

# Residents' experiences of Emergency and Temporary Accommodation in Hastings

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# 1 Executive summary

## 1.1 Background

Anyone can become homeless. A sudden change to a person's circumstances, such as the loss of a job or a relationship breakdown, can have a major impact on a person's life and lead to them becoming unhoused.

During early 2026 Healthwatch East Sussex (HWES) staff and volunteers spoke to 19 individuals living in Emergency and Temporary Accommodation (ETA) sites in Hastings. This included families with young children, older people with health conditions and people from different cultures and socio-economic backgrounds, who had come to live in ETA either after becoming at risk of becoming homeless, or living on the streets.

We engaged residents about their experience of living in ETA, how it had affected their health and wellbeing, their ability to access local support services, and if there were any barriers preventing them moving into permanent accommodation.

## 1.2 What we heard

Although ETA is a temporary solution to people being unhoused, for many people, it does not feel temporary. Around half of the residents we spoke to had been living in ETA for over a year. Some residents described feeling 'stuck' in ETA, due to a combination of factors, with little hope of finding alternative longer-term housing.

While most people found living in ETA challenging for many reasons, almost all residents we spoke gave positive feedback about their current ETA site, particularly praising the staff and site managers for being supportive and helpful, offering a listening ear and guidance on how to navigate the complexities of the housing system.

This is not to say there weren't concerns raised by residents. The most common related to the no-visitors rule applied in ETA, which many found isolating. Residents described homelessness and living in ETA as 'stressful' and 'isolating' due to anxiety about their circumstances and uncertainty about the future. Over two thirds (68%) of residents told us they struggled with their mental health, with several telling us living in ETA had negatively affected their mental health and wellbeing.

We also heard that arrival in ETA may be better managed so that people are provided with clear and robust information on how living there works, especially in relation to the charges that are levied to residents and the implications of these not being paid, but also on the support that is available and how to access it.

While all the residents we spoke to told us they had accessed health or social care services in the past year, many experienced barriers, particularly the availability and cost of transport to and from healthcare appointments, lack of access to digital systems due to costs of phone/internet services (on which services increasingly rely) and long waiting lists for diagnosis and treatment. For some people these barriers had a negative impact on their health and wellbeing, affecting their ability to access important appointments and medication.

Although people told us about challenges accessing healthcare services whilst living in ETA, we did see good examples of people being discharged from hospital into ETA settings following an inpatient stay, suggesting effective discharge processes were operating and providing people with suitable accommodation.

Other concerns centred on how residents were supported by the Housing Department. Most residents reported little contact with Housing Officers, with one person telling us they feel “abandoned”. They also reported they did not feel the Housing Department offered enough information and support around moving on from ETA. Although this was not the case with everyone, and we saw three people secure moves to permanent accommodation during our visits.

## **1.3 Our recommendations**

We used resident and provider feedback to identify seven recommendations (see section 7) which respond to the issues we identified in our engagement with ETA residents and these focus on:

- Improving resident access to digital mechanisms (phones/internet) to make health and care appointments/access medication
- Reducing isolation to improve mental health and wellbeing
- Providing clear and consistent information about the realities of living in ETA
- Strengthening Housing Department regular engagement with residents
- Ensuring site accessibility is considered when commissioning ETA services
- Ongoing monitoring and partnership working between providers, commissioners and partners to deliver effective support services

## 1.4 Comments from partners

We shared our report with the four ETA accommodation providers involved in the work as well as Hastings Borough Council Housing Department before publications for comment.

*“The case studies included in this report provide a powerful illustration of the impact that timely, compassionate and skilled support can have for individuals. They reflect the professionalism and commitment of ETA managers in ‘going the extra mile’ and achieving long-term positive outcomes for vulnerable residents.”*

**Marissa McGreevy-Rose, Strategic Housing & Compliance Manager  
Castle Accommodation**

*“The findings highlight both the challenges faced by residents and the strong, compassionate support already provided by ETA staff, which residents consistently value. As housing providers, ETA services play a crucial role within defined responsibilities, and it is positive that staff already offer practical and emotional support to help residents navigate complex systems.*

*While improving digital connectivity may sit beyond the direct remit of providers, continued partnership working with local authorities and other agencies will be key to addressing this barrier. In the meantime, strengthening the provision of clear, accessible information at the point of entry and exploring safe, proportionate approaches to visitor arrangements would further enhance residents’ wellbeing, helping to reduce uncertainty and isolation while supporting more positive overall outcomes.”*

**Jacqueline David, Head of Projects and Safeguarding  
Paramount Independent Property Services**

*“I’m grateful that you highlight throughout the report the effect the non-visitor rule has on our clients. We see firsthand the impact it has on their wellbeing and mental health. I strongly believe there is a solution to this and if managed, could work for everyone.*

*An improvement we can make that I will absolutely take away from your report is that of sharing information on local amenities and support etc in the form of a booklet. We sit with every client on arrival and discuss these things but on reflection, they have a lot of information to take in at such time and providing a booklet that they can read at their leisure and be kept in their room to refer to I’ve no doubt would be helpful, I’m sure.*

*Thank you so much for the considerable amount of time you have taken to conduct this report."*

**Jane Groves, Housing First UK**

*"This report is a powerful reminder of the significant challenges faced by people living without a settled place to call home. The insecurity over future accommodation, combined with the high proportion of individuals struggling with their mental health, highlights the need for providers and partner agencies to ensure that regular, person-centred information is shared to support those experiencing isolation and uncertainty.*

*We will review our service literature to ensure the information included is relevant to all who access our services. We will also look at how we can address the anxiety associated with a lack of social support from friends and family.*

*It is reassuring to hear so many positive comments, which is a direct result of the kindness and understanding shown by our staff team. We value the content of this report and are extremely grateful for the time taken by Healthwatch East Sussex to produce such invaluable insights."*

**Rachel Irvine, Head of Housing & Support  
SDR Living**

**Sophie Honeysett, Housing Options Manager at Hastings Borough Council (HBC)** has responded to our report on behalf of the local authority, addressing each of the recommendations directed at the Housing Department.

*"It has been helpful to have the insight into resident's experience of emergency and temporary accommodation (TA) in Hastings that has been provided by this study and report. The experience of living in temporary accommodation will often be challenging for people: accommodation is provided at a time in people's lives when they are at their lowest ebb, there is often no or limited choice in where the accommodation is and who else is accommodated in the same buildings. People hope that their stay in TA will be brief but often people are accommodated in TA for a number of years. The Council strives to work with accommodation providers who provide accommodation of a good standard that is well managed, and to provide a good service to people who are experiencing homelessness. The report has provided an opportunity for reflection on working practices and communication between the team, the accommodation providers, and the customers, and has inspired discussion on actions that can be taken to develop improvements.*

## Recommendations:

- **Recommendation: Information leaflet.**

**HBC response:** A TA booklet detailing the terms and conditions of the placement and any service charges has always been in place and is read through with the client by a TA team member at the point of every placement. However, this is often at the end of a long process of assessment so people may be overwhelmed by the amount of information they have been given. The team will give some thought to whether this information can be provided in different user-friendly formats. One of the actions in the Council's housing strategy is to work with people with lived experience of temporary accommodation and this would be a great piece of work to review with their input. In the last six months the team have worked with TA providers to produce leaflets on the accommodation being provided. These are given to people before they go to the TA so they have a better idea of what to expect. The leaflets have photos of the accommodation both outside and inside showing the rooms and facilities, and include the contact details for the TA staff, a map of where the accommodation is, and a list of local facilities such as the nearest bus stop, shops, and pharmacy.

- **Recommendation: Rules on visitors.**

**HBC response:** The rules on visitors are in place to make sure that staffed temporary accommodation is a safe space for the people who are placed there, and flexible adjustments are considered on a case-by-case basis. It is acknowledged that this can mean being placed in TA can lead to social isolation. To address this the Council is working with other services such as Fellowship of St Nicholas (FSN) to hold activities and drop-in sessions in the communal areas of the TA to promote access to support and social inclusivity, particularly for young families.

- **Recommendation: Customer contact with the housing team.**

**HBC response:** It is acknowledged that Housing Officers may have little contact with customers after a decision has been issued on an application, unless the customer contacts them or the team are made aware of a problem. All customers are given the direct phone number and email address for their Housing Officer, and this is printed off and given to them and sent by email when possible. Customers will often speak to the TA providers and there is an example in the report of the customer doing this and discussing widening the criteria for their accommodation search to a higher floor with a lift which enabled them to move on out of TA. This example has prompted us to think about the updates the team give to TA providers.

We will look to deliver some face to face training and information sharing with TA providers on the financial help that is available for people to move into private rented

accommodation, and the changes that have been brought in as a result of the Renters Rights Act which will hopefully make this option more attractive to people.

- **Recommendation: Location of TA and accessibility.**

**HBC response:** One of the large TA sites in Hastings does not have the same level of accessibility to public transport and services as more centrally located TA properties. In recognition of this a member of staff from the TA team works from this TA every Tuesday morning so that residents can talk to them directly to help them stay connected with the service and to help with the communication and resolution of any issues. In addition to this, funding has been agreed to pilot a free bus service so that people can travel to and from the town centre once a week to help people connect with family and friends, and services. We will also review how we can best connect people placed in this accommodation to the floating support service, to do some targeted work on move on and reducing the length of time spent in TA.”

# 2 Context and aims

## 2.1 Background and context

Housing is a social determinant of health. The East Sussex Homelessness Strategy says there are currently over 1,200 households living in temporary accommodation in East Sussex. The East Sussex Director of Public Health's annual report in 2019 highlighted the importance of housing as a determinant of health, exploring how insecure housing, poor quality accommodation and homelessness can all have a significant negative effect on people's physical and mental health outcomes.

Emergency Temporary Accommodation (ETA) is short term housing provided by a local authority to people who are homeless or at risk of homelessness and meet a priority need, such as having children, being homeless due to domestic violence or having a long-term illness or disability. Once a person is in ETA, the local authority will support them to look for more long-term accommodation, such as social or private housing. This is part of the local authority's duty to prevent and relieve homelessness.

In 2021, Healthwatch East Sussex (HWES) explored the experiences of residents of Emergency Temporary Accommodation at Kendal Court in Newhaven to understand the impacts of residing there on their wellbeing, as well as their ability to access health and care support. A similar activity was delivered in Jevington Gardens in Eastbourne in 2023. Both projects highlighted poor access to primary care and medication, difficulty managing long term physical and mental health conditions, high levels of loneliness and social isolation.

The significance of housing as a driver of wellbeing, and the gap since HWES last explored this theme, led to its inclusion in our 2025-26 Healthwatch workplan. This was timely due to other local factors, including:

- The East Sussex Temporary Accommodation Action Group (TAAG) identifying ongoing pressure on ETA, due to limited capacity, and increased demand, in part due to placements from out-of-area (i.e. outside East Sussex). This may lead to families spending longer in temporary accommodation due to limited alternatives, and more people placed away from local support networks.
- The East Sussex Safeguarding Adults Board identifying that nine rough sleepers have passed away in Hastings during the previous year.

## 2.2 Our aims

We developed a project with four main aims to help us understand what current experiences of people living in ETA were like, these were:

1. To engage with people living in ETA to better understand how their housing situation affects their wellbeing and health outcomes.
2. To raise awareness of the experiences of people living in ETA and any barriers they face in accessing health, care or other services amongst service commissioners and providers.
3. To explore how local statutory and voluntary services could improve their support to people in insecure housing with a view to improving their health outcomes.
4. To increase awareness of key statutory and voluntary support services and projects to the residents of ETA.

# 3 Methodology: What did we do?

In collaboration with officers from Hastings Borough Council's Housing Department, we identified four Emergency and Temporary Accommodation (ETA) sites that would provide access to a range of individuals, couples and families with a diverse range of needs, ages and backgrounds.

Eleven site visits to these settings were undertaken by HWES staff and volunteers during six weeks in January and February 2026.

Before attending, all HWES staff and volunteers undertook a project briefing clarifying the purposes of the activity, its aims, the lines of enquiry and to clarify safeguarding and lone working protocols.

## 3.1 Where did we visit?

We undertook:

- 4 x visits to The Sussex Edwardian, a 46 bedded service provided by Paramount Independent Property Services.
- 4 x visits to The Clevedon Court Hotel, a 34 bedded service provided by SDR Living
- 2 x visits to Clifton Road, a house of multiple occupancy (HMO).
- 1 x visit to Somerset House, a 7 bedded, women only service provided by Jane and Michael Groves.

Before our engagement activities commenced, in-person visits were organised and carried out to meet with site managers to explain in more detail the role and function of Healthwatch, as well as the purpose and aims of the project and the visits.

We supplied providers with posters advertising the dates and times of our activities, and gathered feedback from staff on the benefits and challenges ETA providers feel resident's encounter.

## 3.2 What did we ask?

During our visits, our staff and volunteers utilised the community rooms in the ETA sites to meet with residents privately and undertake semi-structured conversations.

We asked ETA residents about:

- How they accessed health and wellbeing services locally
- How they felt living in ETA affected their physical and mental health
- What residents felt worked well in their accommodation
- Where they thought improvements could be made to improve their experience

### **3.3 Who did we speak to?**

We spoke to 19 people with a range of differing characteristics across the four sites:

- 14 (74%) of the people we engaged with identified as women and 5 (26%) as men
- 16 (84%) described themselves as white British, and 2 (16%) did not disclose their ethnicity.
- 11 (58%) were aged 18 to 59 years, and 7 (37%) were over 50 years old.

To support the anonymity of those who contributed to our engagement activity, this report collates feedback from participants across all the sites, rather than presenting it by ETA site or cohort characteristics.

Although 19 people were engaged, participants were able to opt out of answering any of the questions or lines of enquiry they were asked. Consequently, responses were not received to all questions from all the participants, however, all percentages shown in this report are out of 19.

# 4 Findings and themes

## How long have you lived in ETA?

Although ETA is a temporary solution to those who find themselves at risk of homelessness, many people find themselves in ETA for several months, if not several years.

Of the 19 people we spoke to, 42% told us they had been living in ETA for between 1 and 6 months, and 53% told us they had been living in ETA for over a year.

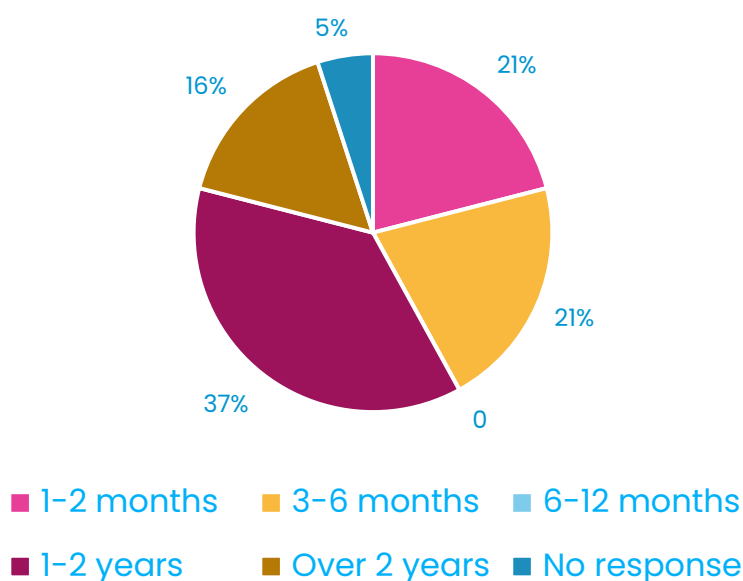
Some described their frustration at being in ETA for prolonged periods of time, with several people telling us they did not understand why other people were being offered homes and they were not, or what they needed to do in order to move on from ETA.

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*'I feel like I'm stuck in a bubble and I can't get out.'*

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## How long have you lived in this ETA?



## How would you rate your health?

Most people told us they were dealing with one or more physical and/mental health issue whilst living in ETA. Of those we spoke to:

- 17 (89%) had a long-term health condition
- 13 (68%) reported mental health concerns

- (21%) had mobility issues.

When asked to rate their health, only 3 people (16%) told us they felt they were in good health, while 6 (32%) told us they were in poor or very poor health.

## How would you rate your health?



■ Very poor
 ■ Poor
 ■ Average
 ■ Good
 ■ Very Good
 ■ No response

Some residents had multiple, often complex, conditions which had a significant impact on their daily lives, and felt they were unable to properly care for themselves in ETA. One person told us that they were struggling to keep their diabetes in check as they didn't have the money or resources to make healthy meals and were unable to have a personal mini fridge in their room to store their insulin in.

## Can you tell us how you came to be here?

People told us about how they found themselves in ETA, often sharing diverse experiences. While it was clear each person's individual circumstances differed, there were some common themes that emerged, including:

- Five people become homeless due to family relationship break downs, either with parents or partners.
- Three people told us they became homeless after leaving abusive relationships.
- Two people presented as homeless when they were discharged from hospital, one from a mental health unit and the other following an extensive period of inpatient rehabilitation after a stroke.
- Two people had been living in tents with previous experiences living in ETA.

- One person was homeless following losing their job and another following their business failing, and so they both had major financial issues and could not afford to rent anywhere.

Most of the people we spoke to told us that they received a placement in ETA the same day they presented as 'homeless' to their local authority, thereby avoiding the need to 'sleep rough'. This was particularly beneficial to those who may be considered more vulnerable, such as families with children, and people with long term conditions or disabilities.

Several people described feeling they were given little or no information on what to expect from their ETA placement, just an address and a deadline to be there by. This meant they felt unprepared and did not know what to expect. We also heard they were unaware they would be required to pay a service charge whilst staying in ETA and that if they did not do so, they would be unable to bid on properties until their debt was cleared.

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*"I only found out about the service charge a month in when someone from the housing office phoned me up and told me I owed them money".*

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## **Where do you currently get support with your health and wellbeing?**

We heard some people were accessing multiple sources of health and wellbeing support, and others little or none.

Mental health services were identified by participants as the main source of support for people in ETA: 32% of whom told us they had accessed mental health services, such as the Crisis Support Team and Health in Mind, and several others told us they were on waiting lists for mental health support.

Some ETA residents mentioned other professionals who had or were supporting them, including support workers and social workers.

VCSE groups were mentioned by seven people (37%) who told us they were receiving regular food parcels from organisations such as Warming up the Homeless; two people (11%) were receiving support from Brighton Housing Trust, and one person (5%) attended a 'walking group' for people with mental health needs.

Five people (26%) were receiving support from their family members. One person told us they heavily relied upon their adult children to support them to attend health appointments, pick up their prescriptions and go food shopping.

## How easy is it to use and access health and social care support?

Everyone spoken with had accessed health and social care services in the last 12 months. Twelve people (63%) said they had accessed their GP practice, and ten people (53%) had accessed mental health services in some form. Seven people (37%) had been to the Emergency Department at an acute hospital. Five people (26%) had utilised other hospital services, with two being inpatients.

Fourteen people (74%) told us that they were registered with a GP who was generally local to where they were living and one person (5%) was in the process of registering with a local GP practice.

Transport to and from health and care appointments was identified as an issue by several people. Some ETA sites had limited access to public transport links due to their location, which created challenges for residents. One person told us they regularly attended a local clinic for their diabetic appointments but said it was a struggle to get there and back. They are reliant on using the bus, but it only comes near their accommodation once per hour and it was also a struggle after having their eye drops at the clinic, as they make their vision blurry.

Another person told us they have multiple hospital and health appointments due to their various health issues. They are reliant on the support of their grown-up children to get them to and from appointments as they cannot afford taxi fare and are too unwell to travel by bus.

Making appointments was highlighted as a challenge with some people telling us they were struggling to make appointments for several reasons linked to their housing situation.

One resident told us they could not contact their GP by telephone or request an online consultation as they were unable to afford credit on their phone to pay for calls and data, and their ETA site did not have WIFI. They were also unable to go the GP surgery in person as it was some distance away, and they were not fit and well enough to walk such a distance.

Several people told us that they struggled to get the support they needed from mental health services, describing having to 'chase' services to get support, or being discharged from mental health services after a crisis, only having to re-visit them for support again the future, with limited access to comprehensive ongoing support.

Some people chose not to take up services, and some had bad past experiences and so were reluctant to seek help. For example, one person told us that they felt 'fobbed off' by health care professionals and lacked trust in the system.

For some people we met with there were no issues about access to support services. In many cases, they were already receiving support and this continued when they became homeless and moved into the ETA.

## **What support or help do you need to live well?**

We asked residents whether they currently had adequate access to cooking facilities, washing facilities, laundry and basic items, such as pots and pans. All 19 people said they had adequate access to cooking facilities. One person said “no” in relation to washing and laundry facilities, with this being due to mobility issues and there being a step to access the shower and laundry room.

Most people said that when they arrived at their ETA site they did not bring any basic items with them, such as cooking equipment and bedding etc. However, everyone we spoke to was offered these items by the ETA providers on arrival. Not everyone was happy with the quality of these and chose to purchase their own, but some were very appreciative of this provision.

Foodbanks were mentioned by many people as a good means of support to live well. For example, the organisation called ‘Warming up the Homeless’ was mentioned several times as providing food parcels and offering other forms of support.

Whilst multiple residents had already received support through Mental Health Services, others said they would like support with their mental health needs, but there was a long waiting list.

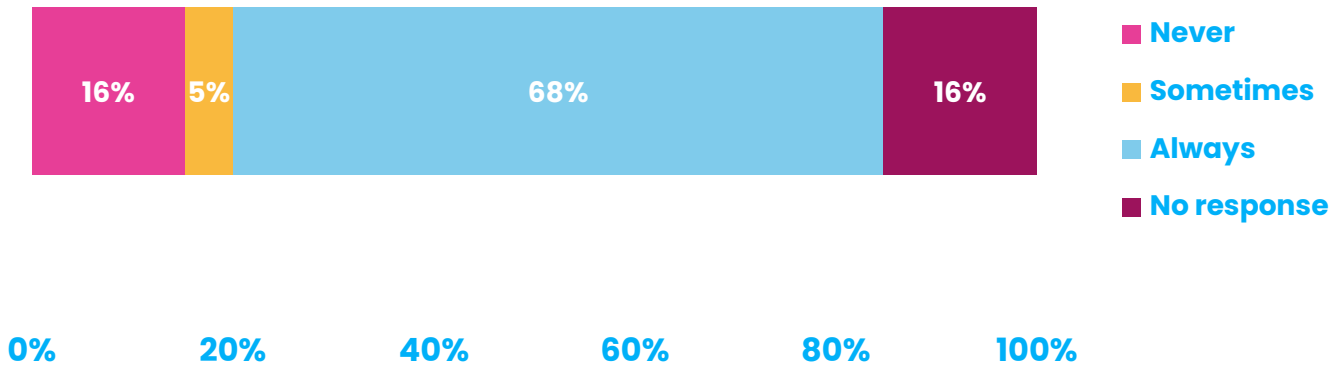
Not being allowed to have visitors whilst living in ETA was highlighted by some people as a lost opportunity to enable their friends and family to support them. Several participants told us that they felt very isolated living in ETA settings due to the lack of visitors and having limited means to travel to see others. Some people told us social isolation had affected their mental health.

Some people told us they were happy with the level of support they were receiving or had received. For example, one person told us that they received regular support from the mental health team, a Social Worker and the local Family Hub.

## **Do you feel safe in your accommodation?**

Around two thirds (68%) of those we spoke to told us they ‘always’ felt safe in their accommodation and a further 5% they ‘sometimes’ felt safe in their accommodation. Some people told us ‘feeling’ safe was different to them than ‘being’ safe, and because of past trauma, they found it difficult to ever truly feel safe.

## Do you feel safe in your accommodation?



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*"I do feel safe here, but when you've been unsafe for so long, it stays with you."*

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16% of the people we spoke to told us they 'never' felt safe in their accommodation. This appeared to be due to poor relationships with the housing provider, rather than other residents. One person felt the housing provider did not have stringent enough safeguarding policies to keep residents safe.

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*"It's like an abusive relationship, they have all the power, and they make sure you know it".*

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Residents at the women's only ETA we visited who had previously lived in mixed gender emergency accommodation told us that they felt safer in their current women only accommodation and they felt there was a real need for more gender specific ETA.

### What do you think works well in your current accommodation?

In all four locations, residents were very complimentary about the staff and the site managers. Responses included:

*"They are a great source of support and advice"*

*"They go way beyond what they need to do"*

*"The staff are very good here and very supportive".*

*"Staff are awesome".*

*"The staff are very good and will leave you to yourself unless you need them. If they haven't seen you for a few days, they'll check in to see if you're okay and if there's anything you need".*

Other comments about what works well revolved around people feeling safe, having somewhere to live, and generally having access to the things they needed. Responses included:

*"Having a roof over my head"*

*"It's safe"*

*"I've lived in places where I don't feel safe, I feel safe here"*

*"This is my first time living in ETA and I'm impressed with how nice it is"*

*"It's what you make of it"*

*"It has everything I need"*

*"I was surprised how nice it was"*

## **Is there anything that could be better in your accommodation?**

The most common suggested improvements and changes focussed on the rule that residents cannot have visitors and the accommodation service charge.

Some residents felt that being able to have visitors, even for short periods of time in a common area, would be beneficial for them. One person said that for many, seeing friends and family and getting support from them was key to maintain their mental health and wellbeing.

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*"I understand why they have the rule, but it's a struggle for me".*

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The service charge to residents was mentioned on several occasions. Some people we met with were unaware of the service charge when they arrived, with one person saying they knew nothing about it until they had contact from the Housing Department stating that they were in arrears of service charge, and they needed to clear this before they could be considered for rehousing.

One person told us that the service charge was equivalent to half of their weekly benefits and that they struggled to afford to pay it.

Access to Wi-Fi was also a key issue for several participants. Without internet access they were unable to access emails from the housing department and other services, unable to access the website used to bid on social housing properties or contact health services. One person told us if the building had Wi-Fi, they would have more consistent access to their medication and the health services they needed to stay well.

Some locations we visited were quite a distance from the centre of Hastings and most support services. Several people told us that this can make it challenging for them to get the things they need. One person told us there it quite a long walk to the nearest bus stop through a wooded area which did not feel safe. Another told us they sometimes had to use a taxi to get to appointments, which is expensive on a limited income.

Other comments were about more person specific issues. For example, one person highlighted mobility issues as there is a step into the shower which they struggled to then use. Another said their two children were using bunk beds which they felt was unsafe and would prefer two single beds for them. Two people told us that they were not allowed to have their partners visit them in their accommodation due to the no visitors rule.

### **Has living in your accommodation had an impact on your (or your children's) access to school, work or social activities?**

We met three people who had children living with them or were in a shared care situation. One person reported they felt living in temporary accommodation has been difficult for their children (10 years and 5 years) particularly for their oldest child, who is more aware of the situation and feels embarrassed about it at times. The resident felt they don't get the opportunities to do the same things as other children their age would, such as having play dates and sleepovers with friends, and they worried about how this will impact their children.

Another parent noted there is nowhere for her son to play at the accommodation, other than the shared facility of the communal room, which does not feel appropriate to them. They felt it would be helpful to have a designated play area for children in accommodation housing families.

However, another parent reported that they felt that their child was receiving good support from his school and from health services, and that living in ETA was not significantly impacting them.

As previously stated, two of the four ETA sites visited are some distance from the centre of Hastings and St Leonards, which residents told us presents difficulties in terms of access to services, social activities and shops. It especially impacts on seeing friends and family, particularly as they are not allowed to visit at the ETA. This may potentially have a strong impact on those who have mobility issues or long-term illnesses which limit their ability to get about independently.

## **In an ideal world, where would you like to live when you leave your current accommodation?**

We received a range of responses to this question, with most focusing on the freedoms associated with people having their own independent accommodation and the benefits of living close to friends and family. Comments included:

*"In my own flat (in Hastings) living with my daughters."*

*"A proper flat, no cameras, where I can have friends round for a cuppa and chat." She also told us she would like to be able to drink and smoke in her own place, which she cannot do at the accommodation*

*"My own place, in Hastings"*

*"My own place, with my kids"*

*"With my kids"*

*"In Hollington, near my kids"*

*"Beuport caravan site, lived there previously and was very happy"*

One person told us they had been offered a flat in a block for over 55's in Hastings by the council. They were very happy with the accommodation they had been offered. The flat would be on the sixth floor, which would make them feel safer. There is a shared lounge with activities, on site laundry facilities and they would be able to have a TV in their flat.

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*"No one can get in, it gives me peace of mind".*

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One person told us that they would soon be moving into a two-bed flat in Hastings, which is what they wanted. They would be near family and their support services.

Another told us they would ideally like to live with their girlfriend and young child. They have family locally and so would want to be near to them.

One resident said they would like to move into a two-bedroom house within Hastings or St Leonards, as that is where their family are and where their children's school is. They wanted to live somewhere they could decorate (putting pictures on the walls) and make their own.

Another person told us they would like to move to a one-bedroom flat that is their own where they could make a home for life.

One person had come to Hastings to be nearer their nan, who had always been a source of informal support for them. In the longer term they would like permanent accommodation in Hastings.

Another resident reported that they had been offered a two-bedroom property that they hoped to move into. The property is near one of their aunties, and so they will have some family nearby.

### **Is there anything stopping you from moving on?**

Key issues stopping people from moving on were identified as a lack of available housing, a lack of support from the housing department and national government policies around housing.

Several residents told us one of the main problems was a lack of social housing. This was a particular issue for people with health or mobility issues which limited their possible choices in terms of suitable accommodation. For example, one person could not manage stairs so had only been searching for a ground floor flat with no success for several months. Recently, after advice from the ETA site manager, they had widened their criteria to consider a flat on a higher floor with a lift. They successfully found a property and were looking forward to moving in. Others described a lack of suitable properties available on the bidding site.

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*"It's all 2-bedroom flats, that's not what I need."*

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Most people told us they rarely, if ever, see a Housing Officer. They may have done so when they presented as homeless but for some people, this was many months ago, if not over a year ago. One person said they felt "abandoned" by the Housing Department. People told us they did not know why they were not being moved on, or what their next step was and would like to be offered more information or support from a Housing Officer about their situation and their future.

Several people mentioned government policies and national political decisions, particularly around immigration, as a reason they could not move. They told us that

they find it frustrating that it feels like so many people get a 'free ride' whilst others stuck in ETA with little hope of getting their own place and living independently.

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*"It's impossible to get out of here."*

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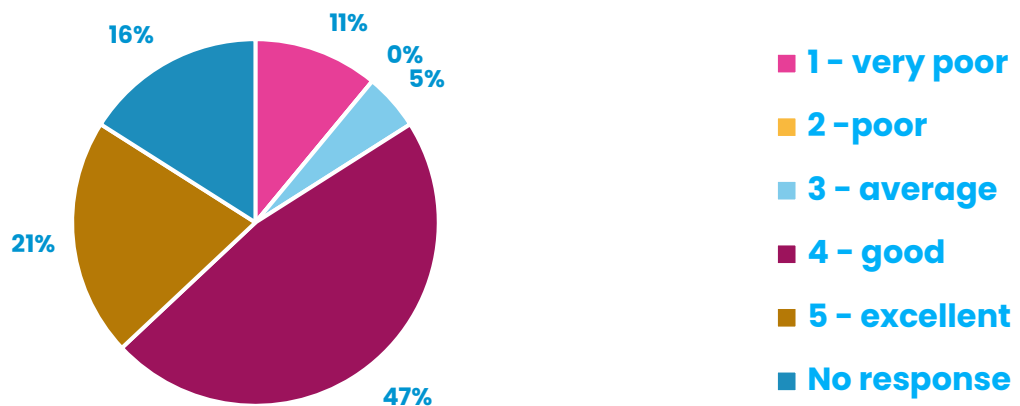
A lack of access to technology and Wi-Fi were raised as a barrier to moving on by some people, as this is needed to access the websites used to bid on properties.

One person said that he would be happy to remain living at the ETA. They are very happy and has all they want.

### **How would you rate your accommodation?**

Two thirds (68%) of respondents rated their accommodation as either 'good' or 'excellent' with many praising the accommodation staff and the support they offer. 15% rated the accommodation as 'either average', 'poor' or 'very poor'.

### **How would you rate your accommodation?**



### **Feedback from ETA managers and staff**

At each of the four sites, we spoke with the manager/staff to obtain feedback from them. The key points from these discussions were as follows.

Whilst most placements and referrals are from Hastings, sometimes ETAs accept people from out of the area, such as Eastbourne, although we only encountered one person who was placed in Hastings from outside of East Sussex, which they had requested due to a family link.

Managers told us that there are times when they will refuse to accept a referral if, for example, they believe there may be risks to other residents.

One manager said they are “not contracted to provide additional support but help residents with referrals to a variety of organisations”. Examples included Warming Up the Homeless and Health in Mind. A key problem was identified as the long waiting times for some areas of support such as Health in Mind and Adult Social Care.

ETA staff were aware of the challenges of supporting people to carry out tasks, whilst also enabling them to carry out these themselves, so they can be independent. We were told that some people may struggle with the rules of being in the ETA particularly if they have been living on the street where they can do what they want, with few or no rules.

A key barrier to people moving on is the lack of suitable accommodation for people to move onto. People have limited contact with Housing Officers once they are placed in the accommodation. They felt this could be improved.

# 5 Case Studies

To illustrate the experiences of the residents living ETA in Hastings, we have identified three anonymised case-studies that summarise their stories.

## Case study One

Almost 2 years ago she decided to leave her abusive relationship. The council were able to find her an ETA placement that same day, she was unable to take any of her belongings and left with “The clothes on my back and nothing else”. On arrival at her ETA placement, she was given a single set of bedding (including a duvet and pillow) but nothing else. She told us that the communal kitchen had shared pots and pans etc, but these were often left dirty by other residents. Not long before entering ETA, her father passed away, which had a huge impact on her mental health, as they were very close.

She is currently on the waiting list for support from Health in Mind. She told us that her mental health has been poor over the last few years and that she suffers from flashbacks about traumatic past events. She describes herself as usually a cheerful person, but she has found it hard to stay positive in ETA. She told us that the site manager has been a source of support for her: “Since the site manager has been here, it’s gotten a lot better’. She has recently been offered a council property, which she has accepted. She told us that the site manager has been a big help in supporting her to find and get the property and has been in close contact with the Housing Department on her behalf. The person told us that she does not have a dedicated Housing Officer to support her. When she needs to contact the Housing Department, she does this through the generic duty line and told us she often talks to different people there but is unsure who they are. Other residents at the ETA have had information on how to access grants and other additional support, but she said she has not had this: ‘I don’t have a Housing Officer to help me, I get none of that support’.

The person has a number of physical health problems including diabetes, heart failure, asthma and sleep apnoea. She has regular diabetic appointments but says it can be a struggle to get there and back. She is reliant on using the bus, but it only comes near her accommodation once per hour. It can also be a struggle to get the bus after having her eye drops at the clinic, as they make vision blurry. Recently she has had a number of unexplained falls, which have been difficult to deal with. She told us that the site manager has had to help her up several times in the past, but she now has a heart monitor which checks her blood pressure and has a personal alarm. She has a machine in her bedroom for her sleep apnoea. She told us that it was difficult for her to get permission from the previous manager to have the machine, as the site rules say no electronics in personal rooms. She felt this was unfair, as she needed the machine for her health. She eventually had to make a request directly to the site owner, who allowed the machine.

She told us that she sometimes receives food parcels from the foodbanks, but that not everyone at the accommodation is able to access these, and they have to rely on buying their own food on their very limited income. She told us she could do with more support from statutory and health services, particularly in regard to housing and mental health. In her new accommodation, which she hopes to move into in the next few weeks, she will need a fridge to

store her insulin: 'I can cope without everything else, but I need a fridge for my insulin'. She worried about the cost of buying one when she moves on.

She is currently unable to access the bathroom facilities in her room to wash regularly as they have a step access which she is unable to manage alone. She relies on her carers (who come 4 times a week) to help her wash. She also struggles to access the laundry room at her accommodation, as it also has step access. Not being able to have visitors at her accommodation is challenging for her. With her mental health in such a poor place, she feels she would benefit from having friends and family visiting her: 'I understand why they have the rule, but it's a struggle for me'.

She told us that there is only a bus once per hour that comes by the accommodation, which makes it hard for her to get out and about.

"I do feel safe here, but when you've been unsafe for so long, it stays with you".

She has been offered a flat by the council. She is very happy with the accommodation she has been offered. Her flat is on a higher floor, and there is a lift, which will make her feel safer: 'No one can get in and it gives me peace of mind'. There is a shared lounge with activities, on site laundry facilities, and she would be able to have a TV in her flat.

She has been looking for a property for some time. Her complex physical health needs meant that she was only looking for a ground floor accessible property, of which there are very few. Recently she widened her search to properties not on the ground floor but with lift access, at the suggestion of the ETA site manager, which opened up many new possibilities and led to the offer. She told us that it is hard for her to make improvements in her situation/wellbeing due to her current circumstances. For example, she doesn't have the money or facilities to regularly make healthy meals to manage her diabetes: "I feel like I'm stuck in a bubble and I cannot get out". She tells us she has seen a lot of people come and go at her accommodation which has been disheartening, watching people move on whilst she remains 'stuck'.

## Case study two

This person came to live in the ETA when he and his partner split up after having a baby. He lost his job shortly afterwards and ended up with nowhere to live. He told us he only spent one day on the street as he went straight to the council. His mental health was at an all-time low at the time, and he had a three-day inpatient stay at a mental health unit. He was assessed and discharged after three days, and he told us that he was able to be placed by the council in ETA the same day thanks to his referral from the mental health team.

He told us that when he was told he had a place to stay, he was only given an address and instructions to be there before 5pm that day, and no further information or follow up. He also told us that no one told him that there was a service charge for staying in the accommodation (£27 per week, which is around half his benefits). He only found out after the council phoned him one month into his stay to tell him that he had not paid the charge and was now in debt. He was also told he would be unable to be offered a social housing placement until he paid off this debt. He was unhappy that there was a charge, which he was not told about, and said he would not have taken the placement if he had known.

He is in contact with the Mental Health Crisis Team again after a suicide attempt. He spent a further 3 days as an inpatient on a mental health ward, was given a prescription for antidepressants and discharged from the service. He feels he could use more support for his mental health. He also gets support from the Brighton Housing Trust Floating Support Team.

He told us that for many years he has been 'off the radar' and hasn't accessed much in the way of health and social care support. His recent issues with his mental health are the main reason he had reconnected with health services.

When he first came to live in ETA he didn't have a mobile phone, so he couldn't go online or call people to sort out benefits or bid for properties. In addition, he finds it hard to complete forms on paper as he is dyslexic and struggles to read and write. He told us that the manager has been "great" and is "like a friend" to everyone when they need one. He also says he wishes that people in ETA could have more support to live healthily and get out and about, like a free gym membership or access to social prescribers.

### Case study three

This person has a history of rough sleeping and living in ETA over the last 5 years. Most recently, she was living in a tent. Prior to that, she was living in mixed gender ETA, which she did not like. She told us she found it difficult living with and 'cleaning up after' men. She left her last placement voluntarily to go back to sleeping rough in her tent before coming to this ETA. She has some health problems, such as a back injury, which means she can no longer work.

She volunteers once a week with a local homelessness charity where she makes breakfast for people sleeping rough or with unstable accommodation. She has received help from the charity in the past and likes to be able to give back when she can. She told us that she did have a named Housing Officer, but since they left their role she has not been contacted by anyone new and feels she's been forgotten about. She also told us that she is not in contact with anyone in her family after a falling out many years ago.

She finds it difficult to access any support. Part of this is because she likes being independent and usually chooses not to engage with health or care services when necessary. She also finds it difficult to get appointments with the right people to help her. She told us she feels 'fobbed off' by health care professionals and is frustrated that people who 'take drugs' are given more support than her.

Her main wish is to be independent and not rely on support from services.

She feels safe in the accommodation and really appreciates that it is women only. She has lived in mixed gender accommodation in the past and has found it very challenging.

She strongly dislikes that the accommodation has CCTV cameras which monitor all shared spaces. She feels like this is unnecessary and overbearing. She also doesn't like it that she cannot have visitors to the accommodation. She told us they are a long way from town by walk or bus, and when the weather is bad it is really tricky to get out to see people. She told us she thinks the site should have a rewards system where good behaviour means you can have a visitor in the communal areas for a set amount of time.

She finds it hard to see friends as she has to travel to town due to the no visitor's rule.

Her aim is to live in a "proper flat", with no cameras, where she can have friends' round for a 'cuppa and chat'. She also told us she would like to be able to drink and smoke in her own place, which she cannot do at the accommodation

She blames the 'system' for not being able to move out of the ETA. She told us that she thinks there are not enough properties available which are cheap enough to afford. She told us that the council will only pay up to £590 a month in housing benefit and it is 'impossible' to find this. She thinks the government need to make large scale changes to make it possible for people to afford housing. She also thinks there should be more female only ETAs.

She appreciates the support from the manager at the site. She enjoys living in a female only accommodation. She tries her best to get the women together to socialise and eat together. She cooks a dinner for all the clients at least once per week.

# 6 Conclusion

This project highlights the complex realities of living in Emergency Temporary Accommodation (ETA) in Hastings. While ETA plays a vital role in preventing rough sleeping and providing immediate safety for people at risk of homelessness, the experiences shared by residents demonstrate that, for many, it is far from a short-term solution.

Resident's experiences show that homelessness and insecure housing are closely linked with poor physical and mental health. A high proportion of people living in ETA reported long-term health conditions, mental health concerns, and mobility issues, often compounded by difficulties accessing health and care services. Barriers such as limited transport links, lack of access to digital technology, long waiting lists for services, and challenges navigating healthcare systems meant that many residents struggled to maintain their health or access timely support. For some, these barriers had serious impacts on their day-to-day lives, and also inhibited their ability to leave ETA.

Despite these challenges, residents highlighted several areas of good practice. Many residents expressed gratitude for having safe accommodation and spoke very positively about ETA staff and site managers, who were frequently described as kind, supportive, and willing to go beyond their contractual responsibilities. Voluntary and community sector organisations were also highlighted as providing essential support, particularly around food provision and support for emotional wellbeing.

However, the findings raise significant concerns about social isolation, particularly in relation to the no-visitors rule, which many residents felt negatively affected their mental health and sense of connection to family and friends. This was especially impactful for people with children, those with limited mobility, and residents placed in sites some distance from the town centre and local services. A lack of clear information at the point of placement, particularly regarding service charges, accommodation rules, and the process of moving on, added to resident's stress and feelings of uncertainty.

Our engagement identified a perceived lack of sustained engagement from the Housing Department once residents were placed in ETA. Many people reported limited or no contact with Housing Officers and felt unclear about what steps they needed to move into permanent or longer-term accommodation. While the shortage of suitable housing remains a significant structural challenge, residents consistently expressed a desire for clearer communication, regular reviews, and more consistent support to help them move forward.

Overall, this work suggests that whilst ETA is an essential part of the homelessness response, it must be accompanied by clear information for residents, strong partnership working between ETA providers and other organisations, and ongoing support to minimise negative impacts on residents' health and wellbeing.

Improving access to digital connectivity, reducing social isolation, strengthening housing support, and maximising site accessibility when commissioning ETA could make a meaningful difference to residents' experiences. By listening to and acting on the voices of people living in ETA, local services have an opportunity to improve outcomes and support people not only to feel safe, but to rebuild their lives and move towards stable, long-term housing.

# 7 Recommendations

## 7.1 Recommendations for ETA providers:

1. Providers should explore how residents can have access to the internet and digital technologies to make health related appointments, manage their repeat prescriptions, engage with voluntary support agencies and access the bidding process for accommodation. This could be through an arrangement with the provider organisations and/or part of the contract between the placing authorities and the provider organisations.
2. Concise information on how to access both mental and physical health support should be given to people when they enter ETA. For example, a short leaflet or handout could be devised setting out the existing support systems for people who may have mental health needs and issues, setting out the services of both local voluntary and statutory services, with contact details. It could also provide information about the ETA and details of local information about the ETA such as nearest GP, dentist, health centre etc.
3. The Housing Department, and the provider organisations, should review the rules in relation to visitors, to explore ways of enabling people to have some, if limited, opportunities to socialise with friends and family networks within their accommodation. This is particularly important for those people with children, as the lack of socialising can have an impact on the health and wellbeing of young children. Options that could be explored include having a reward system for those people who consistently abide by the rules and/or set times and places for regulated visits to occur.

## 7.2 Recommendations for Hastings Borough Council Housing Department

4. An informational leaflet could be devised setting out the basic information about ETAs, including information about the service charges and housing benefits, what will, and wont, be supplied by the provider, how to contact the housing department for further information and support, and the process of moving on to more permanent housing.
5. The Housing Department, and the provider organisations, should review the rules in relation to visitors, to explore ways of enabling people to have some, if limited, opportunities to socialise with friends and family networks within their

accommodation. This is particularly important for those people with children, as the lack of socialising can have an impact on the health and wellbeing of young children. Options that could be explored include having a reward system for those people who consistently abide by the rules and/or set times and places for regulated visits to occur.

6. The Housing Department should consider the regularity in which they contact clients living in ETA as well as what information they provide to them on moving on. This could be by introducing information sessions by Housing Officers at ETA sites to answer questions and queries, as well as regular reviews for each person living in ETA to understand what their next steps are in terms of moving on. This service could be commissioned to another organisation, such as the provider organisations.
7. The housing department should ensure that when they commission ETA sites, they thoroughly consider the accessibility of the site in terms of access to local services, and access to regular public transport.

### **7.3 Recommendations for Healthwatch East Sussex**

8. Healthwatch East Sussex will continue to monitor incoming feedback on the experiences of people living in ETA and raise concerns or issues with partners and providers to prompt positive change.
9. To share this report and its findings with key stakeholders and partners in health, the local authority and the voluntary sector, as well as people in ETA who have fed into this report.



# healthwatch

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