Momentum: A Relational Framework for Continuity of Engagement

An evidence-informed position paper for The Horizons Project

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Preface

This paper is not written from a distance.

It comes from study, research and professional reflection, but also from seeing how easily people can become disconnected from the very support that was meant to help them. I have seen how quickly a person can be described as difficult, chaotic, disengaged or high-risk, when underneath those words there may be fear, shame, exhaustion, mistrust or simply a life that has become too heavy to organise alone.

The Horizons Project was not created because existing services are failing, or because one small organisation can solve everything. It was created because there is space for something alongside those services: something steady, practical, relational and human enough to help people keep hold of the next step when formal support is not immediately there.

Momentum is the word I use for that work.

It is not counselling. It is not clinical treatment. It is not crisis response. It is not an attempt to replace probation, housing, recovery services, safeguarding or health professionals. It rests on a simple belief: people are more likely to remain connected to support when someone helps them remember that progress is still possible between appointments, setbacks and difficult days.

At its simplest, this paper asks one question:

What might change if we helped people stay connected before they disappeared?

Everything that follows is an attempt to answer that question carefully, honestly and with respect for the people, professionals and communities this work hopes to support.

Thank you for taking the time to read this paper. If it encourages even one conversation about how people can be supported before they disappear from view, then it will have served an important purpose.

A small note on the references: I know the reference list may make this look more academic than intended. This is still a personal reflective paper, not a university assignment. I included the references simply so that anyone interested can see some of what I read while shaping

these ideas. They are there for transparency, not to turn this into something it was never meant to be.

Introduction

Across the UK, people experiencing substance misuse, trauma, homelessness, exploitation, social exclusion, or contact with the criminal justice system often encounter systems that were never designed around the realities of their lives. Many support structures are shaped by rigid, formal, high-threshold models intended to create safety, accountability and structure. Yet for individuals whose lives are marked by instability, mistrust, poverty, adverse childhood experiences, mental health needs or repeated service exclusion, these same structures can become barriers rather than pathways into support.

When services require abstinence, punctuality, readiness, or immediate compliance, they risk excluding the very individuals who require the most consistent, skilled and relational support. As this position paper argues, some individuals do not fail to engage because they do not want help; they disengage because the help available to them is not accessible, consistent or human enough.

This paper explains why The Horizons Project, through Momentum, may offer a practical and evidence-informed way of supporting continuity of engagement. Horizons is not a replacement for existing services. It is a practical, relationship-based addition that can support councils, colleges, housing providers, health partners, criminal justice agencies and community organisations during the times between formal appointments or service contact.

Horizons supports continuity of engagement by helping people remain connected to services, opportunities and support during periods when formal services pause, feel inaccessible, or require additional preparation. The model works with people who can maintain basic contact, demonstrate honesty, meet in safe public spaces, and show even a small willingness to move forward. These readiness criteria form the foundation of an approach that is realistic, proportionate and capable of supporting relational engagement for individuals who cannot meet high-threshold expectations.

The Limitations of Rigid Systemic Models

People presenting with substance misuse rarely face a single isolated issue. They often carry long histories of trauma, exclusion, unstable housing, poor experiences with professionals, and repeated encounters with systems that have not met them where they are. From a frontline perspective, this is where rigid service models begin to fall short.

A standard 9-to-5 service, narrow referral pathways, short assessment windows or expectations that someone must be “ready” before meaningful support is offered can unintentionally exclude people whose lives do not fit neatly into structured service designs. When individuals disengage, risk does not disappear; it becomes harder to see, harder to record, and harder to respond to safely. This creates governance blind spots that frontline workers often recognise long before they appear in formal systems.

For councils and partner organisations, this creates both ethical and practical challenges. Individuals who are not effectively engaged do not simply disappear from local systems. Their needs reappear through crisis presentations, safeguarding concerns, emergency healthcare use, homelessness services, police contact, tenancy breakdown, exploitation risk or repeated referrals that do not lead to sustained progress. These outcomes are costly — but more importantly, many are avoidable when support is offered earlier, more flexibly and with greater continuity.

Research supports this concern. Trust is one of the main barriers for so-called "hard-to-reach" populations, particularly where people have previously felt judged, dismissed or passed from service to service. UK research into primary care provision for homeless populations shows that services without flexible outreach and integrated support struggle to maintain the continuity of care required by people with complex needs (Crane et al., 2023). In this context, the limitation is not always the individual's willingness to change. Often, the limitation is the system's inability to build enough trust, flexibility and continuity around that individual for change to become possible.

Rigid systems do not simply fail to engage — they can unintentionally re-traumatise, reinforce avoidance, and escalate risk. Horizons responds by offering something more flexible, more relational and more realistic for people whose lives do not fit neatly into standard systems.

The Momentum Engagement Philosophy

The Horizons Project is built around Momentum: a structured, relational approach that helps people maintain engagement with existing services, opportunities and sources of support. This means supporting people during the periods between formal appointments or service contact, when progress can fade and re-engagement can become harder. Horizons does not replace clinical support, housing provision, criminal justice supervision, college-based wellbeing services, safeguarding structures or recovery pathways. Instead, it acts as a consistent, stabilising and navigational presence: helping to reduce immediate barriers and supporting individuals to engage with formal pathways in a way that feels possible, safe and realistic.

The Momentum engagement philosophy prioritises presence over perfection. This does not mean abandoning boundaries or professional standards. Rather, it means recognising that consistent, reliable and non-judgmental contact is often the foundation on which risk reduction and long-term change are built. For someone who has been repeatedly let down, the simple act of a professional turning up, listening carefully and following through can be significant.

In practice, this may involve helping someone attend appointments, understand letters, respond to safeguarding concerns, recognise immediate concerns and respond through appropriate support or escalation, access food or housing support, reconnect with education, or begin to consider recovery without feeling forced or shamed.

Presence does not remove boundaries. Horizons maintains:

- Safe public meetings
- Clear expectations
- Consent-led information sharing
- No crisis response
- No home visits
- Structured communication
- Ongoing awareness of risk and appropriate escalation

These boundaries create the stability required for trust to grow and help ensure that relational work remains safe, professional and proportionate.

Evidence Supporting Relational Continuity and Practical Linkage

I do not present Momentum as a cure-all, or as proof that one relationship can solve complex social problems. That would not be honest, and it would not respect the limits of my role. What the evidence does suggest, however, is that people are often more able to stay connected to support when there is consistency, practical help, encouragement, trust and someone who can help them take the next step between formal appointments.

Horizons does not offer counselling, diagnosis, clinical treatment or crisis intervention. Where those needs are present, the role of Horizons is to help the person connect with the right qualified, statutory or specialist service, not to hold that risk alone. Horizons' contribution is more modest, but still important: it offers steady relational support around the services already in place, helping people remain connected long enough for that support to become useful.

This can be seen in recovery research. Belanger et al. (2024) evaluated an intensive recovery support and assertive linkage model for people entering recovery housing. Compared with standard recovery support, people receiving the enhanced support showed improved retention, reduced likelihood of disengagement and growth in recovery capital over six to nine months. This does not prove that Horizons would achieve the same results, and I would not claim that. It does show that additional structured support, practical linkage and recovery coaching can strengthen engagement for people facing multiple barriers.

This is also important in criminal justice contexts. The evidence does not allow Horizons to claim that Momentum will reduce offending by itself. That would be too strong. What it does support is the idea that trust, hope, identity change, motivation and practical support can all matter in a person's movement away from offending. A systematic review of peer mentoring and desistance found that peer mentors can positively influence some of these factors, particularly among prison leavers, while also noting that evidence on direct reoffending reduction is less consistent (Brierley et al., 2025). Horizons may contribute to those conditions by helping someone stay engaged with probation, appointments, positive routines and the support already around them.

The same principle applies where homelessness, housing instability or multiple disadvantage are present. NICE guidance on integrated health and social care for people experiencing

homelessness emphasises improving access, engagement and coordinated care across services. It highlights outreach, peer roles, long-term support, multidisciplinary working and continuity of care as important features of effective provision (NICE, 2022). Horizons does not replace housing teams, health services or statutory safeguarding, but it may help a person remain visible, connected and supported before difficulties escalate.

The same principle also applies to someone who is not in the criminal justice system and is not in crisis, but is quietly becoming isolated, overwhelmed or stuck. Sometimes the need is not therapy or enforcement. Sometimes the need is steady encouragement, practical structure and someone reliable enough to help the person take the next achievable step. Social prescribing and link-worker evidence supports the value of relational navigation for people who may not need clinical intervention but do need encouragement, structure and practical connection. In this sense, Horizons can be understood as part of a wider movement towards preventative, community-facing support that helps people move from intention to action without overstating what any single model can achieve.

Light-Touch Prompts, Reminders and Digital Engagement

The future development of a Momentum app should be understood in the same careful way as the wider Horizons model. It is not intended to replace the relationship, replace professional services, or become a crisis response tool. Its purpose would be more practical and modest: to help people remember, prepare, reflect and stay connected between moments of direct support.

In simple terms, people often do not lose progress because they do not care. They lose it because real life gets noisy. A person may leave an appointment with good intentions, but by the next morning they are dealing with housing letters, anxiety, money worries, cravings, family pressure or simply the weight of another difficult day. In that space, a small reminder, prompt, check-in or reflective nudge can help keep the next step visible.

Research on digital reminders suggests that text-based notifications can improve appointment attendance and reduce missed appointments when they are timely and appropriate (Robotham et al., 2016). Wider reviews of digital interventions also suggest that prompts and reminders may help people engage with digital support, although the evidence should be treated with caution because results vary between studies and contexts (Alkhaldi et al., 2016). Research on mobile health apps has also found that prompts, cues, goal-setting, self-monitoring, feedback and social support are among the techniques repeatedly associated with engagement (Milne-Ives et al., 2023).

This does not prove that a Momentum app would automatically improve outcomes, and it should not be used to make that claim. It does, however, support the principle that well-designed reminders and prompts can help people remain connected to the support they are already trying to use.

For Horizons, the app would therefore be an extension of relational support, not a replacement for it. It could help someone remember an appointment, prepare a question for a support worker, notice a small change in how they are feeling, reflect on what helped them

get through a difficult moment, or reconnect with the next practical step they had already chosen. Used carefully, digital engagement can help hold the thread between conversations.

The limits are important. A Momentum app would not provide counselling, diagnosis, clinical treatment, safeguarding assessment or emergency response. It would also need to be developed with attention to digital exclusion, privacy, consent, accessibility and the reality that some people may not have reliable phones, data or confidence using technology. The app should only strengthen the relationship and support safer engagement; it should never become a substitute for human judgement, professional boundaries or appropriate escalation.

Relational Support as a Connector Between People and Services

One of the strongest arguments for The Horizons Project is the value of having a steady, trusted relational presence that can help a person navigate systems that may otherwise feel intimidating, confusing or unsafe. For many people with histories of trauma, substance use, homelessness, offending or service exclusion, the difficulty is not simply knowing that support exists. The difficulty is feeling able to approach it, understand it, trust it and stay connected to it long enough for it to make a difference.

A person can be visible to many agencies and still feel unseen. They may be known to housing, health, police, safeguarding, substance misuse services or education providers, yet still have no single trusted relationship that helps them make sense of those systems. Being "known to services" is not the same as being understood. Horizons responds to this challenge by placing the person — rather than the problem label — at the centre of the work.

This is where relational support becomes important. A trusted worker can translate professional systems into plain language, prepare the person for appointments, reduce anxiety, explain expectations, advocate when communication breaks down and help the individual remain connected to existing services long enough for support to become usable.

Research into social prescribing link workers in primary care has highlighted that these roles are most effective when they are not simply "bolted on" to existing services, but are recognised as legitimate sources of support that help people address wider social, emotional and practical barriers to wellbeing (Tierney et al., 2025). Similarly, qualitative research across England and Scotland found that link workers often act as connectors between patients, general practice and voluntary or community organisations, helping people access support that goes beyond purely clinical care (Donaghy et al., 2026).

The same principle appears in research on peer navigators and key workers. The SHARPS feasibility study found that peer navigators supporting people experiencing homelessness and problem substance use could build trusting relationships and help participants connect with health, housing and social care support (Parkes et al., 2022). A wider systematic review of peer support at the intersection of homelessness and substance use also found support for involving people with lived experience in service delivery, while noting the need for proper training, boundaries and organisational recognition (Miler et al., 2020).

Research into key workers supporting children and young people affected by serious youth violence found that consistency, reliability, kindness, honesty and informal contact all helped build engagement. Key workers were described as sitting within and acting as connectors between young people and wider systems of support (Crest Advisory, 2025). Although Horizons may work with a wider age range and different forms of complexity, the principle is the same: people are more likely to engage when there is someone alongside them who is approachable, steady and able to move between the individual and the system.

In practice, relational support is not informal or secondary. It is skilled work requiring professional boundaries, safeguarding awareness, persistence, emotional intelligence and the ability to communicate across different agencies. For the person being supported, it can make the system feel less hostile and more navigable. For partner organisations, it can improve engagement, reduce missed opportunities and support earlier identification of risk. For funders and commissioners, it helps turn joined-up support from an idea on paper into something a person can actually feel in their own life.

Delivery Model and Partnership Value

For funders and commissioning partners, the value of The Horizons Project lies in its ability to work carefully around what already exists, without trying to replace it. Horizons can support people who are already known to services but are not yet meaningfully connected to them, as well as those who are at risk of escalation because their needs are not being met through standard routes.

Referrals may come from:

- Local authorities
- Colleges
- Housing providers
- Probation
- Substance misuse teams
- Safeguarding professionals
- Community organisations
- Voluntary sector partners

The work is tailored to local need, but the core offer includes relational outreach, harm reduction support, advocacy, appointment preparation, practical problem-solving, signposting, safeguarding awareness, motivational engagement and support to access longer-term services.

Horizons is particularly suited to individuals who experience multiple disadvantages and who may not meet the thresholds for intensive statutory intervention, but whose risks are nevertheless significant. This includes people affected by substance misuse, trauma, offending histories, homelessness risk, exploitation, social isolation, poor mental health or disengagement from education and employment.

For funders and commissioners, part of the value is prevention. By working with people before crisis points become unavoidable, Horizons may help reduce repeat referrals, missed

appointments, escalation into emergency services, tenancy instability and safeguarding drift. It also offers qualitative value by improving the experience of people who often feel that services are done to them rather than built with them. Dignity, trust and consistency are not soft extras; they are practical conditions for effective relational support.

Horizons also supports integration in practice, not just in policy language. Many services aim to work collaboratively, but individuals with complex needs often experience those systems as fragmented, confusing or difficult to access. By providing advocacy, harm reduction and practical navigation, Horizons helps reduce safeguarding drift, improve communication between services and support community stability rather than simply managing repeated episodes of crisis.

Integrating Academic, Professional and Lived Expertise

A key strength of Horizons is the integration of academic knowledge, professional training and lived expertise. Formal training in psychology and criminology provides structure, theory and an evidence base for understanding behaviour, risk, trauma, offending, motivation and change. However, frontline experience adds something that cannot be learned from academic study alone. It shows what happens on the ground when systems are under pressure, when safeguarding processes are inconsistent, when communication breaks down, or when vulnerable people are expected to adapt to services that were never properly designed around them.

Horizons is also informed by personal recovery experience. Having experienced addiction many years ago and moved into long-term self-directed recovery, the founder understands that change rarely happens because someone is pressured, labelled or forced into a pathway before they are ready. In his own life, education became the focus that helped build a new direction. That experience now informs the belief that people need more than risk awareness and procedures; they need purpose, trust, structure, encouragement and someone who can recognise the possibility in them before they can fully recognise it in themselves.

Although formal frontline care experience was relatively short, it was intensive and significant. In that time, the founder worked directly with people with complex needs, built trust quickly, and became aware of information and concerns that were not always visible through formal records alone. This reinforced the belief that relational practice is not an optional extra. When people feel respected and safe, they often disclose risks, fears, needs and experiences that remain hidden in more transactional models of support.

This blend of formal and lived expertise is central to the identity of The Horizons Project. It allows the work to remain professionally grounded while also being relatable, practical and realistic. Peer-informed and lived-experience-informed practice can reduce stigma because it changes the relationship between practitioner and service user. The practitioner is not only a professional figure; they are also someone who understands complexity, mistrust, survival and the emotional cost of being repeatedly assessed without being properly heard.

For individuals who have felt defined by risk, diagnosis, substance use, offending history or housing status, this difference can be powerful. It supports stronger connection between professional care and genuine human engagement, allowing the person to be seen as a whole

individual rather than reduced to a case file. The evidence base supports the importance of peer and lived-experience-informed roles in improving engagement and reducing stigma, particularly in substance use and recovery settings (Bell, 2024; Quiroz Santos et al., 2025). For councils and funders, this is not simply a matter of personal style; it is one of the practical ways trust, engagement and connection can be strengthened.

Professional and Regulatory Context

The development of The Horizons Project has also been informed by direct frontline observation of service gaps, safeguarding pressures and governance challenges within community support settings. These experiences have reinforced the importance of transparent practice, accurate recording, clear accountability and a culture in which concerns about risk are treated seriously and constructively. For people receiving support, these issues are not abstract matters of policy; they directly affect safety, dignity and trust.

Horizons is shaped by a commitment to ethical professional practice. Safeguarding, medication awareness, appropriate escalation and respectful communication must be treated as central responsibilities rather than administrative tasks. A continuity of engagement model must therefore be independent enough to advocate honestly, collaborative enough to work alongside existing services, and reflective enough to recognise when systems are not meeting a person's needs.

From a support-worker perspective, good governance is not separate from care. It is part of what makes care safer, steadier and more trustworthy.

This professional context strengthens the case for a model that is human-centred, trauma-informed and rooted in accountability. Horizons maintains clear boundaries, consent-led information sharing, structured communication and ongoing awareness of risk with appropriate escalation — ensuring that relational work remains safe, transparent and professionally grounded.

Implementing Trauma-Informed Practice

Trauma-informed practice is not an optional addition to this model; it is essential. If services are serious about supporting people with substance misuse histories, offending backgrounds, safeguarding concerns or complex needs, they must recognise how trauma shapes behaviour, trust, communication and engagement.

A trauma-informed approach avoids treating distress, relapse, missed appointments or disengagement as simple non-compliance. Instead, it asks what has happened to the person, what they have had to survive and what kind of support would reduce the risk of further harm.

This is especially important in work involving people who may present with anger, avoidance, chaotic behaviour, substance dependency, shame, mistrust or difficulty maintaining professional relationships. Without a trauma-informed lens, these behaviours can be misread as unwillingness, manipulation or lack of motivation. With the right lens, they can

be understood as survival responses that require boundaries, patience, skilled communication and consistent engagement.

Trauma-informed practice does not remove accountability; it creates the conditions in which accountability becomes possible without re-traumatisation. UK-based research in justice settings highlights the importance of recognising Adverse Childhood Experiences (ACEs) when supporting desistance from offending. By avoiding blame, rigid sanctioning and retraumatising practice, support can create a more stable environment where progress happens at a realistic pace (Mahon, 2024). Wider public health guidance also supports trauma-informed approaches in substance use settings, particularly where engagement, safety and recovery are affected by shame, stigma and previous harm (SAMHSA, 2016).

For Horizons, trauma-informed practice is therefore not only a value statement; it is a practical framework for safer and more effective engagement.

Outcomes and Measures of Success

For funders, it is important that a relationship-based model still has clear outcomes. Horizons measures success through both quantitative and qualitative indicators.

Quantitative measures include:

- Improved attendance at appointments
- Reduced missed contacts
- Successful referrals into treatment or housing support
- Reduced crisis presentations
- Improved engagement with education or employment pathways
- Evidence of safer decision-making

These outcomes should be understood as progression markers rather than simplistic measures of personal success or failure.

Qualitative outcomes are equally important. These may include:

- Increased trust
- Improved emotional regulation
- Stronger self-advocacy
- Greater willingness to disclose risk
- Improved relationships with professionals
- A clearer sense of personal agency

In many cases, the first meaningful outcome may be that a person stays in contact long enough for risk to be better understood and responded to appropriately. This is why Horizons reports not only on end results, but also on engagement journeys, barriers removed, safeguarding concerns identified and the practical steps taken to move individuals towards stability.

These indicators align with Horizons' outcome tracker, which measures appointment attendance, housing stability, service engagement and emotional regulation over time.

Conclusion

The Horizons Project points towards a necessary shift in how support is offered to people who are often labelled as complex, disengaged or high-risk. These labels may describe real concerns, but they should never become the whole story. In reality, many individuals have learned not to trust systems that have been inconsistent, inaccessible or overly punitive. They may be visible across multiple services, yet still not feel genuinely seen as people.

Horizons offers consistency, advocacy, harm reduction and relational support that helps people remain connected to meaningful support. It helps people rebuild practical, emotional and social foundations that may support safer, more stable and more hopeful lives. This means supporting individuals to become more stable, more connected, more capable and more integrated within their communities.

For councils and partner agencies, this is also a preventative argument. Earlier continuity of engagement support may help reduce avoidable pressure on emergency services, safeguarding systems, housing teams, health services and criminal justice pathways by helping people move away from repeated crisis and towards sustained stability.

This is why councils, colleges, commissioners and community partners should invest in preventative, relationship-based approaches that meet people earlier, support them between formal appointments or service contact, and help them remain connected to existing services. Horizons is ready to contribute to that work by offering a model that is collaborative, trauma-informed and rooted in professional integrity.

Funding Horizons would not just support another service; it would help strengthen a more responsive local safety net by sustaining engagement, improving connection with existing services and supporting safer, more stable outcomes.

If local systems are serious about safeguarding, recovery, inclusion, public value and reducing avoidable crisis, then they must be willing to support models that are flexible enough, human enough and skilled enough to help people maintain Momentum and remain connected to the services, relationships and opportunities already around them.

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