

# Groundswell

*Case study: Small charities and social change*  
*Field: Homelessness*

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## At a glance

Groundswell works with people experiencing homelessness around the UK, to create and deliver solutions to homelessness. It has 32 employees and around 50 volunteers; all of the volunteers and 70% of the staff have direct experience of homelessness. The organisation's annual income, at just over £1.5 million, is predominately raised from Clinical Commissioning Groups (CCGs), local authorities, and trusts and foundations.

## Focus of the case study

The focus of this case study is the use of peer research to influence policy and practice in a variety of fields for the benefit of people experiencing homelessness.



## What does advocacy mean for them?

Since 1996, Groundswell has worked with people experiencing homelessness to create and deliver solutions and to homelessness design relevant services. Two of Groundswell's key social change initiatives are their Homeless Health Peer Advocacy (HHPA) service and their Insight and Action Programme.

The 'Homeless Health Peer Advocacy' (HHPA) service supports people experiencing homelessness to address their health needs – delivered by trained advocates, staff and volunteers, who have lived experience of homelessness. The service is commissioned by the NHS.

Groundswell's 'Insight and Action' programme uses peer research to uncover the issues faced by people experiencing homelessness and develops achievable solutions. The following are two of many examples of peer research projects that have been successful in creating change for people experiencing homelessness:

- The Healthy Mouths project was a research study into the oral health of people experiencing homelessness, led by peer researchers. The researches spoke to 262 people who were currently homeless in London and engaged over 50 professionals working in this area. The study revealed that homeless people suffer extremely poor oral health compared to the general population and highlighted the barriers to homeless people accessing treatment. Based on the findings from this study, Groundswell were able to inform national and local commissioning guidance for oral health commissioners, clinicians and homelessness professionals, on how they could support homeless people to improve their oral health, including improving access to dental treatment.
- In Newcastle, Groundswell were commissioned by the City Council to deliver a 'snapshot' research project to engage people who rough sleep in the city. The research involved conducting focus groups and one-to-one interviews with around 30 rough sleepers in Newcastle, carrying out the research and transcribing and analysing the findings over 48 hours. These interviews sought, *'to capture the perspectives of people who have fallen through the safety net.'* This was an intense piece of research with the fieldwork analysis and feedback to the City Council and local services taking place over the course of three days. Groundswell felt that the fact that the findings from this research were 'live' and made the evidence more compelling. The insights it generated into the immediate needs of participants led to very practical changes. For example, day centre and outreach teams changed the times they operate to better suit people who sleep rough.

## What's worked?

**Meaningful and impactful volunteering and progression opportunities for people experiencing homelessness:** Using the experience of people who have been homeless is a crucial process and a fundamental part of Groundswell's work. In 2018, 29 individuals who had been homeless volunteered as peer researchers or journalists, and they took the lead in frontline research involving 708 participants. Groundswell provides training to peer researchers on how to conduct research and how to analyse and present the findings. They are recognised as an asset, both in terms of their research skills but also in terms of their 'deep knowledge' of homelessness, *'you're not just interested in milking them as research subjects but to draw from their experience'*. This work can also provide a progression route from peer researcher to staff member.

**Ability for researchers to be in positions of influence:** The experience of being a peer researcher has given these individuals increased opportunities to talk publicly about issues that affect them. *'I was at a massive Board, with academic, government heads of department ... people in positions of power trying to learn...They ask me how I see what they should focus on...I am now Chair of that Board.'* It also enabled them to see the potential of research to raise the profile of an issue, *'you can help one person [directly], but ... with research you could help 100 or a 1000'*.

**Peer researchers and research participants are able to identify more appropriate solutions:** Peer researchers are not only well-placed to inform potential solutions based on their own experiences of homelessness, but are also in a good position to gain the trust of other individuals who are homeless and encourage them to speak out about their experiences.

**The combination of frontline advocacy work and peer research:** Groundswell's frontline advocacy work has also provided them with important insights into what is happening on the ground and, in turn, helped to build trust and relationships with local services which has facilitated access for their peer research work.

**Influencing practice of professional bodies:** The Healthy Mouths work has been concerned with access to dental care for people experiencing homelessness. Peer support to help people make and keep appointments has been highly successful. This work has had cascading effects leading to media attention and, crucially, has gained recognition and involvement from important professional bodies such as the British Dental Association.

## Challenges/what we've learnt?

The 'close up' and well-informed work peer researchers can contribute – as part of a trusted and skilled organisation such as Groundswell – offers important opportunities for influencing changes in systems and practices. The Healthy Mouth project, which was undertaken in collaboration with people who have been homeless, health professionals, academics and policy makers, provides an example of how this can work. Groundswell also learnt, however, that while peers can be experts on their *own* experience, their journey may be different to other individuals who are homeless. As a result, some mediation is necessary. For example, helping peer researchers to understand others' experiences of homelessness and how to speak on behalf of a collective.



The peer research conducted in Newcastle shows how small innovations based on peer research can improve services to people who are homeless and provide wins for service deliverers. However, learning from the project revealed that, while it had the advantage of quick response and feedback, the three-day schedule would not necessarily be recommended. This is something Groundswell intends to bear in mind in future.

Groundswell has developed its relations with other, larger organisations, and already works in partnership with Crisis and Shelter. They are keen for other organisations to adopt the same peer research approach to research on homelessness and are not 'precious' about owning this model.

Groundswell has been very successful in focusing on specific target areas within local authority/ health areas by getting inside the system. However, for about six years, being commissioned removed the focus from their research and campaigning, which '*took a back seat during that growth period*'.

Groundswell faces challenges as it becomes a bigger player. For example, they find that they are now just above an income level (e.g. £1million) to benefit from resources – funding; training etc. – from some foundations, having crossed over the threshold from being a 'small' organisation.

Another challenge to joint working is a gradual reduction in infrastructure organisations – at city and regional level. This may sometimes make it more complex to find, and work with, other voluntary sector organisations in similar fields.

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This is the case study of one of 11 organisations we spoke to from four fields: criminal justice; homelessness; migration; and violence against women and girls. These case study organisations had annual incomes between £50k and just over £1m. We are incredibly grateful for the rich and open insights that were shared with us.

The case studies are part of IVAR's study *Small Charities and Social Change*, which builds on existing research, drawing on the experience of 11 organisations, to explore the role and contribution of small charities in more depth. It asks how and why small charities are challenging, shaping and changing policy, practice and attitudes. It discusses the challenges and opportunities that they face in doing so.

The report and case studies can be found here  
[www.ivar.org.uk/social-change](http://www.ivar.org.uk/social-change).