



# Health Access and Homelessness

In Salford - Rough sleeping and access to mental health and drug and alcohol services

January 2019 REPORT





# Contents

1.1	Executive Summary.....	3
1.2	About Healthwatch Salford.....	4
1.3	Acknowledgements.....	4
2	Homelessness.....	5
3	Methodology.....	6
4.1	Results and respondentat comments.....	8
4.2	Temporary accomodaion and nights shelters.....	8
4.3	Staff attitudes and approach.....	11
4.4	The services - mental health, drug and alcohol.....	13
5	Conclusions.....	16
6	Recommendations and areas for further study.....	17



# 1.1 Executive Summary



*“Each individual is different, the only thing in common is you’re homeless”*

Rough sleeper survey respondent



As a follow-up from the main health access and homelessness project and report back in May 2018, we decided that phase 2 would focus on rough sleepers and their access to mental health and drug and alcohol services.

A survey was designed for this purpose and 25 rough sleepers were engaged over a 3-month period, starting at the very end of October 2018. The survey was designed to capture experiences across specific services and allowed for more expansive answers for some of the questions. The survey design and number of people we spoke with means that the findings are not statistically significant, instead what is captured is the complexity of people’s lives, experiences of good and bad service approaches and how this might impact on this marginalised group’s access to services.

## Key findings

### We had conversations with 25 rough sleepers

- Family and being able to see them was important to people who kept in contact with or had young children. Location of temporary accommodation would have an impact on wider family life if too far away and the ability parent for those with children
- Some would contribute to the cost of accommodation if they were working and could afford it
- There were some reservations and concerns about sharing living spaces
- Clear and professional boundaries were seen as important but with a fair approach if mistakes are made
- Those that could cook preferred to prepare their own meals if there was a kitchen
- People talked freely about good and bad staff attitudes, having experienced both when accessing services
- Most people were negative about their experience of using night shelters
- People were positive about drug and alcohol services but more negative about mental health services
- Many people walked to services but if they had money or a pass would use public transport

#### Key numbers:

- 14 out of 25 were accessing mental health, drug or alcohol services
- 24 out of 25 were male
- 10 out of 25 said they had a long-term medical condition or disability
- We spoke to people aged between 18 and 60+



## 1.2 About Healthwatch Salford

Healthwatch Salford is the independent consumer champion for children, young people and adults who use health and social care services in the city of Salford.

Healthwatch Salford:

- Provides people with information, advice and support about local health and social care services
- Listens to the views and experiences of local people about the way health and social care services are commissioned and delivered
- Uses views and experiences to improve the way services are designed and delivered
- Influences how services are set up and commissioned by having a seat on the local Health and Wellbeing Board
- Passes information and recommendations to Healthwatch England and the Care Quality Commission

Healthwatch Salford also produces reports about services visited and feedback from service users and makes recommendations for action where there are areas for improvement. Information gathered and reported on is referenced against information from health and social care providers, commissioners as well as national and local research sources.

Further information about Healthwatch Salford <https://healthwatchsalford.co.uk/what-we-do>

## 1.3 Acknowledgments

Healthwatch Salford would like to thank the service users who took part in the survey, staff and the providers who welcomed us onto their sites to talk to their clients.



## 2 Homelessness

<b>Defining Homelessness</b>	<p>The legal definition of homelessness, as stated in the 1996 Housing Act, classifies a person as homeless if:</p> <ul style="list-style-type: none"><li>• They have no accommodation that they are entitled to occupy;</li><li>or</li><li>• They have accommodation, but it is not reasonable for them to continue to occupy that accommodation.</li></ul> <p>This covers a wide range of circumstances including:</p> <ul style="list-style-type: none"><li>• having no accommodation at all</li><li>• having accommodation that is not reasonable to live in, even in the short term (e.g. because of violence or health reasons)</li><li>• having a legal right to accommodation that cannot be accessed (e.g. legal eviction)</li><li>• living in accommodation for which there is no legal right to occupy (e.g. living in a squat or staying with friends temporarily).</li></ul>
<p><i>Source: taken from JSNA report, "Health and Homelessness in Salford. A rapid review of health needs. June 2011."Page 4.</i></p>	

Local authorities have a statutory responsibility to provide advice and assistance to people who are legally defined as homeless or threatened with homelessness. From 2018 the Homelessness Reduction Act came into effect and local authorities also have a statutory responsibility to prevent homelessness and intervene sooner when people are at risk of homelessness.

However, not all those who present as homeless will fall within the legal definition and may not necessarily qualify for temporary accommodation and statutory support.

The 1996 Housing Act requires local authorities to categorise people who present as homeless into one of the following three categories:

1. Unintentionally homeless and in priority need\*
2. Intentionally homeless and in priority need
3. Housed in temporary accommodation pending enquiries and a homelessness decision, or housed under discretionary power

### Defining Priority Need\*

Those defined as in priority need are: pregnant; have dependent children living with them, are over 60 years of age, are unable to find a home due to illness or disability, are homeless because of a fire or flood, are 16 or 17 years old or are leaving an institution such as the armed forces or prison.

*Source: taken from JSNA report, "Health and Homelessness in Salford. A rapid review of health needs. June 2011."Page 4.*



## 3. Methodology

As a follow-up from the main health access and homelessness project and report back in May 2018, it was decided to focus on a specific area of health and the most marginalised homeless, rough sleepers.

Engagement was directly with rough sleepers, at the premises of services they were already accessing, at:

**1. Salford Loaves and Fishes, in Pendleton**

Working with two different teams, three visits for clients of Salford Loaves and Fishes and two visits for clients of the 'bed every night' rough sleepers drop-in service.

**2. Salford Unemployment and Community Resource Centre, in Eccles**

Three visits in the mornings to engage with clients accessing the weekday breakfast club.

**3. Lancaster House, in Claremont and Weaste**

Two visits over two weeks for 3 hours on Tuesday afternoons

Other providers and key stakeholders were also met with or informed of our project:

1. Clare Mayo – mental health commissioner
2. GMMH Trust – drug and alcohol partnership services management, in Prestwich
3. Achieve, in Broughton
4. Salford City Council rough sleepers' team, outreach team across Salford
5. Narrowgate Night Shelter, in Pendleton
6. St Paul's Church, in Pendleton
7. Public Health specialty registrar
8. Street Support Salford, across Salford
9. Homeless GP drop-in service (Salford Primary Care Together), in Pendleton

The draft survey was also circulated with several of the providers for feedback and additional questions before being finalised.

The final survey was split into 7 sections:

1. Use of services
2. Mental health
3. Drug recovery services
4. Alcohol recovery services
5. Night shelters and temporary accommodation
6. Staff attitudes and approach
7. About you – demographics

The 'use of services' sections consisted of tick box questions to establish people's type of homelessness and use of services. It was designed so sections could be skipped if people weren't accessing some of the services listed on the survey. This worked well and the engagement team found it easy to navigate the survey during conversations with people.

We also ensured the engagement team consisted of a woman and men, due to the sensitivity of some of the questions, backgrounds of some of the people we surveyed and because a high proportion of rough sleepers are men. This worked well for men, who might feel more comfortable speaking to another man.



### What went well

Most people we spoke to were happy to speak to us and made comments like, “it was easy to speak to you”, and “you’re alright.” People were happy to talk to us about their use of substances and their experiences of homelessness and felt able to discuss things in detail.

### Challenges

The survey was piloted at Salford Loaves and Fishes on the 31<sup>st</sup> of October through speaking to several homeless people. After this session changes to the wording and scales of certain questions were made, which improved the flow and clarity of the questions but through successive conversations it became clear that certain questions just weren’t relevant, so they were skipped. This meant that there were questions where only a few people responded and so it would be difficult to draw conclusions across different respondent answers because responses were often very individualised and different.

Some of the people we spoke to were either just accessing mental health, drug and alcohol services or had done so many years ago. A few did not access the services, whether they needed to or not. So, some of the questions in the mental and drug and alcohol sections were not relevant to respondents, or it was too soon for the person to comment about their experience.

Capturing people at the start of their pathway or disengaged from formal support was anticipated and it had been hoped that contacting providers would enable access to their clients but for various reasons this only happened with some of the providers. Originally the plan was to engage with two groups:

- Less stable group - homeless people out in the community accessing community services but still sleeping rough or using night shelters
- More stable group - homeless people temporary housed in supported accommodation or long time stay hostels, also likely to be more consistently accessing healthcare services

We did manage to engage with both groups but would have liked to have engaged with people from other providers and across a wider geographic area.

### The Project (Phase 2) – project steps

- Established what services like Achieve, GMMH trust and other related services provide in terms of outreach and targeted services for the homeless population
- Developed links with homeless shelters and accommodation to access rough sleepers out in the community to engage in the project
- Developed materials and relevant survey questions with key stakeholders
- Engaged 25 rough sleepers in responding to the survey
- Analysed findings and write report
- Share report and meet with commissioners and service providers to share key findings





# 4.1 Results and respondent comments

## 4.2 Temporary Accommodation

We asked people to rank how important certain things were for temporary accommodation.

In order of importance:

1. Sense of safety
2. Laundry and shower facilities
3. Support onsite / location
4. Access throughout the day and late at night
5. Close to shops
6. Access for pets / cost contribution / healthcare services / access to food or cooked meals

Comments - from what people further commented on

Healthcare services	Access to food or cooked meals
<p><i>"Expect accommodation to be just accommodation. Can walk to and access other services when I need them. I am a grown man"</i></p> <p><i>"I can access this myself"</i></p> <p><i>"I'd travel to see them"</i></p>	<p><i>"I like to cook for myself and I know where to go for food"</i></p> <p><i>"As long as there is a kitchen, I can make my own food /meals"</i></p> <p><i>"I can make my own food, sort myself out"</i></p>
Close to shops	Laundry and shower facilities
<p><i>"I will walk to what I need"</i></p>	<p><i>"Very important to keep clean"</i></p> <p><i>"Hygiene is very important"</i></p>
Location	Access throughout the day and late at night
<p><i>"It should be in a decent area and there should be options for accommodation"</i></p> <p><i>"Should be within walking distance of other services and my family"</i></p> <p><i>"Close to the services I am accessing"</i></p>	<p><i>"Time restrictions are ok if something like back before 12am. If you come in late you will disturb others"</i></p> <p><i>"Don't mind being back before 12am, as that is reasonable, and you would disturb others in the dorm otherwise"</i></p> <p><i>"Not too bothered but I'd want to go and see my family"</i></p>





### Cost Contribution

*"They are already getting paid by the council, they should not be getting more money and money out of those who have so little"*

*"I have no job now, so no but If I worked, I would be willing to pay"*

*"If I could, yeah"*

### Comments - from what people further commented on

#### How do you feel about sharing a room to sleep in or other shared communal spaces like lounges?

*"Some places I stayed at I had my own bed but shared the room"*

*"It depends, some are shitholes, the furniture is disgusting, and I wouldn't sit down on them"*

*"I don't get bothered by people, but I would not like to live with people who were disruptive and did not care about disturbing people"*

*"Shared house is okay, as long as you've got a room that is yours"*

*"I shared before but don't like to because I got stuff stolen. I was taken advantage of. I am nice, and they saw that as an opportunity"*

#### Other comments

*"A lot of places [temporary accommodation] you aren't allowed to drink, but some say you can drink offsite just don't take it too far. Well, I'm an alcoholic"*

### Night shelters – 15 responses

3 people were currently accessing this service, 5 had accessed within the last year, and 7 people had last accessed one over a year ago. 5 people found it difficult to access this service and 5 people found it easy to. Only 5 people said that accessing this service had made a difference to them.

### Comments - from what people further commented on

#### Night shelters – positive

*"They helped me with benefits"*

*"Yes, positive. People there understand me"*

*"Good, welcomed"*

*"Welcoming helpful people"*

#### Night shelters – negative

*"Wrong Service, it's not a good place to be. The council should do a check of it, they aren't getting what they pay for"*



*"I don't like it, don't want to stay there. It's not nice, they treat you like kids and it's too regimented"*

*"Did not want to stay, had to because better than the cold and streets"*

*"Too many people in one room [30]. I stopped going because I could never sleep and knew that someone else could use the bed"*

*"Too strict and treated like kids. Told to go to bed at 10pm. Can't live how you would normally, it's not nice. Been told not to talk at night or they will throw me out, if I do again. Always follow the rules but no respect for us. No help with accessing other services"*

*"I didn't like it. I had to queue to get a bed. Out at 7am and after you had to be back before 9pm (closed after that). If you have no choice, then it is the best place but if choice than go elsewhere. It is hard if looking for work like me. I would have to be at work at night and shelter closed and could not get to work, as doors are locked. They have special rules"*

*"Timing needs to be right. If you have a memory block like me, it can be difficult, you have to be there for no later than 7pm at night to get a bed"*

*"It was terrible. They slept too many people in a room. All farting and snoring. You could not get in until 7pm and they kicked you out at 7am, no matter what or what the weather. I think it is open during the day time now and people can stay on there"*

*"The dorm room is damp, you can smell it. I asked them why they did not open the windows once everyone's up and out to air the room. They said we've been told we shouldn't but it's not healthy. I can't even keep my own possessions with me, I have a suitcase but been told I can't have it near my bed. I've got to use their lockers, they are like school lockers, not big and you have to pay for them, but I've got no money to pay for them. Each bed, beside every bed there should be a wardrobe for people to use for the night. How do they treat people like this? It's not nice. They want my housing benefit but what am I getting for it? They charge you extra for things too, what's the point?"*

#### Other comments

*"Off the streets, away from trouble"*

*"Could not get work while staying there as closed when I would be coming back from work"*

*"I started an application for statutory support but not finished. I need to follow-up. I stay in Manchester City Centre because everything is within walking distance."*

*"In same situation a month later [back at the night shelter]"*



### 4.3 Staff attitudes and approach

We asked people to rank different staff attitudes and how important they felt they were. In order of importance:

1. Explains things clearly
2. Professional and clear boundaries
3. Respectful and none judgemental /Gives me the time to talk /We decide things together
4. Friendly manner
5. Knowledgeable and sympathetic about homelessness
6. Asks me questions about me and my life

Comments - from what people further commented on

Friendly manner	Knowledgeable and sympathetic about homelessness
<p><i>“Civil and has common sense. Does not easily take offence, can have a conversation and is reasonable”</i></p> <p><i>“Does not bar automatically, if done something wrong or they don't like me. Got to give people a chance and be reasonable. I'll give as good as I get.”</i></p>	<p><i>“It doesn't matter to me”</i></p> <p><i>“Not needed, just a calm and reasonable approach”</i></p> <p><i>“Essential, some understanding of each aspect and that we are all individuals”</i></p> <p><i>“should have a background in homelessness”</i></p>
We decide things together	Asks me questions about me and my life
<p><i>“Important to keep an open mind, sometimes you just have to do something”</i></p> <p><i>“They would not need to tell me. I would get on with things anyway and do what I needed to. Never had any problems with staff because of this”</i></p>	<p><i>“I like to keep things private”</i></p>
Professional and clear boundaries	Respectful and none judgements
<p><i>“If I get on with them anyway, it is fine. Depends on the relationship”</i></p>	<p><i>“Got to be some give and take. Not always serious”</i></p>

Two further questions on staff attitudes and approach were asked. Survey respondents were asked to think of a time when they had a good experience with a professional or service and one when they had a bad experience and what attitudes they thought were good or bad.



Good attitude and approach	Bad attitude and approach
<ul style="list-style-type: none"> <li>• Wrap around service / helped with other things, not just homelessness</li> <li>• Listens / doesn't assume</li> <li>• Let's them make their own choices</li> <li>• Asks first / doesn't just tell</li> <li>• Remembers me / cares / asks how they are doing</li> <li>• Easy to talk to / has the time to just have a conversation</li> <li>• Good at their job</li> <li>• Focus on my goals (i.e. getting work)</li> <li>• Can handle and resolve conflict</li> <li>• A professional and flexible system</li> <li>• Has life experiences and understands</li> <li>• Someone who talks openly with them and doesn't lie</li> <li>• Knows the truth about addiction because they have been there or seen it themselves</li> <li>• Someone who takes the time to get to know them</li> <li>• Conversational and calm manner</li> <li>• Does not judge</li> <li>• Assertive but fair</li> <li>• Challenges calmly about aggression</li> <li>• Responsive / gets help quickly</li> <li>• Helpful / can see when struggling</li> </ul>	<ul style="list-style-type: none"> <li>• Ignores requests / says it's not part of their service but does not say where they can get help or refer on</li> <li>• Staff not keeping the place safe / not challenging behaviour</li> <li>• Not listening</li> <li>• When conversations are rushed, or they are made to feel rushed</li> <li>• Not taking them seriously / ignored</li> <li>• Asking unnecessary questions</li> <li>• Being ridiculed or demeaned</li> <li>• Uncaring and unresponsive</li> <li>• Discrimination / being treated unfairly</li> <li>• Bad at their job</li> <li>• No regular contact / lack of communication</li> <li>• Breaking promises / empty promises</li> <li>• Not noticing when someone is unwell [mental health]</li> <li>• Being complicit</li> <li>• Rigid rules and structures with no flexibility</li> <li>• Made to feel uncomfortable or unwelcome</li> <li>• Provoking language / being shouted at</li> </ul>
Comments	
<p><i>"Works with me to understand my mental state. There are many types of professional"</i></p> <p><i>"As long as they are intelligent enough to have a conversation and understand me. Know how to approach a person. Know how to help and will do the decent thing"</i></p> <p><i>"On the street for a week and community officer very responsive and caring. Referred me for help and got me help quickly"</i></p> <p><i>"Life experience. Someone that understands. They don't necessary need lived experience but it helps"</i></p>	<p><i>"Many places have a bad approach. They tell you (don't ask) and don't care about my life situation [homelessness]. Ask me to do the impossible, like travel 2 hours to get somewhere when I have no money"</i></p> <p><i>"When doctor says they are taking you in as an inpatient for a medication change. I felt like my freedom had been taken away and I was being penalised"</i></p> <p><i>"Treating someone unfairly. Being disrespectful, acting superior. Being prejudged"</i></p>



## 4.4 The services – mental health, drug and alcohol recovery services

### Mental health services - 13 responses

#### People were accessing services through:

- Six Degrees Social Enterprise CIC
- Meadowbrook
- MIND
- CAMHS
- Ramsgate House CMHT
- Cromwell House
- Salford Probation

5 people found accessing these services very difficult or difficult [this relates to NHS statutory services, not Six Degrees, MIND or Salford Probation]. 6 people found it easy to access these services. 6 people said that accessing the service had made a difference to them and their condition and 10 people said they would use the service again.

#### Comments - from what people further commented on

##### Mental health – positive

*“Someone to speak to about my problems, really. Like mental health (for if you are not well). See them every 6 months”*

*“Just been referred. Had first meeting for assessment and been referred to a psychologist. Meeting went well. Felt supported”*

*“Just started, waiting on referral for counselling to be processed but asked for this through word of mouth. Everyone spoke highly of Six degrees and its mental health services”*

*“Very good service. I couldn't do what I do without them. I was accompanied to PIP interview by the MIND advocate advisory. Was successful”*

*“Did not know about it. Did not know I had a mental health issue. Drug worker picked up on me being psychotic at my regular appointment. Was seen by a psychologist. They referred me to lots of other services too. Very timely and responsive service throughout”*

*“Can't fault them. Considering stresses within mental health services. Got immediate support and assessment straight away”*

##### Mental Health – negative

*“Not good. Vulnerable. The support workers there hadn't been through what I'd been through so couldn't support me”*



*"Not used this service yet. Tried going to A&E but this was no use."*

*"I used to go and see a Psychiatrist, but it didn't help, all they did was look at notes and see me once a month. Only knew me by my case file, just another case file. Had me on a few treatments. Didn't listen to me about my situation, just interested in diagnosing me with a mental illness"*

*"I left the unit [secure mental health unit], still with no contact from my mental health worker. They are supposed to look after my welfare"*

### Mental Health – other comments

*"Keep missing appointments. My family are in Eccles and I stay with them for several days and if they send me an appointment via letter to my flat address, I don't see it. I see different support workers and they keep asking me the same questions over and over again, 'how are you managing your drinking?' I don't really like the group therapy sessions, gone to them in the past. I prefer 1-2-1s, they offer me that, 1-2-1s"*

### Comments on improving access and the service

*"If they put the users at the centre of the care, listened to opinions more and did not generalise people"*

*"Making things happen - they need to happen"*

*"Publicise it more. posters. More staff. Staff caseloads are too big to meet demand"*

*"Help with travel expenses"*

*"Keep in contact with your clients, ask them how they are and mean it. Especially if they have had a crisis and not done what they should have done or what the treatment should have been helping with"*

*"Found it ok. Hospital was okay. Was allowed to go home at weekends and visit family. It was nice to have weekends away from the hospital. Family are important"*

*"Reduce delays. Anger management - been waiting almost two years on waiting list for course. I moved around a bit, so expect some delay but been on the waiting list a long time"*

## Drug recovery services – 6 responses / alcohol recovery services – 7 responses

People were accessing services through Achieve. People thought it was easy or very easy to access this service and 6 people did think accessing this service had helped their condition and 7 would use this service again.



### Comments - from what people further commented on

#### Drug and alcohol recovery services – positive

*"Staff were good. They knew where I was coming from and understood my situation"*

*"Good, positive experience. Treatment programme helped"*

*"One meeting only with the outreach worker, who has referred me to other support. He was very good, very honest with me, so I did feel I could go back to him. Seemed genuinely concerned but he is not my drug and alcohol worker. It's been 5 weeks since my referral and not heard anything yet, I move about, but they have my contact number"*

*"Ok, it's a hard process - If am to be clean. Offered enough support"*

*"Good services. Helped me to talk about problems and how much I was drinking. They don't tell you what to do. The alcohol support worker was a recovered alcoholic herself so had travelled the same road and we were honest with each other. They were all nice people"*

*"Sound and realistic advice. Refer onto other services or let me know where other services are and places I can go to. Don't just deal with one thing, i.e. alcohol, without helping with other stuff in my life. They help my situation"*

*"The staff have not been in the same situation, but they know where I am coming from"*

#### Drug and alcohol recovery services – negative

*"In a way it has helped and in a way it hasn't. It's my recovery. They can only give me what they can - good and bad parts to the service"*

#### Drug and alcohol recovery services – other comments

*"Waiting for assessment. I want help with spice addiction. I regret it, it's ruined me life"*

*"Yes I'd use the service again but I don't think we're getting anything out of it. People use for different reasons. I've been drinking on and off since I was 13, that's 42 years now. I've gone through detox three times. I'm trying to sort stuff out for the flat, I've got no washing machine or cooker. Having a flat isn't going to stop me drinking. When I drink, I like to smoke [spliffs], it helps me manage my moods"*

*"It did help but been drinking on and off since, 13 years old. Now in fifties. Keep stopping but then something happens, and I start again. Now managing reduction myself. I drink 1 can of beer a day and don't need or want any more than that. Trying to eat better, I don't eat and just spend my money on drink. Places like this [Salford Loaves and Fishes] mean at least I eat"*

#### Comments on improving access and the service

*"Extended hours"*

*"You can make things better at the time, but does it work? They need to check back with people more"*





## 5 Conclusions

From conversations with provider support and housing staff and other professionals it was clear that there was an awareness that needs were going unmet and that people were trying their best to meet need but often with very stretched and limited resources.

Conversations are happening across services about how to work together more closely and best use of resources, so some of the stories and experiences that have come out in this report will be familiar to these staff.

Through this project and speaking to front line providers it was positive to learn that a 12 month pilot scheme has been commissioned from a voluntary sector organisation in Eccles to support homeless people to access healthcare services as a more joined up approach. Funding for this however is not guaranteed after the 12 months and there is still an urgent need for more joined up responses and better resourcing of other areas used by rough sleepers like night shelters and mental health services.

Staff are under more pressure and stress as needs are increasing and getting more complex, which makes it harder for them to be their best and be truly responsive, especially when trying to deal with mental health issues they don't always have the training to handle and challenging behaviour. Negative experiences on both sides not only become more common but inevitable, without adequate staff support, workload management and training.

Rough sleepers who were still in touch with family and saw them regularly were concerned about being able to see them when being moved to accommodation. Where people are housed in the short-term and long-term has wider impacts on family life and social contacts. With several people we spoke to having young children, there are also impacts and implications for their ability to be present in their children's lives and take part in parental responsibilities such as picking children up from school.

There is also an awareness from those supported that staff and services are doing their best, often in very difficult circumstances. Informal and honest conversations with staff were valued highly, as well as a place where people could just be themselves, socialise with others if they wanted to but not have to answer questions and still be able to ask for help if they needed it. Such services as Salford Unemployment and Community Resource Centre's drop in and breakfast club, Salford Loaves and Fishes centre and café and Lancaster House are examples of such crucial services.

What also came through strongly in conversations was a wish that staff would not just see them as a homeless person but as the individual they are, with their own motivations, needs and life experience.



## 6. Recommendations and further areas for study

### Staff attitudes and approach and resourcing services

Rough sleepers are often high users of services and so it is not surprising that they have had both good and bad experiences. It is however concerning that night shelters and mental health services had the most negative comments. This is especially concerning because rough sleepers often access these services when they are at their most destitute and vulnerable.

It was noted that two people with an urgent mental health need that turned up at Salford Royal A&E left feeling unsupported, with one of them swearing to never go back there again.

Whilst this was a small sample of rough sleepers there was significant reporting of negative experiences and comments about staff and service approaches. There is clearly both a need for more staff training and support and service user involvement in the review and design of services.

### Recommendations

1. Commissioners of these services should consider reviewing the services with the most negative comments. We would also recommend they look at the good practices demonstrated by other services, as commented on in this report.
2. Commissioners should consider reviewing the quality of night shelter services. It is important to engage staff and services users in this process and in any proposed changes to improve the service and ensure staff and service users are getting the support they need.



**Healthwatch Salford**

The Old Town Hall

5 Irwell Place

Eccles

M30 0FN

T: 0330 355 0300

W: [www.healthwatchsalford.co.uk](http://www.healthwatchsalford.co.uk)