

Meeting the aspirations of the NHS 10-year Plan: Working with marginalised population groups in Surrey

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Surrey Inclusion Health Team...

- Who we are
- What we do
- How we work

The population groups we serve:

- Asylum seekers and Refugees
- Gypsies and Travellers, Showmen and Roma
- Homeless Families
- Subgroups: Victims of MSHT, exploitation,
- BARRIERS TO ACCESS



The three cohorts we work with... and *Intersectionality*



Gypsy,
Roma,
Traveller,
Boater and
Showmen,
New

Children and
families
seeking
asylum or
with Afghan
refugee
re-settlement

Families in
emergency
accommodati
on

Intersectionality...



- Parental challenges (MH, trauma, grief, loss, destitution, DA)
- Parental experience of homelessness as a child (Unreliable figures)
- Leaving care, family breakdown
- Environmental factors: COL , Post-pandemic factors, job insecurity, low wages, online gambling rise
- Insufficient social and affordable housing
- Outsourcing emergency accommodation
- Unmet health needs, undiagnosed LDs, including ASD
- Exploitation, trafficking, County Lines, Modern Slavery, Undocumented migrants
- Revolving doors
- Lack of agency/Loss of hope
- Overwhelmed services... normalising homelessness
- HIDDEN HOMELESSNESS
- Hostile political and social environment. Victorian values? ("deserving poor", shame/judgement)

What are Health Inequalities?



- [Health inequalities in a nutshell The Kings Fund](#)
- [What are healthcare inequalities? NHSE](#)
- [Quantifying health inequalities in England - The Health Foundation](#)

Health inequalities are avoidable, unfair and systematic differences in health between different groups of people. Health inequalities are experienced between different groups of people and are often analysed across four main categories: socio-economic factors (for example, income); geography (for example, region); specific characteristics (for example, ethnicity or sexuality); and socially excluded groups (for example, people who are seeking asylum or experiencing homelessness). The effects of inequality are multiplied for those who have more than one type of disadvantage.

Why do they matter?...



Inequalities of what?

[Health inequalities](#) are ultimately about differences in the status of people's health. But the term is also used to refer to differences in the care that people receive and the opportunities that they have to lead healthy lives – both of which can contribute to their health status. Health inequalities can therefore involve differences in:

- health status, for example, life expectancy
- access to care, for example, availability of given services
- quality and experience of care, for example, levels of patient satisfaction
- behavioural risks to health, for example, smoking rates
- wider determinants of health, for example, quality of housing.

The Kings Fund, June 2022

Examples of health inequalities...

Life expectancy is between 7.7 (women) and 10.5 years (men) shorter in the NORTH of England, compared to the SOUTH

An average of 2 homeless people die each day in England (Shelter)

People with learning disabilities have 17 to 14 years shorter lives than the average population without LDs

Suicide rates in Gypsy, Roma and Traveller communities is at least 6 times higher than the rest of the population

The risk of maternal death is three times higher in Black ethnic background women, compared to White

Life expectancy for GRT communities is between 10-25 years shorter

170,000 children in temporary accommodation in England 2025

Barriers for clients:

- Language
- Literacy (including in own first language)
- Lack of trust in authorities
- Poor previous experiences with services
- Lived experience of discrimination
- Not feeling heard
- Trauma
- ACEs
- Poor mental and physical health
- Learning or cognitive disabilities
- Lack of sleep
- Competing priorities
- Not understanding services/ expectations
- Cultural beliefs, including conflicting information
- Lack of health literacy
- Lack of access/transport/finances
- No local GP



Programmes to reduce health inequalities:

Core 20+5

- NHSE
- NICE
- CQC
- ICBs
- Public Health Teams (Local Authorities)
- Regional and National programmes
- Charities and advocacy Organisations
[SS00-Health-inequalities FINAL-2.pdf](#)
- Peer-led initiatives
- Community Nurses! QICN



The NHS 10 Year Plan: what does this mean for us?



Three pillars (Hosp to Community, Analogue to Digital, Treatment to Prevention):

Challenges:

- Community services (workforce capacity, estates, leadership, pathways)
- commissioning arrangements/competition for resources/priorities, Hubs
- Policy, Finance
- Governance, regulation, monitoring, structures, operating models
- Reform agenda
- Population Health data for hidden populations

Barriers for staff: Key learning points:

- Lack of time, huge existing caseloads
- Fear of getting it “wrong”
- Lack of resources
- Fear of not being able to meet needs
- Cultural competence and confidence
- Professional conflict for example: safe sleeping advice
- Assumption that someone else is providing care
- Lack of commissioned services
- Lack of structured pathway: who’s responsibility?
- Complex needs of clients, including safeguarding
- Vicarious trauma



Professional Challenges

- Workforce capacity, R&R, scaled back services (NHSE to community services)
- Financial environment: need to re-build services, infrastructure
- Competition for funding
- AI and post-pandemic ways of working. (use of remote applications)
- SIGNPOSTING!
- Need to evidence impact/outcomes
- Commissioning pressures
- Vicarious trauma, burnout, staff wellness & retention
- RESILIENCE!



What does the NHS 10-year Plan mean for our clients?



Challenges for our families:

- Digital exclusion, digital poverty
- Finding solutions to existing barriers (poor admin, late letters, missed appointments)
- Treatment to Prevention? NHS Plan or Health Plan? Existing population healthy crisis with current pressures
- Out of date digital systems that don't speak to each other or are flexible enough to identify barriers (low literacy, need for interpreters/alternative languages)
- Widening gap between rich and poor. Acceptance of poor service.

How can we provide equitable access?



- Considering the wider determinants of health (Poverty, geography, employment status)
- Considering the barriers and making adjustments
- Ensuring information is accessible and in the right format
- Making Every Contact Count (MECC)
- Being aware of Adverse Childhood Experiences (ACEs)
- Being Trauma-informed
- Being brave and professionally curious
- Being ready to consider one's own biases and to open to learning
- LISTENING TO THE CLIENT AND BEING KIND AND HUMBLE

Thinking outside of the box (Service)



Community
Kitchens

Weekly clinics in
Afghan
re-settlement
hotels

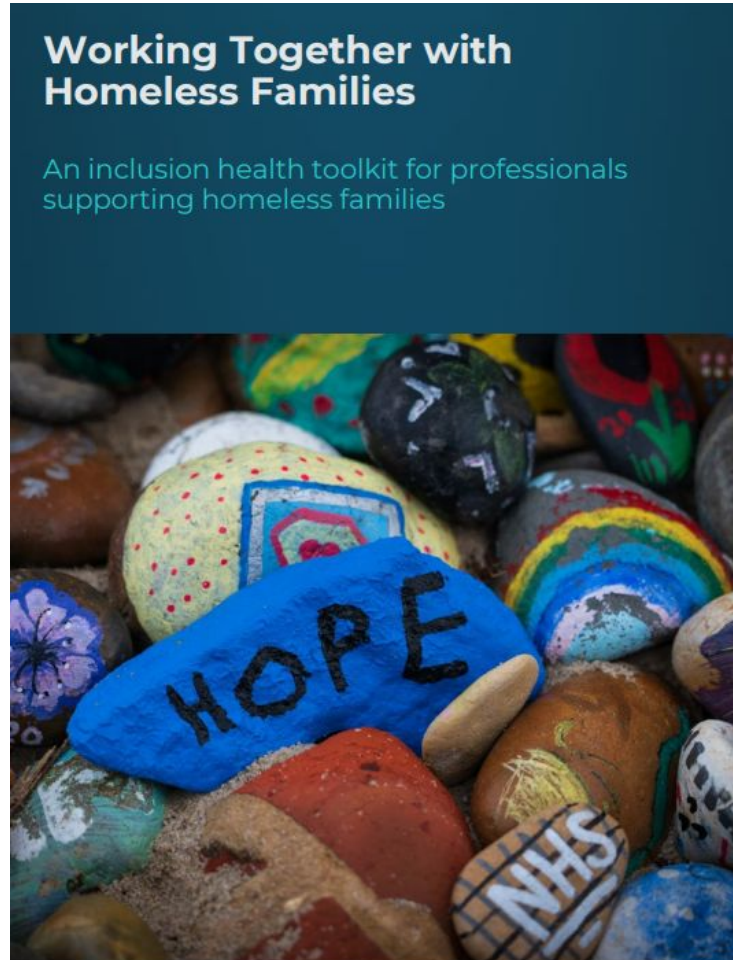
Books Beyond

Safe Space
Coffee Mornings
*Social integration
project to reduce
head injuries and
also reduce ASB*
Safety padlet

GRT Women's
Virtual Health
Group

Emerging Needs:
Joint project with
Barnados to
deliver targeted
antenatal input to
hidden

Sharing the experience...



Working Together with Homeless Families: An Inclusion Health Toolkit

Context

When frontline professionals are confident, skilled, and equipped, they don't just support families facing homelessness; they transform lives for generations to come.

Family homelessness is a growing public health concern in UK, with rising numbers of children living in temporary, insecure, or inadequate housing. The physical, emotional, developmental impacts are profound—affecting health outcomes across generations. Community and public health professionals, particularly those in nursing and family support roles, are often first to identify early warning signs and provide intervention. This toolkit has been developed to support such practitioners in delivering compassionate, coordinated, and inclusive care to families experiencing homelessness.



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and

Purpose

The *Working Together with Homeless Families* toolkit aims to:

- Equip health and social care practitioners with practical tools, evidence, and frameworks to identify and respond to the needs of homeless families.
- Promote health inclusion, ensuring equitable access to healthcare for marginalised families.
- Strengthen collaboration between health, housing, and social services to interrupt cycles of disadvantage and poor health.
- Build practitioner confidence through shared learning, case studies, and professional development resources.

Overview of Content

The toolkit is organised into thematic sections:

Introduction & Context: outlines the scale, causes, and impact of family homelessness.

Foundational Guidance: practical advice for engaging with families compassionately and holistically and understanding the various forms of homelessness.

Practical Tools: a structured six-part Family Needs Assessment designed to support a thorough and evolving understanding of each child's circumstances. The tool recognises a complete and accurate picture is often an iterative process that may require information to be collected over several visits.

Professional Learning Resources: curated reports, e-learning, and guidance from Queens Institute of Community Nursing, Institute of Health Visitors, CQC, and key opinion leaders.

Case Studies & Best Practice: examples from NHS Health and Social Care, the private sector providers, voluntary sector initiatives, and integrated care teams.

Human Rights of the Child: the duties of the Government and professionals caring for children.

Do's and don'ts for inclusive practice...



- Explain the purpose of your contact and who you are. Be respectful and kind but CLEAR.
 - ASK how they would like the information. Use reliable resources
 - ASK if they would like an interpreter
 - Find creative solutions (Voice note?) and be willing to learn
 - ASK if it would be helpful to get a text reminder. Be flexible.
 - Remember that health may not be a priority in complex situations
 - Listen without judgement
 - Be trauma-aware. Be interested and persistent to build trust
- Don't:**
- Assume that they understand the NHS or the reason for your contact
 - Make assumptions about cultural preferences or beliefs or attitudes
 - Assume that they understand UK expectations
 - Use complex language or jargon
 - Don't promise anything you can't deliver

What can I do?

- Importance of humanity and human kindness...and hope
- Keep challenging
- Be a part of change
- "Follow the sunshine"!
- Network, stay informed
- "If you're not at the table you'll be on the menu!"



Feedback:



"Thank you for listening...nobody cares what happens to us women but I know that you care because you have shown me what to do to keep safe..."

"... If L took me to the edge of a cliff and told me to jump into the sea, I'd do it even though I can't swim because I trust her completely!"



Contact information

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