CONVERSATIONS WITH PEOPLE WHO HAVE EXPERIENCED HOMELESSNESS IN SANDWELL

Their experience of health, social care & the Care Quality Commission

Commissioned by the Care Quality Commission

Healthwatch Sandwell

Contents

Introduction

Healthwatch Sandwell (HWS) is a local voice for the public in the delivery of health and social care services. The role of Healthwatch is to champion the interests and views of local people using health and social care services and give people the opportunity to:

- speak out
- be listened to
- to ensure their views shape the way services are designed and delivered.

This project was undertaken by HWS on behalf of the Care Quality Commission (CQC). The aim of the project was to hear from seldom heard communities about what they know about what they can expect from:

- Health and social care services in Sandwell
- CQC

This includes respondents understanding of the role of the CQC and how the latter can engage with this community.

The local seldom heard community that HWS engaged with was people who had experienced **homelessness**[1] at some point in their life, this group was accessed from the Black Country: YMCA Open Door Scheme.

HWS had previously carried out a project[2] to reach people who were homeless to find out their experiences of accessing health and social care services in Sandwell. This CQC project was able to build on the findings of our previous report: Accessing Healthcare in Sandwell: Homelessness Project Report 2020, which throughout this report will be referenced as (HWS 2020).

This report will:

- Provide a write up of the engagements, with some direct quotes from people engaged with.
- Refer to the previous reports that HWS have written on this specific group.
- Make recommendations to CQC on how they can empower, engage and work with these communities in ways suitable to them.
- Make recommendations and detail how HW could work with CQC to facilitate these recommendations – including recommendations specifically to the Public Insight team at CQC.

[1] https://www.gov.uk/government/publications/homelessness-applying-all-our-health/homelessness-applying-all-our-health

[2] https://www.healthwatchsandwell.co.uk/wp-content/uploads/2020/06/HW-Sandwell-Homelessness-Project-Report-2020.pdf

- Provide a case study that represents this cohort who have encountered barriers in engaging with health, social care services and CQC.

Background

In February 2021 Engagement Communities Solutions was awarded this project from the CQC after applying for Regional Engagement Project 2021. A Healthwatch was selected from each of the 7 regions. See appendix one for overview.

The CQC remit encouraged Healthwatch to work in partnership with other local Healthwatch and collaborate, however, this was not feasible on this occasion.

During (HWS 2020) a type of Community of Practice[3] was created by mapping out local commissioned and non-commissioned services (28+ services). From this mapping exercise partnerships were developed. This group assisted HWS to gain access to people experiencing various kinds of homelessness as these services already had established relationships with the target group so therefore were able to encourage participants to take part in the projects.

Black Country: YMCA Open Door Scheme was part of the Community of Practice (HWS 2020) so therefore HWS were able to collaborate with them again for the project. See appendix two for overview.

This report has included some of the findings from (HWS 2020) and these have amalgamated with the findings from the Black Country: YMCA Open Door Scheme.

Methodology

COVID 19 restrictions affected face-to-face engagement, our partners from the Community of Practice did the majority of face-to-face engagements with the cohort during (HWS 2020) project, also an online survey was utilised. Online meetings and face to face focus groups were not feasible due to chaotic lifestyles.

The CQC project had suggested an in-person workshop, as opposed to an online workshop. However, both of these methods were not suitable for this cohort due to busy lifestyles of respondents so a questionnaire was devised for the hosts families of the YMCA Black Country Group – Open Door scheme to complete with the young person at various dispersed host homes within Sandwell. (see appendix three).

These findings were analysed and the themes from the questionnaire were used as headings (where feasible) in this report.

[3] A community of practice (CoP) is a group of people who share interest, a craft or a profession. The concept was first proposed by cognitive anthropologist Jean Lave and educational theorist Etienne Wenger in their 1991 book Situated Learning (Lave & Wenger 1991).

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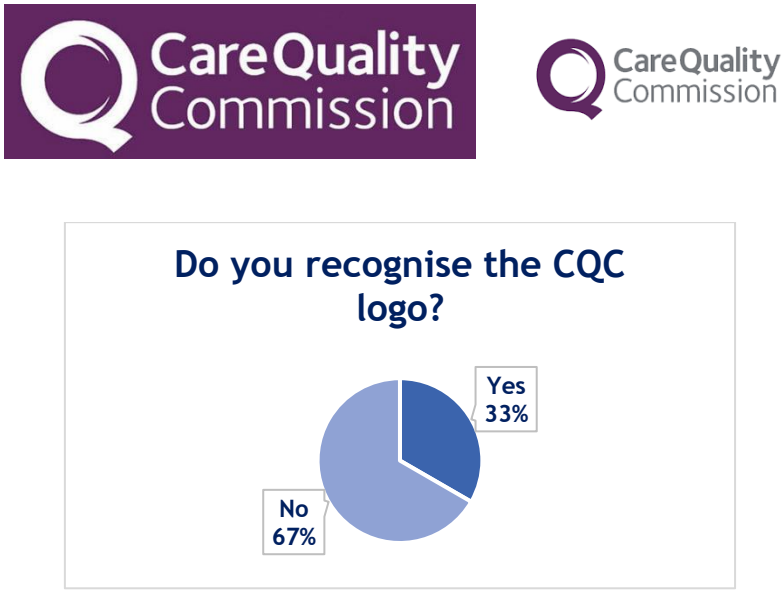
There were 6 respondents from the Black Country: YMCA Open Door Scheme and 130 respondents from the (HWS 2020). Both cohorts were mixed in demographics age, gender, ethnicity and disability and other protected characteristics.

The questionnaire was used for the Black Country: YMCA Open Door Scheme respondents, however the data from the previous report (HWS 2020) has been amalgamated into this report. This data is found in access, experiences, barriers and suggestions themes.

Findings

Awareness of Care Quality Commission Organisation

Respondents were asked if they recognised the CQC language of graphics-oriented (logos):



Over ½ of the respondents were not aware of the CQC based on the LOGO. Those that did were asked to describe what the CQC do :

They over see that employees are working to the guidelines

Keeps you and your personal details safe. It's like Ofsted of Schools, shows things that are behind are done adequately, like going to the dentist etc

Somebody that goes around and make sure things work smoothly

Hospitals, care homes and GP surgeries to make sure that people receive the right treatment

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The public's engagement with CQC
Respondents were asked what they would like from the CQC, they gave a number of suggestions which included:

Help dentists catch up on delays with COVID……I still haven't been offered a check-up and it's been over 2 years

More collaboration (with providers of services) would help

To be able to access (someone) due to any mistreatment and have follow up

Make sure it's a safe environment… Keep me and my family safe

To continue to monitor the treatment and the support people receive

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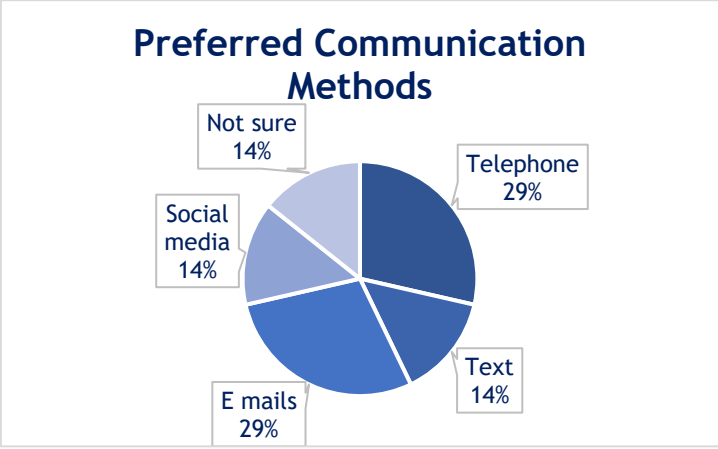
The best forms of communication that the CQC can utilise to hear about people's experiences.



How the CQC can support the public

Respondents suggested that the CQC could check regularly whether people have been receiving the right treatment and support. This could be achieved via the preferred communication methods.

One respondent was unable to comment:

Don't know them, so feel they are detached. Would go via my support worker or family

Knowledge of health and social care services

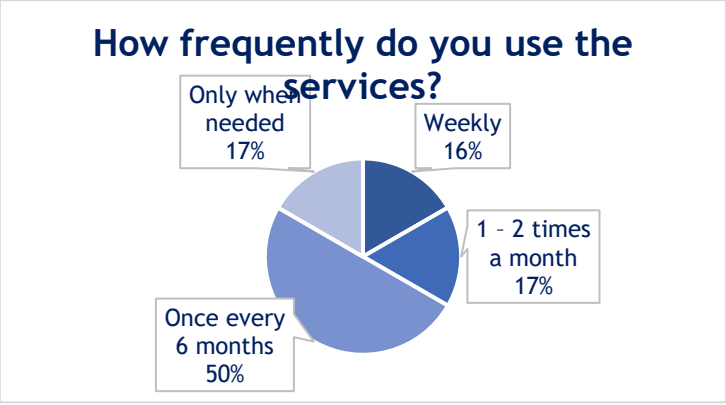
Respondents were asked which services they knew about, this feedback was based on their experiences:

Anger management classes	Dentist	Hospitals (General and mental)
Care homes for disabled people and older people	Foster care	Social workers
GP's, (general practitioners)	NHS 111	Safeguarding at school
Social Services	NHS	Nurseries
Housing		

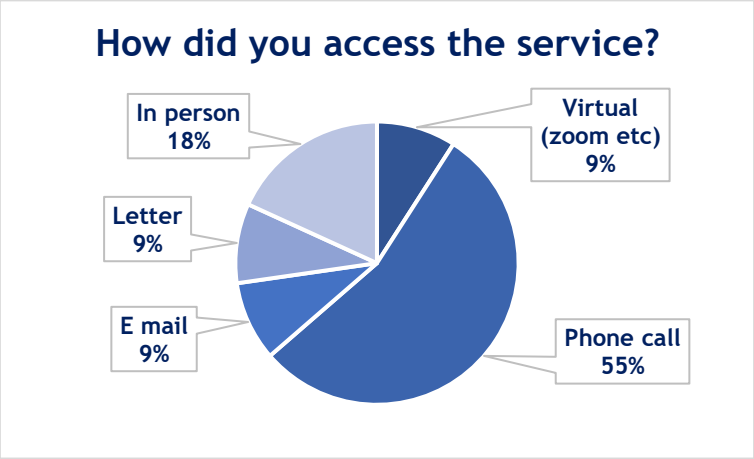
Access
In addition to the ones that the respondents knew about they also accessed the following:

Pharmacists	Family Planning	Accident and emergency departments
DECCA Counselling	Walk-in centres	Out of hours general practitioner (GP) services
West Midlands Ambulance Service		

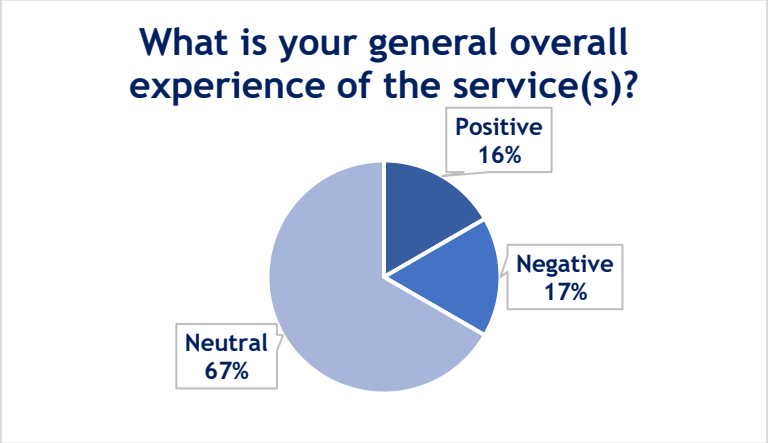
Frequency of use of the service(s)?



Routes to access the service.
It transpires that the majority of contact was made by telephone, mainly due to COVID 19 restrictions.



Overview of general experience of the service(s) including barriers encountered



Accessing primary care services

There were mixed views about accessing primary care services, in particular GP's. However, the main issue raised related to lack of necessary ID or proof of address to register with a GP, it is important to note NHS guidelines[4] that says that GP services cannot refuse to register someone because they are homeless, do not have proof of address or identification, or because of their immigration status. GP surgeries can only refuse to register someone if they are already full or if the person is living outside the practice area – and they must explain this in writing. It transpires that many staff on the front line, as well as homeless people, are not aware of homeless people's rights to registering with a local GP.

[4] https://www.nhs.uk/NHSEngland/AboutNHSservices/doctors/Documents/how-to-register-with-a-gp-homeless.pdf

As already mentioned identification was highlighted as a troublesome area for many, where homeless people had applied for ID, the process was reported to be slow. There are particular issues for people who have no recourse to public funds (NRPF) [5] too.

Reception staff at GP's should be made aware that I do not need to have photo ID to register as a patient. I am entitled as long as I can prove I have a place to stay in the catchment area. Because I was given poor advice I went to A&E when I should not have had to. I wasted their time because the GP staff were wrong

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Attitude of front line staff to people with a 'homeless' status, respondents described prejudice, discrimination and stigmatisation and a lack of respect. Respondents identified that communication is a factor in accessing healthcare services. People stated that it would be nice if professionals could be polite and show respect to them. Incidents were recalled and there was strong feeling of being judged due to their homeless status.

Good experiences were commented on:

They (GP's) are good and provide the care that the homeless needs

The staff has been very helpful and are ready to assist as much as they can

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Negative experiences were commented on:

The GP that I'm in don't help at all. They're judgemental, and don't listen to any issue I have had

Help is there but you have to jump through hoops to obtain it....very long waiting time to get help

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Accessing secondary care services

[5] **No recourse to public funds** (NRPF) is a condition imposed on someone due to their immigration status

Various experiences were given about being in hospital, one negative experience was cited:

My brother did not receive enough help in hospital before he passed away, not enough options

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Accessing mental health service services

Poor mental health was a common factor amongst both cohorts. Issues raised were waiting times for appointments, judgemental attitudes from staff, getting timely and appropriate community-based support.

No follow up since discharge from Hallam Street Hospital, family member took me to GP & insisted another referral be made…I was advised process will need to be started again!

Use of urgent or emergency care

The main reasons that homeless people have attended urgent or emergency care are mainly due to a lack of access to GP's, repeat attendances and admissions for the same health problem and a lack of access and continuing care to mental health service services in the community.

Their responses included:

I have used walk-in centres for my children when they are very unwell and cannot get a GP appointment

I've only been to A&E a couple of times due to self-harm. Had I gotten the mental health service help sooner I wouldn't have needed it

I make things up so I can stay in hospital longer, to keep warm and get a meal, but doctors throw me out

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Barriers and challenges with accessing or engaging with health and social care services and accessing the CQC

No barriers were identified with access or engaging with the CQC, this may be due to the lack of awareness of who the CQC are, however the following were cited relating to health and social care services:

- Backlogs caused by Covid 19 especially in relation to obtaining dental treatment and GP appointments.
- Language barriers, especially where English was a second language and impairments due to disability. Respondents were unable to communicate their needs. Also the language used by professionals.

Sometimes the terminology is confusing, because of the language that they use. It is not clear to understand

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- Chaotic lifestyles of people, created barriers for homeless people

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Difficulty in getting appointments, then sticking to them due to travel. Tend to forget, I have no means of contact to cancel appointments

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Respondents identified psychiatrists as the only service that had not been accessed but *may* have been useful.

Suggestions for effective access to health and care services
Respondents gave the following suggestions:

<u>Use technology</u>

Healthcare providers to use technology to communicate with homeless people e.g. text messages.

People who may have low income and/or forgetting appointments suggested the use of technology, text messages, to include appointment reminders. An example was given:

I asked for counselling but had to wait for a letter… I moved again and never got the letter. It would have been better if they text

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Also telephone calls instead of having long meetings. Respondents also requested using the internet (online services).

I have used the NHS app to schedule stuff…it works well for me

This would also help people who cannot receive letters due to moving around.

Improve access to primary care services

Some respondents acknowledged their chaotic lifestyle which affected access to healthcare, however a flexible approach was suggested in various areas: obtaining appointments with healthcare professionals, in particular GP's were identified as troublesome and requests were made to make it easier to register, book appointments, to make more appointments available, especially later at night and to keep waiting times/lists short. It was stated that if a GP was accessible then they would not go to A & E. There was a suggestions for a GP to visit libraries at a set time and perhaps a passport style ID to access services.

Improvements to access to mental health service

Respondents described a lack of access to mental health service services in the community, particularly in the preventative stage. People would benefit from support in the early stages instead of waiting until they are in crisis.

General Suggestions:

Information

Respondents were unaware of services that are available to them and how they could access them and suggested that local council could provide phone numbers of services that are available, how to access and perhaps on a little card.

Respondents suggested the need for information about where to go and for outreach workers who would come to where they are:

It can be difficult if you do not know how to get started but once you have some help, it is easy…..it is ok to see mental health service workers but there are no outreach workers for the homeless rough sleepers

Resources

There were many suggestions for support in the local community.

There were requests to have an identified GP or healthcare professional specifically for this group.

There were requests for specific 'homeless' centres around the Borough which is a separate provision from mainstream to avoid stigma of being homeless. These

centres could be based on a walk-in centre system and could be a one stop shop where people can:

- drop in for food
- a shower
- social support and financial advice
- an emergency beds for 1 – 2 night stay
- healthcare advice
- access to GP and health care assistance (including mental health service care)
-

One respondent requested:

> *a place to go where no one asks me loads of questions about where I live, they just give me care*

A request for an outreach specialist team e.g. doctor, nurse, mental health service workers who can visit homeless people where they are was made.

There were requests for continued help once in supported housing so that the person is monitored and does not become homeless again. Reference was also made to the Probation Service needing to be more effective and to respond as soon as the person is out of prison, this support appears to be left to the voluntary sector.

Finally, it was stated that it is important that everyone who is trying help people who are homeless work in a co-ordinated way to avoid duplication and good use of existing resources.

Concerns and expectations of health and social care services

The major concerns related to lack of efficiency, waiting times, lack of access to services and not enough services to meet demand especially in mental health services.

The impact of COVID 19 was identified as a concern:

> *NHS seems terrible at the moment since COVID lockdowns. I tried to send pictures of a lump on the back of my ear. Took a lot of time to see somebody because they were not taking visitors.*

Respondents listed what '**good**' health and care services should look like and what needs changing in the health and social care system. Respondents listed the following:

- Staff to be respectful, kind, friendly and helpful and behave in an anti-discriminatory manner
- Staff to wear uniform and have identification
- Clean, tidy and safe environment
- Having consistency with the same doctors – not changing all the time
- More options on treatment and care, including an option to be referred to an alternative service including faster responses
- Good communication between patients and professionals.

I would want the best from the service for myself

Case study

Joe[6] at the age of 16 became homeless when his mother asked him to leave home after he told her he was gay. His nan allowed him to sleep on an armchair at her house for 2 weeks before he needed to find somewhere else to go. The Local Authority introduced him to the Black Country: YMCA Open Door Scheme who arranged for him to move in with a Host family. Had a few wobbles at the beginning of his tenancy with settling in with the Host and another young person residing there.

Joe described his biggest problem with sofa surfing at his nans was being lonely

and life getting him down. He described **'having no choices in life'** and having to

cut ties with family because of his sexuality. He was at a crossroads in life and was developing his identify as he progressed into adulthood.

Joe uses Primary Care Services e.g. **General Practitioner (GP), pharmacy, dentist and optician services as and when required**. H**owever**, **s**oon after being placed with a Host, he booked a visit to the dentist for his first check-up ever, this aspect of his care had been neglected throughout his childhood.

He wanted help with his mental health due to feeling helpless, rejected and powerless but his GP was unhelpful. He believed that the GP was judgmental and held prejudice views about his sexuality. His appointments with GP were via telephone due to COVID 19 restrictions and he struggled to articulate his needs, this was a barrier for Joe. He was able to register with a GP as he used his Host families address.

Joes biggest challenges were accessing mental health services, although his host family were supportive, help in the early stages i.e. referrals to community mental health services as well as support from voluntary sector organisations would have been useful to avoid a crisis.

He was unaware of services that were available to help him and also how to complain that his needs were not being met also he was unaware of the CQC, their logo and their role.

He hopes in the futures that there will be better access to health care in particular mental health support service as well as more information (online and leaflets) about what could help him.

He would like more preventative work for people experiencing mental ill health and the removal of prejudice and stigma when people are gay and struggling with their mental health.

Joe is currently at College studying Maths, Chemistry and Computer Engineering. He enjoys cooking and he sometimes cooks with the Host, who he gets on with really well.

He is now happy with his life and where he is at.

[6] Name has been changed for anonymity

Conclusion

This project was undertaken by HWS on behalf of the Care Quality Commission (CQC). The aim of the project was to hear from people who had experienced homelessness (a seldom heard community).

The CQC wanted to hear what experiences this cohort had of health and social care services in Sandwell and about the CQC, this included people's understanding of the role of the CQC and how the latter can engage with this community. Also how the HWS can work with CQC to facilitate any recommendations (specifically with the Public Insight team at CQC).

This project heard from young people from the Black Country: YMCA Open Door Scheme via a questionnaire completed by the host. It also included findings from a previous report: Accessing Healthcare in Sandwell: Homelessness Project Report 2020.

The report has provided a case study which identifies the barriers that a young people has encountered in engaging with health, social care services and CQC too.

The report found that over half of the respondents were not aware of the CQC based on the LOGO. However, they would like the CQC to make sure that services provide a safe environment and to continue to monitor the treatment and the support people receive.

Respondents identified telephone and e mails as the best way for the CQC to communicate with them.

Respondents had received various types of care (different frequencies) from a number of health and social care services including Dentist, GP's and Social workers.

It transpires that the majority of contact was made by telephone, mainly due to COVID 19 restrictions. The pandemic also caused backlogs especially in relation to obtaining dental treatment and GP appointments.

People gave experiences of accessing primary and secondary care services including urgent/emergency and mental health services. Positive experiences were described however barriers were identified and included providing proof of address and identification, judgemental attitudes of front line staff and communication difficulties.

Respondents made a number of suggestions to improve access including using technology and a flexible preventative approach to service provision.

Information about services was also listed as a need as well as having an identified GP or healthcare professional specifically for this group, perhaps in a specific 'homeless' centre, based on a walk-in centre system and could be a one stop shop where people can have food, wash and medical care.

There were requests for continued help once in supported housing so that the person is monitored and does not become homeless again including the Probation service.

In conclusion HWS believe that there is role for the CQC in supporting this cohort to receive good quality health and social care services.

Recommendations to the CQC

- During inspections the CQC to query the knowledge of front line awareness of requirements when registering for a GP.
- To examine front line staff training to ensure that staff fulfil the requirements of the Equality Act 2010 and are sensitive to the needs of this group
- To publicise, using accessible materials, homeless people's rights especially relating to registering with a local GP as well of what they can expect as a good service.
- Ensure that providers make their service accessible especially where there are language and impairment barriers.
- Encourage providers to be flexible in service provision with this community and to work collaboratively with other providers to ensure co-ordination and avoid duplication.
- Engage with this group via technology.

The way forward…how HWS could work with the Public Insight team at CQC to facilitate these recommendations:

HWS to provide contact details (in accordance with Data Protection) of partners who provide services to this group, also those individuals who have given permission to share their contact details during this project.

In the future, HWS to engage further with this cohort to ascertain how the effective the CQC in fulfilling the above recommendations.

Finally, Healthwatch Sandwell would like to take this opportunity to thank the Black Country: YMCA Open Door Project for their involvement in the project.

Appendices

Appendix One

Healthwatch brief – Regional Engagement Project 2021

Brief for engagement project for 7 local Healthwatch:

"My family is not educated and have very little knowledge on health sector as well as our rights. I think there will be many more people who are not aware of or not have enough confidence to raise their concern's. We wish CQC needs to be more involved with local BAME communities to find and collect more information and develop the service to protect more vulnerable people in the community".

Member of the public – Black, Asian and ethnic minority groups

This member of the public raises the issue that there are many groups, including those from seldom heard communities that do not know what they have a right to expect from health and social care services and they do not know who CQC are or what we do.

We know at CQC we need to raise awareness of CQC amongst the public, so we are hearing their experiences of care. But for those in seldom heard groups and those with protected characteristics we know there are specific challenges in hearing from them. We understand that some seldom heard groups are suffering the impact of digital deprivation, discrimination, as well as a fear of speaking up about poor quality in care. We also know some people may not speak up about care because they don't understand what they have a right to expect, and we need a shared understanding of what good care looks like. As health and social care innovates at pace using more online tools and technologies to deliver care, some groups and individuals may well become even more marginalised. It's more important than ever that CQC understands how we can reach those that face barriers to engaging with services, and how we hear from people about their experiences of care.

Deliverables:

- Create 2 portraits/case studies that represent 2 of your local seldom heard communities/communities with Protected characteristics that have barriers to engaging with services and CQC

Your portrait/case study should include:

  - A good depiction of the seldom heard group they represent
  - What services they are likely to use and how frequently
  - Challenges they face in engaging with services and CQC; this could be language barriers, digital barriers, concerns with what happens to their feedback e.g. concerns of repercussions etc
  - Their hopes and fears for health and social care
  - What they would like to see change in the health and social care system

In addition to the two portraits we would like;

- The write ups of each engagement, with some direct quotes from people you have engaged
- Any previous reports you have written on these specific groups
- Recommendations to CQC on how we can empower these communities to engage with us in ways suitable to them

- We would like Healthwatch to make recommendations and detail how HW could work with CQC to facilitate these recommendations – including recommendations specifically to the Public Insight team at CQC

Approach/methodology

We would like you to speak with people from local seldom heard/protected characteristics groups to produce the portraits and find out how we can empower, engage and work with these groups going forward. We would expect you to engage with a minimum of 5 people in order to create each portrait.

- Costs should include – resources, materials, venues, refreshments, payments policy, travel, accessibility costs e.g. a delegate needs an interpreter/translator, easy read, a BSL signer

We encourage Healthwatch to work in partnerships with other Healthwatch and collaborate on this, however, the contracted Healthwatch would be responsible for managing this within the provided budget and delivering the final product.

Budget:

The budget is £1,700 inclusive. You can work with other HW or local voluntary organisations, but you must manage the engagement within the budget.

Timescales:

Response from HW deadline	***28th February***
CQC Selected HW	*8th March*
HW to invoice CQC	*22nd March*
Meetings to discuss brief with HW	*End May*
HW engagement	*Summer (we hope that face to face engagement will be possible)*
Project delivered with final report	*End of Summer – to be determined*

Please find an attached template to complete your submission. Note you do not have to use the template, but we would ask you to use the same/similar headings.

We will select ONE Healthwatch from each of the 7 regions

CQC will commit to keeping HW informed of how the insight you have provided has been used. This will enable you to close the feedback loop with the local groups you have worked with.

Appendix Two

YMCA OPEN DOOR

Black Country: YMCA Open Door is a scheme which started in 2009 which places homeless young people aged between 16-25 with Host families. Host families are people who have a spare room with their house and would like to make a difference in a young person's life.

The project facilitates Nightstop placements (short term emergency) and Supported Lodgings (longer term placements which can last up to two years).

For people who are in Supported Lodgings, the YMCA also supports them towards getting into education or work and developing the skills needed to live independently. Young people would then normally progress into independent living or semi-supported housing elsewhere.

They have also seen a number of young people go onto University.

The following case studies* provide a snapshot of people who have been assisted by this scheme:

Case study 1

Peter became homeless as his mother's mental health had deteriorated and he had never known his dad. He was the winner of the YMCA's Thrive award following the nomination below from his project worker. The award means Peter will receive £500 per year when he goes to University.

Peter is a beautiful, polite person with great ambition towards his career aspiration. He is 100% committed to being a professional chef; his tutor said Peter is one of the top students on the course; you can see him going far in the industry. Peter shows a lot of passion when talking about food preparation and presentation, and he spends a lot of time researching and sharing what he's learnt with other students. He is an all-rounder, committed team player with great talent, and his tutor has commended him on how he navigates and leads at the college kitchen restaurant.

Peter attends his support meetings, show enthusiasm toward his targets and try his best. He doesn't allow his dyslexia to be a barrier. He has lived with three different host placements, has got on with them well and adapted to their living arrangements; they all said he's great.

Peter's goal is to be a Michelin Chef. He is currently working for a Bistro café locally as a part-time Chef and is enjoying using his skills to further his confidence and gain. Peter recently reflected on all the encouragement he'd received from his previous Host, who passed away in 2020; he often thinks what she would say about his achievements. Peter uses prayer to guide him on his journey.

Case Study 2

Rebecca moved in with her host family in April 2020 following breakdown with family that had a Special Guardianship Order. She has no contact with her own family. She was not doing too well with managing college work but her hosts worked with her and offered her incentives. She achieved 2nd year results and has moved on to Glasgow University to do Nursing.

*names changed for anonymity

Appendix Three

Unique Identifier code:				
CQC project – Questionnaire **YMCA Black Country Group – Open Door Project** **Understanding individuals' knowledge of the Care Quality Commission and their experiences of health and social care services.**				
Interviewer - please see Guidance Notes				
Theme **Awareness of Care Quality Commission (CQC) Organisation**				
Q1. Do you recognise this logo? Please circle answer.				
Yes			No	
If Yes, how would you describe what the CQC do?			If no, do you know what the CQC do?	
Theme **The Care Quality Commission and what it does.**				
Q2. What does the Care Quality Commission mean to you?				
Interviewer to describe what the CQC is and what it does – see 'What does the CQC do?' document				
Theme **The publics requirements of the CQC - Engagement with CQC**				
Q3. What would you like from the CQC?				
Q4. The CQC want to hear about your experiences…. what is the best way for them to communicate with you ….any suggestions?				
Q5. How can the CQC support you?				
Theme **Knowledge of health and social care services**				
Q6. What health and social care services are you aware of?				
Theme **Access**				
Q7. Which health and social care services have you used?				
Q8. How frequently do you use the service(s)?				
Weekly	1 – 2 times a month	Once every 6 months	Once a year	Others, please specify…
Q9. How did you access the service? insert ✓				
Virtual (zoom etc)	Phone call	E mail	Letter	
In person	Other…please describe			
Q9. What is your general overall experience of the service(s)? insert ✓				
Positive	Negative	Neutral	Not applicable	
Please explain your answer:				
Q10. How would access to health and care services best work for you? Any ideas?				

Q11. Which services that you have **not** accessed that would it be useful to have?
Theme **Barriers**
Q12. Do you experience any challenges with accessing or engaging with health and social care services and accessing the CQC? For example: • Couldn't get access • Poor attitudes to me when I was without accommodation • Denial of service because of lack of identification. • Concerns with what happens to their feedback e.g. concerns of repercussions etc
Theme **Expectations and access of health and social care services**
Q13. Please describe what you expect from the service? E.g. efficiency, respect, treatment etc
Theme **Concerns for health and social care**
Q14. What concerns do you have about your health and care services?
Theme - Changes
Q15. What would **GOOD** health and care services look like for you?
Q16. What would you like to see change in the health and social care system?
Thank you for completing the questionnaire. Can you complete the demographics so that we can show which group of people we have spoken to?

Demographics				
What is your gender?				
Woman	Man	Non-binary	Inter-sex	Prefer not to say
What is your age?				
16-18 years	19 – 21 years	22 – 24 years	24+	Prefer not to say
Do you consider yourself to have a disability?				
Yes	No	Prefer not to say		
What is your ethnic origin?				
Arab	Asian/Asian British Bangladeshi	Asian/British Asian Chinese	Asian/British Asian Indian	Asian/British Asian Pakistani
Asian/British Asian	Any other Asian background	Black/British African	Black/Black British Caribbean	Black/Black British
Any other Black background	Mixed/Multiple Ethnic Groups: Asian and White	Mixed/Multiple Ethnic Groups: Black African and White	Mixed Multiple Ethnic Group: Black	Mixed/Multiple Ethnic Groups: Any other

			Caribbean and White	
White: British/English/Northern Irish/Scottish/Welsh	White: Irish	White: Gypsy/Traveller/Irish Traveller	White: Roma	White: Any other White Background
Any other ethnic group:		Prefer not to say		