



Home is where the care is?

We explored whether people who are unable to leave their home are having their needs met by community health and care services.



What did we do?

This was a small-scale study, focussing on qualitative data. We conducted detailed interviews and a survey with **11** responses and **80** free text comments which we were able to categorise into themes.



Key findings

- Everyone felt they had been **involved in decisions about their care to some degree**.
- **Registering with a GP as housebound is inconsistent.** Needs were not always considered when they requested home visits, especially for neurodiverse people and/or those needing mental health support.
- **People were not told when a home visit would happen. This was especially triggering for neurodivergent people.**
- People were frustrated by being asked to **repeat their story repeatedly** to healthcare professionals. There were challenges with needs being **flagged on systems and acknowledging accessibility requests**.
- There was a perceived **lack of understanding and respect shown**, especially evident for people unable to leave their home due to their **mental health or neurodiversity**.
- People who need care at home have limited experience of using **smart technology** and no experience of web-**based monitoring systems** to manage their health.



"My daughter's agoraphobia started in 2020, and she was 19. She could not leave the house so could not get out for a Covid vaccine - the first response was 'can't you get her to the carpark - we can send a district nurse out to do it there'. She was unable to leave the house at all! It was sorted and the surgery have been very understanding over the years once she was correctly registered as housebound. "

Guildford resident



There is a lack of definition of 'housebound' and consequently lack of consistency for people needing care in the home.

[Read more on the report page of our website.](#)