



No Place to Call Home: Homelessness and the Impact on Health and Wellbeing

September 2024

healthwatch
Greenwich

Introduction

People living with homelessness¹ have much poorer health outcomes than those in secure housing. 78% of homeless people report having a physical health condition, compared to 37% of the general population^{2 3}. Moreover, over 80% of homeless people reported mental health problems in 2022⁴.

The health and care experiences of homeless Greenwich residents or those living in insecure or temporary housing are rarely heard. Their experiences are not often captured, and their voices are frequently missing. The ever-changing nature of homelessness makes it difficult for traditional outreach and engagement to reach this group of residents. Moreover, engagement and consultations are often based in fixed locations, such as health and care facilities, or rely on a stable address or reliable contact information, which homeless residents are less likely to have.

Working with WSUP⁵, we spoke to homeless Greenwich residents or those living in insecure housing, such as sofa surfing or temporary accommodation. Nine residents took part in our discussion group, – two street sleepers and seven living in temporary or insecure accommodation.

¹ The following housing circumstances are examples of homelessness:

- rooflessness (without a shelter of any kind, sleeping rough)
- houselessness (with a place to sleep but temporary, in hotels, B&Bs, institutions or a shelter)
- living in insecure housing (threatened with eviction due to insecure tenancies, or staying with family and friends known as 'sofa surfing')
- living in inadequate housing (in caravans on illegal campsites, in unfit housing, in extreme overcrowding)

²https://www.local.gov.uk/sites/default/files/documents/22.7%20HEALTH%20AND%20HOMELESSNESS_v08_WEB_0.PDF

³ <https://www.crisis.org.uk/ending-homelessness/homelessness-knowledge-hub/health-and-wellbeing/>

⁴ <https://www.mentalhealth.org.uk/explore-mental-health/statistics/homelessness-statistics>

⁵ <https://wsupwoolwich.org/>

Who we spoke to

Most of those who spoke to us were male (eight out of nine), and most were aged over 40 (eight out of nine). Residents came from a range of ethnic backgrounds and self-identified as Black British, (African and Caribbean), Asian (Indian Punjabi) and White British.

Living with Homelessness: Access to services

Residents told us they struggle to get access to GPs and other health services. Some GP surgeries ask for proof of identity and address when people try to register, even though this isn't required⁶. Homeless people and those in temporary housing usually don't have the documents GP surgeries ask for, like utility bills or official IDs. The inability to register with a GP makes it hard for them to get healthcare, manage long-term conditions, or receive mental health support.

A few reported good experiences, such as GPs being supportive and allowing them to register despite not having an address or staying registered even if they no longer lived in the catchment area.

Immigration status means that some are unaware of what health and care they can and can't access for free and what they might be expected to pay for. Lack of knowledge about entitlements and a fear of information being shared between the NHS and immigration authorities means that some are reluctant to seek help when they need it.

"Due to immigration, it feels like I am in limbo... My legal status is a problem and is always at the back of my mind."

-Resident 9

⁶ There is no contractual duty to seek evidence of identity, immigration status or proof of address. Practices should not refuse registration on the grounds that a patient is unable to produce such evidence. <https://www.bma.org.uk/advice-and-support/gp-practices/managing-your-practice-list/patient-registration#:~:text=Practices%20may%20only%20decline%20to,appearance%2C%20disability%20or%20medical%20condition.>

“...the major issue I face is that there is no support... I don’t know what is there for me to access.”

-Resident 4

“I don’t know where to go.”

-Resident 9

Getting to appointments, unless in walking distance, could be difficult. Most of those we spoke to told us they struggled to find the money to pay for public transport, and often couldn’t afford to go to their health appointments.

“I miss appointments because transportation costs money.”

- Resident 5

Living with Homelessness: Access to Health and Care Information

Residents told us they struggled to find clear and trustworthy information, and this led them to delay seeking help. In addition, a lack of awareness and medical advice made some believe their chronic health conditions were just a normal part of getting older, so they didn’t seek medical help.

“I’m 68 years old.... I’m stuck with it for the rest of my life.”

-Resident 9

Others told us they didn’t have digital skills and couldn’t use technology or didn’t have access to a computer, smartphone or internet.

“I find using computers hard. I’m not good at the internet...”

- Resident 9

As more health and care services use digital tools, residents can feel left behind and overlooked.

“When I cannot get care, I just continue to suffer as I always keep to myself, feeling lonely. I’ve given up.”

-Resident 2

Nearly all of those we spoke to rely on community organisations to advocate for them, find the help and support they need, and book medical appointments.

"...community group [organisation] provides us with a lot of support calling the GP, how to go about accessing care and teaching us basic things..."

-Resident 2

Living with Homelessness: Mental Wellbeing

Residents told us how their homelessness or insecure housing affects their mental wellbeing. Poor living conditions create stress, anxiety, and depression. For some, this appeared to be a cycle where their mental wellbeing also affects their ability to manage their physical health.

"I am not in a good place right now, and when your mind is not in a good place, you can end up slipping into bad health habits like drinking or smoking."

-Resident 4

Residents told us their mental health needs were not being met. Most had tried to access, or had used, mental health services and were dissatisfied and frustrated. Many shared their experiences of services and shared how these were insufficient, impersonal, or difficult to access.

"I was referred to the outpatient unit of the mental health services. They just sent me to the pharmacy to pick up my drugs and that was it..."

- Resident 2

Residents told us they want more community services that provide both health information and social support. Community spaces where people meet, share experiences, and build connections, while also accessing information about health and care services and entitlements.

"More community groups should be available to not only share information but listen to people's concerns – letting them share their experiences."

-Resident 4

Living with Homelessness: Physical Health

Many of the residents we spoke to live with long-term health conditions like diabetes, arthritis, and epilepsy. These chronic conditions need regular management, such as medication and monitoring which can be difficult even with stable living conditions. For those living with homelessness or insecure housing, managing health conditions is not only hard but less of a priority. Much of their focus is on meeting their basic needs on a day-to-day basis. The need to take medication regularly or maintain a treatment regime is not always of great importance. Poor mobility, for some, further reduced their ability to look after themselves and manage any health conditions.

“It’ll be 2 days sometimes I don’t leave the house. I am on insulin and tablets. The major problem is movement due to arthritis.”

-Resident 6

Some of the residents we spoke to told us that they often feel judged because of their homelessness. This sense of judgment leaves them feeling unwelcomed and undervalued, which in turn discourages many from seeking help, even when they need it most.

“The professionals don’t really listen to your past, your story, and how you are. They have a job to do, and they are only paid to do their job, so they don’t sit down to really listen to you...”

- Resident 4

Conclusion

Our discussion with homeless Greenwich residents and those living in insecure or temporary housing shows the impact that poor housing, or a lack of housing, has on health and wellbeing. Difficulty accessing health and care services shows how structural barriers such as the requirement for proof of identity and address disproportionately affect vulnerable people, further dismissing those already socially and economically excluded. On top of this, without clear information on service entitlements, many residents, particularly those with uncertain immigration status, felt that they were not allowed to access the care they needed for free.

Those we spoke to told us how their living conditions—whether on the streets or in insecure housing—directly affect both their mental and physical health. Poor mobility, chronic health conditions, and the stress of homelessness create a vicious cycle with poor or worsening health limiting the ability to seek care, manage conditions, or engage in healthy behaviour. Mental health issues such as anxiety and depression, are not always adequately addressed by services, which reinforces the cycle of poor health.

Stigma shapes experiences with services. Some of those we spoke to felt judged by health and care staff, making them even less likely to seek help. In turn, this exclusion feeds a sense of isolation and hopelessness.

Community organisations often fill the gaps left by formal services, particularly for homeless residents who struggle to access support. These organisations provide not only practical help but also advocacy and guidance. By reducing barriers to health and care, community organisations help vulnerable residents to access medical services, mental health support, and wider support and care that they might otherwise be excluded from. In addition, these organisations work to improve not only immediate access to health and care services but also the long-term wellbeing of homeless Greenwich residents and those living in insecure housing.

Acknowledgements

We would like to thank the Greenwich residents who shared their experiences of health and social care services with us. We would also like to thank our volunteers who generously gave up their time to help. A special thank you to Woolwich Services Users Project (WSUP) for their collaboration and to Jas Sahota for his support.

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