way with people... (Trainee, Glasgow)

Housing-related outcomes for clients had been recorded by some of the projects. TFC Dundee reported that by the end of January 2020 a total of 16 clients had been housed in permanent social rented tenancies as a result of their engagement with the project. TFC Glasgow reports that at least 151 individuals had been supported to access temporary accommodation in the 18 months prior to the end of January 2020, and that a 100 percent

success rate had been achieved in obtaining positive housing outcomes for assisted presentation clients.

Whilst it is not possible to quantify the impact of TFC on homeless people's access to housing advice in any definitive way (beyond the number of assisted presentations in Glasgow reported in Chapter 4), the qualitative evidence gathered suggests that the outreach element of the project is highly likely to have had a positive effect. In this vein, a number of stakeholder interviewees suggested that levels of awareness re Shelter Scotland's core offer had increased amongst users of their services, especially in those cities where TFC has had a longer-standing presence.

Peers emphasised that clients were also often signposted to other services – particularly but not solely relating to health – as a result of their engagement with TFC.

They'll talk about their situation regarding their homelessness or housing or their rent, or whatever, and you're just having a conversation and other things will come up about their mental health. About their abscesses on their legs, about their injecting practices, about how much drugs they're taking, and because I've got lived experience, I'll say, 'Well, maybe you should locate them, the mental health, maybe you should go up to Hunter Street, see a doctor up there, or one of the doctors, the homeless doctors and see if you can get a referral to a CPN.' See, I'm trying to signpost people to get help. Even though you're in to deal with this one issue, but you have conversations with people and these things start to appear. (Trainee, Glasgow)

Whilst less evidence was collated as regards the impact of TFC on clients' social support networks as compared with the outcome areas discussed above, a few service user interviewees commented on their appreciation of the friendly approach of peers. Further to this, one peer highlighted the value of being able to continue offering social support after someone has been supported into accommodation.

...a few times I've been leaving my house, and he's [peer has] been walking off down the street and that turns into two guys talking nonsense for the next ten minutes. When we do the same, it's given me a pal, just somebody to talk to, that weather's crap outside today, or whatever, like how shite United are whatever. (Client, Dundee)

I think that's what probably helped. Like keeping in touch with people once they're in somewhere, because most services don't. As soon as they get them houses, that's it ... because we've got them somewhere to sleep doesn't mean we're finished with them. Taking them for messages and going for a wee coffee with them. Just to let them know that we're here. They just need somebody to talk to. (Trainee, Glasgow)

The small number of current clients interviewed for the evaluation were very positive overall about their interactions with TFC. One did however report having felt quite overwhelmed by the number of peers attempting to provide support at one time. A stakeholder who witnessed the incident commented that the advice the client received appeared to be conflicting and offered no clear course of action that they should take. This situation was deemed to stem from eagerness to help but does highlight a potential training issue (see Chapter 9).

I just think all three [peers] were lovely and I just think all three had a lot to say about their experience, which is wonderful, but I just felt it a bit overwhelming ... it was the same when I went to Shelter, I had three around the table and two around the table and actually, I was just so nervous and I said all the wrong things, and I just didn't want to go back. I actually felt really embarrassed and I just - I don't know ... I was a bit confused hearing so many different pieces of information. (Client, Edinburgh)

Conclusion

Echoing the findings of existing research in this field, the TFC projects offered a number of clear positive impacts on peers, most notably psychological benefits (such as improved self-worth, self-esteem and self-confidence), enhanced employability, and strengthened social support networks. Together, these had had a positive influence on the recovery journey for many of those who had retained involvement, albeit that substance misuse and/or other personal issues had led to the disengagement of a few peers.

Limited data was obtained regarding user impacts, but findings regards client experiences also echo those documented in existing research and may be described as promising. These appear to include increased levels of hope and motivation to move out of homelessness and/or recover from drug or alcohol addiction, and increased willingness to engage with and/or disclose issues of concern to peers.

Unintended negative experiences were rarely reported by either peer or client interviewees, but some accounts highlighted issues regarding the challenges and risks associated with peer support programmes. These, and the associated operational lessons learned, are described in more detail in the next chapter.

CHAPTER 9: OPERATIONAL CHALLENGES AND LESSONS

This chapter draws together details regarding the key operational challenges encountered and lessons learned by the TFC projects to date. It initially discusses issues that relate to the early development and design stages, before then focusing on those pertaining to implementation, whilst recognising that there is a degree of overlap between these.

Development

The 'open' nature of the TFC model, in the sense that it offers a framework for co-production rather than a defined approach to service delivery per se, allows for substantial flexibility in defining local responses to homelessness. That openness does however mean that it is very difficult for many people to understand and/or communicate what TFC 'is'. Many peers and a number of staff interviewees talked about struggling to grasp 'what the project was' in its earliest stages.

This confusion related, at least in part, to a lack of or different understandings regarding whether their local project could (or should) be 'about' either or both of: a) the direct delivery of support to homeless people (and if so whether that could/should be in the form of peer support, peer advocacy, and/or peer mentoring); and/or b) peer involvement in a broader sense, for example providing user voice regarding Hub practices, contributing to Shelter Scotland's public campaigns, or calling for changes to the practices of Shelter or other organisations locally.

On this issue, a degree of clarity re project remit had evolved at the local level via liaison with staff and peers from other TFC projects, but it is clear that the (more or less) 'blank page' approach is challenging for many people to comprehend, and this makes it difficult for those involved directly (notably TFC staff and peers) to communicate to others. Explaining that TFC may involve any or all of the activities described above (i.e. support, advocacy, involvement etc.) – and more besides – may help everyone involved to map out the range of potential responses and hone in on the elements the core group deems most appropriate to each context.

Clear leadership from SDWs and well defined governance structures are deemed essential to facilitate this process, albeit that ensuring that decisions are genuinely jointly made will always remain a key challenge. The difficult balance required between giving participants enough 'room' to develop their ideas without allowing the project to deviate from Shelter Scotland's core vision was described by one interviewee as follows:

I think it's important to have a structure or a model to work to that provides enough definition and direction for your staff team and for your hub as you're seeking to integrate it within a wider programme of work, but that has enough flexibility that allows for local iterations. The experience over the past year where, for the first time, we were in all four sites has shown me that that absolutely grows arms and legs. That conversations, interactions, engagement will naturally lead people down different roads and the model can get lost within that and so there is strong or strength of leadership that is required within that to pull it back. To allow it to deliver what it's meant to deliver and stay true to what your core ambitions and vision are ... It has to have parameters. (Shelter Scotland representative)

On a related note, challenges associated with keeping the 'co' in co-production, and ensuring that peers' views were not inappropriately regarded as 'trumps' in discussions

about project design and delivery, were also highlighted. Interviewees emphasised the imperative for key decisions to be genuinely joint. As a senior Shelter Scotland representative reflected:

I think something that maybe we were a little bit guilty of at the start in [name of city], was treating coproduction as whatever they [peers] say, we'll do. It's about finding that balance isn't it? It's recognising it's coproduction, there's two sides to it and we still need to have some influence in what is being decided ... It's about joint decision making. Not they make all the decisions and we just go along with it.

The use of the term 'trainee' in Glasgow was identified as an example of where a greater degree of influence from Shelter Scotland in the decision-making process might have been beneficial, given the problems the term presents with disclosure applications and associated concerns around it setting up potentially misleading expectations re employment opportunities. It should be noted that a number of the current peers in Glasgow do not like the term trainee for the latter reason (see also below).

The word trainee is quite loaded. It perhaps suggests that ... it's towards something and it's not always towards something. There's potentially some implications around should this person be getting paid? Around language, that's where it might have been useful for us to have a bit of influence and say trainees would not be ideal, let's have a look at something different. At the moment, when submitting disclosure applications for them, [we] can't use the term trainee, we have to use a different role description for them with a different role title because trainee wouldn't be accepted. It's about absolutely them being involved in the decision, but we need to be involved in the decision making process as well. It's about how we find that balance... (Shelter Scotland representative)

With regard to the consultation process, key lessons identified by interviewees included the value of investing energy in developing relationships with local organisations that Shelter Scotland does not already have an established relationship with as soon as possible in the process (rather than focus on those it already does), and the benefits of seeking to speak to service users within those agencies as soon as is practicably possible. Engaging with service users in local services as soon as is practicably possible was deemed to be key to getting the projects off the ground. Further to this, a number of staff interviewees noted that short (two-page) questionnaires worked better than more comprehensive alternatives, and it was for this reason that the concise questionnaire used in Edinburgh had been adopted in Dundee and Aberdeen also.

Involving peers from existing TFC projects in the consultation phases of projects under development in the other cities had proven to be a highly successful strategy. Indeed, the contribution of a peer from TFC Edinburgh to events in Aberdeen had been the primary inspiration for some of the new peers to become involved (see Chapter 7).

Peer interviews did nevertheless highlight a need for greater detail to be provided earlier on in the recruitment process regarding not just the potential range of activities that peers might be involved in (see above), but also what will (or is likely to) be required of them in terms of time investment.

I would like to find out what sort of timescales are we looking at, how much time would you like me to invest, how long is the training, what does that training entail? What does it mean in the scheme of things? (Peer, Aberdeen)

A number of stakeholder interviewees noted that the idea of co-production is de rigueur in the homelessness sector at present, but that it was not always implemented well, with the

consequence that some of their service users (and indeed staff) had been left feeling disillusioned by the process before ever encountering TFC. Some of the TFC projects are thus operating in a context affected by this negative legacy and will need to take care to ensure that the co-production process is seen to be both genuine and transparent by external stakeholders, and people with lived experience in particular.

While the input of the council into TFC Dundee's implementation plan was very welcome, the delay in receiving comments on consultation findings (which took a year) meant that peers felt in limbo in the interim period.

Right at the start of this year for Time for Change ... [we] took all the findings to Council and then heard nothing back. So we've been waiting on them coming back, we're meant to push forward with the second year. How could you push forward when you've not had the results from the first year? ... We don't know what they're going to do or that, so you don't know what way to go, because if we started going a certain direction and they're already covering that then we've done all that work for nothing. (Peer, Dundee)

The projects had adopted a flexible approach to peer training in light of direct feedback from their peers and the findings of the earlier TFC Dundee evaluation. This did however present some challenges and highlighted a need for peers to have at least some form of training in boundary maintenance before interacting directly with clients (see also below). Furthermore, some stakeholders suggested that peers would benefit from more and earlier training in how to advocate for clients, and when and how to speak in interactions involving formal advisors or other stakeholder agency staff. In one case recalled by an interviewee, for example, the 'over-enthusiastic' contributions of a peer had made it very difficult for an advisor to get the details they required from a client in order to take the case forward. In this instance, the peer's well-meant interventions had impinged upon rather than complemented Shelter Scotland's support for the homeless person concerned. Some of these things might be addressed in an induction or early training session covering key 'dos and do nots' (see also below).

Peer interviewees' views on the training provided varied. Some struggled with the e-learning element (where this was still required or offered as an optional supplement to more interactive forms of training); others noted that they preferred e-learning over training delivered in group settings. Opportunities to shadow staff and/or more experienced peers were universally welcomed and appreciated by peer interviewees.

I wouldn't be able to come here and sit and speak on my own if it wasn't for [name] and [name] already being through this before ... I can build from what they're doing. I could see exactly how they're speaking. (Peer, Dundee)

A core frustration highlighted by peers in one area, however, was the lack of recognition and/or transferability of course certification between local third sector agencies and an associated requirement that they effectively re-do equivalent training if pursuing paid employment or volunteering opportunities.

I'd already done them all through [name of organisation]. I had to do them all again. I had to do nearly every one of them again, because it's a different organisation and they say, 'We can't just take your word'. 'Well, you're not just taking my word. There's the certificate.' (Peer, Dundee)

The organic development of the TFC projects, and significant investment from and organisational reliance on individual SDWs in particular, meant that some interviewees were concerned that TFC projects may be vulnerable should those key individuals move on to

other roles or organisations. Key decisions and organisational learning have not always been recorded formally. The development of a toolkit, as is being put together in Edinburgh, and/or documentation that might be shared across projects, might mitigate such risks to at least some extent.

Certainly there is a clear need to develop a statement, policy or guidance that articulates clearly the principles and parameters of the model – and gives an indication to the potential breadth of tasks that peers might be involved with – in a format that will help staff and peers understand and communicate what the model is externally. This should ideally also cover subjects such as governance structures and offer guidance regarding practical issues such as who chairs meetings.

Implementation

A key lesson has been the importance of recognising and making allowances for ‘where peers are at’ in their own personal journeys and accepting that levels of involvement may vary. Flexibility and contingency planning are therefore essential during implementation.

I think that you need to understand where people have come from if you are seeking to involve people because of their experience. You also need to understand that their involvement isn't going to be linear and any kind of defined pathway. They can go to step three straightaway only to go back to one to jump to five ... and we need to allow there to be enough flexibility for individuals because we value where they've come from ... There is something about readiness, understanding and valuing where people have come from but also then recognising that that might mean that they are not always where we need them to be and we have a responsibility to those individuals as well, to support their journey. (Shelter Scotland representative)

Some of the stuff that some of the peers have to deal with, within that temporary accommodation is pretty awful and pretty scary ... For us, it's being very mindful [that] sometimes they can make it, sometimes they can't, but having contingency plans in place, so that if they can't come along, we do have other people that could step in ... I suppose that's something we're mindful of and we've learned from. We just accept, actually, do you know what? They're not working for us. They're not salaried. This is as and when they feel they can, we will support them as much as possible, but recognising that they will drop in and out. (Shelter Scotland representative)

An issue that the organisation is still grappling with is what to do if/when lines ‘blur’ and peers (and trainees in particular given their more formal role in providing advocacy) who may hold a substantial amount of information about one or more clients’ personal circumstances themselves require intensive support from Shelter Scotland. The same issue holds true when a peer drops out of contact with TFC either temporarily or permanently but holds sensitive information about clients they have been in contact with during outreach.

The issue of boundaries features strongly in literature about peer support programmes (see Chapter 3) and was also prominent in conversations with interviewees about the challenges involved in implementing TFC. A number of staff members, and a few stakeholders, recalled instances where peers had ‘overshared’ with clients. The lesson taken from such instances was that boundaries should be a key subject of focus early on the training offered to peers. A few staff members also cautioned that care needed to be taken to ensure that peers did not inadvertently overwhelm clients (see above) or impart false hopes or expectations regarding what they could realistically achieve when assisting them. On this subject, staff and stakeholder interviewees also emphasised the importance of peers understanding where they are on their own knowledge journey. In particular they highlighted the imperative of peers understanding the potential harm that offering the ‘wrong’ advice could do to a

client's wellbeing and/or Shelter Scotland's reputation. Reflective practice may help with this, as would early training on the associated risks (see above).

A few staff interviewees noted that one of the greatest challenges in project implementation related to peers' lack of faith and confidence in their own ability, especially in the early stages of co-design and delivery. A tactic deployed in Dundee and Edinburgh to help overcome this was the development of a 'tracker' recording their activities. This was deemed a useful record to help remind peers of their achievements whilst involved with TFC and assist with their applications for employment and volunteering opportunities.

I think that's why it's always important to have that one-to-one with them to reflect back and say what your success has been, 'where do you think you've done good?' They sit there, like, 'Oh, I don't know', and I'm like, 'you've done this, you've done that', and it takes for somebody just to tell them, 'you've done that. That's amazing, look how far you came', for them to then think, 'Oh, God, I have, yes, I done that'. (Staff, Dundee)

The tracker was also useful in assessing the level of demand for peer support in different outreach locations. TFC Dundee was reassessing the expansion of outreach in community centres at the point of fieldwork after discovering that they were rarely attended by people experiencing homelessness and severe housing problems (see Chapter 5).

Several former TFC peers had, as noted in Chapter 8, successfully moved on to paid employment. The lack of a defined employment pathway for peers was however commented on by several interviewees. This issue was especially acute in Glasgow, given that use of the term 'trainee' (which was chosen by the original peer group – see Chapter 4) was widely viewed as setting up an expectation that the post would lead to a paid role with Shelter Scotland. On this issue, while the retention of trainees might be regarded as a success in and of itself, the low level of throughput does mean that opportunities for new peers to join the team are limited. Peers in the Dundee focus group suggested that a short paid one year traineeship possibly leading into a paid post would be an attractive option for them. There was a clear appetite across all four cities for Shelter Scotland to assess the appropriateness and feasibility of formalising some kind of employment pathway within (and perhaps beyond) the organisation for TFC peers.

Another issue raised related to the risk of over-burdening, and in worst case scenarios potentially exploiting, peers. Some interviewees expressed concern that the demands placed upon individual peers could on occasion be 'too much'. As some staff and stakeholder interviewees emphasised, peers are few in number, they are unpaid, and they may feel unable to decline requests that they contribute to particular tasks given the level of commitment they bring to their role.

On the more negative side we organisationally, again, need to be more honest about [how] we use the trainees for other ends because I think we can be very quick to, 'Oh let's just phone Time for Change and get a lived experience voice' ... That doesn't feel right. I think we need to get to grips with that a little bit ... The reason I mention that is because I think that has an impact on the trainees who've experienced [it]. We've had one or two who are often called on for media engagements and there's a lot of pressure there and it's very difficult for them to say no. (Staff, Glasgow)

A few interviewees also cautioned against the risk of assuming that peers are somehow able to 'speak for' all people with experience of homelessness. Whilst immensely valuable, and highly likely to be *illustrative* of the experiences of homeless people locally, their experiences and views should not be regarded as *representative* of the broader homeless population. These interviewees emphasised that Shelter Scotland, like any organisation seeking 'user voice', must guard against any temptation to over-extrapolate from the contribution of peers.

The sensitive issue of payment was brought up in Glasgow, where some of the work conducted by peers and aspects of their job descriptions used to facilitate PVG applications are not at all dissimilar to elements of paid Hub employee roles, especially as regards campaign work, assisted presentations, and out of hours working. TFC Glasgow trainees made it clear that they had always understood the roles would be unpaid, but some resented doing what they regarded as 'Shelter work' without financial or other recompense. Some were of the strong opinion that if trainee roles were to remain unpaid as they are going forward, this form of involvement should at least feed into a defined employment pathway.

Conclusion

A significant challenge affecting the development and implementation of TFC has related to the difficulty that many people have in comprehending and/or communicating the model's key principles and parameters (or, put another way, understanding and explaining what it might and/or cannot 'look like' in practice). Furthermore, there are challenges associated with ensuring that decisions are genuinely joint; so too ensuring that those involved do not over-extrapolate from the specific experiences and views of peers in the co-design process.

Lessons have been learned around the need to prioritise the subject of boundary maintenance early in a peer's training, and that involving existing peers in the recruitment of new peers is effective. A clear call to assess the feasibility of developing a TFC employment pathway was highlighted. Problems associated with the term 'trainee' and blurring of boundaries between the roles of TFC trainees and paid staff all require further reflection, especially as regards the issue of potential recompense. Other operational challenges have included protecting client data in situations where a peer's involvement is intermittent or terminates, and guarding against the risk of over-burdening peers.

CHAPTER 10: CONCLUSION

This report has documented the findings of an independent evaluation of Shelter Scotland's TFC initiative which operates in Glasgow, Dundee, Edinburgh and Aberdeen. This chapter provides an overview of the evaluation's conclusions in relation to each of the five research questions (RQs) (see Chapter 1), before presenting key recommendations.

Conclusions

RQ1. Impacts on peers and clients

In addressing the first research question which focused on the impact of TFC on peers and clients, the evaluation revealed consistent qualitative accounts of benefits to peers. Positive outcomes included self-reported improvements in psychological wellbeing, especially in relation to feelings of self-worth, self-esteem and self-confidence. For some, this had aided their recovery journey from substance misuse. Other key benefits for peers included enhanced employability (with several former peers having made successful transitions into paid work) and strengthened social support networks.

The evidence collected on the experiences of TFC clients was very limited (with some of this shared by former clients who had become peers and staff accounts of observed effects), but findings were nevertheless promising. Data limitations notwithstanding, impacts were reported in relation to increased levels of hope and motivation to move out of homelessness and/or recover from drug or alcohol addiction, and increased willingness to engage with and/or self-disclose issues of concern. It is not possible to quantify TFC's impact on homeless people's access to advice (and Shelter Scotland's core offer in particular) definitively, but qualitative evidence suggests that this may have increased also.

The experiences reported by peers and clients were overwhelmingly positive on balance. These positive outcomes were generally attributed to an authenticity and/or credibility brought by peers' shared lived experience. Some interviewees had however been affected by unintended negative outcomes such as clients feeling overwhelmed or confused by peer input, or peers feeling pressured or unsure about what was required of them. In TFC Glasgow, some trainees resented the lack of financial or other recompense for their work.

These findings resonate strongly with those reported in existing international research documenting the experiences of peers and clients in peer support programmes. The evaluation thus adds to what is currently a limited evidence base regarding the operationalisation, experiences, and outcomes of peer support programmes in the homelessness sector specifically.

RQ2. Operational lessons learned

A number of key lessons had been learned during TFC project development and implementation. First, TFC's (deliberate) lack of prescriptiveness makes it very difficult for people involved to comprehend and/or communicate what the model 'is'. The task of allowing scope sufficient for them to coproduce a solution to a local problem, whilst simultaneously providing enough structure and focus so that action plans are operationalisable, is immensely challenging. A key lesson has been that greater clarity is required regarding the principles and parameters of the model, and that staff and peers need more tangible cues regarding the potential nature of their roles and associated expectations.

Another lesson learned is that people with lived experience of homelessness should be involved in the consultation process as soon as is practicably possible. Also, enlisting the

help of existing peers at this point is highly effective in inspiring interest amongst potential new peers.

Regarding training, whilst a flexible approach is appropriate it is evident that peers must be equipped with essential knowledge and skills around issues such as boundary maintenance before interacting with the users of local homelessness services. This is especially critical before they begin to offer advice to or advocate on behalf of clients. More generally, opportunities to shadow staff continue to be welcomed and seen as highly beneficial by peers.

Successes regarding several former peers' transitions to paid work have been accompanied by calls for consideration of whether and if so how a more structured employment pathway might be developed as part of the TFC approach. Further to this, lessons have been learned in relation to problems generated by the use of potentially misleading role titles (e.g. 'trainee' in Glasgow), and questions raised regarding the blurred boundaries between paid staff and unpaid peer roles where at least some of the tasks conducted are ostensibly the same.

RQ3. Contribution to Shelter Scotland's coproduction agenda

In responding to the third research question, evaluation findings indicate that TFC has had a substantial influence on Shelter Scotland's broader agenda regarding the co-production of service delivery at both national and local levels. Nationally, TFC comprises a core part of the methodology defined for Hubs in Shelter Scotland's most recent strategy, that is, the model is now central to the organisation's agenda regarding how Hubs can combine the expertise of staff and peers to drive change for people experiencing homelessness.

Additionally, TFC peers have shaped Shelter Scotland's core campaigning messages at the national scale. Feedback from TFC peers was also integral to decisions to change aspects of organisational practice such as the removal of the requirement that all volunteers provide references; so too prompting a shift away from an emphasis on e-learning toward more interactive forms of training for peers and volunteers more generally. Further to this, feedback from Glasgow TFC trainees has fed into the organisation's consultation responses on Scotland's criminal disclosure system.

At the local level, TFC has led to the increasing integration of peer involvement in the work of Hubs, albeit that peers still make a distinction between 'them' (management) and 'us' (individuals with lived experience) in some. Peers played an active role in the recruitment of the new Edinburgh Hub manager, and have highlighted ways that other Shelter Scotland services (most notably advice sessions relating to its core offer) might be made more welcoming to people who may otherwise be reluctant to make use of the support available. Although not yet realised in all cities, TFC also offers the potential for Shelter Scotland to sustain relationships with clients after they have been accommodated.

RQ4. What 'better looks like' as regards system design and operation

The fourth question aimed to document what peers and homeless people thought 'better looks like' in terms of system design and operation affecting homeless people in each city. Whilst there was some overlap in the issues highlighted by those involved in the consultations, the focus and actions prioritised by each core group varied depending on local context.

In Glasgow, themes emerging from the first consultation phase included: support to reduce medication, combatting isolation, finding a permanent place to live, having services to help homeless people spend their time more productively, and improved access to employment, education and training. During the second phase, two main themes emerged, these being

gatekeeping issues and support with addictions. The core group prioritised the training of peers to support clients with their homelessness presentations with a view to reducing levels of council gatekeeping.

Both the first and second phase consultations in Dundee highlighted the number and nature of risks associated with hostel accommodation. Given these findings, and subsequent discussion amongst peers, TFC Dundee's core group decided to prioritise reducing hostel numbers, supporting clients within hostels (including younger adults in all-age hostels), and provision of safe storage for personal belongings whilst individuals are in temporary accommodation.

In Edinburgh, the key issues identified were: personal safety, risks associated with temporary accommodation, and the effects of mental health for those experiencing homelessness. Although the core group had yet to meet to determine their priorities, peers stated that they wished to take forward offering support within temporary accommodation and looking at opportunities to set up a 24-hour hub for those experiencing homelessness within central Edinburgh.

Key issues identified in Aberdeen included limited support services for those experiencing homelessness, a lack of temporary accommodation across the locale, invisibility of homelessness, and the lack of interpretation services for those who needed them. Although the core group was yet to meet to discuss their priorities at the point of evaluation fieldwork, peer interviewees stated that they would like to offer a befriending and support service as well as offer basic housing advice and referrals.

RQ5. Contribution to local systems change for homeless people

The final research question reflected on the extent to which TFC might be regarded to have contributed to local systems change for homeless people. The degree of progress as regards this endeavour varied significantly between the TFC projects, reflecting their different stages in development and implementation. It is for example far too early to comment conclusively on TFC Aberdeen's contribution to systems change given that the project had only just recruited peers at the point of evaluation data collection.

It is also too soon to be conclusive regarding the contribution of TFC Edinburgh to systems change, albeit worth noting that the project had been very positively received by the local stakeholders interviewed. The project's potential to affect systems change will depend in part on the extent to which it is able to capitalise on support expressed to date by local councils (City of Edinburgh in particular) as it develops.

Delays in the establishment of TFC Dundee, particularly after the initial consultation phase which was subsequently repeated, has limited progress toward system change to date. That said, constructive engagement with the council has effectively positioned the project as a conduit for lived experience input into the implementation of local policy, including but not limited to major changes affecting the provision of temporary accommodation in the city.

TFC Glasgow has had the clearest influence on local systems change to date, most notably via its provision of assisted homelessness presentations. This has reduced the risk of homeless applicants being affected by council gatekeeping and thereby safeguarded clients' rights under the homelessness legislation. It is unclear to what if any extent Shelter Scotland's recent (discontinued) legal challenge of the council may affect the influence of the project going forward.

More generally, TFC has involved the development and/or strengthening of existing relationships with other providers supporting homeless people in all of the cities in which it operates, albeit that the extent to which some stakeholders feel able to support TFC has been affected negatively by the recent litigation in Glasgow (see above). Positive inroads appear to have been made toward increasing levels of awareness of Shelter Scotland's core offer amongst staff, and potentially also service users, as a result of outreach involving other key stakeholders within all four cities.

Recommendations

Recommendations emerging from the evaluation's key findings include:

- A statement or toolkit clearly articulating the principles and parameters of the TFC model, in a format that will help staff and peers more easily understand and communicate what it is to external stakeholders and clients, should be developed as a matter of priority.
- Where possible, existing peers should be enlisted to assist with the recruitment of new peers in their own or other cities where TFC operates. Care must be taken to avoid over-burdening individual peers who take on such tasks, however.
- Potential peers should be informed from the outset that the role may involve any or all of a range of tasks including but not limited to: provision of one-to-one support, mentoring or advocacy; community engagement; public campaign involvement; and advocating for change in organisational practice at local and/or national level etc.
- Peers should also be provided with clear information at the point of recruitment regarding likely time commitments associated with TFC involvement.
- The issue of boundary maintenance should be established as a core focus early in a peer's induction and/or training.
- Consideration might be given to facilitating the development of a network of peers, connecting TFC peers across all four cities and with other people involved in peer support or similar roles.
- Effort should be invested in ensuring that certification and/or other evidence of key competencies provided by TFC is recognised by key partners, insofar as is possible, in order to avoid unnecessary repetition of training by peers.
- TFC projects might potentially consider using the tracker system more consistently and comprehensively to record peer activities and interactions. This could also be used as an aid in supervision and/or reflective practice sessions.
- It should be made clear during the co-design phase that while there is a substantial degree of openness to the remit of peers' contributions and project priorities, the project's purpose and activities must align with Shelter Scotland's core objectives.
- Consideration might be given to revisiting the role title and/or job description of trainees in Glasgow given concern that these are misleading and/or set up false expectations regarding employment opportunities/pathways.

- Reflection should also be given to the question of whether some form of financial or in-kind recompense may be appropriate where TFC Glasgow trainees are effectively fulfilling the same tasks as paid employees.
- Consideration should be given to whether a TFC employability pathway might be developed, whilst carefully managing peers' expectations regarding what if any employment opportunities Shelter Scotland or external partners can realistically offer.
- Once established, TFC projects should reflect periodically on what the core issues facing homeless people in the city are, so as to avoid stasis and allow for evolution if/as appropriate. The timing of such an exercise will need careful consideration, and its purpose clearly communicated, so as to avoid any risk that stakeholders may feel that previous input was not valued.
- Consideration might be granted to whether and if so how the involvement of people with lived experience might be more formally embedded in Shelter Scotland's staff recruitment processes, whilst taking care not to over-burden those involved (see also above).
- The 'co' should be kept in co-production, that is, decisions should be genuinely jointly made between the parties involved. Further to this, staff must remain mindful that whilst immensely valuable the views of TFC peers are not necessarily representative of the homeless population as a whole.
- Care should be taken to avoid over-using the term co-production. Whilst some aspects of TFC might justifiably be deemed to involve co-production, other activities (e.g. contributions to existing campaigns) might arguably be more accurately classed as peer involvement.
- Further evidence should be collated regarding the impacts of TFC on clients across all four cities, so that Shelter Scotland is better able to gauge the nature and extent of effects on the individuals supported.

REFERENCES

Barker, S.L. and Maguire, N. (2017) Experts by experience: peer support and its use with the homeless. *Community Ment Health J*, 53: 598-612.

Barker, S.L., Maguire, N., Bishop, F.L., and Stopa L. (2018) Peer support critical elements and experiences, in supporting the homeless: a qualitative study. *J Community Appl Soc Psychol*, 28: 213-229.

Barker, S.L., Maguire, N., Bishop, F.L., and Stopa L.L. (2019) Expert viewpoints of peer support for people experiencing homelessness: A Q sort study. *Psychological Services*, 16(3): 402-414.

Bassuk, E.L., Hanson J., Greene, R.N., Richard, M., and Laudet, A. (2016) Peer-delivered recovery support services for addictions in the United States: a systematic review, *Journal of Substance Abuse Treatment*, 63:1-9.

Bean, K.F., Shafer., M.S. and Glennon, M. (2013) The impact of Housing First and peer support on people who are medically vulnerable and homeless. *Psychiatric Rehabilitation Journal*, 36(1):48-50.

Bellamy, C., Schmutte, T. and Davidson, L. (2017) An update on the growing evidence base for peer support. *Mental Health and Social Inclusion*, 21(3): 161-167.

Chinman, M., George, P., Dougherty, R.H., Daniels, A.S., Shoma Ghose, S., Swift, A., and Delphin-Rittmon, M.E. (2014) Peer support services for individuals with serious mental illnesses: assessing the evidence. *Psychiatric Services*, 65(4):429-441.

Corrigan, P.W., Pickett, S., Schmidt, A., Stellon, E., Hantke, E., Kraus, D., Dubke, R., et al. (2017a) Peer navigators to promote engagement of homeless African Americans with serious mental illness in primary care. *Psychiatry Research*, 255: 101-103.

Corrigan, P.W., Psy, D., Kraus, D., Pickett, S., Schmidt, A., Stellon, E., Hantke,E., Lara, J.L. (2017b) Using peer navigators to address the integrated health care needs of homeless African Americans with serious mental illness. *Psychiatry Services*, 68(3):264-270.

Davidson, L. (2015) Peer support: coming of age of and/or miles to go before we sleep? An introduction. *Journal of Behavioral Health Services and Research*, 42(91):96-99.

Davidson, L., Bellamy, C., Guy, K. and Miller, R. (2012) Peer support among persons with severe mental illnesses: a review of evidence and experience. *World Psychiatry*, 11(2):123-128.

Eddie, D., Hoffman, L., Vilsaint, C., Abry, A., Bergman, B., Hoepfner, B., Weinstein, C. and Kelly, J.F. (2019) Lived experience in new models of care for substance use disorder: a systematic review of peer recovery support services and recovery coaching. *Frontiers in Psychology*, 10: 1-12.

European Federation of National Organisations working with the Homeless (FEANTSA) (2015) *Peer Support: A tool for recovery in homelessness services*. Brussels: FEANTSA.

Faulkner, J., Basset, T. and Ryan, P. (2012) A long and honourable history. *The Journal of Mental Health Training, Education and Practice*, 7(2):53-59.

- Felton, C.J., Stastny, P., Shern, D.L., Blanch, A., Donahue, S.A., Knight, E. and Brown, C. (1995) Consumers as peer specialists on intensive case management teams: impact on client outcomes. *Psychiatric Services*, 46(10):1037-1044.
- Fors, S.W. and Jarvis, S. (1995) Evaluation of a peer-led drug abuse risk reduction project for runaway/homeless youths. *Journal of Drug Education*, 25(4):321-333.
- Homeless Link (2017) Housing First England: Guidance for peer mentoring. London: Homeless Link.
- Johnsen, S. (2013) *Housing First Final Evaluation Report*. Edinburgh: Heriot-Watt University.
- Johnsen, S. and Blenkinsopp, J. (2018) *Time for Change Dundee: project evaluation*. Edinburgh: Shelter Scotland.
- Kidd, S.A., Vitopoulos, N., Frederick, T.M Daley, M., Peters, K., Clarc, K., Cohen, S., Gutierrez, R.,
- Leon, S., and McKenzie, K. (2019) Peer support in the homeless youth conte: requirements, design, and outcomes. *Child and Adolescent Social Work Journal* 36:641-654.
- MacLellan, J., Surey, J., Abuakar, I., Stagg, H.R. and Mannell, J. (2017) Using peer advocates to improve access to services among hard-to-reach populations with hepatitis C: a qualitative study of client and provider relationships. *Harm Reduction Journal*, 14(76):1-9.
- Mackie, P., Johnsen, S. and Wood, J. (2017) *Ending Rough Sleeping – What Works?* London: Crisis.
- Mead, S., Hilton, D. and Curtis, L. (2001) Peer support: a theoretical perspective. *Psychiatric Rehabilitation Journal*, 25(2):134-141.
- Mead, S. and MacNeil, C. (2016) Peer support: what makes it unique? *International Journal of Psychosocial Rehabilitation*, 10(2):29-37.
- Parkes, T., Matheson C., Carver, H., Budd, J., Liddell, D., Wallace, J., Pauly, B., Fotopoulou, M., Burley, A., Anderson, I., MacLennan, G. and Foster, R. (2019) Supporting Harm Reduction through Peer Support (SHARPS): 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: study protocol. *Pilot and Feasibility Studies*, 5(64):1-15.
- Pitt, V., Lowe, D., Hill, S. et al. (2012) Consumer-providers of care for adult clients of statutory mental health services. *Cochrane Database of Systematic Reviews*, 28(3), doi:10.1002/14651858.CD004807.pub2.
- Reid, G. and Watson, A. (2019) *Time for Change: Our Ambition for Involvement*. London: Shelter.
- Repper, J. and Carter, T. (2011) A review of the literature on peer support in mental health services. *Journal of Mental Health*, 20(4):392-411.
- Resnik, L., Ekerholm, S., Johnson, E.E., Ellison M.L. and O'Toole, T.P. (2017) Which homeless veterans benefit from a peer mentor and how? *Journal of Clinical Psychology*, 73(9):1027-1047.

Resnik, S.G. and Rosenheck, R.A. (2008) Integrating peer-provided services: a quasi-experimental study of recovery orientation, confidence and empowerment. *Psychiatric Services*, 59(1):1307-1314.

Sandhu, S., Arcidiacono, E., Aguglia, E and Prieve, S. (2015) Reciprocity in therapeutic relationships: a conceptual review. *International Journal of Mental Health Nursing*, 24(6):460-470.

Van Vorhees, E.E., Resnik, L., Johnson, E., and O'Toole, T. (2019) Posttraumatic stress disorder and interpersonal process in homeless veterans participating in a peer mentoring intervention: associations with program benefit. *Psychological Services*, 16(3):462-474.

Van Vught, M.D., Kroon, H., Delespaul, P.A. and Mulder, C.L. (2012) Community-providers in assertive community treatment programs: association with client outcomes. *Psychiatric Services*, 63(5):477-481.

Walker, G. and Bryant, W. (2013) Peer support in adult mental health services: a metasynthesis of qualitative findings. *Psychiatric Rehabilitation Journal*, 36(1):38-34.

Young Foundation (2016) Saving Lives, Saving Money: How homeless health peer advocacy reduces inequalities. London: The Young Foundation.

Shelter Scotland helps over half a million people every year struggling with bad housing or homelessness through our advice, support and legal services. And we campaign to make sure that, one day, no one will have to turn to us for help.

We're here so no one has to fight bad housing or homelessness on their own.

Please support us at shelterscotland.org

OBR-3132. Registered charity in England and Wales (263710) and in Scotland (SC002327)

Shelter Scotland
Scotiabank House
6 South Charlotte Street
Edinburgh EH2 4AW
shelterscotland.org

Shelter
Scotland