Peter Bedford
Housing Association

Research into the barriers to accessing good health & social care services for homeless & vulnerable adults in Hackney

healthwatch
Hackney

NHS
City and Hackney
Clinical Commissioning Group

Peter Bedford Housing Association (PBHA) has inspired brighter futures in Hackney and Islington for 45 years. A pioneer of supported housing and work with ex-offenders, today we work with a wide range of excluded people across North East London to enable them to gain the confidence and skills they need to move on to greater independence. We achieve this through the provision of supported housing, alongside a wide range of vocational and community-based training opportunities and activities.

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CONTENTS LIST

Page 3 Executive Summary
Page 5 Summary of recommendations
Page 6 Introduction
Page 7 Methods
Page 11 Analysis
Page 25 Discussion
Page 29 Recommendations
Page 32 Appendix Guidelines when helping someone to complete a survey

EXECUTIVE SUMMARY

Many homeless people have multiple needs including debt, poverty, poor mental and physical health, and substance misuse. Therefore their access to good health and social care services is particularly pertinent at a time when homelessness has increased. Peter Bedford Housing Association (PBHA) has conducted a research study to explore whether homeless and vulnerable adults do access good quality health and social care services. PBHA is concerned whether all homeless and vulnerable adults are receiving the support they need and deserve. To test this concern, this research in collaboration with voluntary sector homelessness partners intends to identify any barriers to accessing good Health and Social Care services for vulnerable and homeless adults in Hackney.

The study is part of a larger Fund for Health project, funded by Healthwatch Hackney and City and Hackney Clinical Commissioning Group. A staff-member survey, a service-user survey, two focus group discussions and six short interviews have given insight into the lived experiences of homeless and other vulnerable adults resident in Hackney as they navigate Health and Social Care services. Ninety-five respondents completed the detailed service-user questionnaire which was supplemented by focus groups and interviews.

Peter Bedford Housing Association is a housing support charity which works with homeless and otherwise socially excluded adults in North East London. By fulfilling a basic need for housing and security, as well as offering vocational and community services, it works to improve the physical and mental health of its tenants. In 2013-2014, 242 tenants were supported in accommodation by PBHA, we worked with 445 vulnerable and excluded adults in total over the year. Daily contact with homeless and vulnerable adults in Hackney provides PBHA with the necessary tools and resources to conduct research into this topic. The results will help to guide the commissioning of health and social care services in City & Hackney, inform further research into these barriers, and identify better ways of bringing information to service users.

Results showed how most service users prefer to obtain information about services face to face and in direct communications such as a letter or e-mail. Half of the respondents do not use the internet and very few make use of online sources of health information such as iCare or NHS Choices.

Issues around identity – race, gender, disability, sexual orientation, age – present barriers to significant numbers. Money, transport and a lack of accessible information they can understand were cited by a large proportion of respondents. Many do not feel listened to or feel misunderstood.

The large proportion of service users who could not say whether services such as mental health services were difficult to access or not (including those who have never tried to access such services) suggests there is much more that needs to be done to support access to services. Only a third of respondents could say mental health, sexual health, drug and alcohol and physical activity and obesity services were easy to access. Barriers remain for

many including unclear referral pathways. The exception was dentistry which nearly 60% said was easy to access.

Half of those participating in the research had lived in a hostel at one time or were living in one. Overall a picture emerges of an environment not conducive to self-care with those in recovery mixing with people still using drugs or alcohol. Not having a fixed address impacts on access to healthcare. However, residents of St Mungo's Broadway's Mare Street hostel presented a more positive view of the service they received, although substance misuse was still an issue.

Approaches and communication strategies should encourage help seeking behaviours so service users are not just passive recipients of information. The scope of research prevented a detailed examination of what are complex issues around identity, but there is clearly a need for service users to be able to express their opinions and to be heard.

Summary of recommendations:

1. Local housing providers and commissioners should work together to develop a service that streams health and social care information on digital screens where homeless people live or congregate.

2. There should be an awareness raising and information campaign to promote iCare and NHS Choices across the housing and homelessness sector in City of London and Hackney.

3. The potential for developing digital interactive health and social care information points or hubs at venues across the housing and homelessness sector should be explored.

4. Explore further how peer and other support could be provided to support those who are on waiting lists for treatment or appointments for mental health services.

5. There should be a commitment to a person centred approach to the delivery of health and social care services to homeless and vulnerable adults and attendant communication strategies.

6. Further research should be undertaken into the extent of abstinence groups that are linked to health and well being activities across City and Hackney and whether more provision and/or better communication is needed.

7. Service providers need to do more to promote the benefits of physical activity to homeless and vulnerable adults and to make access to such services easier.

8. City and Hackney Clinical Commissioning Group and partners should implement Living Well for Longer: National Support for Local Action to Reduce Premature Avoidable Mortality (Secretary of State for Health 2014) and build on this year's CQUIN incentive targets to support physical health for people with mental health problems.

9. Commissioners and providers should explore opportunities for synergy and building on the Social Prescribing pilot which is targeted at isolated over 50's and people with diabetes.

10. Service users need creative ways to explore issues of identity (e.g. race, gender, sexuality, age) so they can develop their voice and express opinions

INTRODUCTION

Many homeless people have multiple needs including debt, poverty, poor mental and physical health, and substance misuse. A variety of services are available to support homeless and vulnerable adults to help them achieve independent housing and successful lives going forward. Health and social care services are included in the services on offer. Homelessness has increased in recent years due to a number of factors such as lack of affordable housing, benefit cuts, national low economic growth and recession. Peter Bedford Housing Association (PBHA) is concerned whether all homeless and vulnerable adults are receiving the support they need and deserve. To test this concern, this research intends to identify any barriers to accessing good Health and Social Care services for vulnerable and homeless adults in Hackney.

Peter Bedford Housing Association is a housing support charity which works with homeless and otherwise socially excluded adults in North East London. By fulfilling a basic need for housing and security, as well as offering vocational and community services, it works to improve physical and mental health of its tenants. In 2013-2014, 242 tenants were supported in accommodation by PBHA, we worked with 445 vulnerable and excluded adults in total over the year. Daily contact with homeless and vulnerable adults in Hackney provides PBHA with the necessary tools and resources to conduct research into this topic.

The research was funded by Healthwatch Hackney and City and Hackney Clinical Commissioning Group (CCG) through the Fund for Health. The Fund for Health was developed by the City and Hackney Health and Social Care Forum. It was set up to enable marginalised voices to be taken into consideration by policy makers and health providers and facilitate discussion within communities so they have better access to healthcare and make healthier choices. The results of the study project will help to guide the commissioning of health and social care services in City & Hackney and inform further research into these barriers, alongside better ways of informing service users.

This research investigated barriers to accessing good health and social care services in Hackney by homeless and vulnerable adults. The majority of respondents (95 completed a detailed questionnaire) were tenants and other service users of Peter Bedford Housing Association although other agencies also took part. The majority are recently homeless and they include people with mental health problems, a history of substance misuse and offending and people with learning disabilities.

A staff-members survey, a service-users survey, two focus group discussions and six short interviews have given insight into the lived experiences of homeless and other vulnerable adults resident in Hackney who are navigating health and social care services.

METHODS

1 The Study Design

The study is a multi-phase study using a multi-method design drawing from both qualitative and quantitative methodological research approaches. This is partly done to provide 'complementary components' to the study as well as using *triangulation* where we went back to collect more data to get better understanding on particular issues.

1.1 Study Phases

1. A staff-members survey to ascertain staff members' issues and concerns regarding the access to health and social care services in Hackney.
2. A comparative survey of homeless (mainly recently homeless) and vulnerable adults to ascertain how they find information about health and social care services and what the barriers are to accessing these services.
3. First qualitative phase: two focus group discussions with a small number of PBHA tenants.
4. Second qualitative phase: series of short interviews with residents of St Mungo's Broadway's hostel.

1.2 The Study Project Management

The "Barriers to Access" study is the result of collaboration between PBHA Housing Association, other agencies and a freelance social researcher. The other agencies taking part in the survey were Hackney Winter Night Shelters, Hackney Temporary Accommodation & Hostels Team and St Mungo's Broadway Mare Street and Church Walk Hostels, and Providence Row Housing Association. PBHA's CEO and managers' responsibilities included developing the topic under study, coordinating recruitment of study participants, providing feedback on study instruments and making decisions on recommendations and interpretation of results. A social researcher was employed by PBHA to conduct all the research phases of the study. The final report is produced by PBHA and the social researcher.

2 Research Instruments used to collect data

2.1 Constructs under study: Instruments to help us answer our research question.

In order to understand more about barriers people face when accessing services there were two main constructs that had to be explored:

Measuring methods of finding information about good quality health and social care services: This construct was analysed both in the qualitative as well as the quantitative phases of the study. A list of methods has been compiled from results of the staff-members survey, which indicates the methods known to staff-members. The service-users survey included open questions where people could give further comment.

Measuring barriers to accessing services: The staff-members survey asked support workers about their knowledge of barriers. These were complemented with further barriers identified in the service-user survey. Barriers were further discussed in depth during focus group discussions.

2.2 Development of Data Collection Materials

Staff Members Survey

The aims of the staff-members' survey was to obtain data regarding the issue at hand from a staff-members point of view. This would enable the research team to a) inform the service-users survey instrument; b) provide an overall idea what support workers know is the issue at hand; and c) make a comparisons between support workers and service-users ideas about what the barriers are to accessing good quality health and social care services. First draft versions of the staff-members survey were informed by staff meetings at PBHA as well as results of a client survey held at PBHA earlier in 2014. There was a systematic process of revision by PBHA staff members and stakeholders at Healthwatch Hackney. The final draft was piloted by volunteers at PBHA and then we used Survey Monkey for the full survey. The online version was further tested by the study team, the online version and the paper version of the survey were systematically compared and adjusted so that they mirrored each other.

Service Users Survey

The aims of the service users' survey are to explore views from (previously) homeless adults in Hackney about the barriers they face when accessing good quality health and social care services in Hackney. The survey identifies the most effective methods people use to find information about existing services in Hackney, and it explores difficulties that stop people from accessing these services, looking particularly at which subgroups face these problems *more* than others. A similar procedure was used for the development of the service-user survey, with phases of revision, pilot testing and constant feedback and changes made. We carried out the final survey on Survey Monkey and inputted results from the paper surveys onto Survey Monkey as well. Participants with literacy, visual or language problems were offered appropriate support to complete the questionnaire.

Focus Group Discussions

Two focus group discussions were held with tenants of PBHA to gain further understanding of the way difficulties manifest themselves to the point of stopping people from accessing services. Participants were asked to comment on findings from the survey to provide further explanation about relationships made between variables.

A third focus group was planned to be held at St. Mungo's Broadway's hostel on Mare Street to include the voices of individuals living in a hostel. However, tenants were not available at the agreed time, which meant the focus group discussion reshaped into 6 short face-to-face interviews where participants were asked to comment on the same questions given in the two focus group discussions.

3 Ethical approval and informed consent

Both surveys received clearance from Healthwatch Hackney to be suitable, appropriate and ethically correct. Completed surveys were only accepted when the informed consent box on the first page was ticked. Informed consent consisted of information describing the study topic, risks and benefits related to involvement (no risks apart from talking about

sensitive topics), and the option to withdraw from the survey at any point before submission. Informed consent was also obtained from focus group participants prior to taking part. Staff members who administered surveys with their clients adhered to the principles of confidentiality and ethics. All paper versions were collected in sealed envelopes and inputted on Survey Monkey by chosen volunteers. Audio recordings of the focus group discussions and the interviews were later transcribed. After analysis audio files were deleted so nothing could be traced back to the individuals speaking.

4 Recruitment of participants

4.1 Study Population and Sample

The tenants of PBHA have multiple needs and face social exclusion through homelessness, poor mental health, learning disabilities, contact with the criminal justice system, and drug and alcohol misuse. Most have led chaotic lives and lack support networks of family and friends. Persistent lack of uptake of Hackney's wide range of health and social care services by this population calls for researching why this is the case. The sample chosen for this study consists of 100 service users, to get a better idea of what people in different phases of the homelessness trajectory face when accessing services. Inclusion criteria for participation included: living or staying within Hackney, being currently or recently without a stable living environment, and being over the age of 18. Service users were mainly tenants and non-tenant service users of PBHA with some residents of St Mungo's Broadway's Mare Street and Church Walk Hostels, Hackney Winter Night Shelters, Providence Row Housing Association, One Support, North London Action for the Homeless and LB Hackney's Temporary Accommodation and Hostels. For the staff-members survey a hyperlink was online and advertised by emailing all members of staff at participating agencies. A total of 35 staff members completed this survey.

4.2 Recruitment of Participants

The recruitment strategy for the service-users survey was similar to the staff-members survey. We emailed the hyperlink to tenants of PBHA, St. Mungo's Broadway and Hackney Night Shelters. Paper copies were handed out. Support workers received training so they could assist service-users in completing a survey if they could not alone. This training consisted of methods of administering a survey, confidentiality & consent, ethics and how to reduce social desirability bias (see appendix for a training sheet for support workers). Recruitment of focus group participants was coordinated at PBHA and all tenants of PBHA were invited to take part. Participation was voluntary and attendees received an incentive of a free lunch. The groups were made up of mixed gender and race and all living in PBHA properties. Recruitment for the final qualitative data collection phase occurred in the reception area of St. Mungo's, where tenants were asked whether they would like to be interviewed for a research project about health and social care services in Hackney. Participation was voluntary and all those asked agreed to take part.

5 Data Analysis

The "Barriers to Access" study has made use of a mixed method form of data collection and analysis, focusing on complementary data to get a richer picture of the study topic.

The first qualitative data collection phase (focus groups) did not commence till after preliminary analysis was done on the quantitative data set, so that results from this analysis were the basis of focus group discussion questions. After analysing the first qualitative dataset a second qualitative data collection phase was organized (short interviews) to gain further insight into patterns and previous results.

Analysis phase 1: Quantitative Data

Both survey datasets were analysed using the GNU PSPP open source software for statistical analysis. The dataset was cleaned up; two cases with a postcode outside of Hackney, as well as two cases with large amounts of missing data were taken out. There were no other missing data patterns. “Other” as an answer option was recoded to fit onto answer options where possible. An example is *black British,* which was recoded into *non-white person of minority ethnic group*, in short, *non-white*. Answer options for various variables were recoded into a binary to facilitate the analysis. The main statistical analysis performed related to descriptives and cross tabulation.

Analysis phase 2: Qualitative Data

After listening to the audio recordings of the qualitative data, certain parts that were of relevance to the study were filtered out and transcribed. The rest of the audio data was partially transcribed and coded in terms of topic and relevance. Thematic analysis was undertaken to explore the nature of the participants’ experiences and opinions in terms of the topic under study, as well to identify similarities and differences between individuals. All analyses were done with the research questions in mind and in particular the results that came from quantitative data analysis, in this way complementing different forms of data.

ANALYSIS

i) Demographic breakdown

See table 1 for a summary of demographics for the four datasets.

Table 1. Demographic breakdown

Demographics per dataset	No. Participants	Gender	Ethnicity	Age
Dataset 1. Staff-members survey (Over 80% of respondents state to be in regular contact with service users.)	*32*	*18 women, 8 men, 1 trans+ (6 missing data)*	13 white, 12 non-white (7 missing data)	Main age group is 46-55
Dataset 2. Service-users survey (61 paper based, 34 online)	*95*	*36 women, 54 men, 1 trans+ (4 missing data)*	44 white, 47 non-white	Main age group is 36-45 (youngest age group is not represented)
Dataset 3. Focus group discussions	*Group 1: 7* *Group 2: 6*	*Gr1: 3 women, 4 men* *Gr2: 4 women, 2 men*	Gr1: 3 white, 4 non-white Gr2: 6 non-white	All were middle aged apart from one younger man and one younger woman
Dataset 4. Short face-to-face interviews	*6*	*1 woman, 5 men*	1 non-white, 5 white	Between ages of 30-50

In order to get a rich understanding of how homeless individuals find information about good quality health and social care services and why certain groups of homeless individuals have difficulties accessing these services, this Barriers to Accessing Good Health and Social Care study has made use of a mixed methodology, in which layers of data were uncovered as a result of staging hierarchic data collection.

ii) Finding information

Analysis of the service-users survey shows that most people in our sample prefer to obtain information about services face-to-face (e.g. from friends or family, a GP or a support worker). This also came out of the staff-members survey. See table 2 for results from the service-user survey about methods of finding information.

Table 2.

Q8: "When you are in need of a service, what is your preferred method to finding information about this service? Maximum three answers possible."	"Does not work well"	"Works well / very well"	"Don't know"
Waiting to receive a letter or an email	15%	64%	21%
Talking to friends or family	10%	71%	19%
Talking to a support worker	6%	77%	18%
Talking to a GP or doctor	8%	84%	9%
Talking to other health or care worker	4%	71%	24%

Looking on the internet	27%	48%	24%
Looking in the newspapers	37%	38%	24%
Posters and flyers or notice boards	19%	58%	23%
Asking for information at a place of worship	32%	27%	41%
Asking for information at a community centre	25%	41%	34%
Finding out at an event	23%	47%	30%
*Other**	3%	N/A	N/A

*Some things people filled out in the "other" section are: *"Asking a probation officer; reading notice boards at the library, asking the soup kitchen staff".*

The focus group discussions gave further insight into why people preferred this method.

"I didn't even know what services were until I got ill. Then I was told about Hackney Mind from my GP and I was referred to them. And through them I found out about a place called Lee house in Stoke Newington so I went there. Then I found out from them another place called [kept private] and lastly, here. So it was every time a support worker that would refer me."
(Male tenant from PBHA)

"I'd access the help with them for as long as I needed that specific help and then they would refer me to something a bit more appropriate to my needs. I kinda moved around. That's why I believe Hackney is really great for services, but they're not really joined up, but they are there and they're aware of each other."
(Male tenant from PBHA)

"Televisions are still the best way of getting information and access to people. All adverts are about selling things, but back in the 60's adverts were about public information kinda stuff. We don't have that any more. Ads that explain to people what services are available would reach so many people."
(Male tenant from PBHA)

Another method is the internet, with 48% of respondents stating this method works well to very well (see table 2). However, in an age where the internet is heavily promoted in health and social care services, a large number of homeless adults still find using the internet a challenge. Feedback from the focus group discussions underline this by showing how not everyone has access to a good working computer; some people are uncomfortable using public computers to look up services for personal issues and a large proportion of our sample has yet to learn how to use the internet.

"Using the internet is all well and good, but there are too many signpost sites. So you want to find help and you get loads of pointers, but nowhere where there's actual information. And it's like everybody is pointing to everybody else." "And there are not that many places where you can contact actually in the real world." "It's like a maze, follow that thing, follow that thing, follow that thing. You get lost too easy. It's good that they're there, don't get me wrong, but there's too many steps."
(Male tenant from PBHA)

"I wouldn't go to a public place to access the internet to find out about services. Only at home. But

I don't have a computer at home. These things are too sensitive"
(Female tenant from PBHA)

Age is an important factor when it comes to people using the internet: People in the youngest age group (26-35) believe the internet works very well to find out about services (63%), while for older age groups (56-65, 66-75, 75+) these numbers are much lower (18%, 37%, 0% respectively).

"For a lot of us it's all new to us, whereas young people they grew up with it."
(Male tenant from PBHA)

iii) iCare and NHS Choices

Both surveys asked participants to state how often they use the internet tools to look up services. Table 3 shows how few people are using these tools and training could be beneficial for both staff-members and service-users.

Table 3

"How often, if at all, do you use the following websites:"	**Staff-members survey (N=32)**	**Service-users survey (N=91)**
Hackney iCare		
never	11 (64.71%)	78 (82.42%)
sometimes / often	6 (35.29%)	8 (8.79%)
don't know	0	6 (6.59%)
NHS Choices		
never	7 (41.18%)	57 (62.64%)
sometimes / often	10 (58.82%)	25 (27.47%)
don't know	0	7 (7.69%)

iv)Barriers to accessing services generally

This question proved to be more complicated to answer due to the sensitive nature of the topics. The staff-members survey asked questions about which barriers service-users face when they access good health and social care services. Staff-members answers about barriers people face could be grouped into three categories:

1) Placing the responsibility with the service users group: *"Alcoholism (they are disorganized and don't turn up at appointments)", "unwillingness", "lack of knowledge", "apathy", "lack of priority given to health concerns", "thinking it will make no difference", "can't be bothered".*
2) Placing the responsibility with health and/or social care providers: *"Disinterest from some healthcare providers", "clients unable to attend appointments alone", "bad*

experiences", "discrimination".

3) Placing the responsibility within a structural context: *"services are too far away", "no recourse to public funds", "referrals do not lead to service offer for clients with complex / multiple needs", "no fixed address", "in country illegally so don't want to be part of system", "services cost money".*

Based on these answers, the service-users survey questions were compiled asking people to indicate which areas pose a problem for them when accessing services. The list can be broken down into three groups. See table 4.

1) Identity*: race, gender, age, disability, sexual orientation, language,*
2) *Logistics: money, location, opening times,*
3) Communication: lack of accessible information being misunderstood, not knowing enough about services.

Table 4

Q9: "For each of the following areas, how much of a problem, if at all, do they pose when you try accessing a health and social care service? Please indicate whether or not each one is a problem by ticking one box per issue."	"Not at all a problem"	"Some-what / quite a problem"	"Don't know"
Race	71.43% 65	13.19% 12	15.38% 14
Gender	75.82% 69	12.09% 11	12.09% 11
Disability	75.82% 69	15.38% 14	8.79% 8
Language	80.22% 73	7.69% 7	12.09% 11
Sexual orientation	69.23% 63	19.78% 18	10.09% 10
Age	64.84% 59	24.18% 22	10.99% 10
Location (e.g. I need public transport, it's far)	50.55% 46	41.76% 38	7.69% 7
Money	52.75% 48	34.07% 31	13.19% 12
Opening times / when available	51.65% 47	29.67% 27	18.68% 17
Lack of accessible information I can understand	43.69% 40	43.96% 40	12.09% 11
Not listened to / misunderstood	37.36% 34	41.76% 38	20.88% 19
Don't know enough about certain services	37.36% 34	41.76% 38	20.88% 19

Other barriers that were volunteered by survey respondents were "*lack of motivation and feelings of*

isolation"; "*staff members that were rude*"; "*some services have people that offer drugs or alcohol and it's difficult to stay away from it*".

Identity

To understand more about the way these issues form barriers it is important to break down the groups so that we can see who is really affected (see table 5, 6, 7 for cross-tabulation of race, gender and age with their respective barriers).

Table 5

"Ethnic group vs. Race as a barrier"	Not a problem	Somewhat / quite a problem	Don't know	Total
White	77.27% 34	6.82% 3	15.91% 7	100% 44
Non-white	65.96% 31	19.15% 9	14.89% 7	100% 47
Total	71.43% 65	13.19% 12	15.38% 14	100% 91

T-test for comparisons of means in independent groups has shown how the difference between white and non-white people in their experience of race as a problem was not significant in our sample with a value of .51 with a 95% confidence interval. One question that asks about race being a problem without defining how or what this means cannot capture the wide range of issues that race brings forward. These identity demographics are so complex that they cannot be defined and brought forward as an explicit problem.

To further understand the way race affects the barriers to accessing services we cross-tabulated race (*white vs. non-white*) with all barrier-variables. Non-white people considered all identified barriers more of a problem than white people.

The focus group discussions gave further insight into the ways perceived racism manifests itself in health and social care services in Hackney, and how this impedes people from accessing a service. It was said racism is always experienced at points of contact with many services in Hackney.

"The issue of racism is rife. It used to be undercover but stuff that is coming out is right blatant in your face. You need to be able to talk about it and explain the issue."
(Female tenant from PBHA)

"I think black people are just not getting the actual care plan, the care. Or the actual understanding of what is wrong is not assessed properly."
(Male tenant from PBHA)

"As a black person you notice that the white staff will come in and they are permanent and the black staff will come in as voluntary positions and are never given high positions. We always notice that."

(Female tenant from PBHA)

When incidents of discrimination based on ethnicity occurs it is not clear to people where to go:

"Once I was in Homerton hospital and in so much pain. I kept on pressing the bell for help but she just looked me but did not come over. And I was in so much pain. She just kept looking and looking away. I don't want to go back there. People tell me I should complain but I wouldn't know where or how. I just don't want to go back there."
(Male tenant from PBHA)

"I would go to my manager. But if it's really really bad I would make an official complaint about it."
(Female tenant from PBHA)

"A point that should be brought up strongly in services, to make people aware of complaint procedures that are in place." Otherwise people just suffer in silence."
(Male tenant from PBHA)

"You have to have a witness. Someone that stands with you. Even if they understand the whole procedure. It's good to bring in someone from outside to stand with you as a backbone. So that you can discuss it afterwards."
(Female tenant from PBHA)

"As a black woman, in a way you feel that the system is against you. So there are things out there that make you stop going to services."
(Female tenant from PBHA)

Table 6

"Gender vs. Gender as a Barrier"	Not a problem	Somewhat / quite a problem	Don't know	Total
Female	63.89% 23	13.89% 5	22.22% 8	100% 36
Male	86.54% 45	7.69% 4	5.77% 3	100% 52
Trans+	00% 0	100% 1	00% 0	100% 1
Total	76.40% 68	11.24% 10	12.36% 11	100% 89

In order to look at a difference between two groups with differing sample sizes, T-test for comparisons of means in independent groups has shown how the difference between men and women was significant with a value of .01 with a 95% confidence interval. Crossing gender with all the barrier-variables has shown not much difference between women and men in the way they perceive the barriers as a problem.

Table 7

"Age group vs. Age as a Barrier"	Not a problem	Somewhat / quite a problem	Don't know	Total
26-35	73.68% 14	15.79% 3	10.53% 2	100% 19
36-45	62.50% 10	25.00% 4	12.50% 2	100% 16
46-55	56.67% 17	40.00% 12	3.33% 1	100% 30
56-65	72.73% 8	9.09% 1	18.18% 2	100% 11
66-75	75.00% 6	00% 0	25.00% 2	100% 8
75+	66.76% 2	33.33% 1	00% 0	100% 3
Total	65.52% 57	24.14% 21	10.34% 9	100% 87

For age the numbers were too small to run precise T-tests but we can see a distribution within each age group regarding how much people consider age to be a problem.

Qualitative data provided insight into the way age has an effect on accessing services.

"Older people grew up different. So for them, they still have ideas that are quite stigmatic about having mental health issues and stuff like that. So I think it's not so much nowadays but older people might still have the same sort of issue "oh I don't want to go and tell my doctor that I'm being depressed cause I'm meant to cope" and all that sort of thing." "My dad is a classic example. He's always got to be strong. He thinks, ah you can't go to the doctor and say that. You try to convince them that it's OK now."
(Male tenant from PBHA)

"They don't know where to go, who to contact. Older people stay in their own little world. So they find it hard to know who to ask for help where to go. If somebody, like a friend or somebody comes to them they will find out [about services]."
(Female tenant from PBHA)

Logistics

Looking at table 4 we can see high numbers for the logistics and communications categories of barriers. For 34% of the sample money was an issue when accessing services. When this was discussed during focus group discussions reasons were given as to cost of transport being high and some services costing money. Others mentioned that some NHS services will repay the transport costs but not everybody knows about this.

"There is a payback system but there is not enough information about it. When you go to the hospital you can get your money back. But not many people know that. If you're on benefits the NHS will repay your transport for hospital appointments."

(Female tenant from PBHA)

For 42% of our sample location was a problem. This means the location of services is too far, or public transport is too complicated for people to get around by and further research is needed into this area. The focus group discussions highlighted how fears of being outside / among people is a barrier for leaving home and accessing services for some clients.

"Ill health, sometimes I cannot come out the house." (service-user survey)

"Sometimes I feel anxieties going over, which can make it difficult to get to places. LACK OF UNDERSTANDING TO BEREAVMENT AND DRUG PROBLEMS." (Service-user survey, their emphasis)

"I don't like going to alcohol reviews (Lifeline) because the people I meet there all try to scrounge off me."(Service-user survey) "Some drug services attract individuals I do not want to meet people who will offer you drugs or be a threat to you." (Service-user survey) "Because of mental health I do not like crowded places - Waiting rooms, buses." (Service-user survey)

Suggested solutions were:

"I think care workers should make a point of bringing clients to the services, spend an afternoon, have lunch there or whatever, and just find out what services are available." (Service-user survey)

"Sometimes I get my mother to come with me to hospital or unfamiliar places" (Service-user survey)

Communication

For 44% of respondents a "lack of accessible information I can understand" was an issue. A point raised in a focus group discussion was that sometimes information is given too quickly and remains unclear. Flyers and letters were also unclear at times.

"Putting posters up can be good, but too much information often. Not clear." (Service-user survey)

"I feel that some of the services do not always give you enough info at times and you don't always have the money to attend some of the services." (Service-user survey)

42% of respondents felt they were not listened to or were misunderstood. Some felt that others were forcing services on them. During the discussion respondents spoke about sometimes not needing or wanting anything and how some service providers don't appreciate this.

"My language is a problem. I need someone to help me to be understood."(Service-user survey)

"People being rude is a put off" (Service-user survey)

"Having a mental health issue often stops people from listening and just see the "illness" to the point that any physical illnesses are dismissed as psycho-somatic. Had to fight to get diagnosis."(Service-user survey)

"Situations of forcing people to take medications when you don't have to. Who the hell forces someone to take something when they say "I can manage this". And to knowing that actually you're making a statement and still it's not a proper option."(Service-user survey)

42% of respondents said they don't know enough about services. During the discussion it was said how most information comes from support workers but that it depends on them to relay information about services.

"Not knowing what's available." (Service-user survey)

Depends on the individual person whether they get you help."(Service-user survey)

"I often feel discriminated against because of my tattoos."(Service-user survey)

"My hearing difficulty."(Service-user survey)

v) Barriers to accessing specific services

We asked respondents how easy or difficult it was to access specific services, to get an idea of which services are particularly inaccessible. See table 8 for a summary of the responses.

Table 8

Q11: "Please indicate how easy or difficult the following services are to access. If you have never tried going to some of these services please tick "Don't know"."	**"Easy"**	**"Difficult "**	**"Don't know"**
Mental Health services	37.36% 34	15.38% 14	43.96% 40
Sexual Health services	37.36% 34	4.40% 4	51.56% 47
Dentistry	58.24% 53	23.08% 21	13.19% 12
Drug and Alcohol Services	31.87% 29	10.99% 10	52.75% 48
Smoking Cessation	31.878% 29	6.59% 6	58.24% 53
Physical Activity and Obesity services	31.87% 29	16.48% 15	48.35% 44

It is important to include the "don't know" column into the interpretation since "not knowing if a service is difficult or easy to access" is telling. The proportion of people who have never accessed a service tell us something about accessibility. For certain services this might have to do with inclusion criteria for the service (one must be a smoker in order to access smoking cessation services), but mental health services, sexual health services and

physical activity and obesity services are for the general population to access. Especially looking at Dentistry we can get an image of a service which people know how to access. Although 58% of the sample state that dental care is easy to access it is unclear how many of these respondents have actually visited a dentist recently.

15% of respondents said mental health services were difficult to access with 44% ticking "don't know". Qualitative data gave insight into long waiting lists, unclear or complicated referral pathways and having to explain a personal situation to many people before starting treatment or care. Also the waiting period is often so long that people's situation can deteriorate.

"That's a point I'd like to make about [mental health] services. When you need their help, it's kinda slow to get off the ground. And you could be left stranded for weeks. Especially if you don't really know what's out there and you're asking for help. It takes a long time, the paperwork and the referrals, and contacting your GP and your health history. I mean you could be stranded for weeks, before somewhere like Mind or Lee house or Stoke Newington would pick you up and get you on a program. And it could get worse, you could relapse. And it gets to the point that you have finally received your referral date but you've disengaged completely by that time. [..] So speed the process up a bit, especially if someone is struggling.
(Male tenant from PBHA)

"Lack of NHS resources - means a long wait for a GP Appointment. Lack of NHS funding and services for counselling or psycho-dynamic therapy. Very poor support for depression and anxiety, unless suicidal." (service-user survey)

"Also the number of steps between seeing a GP and seeing someone that you will get some therapy from is something. When I first came back to Hackney I think there is about five or six steps I had to go through, GP, who referred me to a psychiatric nurse, who referred me to a psychiatrist and so on. And these are five referrals before you actually get to someone that can do anything." the system should work better internally. The fact that I had to see different people to get diagnosed, all different people not being able to diagnose me. This is jumping hoops. You expect a few steps but not so many."
(Male tenant from PBHA)

"Once I did get the diagnosis and the medication things started to improve. But I had a tricky time to get to the diagnosis."
(Male tenant from PBHA)

Whilst only 4% of respondents stated that sexual health services were difficult to access, this does not mean it is not difficult because 52% said they "don't know" about accessing them. The high number of don't knows could be a reflection of stigma around sexual health.

The survey shows that 47% have never tried or don't know about accessing physical activity and obesity services and 17% find it difficult to access them. Physical activity and obesity services were discussed during the focus group discussions there appears to be a general lack of prioritizing physical activity as a health service:

"It's not a priority I'm afraid".
(Male tenant from PBHA)

People seem to know of the benefits but are having trouble accessing good quality services because of money, a lack of information, and mental health issues which make being in crowded spaces difficult:

"We all know the benefits of exercise and so I would consider it. If I get help with the payment."
(Male tenant from PBHA)

"When it's free but you have to know the opening hours. They can give you a month's pass, they got everything there. Lifeline.
(Male tenant from PBHA)

"It would have been better for me to go to a gym where there are people that are sensitive about issues of mental health."
(Male tenant from PBHA)

"Many services stopped. Walking stopped, swimming stopped. More education on this would be good. And more free or cheaper access would be a good stepping stone for someone."
(Female tenant from PBHA)

"I have to start taking up a healthier lifestyle. Maybe there needs to be more discussion about health services. I don't know how good or bad it is."
(Male tenant from PBHA)

Some insight was given into better ways of engaging homeless and other vulnerable adults with sport and healthy lifestyles:

"Some of the services which these institutes should provide, some do have access to the gym and such. But a lot of people that are on medication find it very hard to get into sports. People feel lethargic, they can't just get up and go, drugs make them feel in a way that they don't want to go do sports. They really have to push themselves. Services I think maybe should provide a service within the establishments. Doctors do give some sort of physical health help, but that is not ongoing."
(Female tenant from PBHA)

"The healthy eating programme. That is something we do here. I don't understand why these things aren't called in. Why don't they have that everywhere."
(Female tenant from PBHA)

vi) Hostels

The study particularly looked into experiences of people that live in hostels in Hackney, and how living in a hostel impacts the ways people access services. Both staff-members

and service users were asked to give their ideas on what could constitute barriers when living in a hostel. For the service-users survey, only those comments coming from people that answered "yes" to the question *"Have you or anyone you know ever lived in a hostel?"* (51 out of 95) were analysed to make sure this is based on real life data. All staff-members answered "yes" or "don't know" to the question "*Do any of your clients live in a hostel or have they in the past*?" (32 out of 32). See table 9 for a summary of comments.

Table 9

Q13: "What do you think are the difficulties when accessing health and social care services for people living in hostels? Please answer the question as best you can, even if you have answered 'no' or 'don't know' to the previous question. You can indicate up to five difficulties."	**Staff-members survey (N=32)**	**Service-users survey (N=51)**
Structure of hostel as a basis for barriers	10 Other staff members wrote about the structure of hostels making access to services difficult *"many of our service users may have a support need like substance misuse and we will place them in a vacancy which could be near someone else who has substance misuse issues, this tends to make both parties worse",* or a general conception of life in hostels being difficult *"Chaotic life style", "Instability of living accommodation", "None or little Information"* or *"Many of our service users tend to identify housing as their main need and when they have hostel accommodation fail to engage with services to help sustain it".*	31 Service users considered the structure of the hostel as the main barrier to accessing services. Comments as *"People around me smoking Inappropriate living conditions", "Staff did not have time or inclination to help", "People shouting around me and fighting", "Inadequate support from bored staff", "Unstable living situation".*
Structure of NHS for a basis for barriers	15 Second in line of most given comments is about the structure of the NHS: "*prejudice from health providers such as GP's", "Dual diagnoses - health services stating substance misuse needs to be treated prior to assessment", "because it is emergency accommodation many clients move on and are not entitled to a service due to being out of the catchment area".*	15 Other comments from service users discussed the structure of the NHS: *"Services don't link up properly", "GP's won't generally accept people that do not have a permanent address", "Problems around no permanent address - lack of money".*
Service users responsibility as a basis for barriers	21 Most staff-members responses could be grouped as "Service user responsibility category" with comments such as: *"Alcoholism", "shame", "self-confidence", "loneliness", "procrastination (will do it tomorrow)", "suspicious/afraid of losing liberty", unable to keep appointments",*	11 Personal responsibility was mentioned as well, *"Ignorance of the depth of support in the community", "One problem is people avoiding services rather than the services not being available themselves". "lack of patience with protocols", "Shame".*

	"Cannot see the reason" and others.	
No problems	1	12
Don't know	0	16

The focus group discussions gave further insight into these comments. One person had lived in a hostel for some months and explained how the living environment was not conducive to taking better care of himself. He explained how most people get life started again after they move out of the hostel. "When I was living in the hostel I stuck to myself, didn't do anything. After I got out I felt free" Other participants of the focus group had not lived in a hostel but nonetheless confirmed the survey's findings, basing their thoughts on accounts from friends and families who had lived in hostels in Hackney.

"My friend was recently in a hostel. Her mental health deteriorated because she was in a hostel. There was a lot of drugs around which she was trying to stay away from. So she locked herself in her room to stay away from things and she got so unwell while she was there. She's out now and she's accessing services."
(Female tenant from PBHA)

"In hostels there is a lot of crack going round and most staff workers don't know it's going on. Because the behaviour is one thing but actually catching someone doing it is another, because it doesn't smell like smoking cannabis or something. So some people can't stand the chaotic lifestyle in a hostel."
(Male tenant from PBHA)

After concluding these findings it was decided there was a need to speak to current tenants of a hostel and 6 short interviews were held with residents of St. Mungo's Broadway. A different picture was drawn. Support workers were shown to be key in creating pathways to services with all respondents explaining they could get access to services after asking their support worker for information and help.

"It is easier living in a hostel than not. The staff members know about organizations. If I was still in my own flat I would not know where to find the help."
(Male resident from St Mungo's Broadway)

Staff members were said to be helpful to the point of teaching tenants about "living responsibly"

"They make sure I have responsibility again. Made me take care of where I live, what I do. They gave me a big sense of responsibility. Three years now my flat and I still apply what I have learned."
(Female resident from St Mungo's Broadway)

St Mungo's Broadway is according to most respondents considered as one of the best hostels in Hackney and does not represent all hostels. Services are advertised and staffs are helpful in creating access. Reception telephones may be used when needed.

Services were accessed generally, depending on the person. Close location of a GP that takes on all tenants, as well as mobile clinics that provide dental care are used. Not all people would take part in all activities. Swimming sessions are planned sometimes:

> *"But I don't want to; I don't want to socialize with the people that live here. I don't drink. I already live here and don't want to do with the others".*
>
> *(Male resident from St Mungo's Broadway)*

An issue that did come up was the controlling of alcohol or drugs inside the premises. People mentioned night time banging on doors asking for cigarettes, smell of weed or knowledge of crack being smoked. The availability of drugs could make contact between tenants difficult sometimes, with one person trying to stay away from substances while others are trying to sell.

Respondents agreed that sometimes people have difficulty getting in the books of a GP, meaning that people can't access general care while they are living in a hostel. However, given that some experiences of living in a hostel were historic, further investigation is needed to ascertain whether this still represents a significant problem.

DISCUSSION

This study brings together different sets of data that all shed light on the issue of how homeless and vulnerable people in Hackney find out about good quality health and social care services, as well as which barriers people face when accessing these services. The barriers explored are complex and not easily discussed in focus group discussions, but meta-analysis via mixing-methods has shown important data.

People from our sample prefer to find out information about services from face-to-face contact i.e. hearing about a service from a support worker or GP, as well as receiving a letter or asking a friend or family member. Information was often considered to be confusing, contradicting or difficult to understand. Furthermore, Hackney services were said to not always be joined up which can make navigating health and social care services difficult.

A Hackney-wide electronic system of publicising integrated information about linked-up services on screens would improve accessibility. Furthermore, the internet is considered a helpful tool for those that know how to navigate the web and have access to computers. Training of online-skills, in particular the use of Hackney iCare and NHS Choices websites, in combination with provision of computers with hidden screens for privacy, would create better information and access. Older people in particular have difficulties using the internet.

The approximate 50:50 split between respondents who are using the internet as a successful tool and those who are not reflects the findings of PBHA's tenants survey conducted in 2013.

PBHA, in common with many other agencies, has an active digital inclusion strategy with training in basic online skills and the organisation recently introduced free Wifi access across its centres. Clients are also supported to get online and given help with obtaining computers. The survey underlines the importance of this work not only in the context of accessing health and social care services but also welfare reforms and employability – both of which also relate to wellbeing. Our experience is that basic online skills training is best delivered 'in house' or nearby so that it can be easily accessed by vulnerable clients and those who are difficult to engage, including new tenants with support needs.

Equalities

There are differences among homeless people in terms of the way they face barriers when accessing services. Three categories of barriers were identified and explored: equality issues, logistical issues and communication issues, not forgetting there is overlap between and within. Race came up as issue in the service-users survey, but it was mainly during focus group discussions that it was further explained what *Race as a Barrier* meant. More non-white service users in our sample face barriers when accessing services than white service users. Micro-aggressions occur everywhere and it is not clear what procedures are

in place to monitor or take action against it.

Gender also came up as a significant barrier that was impacting on women's access to services. During focus group discussions not much was said about gender, which could be attributed to mixed-gender groupings which can make this topic difficult to discuss. Trans+ participants have shown gender is a major barrier when accessing services.

Age was mentioned as a barrier where older people can be more isolated, don't often have good access to the internet, and consider geography a barrier. Furthermore, stigma of mental health issues was mentioned during focus group discussions as something that stops older people from asking for help.

Lack of understanding of how inequalities manifest themselves, in combination with the sensitivity of the topic for discussion, impedes monitoring and/or action. Disability was not monitored in the demographic section of the survey which makes a comparison difficult, but it is known not all services are wheelchair accessible or safe. . A lot more research needs to be done so that racism, sexism, ageism, able-ism and transphobia, as well as other equality issues, are better understood in terms of the way they affect people's access to services. Some of this work could be undertaken in consultation with representative groups such as Hackney's Black and Ethnic Minority Working Group. They have produced a Cultural Competency Toolkit aimed at the Health and Social Care Sector (published in 2010).

Logistics

Some services are far, others require a fee, and others can bring people into contact with people they do not want to see. Drug and alcohol services were mentioned as areas people would refuse to go out of fear of seeing individuals that were bad for their recovery substance misuse. People with mental health issues also articulated a fear of being in crowded places and often remaining inside the house. Suggestions made were in terms of bringing a family/friend, or support worker to first appointments so that the route and difficulties can be explained. Befriending scheme volunteers could be useful for this purpose.

Communication

Another group of barriers was coded under *Communication* since "not listened to" and "being misunderstood" and "not knowing enough about services" came very high on the list of barriers. Language is an issue, as well as unclear written and verbal directions to health and social care services. Furthermore, a notion that people were not listened to, were forced to follow certain care programs and mental health posing a problem when understanding care programs, further explained how communication can pose a barrier.

The survey findings and the comments made in the focus groups underline the importance of the person centred approach where people are supported to make informed decisions about and to successfully manage their own health and care, and choose when to invite others to act on their behalf. Communication strategies should be delivered in

combination with support to encourage 'help seeking' behaviours and ways that ensure service users are not simply passive recipients of information to help make this a reality.

Barriers to accessing specific services

The survey findings indicate that all services apart from dentistry were difficult to access. Important to note is inclusion criteria affect the extent to which people need and access these services, i.e. it is unlikely for a non-smokers to access a smoking cessation program and thus to know anything about accessibility of the service. Mental Health services, Sexual health services and Physical activity and Obesity services can be seen as services everyone should have access to, but they came up as mainly "difficult to access", or "don't know". In the case of sexual health, with 52% of respondents answering "don't know", this can be interpreted as respondents never having accessed sexual health services before. During focus group discussions participants felt uncomfortable speaking about sexual health so the topic was not pushed more. Stigma around sexual behaviour and sexual health services can be addressed by providing space to discuss it as well as facilitating easy to access services.

Participants spoke about long referral pathways when accessing mental health services. Mental health services were difficult to access not because of stigma but because of long referral pathways, with people seeing up to 7 healthcare providers before being diagnosed and receiving care. Concerns were raised that people worsen or relapse after they initiate the process but before they receive care. Solutions were suggested to set up care programs during the referral process so people do not disengage or drop out.

The focus group discussion participants did not consider physical activity and obesity services a priority when talking about health and social care. Lack of knowledge on the (mental) health benefits from exercise, as well as cuts to easy to access programs further impede access. Easy-access in this context meaning free, mental-health / vulnerable adults- sensitive, when possible provided or organised in-house.

The survey shows that 47% of participants had never tried accessing physical activity and obesity services or didn't know about them and 17% find it difficult to access them. This is significant given the higher levels of long term physical conditions amongst people with mental health problems and learning disabilities, for example, and local priorities to reduce cardio- vascular and respiratory diseases, which are also over represented in the borough.

Rethink's campaign +20 is highlighting how people with schizophrenia and serious mental health problems die on average 20 years before their time, mainly because of preventable physical illness. Nationally, the NHS has taken on board some of the changes campaigners would like to see with the adoption this summer of the Living Well Longer strategy.

Hostels

This study has also looked at the lived experiences of people living in Hackney hostels in terms of their access to services. From the survey and focus group discussions a picture

was drawn as hostels being chaotic living environments with unprofessional staff workers and people spending their time inside only waiting for a new home, without taking care of "secondary" health or social care issues, home-finding being the primary issue. Difficulties in the NHS care system included the lack of a fixed address being an issue when accessing services, as well as people falling outside of catchment area. Shame, loneliness or lack of confidence as well as not showing up to appointments are given as the reasons within their control for service-users not taking up services.

More data was collected to verify these findings and as previously stated residents of St. Mungo's Broadway's Mare Street Hostel presented a very different picture. They reported positive contact with support workers, good access to local services, and a sense of feeling at home. The main issue from these interviews with St. Mungo's Broadway residents was a difficulty with substance use inside the hostel: people using drugs inside the premises which can be problematic for people that are trying to stay clean. St. Mungo's Broadway was mentioned as one of the better hostels in Hackney, so may not be representative of other hostel experience.

RECOMMENDATIONS

1. **Local housing providers and commissioners should work together to develop a service that streams health and social care information on digital screens where homeless people live or congregate.**

   Such a service could be integrated with and use existing content where it has been developed (e.g. for GP practices). Digital screens could be placed in reception areas of housing associations, hostels, local housing offices and Walk-In centres such as Greenhouse.

2. **There should be an awareness raising and information campaign to promote iCare and NHS Choices across the housing and homelessness sector in City of London and Hackney.**

   The campaign should target both services users and support staff.

3. **The potential for developing digital interactive health and social care information points or hubs at venues across the housing and homelessness sector should be explored.**

   This recommendation will also support take up of services such as iCare. Service users will need access to computers and other hand held devices to be able to search for information online. As this, and other, research shows many homeless and vulnerable services users are not online or lack the necessary skills. Such an approach needs to be combined with training in basic online skills.

   There is considerable synergy to be gained in making it easy for service users to search for health and social care services online not least in developing their skills and independence. This recommendation should be aligned with existing City and Hackney wide digital inclusion strategies.

4. **Explore further how peer and other support could be provided to support those who are on waiting lists for treatment or appointments for mental health services.**

   This could be undertaken through the Integrated Mental Health Network and the new Service User Led Involvement Network.

5. **There should be a commitment to a person centred approach to the delivery of health and social care services to homeless and vulnerable adults and attendant communication strategies.**

   Such an approach will encourage help seeking behaviours. As the Health Foundation states adoption of a person centred approach requires a culture change amongst staff who may need further training.

6. **Further research should be undertaken into the extent of abstinence groups that are linked to health and well being activities across City and Hackney and whether more provision and/or better communication is needed.**

   Not wishing to mix with service users who were using drugs or alcohol was cited as a barrier to taking up activities by service users who are in recovery. St Mungo's have recently re-started their Sober Saturday group and Lifeline also run some activities that require 24 hour abstinence.

7. **Service providers need to do more to promote the benefits of physical activity to homeless and vulnerable adults and to make access to such services easier.**

   Suggestions include the provision of free or low-cost memberships of fitness centres and special opening times or slots at leisure centres and facilitated groups such as swimming groups.

8. **City and Hackney Clinical Commissioning Group and partners should implement Living Well for Longer: National Support for Local Action to Reduce Premature Avoidable Mortality (Secretary of State for Health 2014) and build on this year's CQUIN incentive targets to support physical health for people with mental health problems.**

   As the Call to Action says there are stark inequalities in outcomes across different socio economic groups and Living Well for Longer has particular relevance for the physical health of homeless and vulnerable adults.

   The Clinical Commissioning Group's plans include better training in dealing with mental health problems and addressing physical health issues but more information is needed on how the CCG and its partners are going to implement the Living Well Longer strategy. Key points include targeted health interventions for people with mental illness. What commissioning intentions can be included

for 2015-16 to help implement the strategy at a local level?

For the first time in 2014/15 NHS England has focused CQUIN payments to mental health providers on the physical health of people with mental health problems. Commissioning for Quality and Innovation Payments are certain payments that mental health providers receive if they achieve specific targets. This year they include physical health monitoring (including physical health checks) and communication with GP's (e.g. updating care plans with holistic information including physical health conditions). How can we build on this work?

9. **Commissioners and providers should explore opportunities for synergy and building on the Social Prescribing pilot which is targeted at isolated over 50's and people with diabetes.**

There is cross over between the pilot's target groups and the respondents to this survey (homeless and vulnerable adults). There may be opportunities to improve access to physical and obesity services for homeless and vulnerable adults through the pilot and social prescribing more generally.

10. **Service users need creative ways to explore issues of identity (e.g. race, gender, sexuality, age) so they can develop their voice and express opinions**

Issues of identity are complex and beyond the scope of this research. Whilst clear complaints procedures are important, additional ways are needed for the service user perspective to be heard.

APPENDIX

GUIDELINES WHEN HELPING SOMEONE TO COMPLETE A SURVEY

Depending on whether or not people have access to a computer they have the option of completing a survey online or on paper. The surveys are exactly the same. Due to time restrictions we would rather have people complete online surveys.

Please explain the following to all people interested in completing a survey:

Taking part is optional. If someone starts a survey but does not want to finish it, all they have to do is close the screen.
There are no consequences to completing this survey. There are no right or wrong answers.
All answers are confidential. No one apart from the research team will have access to the answers.
Read every question carefully. If something is not understood a support worker can be asked for help.
There are no special risks involved in taking part in the survey.
There are no special benefits involved in taking part in the survey.
The survey will take 5 minutes to complete.
If someone has completed a paper copy of the survey, collect the survey, place it in one of the envelopes and hand it to Pam Frost. There is a box designated for this purpose.
Ask if anyone would like to take part in a focus group discussion held at the end of August.

TWO SCENARIOS WHEN HEPING PEOPLE TO COMPLETE A SURVEY

SCENARIO 1: someone wants to complete a survey on their own

i) Let someone complete a survey in private. Bias can be introduced when people feel watched when completing a survey. People tend to give “socially desirable” answers.
ii) If you do see someone's answers to questions, make sure to not mention it, unless they initiate. No one should be made to feel that taking part was erroneous. Their answers should have no consequences on the way they receive care.
iii) When someone has completed a survey, make sure the last box “submit” has been clicked so the answers are sent through.
iv) If someone does not understand the question, explain as best you can without giving answer options.

SCENARIO 2: Someone needs help when completing a survey

In some cases people will be helped to complete a survey. For example when:

4) They have a disability that makes it difficult for them to complete it on their own
5) They have difficulty reading or writing
6) They have difficulty understanding
7) They prefer to be helped

In any of these cases it is OK to help someone complete a survey.

Please follow these guidelines:

4) Read the questions calm and clearly. If they do not understand the question, repeat the question. If they still do not understand the question, try to explain in simple words. Never lead them towards an answer by giving examples. This will introduce bias.
5) Try to show them which answers you are writing down so they don't think you are changing their answers.
6) Show the least response possible when someone gives you an answer to a question. Even if the answer is surprising/upsetting
7) If they want to change any answers they can. Either click “previous” on the online survey or cross out the old answer and write a new answer.
8) Ask if there is anything they would like to discuss with the research coordinators and direct them to Pam Frost.

If there are any further questions, please email Pam Frost or Emily Jaye Trip. Thank you for your collaboration. We hope our findings will improve health and social care services in Hackney.