



Experiences of homelessness, eye and ear health and access to care

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Executive summary

This research highlights a strong link between homelessness and poor eye and ear health. It also shows how sight and hearing difficulties can result from and contribute to homelessness.

Nearly half (47%) of people experiencing homelessness who were surveyed reported that their sight or hearing had worsened during this period, while one in five (21%) developed problems for the first time. Those sleeping rough were most affected, reporting increased risks to their safety, independence and overall quality of life.

Sight and hearing difficulties can make it harder for people to secure and maintain employment, housing and support services. Around a third of low-income renters with these conditions said that they struggled to find or keep work, maintain housing or access housing advice.

Access to eye and ear care remains limited, particularly among people experiencing homelessness. Cost, competing priorities, transport challenges and a lack of accessible services were the main barriers. Many respondents called for free or low-cost glasses and hearing devices, alongside services delivered in trusted, accessible and non-judgemental settings.

Despite these challenges, experiences of care were overwhelmingly positive once people accessed services, with most reporting that appointments were easy to arrange, accessible and delivered respectfully.

Overall, the findings suggest that improving access to affordable and accessible eye and ear care could help improve health, wellbeing and housing outcomes for people experiencing, or at risk of, homelessness.

1. Introduction



Homelessness is a cause of poor health and is associated with substantial barriers to healthcare

Additionally, health conditions can present challenges to moving out of homelessness and into secure housing. This research attempts to address an evidence gap regarding how this applies to eye and ear health specifically. To address these research questions, mixed-methods research was conducted, comprising:

- **Homelessness and Health Survey:** a targeted survey of people who were currently experiencing homelessness, or had experienced homelessness in the last year
- **Housing Insecurity and Health Survey:** a wider survey of low-income renters
- **Interviews:** in-depth interviews with five people with experience of homelessness and sight or hearing difficulties

Homelessness can worsen eye and ear health and the impacts are greatest for those experiencing the most acute forms of homelessness

The Homelessness and Health Survey made clear the damaging effects of homelessness on eye and ear health and highlighted the impact of these conditions on people experiencing homelessness, particularly people sleeping rough. Close to half (47%) of those with experience of homelessness and sight and hearing difficulties said that these issues had worsened during their experience of homelessness, while one in five (21%) said they did not have sight or hearing issues before they experienced homelessness.

Sight and hearing difficulties were found to impact people experiencing homelessness across several areas of their life, including personal safety and quality of life.

The Homelessness and Health Survey found that more than a third of people with experience of homelessness and sight and hearing difficulties felt that these conditions caused difficulty with day-to-day tasks (37%), reduced confidence (35%), feeling more at risk of accidents (35%) and lower quality of life (34%). People who were sleeping rough with sight or hearing difficulties felt these impacts more acutely – half (50%) said that they felt more at risk of accidents due to their vision/hearing, while a third (33%) felt more at risk of violence or exploitation as a result.

Sight and hearing difficulties can create barriers to housing, employment and support

Sight and hearing difficulties made it more difficult for people in potentially precarious housing situations to maintain their income and housing: the Housing Insecurity and Health Survey showed that around a third of low-income renters with eye or care health issues said that poor eyesight or hearing made it more difficult for them to find employment (35%), maintain employment (35%), find somewhere to live (32%), maintain their housing (31%) and access housing advice and support (36%). The research findings pointed to a lack of communication options, difficulty getting through to a service representative and complex paperwork as barriers that made it more difficult for people with vision and hearing difficulties to access housing-related support.

There are barriers to accessing care

In both surveys, many participants had not accessed an eye or hearing check for several years, if ever – this was more marked for people with experience of homelessness and particularly for those who were sleeping rough. More than a quarter of people who were sleeping rough said that their last optician appointment was over five years ago (27%) and more than one in seven (15%)

had never had an optician appointment. Around two-thirds (64%) of people with experience of homelessness had never had a hearing check or didn't know if/when they'd had one.

In both surveys, cost was a clear barrier to people with experience of homelessness and low-income renters accessing eye and ear care, as were competing priorities/a lack of time or capacity to arrange an eye or hearing check and limitations around transport and accessibility of location. When asked what kind of ear and eye health support they would have liked during their experience of homelessness, respondents most often cited free or low-cost glasses and hearing devices (80%), followed by the ability to attend appointments in their accommodation or at services they already use, reducing travel and access barriers (65%) and services in locations that felt safe, welcoming and non-judgemental (58%).

Positive experiences of healthcare indicate barriers are surmountable

Despite the barriers to eye and ear healthcare among those experiencing homelessness or in precarious housing situations, the research indicated positive experiences when these services were accessed.

Most people who responded to the Homelessness and Health Survey who had had an eye or ear care appointment in the last two years said that it had been easy to make the appointment (90%), that the appointment was in a location that was convenient to them (87%) and that they were treated well by healthcare staff (97%).

This suggests that barriers to inclusion in ear and eye care are surmountable and that potential exists to improve quality of life by alleviating the impacts of hearing and sight difficulties on people experiencing, or at risk of, homelessness.

2. Background



The impacts of homelessness on health, the extent of exclusion from health services and the barriers to stable housing faced by those with poor health are now well-established.[1] This has been seen across a spectrum of physical health conditions and evidence is now building on the link between homelessness and eye and ear health specifically.

A previous study has found that 14% of people experiencing homelessness have a diagnosable eye condition – far higher than the general population.[2] Unmet eye care needs can have significant impacts on the daily life of people experiencing homelessness, leading to problems with basic tasks, such as reading signs and crossing roads, and undermining safety

and independence. Finances, transport and stigma are all major obstacles to accessing care.[3]

Hearing loss, too, has been found to affect around one in ten people experiencing homelessness in a recent study,[4] placing hearing loss among the most common physical health diagnoses for these people. In 43% of these cases, hearing loss was diagnosed subsequently to experiences of homelessness, which could indicate an association between homelessness and hearing loss. Indeed, other research has considered socio-economic factors, including housing status, among the risk factors for hearing loss and have found that hearing loss can in turn have adverse impacts on employment options and social participation more widely.[5,6]

1. E.g. see footnotes 3 and 7.

2. The Big Issue (2026), The BIGGER Issue puts barriers to eye care in focus. Available online: <https://www.bigissue.com/life/everyone-de-serves-to-see-clearly-advertorial/>. Accessed August 2026.

3. Oehring, D., Paisi, M., Anil, K. and Eithers, L. (2025), Invisible needs: The perceptions and experiences of eye health among people experiencing homelessness in Devon and Cornwall, Social Sciences & Humanities Open. <https://dx.doi.org/10.2139/ssrn.5188330>

4. Hertzberg, D., Standing-Tattersall, C. and Boobis, S. (2025), The unhealthy state of homelessness 2025: Findings from the homeless health needs audit. Homeless Link. Available online: https://homelesslink-1b54.kxcdn.com/media/documents/Unhealthy_State_of_Homelessness_2025.pdf

5. Briscoe, S., Shaw, E., Nunns, M., Lawal, H. Orr, N., Coon, J.T., Garside, R. and Melendez-Torres, G.J. (2024), Consideration of health inequality in systemic reviews and primary studies on risk factors for hearing loss, Cochrane Evidence Synthesis and Methods. <https://doi.org/10.1002/cesm.12052>

6. , S., Shaw, E., Nunns, M., Orr, N., Coon, J.T., Garside, R., Melendez-Torres, G.J. (2023), What are the risk factors for hearing loss and how are they related to socio-economic inequalities? An annotated bibliography of systemic reviews, University of Exeter.

Research by Pathway and Crisis^[7] has suggested that there is limited awareness among people in exclusion health groups of pathways to access vision and hearing support and that where this support is sought it can be challenging to access. Barriers to vision and hearing care included poor GP access, perceived issues with a lack of address and contact details, problems receiving letters and phone calls about appointments, high street opticians being seen as intimidating and a lack of outreach services.

Specialist programmes to improve access to ear and eye care are capable of overcoming these barriers: an outreach initiative delivered by Specsavers and Vision Care found that most (88%) of those seen said that they would not have accessed eye care if it had not come to them.^[8] Inclusion and outreach services are clearly needed to address the health needs of those experiencing homelessness and prevent untreated ear and eye issues from becoming worse. Nearly three-quarters (75%) of people affected by homelessness who access Specsavers eye health clinics require glasses and 20% have a condition that needs care.^[9]

While it has been acknowledged that homelessness is 'caused by poor health and a cause of poor health',^[10] there is still a gap in evidence showing how this relates to ear and eye health: how do sight and hearing issues affect housing stability and homelessness risk, are ear or eye health made worse by homelessness and do



these issues compound the other impacts of homelessness? This research from Specsavers and Crisis aims to address this gap and to further build the evidence base on reasons for exclusion from ear and eye care and suggest a solution to this.

7. Jackson, T. and O'Connell, D. (2025), "Helping or Harming?" The homelessness & inclusion health barometer 2025. Pathway and Crisis. Available online: <https://www.pathway.org.uk/resources/helping-or-harming-the-homeless-inclusion-health-barometer-2025/>

8. Big Issue (2025), Bringing sight to your doorstep: How Specsavers Home Visits are transforming eye care access. Available online: <https://www.bigissue.com/life/health/specsavers-home-visits-transforming-eyecare-homeless-advertorial/>. Accessed August 2026.

9. Specsavers (2026), Our Homelessness Programme. Available online: https://www.specsavers.co.uk/about/charitable-partnerships/homelessness?srslti-d=AfmBOorv1g437o06WBBorPm8XXrWXCL_jW0dtavrggyWSWRySZNpSyOr. Accessed August 2026.

10. See footnote 3.

3. Housing situation

Research participants experienced a range of housing and homelessness situations

Of those who completed the Homelessness and Health Survey, around two-thirds (65%) described themselves as currently experiencing homelessness and 35% stated that they were not currently experiencing homelessness but had within the last year. All were accessing homelessness services at

the time that the survey was conducted. All respondents were also asked where they were mainly staying at the time of the survey.

Although around a third of respondents described themselves as not currently experiencing homelessness at the time of the survey, most were currently in a housing situation included under Crisis’ definition of homelessness, with a minority living in their own rented home.

Table 1: Housing situations of Homelessness and Health Survey respondents (N=292)

Where are you mainly staying at the moment?	% of respondents
Sleeping rough (outside or in a tent)	37%
In temporary accommodation	27%
In a hostel, refuge or similar	18%
Sofa-surfing with friends or family	2%
Sofa-surfing with strangers or acquaintances	1%
Sleeping on public transport or in indoor public spaces	1%
Sleeping in a car, van or boat	-
Sleeping in a garage, shed, warehouse, building site, abandoned property or similar	1%
In my own home (private rent)	1%
In my own home (social rent)	7%
In my own home (owned)	-
Other	4%

Low-income renters who completed the Housing Insecurity and Health Survey were either renting from a private landlord, or living in social housing let via a local authority or housing situation.

Table 2: Tenancy status of Housing Insecurity and Health Survey respondents (N=1,549)

The findings indicated a high degree of housing precarity and other housing issues among low-income renters. More than two-thirds (69%) had experienced some form of housing issue in the last 12 months, such as a missed rent payment, poor maintenance of the building, or conditions that were in disrepair, damp, mouldy or unsafe.

Renting status	% of respondents
Rented from private landlord	53%
Rented from local authority (social housing)	23%
Rented from housing association (social housing)	24%



4. Key findings



i. Homelessness is associated with poorer eye and ear health

Homelessness and Health Survey findings

The research findings highlighted the negative effects of homelessness on health. More than half (58%) of those surveyed with experience of homelessness reported some form of sight difficulty, most commonly: difficulty reading text (43%), blurred or distorted vision (37%) or difficulty recognising faces from a distance (31%). Sight difficulties were particularly common among people who were sleeping rough, affecting 62% of these respondents.

Hearing difficulties were also common, affecting a third (33%) of those with experience of homelessness. Most commonly these presented as difficulty following conversations in noisy environments (24%), difficulty hearing speech clearly (17%) or tinnitus (17%). Again, hearing difficulties were more common among people who were sleeping rough, affecting 39% of these respondents.

Overall, two-thirds (67%) of people with experience of homelessness reported some form of sight or hearing difficulty.

One in five (21%) of those with sight or hearing difficulties said that they did not have these difficulties before they experienced homelessness. Close to half (45%) said that although they had sight

or hearing difficulties before, they had got worse during their experience of homelessness. The experiences of the interviewees illustrate how homelessness can lead to deteriorating physical health and create new health problems.

‘There was a point where I was street homeless, so I was sleeping in a park and I ended up getting an ear infection from the place I was sleeping. I managed to start getting it treated when I was in a hostel but... you couldn’t stay there the whole day so you had to be out and about. I had headphones on a lot because I’m neurodiverse as well. I think all of that combined just meant it wasn’t great... it took a long time to heal. Even now, because it was so prolonged, I’m still impacted by it.’
Crisis interviewee

One interviewee whose glasses had been broken or stolen during their experience of homelessness described how this led to further eye issues.



‘So what I was doing was wearing the same contact lenses for multiple days, maybe up to a week actually, daily disposables for a week. Which is stupid when you’re aware of the health risks. But you know, there was no other option... That type of granular effect on wearing contacts for ages is obviously going to do some damage to your eyes, let alone the risk of actual infection. So I know I did have low-quality vision. During that phase it was better than nothing... I think [my glasses] would have been broken or stolen.’
Crisis interviewee

The survey responses from people with experience of homelessness and sight or hearing difficulties further demonstrate the adverse effects of homelessness on ear and eye health. One in three (29%) said that their sight difficulties had become worse because they were unable to access care, while 17% said that their hearing difficulties had got worse for this reason.

Housing Insecurity and Health Survey findings

Compared to respondents to the Homelessness and Health Survey, slightly lower proportions of low-income renters required some form of aid or care for their eye health or vision (49%) or for their ear health or hearing (20%). Those requiring eye health or vision care most commonly used glasses or contact lenses (76%), with a quarter requiring another kind of eye medication (24%). Those who required ear health care most commonly required medication (45%) or hearing devices (32%).

ii. Poor eye and ear health affects safety, wellbeing and everyday life

Homelessness and Health Survey and interview findings

People with experience of homelessness and low-income renters in this research were experiencing a range of impacts of ear and eye health issues on their day-to-day life, safety and wellbeing.

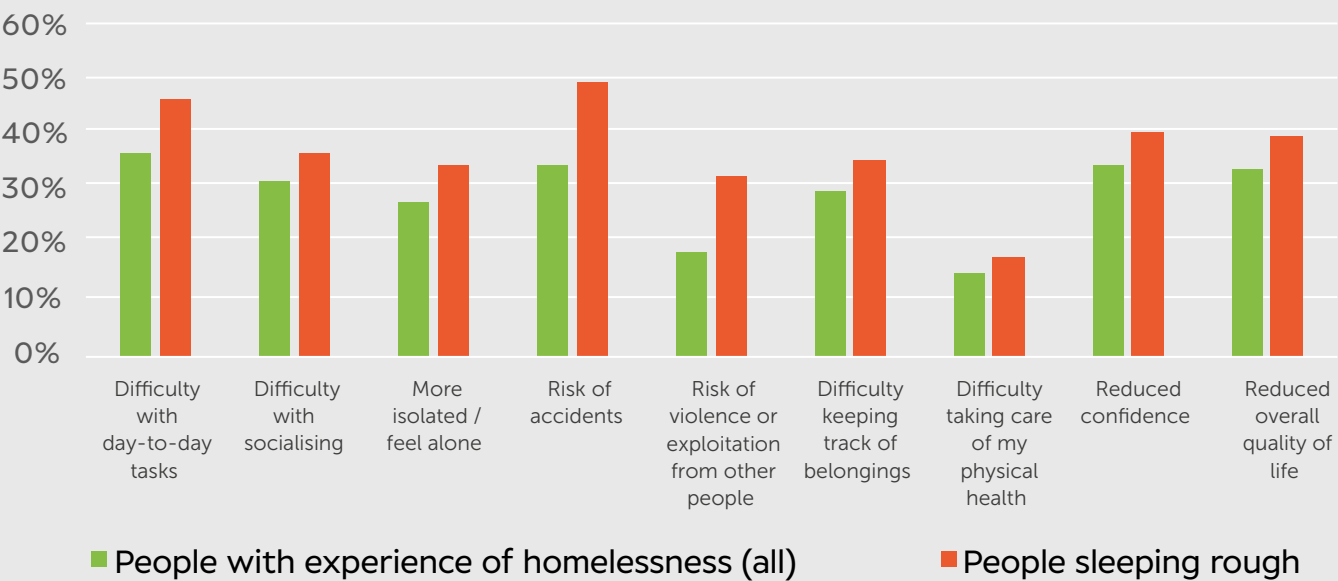
Among people with experience of homelessness and vision or hearing difficulties, more than a third (37%) reported that these conditions caused difficulty with day-to-day tasks. These participants also reported reduced confidence (35%), feeling more at risk of accidents (35%), lower quality of life (34%),

difficulty socialising (32%), finding it harder to keep track of their belongings (30%), feeling more isolated (28%), feeling more at risk of violence or exploitation (19%) and finding it harder to take care of their overall physical health (15%) because of their sight or hearing difficulties.

‘Even hearing hurt - like when the wind would go past, it would hurt. Everything hurt so much and I thought I was losing my hearing.’
Crisis interviewee

People who were rough sleeping were particularly likely to report certain impacts of sight or hearing impairment. Half (50%) of those rough sleeping with sight or hearing difficulties said that they felt more at risk of accidents due to their vision or hearing, while a third (33%) felt more at risk of violence or exploitation because of their sight or hearing difficulties.

Figure 1: Have your sight or hearing difficulties had the following impacts on you?



‘Any form of homelessness’ base: 193 people with experience of any form of homelessness and sight and/or hearing difficulties
‘Rough sleeping’ base: 78 people sleeping rough with sight and/or hearing difficulties
Source: Homelessness and Health Survey, Aug-Sep 2026

One interviewee who suffered from tinnitus described the impact this had while having conversations.

‘When it just suddenly bursts, I might need to hold my head and take some evasive action, but otherwise I’ll gradually just take a break if I’m mid-conversation. Other times if it’s less severe, less drastic, then I’ll just carry on with a piercing or whatever noise is going on my head... It’s more difficult to focus... to try to concentrate on what people are saying and not be distracted..’

Crisis interviewee



An interviewee also explained the effects of poor vision, particularly when facing homelessness and not having access to the right glasses or contact lenses.



‘You know, [I get] headaches and stuff and it affects your entire life... When you don’t know who you’re talking to, you need to be cautious because also, if you are homeless, you do worry about harm and risk from other people.’

Crisis interviewee



iii. Eye and ear health issues can create barriers to housing, employment and support

Housing Insecurity and Health Survey findings

The findings show that eye and ear health issues can create additional barriers to stable housing, maintaining a home, financial security and accessing support services.

The survey of low-income renters in the UK and Ireland suggested that people with vision and hearing difficulties have more difficulty accessing some services that could support them to keep their home.

Those who required glasses, contact lenses or other eye care were more likely to say that they would find it difficult to access support from a local council (34% compared with 29% of those who did not need glasses, contact lenses or other eye care).

Low-income renters who required glasses, contact lenses or other eye care cited a lack of communication options and complex paperwork as barriers to accessing support. They were more likely to cite difficulty getting through to a service representative as a barrier to advice and information services (40% compared with 32%), local authority services (37% compared with 24%) and homelessness and housing services (38% compared with 30%).

Around a third of affected low-income renters said that poor eyesight or hearing made it harder to find employment (35%), maintain employment (35%), access housing advice and support (36%), find somewhere to live (32%), maintain their housing (31%), access housing or homelessness services (32%) and access benefits or other support to pay for housing (30%).

Homelessness and Health Survey and interview findings

Similarly, people with current and recent experience of homelessness reported ear and eye health-related barriers to financial and housing stability. Around one in six said that their sight or hearing difficulties had made it harder for them to look for housing (17%) and find a job (17%).

More than one in ten said that their sight or hearing difficulties had made it harder for them to access benefits (12%), attend job interviews (11%), access training (11%) and stay in a job (12%).

The research also identified accessibility-related barriers to moving out of homelessness. Nearly one in five respondents with experience of homelessness (18%) said that their sight or hearing difficulties had made it harder to get help from homelessness services.

Nearly half of those with sight difficulties (47%) or hearing difficulties (54%) reported that they had not got the support they needed with their housing, slightly higher than the 41% reported by all respondents.

Half of respondents with sight difficulties (50%) and 48% of those with hearing difficulties said they had been turned away by their local council homelessness service, compared with 45% of all respondents. Only one in ten who had accessed local council homelessness services (10% of those with sight difficulties and 9% of those with hearing difficulties) agreed that these services had made accommodations for their health needs.

Looking at physical health more broadly, around a third of those with experience of homelessness and sight (30%) or hearing (34%) difficulties reported that their physical health problems were part of the reason why they became homeless.



iv. Many people go years without eye and hearing checks

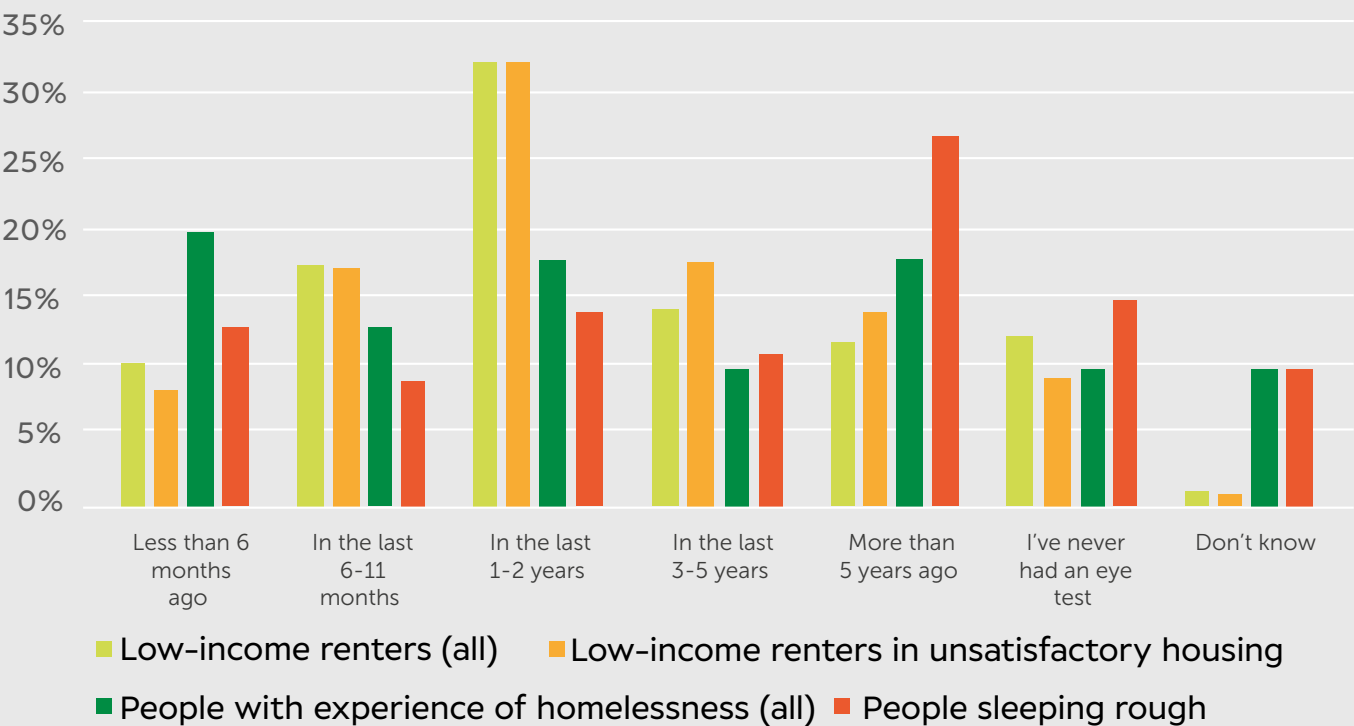
Findings from the Homelessness and Health Survey, Housing Insecurity and Health Survey and interviews

The research revealed significant barriers and delays to ear and eye care, which were experienced by low-income renters as well as those with experience of homelessness. The findings suggest that more acute housing issues are associated with longer delays and greater barriers to care.

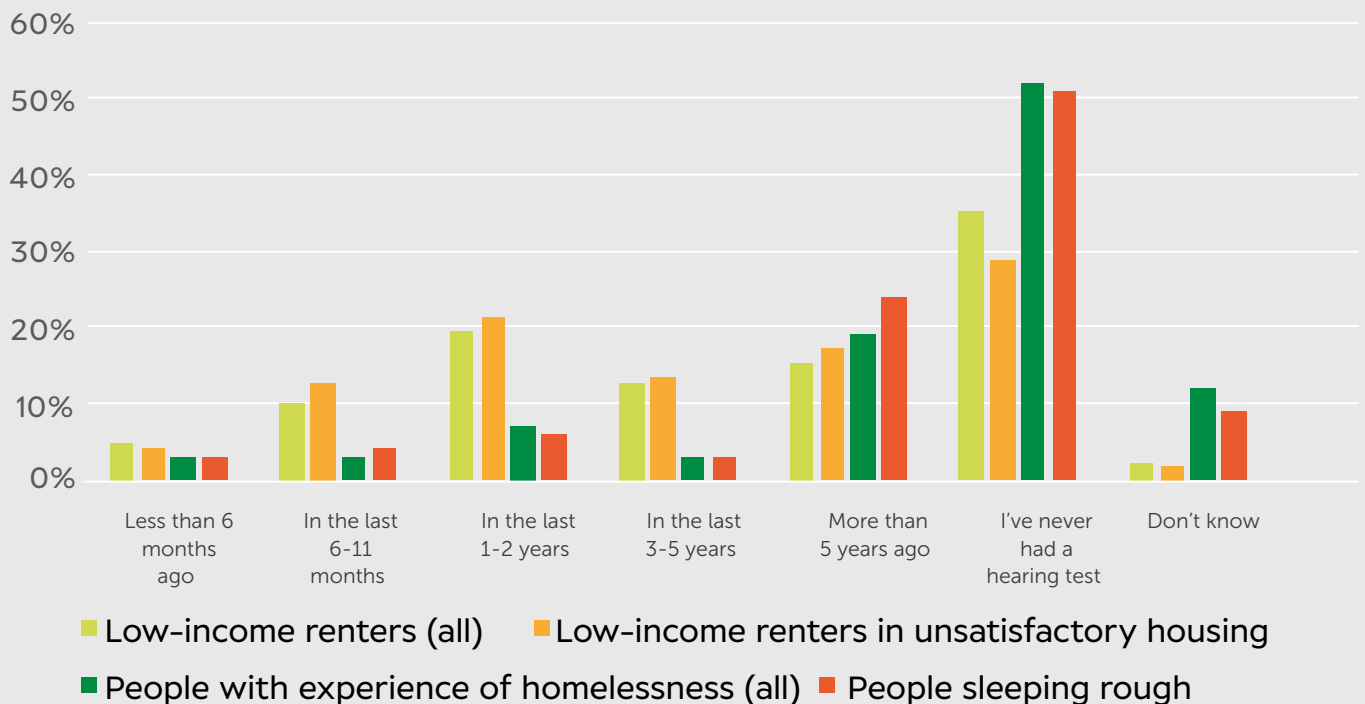
More than one in ten low-income renters (12%) and nearly one in five people with experience of homelessness (18%) said that their last eye check was more than five years ago. The same proportion of low-income renters (12%) and 10% of people with experience of homelessness had never had an eye check.

People who were sleeping rough were particularly likely to have had their last optician appointment more than five years ago (27%) or never (15%).

Figure 2a: When was your last eye test?



'Low-income renters' base: 1,549 people with annual households income of £24,752 /€28,866 or below.
'Low income renters in unsatisfactory housing' base: 486 people with annual households income of £24,752/€28,866 or below who described themselves as unsatisfied with their current housing situation.
'People with experience of homelessness' base: 292 people with experience of any form of homelessness.
'People sleeping rough' base: 107 people who were sleeping rough.
Source: Homelessness and Health Survey, Aug-Sep 2026; Housing Insecurity and Homelessness Survey, Aug-Sep 2026.

Figure 2b: When was your last hearing test?

'Low-income renters' base: 1,549 people with annual households income of £24,752 /€28,866 or below.

'Low income renters in unsatisfactory housing' base: 486 people with annual households income of £24,752/€28,866 or below who described themselves as unsatisfied with their current housing situation.

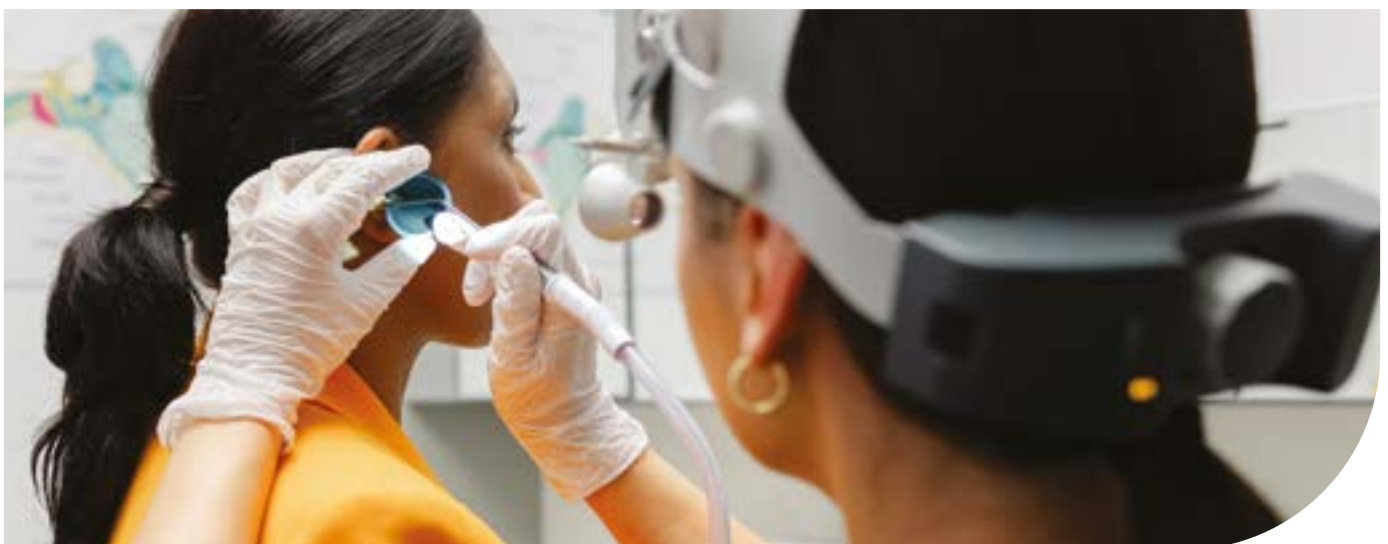
'People with experience of homelessness' base: 292 people with experience of any form of homelessness.

'People sleeping rough' base: 107 people who were sleeping rough.

Source: Homelessness and Health Survey, Aug-Sep 2026; Housing Insecurity and Homelessness Survey, Aug-Sep 2026.

Access to hearing checks was even more limited. Only around a third (36%) of people with experience of homelessness had ever had a hearing check or audiologist appointment and, where they had, it was most commonly more than five years ago (19%).

Among low-income renters, around a third had never had a hearing check (35%) and a further 16% had not had one for more than five years.



v. Multiple barriers prevent people from accessing care*

Cost is the most commonly reported barrier

Around one in eight (13%) low-income renters anticipated that it would be difficult for them to access an eye check if they needed one. This increased to 18% among those who were dissatisfied with their housing situation.

Similarly, 14% felt it would be difficult to access a hearing check if needed, rising to 20% among those dissatisfied with their housing situation.

Cost emerged as a key barrier throughout the research. When asked what the single biggest barrier to accessing eye and ear care was, people with experience of homelessness most commonly cited cost (36%).

Cost was also the most commonly given reason for low-income renters delaying or cancelling an eyesight or hearing check. When asked what would be most helpful in accessing ear and eye care, people experiencing homelessness and low-income renters most often cited free or low-cost glasses, hearing aids, other devices and appointments.

‘If you want to make it more accessible, more people to be able to see properly, make glasses free. It’s just really that simple.’

Crisis interviewee

Housing instability and competing priorities

For those facing homelessness or concerned about their housing situation,

the instability of not having a home often acted as a barrier to healthcare and took precedence over other needs.

Of people with recent experience of homelessness, nearly half (46%) said they had not had a recent ear or eye care appointment because they did not think they needed one, while 22% said they had not had time or had other priorities.

‘Everything was a struggle. You’re hungry or you’re tired or your eyes hurt but you don’t really talk to anyone or there isn’t anyone, really.’

Crisis interviewee

Travel and location barriers

Location and transportation were also barriers to accessing ear and eye care. This came through strongly in interviews in relation to collecting prescriptions and attending appointments, particularly during periods of having no fixed address or frequently moving accommodation.

Anxiety, stigma and confidence barriers

Some interviewees avoided healthcare because of feelings of anxiety, stigma or fear.

‘Some people have a fear of doctors, don’t they? And I think I had a bit of that. I was a bit hesitant at first.’

Crisis interviewee

Related to this, most people said they would have liked services in locations that felt safe, welcoming and non-judgemental (58%) and for healthcare workers to be more informed and sensitive about homelessness (53%).

* Findings from the Homelessness and Health Survey, Housing Insecurity and Health Survey and interviews

vi. People want simpler, more accessible services

Outreach, community and joined-up approaches are valued

Two-thirds (65%) of people with experience of homelessness said they would like the option of having an appointment in their accommodation or at a service they were already attending, suggesting a preference for outreach and community-based services.

Interview findings supported this, although some participants also highlighted the benefits of high street services. Across both surveys, reducing travel and administrative burdens emerged as a key priority.

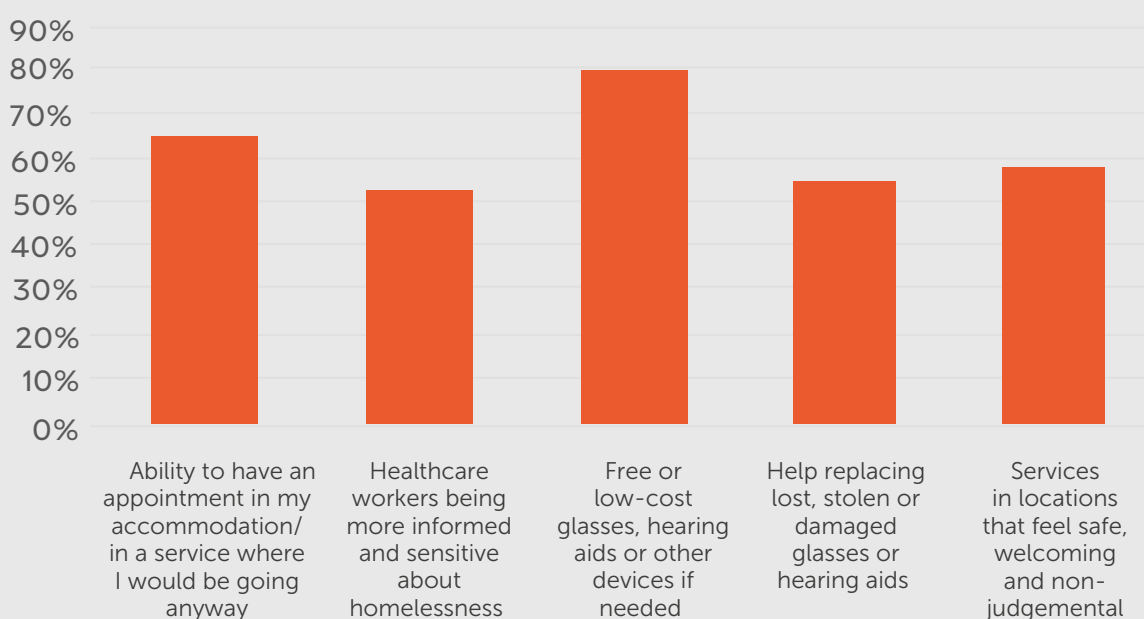
Interviewees also called for greater coordination between healthcare, housing and homelessness services.

‘It should be asked in services, whether you go the council, whether you’re in a hostel, the support worker or your GP... I think all services should link up.’

Crisis interviewee



Figure 3: What kind of support with your ear and eye health would you like during your experience of homelessness?



Base: 185 people with experience of any form of homelessness and sight and/or hearing difficulties
Source: Homelessness and Health Survey, Aug-Sep 2026

vii. People report positive experiences when they can access care

Homelessness and Health Survey and interview findings

Although the research identified significant barriers to accessing ear and eye care, the findings also show that people generally report positive experiences when they are able to access services.

Among people experiencing homelessness who had attended an ear or eye care appointment in the last two years:

- 90% agreed it had been easy to make the appointment
- 87% agreed the appointment was in a convenient location
- 97% agreed they were treated well by healthcare staff

While there were no clear differences between different forms of homelessness in relation to ease of booking or treatment by staff, people staying in temporary accommodation (85%) or other forms of homelessness, including sofa-surfing and hostels (82%), were slightly less likely to agree that the appointment location was convenient compared with those sleeping rough (93%).

Interviewees described the positive impact that appropriate care and corrective devices can have on confidence and quality of life.

‘If I’m wearing my contact lenses then the whole day I have that continuous vision. It makes a difference because I notice that on those days, I smile more and I notice when people are smiling at me... it enhances my entire day.’

Crisis interviewee



5. Conclusions



Homelessness compounds the impacts of sight and hearing difficulties

Overall, this research shows that homelessness can compound the impacts of sight and hearing difficulties, leading to problems with day-to-day tasks and socialising, lower confidence, feeling more at risk of accidents, violence and exploitation and overall lower quality of life – particularly for those in the most acute homelessness situations.

Sight and hearing difficulties can create barriers to housing, employment and support

Those with sight and hearing difficulties also experienced heightened challenges to maintaining an income, maintaining secure housing and seeking support with their housing and finances via services.

This indicates that poor eye and ear health could contribute to homelessness and make it harder to leave homelessness behind – as part of wider health-and accessibility-related barriers to secure housing and related support.

There are barriers to care for people experiencing homelessness

Additionally, there were clear factors hindering access to ear and eye care for those experiencing homelessness or in potentially precarious housing situations. Cost, transport and location barriers and difficulty prioritising eye and ear health when facing homelessness or housing issues emerged as key barriers.

6. Recommendations

- The findings from both surveys and the interviews highlighted that health often deteriorates during homelessness, and that people experiencing homelessness or insecure housing often have not had an eye or hearing check for several years. This suggests that **access to healthcare, including eye and ear care, should be considered a key element of wider support and recovery** for people experiencing homelessness.
- Research participants called for **free** or low-cost glasses, contact lenses, and hearing devices, as well as **outreach services or care in convenient, safe and welcoming locations** to support inclusion of people experiencing homelessness.
- The findings of the Homelessness and Health Survey and the interviews suggested that during homelessness, focus is often on the person's immediate housing situation and 'survival' creating barriers to accessing healthcare. Lowering these barriers by **minimising the cost, administrative burden and travel** required to attend appointments and collect prescriptions is advisable.
- Interviewees also called for free or subsidised care schemes to be **more clearly publicised and for more joined-up care** across health services.
- The Homelessness and Health Survey and interview findings suggest that outreach care, homelessness health hubs and high-street appointments can each be beneficial depending on the individual and their situation, indicating that **a variety of access options is advisable** in order to deliver inclusive care to the widest range of people. Further research could seek to build on these findings by further examining the advantages of delivery models for people experiencing particular forms of homelessness or housing insecurity.



Appendix

Methodology

This research combined three data collection activities:

Homelessness and Health Survey

- A survey of 292 people who were currently experiencing homelessness, or had experienced homelessness in the last year – including rough sleeping, temporary accommodation, sofa-surfing, staying in hostels or refuges, or sleeping in indoor public spaces, in cars, on public transport, or in garages or abandoned buildings etc.
- This survey sought to explore the lived experiences of eye and ear health among those experiencing

homelessness. This included experiences of seeking support and healthcare.

- The survey was distributed via homelessness services in the UK and Republic of Ireland during August and September 2026, supported by Navigator Insights and a number of Specsavers’ partner organisations.
- Survey respondents were aged 16–55+. 72% identified as men and 25% as women, with 2% preferring not to say.
- Descriptive statistics were conducted on the quantitative findings and open-text responses were analysed thematically.

Table 3: Demographics of Homelessness and Health Survey respondents (N=292)

Age	% of respondents
16–34	46%
35–54	38%
55+	13%
Gender	% of respondents
Man	72%
Woman	25%
Non-binary	0%
Prefer not to say	2%

Housing Insecurity and Health Survey

- A survey distributed by Opinium, of 1,549 low-income households (annual household income of £24,752 /€28,866 or below) in private or social rented housing. The sample included 1,000 participants in the UK and 549 in the Republic of Ireland.
- This survey aimed to understand experiences of sight and hearing difficulties among people in potentially precarious housing situations, who could be experiencing housing issues (such as rent arrears, building in disrepair, or damp, mouldy or unsafe conditions) and/or be at risk of homelessness. The survey examined housing precarity, financial pressures, access to services and the impact of sight and hearing difficulties.
- This was distributed online in the UK and Republic of Ireland during August and September 2026.
- Respondents were aged 18-55+ [11]; 43% identified as men and 52% as women.



11. 16-17 year-olds were included in the Homelessness and Health Survey, but not in the Housing Insecurity and Health sample due to differences in research agency sampling protocol



Table 4: Demographics of housing insecurity and health survey respondents (N=1,549)

Age	% of respondents
18-34	32%
35-54	38%
55+	30%
Gender	% of respondents
Man	43%
Woman	52%
Non-binary	–
Prefer not to say	5%

Interviews

- In-depth qualitative interviews with five people with experience of homelessness and sight or hearing difficulties, recruited via Crisis, to generate further lived experience insights.
- These were conducted in September 2026.
- Interviews were recorded and thematic coding was conducted on the transcripts.
- Demographic data were not reported for interviewees to preserve participants’ anonymity.
- Interviewees were separate from both survey samples.

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Our collaboration extends far beyond this research. Together, we have provided more than 7,000 people affected by homelessness with free eye and hearing care, helping to overcome barriers and ensure support reaches those who need it most.

We are proud to work alongside Crisis as well as Vision Care, The Big Issue, Simon Community Northern Ireland, Focus Ireland and EveryYouth, and thank them for their commitment, expertise and continued partnership.

Jo Osborne, Specsavers Social Impact Lead

