

Promoting the voices of homeless communities in Dorset



Working with the Care Quality Commission to
tackle inequalities in health and social care



October 2021



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Introduction

About us

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



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

Background



In June 2021, the Care Quality Commission (CQC) launched its [new strategy](#), which aims to provide the public with independent assurance on the quality of care in their area and to tackle inequalities in health and social care by improving access to services, patient experiences and health outcomes for everyone.

To complement the CQC's new strategy, and to inform work to deliver its core ambition to tackle inequalities in health and social care, we visited homeless support groups in Bournemouth and Dorset to have conversations with the people they support. We explored their views, beliefs, and attitudes towards engaging with health and social care services and the CQC.

What we did

We contacted two local community groups who we are well known to and arranged to visit and speak directly with the people who use their service. We visited each group over a four-week period and chatted to people in their surroundings, where they feel comfortable. We also helped with the running of the groups by providing practical help such as making teas and coffees and carrying out Covid-19 health checks.



We asked people four questions to find out more about their experiences of using health and social care services in Dorset. The questions also helped us make sure that local people who are experiencing homelessness, who are often unheard, are more aware of the CQC and understand the value of sharing their experiences to better inform service delivery. The questions were:

1. What it is like to be homeless and which health or social care services might you need to access?
2. What do you expect from health and social care services and are there any changes to services that might improve access?
3. What barriers and challenges have you faced when accessing services?
4. How would you like the CQC and other services to engage with you to find out about your experiences and feedback?

Who we spoke to

We spoke to 16 people aged 19 and over, at two homeless support groups in Bournemouth and Weymouth.

Soul Food, which provides support and food to rough sleepers and the vulnerably housed of Weymouth and Portland. We spoke to seven people at Soul Food. ([facebook.com/SoulFoodWeymouth](https://www.facebook.com/SoulFoodWeymouth))



Pictured: Lucy Cribb, Healthwatch Dorset Engagement Officer (left), with Soul Food support workers and clients

HealthBus, a free medical drop-in clinic for people who are sleeping rough in Bournemouth and the surrounding areas. We spoke to nine people at the HealthBus. ([healthbus.co.uk](https://www.healthbus.co.uk))



Pictured: The HealthBus team

What people told us

Question 1

What it is like to be homeless and which health or social care services might you need to access?

- People said that they felt lonely and isolated due to being homeless.
- They said they felt very frightened and scared for their safety at times.
- Nearly everyone said that they desperately needed to see a dentist.
- Many said that they need support from Drug and Alcohol Services, and Community Mental Health Services.

“It’s isolating and degrading. What few belongings you have get stolen. You can’t sleep for fear of being attacked.”

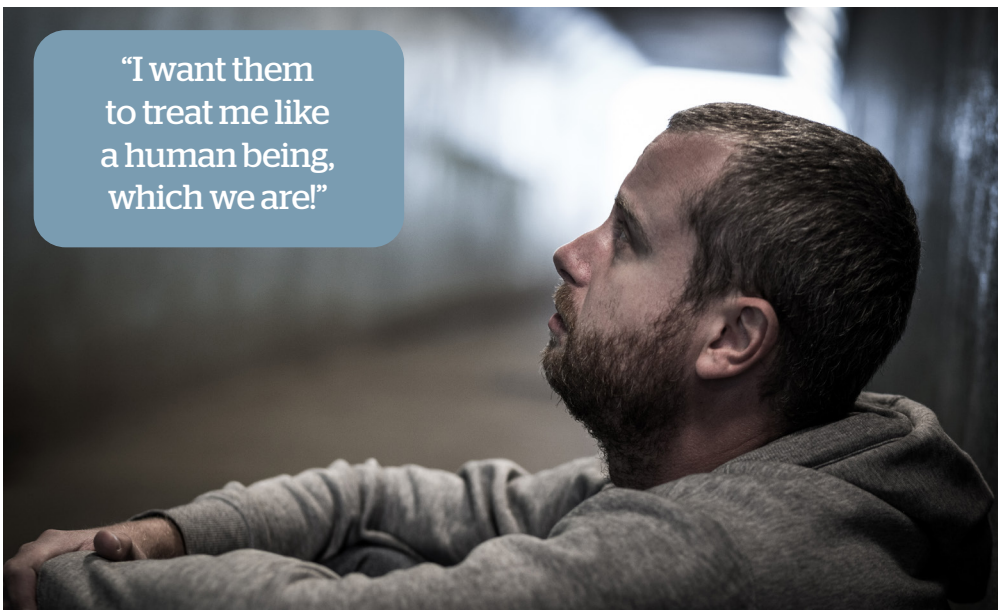
“I need to access housing services. St Mungo’s are helping me, but there is currently no room in the hotels, so I am in Specsavers doorway. It’s so cold at night and really scary. A lady got attacked the other night and that could have been me. I lost my place in the last hotel because the council pulled the contract, so I got evicted which wasn’t my fault.”

Question 2

What do you expect from health and social care services and are there any changes to services that might improve access?

- Most people said they expect to be listened to and treated with respect, but sadly, many said this was not their experience.
- People told us there is a lack of information about the services that are available to them.
- Many were not informed about services in the community and had to learn from other people who are homeless.

“I want them to treat me like a human being, which we are!”



Question 3

What barriers and challenges have you faced when accessing services?

- People said, once again, that there is a lack of information, and because of this it took them a lot longer than needed to access services.
- Some of the people we spoke to had mobility issues and they cannot afford transport, so this was a big barrier for them.
- People are also unable to access online or telephone appointments because they don't have the technology to do this.

"The only service that I access is HealthBus and St Mungo's. If you don't have a fixed address, then it's very hard. Transport is also an issue as I can't afford buses and I'm not in good health, so walking is an issue for me."



Question 4

How would you like the CQC and other services to engage with you to find out about your experiences and feedback?

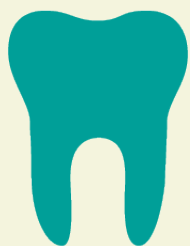
- None of the people we spoke to had heard of the CQC.
- Most said they have never been asked to share their experience and feedback.
- Everyone said that they would prefer, and feel most comfortable with, face-to-face engagement and communication.
- Six people said they have only ever been encouraged to share their feedback by Healthwatch Dorset.

"I've never been asked to share my feedback, but I would like to be."



Case study: Phil

Difficulties getting dental care and support while homeless



Phil is 66 and a regular client of the HealthBus. He has been homeless for 18 years and as a result his teeth have suffered badly. He has faced a number of barriers when trying to access local health services, and recently had difficulty trying to get dental treatment which he desperately needed.

When Phil's dental problems began, he started using superglue to cover the nerves in his teeth which stopped the pain. He said that the more glue he put in, the less he could clean his teeth and the problems just got worse.

Six weeks to get X-rays because he didn't have email

Since coming back to Bournemouth, Phil has waited six months to see a dentist. At first, he was told that he needed to go to the hospital to have X-rays as the dentist was unable to carry out any treatment before seeing these. It then took six weeks for the X-rays to be sent as Phil was told that he would have to request them via email, which he was unable to do. He found this frustrating and said: "if you haven't got access to modern technology, the doors get closed."

Phil had to ask his social worker to request the X-rays on his behalf. They were then sent to his doctor who forwarded them to the HealthBus. The whole process took six weeks, while Phil was suffering from multiple infections, was in extreme pain and unable to eat properly.

Complications, infection and teeth removal

Phil then saw Dentaaid (dentaaid.org/uk), a charitable organisation that visits the HealthBus every other month to provide dental treatment to their clients. Dentaaid were unable to provide any treatment at Phil's first appointment due to the amount of superglue on his teeth, so they booked him an appointment to receive treatment in two months' time.

During this time, Phil tried to get a prescription for antibiotics to help with the infection, but the GP would not prescribe them to him. Phil managed to remove most of the glue and his bridge himself, but when he had his second dental appointment, he was told that due to the amount of infection they would need to pull his teeth out. He had six teeth taken out during this appointment.

It can be hard to get support when you are homeless

Phil moved to Bournemouth after several difficult years in America, where he became homeless after falling out with his brother. With no money and no work, he survived with support from the church and soup kitchens, until eventually a friend brought him a ticket to return to England.

Phil then travelled to Bournemouth station, where he spent the next month living on a bench and using the supermarket toilets as a bathroom. He found it incredibly hard to access any kind of support service. He used to go into McDonalds with an empty cup to ask for hot water to make a cup of tea, but they always refused. Phil was also physically attacked at the station on three occasions.



Pictured: The Dentaaid team in Bournemouth

After a month of living on the bench, the St Mungo's Outreach Team visited Phil at the station and started the process of trying to get him into emergency accommodation. They provided him with a phone and £10 credit. He tried to get help from Citizens Advice but spent so long on hold that it used most of this credit.

Phil said that when he first spoke to the Council to seek support, he was accused of lying because he had managed to enter the country during the Covid-19 pandemic, and the Council tried to get him sent back to America. He had to provide his flight details and show his passport as evidence. Phil felt bereft that he had spent so much time trying to get back to Bournemouth and the Council now wanted to send him back to America. He said: "I'm still in a state of shock that my own country, which I was born and bred in, is trying to get me sent back. They will pay for me to go back, but they won't help me!"

Lack of information and support

Phil felt very frustrated at the Council, and the general lack of information that is available to people to help them access support services. He also tried to get food from the Food Bank but was told that he would have to get the vouchers from his social worker, which at the time Phil did not have.

Phil is also currently facing difficulties in accessing his pension. He spent 23 years living in Germany and has completed the paperwork, but because the UK is no longer in the EU, he needs to get his identity verified. He keeps asking the Council to do this.

Phil said: "Accessing information on where to get help is very difficult. You have to keep pushing for help, because you get cast aside unless you keep pushing. I want to be treated with the same respect that everyone deserves. I want to feel like I belong to a community, and not just pushed away."

When asked if he was familiar with the CQC, and the work that they do, Phil said he was not.



How the CQC could have helped Phil

The CQC could have helped Phil with information about the services that are available to him in the local area. They could also have helped him to understand what his rights are and to ensure that he was treated fairly, with dignity and respect.

Case study: Andy

End of life care for people who are homeless

Andy had spent many years living in his tent with his dog, who he refused to be separated from. He had special needs and often faced barriers because of this. Sometimes people wouldn't take the time to explain things to Andy or get to know him to find out what his needs were.

Andy had lost most of his teeth through poor diet and struggled to eat because of this. Despite being malnourished he always fed his dog first.

Andy had recently had an operation for cancer, and it was suspected that the cancer had returned, but he sadly passed away before this was diagnosed.

Andy's passing has raised challenging questions about how to provide palliative care for people who are homeless. Before Covid-19, the HealthBus had been in contact with the charity [Lewis-Manning Hospice Care](#) and the YMCA. Both are keen to support the HealthBus with end-of-life care for future palliative patients.



How the CQC could have helped Andy

The CQC could have assisted Andy in finding out what level of support was available to him. They could also have helped him find palliative care.

Developing ways of engagement

Carrying out this engagement work with clients supported by HealthBus and Soul Food was straight forward, as we were already familiar to these services. We have spent a lot of time working with them in the past, including voluntary work and chatting to their clients whilst making them teas and coffees.

We have developed a trusting and friendly relationship with many of the clients supported by these groups. Once trust had been established, people were happy to talk to us. Without this trust the engagement work would not be possible.

“Thank you for the valuable insight gathered during the Healthwatch visits to the HealthBus. We would like to acknowledge the sensitive, caring and professional way your engagement officer interacted with some of our most vulnerable and complex patients.” **Kate Hibbitt, Operations Director at HealthBus**



Conclusion

This project has highlighted many barriers, challenges and inequalities that people who are experiencing homelessness face when trying to access health and social care services. It also provides an insight into how difficult it is to be homeless and the daily struggles that they face when trying to access the basic things that most of us take for granted.

Next steps

We will share our findings and work with the CQC to help complement their new strategy, and to help them achieve their core ambition to tackle inequalities in health and social care. The CQC are confident that this work will feed into many different future work streams.

Stakeholder response



Ellen Fernandez, Public Engagement and Insight, CQC

“Healthwatch Dorset is one of seven local Healthwatch commissioned by the CQC to engage with seldom heard communities across England. This includes people with protected characteristics, such as those who have experience of homelessness. Healthwatch Dorset has helped the CQC to gather rich and valuable insight about the needs and challenges of people who are homeless and trying to access health and social care services and support. This will help to shape the CQC’s regulatory work to promote better access to services, and to improve patient experiences and health outcomes for everyone.”



Credit: Bournemouth.ac.uk

Thank you

Thanks to HealthBus and Soul Food, without their support the public engagement work for this project would not have been possible. And thanks to everyone who talked so openly to us about their experiences; there were some sensitive topics and we are truly grateful.



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