

Groundswell

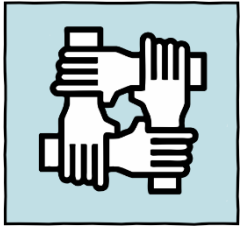
Out of homelessness

**Solutions to homelessness come
from the people with experience of
homelessness!**



What do We do?

- Delivering one-to-one engagements to enable people experiencing homelessness to access the healthcare they need.
- Providing holistic support for health needs of people experiencing homelessness.
- Providing Health advice in a variety of hostels.
- Creating a platform for people with lived experience to express their health needs and advise policy makers.



How do We do?

- We work with different types of homelessness accommodations to make sure the different needs of our clients are met.
- We enable people experiencing homelessness to take more control of their lives, have a greater influence on services.
- We value the experience and skills people gain through their lives.
- We take an asset-based approach - starting with the skills, experiences and knowledge that someone already has gained.

Case study: HHPA



Peer Advocates will help you get your health problems sorted by:

1 Helping you make health appointments

2 Going with you to health appointments

3 Supporting you to have your say about the type of health care you get

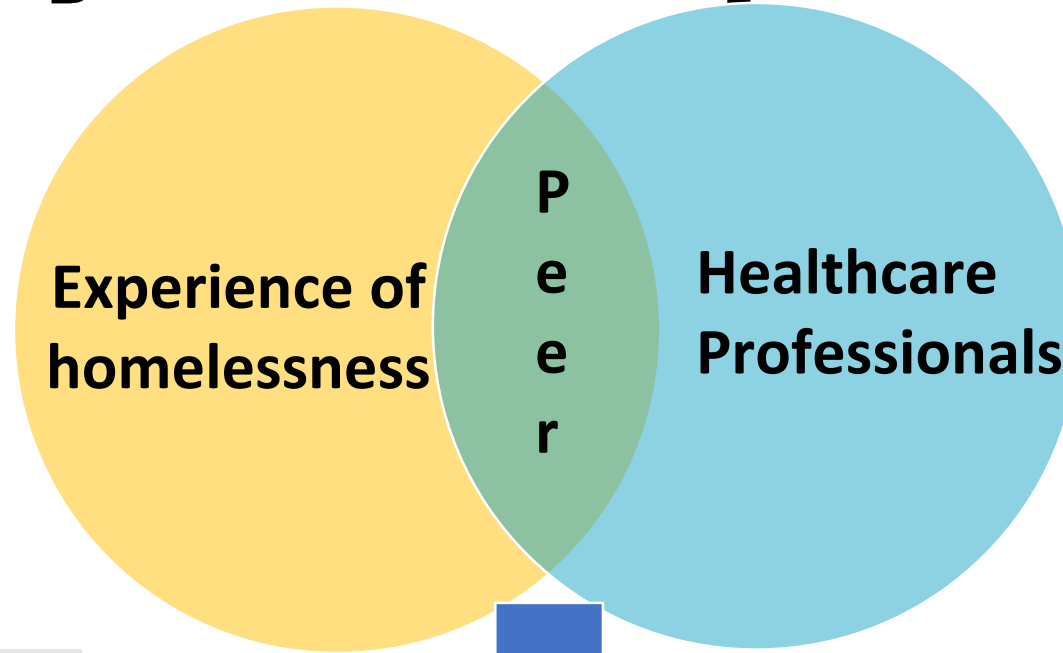


4 Paying for your travel fares if needed

5 Supporting you to make sense of health jargon and treatment options

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Why are Peers Important?



Don't feel judged

Not an authority figure

Real understanding of the problems people face.

Speak the same language!

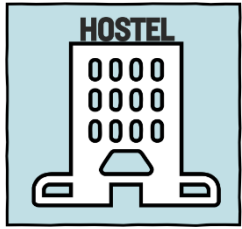


Re-build trust!
Provide inspiration !

Partnership Work

“Groundswell are the stitches
that keep homeless and health
professionals working together”.
HHPA Client

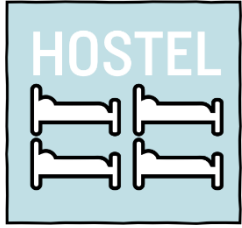




Floating Support

- Working in different accommodation locations with different partners.
- Supporting clients to make an informed decision about their health and accommodation needs.
- Advocating for people experiencing homelessness to move to more suitable accommodations for their needs.
- More than taking clients from A to B, we create social interactions.





Problems

- Not enough investment and accommodation options in homelessness sector.
- One size doesn't fit all.
- Accommodation provided does not always fit clients' needs.
- The stigma that all homeless people face may be dependent on drugs or alcohol.
- Sometimes, clients might feel safer on the streets.
- Gentrification.
- Bureaucracy around healthcare and accommodation.



Case 1 – Dignity in Life



- 65 year old woman, with learning disabilities, living in the streets.
- Referred in 2020 and found in a situation of neglect.
- Couldn't remember the last time she saw a GP and her general health was deteriorating.
- She was put in a hostel instead of hospital.
- She was being financially/coercively abused by other residents who were “helping” her.



Case 1 – Dignity in Life

- Set up MDT meetings with Mental Health Team, Hostel staff, Nurses and Groundswell.
- She would get an onsite support but it wasn't enough as she was being financially/coercively abused.
- Supported her over 30 appointments.
- MDT decided to get Social Services involved.
- She was accepted by Vulnerable Adults Pathway Team.
- She was put in a better accommodation where she would get proper help without getting abused.
- Had Groundswell not been there, it's sad to imagine what would her life would be like now.



Case 2 – Dignity in Old Age



- 81 year old man in hostel environment.
- Met with his social worker twice in the last 18 months.
- Has so many health complications. Doesn't have any addictions.
- Visit once a week to help him arrange his health appointments.
- Supported with all his healthcare needs.
- He cannot walk more than 10 minutes, so we arrange taxi for him to go to his appointments.
- Advocating on his behalf to get him into more comfortable place upon his request.
- He never missed any health appointments.



Case 3 – Dignity in Death

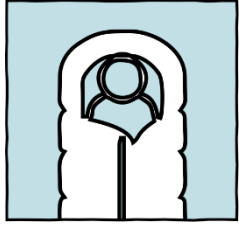
- 45 year old man in hostel environment, given diagnosis of terminal cancer.
- Worked with for 7 months, before diagnosis and up to death.
- Supported through cancer treatment and then palliative care, including chemotherapy, radiotherapy, blood transfusions, and all the other healthcare he needed.
- He did not want to go into a hospice. He wanted to die in the hostel to be around people that he knew.
- Advocated on his behalf with hostel and palliative care team to ensure his wishes were met.
- Provided company and comfort in his final days and even managed to take him for a day out at Madame Tussauds.



Case 4 – Neglect in Death



- 75 year old man, sleeping on the streets, found by an Outreach Team.
- He was not mentally stable, so he was forced to live in a hostel.
- Requested Mental Health Support as he cannot make an informed decision.
- We started visiting him and realised that he was getting forgetful.
- Hostel, Mental Health Nurses and Groundswell worked together and it took months to overcome the bureaucracy.



Case 4 – Neglect in Death

- Hostel had to call an ambulance when he wasn't feeling well.
- He admitted into hospital.
- Because he wasn't "unwell enough" he was discharged again.
- Hostel wasn't informed about his discharge onto the streets.
- He couldn't get support for his mental health, and he died on the streets.
- Investigation is still carrying on.



Thank You



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www.groundswell.org.uk



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