



# **Voiceless, unheard and socially excluded**

Accessing health and care while homeless or vulnerably housed

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September 2024

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# About us

Healthwatch Dorset is your health and social care champion.

We listen to your experiences of using local health and care services and hear about the issues that really matter to you. We are independent and impartial, and your feedback is confidential. We can also help you find reliable and trustworthy information and advice to help you to get the care and support you need.

As an independent statutory body, we have with the power to make sure that NHS leaders and other decision makers listen to your feedback and use it to improve standards of care. This report is an example of how your views are shared.

Healthwatch Dorset is part of a network of over 150 local Healthwatch across the country. We cover the geographical area of Dorset, which includes the unitary authority areas of Bournemouth, Christchurch and Poole (BCP) and Dorset.



## Background

### Poor health outcomes for people experiencing homelessness

People who are experiencing homelessness face some of the poorest outcomes in their mental and physical health, as well as significant barriers when accessing healthcare. Social exclusion and stigma often lie behind deteriorating health and preventable death.

According to a recent report by [Pathway \(March 2024\)](#), the average age of death for people experiencing long term rough sleeping is just 46 for men and only 42 for women, so effective health intervention is literally a matter of life and death.

### Our aim

We wanted to find out first-hand about the barriers and challenges faced by people experiencing homelessness and those who are vulnerably housed when they try to access health and care services in BCP, including primary, secondary, social and community care.

There is no accountability for people who are dying on the streets. A lady who I knew got thrown out of her temporary accommodation, and basically chose a place to lay down and die. Services are very limited to us and there is no governing body who can challenge a service on our behalf. No one was accountable for the lady who was thrown out and then died.

Service user at Fusion Service run by St Mungo's





## Inclusion health

'Inclusion health' is an umbrella term used to describe people who are socially excluded, who typically experience multiple interacting risk factors for poor health, such as stigma, discrimination, poverty, violence and complex trauma.

People in inclusion health groups often experience significant barriers in accessing and navigating health and care services. They tend to have poor experiences of healthcare services because of barriers created by service design. These barriers are also underpinned by a lack of understanding and negative attitudes across services.

These negative experiences can lead to people in inclusion health groups avoiding contact with NHS services and being less likely to receive healthcare despite having high needs. This can result in significantly poorer health outcomes and earlier death among people in inclusion health groups compared with the general population.

## What we did

We arranged to visit local health, community and homeless support services in Bournemouth to speak with their clients who are experiencing homelessness or vulnerably housed, and with the health professionals and workers who support them.

We visited over a 10-week period during January to March 2024. We chatted to people in the surroundings where they feel comfortable and safe.

The questions we asked helped to ensure that local people, who are often voiceless, unheard and socially excluded, had a chance to share their story and provide an insight into the daily struggles that they face when trying to access something as basic as care; something that most people take for granted.

We asked:

1. Which health or social care services might you need to access?
2. What do you expect from health and social care services, and are there any changes to services that might improve access?
3. What barriers and challenges have you faced when accessing services?
4. How do you feel when you are in a health care setting?

We also carried out some more in-depth one-to-one interviews with service users and those supporting them.



## Who we spoke to

We spoke to 26 people who are currently experiencing homelessness or in vulnerable housing; all were aged 18 and over. We also spoke to seven health professionals and support workers.

### Organisations we visited

- **HealthBus.** A free medical drop-in clinic for people who are sleeping rough in Bournemouth and the surrounding areas.
- **St Mungo's.** A service providing support to people sleeping rough in Bournemouth and Poole to help find accommodation.
- **St Paul's Hostel (BCHA).** A service providing accommodation to those with complex needs and a local connection.
- **BHI Project.** A community project run by The Salvation Army which supports vulnerable people.
- **YMCA Bournemouth.** A charity supporting and empowering young people and communities across Bournemouth.
- **BCHA Learn.** A service supporting people to turn their lives around and achieve their ambitions.
- **Plants and Minds.** a project at Cherry Tree Nursey which provides a safe environment for adults with life-impacting mental illness.
- **We are Humans.** A local charity that provides food and other essentials to residents in financial hardship.

### One-to-one interviews

We interviewed two service users about their recent experiences of using primary and secondary care services - Jay who is currently experiencing homelessness and Darren who is currently vulnerably housed. Their names have been changed to protect anonymity.

We also interviewed two service users who have experienced difficulties in accessing community mental health services.

We interviewed seven health professionals and support workers to find out about the key issues and concerns raised by their clients, and the barriers that inhibit the support they provide to their clients.

# Key messages

## Accessing services

We analysed all the feedback gathered and identified the following key issues that impact people's access to health and care services.

- **No fixed address or ID:** People are still being refused access to GP services because they do not have a fixed address or ID.
- **Digitally excluded:** People are unable to complete an eConsult form online as they are digitally excluded. They have limited or no access to the technology or credit required, and/or some people lack the knowledge or confidence to use online systems.
- **Cost of phone calls:** People are unable to access GP services by phone because the waiting time in the queue is so long and they don't have enough credit on their phone.
- **Mobility issues are a barrier:** Many of the people we spoke to have infected leg ulcers and are unable to walk to a GP surgery.
- **Transport is a barrier:** People are unable to get to hospital or a GP because they don't have the bus fare and it is too far for them to walk.
- **Being organised can be a challenge:** People who are in active addiction often live chaotic lives and have no means of writing an appointment in a diary or calendar, so appointments get missed.
- **Not comfortable in healthcare settings:** People feel like they are being judged in health care settings. They are conscious of their appearance and hygiene, so sitting in a waiting room feels uncomfortable.
- **People with addictions are discharging themselves:** The withdrawal symptoms from drugs or alcohol are often poorly managed, so people end up discharging themselves from hospital. There is a common misconception that if you are on a methadone script then you don't need pain relief.
- **Limited settings for treating leg ulcers :** People are not having their legs dressed regularly enough because community nurses will only do leg reviews in a GP surgery or at Rossmore Leisure Centre.
- **No community mental health support while in active addiction:** Many of the people who we spoke to have poor mental health but are unable to access community mental health services because they are in active addiction, or they are not six months clean. We were also told that trying to access a Community Psychiatric Nurse (CPN) is virtually impossible.
- **Limited access to NHS dentistry:** Access to NHS dental treatment is very challenging. We spoke to one person who got to the point where the pain was so intense that they pulled out two of their own teeth.



## Wider care needs

It wasn't just barriers and challenges around accessing health care services that were raised, people also told us about the social barriers they face. Some of the people who are vulnerably housed live in poor conditions, without access to basic needs like washing and cooking facilities. Many are spending months and years in such accommodation, which is often detrimental to their mental and physical health.


### Key issues people told us about


- Vulnerability to substance misuse.
- Fear of having their benefits stopped and the anxiety of having to reapply for PIP (Personal Independence Payment) every three years.
- Being unable to access temporary housing because they don't have a local connection to the area.
- Being unable to access education and voluntary work opportunities.
- Being unable to access washing and cooking facilities.
- Poor diet and nutrition.
- Feeling judged and stigmatised by the local authority.
- A general lack of affordable, social housing.


## What people told us


All of the issues and barriers raised are undoubtedly excluding people, who are already in vulnerable situations, from accessing essential health services, and wider care and support. This means that health issues are often left until they get to a critical point.

These comments describe some of the challenging experiences people told us about.

 I have tried contacting services in the past, but nothing happens. I get told that we can't help you or you have to use the internet. I've never used the internet in my life. Or they tell me I have to look at an online directory.

 I expect respect and medication if I need it. The HealthBus is always friendly, and they make you feel human again, instead of something on the bottom of your shoe. The HealthBus is better than sitting in a GP surgery and being spoken down to. It's really hard to access services and appointments when it has to be a certain day/time to see someone and it's raining, and you have to pack up all your stuff if you don't have anyone to watch it for you.

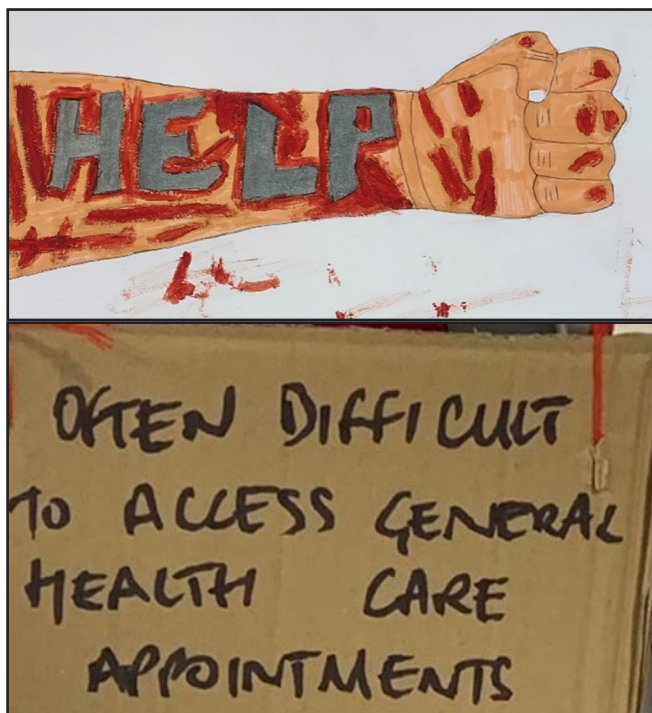
 I've been hospitalised three times in the last few years. As soon as they find out that you have an addiction then they refuse to give you pain relief. I heard the doctors and nurses make comments about my drug problem. As soon as they hear about the drugs, you get fobbed off, they don't want to know. You get judged for being on methadone and they refuse pain relief because you are on methadone, but I'm taking methadone just to feel normal. I had to get a taxi out of hospital so I could get my own pain relief.

 I need to have my legs dressed daily, otherwise the pads start to smell. I need to access the hospital, but the bus is £4 and I don't have the money.



- Q With regards to GPs, you wait two hours on the phone and then your credit runs out. I go to the HealthBus before anyone else, as you get instant care there. I don't like seeing the GP as there are barriers because I'm an addict. I just don't bother going and wait to see if it gets really bad. They don't understand what it's like not to be on a script.
- Q I called a GP last month. You have to be in the queue at 8.30am and the phone lines are always busy, then they offer you an appointment in three weeks. Hospitals you have to wait months to be seen. I called at 8.30am and I was 26 in line, so that would take all my credit.
- Q The woman at the council office says I'm not a vulnerable person. "You can look after yourself" she said, "You can see by the way you carry yourself." I told her that I'm scared for my life, and I can't be on the streets.
- Q Having to reapply for PIP every three years is extremely anxiety provoking. Having to go through your mental health history every time and waiting to see if you still qualify is a horrible experience. The forms are really complicated and when you have a phone assessment, what they write and what you have told them don't tally up. Then you have the stress of going through a tribunal. Without the support of the CAB (Citizens Advice Bureau) it would be a lot more difficult.

This artwork was created by a client who is supported by [The Lantern Trust](#) for their *I am more than...* event in March 2024. The title of this event was developed by those who have experience of being homeless and vulnerably housed, who want to be seen as 'more than' a label.



See the Appendices two and three (pages 12-15) for more comments from service users, volunteers, health professionals and support workers.



# Recommendations

1. We believe that integration of services is key.

We recommend that the local system recognise the value of co-designing and co-delivering integrated neighbourhood services with people who have lived experience of homelessness to improve the quality of local health and social care.

2. Train and support hospital staff to provide services that are person-centred, empathetic and non-judgemental; that aim to address health inequalities; and are inclusive and pay attention to the diverse experiences of people using the service.

We suggest that local hospitals work with the homelessness support team and drug and alcohol services, to establish a clear understanding of addiction, managing pain relief and managing withdrawal symptoms, to make it more comfortable for the patient and to ensure that they are getting the right treatment and care.

3. The [BCP Homelessness and Rough Sleeping Strategy 2021-25](#) pledged to remove the systemic barriers to health provision, including access to GPs, dental care and mental health support, but people tell us that this is an ongoing issue.


We recommend that the Integrated Care System works together to ensure that there are processes to support people experiencing homelessness to register with a GP/dentist, and document and address any problems with GP/dental registrations for people experiencing homelessness.

4. The Accessible Information Standard is mandatory for all organisations that provide NHS or adult social care to make sure that people are given information they can easily read or understand.

We would like to see improved support for local health and care service providers to help them take into account each person's communication and information needs, preferences and their circumstances.

5. People sleeping rough commonly develop injuries and other skin disorders and have a high prevalence of lower limb wounds. The people we spoke to are not having their legs dressed regularly enough because community nurses will only do leg reviews in a GP surgery or at Rossmore Leisure Centre.

We recommend that NHS Dorset works with the [GP Alliance](#) and local homeless support services to enable a more innovative service provision to meet the needs of this underserved population.

 People experiencing homelessness use about four times more acute services than the general population. They have higher emergency and inpatient admissions, longer inpatient stays, delayed discharge and more frequent re-admittance to care. It is estimated that the cost, measured through use of public services, of each person sleeping rough is £12,260 per year, compared to £3,100 per year for an average adult. These experiences can be tragic for the individual and costly for the public purse.

NHS Confederation – June 2023



# Stakeholders' responses

## **Kate Hibbitt – Operations Director, HealthBus Trust**

“People who experience homelessness face the most severe inequalities in their physical and mental health, as well as significant barriers when accessing healthcare. We believe that such individuals, in the BCP area, should have equitable access to effective and evidence-based healthcare like the rest of the housed population. The HealthBus team are passionate about improving the health and wellbeing of the most vulnerable by providing specialist homeless healthcare.

“We are incredibly grateful to Healthwatch Dorset for carrying out this research to understand the daily challenges for people experiencing homelessness, exclusion and health inequalities. Special thanks to Lucy, Engagement Officer, for investing time in talking to patients, staff and homeless teams to identify the barriers faced by the homeless population.

“Our hope is that this report will amplify the homeless voices who have shared their unique insights into the struggles, barriers and systemic issues they face. We anticipate that these findings will provide valuable context to address change in the system, improving access, patient experience and their hopes for the future.”

## **Sandi Marshall – Manager, Cherry Tree Nursery**

“As part of the Plants and Minds Project, Cherry Tree and Chestnut Nurseries promote therapeutic horticulture as a basis to provide realistic work experience in a non-pressured and safe environment, allowing those struggling with their mental health the opportunity to flourish.

“Our volunteers regularly face barriers when trying to access community mental health services outside of the charity and we actively support our volunteers with this. Through [Healthwatch Dorset], we are able to get a better understanding of what our volunteers would like to see improved and also what is currently working well for them. It is good to see our volunteers report that being at Cherry Tree Nursery is good for their mental health and wellbeing.”

## **David Freeman – NHS Dorset Deputy Chief Executive and Chief Commissioning Officer**

“This report is very much welcomed by NHS Dorset. It provides real insights and reflections on the experiences of people who are often disadvantaged due to their insecure housing situation or homelessness. We are grateful for the report and to Healthwatch Dorset for providing a voice to those with this lived experience. It brings to life the challenges people face in accessing health care and support.

“The findings very much align with work we have started with our partners across the Integrated Care System to review and plan improvements. Health and care services need to be responsive to anyone experiencing housing challenges and we need to make accessing health and care services easier for those vulnerably housed. This report will help us further develop our health and care offer, so it is equitable for all sectors of our community.”

## Next steps

This report includes recommendations for how primary, secondary, community and social care services are delivered. We have shared our findings with the Dorset NHS Integrated Care Board (ICB) to help them in their development of better services in the community.

We will also share our report with Care Quality Commission (CQC) and Healthwatch England to inform the #ShareforBetterCare campaign which encourages feedback from people whose voices are seldom heard, including people who are more likely to experience poorer care and inequalities.

# Acknowledgments

We want to thank the HealthBus, St Mungo's, St Paul's Hostel, BCHA Learn, BHI Project, YMCA Bournemouth, the Plants and Minds Project and We are Humans. Without their support the public engagement work for this project would not have been possible. We also want to thank everyone who participated in this project. The people who we engaged with spoke openly and honestly. They shared their stories and told us about sensitive and difficult aspects of their life that were hard to talk about, and we are truly grateful to them.

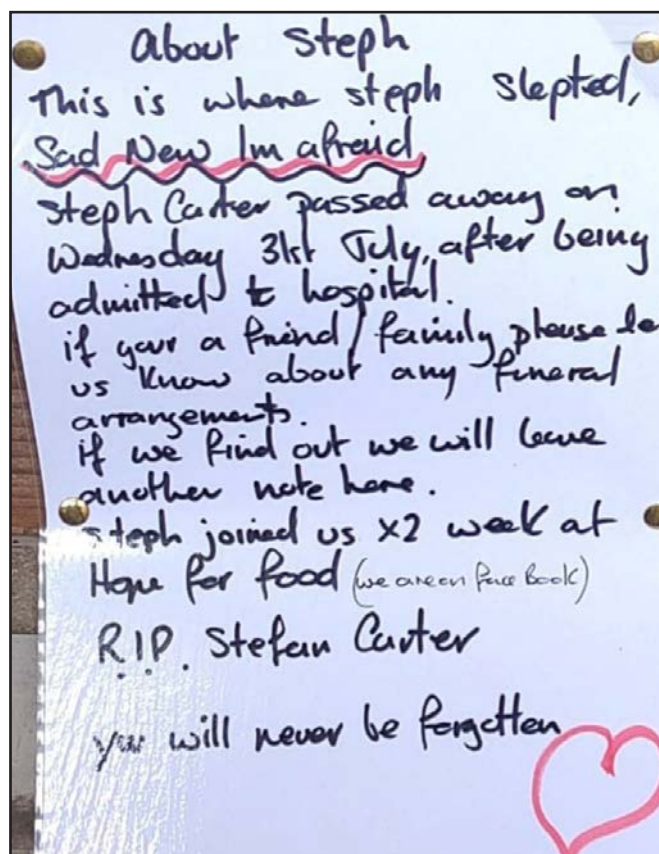
People who experiencing homelessness have the poorest of health and the worst experiences of health and social care. This project has highlighted many barriers, challenges, inequalities and exclusions that they face when trying to access services. People are having to wait until they are at crisis point until they receive any care. There is a desperate need for prevention and earlier intervention, and I hope this report highlights this. I also hope that it provides an insight into how difficult it is to be homeless and the daily struggles that people face when trying to access the basic things that most of us take for granted.

I've heard many traumatic and powerful stories while working on this project. For me, the one that resonated the most was told to me by a young man who works for BCP Council, where he has worked for 15 years. He unexpectedly found himself homeless and for the last three months he has been sleeping on the street, while still going to work every day. His mental health started deteriorating and he got attacked one night. When he asked BCP Council for some support and help, he was given the telephone number for Employment Assistance and offered no financial or practical help.

Lucy Cribb, Healthwatch Dorset Engagement Officer and project lead

## Stefan Carter

Stef was well known around town and had been homeless for many years. He passed away on 31 July. This note was placed where he slept by one of the agencies as they were hoping to contribute towards his funeral.



# Appendices

## 1. Limitations

Time was a main limitation. Originally the engagement work for the project was estimated at four weeks, but due to the large volume of feedback (and the barriers and challenges that arose from the findings) our estimation was exceeded. The focus of the project was looking at health inequalities that homeless people face regarding access to primary care services, but the reality is that the issue is so much broader. Our health and social care system needs a long-term plan to resolve the housing situation, and to make health and social care services accessible to all.



## 2. Interviews: service users/volunteers

### Accessing primary and secondary services



We spoke to two services users, Jay who is currently experiencing homelessness and Darren, who is currently in vulnerable housing but was previously homeless and living on the streets. Jay and Darren were keen to share their story in the hope that it would raise awareness as to how desperate the situation has become.

#### Jay

Jay talked about his recent hospital admissions, going into withdrawal while in hospital and discharging himself as a result of the withdrawal symptoms.

 **The first time I went in, I called the ambulance myself as I was in a lot of pain. I then discharged myself after the first night because my anxiety was through the roof and I couldn't cope with the withdrawal.** 



Jay spent 16 months living in a shop doorway in the centre of town. He was then evicted from the doorway and spent one month living in a tent on a roundabout. Jay has since found accommodation in St Paul's Hostel and is happy to have a roof over his head.

 **When I was evicted from the doorway the Police woke me the night before the eviction by shining a flashlight in my eyes and pulling the sleeping bag off of me. They told me I was being evicted at 8am the next morning.** 

[Interview with Jay](#)

#### Darren

Darren told us about his childhood, time spent in prison, experiencing homelessness and trying to access primary care services.

 **Being on the streets is very depressing, lonely and sometimes you give up hope. The feeling of sleeping in a wet sleeping bag and withdrawing from drugs is awful.** 

Since the interview, Darren unfortunately lost his place in supported accommodation for breaching the house rules. Sadly, we have had no further contact with Darren, but we thank him for his valuable input and we wish him well.

[Interview with Darren](#)


## Volunteering and accessing mental health support

People told us that they would like more opportunities to participate in voluntary work and more options for education. Many said they felt that they are lacking a sense of purpose and routine.

We interviewed two volunteers at Cherry Tree Nursery which is part of the Plants and Minds project (formerly known as the Sheltered Work Opportunities Project). This provides a safe environment for adults with life-impacting mental illness. The nursery provides sheltered work in a variety of roles as a means for rehabilitation.

### John

John spoke to us about the need for more psychiatrists within community mental health services, and the difference it makes when they have good social skills and can engage easily with people. John also spoke of the importance of having someone to talk to, the sense of purpose that he gets from volunteering and giving back to the community.


 It's really important to have someone to talk to because it's such a release to get rid of all the stuff that you've been worrying about and all the stuff that was happening to you before the illness.



[Interview with John](#)

### Jane

Jane spoke to us about the things that she enjoys in life and the things that are important to her. She told us about the difficulties that she has experienced when trying to access a CPN or a psychiatrist and how you have to be very ill or at crisis point before you receive any help. Jane spoke of the sense of belonging that she feels while volunteering, the many friends that she has made and what she enjoys most about volunteering.

 It would be wonderful if you could say to someone that you are heading for crisis and can I see a mental health professional. You used to be able to see a CPN every week and it was perfect.



[Interview with Jane](#)


## 3. Interviews: health professionals/support workers

We interviewed local health professionals and support workers working in specialist services who have known for a long time that mainstream health and social care services often exclude the people who need them the most. Here's what they had to say.

### Beth White from the Inspiring Change project

We spoke to BCHA Learn about their Inspiring Change programme, which helps people to develop their life skills, as well as providing educational options and help with financing.

Support Worker, Beth told us about helping one of her clients successfully apply to university, funding a motorcycle helmet for someone so that they can get to work, and the barriers that people experience when they have no documentation.


 My very first client has come quite a long way since I started working with her in January. She is 22 years old, living at St Paul's Hostel and she's just applied to university with my help. She's decided that she's going to follow the education pathway. My role is about encouraging her to go into employment and change the pathway that she's currently on.



[Interview with Beth](#)

### **Kate Hibbitt, Operations Director of the HealthBus Trust**

Kate spoke to us about the Trust's delivery of accessible care, the barriers that their patients experience when trying to access mainstream care and the key issues that their clients raise. She also spoke of their desire to open a specialist inclusion health service.


 **GP receptionists ask patients to book an eConsult, but patients are unable to book [these] as they have no access to the internet or even have an email address.**



[Interview with Kate](#)

### **Sam Freeman, Social Prescriber**

Sam spoke to us about the difficulties that her clients experience when trying to access primary care services and the impact that this has on her working role. Sam also discussed with us the attitudes of some of the health care professionals and her clients often feeling judged in a healthcare setting. Sam hopes that mainstream services will be more empathetic to the needs of her clients.


 **There are many barriers and challenges that my clients experience when trying to access primary care. A lot of them have pay-as-you-go mobiles and one of my clients in particular told me that they just watched the pounds going down while they were sitting in a telephone queue for 45 minutes.**



[Interview with Sam](#)

### **Chrissie Croucher, Engagement and Enhancement Outreach Nurse**

Chrissie spoke to us about the outreach work that she provides, the complex needs of her patients, and the pathway into substance misuse as a result of difficult childhood incidents and trauma. She also told us that not having access to SystemOne makes the communication with other health services harder.


 **Often I ask patients what their dreams/aspirations were when younger and they tell of broken dreams and plans, as trauma and addictions took over their lives. I have never heard anyone say when they were young, they wanted to be homeless and trapped in the world of addiction.**



[Interview with Chrissie](#)

### **Lisa Dennis, Support Worker at St Paul's Hostel**

Lisa talked about the stigma of being homeless and the reaction that she sometimes gets when she tells people what she does for a job. She also told us how her clients are often prejudged by health services; they're not prescribed pain killers if they are on a methadone script and the issues around having leg ulcers dressed.


 **Sometimes when I tell people where I work, they say, "Oh God, can't you get a better job than that!" I often hear, "I wondered where they shove them all!"**



[Interview with Lisa](#)

### **Sarah Watson, Housing Lead at YMCA Bournemouth**

Sarah shared with us the difficulties that her clients are experiencing when trying to access a GP appointment and/or community mental health support when in active addiction. Sarah also spoke to us about the importance of primary care services understanding their client base.



 **Primary Care services in general would benefit from understanding their client base. Homelessness isn't a new thing, but misconceptions are still prevalent.**



[Interview with Sarah](#)

## Andy Talbot, We Are Humans

Andy is CEO of We Are Humans, an organisation he started over 20 years ago. He spoke to us about the support that his organisation provides to the homeless community. Andy is passionate about showing support to the homeless community because he has had his own lived experience of homelessness. He also told us about the difficulties of trying to book GP appointments over the phone, the current housing crisis and the desperate need for more affordable housing.

 I believe that outside of London, BCP has the biggest homeless population in this country. There's no accountability from any authority, whether that be BCP, the police or the GPs. 

[Interview with Andy](#)

## 4. Videos

- A clip of Logan, who contributed to this report, from a video on YouTube channel 'Wendall'.  
[The Desperate Homeless Situation in Bournemouth](#)
- A film that tells the story of two people with lived experience of homelessness, due to mitigating circumstances that then caused a casual sequence. There is often a misconception that addiction is the root cause of homelessness, when more often than not, it isn't. Kevin (community researcher) shared this film that he created at the *I am more than...* event in March 2024.  
[Kevin's video](#) (see video link on page 7 of the *I am more than...* report)

## 5. HealthBus Outreach Service

Healthwatch Dorset's Engagement Officer, Lucy spent some time with the HealthBus Trust's Outreach Service and has written a blog about her time working with the team.

[My time with the HealthBus Outreach Team](#)

## 6. Safeguarding Adult Review

A report of learning concerning how services worked with Billy, with recommendations for partner agencies of the Bournemouth, Christchurch and Poole Safeguarding Adults Board, August 2023.

[Billy – A Safeguarding Adult Review](#)



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