

Inclusion Health Strategy

Engagement Report

15th September – 31st October 2025



Executive Summary

Introduction

The purpose of this report is to present findings from our engagement to support the development of the Lincolnshire Inclusion Health Strategy. The survey opened on Tuesday, 15th September 2025 and closed on Friday, 31st October 2025. We had responses from **73** people in total to our online survey. We spoke to **18** people in person from different inclusion health groups, and **5** members of staff who support people from inclusion health groups. We received **21** responses to our online survey from people who did not identify as being part of an Inclusion Health group

Respondent profiles to the ONLINE SURVEY

- Some respondents identified with multiple inclusion health groups, which means certain results may appear more than once where individuals reported belonging to more than one group. Some respondents did not answer all questions, so the results will fluctuate – the number of respondents is noted under each question. Comments which are attributable to more than one group are represented in the dotted speech bubbles.
- People **experiencing homelessness** – **22** respondents, **19** males and **3** females
- People who **use or have used drug or alcohol support services** – **13** respondents, **10** males and **3** females
- People who have been in **prison or involved in the criminal justice system** – **14** respondents, **10** males and **1** female
- People who have **experienced modern slavery or exploitation** – **1** respondent who was male
- People who are **refugees, asylum seekers or vulnerable migrants** – **9** respondents, **2** males and **2** females
- People who are part of a **Gypsy, Roma or Traveller community** – **12** respondents, **3** males and **9** females
- People who have **been involved in sex work** – **0** respondents. Conversation held with EMERGE Hub in Grimsby for feedback
- People who feel they **did not identify as being part of an Inclusion Health group** – **21** respondents, **6** males and **14** females
- Where respondents left comments indicating they needed support and provided their contact details, we followed up with further help or signposted them to PALS; this applied to **2** individuals

Respondents who we had a COMMUNITY CONVERSATION with

- People **experiencing homelessness** – **8** people
- People who have been in **prison or involved in the criminal justice system** – **5** people
- People who are **refugees, asylum seekers or vulnerable migrants** – **5** people

Executive Summary Continued

Survey results

- Most of the inclusion health groups found accessing health and care services **EASY or VARIED**; however, people who are **refugees, asylum seekers or vulnerable migrants** and those **who did not identify as an inclusion health group**, found accessing health and care services **HARD**
- **GP & MENTAL HEALTH** services were identified as the hardest services to access for support
- Reasons respondents found it MORE DIFFICULT to access services were **DIFFERENT** for each inclusion health group and are explained further in the report.
- For **people experiencing homelessness, MENTAL HEALTH** is a significant area of difficulty. Many individuals struggle to access support either because of their mental health challenges or in getting help specifically for those challenges. It was often mentioned as one of the main things they wished could be different in their lives.
- For **people who use or have used drug or alcohol support services, PREVIOUS BAD EXPERIENCES** and feelings of being **JUDGED** or **DISMISSED** were common when accessing health and care services.
- **People who have been in prison or involved in the criminal justice system**, who, during their time in prison were able to access the support they needed on time and without **JUDGMENT**; however, feelings of **ANXIETY** were mentioned about accessing support in the community due to **WAITING TIMES** and feelings of not being **UNDERSTOOD**.
- **People who are refugees, asylum seekers, or vulnerable migrants** often find it **DIFFICULT** to access services. They frequently highlighted **LONG WAITING TIMES** and **COMMUNICATION BARRIERS** in their feedback.
- **People from Gypsy, Roma or Traveller communities** reported that accessing health and care services was generally **EASY**; however, many also said they often **DON'T TRY TO SEEK SUPPORT**. Difficulties in accessing GP services and **digital services** were identified as the main barriers. Bringing care closer to home was a common suggestion for improvement, and there was positive feedback about services that already visit them at home.
- We were unable to hear from anyone **who has been involved in sex work**. We identified that throughout Lincolnshire there are very few support services specifically designed to support people who have been involved in sex work. We spoke to **EMERGE HUB** in Grimsby who was able to offer some feedback.
- We were unable to speak to anyone **who is experiencing modern slavery or exploitation**. We had 1 response to the online survey but were unable to have any community conversations. We found very few services that support people in this situation and people did not feel comfortable in telling us if this was the situation they were in.
- We received feedback from **21 people** who felt they **did not identify as being part of an Inclusion Health group**. They said accessing services was **DIFFICULT**, with **WAITING TIMES** being the main barrier to getting healthcare. Many also felt that **online** and **telephone appointments** could be improved, expressing a preference for traditional face-to-face contact.

Next steps

- This report will be presented to the Inclusion Health oversight group to help inform and shape the development of the strategy.

Engagement Approach

We took a comprehensive approach to engaging inclusion health groups as part of our commitment to reducing health inequalities. This report summarises the methods and key findings from our activities, designed to ensure the voices of underrepresented people were heard.

To make participation accessible, we created an online survey and a simple printable form, shared widely through stakeholder networks. People could also request alternative formats or support by phone or email. We produced tailored posters with QR codes and contact details for each inclusion group, offering multiple ways to give feedback.

We also held community engagement sessions with local partners and trusted individuals, whose support was essential for reaching people, encouraging honest feedback, and gathering insights grounded in real lived experience.

The survey was also promoted in the following ways:

- Circulated to Patient Participation Groups in Lincolnshire
- Featured in 'The Contributor', the ICB online engagement bulletin
- Distributed to our extensive stakeholder database that includes groups from the following: LGBT, Minority ethnic groups, Disability, Carers, Young people, Older people, Faith and Religious and various community groups across Lincolnshire
- Circulated in the Primary care bulletin, encouraging GP Practices to take part and promote to patients
- Shared to contacts on LPFT's involvement database
- Regular posts across ICB social media channels
- Regularly promoted on the Nextdoor App to residents of Lincolnshire
- Featured on the ICB website
- Shared with all stakeholders in the project group
- Shared with contacts who work and support people in inclusion health groups

NHS
Lincolnshire
Integrated Care Board

 **We want to hear your views!**

How can we make health and care better for everyone in Lincolnshire?



Visit lincolnshire.icb.nhs.uk/inclusion-health, use the QR code or you can email us on licb.involvesus@nhs.net or call 07811 701278.

Your voice really matters

Engagement Approach



Project Compass, Lincoln



HM Prison North Sea Camp, Boston



Asylum Seekers, Skegness

As part of our community engagement work, we met with several key organisations across Lincolnshire. This included visits to Project Compass in Lincoln, who support our community experiencing homelessness, a group of asylum seekers in Skegness, and HMP North Sea Camp in Boston, which is a category D open prison.

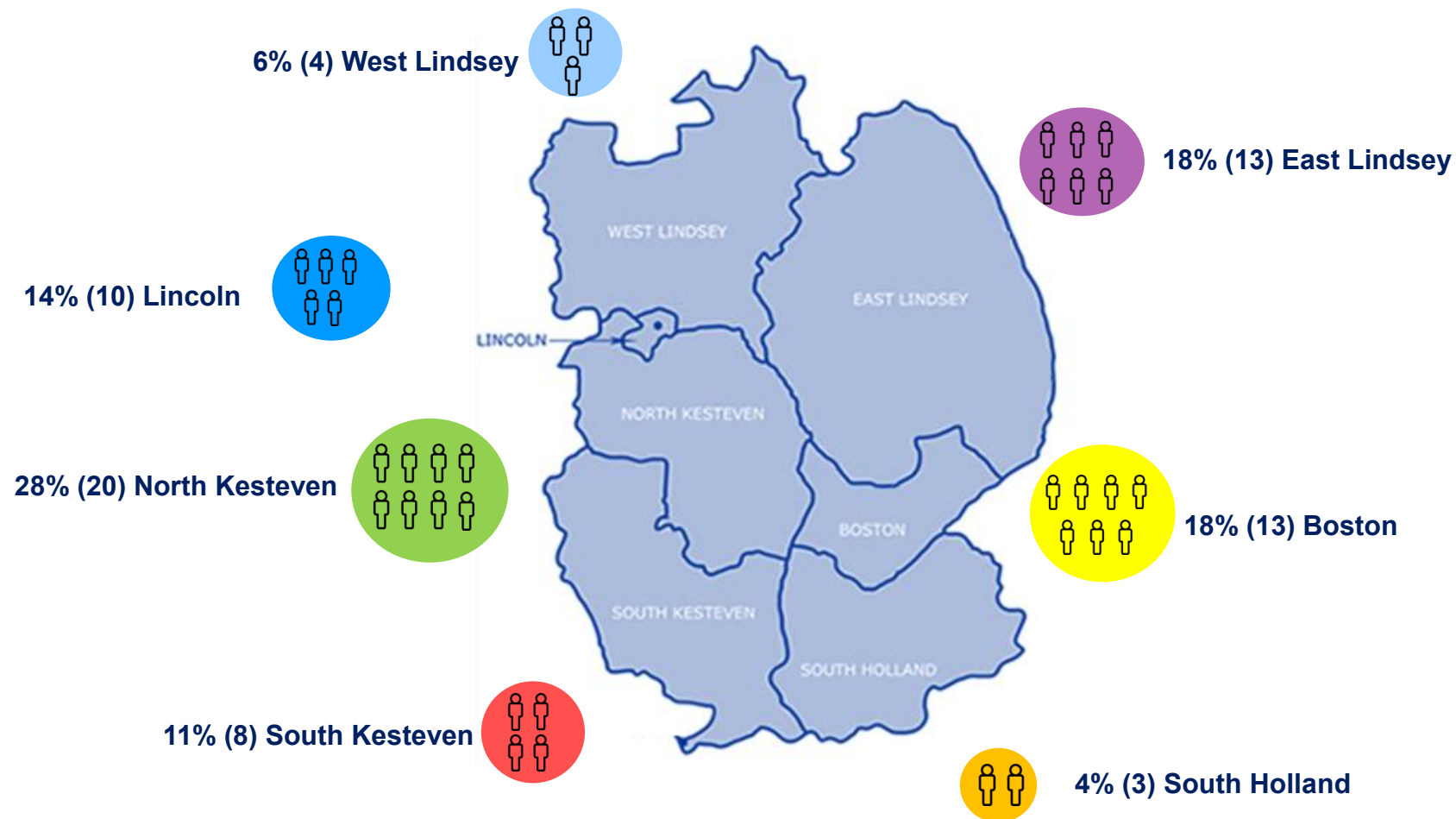
We also held a virtual meeting with Emerge, a Grimsby-based charity that supports sex workers, where we spoke directly with a member of staff who works closely with the individuals they support.

These engagements provided valuable insight into local barriers and the challenges faced by our inclusion health groups.



Emerge Hub, Grimsby

Geographical locations of the respondents are shown below:



People experiencing Homelessness



Respondent profiling for people who have experienced homelessness

| Ethnicity | Responses |
|---------------------------------|-----------|
| Bangladeshi | 0 |
| Indian | 1 |
| Pakistani | 0 |
| Any Other Asian Background | 0 |
| African | 0 |
| Caribbean | 0 |
| Any Other Black Background | 0 |
| White and Asian | 0 |
| White and Black African | 0 |
| White and Black Caribbean | 0 |
| Any Other Mixed Background | 0 |
| White British | 20 |
| White: gypsy or Irish traveller | 1 |
| Any Other White Background | 0 |
| Chinese | 0 |
| Any Other Ethnic Group | 0 |
| Rather not say | 0 |
| Total | 22 |

| Age | Responses |
|--------------|-----------|
| Under 16 | 1 |
| 17 – 20 | 1 |
| 21– 29 | 5 |
| 30– 39 | 4 |
| 40– 49 | 7 |
| 50- 59 | 4 |
| 60 – 69 | 0 |
| 70+ | 0 |
| Total | 22 |

| Gender | Responses |
|-------------------------|-----------|
| Male | 19 |
| Female | 3 |
| Non-binary | 0 |
| Intersex | 0 |
| Prefer to self identify | 0 |
| Prefer not to say | 0 |
| Total | 22 |

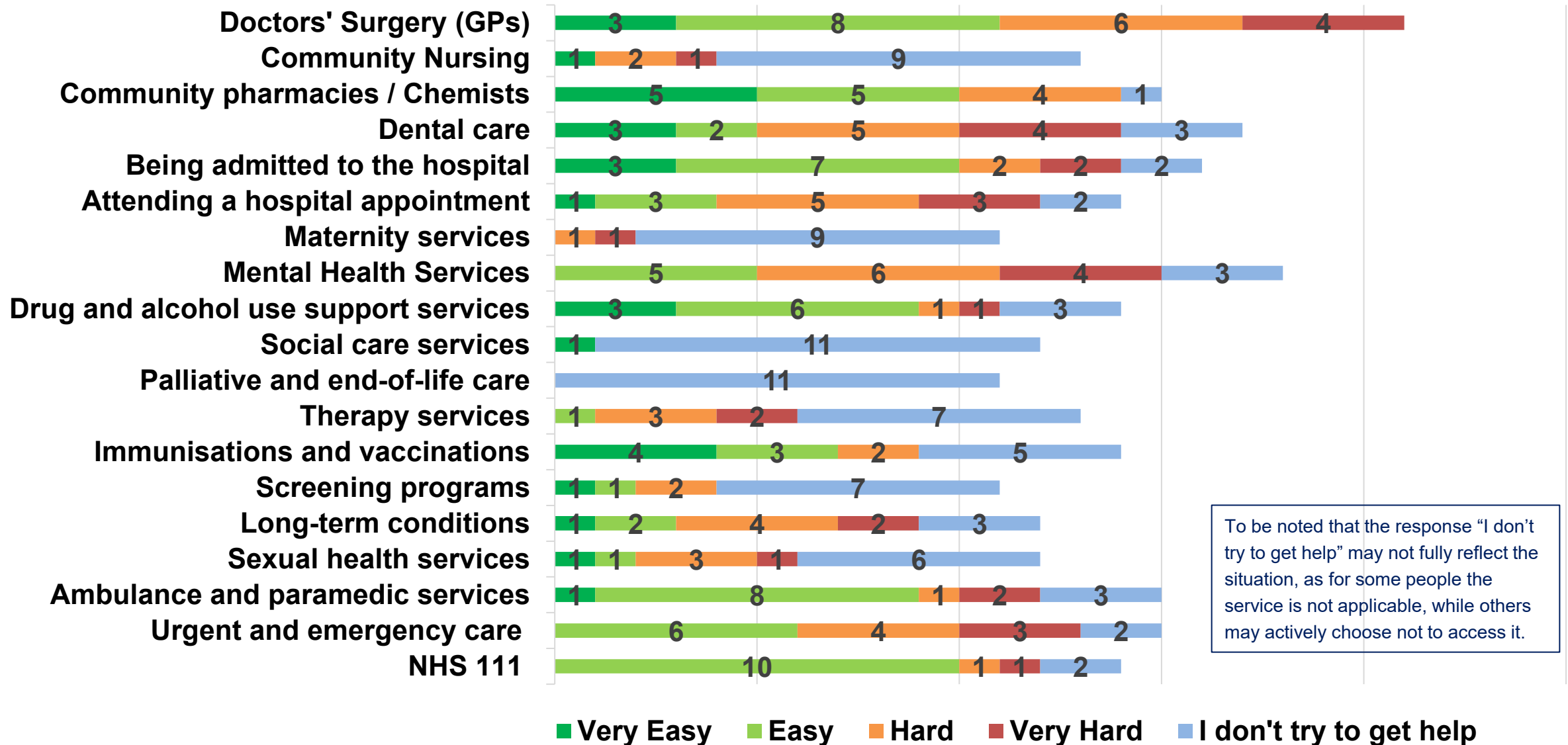
Disability

- **10 people** stated their day-to-day activities are limited because of a health problem or disability
- Of the **10 people**:-
 - **6** state they have a **Mental Health** condition
 - **2** state they have a long-standing health condition
 - **1** person has a physical impairment
 - **1** person has a learning disability/difficulty

Geographical Location of Respondents

- 17 People North Kesteven
- 2 People Boston
- 1 Person Lincoln

Most respondents who have experienced homelessness found accessing health and care services varied. GP and MENTAL HEALTH SERVICES were identified as the MOST challenging



To be noted that the response "I don't try to get help" may not fully reflect the situation, as for some people the service is not applicable, while others may actively choose not to access it.

4. When you needed to access health & care services, how easy or not was it to get help or support? (Base N = 21)

MENTAL HEALTH DIFFICULTIES is the most common barrier to accessing health and care services for people who have experienced homelessness

| Barriers | GP's | Community Nursing | Pharmacies / Chemists | Dental | Being admitted to hospital | Attending a hospital appointment | Maternity | Mental Health | Drug & Alcohol support services | Social Care |
|---|-----------|-------------------|-----------------------|----------|----------------------------|----------------------------------|-----------|---------------|---------------------------------|-------------|
| Having no address or ID | 7 | 1 | 1 | 2 | | 1 | | 4 | | |
| Not eligible for free care or support because of immigration status | | | | | | | | | | |
| I do not have the money to get there | 10 | 1 | 2 | 3 | 3 | 4 | 1 | 7 | 1 | |
| Location of service / too far away | 8 | 1 | 2 | 3 | 4 | 5 | 1 | 7 | | |
| No transport | 10 | 1 | 4 | 3 | 4 | 5 | 1 | 8 | | |
| Waiting times are too long | 11 | 1 | 1 | 6 | 3 | 5 | 1 | 10 | | |
| The time of the appointment isn't right for me | 5 | 1 | | 3 | | 2 | 1 | 4 | 1 | |
| Mental health difficulties | 11 | 1 | 4 | 6 | 4 | 4 | 1 | 8 | 4 | |
| I am neurodiverse | 4 | 1 | 1 | 1 | | | | 1 | | |
| I have a learning disability | 1 | | | | | | | | | |
| I have a physical disability | 4 | | 2 | 3 | 2 | 2 | | 3 | 1 | |
| There are language or communication barriers | 3 | 1 | 1 | 1 | | | | | | |
| I do not have access to digital devices | 6 | 1 | | 1 | | | | 2 | 1 | |
| I do not feel confident using digital devices | 4 | | | 1 | | 1 | | 3 | 1 | |
| I don't know what support is available | 8 | 1 | | 1 | | | | 5 | | |
| My Cultural / Religious beliefs prevent me from accessing services | | | | | | | | | | |
| Fear of being judged or treated unfairly | 7 | 1 | 1 | 3 | 1 | 1 | | 5 | | |
| Previous bad experiences | 12 | 1 | | 4 | 4 | 3 | | 7 | | |
| Being in an unsafe or abusive situation | 2 | 1 | | | | | | 2 | | |
| I care for someone else | 1 | | | | | | | | | |
| I need someone to help me get to or attend healthcare appointments. | 5 | | 3 | 2 | 3 | 3 | 1 | 4 | 1 | |

5. If you ever found it hard to access health and care services or were unable to access them at all, what made it hard? (Base N = 19)

MENTAL HEALTH DIFFICULTIES are the most common barrier to accessing health and care services for people who have experienced homelessness

| Barriers | Palliative and end-of-life care | Therapy Services | Imms & Vaccs | Screening Programs | Long-term conditions | Sexual Health Services | Ambulance & Paramedic Services | Urgent & Emergency Care | NHS 111 | TOTAL |
|---|---------------------------------|------------------|--------------|--------------------|----------------------|------------------------|--------------------------------|-------------------------|---------|-----------|
| Having no address or ID | | | | | | | | | | 16 |
| Not eligible for free care or support because of immigration status | | | | | | | | | | 0 |
| I do not have the money to get there | | | 2 | 1 | 2 | 1 | | 3 | | 41 |
| Location of service / too far away | | | 2 | 1 | 3 | 2 | | 4 | | 43 |
| No transport | | | 2 | 1 | 3 | 1 | | 4 | | 47 |
| Waiting times are too long | | | | 1 | 3 | | 2 | 5 | | 49 |
| The time of the appointment isn't right for me | | | | | 1 | | | | | 18 |
| Mental health difficulties | | 1 | 2 | 1 | 3 | 1 | 5 | 4 | 4 | 63 |
| I am neurodiverse | | | | | | | 1 | | | 8 |
| I have a learning disability | | | | | | | | | | 1 |
| I have a physical disability | | 1 | 2 | 1 | 1 | 1 | 2 | 2 | | 27 |
| There are language or communication barriers | | | | | | | | | | 6 |
| I do not have access to digital devices | | | | | | | | | | 11 |
| I do not feel confident using digital devices | | | | | | | 1 | 2 | 2 | 15 |
| I don't know what support is available | | | | | | | | | | 15 |
| My Cultural / Religious beliefs prevent me from accessing services | | | | | | | | | | 0 |
| Fear of being judged or treated unfairly | | | | | 1 | | | 2 | | 22 |
| Previous bad experiences | | | | | | | 1 | 4 | 2 | 38 |
| Being in an unsafe or abusive situation | | | | | | | | | | 5 |
| I care for someone else | | | | | | | | | | 1 |
| I need someone to help me get to or attend healthcare appointments. | | | 1 | 1 | 2 | | 1 | 4 | | 31 |

5. If you ever found it hard to access health and care services or were unable to access them at all, what made it hard? (Base N = 19)

Other reasons why people who have experienced homelessness have found it hard to access services

| | |
|--|--|
| <p>Mental health</p> | <p>Difficulty accessing consistent, adequate mental health support; long waiting lists; few sessions offered; being passed between professionals.</p> <p><i>“I have been passed from one person to another; I don’t feel listened to.”</i> <i>“Long waiting lists and only offered 6 sessions.”</i> <i>“On CMHT waiting list for a long time.”</i> <i>“I have difficulty managing my mental health and need support and encouragement to do so, not so good at managing my medication effectively due to mental health issues”</i></p> |
| <p>Stigma and discrimination</p> | <p>Feeling judged or excluded due to drug use or mental health conditions; being refused support or treated unfairly.</p> <p><i>“Being kicked out of mental health services because I’m using drugs.”</i> <i>“Due to my drug use, I feel judged when I go to see the GP.”</i> <i>“He was too young to know what to do and dismissed help through a lack of trust”</i></p> |
| <p>Lack of staff reliability and compassion</p> | <p>Concerns about professionals not turning up, lack of follow-through, or insensitive behaviour from staff.</p> <p><i>“The mental health practitioner actually turning up for my appointment.”</i> <i>“The NHS is abusive.”</i></p> |
| <p>Practical and financial barriers</p> | <p>Cost and availability of transport affecting ability to attend appointments.</p> <p><i>“Living where transport is too expensive and not regular.”</i> <i>“Lack of money to get there.”</i></p> |
| <p>Low confidence and anxiety</p> | <p>Personal challenges such as anxiety, low motivation, or confidence issues make it harder to ask for or attend help.</p> <p><i>“Lack of self-confidence/anxiety to enquire about services.”</i></p> |

For those who said it was hard to access services, these are suggestions on how it could be made easier for people experiencing homelessness

Better triage as people turn up to A&E for non-emergencies.

The social worker involved to know the procedures

Appointments that fit with chaotic lifestyle, later appointments, possibly weekend apts.

Make services open to all not just the ones you want to treat

Be able to phone up without having to wait

Full timetable of what services to expect and more awareness of what is available

Shorter WAITING LIST for CMHT, better ongoing support and follow up from GP and mental health practitioner

Free/cheaper TRANSPORT, home visits, higher rate of benefits to assist with costs (applying for)

Having an advocate, my support worker helps me to liaise with health and care services at present.

For there to be specified drugs and alcohol/mental health workers who can work with dual diagnosis instead of getting passed around.

More appointments and shorter WAITING TIMES.

More local TRANSPORT to/from hospital/services. Cheaper Public Transport

Good experiences of health and care services for people experiencing homelessness.....

People willing to LISTEN

At a recent GP appointment I felt LISTENED to and that my concerns were valid and I was referred for an MRI scan.

Being supported by my support worker in the hostel where I live to access health and care services such as drug services and GP.

Staff at the GP surgery was very understanding and supportive.

My GP is fantastic I feel he really takes his time to UNDERSTAND my concerns

My GP surgery had a very good understanding of my circumstances, and I felt well LISTENED to. They supported me to escape honour-based abuse from my family and helped to take me to safety.

Some great staff in A&E, drug treatment & outreach teams

Registering my 2-year-old daughter at the dentist was quick and easy. Registration completed over the phone.

I was LISTENED to and was referred to talking therapies, they also prescribed me some medication

I was supported to attend my first appointment because my mental health often stops me from accessing support

8. If you have had a really good experience of health & care services, what was it that made it good? (Base N= 12)
Solid line – generic experiences / Dotted line – experiences about being listened to

Poor experiences of health and care services for people experiencing homelessness.....

DISCRIMINATION
and non-existent
services (dental)

NOT BEING
TAKEN
SERIOUSLY at
the A&E reception
desk when my
brother was
extremely ill.

It took over a year to find an effective treatment for an open wound health issue. Had difficulty getting access to community nursing treatment, forcing me to have to attend GP/hospital/other town for treatment despite poor health/difficulty getting to the location for treatment; painful, unable to access/pay for transport, etc

LONG WAIT
TIME. Doctors
that ask me what
the problem is
rather than
diagnosing me.

Being
JUDGED, not
getting an apt,
no flexibility in
apts.

My doctor's surgery took me off their system, and I was not informed or forewarned. Took 3 days to get an appointment for my mental health with the GP.

I have been overlooked for support due to being evicted on several occasions and having to move areas and the GP practises, no continuity in support, I have to start again every time.

Mental health
practitioners not
listening. LONG
WAITS at A&E,
long wait to see
GP,

They just said
they had
nowhere to put
him and left him
living with drug
dealers.

LONG
WAITING
LISTS

Poor experiences of health and care services for people experiencing homelessness continued.....

I used to work in mental health and feel I was treated quite badly. I feel quite negative about the mental health services and NHS services generally.

NHS Staff rude and/or lacking knowledge or understanding

Finding where to go

Crisis team/mental health support services didn't really meet my needs - not enough time, not enough face-to-face support

Nurses ignoring me when I asked for diabetic nurse consultation.

I suffered an accident a few years ago and did not feel that I received a good level of service from the NHS. When a family member called them, they advised that there was nothing they could do and that I should just take painkillers despite me being in extreme pain and not being able to move off the floor. My family had to call them back and speak to someone else to insist on an ambulance, who agreed to send one out. I was admitted to a ward for a week.

Physical abuse, harassment, mental abuse, threats, assault by a manager, assault by another patient. Lack of compassion.

I find it hard to engage with anyone

Being let down by professionals

The data shows that opinions on whether Health and Care Services meet the needs of people who are experiencing homelessness are evenly split

| How well do you think health & care services ALREADY meet your needs? | |
|---|---------------------------|
| 10 People | It does meet their needs |
| 10 People | Does not meet their needs |
| 2 People | Don't know |

What did we ask people?

We asked people what they would like to be different in their lives, and how Health and Care Services could support these changes.

The following slides outline:

- What would you like to be different in your life?
- What things in health or care services would need to change to help make that happen?

For people experiencing homelessness, **MENTAL HEALTH** appears to be one of the key areas where people would like to be different in their life.

| What would you like to be different in your life? | What things in health or care services would need to change to help make that happen? |
|---|--|
| Everything | Make mental health services more open to all |
| I would like a house and a family | More support with mental health |
| I would like settled accommodation | Support for anger and mental health struggles so that I can access services when overwhelmed |
| Own accommodation and work | Better mental health support |
| I would like to live independently in Sleaford | More local services due to difficulty accessing public transport |
| Long-term accommodation, better management of my mental health , and support for depression/psychotic issues | Mental health support/CPN involvement, shorter waiting times, better engagement/follow-up from GP and mental health practitioners, medication support |
| Better support for the homeless and have the services all linked better | Better coordination between services |
| More to be done with mental health , addiction, and neurodiversity | Better mental health services |
| I would like my physical and mental health to be better, less pain, less stressful, improve my mental health | Home visits, more effective treatment of multiple health conditions, access to more benefits for transport, shorter waiting times |
| I want to change my whole life; mental health , substance misuse, friendships/support network, work/finances, housing, and family dynamics | Restarting or improving NHS delivery due to strain on services |
| More appointments available for health services | Better triage at GP surgeries |
| I would like to improve my overall health and fitness to help manage chronic back pain and high blood pressure | More affordable gym memberships and advice on suitable physical activity |
| When I am released from prison, I would like more information on local services to support my health and mental health | Government funding to expand services |
| Better public transport | More services available at local GP |

10. What would you like to be different in your life? (Base N = 18)

11. What things in health or care services would need to change to help make that happen? (Base N = 18)

Community Conversations with People Experiencing Homelessness in Lincoln

We visited **Project Compass** in Lincoln. **Project Compass** works face-to-face with those sleeping rough. The project provides an advocacy service, keeping people in touch with services and maintaining engagement. It also provides food and drinks, an opportunity for a quick wash, clothing, and phone charging.

Key Insights:

Barriers to GP access:

- Many are unregistered or reluctant to register due to stigma and feeling “too complex.”
- Reception environments are described as judgmental and dismissive.
- Lack of privacy when explaining health needs at reception desks.

Pharmacy & hospital Issues:

- One individual discharged post-sepsis without antibiotics; felt judged by the pharmacist and denied medication.
- Limited follow-up care; rough sleeping conditions worsen recovery.

Mental health:

- High levels of trauma, anxiety, PTSD, and distrust in services.
- Individuals often need face-to-face, relational support; phone calls and remote assessments are ineffective.
- One person (female) is anxious about her smear test due to fear and embarrassment and wanted to ask questions about it.

Addiction & recovery:

- Methadone users felt missed opportunities for rehab in prison.
- Alcohol dependency acknowledged; motivation to quit but lack of stable environment and follow-up.

Social:

- Barriers to accessing digital services (no phones, no data).
- People penalised by DWP for missed appointments due to digital exclusion.
- Insecure housing limits self-care and recovery (e.g., wound care, sleep).

Positive Practice:

- Project Compass staff and LCC Outreach provide safe spaces, trust, and responsive crisis support.
- Collaboration with police and council enables rapid safeguarding for new arrivals.



Project Compass, Lincoln

**People who use
or have used
drug or alcohol
support services**



Respondent profiling for people who use or have used drug or alcohol support services

| Ethnicity | Responses |
|---------------------------------|-----------|
| Bangladeshi | 0 |
| Indian | 1 |
| Pakistani | 0 |
| Any Other Asian Background | 0 |
| African | 0 |
| Caribbean | 0 |
| Any Other Black Background | 0 |
| White and Asian | 0 |
| White and Black African | 0 |
| White and Black Caribbean | 0 |
| Any Other Mixed Background | 0 |
| White British | 12 |
| White: gypsy or Irish traveller | 0 |
| Any Other White Background | 0 |
| Chinese | 0 |
| Any Other Ethnic Group | 0 |
| Rather not say | 0 |
| Total | 13 |

| Age | Responses |
|--------------|-----------|
| Under 16 | 0 |
| 17 – 20 | 0 |
| 21– 29 | 2 |
| 30– 39 | 2 |
| 40– 49 | 6 |
| 50- 59 | 3 |
| 60 – 69 | 0 |
| 70+ | 0 |
| Total | 13 |

| Gender | Responses |
|-------------------------|-----------|
| Male | 10 |
| Female | 3 |
| Non-binary | 0 |
| Intersex | 0 |
| Prefer to self identify | 0 |
| Prefer not to say | 0 |
| Total | 13 |

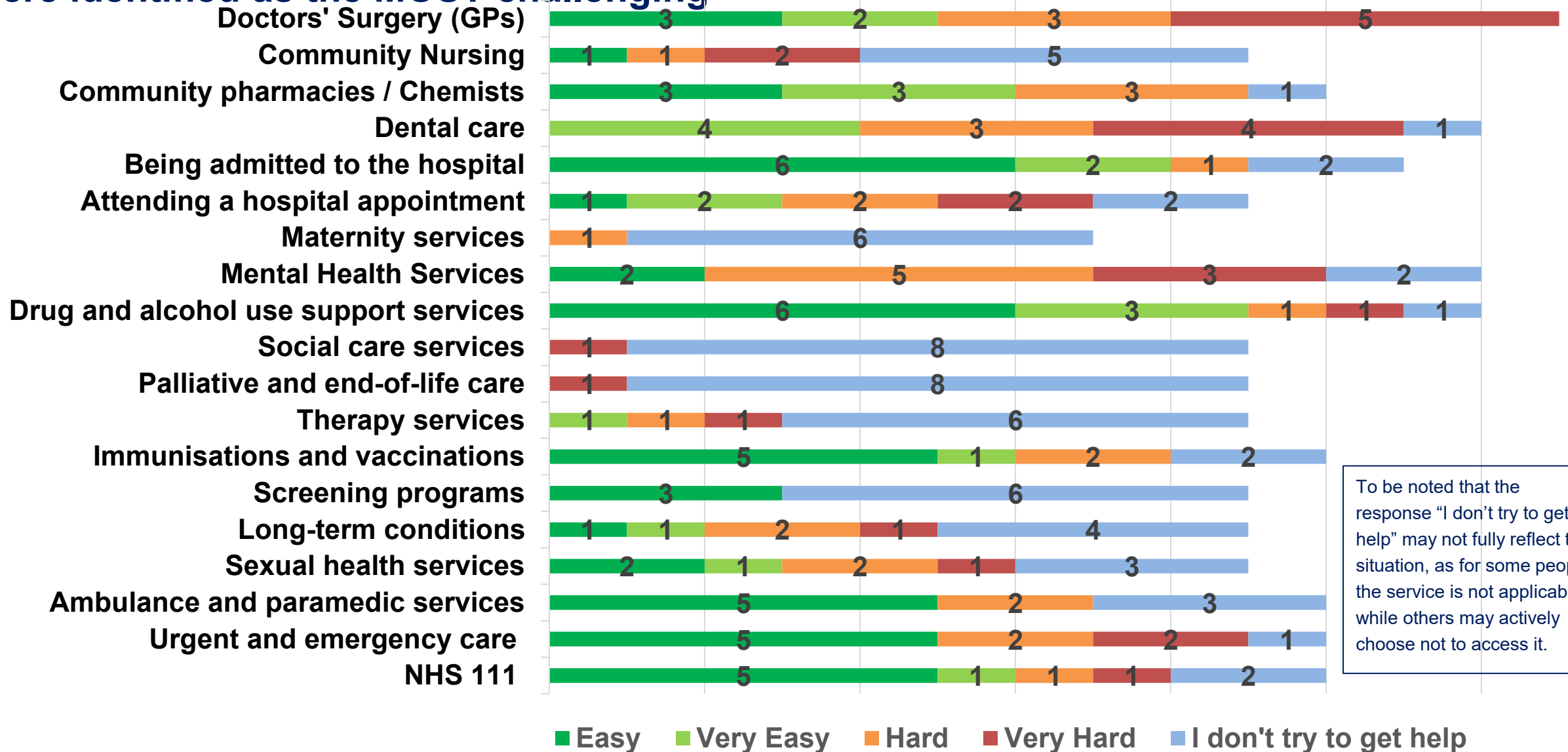
Disability

- **4 people** stated their day-to-day activities are limited because of a health problem or disability
- Of the **4 people**:-
 - They **all** have a **Mental Health** condition

Geographical Location of Respondents

- 7 People North Kesteven
- 4 People Lincoln
- 1 Person Boston

Most respondents who use or have used drug or alcohol support services found accessing health and care services Varied. GP and MENTAL HEALTH SERVICES were identified as the MOST challenging



To be noted that the response "I don't try to get help" may not fully reflect the situation, as for some people the service is not applicable, while others may actively choose not to access it.

4. When you needed to access health & care services, how easy or not was it to get help or support? (Base N = 13)

For people who use or have used drug or alcohol support service; PREVIOUS BAD EXPERIENCES are the most common barrier to accessing health and care services

| Barriers | GP's | Community Nursing | Pharmacies / Chemists | Dental | Being admitted to hospital | Attending a hospital appointment | Maternity | Mental Health | Drug & Alcohol support services | Social Care |
|---|------|-------------------|-----------------------|--------|----------------------------|----------------------------------|-----------|---------------|---------------------------------|-------------|
| Having no address or ID | 6 | | 1 | 3 | | | | 4 | | |
| Not eligible for free care or support because of immigration status | | | | | | | | | | |
| I do not have the money to get there | 7 | | 1 | 3 | | | | 3 | 2 | |
| Location of service / too far away | 3 | | | 3 | | | | 5 | | |
| No transport | 5 | | 2 | 3 | | | | 5 | 1 | |
| Waiting times are too long | 7 | | | 5 | 1 | 1 | | 5 | | |
| The time of the appointment isn't right for me | 4 | | | 3 | | | | 3 | | |
| Mental health difficulties | 8 | 1 | 1 | 4 | | | 1 | 5 | 1 | |
| I am neurodiverse | 1 | 1 | 1 | 1 | | | | 1 | | |
| I have a learning disability | | | | | | | | | | |
| I have a physical disability | | | | | | | | 1 | | |
| There are language or communication barriers | 1 | 1 | 1 | 1 | | | | | | |
| I do not have access to digital devices | 6 | | | 1 | | | | 2 | | |
| I do not feel confident using digital devices | 3 | | | 1 | | | | 2 | | |
| I don't know what support is available | 4 | 1 | | 1 | | | | 5 | | |
| My Cultural / Religious beliefs prevent me from accessing services | | | | | | | | | | |
| Fear of being judged or treated unfairly | 6 | 1 | | 3 | | | | 4 | | |
| Previous bad experiences | 9 | 1 | | 3 | 1 | 1 | | 5 | | |
| Being in an unsafe or abusive situation | 3 | 1 | | | | | | 2 | | |
| I care for someone else | 1 | | | | | | | | | |
| I need someone to help me get to or attend healthcare appointments. | | | | | | | | 1 | | 1 |

5. If you ever found it hard to access health and care services or were unable to access them at all, what made it hard? (Base N = 13)

For people who use or have used drug or alcohol support service; PREVIOUS BAD EXPERIENCES is the most common barrier to accessing health and care services

| Barriers | Palliative and end-of-life care | Therapy Services | Imms & Vaccs | Screening Programs | Long-term conditions | Sexual Health Services | Ambulance & Paramedic Services | Urgent & Emergency Care | NHS 111 | TOTAL |
|---|---------------------------------|------------------|--------------|--------------------|----------------------|------------------------|--------------------------------|-------------------------|---------|-----------|
| Having no address or ID | | | | | | | | | | 14 |
| Not eligible for free care or support because of immigration status | | | | | | | | | | |
| I do not have the money to get there | | | | | | | | | | 16 |
| Location of service / too far away | | | | | | 1 | | | | 12 |
| No transport | | | | | | | | | | 16 |
| Waiting times are too long | | | | | | | | | | 19 |
| The time of the appointment isn't right for me | | | | | | | | | | 10 |
| Mental health difficulties | | | | | | | 1 | | | 22 |
| I am neurodiverse | | | | | | | 1 | | | 6 |
| I have a learning disability | | | | | | | | | | |
| I have a physical disability | | | | | | | | | | 1 |
| There are language or communication barriers | | | | | | | | | | 4 |
| I do not have access to digital devices | | | | | | | | | | 9 |
| I do not feel confident using digital devices | | 1 | | | | | | | | 7 |
| I don't know what support is available | | | | | | | | | | 11 |
| My Cultural / Religious beliefs prevent me from accessing services | | | | | | | | | | |
| Fear of being judged or treated unfairly | | | | | | | | | | 14 |
| Previous bad experiences | | | | | | | 1 | 2 | 1 | 24 |
| Being in an unsafe or abusive situation | | | | | | | | | | 6 |
| I care for someone else | | | | | | | | | | 1 |
| I need someone to help me get to or attend healthcare appointments. | 1 | | | | | | | | | 3 |

5. If you ever found it hard to access health and care services or were unable to access them at all, what made it hard? (Base N = 13)

Other reasons why people who use or have used drug or alcohol support services have found it hard to access services

| | |
|--|--|
| <p>Mental health - exclusion</p> | <p>People feel judged or refused support because of drug use, even though their substance use is linked to their mental health struggles. They describe feeling picked on and unfairly excluded from services.</p> <p><i>“Mental health services won't see you if you are using drugs, but you are using drugs because of mental health issues, it's not fair”</i> <i>‘Being kicked out of mental health services because I'm using drugs, feel picked on by staff’</i></p> |
| <p>Access & continuity of care</p> | <p>Several mention being passed between professionals, not being listened to, and experiencing a lack of consistent support. Missed appointments by practitioners add to frustration and lack of trust.</p> <p><i>‘I have struggled to access support for my mental health, I have been passed from one person to another, I don't feel listened too and have had very little support’</i> <i>‘The mental health practitioner actually turning up for my appointment’</i></p> |
| <p>Long waiting times / inexperienced staff</p> | <p>Respondents highlight delays in A&E and problems with inexperienced call handlers, which make accessing timely help difficult.</p> <p><i>“Long waiting times in A&E. Inexperienced call handlers.”</i></p> |
| <p>Practical and financial barriers</p> | <p>High transport costs and infrequent public transport make it hard for people to physically reach services, especially in more remote areas.</p> <p><i>“Living where transport is too expensive and not regular.”</i></p> |
| <p>Negative experiences</p> | <p>People describe feeling mistreated and judged by healthcare professionals, particularly when seeking help related to drug use or medication needs. This reflects a lack of compassion and stigma within NHS services, which makes individuals feel unsupported and unfairly treated.</p> <p><i>“The NHS is abusive.”</i> <i>‘Due to my drug use I do feel judged when I go to see the GP especially if I require medication. E.G pain relief or antibiotics’</i></p> |

For those who said it was hard to access services, these are suggestions on how it could be made easier for people who use or have used drug or alcohol support services....

Stop ignoring people with **MULTIPLE ISSUES** just because you only specialise in a single area, and make mental health services more accessible

Make services open to all, not just the ones you want to treat

Better triage as people turn up for A&E for non-emergencies.

Appointments that fit with chaotic lifestyle, later appointments, possibly weekend apts.

More information of help for drug and alcohol abuse

More awareness

For there to be specified drugs and alcohol/mental health workers who can work **WITH DUAL DIAGNOSIS** instead of getting passed around.

A group or online meeting when feeling isolated

Be able to phone up without having to wait

Appointments closer to home as they can often be a lack of **TRANSPORT** and this can be expensive.

Cheaper public **TRANSPORT**

Good experiences of health and care services for people who use or have used drug or alcohol support services.....

VERY
HELPFUL
DRUG
SERVICES

EVERYTHING LRP
HAS DONE has
saved my life,
excellent service and
very professional

There was a good
worker at the GP
surgery who was
very
UNDERSTANDING
and supportive.

My GP is fantastic I
feel he really takes
his time to
UNDERSTAND MY
CONCERNS

Some great staff in
A&E and DRUG
TREATMENT also
outreach teams
are good

I have been able to get
appointments and can
get family to me if I
need them to.

Being supported by my
support worker in the
hostel where I live to
access health and care
services such as drug
services and GP.

Registering my 2-year-
old daughter at the
dentist was quick and
easy. Registration
completed over the
phone.

There have been
one or two good
people that want to
help

My mum's
cancer care was
amazing at
home

Poor experiences of health and care services for people who use or have used drug or alcohol support services.....

Being JUDGED,
not getting an
appointment, and
no flexibility in
appointments.

DISCRIMINATION
against drug users
within mental
health services

DISCRIMINATION
and non-existent
services (dental)

Physical abuse,
harassment, mental
abuse, threats, assault
by a manager, assault
by another patient.
Lack of compassion.

I find it hard to
engage with
any one

Being let
down by
professionals

NHS Staff rude
and/or lacking
knowledge or
understanding

Long wait time.
Doctors that ask me
what the problem is
rather than diagnosing
me.

Yes, I have been
overlooked for support
due to being evicted on
several occasions and
having to move areas
and GP practices;
no continuity in
support having to
start again every time

The data shows that opinions on whether Health and Care Services meet the needs of people who use or have used drug or alcohol support services are evenly split

| How well do you think health & care services ALREADY meet your needs? | |
|---|---------------------------|
| 6 People | It does meet their needs |
| 6 People | Does not meet their needs |
| 1 Person | Don't know |

What did we ask people?

We asked people what they would like to be different in their lives, and how Health and Care Services could support these changes.

The following slides outline:

- What would you like to be different in your life?
- What things in health or care services would need to change to help make that happen?

For people who use or have used drug or alcohol support services, one-third of responses highlighted having stable housing as a key area they would like to change in their lives

| What would you like to be different in your life? | What things in health or care services would need to change to help make that happen? |
|--|---|
| People need to be more considerate | The attitude of workers |
| Feeling mentally better | More Staff |
| Everything | Make mental health services more open to all |
| More to be done with mental health, addiction and neurodiversity triangle | Better mental health services |
| I would like a house and a family | Support with my mental health |
| I would like to be able to move into my council property sooner as I am still living in supported accommodation with my child. | Nothing |
| I would like to live independently in Sleaford | More local services as I struggle with public transport and don't drive. |
| I would like settled accommodation | Unsure |
| More services like LRP (Lincolnshire Recovery Partnership) | More funding is needed |
| Better support for the homeless and have the services all linked better | Link all services |
| More appointments being available | Better triage at GP surgeries |
| I want to die | People to listen |

10. What would you like to be different in your life? (Base N = 12)

11. What things in health or care services would need to change to help make that happen? (Base N = 12)

**People who have
been in prison or
involved in the
criminal justice
system**



Respondent profiling for people who have been in prison or involved in the criminal justice system

| Ethnicity | Responses |
|---------------------------------|-----------|
| Bangladeshi | 0 |
| Indian | 1 |
| Pakistani | 0 |
| Any Other Asian Background | 0 |
| African | 0 |
| Caribbean | 1 |
| Any Other Black Background | 0 |
| White and Asian | 0 |
| White and Black African | 0 |
| White and Black Caribbean | 0 |
| Any Other Mixed Background | 0 |
| White British | 11 |
| White: gypsy or Irish traveller | 0 |
| Any Other White Background | 0 |
| Chinese | 0 |
| Any Other Ethnic Group | 0 |
| Rather not say | 0 |
| Total | 13 |

| Age | Responses |
|--------------|-----------|
| Under 16 | 0 |
| 17 – 20 | 0 |
| 21– 29 | 3 |
| 30– 39 | 2 |
| 40– 49 | 4 |
| 50- 59 | 1 |
| 60 – 69 | 1 |
| 70+ | 0 |
| Total | 11 |

| Gender | Responses |
|-------------------------|-----------|
| Male | 10 |
| Female | 1 |
| Non-binary | 0 |
| Intersex | 0 |
| Prefer to self identify | 0 |
| Prefer not to say | 0 |
| Total | 11 |

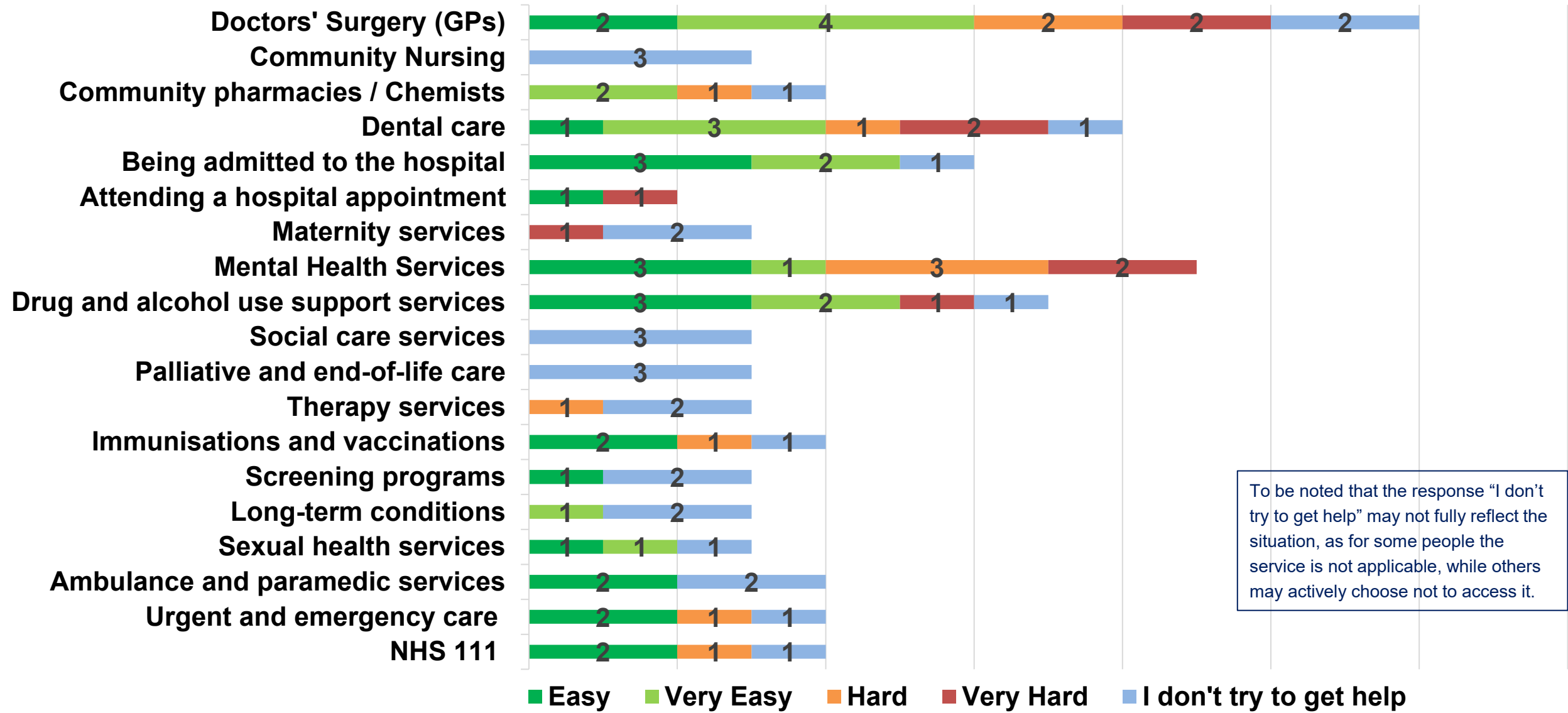
Disability

- **3 people** stated their day-to-day activities are limited because of a health problem or disability
- Of the **3 people**:-
 - They **all** have a **Mental Health** condition

Geographical Location of Respondents

- 8 People Boston
- 4 People North Kesteven
- 2 People Lincoln

Most respondents who have been in prison or involved in the criminal justice system found accessing health and care services **EASY**. GP and **MENTAL HEALTH SERVICES** were identified as the **MOST** challenging



To be noted that the response "I don't try to get help" may not fully reflect the situation, as for some people the service is not applicable, while others may actively choose not to access it.

4. When you needed to access health & care services, how easy or not was it to get help or support? (Base N = 12)

MENTAL HEALTH DIFFICULTIES are the most common barrier to accessing health and care services for those who have been in prison or involved in the criminal justice system

| Barriers | GP's | Community Nursing | Pharmacies / Chemists | Dental | Being admitted to hospital | Attending a hospital appointment | Maternity | Mental Health | Drug & Alcohol support services | Social Care |
|---|----------|-------------------|-----------------------|----------|----------------------------|----------------------------------|-----------|---------------|---------------------------------|-------------|
| Having no address or ID | 5 | | 1 | 2 | | | | 3 | 1 | |
| Not eligible for free care or support because of immigration status | | | | | | | | | | |
| I do not have the money to get there | 6 | | | 1 | | | | 3 | | |
| Location of service / too far away | 1 | | | 1 | | | | 2 | | |
| No transport | 5 | | 1 | 1 | | | | 3 | | |
| Waiting times are too long | 4 | | | 3 | | | | 5 | | |
| The time of the appointment isn't right for me | 4 | | | 2 | | | | 2 | | |
| Mental health difficulties | 6 | | | 2 | | | | 4 | 2 | |
| I am neurodiverse | | | | | | | | | | |
| I have a learning disability | | | | | | | | | | |
| I have a physical disability | | | | 1 | | | | 1 | | |
| There are language or communication barriers | 1 | | | | | | | | | |
| I do not have access to digital devices | 3 | | | 1 | | | | 2 | 1 | |
| I do not feel confident using digital devices | 1 | | | 1 | | | | 2 | | |
| I don't know what support is available | 4 | | | | | | | 4 | | |
| My Cultural / Religious beliefs prevent me from accessing services | | | | | | | | | | |
| Fear of being judged or treated unfairly | 6 | | | 3 | | | | 3 | 1 | |
| Previous bad experiences | 6 | | | 3 | | | | 3 | | |
| Being in an unsafe or abusive situation | 2 | | | | | | | 1 | | |
| I care for someone else | 1 | | | | | | | | | |
| I need someone to help me get to or attend healthcare appointments. | 1 | | | | | | | 1 | | |

MENTAL HEALTH DIFFICULTIES are the most common barrier to accessing health and care services for those who have been in prison or involved in the criminal justice system

| Barriers | Palliative and end-of-life care | Therapy Services | Imms & Vaccs | Screening Programs | Long-term conditions | Sexual Health Services | Ambulance & Paramedic Services | Urgent & Emergency Care | NHS 111 | TOTAL |
|---|---------------------------------|------------------|--------------|--------------------|----------------------|------------------------|--------------------------------|-------------------------|---------|-----------|
| Having no address or ID | | | | | | | | | | 12 |
| Not eligible for free care or support because of immigration status | | | | | | | | | | |
| I do not have the money to get there | | | | | | | | | | 10 |
| Location of service / too far away | | | | | | | | | | 5 |
| No transport | | | | | | | | | | 10 |
| Waiting times are too long | | | | | | | | | | 12 |
| The time of the appointment isn't right for me | | | | | | | | | | 8 |
| Mental health difficulties | | | | | | | | | | 14 |
| I am neurodiverse | | | | | | | | | | |
| I have a learning disability | | | | | | | | | | |
| I have a physical disability | | | | | | | | | | 2 |
| There are language or communication barriers | | | | | | | | | | 1 |
| I do not have access to digital devices | | | | | | | | | | |
| I do not feel confident using digital devices | | | | | | | | | | 4 |
| I don't know what support is available | | | | | | | | | | 8 |
| My Cultural / Religious beliefs prevent me from accessing services | | | | | | | | | | |
| Fear of being judged or treated unfairly | | | | | | | | | | 13 |
| Previous bad experiences | | | | | | | | | | 12 |
| Being in an unsafe or abusive situation | | | | | | | | | | 3 |
| I care for someone else | | | | | | | | | | 1 |
| I need someone to help me get to or attend healthcare appointments. | | | | | | | | | | 2 |

5. If you ever found it hard to access health and care services or were unable to access them at all, what made it hard? (Base N = 9)

Other reasons why people who have been in prison or involved in the criminal justice system have found it hard to access services

Stigma and judgment

People feel judged, discriminated against, or excluded from services because of drug use. This stigma discourages them from seeking help.

“Being kicked out of mental health services because I'm using drugs, feel picked on by staff.”

“Due to my drug use, I do feel judged when I go to see the GP...”

“Fear of being judged for my drug misuse.”

Access & continuity of care

Respondents describe fragmented and unreliable mental health care, feeling ignored and unsupported as they are passed between professionals without consistent help. Some face practical access barriers, such as difficulty travelling to services or not knowing how to seek help. Others only accessed support while in settings, like prison, highlighting inequality in service availability.

“I have struggled to access support for my mental health, I have been passed from one person to another, I don't feel listened to and have had very little support.”

“Getting to the services.”

“Never attempted to get any help.”

“I have used drugs – I have better access to services while I am in prison.”

For those who said it was hard to access services, these are suggestions on how it could be made easier for people who have been in prison or involved in the criminal justice system....

Make services open to all not just the ones you want to treat

For there to be specified drugs and alcohol/mental health workers who can work with dual diagnosis instead of getting passed around.

QUICKER appointments

More awareness

shorter WAITING TIMES

Appointments that fit with a chaotic lifestyle, later appointments, possibly weekend appointments.

Open sessions

Appointments closer to home as they can often be a lack of transport and this can be expensive.

7. What could be done to make it easier for you to access services? (Base N = 10)
Solid line – generic suggestions / Dotted line – suggestions about waiting times

Good experiences of health and care services for people who have been in prison or involved in the criminal justice system

MY GP IS FANTASTIC I feel he really takes his time to understand my concerns

Some great staff in A&E and drug treatment, also outreach teams are good

Being supported by my support worker in the hostel where I live to access health and care services such as drug services and GP.

People willing to listen

THERE WAS A GOOD WORKER AT THE GP surgery who was very understanding and supportive.

There have been one or two good people that want to help

I had great care while in prison

Yes, I was correctly diagnosed with something, hence why I was able to be treated

THE STAFF AND DOCTORS listen to your concerns

I have been able to get appointments and can get family to me if I need them to.

Helpful and friendly staff

8. If you have had a really good experience of health & care services, what was it that made it good? (Base N= 12)
Solid line – generic experiences / Dotted line – experiences about staff

Poor experiences of health and care services for people who have been in prison or involved in the criminal justice system

Yes, I have been overlooked for support due to being evicted on several occasions and having to move areas and GP practices; no continuity in support, I have to start again every time

NHS Staff rude and/or lacking knowledge or understanding

I wasn't diagnosed with hypochondria and it was made worse as a result of it

Finding where to go

Since being in prison, the healthcare in the past has been hit or miss

DISCRIMINATION and non-existent services (dental)

Being JUDGED, not getting an apt, no flexibility in appointments

The data shows that the majority of people who have been in prison or involved in the criminal justice system feel that Health and Care Services **MEET** their needs

| How well do you think health & care services ALREADY meet your needs? | |
|--|----------------------------------|
| 10 People | It does meet their needs |
| 4 People | Does not meet their needs |

What did we ask people?

We asked people what they would like to be different in their lives, and how Health and Care Services could support these changes.

The following slides outline:

- What would you like to be different in your life?
- What things in health or care services would need to change to help make that happen?

For people who have been in prison or involved in the criminal justice system, there is a need for stable housing, better wellbeing and financial stability

| What would you like to be different in your life? | What things in health or care services would need to change to help make that happen? |
|--|---|
| I would like settled accommodation | Unsure |
| I would like a house and a family | My Mental Health |
| I would like to live independently in Sleaford | More local services as I struggle with public transport and don't drive. |
| Happy, living well, good job | |
| Everything | Make mental health services more open to all |
| Would like to be happy | Not sure |
| More Money | |
| More financially stable | Quicker appointments |
| That all health should be the same throughout the care services | |
| Better support for the homeless and have the services all linked better | Link all services |
| When I am released from prison, I would like more information on services available locally to me to support my health and mental health | Government to provide funding for services to expand |

10. What would you like to be different in your life? (Base N = 11)

11. What things in health or care services would need to change to help make that happen? (Base N = 9)

Community Conversation taken place at HM Prison North Sea Camp, Boston

We were invited to attend a bi-monthly wellbeing event open to all patients (prisoners). Various organisations across the health and care sector attend for the day; it is a relaxed environment for patients (prisoners) to have their BP/ weight checked, interact with internal and external stalls with information on an array of healthcare topics, as well as quizzes, entertainment, and a period of social time.

On the day we engaged with **5 people**, and a further **8 people** completed a paper copy of the survey.

Key themes & insights:

Substance misuse support:

- AA peer-led sessions are valued, but no replacement once the peer is released.
- Limited engagement from *Lincolnshire Recovery Partnership*; lack of visible community support.

Healthcare experience:

- Prison healthcare is described as *excellent*, with quick access, staff understanding.
- Anxiety about post-release GP access (“8 am call”), fear of not being listened to and understood

Mental health:

- Health anxiety was previously misunderstood by community GPs; only diagnosed in prison.
- Desire for holistic, consistent care and better GP communication

Veteran support:

- Positive prison healthcare; poor recognition of veteran status in some hospitals.
- Advocates for veteran-specific mental health support.

Cross-cutting themes:

Gaps in **continuity of care** between prison & community.

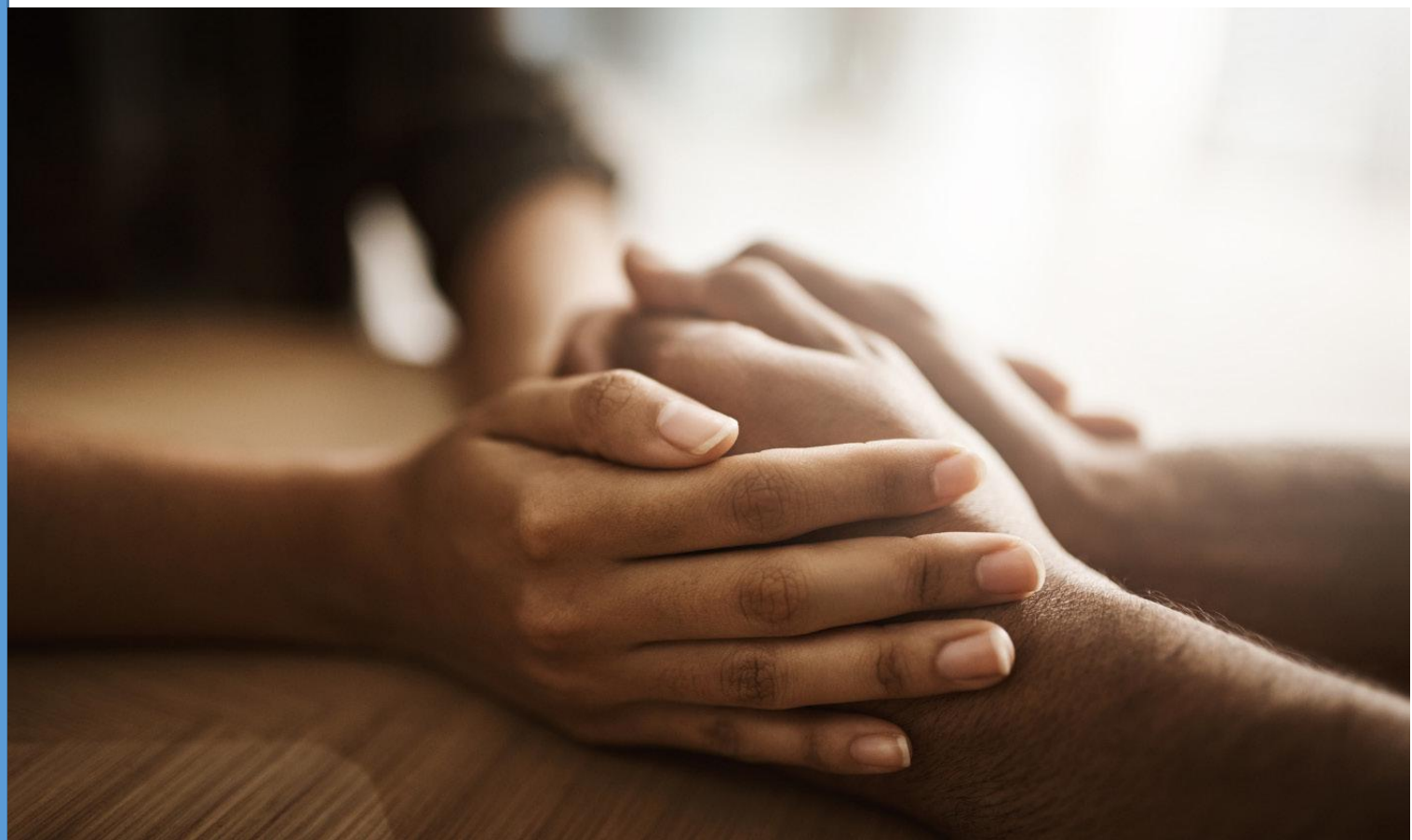
Need for **visible, stigma-free** support (addiction, mental health, veterans).

Peer-led support highly valued.



HM Prison North Sea Camp, Boston

**People who have
experienced
modern slavery or
exploitation**



Respondent profiling for people who have experienced modern slavery or exploitation

We only received 1 RESPONSE, so the results are limited

| Ethnicity | Responses |
|---------------------------------|-----------|
| Bangladeshi | 0 |
| Indian | 0 |
| Pakistani | 0 |
| Any Other Asian Background | 0 |
| African | 0 |
| Caribbean | 0 |
| Any Other Black Background | 0 |
| White and Asian | 0 |
| White and Black African | 0 |
| White and Black Caribbean | 0 |
| Any Other Mixed Background | 0 |
| White British | 1 |
| White: gypsy or Irish traveller | 0 |
| Any Other White Background | 0 |
| Chinese | 0 |
| Any Other Ethnic Group | 0 |
| Rather not say | 0 |
| Total | 1 |

| Age | Responses |
|--------------|-----------|
| Under 16 | 0 |
| 17 – 20 | 0 |
| 21– 29 | 0 |
| 30– 39 | 0 |
| 40– 49 | 1 |
| 50- 59 | 0 |
| 60 – 69 | 0 |
| 70+ | 0 |
| Total | 1 |

| Gender | Responses |
|-------------------------|-----------|
| Male | 1 |
| Female | 0 |
| Non-binary | 0 |
| Intersex | 0 |
| Prefer to self identify | 0 |
| Prefer not to say | 0 |
| Total | 1 |

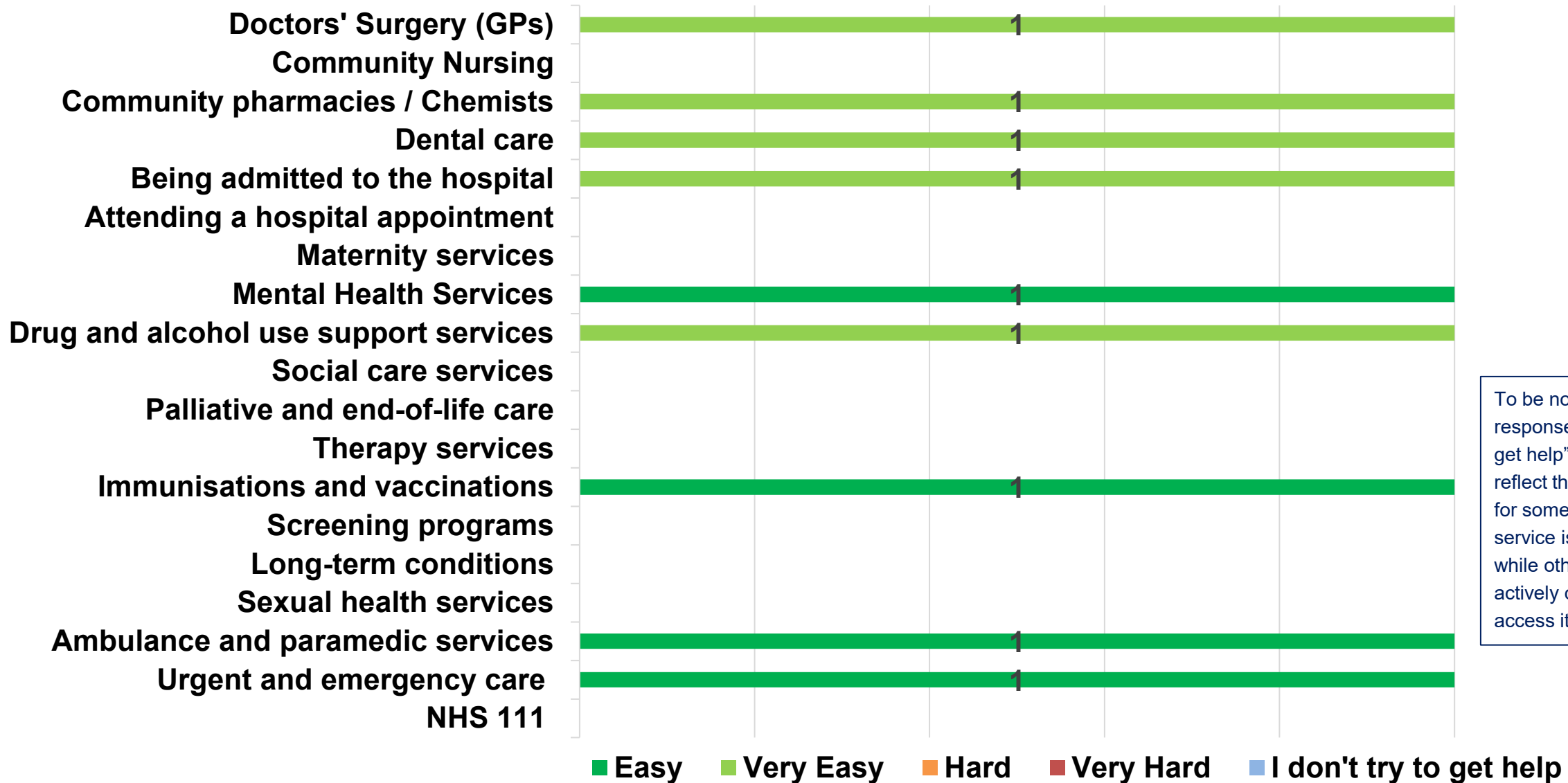
Disability

- **1 person** stated their day-to-day activities are limited because of a health problem or disability
- Of the **1 person**:-
 - They have a **Mental Health** condition

Geographical Location of Respondents

- 1 Person North Kesteven

The 1 respondent we had who has experienced modern slavery or exploitation found accessing health and care services EASY



To be noted that the response "I don't try to get help" may not fully reflect the situation, as for some people the service is not applicable, while others may actively choose not to access it.

For the person who has experienced modern slavery or exploitation, accessing a GP was the only service they answered


| Barriers | GP's | Community Nursing | Pharmacies / Chemists | Dental |
|---|------|-------------------|-----------------------|--------|
| Having no address or ID | | | | |
| Not eligible for free care or support because of immigration status | | | | |
| I do not have the money to get there | 1 | | | |
| Location of service / too far away | 1 | | | |
| No transport | 1 | | | |
| Waiting times are too long | | | | |
| The time of the appointment isn't right for me | 1 | | | |
| Mental health difficulties | 1 | | | |
| I am neurodiverse | | | | |
| I have a learning disability | | | | |
| I have a physical disability | | | | |
| There are language or communication barriers | | | | |
| I do not have access to digital devices | | | | |
| I find it hard to access digital services | | | | |
| I don't know what support is available | | | | |
| My Cultural / Religious beliefs prevent me from accessing services | | | | |
| Fear of being judged or treated unfairly | 1 | | | |
| Previous bad experiences | 1 | | | |
| Being in an unsafe or abusive situation | 1 | | | |
| I care for someone else | 1 | | | |
| I need someone to help me get to or attend healthcare appointments. | | | | |

We did not receive any more answers to this question

Experiences of health and care services for people who have experienced modern slavery or exploitation – suggestions for improving access, good experiences and poor experiences



No suggestions were recorded



Being supported by my support worker in the hostel where I live to access health and care services such as drug services and a GP.



Nothing negative was recorded

The data shows that people who have experienced modern slavery or exploitation feel that Health and Care Services **MEET** their needs

| How well do you think health & care services ALREADY meet your needs? | |
|--|---------------------------------|
| 1 Person | It does meet their needs |

What did we ask people?

We asked people what they would like to be different in their lives, and how Health and Care Services could support these changes.

The following slides outline:

- What would you like to be different in your life?
- What things in health or care services would need to change to help make that happen?

| What would you like to be different in your life? | What things in health or care services would need to change to help make that happen? |
|---|---|
| I would like to live independently in Sleaford | More local services as I struggle with public transport and don't drive. |

Respondent profiling for people who are refugees, asylum seekers or vulnerable migrants

| Ethnicity | Responses |
|---------------------------------|-----------|
| Bangladeshi | 0 |
| Indian | 1 |
| Pakistani | 0 |
| Any Other Asian Background | 1 |
| African | 2 |
| Caribbean | 0 |
| Any Other Black Background | 0 |
| White and Asian | 0 |
| White and Black African | 0 |
| White and Black Caribbean | 0 |
| Any Other Mixed Background | 0 |
| White British | 0 |
| White: gypsy or Irish traveller | 0 |
| Any Other White Background | 1 |
| Chinese | 0 |
| Any Other Ethnic Group | 0 |
| Rather not say | 0 |
| Total | 5 |

| Age | Responses |
|--------------|-----------|
| Under 16 | 0 |
| 17 – 20 | 0 |
| 21– 29 | 0 |
| 30– 39 | 3 |
| 40– 49 | 0 |
| 50- 59 | 0 |
| 60 – 69 | 0 |
| 70+ | 0 |
| Total | 3 |

| Gender | Responses |
|-------------------------|-----------|
| Male | 2 |
| Female | 2 |
| Non-binary | 0 |
| Intersex | 0 |
| Prefer to self identify | 0 |
| Prefer not to say | 0 |
| Total | 4 |

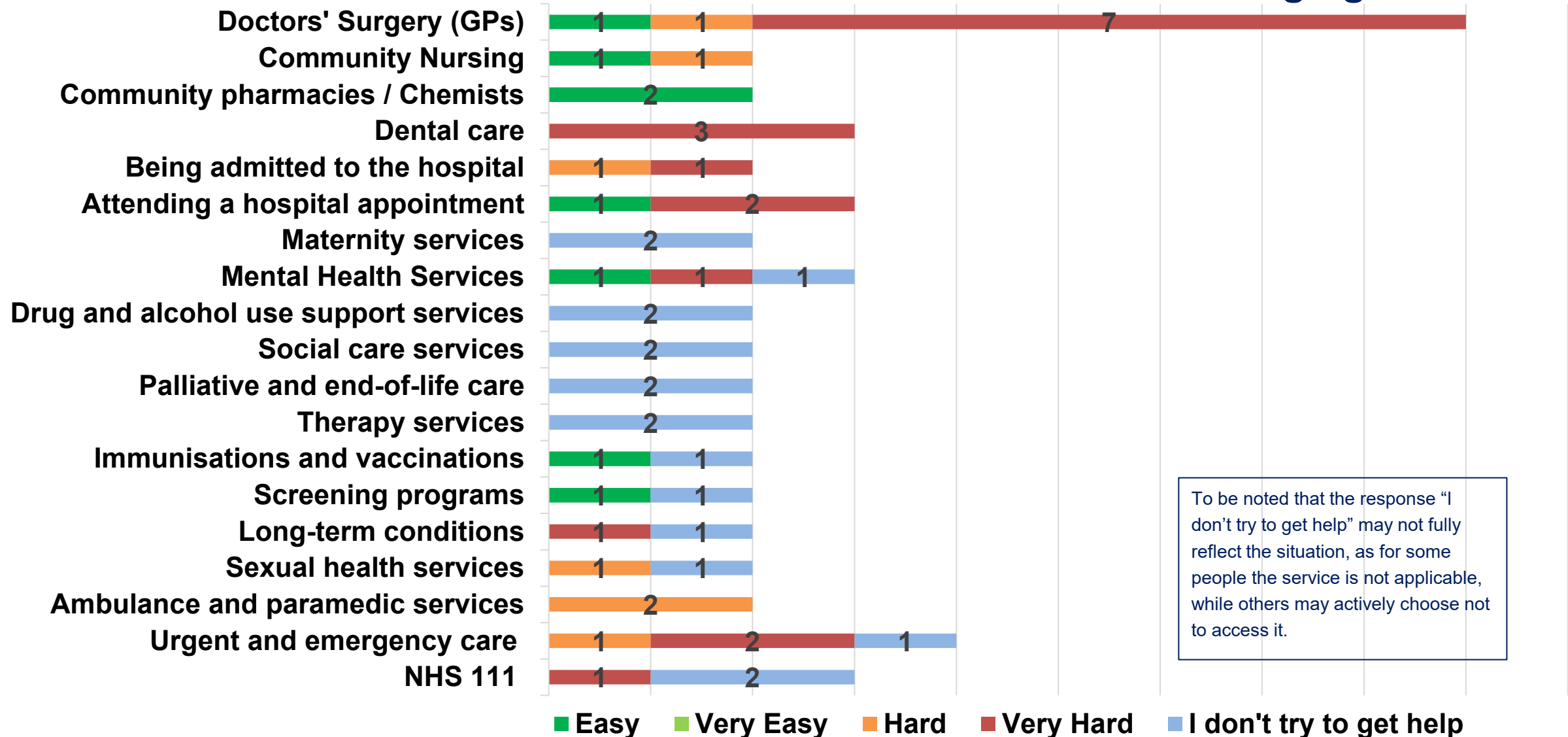
Disability

- **0 people** stated their day-to-day activities are limited because of a health problem or disability

Geographical Location of Respondents

- 6 people East Lindsey
- 1 person South Holland
- 1 person South Kesteven

Most respondents who are a refugee, asylum seeker or vulnerable migrant found accessing health and care services HARD or VERY HARD. GP, DENTAL & URGENT & EMERGENCY CARE were identified as the MOST challenging



To be noted that the response "I don't try to get help" may not fully reflect the situation, as for some people the service is not applicable, while others may actively choose not to access it.

Waiting times are the most common barrier to accessing health and care services for refugees, asylum seekers or vulnerable migrant

| Barriers | GP's | Community Nursing | Pharmacies / Chemists | Dental | Being admitted to hospital | Attending a hospital appointment | Maternity | Mental Health | Drug & Alcohol support services | Social Care |
|---|----------|-------------------|-----------------------|----------|----------------------------|----------------------------------|-----------|---------------|---------------------------------|-------------|
| Having no address or ID | | | | | | | | | | |
| Not eligible for free care or support because of immigration status | | | | | | | | | | |
| I do not have the money to get there | 1 | | | | | | | | | |
| Location of service / too far away | | | | | 1 | 1 | | | | |
| No transport | 1 | | | | | | | | | |
| Waiting times are too long | 7 | 1 | | 2 | 1 | 1 | | | | |
| The time of the appointment isn't right for me | 1 | | | | | | | | | |
| Mental health difficulties | | | | | | | | | | |
| I am neurodiverse | | | | | | | | | | |
| I have a learning disability | | | | | | | | | | |
| I have a physical disability | | | | | | | | | | |
| There are language or communication barriers | 6 | | | | | | | | | |
| I do not have access to digital devices | | | | | | | | | | |
| I do not feel confident using digital devices | | | | | | | | | | |
| I don't know what support is available | 2 | | 1 | 1 | | | | | | |
| My Cultural / Religious beliefs prevent me from accessing services | | | | | | | | | | |
| Fear of being judged or treated unfairly | 1 | | | | 1 | | | | | |
| Previous bad experiences | 1 | | | | | 1 | | | | |
| Being in an unsafe or abusive situation | 1 | | | | | | | | | |
| I care for someone else | | | | | | | | | | |
| I need someone to help me get to or attend healthcare appointments. | | | | | | | | | | |

5. If you ever found it hard to access health and care services or were unable to access them at all, what made it hard? (Base N = 7)

Waiting times are the most common barrier to accessing health and care services for refugees, asylum seekers or vulnerable migrant

| Barriers | Palliative and end-of-life care | Therapy Services | Imms & Vaccs | Screening Programs | Long-term conditions | Sexual Health Services | Ambulance & Paramedic Services | Urgent & Emergency Care | NHS 111 | TOTAL |
|---|---------------------------------|------------------|--------------|--------------------|----------------------|------------------------|--------------------------------|-------------------------|---------|-----------|
| Having no address or ID | | | | | | | | | | |
| Not eligible for free care or support because of immigration status | | | | | | | | | | |
| I do not have the money to get there | | | | | | | 1 | | | 2 |
| Location of service / too far away | | | | | | | | | | 2 |
| No transport | | | | | | | | | | 1 |
| Waiting times are too long | 1 | | | | | | 2 | | | 15 |
| The time of the appointment isn't right for me | | | | | | | | | | 1 |
| Mental health difficulties | | | | | | | | | | |
| I am neurodiverse | | | | | | | | | | |
| I have a learning disability | | | | | | | | | | |
| I have a physical disability | | | | | | | | | | |
| There are language or communication barriers | | | | | | | | | | 6 |
| I do not have access to digital devices | | | | | | | | | | |
| I do not feel confident using digital devices | | | | | | | | | | 4 |
| I don't know what support is available | | | | | | | | | | |
| My Cultural / Religious beliefs prevent me from accessing services | | | | | | | | | | |
| Fear of being judged or treated unfairly | | | | | 1 | | | | | 3 |
| Previous bad experiences | | | | | | | | | | 2 |
| Being in an unsafe or abusive situation | | | | | | | | | | 1 |
| I care for someone else | | | | | | | | | | |
| I need someone to help me get to or attend healthcare appointments. | | | | | | | | | | |

5. If you ever found it hard to access health and care services or were unable to access them at all, what made it hard? (Base N = 7)

Other reasons why people who are refugees, asylum seekers or vulnerable migrants have found it hard to access services

Access & waiting times

Many respondents describe significant delays in accessing medical care and specialist appointments. Long waiting times cause ongoing health issues, affect daily life and employment, and leave people feeling frustrated and neglected.

“It has been more than one year I need a professional doctor for my acne...”

“The medical service isn’t quick; it takes a long time...”

“I have health problems; getting treatment takes a long time...”

“Getting an appointment with the doctor requires a long waiting period.”

Communication and language barriers

Language barriers make it hard for non-English speakers to navigate services, leading to confusion, slower access, and difficulty understanding procedures or medical advice.

“The medical service isn’t quick; it takes a long time, and without translation, it becomes difficult.”

Lack of awareness or guidance on systems and processes

Some respondents highlight poor communication and lack of information about how to access or arrange support services, such as transport assistance or expense claims. This creates financial strain and confusion.

“Not aware of form required or instructions to arrange transportation for medical appointments...”

“Not aware of volunteer/community transportation schemes...”

For those who said it was hard to access services, these are suggestions on how it could be made easier for refugees, asylum seekers or vulnerable migrants....

Make an appointment with a Doctor and a Dentist easier.

Understanding which service to choose.


It would be better if we could get treatment closer to where we live.

Not having to WAIT LONG for appointments and seeing my personal doctor.


You have to WAIT FOR A LONG time; it's very difficult to get an appointment with the doctor.
There should also be an interpreter available, as it takes a lot of time otherwise.

If someone takes responsibility to help me, I can get treatment; otherwise, if appointments were given MORE QUICKLY, that would make things easier.

Good experiences of health and care services for those who are refugees, asylum seekers or vulnerable migrants



About GP Doctors,
they are easy to
see.



Yes, it was very
good, but it takes
time.

Poor experiences of health and care services for refugees, asylum seekers or vulnerable migrants

It takes a long time;
COMMUNICATION
IS VERY HARD.

Services are talking
with us, sometimes
we think IT'S NOT
ENGLISH. Very fast
and not clear.

Not everything about
treatment is clearly
explained, and there is
no INTERPRETATION
SUPPORT.

I haven't had a
good experience
because the
waiting time is
long.

It is been more than one
year; I need a Doctor for
my acne in my hair. I have
had it for some time I can't
wash my hair, and still
they don't make any
appointment for me.

The data shows that people who are refugees, asylum seekers or vulnerable migrants feel that Health and Care Services DOES NOT meet their needs

| How well do you think health & care services ALREADY meet your needs? | |
|---|---------------------------|
| 6 People | Does not meet their needs |
| 2 People | Don't know |

What did we ask people?

We asked people what they would like to be different in their lives, and how Health and Care Services could support these changes.

The following slides outline:

- What would you like to be different in your life?
- What things in health or care services would need to change to help make that happen?

For people who are refugees, asylum seekers or vulnerable migrants, **WAITING TIMES** is something they would like to be different in their life

| What would you like to be different in your life? | What things in health or care services would need to change to help make that happen? |
|---|---|
| It would be better if healthcare could be provided closer to where we live | Respondents didn't provide any suggestions of how Health and Care could support this |
| Quicker service arrangements and no long waiting times to see my personal doctor. | |
| That the waiting times be shorter. | |
| Setting up appointments is difficult, and the available support is insufficient. | |

10. What would you like to be different in your life? (Base N = 4)

11. What things in health or care services would need to change to help make that happen? (Base N = 0)

A Community Conversation took place with a group of asylum seekers in Skegness

We were invited to attend a session that is held weekly to support asylum seekers with their mental health. Around 50-60 asylum seekers are housed here at any one time. Residents receive meals & toiletries but rely on charities/churches for clothing. The venue is always staffed by 2 housing officers, 24/7, and on-site security. LPFT Talking Therapies attend weekly; they are highly valued and well used.

On the day we engaged with **5 people**, and **6 people** completed a paper copy of the survey.

Key themes & insights:

- **Language:** 6-month wait for ESOL courses; urgent desire to learn English.
- **Digital Exclusion:** Lack of SIM cards/internet limits independence and navigation.
- **Communication Challenges:**
 - Arabic most spoken; interpreters are not always suitable due to trauma/fear.
 - Heavy reliance on Google Translate and trusted peers.
- **Healthcare access:**
 - Registered with local GP; housing staff book appointments.
 - Fear of reporting health issues in case it impacts asylum applications.
 - No money for over-the-counter medication.
- **Mental health**
 - Telephone MH appointments feel impersonal (“can’t connect properly”).
 - PTSD, trauma, and isolation common.
- **Physical health**
 - Injuries and pain not adequately treated; financial barriers to pain relief.
- **Peer Support**
 - Residents informally translate and support others; positive experiences when NHS staff are patient and helpful.



Asylum seekers, Skegness

People who are part
of a Gypsy,
Roma or Traveller
community



Respondent profiling for people who are part of a Gypsy, Roma or Traveller community

| Ethnicity | Responses |
|---------------------------------|-----------|
| Bangladeshi | 0 |
| Indian | 0 |
| Pakistani | 0 |
| Any Other Asian Background | 0 |
| African | 0 |
| Caribbean | 0 |
| Any Other Black Background | 0 |
| White and Asian | 0 |
| White and Black African | 0 |
| White and Black Caribbean | 0 |
| Any Other Mixed Background | 0 |
| White British | 0 |
| White: gypsy or Irish traveller | 11 |
| Any Other White Background | 1 |
| Chinese | 0 |
| Any Other Ethnic Group | 0 |
| Rather not say | 0 |
| Total | 12 |

| Age | Responses |
|--------------|-----------|
| Under 16 | 0 |
| 17 – 20 | 1 |
| 21– 29 | 0 |
| 30– 39 | 0 |
| 40– 49 | 6 |
| 50- 59 | 2 |
| 60 – 69 | 0 |
| 70+ | 3 |
| Total | 12 |

| Gender | Responses |
|-------------------------|-----------|
| Male | 3 |
| Female | 9 |
| Non-binary | 0 |
| Intersex | 0 |
| Prefer to self identify | 0 |
| Prefer not to say | 0 |
| Total | 12 |

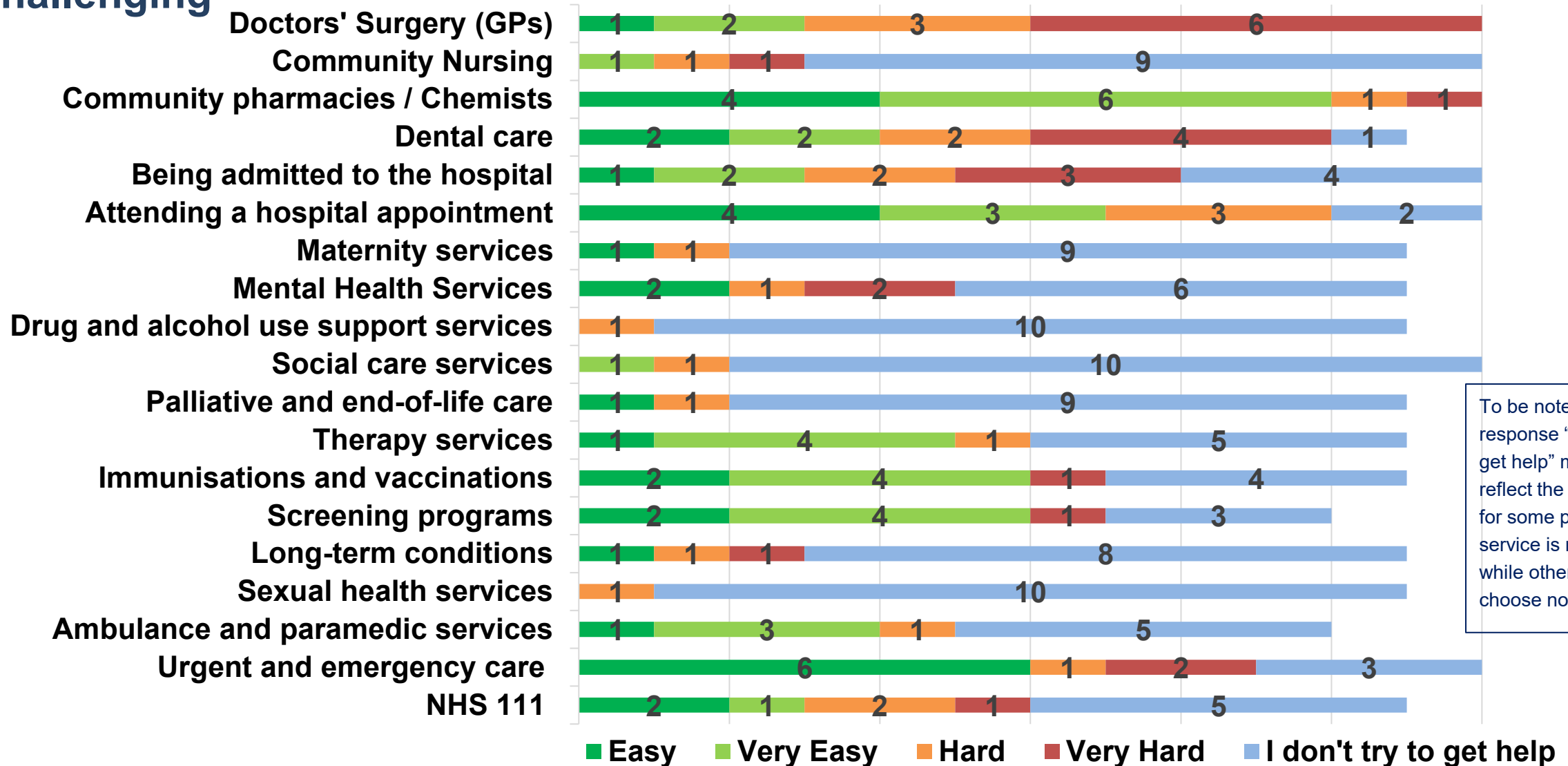
Disability

- **7 people** stated their day-to-day activities are limited because of a health problem or disability
- Of the **7 people**:-
 - 2 state they have a long-standing health condition
 - 5 people have a physical impairment

Geographical Location of Respondents

- 4 people South Kesteven
- 3 people Boston
- 3 people West Lindsey
- 1 person Lincoln
- 1 person North Kesteven

Most respondents found accessing health and care services varied; however, lots of people said they don't try to get help. GP'S were identified as the MOST challenging



To be noted that the response "I don't try to get help" may not fully reflect the situation, as for some people the service is not applicable, while others may actively choose not to access it.

4. When you needed to access health & care services, how easy or not was it to get help or support? (Base N = 12)
 It was noted that the responses from Gypsy, Roma and Traveller communities likely reflects only those who are more settled and able to engage and may not capture the views of more hidden or transient groups, so this context should be acknowledged.

NOT HAVING CONFIDENCE TO ACCESS DIGITAL DEVICES is the most common barrier to accessing health and care services for the Gypsy, Roma or Traveller community

| Barriers | GP's | Community Nursing | Pharmacies / Chemists | Dental | Being admitted to hospital | Attending a hospital appointment | Maternity | Mental Health | Drug & Alcohol support services | Social Care |
|---|------|-------------------|-----------------------|--------|----------------------------|----------------------------------|-----------|---------------|---------------------------------|-------------|
| Having no address or ID | | | | | | | | | | |
| Not eligible for free care or support because of immigration status | | | | | | | | | | |
| I do not have the money to get there | 2 | | | | | 1 | | | | |
| Location of service / too far away | 1 | | | | | 1 | | | | |
| No transport | | | | | | | | | | |
| Waiting times are too long | 5 | | | 1 | | | | | | |
| The time of the appointment isn't right for me | 1 | | | | | | | | | |
| Mental health difficulties | 1 | | | 1 | | | 1 | | | |
| I am neurodiverse | | | | | | | | | | |
| I have a learning disability | | | | | | | | | | |
| I have a physical disability | 1 | | | | | | | | | |
| There are language or communication barriers | 1 | | | | | | | | | |
| I do not have access to digital devices | 2 | | | | | | | | | |
| I do not feel confident using digital devices | 5 | | | 1 | | 1 | | | | |
| I don't know what support is available | 1 | | | | | | | | | |
| My Cultural / Religious beliefs prevent me from accessing services | | | | | | | | | | |
| Fear of being judged or treated unfairly | 2 | | | | | | | | | |
| Previous bad experiences | 4 | | | | | | | | | |
| Being in an unsafe or abusive situation | | | | | | | | | | |
| I care for someone else | | | | | | | | | | |
| I need someone to help me get to or attend healthcare appointments. | | | | | | | | | | |

5. If you ever found it hard to access health and care services or were unable to access them at all, what made it hard? (Base N = 8)

NOT HAVING CONFIDENCE TO ACCESS DIGITAL DEVICES is the most common barrier to accessing health and care services for the Gypsy, Roma or Traveller community

| Barriers | Palliative and end-of-life care | Therapy Services | Imms & Vaccs | Screening Programs | Long-term conditions | Sexual Health Services | Ambulance & Paramedic Services | Urgent & Emergency Care | NHS 111 | TOTAL |
|---|---------------------------------|------------------|--------------|--------------------|----------------------|------------------------|--------------------------------|-------------------------|---------|-------|
| Having no address or ID | | | | | | | | | | |
| Not eligible for free care or support because of immigration status | | | | | | | | | | |
| I do not have the money to get there | | | | | | | | | | 3 |
| Location of service / too far away | | | | | | | | | | 2 |
| No transport | | | | | | | | | | |
| Waiting times are too long | | | | | | | | | | 6 |
| The time of the appointment isn't right for me | | | | | | | | | | 1 |
| Mental health difficulties | | | | 1 | | | | | | 4 |
| I am neurodiverse | | | | | | | | | | |
| I have a learning disability | | | | | | | | | | |
| I have a physical disability | | | | | | | | | | 1 |
| There are language or communication barriers | | | | | | | | | | 1 |
| I do not have access to digital devices | | | | | | | | | | 2 |
| I do not feel confident using digital devices | | | | | | | | | | 7 |
| I don't know what support is available | | | | | | | | | | 1 |
| My Cultural / Religious beliefs prevent me from accessing services | | | | | | | | | | |
| Fear of being judged or treated unfairly | | | | | | | | | | 2 |
| Previous bad experiences | | | | | | | | | | 4 |
| Being in an unsafe or abusive situation | | | | | | | | | | |
| I care for someone else | | | | | | | | | | |
| I need someone to help me get to or attend healthcare appointments. | | | | | | | | | | |

5. If you ever found it hard to access health and care services or were unable to access them at all, what made it hard? (Base N = 8)

Other reasons why people who are part of a Gypsy, Roma or Traveller community have found it hard to access services

| | |
|--|---|
| <p>Accessing GP appointments</p> | <p>People consistently report long waits and complex processes to secure GP appointments. Many find it quicker to go to A&E or urgent treatment centres instead, showing frustration at system inefficiency and lack of timely access.</p> <p><i>“Finds it difficult to get a GP appointment...”</i> <i>“GP takes too long to get an appointment on the phone...”</i> <i>“Held on the phone too long...”</i> <i>“Very difficult to get a routine appointment...”</i> <i>“Have to phone surgery at 8am to get an appointment.”</i> <i>“Wait for appointments and tests is too long.”</i></p> |
| <p>Digital systems and literacy</p> | <p>Digital-only or online-first systems create exclusion for people with limited literacy, digital access, or confidence. Many feel locked out of care, unable to use portals like AskMyGP or online booking systems.</p> <p><i>“Struggles to read and write so cannot navigate online booking forms.”</i> <i>“AskMyGP – all online, difficult to navigate and hard if you have literacy issues.”</i> <i>“Hard for members of the community who do not read and write to use digital services.”</i> <i>“Online services not suitable due to literacy issues.”</i> <i>“Having to contact the surgery online is difficult due to literacy issues and inability to use technology.”</i></p> |
| <p>Communication challenges</p> | <p>Phone-based systems and excessive questioning cause communication barriers and frustration, especially for those with hearing issues or who prefer face-to-face contact.</p> <p><i>“Finds it difficult to communicate via phone due to hearing difficulties.”</i> <i>“111 asks too many questions and keeps you waiting too long.”</i> <i>“Have to go through 3–4 different people to get an appointment.”</i></p> |
| <p>Negative experiences and poor attitudes from staff</p> | <p>Respondents describe rude or dismissive behaviour from staff, including experiences that feel discriminatory or prejudiced, particularly toward Gypsy and Traveller communities.</p> <p><i>“Feels like the staff have an attitude when you contact the surgery.”</i> <i>“Receptionists didn’t want to help and sighed at the caravan site address.”</i> <i>“Was asked if he was Irish – presuming when he said he was a Traveller.”</i></p> |

Other reasons why people who are part of a Gypsy, Roma or Traveller community have found it hard to access services

| | |
|--|--|
| <p>Lack of continuity and poor record-keeping</p> | <p>People are frustrated with disjointed care, repeatedly having to retell their medical history, and facing administrative errors or poor handovers between professionals and departments.</p> <p><i>“Doesn’t like that you never see the same doctor.”</i> <i>“Feels like they don’t know history.”</i> <i>“Lack of communication, records not updated, too quick to discharge patients.”</i> <i>“Took 3 attempts to get medication signed off by a doctor.”</i></p> |
| <p>Transport and accessibility barriers</p> | <p>Access is limited by transport problems and mobility issues. Some face discrimination from taxi services, while others must travel long distances to reach basic healthcare.</p> <p><i>“Taxi’s often refuse to pick up residents from site.”</i> <i>“Mobility makes it difficult to attend the surgery.”</i> <i>“Travels to Barnsley for dentist appointments.”</i></p> |
| <p>Perceived decline in NHS quality</p> | <p>There’s a sense of decline in quality and compassion within the NHS, with people feeling that standards of care and personal attention have worsened.</p> <p><i>“Feels like the NHS isn’t what it used to be and the same care and attention isn’t there anymore.”</i></p> |
| <p>Fear of discrimination</p> | <p>Fear of stigma and discrimination leads some individuals to hide their identity when accessing care, particularly among Gypsy and Traveller communities.</p> <p><i>“Chooses not to disclose that she is Gypsy as thinks she would be treated differently.”</i></p> |

For those who said it was hard to access services, these are suggestions on how it could be made easier for the Gypsy, Roma or Traveller community....

STAFF WHO ARE WILLING to help.

Prefers to be seen at home rather than accessing healthcare buildings as feels more comfortable and at ease.

More understanding around mental health and how difficult it is to make it to appointments or HNS places with anxiety.

Make IT EASIER TO GET AN APPOINTMENT on the phone.

Be ABLE TO GET A GP APPOINTMENT when you need one.

More SUPPORTIVE STAFF or change of staff completely.

Says it depends of your attitude - if you go in to the surgery with a positive and polite attitude, people will be willing to help.

EASIER TO GET THROUGH TO GP - would rather sit in A&E for hours than hold in a phone queue.

ABILITY TO GET AN APPOINTMENT quicker than 2 weeks time.

MORE CULTURAL AWARENESS around their culture.

Have healthcare services have telephone lines that are open longer. Many lack out of hours support.

More FLEXIBILITY WITH APPOINTMENT TIMES - system too rigid.

EASIER TO MAKE APPOINTMENTS on the phone and home visits more readily available,

Good experiences of health and care services for those who are part of a Gypsy, Roma or Traveller community.....

BOOTS CHEMIST STAFF WERE VERY HELPFUL and kind and helped chase his prescription with the surgery.

Helpful and polite staff.

Has had really positive experiences of accessing healthcare.

OT assessment arranged via Neighbourhood Team.

PRACTICE NURSE visited the property to administer flu and covid vaccinations prior to an upcoming operation.

During hospital stay, once had been admitted and started on treatment, health improved quickly,

Due to mobility and health issues, being seen at home is much better and more comfortable.

PRACTICE NURSE FROM THE SURGERY knows the family and visited the site to administer flu vaccinations.

CHEMIST ARE REALLY GOOD communication, is brilliant, they will go out their way to help.

Under Parkside Surgery in Boston had fantastic service. STAFF ARE POLITE AND RESPECTFUL. Communication is fantastic.

Neighbourhood Team doing visits on site has been really helpful.

Their pharmacy is also fantastic.

Staff are amazing and helpful.

Faced discrimination years ago whilst growing up but thinks (hopes) attitudes have changed. Herself, her daughters and grandchildren have not experienced discrimination due to being Travellers.

My GP SURGERY HAD A VERY GOOD UNDERSTANDING of my circumstances, and I felt well listened to. They supported me to escape honour-based abuse from my family and helped to take me to safety.

Maternity nurses great at Grantham. Helps that you see the same nurse each time for continuity.

Poor experiences of health and care services for people who are part of a Gypsy, Roma or Traveller community...

GP SURGERY not calling when you're told they will.

Feels DOCTORS DON'T ALLOW ENOUGH TIME TO LISTEN to how you feel. Too quick to prescribe medication and kick you out, rather than listening to what you're saying. Don't feel they do enough tests to help diagnose, waiting times for appointments are too long.

Too long a wait in A & E and Grantham always refer to Lincoln hospital.

Was admitted to A & E several months ago and took over 29 hours to be allocated a bed.

FRUSTRATING WAITING FOR DOCTORS to call back when you're feeling really poorly.

LACK OF COMMUNICATION. Can't talk to anyone. Feels like being diagnosed by a screen. Just wants to talk to an actual person.

Having to be triaged before you can see anyone.

Not being taken seriously at the A&E reception desk when my brother was extremely ill.

Not being able to get a GP APPOINTMENT so having to go to the hospital instead.

LACK OF COMMUNICATION between services. Long wait times.

Previously feels he experienced discrimination from services due to being a Traveller but this is no longer the case.

Having to chase medication.

The data shows that people who are part of a Gypsy, Roma or Traveller community feel that Health and Care Services meet their needs

| How well do you think health & care services ALREADY meet your needs? | |
|---|---------------------------|
| 7 People | Does meet their needs |
| 5 People | Does not meet their needs |

What did we ask people?

We asked people what they would like to be different in their lives, and how Health and Care Services could support these changes.

The following slides outline:

- What would you like to be different in your life
- What things in health or care services would need to change to help make that happen?

For people who are part of a Gypsy, Roma or Traveller community, there is a need for easier GP access and more proactive preventive support

| What would you like to be different in your life? | What things in health or care services would need to change to help make that happen? |
|---|---|
| Made easier to see a GP for routine things. | Be able to get an appointment without contacting the surgery at 8am. |
| Would like to lose some weight. | Feels like not taken seriously or investigated thoroughly. |

10. What would you like to be different in your life? ((Base N= 2)

11. What things in health or care services would need to change to help make that happen? (Base N= 2)

**People who have
been, involved in sex
work**



Community Conversation with Emerge Hub, Grimsby

No survey responses were received from this inclusion health group

- **Emerge Hub CIO** is a charity supporting women affected by sex work, addiction, and trafficking. It offers therapeutic support, training, and self-care activities to help women make lasting changes.
- The hub operates **Tue–Fri, 2–6 p.m.**, with professionals like chiropodists, sexual health specialists, and housing advisors providing additional services. A self-care day includes hair washing, manicures, and massages.
- Founder **Kate Austin** and her team assist women in attending health appointments, which they often avoid due to trauma and stigma. Emerge helps them access environments they would otherwise fear.
- The **Grimsby** based hub supports women from surrounding areas like Skegness, as Lincolnshire currently has no organisations providing similar support for sex workers.
- Women report shame and anxiety in healthcare settings, fearing judgment or encountering past clients. Discrimination has been observed, such as long delays for hospital scans and poor treatment linked to appearance or methadone use. Blood tests can be triggering, and repeated attempts worsen trauma.



Emerge Hub, Grimsby

People who feel they
did not identify as
being part of an
Inclusion Health
group



Respondent profiling from people who feel they did not identify as being part of an inclusion health group

| Ethnicity | Responses |
|---------------------------------|-----------|
| Bangladeshi | 0 |
| Indian | 0 |
| Pakistani | 0 |
| Any Other Asian Background | 0 |
| African | 0 |
| Caribbean | 0 |
| Any Other Black Background | 0 |
| White and Asian | 0 |
| White and Black African | 0 |
| White and Black Caribbean | 0 |
| Any Other Mixed Background | 0 |
| White British | 20 |
| White: gypsy or Irish traveller | 0 |
| Any Other White Background | 1 |
| Chinese | 0 |
| Any Other Ethnic Group | 0 |
| Rather not say | 0 |
| Total | 21 |

| Age | Responses |
|--------------|-----------|
| Under 16 | 0 |
| 17 - 20 | 1 |
| 21 - 29 | 1 |
| 30 - 39 | 1 |
| 40 - 49 | 4 |
| 50 - 59 | 6 |
| 60 - 69 | 5 |
| 70 - 79 | 3 |
| 80 - 89 | 1 |
| Total | 22 |

| Gender | Responses |
|-------------------------|-----------|
| Male | 6 |
| Female | 14 |
| Non-binary | 1 |
| Intersex | 0 |
| Prefer to self identify | 0 |
| Prefer not to say | 1 |
| Total | 22 |

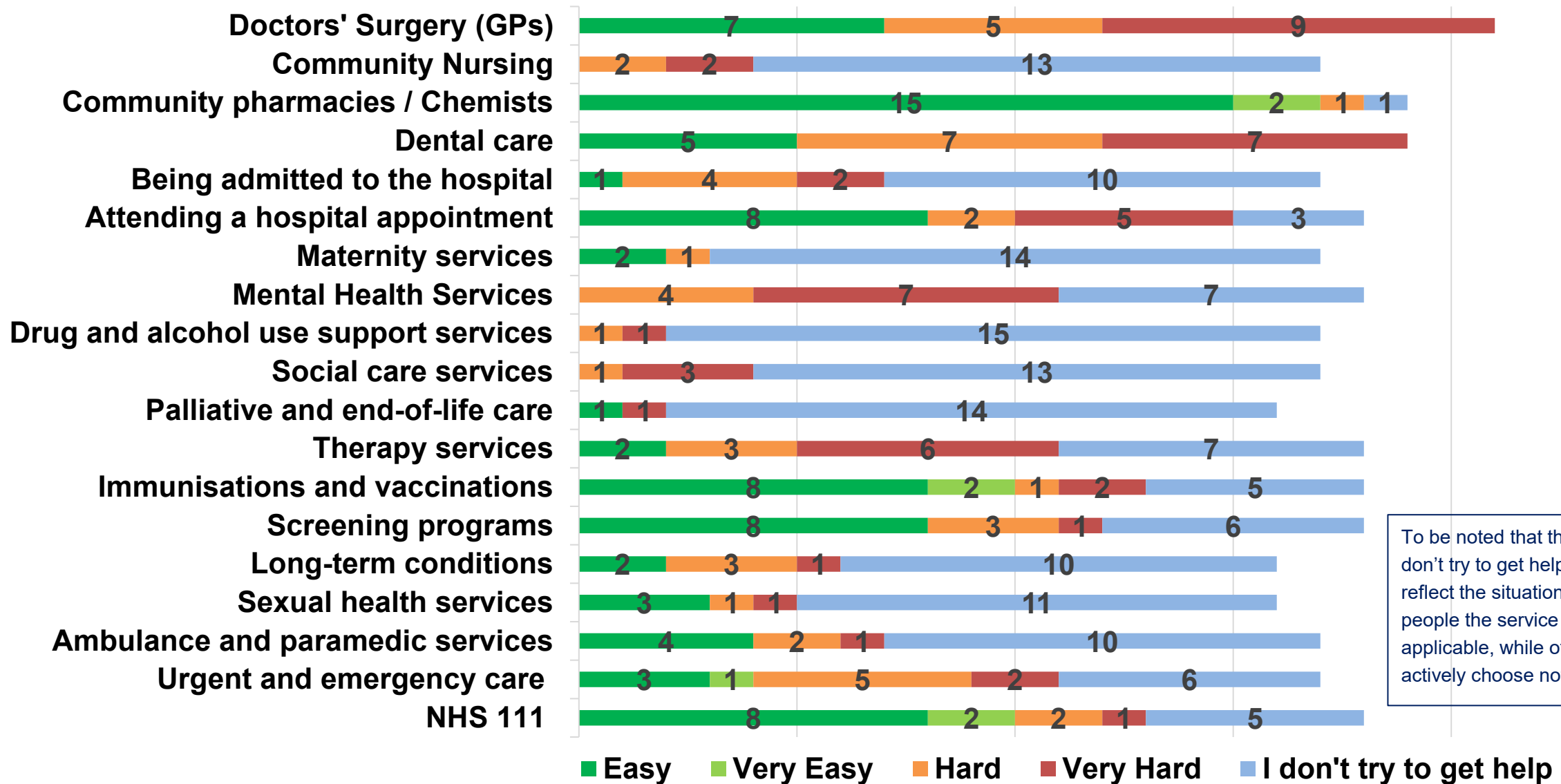
Disability

- **13 people** stated their day-to-day activities are limited because of a health problem or disability
- Of the **13 people**:-
 - 4 state they have a Mental Health condition
 - 3 state they have a long-standing health condition
 - 2 people have a physical impairment
 - 2 people have a learning disability/difficulty
 - 1 person has a sensory impairment
 - 1 person has 'other'

Geographical Location of Respondents

- 7 people East Lindsey
- 3 people Lincoln
- 3 people North Kesteven
- 3 people South Kesteven
- 2 people Boston
- 2 people South Holland
- 1 person West Lindsey

Most respondents have found accessing health and care services HARD or VERY HARD. GP and DENTAL were identified as the MOST challenging



To be noted that the response "I don't try to get help" may not fully reflect the situation, as for some people the service is not applicable, while others may actively choose not to access it.

WAITING TIMES being too long are the most common barrier to accessing health and care services for people who feel they did not identify as being part of an inclusion health group

| Barriers | GP's | Community Nursing | Pharmacies / Chemists | Dental | Being admitted to hospital | Attending a hospital appointment | Maternity | Mental Health | Drug & Alcohol support services | Social Care |
|---|----------|-------------------|-----------------------|----------|----------------------------|----------------------------------|-----------|---------------|---------------------------------|-------------|
| Having no address or ID | | | | | | | | | | |
| Not eligible for free care or support because of immigration status | | | | | | | | | | |
| I do not have the money to get there | 1 | | | | 1 | 1 | | 1 | | |
| Location of service / too far away | 1 | 1 | 1 | 1 | 2 | 2 | | 2 | 1 | |
| No transport | 4 | | | | 2 | 2 | | 1 | | |
| Waiting times are too long | 8 | 3 | | 4 | 3 | 3 | | 5 | | 1 |
| The time of the appointment isn't right for me | 6 | 1 | | 3 | | 1 | | | | |
| Mental health difficulties | 4 | | 1 | 1 | 1 | 2 | | 3 | 1 | 1 |
| I am neurodiverse | 2 | | | 1 | | | | 1 | | |
| I have a learning disability | | | | | | | | | | |
| I have a physical disability | 3 | | 1 | 1 | 1 | 1 | | 2 | 1 | 1 |
| There are language or communication barriers | 2 | | | 1 | 1 | | | 1 | | |
| I do not have access to digital devices | | | | | | | | | | |
| I do not feel confident using digital devices | 2 | | | | | | | | | |
| I don't know what support is available | 3 | | 1 | 1 | | | | 1 | | 1 |
| My Cultural / Religious beliefs prevent me from accessing services | | | | | | | | | | |
| Fear of being judged or treated unfairly | 5 | | | | | 1 | 1 | 3 | | 1 |
| Previous bad experiences | 5 | | 1 | 3 | | 1 | 1 | 2 | | |
| Being in an unsafe or abusive situation | | | | | | | | | | |
| I care for someone else | 2 | | 1 | 1 | 1 | 1 | | 1 | | |
| I need someone to help me get to or attend healthcare appointments. | 4 | 1 | 1 | 2 | 2 | 2 | | 1 | | |

5. If you ever found it hard to access health and care services or were unable to access them at all, what made it hard? (Base N = 18)

WAITING TIMES being too long are the most common barrier to accessing health and care services for people who feel they did not identify as being part of an inclusion health group

| Barriers | Palliative and end-of-life care | Therapy Services | Imms & Vaccs | Screening Programs | Long-term conditions | Sexual Health Services | Ambulance & Paramedic Services | Urgent & Emergency Care | NHS 111 | TOTAL |
|---|---------------------------------|------------------|--------------|--------------------|----------------------|------------------------|--------------------------------|-------------------------|---------|-----------|
| Having no address or ID | | | | | | | | | | |
| Not eligible for free care or support because of immigration status | | | | | | | | | | |
| I do not have the money to get there | | | 1 | | 1 | | | | | 6 |
| Location of service / too far away | | 1 | 1 | | 1 | | | 1 | | 15 |
| No transport | | | 1 | | 1 | | | | | 11 |
| Waiting times are too long | | 3 | 1 | | 2 | | | 1 | | 33 |
| The time of the appointment isn't right for me | | 1 | | | | | | | | 11 |
| Mental health difficulties | | 1 | 2 | | 1 | | 1 | | 1 | 20 |
| I am neurodiverse | | 1 | 1 | | | | | | | 6 |
| I have a learning disability | | | | | | | | | | |
| I have a physical disability | | 1 | 1 | | 1 | | 1 | | 1 | 16 |
| There are language or communication barriers | | 1 | 1 | 1 | | | | | 1 | 9 |
| I do not have access to digital devices | | | | | | | | | | |
| I do not feel confident using digital devices | | | | | | | | | | 2 |
| I don't know what support is available | | 1 | 1 | | | | | | 1 | 10 |
| My Cultural / Religious beliefs prevent me from accessing services | | | | | | | | | | |
| Fear of being judged or treated unfairly | | 1 | | | 1 | | | | 1 | 14 |
| Previous bad experiences | | | 1 | | | | | | | 14 |
| Being in an unsafe or abusive situation | | | | | | | | | | |
| I care for someone else | | | 1 | | | | | 1 | | 9 |
| I need someone to help me get to or attend healthcare appointments. | | 2 | | | 1 | | | | | 16 |

Other reasons why people who feel they did not identify as being part of an inclusion health group have found it hard to access services

| | |
|---|--|
| <p>Getting appointments</p> | <p>People cannot get appointments when they need them due to system design, long waits, or limited availability</p> <p><i>“The 8 am system is so wrong and doesn’t ensure those who need appointments get them.”</i> <i>“Time waiting on the phone. I give up.”</i> <i>“Difficulty in getting face-to-face doctors' appointments... hospital waits are 15 months.”</i> <i>“Hard to access neurodevelopmental pathways.”</i> <i>“We keep getting declined for autism/ADHD assessments.”</i> <i>“ You get fobbed off by the receptionists, made to feel as though you are an inconvenience.”</i></p> |
| <p>Practical access</p> | <p>Physical and logistical factors make attending services difficult</p> <p><i>“Public transport is an issue.”</i> <i>“Parking and not being allowed to use the toilet at the dentist.”</i></p> |
| <p>Personal barriers</p> | <p>Individual circumstances prevent people from accessing care even when it is available</p> <p><i>“I have rarely left my house because of my MH difficulties.”</i> <i>“I do not like to do anything online.”</i> <i>“I have Ket Bladder issue; affects my ability to sleep...waiting for another operation.”</i></p> |
| <p>Financial and systemic barriers</p> | <p>Costs and system-level issues stop people getting the care they need</p> <p><i>“Cost of dental treatment.”</i> <i>“We live in North Lincs, our GP is in North Lincs, but they use Lincolnshire NHS... we don’t know where to turn.”</i> <i>“I’ve started to leave conditions untreated because I have no confidence in the surgery, I only stay at the surgery because my family are there, and I have caring duties with them and don't want to influence their care by leaving.”</i></p> |

For those who said it was hard to access services, these are suggestions on how it could be made easier....

More clinics - I recently needed an urgent ophthalmology appointment for my son - was referred in JULY- was told it would be a two-week wait, he has an appointment at the end of September, this is not urgent or two weeks

Bring back the SAME DAY TREATMENT CENTRE that was on Monks' Road, Lincoln

Each GP surgery should have a daily drop-in session like the WALK-IN CENTRE

People who can provide caring, respectful, knowledgeable, kind services across Lincolnshire. I have seen NO RESEARCH TO SHOW THE BENEFIT OF ONLINE, PHONE ASSESSMENT. It covers up for shortage of skilled people.

It would help to be able to book an appointment in advance, e.g. for conditions that are not urgent but need looking at.

Make sure one knows WHO TO CONTACT AND WHERE. Maybe a Citizens' guide type document would be useful

Develop a health hub specific for Lincolnshire that HELPS PEOPLE TO NAVIGATE WHAT IS AVAILABLE, how to access it, when, etc. Like a 111 call for Lincolnshire that helps facilitate engagement.

I think there still need to be the option of ACCESSING HEALTH SERVICES BY TRADITIONAL MEANS - via telephone, or in person contact.

Easier pathways and more availability

I wear hearing aids - PHONE APPOINTMENTS ARE A NIGHTMARE for me as I cannot hear properly on the phone and if the other party has an accent then I really can't understand them in the phone and I have to ask them to continually repeat what they said.

In the case of doctors, REDUCE TELEPHONE ONLY APPTS. Doctor cannot see what you look like over the phone, so surely difficult to diagnose, therefore mis diagnosing is a strong possibility

All hospital and medical secretaries should have answer machines.

Good experiences of health and care services for those who feel they did not identify as being part of an inclusion health group

POSITIVE
COMMUNICATION

Doctors who LISTENED and acted on what they say they will do in a timely fashion.

The cardio rehab team are exemplary (they know HOW TO COMMUNICATE and always do what they say they will!)

The last visit to the surgery with my elderly parents, after 3 days of waiting, I finally got to see a young Doctor who had KINDNESS, EMPATHY AND UNDERSTANDING of the situation. He treated us like we actually mattered and listened to what he was being told. He also had the ability to read between the lines and spotted that the situation may deteriorate leaving us unable to cope without support.

The paramedics who have attended to me following hypo unconscious collapses have always shown great CARE AND PROFESSIONALISM

I had a covid vaccine at the Lincolnshire showground in 2021. 2 nurses did it . They were amazing, KIND AND PATIENT and gave me all the time I needed to be able to do it. Thanks to them I managed it

My really good experiences have come from private dental care (after I left the NHS one). I got some proper advice and prescriptions to care for my teeth

The fact that I could see a person face-to-face.

My husband broke his neck in 2019 and the care was fantastic in Boston and Nottingham

Was in LCH A&E and was very well looked after.

Certain individuals and places where they have good leadership.

8. If you have had a really good experience of health & care services, what was it that made it good? (Base N= 11)
Solid line – generic experiences / Dotted line – experiences around feelings / Dash Line – experiences about communication

Poor experiences of health and care services for people who feel they did not identify as being part of an inclusion health group...

Just BEING ABLE TO GET A DOCTOR'S APPOINTMENT, most surgery's offer text communication or online appointments and our surgery doesn't

NO APPOINTMENTS IN ADVANCE.
Rude receptionists
Wheelchair clinic is dire, and wheelchair is not fit for purpose.

Online assessment, poor signal

No dentist - although I'm registered on the waiting list for an NHS dentist at several places - I've not seen a dentist in over 7 years!

In Australia, I can walk into a GP or Pharmacy or go online, get a same-day appointment and be treated with courtesy, respect and care. My national records are updated instantly and are accessible via a secure app. And I can actually talk to a medically qualified GP about preventive care and long-term concerns rather than being pushed into a symptom-focused rushed job with a junior "health care assistant". I have zero confidence in the NHS to care for me or my health.

Staff exhausted
Outdated systems
A & E, urgent care and day unit, they don't align and work well together, and cause frustrations between each service

No one cares.
No matter how much we beg for help.

Long wait times to get treatment / surgery

Poor experiences of health and care services for people who feel they did not identify as being part of an inclusion health group...

My hearing loss and the other people
NOT TAKING THIS ON BOARD

Feeling rushed and unheard by healthcare professionals, with minimal or no tests even when beneficial. Switching from NHS to private dental care highlighted this; X-rays were delayed, leading to untreated cavities. Professionals often seem dismissive or even rude, disregarding my observations as 'unlikely.' It's fine if I'm wrong, but I expect guidance delivered with care, not laughter (which I've experienced from several GPs). There's also a lack of practical advice or effective solutions, often weak fixes that fail, leaving me hesitant to return for fear of being mocked. I WANT TO FEEL LISTENED TO, have my symptoms acknowledged, and, if nothing is wrong, receive a clear, compassionate explanation; not ridicule.

NOT BEING LISTENED to, being judged in clinic.
Held up my treatment.

NOT BEING LISTENED To, being told I was stupid for not taking advice, being forced into treatment I didn't want, not being allowed to be supported by my partner, not being given options or spoken to like a decent human capable of rationale decision making

DOCTORS NOT LISTENING, wasting mine and other health care workers time as a result.

The data shows that people who feel they did not identify as being part of an inclusion health group think that Health and Care Services DOES NOT meet their needs

| How well do you think health & care services ALREADY meet your needs? | |
|---|---------------------------|
| 8 People | Does meet their needs |
| 13 People | Does not meet their needs |
| 1 Person | I don't know |

What did we ask people?

We asked people what they would like to be different in their lives, and how Health and Care Services could support these changes.

The following slides outline:

- What would you like to be different in your life?
- What things in health or care services would need to change to help make that happen?

For people who feel they did not identify as being part of an inclusion health group, these are things they would like to be different in their life

| What would you like to be different in your life? | What things in health or care services would need to change to help make that happen? |
|--|--|
| Better access in Lincolnshire to healthcare and transport for public | |
| To been seen quicker | Less managers and more on frontline staff |
| Less waiting for hospital appointments and procedures. I work in public health and know the benefit and value of preventative health care, but the current wait for services/procedures does not align with prevention, especially in mental health services. Things deteriorate in the waiting and then required services are more acute and expensive! | The focus on moving healthcare from analogue to digital is fine when it works. Having supposedly digital 24/7 systems is fine if they work in the way that is needed (but they don't!) So many individuals and groups struggle with digital services, it's well documented, so how are they already existing inequalities and inequities going to be addressed in the move to a digital world? Some people don't have internet access, unlimited data, a good network connection, and have literacy needs - amongst other barriers. They need services too and should not be left behind. |
| I would like to be able to contact the GP practice via the electronic system (Ask my GP) at anytime rather than from 8.00am-10.00am, as I have to get to work. | Expansion of the electronic services opening times. |
| Referring for autism and ADHD not be so reliant on schools due to girls masking so well then coming home and shutting down. | Listen to parents |
| Not have cancer ? More houses and support to prevent homelessness Addressing inequalities of the super rich while everyone else is getting poor | Make social care and the NHS work together from one budget pot |
| Services to perform well when needed to support me to support my family, they need to be responsive, not reactive. Not one size fits all. | Employ people with empathy and understanding (training and development of skills) Walking in our shoes. Looking at the bigger picture, giving more time to save money in the long run. Carers to be given the recognition they deserve. Support services to be supportive! Wheelchair services to look at the young person as a young person not as an elderly person ,giving them equipment that is not age appropriate is not acceptable. Services actually listening and then taking action (not being fobbed off). |

10. What would you like to be different in your life? (Base N = 14)

11. What things in health or care services would need to change to help make that happen? (Base N = 13)

For people who feel they did not identify as being part of an inclusion health group, these are things they would like to be different in their life

| What would you like to be different in your life? | What things in health or care services would need to change to help make that happen? |
|--|--|
| My general health - I'm constantly unwell (cold symptoms constantly for the last few years, dizzy spells, headaches and migraines, often overheated when everyone else is cold, clammy). | More care and attention provided to me at a GP - I currently feel like my symptoms will be seen as 'too mild' to matter, even though they have been ongoing for more than a year, and I will be laughed at for being concerned. I wouldn't even think it was enough of an issue if it hadn't been going on for several years, and if my family hadn't started getting concerned at my clammy skin. |
| Too much box ticking and no one taking responsibility | Menopause training for doctors. More gynaecology specialist in Lincolnshire. Because there is only one |
| Menopause training for doctors. More gynaecology specialist in Lincolnshire. Because there is only one | A concerted effort to actually care for women. |
| Move into my own accommodation, get successful treatment for Ket bladder issues, get a job, keep off drugs | Shorter waiting lists, transport, more money to get to appointments, services/hospitals not so far away |
| I would like to feel better about myself. I am on a waiting list to help with gender dysphoria, and I would like that to come quicker. I would like to be able to access education, as my MH is so bad I am not really doing that. I would like to be able to eat with out being scared it will make me sick | I would like someone other than my mum to help me (I am 17 and 9 months at the time of writing this, and I have filled this in with the help of my mum. |
| Skilled people providing face to face care and support | A plan to have Skilled people providing face to face care and support and community services across Lincolnshire |
| I would like to be seen face to face | You need to open up face to face appointments |

10. What would you like to be different in your life? (Base N =14)

11. What things in health or care services would need to change to help make that happen? (Base N = 13)