Homelessness, Substance Misuse and Mental Health

Getting Access to Services



A Healthwatch Dudley Report

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Dudley borough

A long and prestigious industrial history Coal and limestone mining and iron, steel, and glass manufactures

1910, Women Chainmakers' down tools to demand an increase in poverty wages

Action against steelworks closures and unemployment, 1970s and 80s

2008 financial crisis, less spending on public services and reduced standards of living for many

Strong sense of community and a willingness amongst people to support each other during difficult times, 2018

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Task at hand



'We were tasked with gathering information from people who had experience of being homeless and either or both substance misuse and mental health problems'.

Andrea Crew Chief Officer

Healthwatch Dudley's board wanted to know more about how people with experience of homelessness, substance misuse and/or mental health problems get access (or not) to health and welfare services.

The intention was to gather information on what happens when they try to get access to such services. How easy or not it is for them to get the help they need. And an impression of what is good or not so good about the way that services are provided and work for homeless people.

This brief exit report - with a copy of the questionnaire survey used - sets out what happened and recommendations for any future research.



Background

'Everyone has the right to a standard of living adequate for the health and wellbeing of himself and of his family, including food, clothing, housing and medical care...' (United Nations Declaration of Human Rights Article 25)

At a meeting of the Healthwatch Dudley board, held in July 2016, it was decided to undertake project work to better understand how people with multiple vulnerabilities get access (or not) to health and social care services.

More specifically, the aim was to get the views of people with experience of homelessness and, in addition, substance misuse and/or mental health problems on how they get access (or not) to such services.

For the purposes of the project health and social care services were to encompass a wide range of activities: undertaken in primary, secondary and social care settings: at the doctor's surgery, dental practice, pharmacy, opticians, council housing or social services departments.

Healthwatch

Healthwatch organizations are funded by the Department of Health. They were set up in 2013, based on proposals set out in the Health and Social Care Act 2012.

Healthwatch England, the national umbrella body, has its own Director and independent board. There are 152 Healthwatch organizations, at the local level, in a network that operates across England.¹

The Healthwatch Dudley board decides on strategy and priorities for local action on health and social care matters affecting people in the Dudley borough. It is a champion for local people on such matters and is interested in gathering their views on how health and care services are meeting their needs or not.²

Dudley borough

The Dudley Metropolitan Borough is centrally located within the Black Country. It includes the three main towns Dudley, Halesowen and Stourbridge. But, locally is divided into five townships: Brierley Hill (that includes Kingswinford); Dudley and Netherton; Sedgley; Halesowen; and Stourbridge.

The 2011 census estimated the borough population to be 312,925; with most people (88.5%) describing themselves as White British. However, significant ethnic groups are Pakistani, Indian, Polish, Latvian, Lithuanian, and Caribbean.

Homelessness

In 2015/16, it was estimated, local authorities, in England, spent £1,148 million on homelessness services. The largest amount of monies was spent on temporary accommodation. Meanwhile, spending on preventing homelessness fell.³

The official statistics show that in England there has been a 134 per cent increase in rough sleeping in the autumn of 2016 compared with 2009/10; with 4,134 people recorded by local authorities as rough sleeping.

¹ Healthwatch England, <u>http://www.healthwatch.co.uk/</u>

² Healthwatch Dudley, <u>http://www.healthwatchdudley.co.uk</u>

³ National Audit Office, Department for Communities and Local Government (2017) 'Homelessness', <u>https://www.nao.org.uk/report/homelessness/</u>

In England, between 2009/10 and 2015/16 homelessness experienced by families with dependent children increased by 56 per cent (affecting 41,970 households).⁴ In 2015/16 it was estimated there were 282,000 concealed couples and lone parents living in insecure accommodation. And there were 678,000 overcrowded households.⁵

Meanwhile, a Public Health England report, published in 2018, remarked that there are many people who do not appear in official statistics on homelessness; such as those staying with family or friends on a temporary basis. Consequently, the actual number of homeless people will be larger than that suggested by the official statistics.⁶

It is the Housing Act 1996, (Part VII), as amended by the Homelessness Act 2002, which sets out the statutory definition of a homeless person; and how English local authorities are expected to help someone who is homeless or threatened with homelessness.

It states a person is homeless if they have no accommodation available for their occupation, in the United Kingdom or elsewhere, which they are: entitled to occupy by virtue of an interest in it or by virtue of an order of a court; have an express or implied licence to occupy, or occupy as a residence by virtue of any enactment or rule of law giving them the right to remain in occupation or restricting the right of another person to recover.

In addition, a person is homeless if they have accommodation but: cannot secure entry to it; or it consists of a moveable structure, vehicle or vessel designed or adapted for human habitation and there is no place where they are entitled or permitted both to place it and be resident in it.⁷

⁴ Local Government Association (2017) 'The Impact of Homelessness on Health, <u>https://www.local.gov.uk/impact-health-homelessness-guide-local-authorities</u>

⁵ Fitzpatrick, S., Pawson, H., Bramley, G., Wilcox, S., Watts, B. and Wood, J. (2018) 'The Homeless Monitor England', Crisis and Joseph Rowntree Foundation, <u>https://www.crisis.org.uk/ending-homelessness/homelessness-knowledge-hub/homelessness-monitor/</u>

⁶ Public Health England (2018) 'Evidence Review: Adults with complex needs (with a particular focus on street begging and street sleeping)', <u>https://www.gov.uk/government/publications/homeless-adults-with-complex-needs-evidence-review</u>

⁷ Housing Act 1996,

https://www.legislation.gov.uk/ukpga/1996/52/contents



The European Typology of Homelessness and Housing Exclusion, developed by the European Federation of National Organisations - working with homeless people refers to: rooflessness (where someone is without a shelter of any kind, sleeping rough); houselessness (where someone has a place to sleep but it is temporary in an institution or shelter); living in insecure housing (where someone is threatened with severe exclusion due to an insecure tenancy, eviction, or domestic violence); and living in inadequate housing (where someone is in a caravan on an illegal campsite, in unfit housing, or affected by extreme overcrowding).⁸

After the 2017 elections the Conservative government set up a Rough Sleeping and Homelessness

⁸ European federation of national organisations working with homeless people (2005) 'European typology of homelessness and housing exclusion', <u>https://www.feantsa.org/en/toolkit/2005/04/01/ethos-typology-on-homelessness-and-housing-exclusion</u>

Reduction Taskforce. Then the Homelessness Reduction Act 2017 was passed, which placed new legal duties on English local authorities.

In particular, anyone who is homeless or at risk of homelessness must be able to get access to meaningful help, irrespective of their priority need status, as long as they are eligible for assistance. A person is threatened with homelessness if it is likely that they will become homeless within 56 days.

Local authorities must provide or secure the provision of free services to give people in their area information and advice on: preventing homelessness; securing accommodation if homeless; the rights of people who are homeless or threatened with homelessness; and any help that is available for people who are homeless or likely to become homeless as well as access to help.

At the same time, local authorities must ensure services are designed to meet the needs of groups that are at increased risk of becoming homeless. And, for eligible persons, carry out an assessment of their case. The assessment needs to include understanding the circumstances that have caused homelessness and the housing and support needs of the person and their household.

The aim is to reach agreement on a personalised plan showing the actions the person and the authority need to take to ensure accommodation is secured and/or retained.⁹

The causes of homelessness can be complex. But, there are correlations between homelessness and early trauma or adverse childhood experiences, relationship breakdown, being asked to leave the family home, substance misuse, and mental health problems.

In many instances there are a combination of these factors contributing to homelessness. And, also poverty, inequality, unemployment, housing costs and changes to housing benefit entitlements.

⁹ Homelessness Reduction Act 2017, <u>http://www.legislation.gov.uk/ukpga/2017/13/contents/enacted</u>

Dudley Metropolitan Borough Council has indicated it wants to prevent homelessness wherever possible by offering advice on housing options to people who are homeless, at risk of losing their home, have other urgent housing needs, or simply want to know more about how to get accommodation.¹⁰

Access to services

Work done by Kings College London shows people who are homeless can face multiple barriers getting access to health services, including the inflexibility of services and appointments systems, negative staff attitudes, and the difficulties that services have in treating people with complex and multiple needs.¹¹ Healthwatch Croydon has published a report on 'The Experiences of Homeless People using Health Services in Croydon' in 2018.¹² And Healthwatch Essex has published a report on 'The Healthcare Experiences of Homeless People in Essex' in 2017.¹³

Both reports mention the difficulties that homeless people face getting access to healthcare services. They further remark on how homeless people feel they are often not listened to by professionals or properly involved in decisions about their healthcare. It is suggested there is a need for more flexible structures and professionals who are empathetic and non-judgemental.

¹⁰ Dudley Metropolitan Borough Council, Homelessness,

https://www.dudley.gov.uk/residents/housing/housing-advice-and-support/homelessness/

¹¹ Crane, M., Cetrano, G., Joly, L., Coward, S., Daly, B., Ford, C., Gage, H., Manthorpe, J. and Williams, P. (2018) 'Mapping of specialist primary health care services in England for people who are homeless, Kings College London, <u>https://www.kcl.ac.uk/sspp/policy-institute/scwru/pubs/2018/Reports.aspx</u>

¹² Healthwatch Croydon (2018) 'The Experience of Homeless People using Health Services in Croydon', <u>https://www.healthwatchcroydon.co.uk/learn-more/our-reports/</u>

¹³ Healthwatch Essex (2017) 'The Healthcare Experiences of Homeless People in Essex', <u>https://www.healthwatchessex.org.uk/news/new-report-reveals-the-health-care-experiences-of-essex-homeless/</u>



What we did

Initial project scoping and planning meetings were convened. They comprised Healthwatch Dudley staff (Jayne Emery, Chief Officer, Rob Dalziel, Participatory Research Officer, Chris Barron, Community and Volunteer Engagement Officer) and board members (Maria Bailey and Tom Hayden).

Both Maria and Tom had an interest in vulnerable people and homelessness -

through their work with the Midland Heart Housing Association and IRiS Partnership providing adult drug treatment services.

Preliminary work

The proposed method for capturing homeless people's views on getting access to health and social care services was a short questionnaire survey combining closed (yes or no), scalar (ranked responses on a scale of 1 to 6, where 1 is not very satisfied and 6 is very satisfied), and open questions (with space for people to write in their own comments).

However, it turned out to be quite a complex task trying to decide exactly what services to cover and how to do this in a questionnaire survey format - whilst at the same time keeping the size of the survey under control.

There was much discussion about how easy (or not it) it would be to get the sorts of information on homelessness, health, and social care we might be interested in using a questionnaire survey - whilst, for example, avoiding having too many open questions requiring a lot of time to answer and analyse. It took many months, and the completion of several survey drafts, to eventually get something that we felt could be used to get the information we wanted from homeless people on getting access to health and social care services.

Individuals, with experience of homelessness, substance misuse and/or mental health problems, would be identified through organizations providing support for such individuals. Staff in these organizations would work with individuals, who had agreed to take part in the inquiry, to complete surveys. At the same time, it was recognised work would need to be done to promote the survey. And get busy organizations to find the time and space needed to work through the surveys with individuals.

The aim was to obtain information and inquiry findings to present, in a report, to the commissioners of health and social care services to help them to make better informed decisions about how to help homeless people needing to get access to health and social care services. In addition, in the future, it would be possible to use the survey findings in focus group sessions to develop more indepth conversations on homelessness and getting access to health and social care services.

We were also able to attend meetings of the Dudley Metropolitan Borough Council Homelessness Strategy Group to talk about the homelessness project and the questionnaire survey. They were asked if they could support the survey: they felt it was a useful endeavor and they would look forward to seeing findings that helped them as service providers or policymakers.

A message was circulated to all group members with details about the survey and asking them to support it and promote it within their organizations. Strategy group members were able to comment on the draft survey and amendments were made to it following comments received.

Questionnaire survey

In the end 300 copies of the questionnaire survey were printed ready for circulation to organizations working with homeless people (see Appendix 1 on page 26). It is an A4 booklet with 48 pages and 139 separate questions in 15 sections on homelessness and health and social care services: the NHS 111 telephone helpline; pharmacy; doctor's surgery; walk-in or urgent care; hospital accident and emergency; mental health care; dentist services; optician services; housing help; social services; benefits; and any other services.

At the end of the survey there is a section called 'More about You' designed to collect additional information on an individual - where they were staying and first part of post code, if appropriate, ethnicity, age and gender. Individuals only needed to complete sections relevant to them.

Questionnaire survey pilot work was undertaken, with a group of five Healthwatch Dudley volunteers, to ensure it was well set out and understandable. Then, in April and May 2018, the survey was circulated to relevant organizations. We met with a contact person in each organization that had expressed an interest in the survey to brief them on how to work through it with individuals and get feedback to Healthwatch Dudley. We offered to pick completed survey up if that would be useful. From a total of 45 contacts made with organizations, working with vulnerable and homeless people, we received expressions of interest in and delivered surveys to six in total: Brierley Hill Project; Bromford Housing Association; Midland Heart Housing Association; Young Men's Christian Association; Dudley Counselling Centre; and Churches Housing Association Dudley and District. Altogether, 91 questionnaire surveys were eventually circulated to these organizations.

The survey was completed by people affected by homelessness, substance misuse and/or mental health problems between November 2017 and May 2018. A person was affected by homelessness where they had experience of: rough sleeping, sofa surfing, living in a hostel or other temporary accommodation, living with family (not out of choice) or living with friends. They were affected by substance misuse or addiction involving: prescription drugs (their own or someone else's), heroin or crack cocaine, psychoactive substances (legal highs), non-prescription drugs (over the counter), alcohol, or other illegal drugs (Cannabis, Black Mamba, and Spice). And mental health problems where they had experienced: anxiety or depression, schizophrenia, a bi-polar condition, or psychosis.



All of the people who participated were informed about the purpose of the project and Healthwatch Dudley's role in getting views on homelessness and getting access to health and social care services. Then providing feedback on findings to the Healthwatch Dudley board and organizations and individuals with the power to change or improve services. Individual's consent to be involved in the project and questionnaire survey work was sought and recorded. And they were informed they did not have to answer a question or questions put to them and could end their participation at any time.

In addition, people were informed that Healthwatch Dudley undertook not to identify any individual in any report it produced without their permission. Neither would we pass on information about individuals or their views to any third party without their permission. The only time that this standard would be breached is in instances where information was disclosed that suggested a person was at risk of serious harm to themselves or others or had seriously harmed themselves or others.

What happened next



In June 2018, the organizations that had been given copies of the questionnaire survey were emailed to see what progress had been made in getting them completed. Organizations had not been able to get any (or just one or two) surveys completed: they had been too busy or experienced difficulties in identifying people who might want to participate.

In total, 3 completed surveys were returned to Healthwatch Dudley. The information contained in these surveys is elaborated on in this section (real names have been changed to preserve individuals anonymity).

Selma

Selma is an Asian woman, aged between 25 and 34, who indicated she had experience of living rough, abusing alcohol and being affected by anxiety and/or depression, a bipolar condition and schizophrenia.

She had used the NHS 111 telephone help line. And felt strongly that she had not been listened to or well understood and that she had not got the help she needed. The service had not been helpful for her.

In turn, Selma had visited a community pharmacy and indicated she was quite satisfied that she had been listened to, was very satisfied she had been understood and was quite satisfied she had got the help she needed.

Selma had had a more positive

experience when visiting a dentist. She indicated she had been treated with kindness: listened to, well understood and getting the help she needed.

Likewise, she had had positive experiences getting housing help, at a local community project where, again, she felt strongly that she had been listened to, well understood and got the help she needed. It was possible to get help quickly and there was good face-to-face support that was very helpful.

The project had helped her to get a flat and supported her on different occasions when she needed it including with an application for a Personal Independence Payment. The people there were kind, helpful and non-judgmental.

Selma gave information on visits to a doctor's surgery, the Urgent Care Centre (at the Russells Hall Hospital) and being at the Bushey Fields Hospital (a psychiatric facility operated by the Dudley and Walsall Mental Health Partnership NHS Trust). Selma felt strongly that she had not been listened too or well understood and had not got the help she needed. She felt her alcohol issues were preventing her from getting the help she needed. At the Urgent Care Centre she had waited for more than four hours to be seen by someone and felt she had not been treated with empathy or respect.

John

John describes himself as a White British male, aged between 25 and 34. He had experienced living with his family - not out of choice but because he could not afford to move out and get his own home) and sofasurfing.

John had had issues with substance misuse but had been clean since August 2015. However, he continues to be affected by mental health problems: anxiety and/or depression and psychosis. He feels his psychosis is alcohol and cocaine induced.

For two years John had been taking medication to deal with his addictions. He remarked that he had been too busy to visit a dentist or opticians.

At the Dudley Jobcentre he felt strongly that he had been listened to, well understood and got the help he needed.

John felt strongly that on recent visits to a pharmacy and two doctor's surgeries (one inside and one outside of the Dudley borough) he had been listened to, well understood and got the help he needed.

Lucy

Lucy describes herself as being a White British female, aged between 16 and 24. She had been homeless for a period of time, after problems at home between herself and her stepdad. Lucy has mental Health problems: anxiety and/or depression and had attempted suicide in November 2017.

She explained that she had had an appointment at the Bushey Fields Hospital but missed it because she was so stressed. The hospital asked her to re-book a new appointment within seven days.

However, Lucy remarked that, at this time, she was forgetting things and finding it difficult to manage. Meanwhile, a visit to a pharmacist had not been viewed as very helpful. Lucy felt strongly that she had not been listened to, well understood or got the help she needed. She was upset at having to wait for her contraception.

She had only two days' supply of contraception left. Her GP had told her it would be ready to pick up at the pharmacy but it wasn't when she arrived there. Instead, she was advised to go back to the GP.

Meanwhile, she had waited two weeks to get an appointment at the doctor's surgery. And when she visited the surgery felt somewhat dissatisfied regarding the extent to which she was listened to, well understood and able to get the help she needed.

But once you are able to see a doctor things can go well suggesting it might be getting an appointment that is a particular problem.

Lucy explained that contact with the NHS 111 telephone helpline had been useful. She felt strongly she had been listened to, well understood and got the help she needed. The first time Lucy had contacted NHS 111 she was still living at home. She was very stressed since relations with her stepdad were extremely strained. The woman she spoke to helped to calm her down and was focused on finding a solution to her problems. The second time she rang the service it was because of chest pains. Again the woman she spoke to was very helpful and even offered to send an ambulance out.

Lucy had been taken to Russells Hall Hospital Accident and Emergency Department by ambulance. She felt strongly that whilst there she had been listened to and got the help she needed regarding her physical health.

However, she was less satisfied she had been well understood and felt strongly that she had not got the help she needed for her mental health problems.

She had had regular contact with the mental health crisis team, Children and Adolescents Mental Health Services and social services staff. Annoyingly, she had been told by social services there would be a follow-up assessment of her circumstances that never happened. Lucy, on a visit to the hospital, with chest pains and feeling very stressed, felt that if she had been better helped by social services her life would be quite different and she would not have ended up in accident and emergency.

She had, though, had some later good experiences with social services where she felt strongly that she had been listened to and well understood. She was quite satisfied she had got the help she needed. In particular, her case for securing accommodation was given a high priority.

In turn, the Young Men's Christian Association had been very helpful listening, understanding and giving help that was needed to get a place in supported accommodation. Lucy had waited five days for an appointment at the Jobcentre. She was quite satisfied she had been listened to and understood but less satisfied she had got the help she needed. It was the time taken to get decisions on payments and the fact that discussions could be quite difficult. Her housing situation was considered but had to be put on hold awaiting further information that had not been previously sought or recorded. She waited two weeks to get another appointment.

Findings and Recommendations

There were only three responses to the questionnaire survey received. Consequently, it is not possible to build up a robust picture of what is happening in the Dudley borough when homeless people attempt to get access to health and social care services.

However, each of the three responses provides a powerful account of personal strife, relationship breakdown, substance misuse and/or mental health problems. In turn, they describe a complicated route to homelessness and good and bad experiences trying to get help with housing and their health.

Good and not so good experiences

It seems a person experiencing homelessness may often have had a number of different stressful things happening in their lives; to do with relationships, their health and employment as well as keeping a roof over their head, managing on benefits or getting support to help with substance misuse or mental health problems.

In the case of John, Lucy and Selma there are links between their experiences of homelessness, substance misuse and/or mental health problems.

All three have had good and not so good experiences when they contacted or used healthcare services: the NHS 111 telephone helpline, a pharmacy, a doctor's or dentist's surgery or hospital.

There were instances when it was felt staff showed genuine concern, were empathetic and provided much needed help and support. But there were are also instances when it was felt staff did not listen, want to understand a person's circumstances and failed to provide needed help and support. A message emerged around a need for better more joined-up and coordinated health and social care services that are able to more effectively help people experiencing homelessness and who might also have substance misuse or mental health problems.

It would seem to be useful for people with experience of homelessness and those working in health and social care services to co-produce plans for services and how they will be provided.

Such arrangements could help to make services more effective at helping people and foster the high levels of professional empathy and non-judgmental interaction that people experiencing homelessness want when they seek help and support.

Based on remarks made by the three individuals responding to the questionnaire survey it seems current levels of support are sometimes inadequate or not sufficient to ensure sustainable outcomes around obtaining and keeping accommodation, recovery from substance misuse or dealing with mental health problems.

In some instances the most helpful assistance was obtained by developing longer term relationships with organization staff and others giving on-going support to improve quality of life and manage the ups and downs that happen on the way to getting back a more 'normal' pattern of living.

Main Findings

1	In the case of Selma, John and Lucy there were lots of things happening in their lives that led to them experiencing homelessness: relationship breakdown, difficulties with money and unemployment
2	Homelessness and its links with substance misuse and mental health problems mean a joined-up and well-coordinated approach to providing health and social care services is needed to properly help people
3	Selma, John and Lucy had had some good experiences using health and social care services where they had felt staff had listened, understood their situation and given them the help they needed. At other times they had felt they were not listened to, staff had not shown any empathy, and they did not get the help needed to meet their needs
5	A message emerged on the need for (co-produced) and person- centred health and social care services

Future Research

1	A questionnaire survey is difficult to use to get information from people with experience of homelessness, substance misuse and/or mental health problems on how they are getting access to a wide range of health and social care services
2	It would be useful to work with people with experience of homelessness, substance misuse and/or mental health problems on a one-to-one basis in conversations to collect stories of how they get access to health and social care services
3	There are difficulties involved in getting busy organizations to act as third parties and get their staff to complete surveys on a one-to one basis with people that they know with experience of homelessness, substance misuse and/or mental health problems
4	The scope of the inquiry was very broad covering a lot of health and social care services, which meant the survey was long with many sections and questions - it may be better to focus on a particular aspect of health or social care and fewer services in a survey format
5	A smaller number of in-depth conversations with people with experience of homelessness, substance misuse and/or mental health problems and how they get access to health and social care services would have the potential to generate much useful qualitative information
6	Where the focus is on having conversations with a few people a short survey could be made available to give a wider group of individuals with experience of homelessness, substance misuse and/or mental health problems an opportunity to participate and give their views on getting access to health and social care services

Appendix

Homelessness, substance misuse and mental health: Getting access to services

Questionnaire Survey





Section 1: The survey

NOT TO BE READ OUT

Information for persons filling in the questionnaire survey with participants

This questionnaire survey will work best where the person filling it in engages with the participant in a conversation. It should not be simply about working through a series of questions in checklist fashion to get things done as quickly as possible.

Some prompting remarks (for example, can you say something more, please explain what you mean, can you give an example etc.) may be needed to help people recall events.

You should introduce yourself 'Hello my name is ... I am a volunteer/member of staff at (making sure the person you are having a conversation with is comfortable and able to talk in surroundings where there comments remain confidential).

TO BE READ OUT IN FULL

To potential participants

Healthwatch Dudley wants to get the views of people who have experience of homelessness and also alcohol and drugs misuse and/or mental health problems on how they use health and social care services. The aim is to find out which ones work well and which ones could be better.

Everyone's views will be collected and reported back to the people who can change or improve services. We will not use your name in the report we produce, this means your answers will be anonymous. You will be able to see the report on our website and we will let you know when it is ready, if you want to know.

You do not have to answer a question if you don't want to. Anytime you want to stop, just say so. It will take about 15 to 20 minutes to talk it

all through. We really appreciate the time you are giving, it will help to make things better for everyone.

Are there any questions you would like to ask?

Are you happy to carry on?

Please tick the box if consent to carry on is given

Section 2: About You

In the period September 2017 to February 2018 have you been affected by the following

Please tick the boxes that apply

1. Homelessness, for example:

Sofa surfing	Living with family	
Living rough on the street	Living with friends	
Living in hostel or other	Not affected	

temporary accommodation

Other: please specify

Would you like to say anything more?

PERSON NOT AFFECTED BY HOMELESSNESS BETWEEN SEPTEMBER 2017 AND FEBRUARY 2018

TO BE READ OUT IN FULL

Thank you for your time. The aim of this inquiry is to collect the views of people affected by homelessness between September 2017 and February 2018.

If you would like to talk with Healthwatch Dudley about your particular experience of getting access to or using health and social care services you can ring on 03000 111 001 or go to the website at: www.healthwatchdudley.co.uk

2. Substance misuse or addiction, for example:

Prescription drugs (yours or someone else's)		Non-prescription drugs (over the counter)			
Heroin or Crack Cocaine		Alcohol			
Psychoactive substances (legal highs)		Other illegal drug for example (Cannabis, Black Mamba, Spice)			
Not affected					
Other: please specify					
Would you like to say any	thing	more?			
3. Mental health problems, for example:					
г	_				

Anxiety or depression	A bi-polar condition	
Schizophrenia	Psychosis	
Not affected		
Other: please specify		

PERSON AFFECTED BY HOMELESSNESS ONLY BETWEEN SEPTEMBER 2017 AND FEBRUARY 2018

TO BE READ OUT IN FULL

Thank you for your time. The aim of this questionnaire survey is to collect information on getting access to health and social care services from people who have between September 2017 and February 2018 been affected by homelessness and in addition substance misuse and/or mental health problems.

PERSON AFFECTED BY HOMELESSNESS BETWEEN SEPTEMBER 2017 AND FEBRUARY 2018 AND IN ADDITION SUBSTANCE MISUSE AND/OR MENTAL HEALTH PROBLEMS.

TO BE READ OUT IN FULL

Some questions about services may seem repetitive. The aim is to make sure information is gathered on all of your recent health and social care experiences.

NOT TO BE READ OUT

If a person does not know or is unsure of whether they have accessed a service in the period between September 2017 and February 2018 or is unsure about the extent to which they were satisfied or not with a service count this as a NO answer or leave the scale BLANK and go to the next section of the survey.

GO TO SECTION 3 on page 8

Section 3: NHS 111 Telephone Helpline

Have you used the NHS 111 telephone helpline in the period September 2017 to February 2018?

No	GO TO SECTION 4 Yes CONTINUE
Re	garding your most recent experience:
4.	How long did you wait to speak with someone?
Hou	rs Mins More than 4 hours (tick box)
5.	How satisfied were you that the person(s) helping you listened to what you had to say? (Please tick one box)
Not	very satisfied
6.	How satisfied were you that the person(s) helping you understood your situation? (Please tick one box)
Not	very satisfied
7.	How satisfied were you that you got the help you needed? (Please tick one box)
Not	very satisfied
8. \	Were you asked about (tick boxes that apply)
Subs	r housing situation Yes No Not applicable Stance misuse Yes No Not applicable tal health Yes No Not applicable

9. Is there anything more you would like to say about the NHS 111 telephone helpline?



Have you visited a pharmacy (chemist) in the period September 2017 to February 2018?

No 🗌	GO	TO	SEC	FION 5)
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Yes 🗌

CONTINUE

Regarding your most recent experience:

10. Name and location	

11. How long did you wait to see someone?

Hours	
-------	--

Mins

More than 4 hours (tick box)

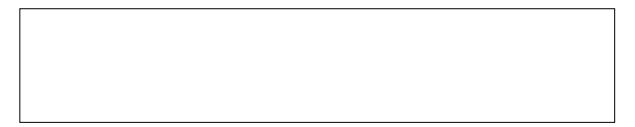
12. How satisfied were you that the person(s) helping you listened to what you had to say? (Please tick one box)

Not very satisfied			Very satisfied
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13. How satisfied were you that the person(s) helping you understood your situation? (Please tick one box)

Not very satisfied				Very satisfied		
14. How satisfied were you that you got the help you needed? (Please tick one box)						
Not very satisfied				Very satisfied		
15. Were you asked	about:(ti	ick boxes tł	hat apply	')		
Your housing situation Substance misuse Mental health	YesYesYes	No No No	Not	applicable applicable applicable		
If Yes, what happened?						

16. Is there anything more you would like to say about visiting the pharmacy (chemist)?



Section 5: Doctor's Surgery

17.	Are you registered with a doctor's surgery	?
-----	--	---

Yes 🗌	Name and	location	
-------	----------	----------	--

Ν	0	
	U	

If No please explain

Have you visited a doctor's surgery in the period September 2017 to February 2018?

No 🗌	Please	explain
------	--------	---------

THEN GO TO SECTION 6

Yes 🗌	CONTINUE
-------	----------

Regarding your most recent experience:

- 18. Name and location
- 19. How long did you wait to get an appointment at the doctors' surgery?
- 20. How long did you wait in the doctor's surgery to see someone?

Hours	
-------	--

Mins

More than 4 hours (tick box)

21. How satisfied were you that the nurse or doctor listened to what you had to say? (Please tick one box)			
Not very satisfied			
22. How satisfied were you that the nurse or doctor understood your situation? (Please tick one box)			
Not very satisfied			
23. How satisfied were you that you got the help you needed? (Please tick one box)			
Not very satisfied			
24. Were you asked about: (tick boxes that apply)			
Your housing situationYesNoNot applicableSubstance misuseYesNoNot applicableMental healthYesNoNot applicableIf Yes, what happened?			
25. Were you referred to another healthcare service?			
Yes No			
If Yes how long did you wait to see someone?			

1-6 weeks	7-12 weeks	
13-18 weeks	More than 18 weeks	

26. Is there anything more you would like to say about visiting the doctor?

Section 6: Walk-in or Urgent Care

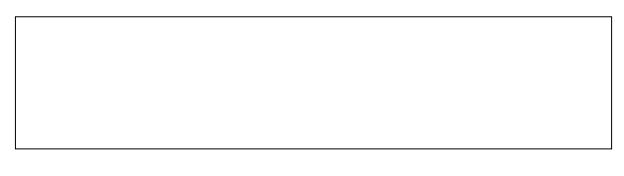
Have you visited a Walk-in or Urgent Care Centre in the period September 2017 to February 2018?

No GO TO SECTION 7 Yes CONTINUE		
Regarding your most recent experience:		
27. Name and location		
28. How long did you wait to see someone?		
Hours Mins More than 4 hours (tick box)		
29. How satisfied were you that the nurse or doctor listened to what you had to say? (Please tick one box)		
Not very satisfied		
30. How satisfied were you that the nurse or doctor understood your situation? (Please tick one box)		
Not very satisfied		

31. How satisfied were you that you got the help you needed? (Please tick one box)

Not very satisfied			Very satisfied
32. Were you asked about: (tick boxes that apply)			
Your housing situation Substance misuse Mental health	Yes Yes Yes	No No No	 Not applicable Not applicable Not applicable
If Yes, what happened?			

33. Is there anything more you would like to say about visiting the Walk-in or Urgent Care Centre?



Section 7: Hospital Accident and Emergency

Have you been to a hospital accident and emergency department in the period September 2017 to February 2018?

No GO TO SECTION 8	Yes CONTINUE
Did you attend voluntarily?	Yes No

Regarding your most recent experience:				
34. Name and location				
35. How long did you wait to see someone?				
Hours Mins More than 4 hours (tick box)				
36. How satisfied were you that the doctor or nurse listened to what you had to say? (Please tick one box)				
Not very satisfied				
37. How satisfied were you that the doctor or nurse understood your situation? (Please tick one box)				
Not very satisfied				
38. How satisfied were you that you got the help you needed? (Please tick one box)				
Not very satisfied				
39. Were you asked about: (tick boxes that apply)				
Your housing situationYesNoNot applicableSubstance misuseYesNoNot applicableMental healthYesNoNot applicable				
If Yes what happened?				

40. Is there anything more you would like to say about visiting the accident and emergency department?

Section 8: Mental Health Care

Have you had care or support for a mental health problem or because you felt down, depressed or anxious in the period September 2017 to February 2018?

No 🗌 Don't feel I have mental health problems

GO TO SECTION 9

No Description But feel I have mental health problems and can't get help

Please explain

THEN GO TO SECTION 9

Yes CONTINUE

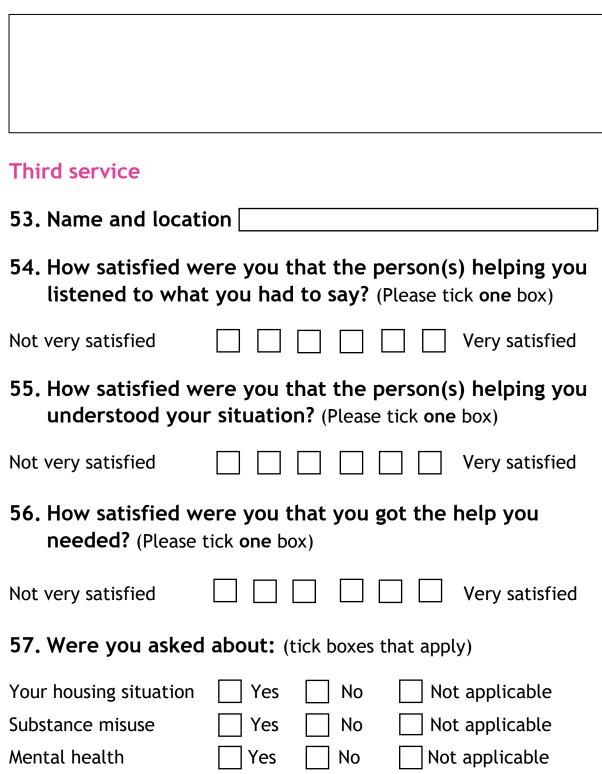
Regarding your most recent experience:

First service

41. Name and location				
42. How satisfied were you that the person(s) helping you listened to what you had to say? (Please tick one box)				
Not very satisfied	Very satisfied			
43. How satisfied were you that the person(s) helping you understood your situation? (Please tick one box)				
Not very satisfied	Very satisfied			
44. How satisfied were you that you got the help you needed? (Please tick one box)				
Not very satisfied	Very satisfied			
45. Were you asked about: (tick boxes that apply)				
Your housing situation Substance misuse Mental health	YesNoNot applicableYesNoNot applicableYesNoNot applicable			
If Yes , what happened?				

Second service

47. Name and location	on			
48. How satisfied were you that the person(s) helping you listened to what you had to say? (Please tick one box)				
Not very satisfied	Very satisfied			
49. How satisfied were you that the person(s) helping you understood your situation? (Please tick one box)				
Not very satisfied	Very satisfied			
50. How satisfied were you that you got the help you needed? (Please tick one box)				
Not very satisfied	U U U Very satisfied			
51. Were you asked about: (tick boxes that apply)				
Your housing situation	Yes No Not applicable			
Substance misuse	Yes No Not applicable			
Mental health	Yes No Not applicable			



If Yes, what happened?

58. Is there anything more you would like to say?

Section 9: Dentist Services

59. Are you registered with a dentist?

Yes		Name and location
No		
lf No	please	explain

Have you visited a dentist in the period September 2017 to February 2018?

No 🗌 Please explain

THEN GO TO SECTION 10

Yes	CONTINUE

Regarding your most recent experience:

60. Name and location
61. How easy was it to get the help you needed? (Please tick one box)
Not very easy Very easy
62. How long did you wait to see someone?
Hours Mins More than 4 hours (tick box)
63. How satisfied were you that the person(s) helping you listened to what you had to say? (Please tick one box)
Not very satisfied
64. How satisfied were you that the person(s) helping you understood your situation? (Please tick one box)
Not very satisfied
65. How satisfied were you that you got the help you needed? (Please tick one box)
Not very satisfied

66. Were you asked about: (tick boxes that apply)

Your housing situation	Yes	🗌 No	Not applicable
Substance misuse	Yes	No No	Not applicable
Mental health	Yes	No No	Not applicable

If Yes, what happened?

67. Is there anything more you would like to say about visiting the dentist?

Section 10: Optician Services

Have you visited an opticians in the period September 2017 to February 2018?

No 🗌 Please explain

THEN GO TO SECTION 11

Yes CONTINUE

Regarding your most recent experience:

68. Name and location			
69. How easy was it to get the help you needed? (Please tick one box)			
Not very easy			
70. How long did you wait to see someone?			
Hours Mins More than 4 hours (tick box)			
71. How satisfied were you that the person(s) helping you listened to what you had to say? (Please tick one box)			
Not very satisfied			
72. How satisfied were you that the person(s) helping you understood your situation? (Please tick one box)			
Not very satisfied			
73. How satisfied were you that you got the help you needed? (Please tick one box)			
Not very satisfied			
74. Were you asked about: (tick boxes that apply)			
Your housing situation Yes No Not applicable			
Substance misuse Yes No Not applicable			
Mental health Yes No Not applicable			

75. Is there anything more you would like to say about visiting the optician

Section 11: Housing help

Have you had any housing services help in the period September 2017 to February 2018?

For example, help for homelessness, applying for housing, tenancy support, help and advice regarding a private sector landlord, help with your tenancy, help with rent arrears or benefits or help to prevent or report anti-social behaviour.

No 🗌 Please explain

THEN GO TO SECTION 12

Yes CONTINUE

Regarding your most recent experience:

First service

76. Name and location					
77. How long did you wait to see someone?					
Hours Mins More than 4 hours					
78. How satisfied were you that the person(s) helping you listened to what you had to say? (Please tick one box)					
Not very satisfied					
79. How satisfied were you that the person(s) helping you understood your situation? (Please tick one box)					
Not very satisfied					
80. How satisfied were you that you got the help you needed? (Please tick one box)					
Not very satisfied					
81. Were you asked about: (tick boxes that apply)					
Substance misuseYesNoNot applicableMental healthYesNoNot applicable					
If Yes, what happened?					

Second service				
83. Name and location				
84. How long did you wait to see someone?				
Hours Mins More than 4 hours				
85. How satisfied were you that the person(s) helping you listened to what you had to say? (Please tick one box)				
Not very satisfied				
86. How satisfied were you that the person(s) helping you understood your situation? (Please tick one box)				
Not very satisfied				
87. How satisfied were you that you got the help you needed? (Please tick one box)				
Not very satisfied				
88. Were you asked about: (tick boxes that apply)				
Substance misuseYesNoNot applicableMental healthYesNoNot applicable				

Third service			
90. Name and location			
91. How long did you wait to see someone?			
Hours Mins More than 4 hours			
92. How satisfied were you that the person(s) helping you listened to what you had to say? (Please tick one box)			
Not very satisfied			
93. How satisfied were you that the person(s) helping you understood your situation? (Please tick one box)			
Not very satisfied			
94. How satisfied were you that you got the help you needed? (Please tick one box)			
Not very satisfied			

95. Were you asked about: (tick boxes that apply)

Substance misuse	Yes	No	Not applicable
Mental health	Yes	No	Not applicable

If Yes, what happened?

96. Is there anything more you would like to say?

Section 12: Social Services (Adult Social Care)

Have you had help from social services (Adult Social Care) in the period September 2017 to February 2018?

No 🗌 Please explain

THEN GO TO SECTION 13

Yes CONTINUE

Regarding your most recent experience:

First service

97. Name and locati	on				
98. How long did yo	u wait to s	ee some	one?		
Hours Mins		More	e than 4	hours	
99. How satisfied we listened to what	-	-	• • •		/ou
Not very satisfied				Very satisfi	ed
100. How satisfied understood yo	•		•		g you
Not very satisfied				Very satisfi	ed
101. How satisfied needed? (Pleas	-	-	got the	e help you	
Not very satisfied				Very satisfi	ed
102. Were you aske	ed about: (tick boxes	s that ap	ply)	
Your housing situation	Yes	No No	Not	applicable	
Substance misuse	Yes	No No	🗌 Not	applicable	
Mental health	Yes	No	Not	applicable	
If Yes, what happened?					

Second service

104.	Name and loca	tion				
105.	How long did y	ou wait to	see som	neone?		
Hours	Mins		More	than 4	hours	
106.	How satisfied v listened to wh	•	-	•		
Not ve	ery satisfied				Very satisfie	ed
107.	How satisfied v understood yo	•	-		.,	ş you
Not ve	ery satisfied				Very satisfie	ed
108.	How satisfied with needed? (Please	•	•	got the	help you	
Not ve	ery satisfied [Very satisfi	ed
109.	Were you aske	d about: (ti	ick boxes	that app	oly)	
Substa	ousing situation Ince misuse I health	Yes [Yes [Yes [No No No	Not	applicable applicable applicable	

Third service

11. Name and location
12. How long did you wait to see someone?
ours Mins More than 4 hours
13. How satisfied were you that the person(s) helping you listened to what you had to say? (Please tick one box)
ot very satisfied
14. How satisfied were you that the person(s) helping you understood your situation? (Please tick one box)
ot very satisfied

115. How satisfied were you that you got the help you needed? (Please tick one box)

Not very satisfied			Very satisfied		
116. Were you asked about: (tick boxes that apply)					
Your housing situation Substance misuse Mental health	YesYesYes	No No No No No	 Not applicable Not applicable Not applicable 		
If Yes, what happened?					

117. Is there anything more you would like to say?

Section 13: Benefits (Welfare)

Have you had any benefits (welfare) help in the period September 2017 to February 2018?

No 🗌 Please explain

THEN GO TO SECTION 14

Yes CONTINUE
Regarding your most recent experience:
First service
118. Name and location
119. How long did you wait to see someone?
Hours Mins More than 4 hours
120. How satisfied were you that the person(s) helping you listened to what you had to say? (Please tick one box)
Not very satisfied
121. How satisfied were you that the person(s) helping you understood your situation? (Please tick one box)
Not very satisfied
122. How satisfied were you that you got the help you needed? (Please tick one box)
Not very satisfied
123. Were you asked about: (tick boxes that apply)
Your housing situation 🗌 Yes 🗌 No 🗌 Not applicable
Substance misuse Yes No Not applicable
Mental health Yes No Not applicable

Second service
125. Name and location
126. How long did you wait to see someone?
Hours Mins More than 4 hours
127. How satisfied were you that the person(s) helping you listened to what you had to say? (Please tick one box)
Not very satisfied
128. How satisfied were you that the person(s) helping you understood your situation? (Please tick one box)
Not very satisfied
129. How satisfied were you that you got the help you needed? (Please tick one box)
Not very satisfied

130. Were you asked about: (tick boxes that apply)

Your housing situation	Yes	No No	Not applicable
Substance misuse	Yes	No No	Not applicable
Mental health	Yes	No No	Not applicable

If Yes, what happened?

131. Is there anything more you would like to say?



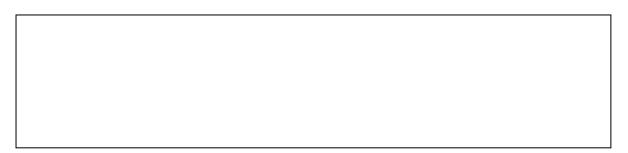
Third service

132.	Name a	nd loca	tion			
133.	How lor	ng did y	ou wait to	o see someone?	•	
Hours		Mins		More than 4	hours	
134.			•	that the persor d to say? (Please		•
Not ve	ry satisfie	ed			Very satisfie	d
135. How satisfied were you that the person(s) helping you understood your situation? (Please tick one box)						
Not ve	ry satisfie	ed			Very satisfie	d

136. How satisfied were you that you got the help you needed? (Please tick one box)

Not very satisfied			Very satisfied			
137. Were you asked about: (tick boxes that apply)						
Your housing situation Substance misuse Mental health	<pre>Yes Yes Yes Yes</pre>	No No No No	 Not applicable Not applicable Not applicable 			
If Yes, what happened?						

138. Is there anything more you would like to say?



Section 14: Any Other Services

Have you had help from any other organisation or group in the period September 2017 to February 2018?

No GO TO SECTION 15 Yes CONTINUE

139. What was the name of the organisation(s) and how satisfied were you with the help you received?

First service

Name and location	
Name and location	
Not very satisfied	Very satisfied
Would you like to say anything more?	
Second service	
Name and location	
Not very satisfied	Very satisfied
Would you like to say anything more?	
Third service	
Name and location	
Not very satisfied	Very satisfied

Section 15: More About You

Where you stay (if appropriate)

Postcode: First part (for example DY5)

Ethnicity

What is your ethnic group? Choose one option that best describes your ethnic group or background

White		Pakistani	
English/Welsh/Scottish/ Northern Irish/British		Bangladeshi	
Irish		Chinese	
Gypsy or Irish Traveller		Any other Asian background	
Any other White background		Please describe:	
Please describe:		Black/African/Caribbean/Blac British	k
Mixed/Multiple ethnic groups	5	African	
White and Black Caribbean		Caribbean	
White and Black African		Any other Black/African/ Caribbean background	
White and Asian		Please describe:	
Any other Mixed/Multiple ethnic background		Other ethnic group	
Please describe:		Arab	
Asian/Asian British		Any other ethnic group	
Indian		Please describe:	

Age

16-24	25-34	35-49	50-64	65-74	75 or over	Rather not say
Gender						
Male	Ferr	nale	Transgender	Non-bir	nary	Rather not
						say

TO BE READ OUT IN FULL

If you are happy for Healthwatch Dudley to contact you again to talk about your experiences of getting health and social care please provide your name, telephone and/or email contact details or those of someone who can be contacted on your behalf.

Name:	
Tel:	
Email:	

TO BE READ OUT IN FULL

Thank you for taking part in this survey.

Healthwatch Dudley would like to remind you that the answers you gave to questions are confidential and you will not be identifiable in any report that is produced using findings obtained from the survey.

The findings from the survey will be used to show how services are working or not for people and passed on to those with power to change and improve services.

Healthwatch Dudley would like to remind you that if you would like to talk with a member of staff about your particular experience of health and social care services you can ring on 03000 111 001 or go to the website at: <u>www.healthwatchdudley.co.uk</u>

Thanks to

Tom, Selma and Lucy for giving heir views on homelessness and getting access to health and social care services. Jo Forbes, chair, Homelessness Strategy Review Group, Dudley Metropolitan Borough Council (and group members for their help).

Maria Bailey and Tom Hayden, Healthwatch Dudley board and organizations that helped with the project.