

# Homeless Truths

Services and support for people living  
in Emergency & Temporary  
Accommodation (ETA) in Eastbourne

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# 1 Executive Summary

## 1.1 Context

Housing as a social determinant of health is widely recognised ([Marmot 2010](#))<sup>1</sup> but continues to be a challenge both for the people who experience poor health outcomes arising from their housing situation, and the health economies (the allocation and use of every pound for health/care resources in any given area<sup>2</sup>) where they live.

Healthwatch East Sussex (HWES) seeks feedback from everyone in the county about their experience of health and care services, and our commitment to inclusion focusses here on the rising number <sup>3</sup> of people in the county who live in Emergency & Temporary Accommodation (ETA) and supported accommodation.

## 1.2 Our approach

In September 2022, continuing our similar projects in [2018](#) and [2021](#) in Newhaven, HWES engaged with people living at an ETA site in Eastbourne for homeless people deemed eligible for housing by local authorities.

We sought to find out:

- 1. What is the experience of residents regarding both their ETA and their access to health and care services?**
- 2. What opportunities are there for local organisations and communities to mitigate any negative impacts of being a resident and accessing services while in ETA?**

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<sup>1</sup> Marmot Review 2010: Impact of social & health inequalities on individuals and health economies

<sup>2</sup>[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/389461/Making\\_local\\_health\\_economies\\_work\\_better\\_for\\_patients.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/389461/Making_local_health_economies_work_better_for_patients.pdf)

<sup>3</sup> <https://www.gov.uk/government/statistical-data-sets/live-tables-on-homelessness>

Our approach used semi-structured in-person interviews delivered by Healthwatch staff and volunteers. We engaged with 48 out of 105 residents living at a single ETA site in Eastbourne.

These findings are a combination of views gathered from residents' feedback, information and context from the accommodation provider, and the observations of HWES staff and volunteers captured whilst undertaking the research.

### **1.3 Key Findings** (see full findings pages 16-45)

This section presents our key findings. These are organised under thematic headings:

- **Access to people whose views may otherwise be unheard**

The most important finding of this project is its role in gathering the views of people who may be vulnerable and who live in secure entry accommodation such as ETA and supported accommodation. The latter provides for people who are vulnerable but whose needs are not eligible for CQC regulated social care provision.

Within these facilities, accommodation providers control visitor access to the building which gives protection to residents from individuals or organisations who may intend to harm or exploit. However, providers may also deny access to legitimate organisations who wish to carry out verified public engagement activities on their site. Residents can therefore be prevented or hindered from meeting freely at their accommodation with those who can represent their experiences and views to local decision makers.

We sincerely thank South Downs Residential (SDR Living) directors and site staff, as the operators of the ETA site whose residents we engaged with, for their willing participation in this project.

Senior staff at SDR Living stated that they would welcome formal regulation of ETA sector provision, which would enable better outcomes for residents as well as better business conditions for investing and continuous improvement of accommodation sites.

HWES originally hoped to undertake similar interviews at a supported accommodation site in Eastbourne to run concurrently with the ETA activity detailed in this report. However, that provider declined to take part. Their residents have therefore not had the opportunity to take part in this independent and impartial study.

- **Information**

Information gaps are a key barrier to reducing stress for residents placed in ETA, and to some extent, for staff interacting with them. 50% of residents we spoke to said that prior to arrival at the site, they had little or no information about what to expect, including arrival procedures and which essential items were included as part of their accommodation.

We learned that staff at ETA may only be provided with the name of new arrivals and are therefore unlikely to be immediately aware of any support or information needs that person might have. This is a major barrier to the provision of effective and tailored support.

Information boards are prominently placed in several areas of the ETA site, but HWES staff and volunteers noted that some content supplied by both statutory and voluntary/community services, was in small print and lacked visual appeal, potentially reducing the accessibility of the content.

- **Safety, Staffing, and the meeting of residents' needs in this ETA**

Almost 50% of the people we spoke to mentioned feeling safe at the ETA site and that the accommodation met their needs. Residents gave very positive feedback about the site staff and manager, saying they were kind and understanding.

- **Visiting**

Nationally, it is common to have “No Visiting” rules at ETA sites and this accommodation site does not generally permit visitors to individual rooms or self-contained units. There is currently no child-friendly indoor communal meeting space available at the site.

While there are sound reasons for generally applied “no visitors” rules in ETA, residents said that this had a negative impact on the health and wellbeing of

both adults and children by contributing to loneliness, loss of confidence and reduced opportunities to access useful information via informal means. The impact may be greater on people who need interpretation/translation support or for those who need help with reading and writing and other support needs.

- **Living conditions for families**

From the sample we interviewed, families tended to find living conditions in ETA more challenging than single people. Reasons are mainly due to perceptions of insufficient space combined with uncertainty about the length of their stay which, for some, can be longer than 2 years due to the shortage of suitable move on accommodation. The challenges regarding lack of space are compounded by the absence of a child-friendly indoor communal area at this site.

Some residents said they experienced issues regarding damp, the need for refurbishment and concerns that their children's health was affected by it. The provider told us that historical damp issues with the old buildings have been resolved and that a programme of refurbishment is ongoing.

- **Overall experience of health & care services**

Feedback about adult health and care services (including mental health, primary and secondary care) was mostly positive once a consultation was obtained. The main criticisms were to do with difficulties contacting and booking an appointment. Fourteen people said they were not registered with a local GP. Some had tried to register locally but faced difficulties doing so, others were unsure about doing so because of the uncertainty of their situation, or said they preferred to remain with their existing GP, even if they were some distance away.

There was no specific data regarding access to East Sussex Early Help Service 0-19 years and HWES observed that the noticeboards at the ETA site had minimal information about services relevant to the health, wellbeing and activities of this age group.

- **Mental Health services**

Almost 50% of the people we heard from said they are living with a mental health condition. We learned that there are children in this ETA who are known to Child and Adolescent Mental Health Service (CAMHS) and/or East Sussex County Council Children & Families service.

Feedback from those who had accessed mental health services was mostly positive. Critical feedback focussed mainly on significant waiting times or unreliable call-backs which had a negative impact on those requiring support. Resident feedback suggests that the staff of this ETA site play an important role in listening to them and providing emotional support.

- **Access to dental services**

The feedback we gathered about access to dental services resonates with other evidence, both [locally](#) and [nationally](#), regarding difficulties in accessing dental care. This project took place before the introduction of NHS dental reforms in November 2022. However, access is likely to remain far more difficult for people on very low incomes, such as those in ETA. [With up to 90% of NHS dentists not currently accepting new patients](#), and individuals not having the option to pay for private care, this can disadvantage them significantly.

- **Residents' experience of voluntary/community organisations**

Voluntary/community organisations accessed by residents received unanimous praise. These include Matthew 25, Foodbank, Salvation Army, Warming up the Homeless, Change Grow Live, Samaritans, Mind, and Citizens Advice. Feedback highlighted their essential role in both providing support and connecting people to other statutory and voluntary services.

- **Residents self-directed actions to do with health & wellbeing**

Many residents expressed a preference for wellbeing activities which are similar to those promoted by NHS guidance, such as connecting with people, outdoor exercise, feeling safe, personal goals and hobbies. Some of these, such as walking, were easily achievable for the people we spoke to, but access to other activities are more dependent on additional factors such as personal circumstances, local knowledge, meeting/visiting facilities or security of tenure.

## 1.4 Conclusions

The links between housing and health being well documented, both residents' feedback and the observations of HWES staff and volunteers suggest that this Eastbourne ETA site provides several good practice examples of provision and is one which could be used as a useful comparator in raising and maintaining standards across the sector.

Specific positives include a culture of respect and approachability while maintaining appropriate boundaries, and sincere efforts to connect residents to local services via information boards and on-site outreach. All these contribute to the sense of safety and wellbeing experienced by many residents at the site, especially those who are disconnected from family or friends.

These existing qualities provide a firm foundation for all services (housing, health and care services, voluntary sector organisations and accommodation providers) to develop their progress in minimising negative impacts of homelessness on adults and children, even when they are placed in ETA of a reasonable standard.

Effective provision for ETA residents is demanding work, made more complex by the very wide range of circumstances and needs of the people placed there. However, it has the potential to result in positive short- and longer-term outcomes for both residents and local services, for example, by reducing or preventing demand for urgent responses to apparent needs or providing better opportunities for healthy childhoods.

Importantly, this provider has specifically stated their desire for formal regulation so that accommodation standards can be agreed and scrutinised across the ETA sector.

Nationally, rising numbers of both adults and children are becoming homeless.<sup>4</sup> This disempowering and frightening event which has no pre-determined end date is therefore a significant risk to the psychological wellbeing and social/economic futures of both the adults and children who experience it.

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<sup>4</sup> <https://www.gov.uk/government/statistical-data-sets/live-tables-on-homelessness>



The findings of this project not only illustrate the impact on individuals, but also the severe and ongoing pressures on health, care and housing service resources. These challenges highlight the importance of making the most of existing local community assets together with the need for energetic exploration and investment in new ones. Regular gathering of feedback from people placed in ETA could contribute towards the planning and delivery of successful local action plans.

While this accommodation provider enabled our activity, they were under no obligation to do so. Other providers can and do decline to engage which can therefore result in the exclusion of people that inclusion strategies strive to reach.

## **1.5 Key Recommendations**

### **1. All ETA & Supported Accommodation providers; County, Borough, and District Councils**

Recognise, support, and facilitate engagement between people in ETA/supported accommodation and impartial organisations such as Healthwatch and Citizens Advice. In this way, residents will be included, as other members of the public, in opportunities to access information, advice and feedback activities regarding their local services. This enables their contribution towards the evaluation and development of those services, particularly to do with health, care and wellbeing.

### **2. County, Borough and District Councils; ETA providers**

- Progress the introduction of information sharing agreements with the client's informed consent. The outcomes would be to ensure information and support needs of the individual identified during the placement process can be made quickly available to ETA staff, enabling them to provide optimum services to new arrivals and during their stay, and minimise the need for people to re-tell their story. This could help to reduce stress for both residents and ETA staff, potentially reducing the need for urgent referrals to relevant services.

- Explore ways of enabling safe visiting at ETA sites, such as provision of either a designated child-friendly indoor communal space or enabling differently timed sessions for families and single adults.
- Support the role of ETA staff as essential contributors to the health and wellbeing of residents by regularly reviewing training needs of all site staff and facilitating their access to training provided by statutory organisations; e.g. Trauma Informed Practice, Mental Health First Aid, [Making Every Contact Count \(MECC\)](#).

### ***3. Health and Care Services; Voluntary/Community organisations; ETA providers***

Provide maximum opportunities for ETA residents to care for their own health and wellbeing by applying the principles of [Making Every Contact Count \(MECC\)](#) in conjunction with multi-disciplinary, multi-agency exploration and development of local community assets. This could involve in-person on-site social prescribing, befriending outreach, play leaders and “first time buddy” support and incentives to join new activities either at other venues or on-site.

### ***4. Health, Care and Voluntary/Community services for Adults and Children***

- Increase the presence, accessibility and visual appeal/content of health and care service information in ETA sites, especially to do with Early Help 0-19 services including health visiting and the nearest children’s centre.
- Large print/easy read content, and clear options for translation or interpretation should be available.

### ***5. Healthwatch England***

- Campaign nationally for formal access to engage with people in ETA and supported accommodation, thus championing inclusion.
- Support regulation of ETA and supported accommodation providers regarding standards which can affect health and wellbeing of their residents.

## **6. Healthwatch East Sussex**

- Continue working across the county to engage with residents in ETA and supported accommodation.
- Seek information from relevant sources regarding any local implementation of the plans for [Mental Health Ambulances](#) as described by the Department of Health & Social Care in June 2022.

## 2 Response from the Emergency and Temporary Accommodation provider

Before publication, we shared our findings, conclusions and recommendations with [SDR Living](#), the provider of the accommodation whose residents we engaged with.

Their response is set out below:

*At SDR Living we are led by a strong ethical approach and pride ourselves on trying to make the lives of our clients and residents easier. We were pleased to welcome Healthwatch into our setting to speak to residents about their lived experienced of living in temporary accommodation.*

*This report focusses on interactions with residents to provide feedback and we would welcome the opportunity to further engage with Healthwatch and other similar organisations to seek continuous improvement of accommodation and support provision within this sector. We would welcome Healthwatch back to show them first-hand the accommodation provision. We would seek to improve understanding around the issues and challenges faced by both residents and those providers who are prioritising support for residents.*

*Of the key themes noted in the report, SDR has in place multiple protocols for supporting residents who are experiencing some of the challenges discussed. Our staff are our best asset, and we invest in them, we provide mental health and crisis training to enable them to support residents who need it. We place residents first and will always seek to engage positively with a person-centred approach. Our residents needs and backgrounds are wide and varied and we work closely with charities, partner agencies and the third sector to provide or signpost as much support as possible. The mutual goal being to transition from Temporary Accommodation into their next permanent accommodation and sustaining that tenancy. This can only be achieved by working closely with partners and the local housing authority, who we appreciate are under significant resource pressures. We also seek to tackle digital exclusion through the provision of access to workstations, computers, and the internet as well as staff support to access these services and work to transition back into work,*

*access medical services and other support services. An important part is communication between the placing housing authority, resident and provider to ensure that there is prompt and appropriate information sharing about new placements for the benefit of residents. We will continue to work the local authorities to design solutions to this.*

*We also have clear house rules for the management of the accommodation that seeks to provide fair and consistent management for all residents. We have detailed policies for the management of anti-social behaviour through positive engagement, rather than immediate evictions and seek to understand underlying drivers for behaviour to provide the right support for residents wherever possible.*

*We also take management of the condition of the properties seriously. We have a dedicated property manager and on-site maintenance team who are able to respond promptly to repairs as we are notified. We also take a proactive approach to investment within the property having recently spent a seven-figure sum to improve the building fabric, new uPVC double glazing, upgraded insulation, new heating, new roofs and other sustainability measures to improve the properties for our residents and reduce running costs. We also have a rolling programme of room and communal facilities refurbishment to continually improve and upgrade the accommodation.*

*We have a dedicated process for responding to reports of damp and mould and work with residents to deal with and manage damp in the premises. We fully appreciate the impact that damp and mould can have on residents, especially those who are in short term accommodation. Its impact can be physical and mental and we are committed to supporting residents where instances are reported to us. We always investigate reports of damp promptly and undertake our own weekly room condition checks to pick up early indications. Damp can be caused by several issues, including how residents occupy properties. We have responded to penetration damp but most incidences are a result of condensation due to lack of use of extraction fans, heating, and air circulation. We offer residents support and advice on how to manage condensation and reduce the risk of damp in their flats, from cooking with lids, using the free on-site tumble dryers for clothes and wiping window condensation along with lots of other actions that can make a positive impact,*

*but appreciate that this may not always be undertaken by residents. We will also undertake specialist mould treatment for residents where appropriate.*

*Our premises are also fully licenced by the relevant authority and meet or exceed the relevant licencing standards including for space and occupancy (for HMOs – this guidance is from 2018).*

*We welcome the recommendations made in the report, and whilst we appreciate that there is not additional community space for families and the impact this may have, we will work to keep both this and the visiting policies under review with our placing authorities and partner agencies. We will also seek to improve access to information provided by our third parties, update our noticeboards with details of translation services and will work to train staff to confidently use online translation tools.*

*We are grateful for the work that Healthwatch do in the sector and are keen to see the improvement of standards for those in temporary accommodation. We work closely with partners in our areas to improve standards, and contribute positively to Temporary Accommodation Action Groups (TAAG) and will continue to push with partners for increased transparency and third-party governance and legislation on TA standards.*

**SDR Living – March 2023**

### 3. Introduction and Context

UK Government figures cited by Shelter England<sup>5</sup> state that homelessness is increasing, with “no fault evictions” (sale/re-letting of private rented accommodation) and changes in personal relationships/living arrangements both being key triggers for people presenting as homeless to local authorities.

As of December 2022, [1 in every 100 children in England are homeless](#) and living in Emergency Temporary Accommodation.

Local authorities, amid severe financial constraint, are under immense pressure to provide for people who are eligible for assistance with housing. This includes both sourcing and financing Emergency and Temporary Accommodation (ETA) as well as longer term “move-on” accommodation known as Assured Shorthold Tenancy (AST). An increasingly acute shortage of AST and affordable private-rented accommodation means that people often remain far longer in temporary accommodation than either the resident or local authority would wish.

Experiencing the brunt of this pressure are individuals and families who through no fault of their own are faced with medium and long-term insecurity of tenure and a daily uncertainty about the length of their stay in ETA. As one parent said to us during this study: *“We were normal people before this”*.

Following similar engagement activities carried out in previous years, Healthwatch East Sussex (HWES) continues our commitment to understanding more about how people’s experience of homelessness and being in ETA may impact upon their needs for and access to health and care services. We seek to ensure that residents’ views are made known to decision-makers so that their positive feedback and suggestions for change are considered throughout service development.

External organisations who wish to engage “in person” with those residing in ETA, or any accommodation with secure entry systems, must first gain permission of

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<sup>5</sup> [No Fault evictions - Shelter](#)

the housing provider. This security is a necessary and desirable feature in place to protect people who may be vulnerable to exploitation or abuse from others.

However, it can also result in a closed environment where even verified organisations with national reach such as Healthwatch or Citizens Advice rely on the discretion of the housing provider to provide access to residents. If access is refused, those residents may have little or no opportunity to “tell it like it is” to an independent, impartial third party, or to benefit from any information and support service they can offer.

We therefore sincerely thank housing provider SDR living whose staff based at their accommodation site in Eastbourne welcomed Healthwatch to the site and enabled us to engage with their residents in September 2022.

At the time of our research, SDR Living provided 83 rooms and 27 self-contained flats at this site for both single people and families assessed by local councils as being homeless and eligible for housing. They are placed in ETA with the aim of being moved into Assured Shorthold Tenancy accommodation as soon as possible. This site accommodates people from the five districts and boroughs within East Sussex and the neighbouring city of Brighton & Hove City Council which is known as an “out of area” placement (OOA).

### Healthwatch East Sussex (HWES)

HWES is the independent watchdog for health and social care across the county and gathers feedback about peoples’ experience of local health and care services. The findings are reported to relevant policy makers, commissioners, and service providers. The feedback we gather combines positive and critical observations with suggestions that provide service user insight to those who are responsible for planning and delivering services.

As well as online engagement, Healthwatch communicates with members of the public via non-digital methods such as in-person engagement in specific locations. Aware that many people struggle to engage online, we seek to include the voices of people who may experience greater challenges than others in accessing health and care services, such as people with vulnerabilities, protected characteristics, and those who are homeless or insecurely housed.



Healthwatch is not a housing specialist; our focus is on the health and wellbeing experiences of people wherever they live; in all types of accommodation or none.

We hope that the findings and recommendations arising from this project will be useful to local housing authorities, NHS and county council services (including those regarding children), and voluntary/community organisations.

## **2.1 What we did (Methodology)**

This report is based upon qualitative interviews with residents at a site providing (ETA) in Eastbourne operated by SDR Living, one of the largest privately owned housing and social care providers in Sussex.

Our communication and engagement methods are tailored to the anticipated needs and interests of the people we aim to reach, in line with our strategic aim to “Meet People Where They Are”, both geographically and contextually.

We understood that residents need freedom to talk about the things which are most important or immediate to their situation, and that some may struggle to engage with a rigidly structured survey format.

Ten main questions were devised, each including prompts to elicit a subtly structured interview. We asked firstly about people’s current accommodation before progressing to questions about needs and access to health, care, and other issues to do with wellbeing.

Therefore, in the style of a natural conversation, residents were free to talk about what was most important to them while providing insight to their experience of any statutory and voluntary services they were in contact with. Some residents took part via a slightly adapted survey suitable for self-completion.

Some prompts deliberately appear in more than one question. For example, “Are your needs met?” can relate to accommodation as well as health, care or support services. Some responses have been grouped more generally to prevent individual residents from being identified without their consent. Pronouns “they/their” are used throughout.

Out of a total of 110 units (83 rooms and 27 flats) approximately 105 were occupied during the period of engagement activity. The accommodation is not

segregated, so individuals and families of all genders may occupy the rooms on any given floor/building. 48 residents took part in this study, which provides a sample of 46% of the total occupancy at that time.

Unless otherwise specified, all percentages shown throughout this report are out of the 48 total respondents who participated in the process.

### 3 Findings

#### What we heard about the accommodation

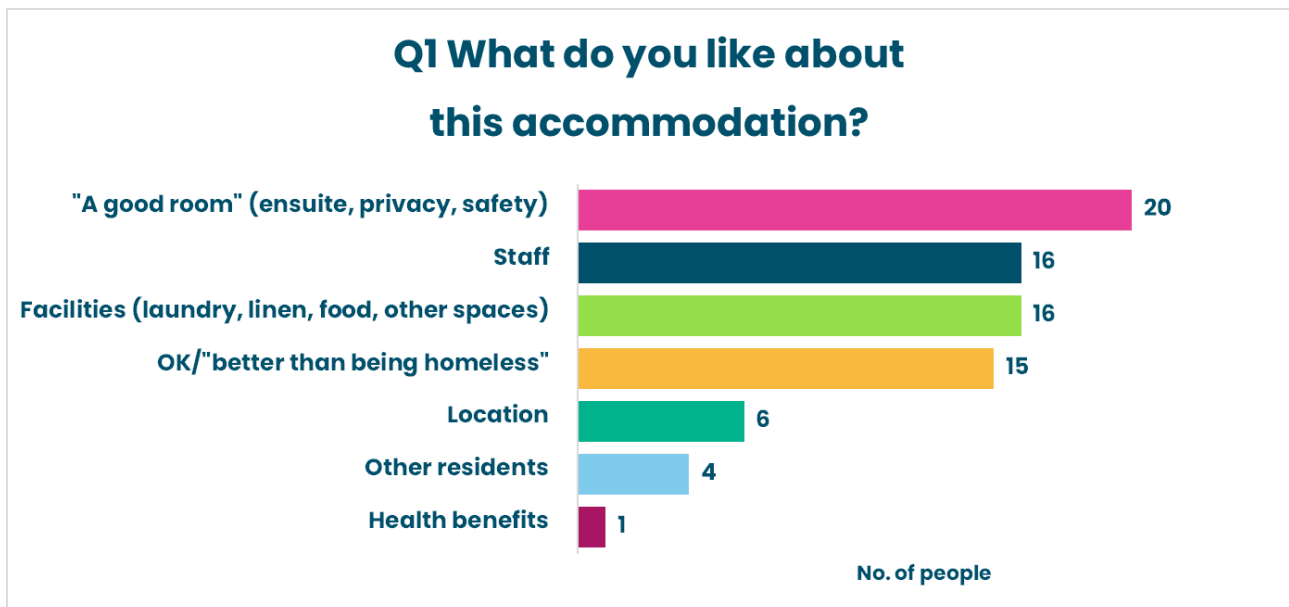
For clarity, the responses to Q1 have been divided into two broad groups of positive and critical feedback about the accommodation.

#### Positive feedback

#### Q1 How is it for you living in this accommodation?

Prompt: What do you like about it?

**43 of 48 (89%) respondents made a total of 78 positive comments about this accommodation.**



**"A good room"** (Safe, comfortable, private, ensuite or self-contained)

**"I feel lucky to have a shower and toilet"** [in my room]

20 of all 48 (41%) respondents expressed specific, positive feedback about the standard of their accommodation. Ensuite or self-contained bathroom and/or cooking facilities were the most cited examples of having "a good room" (i.e. privacy). Other factors were having enough space for their needs and security arrangements which helped them feel safe. There is comprehensive CCTV covering all communal areas at the site.

**Facilities** (laundry, linen, food, communal spaces)

***“I expected something quite bad and dilapidated, but the bed was made, there was a towel and a sink.”*** (resident who had been rough sleeping)

A third of respondents (16 – 33%) praised the provision of clean bedding & linen on arrival, laundry, communal kitchen, and the availability of simple food items. Bread and similar foods are provided free of charge in the communal kitchen via donations from local charities and retailers.

Clean bed linen, towel, toilet paper and laundry facilities were especially appreciated by those who had come from either rough sleeping or other ETA sites where these items were not provided. The laundry facilities are free for residents to use via booking a time slot at reception. This avoids queuing and minimises any disputes which can occur when first come first served is in place.

One or two respondents seemed unaware that free food items were available in the communal kitchen. It's not clear whether this was because they had not been informed or had not retained the information provided.

## **Staff**

A third of respondents (16 – 33%) provided strong positive feedback about the staff and expressed appreciation for the respectful and helpful service they provide: *“supportive” “friendly” “brilliant” “kind and understanding” “The staff are lovely, very helpful”*. Some comments specifically praised the manager for their approachability and *“fair management”*.

To keep it real, one resident remarked: ***“One or two [staff] are moody but most are spot on.”***

During the engagement activity, Healthwatch staff witnessed at least two occasions where staff provided residents with information, emotional support, and took care to observe and refer vulnerable residents to services appropriate to their needs.

Engagement with statutory and voluntary organisations to provide services at the site is actively sought and facilitated by the site manager who has liaised

with these organisations to provide weekly or monthly on-site services from health professionals, recovery services and Citizens Advice.

The residents did not always appear to differentiate between the site staff and those from other organisations who provide support via drop-ins and appointments on-site. It is understandable that residents may not remember or be fully aware of who works for which organisation and where those boundaries lie. e.g. some referred to the ETA site or staff as *“the council”*.

### **Location**

Six respondents mentioned the good location of the ETA; that it was within easy reach of town centre, but also near the seafront. This provides a free and pleasant facility for outdoor walking, which links to residents’ responses about wellbeing activities mentioned later in this report.

### ***“It’s OK”***

#### ***“I appreciate that I can keep clean and have a bed”.***

Nearly a third of respondents (15 – 31%) described their accommodation as “OK”, with 8 of those saying either “It’s better than being homeless” or “better than rough sleeping”. Five of the comments comparing it to rough sleeping were made together with very positive comments about the facilities and safety provided to them.

*“It’s better than being homeless”* could suggest that, although people in ETA are still technically homeless, some may not see themselves as such. Given that some people stay in ETA for months or even years, this is understandable, but ETA placements can be ended with immediate effect i.e. on the day. This can create a sense of feeling both simultaneously settled and constantly uncertain, or *“In limbo”* as one resident remarked.

### **Positive feedback relating to Health.**

While only one person specifically said that their health & wellbeing had improved since being at this site, the results above suggest at least 15 others have experienced better wellbeing in response to the accommodation and support provided to them.

For example, they expressed feeling safe, supported and comfortable.

***"[this is] the best place we have been in."***

*Critical feedback*

**Q1 How is it for you living in this accommodation?**

***"I'm glad to have a place, but some things are difficult."***

**34 of 48 (70%) respondents made a total of 80 critical comments about this accommodation.**

Three points should be noted as factors to consider when interpreting these comments:

1. Most of the people who made critical comments also had positive things to say about the accommodation site and staff.
2. A critical comment does not always indicate an unmet need; it can also indicate a tolerable inconvenience.
3. Respondents who were very satisfied tended to generalise their comments, e.g. *"All support ... has been great"*. Respondents who were troubled about at least one issue tended to itemise other dissatisfactions.

A very small number of people provided solely critical feedback. Their comments are important to explore because others who responded with both positive and critical feedback also raise similar issues which can affect an individual's health and wellbeing, especially if they continue for weeks, months or years.

Respondents who expressed most dissatisfaction tended to also express feelings of anxiety about the uncertain length of their stay at the site.

***"Other people"*** (noise, unwelcome behaviour)

Approaching a third of respondents (15 – 31%) expressed discomfort, dislike and sometimes fear regarding the behaviour of other residents. This included unsanitary use of shared toilet/bathroom facilities, theft of food and other items

from the communal kitchen, evidence of substance or alcohol misuse, and noise.

***"Staff do their best. It's worse at the weekend"*** [toilets]

***"They expect us to use the communal kitchen but it's an uncomfortable place to be due to other people who are also here."***

***"Things in the communal fridge go missing, but I know a lot of people are going hungry."***

More than one respondent said that they had been disturbed or alarmed by someone walking around the corridors at night and banging on people's doors. Some commented that noise and smoke from both the staff and resident smoking areas was disturbing at times.

Residents who have been in unsafe situations, have health conditions or are trying to recover from substance misuse found it more difficult to cope with difficulties caused by the behaviour of other residents and commented that it affected their own health, wellbeing, and recovery.

***"A bad room"*** (communal toilet/bathroom facilities, décor & cleanliness, size).

Nearly a quarter of respondents (11 - 23%) indicated dissatisfaction with the condition, size or facilities in their room/flat, particularly shared toilet facilities. The main building was formerly a hotel which would have had an assortment of rooms according to price. We understand from the provider that there is work in progress towards standardising these toilet and shower facilities.

Feedback about damp in the basement areas, décor and repairs related mostly to accommodation in the older buildings on the site. Some responses expressed concern about damp affecting the health of the occupants. The provider has clarified to HWES that significant work has been done on these issues since they acquired the site in 2018 and their refurbishment operations are ongoing despite pressing demand for full occupancy.

**Facilities & access** (communal spaces – kitchen & smoking area; lack of other communal space.

While there is a good quality, sheltered smoking area, there is no equivalent communal space, indoor or out, for non-smokers or children. They therefore have less opportunity to engage with others at the site.

The communal kitchen was given mixed reviews by respondents; a few people say “it’s fine” but others expressed feeling intimidated by others who used it, or the lack of equipment which meant that they had to either buy their own or just eat microwave meals.

Healthwatch interviewers observed that the kitchen looked in need of some refurbishment as well as noting the absence of cooking equipment. The provider has since confirmed that plans for kitchen refurbishment are well underway, with completion due by end of 2023.

HWES observed there are some outside areas which could be considered for use as outdoor drying space, as well as a private park area for use by all those who live in the properties adjacent to it.

### **Space for families**

6 respondents felt their accommodation was too small for their needs. This included parents having to share a bed with one or more of their children, or older children of different sexes sharing a bedroom.

The stress of sharing living and sleeping space so closely with each other is likely to be increased by having no indication of how long that situation will last for.

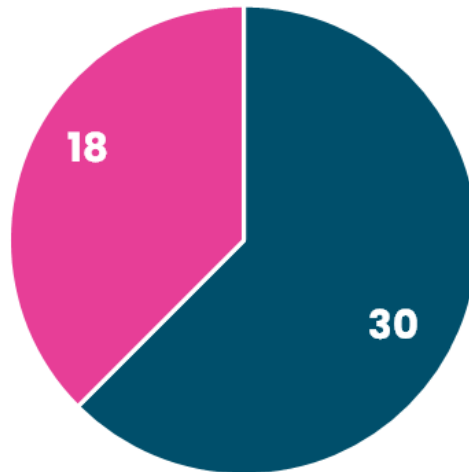
Please note that local authorities and accommodation providers are constrained by [National room & space standards legislation \(England\)](#) which has not changed since 1935, and therefore do not match conditions which are commonly thought reasonable today.



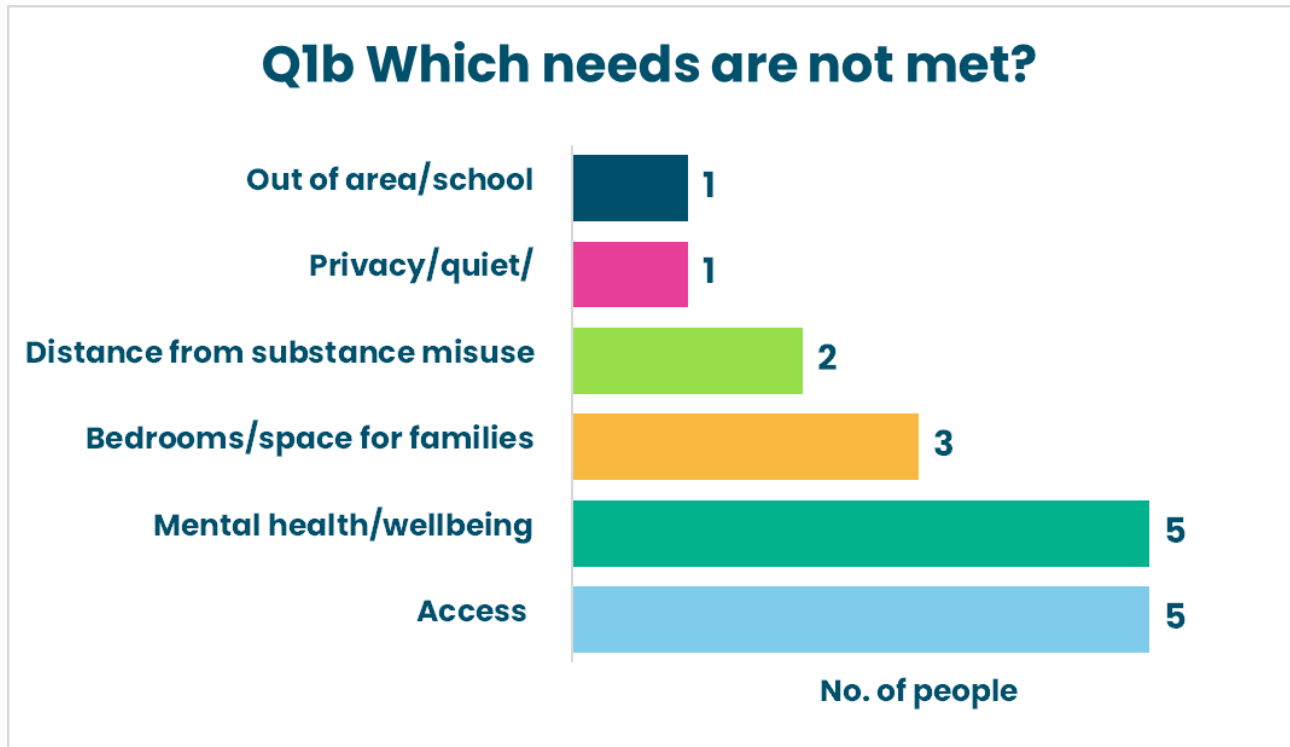
Nearly two-thirds of respondents (30 - 62.5%) said that the accommodation met their needs. As shown in other charts, this does not mean that they didn't wish to change anything nor that their wellbeing was not impacted by one or more aspects of this accommodation. For example, only one person expressed a specific unmet need for quiet, but several others said that their one desired change would be to have a quieter environment.

## Q1a Does this accommodation meet your current needs?

- Yes, needs are met
- Needs are not met



8 of the 18 respondents expressing unmet needs indicated that these were to do with the impacts on their mental health or wellbeing resulting from insufficient space or barriers to connecting with others (visiting/sign in restrictions).

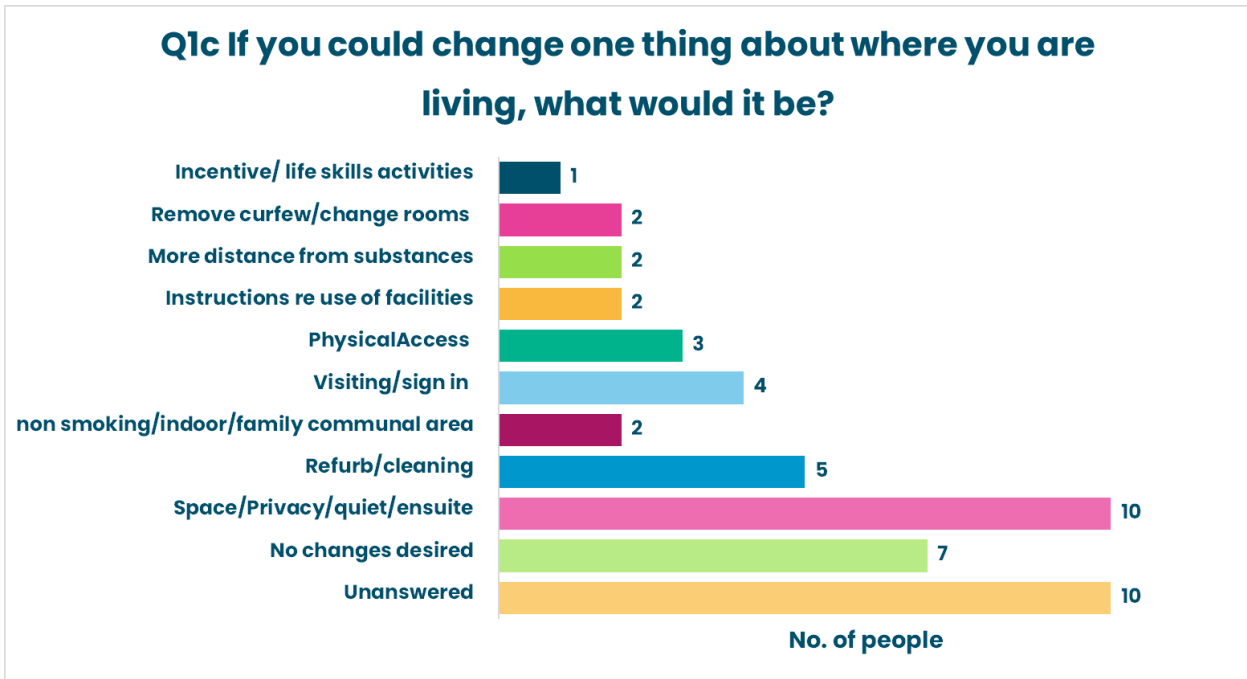


Some residents, both single and families, expressed discomfort with the wide variation of needs and behaviours of others at the ETA site. They mentioned that it wasn't a suitable environment for children, or that it hindered their own recovery journey.

Five respondents expressed unmet needs due to the physical access to their accommodation. There are no lifts in any of the three storey buildings and some residents expressed difficulty negotiating flights of stairs.

One respondent expressed unmet need due to the distance of the school their children attended.

Four out of five people (31 – 81.6%) who responded to this question (38) said they would like to change something about the accommodation or the rules, and relate closely to responses to earlier questions regarding general feedback about their accommodation.



Some people mentioned that they needed better access to their room/flat because of a physical difficulty in negotiating the stairs. Others said they needed more distance from people misusing substances and alcohol because proximity hindered their own efforts towards recovery.

Six families expressed needs for bigger accommodation because it did not meet their needs for space and privacy.

At least 4 people mentioned unmet mental & emotional health needs because of the strict “No visiting” policy and/or the daily sign-in requirement which limits their capacity to visit family or friends in other areas.

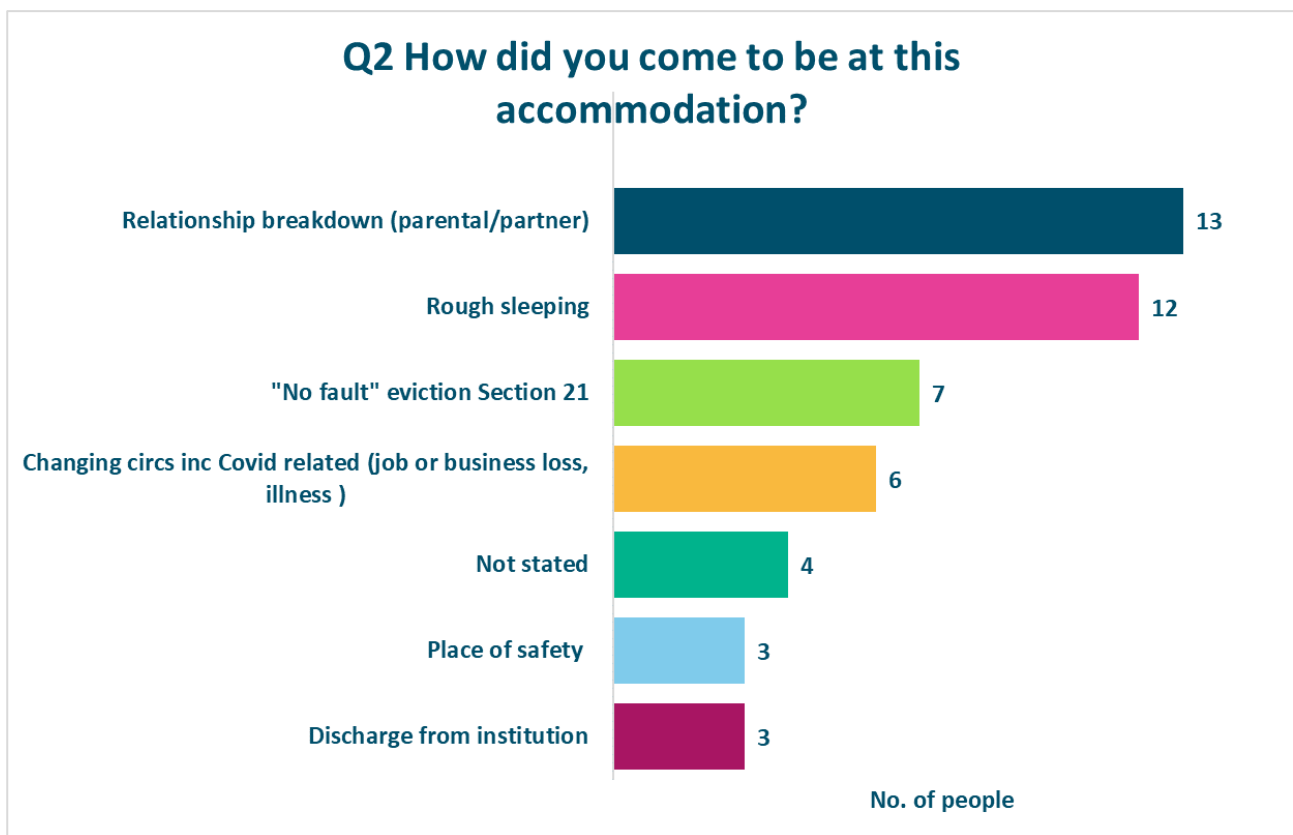
Nationally, it is common to have “No Visiting” rules at ETA sites and this provider does not generally permit visitors to either individual rooms or self-contained units. While there are sound reasons for this general rule (e.g. Safeguarding), it can mean that a person or family who is placed in ETA for can be prevented from having visitors for the duration of their stay, which could be weeks, months or years.

This situation, together with the absence of an on-site child friendly communal space can result in lone parents and their children being isolated from others on the same site and even in the same building. There are therefore fewer interactive opportunities to seek or discover information about activities for children as well as other community-based assets nearby.

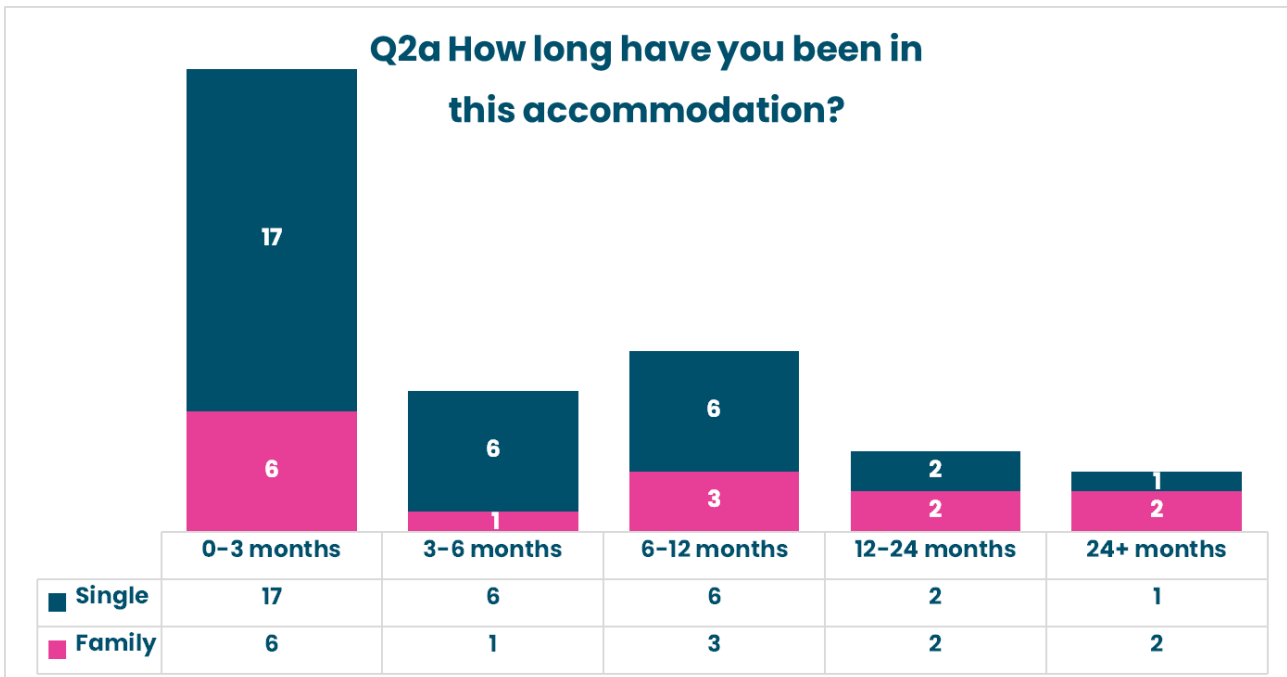
While it is easier for single occupants to go out and meet others, it is especially difficult for low-income parents with young children who will also be challenged by the practicalities of braving bad weather or the potential expense of having to meet in a commercial indoor venue.

**Q2 How did you come to be in this accommodation? Sub-questions** include the following tables: How long? Where from? Which council? Better/Same/Worse? & What info were you given?)

Answers to this question show a similarity to the national homeless statistics which state that changes in relationship and “no fault evictions” are the two main triggers for homelessness. A close third relates to changing circumstances such as illness, and changes related to the COVID pandemic such as loss of employment and income.



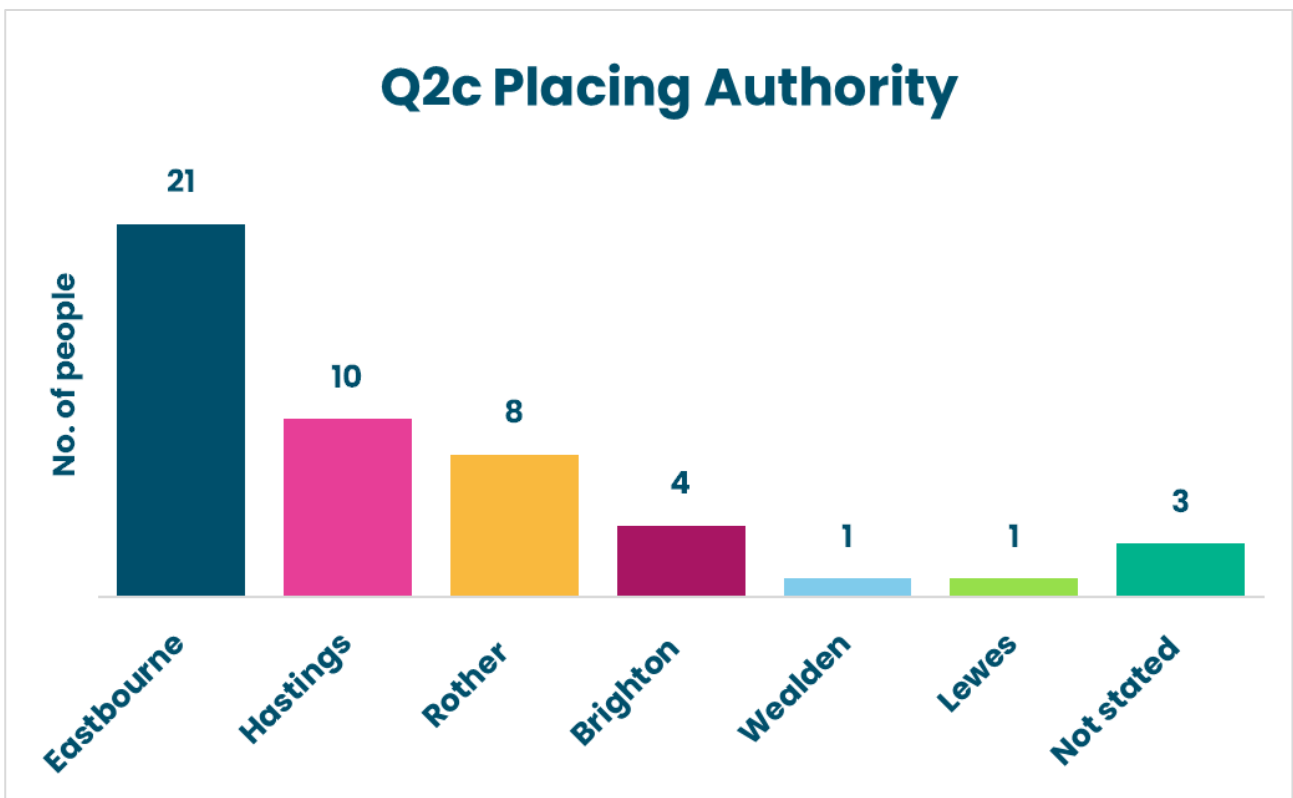
Some of the people who had come from rough sleeping also reported previous relationship breakdown or eviction, but the above table only records the person’s situation immediately prior to placement at the accommodation.



The table below shows a remarkable range in the length of stay at this ETA site. While most had arrived within the previous 3 months, it is possible that some people, including families, could remain in ETA longer than others in the wider community moving between private rented accommodations with assured shorthold tenancies.

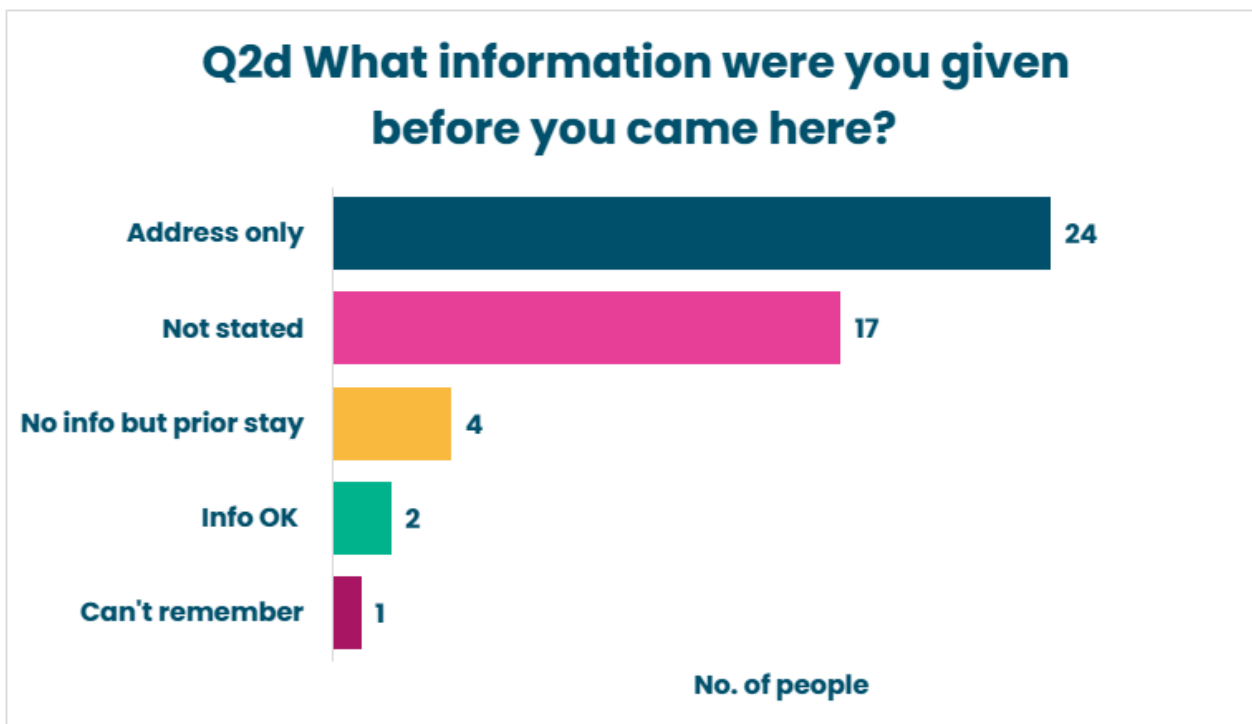


A majority of residents (61%) arriving in the last 3 months felt that the accommodation was better than where they were before, with 13% the same and 13% worse. Most single people who had been rough sleeping rated it as better, whereas most families who had been evicted from hitherto settled accommodation rated it as worse. Satisfaction with accommodation amongst those with longer lengths of stay appears to fluctuate, which suggests that a variety of factors may influence people's view.



From the responses gathered, it appears that most of the ETA residents we engaged with were placed locally by Eastbourne Borough Council. At least 5 people placed from other areas expressed a liking for Eastbourne and a desire to settle there.

Although many respondents bypassed this question, the results below show that 50% (24 of 48 people) were provided with minimal information about their accommodation prior to arrival. Even a person who is local to the area cannot be assumed to know what to expect on arrival at ETA, especially if they have never accessed this service before. Some people who knew of this ETA site prior to SDR acquiring it in 2018, found that the current provision was better than they anticipated.



One resident said ***"I stayed calm and took pot-luck, but some would be in a blind panic if it happened to them and they didn't know the area"***.

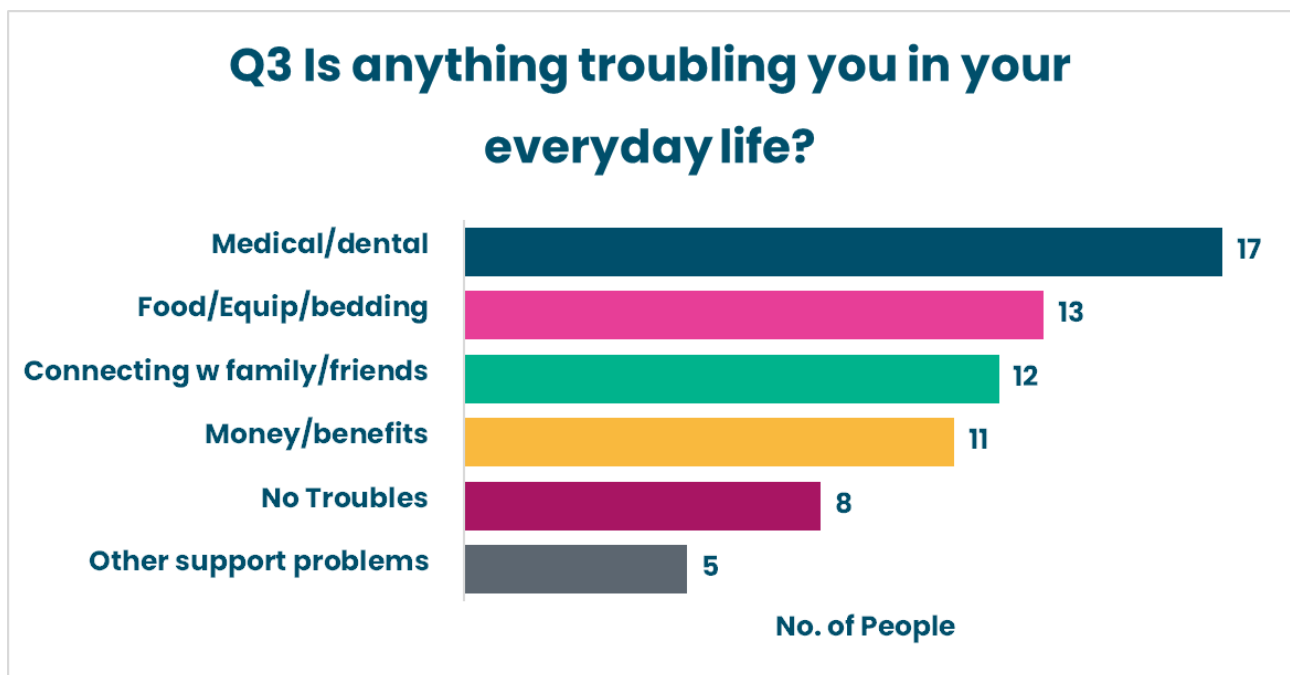
Healthwatch interviewers observed that the site reception area has a noticeboard for residents which displays up to date information about local health and support services. The board is helpfully prominent at reception, but it is a busy confined area which may discourage people from studying the information closely for longer than a few moments.

There are also noticeboards in the separate entrance halls to the self-contained flats. However, the information was not as comprehensive as the main reception and lacked information about local community assets & activities relating to families with children.



One parent said they learned about toddler groups from the local Foodbank. The challenges of finding out about local services such as these are much greater for people who are not fluent in English, literacy or have limited access to Wi-Fi/internet.

Medical and dental troubles were the most frequent response to question three. Further details about this are found in Q5 findings about health, care and other services.



The food, equipment, bedding category also includes other troubles expressed about the accommodation provision, as mentioned elsewhere in this report.

Residents in the self-contained flats are responsible for their own heating & hot water costs. In relation to money/benefits, responses to this question indicated concerns about the cost of heating and hot water, with additional concern that heating reduction would exacerbate any existing damp or condensation problems.

Connecting with family and friends was a particular issue for lone parents of children under 10, because of visiting restrictions and absence of suitable indoor communal space for children and families to meet.

The support of staff at the site is clearly valued by 22 (45%) respondents. Over half of those indicated that staff were their only support: *“My dad died. I don’t talk to mum.”*

**Q4 Where do you currently get help or support from? Staff, friends, family? Health, care, other support services?**



The type of support mentioned as being provided by staff included help with connecting to local services such as GP, providing food, and emotional support.

***“The staff here are good and will help. They also come to my room and ask if I am ok.”***

Friends and family were clearly indicated as sources of support by 26 (54%). This included some material or practical help such as items, money, or emotional support.

**Q5 Does the support you receive currently meet your needs?**

The following table summarises both the health or care services accessed and whether the respondent thought their needs were met by them.

45 people responded to the question regarding access to health, care and voluntary services. The vast majority of those have accessed or made a request

to at least 2 services. Fewer than 5 people indicated that they accessed only 1 service.

From 45 respondents, there was a total of 72 positive comments and 38 negative feedback comments about health and care services. These figures exclude dental services which are listed later in a separate table.

<b>Service</b>	<b>(Access/service OK) Positive</b>	<b>(Access/service poor) Negative</b>
<b>GPs inc Beacon walk-in</b>	31	7 (+ 14 registered OOA)
<b>East Sussex Healthcare NHS Trust A&amp;E, outpatients, inpatient, Maternity</b>	18	2
<b>Adult Mental Health services</b>	12	9
<b>Substance recovery</b>	6	1
<b>Child MH &amp; social services</b>	2	1
<b>NHS 111, Paramedic</b>	2	1
<b>Specialist Out of area</b>	1	3
<b>Total</b>	<b>72</b>	<b>38</b>

Table Notes:

1. Some people gave both positive and negative feedback about an individual service.
2. All respondents registered with an Out-of-Area GP are categorised as having poor access because although they may prefer not to transfer to a local service, distance may affect referral processes, home visits, safeguarding or a decision to attend A&E as a local first option. <sup>6</sup>

<sup>6</sup> [BMA Managing GP practice lists and out of area registrations](#)

***“My GP is really good... I can ring him if I need to. It’s a comfort”***

***“I know they are there if I need them” [Recovery service]***

There are clear positive indicators of health and care needs being met despite unprecedented and ongoing challenges to all services. At least 3 people mentioned satisfaction with primary care services accessed at the Beacon Centre surgery.

The negative comments are largely about trying to make initial contact with a service or the length of a waiting list. At least 3 people had difficulties registering at a local GP surgery e.g.:

***“None of the surgeries are taking new patients.”***

***“The surgery is asking for photo ID which I don’t have.”***

Some respondents seemed unclear about which services were available to them at the accommodation site. One resident said: *“I’ve heard there are mental health services here, but I think they are only for high-risk people.”*

Other comments include:

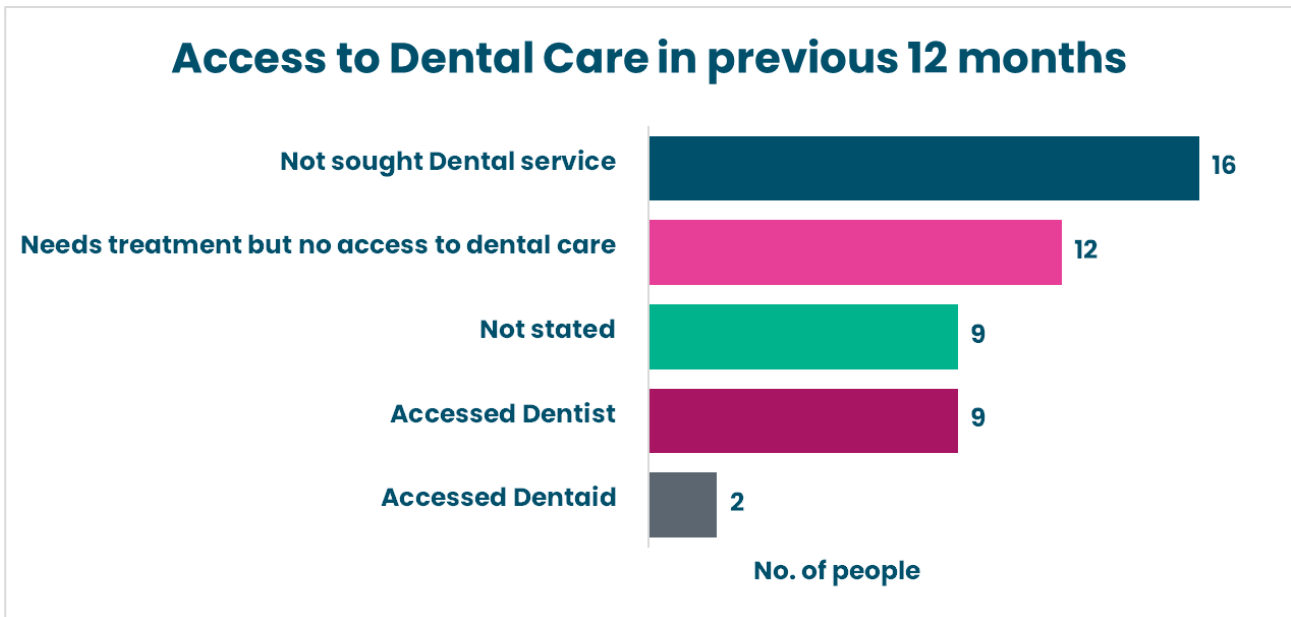
***“The GP is good but it’s so hard to get an appointment.”***

***“The mental health services are ok but it’s hard to get an appointment now – they say they will call and don’t.”***

***“I had Healthy Minds[sic] appointment 3 months ago but wasn’t going anywhere.”***

One respondent praised the rapid action of ESHT Eastbourne A&E who triaged their child immediately for emergency surgery on their arrival at the department. The parent *“took matters into my own hands”* after making two calls to NHS 111 who firstly asked them to go to Brighton, then did not call back as promised with an alternative option. The initiative and responsive actions of both the parent and the A&E staff resulted in the prevention of a serious and potentially life-changing outcome for the child.

## Dental Services



This feedback about dental services resonates with other evidence, both locally and nationally, regarding increasingly difficult access to NHS dental care. ([Healthwatch East Sussex](#) reports).

Difficulties in accessing dental care are of course far greater for people who cannot afford to opt for private alternatives, and while it can be tempting to compartmentalise dental issues as just that, poor dental health has a significant impact on individual wellbeing, general and mental health for both adults and children<sup>7</sup>.

Some homeless people, including those in ETA, in Eastbourne and Hastings have benefited from accessing [Dentaaid](#), a national charity providing mobile dental services to people on low incomes. See appendix for a list of current provision (January 2023) in East Sussex.

However, as one resident said: ***“I can’t get a regular dentist. I need a new plate, but they [Dentaaid] don’t do those anymore. I want to get a job but haven’t got the confidence without one.”***

<sup>7</sup> [Faculty of Dental Surgeons Position statement 2019](#)

In addition to the clear impact on this individual’s wellbeing, this comment illustrates the perpetuation of health inequalities related to income and employment.

**Services and support provided by voluntary/community organisations**

<b>Voluntary/Community Service</b>	<b>(Access/service OK) Positive</b>	<b>(Access/service poor) Negative</b>
<b>0–5 activities</b>	2	3 (information gap)
<b>Adult MH (e.g. Mind, Samaritans)</b>	4	0
<b>Homeless support (e.g. Matthew 25; Salvation Army, WUTH)</b>	10	0
<b>Foodbank</b>	5	0
<b>Citizens Advice</b>	1	0
<b>Total</b>	<b>21</b>	<b>3</b>

The vital role provided by voluntary/community services is evident, as is the level of satisfaction and appreciation expressed by residents:

***“Citizens Advice helped us get on the housing list.”***

***“Matthew 25 have been amazing. They probably saved my life. Salvation Army have also been good.”***

**Q6 Can you tell us how the COVID pandemic affected you?**

An overwhelming majority of respondents (45 - 94%) provided a wide variety of answers to this question. 20 people indicated they coped well with no real problems. *“Nothing negative. I quite enjoyed the lockdown”.*

However, the remaining 25 who responded expressed at least one significant difficulty or major life event. Five people became homeless because of lost income/business and had to request their local council for accommodation.

***“Lost my business, which led to income crisis, so I lost my home. It put pressure on family relationships”.***

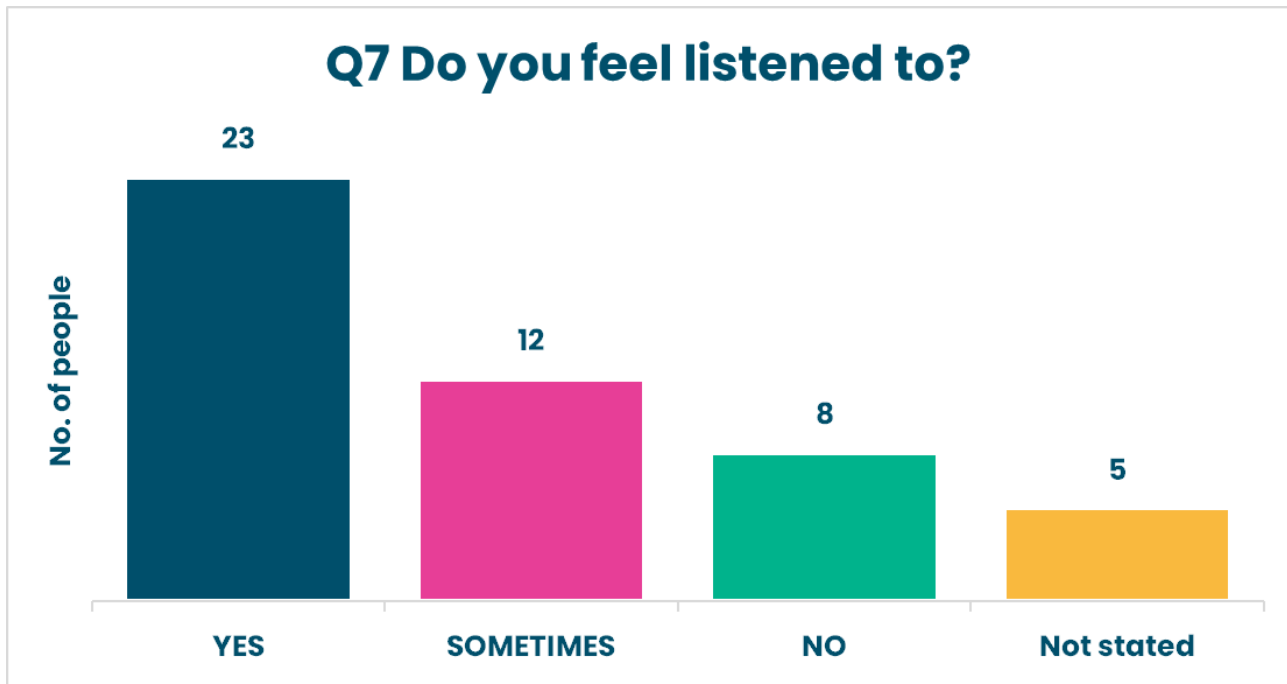
<b>Tell us how the Covid pandemic affected you?</b>	<b>25 respondents indicated 1 or more events</b>
<b>Lost business/job</b>	7
<b>Lost home as a result of lost income</b>	5
<b>Affected personal relationships</b>	7
<b>Bereavement</b>	1
<b>Affected mental health</b>	11
<b>Affected physical health</b>	2
<b>Access to Health &amp; Care services</b>	9

**Have you been vaccinated against Covid-19?**

<b>Yes</b>	<b>11</b>
<b>Declined</b>	11
<b>Yes but access problems</b>	1
<b>Yes, 1<sup>st</sup> dose only</b>	2
<b>Not answered</b>	23

Most of those who declined vaccinations, or had only one dose, expressed doubts about the safety of it, while a small minority clearly expressed disbelief in the severity, or existence of, COVID-19.

One person with a physical disability said that vaccine appointments at their surgery were only available in the mornings at times which were unsuitable for their needs.



### **Yes (48%)**

***"I feel listened to everyday. The staff are lovely"***

***"I don't talk much but do feel listened to"***

The appreciation expressed for the site staff account for many of the YES responses from residents. Other services which would not be universally accessed by all respondents therefore account for fewer responses.

Some individuals mentioned services who they felt had listened them, including Recovery services (Change Grow Live), STEPS, Mind and Samaritans.

### **Sometimes (25%)**

***"It really depends who you're talking to. Staff here listen. Housing officer was brilliant [to get me in temp accom] & I understand that things can't happen immediately. I don't feel listened to at the Jobcentre - really offhand."***

***"Some services listen but they don't have the power to make changes so what's the point."***

***"Staff don't listen when it comes to things needing fixing."***



## **No (16%)**

***“I’m very worried about the little one and we need a new place [to live] to help with health, but no one seems to be listening.”***

***“When I called, I found out the housing officer had left weeks ago. Weeks later I still haven’t been told who my new named officer is.”***

These two comments illustrate a disconnect between the individual and the service. Their common thread is the uncertainty of whether they have even been heard, let alone whether their enquiry is being dealt with.

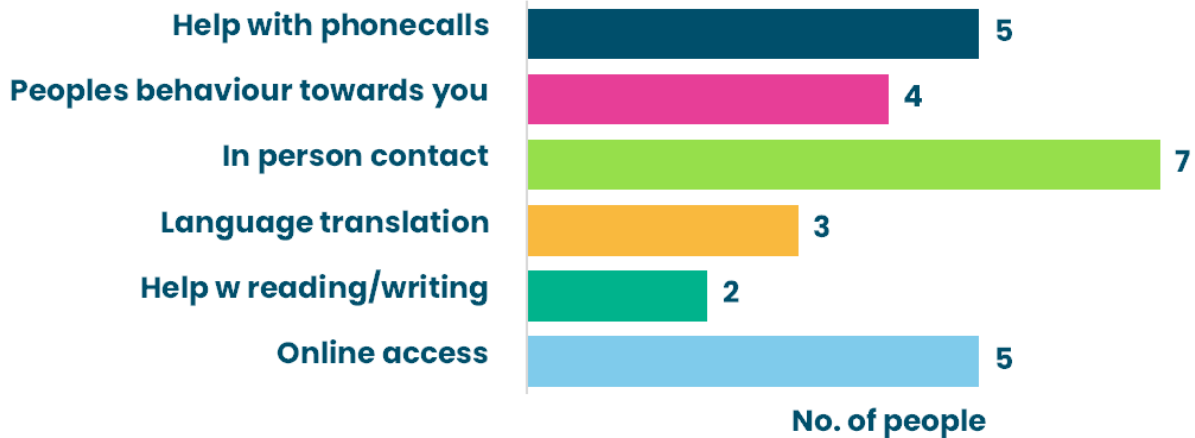
The first comment raises questions: the child’s health and wellbeing, the expressed connection between health and the accommodation, and the identity of “no-one”. It suggests that the parent has tried to contact more than one person or service but is not clear who, or whether the enquiry has reached the most appropriate service for action.

The second comment illustrates the impact on an individual when trying to communicate with housing services which are challenged by high demand and insufficient staff to deal with the resulting workload. The reason for the individual’s original call to the office or whether it was an appropriate enquiry is unknown, as is whether their query was answered, albeit by another housing officer.

However, the overriding outcome for the individual is uncertainty about when or if a named housing officer will be allocated to progress their application for long-term accommodation.

As [NHS Digital](#) states: “Those who are least likely to be online are those who most need health & care services”. The risk of digital exclusion is clearly much greater for anyone who is on very low income or homeless. Even if they can afford a smartphone, they are more likely to be reliant on pay-as-you-go phone/Wi-Fi connectivity (and, if rough sleeping, have tenuous access to phone charging facilities).

## Q8 What could be done to help you feel listened to?



***“We’ve only got one phone between two and no camera on it to record documents needed [by some services]”***

For some people, there may be additional barriers to communication and constructive exchange with others. These include health conditions or disabilities; difficulties with reading, writing or language translation; or the expressing of challenging behaviour which may arise from trauma, stress or fear.

One respondent said they only felt listened to *“When I’ve lost my temper”*.

For the safety and wellbeing of all staff, the robust application of skilful, calming communication techniques is essential. Professionals, who are more likely to have security of income and tenure, and access to relevant information or services are better placed to “meet people where they are” and manage difficult interactions towards an optimal outcome than is someone whose most basic daily needs of shelter, food and safety are in imminent danger of being unmet.

[Eastbourne Borough Council’s Homeless & Rough Sleeping Strategy](#) includes a commitment to staff training in trauma-informed practice, mental health awareness and domestic abuse.

## Q9 What most helps your health & wellbeing?



It appears that many residents already know what's good for them.

***"Health and wellbeing surely intermingles - doing my best to cope with both."***

42 respondents made 71 comments about their preferred activities to aid wellbeing, which correspond closely to [NHS guidance](#). These include outdoor exercise, connecting with people, feeling safe, personal goals and hobbies.

Empowering residents to access these more easily could provide good mental health & wellbeing outcomes and possibly reduce the impact on the individual of waiting a long time for a health or care service.

***"Being able to communicate and talk."***

***"My children"***

***"I've started back at college which I like."***

***"Going to bed knowing I've progressed or achieved what I want to do."***

***"Staying away from drugs and alcohol."***

***Associating with the "right people."***

The responses indicate that issues related to everyday material and housing needs have the most unwelcome effect on residents' health or wellbeing, more so than a diagnosed health condition.

The close relationship between parent and child health and wellbeing are also illustrated in some quotes below:

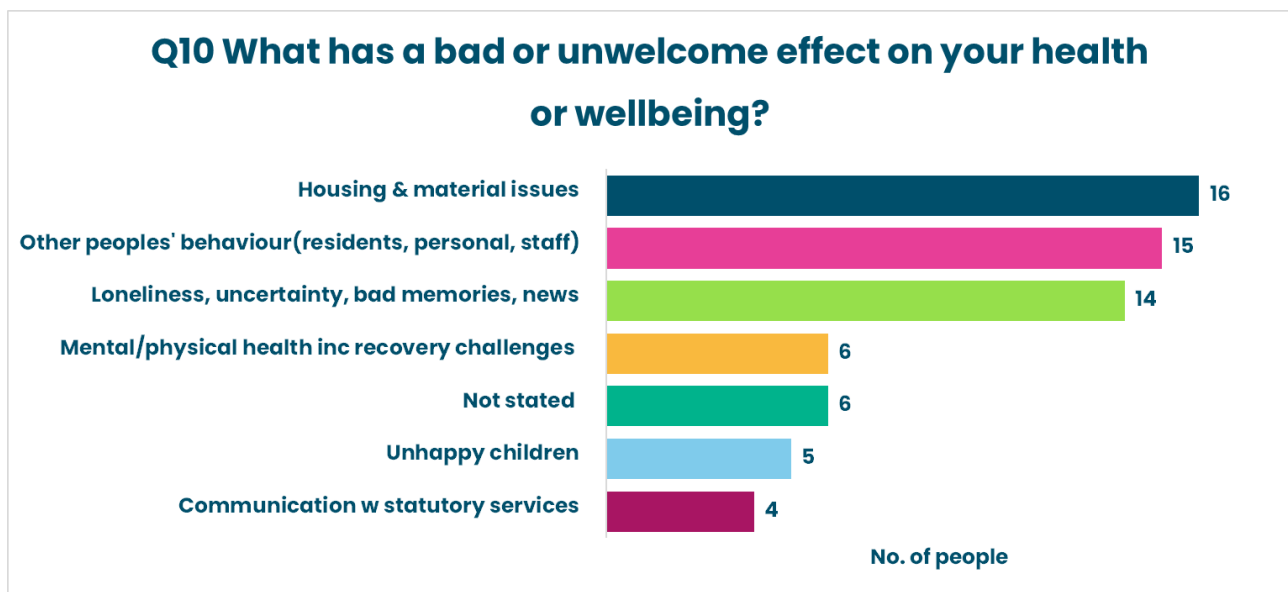
***"Housing issues and the fact that the growing kids don't have enough space."***

***"Being evicted from my home." "Everyday stress of overcrowding"***

***"Money is always very tight but that applies to the large majority of people here."***

***"Cold. Can't use hot water – it's too expensive".***

***"Unhappy children"***



There were 60 comments from 42 responses to this question.

15 (36%) of the 42 respondents to this question said that the behaviour of others had a negative effect on their health and wellbeing. The impact of other people, whether as a help or a hindrance to wellbeing is evident in both the above charts and reflects how the quality of human relationships can influence the quality of our lives.

***"Other people with unkempt, dirty habits"***

***"I keep my head down to avoid crazy shit".***

***"Neighbours - noisy, drunk or stoned all night"***

14 responses were expressed which related feelings of loneliness or disconnection to others, and uncertainty, not just about their own situation but also in relation to political, economic and environmental events.

***"Loneliness – but the people here... I feel frightened and unsafe so stay in my room unless I go out."***

***"Not knowing when we will get the offer of permanent accommodation."***

***"Life at the minute. Not sure if I'm coming or going"; "Problems in the world."***

***"My child has no-one to play with." [visiting restrictions]***

Several comments mentioned difficulty in communicating with statutory services and indicate frustration and uncertainty:

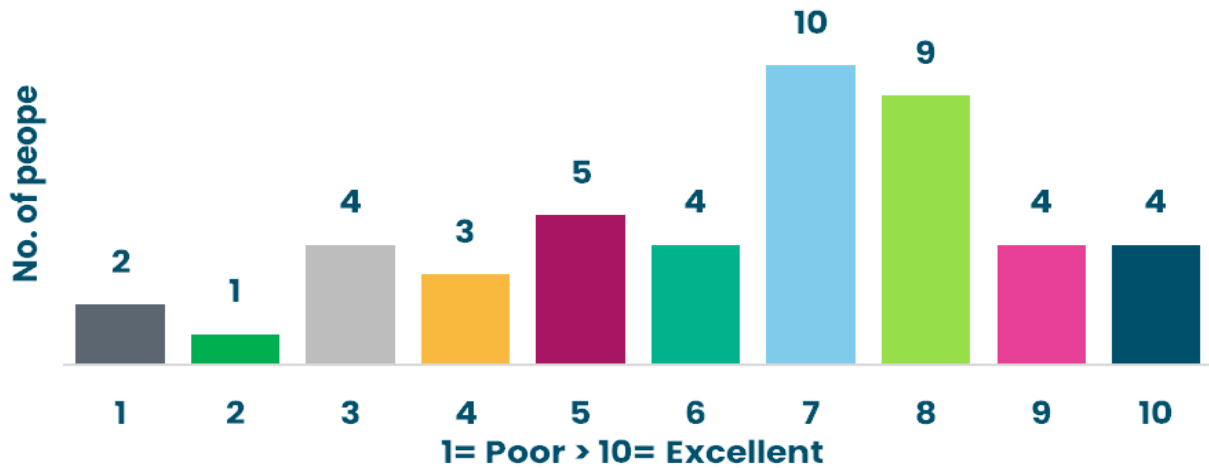
***"I just wish they would answer the phone."***

***"I don't know what the accommodation situation is [translated]"***

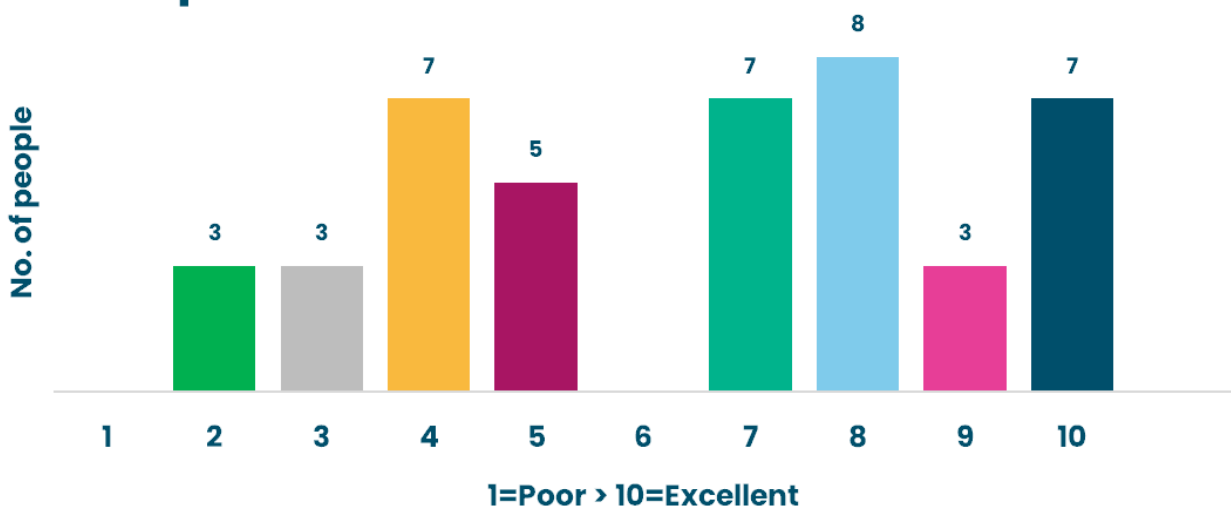
***"Even just a text to say 'we haven't forgotten about you' would help."***

**Q11 Is there anything else you want to tell us?** All comments relate to earlier answered questions e.g. "Free breakfasts is good" "The laundry is free"

## Q12 Overall, how would you rate your experience of living here?



## Q13 Overall, how would you rate your experience of health and care services?



## 4 Conclusions

***“Health inequalities are underpinned by the conditions in which people are born, grow, live, work and age”*** (UK Gov Social Determinants of Health).

The links between housing and health being well documented, both residents’ feedback and observations of HWES staff and volunteers suggest that this site provides several good practice examples of ETA provision, and one which could be used as a comparator in raising and maintaining standards across the sector.

Importantly, this provider has specifically stated their desire for formal regulation so that accommodation standards can be agreed and scrutinised across the ETA sector.

Specific positives about SDR Living and the staff at this site include a culture of respect and approachability while maintaining appropriate boundaries; sincere efforts to connect residents to local services via information boards and on-site outreach; and being willing for their residents to feedback freely via external organisations about the services they provide.

All these factors contribute to the sense of safety and wellbeing experienced by many residents at the site, especially those who are disconnected from family or friends.

Furthermore, these qualities provide a firm foundation for all services (housing, health and care services, voluntary sector organisations and other accommodation providers) to develop their progress in minimising negative impacts of homelessness on adults and children, even when they are placed in ETA of a reasonable standard.

Providing well for ETA residents is demanding work, made more complex by the very wide range of circumstances and needs of the people placed there. However, it has potential to result in positive short- and longer-term outcomes for both residents and local services. For example, by reducing or preventing demand for urgent responses to apparent needs, or providing better opportunities for healthy childhoods.

Nationally, rising numbers of both adults and children are becoming homeless. This disempowering and frightening event which has no pre-determined end date is therefore a significant risk to the psychological wellbeing and social/economic futures of both the adults and children who experience it.

Being homeless and in emergency or temporary accommodation impacts the life of every child who experiences it. These social determinants will influence not only their individual future health and prospects, but will also increase demand for and the resulting cost of health provision in that location.

There are additional risks for young people in poor and crowded households with no social space, nor money to take part in organised leisure or sport. In search of their own space or validation, they may roam elsewhere and become vulnerable to attention from people or groups who can harm or exploit them such as county lines or sexual grooming. Therefore, for both humanitarian and economic reasons, it is essential to explore all ways of minimising the impact on families if they become homeless.

The findings of this project not only illustrate the impact on individuals, but also the pressures on health, care and housing service resources. All services with a role in placing and providing for residents at this site try hard to support them despite severe and increasing challenges. The Eastbourne Borough Council Homeless & Rough Sleeper Strategy acknowledges issues of staff capacity, constraints of demand/supply of accommodation and other services as well as duration or diversity of need.

However, these challenges highlight the importance of making the most of existing local community assets together with the need for energetic exploration and investment in new ones, especially activities such as exercise, hobbies and personal goals which support health and wellbeing and could reduce the impact on individuals who are waiting for services from statutory providers.

Regular gathering of feedback from people placed in ETA could contribute towards the planning and delivery of successful local action plans.

While this accommodation provider enabled our activity, they were under no obligation to do so. Other providers can and do decline to engage with impartial



feedback mechanisms. This can therefore result in the exclusion of people which inclusion strategies strive to reach.

The provider welcomed these findings and committed to exploring ways in which they may be able to support the implementation of some of the following recommendations.

## 5 Recommendations

### **1. All ETA & Supported Accommodation providers; County, Borough and District Councils.**

Recognise, support, and facilitate engagement between people in ETA/supported accommodation and impartial organisations such as Healthwatch and Citizens advice. In this way, residents will be included, as other members of the public, in opportunities for information, advice and to give their feedback regarding local services. This enables their contribution towards the evaluation and development of those services, particularly to do with health, care and wellbeing.

### **2. County, Borough and District Councils; ETA providers**

Progress the introduction of information sharing agreements with the client's informed consent. This is especially important for people who are in ETA as they can be moved at any time with immediate effect, thus increasing the risk of becoming disconnected to any services they have been accessing.

Two outcomes of this would be:

1. To ensure that information and support needs of the individual identified during the placement process are available to ETA staff, enabling them to quickly (re)connect residents to appropriate services on arrival and during their stay.
2. Reduce the need for residents to re-tell their story.

Both outcomes could help to reduce stress for residents and ETA staff and reduce the need for urgent referrals to those and other services.

- Explore ways of enabling safe visiting at ETA sites such as provision of either a designated child-friendly indoor communal space or enabling differently timed sessions for families and single adults in a general indoor communal space.
- Support the role of ETA staff as essential contributors to the health and wellbeing of residents by regularly reviewing training needs of all site staff and facilitating their access to training provided by statutory organisations

e.g. Trauma Informed Practice, Mental Health First Aid, [Making Every Contact Count \(MECC\)](#).

### **3. Health and Care Services; Voluntary/Community Organisations, ETA providers**

- Provide maximum opportunities for ETA residents to care for their own health and wellbeing by applying the principles of [Making Every Contact Count \(MECC\)](#) in conjunction with multi-disciplinary, multi-agency exploration and development of local community assets. This could involve in-person contact via on-site social prescribing, befriending outreach, play leaders and “first time buddy” support and incentives to join new activities either at other venues or on-site. This may have an incidental benefit of reducing noisy behaviour at the site.
- Explore use of text messaging to alert residents to on-site services or other local community assets which may benefit their health and wellbeing.
- ETA providers to explore use of private social media group messaging for residents to share information regarding appropriate services, e.g. details about nearest toddler group posted in a group for those with children.

### **4. Health, Care and Voluntary/Community services for Adults and Children**

- Smoother and more informed pathways for newly placed individuals and families who may move frequently between ETA to register with a local GP and related services to do with children’s health.
- Increase the presence, accessibility and visual appeal/content of health and care service information in ETA sites, especially to do with Early Help 0-19 services including health visiting and the nearest children’s centre. Large print/easy read content, and clear options for translation or interpretation should be available.

### **5. Healthwatch England**

- Campaign nationally for formal access to engage with people in ETA and supported accommodation, thus championing inclusion.

- Support regulation of the ETA and supported accommodation sector with the aim of improving access and experience for people whose health or care needs are not eligible for care regulated by the Care Quality Commission.
- In the interests of housing in its relation to health, highlight the need for updating of [National room & space standards legislation \(England\)](#).

## **6. Healthwatch East Sussex**

- Continue working across the county to engage with residents in ETA and supported accommodation to identify their health and care needs and how these are being met.
- Seek information from relevant sources regarding any local implementation of the plans for [Mental Health Ambulances](#) as described by the Department of Health & Social Care in June 2022.
- Follow up this activity with a further review within 12-18 months to identify and report on any progress made against these findings and recommendations.

## **7. SDR Living**

- Continue programme of refurbishment throughout the Eastbourne ETA site.
- Provision of individual laminated easy-read, step by step information sheets to include: basic information about site facilities including laundry, post, a “kit-list” of what is & isn’t provided (e.g. cups, saucepans); how to register with a local GP and Health Visitor services and how staff may be able to support with this; location of nearest foodbank, grocery store, library; services & drop-ins which are available on-site.
- Regularly remind residents about the procedure for reporting any repair or maintenance needs regarding their accommodation.
- Ensure all staff have access to and are confident using online translation resources, and meeting the communication needs of people who have difficulties reading or writing.

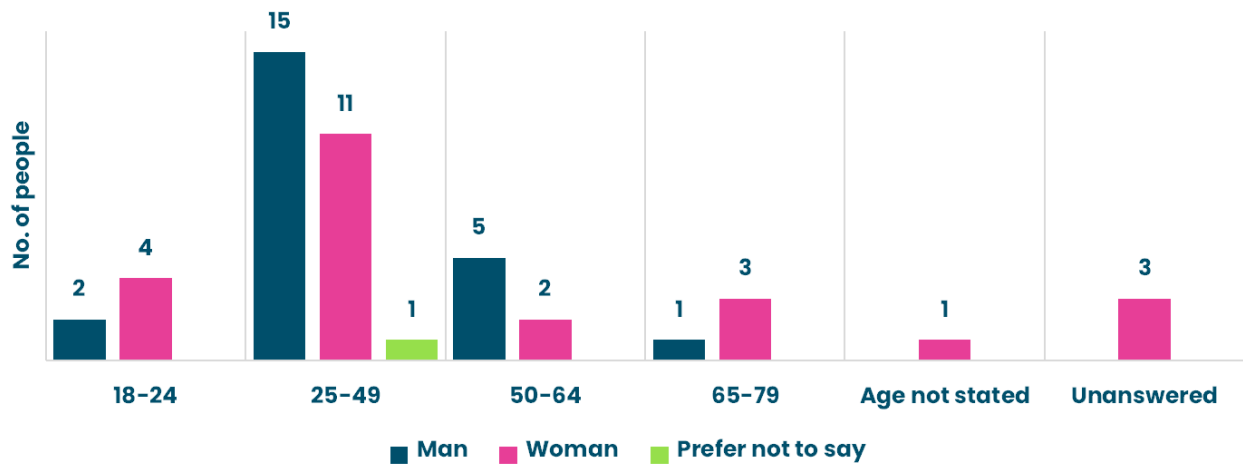
## 6 Acknowledgements

Healthwatch East Sussex sincerely thank the following people and organisations:

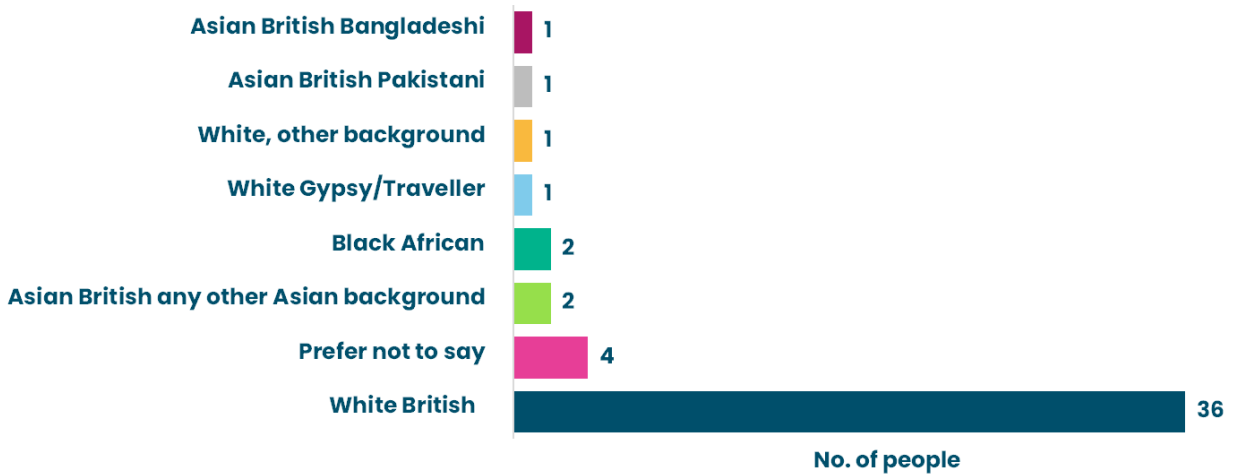
- SDR Living and their on-site staff for your welcoming and transparent approach to this project.
- The residents of the accommodation site for talking to us so openly.
- Eastbourne Borough Council and the Rough Sleepers Initiative (RSI) for their interest and providing background information to the project.
- Citizens Advice and Eastbourne Foodbank for providing local information and context.
- Eastbourne Children's Centre for their interest in the project and prompt supply of service information.
- East Sussex Community Voice/Healthwatch East Sussex staff and volunteers for your energy, interest and commitment to engaging with people who are homeless.
- Kate Richmond, project lead, for co-ordinating the project on behalf of Healthwatch East Sussex and for leading the production of this report.

## 7 Equalities Information (48 respondents)

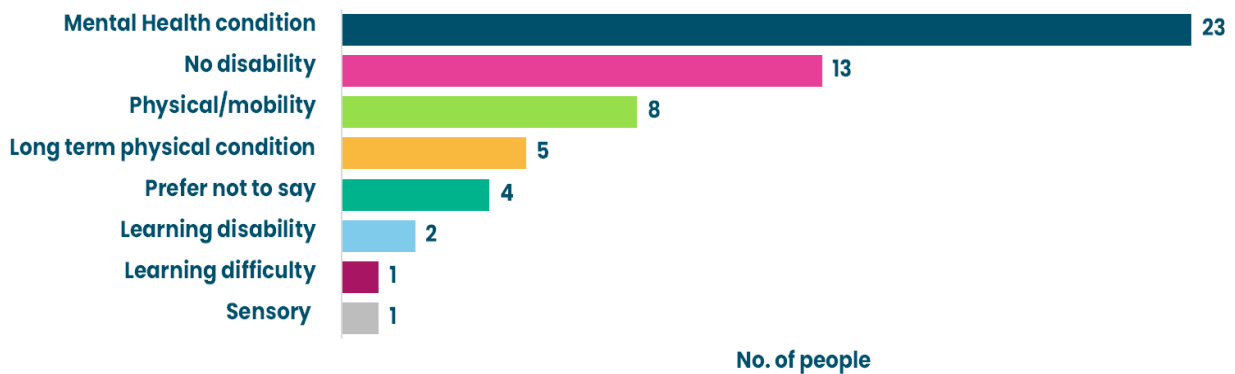
### Age & Gender



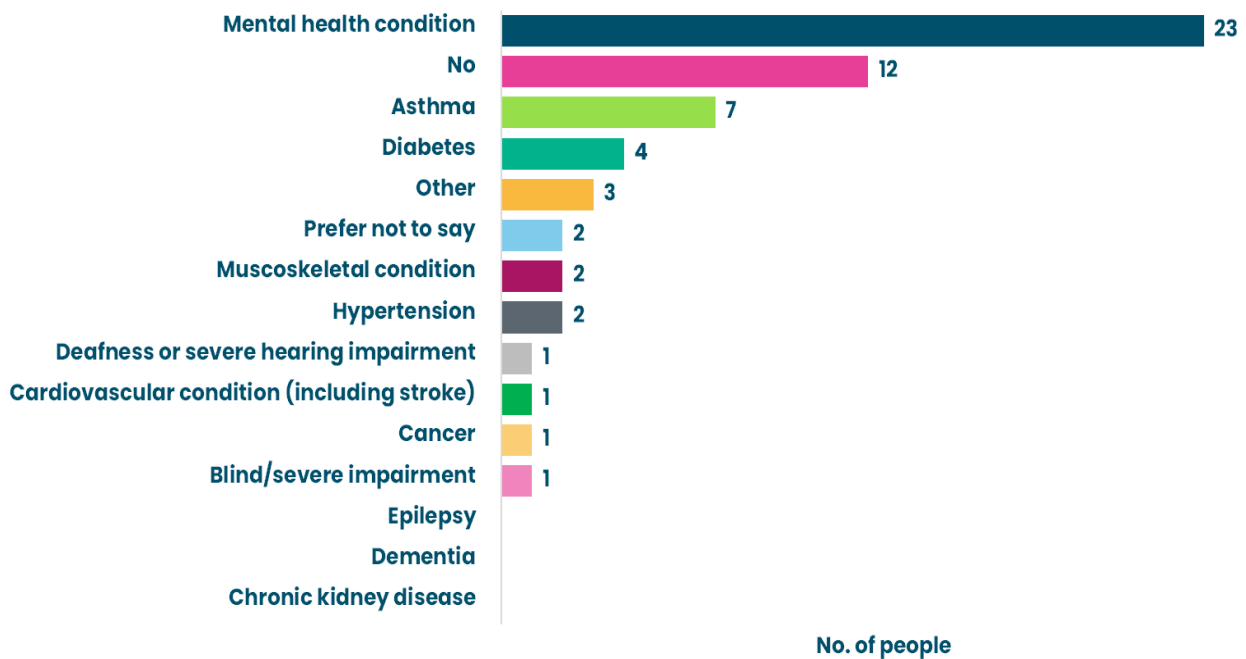
### Ethnicity



### Do you have a disability?



### Do you have any long term conditions?



### Have you ever served in the armed forces?

**Yes 2 No 40 Not stated 6**

## 8 Sources and Further Reading

- [UK House of Commons briefing Affordable Housing](#)
- [UK Gov Social Determinants of Health](#)
- [UK Gov Homelessness statistical data 2022](#)
- [UK Gov Guidance for local authorities re suitability of accommodation](#)
- [UK Gov Commons Library Overcrowded Housing July 2021](#)
- [UK Gov Commons Library Housing and Health](#)
- [Shelter: National room standards](#)
- [Shelter Press release Growing Up Homeless Dec 2022](#)
- [Shelter Briefing Paper Growing Up Homeless Dec 2022](#)
- [NHS Digital](#) Digital inclusion slides (2016)
- [NHS Dental Statistics 2021-22](#)
- [Marmot Review 2010](#)
- [Making Every Contact Count NICE](#)
- [HM Coroner Prevention of Future Deaths report November 2022](#) regarding child death caused by damp accommodation
- [Healthwatch East Sussex](#) Healthwatch East Sussex reports about Dental services
- [Faculty of Dental Surgeons Position statement 2019](#) - Dental and general health
- [Eastbourne Borough Council Homeless & Rough Sleeper Strategy 2022-27](#)
- [Citizens Advice: Info & advice for people offered temporary accommodation](#)



## 9 Appendices

### 9.1 Appendix 1 Dentaaid Information

In 2023 Dentaaid will have clinics in the following locations:

- Eastbourne Salvation Army once a fortnight – Salvation Army Citadel, Langney Road, Eastbourne BN22 8AQ, Drop in clinic for street homeless.
- Hastings Seaview once a fortnight – Seaview Centre, Hartherly Road, Hastings TN37 6LB, Drop in centre for homeless/vulnerably housed ES
- Hastings Families once a fortnight – FSN, St Nicholas Centre, 66 London Road, St Leonards, TN37 6AS, drop in centre for families in need
- Patients first need to be registered with those Agencies above. Dentaaid provides urgent dental treatment which include extractions, fillings and oral advice. Procedures such as dentures and implants cannot be provided.

## 9.2 Appendix 2 Healthwatch East Sussex Experience of Emergency, Temporary Accommodation survey – September 2022

# Experiences of residents in Emergency, Temporary and Supported Accommodation

### Background

This document is for use during semi-structured interviews with residents in Emergency, Temporary or Supported Accommodation in Eastbourne during the autumn of 2022 with a focus on their health and wellbeing.

It contains 10 main questions that staff/volunteers should explore. This includes some prompts/& additional questions that may help to elicit a full response.

Please be aware that this process may involve recording personal & confidential information. Therefore:

- It **MUST NOT** be left where others can access it – either in hard copy or electronically.
- It **MUST** be returned to Healthwatch East Sussex. *Please store securely and either give to a member of staff or post to our office as soon as possible after uploading results* via this link:  
<https://www.surveymonkey.co.uk/r/HWESExperiencesofETA2022>
- **No** personal or other details should be communicated via email.

### Interview/Engagement details:

Date of interview or engagement	
Time of interview or engagement	

Location name (accommodation site)	
Flat number of resident (if known)	
HWES interviewer name	
HWES note-taker name	

## Interviewer observations of the resident

Please briefly note:

- Appearance/self-presentation
- Behaviours (nervous, calm, etc)

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### 1. How is it for you living in this accommodation?

Prompts:

- What do you like about this accommodation?
- Does the accommodation meet your current needs?
- If you could change one thing about where you're living what would it be?

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### 2. Can you tell us how you came to be here [name of site]?

Prompts:

- Have you lived here long?
- Did you move here from somewhere else? >> Which council placed you here?
- How does this compare to where you came from? Is it better, the same or worse?
- What information were you given before coming here & by whom?

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### 3. Is anything currently troubling you in your day-to-day life?

Prompts:

- Getting food, cooking equipment or bedding?
- How is your health and wellbeing?
- What about getting medical or dental appointments, or other help & support?
- Money or benefits? E.g. cost of living, fuel or council tax?
- Connecting to friends or family?

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### 4. Where do you currently get support or help from?

Prompts:

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- Staff? Friends and family? Health and care services inc Mental Health, Recovery or Social Worker? Community groups? Others?
- **Are you registered with a GP?** *Yes/No Where? Last contact?*
- Have you used or do you know about any walk-in/drop-in health clinics in Eastbourne? *Yes/No Where? When?*
- **Do you have a Dentist?** *Yes/No Last visit? (Inc emergency)*
- Do you know about Dentaid? Have you had any dental care from them?

**5. Does the support you receive currently meet your needs?**  
***Yes/No/Sometimes***

Prompts:

- What support or help have found most useful?
- What support or help do you need? E.g. accommodation, health, finance etc.
- How easy is it to get support or help?

**6. Can you tell us how the Covid pandemic affected you?**

Prompts:

- Physical or mental effects?
- Change in accommodation, or move to another location?
- Change in access to usual health, care or support services?
- Information about and access to vaccines?

**7. Do you feel listened to?** ***Yes/No/Sometimes***

Prompts:

- Please tell us more about when you do feel listened to
- Please tell us more about when you don't feel listened to

**8. What could be done to help you be heard more easily?**

Prompts:

- Help with phone calls, online access, reading writing, language

<ul style="list-style-type: none"> <li>• Face to face conversations/expressing yourself/People's behaviour towards you?</li> </ul>
<b>9. What most helps your health or wellbeing?</b>
<b>10. What has a bad or unwelcome effect on your health or wellbeing?</b>
<b>11. Is there anything else you want to tell us?</b>

**12. Overall, how would you rate your experience of living here?**

1 Worst	2	3	4	5	6	7	8	9	10 Best

**13. Overall, how would you rate your experience of health and care services?**

1 Worst	2	3	4	5	6	7	8	9	10 Best

- **Thank the participant for taking part.**
- **Highlight that all responses will be used anonymously.**
- **Explain how the £10 voucher for participation can be accessed**

**Next steps with this recording form**

Once completed, this recording form should be entered on to the electronic recording platform as soon as possible

( <https://www.surveymonkey.co.uk/r/HWESExperiencesofETA2022> )

Hard copies should be retained and securely stored.

For support in uploading your results please contact:

**Sue Wells – Administrator – [susan.wells@escv.org.uk](mailto:susan.wells@escv.org.uk) or 07794 097 7**

## About participants: Equalities information

We are keen to capture the characteristics of those we engage with through this process. This helps us understand their make-up and supports us in better understanding how people's experiences may differ depending on their personal characteristics.

### 1. What is your age?

<input type="checkbox"/> 0 to 12 years	<input type="checkbox"/> 13 to 15 years	<input type="checkbox"/> 16 to 17 years
<input type="checkbox"/> 18 to 24 years	<input type="checkbox"/> 25 to 49 years	<input type="checkbox"/> 50 to 64 years
<input type="checkbox"/> 65 to 79 years	<input type="checkbox"/> 80+ years	<input type="checkbox"/> Prefer not to say

### 2. To which gender identity do you most identify?

<input type="checkbox"/> Woman	<input type="checkbox"/> Man	<input type="checkbox"/> Non-binary
<input type="checkbox"/> Inter-sex	<input type="checkbox"/> Prefer not to say	
<input type="checkbox"/> Prefer to self-describe:		

### 3. How would you describe your ethnic background?

<input type="checkbox"/> Arab	<input type="checkbox"/> Mixed / Multiple ethnic groups: Black African and White
<input type="checkbox"/> Asian / Asian British: Bangladeshi	<input type="checkbox"/> Mixed / Multiple ethnic groups: Black Caribbean and White
<input type="checkbox"/> Asian / Asian British: Chinese	<input type="checkbox"/> Mixed / Multiple ethnic groups: Any other Mixed / Multiple ethnic groups background
<input type="checkbox"/> Asian / Asian British: Indian	<input type="checkbox"/> White: British / English / Northern Irish / Scottish / Welsh
<input type="checkbox"/> Asian / Asian British: Pakistani	<input type="checkbox"/> White: Irish
<input type="checkbox"/> Asian / Asian British: Any other Asian / Asian British background	<input type="checkbox"/> White: Gypsy, Traveller or Irish Traveller
<input type="checkbox"/> Black / Black British: African	<input type="checkbox"/> White: Roma
<input type="checkbox"/> Black / Black British: Caribbean	<input type="checkbox"/> White: Any other White background
<input type="checkbox"/> Black / Black British: Any other Black / Black British background	<input type="checkbox"/> Any other ethnic group



<input type="checkbox"/> Mixed / Multiple ethnic groups: Asian and White	<input type="checkbox"/> Prefer not to say
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**4. Please tell us if you have a disability. Please tick all that apply.**

<input type="checkbox"/> None	<input type="checkbox"/> Yes - Learning disability or difficulties
<input type="checkbox"/> Prefer not to say	<input type="checkbox"/> Yes - Mental health condition
<input type="checkbox"/> Yes - Physical or mobility impairment	<input type="checkbox"/> Yes - Long term condition
<input type="checkbox"/> Yes - Sensory impairment	
<input type="checkbox"/> Other – please specify:	

**5. Please tell us if you have any long-term conditions. Please tick all that apply.**

<input type="checkbox"/> None	<input type="checkbox"/> Prefer not to say
<input type="checkbox"/> Yes - Asthma, COPD or respiratory condition ( breathing)	<input type="checkbox"/> Yes - Diabetes
<input type="checkbox"/> Yes - Blindness or severe visual impairment	<input type="checkbox"/> Yes - Epilepsy
<input type="checkbox"/> Yes - Cancer	<input type="checkbox"/> Yes - High Blood Pressure
<input type="checkbox"/> Yes - Heart or circulation (including stroke)	<input type="checkbox"/> Yes - Learning disability
<input type="checkbox"/> Yes - Chronic kidney disease	<input type="checkbox"/> Yes - Mental health condition
<input type="checkbox"/> Yes - Deafness or severe hearing impairment	<input type="checkbox"/> Yes - Musculoskeletal condition (muscles & bones)
<input type="checkbox"/> Yes - Dementia	
<input type="checkbox"/> Other – please specify:	

**6. Have you ever served in the armed forces? Yes/No**

**Dates:**