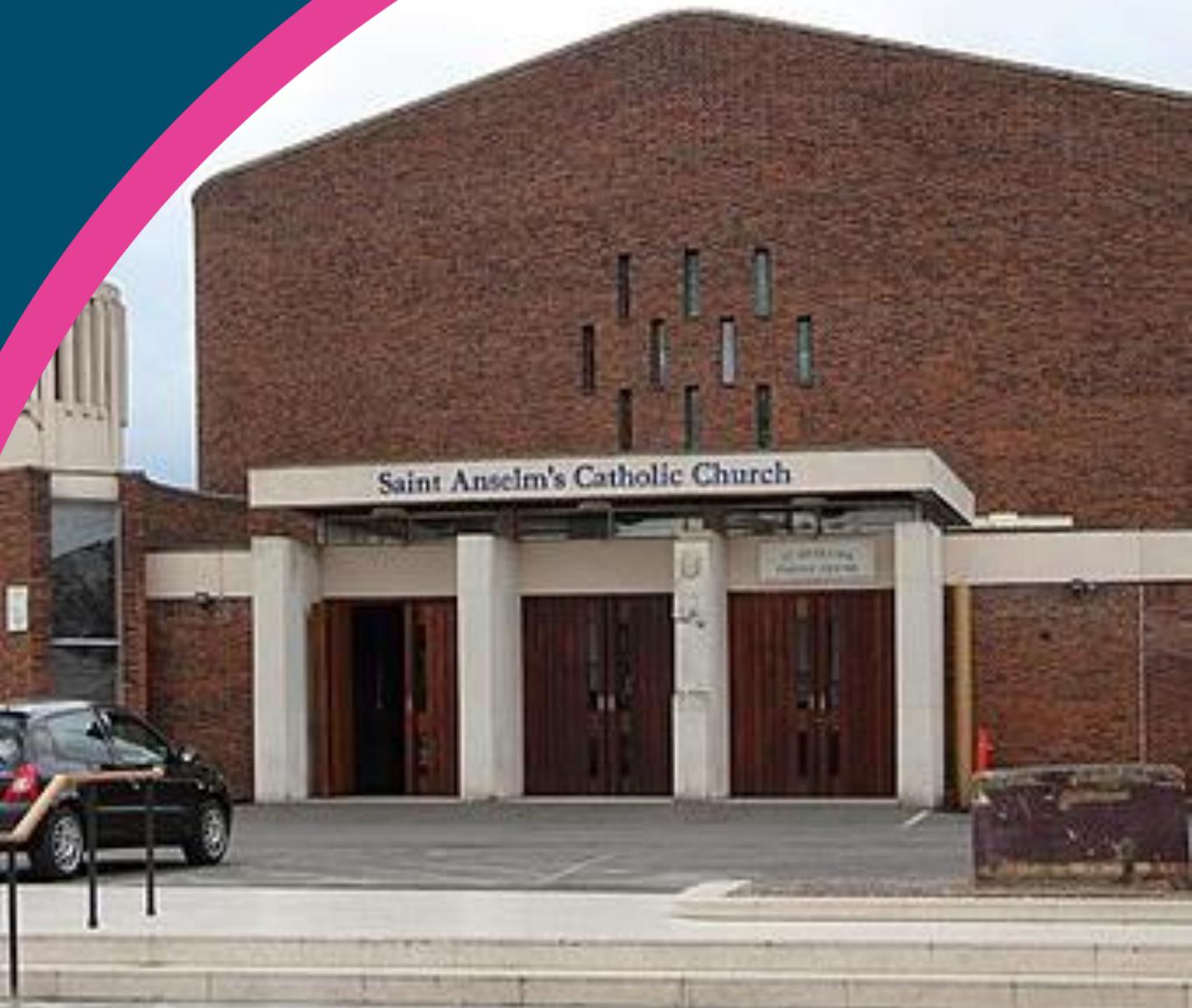


# The Homeless Experience in Ealing

A report by  
Healthwatch Ealing



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# Introduction

## About Healthwatch Ealing

Healthwatch Ealing is the local, independent health and social care champion. We listen to what local people like about health services and what could be improved, and we share those views with NHS leaders and care providers to improve health and care for everyone – locally and nationally, now and in the future. We also help people to get the information and advice they need to make the right decisions for them and to get the support they deserve.

## Project background

Ealing has a sizeable homeless population, 24 per 100,000 which is 50% higher than the national average. Ealing also houses a large number of asylum seekers (**Department of Leveling Up**). Both of these populations are vulnerable and understanding their experience in the health system is important and they are often unheard.

## Aims of the project

- To understand the experiences of those without permanent accommodation in the health services
- To determine the barriers these populations face when trying to access healthcare.
- To identify where support is needed most across specific demographic groups
- To determine what support this cohort says they need the most.

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# Executive Summary

We spoke with 27 people without a fixed address. 14 being asylum seekers and 13 people experiencing homelessness (rough sleepers, in sheltered accommodation etc.), using a mixed method qualitative and quantitative interview approach combining surveys and interviews to gather both numerical data and personal stories.

## What we found:

- **Discrimination in Healthcare:** 80% of people said they were treated differently by NHS staff because they did not have a fixed address.
- **Worsening Health:** 60% of people told us their mental and physical health had declined over the past year. This was often linked to poor living conditions and difficulty accessing healthcare services.
- **Heavy Reliance on Charities:** Many people said that support from third-sector organisations – such as charities and community groups – was essential for accessing NHS care. These organisations helped by offering guidance, acting as mailing addresses, or helping make appointments.
- **Widespread Isolation:** 83% of those we spoke with felt lonely or isolated. This was especially common among asylum seekers staying in hotel rooms with little opportunity for social connection.
- **Confusion About GP Registration:** Nearly one-third (30%) of participants didn't know how to register with a GP. Many believed they needed ID, proof of address, or previous medical records, which is not required under NHS guidance.

The average duration of homelessness was 2.24 years, with causes ranging from asylum-seeking to job loss and mental health issues. Whilst some reported health improvements due to third-sector support, many barriers remain in place.

## Our recommendations:

- Provide clear training for NHS reception and GP staff so they understand who can register and what documents are (and are not) required.
- Strengthen collaboration between NHS and third-sector organisations through dedicated communication lines and shared understanding.
- Create a task force to improve continuity of care, especially for people who are moved between areas.
- Support social connection and wellbeing in temporary accommodation, such as running community activities in hotels for asylum seekers.
- Offer pathways into work, training, or volunteering to help individuals find purpose, build confidence, and reduce long-term homelessness.
- Ensure that mental health teams and third-sector organisations work together to raise awareness of available mental health services.

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# About the Report

## Methodology

Our goal for this study was to tell the story of an underheard and often forgotten about population. We conducted mixed-method interviews (qualitative and quantitative) with 27 individuals without permanent accommodation, including 14 asylum seekers and 13 homeless individuals (e.g., rough sleepers, those in sheltered accommodation). We also interviewed 4 frontline workers from third-sector organisations (charities and non-profits) and 7 healthcare workers (GPs and administrative staff) for additional perspectives.

## Limitations

We spoke with individuals who were already linked up with various charities and were somewhere on their journey for getting help. For safety reasons, we did not interview individuals directly on the street, which may exclude more severe experiences. Future research should explore safe methods to include this group. Due to the difficult subject matter of the interview sessions, some chose to terminate the interview early, causing a discrepancy in numbers.

## Special Thanks

We wish to thank the following organisations for hosting us during our interviews, for co-producing our questionnaire, and well as furthering our background knowledge.

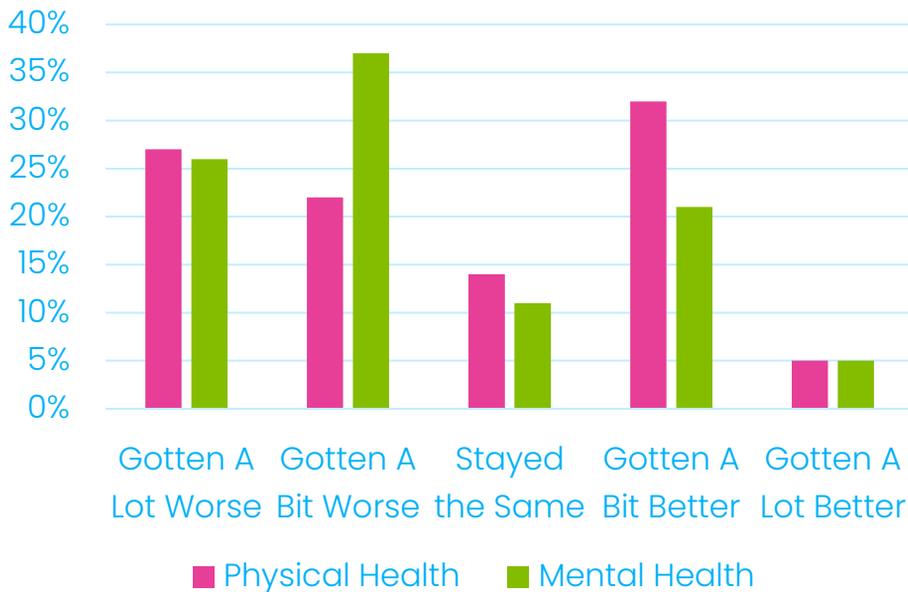
- Hope for Southall Street Homeless
- Acton Homeless Concern
- REAP
- RISE
- EASE
- Change Grow Live

We also extend our thanks to GP practices in Ealing who answered our questionnaire for the clinical perspective.



# Key Findings

## Effects on Physical and Mental Health



We asked people how their physical and mental health had changed over the last 12 months. Most respondents told us that their overall health had worsened. This decline was linked to poor living conditions and difficulties accessing healthcare services.

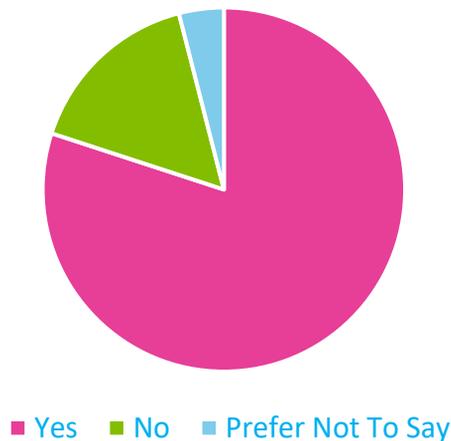
Asylum seekers were particularly affected. Many said that their mental health had deteriorated because of the trauma they experienced before arriving in the UK, and the isolation they now face while living in hotel accommodation.

Some individuals did report improvements in their health. These people often credited third sector organisations – such as charities – for helping them make contact with NHS services and get the support they needed.

# Feeling Discrimination

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Do you feel treated differently because of your situation?



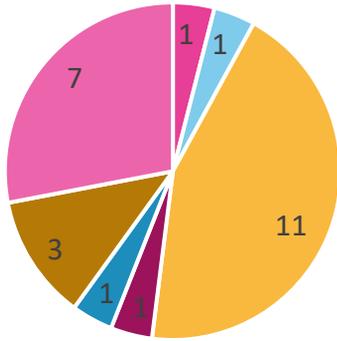
80% said they felt they were treated differently by NHS staff because they did not have a permanent home. Some shared that they felt dismissed or spoken to in a condescending way, especially when dealing with reception staff.

Asylum seekers told us they often felt especially overlooked. In some cases, they were not given any guidance on how to access healthcare until a third sector organisation stepped in to help.

Importantly, this sense of being treated unfairly was reported across a wide range of backgrounds — including different races and religions. No one group felt more targeted than another; the discrimination appeared to be linked primarily to housing status.

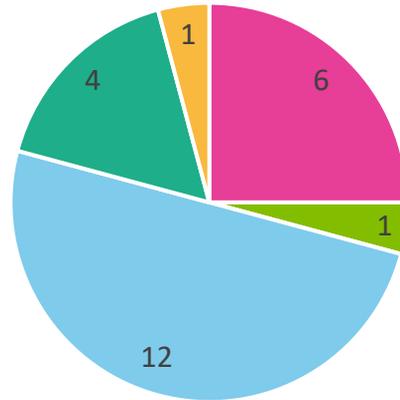
# The Status and Living Situations of those we spoke with

## Status



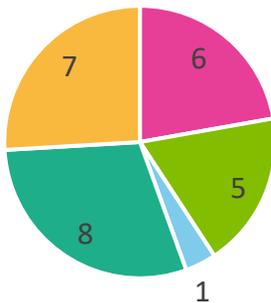
- British Citizen
- EEA Citizen with Settled Status
- Asylum Seeker
- Refugee
- Limited Leave to Remain
- Indefinite Leave To Remain
- Unknown

## Living Situation



- Rough Sleeping
- Sofa Surfing
- Living in a Hotel
- Sheltered Accommodation
- Other

## Where do you stay?



- Ealing
- Acton
- Not Provided
- Southall
- Out of the Borough

Most of the people we spoke with were asylum seekers who were living in hotels. Many of them told us that their mental health had worsened over the past year, and they linked this decline to feeling isolated within the hotel system. A lack of meaningful activity, limited privacy, and separation from others were common concerns.

Most participants were staying in North West London. However, some chose not to share the exact location where they were living.

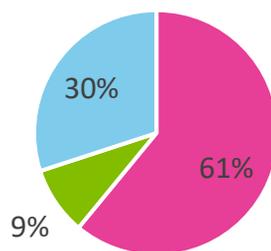
# Misconceptions on GP Registration

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*It can be very challenging at NHS wide level. I deliver a lecture to medical students about access to healthcare and there are still a lot of misconceptions about the registration documentation required by patients*

-A GP in Ealing

## Accessing GP



- I can access on my own
- I can access with help from third sector
- I do not know how to register with GP

30% of those we spoke with told us they did not know how to register with a GP.

Some told us they believed they could not register because they could not get their old medical records. Others said that they did not have any ID.

According to the NHS:

No, you do not need ID, an NHS number or proof of address to register.

Some GP surgeries ask for supporting documentation as it can:

- help the surgery find your medical records or transfer them from your current GP
- confirm that you live in the surgery's area (or "practice boundary") if they do not accept patients from outside this area
- If you do not have a permanent address you can still register using a temporary address or the address of the GP surgery.

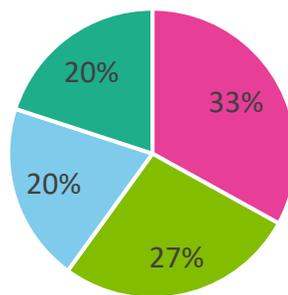
# What Kind of Support Is Still Needed?

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*"I want to be doing something, I feel like I am useless, cramped in a hotel all day"*

- respondent

## Further Support



■ Employment   ■ Mental Health Support   ■ Housing Support   ■ Medical Support

When we asked what form of further support do you require, 33% told us that want to be helped into employment.

Many told us they had skills they wanted to use, but lacked the opportunity to do so.

Other commonly mentioned needs included housing support, mental health support, and help with managing long-term medical conditions. These areas were often described as the hardest to maintain while living in unstable or temporary accommodation.

# Case Study 1: Susan

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*“Dealing with homelessness is difficult. I have had to make a lot of sacrifices, including sacrificing myself. I feel judged constantly.”*

– Susan

## **Status:**

British citizen, homeless since 2015, with a history of mental health challenges and substance misuse

## **Summary:**

Susan lost her home due to a combination of mental health struggles and drug addiction. She has been without stable housing for almost a decade, spending time in prison and sofa surfing. Susan avoids engaging with the NHS directly because she feels judged. She only attends health appointments when they are arranged by a charity she trusts

## **Key Insights:**

- Feels stigmatised and unwelcome in NHS environments
- Will not attend health appointments unless coordinated through a trusted third-sector worker
- Experiences a loss of dignity, privacy, and control over her own health and wellbeing

## **What Could Help:**

- More compassionate, trauma-informed care from NHS staff
- Better links between GPs and trusted charities for appointment referrals
- Stable mental health and substance misuse support tailored to those experiencing homelessness

# Case Study 2: Alphonse

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*“Living on the street is hell. I miss so many GP appointments because I miss a letter, or I don’t have phone credit.”*

*“ I just wish I could work again; I have skills I want to use”*

- Alphonse

## **Status:**

Eastern European migrant, intermittently street homeless for 2 years

## **Summary:**

Alphonse came to the UK in the 1980s and worked as a construction labourer. He lived in accommodation provided by his employer. After losing his job, he also lost his home. For the past two years, he has been living on and off the streets. He finds it difficult to stay connected to healthcare because letters don't reach him, and he often can't afford mobile phone credit. Despite this, he remains hopeful about returning to work.

## **Key Insights:**

- Misses healthcare appointments due to unstable housing and limited communication access
- Expresses a strong desire to work and use his skills
- Relies heavily on charities to stay connected to the NHS

## **What Could Help:**

- Flexible appointment systems that do not rely on postal addresses or text reminders
- Access to free NHS lines for people without phone credit
- Routes into training, volunteering, or employment to restore purpose and confidence

# Case Study 3: Mohammad

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*“ I have [chronic health issue] that I was dealing with, with my GP. I have been moved [out of London] so it isn't been seen to yet”*

– Mohammad

## **Status:**

Asylum seeker from Southeast Asia, living in temporary hotel accommodation, relocated out of London

## **Summary:**

Mohammad is an asylum seeker with a chronic health condition that was being managed by a GP in North West London. He was suddenly moved out of the area as part of the asylum process, which disrupted his healthcare. Since relocating, he has been unable to continue treatment and now travels long distances back to London when possible. He has lost contact with support networks and feels increasingly isolated.

## **Key Insights:**

- Relocation broke the continuity of care for a serious health condition
- Isolated from friends and familiar support services
- Lacks clear support to re-register with a new GP or mental health services in his new location

## **What Could Help:**

- A system to ensure continuity of care when people are relocated across boroughs
- Guidance and support to register with a new GP after relocation
- Local wellbeing and community-building programmes in asylum seeker hotels

# What Frontline Workers Told Us

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We spoke with 4 third sector workers who work directly with the homeless population on a pathway basis. They told those who they work with have had difficulties accessing NHS services, however implementation of mobile health roving teams has had a large impact on improving the health of this population.

## Key themes:

- **Inconsistent GP Registration Practices:**

*"It varies some GP are very helpful and will register people with no ID some insist on ID until we get involved."*

- **Mixed Hospital Discharge Experiences:**

*"On the whole Ealing Hospital have offered good care to people who are ill and on the street. Though sometimes they are discharged back onto the street even if still have medical needs. Not everybody is put through the homeless pathway through the hospital not sure why."*

- **Positive Impact of Mobile Health Services:**

*"The mobile service offer by the NHS at St Anslems Church in Southall brings a lot of people into the health screening system who would not otherwise access services."*

# What Healthcare Workers Told Us

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We spoke with seven staff members working in GP practices across Ealing – including both admin staff and general practitioners. They offered insight into the internal challenges they face, and shared how misconceptions and workplace safety concerns can affect the quality-of-service delivery.

## Key Themes:

- **Persistent Misunderstandings Around GP Registration:**

*"I deliver a lecture to medical students about access to healthcare and there are still a lot of misconceptions about the registration documentation required by patients- this really affects those who are NFA or in temporary accommodation"*

- **Emotional Impact of Difficult Interactions:**

*"We try our best to be not discriminative, but this proves difficult when the patient is rude and verbally aggressive. We have female staff in the reception, and the fear after an intense verbally aggressive situation sometimes pushes the staff in the direction of discrimination."*

NHS staff may unintentionally perpetuate exclusion due to fear, lack of training, or misunderstanding of policy. More consistent training and workplace support are needed to ensure safe, equitable care for people without stable housing.



# Recommendations

# Recommendations: Clearing Up Misconceptions on GP Registration

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We found during this study that there were misconceptions from both the public and staff at GP surgeries surrounding who is allowed to register with a surgery and what is required to do so. These misconceptions continue to prevent people without fixed addresses from accessing essential healthcare. We recommend:

- **Staff Training and Updates:**  
Ensure all GP reception and administrative staff receive regular training, so they understand that ID, proof of address, or immigration status are *not* required to register with a GP.
- **Public-Facing Education:**  
Include clear information about the right to GP registration in all NHS outreach materials – especially those targeting people in temporary accommodation or those new to the UK.
- **Consistency Without Discrimination:**  
While staff safety is essential, discriminatory behaviours or gatekeeping based on assumptions must not be tolerated. NHS guidance should be clear, supportive, and equitable.
- **Hotel-Based Awareness:**  
Provide asylum seekers living in hotels with clear, translated guidance on how to register with a GP. This could be part of welcome packs or hotel-based outreach sessions.

# Recommendations: On Hopelessness.

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Many of the people we spoke to described feeling a deep sense of hopelessness and a lack of purpose in life. Some had skills they were eager to use in employment, while others wanted opportunities to learn new ones.

83% said they felt lonely and isolated – particularly those staying in hotel accommodation. We recommend:

➤ **Community programmes in hotels:**

Encourage hotels housing asylum seekers to run regular group activities – such as language classes, shared meals, or peer-led groups – to reduce isolation and foster a sense of belonging.

➤ **Employment pathways and Purpose:**

Design council and third-sector outreach programmes that focus not only on meeting immediate needs, but also on restoring confidence, purpose, and social connection.

Once an individual's living situation has stabilised, connect them to opportunities for employment, volunteering, or education.

# Recommendations: Reliance on the Third Sector

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We found that where the public sector had a gap, the third sector [i.e. charitable organisations and non-profits] had to step in to address the needs of individuals. Communication is often the key to success, and having sufficient direct lines helps foster better outcomes for our residents. We recommend:

➤ **Continued partnership between the public and the third sectors**

Establishing clear lines of communication between NHS teams, local authorities, and community organisations

➤ **Involving third-sector partners in service planning and delivery decisions**

Sharing updates and service changes in real-time. Effective collaboration ensures services can meet resident needs and ensures that no one falls through the gaps.

# Recommendations: Continuity Of Care

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Many people without stable accommodation struggle to stay connected to NHS services. A lack of consistent contact methods – such as phone access or fixed addresses – and being moved outside of their GP’s area can disrupt vital care. We recommend:

➤ **Establish a Continuity of Care Taskforce:**

We recommend that NWL NHS, in partnership with the Homelessness Inclusion Health Team, develop a dedicated task force. Its role would be to create a clear pathway that ensures people with ongoing health needs remain connected to services, especially when they are relocated across boroughs or out of London.

➤ **Offer GP Transition Support:**

People moved to permanent accommodation should be supported in re-registering with a GP – particularly those with chronic physical or mental health conditions.

➤ **Provide Free NHS Contact Lines:**

GP services should offer freephone numbers wherever possible, so individuals without mobile credit can stay in touch and book appointments.

# Recommendation: Mental Health Service Awareness

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39% of those who answered whether they had access to mental health support told us that they either hadn't, or that they were not aware of what was available to them. We recommend:

➤ **Outreach by mental health teams:**

Encourage services that already work with people experiencing homelessness or living in asylum hotels to continue – and expand – their educational outreach.

➤ **Equip Third sector staff with clear information:**

Provide clear, up-to-date resources to charities and community organisations, so that they can confidently signpost individuals to the right mental health services.

➤ **Improve signposting in hotel settings:**

Information about mental health support should be included in hotel welcome packs, displayed in shared areas, or shared during outreach visits.

# Responses from Public Health

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## **Clearing Up Misconceptions on GP Registration:**

We (public health) are starting to explore how NHS services can better support and work with families in temporary accommodation who are moving in and out of Boroughs frequently, so that they have some continuity of care where needed, but only early stages with this work.

## **Current Actions Include:**

- Safer Surgeries – promoting this approach is on the list of actions assigned to health in the Borough of Sanctuary action plan.
- Promoting with GPs on action plan for Healthy Ealing Team.
- Asylum seeker kitchen project by NWL NHS / West London Trust / University of West London – monthly cooking and shared dining sessions for asylum seekers from one of the hotels.

## **On Hopelessness:**

“Exploring opportunities to bring volunteering fairs to the asylum seeker hotels (noted that there was a successful event which took place in Hounslow)”

## **Current Actions Include:**

- New project to run art psychotherapy project for children asylum seekers in hotel / displaced accommodation, and looking to build mental health support for asylum seekers into schools.
- Connect to Work Programme run by West London Alliance
- ESOL classes
- Jobs and skills strategy from council

# Responses from Public Health

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## Reliance on the Third Sector

### Current Actions Include:

- Council have implemented 'Borough Frontline' – working with EHCVS and VCS organisations to share information on support for sanctuary seeking residents on 4<sup>th</sup> July (EG)
- The Community Engagement Team (CET) is starting some limited work to re-engage with our diverse faith organisations and will be encouraging them to put up any community support that they can offer onto the Do Something Good (DSG) site. Although the DSG site cannot be used to promote faiths, it may be of value to those who are homeless and feel hopeless to know of places of worship where they may feel a sense of comfort or familiarity. Please can Healthwatch ask member organisations to ensure their offer is on DSG site or contact CET if need help (EG)
- Borough of Sanctuary – Sanctuary Forum for VCS organisations working with these groups. More information in Borough of Sanctuary report. BoS Strategy was launched 8<sup>th</sup> April 2025 has a 3 year action plan that should make a real impact on the recommendations. These Healthwatch recommendations will be fed into future BoS planning (EG)
- Homes for Ukraine have recruited 3 new community workers. (EG)

# Responses from Public Health

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## Continuity of Care:

“Continuity of care would sit well with the new Sanctuary Lead role which the Council will soon be recruiting.” – Evelyn Gloyn (Community Engagement Manager)

## Mental Health Awareness:

“Outreach by mental health teams: West London NHS Trust has been alerted on the need for ongoing outreach by mental health teams via Mariam Shah (Senior Delivery Manager – NHS North West London) and Sharon Thompson (Ealing Associate Borough Director – West London NHS Trust).

Equip Third sector staff with clear information: Information on available support has been shared with EHCVS (Ian Elliot) and Healthwatch (David Crawley) for onward circulation to third sector organisations in Ealing .

Improve signposting in hotel settings: The public health team has shared information on available mental health support with David Crawley (Ealing Health Watch Project Officer) who will in turn pass on to hotels. In addition, West London NHS Trust has been alerted on the need for resource which could be left in shared areas.” – Cyril Eshareturi (Public Health Principal covering mental health)

## Current Actions Include:

- See above re art therapy group for children, and reviewing support around mental health in schools for children who are asylum seekers – school based interventions.
- Healthy Ealing Team linking in with CAMHS re pathway for these children.



# Appendix

# Ethics and Safeguarding

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All interviews for this study were carried out in safe, supervised settings, supported by our third-sector partners REAP and HSSH. These familiar environments helped ensure participants felt comfortable and protected while sharing their experiences.

Before the interviews began, every participant was fully informed about how their responses would be used. They were told they could decline to answer any question or withdraw at any time. Informed consent was obtained from each person who took part.

If any safeguarding concerns were raised during the course of the interviews, these were immediately escalated to the relevant third-sector support staff and Healthwatch management to ensure an appropriate and timely response.

## Demographics

Gender	Percentage %	No of Reviews
Man(including trans man)	74%	20
Woman (including trans woman)	26%	7
Non- binary	0%	0
Other	0%	0
Prefer not to say	0%	0
Not provided	0%	0%
<b>Total</b>	<b>100%</b>	<b>27</b>

Age	Percentage %	No of Reviews
Under 18	4%	1
18-24	0%	0
25-49	48%	13
50-64	26%	7
65-79	7%	2
80+	0%	0
Prefer Not To Say	0%	0
Not Known	15%	4
<b>Total</b>		

Area of the borough	Percentage %	No of Reviews
Acton	4%	1
Ealing	22%	6
Greenford	0%	0
Hanwell	0%	0
Perivale	0%	0
Southall	19%	5
Northolt	0%	0
Out of the Borough	26%	7
Prefer not to Say	30%	8
<b>Total</b>	<b>100%</b>	<b>27</b>

Disability	Percentage %	No of Reviews
Yes	52%	14
No	11%	3
Prefer not to say	4%	1
Not provided	33%	9
<b>Total</b>	<b>100%</b>	<b>27</b>

# Demographics

Ethnicity	Percentage %	No of Reviews	Religion	Percentage %	No of Reviews
Arab	22%	6	Buddhist	33%	0
Asian/Asian British: Bangladeshi	0.00%	0	Christian		7
Asian/Asian British: Chinese	0.00%	0	Hindu		1
Asian/Asian British: Indian	7%	2	Jewish		7
Asian/Asian British: Pakistani	0.00%	0	Muslim		0
Asian/Asian British: Any other Asian/Asian British background	11%	3	Sikh		2
Black/Black British: African	19%	5	Spiritualism		0
Black/Black British: Caribbean	4%	1	No religion		1
Mixed/multiple ethnic groups: Black African and White	0.00%	0	Prefer not to say		1
White: British/English/Northern Irish/Scottish/Welsh	7%	2	Other religion		2
White: Irish	0.00%	0	<b>Total</b>	<b>21</b>	
White: Gypsy, Traveller or Irish Traveller	0.00%	0			
White: Roma	0.00%	0			
White: Any other White background	11%	3			
Prefer not to say	0.00%	0			
Other	4%	1			
Not Known	15%	4			
<b>Total</b>	<b>100%</b>	<b>27</b>			

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# Sources:

<https://www.nhs.uk/nhs-services/gps/how-to-register-with-a-gp-surgery/>

<https://www.gov.uk/government/statistical-data-sets/tables-on-rough-sleeping>



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