



Department for Levelling Up,
Housing & Communities

Frontline support models for people experiencing multiple disadvantage

A Rapid Evidence Assessment

April 2023



The
University
Of
Sheffield.



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About

The Changing Futures programme is a £64 million initiative between Government and The National Lottery Community Fund. It seeks to test innovative approaches to improving outcomes for people experiencing multiple disadvantage – including homelessness, substance misuse, mental ill health domestic abuse and contact with the criminal justice system. The programme is running in fifteen areas across England from 2021 to 2024.

The Department of Levelling Up, Housing and Communities (DLUHC) appointed a consortium of organisations, led by CFE Research, and including Cordis Bright, Revolving Doors, The School of Health and Related Research (SchARR) at The University of Sheffield, to undertake an independent evaluation of the Changing Futures programme.

This report is part of a series of Rapid Evidence Assessments (REA) produced for the Changing Futures programme by the evaluation team.

The report was written by Cordis Bright with CFE Research in May 2022.

For more information about this report please contact cfp@levellingup.gov.uk

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List of acronyms and abbreviations

DLUHC: Department for Levelling Up, Housing and Communities (also **DCLG:** *Department for Communities and Local Government* and **MHCLG:** *Ministry for Housing, Communities and Local Government*)

EEA: European Economic Area

HPHA: Homeless Health Peer Advocacy

MEAM: Making Every Adult Matter

NECG: National Expert Citizen Group

PTS: Person-led transitional and strength-based

QED: Quasi-Experimental Design

RCTs: Randomised controlled trials

REA: Rapid Evidence Assessment

VAWG: Violence Against Women and Girls

1 Executive summary

1.1 Introduction

This is a rapid assessment of the evidence on models and approaches of frontline support for people experiencing multiple disadvantage. It was designed with three key purposes: to support central government in describing the Changing Futures models of activity and explaining effective practice in frontline support; to support local service managers in understanding how best to structure teams, roles and service offers; and to support the evaluation team by informing future qualitative “deep dive” research exploring the changes being made to local systems under the Changing Futures programme.

The limited resource available for the REA was focused on identifying and reviewing literature relating to frontline support models and approaches that are explicitly identified in the literature as relevant to supporting people experiencing multiple disadvantage. Key limitations to the REA are discussed in the main report, but overall we sought to take a pragmatic approach to identifying and reporting findings of relevance to the research questions. As such, the models, approaches and literature referenced are not exhaustive and the review does not make claims about the precise scale and nature of the evidence base.

The review identified three widely recognised models of delivering frontline support and five widely recognised approaches to supporting people experiencing multiple disadvantage, as shown in Table 1.¹ Trauma-informed approaches are addressed in detail in a separate REA and are therefore not included in this review.

Table 1 Most widely recognised frontline models for and approaches to supporting people experiencing multiple disadvantage, as identified by this review

Models of support	Approaches to support
<ul style="list-style-type: none">• The navigator model• Housing First• Assertive outreach	<ul style="list-style-type: none">• Peer support• Person-centred approaches• Relational approaches• Gender-informed approaches• Trauma-informed approaches

1.2 Evidence of effectiveness

Overall, there is a relatively large body of literature describing models of and approaches to frontline support for people experiencing multiple disadvantage, including both academic research and grey literature. However, the evidence base for the effectiveness and impact of these models and approaches is relatively weak in terms of what is traditionally considered robust evidence of impact. Instead, the evidence is largely drawn

¹ Models of support refer to specific support service models, as defined by their purpose, structure, principles, professional composition and other key features. Approaches refer to the ways in which staff work with people and implement the support model. In practice, there is not always a clear delineation between models and approaches; for example, assertive outreach and peer support are sometimes treated in the literature as models and are other times described as approaches. We have sought to apply the models and approaches categories in the way that best suited the discussion in this review.

from qualitative research and mixed methods evaluations of wider programmes that are unable to isolate the impact of specific models, practices and approaches. There are two exceptions to this: Housing First and peer support both have relatively large bodies of evaluation evidencing their effectiveness.

There is a strong degree of consensus across systematic reviews and randomised controlled trials (RCTs) from North America that Housing First improves housing stability for people experiencing multiple disadvantage. Whilst the nature of comparator group support in these studies differs considerably from the UK social support sector, the positive impact of Housing First on housing stability for people experiencing multiple disadvantage is supported by more modest evidence from the UK (e.g. Bretherton and Pleace, 2015; Mackie, Johnsen and Wood, 2017; Miler et al., 2021). Evidence in relation to improvements in other (non-housing) outcome areas is less conclusive.

The Housing First model differs to the other frontline support models included in this REA in that it consists of both the frontline support (from a dedicated Housing First support worker) and the provision of housing without conditions (such as needing to be 'housing ready'). The available evidence indicates that both components of the model are valued features and mechanisms of change. The only study identified by this REA that sought to isolate the impact of the two components found that the quality of relationship between support worker and client to be a more important predictive factor of housing stability than whether the person was involved in the Housing First programme (Sandu, Anyan and Stergiopoulos, 2021).

Peer support also has a relatively strong international evidence base of effectiveness, with systematic reviews concluding that peer support amongst the homeless population leads to improvements in housing-related outcomes, quality of life and social support, and reductions in substance use (Barker and Maguire, 2017; Miler et al., 2021). This is again supported by more modest supporting evidence from the UK, including one evaluation of a homeless health peer advocacy programme (Finlayson et al., 2016) and findings drawn from wider programme evaluations of which peer support was just one element (Cordis Bright, Homeless Link and Expert Link, 2020; CFE Research and The University of Sheffield, with the National Expert Citizens Group (NECG), 2022).

Overall, the literature does not clearly distinguish between different models and approaches to frontline support for people experiencing multiple disadvantage. The REA is therefore unable to assess whether particular models and approaches are more or less impactful in different contexts. However, there is a strong and consistent message from across the wider literature as a whole, including qualitative research and mixed methods evaluations of wider programmes, that all models and approaches included in this review contribute to people experiencing multiple disadvantage seeing improvements in their lives. Moreover, the literature supporting the navigator model, Housing First, peer support, person-centred approaches and relational approaches involves co-production and/or qualitative consultation with people experiencing multiple disadvantage. One message from the literature is therefore clear: these models and approaches are valued by people with lived experience of multiple disadvantage.

1.3 Mechanisms of change and valued features

There is also a relatively strong and consistent message about how and why these models, practices and approaches are valued and bring about – or are believed to bring about – improvements for people experiencing multiple disadvantage. The literature suggests that the way in which people are supported may be more important than what support is being delivered (Holly, 2017; CFE Research and The University of Sheffield, with the NECG, 2022; Sandu, Anyan and Stergiopoulos, 2021). The following features of effective support and mechanisms of change were reported in the literature in relation to two or more models and approaches, and were generally identified through qualitative consultation:

- **Trusting relationships.** People experiencing multiple disadvantage as well as those providing support recognise a trusting relationship as the foundation for providing effective support. Trust is built through support that is intensive, person-led, open-ended, long-term, and non-judgemental, and is enabled by small caseloads. Trusting relationships between ‘clients’ and ‘workers’ can enable people experiencing multiple disadvantage to start trusting other services and professionals, and to subsequently engage with services and make improvements in their lives. However, there is less exploration in the literature of the dynamics of trusting relationships and exactly how and why trusting relationships supports improvements for individuals.
- **Person-centred support.** Support that is person-led (directed by the person receiving the support) and tailored to match the person’s specific needs and strengths enables them to work towards achieving their own goals according to their own individual recovery pathways and supports people to make the “best” choices for them.
- **Flexibility.** Offering support in a flexible way, and encouraging other services to work more flexibly too, enables people to access services and support that might not otherwise be available or accessible to them. Flexibility might involve relaxing eligibility criteria, taking services directly to clients, and working in creative ways to provide the most appropriate support possible.
- **Small caseloads** are essential if workers are to provide person-centred and flexible support and to build the trusting relationships identified as important for supporting people to make improvements.²

Roles for people with lived experience. Lived experience of multiple disadvantage is identified in the literature as valuable across a wide range of delivery roles, not just in the “peer support worker” role. The literature highlights the value of involving people with lived experience in navigator and Housing First support worker roles, describing how the shared experience between worker and client can support the development of trusting relationships, as well as providing a positive role model and proof that recovery is possible. For similar reasons, lived experience is also emphasised as valuable in delivering gender-informed and relational approaches.

² The size of caseload suggested by the literature varies. For example, evidence from Fulfilling Lives evaluations centred on the navigator model suggests a maximum caseload of between six and ten people is appropriate when working with people experiencing multiple disadvantage (CFE Research and The University of Sheffield, with the Systems Change Action Network, 2021c), whereas a report by Housing First England suggests that most Housing First services have caseloads of six or fewer clients per support worker (Housing First England, 2020).

Involving people with first-hand experience of multiple disadvantage in the design of services also helps to challenge assumptions and identify barriers, changing services and the system to work better for people experiencing multiple disadvantage.

1.4 Contextual factors affect the potential to deliver change for individuals and for the system

However, the extent to which a model, practice or approach can bring about improvements for people experiencing multiple disadvantage and the wider system will also depend on how it is implemented and the wider context. Contextual factors can affect the impact of these models and approaches in three key ways:

- **Whether the system supports or hinders the implementation of models and approaches.** The conditions of the local system will affect the extent to which it is feasible for local services and workers to use these models and approaches (Holly, 2017; Mackie, Johnsen and Wood, 2017; Cream et al., 2020; Groundswell, 2020). For example, personalised and flexible approaches often rely on individual staff going “above and beyond” to flex the service offer in order to meet the needs of the people they support (Holly, 2017), rather than staff being supported and encouraged by the system to use these approaches.
- **Extent of barriers to individuals achieving outcomes in the local system.** Even if individual workers and specific services are supported to deploy the approaches and are operating within the effective service models, barriers within the wider system may prevent people from achieving their personal goals (CFE Research and The University of Sheffield, with the NECG, 2022). For example, in relation to assertive outreach, the housing retention outcomes tend to depend on the type of accommodation available following the intervention (Mackie, Johnsen, and Woods, 2017), and the “power” of assertive outreach workers is limited to the availability of other services (Groundswell, 2020).
- **Whether there are enabling conditions for systems change.** All the models, approaches and practices included in this review have the potential to contribute to changing the system, such as through providing a new specialist service; testing, learning and sharing best practice; challenging system barriers and negotiating flex; and developing inter-organisational relationships. However, systems change is not a key focus or feature of any of the models, approaches or practices. As such, whether and how a model or approach contributes to systems change will depend on how it is implemented and whether the right enabling conditions for systems change are in place. For example, the MEAM Approach evaluation has identified three broad categories of factors that enable systems change: the presence of activities and approaches that harness pre-existing knowledge or innovations within the system to bring about systems change; creating the space and capacity to think about and catalyse systems change; and having the “right” leadership in place (Cordis Bright, 2021).

A system-wide focus on the Changing Futures delivery principles³ can potentially help to mitigate against contextual limitations and enable frontline support to be as effective possible in improving outcomes for people experiencing multiple disadvantage.

1.5 Valuing the strengths of the existing evidence base

This REA has highlighted that there is little evidence of effectiveness for these models and approaches based on methods that are traditionally regarded as the most robust, i.e. via RCTs or quasi-experimental design (QED) evaluations. There are a number of conclusions that could be drawn from this. First, DLUHC and local partnerships could opt to prioritise the implementation of Housing First and peer support due to their superior quantitative evidence base with regards to impact.

Second, DLUHC and other public and research bodies should make the case for and provide funding and support to more impact evaluations of a range of models and approaches relevant to supporting people experiencing multiple disadvantage. Various kinds of impact evaluation could be achieved through further research, including RCT and QED evaluations. In the absence of an external comparator group, other quantitative approaches could be employed e.g. an interrupted time series/change over time data study, simulation modelling or comparisons between cohorts across local areas in the programme.

The Changing Futures programme evaluation is testing the feasibility of using a QED to conduct a robust impact evaluation (use of a well-matched comparator group of people experiencing multiple disadvantage in areas not receiving Changing Futures funding). This includes: identifying geographic areas that are sufficiently similar to those involved in the Changing Futures programme, engaging a cohort of people experiencing multiple disadvantage in these areas, gathering data about them and assessing the extent to which this group is comparable to those receiving support under Changing Futures.

There are many challenges in evaluating the impact of frontline support models and approaches for people experiencing multiple disadvantage using RCT and QED studies. Perhaps the most significant challenge relates to the complexity of the intervention (where an individual may receive multiple interventions rather than one single identifiable “treatment”), the complexity of the system (since support for one individual will engage multiple different organisations and sectors), and the complexity of social interventions whereby the intervention will rarely be the sole cause of an observed change (Byrne, 2013 and HM Treasury, 2020, cited in DLUHC, 2023). As such, frontline models and approaches are difficult to disentangle from other interventions, are not easily replicable, and differ in structure, relationships, and context. This poses challenges for attributing impact.⁴

³ These are: Working in partnership, coordinate support, create flexibility in how local services respond, involve people with lived experience, take a trauma-informed approach, and commit to driving long-lasting system change (MHCLG, 2020).

⁴ Other challenges include but are not limited to the fact that it may not be considered ethically acceptable to place people in a (wait list) control group given the existing evidence base that these models and approaches are likely to be helpful; identifying suitable comparator groups for a QED design is very difficult, since people experiencing multiple disadvantage tend to not be known by/in contact with services unless they are being supported by a similar intervention; and identifying common outcomes and outcomes measures for the whole cohort is to some extent in contradiction to the person-centred approaches that this review has identified as important; and there is a high risk of “contamination” of the control/comparator group, for example systems change work and/or learning drawn from the main intervention may influence other “treatment as usual” support offer (DLUHC, 2023).

In light of the lack of more robust evidence, it may be useful to focus on the key strengths of the wider body of literature, including conclusions drawn from qualitative research and mixed methods programme evaluations. There is a consistent message about how and why these models and approaches might help to improve experiences and outcomes for people experiencing multiple disadvantage. Importantly, this message often draws on the perspectives of people experiencing multiple disadvantage and what is important to them. As such, re-valuing this type of evidence may in itself be considered part of the wider changes to the system that the Changing Futures programme is aiming to deliver.

2 Introduction

2.1 Overview

This is a rapid evidence assessment (REA) on models and approaches of frontline support for people experiencing multiple disadvantage. It has been commissioned by the Department for Levelling Up, Housing and Communities (DLUHC) as part of the evaluation of the Changing Futures programme.

The review is designed to support the programme in three main ways:

- Supporting central government partners in describing the Changing Futures models of activity and explaining effective practice in frontline support.
- Providing evidence for local programme and service managers to inform how best to structure teams, roles and service offers.
- Helping the evaluation team by informing future qualitative “deep dive” research under evaluation objective 1, exploring the extent to which local systems are changing in relation to frontline support, the impact of any change and the mechanisms driving any change.

Definition of people experiencing multiple disadvantage

For the purposes of this REA, we have worked to the definition of multiple disadvantage included in the Changing Futures programme prospectus, which is:

“[...] adults experiencing three or more of the following five: homelessness, substance misuse, mental health issues, domestic abuse, and contact with the criminal justice system. Many people in this situation may also experience poverty, trauma, physical ill-health and disability, learning disability, and/or a lack of family connections or support networks.” (Ministry of Housing, Communities and Local Government (MHCLG), 2020)

2.2 Research questions

The review identified and reported findings against the following research questions⁵:

1. What are the most widely recognised models of frontline support for people experiencing multiple disadvantage? (By models of support we mean the purpose, structure, principles and professional composition of support services. For example, this could include consideration of navigator models, assertive outreach, peer support etc).
 - What evidence is available to demonstrate the efficacy of these models?

⁵ Two lower-priority research question were included in the rapid evidence assessment protocol, which were: “what are the key challenges and areas for debate in implementing these models, practices and approaches?” and “what is the role of positive/meaningful activities for people experiencing multiple disadvantage, alongside effective support?”. It was not possible to collate and review evidence on this additional research question within the agreed resource for the rapid evidence assessment.

- What are the common components and features of these models?
 - How do these models support improvements for individuals
 - Is there evidence that these models focus on or contribute to systems change?
2. What are the most widely recognised practices and approaches in supporting people experiencing multiple disadvantage? (By practices and approaches we mean the ways in which staff work with people and implement the support model. For example, this could include balancing emotional and practical support, ways of working with individual people, and addressing stigma and prejudice.)
 - What evidence is available to demonstrate the efficacy of these practices and approaches?
 - How do these practices and approaches support improvements for individuals?
 - Is there evidence that these practices and approaches focus on or contribute to systems change?
 3. How do effective models and practice relate to the core Changing Futures principles, i.e. working in partnership, coordinating support, creating flexibility in how local services respond, involving people with lived experience, taking a trauma-informed approach, and a commitment to driving lasting system-change?
 4. Where is the evidence in relation to effective models, approaches and practices currently less conclusive?

A second REA for the Changing Futures programme evaluation summarises the evidence on the benefits of taking a trauma-informed approach to supporting people experiencing multiple disadvantage. Trauma-informed approaches are therefore not considered in this REA.

2.3 Methodology

We developed a protocol for searching and prioritising evidence for review, which was agreed with DLUHC. Given the limited resource for the REA, we focused it on identifying and reviewing literature relating to frontline support models and approaches that are explicitly identified in the literature as relevant to supporting people experiencing multiple disadvantage. Key limitations to the REA are discussed in section 2.4 but overall we sought to take a pragmatic approach to identifying and reporting findings. As such, the models, approaches and literature referenced are not an exhaustive list and the review does not make claims about the precise scale and nature of the evidence base.

Search terms

Table 2 outlines the initial search terms that were used to identify relevant sources for the review. We used search strings formed of one term from each of the columns below (e.g. “Multiple disadvantage” + Support + Effective). This is not an exhaustive list, rather an example of terms that were used in the first instance to identify relevant sources. We took a flexible approach, adding or removing terms as the search proceeded and we gathered

more information on the key terms used in the literature. If searches included too many irrelevant results, we modified our searches by including specific exclusions. We also snowballed sources by reviewing the bibliographies of selected studies.

Table 2 Search terms

Primary search terms: groups/needs ⁶	Secondary search terms: support	Tertiary search terms: information type
“Multiple disadvantage”	Support	Effective
“Complex needs”	Practice	Evaluat*
“Dual diagnosis”	Outreach	Evidence
“Rough sleep*”	Navigat*	Good practice
“Substance *use”	Coordinat*	Outcomes
“Drug and alcohol”	Service	Impact

2.4 Identifying, selecting and prioritising articles

Sources

We searched for non-academic literature using Google and Google Scholar for academic literature. In addition to this we used DeepDyve⁷ to help us access journal articles. We limited each search to the first 20 search results.

We checked the relevance of each article before deciding whether to include it as part of the bibliography. We included 44 of the most relevant articles in the review. Please see the bibliography for the full list of articles included.

Inclusion criteria

To be considered for the bibliography, an article had to be relevant to the research questions and meet the inclusion criteria identified in the protocol, i.e. written in English, ideally published within the last 10 years (we included earlier studies only where there was a shortage of good quality more recent studies), published within the UK, North America, or western Europe but relevant to the UK, and available publicly or via DeepDyve.

Approach to prioritisation

We scanned the titles and abstracts of all articles identified through the searches and excluded those that immediately appeared less relevant to the research questions or that did not meet the inclusion criteria above. For the articles returned by search strings using the three sub-group primary search terms (i.e., “rough sleep*”, “substance *use” and “drug and alcohol”) we looked beyond the abstract and scanned the articles in order to determine their relevance to multiple disadvantage.

⁶ We considered including terms to cover other aspects of multiple disadvantage – i.e. mental health issues, involvement with the criminal justice system and experience of domestic abuse, as well as sex work. However, we believe that they are less likely to return literature of close relevance to multiple disadvantage and have therefore excluded them.

⁷ <https://www.deepdyve.com/>

Limitations

The key limitations to this REA are:

- **Time constraints.** It was not possible to cover the full body of literature on frontline support for people experiencing multiple disadvantage in its entirety within the timescales and resourcing available. As such, this REA does not offer a fully systematic review of this topic, but rather an overview of the key messages on the most commonly identified models and approaches aimed at improving outcomes for people experiencing multiple disadvantage, based on the literature we identified.
- **Quality of evidence.** There is little evidence of effectiveness for frontline models and approaches based on methods that are traditionally regarded as the most robust, i.e. via RCTs or QED evaluations. Whilst it may not be fruitful to prioritise this type of evidence in this context (as discussed in sections 3.1 and 6.1), the scope of this REA was limited by the quality of evidence on impact and effectiveness.
- **Focus of the evidence.** Articles rarely evaluate a single model or approach in isolation from its context and other interventions. This presents challenges for assessing the evidence on a model-by-model and approach-by-approach basis. We have highlighted where there are areas of overlap.
- **Terminology.** Terminology used to describe frontline support is often applied loosely and used ambiguously. This posed a challenge. To address this, we adopted a 'snowballing' approach to identifying relevant sources. We followed-up studies referenced in papers identified through our initial search. However, inconsistencies in how terminology is used and applied means it was not possible for this REA to cover the full body of literature on frontline support for people experiencing multiple disadvantage within the resource available and agreed approach. As a result, the most identified models are those with most stable terminology. Other approaches and models with less consistent terminology may be widely used, widely referenced or highly valued.

2.5 Structure of this rapid evidence assessment

This REA is structured as follows:

- Section 3 presents the available evidence of impact, mechanisms of change and valued features in relation to the three most widely identified models of frontline support: the navigator model, Housing First and assertive outreach.
- Section 4 presents the available evidence of impact, mechanisms of change and valued features in relation to the four most widely identified approaches to frontline

support: peer support, person-centred approaches, relational approaches, and gender-informed approaches.⁸

- Section 5 explores how the frontline models and approaches discussed in this review can contribute to systems change, and how they can be supported by the Changing Futures delivery principles.
- Section 6 offers our conclusions.
- The bibliography is appended, and the REA search protocol is available as a separate annex.

⁸ Trauma-informed approaches were also widely identified in the literature. However, as mentioned above, they are addressed in a separate rapid evidence assessment and are therefore not included in this review. Culture-informed approaches were also identified in the literature as likely to be important. However, they are not included in this review due to the small volume of relevant evidence available.

3 Models of frontline support

3.1 Key findings

Evidence of effectiveness

The navigator model, Housing First and assertive outreach were the three most identified models of frontline support for people experiencing multiple disadvantage in our review.⁹

Of the three models, Housing First has the strongest evidence base on its effectiveness in improving housing outcomes for individuals, with a relatively large body of international evidence, including RCTs and systematic reviews, consistently finding that the model increases housing stability compared to business as usual (Mackie, Johnsen and Wood, 2017; Miler et al., 2021). This is corroborated by a more modest UK-based evidence base (Bretherton and Pleace, 2015; MHCLG, 2021). There is less consensus on the effectiveness of Housing First in delivering other improvements for people experiencing multiple disadvantage, for example in relation to health and substance use.

Evidence on the effectiveness of the navigator model and assertive outreach is less plentiful and tends to be drawn from qualitative research and mixed methods evaluations of wider programmes (Cordis Bright, Homeless Link and Expert Link, 2020; CFE Research and The University of Sheffield, with the Systems Change Action Network, 2021b; Watts et al., 2021). However, there is a consistent message across the available literature that navigator models contribute to improving outcomes, particularly in relation to housing stability and preventing homelessness, and improving mental health and wellbeing. There is also some tentative evidence that assertive outreach can lead to reductions in rough sleeping.

The literature highlights that what is highly valued and/or important for supporting improved experiences and outcomes for individuals is not so much the specific service or intervention model, but the way the intervention or service is delivered (Holly 2017; CFE Research and The University of Sheffield, with the NECG, 2022).

Common features and mechanisms for change

The models share some common features that are consistently identified in the literature as key mechanisms for change, and which in fact align with many of the approaches described in section 4:

- Person-centred support. Support that is tailored to meet people's specific needs enables people to work towards achieving their own goals according to their own individual recovery pathways. This in turn helps build trusting relationships.
- Flexibility. Offering support in a flexible way, and encouraging other services to work more flexibly too, enables people to access services and support that might not

⁹ The Housing First model differs to the other frontline support models included in this REA in that it consists of both the frontline support (from a dedicated Housing First support worker) and the provision of housing without conditions (such as needing to be 'housing ready').

otherwise be available or accessible to them. Flexibility might involve relaxing eligibility criteria, taking services directly too clients, and working in creative ways to provide the most appropriate support possible.

- Trusting relationships. The intensive and persistent support offered by these models enables workers and clients to develop trusting relationships, which can enable people experiencing multiple disadvantage to start trusting other services and professionals, and subsequently engage with services and make improvements in their lives.
- Small caseloads. These are essential if workers are to provide person-centred and flexible support and to build the trusting relationships identified as important for supporting people to make improvements.

Gaps in evidence

The review found little evidence that isolates the impact of the navigator model or assertive outreach from the effect of other models or approaches, for example through an RCT or QED study. Given the challenges in applying such evaluation designs to interventions for people experiencing multiple disadvantage (see next subsection), evidence of effectiveness gathered via other means, such as through qualitative research, should also be valued. Importantly, qualitative methods are also better placed to include the perspectives of people experiencing multiple disadvantage.

That said, the evidence base could be improved via more evaluation (using qualitative methods or otherwise) to better understand the extent of the models' impact and the types of outcome areas where people are seeing improvements – this is particularly the case for the navigator model.

Evaluating impact using RCT or QED studies

There are many challenges to evaluating interventions supporting people experiencing multiple disadvantage using RCT or QED studies. As such, it is not surprising that our study found very few studies using these approaches. Key challenges include:

- The complexity of the interventions and the system in which they are being implemented mean that frontline models and approaches are difficult to disentangle from other interventions, are not easily replicable, and differ in structure, relationships, and context. Given this complexity, it is also unlikely that an intervention will be the sole cause of any observed changes.
- Identifying suitable comparator groups for a QED design is difficult, since people experiencing multiple disadvantage tend to not be known by/in contact with services unless they are being supported by a similar intervention.
- There are ethical challenges in delivering an RCT approach, for example such as whether a wait list control group design is ethically acceptable given the existing evidence base that such interventions are likely helpful.

- Identifying common outcomes and outcomes measures for the whole cohort is to some extent in contradiction to the person-centred approaches that this review has identified as important.
- There is a high risk of “contamination” of the control/comparator group, for example systems change work and/or learning drawn from the main intervention may influence other “treatment as usual” support offers (DLUHC, 2023).

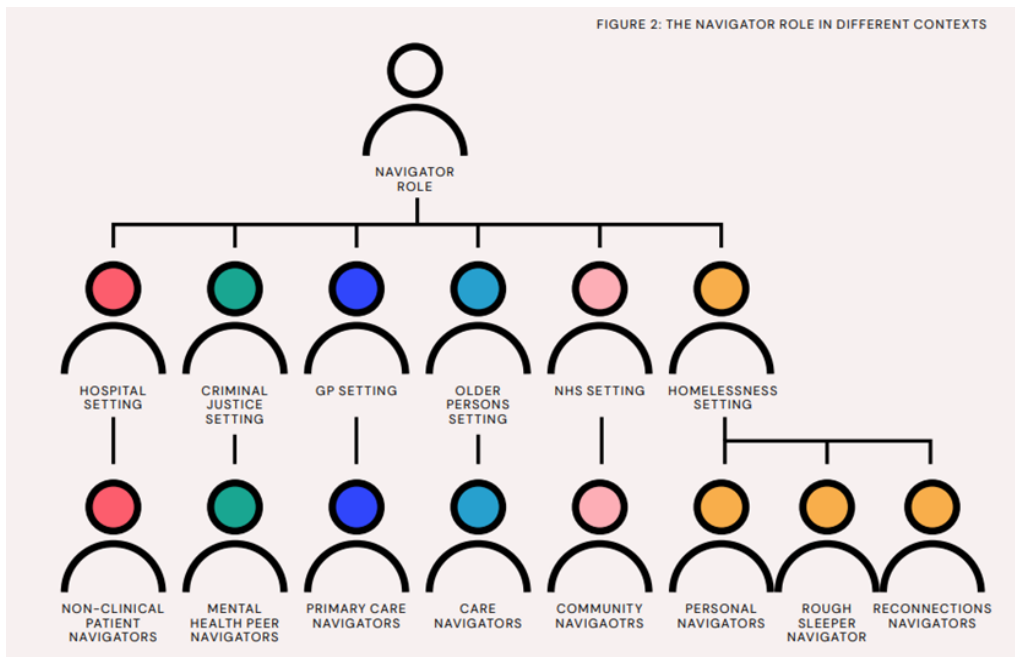
3.2 The navigator model

Navigators support people experiencing multiple disadvantage by co-ordinating their access to multiple areas of support, advocating for their clients’ access to and flexibility from services, and providing a consistent single-point source of support. The navigator model has evolved through service delivery, meaning there is no central definition.¹⁰ Whilst ‘navigator’ is the most commonly-used term to describe a person providing co-ordination, advocacy and support in this way, other job titles present in the literature include ‘personal development coordinator’, ‘service coordinator’, (CFE Research and The University of Sheffield, with the Systems Change Action Network, 2021c), ‘multiple disadvantage coordinator’, and ‘link worker’ (Revolving Doors Agency and Centre for Mental Health, 2015). ‘Peer advocates’ can also play a navigator role (Cream et al., 2020) but having lived experience of multiple disadvantage is not a pre-requisite of the navigator role.

Navigators are used in many different contexts across the health and social care sector, for example in mental health, dual diagnosis and homelessness settings (Revolving Doors Agency and Centre for Mental Health, 2015; Department for Communities and Local Government (DCLG), 2017; Cordis Bright, Homeless Link and Expert Link, 2020; CFE Research and The University of Sheffield, with the Systems Change Action Network, 2021c) – see Figure 1. It is particularly important for multiple disadvantage navigators to work across sectors to help people experiencing multiple disadvantage access the different types of support they need.

¹⁰ Definitions vary with regards to whether a navigator needs to be “service-neutral”, i.e. a navigator service not attached to a specific sector, (CFE Research and The University of Sheffield, with the Systems Change Action Network, 2021c) or whether they can in fact be integrated into existing sector-based providers (Cordis Bright, Homeless Link and Expert Link, 2020).

Figure 1 The navigator role in different contexts (Cordis Bright, Homeless Link and Expert Link, 2020)



Overview of available evidence

We identified a moderate body of qualitative literature describing the navigator role, how it operates and conditions for best practice. There is much less literature on the impact of the navigator model, with a distinct lack of quantitative studies that assess the impact of a navigator in isolation from other practices and approaches, such as peer support or a person-centred approach. This is corroborated by a review of evaluative evidence on the “link worker model” by Revolving Doors Agency and Centre for Mental Health (2015).

There are some key strengths to the literature on navigator models: it provides a consistent message on how and why navigator models might lead to improvements for people experiencing multiple disadvantage, and a significant amount of the qualitative research involved co-production with people with lived experience and/or consultation with people facing multiple disadvantage, which brings additional validity and relevance.

However, the key limitation is that the literature does not provide a robust assessment of the impact of the navigator model. This is because most of the evidence is drawn from evaluations and studies of wider programmes, of which the navigator role is just one element (Cordis Bright, Homeless Link and Expert Link, 2020; CFE Research and The University of Sheffield, with the Systems Change Action Network, 2021b; Parr, 2022). As such, this research was not designed to understand the impact of the navigator model in isolation. Where quantitative research is available, it typically relies on “before and after studies” rather than study designs involving a control group (Revolving Doors Agency and Centre for Mental Health, 2015), which again form part of wider programme evaluations and are not able to isolate the impact of the navigator model.

One notable exception to this is the impact evaluation of The London Homelessness Social Impact Bond, a four-year programme designed to introduce new means of financing interventions and encourage innovative approaches to addressing rough sleeping in London between November 2012 and October 2015 (DCLG, 2017)¹¹. The impact of the intervention, which was designed around a navigator approach, was assessed using a comparison group. However, this was designed to address rough sleeping and is not explicitly focused on people experiencing multiple disadvantage.

Evidence of impact on key outcomes

The impact evaluation of The London Homelessness Social Impact Bond found that the navigator intervention significantly reduced rough sleeping over a two-year period when compared to a well-matched comparison group (DCLG, 2017). The evaluation found that the intervention group was significantly more likely than the comparison group to completely stop sleeping rough in the two years following the start of the programme. Whilst the evaluation suggests that a navigator model can improve homelessness outcomes, it did not assess other outcomes, such as employment or health outcomes.

Apart from this exception, there is little conclusive evidence on the types of improvements or outcomes associated with the navigator model. However, there are tentative yet promising findings that the navigator model may contribute to improving housing situations and preventing homelessness, and improving mental health and wellbeing for people experiencing multiple disadvantage (Revolving Doors Agency and Centre for Mental Health, 2015; Cordis Bright, Homeless Link and Expert Link, 2020). In addition to these outcomes, the evaluation of Blackpool Fulfilling Lives (at the core of which was a navigator model) found clients also made improvements in relation to substance use and offending, based on qualitative interviews with clients (Cordis Bright, Homeless Link and Expert Link, 2020).

Mechanisms of change or valued features

Insights from the main body of qualitative research on the navigator model have instead been more focused on how and why the model is understood to support improvements for individuals, and identify the following key mechanisms:

- **Practical coordination, support, and navigation of a complex system.** Navigators help their clients coordinate their support and navigate complex service systems, often acting as a single point of contact for services as well as the people they support. It is therefore essential for navigators to have good knowledge of local services, referral services, pathways and entitlements (CFE Research and The University of Sheffield, with the Systems Change Action Network, 2021c). Navigators perform this function by accompanying people to appointments or assessments, filling out forms, and liaising with staff from other services. They also provide practical support to help remove any barriers to accessing support such as lack of a phone or computer to book appointments or locate services, lack of transportation, and support with time keeping. This coordination, navigation and practical support can enable people to access services and support from which they would otherwise be excluded (Cream et al.,

¹¹ <https://www.gov.uk/government/publications/london-homelessness-social-impact-bond-evaluation>

2020; Centre for Regional Economic and Social Research, 2020; Cordis Bright, Homeless Link and Expert Link, 2020).

- **The complexity of the system can be frustrating and demotivating.** CFE Research and The University of Sheffield, with the Systems Change Action Network (2021c) have therefore asserted that it is important for navigators to maintain a positive attitude to engage and motivate people experiencing multiple disadvantage and support them through challenges and setbacks.
- **Building positive trusting relationships.** Qualitative consultation identified that small caseloads and intensive one-to-one support over an extended period enable people experiencing multiple disadvantage to develop trusting relationships with their navigators (Cordis Bright, Homeless Link and Expert Link, 2020; CFE Research and The University of Sheffield, with the Systems Change Action Network, 2021c; CFE Research and The University of Sheffield, with the Systems Change Action Network, 2021b). Trusting relationships with navigators can in turn enable people to start trusting other services and professionals, and subsequently, better engagement with those services and improvements in other areas of their lives (Revolving Doors Agency and Centre for Mental Health 2015). For further discussion of the role of relationships in supporting people, please see section 4.4 on relational approaches.
- **Provision of tailored support.** The navigator model recognises that people are unique and have individual needs, and therefore seeks to offer support that is individualised and tailored to meeting people's specific needs. This is important because it enables people to achieve their own goals in a way that works for them (Cordis Bright, Homeless Link and Expert Link, 2020; CFE Research and The University of Sheffield, with the Systems Change Action Network, 2021c). For further discussion of this, please see 4.2 on person-centred and strengths-based approaches.
- **Creating flexibility.** Navigators advocate for their clients and challenge services and the system to operate more flexibly (Cordis Bright, Homeless Link and Expert Link, 2020). This means that people can access a wider range of services and support than might otherwise be available or accessible to them (CFE Research and The University of Sheffield, with the Systems Change Action Network, 2021c).
- **Small caseloads.** Evidence from Fulfilling Lives evaluations suggests a maximum caseload of between six and ten people is appropriate when working with people experiencing multiple disadvantage (CFE Research and The University of Sheffield, with the Systems Change Action Network, 2021c). Small caseloads enable navigators to provide support that is responsive and intensive and to perform the key coordination and advocacy functions of the role in a way that works for people experiencing multiple disadvantage (i.e. in a way that is person-centred, trauma-informed, holistic, flexible, and consistent) (CFE Research and The University of Sheffield, with the Systems Change Action Network, 2021c; Parr, 2022)¹². Having smaller caseloads also helps to mitigate stress and emotional burnout that navigators experience (CFE Research and The University of Sheffield, with the Systems Change Action Network, 2021c).

¹² It is implicit that small caseloads provide support workers with additional time to support people experiencing multiple disadvantage, although this is not directly stated in the literature.

3.3 Housing First

Housing First offers rapid access to a settled home in the community. There is no requirement to accept treatment in return for housing. Housing is not removed from someone if their drug or alcohol use does not stop, or if they refuse to accept treatment. If a person's behaviour or support needs result in a loss of housing, Housing First will help them find another place to live and then continue to support them for as long as is needed.

The provision of guaranteed and unconditional housing means Housing First stands apart from the other models included in this REA. However, support from a dedicated Housing First support worker is a fundamental component of the model. Housing First support workers are primarily focussed on helping people get accommodation and set up in their homes but will also subsequently encourage people to engage with other services, for example mental health and drug and alcohol services (Bennett, 2020).

Housing First was developed in New York in the early 1990s but has been widely developed elsewhere since the early 2000s. It was originally developed to help people experiencing mental health issues who were living on the streets, many of whom experienced frequent stays in psychiatric hospitals. However, it has since been adapted for other homeless sub-populations, particularly homeless people experiencing multiple disadvantage and those with entrenched histories of homelessness (Mackie, Johnsen and Wood, 2017; CFE Research and The University of Sheffield, with the NECG, 2022).

Housing First services in England specifically work with people experiencing multiple disadvantage (Housing First England, 2020). Housing First England's (2020) survey of 87 Housing First services in England found that Housing First had experienced rapid growth and development over recent years, but that it still represents a small proportion of the support provided to people experiencing multiple disadvantage.

Overview of available evidence

We identified a strong body of literature on the Housing First model.¹³ There is a relatively large body of high-quality evidence on the impact of Housing First interventions internationally. This includes an REA on what works to end rough sleeping (Mackie, Johnsen and Wood, 2017), which identified two RCTs of Housing First in North America amongst other studies, and a systematic review of reviews on interventions for people who are homeless and use drugs, which identified six reviews focussed on Housing First (Miler et al., 2021). The evidence on Housing First interventions in the UK is more modest (although larger than evidence on alternative models and approaches), and largely made up of smaller-scale mixed methods studies with varying degrees of robustness (Bretherton and Pleace, 2015; MHCLG, 2021). However, a strength of the UK literature is its inclusion of consultation with people experiencing multiple disadvantage.

¹³We have drawn primarily on literature where authors have indicated fidelity to Housing First principles. Where the REA occasionally draws on literature on quasi-Housing First models or services, these have been included to substantiate the evidence body on 'faithful' Housing First interventions. One systematic review (Miler et al, 2021) did not use fidelity to Housing First principles as a criteria for inclusion, so it is not possible to determine the fidelity of those Housing First interventions.

In addition to its volume and quality, a key strength of the evidence on Housing First is the high degree of consensus on the types of improvements and outcomes Housing First can deliver for people experiencing multiple disadvantage. Additionally, unlike the literature on the navigator model, evidence on Housing First is generally aimed at understanding the impact of the Housing First model or intervention in isolation from other practices and approaches. This enables us to be more confident in the conclusions we draw about the impact of Housing First.

Despite these strengths, there are a few limitations of the Housing First evidence that should be noted. As has been stated previously, the primary evidence base of UK Housing First interventions is modest and lacks the breadth of high-quality quantitative research that has been undertaken elsewhere to understand impact (such as RCTs and QEDs). Additionally, the Mackie, Johnsen and Wood (2017) review did not factor in some important considerations, including different scales of interventions, time periods measured or fidelity to the core principles of Housing First. However, the forthcoming findings of the evaluation of the government-funded Housing First pilots in England should bolster the UK evidence base, particularly in relation to a quantitative assessment of outcomes achieved by Housing First clients (MHCLG, 2021).

Evidence of impact on key outcomes areas

There is a strong degree of consensus, both internationally and within the UK context, that Housing First improves housing stability and retention for people experiencing multiple disadvantage (Bretherton and Pleace, 2015; Miler et al., 2021;). A semi-systematic REA on what works to end rough sleeping found that Housing First studies report housing retention rates¹⁴ between around 60 to 90 per cent across different contexts, averaging at around 80 per cent (Mackie, Johnsen and Wood, 2017). The housing retention rates were markedly higher than the rates reported for Treatment as Usual (TAU) comparison groups across the different studies included in the review. For example, over the two-year Chez Soi programme, Housing First service users spent 73 per cent of their time stably housed, compared to 32 per cent of those receiving TAU.

This is supported by the more modest evidence from the UK, such as Bretherton and Pleace's (2015) cross-sectional evaluation of nine Housing First interventions in England, which found 78 per cent of clients were housed in December 2014 at the point of evaluation. This provides some promising early evidence of housing sustainment. However, the study design did not include a comparison group and most of the services had been operational for less than three years, and some for even shorter periods, meaning assessment of long-term effectiveness was not possible.

Whilst evidence focused on housing outcomes is relatively plentiful and consistent, the evidence on non-housing outcomes is more limited and mixed. Qualitative consultation with Housing First clients has highlighted benefits relating to their physical health, mental health, and substance use (MHCLG, 2021). However, two evidence reviews – including a systematic review – suggest that improvements in non-housing outcome areas are not pronounced or significantly different from TAU comparison groups (Mackie, Johnsen and Wood, 2017; Miler et al., 2021), although Housing First was deemed potentially helpful for

¹⁴ Measured in different ways across the studies included in the systematic review, and over different timeframes

stabilising substance use (Miler et al., 2021). More evidence is needed in relation to non-housing outcomes.

Mechanisms of change or valued features

The literature on Housing First consistently identifies the following valued features and mechanisms of change:

- **Helping people experiencing multiple disadvantage to secure their own home.** Core principles of Housing First include the separation of housing and treatment, and the belief that housing is a human right (Pleace, 2016). Housing First clients consulted as part of qualitative consultation reported that the provision of their own home, before and separately to consideration of their other needs, provided them with a sense of safety, security and stability that accompanied a move away from rough sleeping.

The biggest difference for me is being in my own place, I feel more secure now, I have my own front door key, and I don't need to worry about the next place I can sleep.

Client, Housing First Pilots (MHCLG, 2021)

- Several studies have found that securing stable accommodation is an important “stepping stone” and “foundation” for helping people experiencing multiple disadvantage to begin recovery and work through other needs (Housing First England, 2020; CFE Research and The University of Sheffield, with the NECG, 2022). For example, the provision of a permanent address helped people experiencing multiple disadvantage to access and engage with other support services, such as healthcare and welfare benefits (CFE Research and The University of Sheffield, with the NECG, 2022).
- **Intensive and open-ended support.** Qualitative consultation showed that Housing First clients felt the continued support from their Housing First support worker was crucial to the outcomes they had achieved as well as their ongoing ability to maintain improvements (MHCLG, 2021). In England, 93 per cent of Housing First services work with clients in an open-ended way “for as long as required” (Housing First England, 2020).

That was really appealing to know that they're going to be there for me for as long as I needed.

Client, Housing First Pilot (MHCLG, 2021)

- Like the navigator model, other valued features of the Housing First model that support change for individuals include **small caseloads** of six or fewer clients per support worker (Housing First England, 2020) and **person-centred support** (Pleace, 2016; Mackie, Johnsen, and Wood, 2017; Housing First England, 2020; Miler et al., 2021).

- The literature identified by this REA therefore suggests that both the housing and support worker components of the Housing First model are valued features and mechanisms of change. Overall, the literature does not seek to understand the impact of the housing provision separate to the support provision. However, one study suggests the quality of the relationship between support worker and client may be a more important factor than having access to unconditional housing. Using data from the Housing First RCT in Canada and latent growth curve modelling, Sandu, Anyan and Stergiopoulos (2021) found that the quality of relationship between support worker and client was a more important predictive factor of housing stability than whether the client was involved in the Housing First programme.

3.4 Assertive outreach¹⁵

Assertive outreach services make sustained and persistent efforts to find and engage people experiencing multiple disadvantage, rather than requiring or expecting people to approach a designated service centre. In particular, the assertive outreach model targets the most disengaged rough sleepers with chronic support needs (Mackie, Johnsen, and Wood, 2017). This model is also sometimes known as the ‘proactive outreach model’ (Macías Balda, 2016).

The assertive outreach model has been used widely in the UK, where it developed as part of the Rough Sleepers Initiative (RSI) during the 1990s. It has also been used internationally, such as in Australasia, Canada, and the USA, where it was implemented alongside Housing First programmes (Mackie, Johnsen and Wood, 2017).

Assertive outreach is focused on the specific goal of moving people off the streets into accommodation and, as such, is distinct from some traditional street outreach interventions which might focus more on the provision of resources and support to rough sleepers (Mackie, Johnsen and Wood, 2017).

Overview of available evidence

Assertive outreach is frequently mentioned and described across the literature. However, the evaluative evidence on assertive outreach is much more limited, with only a handful of relevant independent evaluations (Watts et al., 2021).

Whilst the literature provides a consistent message on how and why people believe assertive outreach can help people experiencing multiple disadvantage, we found little quantitative assessment of its impacts and outcomes.

Like the navigator model, most research relating to assertive outreach is not designed to understand the impact of assertive outreach in isolation from other models, practices, or approaches. This is not surprising given that assertive outreach is often a component of

¹⁵ Whilst this rapid evidence assessment classifies assertive outreach as a model, assertive outreach is also employed as a component of interventions focused on people experiencing multiple disadvantage (e.g. navigator models and Housing First), and therefore could have also been discussed in the section of practices and approaches.

wider interventions, and therefore it is difficult to disentangle the outcomes attributable to assertive outreach as opposed to other components.

This difficulty has been exacerbated in recent years, as assertive outreach has been increasingly viewed as a complementary rather than central element of wider programmes aimed at people experiencing multiple disadvantage (Watts et al., 2021). For example, there was a consensus from consultation with experts that assertive outreach is a mechanism to engage with individuals, before accessing other interventions, particularly Housing First (Mackie, Johnsen and Wood, 2017). Evaluations that did focus on assertive outreach at the core of a model, such as evaluations of the Rough Sleeper Unit Programme in England (1998 – 2001) (Randall and Brown cited in Mackie, Johnsen and Wood, 2017) and the Scottish Rough Sleeper’s Initiative (2001 – 2003) (Fitzpatrick, Pleace and Bevan, 2005), are now approximately 20 years old.

Other limitations of the literature are definitional. Some key sources are largely focused on the broader practice of ‘street outreach’, which is less directly focused on targeting rough sleepers experiencing multiple disadvantage (Homeless Link, undated). Another key source identified addresses assertive outreach in the context of clinical psychology, which includes services for people experiencing multiple disadvantage but is not limited to this cohort (Cupitt et al., 2013).

Evidence of impact on key outcomes

As described above, there is little conclusive evidence on the types of improvements or outcomes associated with assertive outreach. Mackie, Johnsen, and Wood (2017) point to two notable exceptions: an evaluation of the Rough Sleeper Unit Programme in England and the Rough Sleeper’s Initiative in Scotland. Whilst both studies acknowledge the limits of the quantitative data available, they found that assertive outreach reduced the number of rough sleepers in England (from an estimated 1,850 to 550 people on any single night between 1998 and 2001) (Randall and Brown cited in Mackie, Johnsen and Wood, 2017) and Scotland (from 500 to 328 between May 2001 and October 2003) (Fitzpatrick, Pleace and Bevan, 2005).

There is generally consensus that the success of assertive outreach models is closely linked to the quality and quantity of wider support available (Mackie, Johnsen and Wood, 2017; Groundswell, 2020, Bennett, 2020). For example, Mackie, Johnsen, and Wood’s (2017) rapid evidence review of interventions for rough sleepers suggested that housing retention outcomes depend on the type of accommodation provided following assertive outreach; permanent accommodation, as opposed to temporary accommodation, leads to higher tenancy sustainment rates, and shared forms of housing appearing less effective than self-contained options. Furthermore, qualitative consultation with people experiencing multiple disadvantage supported that the “power” of assertive outreach workers was limited to the availability of other services (Groundswell, 2020).

Mechanisms of change or valued features

There is some exploration in the literature of *how* and *why* assertive outreach is understood to support improvements for people experiencing multiple disadvantage:

- **Taking support out to people.** Assertive outreach is delivered on the streets and is persistent in nature, enabling the location and engagement of rough sleepers who might not have engaged with services previously or might be initially unwilling to engage (Mackie et al., 2017; Homeless Link, undated). Assertive outreach is therefore a crucial mechanism to engage people experiencing multiple disadvantage and encourage them to engage with support they were not accessing previously (Cupitt et al., 2013; Mackie, Johnsen and Wood, 2017). Practical guidance on delivering outreach services highlights the importance of predictability (outreach at predictable times and locations) and flexibility to manage unexpected events (Homeless Link, undated).

I'd sit in a doorway with one of them all day... the first woman had been rough sleeping in the same spot for seven months, hadn't left to go for a shower, hadn't gone to any drug services or anything like that. I managed to build her trust and help her access those services. It must have been a couple of months. It was a long time. The more I built that rapport with her, other women were then beginning to self-refer. They were like 'if you managed to house her.

Outreach worker (CFE Research and The University of Sheffield, with the NECG, 2022)

- **Reaching and engaging the 'hidden homeless'.** By taking support out to people, the assertive outreach model can be particularly important for reaching the 'hidden homeless' who are more likely to remain hidden while sleeping rough, such as EEA-migrants (Watts et al., 2021) and women (Young and Hovarth, 2018; Watts et al., 2021; CFE Research and The University of Sheffield, with the NECG, 2022).

The fact that we've got our rough sleeper team, which we never had before, that's 18 months old now, proactively going out and building that intel for us and literally handholding that person, otherwise they'd just be there as hidden homelessness.

Local staff, Greater Manchester's Rough Sleepers Initiative outreach service (Watts et al., 2021)

- **Improving clients' understanding and encouraging attitude change.** Assertive outreach approaches help to inform people experiencing multiple disadvantage about where they can access assistance from mainstream services, including housing and welfare. In addition, assertive outreach workers seek to encourage 'attitude change', to

help people feel supported, hopeful, and motivated to change their situation (Homeless Link, undated).

- **Building trusting relationships.** Like the navigator model and approaches featured in section 4, the ability of assertive outreach workers to build trusting relationships with the people they support is again identified as a key mechanism of change for assertive outreach – see section 4.4 for more discussion on relational approaches. Key features of assertive outreach that support the building of trusting relationships are workers listening, providing flexible and tailored support and being available out of hours, for as long as people need (Changing Lives, undated; Bennett, 2020).

4 Approaches in supporting people experiencing multiple disadvantage

4.1 Key findings

Evidence of effectiveness

The review identified five approaches commonly used and/or described as important when supporting people experiencing multiple disadvantage: person-centred approaches, peer support, relational approaches, trauma-informed approaches, and gender-informed approaches. Trauma-informed approaches are not, however, included in this review – see the separate REA produced by the Changing Futures evaluation consortium for information on trauma-informed approaches.

Many of these approaches also appear as key features and mechanisms of change for the models included in section 3. However, they warrant their own section here too because the literature places separate emphasis on these approaches, and the consistency of conclusions reached in the literature indicates their potential importance in delivering improvements for individuals. Moreover, as mentioned in section 3, several reports have described how the ways in which support is delivered can be more important than the support model itself in terms of delivering improvements for individuals (for example, Holly 2017; CFE Research and The University of Sheffield, with the NECG, 2022; Sandu, Anyan and Stergiopoulos, 2021).

As with the models, there is little evidence that isolates and evaluates the impact of specific approaches, for the reasons discussed in section 3.1.1. The one exception is peer support, for which there is a relatively strong international evidence base of effectiveness identified in several systematic reviews (Barker and Maguire, 2017; Miller et al., 2020)¹⁶. However, these have been focussed on peer support in the context of health and mental health, and homelessness, rather than explicitly on multiple disadvantage.

Common features and mechanisms for change

The available literature, including perspectives from people with lived experience, is extremely consistent about the key valued features and potential mechanisms for change across the different approaches.

A trusting relationship between the worker and the client is identified as a key mechanism for change across all the approaches included in this review. People experiencing multiple disadvantage as well as professionals working in services recognise this relationship as an important basis for providing effective support. It is highly valued by people experiencing multiple disadvantage and enables people to rebuild trust in services, in turn enabling them to make improvements in other areas of their lives through engaging

¹⁶ Miller et al.'s (2020) review included 62 articles from five countries, published between 2010 and 2019. They noted that there was an increase from 2017 onwards in publications focused on peer support. Barker and Maguire's (2021) systematic review identified ten eligible studies of peer support interventions focussed on a homeless population. Eight were US studies, one was based in Canada and one in the Netherlands.

with a range of services. For example, one of the reasons for which peer support is understood to be so effective is the ability of peer support workers to draw on their shared experience of multiple disadvantage to develop a trusting relationship with the person they support is. Likewise, one of the reasons person-centred approaches are understood to be effective is that by offering people choice and listening to their needs and interests, workers are able to build trusting relationships with the people they support.

The ability of approaches **to accommodate and adapt to an individual's needs** is also a key mechanism for change. Person-centred approaches ensure people are offered choice and a recovery pathway that suits them, supporting improvements for individuals by treating them with dignity and respect and encouraging them to make the “best” choices for them and in turn supporting the development of trusting relationships (see paragraph above). Gender-informed approaches ensure gender-based needs and preferences are reflected in the support provided, although the literature does not currently provide much understanding of how key mechanisms for change may be different for women compared to people experiencing multiple disadvantage of all genders, above and beyond the delivery of gender-specific services.

Support from peers is also consistently identified as helpful in relation to different models and approaches, particularly in the way that they support the development of trusting relationships but also through the provision of a positive role model.

Gaps in evidence

As with frontline support models, there is little evidence focussed on evaluating the scale and nature of the impact of the different approaches. As set out in [section 3.1](#), there are many challenges in evaluating impact using RCT and QED-based evaluations. However, there is scope for using different methods, such as qualitative research or observational studies, to better understand the effectiveness of the approaches and the types of improvements they can help people experiencing multiple disadvantage to achieve.

While there is considerable consistency across the literature in understanding how and why person-centred approaches, peer support and relational approaches might help people experiencing multiple disadvantage to make improvements in their lives, there is less exploration of the dynamics of the trusting relationships that underpin all three of these approaches, and exactly how and why trusting relationships supports improvements for individuals. There is also much less analytical evidence available in relation to gender-informed approaches. The literature on gender-informed approaches is largely descriptive and unable to explain how and why gender-informed approaches might specifically effect change for women experiencing multiple disadvantage, as distinct from people of all genders.

Culture-informed approaches were also identified in our review of the literature. However, due to the small amount of relevant literature identified they have not been included in this review.

4.2 Peer support

Peer support is delivered by people with common life experience of multiple disadvantage to the people they are supporting. Peer support workers, or peer mentors, will themselves have lived experience of adverse social or health issues including homelessness/insecure

housing, mental ill health, substance use or contact with the criminal justice system (Parr, 2022).

Peer support can take a range of different forms. It can be delivered in similar ways to the navigator model, with peers helping people experiencing multiple disadvantage to navigate services and advocating for their access to services (Bennett, 2020). Peer support workers can also provide emotional support, connect people with community opportunities and offer an alternative to negative peer influences (CFE Research and The University of Sheffield, with the Systems Change Action Network, 2021). When peer support is fostered and developed by professional organisations (Barker and Maguire, 2017) this is sometimes known as Intentional Peer Support (IPS).

Overview of available evidence

There is a significant body of high-quality evidence on the process and impact of peer-support interventions. For example, our review identified two systematic reviews on peer support interventions in health and mental health (Pitt et al., 2013; MacLellan et al., 2015), and two international systematic reviews on homelessness interventions, including peer support interventions (Barker and Maguire, 2017; Miler et al., 2021), the latter of which are more relevant to our assessment.

However, the evidence on peer support interventions in the UK, and specifically for people experiencing multiple disadvantage, is more modest. Besides from an evaluation of a homeless health peer advocacy programme (Finlayson et al., 2016), the literature on peer support for people experiencing multiple disadvantage, like other models and approaches, is drawn from evaluations and studies of wider programmes in which peer support was just one element (Cordis Bright, Homeless Link and Expert Link, 2020; CFE Research and The University of Sheffield, with the NECG, 2022). As a result, the literature does not provide a robust assessment of the impact of peer support for people experiencing multiple disadvantage, because it was not designed to understand this impact in isolation.

There is nevertheless a significant amount of qualitative assessment of the impact of peer support and how it supports improvements for individuals. Like the literature on person-centred approaches, the key strength of the qualitative literature on peer support for people experiencing multiple disadvantage is the frequency and consistency of a clear message: peer support is valued by this cohort. Also, as with other models and approaches, the literature on peer support includes perspectives of both those providing and receiving peer support.

Evidence of impact on key outcome areas

An international systematic review on the effectiveness of 'Intentional Peer Support' (IPS)¹⁷ with the homeless population found a positive effect of IPS on reducing the number of days spent homeless, a reduction in return to homelessness and significant positive impacts on quality of life, substance use and social support (Barker and Maguire, 2017). Studies included in Barker and Maguire's review included two quasi-experimental, two cross-sectional and six longitudinal studies, although only one study was deemed

¹⁷ IPS is termed 'intentional' because it is fostered and developed by professional organisations, formalising this process (Barker and Maguire, 2017).

moderate/high quality, with the remaining studies deemed low and moderate quality.¹⁸ These findings are largely corroborated by an international systematic review of services for people who are homeless and use drugs, which also found positive effects of peer support interventions on improving housing outcomes and in reducing substance use based on 25 studies, including 18 systematic reviews deemed to be of moderate quality¹⁹ (Miler et al., 2021).

The evidence on peer support interventions specifically for people experiencing multiple disadvantage in the UK has some limitations, but it does provide tentative evidence that peer support improves housing outcomes, as well as health and wellbeing outcomes. The Fulfilling Lives evaluation found that having any peer support in the first quarter of support from the programme was the strongest predictor of clients reducing their levels of rough sleeping in their first and second quarters of support and in reducing homelessness more generally in the first three quarters.²⁰ However, this analysis does not provide evidence of a causal relationship (unlike an RCT or QED study) and does not consider the relationship with rough sleeping over a longer time period (CFE Research and The University of Sheffield, with the NECG, 2022).

An independent evaluation of Groundswell's Homeless Health Peer Advocacy programme, where peer advocates who have previous experience of homelessness engage with and support homeless people, found that clients experienced improved health and better access to healthcare (Finlayson et al., 2016). The support of peer advocates encouraged clients to engage proactively in their health management, and helped develop clients' knowledge, confidence and motivation to do so. The evaluation also found positive outcomes in relation to engagement with health services for the clients in the study, including a 68 per cent reduction in missed outpatient appointments (in comparison to when the same group of clients were not receiving support) based on a sample 24 HHPA clients and a 42 per cent reduction in unplanned care activity in comparison to the 30 days prior to support, based on NHS data for a sample of 35 HHPA clients.

Mechanisms of change or valued features

There is significant consideration in qualitative research about why peer support may support improvements for individuals, with the following key mechanisms identified:

- **Shared experience.** Peer support workers have shared experience with the people they are supporting, and therefore understand what people experiencing multiple disadvantage are going through. Peer support workers provide non-judgemental and compassionate support, as well as unique first-hand insight and knowledge of a person's difficult situation (MacLellan et al., 2015; Burrows et al., 2021; CFE Research and The University of Sheffield, with the Systems Change Action Network, 2021a; Parr, 2022). This was deemed beneficial in terms of the support they provided as well

¹⁸ Quality was measured using the Down and Black (1998) Quality assessment, which is commonly used to measure study quality in systematic reviews with non-random studies and is a recommended tool by the Cochrane Collaboration (Barker and Maguire, 2017).

¹⁹ Quality was noted in accordance with the recommendations proposed by the Centre for Reviews and Dissemination, and assessed using the JBI Critical Appraisal Checklist for Systematic Reviews and Research Syntheses, and the Scale for the Assessment of Narrative Review Articles (SANRA) (Miler et al., 2021).

²⁰ Other predictive factors included in the model were age, ethnicity, sex, substance use, mental health, offending, and whether the beneficiary had received a personal budget or any of the following types of advice and information in their first quarter of support: housing, money and debt, welfare rights.

as for initial engagement (Barker and Maguire, 2017; Parr, 2022). This was particularly evident from consultation with people who were being supported by a person with lived experience:

...employ more people from the homeless sector that have used services and they want to give back something. These people they will get a chance, they will, they will get a chance to rehabilitate that are currently in the homeless sector. And they know a lot more about it. They know exactly what you are going through and they will be able to relate to you better as well. So homeless people would be given a lot more chances to work in homeless centres after.

Focus Group Participant (Groundswell, 2020)

- This common lived experience can help people experiencing multiple disadvantage to build relationships with their peer support workers (Burrows et al., 2021) and to overcome isolation (CFE Research and The University of Sheffield, with the NECG, 2022). Studies on support for women experiencing multiple disadvantage highlighted the importance of female peer support workers, whose common lived experience of gendered disadvantage can help other women feel safe (Hutchinson, Page, and Sample, 2014; Young and Hovarth, 2018; CFE Research and The University of Sheffield, with the NECG, 2022). See section 4.4 for more discussion of relational approaches.
- **Providing role models.** Peer support workers provide powerful role models to others experiencing multiple disadvantage (CFE Research and The University of Sheffield, with the Systems Change Action Network, 2021a; 2021b; Parr, 2022). They are “living and breathing proof” that recovery is possible (Navigator on The Lived Experience Team, Cordis Bright, Homeless Link and Expert Link, 2020). Consultation with people who had accessed peer support services reported feeling inspired and empowered by their peer supporters who had similar experiences to them (Sharpen, 2018)
- **Peer support can be beneficial to peer support workers themselves.** A key finding across the literature is that the relationships between peer support workers and the people they support are reciprocal – peer support workers have much to gain, as well as to offer, through providing peer support. This can provide peer support workers with a sense of purpose and enhance feelings of self-worth, as people were able to turn a negative experience into something positive and ‘give back’ to society (CFE Research and The University of Sheffield, with the Systems Change Action Network, 2021a; Miler et al., 2021; Parr, 2022). However, care needs to be taken to ensure peer workers are respected, paid, and offered meaningful support and training opportunities (CFE Research and The University of Sheffield, with the Systems Change Action Network, 2021a and 2021c; Miler et al., 2021; Parr, 2022).

There is much less consideration of how peer support should be delivered. Based on qualitative consultation with a small number of service users, Parr (2022) found that

people experiencing multiple disadvantage saw the personal qualities and ways of working deployed by their peer support workers as important, including adopting a non-judgemental and respectful approach. Parr found that empathy and respect for their clients was underpinned by peer support workers' own lived experience, but not guaranteed by disclosure of shared lived experience.

Roles for people with lived experience

The involvement of people with lived experience of multiple disadvantage in both the delivery and design of services is becoming increasingly common (Bennett, 2020; Parr, 2022) and is consistently identified as important across the literature:

- Lived experience of multiple disadvantage is valuable in a wide range of delivery roles, not just in the “peer support worker” role. The literature also highlights the value of involving people with lived experience in navigator roles and Housing First support worker roles. Additionally, the importance of lived experience was also emphasised in commentary on other approaches (e.g. lived experience is also valuable in delivering gender-informed and relational approaches). Involving people with lived experience across different delivery roles and approaches supports improvements for individuals using the same mechanisms outlined above (e.g. shared experience, develops trusting relationships, provides role models) (CFE Research and The University of Sheffield, with the Systems Change Action Network, 2021).
- It is also important for people with lived experience to be involved in designing services. People with first-hand experience are well placed to challenge assumptions and identify barriers in the system for people experiencing multiple disadvantage, helping to ensure services that are accessible and designed for people experiencing multiple disadvantage. Like peer support, co-production and co-design of services can also have a therapeutic role for those involved (CFE Research and The University of Sheffield, with the Systems Change Action Network, 2021a; Miler et al., 2021).
- People with lived experience can also contribute to wider systems-change activities, by raising awareness of experiences of multiple disadvantage to help get it on the political agenda and changing attitudes to multiple disadvantage across services and within the wider system (CFE Research, 2020).

4.3 Person-centred approaches

Person-centred approaches take a personalised approach to supporting people experiencing multiple disadvantage, rather than providing a ‘one-size fits all’ solution to the issues they are facing or the goals they would like to achieve. There is no commonly accepted definition of person-centred support but it is usually understood to involve consideration of each person’s specific situation, including their views, needs, entitlements, motivations, history, identity, and social context. Person-centred approaches, where possible, provide people with choice in relation to the support they receive, and are therefore also ‘person-led’.

Person-centred support is an important component of many interventions aimed at supporting people experiencing multiple disadvantage (e.g. the navigator model, Housing First) and has therefore already been discussed in several other sections as a key mechanism through which a model supports improvements for individuals. However, person-centred support is a recurrent and important theme in the literature, warranting its in-depth consideration as a distinctive approach.

Overview of available evidence

We identified a large body of qualitative literature, spanning grey literature to peer-reviewed journal articles, describing person-centred approaches as part of wider interventions. However, like the other models and approaches discussed in this review, evaluative research of person-centred approaches in isolation from a wider model and other practices was rare.

However, a key strength of the literature on person-centred approaches is the high degree of consensus on the importance of this approach for supporting people experiencing multiple disadvantage. References to the need for person-centred and person-led support were both frequent and consistent in their message across the literature, and these conclusions were often based on co-production and/or consultation with people with lived experience or currently experiencing multiple disadvantage. Despite the strong consensus that a person-centred approach is crucial, the literature does not provide a robust assessment of the impact of person-centred approaches. Given the difficulties of assessing the impact of person-centred support in isolation from other models and practices and other reasons discussed in section 3.1, this is not surprising.

Evidence of impact on key outcome areas

We did not identify any evaluative literature focused on person-centred approaches in isolation from other approaches or models. As a result, there is very limited consideration of the types of improvements or outcomes person-centred approaches can produce.²¹

Mechanisms of change or valued features

Person-centred support is rarely the focus of research and evaluation in its own right – this is even more the case than for other models and approaches featured in this review. However, the literature is extremely consistent about the need for support to be tailored and individualised across many different related contexts, including:

- People who experience multiple disadvantage (McCarthy et al., 2020; Burrows et al., 2021; National Expert Citizens Group and the Revolving Doors Agency, 2021)

²¹ One exception to this is Personalised Budgets, where support workers have access to a budget (usually between £2000 to £3000) which can be spent flexibly to help people secure and maintain accommodation (Mackie, Johnsen and Wood, 2017). Our review identified two studies from England and Wales which provide some early evidence that Personalised Budgets are effective in supporting rough sleepers into accommodation. The pilot projects in London and Wales enabled people to secure and maintain accommodation in around 40 to 60 per cent of cases. Qualitative data from the same projects also suggest wider positive impacts in the areas of health, substance use, social networks, self-esteem, social welfare claims and improved engagement with other services and agencies (Brown, 2013; Blackender and Prestige, 2014). However, the literature identified only relates to the implementation of Personalised Budgets with homeless people, who were not all experiencing multiple disadvantage. Personalised budgets are not, however, a key element of person-centred approaches.

- People who sleep rough and experience multiple disadvantage (Mackie, Johnsen and Wood, 2017; Cream et al., 2020; Miler et al., 2021; Watts et al., 2021; CFE Research and The University of Sheffield, with the NECG, 2022)
- Prison leavers experiencing multiple disadvantage (CFE Research and The University of Sheffield, with the Systems Change Action Network, 2021b)
- Women experiencing multiple disadvantage (Holly, 2017; Sharpen, 2018; Young and Hovarth, 2018)
- Survivors of domestic and sexual abuse who experience multiple disadvantage (Harris and Hodges, 2019)
- Housing First interventions (Mackie, Johnsen, and Wood, 2017; Housing First England, 2020; Miler et al., 2021; CFE Research and The University of Sheffield, with the NECG, 2022)
- Mental health support for people experiencing multiple disadvantage (CFE Research and University of Sheffield and Systems Change Action Network, 2020)
- Dual diagnosis services (Public Health England, 2017; Fantuzzi and Mezzina, 2020)
- Psychotherapeutic support for people experiencing multiple disadvantage (Murphy et al, 2020)
- Supporting people experiencing multiple disadvantage into training or employment (Friel et al, 2020).

There are also significant levels of consensus around how and why person-centred approaches work for supporting people experiencing multiple disadvantage:

- **Accommodating individual needs, preferences and priorities.** The literature highlights the heterogeneity of people experiencing multiple disadvantage and the diversity of their needs (Mackie, Johnsen and Wood, 2017; McCarthy et al., 2020; Miler et al., 2021). Person-centred approaches recognise this and acknowledge that recovery pathways and progress are different for everyone. By listening to people and providing them with choice, people are encouraged to make the ‘best’ choices for them. This also facilitates the building of trusting relationships between people experiencing multiple disadvantage and the people that are providing support – see relational approaches in section 4.4 for more discussion.

[Other support staff say] ‘You’ve got to do that; you’ve got to do this’ when you’re suffering and they’re treating you like you’re an outsider. The difference with housing first is my support worker asks, ‘do you want to do that?’ and ‘are you ready to do this?’ And that makes such a difference. They’re there to support you in what you want to do.

Client, Housing First Pilots (MHCLG, 2021)

- Treating people with respect and dignity. Person-centred approaches are person-led, rather than problem-led. As a result, person-centred approaches are seen as more respectful of people experiencing multiple disadvantage in that they treat each person as an individual, rather than viewing them through the lens of the issues they face (Mackie, Johnsen, and Wood, 2017; Burrows et al., 2021; MHCLG, 2021; Baraki and Phagoora, 2022). Consultation with people experiencing multiple disadvantage has emphasised the importance of feeling heard and understood (Holly, 2017).

Sometimes I don't want them to phone me every day. And I've told them to call me about two or three times a week, and they did that. They have respect. They're the best worker I've ever had, and I feel like I'm making progress if they don't need to talk to me every day.

Client, Housing First Pilots (MHCLG, 2021)

As with Housing First and the navigator model, small caseloads are also a key enabling feature for person-centred support.

Strengths-based approaches

A 'strengths-based' or 'asset-based' approach seeks to draw on and build the strengths and resources of the person experiencing multiple disadvantage, such as their knowledge, interests, and support networks, rather than focussing on their problems or deficits (Cream et al., 2020; Bennett, 2020; Baraki and Phagoora, 2022). Strengths-based approaches are therefore also person-centred in nature.

We identified very few sources explicitly describing and evaluating strengths-based approaches, but recognition and development of people's key strengths and interests as part of wider person-centred and trauma-informed approaches was a common theme of 'best practice' throughout the literature (Revolving Doors Agency and Centre for Mental Health, 2015; McCarthy, 2020).

4.4 Relational approaches

Relational approaches take the time to ensure that a positive relationship is built first, upon which other support work and positive changes can take place (Young and Hovarth, 2018). Relationships are therefore considered a 'transformational tool', providing a basis for support workers to identify and address other issues facing the person they support (Macías Balda, 2016).

Positive and trusting relationships between frontline workers and their clients are an important component of many of the models and approaches for supporting people experiencing multiple disadvantage outlined elsewhere in this review e.g. the navigator model, Housing First, and person-centred approaches. Though trusting relationships have already been discussed in relation to these other models and practices, relational approaches merit further discussion here as they have also been addressed directly in other literature, including as the focus of their own body of literature.

Overview of available evidence

Overall, we found a relatively strong body of evidence on relational approaches, and the impact of relationships between people experiencing multiple disadvantage and those seeking to support them more generally. The strength of the evidence on relational approaches derives from a large body of consistent qualitative evidence on the importance of relationships, based on consultation with both 'clients' and 'workers', which provides a clear message that relational approaches are important to people experiencing multiple disadvantage.

However, in line with the literature on other models and approaches, there is little conclusive quantitative evidence on the impact of relational approaches and positive relationships in isolation from other models and practices.

Evidence of impact on key outcome areas

As described above, there is little conclusive evidence on the types of improvements or outcomes associated with relational approaches or positive relationships between people experiencing multiple disadvantage and those supporting them. However, there are two studies that provide promising findings in this regard.

As described in section 3.3.3, a recent study using data from the Housing First RCT in Canada and latent growth curve modelling sought to test the relationship between professional helping relationships and housing stability for people experiencing both homelessness and mental illness (Sandu, Anyan and Stergiopoulos, 2021). They found that the quality of relationship between support worker and client was a more important predictive factor of housing stability than other factors including gender, age and whether the person was involved in the Housing First programme or not. While this study identifies a relationship rather than impact, combined with findings from other studies – including qualitative insight – it helps build the case for the impact of relational approaches.

Qualitative consultation with young people aged between 16 and 25 as part of Sandu's (2020) mixed-methods study on the role of professional helping relationships in altering the trajectories of young people facing severe and multiple disadvantage found that relationships supported young people to recognise and overcome emotions connected to their circumstances, disrupt maladaptive thinking patterns, foster a sense of agency and generate a sense of worth and ability. However, young people and support workers were selected for the sample because of the perceived success of their relationships, limiting the generalisability of the study's findings.

Mechanisms of change or valued features

Like the literature on person-centred approaches, there is a strong consensus in the main body of qualitative literature that positive relationships between 'workers' and 'clients' are an extremely important mechanism of change and valued highly by people experiencing multiple disadvantage. This is clear through consultation with both parties to the relationship. For example:

It comes down to my keyworker rather than the organisation.

Client, (Holly, 2017)

If you can build a relationship of trust and be consistent with people, I think that really helps, so I think there is something about how you deliver the service. Not what the service should be but the personnel that you have and how they work with people.

Voluntary sector service manager (CFE Research and The University of Sheffield, with the NECG, 2022)

As discussed in other sections, **the formation of trust** between workers and their clients provides an **important basis for providing support and addressing other needs of people experiencing multiple disadvantage**. The importance of relational approaches is given particular emphasis in the context of support for women experiencing multiple disadvantage (Holly, 2017; Sharpen, 2018; Young and Hovarth, 2018; McCarthy et al., 2020), young people experiencing multiple disadvantage (Sandu, 2020) and trauma-informed approaches (Murphy et al., 2020). In the context of psychotherapeutic interventions, Murphy et al. (2020) found that particular emphasis on building relationships was necessary as people experiencing multiple disadvantage often have had negative past experiences of services.

In a recent evaluation of the person-led transitional and strength-based (PTS) response by Baraki and Phagoora (2022), respondents reported that coaches were able to build trust through listening and investing time in getting to know them. Additionally, trust was built by respecting people's wishes and ensuring the working relationship was voluntary and led by the individual. However, overall, there is limited exploration in the literature of specifically how workers develop trust and positive relationships.

Despite this, the wider body of literature on frontline support consistently highlights that support that is intensive and open-ended, person-centred, offers choice and is non-judgemental builds the development of trust and positive relationships between clients and workers, and that shared experiences can be important for this too. Indeed, these are identified as key mechanisms of change in many of the models and approaches included in this review precisely because of their role in enabling people experiencing multiple disadvantage to build trusting relationships with their support workers and services. (For example, on the navigator model, see: Cordis Bright, Homeless Link and Expert Link, 2020; CFE Research and The University of Sheffield, with the Systems Change Action Network, 2021c; CFE Research and The University of Sheffield, with the Systems Change Action Network, 2021b. Housing First: MHCLG, 2021. Assertive outreach: Changing Lives, undated; Bennett, 2020. Peer support: Burrows et al., 2021. Person-centred support: Mackie, Johnsen and Wood, 2017; McCarthy et al., 2020; Miler et al., 2021; Baraki and Phagoora, 2022.)

4.5 Gender-informed approaches

Gender-informed approaches seek to adapt services to provide better support for women experiencing multiple disadvantage on the basis that their common experiences and needs may be different to those of men. Those who posit the value of gender-informed

approaches generally argue that traditional service delivery models do not adequately address the complexity of women's lives in an integrated manner (Hutchinson, Page and Sample, 2014; Holly, 2017; Sharpen, 2018; McCarthy et al., 2020).

There are numerous terms to refer to support that acknowledges the centrality of gender, including 'gender-informed', 'gender-sensitive', 'gender-responsive' and 'gender-specific' approaches. In general, the first three terms refer to approaches which do not necessarily need to be delivered in women-only spaces or services, although these are a feature of some gender-informed service provision. On the other hand, gender-specific approaches tend to refer to services designed and delivered by women for other women (Young and Hovarth, 2018).

There is no single agreed approach or model for providing gender-informed support and a variety of different approaches have been outlined in previous literature (Hutchinson, Page and Sample, 2014; Holly, 2017). In general, however, they tend to draw together one or more features or approaches that also underpin some of the other models/approaches discussed in this REA. These include: trauma-informed approaches, person-centred approaches, strengths-based approaches and promoting respect and dignity. There is also an emphasis on promoting women's safety, linked to the sense that women experiencing multiple disadvantage are likely to have experienced or be at risk from domestic abuse or other types of violence against women and girls (VAWG).

Overview of available evidence

The literature on gender-informed approaches has experienced growth in recent years, in line with increased emphasis on the role of gender in shaping the lives of women experiencing multiple disadvantage. We identified a moderate-sized body of qualitative literature describing gender-informed approaches and arguing for their importance. This includes two literature reviews which employed systematic or semi-systematic search strategies (Holly, 2017; McCarthy et al., 2020) and qualitative research reports built on consultation with women facing multiple disadvantage (Hutchinson, Page and Sample, 2014; Sharpen, 2018; Young and Hovarth, 2018).

However, there is much less evaluative evidence of their impact or how and why they might effect change for people experiencing multiple disadvantage, as distinct from other practices or approaches which might be used with people of all genders. In particular, we did not identify quantitative studies focusing on gender-informed approaches or any studies that assessed gender-informed approaches or models in isolation from other practices and approaches.

Evidence of impact on key outcomes

We found very little evidence on the types of improvements or outcomes associated specifically with gender-informed approaches.

Mechanisms of change or valued features

Literature on gender-informed approaches has emphasised the importance of taking a trauma-informed approach, given the widespread experiences of abuse, violence and

trauma amongst women experiencing multiple disadvantage (Hutchinson, Page and Sample, 2014; Holly, 2017; Sharpen, 2018; Young and Hovarth, 2018).

Similarly, there was some agreement that gender-informed approaches should be strengths-based (Hutchinson, Page and Sample, 2014; Young and Hovarth, 2018).

Trusting relationships and peer support from women with lived experience of multiple disadvantage were also highly valued by women interviewed during relevant research (Hutchinson, Page, and Sample, 2014; Young and Hovarth, 2018; CFE Research and The University of Sheffield, with the NECG, 2022). For example:

I think women in recovery need someone they can identify with that has been through addiction, abuse, and exploitation as well – somebody who can have empathy and compassion, gentleness, patience and tolerance.

Client, St Mungo's (Hutchinson, Page, and Sample, 2014)

The literature also highlights that gender-informed services require an understanding of VAWG (Sharpen, 2018; Young and Hovarth, 2018) and need to be able to provide support for women with children. Women experiencing multiple disadvantage are more likely than men to have commitments as carers of children and needs related to their children (Hutchinson, Page and Sample, 2014). However, these aspects of gender-informed approaches are often framed as features of good practice, instead of explanations about how gender-informed approaches can support improvements for women experiencing multiple disadvantage.

There is also evidence that women-only spaces are valued in supporting women experiencing multiple disadvantage, aiming to generate feelings of both physical and emotional safety (Holly, 2017; Sharpen, 2018; Young and Hovarth, 2018; Hutchinson, Page and Sample, 2014). Holly (2017) found that women who had used generic and women-only spaces expressed a preference for the latter. This supported earlier peer research by St Mungo's which found that 57 per cent of women would choose women-only accommodation over being one of few women in mixed accommodation (the reality in most homelessness services). For mixed services Young and Hovarth (2018) found that women-only components were valuable, including activities, spaces and female staff that understand women's specific experiences of trauma and homelessness.

For someone who's been abused...by a male...you need a place to feel safe and secure with no males coming in.

Client (Young and Hovarth, 2018)

4.6 A note on culture-informed approaches

Culture-informed approaches are briefly discussed across the literature identified in this REA, but in little detail and with little evaluative evidence of impact, nor insight into most valued features of mechanisms of change. This is corroborated by a literature review on models for supporting people experiencing multiple disadvantage, which described there to be "a dearth of evidence that considers specific culture-sensitive good practice when

working with those from minority ethnic groups facing multiple disadvantage” (McCarthy et al., 2020). We therefore do not provide a discussion on culture-informed approaches in this review. However, in the same way that approaches taking into account someone’s individuality or gender are valued and appear to support improvement in outcomes for individuals, it is likely important to consider culture-informed approaches. We recommend further research and evaluation to better describe culture-informed approaches, and to understand their impact and how and why they might help people make improvements.

5 Wider context: system change and the role of the Changing Futures delivery principles

5.1 Overview

This section considers how frontline support models and approaches in supporting people experiencing multiple disadvantage can contribute to system change, and how the Changing Futures delivery principles can support and strengthen the implementation of frontline delivery.

5.2 System change

Definition of system and system change

There is no single agreed definition of a system or a complex system (Bicket et al, 2020; Egan et al., 2019; Abercrombie, Harries and Wharton, 2015). However, New Philanthropy Capital's System Change guide (Abercrombie, Harries and Wharton, 2015) outlines the characteristics of a system:

Systems are composed of multiple components of different types, both tangible and intangible. They include, for example, people, resources and services, as well as relationships, values, and perceptions.

Systems exist in an environment, have boundaries, exhibit behaviours, and are made up of both interdependent and connected parts, causes and effects.

The Guide defines systems change as:

An intentional process designed to alter the status quo by shifting the function or structure of an identified system with purposeful interventions. It is a journey which can require a radical change in people's attitudes as well as in the ways people work. Systems change aims to bring about lasting change by altering underlying structures and supporting mechanisms which make the system operate in a particular way. These can include policies, routines, relationships, resources, power structures and values.

The literature identified in our review rarely explicitly addresses how frontline support models and approaches contribute to system change. Where this question is addressed, system change tends to not be the focus of the paper, and therefore the question is not explored in much detail. Contributing to system change is also not identified as a key focus or feature of any of these models or approaches in the literature.

However, the literature does highlight several key mechanisms through which these specialist frontline support models can enable and contribute to system change.

- **Implementation of specialist multiple disadvantage services.** The MEAM Approach year 4 evaluation highlights how introducing a navigator model and/or specialist service is a change to the system in its own right, creating a direct and positive impact by ensuring suitable support is available for people experiencing multiple disadvantage. Many stakeholders consulted as part of the evaluation understood specialist services to be necessary for supporting people experiencing multiple disadvantage in a timely manner, because changing culture and practices for the wider system is incremental and takes time. However, the evaluation also found that specialist services can prevent wider system change taking place, by removing the drive or need for the rest of the system to change in order to meet the needs of people experiencing multiple disadvantage (Cordis Bright, 2021).
- **Testing, learning and sharing best practice.** Specialist frontline services can also enable local systems to test, learn and demonstrate what works in supporting people experiencing multiple disadvantage (Cordis Bright, Homeless Link and Expert Link, 2020; Cordis Bright, 2021). They can then share their learning across the local system, for example through service evaluations and building the profile of their service (Housing First England, 2020; CFE Research and The University of Sheffield, with the Systems Change Action Network 2021a, 2021b, 2021c; CFE Research and The University of Sheffield, with the NECG, 2022). Navigators can also contribute to system-wide learning and addressing system barriers by feeding information about barriers up to strategic groups (Cordis Bright, 2021).

The navigator model gave a huge opportunity for people to learn from that model. Intensive work, small caseloads, keep trying with people, work out of hours. That's what we've been asking for in the service sector for so long. So much of it is nine-to-five, one appointment, if you miss it, that's it.

Legacy Board member, Blackpool Fulfilling Lives (Cordis Bright, Homeless Link and Expert Link, 2020)

- **Challenging system barriers and negotiating flex.** Navigators, Housing First support workers and assertive outreach workers can also help to catalyse wider systems change as they interact with other mainstream services (i.e. not specialist multiple disadvantage services) as part of their work to coordinate support and advocate for their clients. This can be through modelling best practice in how to work with people experiencing multiple disadvantage and sharing learning with wider sector colleagues, as well as well drawing on their understanding of both systems and individuals' needs to challenge existing approaches or barriers to support (Cordis Bright, 2021; Changing Lives, undated).
- **Building inter-organisational relationships.** MHCLG (2021) found that the Housing First pilots strengthened relationships and partnership working between local organisations involved with the scheme, which in turn was as a catalyst for local

partners developing more responsive and flexible provision for people experiencing multiple disadvantage (MHCLG, 2021).

There is no significant discussion in the literature about how the different approaches included in this review may contribute to system change. This is not surprising because the approaches focus on ways of working with individual people, rather than how this one-to-one work relates to the wider system. How an approach might contribute to systems change will therefore depend on what model it is being applied to and whether the enabling conditions for systems change are in place. The MEAM Approach evaluation has identified three broad categories of enabling factors: the presence of activities and approaches that harness pre-existing knowledge or innovations within the system to bring about system change; creating the space and capacity to think about and catalyse systems change; and having the “right” leadership in place (Cordis Bright, 2021).

Literature on both person-centred approaches and relational approaches in fact highlights how the application of these approaches currently often relies on individual staff going “above and beyond” to flex the service offer in order to meet the specific needs of the people they support (Holly, 2017; Cream et al., 2020; Cordis Bright, Homeless Link and Expert Link, 2020). Changing the system to better support people experiencing multiple disadvantage should therefore include creating a system that supports rather than hinders services and workers from using these approaches. This could entail making changes in relation to system-wide cultures, practices, and workforce skills and staffing levels.

5.3 Changing Futures delivery principles

The Changing Futures Programme does not prescribe an approach to delivering frontline support or systems change. Instead, local partnerships are expected to follow the core principles of the programme in their delivery plans:

- **Work in partnership** across local services and the voluntary and community sector, building strong cross-sector partnerships at a strategic and operational level that can design and implement an improved approach to tackling multiple disadvantage.
- **Coordinate support**, and better integrate local services that support adults experiencing multiple disadvantage to enable a ‘whole person’ approach.
- **Create flexibility** in how local services respond to adults experiencing multiple disadvantage, taking a system-wide view with shared accountability and ownership leading to better service provision across statutory and voluntary organisations and a ‘no wrong door’ approach to support.
- **Involve people with lived experience** of multiple disadvantage in the design, delivery and evaluation of improved services and in governance and decision making.
- **Take a trauma-informed approach** across local system, services and in the governance of the programme.

- **Commit to drive lasting system-change**, with long-term sustainable changes to benefit people experiencing multiple disadvantage and commitment to sustain the benefits of the programme beyond the lifetime of the funding (MHCLG, 2020).

As discussed in the previous section, the extent to which the models and approaches are effective at bringing about change for individuals as well as for the wider system is dependent on the way they are implemented and whether they are implemented into the right supporting context. The approaches and models identified in this review therefore need support from the wider system if local partners are to get the best out of frontline support, and contextual limitations need to be mitigated.

Some of the models and approaches align with one or more of the Changing Futures delivery principles, but in general they do not explicitly incorporate these principles or include mechanisms that ensure these principles are upheld in implementation. However, where implemented the principles can potentially help to create the conditions for effective frontline support.

For example, the navigator model, Housing First and assertive outreach models all create flexibility in how local services respond to adults experiencing multiple disadvantage to a certain extent, but they do not necessarily include a structure for or focus on creating flexibility across the whole system. However, if the wider system is not also working flexibly to accommodate individual needs, then people experiencing multiple disadvantage will face barriers to making improvements in key areas of their lives, and the efficacy of these frontline support models will likely be limited. A system-wide focus on creating flexibility is therefore important if the flexibility prioritised by the frontline support models and approaches is to be replicated by other services and sectors, and if the potential of frontline support models and approaches is to be maximised.

Likewise, peer support is the only approach that involves people with lived experience as an essential component. However, involving people with lived experience in the delivery and/or design of support for people experiencing multiple disadvantage is consistently identified as important and a feature of effective support across the different models and approaches. A system that enables and encourages the involvement of people with lived experience may therefore improve the effectiveness of frontline support delivered through a range of different models and approaches, by ensuring greater input from people with lived experience in the design, delivery and commissioning of support.

As such, a focus by national and local partners on enabling the Changing Futures delivery principles, and a system that supports the principles, can contribute to creating a more favourable environment for implementing these models and approaches, which may increase their efficacy at improving outcomes for people experiencing multiple disadvantage.

6 Conclusions

6.1 Little evidence of impact meeting traditional standards of robustness

Overall, there is relatively little evidence of the effectiveness of different models of and approaches to frontline support for people experiencing multiple disadvantage that is based on methods traditionally regarded as the most robust, i.e. via RCT and QED evaluations. The two exceptions to this are peer support and Housing First, both of which have a considerable quantitative evidence base demonstrating their impact.

However, this absence in the literature should not be a surprise. There are many challenges and limitations to delivering experimental and quasi-experimental designs in the context of interventions to support people experiencing multiple disadvantage. For example, randomising an intervention when models or approaches are already widely considered to be helpful poses ethical challenges; and identifying suitable comparator groups for a quasi-experimental design is very difficult, since people experiencing multiple disadvantage tend to not be known by/in contact with services unless they are being supported by a similar intervention.

Interventions are also taking place within complex systems. As such, frontline models and approaches are difficult to disentangle from other interventions, are not easily replicable, and differ in structure, relationships, and context (DLUHC, 2023). This raises questions about the value of (quasi-) experimental designs in this context, and the extent to which they can attribute impact with much validity. Impact evaluation methods that may be more achievable include quantitative approaches without a comparator group, such as an interrupted time series / change over time study, simulation modelling or comparisons between cohorts across areas within the same programme. There are attempts to design and implement evaluations and impact studies drawing on more robust quantitative approaches. For example, the current Changing Futures evaluation is testing the feasibility of using a QED to conduct a robust impact evaluation (using a comparator group of people experiencing multiple disadvantage in areas not receiving Changing Futures funding). This includes: identifying geographic areas that are sufficiently similar to those involved in the Changing Futures programme, engaging a cohort of people experiencing multiple disadvantage in these areas, gathering data about them and assessing the extent to which this group is comparable to those receiving support under Changing Futures.

In light of the lack of more robust evidence, it may be more valuable to focus on the strengths of the wider body of literature, including conclusions drawn from qualitative research and mixed methods programme evaluations. There is already a relatively consistent message that the models and approaches identified in this review are valued by people experiencing multiple disadvantage. There is also a consistent understanding of how and why these models and approaches might help to improve their experiences and outcomes: trusting relationships, person-centred support and flexibility are consistently and frequently identified as important features of support and mechanisms of change across the models and approaches included in this review, with small caseloads for workers a key enabling feature. In fact, these characteristics appear to be more important than any given service delivery model. Significantly, this message often draws on the perspectives of

people experiencing multiple disadvantage and what is important to them. As such, re-valuing this type of evidence may in itself be considered part of the wider changes to the system that the Changing Futures programme is aiming to deliver.

6.2 Implications

For central government

As discussed in section 6.1, there is currently limited evidence of the impact of these models and approaches specifically for people experiencing multiple disadvantage that meets the generally accepted standards of evidence quality. In response to this, central government departments may wish to prioritise the implementation of Housing First and peer support due to their superior quantitative evidence base with regards to impact.

DLUHC and other public and research bodies could also make the case for and provide funding and support for more robust impact evaluations of a range of models and approaches relevant to supporting people experiencing multiple disadvantage.

For local service managers and commissioners

Currently, the literature suggests that the ways in which people experiencing multiple disadvantage are supported may be more important than the overarching model of support. Most of the approaches identified in this REA – such as person-centred support and relational approaches – are already recognised as important by local service managers, commissioners and others involved in the design and delivery of the Changing Futures programme. It is important to find ways to commission, set up, structure and staff services so that these approaches are enabled and embedded as standard.

This might mean a continuation or extension of existing successful local work. It might also mean finding ways to enable features and approaches which are not currently well-supported within the local system (such as smaller caseloads, outreach functions or support that is not time-bounded) in a wider range of services. The evidence identified in this REA should support local partners who are already invested in these approaches to make the case to others involved in funding, developing or delivering services.

One particular area for further development locally is peer support; there is a relatively large and consistent evidence base that this is impactful and valued by people experiencing multiple disadvantage. Many local areas involved in Changing Futures already have some peer support mechanisms in place, but many are also seeking to expand this aspect of local work. The findings of this REA suggest that this is likely to be useful in improving support and systems for people experiencing multiple disadvantage.

6.3 Other gaps in the evidence that warrant further research

More research (using qualitative methods or otherwise) would be valuable to help better understand:

- The nature and extent to which different models and approaches are contributing to improvements for individuals and for local systems.
- How and why trusting relationships are so important in supporting improvements for individuals.
- How and why gender-informed approaches might specifically effect change for women experiencing multiple disadvantage, as distinct from people of all genders.
- The key features of culturally-informed approaches (ensuring people who are not white, able-bodied males can access services), whether they are effective, and how and why they are understood to bring about improvements for individuals.

6.4 Effectiveness will depend on the context

However, the extent to which a model, practice or approach can bring about improvements for people experiencing multiple disadvantage and the wider system will also depend on how it is implemented and the wider context. This is particularly important given the multi-sector, multi-agency nature of support required by people experiencing simultaneous and mutually reinforcing disadvantages. Local context can limit effectiveness in three key ways.

Firstly, system structures, cultures and protocols can hinder local services and workers in implementing these models and approaches (Holly, 2017; Mackie, Johnsen and Wood, 2017; Cream et al., 2020; Groundswell, 2020). For example, personalised and flexible approaches often rely on individual staff going “above and beyond” to flex the service offer to meet the needs of the people they support (Holly, 2017).

Secondly, barriers within the wider system may prevent people from achieving their personal goals (CFE Research and The University of Sheffield, with the NECG, 2022). For instance, it will be difficult for people to make improvements in relation to housing outcomes if there is no suitable accommodation available – the “power” of assertive outreach workers is limited to the availability of other services (Groundswell, 2020).

Finally, the challenge, learning and information sharing generated through these models and approaches will contribute to improvements to the wider system if the right enabling conditions are not in place. For example, if there is no mechanism for collectively identifying and addressing a barrier identified by individual support workers with their clients, then this barrier will persist as something that workers need to overcome on a case-by-case basis for the people they support. However, with the correct conditions in place, this barrier could be addressed and removed across the system. Factors that enable system change in this way include the presence of activities and approaches that harness pre-existing knowledge or innovations within the system to bring about systems change; creating the space and capacity to think about and catalyse systems change; and having the “right” leadership in place (Cordis Bright, 2021).

In order to maximise the potential of these models and approaches to deliver improvements for people experiencing multiple disadvantage, it is therefore vital that local partners also engage in work to change the system so that it enables the full implementation of the models and approaches, removes barriers to individuals making

improvements in their lives, and enables the learning and challenge that can be generated through these approaches to contribute to changing the system further. The Changing Futures delivery principles can potentially contribute towards creating these conditions for success

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