Understanding the experiences and impact of temporary accommodation on adults who use drugs and/or alcohol

October 2024

1. Background

Nationally, and locally in West Sussex, the need for more permanent housing options exceeds the availability, which has resulted in a reliance on the provision of temporary accommodation (TA). Given this situation, the placement process for TA is often based on availability, rather than choice, which can be challenging.

In 2023-24 the Office for Health Improvement and Disparities awarded a grant to West Sussex County Council (WSCC) and 27 other local authorities to enhance support to people in accessing and maintaining more permanent housing to help them engage in specialist drug and/or alcohol treatment and sustain their recovery. This grant is part of the Government's ten-year national strategy to reduce drug and alcohol harms and improve treatment and recovery services. As part of this work, WSCC Public Health commissioned CAPITAL, a local lived experience organisation, to conduct focus groups with people to gather their views and experiences. The objectives in commissioning this report were to:

1. Understand people's experience of TA, and the extent to which it assists or inhibits their ability to engage in specialist treatment and support and sustain their recovery, including their individual physical, social, and mental wellbeing.

2. Identify, from the perspective of people with lived experience, what 'good' looks like in terms of TA conditions and what additional support could benefit recovery.

The findings of this report will help organisations across West Sussex to understand the risks and harms that drug and/or alcohol dependent people experience when living in TA, and how this impacts on their ability to access and engage in specialist treatment and sustain recovery. Recommendations will be outlined at the end for professionals, organisations, and commissioners to consider how support for them can be improved.

2. About CAPITAL

CAPITAL was formed in West Sussex in 1997, as a result of mental health services not understanding the experience of users of local services, or as people with lived experience of mental health issues. The Charity was established to

challenge and change that experience and set lived experience at the core of all activities. Since then, it has:

- Become the voice and independent representation of the community of mental health service users to change services in West Sussex.
- Developed training by people with lived experience to mental health staff, working together with professionals.
- Initiated and led self-help projects in the area.
- Championed the power of peer support locally.
- Led peer support research and taken part in national and international evaluation.
- Provided independent and academically accredited peer support hospital in-reach services.
- Set up monthly peer led Patient Viewpoint forums.
- Developed a charter for service user involvement in West Sussex
- Were one of the first mental health 'user led' organisations in the UK.
- Over 150 people are current members of CAPITAL, and are offered shared learning, training, workshops, and community meetings – where people with lived experience lead our work.

In 2022 CAPITAL was commissioned to develop and lead co-production within the West Sussex Mental Health Community Transformation Programme. The Charity up a new independent network: LEAG (Lived Experience Advisory Group) and is working on a vision for local mental health services as part of the priorities of the NHS Long Term Plan.

3. The focus groups

Between the 15th of July and 3rd October 2024, CAPITAL hosted seven focus groups in six locations across the county with thirty-eight people who use drugs and alcohol to understand their experiences of TA, and how these impact on their recovery and day to day lives. Groups were hosted at different times and days for accessibility, and each group were asked the same questions (see Appendix 1). All participants were reimbursed with vouchers for their input, were encouraged to give their own opinion and views, and all answers were recorded using audio and written formats.

3.1. Demographics

Most attendees were male and aged between 35-44. Other age groups were represented, including 25-34, 45-54, 55-64, and 65-74. The majority of attendees were White/English/Scottish/British, and mental ill-health was the leading disability reported. Other disabilities included learning disabilities, and other unseen disabilities.

4. Context

4.1. Length of stay in temporary accommodation

Most attendees had lived in TA for up to two years and had changed TA 1-2 times in the past year. One person was still waiting to be placed.

"I have moved half a dozen times, and am currently squatting and tenting…"

Several attendees mentioned that in-between periods of living in TA, they had experienced periods of homelessness, which included living in caravans, cars, and tents.

"I was mainly sleeping rough, and always have my camping gear ready."

4.2. Housing status prior to living in temporary accommodation

The majority of attendees reported experiences of 'sofa surfing' (e.g., with friends, parents), and living in tents, cars, on the streets, in woodland areas, and using the services of local organisations, including Stonepillow and the YMCA, before being placed in TA. A few had lived in owned or rented accommodation.

4.3. Contributing factors

Over two thirds of participants described co-occurring mental health and substance use conditions, and most people reported poor mental health as a reason for becoming homeless and in need of TA. One person said that a lack of support having left the armed forces contributed significantly to a rapid mental

health decline, and another advised that they left an in-patient mental health treatment unit with nowhere to go following.

Numerous people cited relationship breakdowns, family issues, and domestic abuse. One person described the loss of a child, resulting mental health difficulties, and a lack of bereavement counselling as the catalyst. Another said that their partner was unable to stay in the UK due to immigration issues, which initiated a series of events that led to their homelessness.

Frequent engagement with the criminal justice system and secure estate were also reported as a notable reasons for regularly requiring TA, as were eviction from family, friends, and partners. Other reasons included a loss of immigration papers, temporary or unstable employment, gambling debts, and long-term ill-health.

4.4. The importance of permanent accommodation

Many attendees stated that stable accommodation would enable them to get back to normality, be autonomous, and make their own decisions, and would reinstate their dignity.

"…not being told what I can do, or who I can visit."

Some people described stable accommodation as:

"a foundation for building a good life, a future", and *"growth"*.

Many people described the importance to them as parents, and the difficulty of distance put between them and their children due to being in TA. Attendees stated that permanent accommodation would mean:

"…having my daughter over to stay", and *"it's the ultimate – having somewhere I can have my kids."*

Some attendees stated the necessity of stable accommodation for them as parents.

"I don't want to beg for myself – this is for my kids", and *"I want to be able to get my kids back."*

Several attendees stated that having more stable and permanent accommodation would mean increased mental and physical well-being.

"…it would be the be all and end all to my problems… having the stability to take better care of my health problems…"

"I would have a chance to improve my overall health".

4.5. Challenges with transition into permanent accommodation

Many people stated that they were nervous of moving into permanent accommodation before they were ready. Some reported that being in supported TA was a way for them to learn to live independently, reduce loneliness, and also have someone on hand for support.

"I don't think I could live on my own. I need to be with others and supported…",

"…being on my own scares me.",

"I don't think I'm ready yet, I need to focus on getting better first."

Some attendees shared prior challenging experiences.

"I had no warning or chance to prepare so no furniture or cooker, I was forced to move, and struggled with isolation having to move out of my area."

"I felt overwhelmed with no support and no clue about budgeting and bills."

"I needed some kind of transitioning period and a support worker to help me prepare for the responsibility of running a home and paying bills etc…"

5. Impact on recovery

Over half of attendees said that they feel positive in their current TA, and that it has helped with their recovery and mental health.

"…it has made me feel more stable and helped me stay away from drinking – I'm 4 months sober."

"It has opened more doors for other services and has had a big improvement on my mental health."

"If I wasn't here, I'd still be using."

"…having accommodation helps greatly with recovery, it's 95% of my recovery."

5.1. Challenges with current temporary accommodation environment

Several attendees advised they found it very triggering when people who were still using substances moved into their shared TA.

"…other people's drug use can be very challenging."

Frequent drug and/or alcohol use in TA was mentioned.

"…there are people that use drugs and alcohol all the time and are not completely honest about this."

"…drug use is rife, even though it states in the agreement not too."

Attendees shared their experiences of people relapsing within TA, and two attendees reported that rules / boundaries around drug and/or alcohol use were not applied consistently. One person shared an experience where they weren't told that there were people using drugs and/or drinking at the TA before they moved in, which led them to relapse and resulted in them being given notice to leave.

"…other people having relapses hasn't helped me. We all need the same rules and support, and people who relapse need more support, not punishment."

A number of attendees remarked upon the staff support at their TA, and comments were both positive and negative:

"…staff are very understanding and willing."

"I didn't get much help and relapsed."

Some participants reported challenges with location and isolation.

"…location too far out the way so I feel isolated and lonely."

"I have to travel quite far to see people."

Other participants noted challenges around costs associated with service charges.

"…the cost of living in these places is too high."

"Should we have to pay a service charge? We could be saving that money for getting a permanent place to live."

Some people stated that they felt their TA rules and restrictions made their recovery more challenging. One noted they felt they were *"under surveillance"*.

There were positive and negative comments regarding facilities in TA. One person commented that they were given a wet room to wash, but another said the equipment they needed to support their mobility challenges were not provided. Another attendee noted challenges regarding sleep.

"Noisy pipes wake me up through the night, and I can't get any sleep and become frustrated."

5.2. Access to specialist treatment and recovery services, health, and wider support

People shared both positive and negative experiences. Two thirds of participants described facilitating factors that enabled them to access specialist treatment and support within their TA.

"I can't fault the help."
"Services come to us once a week, including the Job Centre, Housing, Salvation Army, and CGL. There's a board outside our rooms with everything that is happening that day, so that we can get involved."

Many participants described challenges however, mainly involving cost and the location of their TA (especially those who had moved multiple times).

"*…not enough staff for one-to-one's…, there is support in Brighton, but I have to pay to travel there*", and *"I'm left to own devices, and need to fund travel to another town for support."*

"I need to condense what I want to do into two days to save money…"

"Moving to a different location away from my GP, who I have had for many years, has been inconvenient and I don't want to change GP as I have a good relationship with the one I already have".

Some attendees noted particular issues around signing up for oral health care and receiving routine letters for appointments. One attendee reported that clinical staff working with people in TA did not always have access to their health and treatment records', and another felt that peer support would be extremely helpful in regard to support with making / attending appointments.

"…my counsellor will help so much, but some staff don't want to help."

"…I'm just a number, and don't really get help."

5.3. Impact on mental health and well-being

Some attendees commented on the difficulties of moving to a different area away from their existing social support networks and in accessing mental health treatment.

"…the isolation living in an area away from family and friends has been really hard for my mental health."

"There needs to be help and support for mental health when we need it, and not just put on a waiting list."

One attendee stated that they were unable to bring their children to their current TA, which impacted negatively on their mental health. Several attendees noted that safe spaces for their children to visit would be good additional support to their mental health and recovery.

"…places where dads can have kids… where I am I wouldn't bring them here to see neighbours doing drugs."

"…a suitable place to have kids, there is nothing for single dads", and *"spaces for children to play."*

As described earlier, several attendees said that living with others who were still using and/or drinking was problematic for their own mental health and their ability to stay abstinent.

"…moving at the last minute with no preparation then dumped in a place surrounded by people using."

"…the smell of next door's weed drifting in. I have an addictive personality, so it's a matter of time before I start smoking again."

Some people cited the frequent changing of staff, and negative interactions as a challenge to their mental health and wellbeing.

"…changing staff and having to tell our story again and again."

"…the change of staff and how they treat us."

Some attendees stated that living outside before being housed in TA, and in-between stays at different TAs had a negative impact on their mental and physical health.

"…having to carry everything in a backpack is physically difficult."

"It's not a normal situation, living outside, so it affects both my mental and physical health."

6. What would 'good' look like?

Themes in responses to this question related to many of the challenges outlined earlier. For example, several attendees noted various features related to improvements in the environment, conditions of living within the TA, and location of the TA in relation to transport links and other vital services.

"…more privacy", and *"remove audio and video surveillance."*

"…to be able to let my children visit."

"…needs to be near to services, for example food banks and other supporting organisations."

Cleanliness and decoration were discussed as important, and positive experiences in this regard were reported.

"…perfect, clean, and already decorated."

"…the temporary housing I was in before had good quality rooms and we were treated like humans."

Separate accommodation for users and non-users was commonly recommended, and some attendees also felt that age and sex should also be considered.

"…putting the right people in the right house."

"…same sex houses" and "*age appropriate, wet and dry houses."*

Easy to access help and support from people with lived experience was put forward by several attendees, and specific examples were given related to the potential benefits that this peer support could have.

"We need someone here to signpost us to where to go to get proper help."

"It would help getting things like paperwork sorted."

"…it would also help getting support to get into volunteer work."

Several attendees advised that consistent support with finances and transitioning into permanent accommodation would be a great help.

"…support with a transitioning period to help prepare for the responsibility of running your own home."

"…support workers to help with finances and budgeting while in temporary housing."

7. Overall themes

Four broad, overarching themes emerged regarding adults who use drugs and/or alcohol, their experience of TA, and how this impacts on their ability to engage in treatment and recovery.

1. Being temporarily housed in shared environments with people who are still using drugs and/or alcohol can be detrimental to recovery, including increasing the risk of relapse, financial difficulty, and increased concerns

around personal safety. Inconsistency of communication and understanding of common rules, expectations, and boundaries of the TA provider, including drug and/or alcohol use, was commonly reported and many felt this could be improved.

2. Positive, and effective, in-accommodation support was noted by some people. However, many others highlighted a lack of trust, poor understanding of their difficulties, and no safe or suitable areas for their visiting children to play or stay. These were described as detrimental to recovery, and broader emotional, social, and physical health.

3. Multiple concerns regarding financial stability (e.g., substance use dependency, service charges, high rents, travel expenses to access support, and additional costs in purchasing items for permanent accommodation) were expressed throughout. Many felt that ongoing support and education around managing finances, developing skills for living independently within TA, and preparation for transitioning from temporary to permanent accommodation was essential for them to build and sustain their recovery.

4. A common theme expressed throughout was the role of peer support. Many said that access to peer support networks, alongside specialist support within TA settings, would be helpful to their recovery. Others said that training for staff would help them to understand their difficulties with drugs and alcohol, trauma, and enable them to access the relevant support services when they needed them.

8. Recommendations

Based on our discussions with people with lived experience, here are some recommendations for consideration.

1. Ensure that all TA staff are trained in trauma informed approaches, that relate specifically to drug and/or alcohol dependence and associated stigma.

2. Upskill staff in TA and associated settings in having short, initial conversations that are clear, personalised, trauma informed, and that enable a better understanding of individual need. This may facilitate assessment and choice around the TA in accordance with their recovery needs (e.g., 'wet' or 'dry' houses, family visitation, etc…).

3. Suitable family areas or arrangements should be considered in TA settings, and if not feasible, support to access safe and appropriate community spaces should be identified as early as possible.

4. Immediate guidance should be given within TA settings around house or common rules, and staff should be aware of local support services that they can convey, refer, and signpost people to. House rules and up-to-date information about local services should be clearly displayed in all TA settings.

5. Practical budgeting tools and financial management projects, programmes, and support services should be scoped locally and made visible and available to all residents in TA settings, including resettlement support (e.g., move on schemes, holding accounts etc…). This would enable people to transition more smoothly and practically into permanent accommodation. Exploring options for a TA transitioning fund for those at most risk, alongside peer-led resettlement support throughout the TA system, may be beneficial.

6. Alternative TA solutions, which could be more sustainable, cost friendly, and community focused should be explored and considered (e.g., modular home solutions). Early research seems promising (e.g., "*modular homes are a cost effective and flexible stepping stone that helps rough sleepers in desperate situations transition into permanent homes and settled lives*"[1]).

[1] https://www.landecon.cam.ac.uk/news/cchpr-launches-new-report-modular-homes

9. Feedback from CAPITAL

This section provides some background information from two of the facilitators with lived experience who undertook this work.

Sara Shepherd, Lived Experience Lead/Facilitator

My experience of living in TA was not a good one, and I was keen to hear the views of our community seventeen years on. I was privileged to be able to speak to this amazing, brave group of people, who really wanted to share their views. Overall, our experiences were similar, and we heard some harrowing stories. The difficulties of trying to get back on your feet without a stable home is evident. It is essential for everyone to have a place they call home, even if that choice is a tent. Addiction, mental health issues, and relationship breakdowns have been a cause for many of the people that we spoke to. Most people have hit rock bottom and are trying to rebuild their lives free from addiction. In undertaking this research there were some challenges and successes.

Challenges

- Facilitating the six groups was challenging due to the difficult time and circumstances that many of the people were currently facing, and at times, there were tears or anger and disruption to the group.
- Two people who attended were too under the influence to fully engage, and we had to ask them to leave the group. We ensured they were safe and checked in with the other attendees following.

Successes

- Facilitating the groups in a peer led and trauma informed way helped to build trust and confidence, and people generally said they felt supported and involved in their community by taking part.
- Great connections were made with our partners and staff who supported their clients to do this work.

- We also met people who had been a part of our initial groups for the *Combating Drugs Partnership Lived Experience Report,* who were excited to be continuing the work in this area.

Tracey Horne, Facilitator

I have lived experience of both mental illness and alcohol addiction. I was invited to be part of the team and felt that I could bring my lived experience of living with a mental health diagnosis and alcohol addiction recovery to share and try to empower others to hope and believe in their own capabilities of moving forward positively. I accessed GGL for support, and with funding from West Sussex County Council, I was able to go to residential treatment in Plymouth which enabled me to get the support I needed. I am now 10 and a half years abstinent, have a diagnosis of CPTSD, EUPD, and Dissociation, and have had childhood trauma therapy. I now understand and hold no blame, shame, or guilt towards myself. I'm still receiving support from my Mental Health Community Lead Practitioner and feel a new person without the crutch of alcohol that I used for so many years. I now wake up now wanting to share and support others, and, as my Lead Practitioner says, when I talk about CAPITAL I beam with a smile. I'm passionate, honest, reliable, and dedicated to being part of CAPITAL, especially this project, as Sara, the lead, is a caring, empathetic professional and role model who I learn from every day. Below are the challenges and successes from my perspective.

Challenges

- Some people were not ready at this stage on their journey to participate without distracting others in the group. This was handled effectively by staff remaining calm, assertive, and respectful, to ensure there was no distress or disruption to others.

Successes

- Overall attendee participation, and their honest feedback. There was group acceptance, value, and respect, based on staff delivering the focus groups coming with their own understanding and lived experience.

- Attendees in the group respecting each other's opinions and beliefs, and were supporting each other, and signposting each other to wider support services.
- The CAPITAL team were supportive of each other, and the debriefs and reflective practice was used to support our wellbeing and learn as the project developed.

CAPITAL Team Members

Sara Shepherd, Lived Experience Lead/Facilitator
Tracey Horne, Facilitator
Peter Young, Facilitator
Tabitha Thompson, Note-taker
Lisa Paffett, Note-taker
Lin Gibbs, Note-taker
Mark Mills, Note-taker
Duncan Marshall, Note-taker/Project Manager

West Sussex Public Health

Dan Barritt, Public Health Lead for Substance Use/commissioner and editor of this report

Appendix one: questions used by facilitators in the focus groups

1. Please introduce yourself and can you tell us how long you lived in temporary accommodation?

2. Where were you living prior to being placed in temporary accommodation?

3. How often in the past year have you changed temporary accommodation?

4. What was happening in your life that led to you coming into temporary accommodation?

5. How important is having stable/more permanent accommodation to you?

6. How does the current accommodation affect your recovery?

7. Are there challenges with this accommodation (condition, quality, drug use, location, loss of contact etc)?

8. By living in temporary accommodation, how able are you to access treatment, recovery, and support services?

9. What are the challenges or issues in achieving access to treatment, recovery, and support services, considering where you currently are staying?

10. Are there other issues the accommodation presents which impacts your mental wellbeing?

11. Are there other issues that the accommodation presents which impact your physical health?

12. From your perspective, what would 'good' look like regarding temporary accommodation (e.g. quality, location, duration, drug/alcohol, other factors etc)?