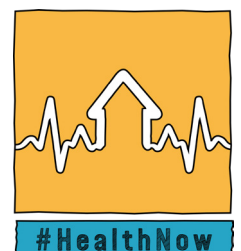













Together  
we will end  
homelessness

# #HealthNow peer research report: Understanding homeless health inequality in Birmingham



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# Executive summary

Between September and November 2020, six peer researchers carried out 64 semi-structured interviews with people experiencing homelessness in Birmingham. They aimed to:

**“Identify barriers to people experiencing homelessness, accessing care and treatment at a local level, in three key partner cities and develop action plans to eradicate those barriers”.**

This peer-led research provides empirical evidence illustrating the issues people experiencing homelessness face when accessing healthcare services and maintaining their own health and wellbeing. The key themes identified were:

- **Challenges when accessing various primary care and secondary care services:** People described significant barriers to accessing healthcare services. This was often due to challenges with registration (especially with GPs and dentists), inflexible appointment booking systems and long waiting periods to get the support that they needed.
- **Positive experiences of using pharmacies:** People praised their experiences of using pharmacies which were largely described as flexible, friendly and informative.
- **Long waiting times for mental health support and limited follow up support:** People often felt that the mental health support they received was not timely enough, too limited and lacked follow-up support.
- **Difficulties with clear and consistent communication:** People told us about poor and inconsistent communication between health services and patients which often led to a lack of clarity about appointments and treatment. This was especially an issue for people whose care had changed due to the pandemic or were digitally excluded.
- **Financial barriers to healthcare and preventative measures:** People outlined several barriers to accessing healthcare that were due to a lack of money including for travel costs and phone credit. Financial barriers also impacted people’s ability to maintain their own health and wellbeing such as struggling to afford sufficient and nutritious food.
- **Experiences of stigma and lack of awareness from healthcare staff:** Despite some positive experiences of engaging with healthcare staff from a range of services, people also referenced the impact of the stigma faced when engaging with staff.
- **Lack of interpreting services:** Several people described challenges when accessing interpreting services. The limited availability of these services had a significant impact on patients

who faced increased waiting times and difficulties understanding their care and treatment.

- **Patient feedback:** The majority of people we heard from had not been asked for feedback or made a complaint about the healthcare services they had used, despite feeling that their experience was poor. This highlights the need for services to ensure patients have accessible ways to feedback and clear information outlining complaints and feedback processes.

These findings will be used to inform a local homeless health action plan which will be devised by Birmingham's #HealthNow alliance. They will also influence Groundswell's national #HealthNow campaign to inform national decision making processes.

# Acknowledgements

This research was completed by Crisis Skylight Birmingham volunteers in partnership with Groundswell as part of the #HealthNow campaign. The #HealthNow campaign is funded by The National Lottery Community Fund, without which this work would not be possible.

We would like to firstly acknowledge the important and valuable contributions of the Peer Research volunteers who have been involved throughout the research process and conducted all the fieldwork for this project:

- Kevin Jones
- Lee Foxall
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- Vanessa
- Daniel Wood

We would also like to thank the partners and organisations who supported us to reach people experiencing homelessness and those who were engaged with their services:

- Crisis Skylight Birmingham
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- Acorn Progression

Most importantly, we would like to thank everyone who participated and took the time to share their views and experiences with us as part of this research.

# 1. Introduction to #HealthNow

#HealthNow is a UK wide campaign, working towards an inclusive health system where everyone has access to the health care they need; ultimately moving people out of homelessness.

#HealthNow is led by Groundswell and delivered in partnership with national charities Crisis and Shelter. Groundswell works with people with experience of homelessness, offering opportunities to contribute to society and create solutions to homelessness. In Birmingham, homelessness charity Crisis are delivering #HealthNow. This involves managing the local Homeless Health Peer Advocacy (HHPA) launching this year and overseeing the local #HealthNow alliance across Birmingham.

The #HealthNow alliance brings together local people and organisations across the homelessness and health sectors and is led by local peer representatives, all who have experience of homelessness. This means peers set the agenda, work with stakeholders to create solutions to key issues and hold key decision-makers to account for any actions. This #HealthNow alliance acts as a mechanism to explore and develop solutions to homeless health inequalities locally and will co-produce an action plan based on the findings from this research. Furthermore, the local activities, insight and changes will inform the national #HealthNow campaign leading to nationwide actions being adopted to improve homeless health.

If you would like to find out more about #HealthNow, carry out peer research or set up a HHPA service in your area please get in touch with Groundswell.

# 2. Background

## 2.1 Health and homelessness

Health and homelessness are fundamentally linked. People experiencing homelessness are more likely to experience poor physical and mental health and comorbidities. In addition, people experiencing homelessness frequently encounter heightened challenges when accessing and using health services due to practical, social, systemic, administrative, and attitudinal barriers. These factors and increased levels of need lead to significant health inequalities for people experiencing homelessness. Consequently, people experiencing homelessness are more likely require urgent and emergency care due to advanced illnesses or conditions, rather than accessing preventive and primary health services.

It was recently reported that deaths among people experiencing homelessness have risen by more than a third in a year, equating to someone who is homeless dying every nine and half hours. The Office for National Statistics (2018) reported that the mean age of death for men experiencing homelessness was age 45 and 43 years for women who were experiencing homelessness. This is significantly below the life expectancy of the general population. This stark illustration of life expectancy for those experiencing homelessness is even more concerning when research from UCL (2019) identified that in their research one out of three people experiencing homelessness die from treatable conditions.

Whilst good work has been done in carrying out Homeless Health Needs Audits, it is difficult to develop concrete actions to improve health for people experiencing homelessness without exploring trends in patient experience. It is well known that poor health and the experience of homelessness are inextricably linked yet in discourse about the premature death of rough sleepers the narrative has mostly focused on a lack of housing. The Government's Rough Sleeping Strategy indicates that, '*there is a clear link between homelessness and health and wellbeing which is not always being made at the local level, which we are keen to address*'. Despite pockets of commissioning of specialist homeless health services there is a lack of strategic joint action planned to address the barriers to mainstream services which lead to inequalities.

In the first year of this project, Groundswell completed a literature review to gather and understand patient experience to inform the #HealthNow research and overarching campaign. The key issues identified in this review were:

- People experiencing homelessness often have poor experiences of accessing and interacting with healthcare services and when leaving treatment. This is experienced throughout the healthcare system, but the evidence is particularly strong in primary care.
- People experiencing homelessness often felt dismissed by healthcare practitioners based on discourses of drug addiction, stigma and discriminatory attitudes and behaviours.

- The coordination of healthcare plans for those experiencing homelessness are fragmented and paternalistic and often fail to consider the barriers to accessing appointments and long-term treatment.
- Key barriers to accessing healthcare include lack of phone credit, poor access to the internet, lack of ability to travel to healthcare centres, lack of accessible information and assumptions that a fixed address is needed to access services.

Furthermore, Groundswell's research has demonstrated that COVID-19 and the response to the pandemic have significantly impacted the way in which people interact with healthcare services. In some cases, this has led to increased challenges for people experiencing homelessness when accessing support and treatment. However, new ways of working have also illustrated the flexibility of the healthcare system and presented valuable learning in how to address broader health inequalities. These issues will be reflected upon alongside the empirical findings from this peer research and used to inform the subsequent action plan locally.

## 2.2 Homelessness in Birmingham

Birmingham is a major city and borough within the West Midlands. Research and recent statistics have set out the extent of health inequality for people experiencing homelessness in Birmingham and outlined some of the impact. However, there is a need to understand how people experience engaging with services and the reasons why they are not able to access the care and treatment they need when

they need it. This is achieved through gathering the patient experience of people experiencing homelessness, which is the aim of this research.

A Homeless Health Needs Audit carried out across Birmingham in 2014 reached 342 people who were homeless, and that time identified that:

- 80% of people reported some level of mental health problem, with 45% having a mental health diagnosis compared to 25% of the general population.
- 60% of people were registered with a dentist, with the over-25 group least likely to be registered.
- 73% of people reported a physical health problem. In total 41% of those surveyed reported a long-term problem, compared with 28% of the general population.
- Only 75% of those responding were registered with a GP.

This was considered by the overview and scrutiny committee in 2015 who made eight recommendations. The committee reported in February 2017 that only four of the eight recommendations had been implemented. Due to the introduction of the Homelessness Reduction Act (HRA) and the emergency homelessness response to the pandemic it is difficult to draw comparisons of homelessness trends over the past decade. Between 2010 and 2019 the official estimate of people sleeping rough on any given night shows this increased from 9 to 52 people with a peak during 2018 of 91<sup>1</sup>. Whilst these statistics are widely acknowledged as under-representing the scale of rough sleeping they give an indication of broad trends<sup>2</sup>. In

1 MHCLG (2021) Annual Rough Sleeping Snapshot in England: autumn 2020: [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/965181/rough\\_sleeping\\_statistics\\_2020.xlsx](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/965181/rough_sleeping_statistics_2020.xlsx)

2 Fitzpatrick, S., Pawson, H., Bramley, G., Wood, J., Watts, B., Stephens, M. & Blenkinsopp, J. (2021) The Homelessness Monitor: England 2021. London: Crisis.



the last 12 months, the emergency response to the pandemic and the instruction from central government to get 'Everyone In' has reduced levels of rough sleeping across Birmingham. A nightly snapshot in January 2020 showed there were 8 people rough sleeping and 54 people were being accommodated in emergency accommodation in response to the pandemic<sup>3</sup>.

Looking at wider indicators of homelessness in Birmingham, as of 30th June 2020, there were still 3,291 households living in temporary accommodation. Between June and September 2020 1,246 households in Birmingham were homeless or at risk of homelessness, showing that even with protective measures in place like the pause on evictions, furlough scheme and the temporary uplift in Local Housing Allowance people are still being pushed into homelessness across the city. Birmingham launched its revised Homelessness Strategy in 2018 which has now set out specific commitments to improve the health of people experiencing homelessness.

<sup>3</sup> MHCLG (2021) Coronavirus (COVID-19) emergency accommodation survey data: January 2021 <https://www.gov.uk/government/publications/coronavirus-covid-19-emergency-accommodation-survey-data-january-2021>

# 3. Our aim

**“To identify barriers to people experiencing homelessness, accessing care and treatment at a local level, in three key partner cities and develop action plans to eradicate those barriers”.**

A key element of the #HealthNow campaign is the delivery of local, peer-led research which helps to understand the local barriers to accessing health services for people who are experiencing homelessness and can be used to directly inform and influence system change. This research aims to understand the main issues people face locally to inform a comprehensive homeless health action plan. It will also be utilised to inform thematic research into a particular area which requires further investigation. This research will be repeated in year four of the project to map changes in the barriers faced against this baseline and support learning.

# 4. What we did

Between September and November 2020, six volunteer Peer Researchers carried out 64 semi-structured interviews with people who were homeless about their experiences of healthcare. Most interviews were conducted by telephone due to COVID-19 restrictions however some were carried out through face-to-face interviews at a local hostel. All interviews were recorded, and data was transcribed to gather the direct and in-depth narratives of people's experiences.

This research employed a peer-led methodology meaning that researchers were involved in each element of the research process. This included:

- **Co-designing and piloting research tools** to ensure questions were appropriate and tailored.
- **Attending training** to develop skills in research and ethics to inform the research process.
- **Piloting and delivering research interviews** and utilising personal experience to develop rapport.
- **Supporting the data analysis** by taking part in an interactive analysis workshop.
- **Evaluating the process**, sharing top tips, and suggesting ideas for future research approaches.
- **Presenting the findings** to the #HealthNow alliance and devising next steps.

This approach meant that research was continuously informed by people with personal experience of homelessness and challenged the traditional 'researcher and subject' power imbalances that often exist when using more traditional research methodologies. This reflected the approach and role of the local #HealthNow alliance whereby peers and stakeholders came together to collaboratively address homeless health inequalities.

Further data analysis was completed using NVivo software which allowed for in-depth coding of themes from the qualitative data. Both quantitative and qualitative data are illustrated in this report to share the key insights gathered from this research.

## Peer researcher reflections

"I think we could have gone on longer. I feel it was really worthwhile. I talked to so many people who said they enjoyed being part of this because they could speak to someone who'd been there themselves and actually understood what they were going through, not like professionals".

"I've spoken to so many inspirational people this week. This research is a powerful tool: the more we do, the louder we become because we have more voices behind us".

"This is a step towards something bigger".

"Thanks to doing this research and talking to all the amazing people that were brave enough to share their story I now have a better understanding of my own situation as well as a deeper respect for other homeless people".

# 5. Who we heard from

This research was conducted during the COVID-19 pandemic and this significantly impacted not just how we delivered the research, but also, who we heard from. We recruited participants largely through local homelessness organisations therefore the majority of people we spoke to were already engaged in some level of support. This means we may not have heard from those who were disengaged or struggling to engage with services. Due to the COVID-19 restrictions, to ensure safety of both researchers and participants, most of the people we heard from was through telephone interviews, this means those who experience digital exclusion may have been less-represented in this research. Overall, we wanted to ensure we could still reach a range of people in a variety of accommodation settings. By visiting a local hostel and reaching out to specific organisations that focus on supporting people in particular situations (e.g., women, refugees and asylum seekers) we were able to hear the voices of a diverse group of people. We heard from people who were currently in temporary or shared housing, hostel accommodation, 'dry houses' and social housing, we also reached a small number of people who were currently rough sleeping or 'sofa surfing'.

Of the 64 participants, we spoke to more people who identified as male (57%), but still reached a significant amount of people who identified as female (43%). 9% of those we spoke to stated that their gender identity had

changed since birth. The majority of people identified as heterosexual (86%) and a minority of participants identified as gay, lesbian or bisexual.

Participants were aged between 18 and 70 years old. Despite the majority of people having described chronic illnesses and conditions that impacted their daily lives, only 32% of those who took part identified as disabled. 54% of people identified their ethnicity as White British and 18% identified as Black African, we also heard from people other ethnic backgrounds.

We asked people about the welfare benefits they were receiving. 70% of those we heard from were currently receiving benefits. This was most commonly Universal Credit (UC) and Housing Benefit, with a minority of people claiming Personal Independence Payment (PIP), Employment and Support Allowance (ESA) and Jobseekers Allowance (JSA).

Furthermore, we asked people about their current immigration status. Although we mostly heard from people who were UK nationals (66%), we also heard from people who were asylum seekers, refugees, or non-UK nationals (28%) about the specific challenges they faced when accessing healthcare.

# 6. What we heard

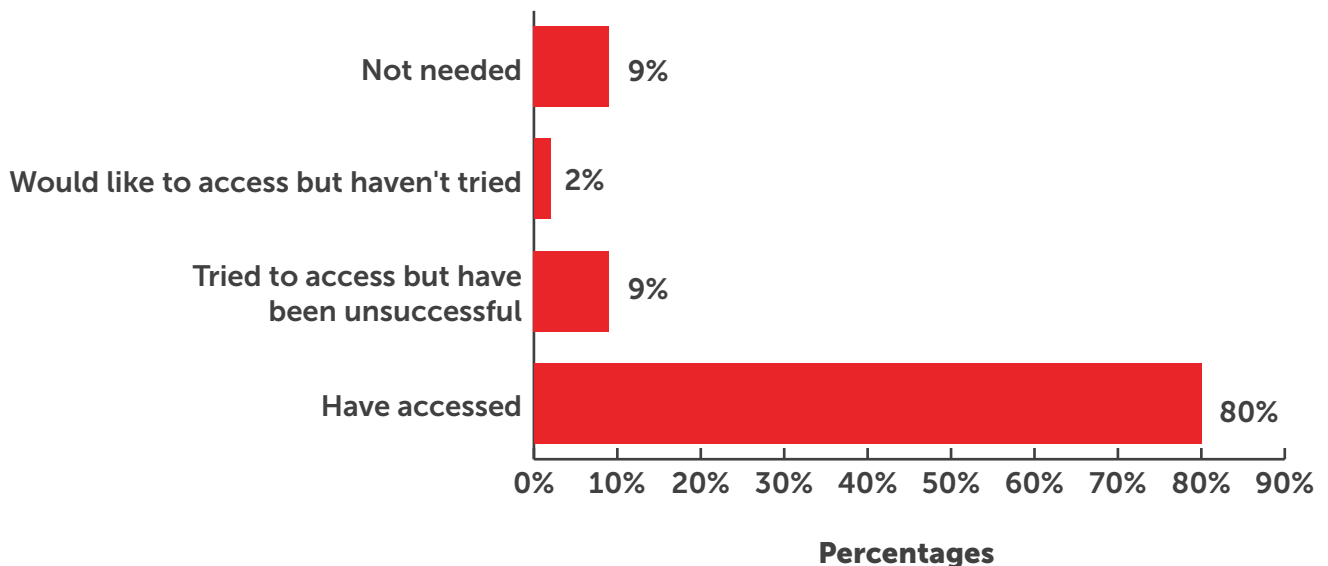
## 6.1 Patient experience of using healthcare services in Birmingham

A significant proportion of the insight gathered was concerned with understanding the experiences people had when engaging with local health services. We know that people experiencing homelessness often face significant barriers to equitable healthcare provision. In order to understand where issues arise and identify any areas of good practice, we asked people about their experiences of interacting with a range of different healthcare services.

### 6.11 GP Services

GP services are often the first point of interaction with the healthcare system patients experience. They act as a crucial gatekeeper to specialist services yet access to GPs continues to be an issue across the country. GP access is particularly problematic for people experiencing homelessness, therefore, we wanted to understand how many people were registered at a local GP practice and how many people had accessed GP care over the last 12 months.

#### In the last 12 months have you used a GP practise?



It is positive to see that most people we heard from had accessed their GP. Furthermore, 88% of those we spoke to also identified that they were currently registered at a local GP, this included mainstream GP practices from various parts of the city and the inclusion health practice, The Health Xchange, however, this was only accessed by a minority of those we heard from. Recent statistics suggest that approximately 91% of the overall UK population are registered with a GP practice, so this illustrates only a marginal difference. However, registration continued to be a significant issue for some, especially if they had recently moved into a new area or needed to register when COVID-19 lockdown measures were in force.

*“Do you know, mate, I’ve had so much trouble. I actually moved two weeks prior to lockdown, I actually moved out of [place] into another district within the [place] and what it was, I tried to ring – I’ve got three doctor’s within 15 minutes walking distance round here and every one of them I phoned to try and register, it was the first week into lockdown I tried to register – obviously the first two weeks I was just getting myself sorted and then I thought OK, I’ll try and get a doctor’s now – do you know I couldn’t get into one of them. They were all saying that they weren’t taking any patients on during lockdown”.*

As illustrated in the narrative above difficulties with GP registration were not only a point of frustration for some but often raised further issues, in this instance the person discussed having to stay at their previous GP practice to access support which was a two-hour bus journey away from their new accommodation. Challenges to registration persisted when GP services requested particular documents from people during the process.

*“When I went to register, they were giving me... ‘you have to do this, you have to do that, bring this, bring that’... [then] they didn’t ask me anything, so I just registered”.*

*“I was refused to be registered at a doctor’s because I could not provide them with my NHS number, and I didn’t know how to get my NHS number. When I started asking questions about how to get that number, I got a phone call later on that day saying that I was not a patient that they deemed suitable for their files”.*

For those who were able to register, they often raised concerns around lengthy waiting times for appointments and difficulties with appointment booking processes which often had a significant impact on their overall health needs.

*“If you say call in the morning and you don’t get through, you know, you don’t get through with the line because it’s constantly engaged...And it is only when they tell you can call between eight to nine but then when you call at eight the line is busy and about 8.15 or 8.20 when you get through with the phone call to make an appointment they say it’s all places are full”.*

*“And when you call at two o’clock again, then it is the same, so getting through and when you get through again next time, when you call at eight, at eight thirty they say, ‘oh can you come at nine’ and going to the GP surgery takes about thirty...fifty minutes”.*

*“It’s just been hard to be seen and get the help that I need when I need it. So, my mental health has deteriorated in the pandemic”.*

People indicated that difficulties accessing appointments was not a new issue caused by COVID-19, although the issue was often perpetuated by the new ways in which GP's had to deliver services due to the pandemic. A significant change to the way that services were delivered was the move towards digital and remote models of working, such as, telephone consultations. Despite a small number of people indicating that this reduced barriers to access, due to not needing to travel, the majority of people we spoke to expressed a strong preference for face-to-face appointments. People felt that often remote appointments were not effective when assessing someone's needs and for others, appointments were less personable which increased feelings of anxiety.

"Constantly the surgery is saying you've got to do phone calls. But if you're only a phone call they can't see what's wrong with you if it's a certain thing".

"Obviously I don't even know my doctor, I've only spoken to him on the phone. We have to talk through a window if I have to go round, because I have to physically go round to order my prescriptions now. But yeah, the doctor seems nice enough on the phone but yeah, I just find it really strange that I haven't even saw a doctor, do you know what I mean?"

"They are taking only phone consultation, so that's we not used to, we all are not used to it, so we have, we take every time face to face appointment with doctor. Maybe we have to be used to more for all of these situations, for phone consultation in the very different and that, well, face to face conversation is very different, maybe. So, that's why I don't like it".

We asked people about their overall patient experience of using their GP service by scaling their experiences from zero to ten. We heard significant disparities in patient experience. However, a significant number of people rated their experiences as poor with 47% rating their overall experience of using their GP as five or below and 9% rating their experience as zero out of ten. This illustrates a significant difference between data collected from the general population through the friends and family test which indicated that 88% of people would be either likely or extremely like to recommend their GP service to their friends or family (based on [data from NHS England West Midlands](#)).

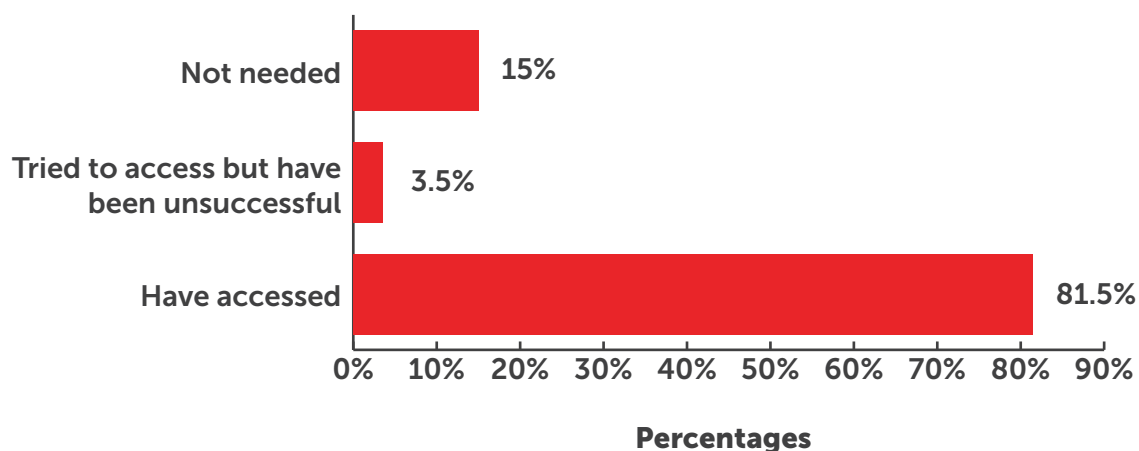
Most people attributed their rating to difficulties in access, rather than direct experiences of engaging with services. However, people also noted experiences of not feeling listened to, poor communication and lack of staff continuity.

"It's difficult to get an appointment. It's difficult to see a doctor that I've seen before...I've had doctors prescribe me the wrong thing before, so I don't trust every doctor. If I couldn't get an appointment with the doctor I trust, I wouldn't go and see another doctor. The etiquette of the receptionists could be improved - they can be very rude. They can make me feel like I don't matter".

We also heard from several people who described positive experiences of their GP care and the support they received from GP practice staff. Positive experiences were often characterised by good staff/patient relationships and when people felt they had received both timely and appropriate support.



**In the last 12 months have you used a pharmacy?**



“It’s always been a good experience when I have got there. The doctor has always been pretty much the same doctor each time. I have never had any issues with it”.

explained how they preferred to engage with the pharmacy to better understand their health and medication as their approach was more flexible, timely and staff were more friendly.

“Do you know something, again I’ve had over the years GP practices and I’ve always had nightmares with them. This one I’ve had for just over a year and they have been absolutely brilliant, and I think to myself, if they can get it spot on all the time, even with what’s been going on’s been going on, why can’t the rest of the GP practices?”.

“The pharmacy is very attentive. They’re patient and compassionate, they always have my prescription ready. They give me the right advice if I have any issues. The pharmacy also deliver which is really helpful. I have so much medication so it’s difficult for me to carry it all, especially if I’m with the kids”.

**6.12 Pharmacy services**

We asked people about their experiences of using pharmacies. Due to the nature of the service, access was not as prominent an issue, with only 3.5% stating that they had tried to access their pharmacy but were unable to.

“They have been really good. All I do now is when my medication, the doctor obviously sends it there, I just give them a ring first and I say, you know, rather than me walk round I just give them a quick call and I say, ‘is my...’ and it’s excellent”.

Most people had positive experiences of using their pharmacy to access medication and felt that their needs were addressed in a flexible and informed way. Several people

Overall, people rated their patient experience of using their pharmacy highly with over 80% of those we spoke to rating it as seven or above out of ten. This illustrates a significant increase in good patient experience in

comparison to GP practice experience and presents an opportunity to learn from how pharmacies operate to meet the needs of people experiencing homelessness and how this can be used to inform other healthcare services.

“There’s a pharmacy that’s attached to the doctors... they’re generally very good, can’t complain. They’ve always got the, if the prescription gets dealt with by the doctor, it usually is there waiting. I just have problems with as I say different services prescribing different things, going to different pharmacies”.

“Nine times out of ten they would have the medication I required”.

“I think it meets your needs. Good customer relations with the staff there. Delivery service as well. Yeah, it meets everything, it goes a little bit above and beyond as well”.

Despite the generally positive experiences of engaging with the pharmacy, we also heard about some areas where improvements could be made. The key issues people raised were largely related to waiting times for the correct medication to be available and lack of updates about when medication is ready to collect. People expressed the importance of medication reminders, however the consistency of reminders often varied between services.

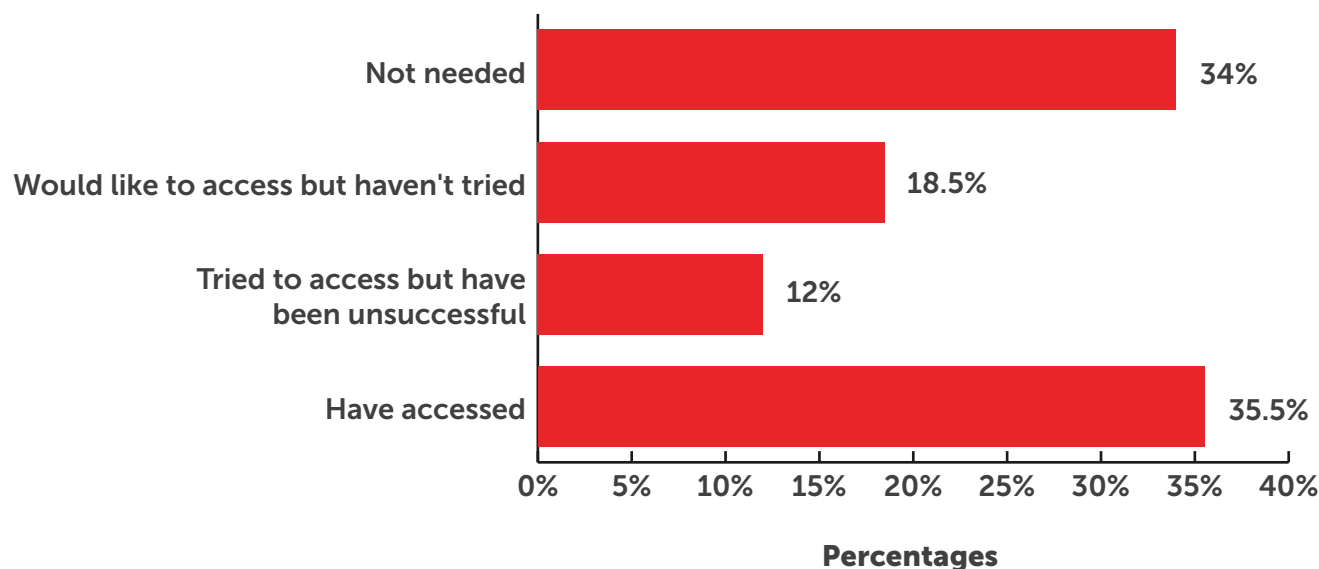
“It would be nice for them to like have more like regular like contact, especially for remembering to pick up prescriptions or to ask for your tablets or stuff. That would be nice but obviously they don’t do that, so I miss, I miss some weeks

of medication because of that because I’m not very good at remembering stuff”.

People also described inconsistencies in staff approach between different pharmacies when accessing scripts for drug addiction, with some people feeling that they were judged based on the medication they required.

“The staff there are brilliant, friendly, they don’t care if you’re going in there for addiction drugs, whether that be methadone or diazepam, they don’t care what prescription you’re going in there to get, they treat you exactly as you treat them and most people obviously are respectful, polite, they just go in there, get their prescription and they’re on their way. And again, that works up there. There’s a couple of other pharmacies in [place] and depending on what prescription you’re going in there with is dependent on how they’ll talk to you or how they’ll interact with you”.

A further issue for people accessing their pharmacy related to clear communications and particularly, access to interpreting services for people who required them. This was a common issue across a range of healthcare services which will be discussed in more detail later in the report.

**In the last 12 months have you used a dentist?****6.13 Dentists**

Difficulties in accessing and registering for services continued to be a theme for people when engaging with dentists. This was especially problematic for people who needed urgent dental treatment during the pandemic whereby most dentists were closed.

Whilst the majority of people we heard from had either been able to access a dentist or had not needed to over the last 12 months, we still heard from a proportion (12%) who would like to access this service and had been unable to. The issue of registration was highlighted again as one of the key barriers to access.

"...well, the dentist as well, I said 'but I have my NHS number. Why are you depriving of passport? I have my NHS number', so I didn't go for that".

"Half of the time when you go to register at a new dentist you can't get in there. They take one look at you and it's just – although there's

a big sign outside 'NHS patients now being signed up' – you go in there and say you've got NHS patients outside, 'yeah, but can you provide this, this, this, this, this, this?', knowing full well that you're not going to be able to and they just make it hard. And then if you do provide all that and they get you in there, yeah, I'm not going to put myself through that. I will probably have to eventually...".

"So, I moved here, most of the dentists here are full...I need dentist. It's emergency".

"I've got like two dental surgery, again within a 10-minute walk here, but oh my gosh, could I register? No. So basically, I had to stick with the one in [place]. Again, it's literally like down the road from where the doctor's surgery is in [place]. The same problems, two hours bus journey, you know, three buses and all that, like. Financially I couldn't afford all these bus journeys, but

I had a right problem with me teeth. It was a good few weeks into lockdown and basically, mate, I couldn't register, I tried and tried to get round here. I really needed to see someone, a specialist, I needed to go to [place] Dental Hospital – again, I ain't got the money to get there, mate. I was in so much agony I actually pulled two of me teeth out...Honestly, I took me own two teeth out because I couldn't take the pain anymore. You know, it was either that option, do you know what I mean? I had no way of getting there, I had no money”.

As illustrated above, in some cases this led to people attempting to deal with outstanding dental issues themselves such as removing teeth. This reflects findings from [research](#) exploring the oral health of people experiencing homelessness which found 15% of those interviewed had removed their own teeth when having dental issues. For those who were registered at a dentist challenges still persisted as the pandemic led to the majority of dentists closing or limiting the availability of their treatment.

“They are not open and don't answer the phone during the pandemic”.

“When I called by telephone to make an appointment took three months. So, in this way it has changed”.

Additional barriers to dental care were often caused by the cost of treatment and transport to the dentist.

“...because I pay for my prescription at the time, I didn't have the money to pay for it. So, I had to cancel my appointment”.

“The one thing they couldn't do was some work that I needed doing on my tooth. They said it was too complex for them and they would have to send me to a specialist which was going to cost me money, so that was difficult to take because I don't have the money to spend on it, but they said that they weren't able to do the work because it was too complicated which, I don't really understand why but they seemed to have their reasons”.

When people were able to access treatment from their dentists, there were mixed experiences of using the service. Whilst some people felt they had received good care and support, almost 40% of those we heard from rated their overall patient experience as zero. This sometimes linked to access issues, meaning people felt they couldn't get timely and appropriate support but also reflected poor experiences of treatment and negative interactions with staff.

“Yeah, they do but when I had my tooth pulled, I wasn't given any pain killers and I was unable to finish my treatment”.

“You know, I've just had bad experience after bad experience with them. I can't stand them. A lot of it was when I caught Hep-C and I had to tell people obviously I've got Hep-C because it goes on a computer system and then I got clean from Hep-C... but some of them systems still have the markers and the staff in dentists, they completely treat you differently. As soon as they find out that you've abused drugs before or you've done this before, you've done that before, or they turn round and say, 'what was your last dentist?' and you go 'well, it was HMP when I seen a dentist'...Straight

away they'd treat you completely differently and then on top of that there's all the stuff around having teeth pulled and all that. I need to go to a dentist, I know I do. I've needed to go for about eighteen months...I already feel horrible about going into a dentist anyway; I'm not going to have that topped off with being made to feel small, shit, guilty and all that because of stuff I've done in the past. I should be at a point where I'm getting over all that and people like that are just putting me back there".

"They just, they were, I'm very, quite complicated. I've got PTSD, I've got everything, I've got quite a lot of problems so like they, they, they weren't very understanding at all with my mental health".

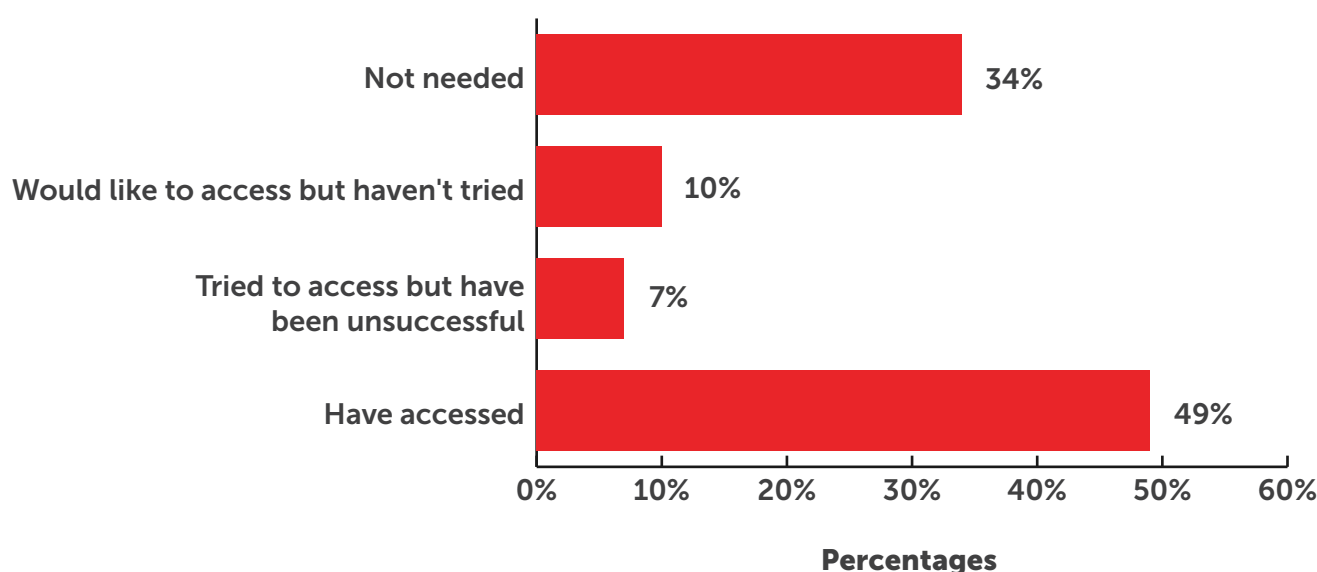
### 6.14 Opticians

We asked people about their usage and experience of opticians, overall, we heard from fewer people who had used this service. With a similar level of people feeling they had not needed to use either the dentist or optician in the last 12 months.

The stigma and discrimination experienced by people experiencing homelessness was only one contributing factor to negative experiences of staff approach. People also discussed a lack of awareness and consideration for the other health needs people were experiencing.

Most of the people who shared their experiences of using an optician felt that their experience was positive, with people often noting the friendliness and helpfulness of staff.

#### In the last 12 months have you used an optician?



“Friendly, nice to my kids and have got measures everywhere for safety. But they couldn’t help my son to get him glasses”.

“I’m happy with that service... It’s easy, because it’s open on Saturday as well, so, and it’s near my home, and I go any time there, yes, it’s good...Usually, I get an appointment and see them”.

People described opticians being easy to access, although in some cases people experienced financial challenges to get the follow-up treatment and glasses that they needed. We heard from people who had received a free eye test but were unable to afford the glasses required or get them fixed when they had broken.

“I’ve got a pair of glasses, it’s like one lens is in there, one lens I’ve superglued in, one arm isn’t on it and I know I can’t read a newspaper or a set of instructions without them. My eyes are bugged, but again, until that 2-year period comes up, I’m not going to go back in because I know that it’s just going to be aggro, 101 questions. Why do they make it so hard for people to access this sort of stuff when people are already in a bit of place about asking for help anyway?”

We also heard from people who felt that the waiting time to receive their glasses was too long, leading to a worsening of their situation in the meantime.

“Yes, it should be faster. You should have an appointment and have the glasses after two or three days, but to wait weeks, for example, my son, he had headaches because he was two weeks waiting for his glasses”.

## 6.15 Mental health services

We asked people if they had any mental health issues or had interacted with NHS mental health services in the last 12 months. Although the majority (58%) of those we heard from responded that they had, mental health services had been often inconsistently accessed and the patient experiences described were often mixed.

We wanted to understand if people felt that they had received enough support from mental health services to meet their needs and the majority (65%) of people suggested that they were not receiving enough support. Disparities in patient experience persisted when we asked people to rate their overall experiences of using mental health services with people rating across the spectrum from zero (18%) to ten (11%). These inconsistencies demonstrate the need for further exploration of people’s experiences of mental health services to ensure good practice is replicated and areas for improvement are identified.

Of those who rated their experiences as poor this was often in relation to the lack of responsiveness and waiting times that they had experienced when accessing mental health support. People noted that in some instances their mental health had changed or deteriorated in the time they were waiting to receive treatment or support.

“Well, I had a good assessment with a really good psychologist that came to a much better diagnosis for me and prescription of medication so that was good. But it was very, it took a long time to come through so that could have been faster but I waited like over six months to have the assessment done and change of doctor”.



Others felt that the support offered was limited or not appropriate to their needs, especially when offered group sessions or support over the telephone.

“Yeah just... because I am under the mental health... so face to face appointments. The psychologists er... phone consultations now. And it's not quite the same”.

“So, I know a group session and all that are not for me. I'm not going to get anything from it. I need someone who's willing to take the time to sit there, go through all the shit that's gone on over the last 20-odd years, get it out the way and move on. But that's never going to happen, so I've sort of had to just deal with it, live with it. It has its ugly days where some of the stuff pops up and I have a really shit day, I spend half the day in bed, half the day with all the curtains closed and some days, a couple of days, not even talking to people. But I've got to a point where I'm just living with it”.

People also discussed issues around staff continuity with poor transitions between staff members on one occasion leading to the end of the service. The limited nature of mental health support also meant that people who had accessed treatment for a period of time were discharged without a simple way to re-enter treatment if their mental health deteriorated. This meant that people needed a new referral from their GP into mental health services which meant waiting with no interim support in place.

“I've been with the mental health team for 5 years. I had counselling to begin with and then after a couple of months of counselling

they signed me off and said my mental health was fine. Then I had another breakdown earlier this year (April/May) and I was re-referred to counselling. I'm still on a waiting list and I haven't heard anything. They've just told me to go to my GP in the meantime. This isn't good if I'm feeling suicidal”.

Several people described interacting with the mental health team when they were in hospital but then receiving limited or no follow-up support upon discharge.

“I overdosed and I had the ambulance there, like one guy kept me alive, the ambulance turned up, they brought me round, I was in a really bad way, lay there, didn't have a clue where I was or what was going on or anything, mental health was fucking completely down the drain. I was talking utter nonsense, not because of the overdose but because my mental health was that bad, talking utter nonsense at the same time attempting to still – although I'd still just overdosed – still sitting there feeding handfuls of diazepam into me in front of a mental health team that told me that I was fine, it was just some talking therapies that I needed... And that was the final straw in the coffin for mental health services”.

We also asked people about their experiences of being sectioned due to their mental health, only four people had experienced this and concerningly three were left with no follow-up support in place once discharged. When people had negative experiences of interacting with mental health services this often led to feelings of mistrust and a resistance to ask for support in the future.

The impact of the COVID-19 pandemic on mental health support was a key area for concern for many who felt that the level of support they received had been limited or moved to telephone appointments which were deemed as less useful. In order to fill the gaps in support, people relied on counselling and wellbeing sessions from voluntary sector organisations.

### Peer researcher reflections

"I spoke to lots of people who had missed appointments, like mental health appointments, for example because they didn't have the funds to travel. So, then they were back to square one and had to go through the process again".

"There were times when I felt despondent, seeing a guy at the hostel who was still there when I was. He'd never received proper mental health care and his mental health had deteriorated. I felt like he would be forever homeless".

### 6.16 Substance and alcohol services

Only a quarter of those we heard from had experiences of using substance and alcohol services. We heard from several people who were currently staying in a treatment centre or 'dry house' and people praised the support that they received through their support worker.

"I have got a substance misuse worker and he's sound, we catch up and talk and stuff like that and I know if I need help, he's there".

68% of people felt that they were supported enough to meet their needs. Additionally, when asked to rate their experience, the majority of people (73%) rated it as seven or above.

"I would have to give them a 10. Because I am sitting here clean and sober".

In contrast to mental health services, people also noted that their experiences of substance and alcohol services had only marginally changed due to the pandemic.

"It's definitely changed, but only in as much as most of the access is done by Zoom. But the actual receiving of services hasn't changed".

People stressed the importance of early intervention and concerns for people who continue to require support. In some cases, people explained building themselves up to reach out to services to access support with their addiction and needing to wait for an appointment with no interim support.

"When I first went in there the woman behind the counter told me to try and minimise my using between now and my next appointment! I said 'I've come in here and I've told you I've been arrested for shoplifting and taking drugs, I need help. Your fucking advice to me is basically minimise using between now and your next appointment'. The next appointment was in two weeks and I said, 'on top of that, I've got no money, nothing, so although I feel all right now, in an hour's time I need money and I need to be able to get some drugs or get some to be able to do that or I'll have to go shoplifting".

Instances of being discharged from services and needing to start a new referral were also highlighted as an issue, which led to mistrust over



services motives by people who felt they were more interested in 'statistics' than 'people's recovery'.

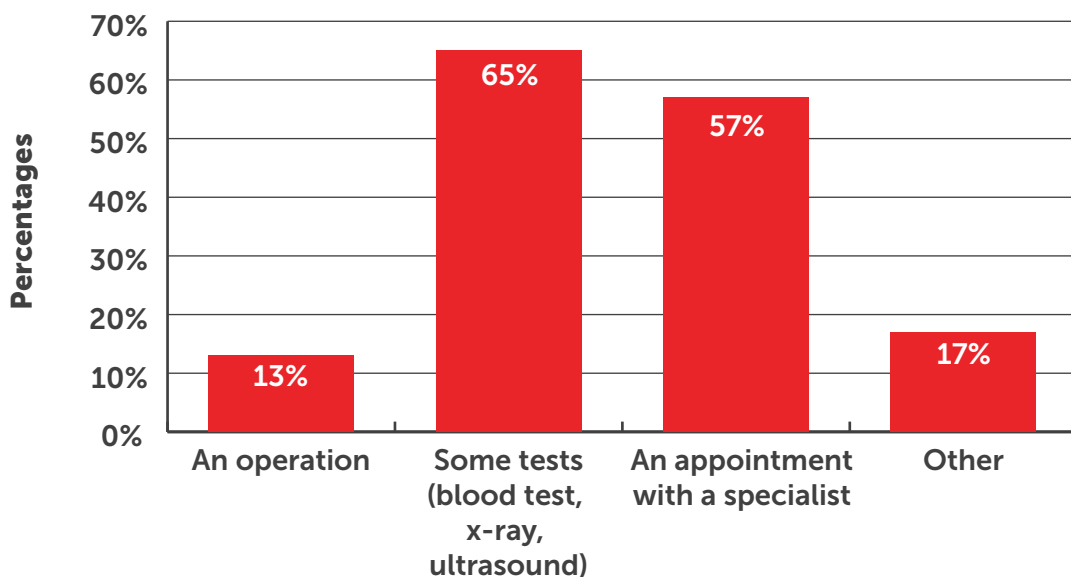
"It's proving numbers through the door. So initial assessments, that's how they get their funding and their funding continues. Now if I get clean and then three months later relapse, I don't go back into the system as [name] who got clean and here's his record, I go back into the system as [name], new customer, we didn't know him three months ago...and you start the whole journey again, which I think's wrong because automatically you're just going to be a continual new patient. You're not going to be someone who's got any form of journey or any form of story".

### 6.17 Hospital appointments and inpatient stays

We asked people about their patient experience of engaging with secondary care services to understand what was working and areas for improvement. People mostly told us that they had been to the hospital to have tests or to have appointments with specialist services.

We asked people to rate their overall experience of receiving care and treatment at outpatient and day appointments and the majority of people (69%) rated their experience as 7 or above.

**When you visited hospital for an appointment that was planned in advance, what was it for?**



"It was the Hep-C clinic... She's the Hep-C nurse...And I historically have trouble getting blood in GPs and stuff, so I go to the [place], have my bloods done and then see a specialist and that was when she gave me the definite all-clear that I didn't have Hep-C or anything anymore... because obviously it's like a little Hep-C unit, they're brilliant. 10 out of 10, they're brilliant".

Despite people indicating that their overall experience of attending appointments was positive, several people experienced poor communications surrounding their appointment date and time changing or being cancelled and long waiting times to be referred into a specialist service. They also felt that communications between different hospitals and services were inconsistent.

"I've been waiting almost a year for an MRI scan. I'm also waiting to see the pain management team...All the appointments I've had in the past, when I see the consultant, they have me waiting around for long periods of time. I'm waiting all day and am usually late to pick up my kids. As I haven't had much to eat, I can't take my medication. As I don't like the hospital food, I don't eat so I can't take my medication and end up missing it on days I'm in hospital...I have to sit on hard chairs which cause more pain because they don't cushion me... Hospitals need better furniture, shorter waiting times, better communication. You don't hear from the hospital for months, then they send an appointment and don't even ask if you can make it on that day- they just expect you to turn up. That causes problems for me when it clashes with my counselling and stuff. I've had to

miss either hospital appointments or counselling appointments when they clash".

"I had a knee operation...well it's nearly a year ago...it went quite badly because they messed up my appointments. So that wasn't a great experience...the operation itself maybe, you know, eight and the service, the kind of service behind that, the appointment making and all that, like four because they got, they gave me the wrong appointment and left me waiting in a hospital bed for twelve hours and didn't tell me that they'd got the date wrong so they sent me home with a bad knee waiting for an appointment, waiting another week for an appointment...I did feel worried that they even knew what they were doing in the operation after that because I thought well if they get the wrong day for my whole operation and leave me waiting all day in a bed, to tell me that, and I was on the wrong ward. I was on a ward for heart surgery not for knee surgery so that was worrying in itself".

We only heard from a minority of people who had stayed overnight at a hospital and they described mixed experiences. Whilst people mostly felt the care received was good, with 80% of those we spoke to rating their experience as seven or higher, they also felt that staff were not available as much as they required.

"I had people coming in from different services to see me, like psychiatrists, nursing, people from housing and social services to help me so they were good. Generally, the care was pretty good, but they were very busy".

People also described feelings of isolation and a lack of support when in hospital, this was amplified by the current pandemic restrictions where people were unable to have visitors or people to advocate for them.

As illustrated some people received multi-agency support whilst they were in the hospital to ensure that their care was joined-up. However, for a number of people this was not the case. One stark illustration of this was given by a person who described being discharged from hospital in the early hours of the morning with no support in place.

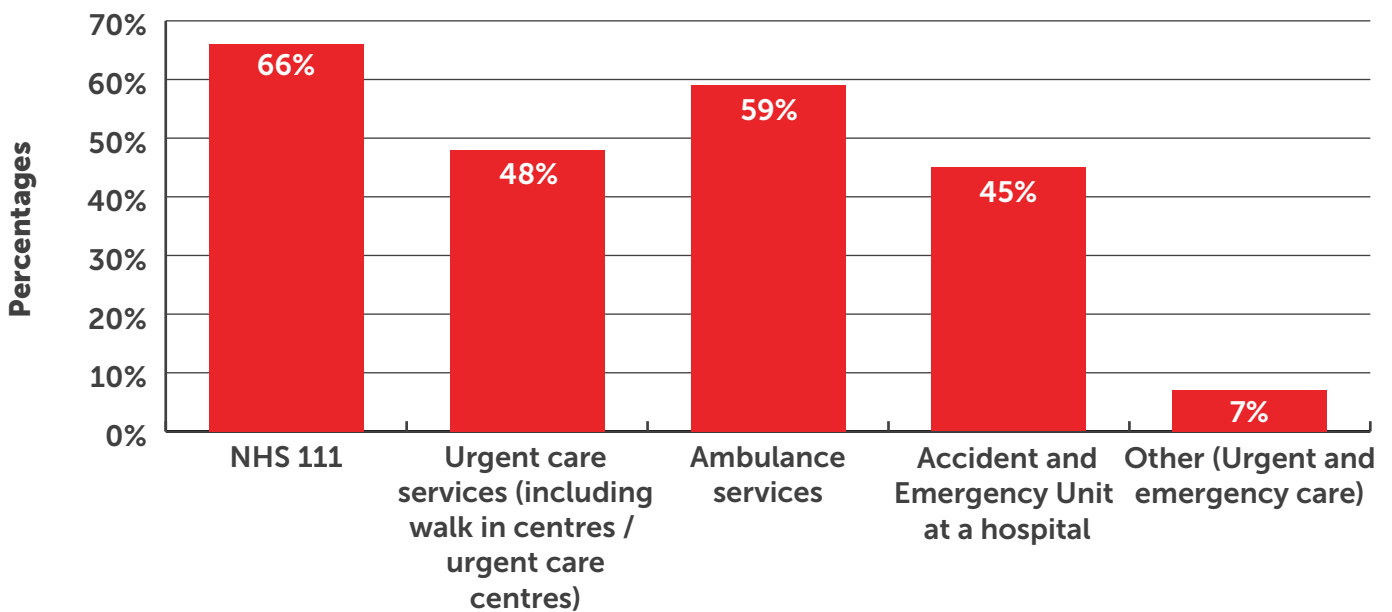
“I mean I have been sent out at 3am, freezing cold nights”.

### 6.18 Urgent and emergency care

We also wanted to understand people’s experiences of using urgent and emergency care services. When needing urgent or emergency care people most accessed services through NHS 111 or through ambulance services. However, usage across most urgent and emergency care services was high. We also asked people if they had used urgent or emergency services when you felt that the issues were not an urgent or an emergency issue or could have been treated elsewhere, only 8% of those we heard from stated that they had.

Urgent and emergency care was another service which people rated highly with 71% of those we heard from rating their experience as 7 or above. However, for many people attending a hospital setting was

**In the last 12 months have you used any of the following services?**



associated with fear and anxiety due to the stigma they felt from staff, this was perpetuated by the presence of security guards. Several people described positive interactions with the ambulance service.

“They were excellent, mate, do you know what I mean? They were here within a few minutes, they came in, assessed me completely. They didn’t mess about, like, I had stuff on the table, but they needed to put a machine on so everything just got scooped onto the floor like, do you know what I mean?...But they done their job and that was it, mate. I can’t fault ‘em...They were just so professional, mate, and so calming, do you know what I mean? Just the way they spoke to me with empathy, dignity, do you know what I mean? It was the whole lot. It was the whole lot”.

People’s experience of NHS 111 was varied with often the most common outcome for people to be directed to their nearest accident and emergency unit to seek further treatment.

### 6.19 Joined up working across the healthcare system

Many of the people we heard from had multiple health needs and were interacting with many health services simultaneously. In some cases, this led to positive outcomes for people who were receiving specialist, tailored treatment. However, often people described the need for more joined up working between services to avoid miscommunication and poor information sharing.

“It’s all over the phone and I’m in liaison with two consultants and also a heart surgeon who’s doing the operation. They don’t seem to be, like, I’m having one person ask

me something and then like I’ve already mentioned it to another consultant, do you know what I mean?”.

As illustrated, this meant people felt like they had to repeat themselves to different staff as communications and patient information was not shared. This was also the case between different services that people were engaging with simultaneously.

“I have knee surgery coming up and I’ve got mental health issues and I’ve got my alcohol and addiction service, they don’t sort of link up very well and I haven’t had, I’ve had prescriptions waiting for a long time that I need to go and collect, and they haven’t been ready. So there just seems to be a lack of communication sometimes between the services that exist so I don’t know for instance whether my knee operation at the end of the month is going to go ahead anymore. I’ve been trying to get through to the knee hospital, but they are linked, they should have told my doctors and that should come through them. It would be helpful if they could do that but they don’t...So they need to communicate between different partners or services such as hospital appointments, you know outpatient appointments with other services but they should have them on record because I’m the patient and they should know what’s going on but they seem to sometimes lose track of what’s happening....I think the main thing is that doctors, GPs and other services that you are using all can communicate together so that they don’t miss information about you”.

The issues of timely medical report sharing also was raised, this was especially problematic for people who had recently moved location and were waiting for their records to be shared with new services.

“I’m from a different area from [place], I’m still waiting for medical records to get passed onto the hospital”.

## 6.2 The right to healthcare for people experiencing homelessness

To further explore the determinants and impacts of health inequality we talked to people about their experiences and preferences across the healthcare system. We also asked people about their preferences and motivations in relation to their health and wellbeing. The majority of people (56%) we spoke to had experienced health conditions or disabilities in the last 12 months.

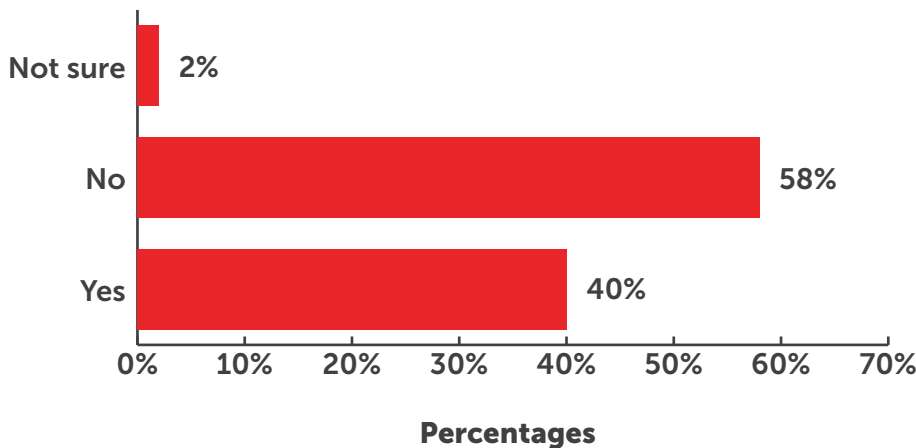
### 6.21 Attending appointments

We asked people if they had ever been unable to attend an appointment in the last 12 months.

40% had missed an appointment due to various factors including financial barriers, not having anyone to attend with, travel difficulties, lack of sleep or memory issues.

“Majority of the time is because I’ve forgotten. I’m very forgetful. Sometimes I don’t get enough sleep, there are a number of reasons. Sometimes it’s finances, sometimes my mental health, sometimes physical health, not having a babysitter. Not feeling like I can face anyone. There are a number of things. Having someone to accompany me would help me to make appointments more often. I have reminders sent to my phone but once I’ve looked at them, I forget all about them. I’ve had reminder calls too and have still forgotten. My memory is bad, unless it’s something that excites me, I won’t remember”.

**In the last 12 months, have you ever not been able to go to an appointment?**



“Let’s say you haven’t slept all night long, yeah, and you have an appointment, you’ve been disrupted, distracted by other people and you have an appointment and then you wanted to go to that appointment and it’s almost impossible, you know, you can’t, the body wouldn’t even give you the opportunity, you know, because you’re too tired, to be honest with you, to go, like, two/three miles/four miles/sometimes five miles. So, you know, just reset it and then go to another day, yes, but sometimes, you know, circumstances like that”.

“A couple of the appointments were a lot around my anxiety and paranoia and stuff. It was literally I just couldn’t get out of the house; I literally couldn’t get out the house. I woke up in the morning thought bugger this, I’m not leaving the confines of my little safe room”.

The increased levels of fear when attending appointments was often in relation to mental health issues, previous negative experiences of engaging with services and the COVID-19 pandemic.

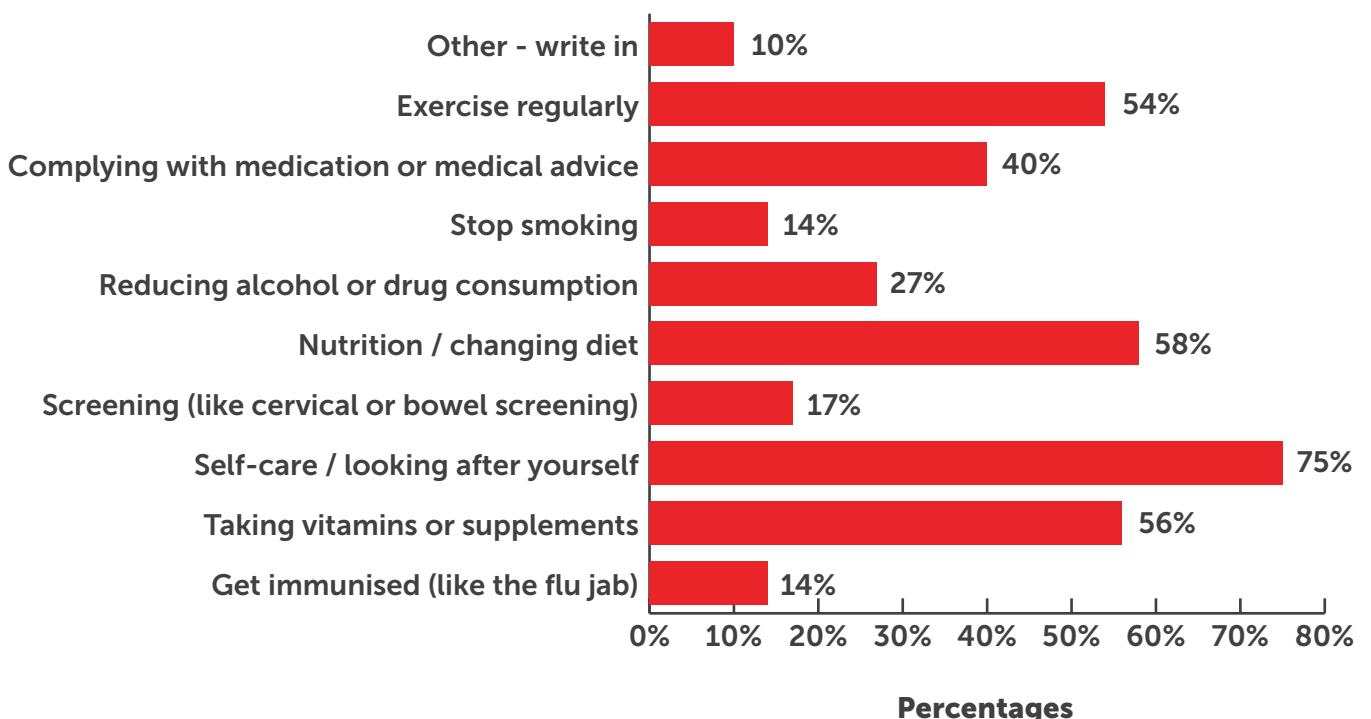
This illustrates a clear need for people to have appropriate financial and emotional support to access health services and the importance of clear communications with patients, especially those who may have memory issues. People also identified fear and anxiety as another reason why they felt unable to attend some appointments.

### 6.22 Prevention and self-care

We wanted to understand what steps people take to support their own health and wellbeing and how they engage with preventative services to maintain their health.

People described a range of ways that they supported their wellbeing with a significant amount of people

#### What steps (if any) have you taken to prevent ill health?





practicing self-care, managing their diet, exercising regularly, and taking vitamins and supplements.

**“I’ve had the flu jab. Obviously, I’m going for all my screenings. I’m going to appointments that I need to go to; I’m trying to eat healthy; I’m trying to do as much exercise as I can”.**

**“Obviously, I don’t drink no more. I have always had a pretty healthy diet, but I do try and change it day to day – fish, fruit...I do try and cook healthy. I take vitamins. Started taking vitamin D because of the winter, because that can help with depression and stuff like that”.**

Most people explained one or more ways that they were taking preventative steps to stay healthy. People described attending screening appointments, most commonly cervical screening. However, screening, immunisations and smoking cessation were the least common steps people had taken to maintain their health. Only 14% of those we heard from discussed getting immunised in the last 12 months, whilst this is only a short timeframe it would be useful to further understand the reasons that this is low, especially as the COVID-19 vaccine begins to roll-out.

**“My mental health, because if my mental health suffers so does everything else”.**

We also wanted to understand people’s current priorities for their health and wellbeing. The majority of the people we heard from identified their mental health and wellbeing as their main priority. Others noted the importance of the health of their families, staying physically well through maintaining a healthy weight and

monitoring existing health conditions to ensure they minimise symptoms.

It is important to consider the level of need and priority placed on maintaining mental health by those we spoke to and how this could be impacted by the lack of sufficient mental health support and access difficulties described around mental health services.

### **6.23 Access, eligibility and costs**

As noted, a key issue people outlined when describing their experiences of using healthcare services was difficulties when initially accessing the service. 29% of those we heard from stated that they had been unable to or refused access to a healthcare service. This was especially an issue for people who were denied registration to services based on the misconception that they needed proof of address or ID. However, people described various other barriers to accessing healthcare which impacted their ability to stay well.

Eligibility for treatment and financial implications was a significant barrier to people engaging with services, especially those we heard from who were currently in the immigration system. Others described the costs of prescriptions as a barrier to receiving the follow-up care they needed.

**“I received a prescription to go and take tablets or collect tablets from the pharmacy. When I got there, the person in the pharmacy told me I needed to pay for the tablets, the price was elevated or was expensive, I didn’t have money so I didn’t buy anything... because I took the prescription to the pharmacy, she gave me the price, I thought it was free, and she said, no, if you have a benefit, like universal credit, you have to**

go to your account. She told me lots of things that I had to do, that I didn't understand, so I left the pharmacy without understanding very well what she said".

The majority of the people we spoke to were receiving Universal Credit which meant that they were entitled to free prescriptions and were able to access them. The awareness and information about what they were entitled to and exemption certificates for those who were entitled to them was limited.

"I haven't got one [an exemption certificate] meself, like, but obviously because I'm on universal credit anyway so I don't pay for my prescriptions. But no, I wasn't aware of this and I think it should be made more aware".

Despite people being eligible for free treatment, often the travel costs incurred when attending appointments was a key barrier to access. This was especially the case for people who engaged with multiple services at once. Financial barriers also arose when people were trying to access support through digital and remote methods which required access to phone credit, the internet, and the appropriate devices to do so. This meant that despite healthcare services being 'free' to access, new ways of working meant that in fact treatment was not free or accessible for many.

## 6.24 Communication and information

A common theme across the patient experiences of engaging with a range of services was the difficulties in communication and accessible information. Many people felt that this was a significant area for improvement. Often people described instances

of not receiving communications or follow-up letters in relation to tests, treatment or appointments.

"...they promised me that they would get back to me, they would write to me. They would send a letter to me for appointment. That is for my eyes, which I couldn't, I did not receive any letter from them again".

"The most recent time, I was taken into hospital as an emergency and they did a blood test and they never gave me my results. I had to call the GP and get them to chase the hospital. This has happened before with a scan on my back (MRI). I never saw the results. They just sent them straight to my GP. My GP was on annual leave. When he came back, he wasn't impressed that I hadn't seen the results".

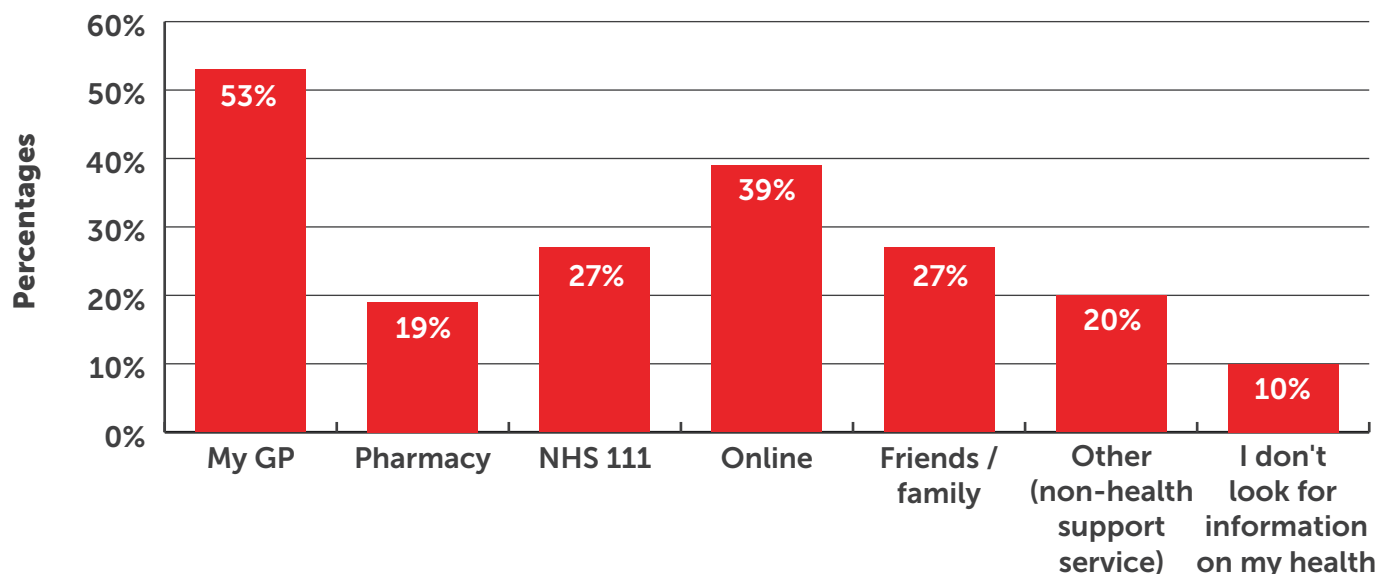
We also heard from people who were unable to communicate effectively with services as they did not have the access or skills to use the technology required to do so.

Verbal communication was also an issue when people were engaging with healthcare professionals. People found explanations of health needs and treatment limited or complicated meaning they did not feel fully informed and were not involved in the decisions about their treatment.

"I had a blood test, the nurse called me that I have a little problem with my cholesterol! she said come to receive the medication for it! really I didn't agree to take the medication without knowing exactly what is the problem with my cholesterol? is that high or low? but she didn't give me any explanation about that even when I went there to



**Where do you get information about your health and health services?**



take the medication! until I made another appointment with GP practice then he explained to me but already 2 weeks been past until I got the answer!"

for the majority of people we spoke to who required communication support. This impacted how people interacted with a range of services and often led to cancellations and increased waiting times for people based on the lack of availability of translators.

However, it is important to note that the people we spoke to mostly had access to mobile devices, credit and the internet, therefore this preference cannot be generalised to represent all people experiencing homelessness and would likely be difference for those who are more digitally excluded.

"So when I get the appointment by the doctor after a number months and the doctor was speaking to me in English and there was no interpreter or translator there and the doctor gave me medication [for heart pain] on the basis what he understood from me. I don't know whether I get the right or the wrong treatment, even I don't know about the medication, how to take it, so I am just taking it in the morning and in the evening, I don't know whether I'm taking it correctly or wrong".

We also wanted to understand where people got information and advice about their health and health services from. Despite outlining challenges to accessing GPs, this was still identified as the most common source of trusted information.

**6.25 Interpreter services**

Communication was an even more significant barrier for people whose first language was not English. The lack of support and access to interpretation and translation services was a key issue

This had significant implications for people who faced increased waiting periods and a lack of equity to accessing the healthcare they needed.

**"I do need a lot of help. The reason I haven't booked an appointment yet is because of my English. I do need help".**

Furthermore, this often limited the preferences people had in relation to requesting staff of a particular gender or a named GP that was preferable.

**"And there is two doctors which are female and one of them speaks my native language...and after that they do bring some female doctors sometimes you need a female doctor".**

### **6.26 Being heard – feedback and complaints**

People had interacted with a variety of different healthcare services over several years. Despite people often describing instances where they felt care or treatment provided was poor, a minority of people (18%) stated that they had complained about the care they had received. For those who did complain, they often were not aware of the outcome of the complaint or if any action had been taken.

**"I don't even know what happened. I just gave up in the end".**

Difficulties in self-advocating or challenging decisions was common for people we heard from who described when things went wrong in their care or treatment and felt unable to or lacked the information to address this. Similarly, several people discussed the impact of facing long waiting times on their overall health, but felt uninformed about how to query or clarify this with the services they were waiting to access.

We also wanted to understand if people had the opportunity to give feedback about the services they had used. Apart from taking part in this research, only 36% of people had been asked for feedback about their experiences. For those who were asked often it was through being sent or handed feedback forms which was not always the most effective way of gathering feedback.

**"I was being sent a letter from my surgery. And they wanted to know about what they can improve and, but I didn't because they wanted to know my details".**

### **6.27 Food insecurity and nutrition**

A significant factor in maintaining good health and wellbeing can be attributed to having appropriate and sufficient food. Several people described access to food as challenging, this was particularly difficult during the COVID-19 pandemic where lockdown restrictions were in place.

**"I believe everybody been impacted! because they saying for corona we have to have strong immune system to be protect, but really it's not easy to do all protection by buying a good food, and buy phone credit to stay in touch! I did have food but not perfectly how and how much I needed it because I suppose to take care of all sides in my life, not just have a good food only!".**

**"I am struggling to get food parcels. I am paranoid by going to places where there is a lot of people. Crisis was delivering food parcels during the first lock down, became a struggle when they stopped due to my location not having any food banks".**

We often heard that when people were able to access food, it was not always appropriate to their dietary needs or the type of food which promoted their health and mental wellbeing.

"... there was a period of time when I was struggling to get enough food for me and the kids. The food bank wasn't a good option as I can only drink oat milk. Because we're homeless, it's more difficult for me to get the things I'd usually buy as we've been moved to TA in a new area. Where I used to live everything was in walking distance, now all the shops are a bus ride away - the travel costs money. We were eating mostly vegetarian meals because the meat wasn't halal".

"Sometimes it can. It's not easy transitioning from going into supported accommodation to paying £15 a week and buying your food, to then coming into a flat. So, it does sometimes towards the end of the month impact it because I notice if I eat shit, like cheap, crap pizzas and chips and that sort of thing, if I eat that for a few days on top of fizzy pop and crisps and chocolate and stuff, it affects my mental health".

Lack of access to sufficient and nutritious food was clearly identified as an important priority for those we heard from. However, this was also a significant challenge which had direct consequences on their physical and mental wellbeing.

# 7. What next?

## Peer researcher reflections

“The need to have peers within the NHS supporting those individuals who are homeless and vulnerable is something that needs to be improved dramatically. Individuals stated that there is never anyone who they can just talk to, that knows and understands personally the impact being homeless has on every aspect of your life”.

This peer-led research provides empirical evidence which illustrates the key issues people experiencing homelessness face when accessing healthcare services and maintaining their own health and wellbeing in Birmingham. These findings will be used to inform a local homeless health action plan which will be devised by Birmingham’s #HealthNow alliance. The alliance comprises of people with direct experience of homelessness and various stakeholders from across the local health and housing sector who come together to co-produce solutions.

This research was one of three projects conducted simultaneously by Peer Researchers in Birmingham, Newcastle, and Greater Manchester as part of the #HealthNow campaign. These local insights will also be utilised to influence national decision-making. We will conduct this research again, in the fourth year of the #HealthNow campaign to map changes in the barriers faced against this baseline and support learning.

Groundswell have reviewed the findings from the three local #HealthNow peer research projects, research completed on the impact of COVID-19, the #HealthNow literature review and discussions through #HealthNow alliances to identify an area of research that we should prioritise for the second year of the #HealthNow campaign. Based on this review, Groundswell are planning to conduct a deep-dive thematic research project into people’s experiences of mental health services to better understand patient experience through identifying good practice and areas of improvement.

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