



BRIGHTON & HOVE
COMMON
AMBITION

Co-producing Systems Change: Toolboxes 1-4



Content Warning - Please note this booklet contains content that may be difficult to read and cause distress. It includes examples of bad health care, experiences of homelessness, mental health distress and substance use.



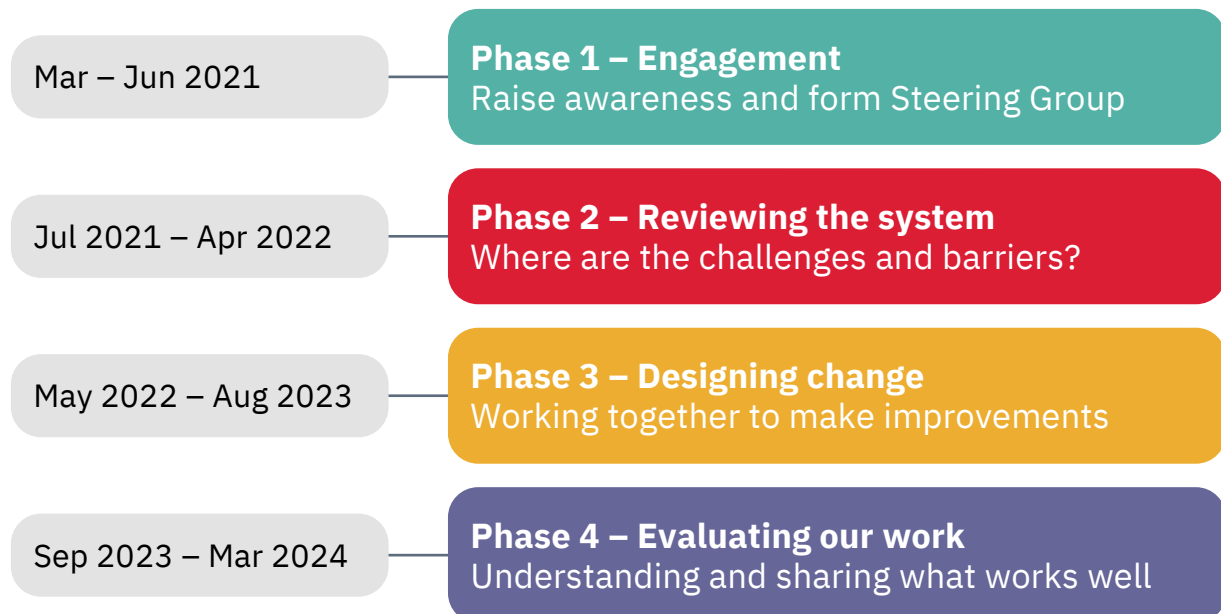
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The Brighton and Hove Common Ambition project (BHCA) works with people with lived experience of homelessness, services and commissioners to improve health services and outcomes for people experiencing homelessness in Brighton & Hove.

It is a 3 year project.



This booklet describes group processes and resources co-created by the BHCA lived experience steering group that we believe are important to co-producing change. We group these processes into four toolboxes:

1. Bringing people with experience together
2. Collecting and analysing experiences
3. Mapping the system
4. Identifying challenges

Bringing People with Experience Together



Toolbox 1

Why?

“Because people who have not experienced homelessness do not have the eyes to see.

People working in the system are focused on their work. They can miss what is obvious to someone with experience of homelessness. They often do not have the scope within their role to create and advocate for system change.

People who work outside homelessness services, who do not have experience, do not have a clue.”

What does co-production mean?

- Starting projects (and ending them) with experience
- Being led by and focused on lived experience
- Putting lived experience at the centre
- Learning about the system we want to change and becoming expert together
- Finding ways to share what we learn with our city
- Everybody benefits from this



Collecting and analysing experiences



Toolbox 2

Collecting Feedback

From who?

- Everyday, people with experience of homelessness, and the people who support them, see the ways in which services work well and the ways in which they do not work well. Their feedback is very valuable.

From where?

- Talk to people about their experience of providing and using services from different parts of the system (community, health, mental health, day centres/accommodation/housing, substance and alcohol use, employment and benefits)

How?

- We have detailed guidance on how to ensure safety and respect while collecting feedback

Be trauma-informed!

- The feedback you collect will describe difficult experiences. Talking about these experiences could upset you and the person you are speaking to.
- Training and support must be in place before beginning to collect feedback

BHCA feedback analysis method developed by the Steering Group

- Read or listen to the feedback carefully, underlining words or phrases that stand out to you
- People will focus on different parts of the feedback – this is expected
- Focus on the experience of the person telling the story and what we would say if we were encouraging, supporting and advocating for that person (or the people they are talking about if a frontline worker)
- Look at the good experiences and the barriers they experienced
- Think about what processes or parts of the system have helped and which have created barriers
- Make a list of positive processes and barriers

Mapping the System



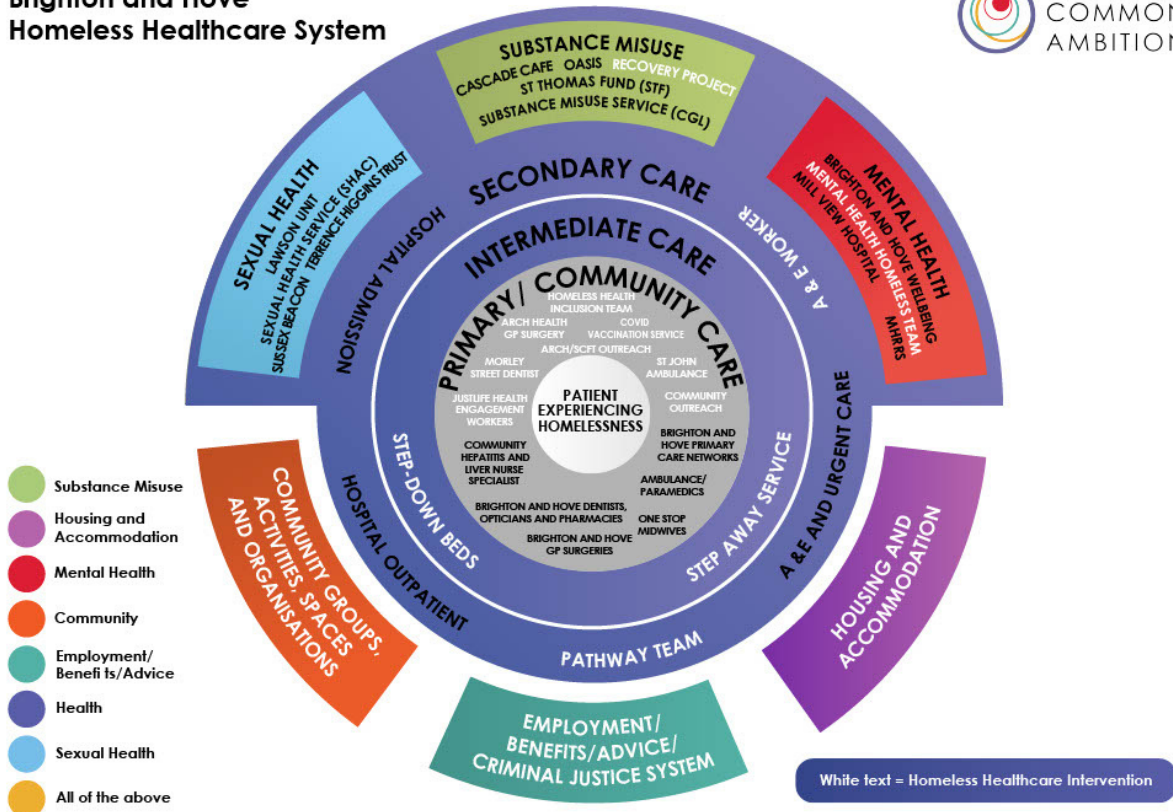
Toolbox 3

From our own experiences and the feedback collected we gained a greater understanding of the challenges people face.

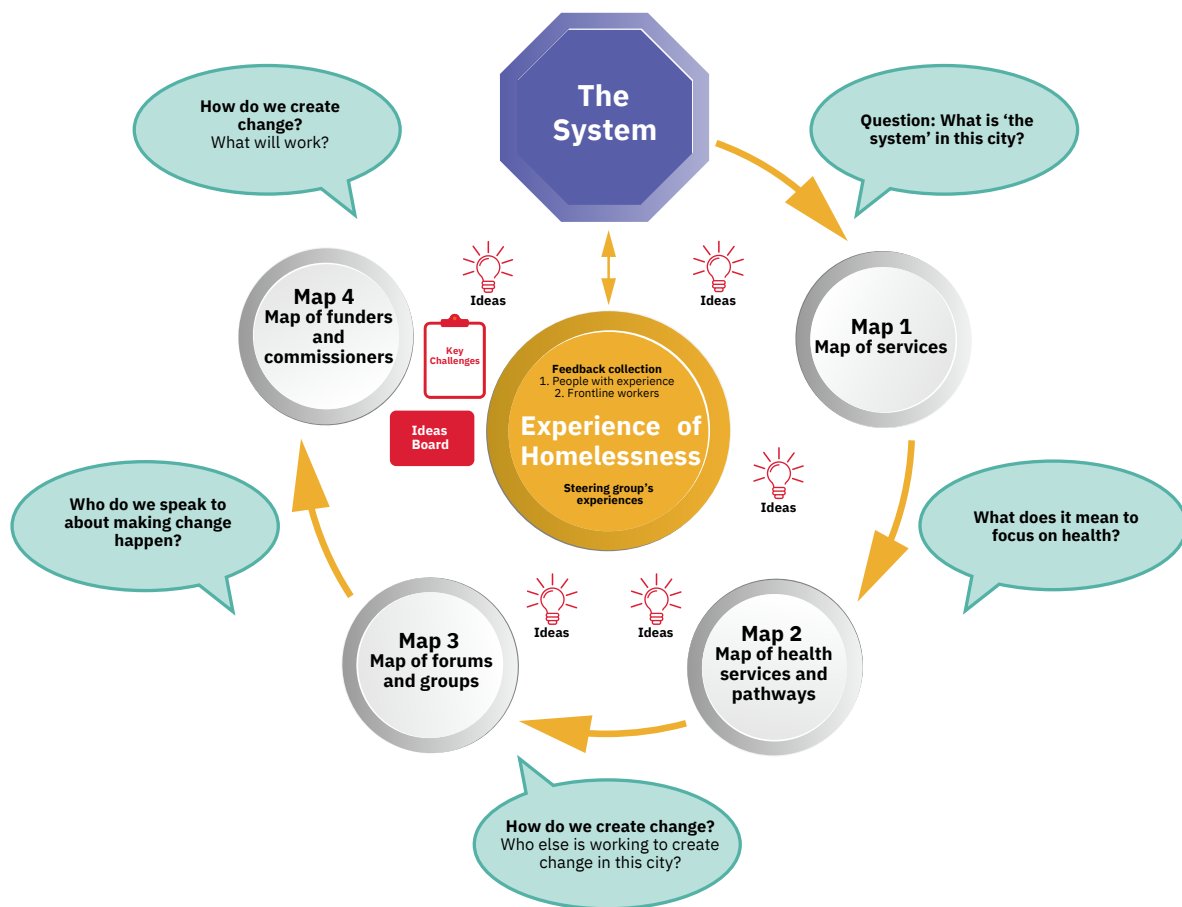
We needed to pin down exactly where and when people experienced those challenges. To do this, we needed to map the system. We began by mapping services. Then we mapped the pathways that have been designed to link services together. Finally, we mapped the housing pathway in our city.

Our maps allow us to be very clear about what needs to change and why.

Brighton and Hove Homeless Healthcare System



Mapping



In this project, we think people’s experience of homelessness is the most important but most neglected, source of insight into how to improve systems. That is why it is at the centre of our picture and our work.

We wanted to understand people’s experience of ‘the system’ and so our first question was: what is ‘the system’ in this city?

We began to talk about our experiences and those of people we know. We talked about housing, the health system and other services.

As we named services and parts of the system we wrote them on post-it notes and put them up on a board. Every example and experience we explored we added more names. Every guest who came to our meetings was asked to add names too. This became our Map of Services (Map 1)

We began to look at the feedback we collected in the context of our Map of Services. This process gave us ideas

for what needs to change and helped us locate where change needs to happen.

We know that the Health Foundation want us to focus on health and so we put health organisations and pathways on a different map (Map 2). We did this knowing that health is complex for people experiencing homelessness and involves all the services on our service map (not just health services).

We know that we are not the only people who want to improve services and health outcomes for people experiencing homelessness and so we made a map of all the other groups and forums in the city (Map 3).

We know that funding and commissioning determines what services are available and so we mapped out who funds what services (Map 4).

We know there are lots of different ways to make change happen. Our maps help us to say exactly what change is needed where.

Identifying challenges

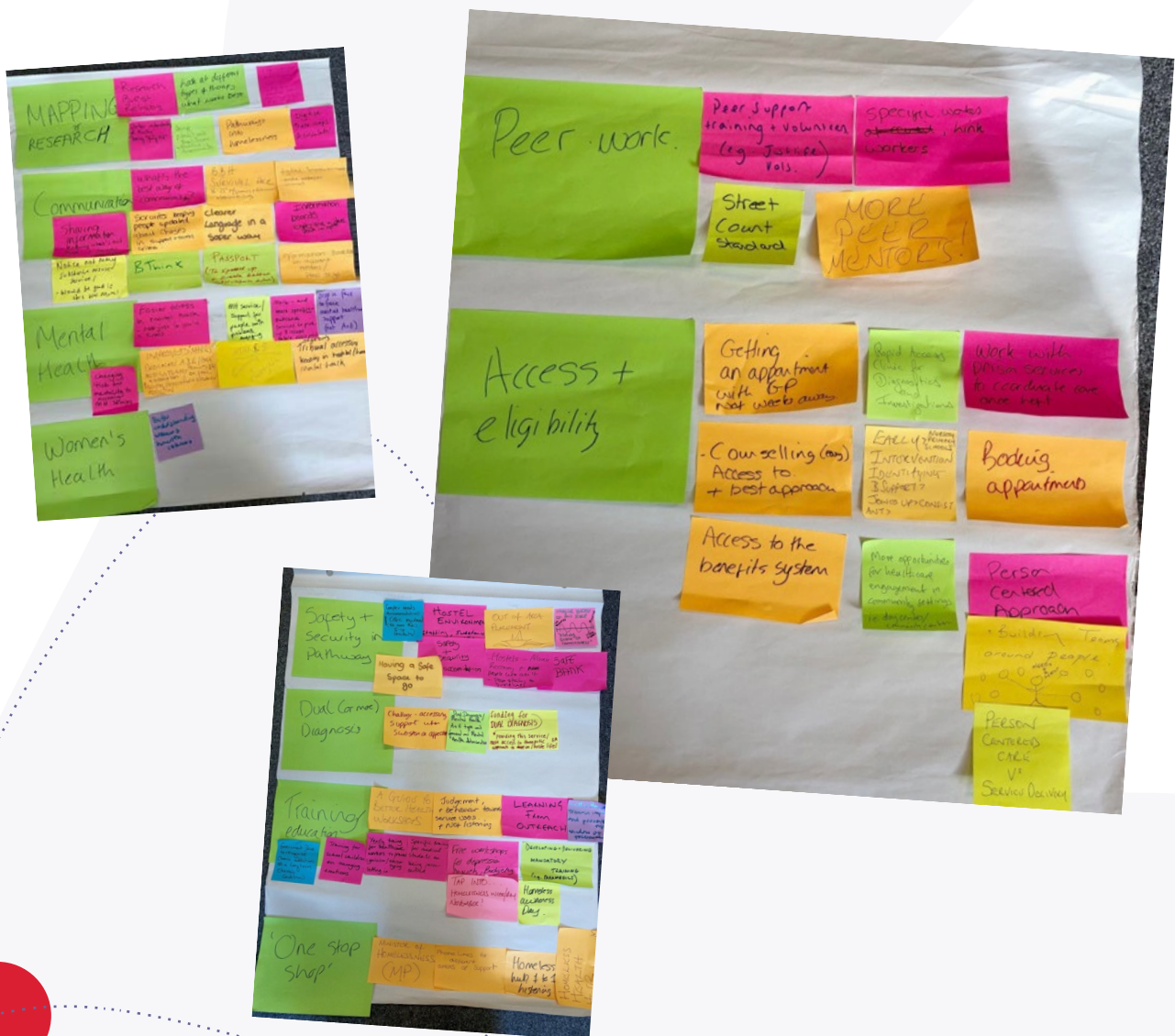


Toolbox 4

Ideas for change

Bringing people together, collecting and analysing feedback and mapping the system gave us lots of ideas for change and improvements.

We grouped these ideas into themes.



Grouping challenges together

For us to decide what to focus on, all the challenges that had been raised during analysis, mapping and ideation work were grouped together.



Refining challenges

We spent time trying to state clearly what challenges we saw

Substance use is a barrier to accessing services because of policies preventing access and a lack of awareness and training.

There is a lack of trust in health care services, this comes from misdiagnosis and a lack of joined up services.

Mental distress, neurodiversity, language and terminology barriers can stop people from communicating, accessing and engaging with services. This leads to people not receiving the support they might need.

Care, support and treatment provided through A&E (as that is the main point of access to healthcare for people experiencing homelessness) is not adequate.

There isn't enough Mental Health support, including outreach, crisis support, services and staff available to meet needs.

Long waiting lists for treatments, for people experiencing homelessness can lead to people being lost in the system. Letters and communication without a fixed address/phone creates further barriers.

There is a 'tick box' mentality to accessing services that leads to people not being able to access the services that they need as they don't fit all of the criteria.

Often people accessing homeless services find that staff are not holistically trained in all areas, e.g. mental health, substance use, dual diagnosis and physical health this leads to them not being treated holistically.

There is a lot of judgement and stigma within the system and services. People often don't feel listened to, there isn't respect built into communications and interactions.

There is no continuity of care along pathways, particularly at the end of the housing pathway, particularly finishing rehab or leaving prison.

Communication and care between services can be disjointed, databases do not join up and this often results in people having to repeat their story.

It is unclear what healthcare services are available for people experiencing homelessness and how to access them.

Our Themes

We grouped together the challenges we identified into themes. These are:

- Barriers to accessing care and support
- Lack of continuity of care along pathways
- Stigma and judgement
- Lack of mental health support
- Capacity and training opportunities for staff working in the system

