



Homeless Link

Holding Conversations about Health

Thursday 9th March 2023



Bridging the Health Gap

Holding conversations about health



Bridging the health gap

Health and wellbeing alliance



Groundswell

Out of homelessness



Homeless Link

Bridging the Health Gap

Introduction



- People experiencing homelessness have extremely poor health outcomes and rely heavily on emergency medical care
- Homelessness workers play a key role in encouraging people to engage with more upstream health care
- How to improve the confidence, skills and knowledge of the homelessness workforce
- Goal - to have more effective conversations leading to improved healthcare signposting and advocacy
- Resulted in the Bridging the Health Gap project

Bridging the Health Gap

Background



- The [Unhealthy state of homelessness report](#) published in Oct 2022 by Homeless Link
 - Data from 31 Health Needs Audits 2015-2021 from across the country.
 - Compares to 19 previous Health Needs Audits undertaken from 2012-2014

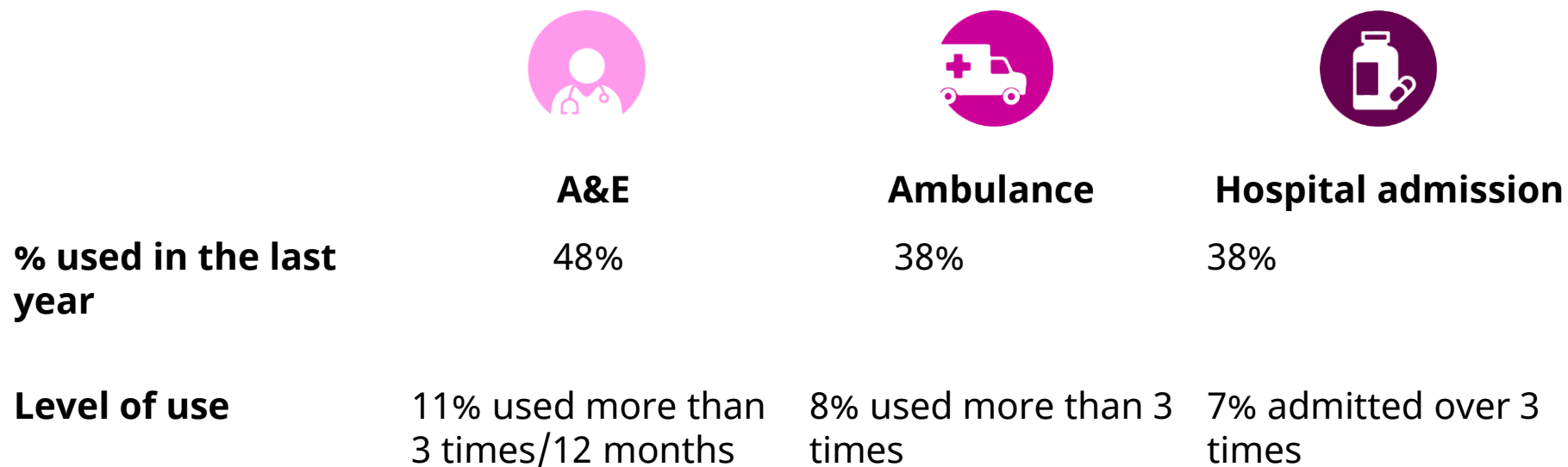
Bridging the Health Gap

Health context



Bridging the health gap

Use of acute medical care



Bridging the health gap

What we did – phase 1

- Formed steering group of Pathway, Groundswell, Homeless Link and other interested health care professionals
- Undertook scoping work Jan-Mar 2022 including desk research and focus groups
- Produced an initial report and recommendations

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Report published June 2022

Key findings:

Homelessness workers spend a lot of their time supporting people with health and social care needs.

Conversations initiated are typically focused on emergency health care needs.

Homelessness workers play a key role in encouraging people to engage with more upstream health care.

Staff may lack confidence to have more general health conversations earlier on and existing training is issue specific

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Report published June 2022

Recommendations:

Conversations about health care should begin from the moment of entry into a hostel, support service etc

Conversations around health need to be proactive not reactive

Staff need better access more general information and training on health conversations

Create resources to help workers initiate conversations and ensure they take place in a person-led way

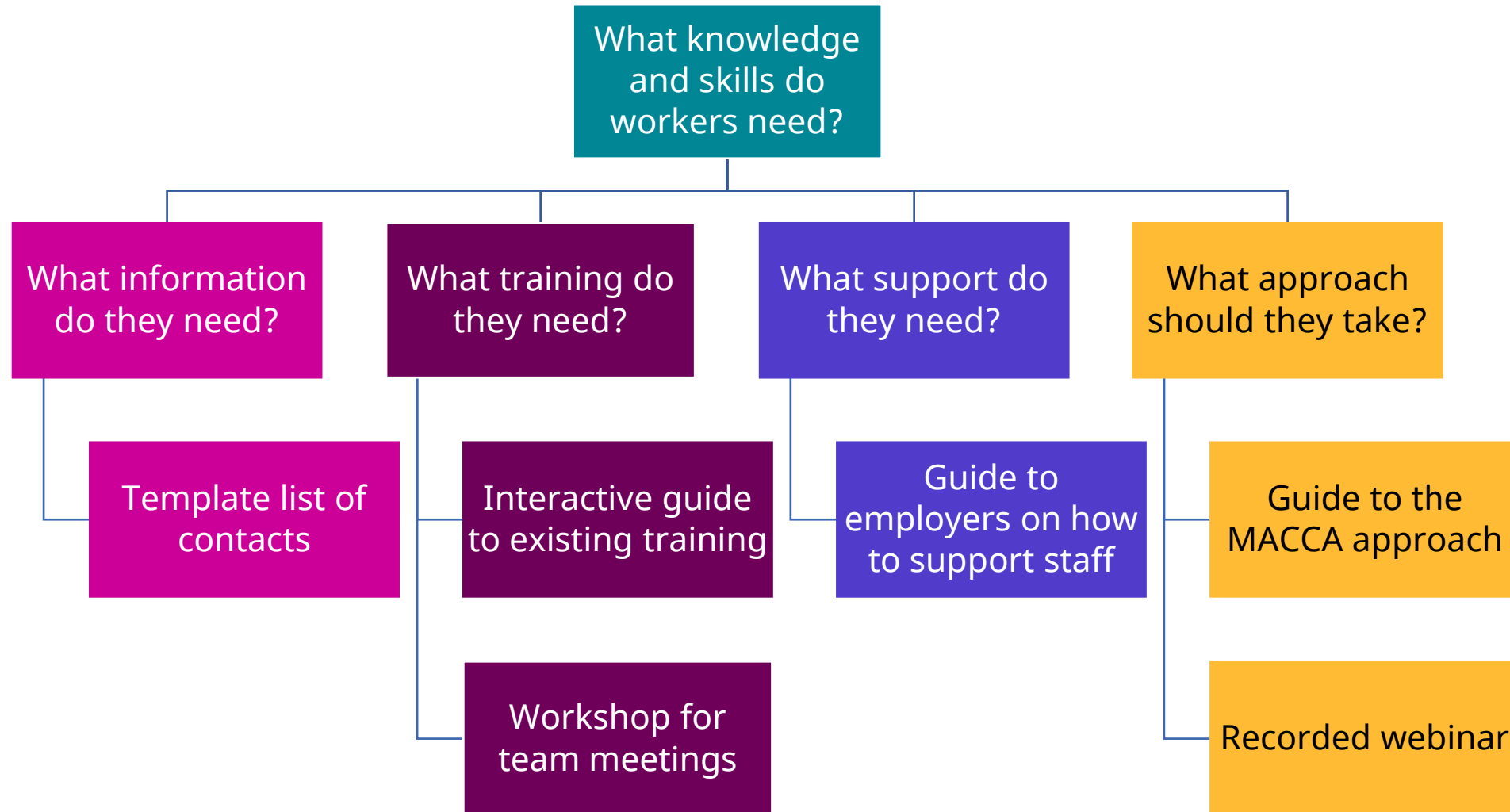
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What we did – phase 2

- Held 2 co-design sessions with experts by experience, healthcare professionals, homelessness professionals and other interested parties.
- Designed a suite of resources
- Piloted the resources with 2 organisations, corrected and ready to disseminate

Bridging the health gap report

Resources



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Introducing MACCA

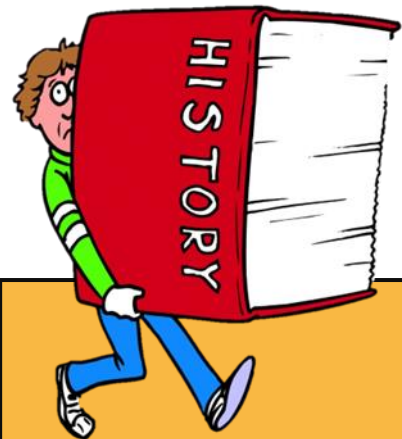
The birth of Groundswell

Speak Outs originated in 1992 when Mike Connelly, following a trip to the States, had an idea for a rather ambitious international conference involving people from the UK and the USA, which he wanted to run at The Lambeth Mission on 31st October 1992



Through these Speak out events we discovered that one area that people were not prioritising was health. Starting at first with physical health we created our award winning Homeless Health Peer Advocacy project.


Advocacy is a key foundation to the work we do



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Homeless Health Peer Advocate

Recruitment & Training Information.



Volunteering Checklist

Do you have personal experience of homelessness?




Are you free from active addictions? If you have a history with addiction have you received support in this area?

Are you able to commit to a small training period?
Are you able to give your time regularly after that?

Do you have access to the internet?
Do you have a phone you can use regularly?

If you are unsure about any of these points, please do get in touch and we will do our best to answer any questions you might have.



Website: <https://groundswell.org.uk/>
Email: recruitment@groundswell.org.uk
T: 020 7725 2851

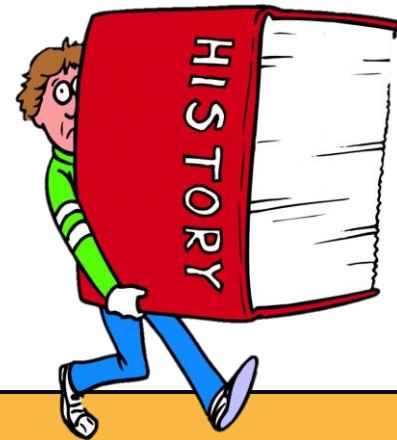


The Groundswell definition of homelessness

Homelessness includes, but is not necessarily limited to:

- Rough sleeping (sleeping outdoors)
- Squatting (*sleeping in an empty building without permission*)
- Living in sheltered and emergency accommodation
- Living in hotels, hostels and B&Bs
- Living in a car, caravan, travellers site or campsite
- Sofa-surfing (*crashing with friends or strangers*)
- Performing "survival sex" (*exchanging sex for shelter*)





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What is MACCA?

MECC + Advocacy =
Making All Contacts Count through Advocacy

Aims to **Make All Contact Count** by using every contact with a person as an opportunity to encourage behaviour change through the use of **Advocacy** skills:

- Initiating a conversation
- Offering tailored support and guidance (with informed consent)
- Active signposting to other support services



What MACCA is not



- It is not about adding another job to someone's already busy working day
- It is not about people becoming a specialist in a certain health area
- It is not about anyone becoming a counsellor or providing ongoing health support to particular individuals – unless that's already their role

It is about us helping other people to know how they can improve their own health and wellbeing and have more of a say in the way they receive treatment and care.

Nothing about me, without me!

Why MACCA?



- People experiencing homelessness have high health needs but experience huge health inequalities
- Homelessness causes poor health and poor health causes homelessness
- Opportunity to improve health and save lives
- Workers already have skills in having difficult conversations and picking up on conversational cues
- Workers have experience in building relationships with clients who may distrust other professionals
- People experiencing homelessness have the least amount of autonomy.

MACCA is about strengthening both the skills of workers and clients, giving people the confidence to approach service users on health topics and the tools to be able to hand back the power to the clients.



- Making Every Contact Count (MECC) is an approach to behaviour change that utilises the millions of day to day interactions that organisations and individuals have with other people to support them in making positive changes to their physical and mental health and wellbeing.
- It enables the opportunistic delivery of consistent and concise healthy lifestyle information and enables individuals to engage in conversations about their health at scale across organisations and populations.

MECC focuses on the lifestyle issues that, when addressed, can make the greatest improvement to an individual's health:

- Stopping smoking
- Drinking alcohol only within the recommended limits
- Healthy eating
- Being physically active
- Keeping to a healthy weight
- Improving mental health and wellbeing



some Content

- Barriers to accessing Health Care
- Stigma and it's effects
- Macca approach
- Advocacy skills
- Self Advocacy
- Some simple 'how to' add-ons

**ANY
QUESTIONS?**



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Thank You



 020 7725 2851

 www.groundswell.org.uk

 @ItsGroundswell

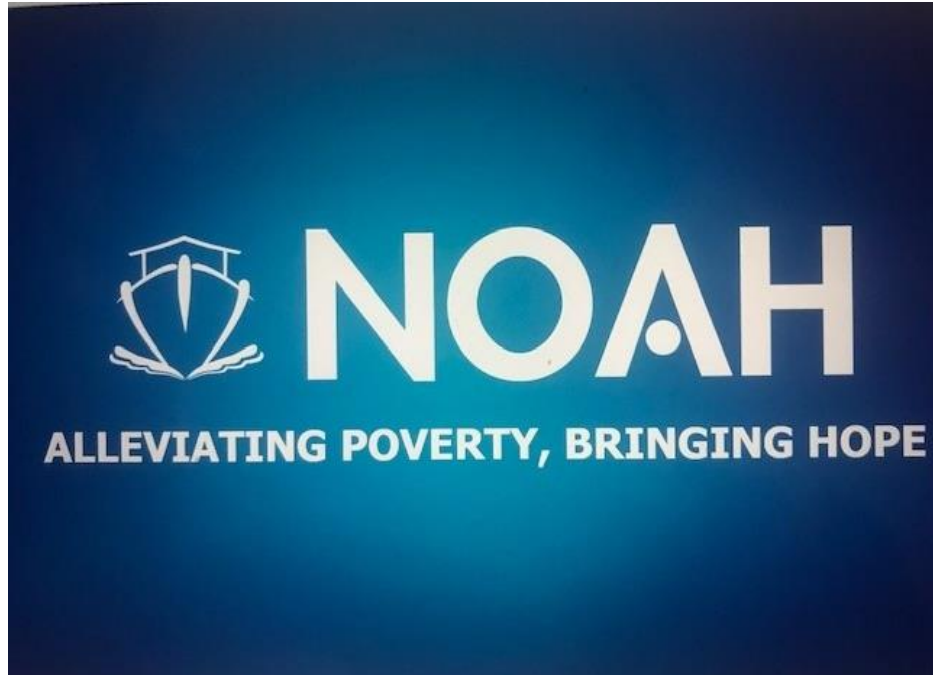


NOAH

ALLEVIATING POVERTY, BRINGING HOPE

HEALTH

CONVERSATIONS



Our Services

- Street Outreach
- Welfare Centre
- Training & Employment Academy
- Counselling
- Housing First
- MI Job Project & Winter Transformation



Talking about health is not easy.



However, with proper preparation and following a few tips, health conversations and health issues do not have to be off-limits

Key points



Tackle a difficult topic



Adjust the way you talk to your client, service user, guest, companions:



If your client does not want to talk directly about their issue – do not press and do not hold it against them – respect that



Perhaps they need more time to open up and will feel more comfortable the next time you talk to them, and they will tell you honestly about their feeling and needs



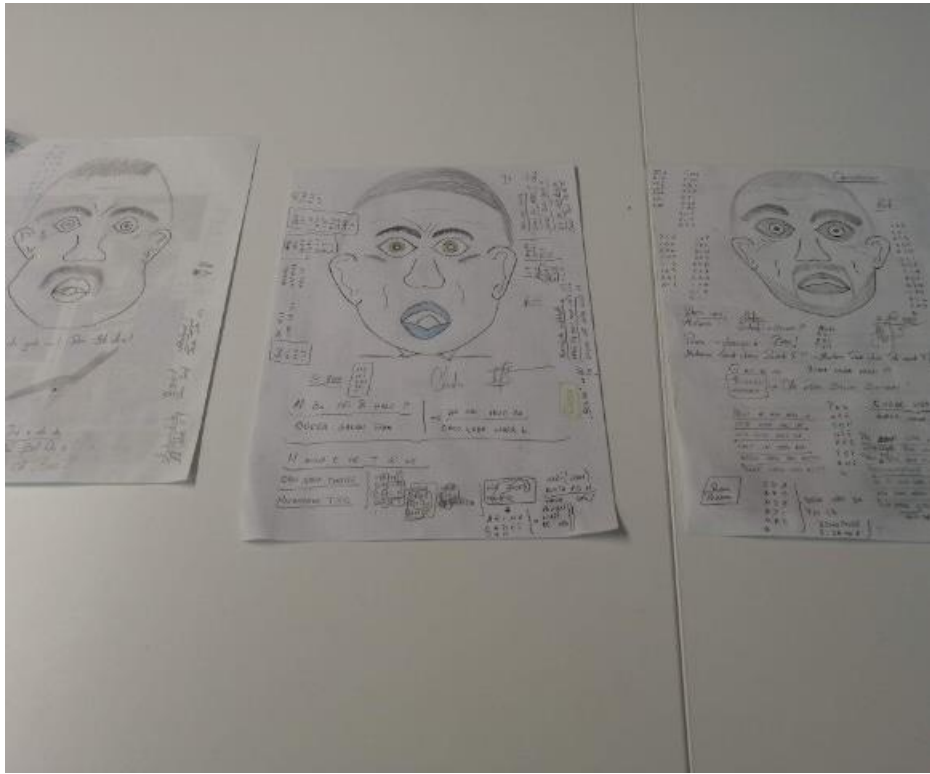
Let them know that you and your team are there to help them and here for them



Choose the right time and place

- Your client may not feel comfortable talking about their condition.
- Therefore, make sure that when discussing this topic, you create the most favourable atmosphere.
- Choose time off from the rush and a quiet place where no one will disturb you.
- It is worth raising this topic, e. g during a walk or coffee together.
- The relaxed atmosphere will be conducive to the opening of your conversation.

DRAWING



- Observation
- Asking questions
- Curiosity
- Building the connection

Get ready to talk



Remember that you don't have to be an expert in every field.



If you know what the issue is, do some research before starting a conversation, so you will have more information about the issue, causes and proposed solution.



Ask for help from your co-worker, line manager or professional if you are not feeling confident.

Point the way to a specialist



Suggest people talk to their doctor about their condition during their next visit.



It is worth starting consultation with the general practitioner or specialist.



People can also use telephone advice.



If they had a bad experience in the past, offer to go with them and help.



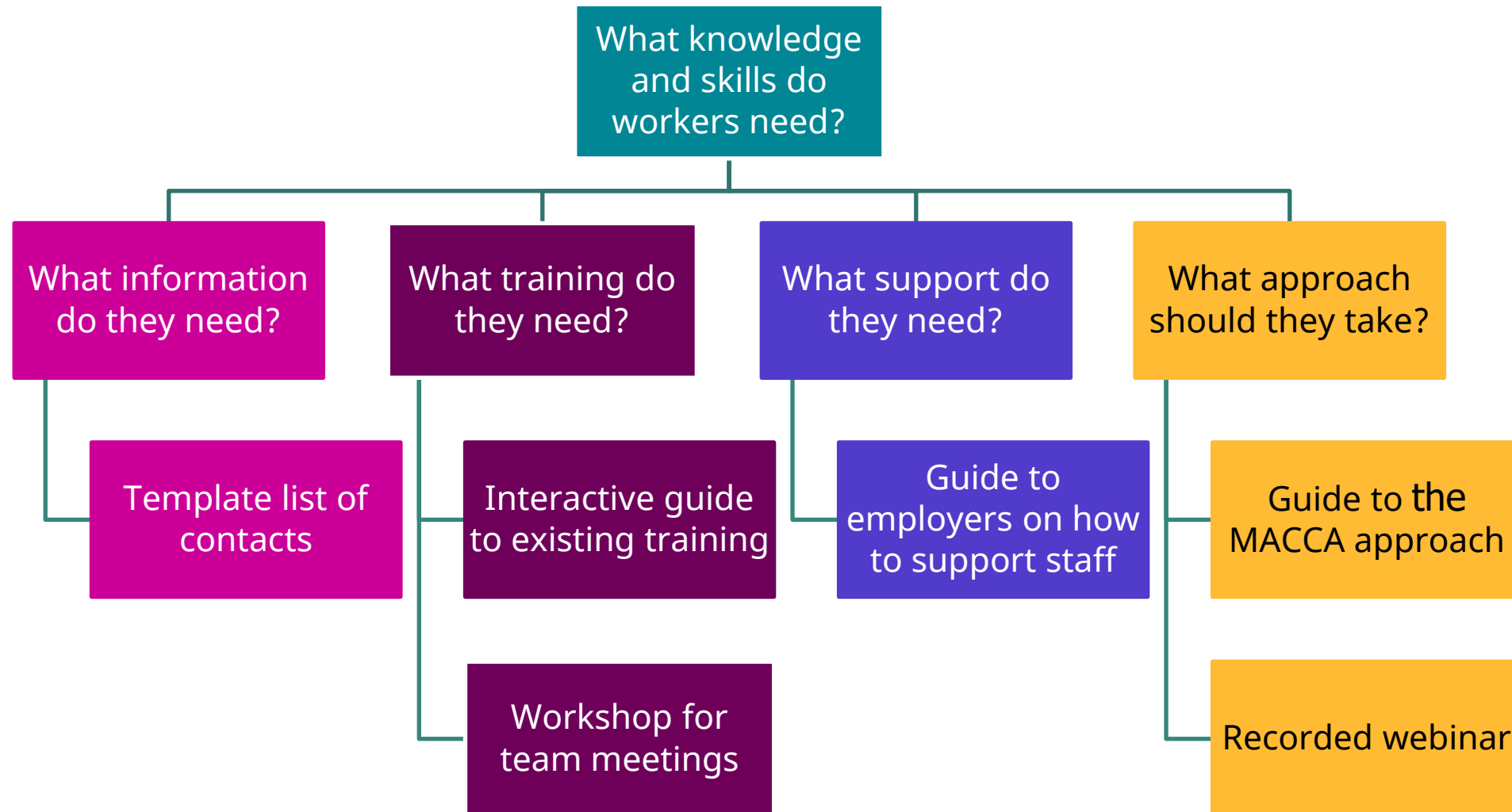
Very often, our presence makes people feel safe and they talk more openly about their condition.

Offer support

- Show your client that they are not alone with their problem.
- Seeing your readiness and willingness to help will encourage them to deal with their health condition.
- Listen actively to what they say to you.
- Each experience is unique.
- Being empathetic is seeing the world through the eyes of another person.
- And remember, to provide good support for your clients, first you have to look after your health -self care.

Bridging the health gap report

Resources



Homeless Link

What we do

Homeless Link is the national membership charity for frontline homelessness services. We work to improve services through research, guidance and learning, and campaign for policy change that will ensure everyone has a place to call home and the support they need to keep it.

homeless.org.uk

[@HomelessLink](https://twitter.com/HomelessLink)