



**The Journey of Street Homeless
People using Croydon's Health
Services
July 2020**

Findings in brief

Street homeless found it easy to access services in Croydon.

Most found dedicated homeless services positively impacted their health and wellbeing.

24% of respondents had either a physical and/or mental disability.

Unemployment, health issues, relationship breakdown had led to many becoming street homeless.

Some were homeless due to their immigration status.

30% of those we spoken to had been homeless for 2 to 5 years.

Recommendations in brief

Dedicate further support and access to other key health services for street homeless.

Encourage training and support enable street homeless to gain employment.

Further develop local support for income and housing benefit.

Maintain permanent accommodation options for street homeless.

Providing support with those awaiting immigration status decisions.

Provide dedicated therapies and rehabilitation.

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Executive Summary

Healthwatch Croydon published a project in 2018 on “Street Homeless Experience of Health Services in Croydon”. Based on the findings observed two years ago (see page 2)¹, 47% respondents had an undesirable experience of using the GP service, nearly one in five (19%) had not registered with a GP, even though they have the right to do so and over one in four (28%) did not receive the mental health services they felt was needed. As a result, we decided to revisit those living on the street the following year to expand more on their access to health services generally and see if it had any impact on their wellbeing. This project has also captured a variety of experiences and the journey that made them street homeless.

Street homelessness is a much wider term than rough sleeping, taking into account the street lifestyles of some people who may not actually sleep on the streets. Street homeless people are those who routinely find themselves on the streets during the day with nowhere to go at night. Some will end up sleeping outside, or in a derelict or other building not designed for human habitation, perhaps for long periods. Others will sleep at a friends accommodation for a very short time, or stay in a hostel, night-shelter or squat, or spend nights in prison or hospital. (Shelter, 2006)²

We spoke to 50 homeless people between April and December 2019 while they were using services at Crisis in Croydon The Salvation Army, Nightwatch and the Rainbow Health Centre which we found to be appropriate organisations to engage with our target group. The primary aim of this project was to inform re-commissioning of health and social care services to improve outcomes for this seldom heard group.

For further reading into why this survey was conducted, please see the work Crisis, Evolve Housing and Support, Expert Link and Thames Reach are undertaking in correspondence to the campaign CRZero 2020; to end chronic street homelessness in Croydon by the year 2020. For more information about this campaign visit www.evolvehousing.org.uk/understand-our-work/cr-zero-2020

¹ (Healthwatch Croydon, Street Homeless experience of Health Services in Croydon, 2018)

² (Shelter, Factsheet on Street Homeless, August 2006)

These are our findings:

- **Street homeless found it easy to access services in Croydon:** It is encouraging to hear respondents finding most services and facilities in Croydon easy for them to access. Most had utilised the hospital for one treatment or more, the dentists, pharmacist, A&E and the GP except for a few who said it was slightly difficult for them to access services because of their disability, language barrier and had no registration with a GP. The positive comments we have collated has shown some degree of improvement from when Healthwatch Croydon embarked on a similar project two years ago. (See page 24-25)
- **Most found dedicated homeless services positively impacted their health and wellbeing:** We asked our respondents which services in Croydon had made a positive impact on their health and wellbeing. 86% of respondents had said the Salvation Army in Croydon impacted positively on their health and wellbeing, 80% found religious institutions and faith groups very positive, 80% mentioned Rainbow Health centre and 72% said Crisis in Croydon had a great positive impact to their health and wellbeing. Other services which they also said had contributed to their wellbeing positively were the Adult Mental Services (50%), Turning Point (45.5%) and Croydon Thames Reach (50%). (See page 27)
- **Nearly a quarter had a physical and/or mental disability:** We found out during this research that 22% respondents had one form of disability or health condition including psychological trauma, heart problems, depression, diabetics, mental health issues, epilepsy, psychosis, brain damage, osteoarthritis, fibromyalgia and mood swings. Others may also have had physical and mental health issues which while not disabilities were affecting their lives. (See page 18 and 37)

- **Unemployment, health issues and relationship breakdown has pushed many people to become street homeless:** A number of the respondents stated that they were on a very low income which could barely cover the daily cost of living and therefore rent payment was impossible (see page 19 and 20). Others told us part of the reasons why they are street homeless is mainly because of a breakdown in their personal relationship. (See page 22)
- **Some were homeless due to awaiting immigration status:** We heard from a number of respondents who were homeless due to their immigration status, which prevented them from obtaining a job and a home. As a result, their needs varied in comparison to other street homeless respondents. (See page 21)
- **Nearly one in three were homeless from two to five years:** While most of the respondents we spoke to had been homeless for six months to a year, we found that 30% that has been homeless for many years. (See page 16)

These are our recommendations:

- **Dedicate further support and access to other key health services for street homeless:** While it is good to see there had been better access and experiences of using services than in 2018, street homeless people are still having difficulty to access and get the support they need from services that are not designed specifically for their specific needs. More focus on providing staff who are trained to work with street homeless or providing a more dedicated support service will help increase satisfaction and experience of these services. It may still be an issue that homeless cannot access services due to not being registered with a GP, which is the gatekeeper of access. This needs to be considered and services that can support homeless to engage with health and social care services.

- **Encourage training and support enable street homeless to gain employment:** It is important that street homeless have access to assistance in getting them back into work to help build their self-esteem and confidence especially for those who have been on the street for years. Job provision will keep them off the street
- **Further develop local support for income and housing benefit:** Our respondents complained that the processing of benefits takes a long time and that the monthly benefits allocated to them only provides for basic food allowance but cannot cover for rent expenses. While we realise this is a national policy, local support could be enhanced to ameliorate some of these challenges.
- **Maintain permanent accommodation options for street homeless:** Permanent accommodation brings stability for rough sleepers and builds their confidence. All the respondents we spoke to said the support they need was to have permanent accommodation.
- **Providing support with those awaiting immigration status decisions:** When we visited The Rainbow Health Service, we were surprised to find a number of the respondents included those without defined immigration status, but seeking asylum. We found many asylum seekers are rough sleepers, but some stay in hotels or B&B for a period of time, dependent on their status. Again, this is not something that is needed for all homeless people but needs consideration when developing services.
- **Provide dedicated therapies and rehabilitation:** There is a need for medical attention for those street homeless who have mental and physical health issues. Some are still dependent on drugs while others have been in and out of prison, or had a number of issues that have affected their wellbeing. Restoring them to health or normal life through training and therapy after imprisonment, drug dependency, or illness can assist them to more confidence and assurance.

1 Background

1.1 Context

About Healthwatch Croydon

Healthwatch Croydon works to get the best out of local health and social care services responding to your voice. From improving services today to helping shape better ones for tomorrow, we listen to your views and experiences and then influence decision-making. We have several legal functions, under the 2012 Health and Social Care Act.

Definitions

For this report, we are referring to street homelessness. According to Shelter, this is a much wider term than rough sleeping, taking into account the street lifestyles of some people who may not actually sleep on the streets. Street homeless people are those who routinely find themselves on the streets during the day with nowhere to go at night. Some will end up sleeping outside, or in a derelict or other building not designed for human habitation, perhaps for long periods. Others will sleep at a friend's accommodation for a very short time, or stay in a hostel, night-shelter or squat, or spend nights in prison or hospital. (Shelter, 2006) ³

National level

The number of people sleeping rough in England has risen substantially over the past decade. People who are homeless have some of the worst health outcomes in England and are more likely to experience and die from preventable and treatable medical conditions and have multiple and complex health needs. Many people who

³ (Shelter, Factsheet on Street Homeless, August 2006)

sleep rough experience a combination of physical and mental ill-health and drug or alcohol dependency.⁴

Alongside these needs, people who sleep rough face barriers to accessing health and care services, including attitudes of some staff, complex administration processes and previous negative experiences. This means continuity of care is a challenge and health issues may not be picked up until they become acute.

Multiple services are involved in meeting the health needs of people sleeping rough. Many people sleeping rough will require support from several of these services at once and the effectiveness of any one service is dependent on that of the others.

This complex service landscape requires multiple stakeholders to work together and so how services manage the handovers and links between them is crucial. Services therefore, need to provide a coordinated, joined-up approach, recognising the breadth of health needs that a person who is street homeless might be experiencing. Ultimately, a person cannot achieve good physical and mental health without a safe and stable home. However, health problems can also be a cause of homelessness or a barrier to exiting street homelessness. Health, housing and wider support needs are deeply interconnected - there is a need for an integrated response across a wide range of partners including health services, local government and the voluntary, community and social enterprise sector (VCSE), as well as a range of other organisations such as the police, the wider local economy and the local community.

The number of households considered homeless in England has risen by more than 3,000 over the course of six months. Government statistics show between January and March 2019, 32,740 households were initially assessed as being homeless and up to up 11.2% from 29,430 in the previous quarter. Between January to March 2019, 70,430 households were initially assessed as threatened with homelessness or homeless. Between January to March 2019, 7,570 households were accepted as owed a main homelessness duty. This decreased by 1.4% from 7,680 from October to December.⁵

⁴ (The Kings Fund, 2020)

⁵ (Ministry of Housing, Communities & Local Government, 2019)

Rough sleeping has more than doubled in England over the past seven years, from 1,768 in 2010 to 4,751 in 2017. In London, rough sleeping has nearly tripled over the same period from 415 in 2010 to 1,137 in 2017. Most rough sleepers spend a short amount of time on the streets, and the proportion of entrenched rough sleepers is relatively small. One in five rough sleepers are non-UK nationals, and destitution among this cohort has an impact on health services, the police and criminal justice system. Over three-quarters of local authorities in England are part of the Government's Rough Sleeping Initiative (RSI) to end Rough Sleeping. Across these 244 local authorities there were 3,863 people estimated to be sleeping rough on a single night in autumn 2019.

The majority of people sleeping rough in England are male, aged over 26 years old and from the UK, this is similar to previous years.

Local level:

Rough sleeping had been increasing in Croydon since 2010 - from 4 in 2010 to 68 in 2016. However, in 2017 the number of rough sleepers in Croydon fell to 31. Until 2016, Croydon Council used the estimate methodology - an intelligence-based assessment leading to a single figure that represents the number of people thought to be sleeping rough in the local authority area on a 'typical night' - a single date chosen by the local authority between 1 October and 30 November. In 2017 however, Croydon Council carried out a street count, where they recorded rough sleepers who were seen bedded down - a snapshot of the number of rough sleepers in the local authority area on a single night between 1 October and 30 November.⁶

Healthwatch Croydon had spoken to a few respondents who were mostly women and when we asked what their reason was for been street homeless it varied from relationship problems, domestic violence to not being able to afford rent. A new study has revealed that the vast majority of women who are homeless suffer from physical or mental health issues. The research, conducted by the homelessness charity Groundswell and funded by the Greater London Authority, found that 74% of

⁶ (Croydon Council, 2018)

women who are homeless have a physical health issue and 64% were experiencing mental health issues.⁷ A 24-hour, 365-day homeless assessment hub set up by Croydon Council to help street homelessness is now open in the community.

The project between the council and specialist provider Evolve Housing + Support offers up to 15 people a bed for up to 72 hours and a same-day assessment of their financial, health and housing circumstances.

Street homeless are referred to the hub by the council's homelessness assessment team and partners including Croydon Reach and Crisis. They then receive help into settled accommodation and one-to-one help with their finances and job skills⁸.

1.2 Rationale and Methodology

Healthwatch Croydon wanted to talk to people who are street homeless to see if there were changes in support from the previous insight, we undertook in 2017. The aim was to not only to listen to the journey of the street homeless person but also have an insight into how they access and use health and social care services in Croydon.

1.3 Method

During the scoping phase of this research Healthwatch Croydon met with partner organisation in the Borough which include Crisis, Salvation Army, Croydon Thames Reach, Croydon Nightwatch, and Rainbow Health Services.

We conducted qualitative surveys across five sites speaking to the street homeless people at these various locations and asked them their journey which led to their current situation and any barriers they faced in their health care and other issues relating to homelessness.

⁷ (Eicher, 2020)

⁸ (Homeless hub to help rough sleepers set to open in Croydon, 2019)

We asked them the following questions:

1. How long they had been street homeless.
2. To tell us their story.
3. Which Health Services they had accessed in Croydon?
4. How easy it was to access this service?
5. Where do they go for information and support?
6. What support are they looking for?
7. Which services positively or negatively impacted on their health and wellbeing?
8. Which area in the borough they slept in overnight?
9. Their Name (optional) and were they lived in Croydon.
10. Demographic Information: - Age, gender, sexuality, religious belief, ethnic background, disability status.

The surveys were conducted face to face which gave people the chance and freedom to express themselves without restrictions of electronic devices, battery failure, or technological barriers etc.

All surveys were filled in on a voluntary basis and some participants did not answer all the questions. We appreciate all the responses we received from those we spoke to during what may be a challenging and unsettled time of their life.

In total 50 surveys were completed between April and December 2019.

Sources	Number
Crisis	14
Salvation Army	20
Rainbow Health Services	12
Nightwatch	4
Total	50

Respondents were encouraged to tell us about the services and are included in the comments throughout this report.

Thank you

Healthwatch Croydon would like to express their appreciation and thanks to Jo Keil at Crisis Croydon for allowing us to carry out this research and speak with all the street homeless people who attended the Thursday breakfast club.

We also say a big thanks to Chris Waldock and his team at the Salvation Army. These organisations offers great support and advice to people who are homeless.

A special extension of gratitude goes to Nnenna Osuji, from Croydon Health Services Trust and Paul Coleman for agreeing access, schedules and logistics to carry out the final lap of our survey at Rainbow Health Services. The Croydon Nightwatch was also of great assistance in allowing Healthwatch Croydon to join their volunteers at the Nightwatch session where they give food and help to the homeless and other vulnerable people.

We also thank our Healthwatch volunteers who supported the staff team in collating and analysing the data: Carole Hembest, Megan Nash, Tariq Salim, and Michael Hembest.

Limits of the research

Clearance and acceptance: We spoke to 50 people. With some organisations, we understandably needed to gain clearance to meet homeless people and the time this took was a significant limitation in getting the work completed within the planned original period. We also came across barriers in that respondents wanted to get to know us before they felt they had enough trust enough to give their views to us. In some cases, this took a number of visits for some respondents to have confidence in us to respond. It took eight months, rather than four as planned.

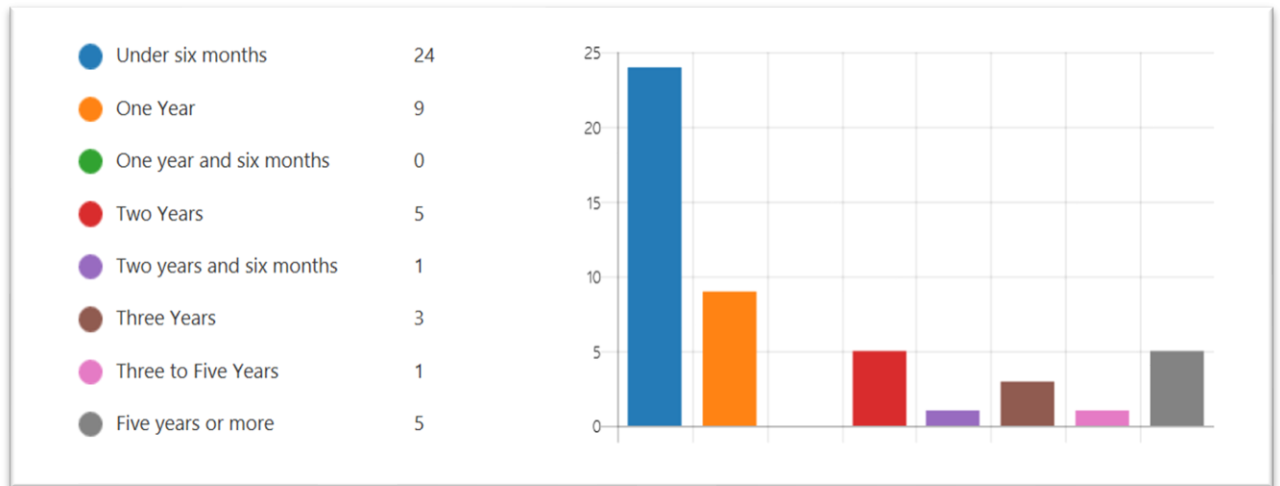
Timescale of research: The period at which this survey was carried out limited us to interview a number of homeless people around the year rather than just the winter period. This means that seasonal issues may not be consistent across all 50 respondents. In that respect, it did allow for responses to cover three seasons rather than just one or two.

Language barriers: The majority of the respondents and people we approached during the period of this research were White Europeans who couldn't speak English. Rarely did we get interpreters to translate their issues and experiences relating to street homelessness and health issues.

Not wishing to respond: Some respondents were very reluctant to share their experience with Healthwatch Croydon because they had spoken to other researchers in the past who had raised their hopes promising them that the council will shelter them but some said they are still waiting as a result, and so they don't trust anyone. Quite a few respondents who had issues relating to homelessness did not want to speak because they said it was the same old story and that their situation hadn't changed.

2 Insight results


2.1 How long have you been homeless?




Healthwatch Croydon conducted face to face interviews with the street homeless peoples at Crisis, Salvation Army, Rainbow Health Services and Croydon Nightwatch just to get an indication of how long they had been street homeless.

The above graph shows that 24 respondents had been street homeless for under six months. 9 respondents said they had been homeless under a year; one person had been homeless under two years and six months. 5 respondents informed us they had been street homeless for under two years, 3 were under no shelter for three years. 2 were homeless between 2-3 years and for more had been street homeless for over five years.

When we asked the respondents the reasons why they were street homeless, and grouped them into themes as following, see individual's full comments on pages 19 - 25):



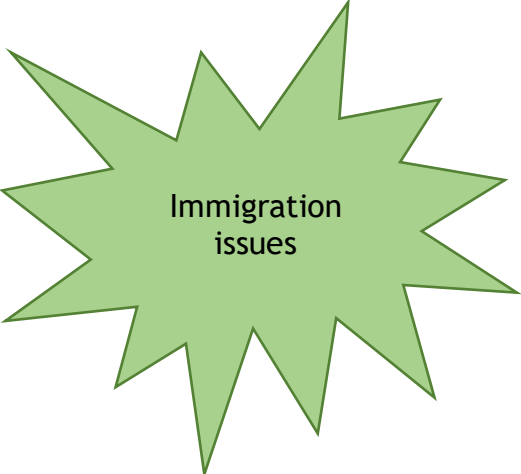
Health issues: -
Mental Illness &
Physical illness



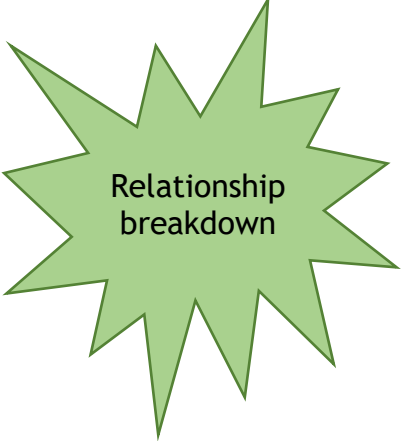
Unemployment
issues



Lack of finances




Immigration
issues




Relationship
breakdown



Eviction




Mental
health



Domestic
abuse



Bereavement



Social services
and accessing
services

2.2 Tell Your Story:

Health issues: These are comments from four people who are street homeless about how their health has been affected by living on the streets. Some were ill before they became homeless, others have developed illness while on the streets. Issues include HIV and heart problems to mental health issues and swellings:

“I have been homeless for the past four months and now sleep in subways and parks. Am always scared sleeping on the streets as my medication gets stolen from me. Although am HIV positive and don't feel too well, Crisis has been of great support to me especially during the period when my possessions were lost and friends deserted me due to my condition. Am looking for a HIV Support group where we can share information and support each other.”

“I was working before but became ill. I rough sleep but also do manual work. I currently have heart problems and cannot work so most organisations I have worked with have required I produce paperwork to indicate I am fit for work. Accessing the services has been very difficult due to the language barrier and besides I don't have a GP. I have been in the UK for 10 years and also have rented a few places but my ailment has not allowed me to work however I haven't got enough to pay my rent. I sleep in the Gardens, car parks, and sometimes next to the council. I have been coming to Crisis for the past 7 months which has really been useful. I really don't want to be on the street I want to be in my home where I can watch TV and relax. Been street homeless is not a good experience. it's cold, no shower, no food and very stressful.”

“Just left the hotel where I was for 3 months but the Jobcentre might be offering me Universal Credit. Crisis is a very good organisation and I come here regularly to get food and to have a shower. I was working legally and pay my tax but I started to feel sick and the ambulance took me from the hostel and had an injury which was operated upon my right leg has swollen up due to walking about and not resting I have stayed in Leyton and I've not come to Croydon no transportation money to travel and I have to leave off people. I do not have a GP.”

“Doctors are only in at Rainbow, 3times a week, so I have missed my appointment. I have memory and physical disability which is a big problem I have Brain damage, Osteo- Arthritis, Fibromyalgia, Psychosis and Mood swings”

“I stay in a temporary accommodation by the home office, Barry house. Referred to Rainbow for health services I have respiratory chest cough and need medical attention am an asylum seeker and currently severing from swollen throat glands.”

Unemployment issues: These are comments from four respondents who found themselves homeless because they lost their job. In some cases, they have been exploited by employers due to their status, the accumulated psychological impact of moving from one job to another, one accommodation to another. Rental agencies not working for the homeless, who they see as a risk. Some do not want to be dependent on benefits or find benefits officials do not help them.

“We do get paid after being working without documents and the employer has refused to pay. This has caused me being homeless, am mentally stressed, and have many other issues.”

“I believe in God and I have a life I believe God supports me everyday I don't believe in any one because they've given me empty promises. I sleep on the streets of Thornton Heath and have been robbed severally. Initially I was staying with my cousin but because I'm on drugs he has stopped supporting me and cannot accommodate me any longer I'm now on the waiting list and hopefully I'm believing the council would help me at some point I have gone through a lot I have lost a lot of jobs which has led to my homelessness as I couldn't keep up with my rent. I lost my girlfriend and my grandmother in 2013 and this caused a lot of psychological trauma to me.”

“Lost my home when I lost my job. Crisis have not been good since August advising to get me a job, and they got a room for £910PCM. Housing benefit cannot cover rent. Exploring the system and agencies. Maximum Housing benefit you can get. The agencies are playing the system.”

“Sometimes am homeless namely because of loss of jobs. The biggest problem is money. I have a son and an ex wife. I do carpentry work but this is not regular. When I do not get paid, I become homeless. There is the danger of deportation if I sleep in public places. I do not like going to the jobcentre because they as not of any help to me. I do not like to assess to the benefits service and officials.”

Lack of finances: We spoke to six different people who became homeless due to lack of finances which has caused them to be mentally distressed and depressed, or their mental state has caused them to lose their job and therefore have little resources:

“Homeless for 3 months from June to September 2018. Now I have 10 hours job for a week but need to meet with somebody from Croydon walk. This money is not enough to rent accommodation. I'm currently in the Irish Housing Association and might be homeless again I have 7 more days left and don't know what will happen afterwards. Crisis is very helpful and hopefully might extend my accommodation.”

“Lost my flat a while ago. Got harder to pay rent. I feel indifferent. Things went bad. Not happy about my situation. When you are sick you don't get the right help been homeless. My family is not helping. I don't like life and life doesn't like me. I feel stuck! The criteria of giving out houses is unfair. It used to be easy but now difficult. Am been laughed at! It drives me mental”

“Had financial difficulties panic attack anxiety and depression. I used to be a plasterer I live in my car for 2 years with my cat. Had a car but couldn't afford my rent in August. I got introduced to Crisis but they couldn't get me somewhere for 8 months. The churches and Christians are very helpful to the homeless”

“Trapped in a hostel due to lack of finance. Definitely depressed.”

“I have been street homeless for a while. I need money to buy sanitary towels.”

“Not working, no passport has no ID. Having problems getting a passport and have no money.”

Immigration Issues: Immigration problems have left many desolate and stranded especially for those who do not know where to turn to for substantial support. Below are comments from six respondents who shared their stories with us:

“Been homeless for over 5 years though been staying with family and friends, going to different places but has no stability. I just recently new about Crisis. I was in a shelter room which was not convenient and had to live as the advocate said I was rude I currently have immigration problems and no job no benefits. The Home Office advised I come to Crisis I have been in the UK for 18 years and have no lawyer to assist my status.”

“Am currently staying in a hotel around Brigstock as an asylum seeker.”

“Am an Asylum seeker. Suffer from Diabetics, Hypertension, Depression and Anxiety. Can’t speak English - Amharic Writers.”

“Asylum seeker, currently staying in a hostel. I suffer from Back pain and have an Autistic 12 year old Son.”

“Went to seek asylum about three weeks ago, and stayed in a hotel temporary”.

“We called for migrant help, but we were homeless, applied for perm house in July 19 so one and a half weeks homeless. Always trying to get social worker to meet with migrant help. Then they moved to Epping, lived there for 4-5 days, then moved to Brigstock for a month, have a one year old and wife is pregnant.”

Relationship breakdown: This was a cause for many and as a result they had nowhere to go:

“Broke up from a bad relationship and became homeless but happy I am living with my cousin. I hope to go back to Mauritius soon.”

“Was with partner for 38 years had relationship problems, stayed with my daughter who kicked me out. Meant to go into support accommodation and currently have 6 children who hate me. I have been sleeping rough in Queens park but now I feel lost, confused, scared and don't longer understand things. The council is currently supporting me.”

“I used to live in Tooting with my boyfriend. We lived together for 6 years then he pushed me out and I ended up on the street. Stayed with some people on the street who showed me where Crisis in Croydon was. I come here for a shower and attend the Thursday club for breakfast. I sometimes sleep in the car park and other parks in Tooting. My boyfriend is currently looking for accommodation and hopefully might move back together with him if we reconcile. I don't go to the Salvation Army because after 3 visits you have to pay a pound to gain access. Been homeless is not a good experience, I'm scared of dangerous acts in the night. There are too many accidents on the street and have no support.”

“I had a relationship breakdown and I've had a difficult past. Couldn't afford my rent hence couldn't keep up with the arrears. I've been smoking, drinking, and taking cannabis. I go back to smoking when I'm moody. I'm not a sick man but I'm good. I've had sleepless nights I had a punch in my head and my speech is not that great. I'm a broken man, the whole world has no meaning until I unite with my family and have a good holiday with them, then I can afford to buy them fish and chips.”

Drug dependency: A respondent had been street homeless at the age of 15 years old:

“I come from a broken home and I've lived a childhood vulnerability life since the age of 15 I have been on the street. Using drugs to keep myself and I've come across drug addicts and Killers. I was raped at the age of 13 and realised I was pregnant when I turned 14 years old. Apparently, I ended up giving birth to triplets I had a boy and two girls which eventually were taken away from me by the social worker. I have gone through a lot in life, spent 38 years in and out of prison I really, want to come off drugs and I want to be a better person in life.”

Bereavement: Two respondents had lost relatives very dear to them and are now rough sleeping:

“Am shattered, I just lost my mum. I stay everywhere and anywhere, sometimes with friends and most times on the street.”

“I have a life; I believe in God who will support me every day. I no longer believe in anyone. All promises are empty. I sleep rough in Thornton Heath and have been robbed severally. Waiting for the council to get back to me. My cousin supports me although am on drugs but he can't accommodate me. Am waiting to hear from the manager of Crisis to support me. It's been traumatic because I lost my Grandmother, Brother and Girlfriend.”

Mental Health/Domestic violence Issues: Two respondents are currently rough sleeping; both have mental and domestic issues respectively:

“Having memory loss. Was taken to the hospital. When I came out of prison housing benefit were trying to help. Got mental issues. I can't remember things”.

“Been homeless since 2017. Had to flee from domestic violence from Sutton. Attempting murder and rape. Was at the hotel for 14 months, on Harcourt road but got moved because I found needles, no water, no heating, so went to the council who agreed to move me. Was sectioned went to the MP, talking to mental health, took over dose, now on anti-depressant. My doctor won't see me. Am suffering a lot of pain. Born and breed in Kingston. Sectioned for three weeks until I had a care plan. Had a 6 bedroom flat with my 10 kids but got evicted.”

Eviction: Respondent is homeless, in receipt of benefits which cannot sustain him to get accommodation:

“I forgot my keys one day and broke the window to gain entrance into my flat unfortunately neighbours reported me to the police and I got evicted without any explanation. I have slept everywhere in Croydon I sometimes sleep on buses trams, in the car park and all other places. I come Crisis for a wash. I'm in receipt of benefit (£300 a month) but this cannot sustain me to get accommodation and I'm still on the waiting list. I beg for food every now and then.”

Difficulty Accessing Services: Some respondents cannot access services due to disability:

“Always in temporary accommodation. Lived 10 years in the UK and been homeless stayed less than two weeks in Croydon. Accessing services is difficult and travel is an issue it costs money and I have multiple issues”

“Made homeless recently currently in temp accommodation. Difficult accessing because hard to walk. Am 78 years old.”

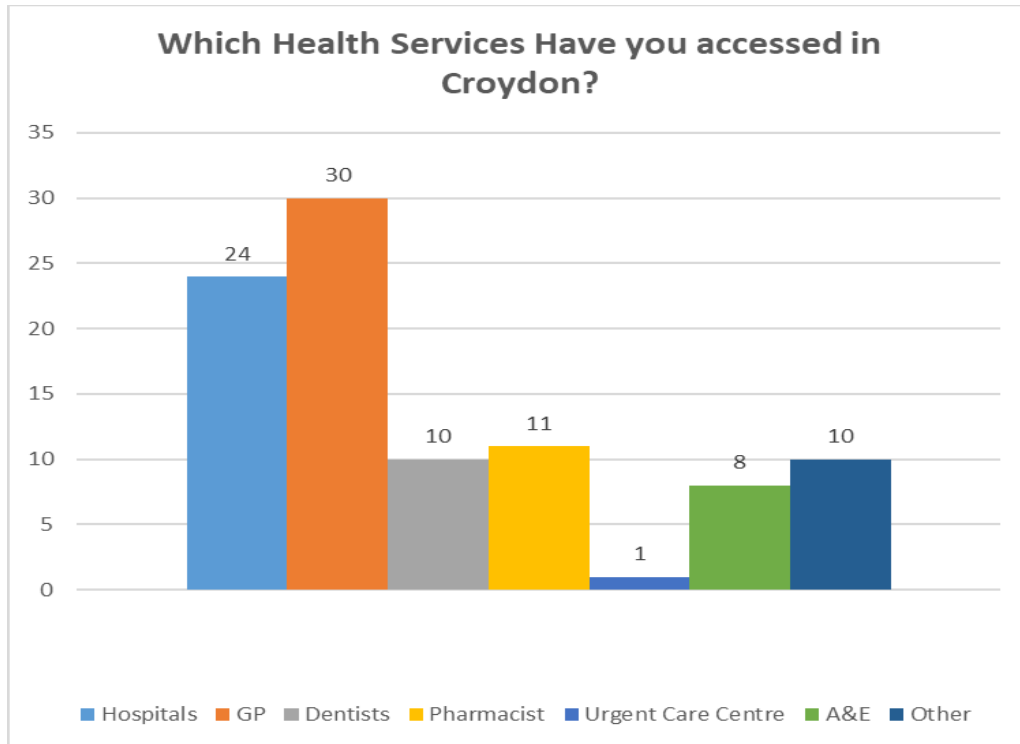
Social Services: We received comments from three respondents about their social service experience:

“I was homeless from Brigstock Road where I was moved into a B&B. Am Wheelchair bound and my flat got broken into severally. I have problems where I am currently living at the moment. A surveillance has been set up to monitor the boys in the area who have victimised me severally. I'm making most use of the services especially the Social services at the Croydon Council. The only problem is the long queues but other than that they are good.”

“My partner and I lost our kids. My partner had stroke and I was in prison. Our kids got taken away. Can't see my kids due to allegations from my partner. Can only write them once a year House taken, nowhere to live. They are two boys who are fostered together. Am stressed”

“Universal credit didn't pay my rent and was told it would take a week my landlord talks to me out of the house I'm new to the area but I'm staying somewhere at the moment turning points has been of great assistance my support worker out on my case.”

2.3 Which health services have you accessed in Croydon?



The majority of the respondents have accessed health services in Croydon. 30 have utilised the GP services, 24 respondents have accessed the hospital, 11 utilised the pharmacist, 1 respondent had accessed the Urgent Care Centre, and 8 said they had gone to Accident and Emergency for health issues.

The graphs show that all respondents had in one way or the other contacted the health Services in Croydon.

2.4 How easy was it to access the services you needed?



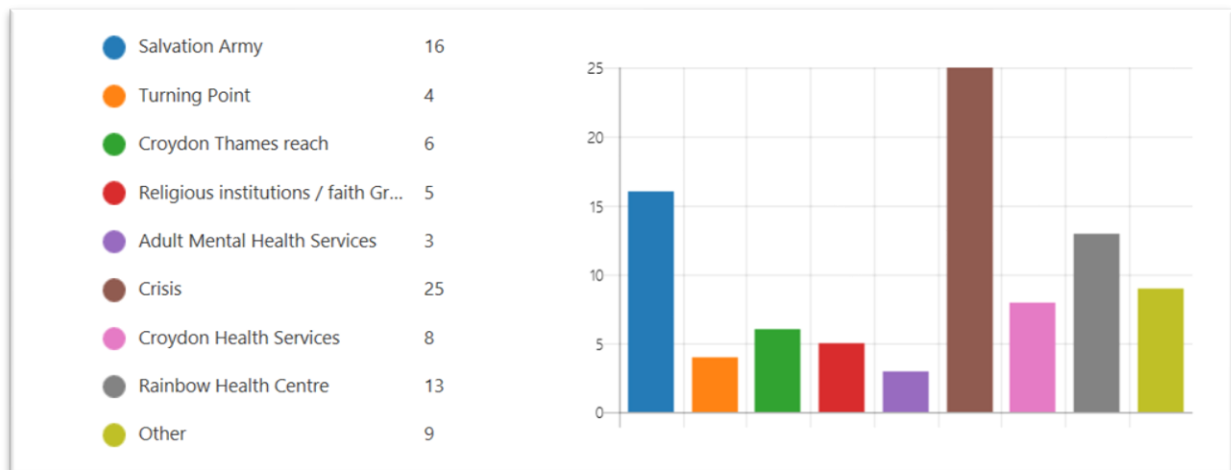
We asked our respondents how easy it was to access the services they needed and a large amount of them said it was very easy for them to access services.

This is an improvement on from Healthwatch Croydon 2018 homeless project, when it was found that over a third of those asked could not say they had got access to services. Adult homeless were less likely to be able to gain access to services compared with young homeless people. This means the figures increased significantly if adult homeless had a complex range of mental health issues as well.

The Croydon Homeless Health Team offers specialist health practice for homeless people which includes on-site services to see a GP practice 3 days a week and nurse clinics 5 days a week. Other services include immunisations and health screening for HIV, sexually transmitted infections and tuberculosis.

Some of the street homeless mentioned that they prefer to attend the accident and emergency services because of their circumstances i.e. not having proof of address to register at certain services or immigration status.

2.5 Where do you go for information and support?



The top three organisations where the street homeless seek for information and support are Crisis, The Salvation Army and Rainbow Health Services according to our findings. This may reflect the places we visited to get views.

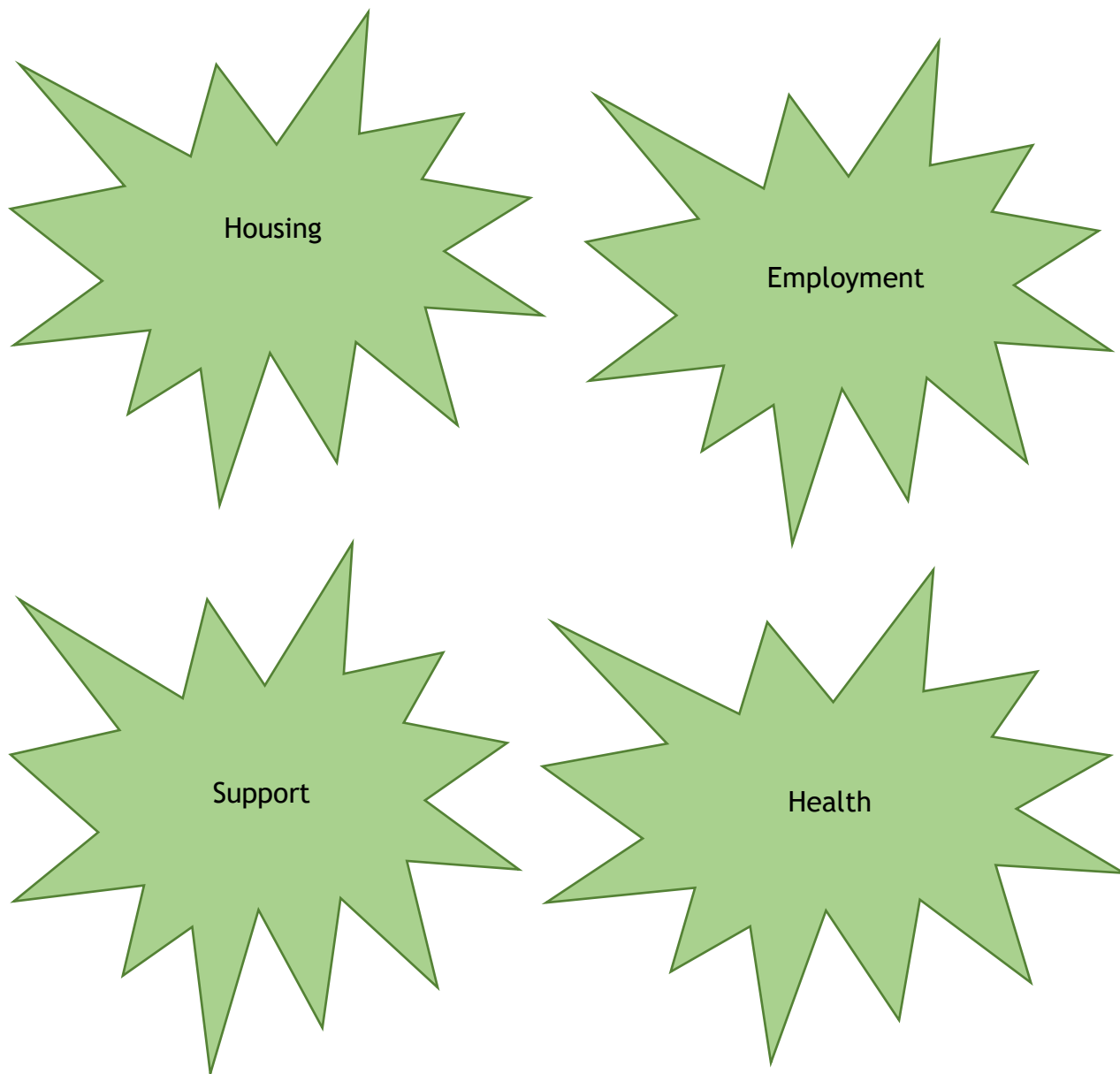
Healthwatch Croydon attended Crisis during the early morning Thursday's breakfast club and 25 service users who live on the streets said they found this organisation very useful in terms of signposting them to the right services and pathway, getting full substantial information and support, and also making sure people come out of homelessness for good. Crisis does offer this support through education, training and assistance with housing, employment and one-to-one support.

The Salvation Army in Croydon offers an early morning breakfast and lunch club to the street homeless. Across the board 16 respondents said they come to the Salvation Army for support and information. They support people who are street to help them move into safety and accommodation.

We spoke to 13 respondents who said they would go to Rainbow Health Centre for support and information. This organisation offers a wide range of services from homelessness to asylum and mental health services.

2.6 What support are you looking for?

When we asked the respondents what kind of support they needed, these were different comments gathered from 48 people. We have themed the comments into categories as shown below:



Housing

This is, not expectedly, one of the key issues for homeless people. It would provide the stability they need to rebuild their lives:

"In need of accommodation. Currently temp accommodation (mass migrant HL)

"Housing accommodation"

"In need of a home." "1. Home, 2. Work, 3. Support to get medication."

"To get suitable accommodation". "To be housed" "To get accommodation"

"All I want is a place to sleep"

"Encouragement around practical life. Whatever is offered to me must be practical to do something."

"Housing got house on Monday but no add baby name. Migrant help have to contact home office to add baby. Living in one room. Cold outside nothing to do. My wife is Feeling down crying thinking. 4.5 months. 6 weeks they will house us, now there's a problem, not our fault or mistake

"Want a house, a job, and financial support." "I want my house back."

"Housing. When this is sorted other things would improve"

"To get accommodation " "To be housed." "Need housing and space"

"To be housed".

"Needs permanent address but taking time."

"No shower" "Just toilet I go to my friends to use this 2 times a week but I can bathe and "I have food "I get housing benefit and used rainbow for 9 years"

Employment

This was also important as people want to be self-reliant and take control of their lives:

“Support to find a job which seems difficult because I'm limping”.

“Immigration, job, and housing”.

“I want to go back to work but I need medical certification to attest am fit for work.”

“Looking for work I have my key worker to get accommodation.”

“Getting back to a job”.

Support

Many want enough support with finances, housing and health:

“Difficult to find a way to help and where to go. MP Sarah Jones was good, she signposted me but no one replied. The universal credit refused me. Am awaiting to hear from appeal appointment tomorrow. The job centre has been helpful.”

“I'm waiting to get a place preferably in Manchester to be away from partner.”

“Social services have taken up the case and they have been very useful to me.”

“Waiting for support from the council in Croydon and the shelter home and pension”

“Home, Benefit support, Alcoholic Addiction”

“Main things we are looking for, need more clothes for the baby don't know where to get it for. Have spoken to migrant help but they are yet to tell us”.

“The sort of support I'm looking for is to get back into work get a bank card to shopping and video as a good dad to provide for my family.”

“Support to get accommodation.”

Health

Crucial to many is that they are helped to get better:

1. Physio 2. Pain relief 3. Support person - someone to talk to 4. Named Social worker "

"Examined by doctor because he has infection"

"Living with a bad foot for one-year limb and severe arthritis "

"In need of medical attention and permanent accommodation "

"Nothing is easy. Need to see the mental health for help. Sutton reach came to my aid. "Am dissatisfied with Croydon, don't feel supported in terms of safeguarding the people." "The woman in the safeguarding team moved offices and I was not informed; court case was delayed I need a permanent abode."

"Health service met GP five times Refused meds for anxiety and depression wants counselling.

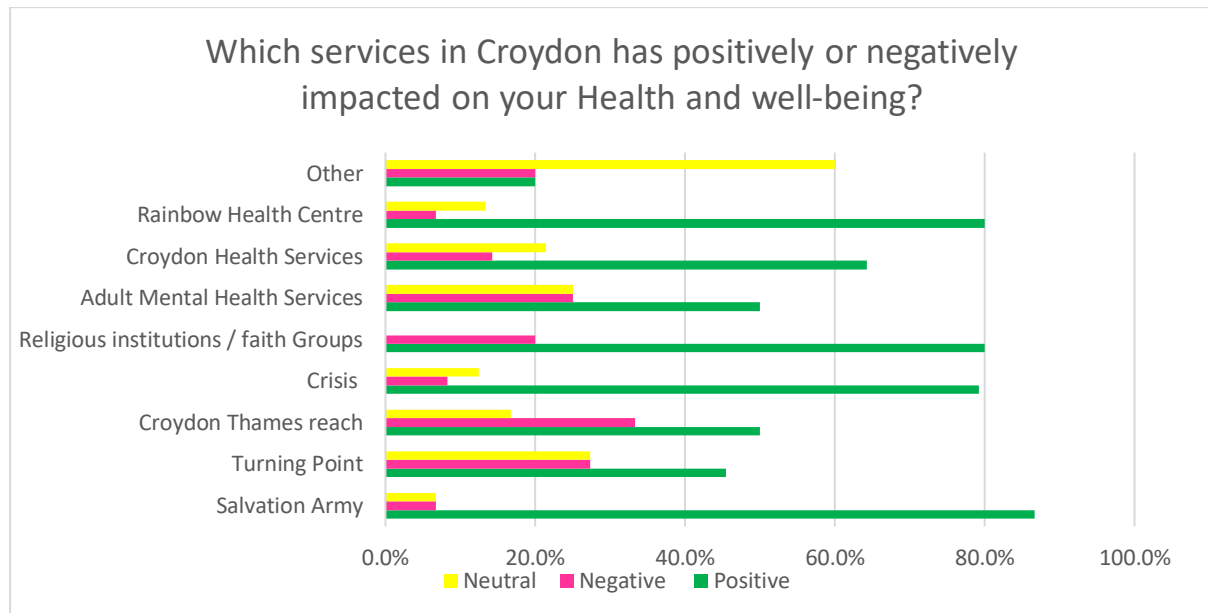
"Enquiring here about regularity of appointments needs short intervals because diabetic and cancer leukaemia"

"Looking for gurdwara. Medical issues unspecified."

"Back pain (3 MTHS)"

"Resident is pregnant and has come to see the midwife. "

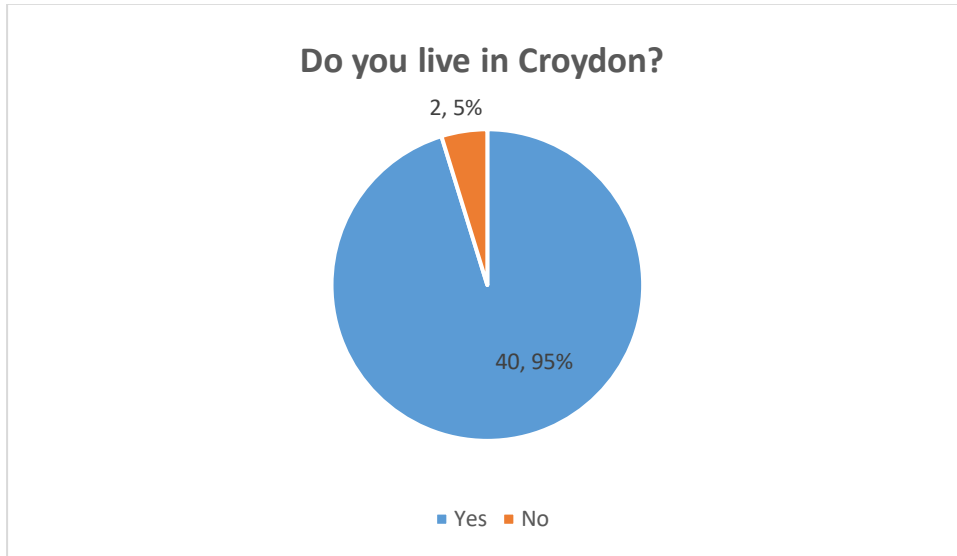
2.7 Which services in Croydon has positively or negatively impacted on your Health and well-being?



	Positive	Negative	Neutral
Salvation Army	86.7%	6.7%	6.7%
Turning Point	46%	27.30%	27.3%
Croydon Thames reach	50%	33.3%	16.7%
Crisis	79.2%	8.3%	12.5%
Religious institutions / faith Groups	80%	20%	0%
Adult Mental Health Services	50%	25%	25%
Croydon Health Services	64.3%	14.3%	21.4%
Rainbow Health Centre	80%	6.7%	13.3%
Other	20%	20%	60%

Healthwatch Croydon asked our respondents which services in Croydon had made a positive impact on their health and wellbeing. 86% of respondents had said the Salvation Army in Croydon impacted positively on their health and wellbeing, 80% found religious institutions and faith groups very positive, 80% mentioned Rainbow health centre and 72% said Crisis in Croydon had a great positive impact to their health and wellbeing.

2.8 Do you live in Croydon?



Croydon is the largest London borough in terms of population, and one of the most diverse in outer-London. This rich diversity is a significant strength for the borough, making Croydon the vibrant and dynamic place it is today. The town of Croydon includes its neighbourhoods Addiscombe, Addington, Broad Green, Coombe, Forestdale, New Addington, Sanderstead, Selsdon, Shirley, and Waddon.

Most of the respondents we spoke with said they were based in Croydon and at least 95% are from different parts of Croydon. The percentage and number of people we came across which is 5% said they don't live in Croydon.

2.9 Which area in Croydon do you sleep overnight?

Healthwatch Croydon asked the street homeless where they slept overnight and to mention a few, the below places are areas where they slept.

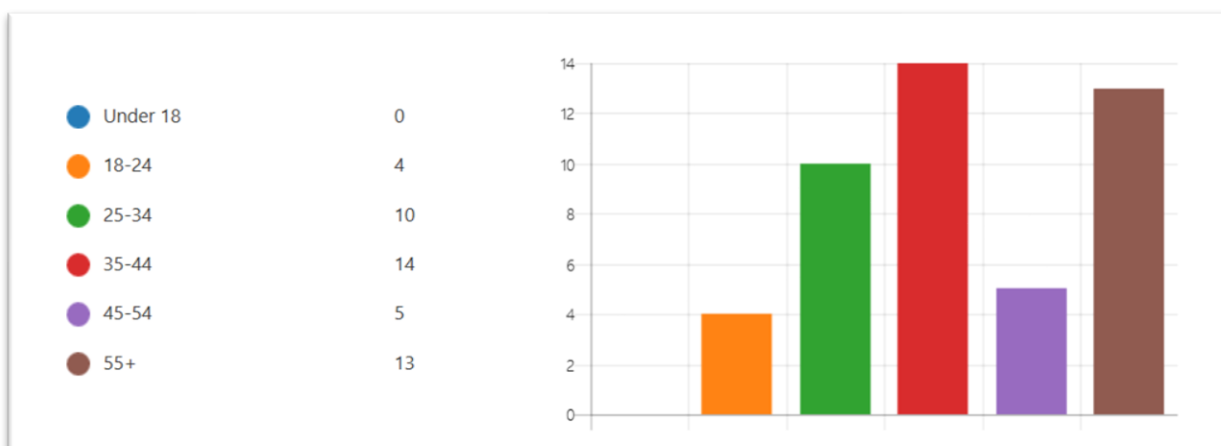


3 Key demographics of sample

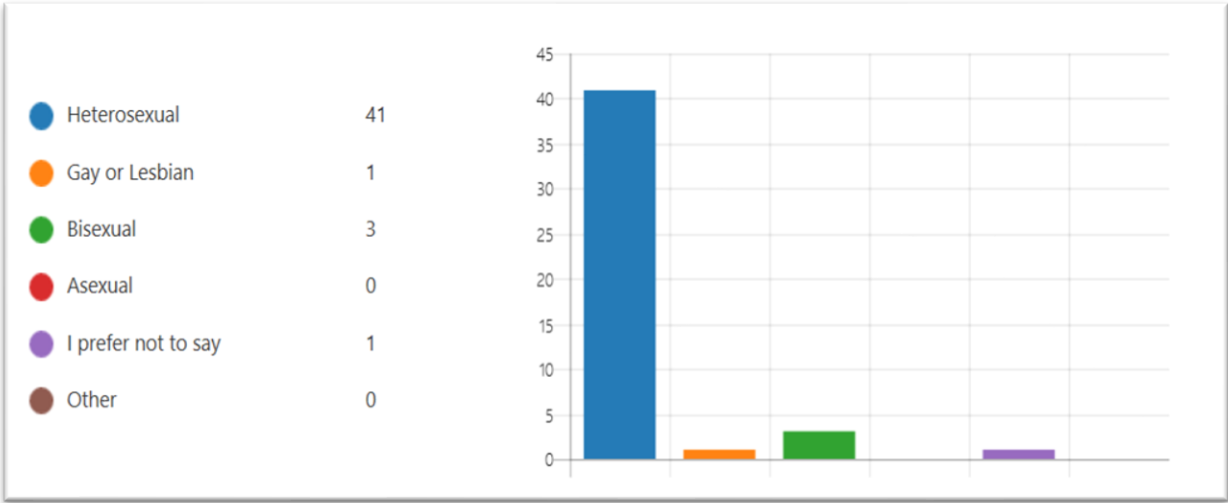
3.1 Gender



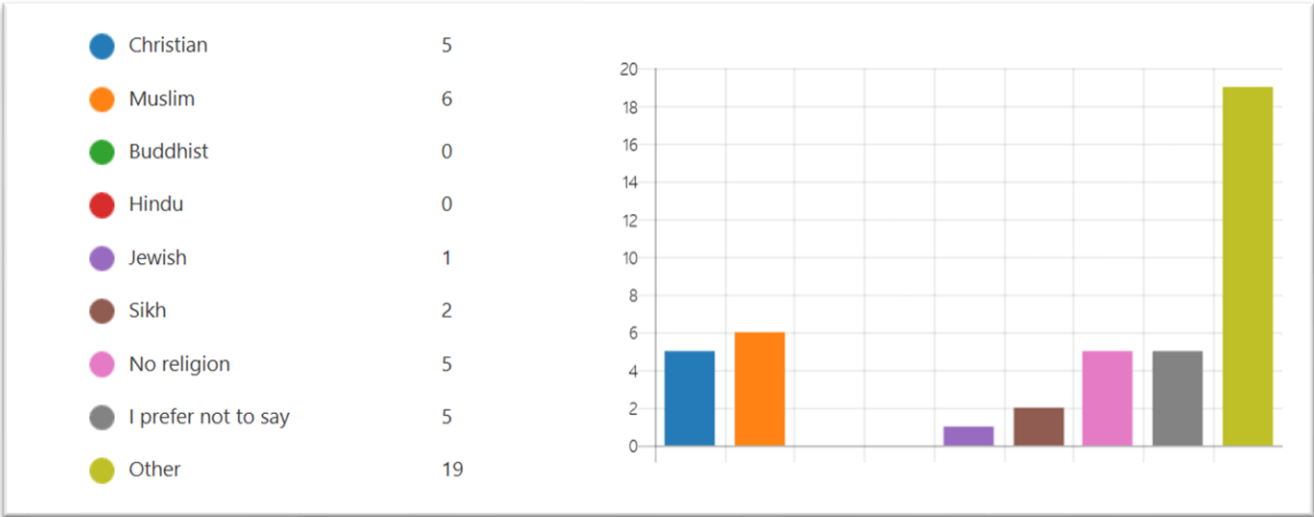
3.2 What is your age



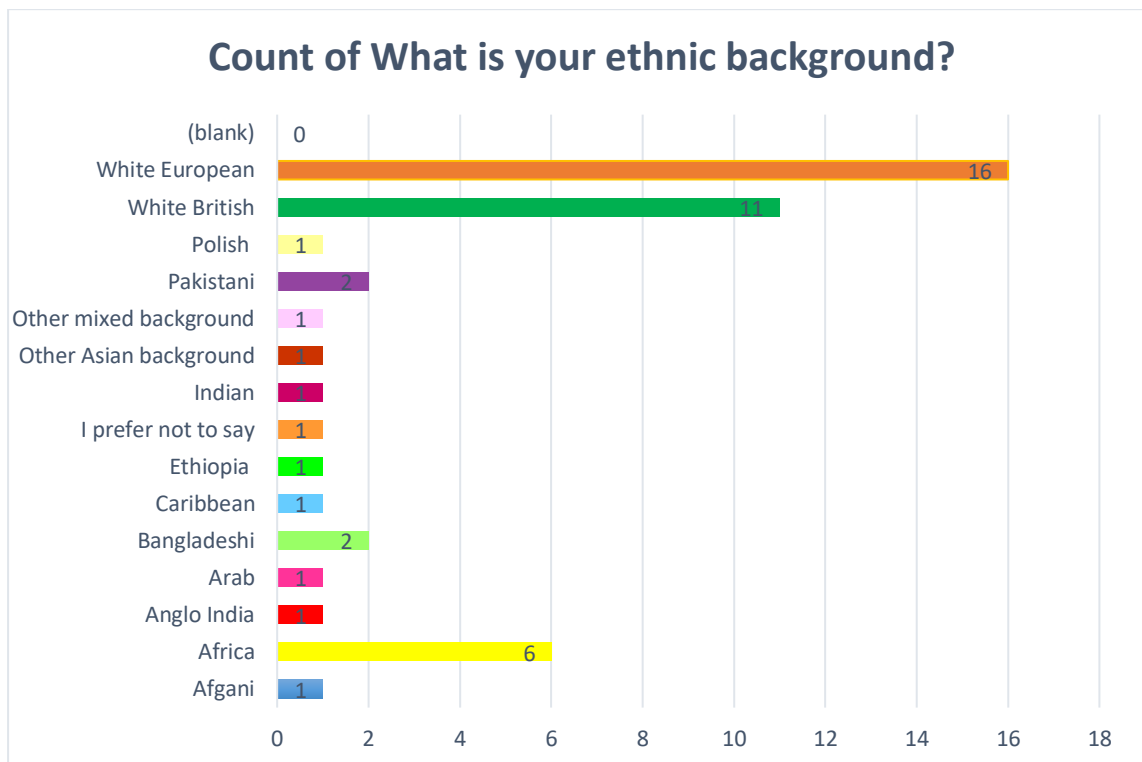
3.3 Which of the following best describes you?



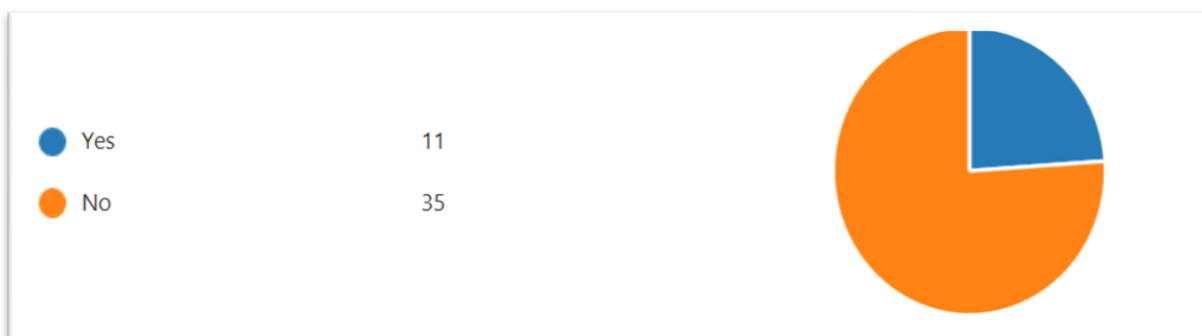
3.3 What is your Religious background?



3.4 What is your ethnic background?



3.5 Do you have any disability?



4. Responses to our research

Before publication, we shared this report and its full data with the relevant providers and commissioners of services to give a response to our recommendations and findings. This is their responses:

Matthew Kershaw, Croydon Health Services Chief Executive and Place-Based Leader for Health said:

“We welcome the findings of this Healthwatch report and we’re pleased that the work of teams across the borough, including our staff at Rainbow Health Centre, have been recognised for their support of those who find themselves homeless. These improvements highlight our commitment to adapt to the changing health needs of our population, ensuring that our services are easily accessible, fit for purpose and inclusive, while providing the best possible care for all.”

Dr Agnelo Fernandes, GP Borough Lead for Croydon said:

“Many thanks to Healthwatch for writing this valuable follow up to their 2018 report. Supporting those who find themselves homeless continues to be really important to us so we’re glad to see that there has been a demonstrable improvement in access to and experience of both physical and mental health services. It’s really helpful to have this level of feedback from our service users and we will feed this report into our ongoing service improvement. We are committed to learning long term lessons from the pandemic to enable us to better support these vulnerable communities.”

Julia Pitt, Director of Gateway Services, Croydon Council said

“The Council is pleased to see that the experience of rough sleepers has improved in relation to accessing health services since the last report. During this time we have secured Rough Sleeping Initiative Grant funding, recruited a Rough Sleeping Coordinator and launched 23 new initiatives for rough sleepers including a clinical mental health outreach service, and direct access accommodation for rough sleepers. We welcome research that evidences the health and social care needs of this group providing valuable insights for commissioners. The report quite rightly highlights the needs of those homeless people subject to immigration controls. Regrettably there are limits to the level of support the Council can offer this group owing to restrictions on access to public funds.”

Hilary Williams Service Director, Croydon at0 South London and Maudsley NHS Foundation Trust said:

“South London and Maudsley NHS Foundation Trust would like to thank Healthwatch Croydon for this report, it builds on the previous engagement to understand the street homeless experience of health services in Croydon. It was important to note that 50% of those you spoke to said Adult Mental Health services positively contributed to their wellbeing and we note your recommendation for dedicated therapies and rehabilitation. We continue to develop our services for adults in Croydon and seek to build on the good experience the people we support have reported, particularly via the START team who have a specific remit to support those with underlying mental health conditions who are street homeless.

“The Trust commends the commitment from Healthwatch to hear the voices of this seldom heard group through partnership working in the borough. At our recent Urgent Covid-19 mental health prevention summit, we made a commitment to work in partnership over the next year to learn and act on local knowledge. Thank you for this important piece of work.”

Jonna Laine, Progression Manager, Crisis Croydon said:

“At Crisis Croydon, we are pleased to have been able to support Healthwatch with this research project. We believe access to health services in Croydon has recently improved as a result of dedicated health services for homeless people and effective collaboration between different agencies in the borough. However, many people experiencing street homelessness still report to our staff that they have been denied access to health services due to their immigration status, lack of documents or lack of fixed address.

“Therefore we support the conclusion that further resources need to be dedicated to improving access to these services for those experiencing street homelessness, and to improving the quality of services available to those with multiple and complex needs. We also recognise the importance of stable and permanent accommodation for people’s wellbeing and health, and strongly support housing-led approaches that help everyone access and maintain suitable, permanent accommodation.”

Chris Waldock, Community Services Director, Salvation Army said:

“This research project has gone into great detail of the myriad issues surrounding homelessness in Croydon. Perhaps it would have been useful for the report to highlight issues regarding the large element of Eastern European clients here in Croydon, many of whom live under the radar and choose not to engage with the majority of services offered. The Home Office is based in Croydon and we find asylum seekers are often left vulnerable and uninformed regarding homeless services offered in the Borough. Obviously the language barrier is a factor that plays a part in this. We support the findings of this report as any research will hopefully benefit the homeless sector.”

Jad Adams Chair, Croydon Nightwatch said:

“The report adequately shows up the range of problems the homeless and otherwise vulnerable people using our services suffer from. Problems with homelessness and precarious housing are compounded by mental health and substance abuse issues and such matters as immigration status and benefits problems.

“We aim to take the solutions to the clients which is why we have an open access service in the Queen's Gardens every night. Some of our volunteers are medically qualified and able to assess need to a professional standard. We have sometimes taken people to hospital but more frequently have referred them to the Rainbow Health Centre.

“On the principle of taking health care to the clients, we are partnered with Greenlight who run an equipped and staffed medical van whose presence we host. We also host an annual visit from the London Mobile TB unit for on-the-spot testing.

“A feature not mentioned in the report is the issue of pets. We host monthly visits from Streetvet which is a volunteer team of vets who give medical care to clients' animals (mainly dogs). We have noticed there is a tendency to address personal health care needs via the animals; they provide a way to talk about health for otherwise reticent clients.

“On a similar theme: the report shows a 50% participation by women. This is very high, we have a 12-14% female clientele. It may be that women are willing to respond to questions about health while men are more reserved about personal matters.”

5. Quality assurance

Does the research ask questions that?

Are pertinent? This research aims to identify areas within Croydon Health Services which has positively or negatively impacted on the Health and well-being of the street homeless people. In 2017, we spoke to 31 homeless people in Croydon. This time, we spoke to 50 this research is very pertinent.

Increase knowledge about health and social care service delivery? This research helps both commissioners and providers of services both in the health and social care sectors. Real experiences of the street homeless using the services now, will help inform knowledge for the future delivery of services.

Is the research design appropriate for the question being asked?

a) Proportionate: According to Croydon Council in 2017 the number of rough sleepers in Croydon was recorded as 31 and we spoke to 50 who were street homeless.

b) Appropriate sample size: We contacted all the relevant organisations that worked with homeless people daily. Healthwatch Croydon used these networks to extend our reach into this cohort who have the worse cases.

Have ethical considerations been assessed and addressed appropriately?

Everyone we approached was given the right to refuse and not partake in completing the survey, also we scoped and designed our survey with insight from the homelessness professionals in Croydon. Healthwatch Croydon had to go through the clearance protocol of all organisations we visited before accessing this group.

Has risk been assessed where relevant and does it include?

- a) **Risk to well-being:** None.
- b) **Reputational risk:** Careful checking and referring to relevant organisations has been undertaken before publication.
- c) **Legal risk:** Have appropriate resources been accessed and used to conduct the research? There was no need to refer to legal resources for this research.

Where relevant have all contractual and funding arrangements been adhered to? This did not relate to any specific contractual or funding arrangement. It was referred to by the draft business plan agreed with the commissioner.

Data Collection and Retention

Is the collection, analysis and management of data clearly articulated within the research design? Yes.

Has good practice guidance been followed? Yes.

Has data retention and security been addressed appropriately? Yes.

Have the GDPR and FOIA been considered and requirements met? Yes.

Have all relevant legal requirements been adhered to ensure that the well-being of participants has been accounted for? ie the Mental Capacity Act. None required for this research.

Has appropriate care and consideration been given to the dignity, rights and safety of participants? Yes, all participants were given the right to refuse or partake in the research.

Were participants clearly informed of how their information would be used and assurances made regarding confidentiality/anonymity? Yes.

Collaborative Working

Where work is being undertaken in collaboration with other organization’s have protocols and policies been clearly understood and agreed, including the development of a clear contractual agreement prior to commencement? There was no contractual agreement for this research, but our working with partners was clearly agreed in advance of research taking place. The Salvation Army suggested Healthwatch Croydon attend their pre-meet every Monday for staff to familiarise themselves with us.

Crisis requested a copy of Healthwatch Croydon’s Public Liability Certificate and granted us access after completing a risk assessment clearance their Health and safety Manager.

Croydon Health Services NHS Trust gave their approval for Healthwatch Croydon to access the Rainbow Health Services to speak with street homeless.

Have any potential issues or risks that could arise been mitigated? These are shown below:

Risk factors	Level of risk	Contingency
Cannot access \homeless people on the street to research due to safeguarding/safety purposes	Medium	Work with key groups and organizations to gain access to homeless people i.e. Crisis, Evolve Croydon Reach, and other Homelessness Charity Organizations within Croydon Borough.
Key organisations suitable for this project might be slow in responding to the initial start of the project i.e. arranging meetings and getting support	Medium	Focus on other groups and organisations that can support Healthwatch Croydon
Not enough respondents	Medium	Extend survey time which can affect publish date.
Overlapping of other projects	Low	Be realistic when scheduling time for other projects as this can affect the publish date.

Has Healthwatch independence been maintained? Yes, this research is shared with partner organisations before publication for their comment and communicated at all levels.

Quality Controls

Has a quality assurance process been incorporated into the design? There was a proper process of scoping.

Has quality assurance occurred prior to publication? Data collection was checked and re-checked.

Has peer review been undertaken? No peer review was undertaken. It was not required for this research project.

Conflicts of Interest

Have any conflicts of interest been accounted for? No conflict of interest.

Does the research consider intellectual property rights, authorship and acknowledgements as per organisational requirements? The research is owned by Healthwatch Croydon, who are managed by Help and Care. Other organisations support has been recognised and suitably referenced.

Is the research accessible to the general public? It should appear on our website from 30 July 2020.

Are the research findings clearly articulated and accurate? To the best of our knowledge, we believe they are.

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