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## Going remote

Using technology to co-produce  
homeless health research

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### Introduction

For a group co-producing participatory homeless health research, the COVID-19 pandemic presented challenging circumstances, notably physically distanced working. With limited technology among the research team and participants alike, remote research – especially participatory research – was not easy. However, participatory approaches are important because they enable teams to bring together a wide range of collective expertise and experience that is vital for addressing need, especially during health crises. Another benefit is their focus on reflexivity: that is, taking stock of one's own positions, beliefs, and experiences; understanding their impact; and using this to inform working practices. This varied expertise and a process of ongoing reflexivity helped us devise creative and practical solutions to some of the obstacles to co-producing research posed by the pandemic.

### COVID-19 and the need for co-produced research

Along with health threats from COVID-19, the pandemic policy response changed much of our health, social, political, and legal landscape. These shifts had wide-ranging

implications for people experiencing homelessness. Many day centres, which support people experiencing homelessness to access vital resources, closed during ‘lockdown’ (Groundswell, 2020a). Hostels also implemented physical distancing measures, and rules preventing people from visiting the premises. Such measures increased social isolation, especially given limited access to communication technology, which had a significant impact on mental health (Groundswell, 2020a). Already poor health and social outcomes for many experiencing homelessness were exacerbated by reduced access to healthcare and healthcare appointments moving online or being by telephone (Groundswell, 2020b).

There were also positive policy developments, like the ‘Everybody In’ initiative: the repurposing of hotel rooms and other facilities as temporary accommodation. Recognition of the urgency to address homelessness, including domestic abuse and other unsafe living conditions, also grew (Ministry of Housing, Communities and Local Government, 2020).

These circumstances, positive and negative, represented both a focus for our homeless health research, and an unprecedented context in which to co-produce it. Physical distancing meant our team had to rethink many routine activities, including the collaborative delivery of interviews and surveys. Simultaneously, participatory research elevating the voices of those particularly vulnerable to COVID-19 – and to existing social, political, and economic inequalities alike – had arguably never been more vital. Indeed, Groundswell’s (2020c) research into COVID-19 highlights several crucial insights from those with lived experience of homelessness. For example, regarding the accessibility of health information, and the digital divide preventing many from accessing healthcare and other statutory services.

The gulf between those affected by policy and those developing it must be addressed to achieve meaningful solutions, regarding both the factors contributing to homelessness, as well as the impacts. While co-produced research is not enough in and of itself, it represents an important step to (a) make sure people experiencing homelessness are heard within policy, academia, and public

spheres, and (b) deliver on the ‘nothing about us without us’ principle of self-determination.

### **Remote delivery of co-produced research: our studies**

Across our group, we were all involved, in differing and linked ways, in implementing three studies:

1. **Monitoring COVID-19** (<https://groundswell.org.uk/monitoring-covid-19/>): A Groundswell-led project using ‘citizen journalism’, whereby people experiencing homelessness worked as mobile reporters making regular audio and text reports on their experiences of the pandemic, and the experiences of those around them.
2. **Homeless Health Peer Advocacy evaluation** (<https://www.lshth.ac.uk/research/centres-projects-groups/hhpa/>): A mixed-method (qualitative and quantitative) evaluation of Groundswell’s Homeless Health Peer Advocacy service in London.
3. **After the Lockdown**: A qualitative study building on the above projects to explore in-depth experiences of COVID-19 among people experiencing homelessness.

In the context of physical distancing rules, limited access to data and devices among researchers and participants made the research process more difficult. We had to consider how to collaborate effectively when working remotely, and how to use technology to deliver inclusive research representing a diverse range of voices. An added difficulty was posed by the well-established and ongoing ‘digital divide’ that particularly excludes those experiencing homelessness. Each project provided opportunities for learning and exploring new approaches, which we will now reflect on.

1. **Citizen journalism**: The Groundswell study used a ‘citizen journalism’ approach, which saw community members playing an active role in collecting, reporting, analysing, and disseminating news and information. ‘Mobile reporters’ were engaged remotely, and trained

digitally, to report back using text, email, video, and audio. They provided raw insight into how the pandemic was impacting them and other people around them who were experiencing homelessness. A significant concern with remote research, especially in homeless health research, is the risk of excluding those most isolated – for example, those who do not have their own telephones and are not in contact with services where phones are available. With citizen journalism, members of the community who do have access to mobile technology can engage people with shared experience who might otherwise be excluded.

- *Disadvantages:* It took significant resource to deliver citizen journalism safely and support mobile reporters effectively, particularly during a pandemic when there was likely to be greater instability in their lives. Secondly, while helping combat exclusion among participants, this method still required the use of mobile technology among reporters.
  - *Advantages:* This approach provided live insight direct from a community that might otherwise go unheard, and ensured that stories were generated from lived experience.
  - *Tips:* It is important to ensure co-production from the start when designing the approach. It is also essential that people have access to the resources they need to do the job: whether that is technology, phone credit, training, or moral and psychological support.
2. **Online steering groups:** Steering groups that include experts with experience of homelessness help ensure that those with lived experience shape research development and delivery. We found it was possible to deliver steering groups online. Where internet access is a problem, telephone alternatives are usually available, and inexpensive handsets and SIM cards can often be covered by research budgets when needed.
- *Disadvantages:* Connection issues meant people sometimes dropped out of the call for short periods. We also found important meetings like these tended

to be longer, making it harder to maintain energy and concentration.

- **Advantages:** Groups were often able to come together quickly and relatively easily online to discuss the research, despite being located in different parts of the country. Consequently, we found attendance was higher than for pre-pandemic face-to-face events. It was also possible to record online meetings to share with people unable to attend. The chat function was also helpful for people who are shy to input.
  - **Tips:** To improve accessibility, we recommend consulting with all members of the steering group beforehand to understand (a) whether a remote meeting would be possible for them or what extra resource may be needed to facilitate it; (b) what the best means of communication and input might be – digital platform, telephone conference call, or something else (eg inputting separately).
3. **Remote research skills-sharing:** Skills-sharing sessions can, in many instances, be delivered remotely if team members have internet, or even telephone, access. For us, ensuring everyone on our research team had access to communications devices was key to their success.
- **Disadvantages:** When delivered in person, this type of event might take the form of a ‘training day’. However, we felt running a whole-day session online was unfeasible. To avoid ‘conference-call fatigue’, we broke activities up into smaller sections spread over a six-week period – though, of course, this slowed the process down.
  - **Advantages:** Delivering shorter sessions over a longer period prompted unexpected benefits – for example, compelling us to dedicate more time to whole-team engagement with, and reflection on, the research process. This sort of reflexive practice, while important, is something that is often neglected in time-constrained research projects. Meeting more regularly over a longer time frame also helped mitigate the limitations on team-bonding posed by online working. For some, online training and skills-sharing

was thought to be less intimidating than in-person events and thus improved ease-of-participation.

- *Tips:* Flexibility is key to delivering remote skills-sharing – that is, understanding and responding to different ways of working and communication preferences, and adapting these along the way. Secondly, as with all digital endeavours, it is advisable to do a test run beforehand, prepare a back-up plan in case of technical hitches, and factor in ten minutes at the beginning of each session to resolve connection issues. Even with these safeguards, this process is likely to prove time-consuming, which should be acknowledged and accounted for.
4. **Telephone interviewing:** Online video conferencing may feel ideal for interviewing. However, this is less viable for homeless health research as it requires internet communications technologies that people experiencing homelessness may struggle to access, especially during a pandemic when community facilities have often been closed. For some researchers and participants, telephone interviewing may be an option here.
- *Disadvantages:* Firstly, research teams sometimes had to rely on hostel staff, key workers, and other frontline staff to facilitate connections. As an already very busy workforce, however, engaging the assistance of staff was not always feasible, resulting in delays to recruitment and data collection. Secondly, we found scheduled telephone interviews to be less suitable for research with people with stressful lives, who may not be available when or for as long as required. Thirdly, the audio quality of recorded conversations was lower when interviewing by phone due to handset and signal limitations, with implications for transcription and analysis. Additionally, without the visual and non-verbal cues of in-person communication, telephone interviewing posed additional challenges for rapport building with participants, and transmission delays sometimes resulted in stilted conversations. Lastly, we had to consider potential privacy issues when interviewing by phone – it could be challenging for

those in shared accommodation to find a place out of earshot for the telephone conversation to take place.

- **Advantages:** In some cases, telephone interviewing proved more efficient and convenient, with less time lost due to travelling around and locating interview sites, and researchers being able to schedule other tasks around the interviews. It was also possible to break up a telephone interview into smaller pieces and deliver it over several days when required. While people experiencing homelessness, hostel staff and key workers can be very busy, the opportunity to contribute to research in a convenient telephone interview was often welcomed.
  - **Tips:** When working remotely, project information and consent sheets can usually be sent to participants by post, email, or via keyworkers. In addition, however, we recommend verbally reviewing this information over the phone prior to interview to make sure everything is clear and to provide an opportunity for questions. It may be useful to draft an abbreviated but comprehensive version of the information sheet for this purpose: while long forms may be feasible when completing by hand, reading a list of more than six or eight consent points prior to interview can become straining, disrupt the 'flow' of the conversation, and set an overly formal tone. Moreover, we would suggest working with hostels, day centres, and other services to coordinate access to quiet spaces for interviews to take place, and checking in with participants at the beginning of the interview to make sure they are comfortable and do not feel they will be overheard. It is also important to allow for a high rate of scheduled interviews not being completed. A flexible approach is ideal, with back-up options put in place for when a specific recruit or participant is not available.
5. **Co-interviewing:** It is common for researchers from a range of organisations, universities, and freelance contractors to collaborate on co-produced research. Here, delivering work remotely can pose challenges for



securely recording, storing, and transferring data given the Data Protection Act 2018 and strict institutional policies about use of encrypted technologies and easy access to internal secure repositories. There are several solutions to these challenges, including the purchase of encrypted devices for all team members. When budgets are limited, we found a useful alternative to be co-interviewing, which helped bring together technology access and different expertise: for example, a freelance researcher can lead the interview, while a university-based researcher hosts the conference call, records, and uploads to a secure server, thus eliminating the need for transfer of data between team members.

- *Disadvantages:* Call merging and conference-calling facilities, while widely available on standard mobile phone handsets, can be barred by some networks for pay-as-you-go account holders. Yearlong contracts, however, may not be compatible with research budgets. For one of our studies that meant additional time spent researching and coordinating with different networks and handset providers.
- *Advantages:* Co-interviewing meant more frequent interaction between different team members, outside of formal meetings. This was helpful for facilitating team bonding, given the more solitary nature of remote working. For qualitative research, combining the knowledge and skills of two researchers in the interview setting was also useful for bringing rich, in-depth data, and building further reflexivity into the research process.
- *Tips:* It is important to choose your network provider carefully if considering a system of conference-call co-interviewing. Trial runs are strongly recommended to develop mastery of the technology.

## Conclusion

While the barriers to co-producing remote research are not insurmountable, they are substantial. Overcoming such

challenges requires a combination of creativity, planning, and flexibility. Nonetheless, working collaboratively to adapt research in the face of new challenges is vital and can present a number of opportunities – including the chance to reassert the importance of reflexivity and to ensure people experiencing homelessness are heard within policy, academia, and public spheres.

### **What needs to be done**

- To ensure co-produced homeless health research is inclusive, research teams need to be aware of potential limitations in access to technology at an early stage in the research design process and work collaboratively to devise creative methodological solutions.
- Having to adapt to the COVID-19 context, for us, prompted an even more concerted effort towards reflexive practice. We believe continuing to uphold this principle throughout the research process should be an ongoing priority in all studies.
- With the possibility of remote work increasingly becoming the ‘new normal’, routes for people with experience of homelessness to feed into policy may become even more limited without significant efforts to address the digital divide. While this issue can, of course, only be meaningfully and comprehensively resolved via broader efforts to reduce inequalities at large, ensuring research finds ways to help bridge this gap in the short-term is an important step. Strategies in future may include budgeting to: (a) cover the purchase of encrypted, smart technologies for team members; (b) provide free access to digital devices within homelessness services; (c) set up/partner with digital accessibility initiatives, such as ‘tech banks’ that make new and used communications devices available; (d) support the development of digital skills among those who feel less confident using technology to participate in research or decision-making.

## References

- Groundswell (2020a) *Monitoring the impact of COVID-19 fortnightly homelessness briefing 1*, <https://groundswell.org.uk/wp-content/uploads/2020/06/COVID-19-Fortnightly-Briefing-1-20.04.20-.pdf>
- Groundswell (2020b) *Monitoring the impact of COVID-19 fortnightly homelessness briefing 7*, <https://groundswell.org.uk/wpdm-package/covid-19-fortnightly-briefing-7-16-07-2020/>
- Groundswell (2020c) *Monitoring the impact of COVID-19 on people experiencing homelessness: final report*, [https://groundswell.org.uk/wp-content/uploads/2020/12/Monitoring\\_Impact\\_COVID\\_Groundswell-FINAL-REPORT.pdf](https://groundswell.org.uk/wp-content/uploads/2020/12/Monitoring_Impact_COVID_Groundswell-FINAL-REPORT.pdf)
- Ministry of Housing, Communities and Local Government (2020) *Domestic abuse safe accommodation: COVID-19 emergency support fund*, <https://www.gov.uk/government/publications/domestic-abuse-safe-accommodation-covid-19-emergency-support-fund>