

# Benefits for Health

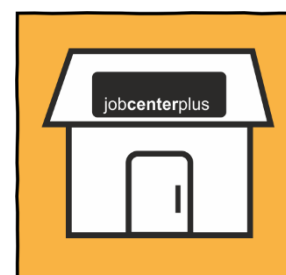
## The research process and our learning

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### Introduction

Benefits for Health is a research study exploring how health and welfare systems are experienced by people who are homeless and how these two systems intersect and impact on their lives. The study, conducted by Groundswell, was led by researchers with experience of homelessness. The research engaged 242 people who are currently experiencing homelessness in London, whose stories were collected using focus groups, case studies and one-to-one survey-based interviews. The following document outlines the peer research methodology adopted, the considerations of this approach, the process of conducting the research and demographic profile of the participants.



### Peer research methodology

The research project employed a peer research methodology with input from researchers with experience of homelessness<sup>1</sup>. Six volunteer researchers and one staff member with experience of homelessness were involved throughout the design and delivery of this project. Peer research is commonly understood as a type of participatory research.

<sup>1</sup> It should be noted that we will refer to the methodology as peer research; however, volunteers with experience of homelessness who participated in this project will be referred to as volunteer researchers.



Definitions of peer research vary, but, what is generally agreed is that peer research works with people from a community as co-researchers for the entirety of the research process, including research design, data collection, data analysis, and write up (Lushy, 2017)<sup>i</sup>. This means that rather than simply being ‘passive research subjects’, peer researchers are actively engaged in research (O’Reilly-de Brún et al, 2016)<sup>ii</sup>. The aim of peer research is to make positive change in the ‘communities’ of research (Wadsworth, 1998)<sup>iii</sup>, and in this case, people with experience of homelessness.

**A peer researchers’ reflections on being involved in the research:**

*"Peer research with Groundswell enabled me to be part of something meaningful that I believe to be important. I like to think we are making a positive difference. It has been an interesting and useful experience. I also felt included in a friendly team. This inclusion and belonging carried on even after we completed the last surveys. I also got the opportunity to get involved in other projects. I also got a lot of support. This all has been particularly important throughout 2020 when most other organisations partly or completely ceased activity due to the pandemic. Peer research and all that followed kept me sane in challenging times."*

The key advantage of taking this research approach is that peer researchers can reduce ‘power hierarchies’ that often occur between researchers and participants. Instead, the relationship developed between researchers and participants means that researchers are able to recruit more participants or participants that support services deem as ‘hard to engage’ (Baum et al, 2016)<sup>iv</sup>. Therefore, participants take part in research they may usually be excluded from. As a result of the relationships developed between researcher and participant in this context, the answers supplied/given by participants may be more honest and detailed than if they were talking to a ‘professional researcher’ (Damon et al, 2017)<sup>v</sup>.

The insight gained from this type of research is therefore embedded in real life experience, which in turn, ensures that subsequent decision-making and intervention-design are more likely to be appropriate and sustainable.

A Groundswell volunteer researcher explains how they help people open up:

*"just first of all when you tell them that you have experience, personally experienced it kind of like.... They let their guard down...you understand their situation." Another volunteer researcher spoke about what they felt they brought to the research: "I have been able to build trust and talk about issues that a person may not want to share with everyone. Having common ground has really helped."*

Another key advantage of peer research is that the research questions developed with peer researchers are more likely to be those that get to the heart of underlying issues and can be more appropriate for the community of research (Damon et al, 2017)<sup>vi</sup>. Furthermore, the involvement of peer researchers adds credibility to research, especially when it comes to

exploring solutions for effective change, as solutions are developed in the context of ‘lived experience’.

In addition to these direct advantages, there are wider benefits to researchers, the community involved and society more broadly. More traditional approaches use ‘professional’ researchers who are not necessarily part of the community being researched. However, the peer research approach challenges the idea of how information and knowledge is generated. Another benefit is that participants can see people like themselves who have come out of homelessness and they can find it inspiring and empowering. In relation to this, researchers sharing their own experience can have a significant impact on breaking down the stigmas surrounding homelessness. Evidence also shows that researchers feel able to use their past negative experiences for something positive. As this volunteer explains:

*“So the experience of meeting homeless people like you – not only the research it helps on a personal level like ... when you’re feeling down, it brings back memories when you were in that situation. And how far you have come away. It reassures you that I am not doing that bad. It gives you some motivation”*

Therefore, peer research can be a positive experience both for the researcher as well as the participant (Dowling, 2016)<sup>vii</sup>.

## Considerations of peer research methodology

As with any research methodology, peer research has its own considerations and limitations. The following are identified in this research and are also common to our other peer research projects. The following list is not exhaustive, and it should be noted that the line between limitation and opportunity can be blurry, i.e., some of the limitations of peer research can also provide opportunities and advantages.

- 1) **Listening to upsetting and retraumatising stories.** Many of the stories researchers hear are upsetting and can remind them of difficult experiences and trauma they have experienced in the past. Sometimes volunteer researchers find it difficult to move forward in their lives when they are still involved in the homelessness community.
  - **Mitigating response:** to support volunteers we have debriefs after every fieldwork trip and volunteers can participate in clinical supervision sessions with a qualified counsellor, and also have the support of our progression team (see below for more about support).

### A peer researchers’ reflections on having debriefs:

*“Having the interviews with some groups who were quite challenging and being able to have those debriefs helped enormously. Those could be as simple as simply having a chat after the session with absolutely no agenda.”*

- 2) **Knowing the boundaries.** Having gone through homelessness themselves, volunteer researchers often want to support people they meet and can slip into the role of a 'support worker' rather than a researcher. While we can signpost participants to support services, researchers are not best placed to take the role of a support worker. And in some cases, despite being clear at the start of what the conversation is about, the participant can look to the researcher for advice and support.
  - **Mitigating response:** we talk a lot about the role of the researcher in training, provide participants with a list of services to seek support, flag any issues (with the consent of the participant) to support staff and in some cases refer participants to our Homeless Health Peer Advocacy Service.
  
- 3) **Dealing with rejection.** Sometimes researchers approach potential participants about taking part in the research and can be rejected by them.
  - **Mitigating response:** debriefs and clinical supervisions are opportunities to discuss this and we hope to introduce a 'dealing with rejection' session in future training.
  
- 4) **Long research interactions.** Due to the shared experience between the researcher and participant, both parties can have a lot to talk about, and sometimes the conversation can be quite lengthy and can go off topic. We also find that participants don't often get an opportunity to talk to other people with similar experiences of homelessness in this way and can, therefore, enjoy the opportunity to open up and talk for some time. This can mean it is hard for the researcher to keep to time and can mean the survey runs over.
  - **Mitigating response:** during training we explored ways of keeping a balance between letting participants talk about what is important to them and keeping to the survey. As researchers got more experience of conducting the survey, they could also skip questions that were already answered by participants in other parts of the conversation.
  
- 5) **Constituency and quality.** When there are so many people involved in research it can be difficult to ensure the consistency and quality of data. While volunteer researchers take part in training they may not have participated in any research before this.
  - **Mitigating response:** we conduct pilot surveys, match experienced researchers with newer volunteers when first conducting the research, and check the data as it comes in for quality and consistency. If necessary, we make any edits and adjustments to the survey and have further training sessions.
  
- 6) **Relying too much on own experience.** While the participant and researcher have the common experience of homelessness, no one has the same experience of homelessness. Therefore, what helped someone escape homelessness might not help another.



- **Mitigating response:** during the training we reiterate that everyone has a unique experience and this needs to be respected.
- 7) **Time.** Conducting peer research and involving volunteer researchers in every stage of the process requires time and prior planning. Sometimes with the pressure of deadlines and report writing this can be difficult. It has been especially difficult during COVID-19.
- **Mitigating response:** we have tried to ensure the continued involvement of volunteer researchers throughout the research and report writing process.
- 8) **Social change can take years.** It can be challenging/difficult for the research team to accept that from the point of completing research, to seeing positive change, can take years. Furthermore, in some cases, despite the best efforts of the research and any related campaigns, it is not possible to create change or at least create the change that was expected or desired.
- **Mitigating responses:** we discuss as a team all of the positive things that the research interaction can bring regardless of whether we can affect change in the timeframes we hope for.

## Volunteer researchers: training, preparation and feeding into the research

Seven volunteer researchers participated in our research training and six delivered the fieldwork. A volunteer recruitment pack was sent to organisations in Groundswell's London network. Prospective volunteers filled in a short application form detailing why they wanted to take part; they were then invited to Groundswell's offices to have an informal interview. The interview was important for the Groundswell team to identify if the role was appropriate for the volunteer, and for potential volunteers to see if Groundswell and the role was a good fit for them.

The selected volunteers took part in a training programme with units including:

- confidentiality
- consent and boundaries
- the history of peer research
- best practices in managing bias and pre-understanding
- training on the research methods and techniques

During the training, researchers developed skills through practical tasks and exercises. Here, they tested and developed the tools while honing their existing research skills and experiences.

Following this, we started to explore important themes that could be included in the survey. A focus group about welfare and health was conducted with people experiencing homelessness before the training. The findings from this focus group helped to form the



survey questions. From the focus group data and the provisional themes we identified as a group, the survey was developed and designed so it could be delivered on an electronic tablet computer. In addition to this, the volunteer researchers designed and refined consent forms and information sheets to be given to research participants. The volunteer researchers were trained to use the electronic tablets to capture the data. The researchers then had the opportunity to test and pilot the survey with Groundswell's volunteer advocates, who also have experience of homelessness. From these pilot surveys, we were able to identify mistakes, get a sense of the length of the survey and then make any necessary adjustments.

#### **A peer researchers' reflections on training:**

*"I think as a group, we all learnt much about the basic methods of research which was exactly on point and exceptionally well delivered. Each of us were treated as individual human beings rather than a collective of volunteers that other organizations may approach differently."*

As a group we also wanted to capture the voices of people experiencing homelessness. While it was felt that statistics were important to gain a snapshot of experiences, open qualitative questions offered an opportunity to gain richer insight into the intricacies of people's experiences. We decided that the best way to capture this was to voice-record a short conversation between the researcher and the participant at the end of the survey as a short case study interview format. At this point, we also offered participants the opportunity to add anything particularly important to them, and to share any issues they had with their health and benefits while they were homeless. We had intended to focus on these themes towards the end of the research, however, as a direct result of the COVID-19 crisis, we had not been able to complete as many case studies as hoped.

## **Sampling**

The study had two criteria for participants to take part:

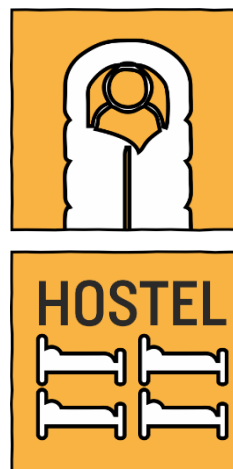
- 1) people who were currently or had recently been homeless
- 2) people who were entitled to benefits in this country.

Participants were self-selecting, but before conducting the survey, researchers asked a few basic questions for those who were not UK citizens, to ensure that the participant was eligible to take part.



We adopted a broad definition of homelessness and a participant could include anyone who has current or previous experience of the following accommodation situations:

- rough sleeping
- squatting
- sleeping on public transport
- night shelters
- temporary accommodation,
- hostels
- temporarily living with friends
- supported housing



While some people move into accommodation, they still engage with homelessness support services for a number of different reasons. For example, they may need further support with their mental health, gaining employment, sustaining their tenancy or being able to meet their basic needs if money is tight. In other cases, people continue to use services where their friendship groups and support networks are based. Given this, and the fact that many people often fluctuate in and out of homelessness, we felt it was important to include anyone who was using homelessness services but also currently living in their own accommodation.

Considering the challenges people experiencing homelessness can face in accessing benefits, it was important to include people who were entitled to benefits, but who may not be accessing them for whatever reason. However, given the nature of this research, we could not include asylum seekers and EEC (European Economic Community) migrants who are not entitled to benefits because they do not have leave to remain in the UK.

Given the demographic information of participants, we spoke to a relatively diverse group of people. However, it is important to note that this research is not representative of all people experiencing homelessness in London. There are an estimated 170,000 (Mancici, 2019)<sup>viii</sup> people in the capital experiencing homelessness and this research included a total of 236 people. Therefore, this research does not include a diverse sample and only represents a small proportion of people experiencing homelessness.

Most participants who took part in this research were recruited through support services, for example hostels, day-centres and night-shelters. Groundswell staff researchers also conducted surveys with a small number of people who they approached on the street to ensure that people could be included who were not necessarily accessing services. As a result, the participants in this research are likely to be receiving more support than those who are not accessing services and would be described as 'hidden homeless'. Our findings need to be interpreted with these considerations in mind. Furthermore, the experience of families who are homeless are likely to be underrepresented in this research given that most of the services we visited were for 'single homeless people'.

## 1-1 survey-based interviews and case study interviews

In the final days of training, the researchers team started to solidify possible themes and questions that they felt were important to explore. Groundswell staff wrote up these themes and drafted potential survey questions that were refined by volunteers in subsequent training sessions. The survey was then discussed at an advisory group meeting attended by Groundswell Peer Advocates, volunteer researchers on the project, academics, third sector organisations, DWP and representatives from Housing, Communities and Local

Government. In the advisory group, we further refined the survey questions. The questions were then inputted into online software (Survey Gizmo) and piloted with Groundswell's volunteer Peer Advocates. Any further edits and adjustments were made and then the survey was finally tested with guests at a local day-centre.



It is important to note that since the introduction of Universal Credit (UC) in year 2013, continued changes have been made to benefit and its delivery. As a result, we focused on developing questions that would be relevant regardless of when they were asked. This was important as the fieldwork was conducted over an extended period: starting in November 2019 and finishing in March 2020. A total of 221 surveys were completed at a range of services in London.

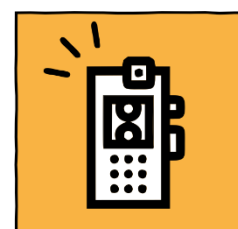
Participants were either given £5 cash or a £5 voucher to thank them for their time. Informed consent was sought and received from all participants. As mentioned, to complement the quantitative data, we also conducted ten short case-study interviews at the end of the survey. These recordings were listened to and transcribed by a professional transcriber. The interview transcripts were analysed in NVivo<sup>2</sup> and the survey responses were analysed in Excel.

## Focus groups

Three focus groups were conducted during this research. A total of 16 participants took part in three focus groups and Groundswell staff with experience of homelessness co-facilitated. All focus groups were audio-recorded and professionally transcribed, then coded using NVivo. Participants were given £10 cash or a voucher to thank them for their time. Notably, focus groups took 90 minutes, whereas surveys typically took about 30 minutes. Informed consent was sought and received from all participants who took part in these focus groups.

## Stakeholder interviews

Two stakeholder interviews were conducted with professionals who have extensive experience of supporting homeless clients with their benefit claims. These interviews were key to gaining an overview of the challenges people face. Furthermore, given that claimants often need



<sup>2</sup> NVivo is a software programme used for analysing qualitative data.



significant help with their claim from staff in support services, it was also important to establish the challenges faced by support staff. In addition to these interviews, the research team had a number of informal conversations with progression staff at Groundswell and staff at Homeless Link and Crisis, who have expertise in benefits and homelessness and representatives from the DWP.

## Analysis of data with volunteer researchers

An analysis session with volunteer researchers is an important stage of our research. Normally, we would bring volunteers together to discuss the findings and this would be an ideal opportunity for them to give their own interpretation of the data based on their experience of the research. It also offers an opportunity to celebrate the hard work of the volunteers and think about the next steps of the project. We had planned to conduct an analysis session in March 2020 with the volunteer researchers; however, due to COVID-19 we decided for the safety of staff, volunteers and the general public that it was best not to meet. Instead, staff and volunteers on the project met via Zoom to discuss the research findings, and some contributed via phone calls. The analysis session also offered an opportunity for volunteers to share case studies and examples of experiences participants had with benefits.

## Support structures for volunteers and staff

The reasons for becoming homeless, and the negative impacts of homelessness can continue and remain present in people's lives long after they have become housed in 'stable' accommodation. Volunteers and staff at Groundswell for example, can still have on-going problems with housing, immigration and their mental health. This type of peer involvement is only successful when there are support structures, both informal and formal, in place. Groundswell has several mechanisms to ensure the well-being of staff and volunteers, and also recognises that the experience of being involved in research supports people to develop and move on from homelessness. These systems are even more important in light of the COVID-19 outbreak and the research and progression teams have been establishing new ways to support volunteers.



Staff play a central role in providing pastoral support to volunteers, offering feedback and guidance on delivering the volunteer role. A key part of this support is keeping in regular contact through text, calls and emails when people are unable to make it to sessions. In the field, conducting the data collection, the team would check in with fellow team members and with volunteer researchers afterwards to talk about any difficult conversations or issues that arose. Many of these conversations were enjoyed with coffee and cake.

Staff and volunteers also have group reflective practice sessions led by a qualified psychotherapist. This creates a space to share any type of mental health or emotional concerns that arise during the research process and can help researchers to learn about what they are feeling, why they might be feeling it and methods of coping.



Volunteers and staff with lived experience of homelessness also have access to support from the Groundswell's Progression Programme<sup>3</sup>, if they want it. The progression team helps volunteers and staff with anything that can improve their wellbeing and time at Groundswell – this might be support for on-going housing problems, immigration issues, coaching, support writing CVs and finding training. Groundswell volunteers are also invited to various Groundswell events and meetings, and are free to use our communal spaces, kitchen, computers and printers during office hours. To enable volunteers to continue being able to volunteer, their lunch and travel expenses are paid for. One volunteer explains:

*"The debriefs after our work proved to be hugely important in terms of not taking that work home with us. Overall, I can confidently say that I learnt much about the ways the Job Centre could do much better in their work. I also think that my work was relevant and I genuinely hope it will lead to something that can improve the situation for many of London's most vulnerable sectors."*

## Participant profile

This section briefly explores the profile of participants including their demographics and the current homelessness situation e.g. living situation and how long they had been homeless for. This gives us a snapshot of the participants, as explained previously; it is not intended to be representative of the wider population.

Of the 221 survey participants we spoke to 76.2% identified as male, 23.4% as female and one participant preferred not to disclose their gender. Statistics on the ratio of men to women vary. If only rough sleeping is counted – women often for approximately 16%. However, this is not to say women do sleep rough but that they are more likely to be in hidden places and therefore not be counted (Reeve, 2018)<sup>ix</sup>. If other forms of homelessness

are included for example night shelters, hostels and sofa surfing the proportion of women experiencing homelessness is higher. Bulman (2019)<sup>x</sup> argues that because of the hidden nature of women's homelessness the actual proportion experiencing homelessness is higher than data suggests. In order to gain different experiences we talked to participants in a range of different services including day-centres, hostels and night shelters. This meant that the proportion of women is higher than studies that focus only on rough sleeping population. In terms of age – 60% of participants were aged between 36 and 55<sup>4</sup>. This is broadly reflective of the 2018/2019 CHAIN reports (CHAIN, 2019)<sup>xi</sup> in London.

In addition to age and gender, it is important to explore the citizenship status of participants. We found that 78% of participants were UK Nationals, 15% were EU/EEA Nationals and remaining participants were either non-EU, Commonwealth nationals or preferred not to say. The proportion of UK nationals is higher in this study than in 2018/2019 CHAIN data this is because in order to participate in this study, participants had to be entitled to benefits – which means they had to be UK citizens, immigrants who have recourse to public funds and leave to remain or European citizens who have been given the

<sup>3</sup> Find out more about the Progression Programme here <https://groundswell.org.uk/what-we-do/progression-programme/>

<sup>4</sup> 14% were between 26 and 35, 20% between 36 and 55, 5% between 18 and 25 and 1% were over 65.



'right to reside' and/or 'habitually resident'. Given that BME groups are often disproportionately affected by homelessness it is important to record ethnicity; 43% participants described themselves as White British and 20% described themselves as either Black –British, Black – African, Black – Caribbean or Black – other and 13% described themselves as White European. In terms of sexuality, 88% identified as heterosexual, 4% as bisexual, 1% gay man, 1% gay women, 1% queer and 5% preferred not to say.

This research found that 40% (88 participants) were currently living in a homeless hostel, 15% (32 participants) were sleeping in a night shelter and 14% were rough sleeping. Other participants were living in supported accommodation, sofa surfing, temporarily living with friends or family etc. As mentioned previously this research could include anyone who is entitled to benefits and anyone who was currently or had recently been homeless. Therefore, a small proportion of participants (6%) were currently in council or housing association accommodation, but still using homelessness services.

In addition to the current living situation it is also important to detail how long participants had been homeless for; a total of 35% of participants had been homeless for between two and ten years and 28% had been homeless for ten years or more. These statistics demonstrate the extent of long term homelessness in the UK (Shelter, 2017)<sup>xii</sup>.

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<sup>i</sup> Lushey, C. (2017). 'Peer Research Methodology: Challenges and Solutions'  
doi:10.4135/9781473994614

<sup>ii</sup> O'Reilly-de Brún et al. 2016. Using Participatory Learning & Action research to access and engage with 'hard to reach' migrants in primary healthcare research. *BMC Health Services Research*. Vol.16:25. Pp.1-16

<sup>iii</sup> Wadsworth, Y. (1998). 'What is participatory action research?' [online]. Action Research International, Paper 2. <http://www.scu.edu.au/schools/gcm/ar/ari/p-ywadsworth98.html>

<sup>iv</sup> Baum F, MacDougall C, Smith D. 2016. Participatory action research. *J Epidemiol Community Health*. 60(10), pp.854–857

<sup>v</sup> Damon W, Callon C, Wiebe L, Small W, Kerr T, McNeil R. 2017. Community-based participatory research in a heavily researched inner city neighbourhood: Perspectives of people who use drugs on their experiences as peer researchers. *Soc Sci Med*. 176:85–92

<sup>vi</sup> Ibid.

<sup>vii</sup> Dowling, S. (2016). 'Finally someone who doesn't judge me!' Evaluation of peer research method for the YOLO study: Transitions and outcomes for care leavers with mental health and/or intellectual disabilities.' Belfast: Queens University Belfast;

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viii Mancij, D.P. 2019. One in 200 are homeless in England, charity reveals. Found at, <https://www.ft.com/content/092ab022-20de-11ea-b8a1-584213ee7b2b>. Accessed 09.04.2020

ix Reeve, K. 2018. Women and homelessness: putting gender back on the agenda. *People, Place and Policy Online*, 11 (3), 165-174

x Bulman, M. 2018. True scale of female homelessness 'likely to be significantly worse than official records show'. Found at, <https://www.independent.co.uk/news/uk/home-news/female-homelessness-worse-data-records-women-sex-abuse-violence-a8603371.html>. Accessed 08.01.2020.

xi CHAIN. 2019. CHAIN ANNUAL REPORT GREATER LONDON APRIL 2018 - MARCH 2019. Found at, <https://data.london.gov.uk/dataset/chain-reports>. Accessed 31.03.2020

xii Shelter, 2017. Far from Alone – Homelessness in Britain 2017. Found at, [https://england.shelter.org.uk/data/assets/pdf/file/0017/1440053/8112017\\_Far\\_From\\_Alone.pdf](https://england.shelter.org.uk/data/assets/pdf/file/0017/1440053/8112017_Far_From_Alone.pdf). Accessed 09.04.2020