Barriers to accessing healthcare support when homeless

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Introduction

The High Sheriff for West Sussex Philippa Gogarty held a community evening meeting in Bognor on 27th June 2024. It was at this meeting that Healthwatch Community Partnership Lead and Stonepillow CEO re-connected and followed up our conversation a few weeks later.

In 2023, Stonepillow and Turning Tides received funding to run a one-year project to collect and collate qualitative and quantitative data relating to homelessness and barriers to accessing health and social care services. The project ran from 9th October 2023 to 5th March 2024.

Health inequalities Small Grants Programme Community - engagement with marginalised groups Impact report (March 2024).

There were **64 responses** for Stonepillow this report is based on these 64 lived experience responses.

Context

The average age of death for people who are homeless is [1]46 years for men and 42 years for women, compared to 77 years for the general population - 74 years for men and 80 years for women. A difference of between 28 and 38 years.

People who are homeless have poorer health outcomes as [2]73% live with a physical health problem and 80% live with a mental health problem.

People sleeping on the street are [3]almost 17 times more likely to have been victims of violence, with 1 in 3 people being deliberately hit, kicked, or have experienced some other form of violence whilst homeless. People who are homeless are over 9 times more likely to take their own life than the general population.

Reports show that being [4]homeless has a negative impact on someone's health and not just their living conditions. It is important to add that people who are homeless face increased barriers trying to access the different health and care services they need.

The main barriers being:

- Not having an address and/or documentation.
- Stigma from staff.
- Communication difficulties between staff and individuals.
- Lack of appropriate support for the individual and knowledge of what services are available.
- Who and how to make contact.
- Services inflexibility.

It is vital that people who are homeless not only get the right accommodation but are supported to access appropriately the healthcare services they need.

Summary

Stonepillow shared their homeless lived experience project data (completed at the beginning of 2024) anonymously with Healthwatch West Sussex.

This information highlighted that people who are homeless live with neurodiverse, musculoskeletal, mental health and numerous long-term conditions. It is noted that these health conditions do have a direct impact on assessing healthcare services.

22% (n14) of respondents identified themselves as having a disability. The main conditions being neurodiverse, mental health and musculoskeletal.

42% of respondents (n27) stated they live with a physical health condition. That their physical health condition affected access to healthcare services. The main areas being poor communication, rude reception staff, lack of translation services, and transport. However, 20% (n13) confirmed that their physical health condition did not affect access.

58% (n37) of respondents stated they live with a mental health condition. With 27% (n17) stating that their mental health affected access to services.

The main reasons cited were due to; not able to access via online or mobile (no access to equipment), unable to leave the house, communication barriers (staff not listening, no translation support, incorrect information provided) and need additional support to be able to access services.

> So many services put you on hold and don't answer.

> Anxiety makes it hard to go to appointments.

However, it is important to add that, 72% (n46) of respondents do not use online services due to not owning a device. Apps and online access being too difficult due to issues with charging and using equipment and needing support to use equipment. With 45% (n29), choosing to speak with a healthcare professional direct.

Some responders stated they felt judged by healthcare professionals and lacked respect because of being homeless. Other areas of concern included healthcare professionals not having enough time, no translation service, no follow up appointments, information being sent to the wrong address, not being listened to, and unsure how to reach services.

For some people who have multiple health conditions and increased complexity, who need to engage with a range of services such as primary care, mental health services, secondary care, dental and pharmacy. Which means that multiple appointments are needed. Currently the system tends to treat episodically and are not using a whole person holistic approach. This means that the person has to repeat the same conversations over and over again as the multiple services are not integrated and have to tell their story multiple times.

Many people living with neurodiverse, and mental health conditions which can cause unpredictable and challenging behaviour due to being hyper-alert and anxious. Unfortunately, this tends to translate in negative interactions from the places designed to offer support (GPs, A&E, pharmacies, dentists etc.). It is important that appropriate knowledge and awareness of the effect of such health conditions and how best to support is understood by healthcare staff in order to help break this vicious circle.

The data suggests that people who are homeless experience poor communication from healthcare professionals, with many feeling not listened to, or unheard, not being aware of the person's experience, feelings and perceptions, culture, and social circumstances. Yet this is one of the core values underpinning integrated care.

There is an urgent need in West Sussex for a one point of access for effective emotional health support, which is clearly communicated and easy to access. Currently the ways people try to access emotional health support is not supportive for people as many do not know how, who or where to make contact, thus making access to services unclear and difficult.

Access to healthcare support according to the Government comes under[5] 'inclusion health,' a *'catch-all' term used to describe people who are socially excluded, typically experience multiple overlapping risk factors for poor health (such as poverty, violence and complex trauma), experience stigma and discrimination, and are not consistently accounted for in electronic records (such as healthcare databases).*

Integrated health services/inclusion health is needed to help people who live with co-morbidities and increased complexity to access the right services timely, to better support their physical and mental health needs.

People are asking for is a simple, single point of access to support people before the point of crisis. To help avoid homelessness and offer appropriate holistic support once homeless.

This lived experience report shows that there is a need for people who are homeless to have access to the right healthcare and support, at the right time and in the right place; a collaborative approach between the [6]NHS, local authority, voluntary and community organisations, to build integrated strategies to better meet the needs of people who are homeless.

> It's difficult to build relationships with services with no fixed abode.

What good might look like

It is important to consider that many experiencing homelessness feel they have been rejected, fallen through the net, or been dismissed.

Many have suffered long term trauma which has been caused or exacerbated by homelessness. This lived experience report has shown that some have complex healthcare needs and often the healthcare environments are not set up to cope with these multiple needs. Especially for those living with frustrations, past rejections, or neurodiverse conditions. Therefore, it is important that a suitable environment is provided one where a person feels safe, and supportive, and is psychologically informed. A safe space is available where the person is able to move out of excessive noise, light or triggers is key.

Example Stonepillow day hub service.

Staff are trained in Trauma Informed Approaches, the environments are psychologically informed -there is food, support, warmth and is non-judgemental. The appointment systems are fluid, as people book in on the day, as the service is session based.

Staff can offer wider support, and the person can charge a phone, gain updates on wider issues, is a place of safety. The person's needs are taken into account, so they feel comfortable.

By bringing partners into the Stonepillow hubs, helps promote safe connection and helps the person to develop trust in the organisation. The ultimate aim is to move onto meeting the agency itself once that trust has been established. They can see the GP at the same time they have their hair cut, have some lunch, do their washing, and check on their housing application. A one stop – safe space.

Example Stonepillow hospital environment – swift flow system

The Swift Flow System was a short pilot developed by Stonepillow with St. Richards hospital as part of winter pressures innovation week. This wasn't just for those who were experiencing homelessness but available to others who live with complex triggers, behaviours or conditions who found it difficult to wait in a challenging Accident and Emergency waiting areas environment.

The Swift Flow System innovation was early waiting room triage by reception staff into a more psychologically informed and responsive waiting area. A person could get a cup of tea/ coffee, food, fresh clothes (if required or were soiled, damaged or missing). Wider support was provided by homelessness agencies and other voluntary, community organisations. The use of a rota basis; a nurse practitioner was on site to focus on speedy triage either into Accident and Emergency or linking with other agencies more suitable services, and community-based services.

The environment ensured that environment was in right – lighting and noise reduced was considered for those living with neurodiverse conditions or dementia or addictions. The person could be engaged and supported whilst they wait to be seen without judgement. They could go outside for a cigarette and not miss their appointment; they were treated with dignity and respect despite their wider issues.

Stonepillow outreach staff were available to deliver support on a rota basis throughout the day, the alternative waiting room was to have been provided by the hospital. Unfortunately, due to a communication breakdown within the hospital system, the swift flow system did not occur as no-one was moved through to the safe space.

What this information has highlighted is that the healthcare system needs to work in a more collaborative partnership way, to be able to respond effectively to the needs of people who are homeless. As by working with the voluntary, community and social enterprise sector to pilot new and alternative ways of working for the people they support. It is also important to add that many of these new ways save money in the longer term and cost very little to set up.

Currently, Stonepillow have a member of staff based in St. Richards hospital to work with the hospital teams to address and respond to patients who are experiencing homelessness, multiple and compound needs. They also support initiatives such as alternative waiting areas. This role is currently funded until March 2025.

Example Stonepillow and Primary Care

Berstead Green Medical Practice, provide Stonepillow with a GP for half a day weekly in the Bognor Regis and Chichester area. This ensures that homeless people can gain access to primary care within Stonepillow's day service. Insight has shown that by bringing healthcare professionals to the individual improved interactions and confidence.

A similar approach is happening with Stonepillow and **Hepatitis C Trust**, **Change, Grow, Live** nurses and **Pathfinder** clinicians.

Next Steps

- This report to be published and promoted through normal channels to stakeholder and partners.

- Healthwatch to share this report with NHS via monthly meetings and with West Sussex County Council Health and Adult Social Care Scrutiny Committee.

- Stonepillow are well placed to devise appropriate training for healthcare staff including receptionists. The aim being to better understand the unpredictable behaviour and some of the causes and challenges for those with complex and challenging conditions.

- The promotion of appropriate information and signposting resources. For these resources to be distributed through appropriate channels. Such as support with health costs when on benefits – prescription, dental, eye care, and travel costs.

  ### NHS Low Income Scheme (LIS)

- Multi-agency approach to create opportunities for professionals to work holistically to support people who are homeless to connect. This could also be a safe space to share challenges that need to be addressed around the specific and varied needs of the homeless community.

Survey responses in detail

Characteristics of responders

Gender

13 (20%) Female
51 (80%) Male

Age range

18-24 (6 - 9%)
25-44 (32 - 50%)
45-65 (24 - 38%)
65+ (2 - 3%)

Sexual orientation

3 Bisexual (5%)
1 Pansexual (2%)
60 Heterosexual (93%)

Ethnicity

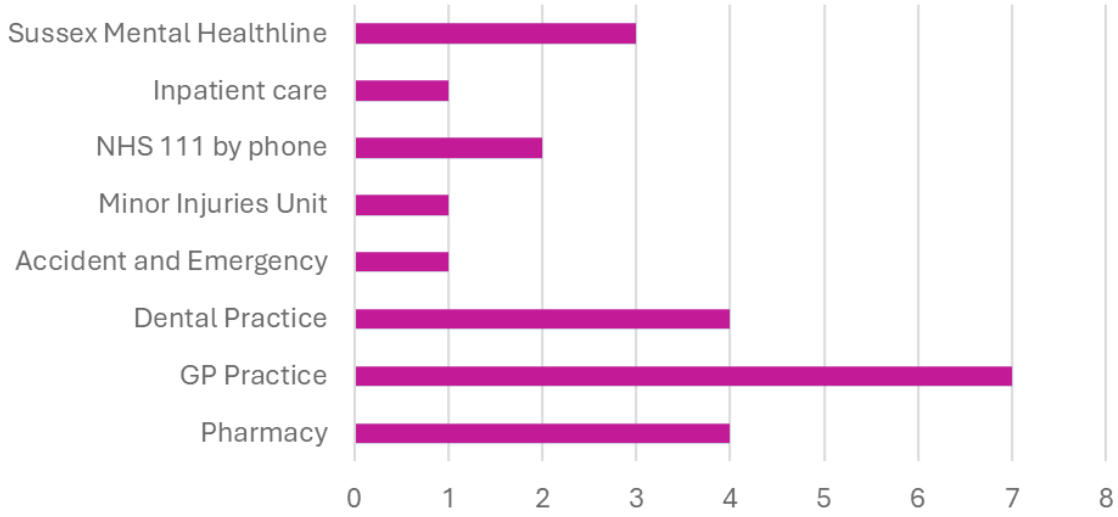
44 White British (69%)
18 White other (28%)
1 Arab (1%)
1 Asian British (1%)

22% (n14) of responders live with a disability. The main conditions were mental health, musculoskeletal, neurodiverse, and long-term conditions such as heart disease, Crohn's disease, and pancreatitis.

12% (n8) of responders stated that their disability affected access to services. For some access to the service was fine, for some the actual logistics of getting to the service was an issue.

> Since coming to Stonepillow I have been supported.

How disability has affected access to healthcare



Poor communication was a barrier. Some reported having difficulties as felt not listened to, having very long waiting times for follow up appointments.

> Sussex Mental Health - all they say is see the GP!

Respondents (42%, n27) stated they currently live with a physical health condition.

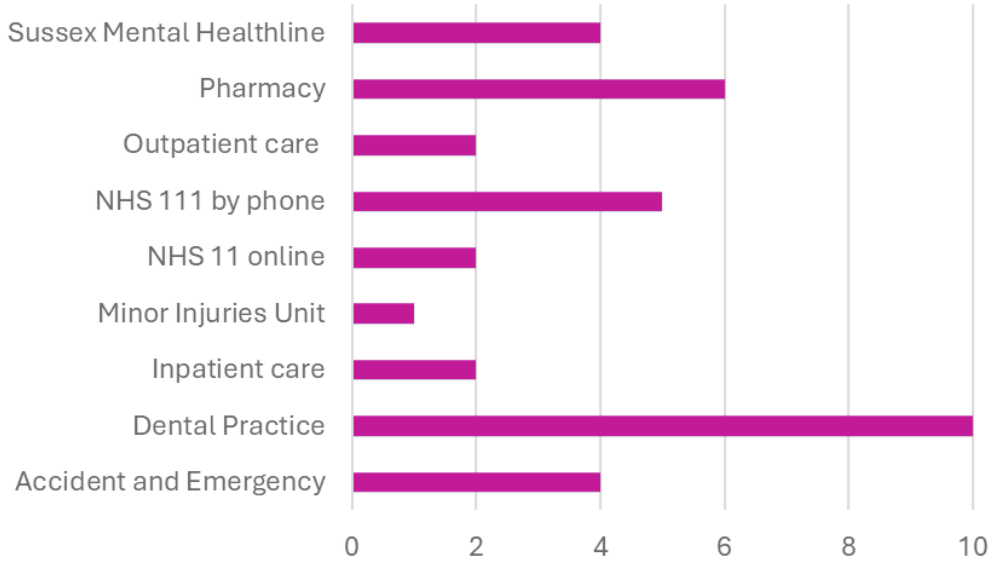
There was a wide range of conditions reported such as: substance misuse, musculoskeletal conditions, long-term conditions, disabilities, mental health issues, dental issues, hearing and visual impairments, and the impact of accidents.

Alcohol dependant
Arthritis
Asthma
Ataxia
Back issues (n3)
Blood clot + poor circulation
Chest issues
Chrones Disease
Chondromalacia Patella
Dental issues
Depression
Drug and alcohol abuse
Dry Eye Syndrome
Heart disease
Hip dysplasia
Hypertension (n2)
Issue with nose
Issues with mobility (n3)
Language barrier
Muscular atrophy
Nerve damage
Pancreatitis
Parapharyngeal abscess
Prolapsed disc
Prostate cancer
Sciatica (n2)
Short term memory loss
Tinnitus

Respondents (n13) shared, that their physical health affected access to healthcare services.

It is also important to note that 36% (n23) stated that their physical health did not impact them accessing services.

Physical health affecting access



Responders comments

Dentist will not take me on because I am homeless.

Never get an appointment when needed. Rude reception staff put me off, especially with lady issues.

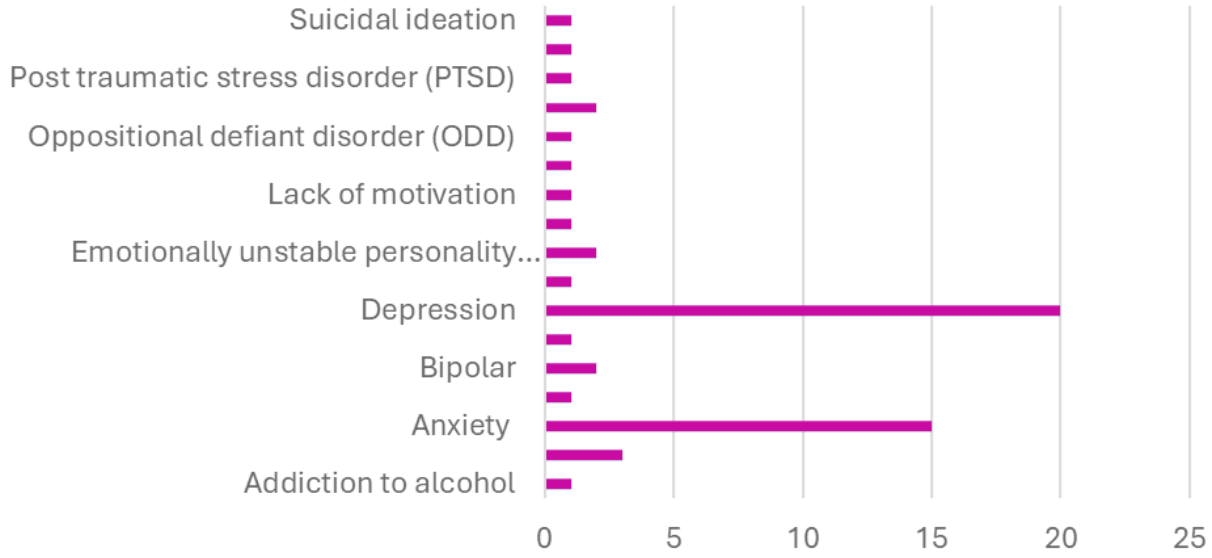
Inability to communicate due to language barrier.

Transport is expensive.

58% of respondents (n37) confirmed they live with a mental health condition.

The types of mental health conditions being self-managed on a day-to-day basis with depression and anxiety being the main area.

Mental health conditions being self-managed



Responders comments

Not able to express or reach out when needing support.

Autism makes it difficult to communicate.

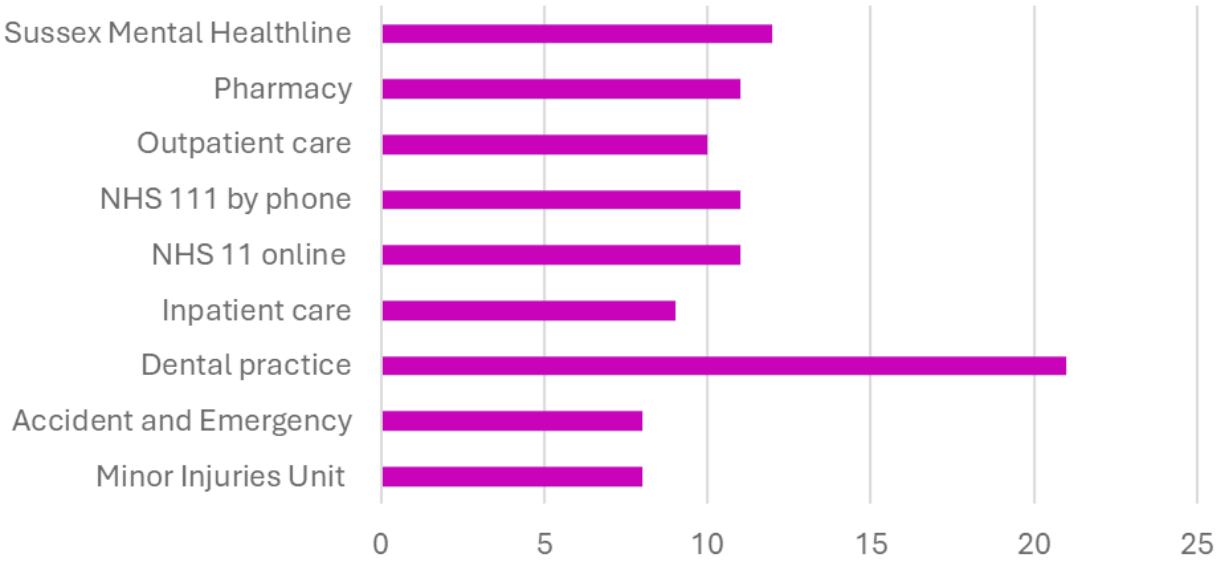
Been very suicidal recently.

Difficulty meeting people: new surroundings, going out, meeting people, unfamiliar people, and services.

Unable to cope with everyday life.

37% (n24) of respondents shared through a multiple answer question which healthcare services they could not access to support their mental health condition.

How mental health has affected access to healthcare services



However, 27% (n17) of responses stated that their mental health has not impacted on their ability to access services.

Peoples experience of accessing services whilst living with mental health difficulties, ranged from good access, being supported, to need to know what services are available, and need support to access services.

[7]A person's behaviour can be defined as 'challenging' if it puts them or those around them at risk or leads to a poorer quality of life. Challenging behaviour can include aggression, self-harm, destructiveness, and disruptiveness.

34%, (n22) of respondents stated they live with neurodiversity, and mental health conditions.

> The only barrier for me, is when my mental health is poor as don't feel able to connect with people.

Having to use online or the phone was a major barrier as 61% (n39), do not use or have access to digital services.

A number of respondents stated that they did not feel listened to or heard by healthcare professionals and that communication was a barrier – letters, appointments being sent to the wrong address, information from other medical appointments not being available and no follow up information being provided.

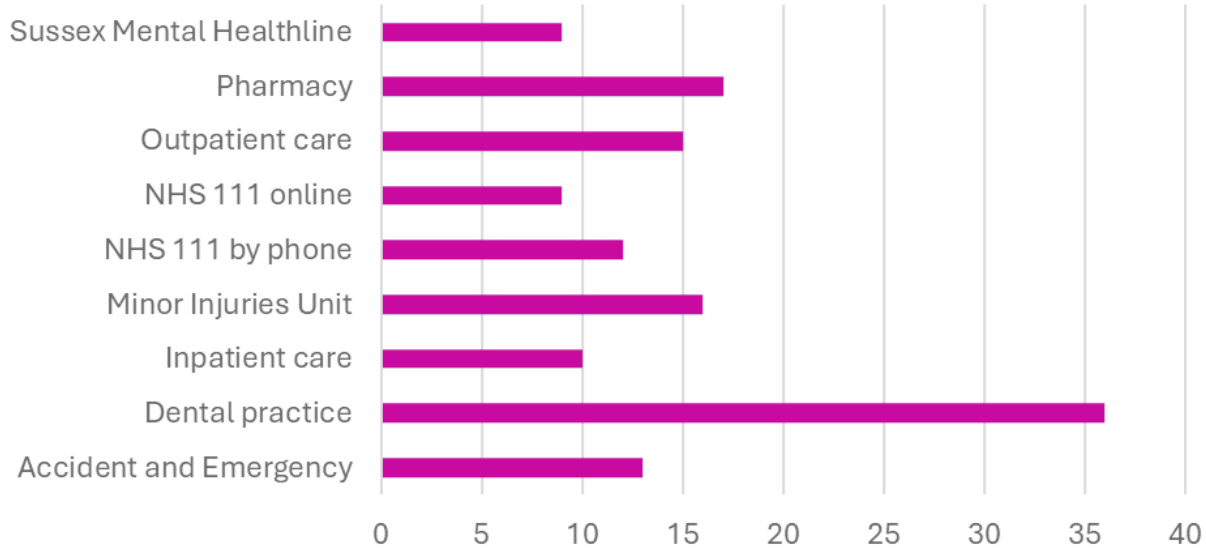
> I struggle with anxiety and finds it difficult to talk to people I do not know as finds this overwhelming.

A number of respondents stated that they needed support to be able to access services, due to anxiety, depression, difficulty making an appointment, talking to people when in crisis, or speaking with professionals.

A number of people cited not having any support or the right level of support to be able to access a service – someone to support the person due to anxiety and stress and translation services not being available.

59% (n38) of responders shared through a multiple answer question their experience of being homeless or living in temporary accommodation, and how this has affected their ability to access healthcare services.

Impact of homelessness on access to services



Responders comments

It's hard as not always able to follow up on appointments.

Feeling stressed and low whilst homeless has led to me not wanting to interact with healthcare services.

Trying to get to appointments was difficult with no money and feeling unclean/dirty from sleeping rough.

Responders shared how being homeless or living in temporary accommodation has affected their access to healthcare services. This included increases in mental health conditions, access to services being difficult due to communication issues, cross-over -letters and/or appointments, and difficulty charging their mobile phone.

Responders comments

My mental health deteriorated when (I) became homeless.

Health suffered when sofa surfing....

Feeling out of control.

Had sleeping difficulties.

56% (n36) of responders stated that they had difficulty accessing dental services. Reasons stated, no fixed address, cost of service, locating a dental service or long waiting lists.

Other reasons cited about difficulty accessing services, difficultly to build relationships with no fixed address, stigma around homelessness and discrimination, feeling embarrassed about being homeless, feeling unclean due to rough sleeping and being unable to charge mobile phone.

37% (n24) of respondents answered the question about their experience the last time they accessed NHS services. The main themes were not being able to make an appointment, feeling inferior due to status or not felt listened to. Some respondents found the service very helpful and positive and felt the staff supported 100%.

Saw GP this morning, nice and kind to me and I felt listened to.

There were no responses received about sexuality affecting access to services.

64% (n41) people stated that their ethnicity did not affect access to healthcare service. The main area of concern was not being offered a translation service.

Need a translator which is hard to get.

8% (n5) of responses stated that some services were affected by their ethnicity. GP Practice (n4), Dental Practice (n4), Outpatients Care (n2), Pharmacy (n2), Minor Injuries Unit (n2) and Ment Healthline (n1)

Currently 11% (n7) of responders use online services -apps and digital services to access NHS services. The main areas being GP appointments, medication, and NHS app.

However, it is important to add that, 61% (n39) of respondents do not use online services due to not owning a device. Apps and online access are too difficult to use. With 45% (n29), choosing to speak with a healthcare professional direct.

Missed lots of appointments due to not having a phone or the battery not being charged.

Appendix A: References

1. Homelessness Kills

2. www.homeless.org.uk

3. Homelessness Kills

4. Homelessness includes people who are rough sleeping, living in homeless hostels, sofa surfing, and people in temporary accommodation. Cited The unseen struggle: the invisibility of homelessness in NHS data. (Will Fryer et.al, April 2024).

5. Inclusion Health: applying All Our Health

6. What homeless people told us about their experience of health and care services

Stonepillow contacts

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Talk to us

If you have questions about the content of this report, please either call 0300 012 0122 or email cheryl.berry@healthwatchwestsussex.co.uk

How this insight will be used?

We recognise that all health and care services are under pressure at this time and have had to adapt their ways of working. We will share this report with the local NHS, Local Government, and other providers to help them understand where things are working well and services are adapting to meet peoples' needs, and to help them identify any gaps. We see this as a continuation of discussions taking place and will continue to use this fresh insight and the solutions presented to challenge for a better future.

For help, advice, and information or to share your experience

We also help people find the information they need about health, care and community and voluntary health and care support services in West Sussex. Here to help you on the next step of your health and social care journey

You can review how we performed and how we report on what we have done by visiting our website **www.healthwatchwestsussex.co.uk**

Healthwatch West Sussex works with **Help & Care** to provide its statutory activities.