

Please, just listen to me...

Barriers to health and social care services for people experiencing homelessness, including those who are rough sleeping or living in temporary accommodation



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About Llais

We believe in a healthier Wales where people get the health and social care services they need in a way that works best for them.

We are here to understand your views and experiences of health and social care, and to make sure your feedback is used by decision-makers to shape your services.

We seek out both good and bad stories so we understand what works well and how services may need to get better. And we look to particularly talk to those whose voices are not often heard.

We also talk to people about their views and experiences by holding events in your local communities or visiting you where you're receiving your health or social care service.

We also work with community and interested groups and in line with national initiatives to gather people's views.

And when things go wrong we support you to make complaints.

There are 7 Llais Regions in Wales.

Each one represents the "patient and public" voice in different parts of Wales.



In Gwent

In Gwent, many people who are experiencing homelessness, rough sleeping, or living in temporary accommodation, struggle to get the healthcare they need. They often face problems like not being able to register with a GP, missing out on regular treatment, or feeling judged when they ask for help. A recent report, the [Homelessness Monitor: Wales 2025](#), shows that severe homelessness is rising across Wales, including Gwent.

People experiencing homelessness often have worse physical and mental health than the general population. Many also face trauma, substance use, or other challenges that make getting the right support even harder.

Definition of homeless

For this report, the term “homeless” includes people who are:

- “Roofless” – including those “sleeping rough” outside
- “Houseless” – including those in temporary accommodation
- In “insecure” accommodation – including those who are “sofa-surfing”





What we did

In May 2025, Llais Gwent joined an engagement event in Newport with a local homelessness organisation. People told us about the difficulties they face when trying to get healthcare, such as problems registering with a GP, missing appointments or treatment, and sometimes feeling judged when asking for help.

These early conversations helped us shape wider engagement across the Gwent region. We spoke to staff who support people experiencing homelessness, and we heard directly from people with lived experience. Their honesty and insight helped us build a clearer picture of the barriers they face and the things that could make services easier to access.

This report shares what people experiencing homelessness – and the staff who support them – told us about the challenges and the things that make access to health and social care easier or harder in Gwent. It highlights what is working well, as well as the areas that need improvement.

How we listened to people



Over 8 months, we gathered views from organisations supporting people experiencing homelessness and from people with lived experience. This included a roundtable discussion, several site visits, and virtual or telephone 1:1 conversations. People were also invited to share written feedback in their own time.

We offered different ways to take part so that anyone who wanted to contribute had the chance. We analysed all the information using a thematic approach to identify common issues, barriers, and things that help people access health and social care. These discussions helped us understand the main things that make it easier or harder for people to get the health and social care they need.

A young woman with dark hair is lying in bed, resting her head on her hand. She is looking towards the camera with a thoughtful expression. The background is softly blurred, showing a window with light coming through. The overall mood is contemplative and calm.

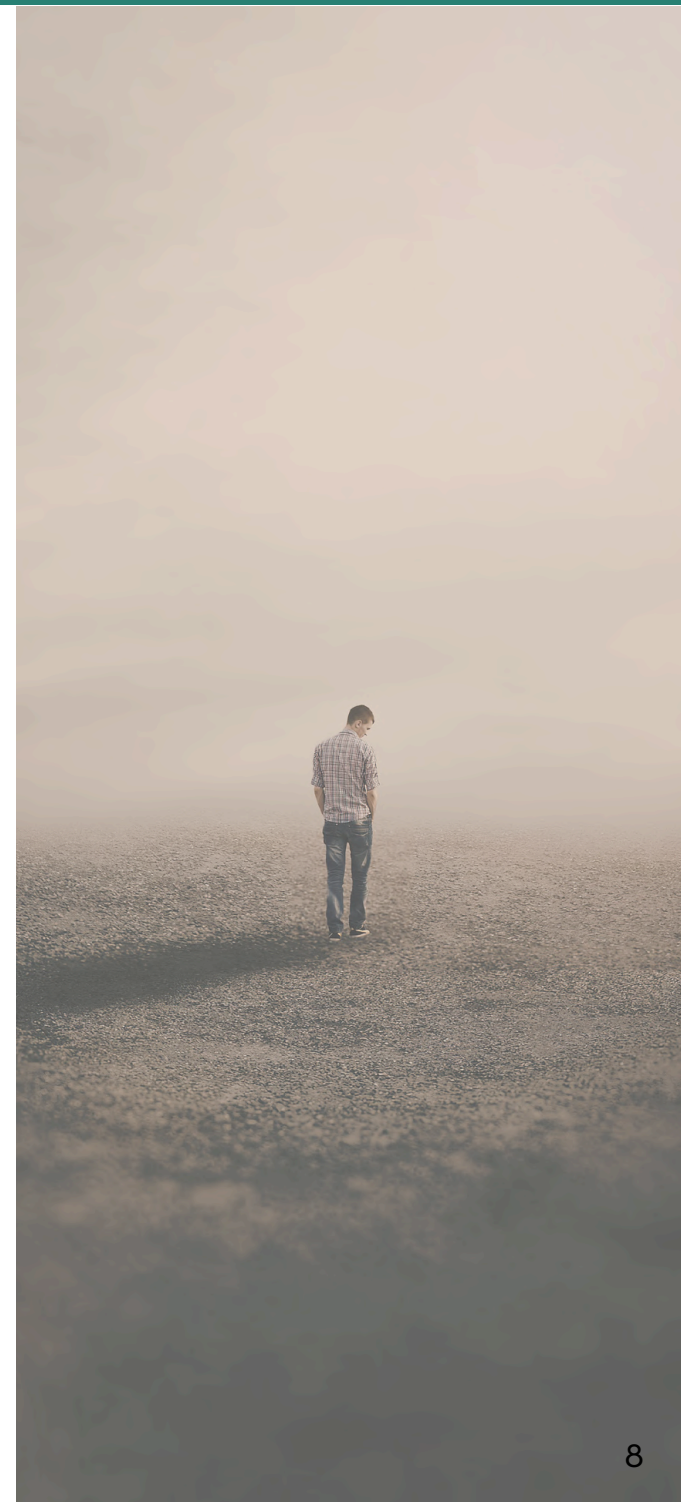
What people told us

Health Needs and Access

- Most discussions focused on health rather than social care. This may be because people experiencing homelessness often deal with urgent health problems that need immediate attention, while social care needs can be harder to see without stable housing.
- Limited access to primary care was widely seen as leading to delays, missed treatment, and health issues only being addressed in a crisis.
- Mental health was a major concern. Support was viewed as limited, and several contributors felt that the NHS 111 Wales Option 2 route does not meet the needs of people in crisis or those experiencing suicidal thoughts.
- Concerns were raised about young people experiencing homelessness, especially those without family or educational support. Issues included sexual health needs and language or cultural barriers, particularly for asylum seekers.

Barriers to Engagement

- Stigma, judgement and a lack of compassion were seen as major barriers. Staff not knowing about people's past trauma or negative experiences can also create mistrust.
- Many people have had difficult experiences with authorities in the past, which can make them reluctant to engage with services.
- The "three strikes" rule for missed GP or hospital appointments was viewed as inflexible, and not reflective of the challenges people experiencing homelessness face.
- Practical issues — such as no phone, no way to charge a device, limited money for travel, and poor transport links (especially to the Grange University Hospital) — regularly prevent people from getting help.
- A lack of control, choice and confidence among people experiencing homelessness was highlighted as a wider issue affecting engagement.





Trust, Relationships and Person-Centred Care

- Building trust and rapport is essential for people to feel able to engage with services.
- Flexible, person-centred primary care is key to improving health outcomes.
- Outreach and drop-in services were seen as highly effective, especially for people from marginalised groups such as refugees, Gypsy, Roma and Traveller communities, and people involved in sex work.

Ongoing Support and Transitions

- Barriers often continue even after people are housed. Support during and after the transition out of homelessness needs to reflect this.

Service Inflexibility and System Challenges

- Many services were described as inflexible, with strict appointment systems, little tolerance for missed appointments and long waiting times.
- NICE guideline NG214 (2019) was reported to be applied inconsistently.
- Stigma, lack of compassion and limited use of trauma-informed approaches were seen as barriers. Contributors stressed the need for more staff training – including for GP reception and pharmacy staff.

Positive Practice

- Strong partnerships exist across Gwent, with several examples of good practice.
- GP practices such as St Paul's and Belle Vue were praised for being welcoming and for working well with support staff.
- Oakfield GP Practice in Ystrad Mynach was highlighted as an exemplar for its inclusive approach and reduced barriers, with a low rate of missed appointments as a result.



In their own words...

“

I was homeless for a long time, sleeping in a car. I couldn't get any help. I was sick, dizzy, disorientated, and frightened. Doctors didn't care. I tried to get help but always felt rushed and rejected, so I just gave up and my health got much worse. Moving to another GP practice was difficult. It feels hard to get people to listen because they look at you differently when you're homeless.

”

Social Care

Many people told us that getting social care support is difficult. Referrals are often sent back or “bounced,” which causes delays for people who need help.

“We have a good relationship with Social Services in our area but there are inconsistencies in other areas, related to resources. There is a service-wide legislative problem of red tape to get through. Resources are exhausted. They do what they can with what they have which is not a lot but it’s not their fault.” (Support Worker)

Trust and Perceptions of Services

A lack of trust in social care was described as a major barrier. Some people see social workers as a threat. For example, because of fears around child removal – rather than as a source of support.

Temporary Accommodation Concerns

Families are sometimes placed in single hotel rooms. This can affect children’s routines, schooling, and wellbeing. People also told us that rules in temporary accommodation, such as curfews, no visitors, or no bike storage – can feel harsh or punishing. Some said it felt “worse than prison”, especially for people already dealing with trauma.

“

“It feels as though because they are in temporary accommodation, Local Authority do not involve them in the decision to move them; they have their rights, opinions and voice stripped away from them. It feels like they're a pawn on a chessboard.”

”

Although housing was not the main focus of this work, many contributors said it is closely linked to health and wellbeing. For example, one person shared that their dog is essential for their emotional wellbeing, but they may be offered accommodation that does not allow pets.

Many people described Local Authority housing processes as “difficult” and said the rules can negatively affect mental health. One support worker shared an example of a resident who enjoys night fishing but must get permission from the Housing Officer to stay out. If this is refused without a good reason, it can harm the person’s wellbeing and make them less likely to engage with staff who are trying to help them access health and social care.

Two contributors also explained that clients are sometimes given less than 24 hours’ notice to move into temporary accommodation, often on a Friday. If they are taking prescribed methadone, this short notice can make it very hard to collect their medication, but they are often told that housing must come first.

Primary Health Care

GP Services

People experiencing homelessness told us that getting help from GP practices is often very difficult, including for those living in temporary accommodation. Many people said they feel unsure about registering with a new GP until they know where they will be living long-term. Transferring notes can take time, and by the time services are in place, they may have to move again and restart the process.

“We've had clients where we want to make appointments for them but told that they're now inactive... they could be somewhere else tomorrow, so they need the GP. And so that's something that we come up against.”

(Individual with experience of supporting people experiencing homelessness)

A common issue was surgeries refusing appointments when people walk in, especially if their temporary address falls outside the catchment area. Many also struggle with online systems because they do not have internet access, devices, or a way to charge them.

Some people said they registered with GP practices far away because those were the only ones willing to take them.

Missing appointments or getting frustrated can lead to people being removed from GP lists, which forces them to register elsewhere or use Royal Gwent Hospital for minor issues. One person explained that after surgery on his hand, he could not get his dressing changed because he could not get a GP appointment.

“We’ve made an appointment for him... but when he got there they said ‘No, we’re not seeing you because you’re out of the area.’ And then they wonder why he got annoyed and swore at them.”

(Individual with experience of supporting people experiencing homelessness)

Key barriers people reported include:

- Practices refusing appointments because a temporary address is outside the catchment area
- Mandatory online systems they cannot access
- Lack of devices, internet, or ID to register
- No home visits for rough sleepers or people in temporary accommodation
- Some practices refusing to see people when support workers attend with them

People also felt that stigma and assumptions about substance use affected how they were treated. One support worker described a client who could not access detox because of their mental health needs, showing how people can get “stuck” between services.

Dental Services

People described dental care access as a “postcode lottery.” Many dentists are not taking NHS patients, and waiting lists are long.

One person shared how they removed their own teeth with pliers because they could not get an appointment. This caused a severe infection, leading to hospital treatment for sepsis and a long recovery.

Some local initiatives are helping. Eden Gate in Newport provides one day per week of dental support. A partnership between Newport Local Authority and the Health Board is working to expand mobile dentistry, with hopes it could be used across Gwent.

Eye Care

People experiencing homelessness often delay eye care because their immediate needs take priority. Access to secondary eye care usually requires a private eye test first, which is a major barrier for those without money or an HC2 certificate. One organisation said they sometimes pay for clients’ eye exams or have arranged free tests with a local optician.



Pharmacies

Supporting organisations told us that people experiencing homelessness are sometimes banned from pharmacies because of behaviours linked to distress or substance use. They felt pharmacy staff would benefit from training in de-escalation to help prevent bans.

The two-week window for collecting methadone prescriptions was described as a major barrier. If medication is not collected in time—often because people move suddenly or have transport problems—they risk relapse. The same issues were raised around mental health medication.

Not all pharmacies deliver the Common Ailments Scheme consistently, which limits access to basic healthcare. Support organisations said a list of pharmacies that regularly offer the scheme would help them direct people to the right place.



Secondary Care

Patterns of Attendance

People experiencing homelessness are more likely to use Emergency Departments (EDs) than GP practices. Royal Gwent Hospital (RGH) sees particularly high demand.

Some choose Minor Injury Units (MIUs) or urgent GP appointments instead of going to The Grange University Hospital (GUH).

Data Gaps and Identification Challenges

There is no reliable data on how often people experiencing homelessness use EDs.

Hospitals also struggle to identify when someone is homeless, especially when people use "care of" addresses.

Triage and Care Pathways

ED triage often tries to redirect people to urgent primary care when appropriate.

However, some MIUs and urgent appointments are used for issues that could be managed elsewhere.

Many people said they feel judged, ignored, or treated differently because of their appearance or assumptions about substance use.

“

“Doctors don't even make eye contact. I feel invisible”

”

“

“I was hit by a car and left on the roadside with a broken femur – no care was provided until I called an ambulance myself”

”

Barriers to Discharge and Follow-up

Going home after treatment can be difficult, especially late at night or early in the morning. Community transport options are often unsuitable for people with complex needs. Support is sometimes available through the Flow Centre, the Red Cross, or bus fare schemes, but access is inconsistent and not widely understood.

Elective Procedures and Missed Appointments

“Three strikes” policies for missed hospital appointments can disadvantage people experiencing homelessness, who face many barriers to attending. Hospitals do not always flag vulnerable patients, so automated processes continue even when someone needs a more flexible approach.

Supportive Practice and Discharge Planning

There are strong examples of good relationships between ED staff and support organisations. However, pressures on patient flow mean there is limited time for detailed discharge planning. A standard discharge template is being developed with primary care and local authorities to improve consistency.

Hospital Access and Reception Barriers

Self-check-in machines that require a postcode can exclude people who do not have a fixed address.

Some reception staff direct patients to machines without offering help or alternatives. Crowded waiting rooms and long waits leave many feeling overwhelmed, causing some to leave before being seen.

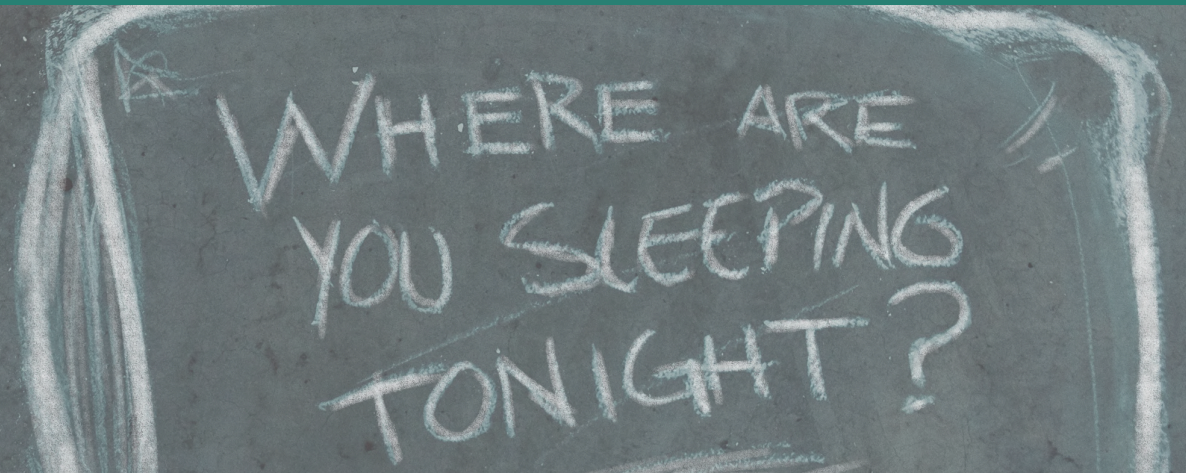
Transport and ambulance delays were also widely reported. Limited public transport, especially to GUH makes attending appointments difficult.

One organisation described people having to wait from early morning for arranged transport, often missing appointments due to changing pick-up times.

In one case, a person using a wheelchair could not attend an appointment because there was no space on the ambulance and no hospital wheelchair was offered.



The Bill



The Welsh Government has published a new Homelessness and Social Housing Allocations (Wales) Bill on the 19th of May 2025, which aims to transform the response to homelessness in Wales, through earlier prevention, the removal of barriers to accessing help, improved access to social housing, and a coordinated response from a wider range of public services.

This Bill builds on the White Paper on Ending Homelessness in Wales, published in 2023. The Bill sets out how they will transform their approach to homelessness. Alongside their continued investment in social housing, the Bill will help achieve their long-term ambition to end homelessness in Wales. It places a stronger emphasis on homelessness prevention and removes barriers which have historically served to exclude people from assistance.⁴

⁴ <https://www.gov.wales/written-statement-homelessness-and-social-housing-allocation-wales-bill>

Summary of findings

This report brings together what we heard from people with lived experience of homelessness and from the organisations that support them across Gwent. While there are clear examples of caring, flexible and effective practice, people experiencing homelessness still face many barriers when trying to use health and social care services.

The key themes include problems with service flexibility, digital access, transport, continuity of care, and mental health support, especially for people with complex or multiple needs. We also heard how important trust, trauma-informed approaches and consistent use of existing guidance – including NICE Guideline NG214 (2019) – are in helping people access the support they need. The aim of this report is to support improvement by building a shared understanding of the issues. It draws directly on lived experience and professional insight, reflects honestly on where systems are not working as they should, and points to the good practice already happening across Gwent that can be built upon.

Llais Gwent welcomes continued partnership working with Aneurin Bevan University Health Board, Local Authorities and third-sector organisations to improve fair access to services, embed trauma-informed practice, and support better outcomes for people experiencing homelessness across the region.

What next?

Llais will work with the Health Board to explore how good practice can be shared more widely — especially flexible, welcoming and non-judgemental approaches that help people experiencing homelessness feel safe when seeking care. We will also look at how the positive culture seen in places like Oakfield GP Practice can be shared with other GP practices across Gwent.

Opportunities for Collaborative Improvement

- Sharing examples of good practice across GP clusters
- Creating a simple homelessness access checklist for GP surgeries
- Developing a joint trauma-informed training video
- Reviewing flexibility around “Did Not Attend” (DNA) policies
- Working with people with lived experience of homelessness to co-produce improvements
- Providing clear information for Support Workers (e.g., transport options, discharge pathways, pharmacies offering the Common Ailments Scheme)

Llais Gwent recognises the challenges of providing fair and accessible care with limited resources. We share these findings in the spirit of collaboration and shared responsibility, with the aim of helping Aneurin Bevan University Health Board and partners strengthen consistency, compassion and access to services across Gwent.

We will use what people told us to make representations, offer recommendations and ask questions of the Health Board so that their experiences are reflected in future decisions.

Llais will continue to engage with all partners and stakeholders. We look forward to bringing voices together to help influence positive change for people experiencing homelessness.

Thank you

Thank you to everyone who helped us with this work. Your time, ideas and experiences helped us build a clearer picture of the challenges people face when trying to get health and social care while experiencing homelessness. We are grateful to the Llais volunteers who helped gather people's views and made sure that people's voices were included in this report.

We would also like to thank the organisations, staff and individuals who shared their knowledge and experiences with us, including:

- Aneurin Bevan University Health Board
- Cyfannol Women's Aid
- Eden Gate, Newport
- Gwent Association of Voluntary Organisations (GAVO)
- Helping Caring Team, Blackwood
- His Majesty's Prison Service & Gwent Probation Service
- Local Authorities in Gwent
- MIND, Gwent
- Oakfield GP Practice, Ystrad Mynach
- People with lived experiences of homelessness
- The Salvation Army, Pontypool
- The Salvation Army – Assertive Outreach Project, Newport
- The Wallich
- The Wellbeing Information Centre, Abergavenny
- Ty Parc Hostel, Tredegar