

A FILM BY CHRIS GODWIN story consultant jimmy mcgovern

# Resources Pack

### SARAH HOARE | DOREENE BLACKSTOCK | GRACE DOHERTY

MUSIC BY JONNY COLGAN EDITED BY JON BIGNOLD DIRECTOR OF PHOTOGRAPHY JON DICKINSON STORY CONSULTANTS JIMMY MCGOVERN GUY DUCKER EXECUTIVE PRODUCERS MARTIN BURROWS BECKY EVANS JANE COOK MAT AMP WRITTEN AND DIRECTED BY CHRIS GODWIN



INNER EYE SIGHT



wellcome





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Groundswell

### *Clarissa*

A film created to improve the health of people affected by homelessness, through better understanding of their experiences.

Clarissa's story is one of trauma, the importance of trust, and how this impacts someone's experiences of healthcare. It has been woven together from real experiences of people trying to access the healthcare system while facing homelessness in the UK.

### This 'Resources Pack' includes:

- <u>Guidance for watching the film</u>
- Key topics and discussion points
- <u>Support resources</u>

Further resources/links and updates available at: groundswell.org.uk/clarissa





Our film <u>*Clarissa*</u> explores themes relating to childhood abuse, drug taking and drug dependency and is not suitable for younger viewers.

Should you need further support in relation to these issues, a list of organisations you can contact can be found and the end of this pack or online here:

groundswell.org.uk/clarissa-support-resources/





# How can I view the film?

*Clarissa* is available to view for free via the following links:

- Vimeo: <u>vimeo.com/573037410</u>
- YouTube: <u>youtu.be/i2vVBITyd2M</u>

We would recommend using the Vimeo link for best quality viewing experience – the YouTube link is available for ease of access on some devices

The film lasts 23 minutes.





# **Clarissa discussion topics**

- Trauma informed practice
- GP access
- Person-centred care
- Changes in policy and practice
- Supporting staff
- The value of peer support





When supporting someone who may have a similar experience to Clarissa how do we acknowledge this and best support them; without risking retraumatising?

Are services, and individuals, who work with people experiencing homelessness trained in trauma-informed practice? Should they be?

How can waiting rooms become more trauma-informed?

## Trauma-informed practice

How difficult it is for someone with a background of abuse to feel safe and able to access support?

How do you think we get to the point where trauma-informed care is implemented at a system level, across all organisations?

How does trauma-informed practice filter from the top down, ensuring that it is at the heart of the work we do on a daily basis?

How can we make services easier to navigate for people who have these experiences/ background of trauma?



The film shows the process of completing a form to register with a GP which Clarissa finds challenging both practically and emotionally. Registering with a GP is a well known barrier to accessing healthcare, what more can be done?

Where should services, particularly health services, be based for people experiencing homelessness?

> What practical barriers are there to accessing health care for people experiencing homelessness?

In practice, how easy is it for a person without a fixed abode/contact number to see a GP?

How can we get GP practices to recognise that people may need help filling in forms, how can they provide that help?

People have the right to register with a GP without a fixed address, yet some practices still turn people away. What can be done?



How can a trusting relationship be built so a GP can effectively support an individual with their healthcare needs?

Have services changed in the past few

decades? What is happening now that

is good practice?



Is there a place for women only services? Would these have benefitted Clarissa?

In Clarissa's story there were a number of missed opportunities - do you think that there are earlier points of intervention?

Large hostel settings are often criticised for people with addictions being surrounded by others in a similar situation. What are your thoughts? What could change?

## **Person-centred care**

In terms of support and care, what could have been done differently for Clarissa? What do you think she would have wanted to happen and how?

How long do you attempt to provide support to an individual? If we decide to stop – when and why?



What did you notice about the waiting room in the film – how could Clarissa's experience have been improved? In an ideal world, what one change to the healthcare system would you make so that access is easier for people who have had similar experiences to Clarissa?

How can we move from policies and practice being focused on KPI's and targets to a more trauma informed and person centred approach?

How can we make services easier to navigate for people who have similar experiences to Clarissa?

## Changes in policy and practice

We know a holistic approach is needed and partnerships are key but is there any service that can co-ordinate all the services?

Is there something practical we can change on forms for services? E.g. Why are we asking marital status?

Services can often require people retelling their stories and filling out complex forms. How can we balance the need for patient information with consideration of trauma? Many people in society experience barriers to healthcare. How can general practice and primary healthcare make positive changes that are inclusive for everyone? What do they need in order to do that?



How do we support staff's resilience and wellbeing when they are regularly working with people experiencing homelessness and trauma? What training for staff might make a difference in your place of work to improve access to healthcare for people experiencing homelessness?

## Supporting staff

What needs to be in place for staff to behave and respond like the staff member did in the film?

Can staff really provide trauma-informed and person-centred care when they are faced with the pressure of KPI's, targets and insecure funding?

Would we expect staff to give up their day off?



Should we include peers when doing assertive outreach and trying to engage new clients?

Why does shared lived experience help when supporting this client group?

# The value of peer support

Can we embed a peer support model in our service?

There seems to be more flexibility within peer support teams and programmes, why is that?



## **Support resources**:

These resources are also listed online here: groundswell.org.uk/clarissa-support-resources



Provides confidential support 24 hours a day. Helpline: 116 123 www.samaritans.org or befrienders.org if you live outside the UK or Ireland

Safeline

A specialised charity working to prevent sexual abuse and to support those affected in their recovery. www.safeline.org.uk

RASAC (Rape and Sexual Abuse Support Centre) National helpline for survivors of rape and childhood sexual abuse (male and female), their families and friends. Provides emotional and practical support. National Helpline: 0808 802 9999 (12-2.30 & 7-9.30) www.rasasc.org.uk

### Mind

Helps people take control of their mental health. campaigning to promote and protect good mental health for everyone. Infoline: 0300 123 3393 www.mind.org.uk

### Action on Addiction

Provides help and information to families and individuals who are worried about alcohol or drug misuse problems.

www.actiononaddiction.org.uk

### **Campaign Against Living Miserably**

Works to prevent male suicide and offers support services for any man who is struggling or in crisis. Services are open 5pm-midnight daily and are free, anonymous, and confidential. Helpline: 0800 58 58 58

www.thecalmzone.net



### NAPAC (National Association of People Abused in Childhood)

The only national organisation focused on supporting adults who have been abused in any way as children. Helpline: 0808 801 0331

www.napac.org.uk

### Release

Provides a range of services dedicated to meeting the health, welfare, and legal needs of drugs users and those who live and work with them. Helpline: 020 7324 2989

www.release.org.uk

### We Are with You

Free confidential support to people experiencing issues with drugs, alcohol, or mental health. Services can be accessed online or face-to-face.

www.wearewithyou.org.uk





## **Please share!**

We would love to hear how you are using the film and who you're sharing it with.

Email us at <a href="mailto:frandcomms@groundswell.org.uk">frandcomms@groundswell.org.uk</a>

Keep up to date with further links, resources and updates at groundswell.org.uk/clarissa/

Connect with us on social media:

twitter.com/ItsGroundswell facebook.com/itsgroundswell instagram.com/itsgroundswell/ linkedin.com/company/groundswell-uk



# Thank You

