

HOW DO PEOPLE WHO USE SUBSTANCES EXPERIENCE ACCESSING AND LIVING IN HOMELESS HOSTELS? A SYSTEMATIC REVIEW

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How do people who
use substances
experience accessing
and living
in homeless hostels?



Do hostels
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How Do People Who Use Substances Experience Accessing and Living in Homeless Hostels? A Systematic Review

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➤ **Abstract** *People experiencing homelessness often use substances. They may face barriers to reducing substance use while living in hostels. The review aimed to synthesise and assess the quality of existing qualitative research to address: How do people who use substances experience accessing and living in homeless hostels? Do hostels support or hinder behavioural change? Eligibility criteria were peer-reviewed, qualitative evidence from adults experiencing homelessness and substance use in the United Kingdom. Seven electronic databases were systematically searched. The Critical Appraisal Skills Programme qualitative checklist was used to assess the risk of bias. Interpretative meta-ethnography was used to synthesise reported findings. Eight reports were identified with 143 participants in total. Data collection was via semi-structured interviews and either thematic or framework analysis was used. Four third-order themes were developed: 1). Living in fear; 2). The power of human connection; 3). The need for emotional safety; and 4). The use of restrictive practices (subthemes: Rules take away choices; Infantilisation). The findings highlight people's need for physical and emotional safety to seek support that can lead to exiting homelessness and recovering from substance use. A lack of safety can perpetuate substance use and, in turn, homelessness. Thus, a core response to alleviate homelessness paradoxically perpetuates the issue for some individuals.*

➤ **Keywords** *Homelessness; Hostels; Substance use; Qualitative; Systematic review; United Kingdom*

https://www.feantsaresearch.org/public/user/Observatory/2024/EJH_18-2_RNO2_v01.pdf

BACKGROUND

HOMELESSNESS IN ENGLAND

- Definition under the Homelessness Reduction Act ⁽²⁰¹⁷⁾:
No home in the UK or elsewhere, including unsafe, unaffordable, overcrowded, or temporary accommodations
- Homelessness has increased in England, with 227,000 people affected in 2022, up from 207,600 in 2018 ^(Crisis, 2022)
- 67% of those assessed as homeless in 2020/21 were single adults, predominantly men, followed by single parents with children ^(Crisis, 2022)
- Individuals often cycle through different forms of homelessness, including street-based sleeping, hostels, and sofa surfing ^(Office for National Statistics, 2023)



BACKGROUND

HOMELESSNESS AND SUBSTANCE USE

- Given the health inequalities experienced, it is unsurprising that homelessness is associated with an increased risk of substance use in comparison to housed persons
- 45% of homeless individuals self-medicate with drugs and/or alcohol, often to cope with trauma or complex emotions of losing their home (Homeless Link, 2022; Carver et al., 2020)
- Stigma and fragmented services create barriers to healthcare access (McNeill et al., 2022)
- Individuals may also prioritise basic needs like security and housing over healthcare needs (Omerov et al., 2020)



BACKGROUND

HOSTEL ACCOMMODATION AND BARRIERS

- Hostels are the main form of accommodation for single homeless people but vary in quality, entry criteria, and support provided (Homeless Link, 2018; Shelter, 2023)
- Strict regulations, including bans of substance use on the premises, leave people more vulnerable and likely to use substances to cope, perpetuating cycles of homelessness (Fakhoury et al., 2002; Gray & Fraser, 2005)
- Hostels often have disciplinary rules (e.g., visitor bans, curfews) that undermine autonomy (Mahoney, 2019)
- Positive networks and supportive relationships with staff can improve outcomes, but staff often face competing demands, limiting quality time with residents (Bassi et al., 2020; Peters et al., 2022)



BACKGROUND

IMPORTANCE OF RESEARCH

- Supportive staff-resident relationships, psychologically informed environments, and trauma-informed approaches can improve outcomes (Keats et al., 2012; Shulman et al., 2023)
- Current evidence is largely from the USA and Canada, with different hostel regulations and patterns of drug use (Roberts et al., 2023)
- UK specific synthesis is needed to understand specific needs, inform UK policies, and service delivery (ACMD, 2019; DLUHC, 2021)
- Involving people with lived experience in service design can ensure more effective, compassionate responses in the design and delivery of services (France et al., 2019)



REVIEW AIMS

How do people who
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METHODS

ELIGIBILITY CRITERIA

Included if studies:

- Participants aged 18+ with current/previous substance use (illicit drugs/alcohol) and accessing/living in homeless hostels
- Peer-reviewed or doctoral-level studies
- Used qualitative or extractable qualitative data from mixed methods
- Written in English
- Conducted in the UK

Excluded if studies:

- Focused on hotel accommodations (e.g., Everyone In scheme)
- Had non-extractable qualitative data from mixed methods
- Were grey literature not meeting empirical research standards



RESULTS

PROCESS OF REPORT SELECTION

- Search: 7 electronic bibliographic databases were searched for relevant literature
- Quality assessment: The CASP qualitative studies checklist was used to appraise the studies (CASP, 2018)
- Data synthesis: An interpretative meta-ethnography was used to move beyond summarising findings and form new qualitative interpretations (Noblit & Hare, 1988)



RESULTS

REPORT SELECTION

- 8 reports were included in the systematic review

Across the reports:

- Published between 2008 and 2021
- Total number of participants is 143
- 106 males in comparison to 37 females
- Mean ages ranged from 37 to 45
- Age ranges between 21 and 55
- Qualitative data: Thematic and framework analysis
- Quality appraisal conducted



RESULTS THEMES

Living in fear

**The need for
emotional
safety**

**The power
of human
connection**

**The use of
restrictive practices**

- Rules take away choices
- Infantilisation

LIVING IN FEAR

- Safety concerns: Fears around physical safety, including theft of drugs, money, and food
- Deteriorating health: Lack of basic needs met (food stolen and lack of sleep) hindered recovery
- Gratitude for basic necessities: Safety for drug users to take drugs without the worry of time and space (hostels implicitly perpetuating drug use); provide a sense of control for substance users
- Preference for streets: Perceived hostels as more dangerous than public spaces
- While hostels may offer temporary safety for some, they often contribute to a high level of threat and vulnerability which inhibits recovery

“

“If you are outside or homeless you are more manic. It is more dangerous. You miss [the vein] and you are paranoid, you are vulnerable, you are open... [in hostels] you can relax because you know nothing is going to happen to you.”

”

“I’d actually rather sleep on the streets than stay in a hostel... That’s scary isn’t it?”

THE POWER OF HUMAN CONNECTION

- Craving belonging: The need for community and friendship, often seeking daily contact and shared experiences to combat loneliness
- Shared substance use: Shared drugs or alcohol to be accepted by others, with some transitioning into substance use
- Coping mechanism: Substance use to manage difficult emotions and low self-esteem
- Desire for positive connections: Avoided friendships with drug users to prevent temptation, while others prioritised romantic relationships for emotional support
- Social isolation: The lack of resources and support led individuals to seek connection through shared substance use, reinforcing a damaging cycle of dependency



"You haven't got enough [money] for a drink, but I have!... You need drink, you need drugs, you know what I mean, it's a big circle. They could all sit round this table, quite merrily, 24 hours a day."

THE NEED FOR EMOTIONAL SAFETY

- Importance of trust: Not feeling like a priority and feeling unheard negatively influenced trust in staff and themselves
- Psychologically Informed Environments: Staff who listened and treated residents with respect contributed to feelings of social inclusion, helping to rebuild trust and foster optimism in recovery
- Barriers to trust: Large caseloads and organisational pressures hindered staff's ability to build trusting, supportive relationships



"The staff didn't, I don't think they didn't care, I just don't think they had the time to give the individual care that people needed, and the only time you ever got spoken to was if there was a crisis, you know, if you wanted to talk to your key worker you pretty much had to cut yourself up"

THE USE OF RESTRICTIVE PRACTICES

RULES TAKE AWAY CHOICES

- Lack of autonomy: Organisational rules of tenancy period deprived residents of choice, leading to a sense of powerlessness and fear of eviction, even when unwell
- Flexible management: Some hostels had more lenient policies, such as allowing residents to stay despite not meeting the tenancy requirements, which helped create a sense of understanding
- Conflicts with rules: Issues arose when rules, like room checks or visitor restrictions, were implemented without consent or proper explanation, making residents feel trapped and disconnected
- Impact on recovery: Residents felt their recovery was hindered by the way rules were enforced, not the rules themselves



"I'm a 34-year-old man... I should be allowed to have visitors whenever and however I want, and as many as I want, like anyone else in the house... I should have power over my own space... I mean I'm an adult... People leave hostels because of that"

THE USE OF RESTRICTIVE PRACTICES

INFANTILISATION

- **Feeling undervalued:** Residents reported feeling "treated like a child" which contributed to frustration and hopelessness
- **Reduced sense of control:** The lack of ownership in their care left residents feeling reliant on others, diminishing their autonomy and sense of control over their lives and recovery



"I'm too independent to be in a hostel, prefer to do my own cooking and everything, and just not have people, staff try and treat you like a kid... because they've got the authority to stand there and tell you what to do"

IMPLICATIONS FOR RECOVERY

- Basic needs unmet: Many residents face unmet basic needs and constant fear, hindering their recovery
- Safety concerns: Fear within hostels is so intense for some that sleeping on the streets feels safer
- Perpetuation of drug use: Hostels may provide a safer space for drug use, which can further hinder recovery, especially when driven by a need for connection and belonging
- Emotional safety challenges: Despite a desire for emotional safety, staff workload pressures and rule enforcement undermine autonomy and trust
- Barriers to recovery: Hostel environments limit opportunities for behavioural change, making it harder for individuals to recover from substance use and homelessness



DISCUSSION

HOSTEL ENVIRONMENTS AND CHALLENGES TO RECOVERY

- Basic needs and safety: Most residents in hostels face unmet basic needs, leading to a focus on survival over healthcare needs such as substance use (Omerov et al., 2020)
- Hyperarousal and trauma: Threat to safety contributes to anxiety and hypervigilance, hindering recovery and behavioural change (Siegel, 1999; Goodman et al., 1991)
- Self-destructive behaviours: Feeling unsafe understandably increases self-destructive behaviours, such as substance use (Ogden et al., 2006)



DISCUSSION

THE NEED FOR TRAUMA-INFORMED CARE

- Trauma Informed Care: Hostels often lack trauma-informed care, which is crucial for creating both physical and emotional safety (Hopper et al., 2010)
 - Autonomy and choice: Rules are necessary but when explained and choice is offered, it improves acceptance and promotes recovery (Carver et al., 2020)
 - Psychologically Informed Environments: Adoption of trauma-informed approaches supports recovery, focusing on autonomy and control (Hopper et al., 2010)
- In agreement with Changing Futures Programme (DLUHC, 2021)



DISCUSSION

THE DESIGN OF HOSTELS

- Collective housing: The congregate model (private rooms, communal spaces) has financial drivers but can hinder recovery by perpetuating substance use and limiting behavioural change
- Workforce barriers: Pressures from commissioners, staff shortages, burnout, and high turnover negatively impact emotional safety and hinder recovery (Peters et al., 2022)
- Alternative approach: The review supports an approach that combines unconditional shelter and basic amenities, with pharmacological and psychosocial interventions (Neale et al., 2022)



DISCUSSION

FUTURE RECOMMENDATIONS

- Inclusive service design: Service user involvement in design and delivery (ACMD, 2019) can help address needs for safety and connection, and move away from restrictive or infantilising practices
- Trauma Informed Care and Psychologically Informed Environments: Physical and emotional safety is paramount
- Consider how 'rules' are introduced and implemented to develop environments that offer both safety and the potential to experience belonging without substance use being central
- Services can move toward psychologically informed awareness within limited resources (Buckley and Tickle, 2023)
- Future research: Further research into cost-effectiveness of services, including Housing First approaches, and promoting staff support and retention for recovery



Thank you for listening

Any questions/comments?

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