

Groundswell

Out of homelessness

**Suzy Solley and Sarah Hough
(Groundswell) 4th Sept 2019**

At Groundswell we enable people experiencing homelessness to take more control of their lives, have a greater influence on services and have a full role in our community.



We do this in three ways:

- Homeless advocacy this includes HHPA and in-reach
- Peer research
- Peer progression



- Started in 1996
- Founded by people with experience of homelessness
- In 2006 started doing peer research
- In 2013 – our research found that health was often the missing piece in the puzzle of homelessness
- Every research project we do involves someone who has been homeless
- Today 70% of our staff have been homeless – lived experience is at the heart of Groundswell



HEALTH

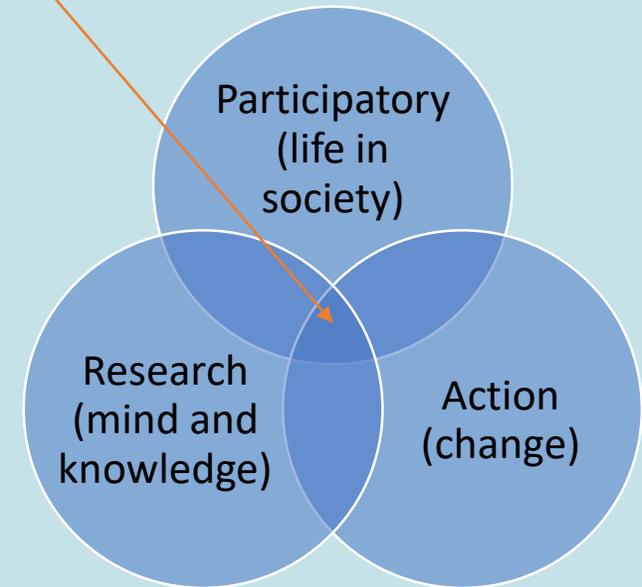
- **68% reduction** in missed outpatient appointments
- Did not attend (DNA) rates for scheduled outpatient appointments **in line with general population**
- **42% reduction** in unplanned care activity
- Meaning saving of **£2.43 for every £1 spent** in the first six months following HHPA intervention

More importantly.....“If it weren’t for you guys coming and taking the time out and getting myself sorted out, I reckon I would have been dead now. That’s how much it made an impact in my life.” – HHPA Client



What is Participatory Action Research (PAR) or peer research?

“It involves **researchers and participants working together** to understand a problematic situation and **change it for the better**. PAR focuses on **social change** that **promotes democracy and challenges inequality**; is context-specific, often targeted on the needs of a particular group; is an **iterative cycle of research, action and reflection**; and often seeks to **‘liberate’ participants** to have a greater **awareness of their situation in order to take action**. PAR uses a range of different methods, **both qualitative and quantitative.**”

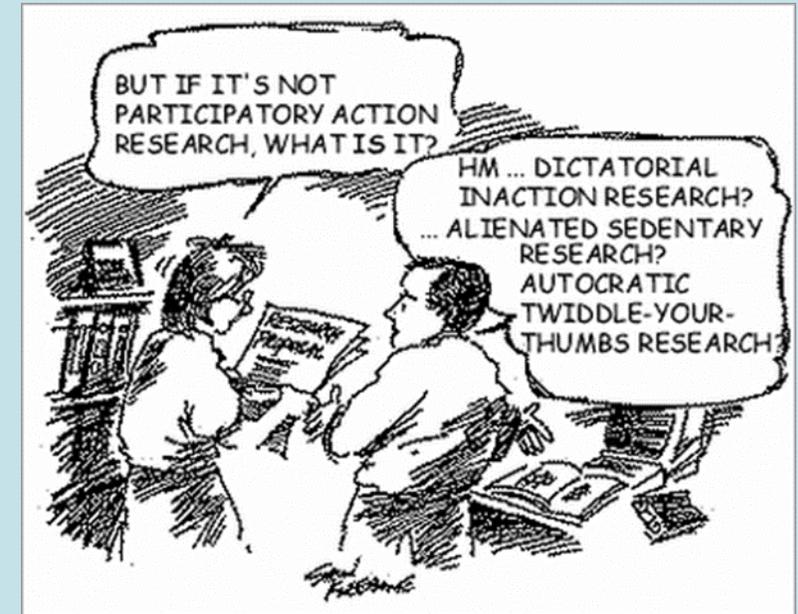


History

- **Paulo Freire** – Pedagogy of the oppressed
- **Augusto Boal** – Theatre of oppressed movement

“Any situation in which some men prevent others from engaging in the process of inquiry is one of violence;... to alienate humans from their own decision making is to change them into objects.” (Paulo Freire)

“Everybody is at once an actor and a spectator. We are “spect-actors!” (Augusto Boal)



Continuum of participatory action research



Light touch PAR

Using PAR tools in focus group

Comment on lay summary

Advisory panel for research

Participants conduct some surveys

Facilitate focus groups and support analysis

From application to dissemination

Full participation



Examples of PAR?

Groundswell



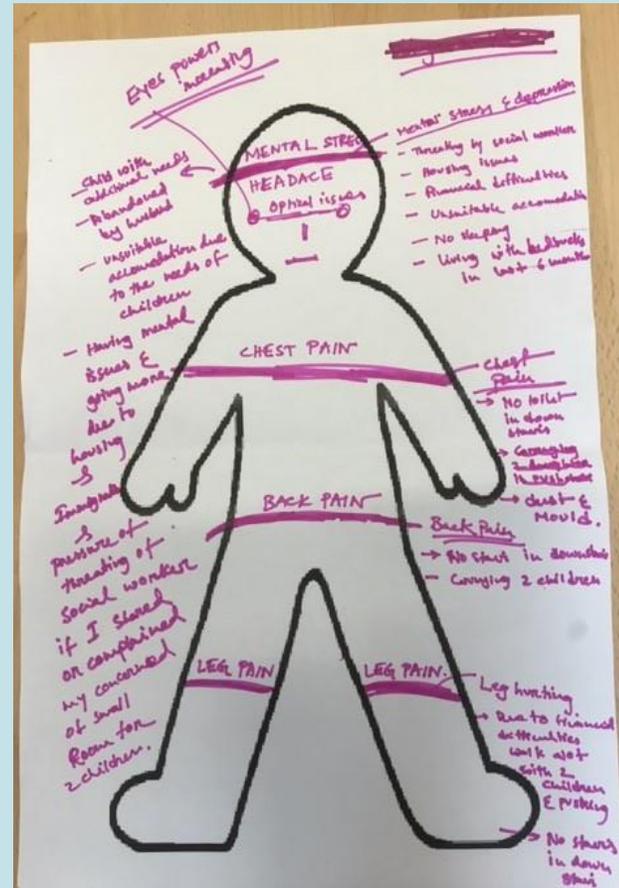
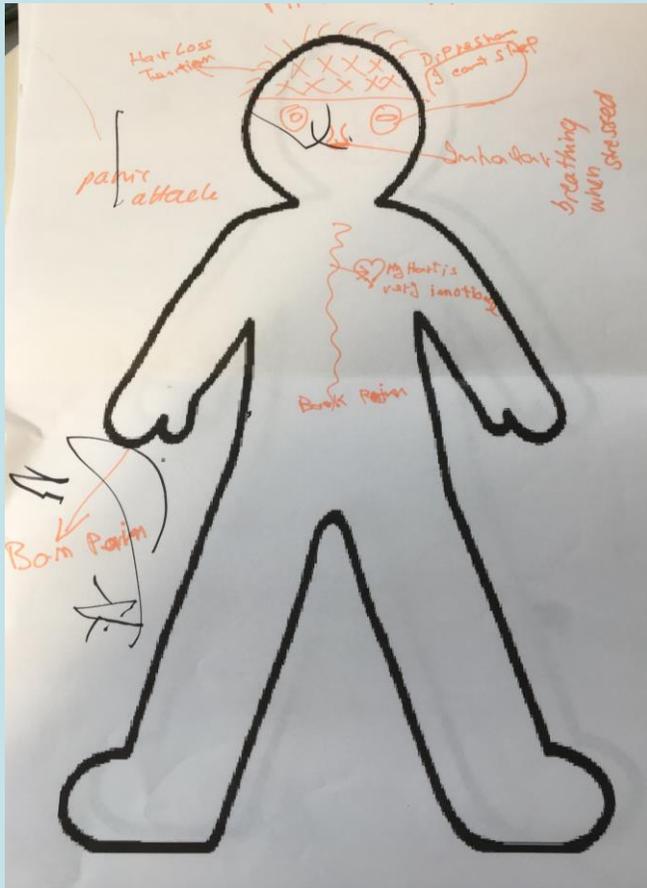
Toynbee Hall



Nepal



Women, health homelessness research



Women, health homelessness research

- Not much research women and homelessness
- Even less on health
- Research funded by GLA using 4 volunteer peer researchers with lived experience of homelessness
- 70+ survey interviews and focus groups
- Event, podcast and report



Guess our research findings

Of the women we spoke to what percentage had slept rough (including bus, tent, public spaces) in the last week?

~50%

What % of respondents had been homeless before this?

43%. Of those 42% been homeless 10 years or more

What were the four most cited reasons for women becoming homeless?

Violence (domestic and sexual), mental health, physical health and relationship breakdown

What % had been homeless for a year or more?

65%



Findings of our research – health



-access, conditions, why not accessing, confidence to get help, who supporting

- *Transience - “My homelessness been on-and-off. During which I experienced sexual and mental abuse when housed”*
- *Sexual abuse - “She spoke of how she gained weight and didn’t want to look nice as a protective mechanism – she hates it when people tell her she looks lovely”*
- *Gender causes of homelessness – many reasons became homeless was due to gendered issues*

Health related issues

Food - *“In-case I don’t get food the next day so I eat everything. And now I’m carrying that with me till today. For current eating habit, it depends on how I feel. Sometimes it’s one meal a day. Some days I can eat five meals. It’s never the same”.*

-37% none or one meal a day

Hygiene – *“Being unable to afford ... things like tampons, sanitary towels. And I have got a part time job in the morning, not being able to access a place where I can shower because most day centres are open in the morning. So it doesn’t matter if you go- usually you can only go to one anyway, then you can’t wash properly. So hygiene.”*



A word cloud on a white background. The most prominent word is "periods" in large, bold, blue letters. Other words include "tampons", "menopause", "stomach", "blood", "implant", "arm", "accessing", "irregular", "due", "stopped", "wash", "other", "peroids", "bladder", "clothes", "clean", "complicates", "gp", "1", "2", "caused", "centre", "products", "g", "0", "due", "wash", "other", "peroids", "bladder", "clothes", "clean", "complicates". The words are in various colors and sizes, arranged in a somewhat circular pattern.

Sleep – *“You are still tired. You have to sleep – you can have 12 hours of sleep, still tired. You still feel tired. Its not the same as being under the roof somewhere, closed place.”*

- 46% rarely or never get enough sleep

How did we do....

1. Develop recruitment pack and application form to organisations
2. Volunteers fill out application form
3. Event women's day launch research
4. Recruit volunteers – informal interview (set questions, availability, flexibility, triggers)
5. Training – 2 days
6. Training day 1 – explain research, why we are doing it basic intro to research, quant and qual
7. Training day 2 – consent, bias, ethics, safeguarding, develop the questions
8. Groundswell staff refine questions
9. Training top up – 2 x 2 hour sessions (tablet training, piloting survey)
10. Adjust survey
11. Pilot the survey again
12. Get in touch with organisations
13. Organise visits
14. Input data
15. Clinical supervision with psychotherapist
16. Transcribing the audio files
17. Analyse workshop with volunteers
18. Write report and accessible documents
19. Event, podcast and disseminating findings
20. Meetings key people (including funders, charities, local gov, MP)





Why is PAR/peer research useful/important?

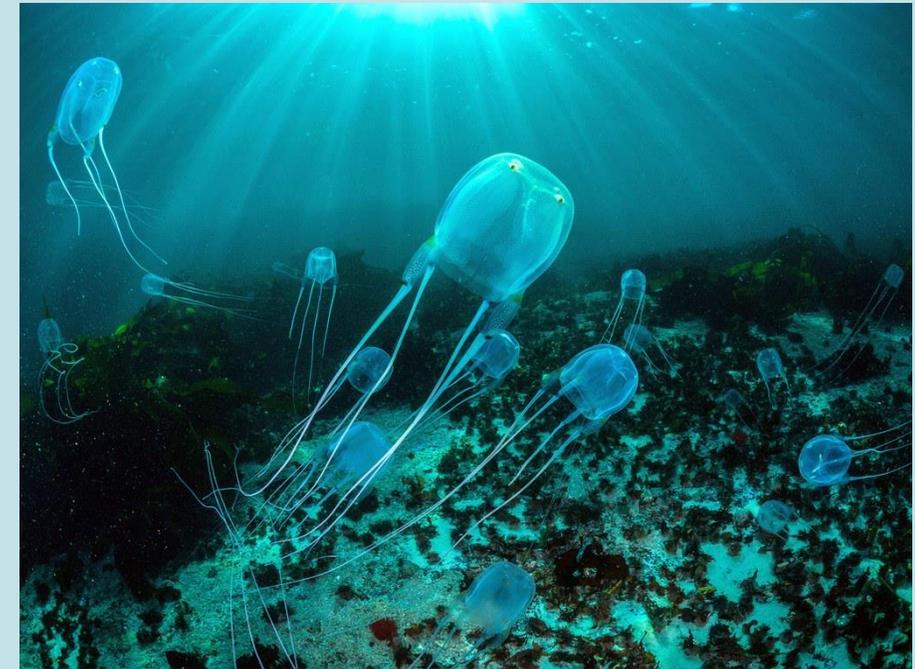
- **Less power hierarchy (bad experiences with professionals)**
- **Better information – more likely to talk and be honest**
- Participants can see people like themselves – **inspiring and empowering for both researcher and participant**
- **Trust, empathy and sensitivity**
- More likely for solutions/action to be more appropriate/actually implemented
- **Turn negative experience into positive – healing process**
- Flexibility – adapt to communities
- Move away from idea of being objective – forces us to think about bias/subjectiveness
- **Recruit more participants**
- **Breaking stigma around issues women face**





What are the challenges/pitfalls/dangers of PAR/peer research?

- **Time**
- Academic community think lacks rigour
- **Ensuring quality**
- **Including people in meaningful way**
- **Asking too much of people or not asking enough**
- **Dropout and recruitment**
- Conflict within group
- People rely too heavily on own experience – over ‘expertising’
- Identity – ‘professional homeless person’
- Working with vulnerable people – trigger
- Skills and training lead researcher and peer researchers
- **Frustrating for researchers as change can take a long time to happen and might not happen by end of project (it can take years)**
- Reimbursement, travel and childcare
- DBS and safeguarding
- **Peers trying to save people**



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- **Skills and training lead researcher and peer researchers**
- Reimbursement, travel and childcare
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- **Impossible to collect data that is objective**
- **Frustrating for researchers as change can take a long time to happen and might not happen by end of project (it can take years)**
- **Peers want to save other people**

How might we migrate against/prepare for these issues/challenges?

- Build in time at start – knowing takes longer
- Make format of research as user friendly and clear as possible, piloting, shadowing to support, prompts
- Checking in with volunteers and see how much time they have – how they are feeling, get them to define how much they want to be involved
- Have a recruitment process, recruit more than needed
- Ensuring research is at everyone’s level – extra support for those who need it. Build in time!
- Give examples of how we can never be objective – being aware of bias/positionality
- Manage expectations at the start – use examples of past research that has taken time to turn into action
- Be clear on the roles, why boundaries are needed, explain are doing good regardless if they have not saved someone, clinical supervision



Further thoughts on how to involve peer researchers....

- Clear on agreement with researchers – including hard copies of agreements
- Clear why want peer researchers – what’s your agenda
- Whether it is appropriate – sometimes not appropriate. Some people not far enough in recovery/escaping homelessness
- Allied agencies – whether need support from another organisation
- Consider from outset – not an after thought
- Think of capacity – do you have time and resource?
- Skill of researcher – training
- Recruitment process if substantial contribution of peer researchers
- Factor in costs to budget - always reimburse
- Recruiting a range of researchers with ranging experience – all learn from each other
- Being open about how challenges might come across – might be identifiable

But remember “PAR (peer research) is not a panacea (cure) for social problems”



How could you involve women with lived experience of homelessness in empirical research/monitoring/evaluation/consultation/service design/bid writing?



Light touch PAR



Full participation

Any questions?

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Thank You

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