Lived Experience Conversations Regarding Homelessness

July 2026

stonepillow · Crawley Open House · bognor housing trust · TurningTides Ending Local Homelessness · Capital · healthwatch West Sussex

Context

The importance of involving people with lived experience improves charities work by ensuring services better meet the needs of service users.

Thus, enhancing service design by including voices of service users and increasing credibility with the public and funders.

Within health, wellbeing and community services, lived experiences, through diverse perspectives, can help to reshape service design, provide impact to funders, strengthen accountability of social purpose, enhance community cohesion, and effective partnerships.

Which empowers service users by turning personal hardship into action, as well as helping reshape flawed or difficult to access systems.

Introduction

Stonepillow, Turning Tides, Crawley Open House, Healthwatch West Sussex, Bognor Housing Trust and Capital Charity have been working collaboratively to capture service users lived experience.

Service users spoke of wanting more meaningful opportunities, better and timely access to mental health services and recovery support, improve joined-up services, and a stronger collective voice to reduce stigma and influence change for the future.

This work feels like the beginning of something and both group members and the organisations involved, would like this to lead to more meaningful activities and collaborations.

Next steps & Opportunities

We would welcome the opportunity to work with partners to ensure that the voice of lived experience is included in wider service provision.

We would also like opportunities for group members involved in this work to get out in the local community and share the story of their journey(s).

If you work with an organisation or group who could support this, please do make contact. Our contact details can be found at the end of this report.

Other areas we are exploring:

- Opportunities to develop a Podcast of lived experience by group members.
- Clarity on what services are available and how to access, by mapping current service provision and signposting.

Meeting conversations

Key themes from group meeting conversations

1. Volunteering as recovery and purpose
2. Value of lived experience
3. Training, workshops and development
4. Funding
5. Mental health support as a priority
6. Integration of mental health and substance misuse services
7. Reducing stigma and improve language
8. Healthcare and professional awareness
9. Sharing resources and building networks
10. Voice, influence and action

1. Volunteering as recovery and purpose

- Volunteering gives people routine, confidence, purpose and opportunities to rebuild identity.
- Peer volunteering is valued because people with lived experience speak the same language and helps to reduce barriers.

> Volunteering is a brilliant thing to do, as it gets you up and out and gives you purpose.

2. Value of lived experience

- Lived experience is seen as inclusive and powerful.
- Peer support helps people feel understood and can improve access, trust and engagement with services.

> It gave me the opportunity to see how hard staff work and how much people put in.

3. Training, workshops and development

- Workshops help people Join the dots, build discipline and explore options.
- Attendees are interest in training, certificates, help CV-building and develop pathways into volunteering or employment.

> Offers hope and opportunity to peers.

4. Funding

- Funding and appropriate resource is essential for group meetings, workshops and counselling sessions.
- A small contribution, such as £1 or £5, may be acceptable if people see value in the support.

> You only have to ask: what is the actual cost of your addiction? Verus £1 spent.

5. Mental health support as a priority

- Mental health support was repeatedly identified as a key need in recovery.
- Participants felt more counselling, longer-term support and quicker access are urgently needed.

> My GP keeps referring me to CGL (**Change, Grow, Live**), but I am not taking drugs so why!

6. Integration of mental health and substance misuse services

- The service users highlighted their frustration with people being passed between mental health and addiction services.
- There is a strong call for joined-up care, early intervention and support that recognises the link between trauma, mental health and substance misuse.

> Services need to work together more especially mental health and GP services.

7. Reducing stigma and improve language

- Stigma around addiction and mental health is a major concern.
- Participants emphasised the importance of careful, respectful language and improving professional understanding.

> CGL and mental health and NHS and homeless need to work together. We can share our Lived Experience to help services and empower each other and reduce stigma.

8. Healthcare and professional awareness

- GPs, hospitals, police and other services need better awareness of lived experience, addiction and recovery.
- There is interest in presenting lived experience stories to agencies to improve empathy and culture.

> Services staff need to be training in how to change their culture to a more helpful model.

9. Sharing resources and building networks

- Participants wanted services and organisations to share opportunities, resources and knowledge.
- There is interest in volunteer links, workshops, peer networks to give a stronger collective voice.

> You need to find out where people are and meet them.
>
> Support needs to be timely.
>
> Knowledge of what is available, out there is needed.
>
> Some form of mapping of services.

10. Voice, influence and action

- The group wants a bigger voice to influence services and bring about change.
- Suggested actions include forming a working group or focus group, developing presentations, and using lived experience to advocate for better integrated services.

> I received good support, but you have to want to recover. Those who are not at the point of wanting to get clean there is no support. You have to meet ½ way as it is a person-centred approach and you have to be organised, flexible and ready to take it on.

Contact

If you would like to learn more about this important work, or can support us please contact:

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Talk to us

If you have questions about the content of this report, please either call 0300 012 0122 or email cheryl.berry@healthwatchwestsussex.co.uk

How this insight will be used?

We will share this report with the local NHS, Local Government, and other providers to help them understand where things are working well and services are adapting to meet peoples' needs, and to help them identify any gaps.

We see this as a continuation of discussions taking place and will continue to use this fresh insight and the solutions presented to challenge for a better future

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For help, advice, and information or to share your experience

We also help people find the information they need about health, care and community and voluntary health and care support services in West Sussex.

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You can review how we performed and how we report on what we have done by visiting our website **www.healthwatchwestsussex.co.uk**

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