

LLAIS CARDIFF & VALE ENGAGEMENT REPORT

Engaging with people who have
experienced homelessness
April 2025



LLAIS 
Eich llais mewn iechyd | Your voice in health
a gofal cymdeithasol | and social care

Introduction

In April 2025, we engaged with people currently experiencing or who have previously experienced homelessness, as well as the organisations supporting them, to make sure their voices were being heard. This report summarises what we learned, how services responded, and the positive changes that followed.

We used Llais' four lenses in planning our work: children and young people, deprivation, data quality and ethnicity.

What we heard

GP access

- Organisations consistently praised Butetown Medical Practice for their support to the community.

“Butetown Medical Practice is nicknamed the GP Practice for the homeless.”

- Concerns were raised about the frequent need for some people experiencing homelessness to change GP practices when moved to new accommodation, often causing delays in accessing care.

Health Inclusion Services / Outreach services

- On-site access to a GP or nurse was highly valued, especially given difficulties getting appointments.
- Views on the Cardiff & Vale Health Inclusion Service varied: some appreciated daily attendance, while others said visits were infrequent and poorly communicated, with cancellations not shared.
- The Health Board received praise for recent tuberculosis and blood-borne virus health checks.
- Additional outreach services—such as dental, podiatry, sexual health and Hepatitis C—would be helpful.

Mental health services

- Concerns were raised about dual diagnosis, with people struggling to access help due to uncertainty over whether mental health or substance misuse should be treated first.
- Individuals reported waiting up to two years for mental health services.
- Although medication was offered, many preferred access to counselling for mental health needs and trauma support.
- 111 press 2 was seen as inadequate for people in crisis or experiencing suicidal thoughts.
- Better provision of community mental health support was requested.

I've been on the waiting list for the Community Mental Health Team for two years. I've been told if I transfer to a different GP, I would have to start the process all over again and put to the back of the waiting list.

Communication

- People often forget appointment dates, so reminders closer to the time would help both staff and individuals prepare.
- Support staff felt NHS communication needs improvement and that their knowledge of the person is not always respected.
- NHS staff were seen as lacking understanding of substance misuse, sometimes ignoring advice about specific drugs, which can result in withdrawal issues.
- Organisations said there are no regular multi-agency meetings and called for a shared network to improve information-sharing and care coordination.

Stigma and assumptions

- People felt health and social care staff should better understand homelessness and addiction, with suggestions that NHS staff spend time in relevant organisations to learn how to support individuals' needs.
- Limited understanding of homelessness was seen to influence some staff attitudes and behaviours.

"I took an individual to a GP outside of the area, and when we arrived, we were told to wait in the car rather than the waiting area. Luckily the individual didn't hear this. This attitude is wrong."

- Healthcare staff were said to be less patient with aggressive behaviour, sometimes not recognising it as a sign of mental health issues or a person's only way of communicating.
- Individuals with experience of homelessness often have low trust in health and social care staff.

Cancer care

- People praised the care and treatment received at C&VUHB and Velindre Cancer Centre, but raised concerns about delays in having their initial symptoms taken seriously.
- In some cases, a cancer diagnosis was only made after support staff escalated concerns on the individual's behalf.

"I started passing blood, so I went to the GP (Taffswell MC) with support staff and took a urine sample. I then had a urology appointment and within 7 days of going to the GP I was diagnosed with bladder cancer. Taken to hospital 2 weeks later to get the tumour removed and then went for chemotherapy and radiotherapy. Within 4 weeks of diagnosis, I was cancer free. I cannot speak highly enough of GP, VCC and UHB."

One individual was HIV+ and told they had piles. The GP gave them treatment, which didn't work, so was back and forth the GP. When the individual got into Housing First, they had a biopsy, only after the staff advocated for him. It was found they had anal cancer and had treatment at VCC. They had good care once treatment started. "We have lost them now, but it could have been prevented". "Their end of life was put back to us and palliative care had not intervened as it was a sudden death".

Waiting times:

- People noted they have been put on a waiting list for several health conditions such as ADHD, dental treatment and Mental Health.

Hospital care

- One person praised UHL for arranging public transport to and from appointments.

- Concerns were raised about bed blocking and early discharge, leaving organisations to provide ongoing care.
- The UHB was seen as undervaluing early intervention and step-down beds, despite evidence that early interventions can save money. Similar step-down care models, like a project in London, could be explored.

Naloxone

- Llais learned that Naloxone effectively prevents overdose deaths, with success in Cardiff and the Vale, and called for greater promotion and support from health and social care services.

Prison care

- Individuals reported needing extreme measures to have their care needs heard in prison.
- Concerns were raised about delays or gaps in treatment when being re-prescribed medication.

Digital Inclusion:

- Some people lack phones, internet access, or devices with cameras, limiting use of online GP services.
- There is a reliance on organisations for accessing healthcare, which can reduce independence.

Social Care:

- Services were sometimes withdrawn if individuals “weren’t engaging,” though support could be resumed on request.
- Greater understanding of homelessness is needed, especially with different carers attending each time.

Local Authority Accommodation:

- Accommodation is appreciated, but concerns exist where drug or alcohol use continues, making some residents uncomfortable.

“I decided to sleep in a tent rather than stay in the accommodation to avoid being exposed to that environment. I’m not an addict”.

Representations made

We shared these findings with Cardiff & Vale University Health Board and Cardiff Local Authority and asked for responses on:

- Improve access and communication with healthcare: easier doctor changes, appointment reminders, regular visits, and support for those without phones/internet.
- Expand services and support: more health services for people experiencing homelessness, mental health support (including dual diagnosis), step-down/recovery beds, and access to life-saving medicines like Naloxone.
- Enhance coordination and training: multi-agency teams, staff training on homelessness, and clear rules for mental health services.
- Ensure responsiveness: listen to concerns, address problems, and prevent gaps in care, including in prison.
- Consistent and safe care: Provide the same carer when possible and make shared homes safer by managing drug and alcohol use.

Impact and Change

Our work with the community helped bring about positive changes.

Cardiff and Vale University Health Board

1. A letter of thanks was recently sent to Butetown Medical Centre and was warmly received by staff.

Improving Access and Continuity of Care

2. Work is ongoing to make GP registration easier for people experiencing homelessness or anyone without formal identification or documentation.
3. Regular GP and nurse sessions continue to be delivered in hostels through CAVHIS, helping patients access care where they feel safest.
4. Support is provided for individuals who do not have access to a phone or the internet, including appointment reminders and help with arranging follow-up care.
5. The Health Board is also exploring options for step-down and recovery beds to ensure a safe transition for patients leaving hospital.

Integrated Health and Social Support

6. A multi-agency Homelessness MDT, alongside the dedicated Homeless Team, provides coordinated support across mental health, substance misuse, and social care needs.
7. Tier 3 Health Inclusion Services are expanding to reach the most vulnerable groups, including people experiencing homelessness, Gypsy and Traveller communities, and individuals involved in the criminal justice system.

Expanding Services and Life-Saving Interventions

8. The long-term aim is to deliver full primary care services within hostels, including dental care, podiatry, sexual health services, and Hepatitis C treatment.
9. Specialist support for substance misuse continues to be provided via CAVDAS, including access to lifesaving Naloxone.

Training, Awareness, and Best Practice

10. Learning and good practice from Butetown Medical Practice's patient-centred approach are being shared across other GP practices.
11. GP trainees, medical students, and healthcare staff are receiving training on homelessness and trauma-informed care to strengthen understanding and confidence.
12. There is an ongoing commitment to listening to concerns and improving responsiveness to ensure services remain patient-centred and inclusive.

Local Authorities:

Consistent and personalised care:

- **Cardiff Local Authority:** A new proposal is in development to provide coordinated, integrated, proactive, and personalised health and care services for Health Inclusion groups, helping ensure continuity of care.
- **Vale Local Authority:** Primary care MDTs consider holistic support for people with complex needs, including those at risk of homelessness; the self-neglect tool also supports personalised care.



2. Safer shared housing:

- **Cardiff Local Authority:** Clients are assessed before placement to ensure suitable accommodation; each setting has safeguarding procedures and escalation processes for concerns.
- **Vale Local Authority:** Staff can relocate individuals to manage conflicts, and serious breaches of occupancy rules trigger robust action to safeguard other residents.

To view the full response received from these organisations, please contact the local Llais office.

Next steps

Share findings

We will share this report with key stakeholders and people within Cardiff and the Vale of Glamorgan to highlight the work we have undertaken.

Engagement & Advocacy

We will continue to gather views and experiences around health and care services, through both our engagement and advocacy function.

Stayin connected

We encourage people to continue to get involved in future engagement opportunities and welcome feedback year-round through our website and regional team.

To stay connected with us, you can:

- Visit www.llaiswales.org for updates and reports.
 - Follow us on social media @llaiscardiffandvale
 - Contact your local Llais team at cardiffandvaleenquiries@llaiscymru.org
 - Sign up for our newsletter - <https://www.llaiswales.org/insights>
- 