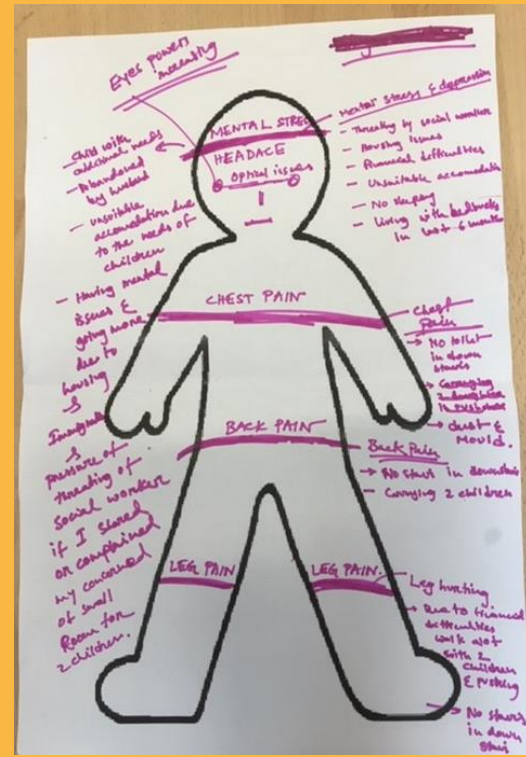
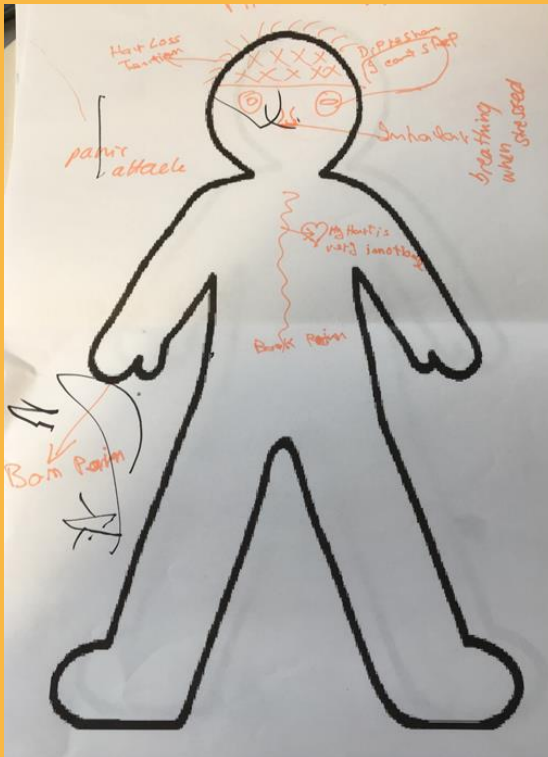


Groundswell

Out of homelessness



At Groundswell we believe:

- the whole community benefits when we tackle homelessness
- in people and relationships
- there is no them and us
- that participation works in creating effective services and policy solutions to move people out of homelessness

(70% of staff and all volunteers been homeless before)

How do we achieve this?

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



- HHPA - 10 boroughs - physical health appointments (including dentist and opticians), mental health appointments and in some boroughs substance misuse appointments
- Also in Dublin, Cornwall, Manchester, Newcastle and Birmingham
- In reach health promotion across London
- Specialist roles - Care Navigators, step up beds, HPI (Homelessness Prevention Initiative) working in hospitals, Mental health case worker and Eastern European Case worker
- Every £1 spent on HHPA NHS saves £2.43, did not attend BUT more importantly saves lives
- Peer research projects across the country – all projects involve staff with experience of homelessness and most projects have volunteers with ex. Of homelessness



About the research

- Project involved staff and volunteers with **experience of homelessness**
- Peer researchers' **understanding, empathy and love** was a key to the success. So the findings are important but also the process.

"You know, I am not judging you, they are not judging me, we are peers. We are just two people telling our stories sort of thing. And I found it was quite therapeutic for me. I would come away and I would feel like well you know, that lady probably hasn't had the chance to tell anyone her story.. You always feel like you want to have done more. But just by doing that perhaps you've made a massive difference."

- Funded by the Greater London Authority
- **77 survey-based interviews** with audio recordings and **3 focus groups** = 104 participants
- Day centres, hostels and night shelters in London

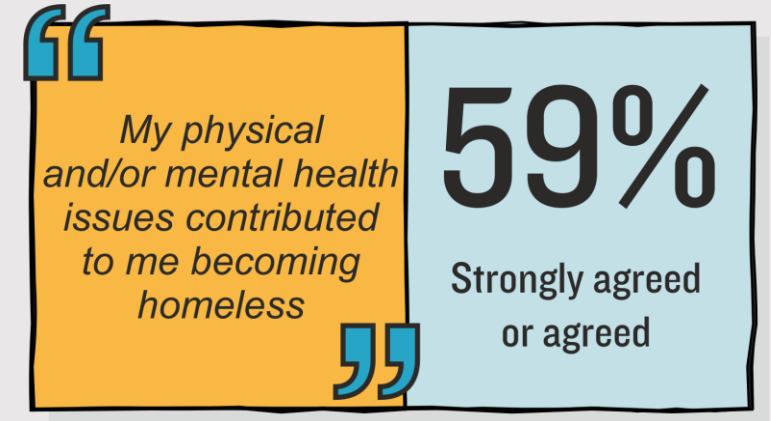


Becoming homeless

- Often multiple interconnecting reasons for homelessness
- Most cited reasons – relationship breakdown (including family breakdown), **physical health** and domestic violence

Current situation

- Multiple incidences of homelessness (42%)
- 65% had been homeless for more than a year
- 21% were currently sleeping rough but 70% had slept rough at some point in their lives – myth that women do not sleep rough



Physical and mental health issues



74%

were experiencing
physical health
issues



- Physical and mental health problems were common causes of homelessness
- New conditions arose and existing one's made worse by homelessness – more about this in podcast

Mental health issues

64%

were experiencing
mental health
issues compared
to 21% of the
general population



- Mental health issues existed prior to homelessness, however many developed because of their housing situation
- Stress caused headaches, hair loss, stomach pain, eye irritation, rapid heartbeat, panic attacks, chest pain and periods to stop
- Self-harm and attempted suicide common; 27% of those who needed an ambulance due to self-harm and/or attempted suicide

“It was serious.... I wanted to jump off the bridge or jump in front of a train. It was that serious. You get to a point where every door is slammed in front of you.”



Factors affecting health...

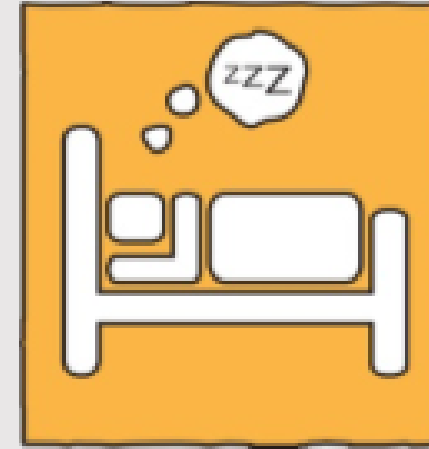
35%

were eating either
no meals or
one meal a day



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".*

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."*



Sleep – participants spoke of no matter how much sleep they got they were still exhausted



Factors affecting health continued...

Violence:

- **35% felt that domestic/sexual abuse was currently affecting their day to day life**

“That’s when the sexual abuse started. Cos you find yourself living in a house where you’re forced to do things that you don’t understand, or you don’t want to”.

- Some of women came to the UK as asylum seekers because they were fleeing domestic/ sexual violence in their own country

Substance misuse:

- **24% felt an addiction was affecting their day to day life; homelessness was a trigger for addiction**

“Gotta walk about...having to leave shelter at 7am is a big problem. Having nowhere to go in the day encourages me to drink & have nowhere to rest so I go on the buses/trains, even the library.”



Accessing healthcare

- **Other basic needs a priority:**

"I can't make appointment. [I need to] wash first and eat first. Survival comes first. Last thing we have as dignity is to keep clean."



- **CATCH 22** - women struggled to get mental health support either because of their addiction and/or housing situation

"I wanted to sign up for CBT but I can't access as they think have bigger problems they think I need house first. And I can't refer myself as told need caseworker – don't have one as I am squatting."

- 81% were registered with a GP – participants were using GP services often specialised GP practices – still some not registered
- 28% of participants had never been for a sexual health test, and 21% had never been for cervical screening



- In-reach health services from homelessness centres was highly beneficial and specialists homelessness clinics

WHY?

- Understanding
- Empathy and non-judgemental
- Easy and quick to access
- Under one roof



PODCAST

While you are listening to the podcast:

- write any thoughts, reflections, ideas, surprises and non-surprises, inspirations for what you can do or how we can create change



A select few of our recommendations



1. Deeper understanding of health issues women experience when they are homeless
2. Flexible, considered and participatory commissioning
3. Flexible, compassionate and consistent support centered around individual need
4. A focused approach within NHS services on the health of women who experience homelessness
 - Ask questions on accommodation status and homelessness as a safeguarding concern
 - In-reach services and co-location of services
 - Mobile health units
 - Specialist support
 - Mental health CATCH 22
5. Joined up working between services and sectors who support women experiencing homelessness
 - Increased opportunities for joint working e.g. joint referrals between women's and homelessness services and joint funding opportunities

What's next....

- Disseminating the research
- Please share podcast and research with colleagues and friends - @itsgroundswell and #womenhomelessnesshealth
- Love to do more research – e.g. violence on the street, national level research
- Need for a women's health advocate role





Thank you

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