



## Research Engagement Network (REN2) Development Programme stakeholder event report

'I am more than...': research  
engagement with people  
who have experienced  
homelessness/being  
vulnerably housed.

The Spire, Poole



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## **Introduction**

This report captures key learning points from the '*I am more than...*' stakeholder event. The title of this event was developed by those who have experience of being homeless and vulnerably housed, who wanted to be seen as 'more than' a label. This event report is one of several reports documenting the learning from the NHS England funded Dorset Research Engagement Network (REN) Programme project and covers background to the event, purpose, methods, the 'feel' we sought to create, who attended, the event programme, data collected, key themes and findings, including next steps.

## **Background**

The Research Engagement Network (REN) Programme is Cohort 2 of an initiative by NHS England which provided funding to Integrated Care Systems (ICSs) across the country to bring the voice of people and communities into health and care research. In Dorset, we chose to focus on designing ways of capturing the diversity of who is (and who is not) currently involved in research and connecting with people who have experience of being homeless and/or vulnerably housed. The project, led by Dr Helena Posnett, Consultant in Public Health and Trust lead for Health Inequalities at Dorset HealthCare University NHS Foundation Trust, was a collaboration with health, social care, community, lived experience and academic partners<sup>1</sup>.

People who are homeless and vulnerably housed are one of the most excluded and marginalised in Dorset, and we felt that co-creating inclusive ways of involving them in research could have long lasting impact on the community, on the relevance and impact of our research and could contribute to the development of involving other communities who are under-served by research.

With this funding, we have been working alongside trusted community partners and community researchers (those with lived experience of the topic being explored) since October 2023, to enable those of us who have experienced homelessness and being vulnerably housed to design how we want to be involved and have a voice in research. In collaboration with those with lived experience, this part of the REN project became known as '*I am more than...*'.

The Lantern Trust in Weymouth, The HealthBus Trust in Bournemouth, and Bournemouth University PIER (Public Involvement in Education and Research) Partnership recruited, mentored and supported community researchers with lived experience to participate in the project and reach out to people in

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<sup>1</sup> [See appendix 7](#) for full list of steering group members

their wider communities and networks to build a better understanding of involvement in research from lived experience perspectives.

## **Purpose**

The aim of the event was to create an inclusive, shared space for people from the homeless community (people with experience of homelessness or being vulnerably housed and staff and volunteers supporting them) to share with health and social care researchers and colleagues what having a voice in health and social care, and being involved in research means from their perspective; coming together to understand the barriers and enablers and to co-create inclusive opportunities in health and social care research, policy and practice.

## **Methods**

For the event, we drew on principles of co-production (collaborating as equal partners for equal benefit); world café methods (bringing together a diverse range of voices to talk and explore together in small groups) and appreciative inquiry (a transformative, collaborative and energising process which focuses on exploring what works and what can be). For an introduction to this method, see <https://i2insights.org/2024/01/16/using-appreciative-inquiry/>.

Positive feedback was received from various stakeholders about the event:

*'It was a pure privilege to be present and a gift to have a day to listen, reflect and learn from/with an inspirational group of people.'* - Frances Aviss, NHS Dorset, Head of Engagement.

*'I loved every minute of it. To spend the whole day routed in lived experience is truly where we need to be.'* - Gemma McDonald, Homewards, Local Delivery lead, Bournemouth, Christchurch and Poole.

*'I was anxious and flustered when I arrived at the event, transport issues meant I was an hour late and I was half expecting to be participating in some kind of show. Once I started interacting with other attendees my worries abated. I think everyone I spoke to earnestly wanted to enact positive changes to the way homeless and vulnerable housed folk are treated.'* - Jim Robertson, Community Researcher.

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<sup>2</sup> Rachel Arnold, "Learning to use Appreciative Inquiry", Integration and Implementation Insights (2024), Accessed March 2024. <https://i2insights.org/2024/01/16/using-appreciative-inquiry/>

The event was based around the Appreciative Inquiry 5D model: **Define, Discover, Dream, Design and Deliver**<sup>3</sup>



## Feel

The feel of the event was key. It was important that everyone felt valued, that they belonged, that they had something to contribute, that they were heard and that their voice mattered. We encouraged all participants to be involved and participate in whatever ways worked best for them. We asked all participants to ‘bring their whole self’ to the event, rather than attending just in their professional role. We encouraged people to take off lanyards and find ways to connect to others that they met to put each other at ease. For an overview of the values underpinning co-production, see here: <https://www.coproductioncollective.co.uk/what-is-co-production/our-approach><sup>4</sup>

<sup>3</sup> Cooperrider DL, Srivastva S. APPRECIATIVE INQUIRY IN ORGANIZATIONAL LIFE. In: Passmore W, Woodman R, eds. Research in Organizational Change and Development: An annual series featuring advances in theory, methodology and research. Vol 1. JAI Press Inc; 1987:129-169. Accessed April 2024. [https://www.oio.nl/wp-content/uploads/APPRECIATIVE\\_INQUIRY\\_IN\\_Organizational\\_life.pdf](https://www.oio.nl/wp-content/uploads/APPRECIATIVE_INQUIRY_IN_Organizational_life.pdf)

<sup>4</sup> Co-Production Collective. What does co-production mean? Accessed April 2024. <https://www.coproductioncollective.co.uk/what-is-co-production/our-approach>

## **Attendance**

The event welcomed 60 people from across Dorset (and Wessex), including those from charities, social enterprises, and voluntary organisations, the NHS, local councils, and research and academia to a community venue in a central location (The Spire in Poole), chosen by the community partners.

Attendees included:

### **11 community organisations:**

- ◆ The Lantern Trust
- ◆ Help and Kindness
- ◆ Healthwatch Dorset
- ◆ The HealthBus Trust
- ◆ BCP Poverty Truth Commission
- ◆ Community Action Network
- ◆ Shelter
- ◆ Refugee Support
- ◆ Steps Club Weymouth
- ◆ Homewards
- ◆ Poole Waste Not Want Not

### **6 NHS organisations**

- ◆ Dorset Healthcare University NHS Foundation Trust (including representation from Public Health, Sexual Health and the Homeless Healthcare Team; and the Lead for Innovation and Research)
- ◆ University Hospitals Dorset NHS Foundation Trust (including Clinical Trials Unit Project lead)
- ◆ NHS Dorset (including Health Inequalities team, and Head of Engagement)
- ◆ Primary Care - Shore Medical
- ◆ Dorset County Hospital (Patient Experience and Volunteer Lead, Transformation Team)
- ◆ Public Health Dorset

### **Local Councils**

- ◆ Bournemouth Christchurch and Poole (BCP) Council (including Homeless Partnership Coordinator)
- ◆ Dorset Council (including the Homeless Team Lead, and the Rough Sleeper Initiative (RSI) Coordinator)

## Research and Academia

- ◆ Bournemouth University, (Including PIER (Public Involvement in Education and Research) Partnership, External Engagement Operations Officer, Research Centre for Seldom Heard Voices, and Research Design Service (RDS) Impact Manager)
- ◆ University of Southampton
- ◆ Clinical Research Network (CRN) Wessex (Research Delivery Manager, and Business Intelligence Manager)
- ◆ Wessex Health Partners (Programme Coordinator)

## Event Programme

The event programme was co-designed over several weeks with the core operational team ensuring that everyone had the opportunity to share ideas and design aspects of the day.

Time	Activity
10.30	<b>Arrival and sign in</b>
11.00	<b>Welcome</b> - introducing the 5D model and hopes for today
11.15	<b>Define</b> – defining having a voice and being involved through the lens of those who have experienced being homeless or vulnerably housed
12.00	<b>Discover</b> – goldfish bowl activity (Project Team)
12.30	<b>Dream</b> – discussions on tables
13.15	<b>Lunch</b>
14.00	<b>Design</b> – discussions on tables
14.45	<b>Deliver</b> – next steps
15.15	<b>Tangible outcomes from today</b> – pledges
15.45	<b>Thank you and final opportunities to connect</b>
16.00	<b>End</b>

## Data Analysis

Throughout the event, participants were invited to capture their thoughts and comments on flipchart paper, post it notes, a Graffiti wall and Pledge Cards. Data from all of these have been harvested to create the following narratives under each of the 5D phases of Define, Discover, Dream, Design and Deliver.

## Define - what do we mean and what is our focus?

For the 'define' phase, the aim was to define what it means to have a voice when you have experienced being homeless or vulnerably housed, through the lens of those with this lived and living experience. Community researchers shared what they had captured throughout the project from their own perspectives and from others they connected with, by creating an immersive exhibition capturing these voices. These were presented in a range of formats including verbal presentations, a short film, artwork and interactive activities. In response to this immersive exhibition space, participants in the event, from all backgrounds, were invited to share their thoughts and reflections. From this, the following definition has been created.

**Definition of what it means to have a voice when you are or have recent experience of being homeless or vulnerably housed:** *'Having a voice in research when you have experience of being homeless or vulnerably housed is to be visible, to be treated as human, to be seen as more than someone who is homeless, to be free to say what we want to say, to know someone is listening, to feel valued, self-confident and counted. It involves discovering my story and it leads to action and change'.*

Kevin (community researcher) shared a film he had created which tells the story of two people with lived experience of homelessness: [Kevin's REN Video.mp4](#)





### **Discover - what do we do well, what works, what are the best examples?**

Identifying what we do well, what works, and what the best examples are. The core operational team for '*I am more than...*', took to the stage for a reflective conversation about the process of being involved in the project. The panel included: Kate Jupp - Bournemouth University PIER Partnership, Stevie Corbin-Clarke - Bournemouth University National Centre for Cross Disciplinary Social Work, Bels Wathen – The HealthBus Trust, Tanya Bailey - Lantern Trust, Jim Robertson - community researcher, Kevin Yates - community researcher, Wolf - community researcher, Tim - community researcher. Reflective questions focused on what it took to make the community led research into *having a voice*, work from each person's perspective.

In response to the reflective conversation, all participants in the event were invited to share their thoughts and reflections. From this, the following narrative has been created to capture what worked to involve people who have experience of being homeless and vulnerably housed in *the 'I am more than...'* project.

**We discovered** that being involved as community researchers can lead to people feeling valued, part of something bigger, can offer structure, purpose and focus, can support a desire to understand how things can change, and create opportunities for people to contribute to their community. It can offer an opportunity to reflect, to connect to others and to learn about ourselves and each other. We discovered that it starts with the person not the task and when going well, there is no 'them and us'.

**We discovered** that best practice is when people are given space to tell their story, there is freedom of movement, people can be involved on their own terms, and with the right support, this can grow. Best practice recognises that we all have a story to tell if someone wants to listen, understand and connect; and that it is important that each individual can choose who and when to share it with. We discovered that initial conversations are vital to building trust, without judgement, to show that people are actually interested. Building trust can often be achieved when led by someone with shared lived experience. Community researchers can have the relationships and shared language to enable a greater reach into the community.

**We discovered** that best practice when collaborating with people who have experience of being homeless and vulnerably housed involves recognising a person's needs and starting point, such as how the transition from homelessness to home can be difficult. It recognises and acknowledges feelings of being let down and disheartened with the system, of not feeling that anything will change. Best practice involves going at the pace of trust. It recognises the power of creativity in enabling people to express themselves even for people who wouldn't normally consider themselves creative. Writing and communicating through media such as art and film can be powerful when talking is difficult.

**We discovered** that it can be an honour being a custodian of people's stories and that lived experience voices bring the barriers we know about to life for NHS (and other) staff and help to co-create solutions.



### **Dream - what is the best it could be? Dreaming big.**

Harnessing the freedom of imagination – what is the best it could be, the ideal – dream big.

All event participants were asked to dream big. If there are no limitations and no restrictions what could having a voice in research be like for people with experience of being homeless or vulnerably housed? How would it look and feel? In our dream phase, the thoughts and reflections shared have been used to create the following narrative that captures our collective vision of what could be.

**In our dream...** we are not homeless, we are human. There is unlimited funding. If a project or service is working, the funding automatically continues. Libraries are great again, Home Start has continued, we are surrounded by pleasant community spaces where we feel valued. There is unlimited free transport, access to healthcare, early intervention with mental health services, dentists, showers, food, social prescribing and counselling. We can choose how we want to access services, and these are all where we need them. There is a strong social movement where people care for each other and the planet. All communities connect and understand each other. Everyone is safe and feels safe. Our individual life experiences are valued. There is no judgement. There is no 'them and us'. In our dream, everyone is seen as an individual, is listened to, is treated with respect and dignity. All policy is designed with lived experience at its heart.

## **Design - what steps do we need to take to achieve the dream?**

Whilst we acknowledged that we may not be able to achieve everything from our dream, there were many key themes and aspects that we can put into practice and make happen. Moving into the Design phase, participants were asked to work together to identify what could be achieved. In our design phase, the thoughts and reflections shared have been used to create the following list that captures our collective vision of what can be.

### **We can:**

- ◆ **raise awareness** by creating a video game, using World Homeless Day in October, co-designing a syllabus of schools and 6<sup>th</sup> formers, sharing our stories, contributing to the Insights bank, using our voices,
- ◆ **reduce stigma** by identifying and promoting celebrity/Ambassadors/role models
- ◆ **connect communities**, groups and organisations by mapping what is already going on, working more closely together, having joint commissioning, by slowing down the pace to learn and hear from each other and to build trust and relationships, and by regularly communicating what we are doing,
- ◆ **build capacity** by co-designing mandatory training about communities and what is available, with the voice of person with lived experience, learning about involvement approaches and good participation and how to work well with communities,
- ◆ **inform policy** and practice by co-producing briefings with people with lived experience for funders and governments, offering trauma informed, person-centred training to researchers, communities, academics, and service providers, focussing on prevention and early intervention, supporting life education (including budgeting, money management) from an early age,
- ◆ **make a difference** by reframing our relationships to 'we' rather than 'them and us'; by grappling with issues together to find solutions, by collaborating with community groups and organisations to capture a wide range of voices, by adopting community led approaches and solutions, and by ensuring the accountability of senior leaders to act.

## **Deliver – next steps... What now?**

The aim of the deliver phase was to capture tangible outputs and actions from the day, with all participants discussing on their tables, and then identifying personal and/or professional pledges and actions that they would take forward. In the *Deliver* phase, the thoughts and reflections shared in the group activity capture our collective and individual commitments to next steps and actions and are listed in the appendices. The pledges are reproduced here in full and are being used to

inform next steps of the *'I am more than...'* project. Please note, participants were encouraged to share contact details with each pledge and are anonymised here for publication in this report.



### **Pledges - participants committed to...**

- ◆ I will find out more about methodologies to engage better with public and get sponsorship to do training. – colleague from University Hospital Dorset
- ◆ I pledge to challenge stereotypes much more often. Both stereotypes held by others and my own. – community researcher
- ◆ I will feedback to my managers about the day and learning which can be used to improve what we did.
- ◆ I will contribute with some charity or association to help refuge and asylum seeker – current asylum seeker.
- ◆ Today was so informative for me. That is why it inspired me about how I can improve my research. At the same time, it was interesting and amazing experience in terms of how action can be delivered and prepared. Also, it gave me different and more depth of understanding of homeless people and how can we understand and learn their thoughts, perspectives and wishes, thanks to their own voices. – BU Doctoral Student
- ◆ We agreed on our table to start small. We have a team planning meeting this month. I will work with team to think which are the key things we will commit to this year to make change – starting with listening to what people with L.E. think and include them in planning.
- ◆ I will get everyone together to push my EDI project closer to acceptance by the ICS/ICB.
- ◆ I will keep my story alive.
- ◆ I will share Kevin's video with my GP practice and PPG (patient and participation group) contacts to help raise awareness. – colleague from NHS Dorset

- ◆ I am asking digital colleagues if hospital test results are published on the NHS App – there is a query if only GP requested results are available on NHS App. – colleague from NHS Dorset
- ◆ I will keep inviting relevant people to come to the Dignity Centre and listen.
- ◆ I will keep reminding refugee support (and other agencies) to involve asylum seekers and refugees in decision making.
- ◆ I, hooligan Jim, pledge to seek a way of helping break down negative stereotypes with school children and young adults. Something like drag story time? – community researcher
- ◆ I'm going to seek help with housing, see support worker, stay positive, keep smiling! – community researcher
- ◆ I will share my learning from today with colleagues in Public Health commissioning to 'influence' their work (End of April as on leave and then they'll be on leave). – colleague from Dorset Council
- ◆ I will share my learning today with my colleagues at our localities meeting tomorrow (12.3.24). - colleague from Dorset Council
- ◆ I will connect with organisation to share ideas, learn from each other rather than reinventing the wheel. Talk to CRN (Clinical Research Network) about how to best do meaningful Public Engagement. Share best practice.
- ◆ I will reframe questions and involve women with lived experience in design of service working with other agencies.
- ◆ I commit to expand the means by which we demonstrate the value of people's contribution.
- ◆ I pledge to connecting the outputs of the REN project with Homewards, and our mission – invites to those with lived experience to join.
- ◆ I pledge to include community researchers in new funding proposal. – Project Lead
- ◆ I will share Kevin's video with colleagues, link in with UHD homeless team and other trusts re: patient engagement, for those experiencing homelessness.
- ◆ I will contact film editor (friend) to discuss – podcast/documenting.
- ◆ I will connect [a community researcher] with [an ICB member] so his stories/video can be shared with the Board of NHS Dorset. – colleague from NHS Dorset
- ◆ I pledge to reflect how vital community voices are in the Joint Forward Plan refresh this week. – colleague from NHS Dorset
- ◆ I will try and get listening methodologies and projects into wider UHD agenda (through events or comms). – colleague from University Hospitals Dorset

- ◆ I will assist researchers to find VCS organisations to undertake CREATIVE research - colleague from C.A.N.
- ◆ I will continue the conversations with others after today's event; sending emails and inviting others to our network meetings... so we build this collective voice and make a difference on policy level... hopefully. - colleague from University of Southampton
- ◆ I will share stories I have heard that have expanded and challenged my knowledge and views of people who experience homelessness with family and friends this week.
- ◆ I will share the methods used in the day with work colleagues this week to shape how we design. Listening and engagement in our neighbourhood work.
- ◆ I will follow up meeting Homewards, next steps meeting re. democratic structures for participative decision making. – colleague from Public Health Dorset
- ◆ When we are in our hub, I will create a space for regular conversation – people experiencing homelessness inviting those 'in authority' to hear what's important.
- ◆ I pledge to look forwards and not go back to homelessness/HMOs (House in Multiple Occupation).
- ◆ I will be more accepting of those around me. To try to have a lot more confidence in myself.
- ◆ I pledge to promote what has been shared today in the wider community.
- ◆ I will take the wisdom/connections from today into our Poverty Truth Wisdom lab work and follow up on all connections/promises/phone calls I said I'd make with people from today!
- ◆ I will build on a connection made today with a follow-up conversation inviting the person to join PIER.
- ◆ I will open up conversations through our Youth Programme around embedding '12 step' (self-awareness education in schools).
- ◆ I will make sure we connect with the Lantern Trust regarding working closer with them at DCH (Dorchester Community Hospital), to support Patient Experience/engagement.
- ◆ I will contact Primary Care colleagues to encourage more GPs to sign up to Dorset Care Record (DCR) – this will enable them to view patient records/test results at hospitals.
- ◆ I'm going to get a few more people involved in what we've done today!
- ◆ I pledge to ask questions about joined up services. Look for more options to blend support. Agility and response to change. Keep pace with changing needs.
- ◆ I plan to consider, reflect and plan on how we can change approach towards 'community engagement approach'.

- ◆ I will share what we've discussed with Shelter's Lived Experience Group so they can see how valuable their involvement is.
- ◆ I will take lessons learned from the peer research project today and feedback to our peer researchers at the Uni of Southampton and the team at the Centre for Homeless Research and Practice (CHRP). We are running several co-produced projects, and this has been very helpful. – colleague from Homeless Community of Practice, University of Southampton
- ◆ I pledge to keep this going... Don't lose momentum... Meet monthly with those involved. – community partner
- ◆ I will watch Kevin's video' when shared online and potentially share wider.
- ◆ I will share these stories with my team.
- ◆ I will make myself/story/information available to be shared as a 'real-life' example to help change come about. – colleague from Poverty Truth Commission

## **Conclusion**

This report has shared key learning points from the 'I am more than...' stakeholder event held on 11<sup>th</sup> March 2024 in Poole, as part of the NHS England funded Dorset Research Engagement Network (REN) Programme project. In the report we have explored how the principles of co-production, world café methods and appreciative inquiry were used to engage participants and inspire us into action. Participants were able to share their thoughts and comments via multiple methods, leading to many key learning points highlighting what works and what the goal is for collaborations between people with experience of homelessness and being vulnerably housed and practice and research partners. Key learning points have been highlighted throughout this report and are being used to inform next steps and action for all participants in addition to the core project team. The immersive exhibition creatively captured the voices of those with lived experience and led to the development of a shared definition of what it means to have a voice when you are or have experienced being homeless or vulnerably housed. This enabled discussion in the 'discover' phase around what best practice looks like, and the importance of choice and control over how an individual shares their story and expertise. The 'dream' phase was successful in encouraging attendees to explore what society could look like and led to consideration of what aspects are achievable and the tangible steps that individual participants can take to move towards this collective vision, with a goal of transformational change. As a reminder, we repeat the dream here...

**In our dream...** we are not homeless, we are human. There is unlimited funding. If a project or service is working, the funding automatically continues. Libraries are great again, Home Start has continued, we are surrounded by pleasant community spaces where we feel valued. There is unlimited free transport, access to healthcare, early intervention with mental health services, dentists, showers, food, social prescribing and counselling. We can choose how we want to access services, and these are all where we need them. There is a strong social movement where people care for each other and the planet. All communities connect and understand each other. Everyone is safe and feels safe. Our individual life experiences are valued. There is no judgement. There is no 'them and us'. In our dream, everyone is seen as an individual, is listened to, is treated with respect and dignity. All policy is designed with lived experience at its heart.

We look forward to seeing the actions of all event participants in your individual and collective steps to make this happen.

## **Appendix 1**

### **Starter question responses for the 'discover' reflective conversation:**

- ◆ How has it felt being part of this project?
- ◆ If you could go back in time, what would you say to yourself at the beginning of your involvement on the project?
- ◆ Which aspect of the project have you found most rewarding?
- ◆ What have you valued most about being involved in this project?
- ◆ Finish the sentence: For me being involved in the project has meant.....
- ◆ Which aspect of your involvement in the project do you think went particularly well?
- ◆ What do you think it was about the project team you were part of that made it successful?
- ◆ How has your thinking about the project changed as the project has progressed?
- ◆ Has the project, and your involvement in it been as you expected?
- ◆ How has it felt to work with others on this project?
- ◆ What was it about this project that meant you said "yes" to being involved?
- ◆ From your perspective what positive things have already happened because of the project?

Narratives from the reflective conversations will inform part of the final project report which will be published in May 2024.

## Appendix 2

### Data collected in the 'define' phase:

- ◆ Worlds collide
- ◆ Flexibility
- ◆ Language is important
- ◆ Discovering people's stories rather than 'research'!!
- ◆ Emotion
- ◆ Homeless community connecting with others
- ◆ Not alone
- ◆ Smash the patriarchy
- ◆ 'Having some silence to acknowledge the voices we will never hear' the challenge of getting people involved in the first place because people are so disheartened by the brokenness of the system. Will anything every change? Trust needed.
- ◆ Care is the most powerful word
- ◆ To be seen
- ◆ Treated as visible
- ◆ Maslow basic human rights
- ◆ Being treated as a human
- ◆ Not being judged
- ◆ Ban ignorance and educate medical trainees
- ◆ Who would you like to hear your voice? Future generations, good publicity – BCP, free to say what I want to say, having a one to one, people's perception, someone is actually listening – feel valued, self confidence counted – what difference next – we want to see action.

### **Appendix 3**

#### **Data collected in the 'discover' phase:**

- ◆ How being involved in research makes people feel valued
- ◆ An honour being a custodian of people's stories
- ◆ Research versus storytelling/writing needs creative space
- ◆ How does the transition in identity from homeless to home feel – easy, difficult, losses, gains
- ◆ Freedom of movement
- ◆ Benefit to researcher and researchee– know one's self
- ◆ How can it be? Is research altruism/authentic? Better for self or others
- ◆ We all have a story to tell if someone wants to listen, understand and connect
- ◆ I can choose who and when to share it
- ◆ Initial conversations are vital to building trust to show that people are actually interested, not just for selfish reasons. Shared lived experience is essential for trust building – non-judgemental.
- ◆ What is the point of telling the story if nothing is going to change x3
- ◆ Nobody is just homeless or just anything
- ◆ Being involved gave me purpose
- ◆ Involve us on our own terms
- ◆ Listen to understand who I am!
- ◆ Feeling valued
- ◆ Structure and focus is important
- ◆ I am... personalising the research
- ◆ It is not about survival but moving on and living x2
- ◆ Disheartened with the system
- ◆ Initially – what's the f\*\*ing point but people want to tell their story and want to tell someone with lived experience
- ◆ Power of creative in expressing self even for people who wouldn't normally consider themselves creative (such as engineer)
- ◆ Writing and communicating through media if talking is difficult e.g. through Autism – ties in with artwork presented by Stephen and his brother
- ◆ Giving a sense of purpose and flexibility
- ◆ Understand yourself before you can move on – important for all of us in the room

- ◆ Ambassadors for people and others
- ◆ Given sense of purpose, not just being given a house or help – feeling valued and trusted to be part of it
- ◆ Be more forgiving about own situations...others also in it...this gives other people a voice
- ◆ Pride rather than stigma
- ◆ Still here, haven't given up
- ◆ Reluctance, what's the point repetitive theme, but most want to tell their story when they know they won't be judged.
- ◆ Not wanting to just survive
- ◆ Honouring people's stories
- ◆ What is in it for me (immediate resources) and longer term (empowerment)
- ◆ Start with the person – you are not alone- we are all going through it but at different levels
- ◆ Purpose of involvement, see the goal, see the potential
- ◆ Structure has been good
- ◆ Need to think out of the box – creatively
- ◆ Wanting to understand how things can change
- ◆ Desire to contribute to the community
- ◆ Don't judge – lived experience is key
- ◆ Connections
- ◆ Emotional – positive to engage with emotions benefits the project
- ◆ Understand yourself and be more forgiving of people's personal situations
- ◆ Doesn't just want to survive – not stuck in same cycle
- ◆ Opportunity to reflect
- ◆ Flexibility x2 all roles, all levels
- ◆ Start with the person
- ◆ Not them and us
- ◆ Voices bring the barriers we know about to life for NHS staff
- ◆ Community researchers have the relationship e.g. prison language to enable greater reach into the community
- ◆ Meaning came from project participation e.g. structured time to reflect and grow, helping others get their voice out (community researchers)
- ◆ Giving structure to people who didn't have any

- ◆ Seeing confidence grow of those on the stage
- ◆ So articulate positive stories on participation in research
- ◆ Tangible connections within the group from within the group from different backgrounds and experiences
- ◆ Assertive and confident
- ◆ Being valued
- ◆ Honesty
- ◆ Having a base
- ◆ Freedom, hope, security to speak freely

## **Appendix 4**

### **Data collected in the 'dream' phase:**

- ◆ Unlimited funding
- ◆ Seen as an individual not a group
- ◆ Hospital kindness and understanding, see the needs
- ◆ No judgment
- ◆ Respect, dignity, listening
- ◆ Ex-addicts get the same treatment as everybody else in healthcare, hospitals etc
- ◆ Self sufficient
- ◆ Content
- ◆ Sober
- ◆ Arsenal to win
- ◆ Partnership working where I don't have to keep telling my story
- ◆ Get rid of governance, cultural shift way from structures/plans/targets
- ◆ Cultural shift that values qualitative and quantitative
- ◆ My story will always be heard, not judged or used against me
- ◆ I make a difference for me and for others
- ◆ One stop shop for services – GP, shower, food, dentist – make a hub
- ◆ Evidence from service users to inform
- ◆ Funding automatically continues if the project is working
- ◆ Continue Home start
- ◆ Make Libraries Great Again
- ◆ More open access and breaking down silos
- ◆ Utilise spaces more and other spaces
- ◆ More pleasant community spaces so we feel valued
- ◆ Positive profiles of people who are homeless
- ◆ Understanding of homelessness from the police
- ◆ Eradicate the 'should we give them money' debate
- ◆ Transport system for people if you don't have services in place – bus passes form homeless and open access
- ◆ Advocacy – someone to take the burden (it's tiring to try and gain access to services)
- ◆ Early intervention with mental health services – preventing homelessness

- ◆ Social prescribing, counselling
- ◆ Overhauling the benefits system
- ◆ Access to mental health services
- ◆ Stop people feeling like they are bouncing around the system
- ◆ Having a choice as to how people want to access services
- ◆ A care system that can cope
- ◆ Person centred care and provision
- ◆ Opportunities for peoples' experiences to guide decision rather than just data
- ◆ People who have experience of the system are able to design and change the system
- ◆ Equip people to lead their own research
- ◆ Grassroots homeless voices, service providers, academia working together
- ◆ Change policies based on dignity of life of each homeless person
- ◆ Community forum led by community researchers
- ◆ Work across systems effectively
- ◆ People seen as individuals, be flexible to enable access
- ◆ Conversation first, then decide on research
- ◆ People together – the whole process
- ◆ No research into social issues without listening to and finding all voices
- ◆ Get community to understand to raise public awareness, public will influence politics
- ◆ No limit to funding
- ◆ Social movement where people care for others and the planet
- ◆ Change political will – take our voice to parliament
- ◆ Trauma informed workforce training and services x2
- ◆ Community participation in research informed decision making
- ◆ Bringing to other communities to spread understanding
- ◆ Empowering the researchers – kindness
- ◆ We support each other with love
- ◆ Everyone has a place to live – no-one left behind
- ◆ I don't want to just survive
- ◆ Home for everyone and everyone works toward this together
- ◆ Two worlds coming together

- ◆ Make sure safety nets are not overstretched so when things go wrong, they can be easily accessible
- ◆ My identity is valued and respected
- ◆ I am part of setting the agenda
- ◆ I get to choose who I share my story with and as it changes
- ◆ My expertise is respected
- ◆ Pride in who I am and my story
- ◆ Everyone is safe and everyone feels safe
- ◆ My story will enable others to live not just to survive
- ◆ I feel comfortable building a relationship, trust and supportive
- ◆ I am human not homeless
- ◆ Things change as a result of me sharing my story
- ◆ I trust that I will be listened to
- ◆ I am able to be creative and am seen as unique
- ◆ I can contribute in lots of different/my preferred ways e.g. art, film, story, conversation
- ◆ Dream BIG
- ◆ Grow trusted voices, community researchers, support all together
- ◆ Share listening approaches, develop a culture of listening led by community researchers
- ◆ Open to change of the end goal
- ◆ Decision makers won't make a decision without the people it affects
- ◆ People being involved with the decision that affect them
- ◆ Removed judgment
- ◆ Being heard
- ◆ Open and honest
- ◆ Feel empowered
- ◆ Respected opinions
- ◆ Fluid research
- ◆ Ongoing research and consistency of participation
- ◆ People who make the decisions demand to hear from those who the decisions are about
- ◆ Public engagement is the driver of change
- ◆ Talk = Action = Actual make a difference
- ◆ Plenty of time to do the project – endless time and money

- ◆ A common language understandable by everyone equally
- ◆ Need to tackle Maslow's needs before moving into research – can't be in survival mode
- ◆ Knowing the person first
- ◆ Building trust
- ◆ Giving the people chance to contribute
- ◆ Enabled to be yourself with your strengths
- ◆ Need to feel valued, trust is key, gives me a voice
- ◆ Meaning and purpose, a sense of belonging and connection
- ◆ Desire to contribute, peer support, harnessing skills and co-creation
- ◆ Hope – overcome fear that prevents seeking help, legal problems solved, homelessness solved
- ◆ community culture, consistent access, reasonable adjustments, open and safe spaces, Shelter, Legal, Food and Healthcare at weekends too
- ◆ Share the listening approaches, community researcher to present
- ◆ Being involved in making changes, sharing insights
- ◆ Equitable involvement from different sectors
- ◆ Hierarchy of board meetings – the right people to the right meetings to listen and learn
- ◆ Systems need to fund trusted voices and link to community researchers
- ◆ Prevention is better than cure – get rid of historical hurdles
- ◆ Holistic approach to support – folk can be defined by the trauma they have already suffered
- ◆ All policy is designed with lived experience wisdom at its heart
- ◆ Closed technical language is not helpful but service integration would be great!
- ◆ Time – going at appropriate pace plus relationship
- ◆ We no longer have any policy designed without the wisdom of those with lived experience wisdom at the heart of that policy change, plus deep humility from leaders and putting aside and making space for equity and reality of difference from equity
- ◆ I feel connected to my community
- ◆ Being involved helps my wellbeing
- ◆ Everyone is visible
- ◆ Policy is driven by lived experience and authenticity
- ◆ Opportunity to make big change not just tinkering – iterative – deconstruct and re-design
- ◆ Keep talking and sharing – not a single phase or activity

## Appendix 5

### Data collected in the Design phase

Design: what can we take from the dream and what steps we need to take to achieve it

- ◆ DCH and Lantern working closer together
- ◆ Co-designing a mandatory training module to increase awareness of local organisations etc -  
Voice of person with lived experience
- ◆ Map what is already going on
- ◆ Co-design a syllabus with 6<sup>th</sup> formers on 12 Steps for self-awareness/prevention e.g.  
Budmouth College Trial, so everyone has it in their lives
- ◆ Celebrity/Ambassadors/Role models to reduce stigma
- ◆ Use World Homeless Day in October
- ◆ Bring governance leads together
- ◆ Central support service
- ◆ Briefing/co-produced to funders and government
- ◆ Create a video game about conditions an relapses
- ◆ Ambassadors for others with similar experiences – giving a voice
- ◆ Feeling disheartened with the system
- ◆ As windfall tax from energy companies help subsidise energy bills, building/construction  
companies have to build social housing
- ◆ Person centred, trauma informed training for researchers, community, academics, and  
service providers – psychological safe space
- ◆ Do not require re-telling of the story – truly collaborative
- ◆ Collaboration requires joint commissioning
- ◆ Being visible being safe
- ◆ Continuity
- ◆ Collective voice
- ◆ Lived experience influencing at all levels, who is best placed to provide all services. Establish  
relationships
- ◆ Relationships and common language to create partnerships
- ◆ Prevention – get in early – inter-generational – link in with educational
- ◆ Housing First and support all homes
- ◆ Athena Swan type award equivalent for PPI/E

- ◆ Beyond signposting – support to actually do it
- ◆ Basingstoke inclusion (example)
- ◆ Challenging stereotypes and the role of education -talk and share stories with young people, in person and through videos.
- ◆ Offer choice of learning and people learn in different ways
- ◆ Schools to teach money management and budgeting (take account of impact of neurodiversity)
- ◆ Moving on from homelessness or support – enable to be part of the community and contributing
- ◆ Value of social science research alongside scientific research
- ◆ Provision for and value of neurodiversity diagnosis and greater understanding of condition and access to support/therapy
- ◆ Support life education from a young age
- ◆ Lantern to invest more in support
- ◆ Reach – one time call per month and script
- ◆ Integrate services to be more easily accessed and readily available
- ◆ Struggle to access treatment due to barriers
- ◆ Cigarette/tobacco and medication use
- ◆ Breakdown complexity of issues – homelessness into smaller manageable ways to address
- ◆ Constantly review and revise services – improve practice based on best practice elsewhere
- ◆ Review, don't leave us to our own devices
- ◆ Insights Bank – Help and Kindness library – as a way to avoid re-telling of stories
- ◆ Individual – education, specialist hub, privacy with professionals, Insight Bank, money for housing, funding, confidential space
- ◆ Creative events – invite commissioners, challenge leaders to understand,
- ◆ Volunteer peer-led programme – interview others feedback
- ◆ Rich house/poor house. Rich boss/Street boss – Professor Green
- ◆ Support people we are in contact with to reach people w are not (yet)
- ◆ Involve people with lived experience all they way through the project from th start
- ◆ Make involvement have an immediate benefit of value today
- ◆ Address practicalities and barriers so I can be involved i.e. language
- ◆ Have meetings and conversations where people are e.g. hotels

- ◆ Go where the trust already is
- ◆ Be flexible about how we harness people's lived expertise – no one size fits all e.g. listening to people's experiences and expertise through creative formats or conversations
- ◆ Have conversations with people with lived experience to influence decisions
- ◆ Range of voices, not just those that want to attend a formal meeting
- ◆ Tapping into faith based and existing communities
- ◆ Grapple with issues together to find solutions
- ◆ Make use of what has already been created in the community e.g. powerful services
- ◆ Collaborate with community groups and organisations to capture these voices e.g. VCS, social prescribers (would need funding)
- ◆ Reframe our relationships to 'we' not 'them and us'
- ◆ Listening across system and location to meet
- ◆ Form a central location to communicate/discussions/plans
- ◆ Adopt community led process, understand the pros and cons of this approach
- ◆ Feed into research engagement agenda
- ◆ Slow down the pace to learn to hear
- ◆ Learning on what is going on now
- ◆ Make a change at the core to make the deeper change
- ◆ Accountability from senior leaders to act
- ◆ Complete the full journey to show the complete output – example of success leads to model on a smaller scale
- ◆ Regular comms to communicate work
- ◆ Standards being set before politics involved
- ◆ Start at the beginning – learn the heart, learn the reality, hear the voices
- ◆ Next step is to understand what good participation is, with lessons on how we work with communities
- ◆ Establish the homeless community as the leaders
- ◆ Identify what a sustainable service would look like and set these as the minimum standards across the system
- ◆ System mapping – where does the work feed in (when, where and how)

## Appendix 6

### Data from the Deliver phase

- ◆ Dorset Care Record (DCR) training for data access mandatory – Data protection leads to meet to highlight needs.
- ◆ Research to be taken to communities via research buses – LiveWell Dorset to be involved
- ◆ World Homeless Day/Big Night Out to reduce stigma
- ◆ Liaise/lobby education centre to include Kevin’s film in mandatory training
- ◆ Add Kevin’s film to YouTube and share with attendees to share wider.
- ◆ Challenge council processes and the 56-day wait, eligibility around intentional homelessness
- ◆ The Hive to increase connections
- ◆ Gift of desperation (having to get to that point to change)
- ◆ Community researchers to spread the word – by attending other meetings
- ◆ Supported by NHS England REN programme, have a Quality Standard mark for PPI/E
- ◆ Do not duplicate working partnerships
- ◆ Have a collective voice
- ◆ Share beyond being just part of the noise
- ◆ Have lived experience voice from the start of the activity
- ◆ Incentivising political will involves cycle of... start small relationship first - then share best practice of co-design- then making homelessness important in the public mind, including working with education – social driver-incentivising political will – whole cycle driven by creative and inclusive facilitation
- ◆ Get everyone talking about experiences/stories about homelessness
- ◆ Age-appropriate learning, education visits, conversations between parents and child
- ◆ Reflective practice – training, modelling, part of commissioning contracts
- ◆ Create opportunities to listen to different experiences to overcome fear of difference
- ◆ Basic human aspirations is what unites us e.g. connections, love and safety
- ◆ I will own my story, I get to choose
- ◆ I will be open to having difficult conversations
- ◆ Designing bespoke aftercare
- ◆ Sponsor/ mentor/listen – buddy system
- ◆ Feedback to our organisations about challenges, what we think we know,
- ◆ Connect [a community researcher] with [an ICB member] so he can speak at ICB

- ◆ Sponsorship team, training, learn methodologies, develop more meaningful clinical trials, ensure inclusivity
- ◆ Model a poverty truth style process – work with local authorities to work with individuals with lived experience and forming working group – model this way of working and showcase learning
- ◆ Lived experience coaching to local leaders, regular meeting to simply listen, people in partnership
- ◆ Step back from fixing
- ◆ Invest time in using existing resources/community
- ◆ Value conversations
- ◆ Re-framing questions - 'what we can offer' to 'what would you want'
- ◆ Adaptable to change and reflection on co-production
- ◆ Commitment pledge to listen, learn and act on what has been said
- ◆ Being engaged and committed from the beginning to the end of the project

## **Appendix 7**

<b>Steering Group Member</b>	<b>Role and Organisation</b>
Dr Siobhan Lennon-Patience	Project Manager - Help and Kindness
Dr Helena Posnett (Chair)	Consultant in Public Health and Trust Lead for Health Inequalities - Dorset Healthcare University NHS Foundation Trust
Dr Zoe Sheppard	Research Delivery Manager for Public Health, Social Care, Patient and Public Involvement and Engagement, and Communities Under-Served by Research - NIHR Wessex Clinical Research Network
Mike Graham	CEO -The Lantern Trust
Kate Hibbit	Operations Director - The Healthbus Trust
Professor Mel Hughes	Academic Lead for the PIER (Public Involvement in Education and Research) partnership and Deputy Lead for the Research Centre for Seldom Heard Voices - Bournemouth University
Ashleigh Boreham	Deputy Chief Officer Strategy and Transformation - NHS Dorset
Anita Counsell	Deputy Director, Health Inequalities and Population Health Management - NHS Dorset
Graham Halls	Business Intelligence Manager - NIHR Wessex Clinical Research Network
Jon Sloper	Founder, Director - Help and Kindness
Paul Johnson (Sponsor)	Chief Medical Officer - NHS Dorset

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Thank Yo

