Analytical annex

Executive summary

Delivering the ambition of the National Plan to End Homelessness requires a comprehensive understanding of the problem. This annex sets out the evidence underpinning the strategy whilst making limitations clear and identifying evidence gaps.

There is a substantial body of evidence on homelessness and rough sleeping in England as recognised by the 2024 National Audit Office report on homelessness, partly due to improvements to statutory homelessness statistics introduced in 2018.[1] This, together with extensive research and evaluation from individual homelessness and rough sleeping programmes, helps us to better understand the complex challenges of homelessness. Addressing these challenges requires moving beyond a crisis response towards a more systemic approach, underpinned by robust evidence as outlined in the following sections.

Section 1: What we know about homelessness and rough sleeping

This section outlines the current landscape of homelessness and rough sleeping in England, drawing on statutory data, survey insights, and monitoring information. Homelessness manifests in various forms from statutory homelessness, where households are legally defined as homeless as they meet specific criteria to be owed a duty by a local authority, to hidden homelessness and rough sleeping. There are different challenges with estimating each form of homelessness. The Homelessness Reduction Act 2017 broadened statutory obligations to provide support to all eligible households, although adults without children are not entitled to temporary accommodation if homeless, unless they are considered to be vulnerable. Rough sleeping, the most visible form of homelessness, is associated with complex needs and is concentrated in urban and coastal areas. Individuals who are experiencing homelessness but are not counted in official statistics or visibly rough sleeping are referred to as hidden homeless. These include those who are living in temporary, overcrowded and unsuitable living arrangements.

Recent data show that both statutory homelessness and rough sleeping have risen sharply. Between 2018 and 2025, the number of households owed a prevention or relief duty increased by 26%, notably among single-person households. Rough sleeping has more than doubled since 2010, driven by factors such as limited housing options, reductions in funding for support services and increased in people with restricted eligibility for public funds sleeping rough. Demographic analysis reveals overrepresentation of ethnic minorities within statutory homelessness and of people with support needs amongst those who sleep rough. Temporary accommodation use has surged, with many families staying over five years due to housing shortages. People often cycle through multiple forms of homelessness, and long-term rough sleeping is becoming more prevalent, underscoring the need for sustained, targeted interventions.

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[1] NAO (2024) The effectiveness of government in tackling homelessness, available: https://www.nao.org.uk/wp-content/uploads/2024/07/effectiveness-of-government-in-tackling-homelessness.pdf

Section 2: What we know about the causes of homelessness and rough sleeping

Homelessness and rough sleeping arise from a complex interplay of structural and individual factors. Structural causes include poverty, unaffordable housing, and the interaction with welfare support, while individual vulnerabilities such as domestic abuse, mental ill health, and substance use often act as triggers or intensifiers. These factors rarely operate in isolation and frequently overlap, especially among those experiencing long-term or repeat homelessness. Protective factors like stable employment, strong social networks, and access to support services can mitigate risk, while their absence increases vulnerability to homelessness. Family homelessness is typically driven by economic hardship and housing insecurity, whereas single homelessness is often also linked to personal circumstances such as leaving care or custody.

Poverty and housing affordability are key structural drivers. Rising rents, freezes to Local Housing Allowance, and a shortage of social housing have widened the gap between housing costs and support entitlements. Individual risk factors, particularly having an offending history or dependency on drugs or alcohol, are strongly associated with repeat homelessness. Childhood trauma is associated with the most complex forms of homelessness and loss of social support networks is a key factor, especially among young people, LGBTQ+ individuals and prison leavers. Trigger events such as eviction, relationship breakdown, or leaving public institutions often precipitate homelessness, but only lead to it when individuals lack the resources or support to secure alternative accommodation. Recent data show that many people sleep rough after such events due to lack of information, support, or available housing, highlighting the need for coordinated, preventative interventions.

Section 3: The impact and costs of homelessness and rough sleeping

Homelessness and rough sleeping have profound personal consequences and are linked to a range of poor outcomes that are likely to reduce life chances. Individuals experiencing rough

sleeping show high rates of mental ill health, substance use, victimisation, and premature death. Children in temporary accommodation are particularly vulnerable, with evidence linking their housing situation to increased mortality, disrupted education, and poor mental health. The relationship between homelessness and substance use is complex, with many individuals reporting substance issues prior to rough sleeping, and some experiencing escalation after becoming homeless. Women face additional risks, including gender-based violence, and homelessness is also associated with higher rates of offending and reoffending for both men and women.

The societal costs of homelessness are substantial. In 2024/25, government spending on homelessness reached £3.7 billion, with local authorities incurring a net cost of £1.4 billion for temporary accommodation alone. These figures do not fully capture the broader social costs, such as reduced life satisfaction, poor health, and lower educational attainment. Rough sleeping is particularly costly, with estimates of annual public service costs per person ranging from £13,010 to £43,500 depending on individual support needs and methods of estimation.

How evidence in this section relates to the strategy:

This section outlines evidence supporting the urgent need to improve the quality, suitability, and cost-effectiveness of temporary accommodation. These findings underpin the strategy's commitment to increase the supply of good-quality temporary accommodation, end unlawful B&B use for families, and improve the suitability of temporary accommodation placements.

Section 4: Responding to homelessness and rough sleeping and understanding what works

Section 4 presents a synthesis of evidence on effective responses to homelessness and rough sleeping, focusing primarily on MHCLG's interventions. Successful programmes consistently feature multi-agency collaboration, person-centred and trauma-informed approaches, and flexible delivery models. Evaluations of initiatives such as Housing First and Changing Futures show improved housing stability and wellbeing for individuals facing multiple disadvantages. Key enablers include co-location of services, personalised budgets, and staff expertise, while barriers include fragmented funding, limited housing stock, and insufficient capacity in mental health services. Tailored services for specific groups such as women, ethnic minorities, and care leavers are essential to improving engagement and outcomes.

The Homelessness Reduction Act and MHCLG programmes including the Homelessness Prevention Trailblazers and Rough Sleeping Initiative, have demonstrated measurable success in reducing homelessness and improving accommodation access. However, recent pressures, such as rising rents and increased demand, have constrained their impact. Programmes like Capital Letters and the Social Investment Pilot have expanded housing supply, though market conditions have limited delivery against targets. Targeted initiatives like the Respite Rooms Pilot have delivered effective support for the specific needs of domestic abuse survivors and interventions like the Accommodation for Ex-Offenders programme have addressed critical transition points with promising results.

Value-for-money assessments indicate that interventions such as Housing First, Changing Futures, and the Skills, Training, Innovation and Employment programme deliver significant

social and economic returns, with benefit-cost ratios ranging from 1.1 to 2.1. These benefits include reduced public service use, improved wellbeing, and increased employment outcomes. However, the National Audit Office has concluded that optimal value for money will not be achieved until funding fragmentation and short-term funding cycles are addressed. Sustained investment, cross-government coordination, and inclusive commissioning, are critical to strengthening long-term outcomes and ensuring equitable support across all cohorts.

How evidence in this section relates to the strategy:

The evaluation findings on what works presented in this section inform several pillars of the strategy. Section 4.1 evidences the effectiveness of tailored interventions and Section 4.3 presents evaluation findings on what works for different cohorts. This evidence informs the range of bespoke responses outlined in Pillar 2 and key commitments in Pillar 5 to support the expansion of Housing First and other models of supported housing by producing toolkits and encouraging bids to the Social and Affordable Homes Programme. Section 4.1 also highlights common barriers to success such as fragmented and short-term funding which the strategy seeks to address in Pillar 3 through funding simplification and multi-year settlements.

Section 5: Continuing to build the evidence base

MHCLG is advancing a comprehensive research and evaluation agenda to strengthen the homelessness and rough sleeping system. Current initiatives include a systems-wide evaluation, data-linking programmes and the Test & Learn programme, which incorporates five randomised controlled trials to identify effective interventions. Despite progress, evidence gaps remain in areas such as women's and child/youth homelessness, early prevention strategies, accommodation quality, and societal costs. The Department is committed to addressing these gaps through targeted research, collaboration, and innovative methodologies.

MHCLG aims to enhance national and local decision-making by improving data accessibility, conducting robust evaluations, and sharing best practices. This includes developing performance dashboards, articulating what good looks like, and ensuring the voices of those with lived experience inform policy. Rigorous governance underpins this work through internal panels, external expert advisory groups, and lived experience engagement, ensuring methodological integrity and inclusivity. Continued investment in data infrastructure and evidence dissemination will support a whole-system approach to prevention and intervention.

How this section relates to the strategy:

MHCLG is committed to continuing to improve its data and evidence in ways that will support the delivery of the strategy as outlined in the *Using lived experience, data, evidence and artificial intelligence to deliver change* section of the strategy and in section 5.2 below.

Section 1: What we know about homelessness and rough sleeping

How evidence in this section relates to the strategy:

MHCLG's improved data collection and analysis have been critical in evidencing the scale and urgency of England's homelessness crisis and the need for change.

1.1   Types of homelessness

There are different types of homelessness, with varying degrees of visibility, some of which are beyond the statutory framework. Definitions of each type of homelessness can be found in the *Glossary of terms*.

1.2   Prevalence

1.2.1 Methods and data sources

Since 2010, MHCLG has published statistics from the annual single night snapshot of rough sleeping, providing an estimate of the number of people sleeping rough across England on a single night in autumn and assessing changes over time.[2] Accurately estimating the number of people sleeping rough within a local authority is inherently difficult given the sometimes hidden nature of rough sleeping. Furthermore, there are a range of factors that can impact on the number of people seen or thought to be sleeping rough on any given night (e.g. weather). Nonetheless, the annual snapshot statistics remain our official and most robust measure of rough sleeping on a single night given they are independently verified and are published in line with the Code of Practice for Statistics.

In 2018, MHCLG introduced a new case level data collection system; the Homelessness Case Level Information Collection (H-CLIC).[3] Data on households at risk or experiencing homelessness are collected from local authorities and published quarterly in the statutory homelessness statistics collection. These statistics provide detailed breakdowns to show the progress households make through the statutory homelessness system. [4] This is an incredibly rich dataset which allows a detailed analysis of the progress of specific cohorts from homelessness application to long-term accommodation. For example, analysis of statutory homelessness flows shows that 43% of households with children secured accommodation for at least six months after being assessed as owed a prevention or relief duty between April 2023 and March 2024, compared to 46% of adult only households. The poorest long-term outcomes in

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[2] MHCLG (2025) Rough sleeping snapshot in England: autumn 2024, available: https://www.gov.uk/government/statistics/rough-sleeping-snapshot-in-england-autumn-2024

[3] HCLIC accredited official statistics were independently reviewed by the Office for Statistics Regulation in October 2023. They comply with the standards of trustworthiness, quality and value in the Code of Practice for Statistics and should be labelled 'accredited official statistics.' See more information here on quality and improvements: Statutory homelessness statistics: Use, improvements, and user engagement note - GOV.UK

[4] MHCLG (2025) Homelessness statistics collection, available: Homelessness statistics - GOV.UK

terms of securing accommodation were observed among households who were owed a duty due to domestic abuse (37%) or those departing from custody (36%).[5]

In May 2023 MHCLG launched a new data framework for rough sleeping with a new set of metrics to assess prevention of rough sleeping and, where it does occur, if it is rare, brief, and is not recurring.[6] There are eight indicators included in the framework, these are:

1. **Rare**
   The number of people sleeping rough (on a single night and over the course of the month).
   The number of people sleeping rough over the course of the month who have moved into accommodation over the course of the month.
2. **Prevented**
   The number of new people sleeping rough (on a single night and over the course of the month).
   The number of people sleeping rough over the month who have been discharged from institutions.
3. **Brief**
   The number of people sleeping rough over the course of the month who have been sleeping rough long term.
   The number of nights on which people were seen sleeping rough.
4. **Non-Recurring**
   The number of people sleeping rough over the course of the month who are returning to sleeping rough.
   The number of people sleeping rough over the course of the month who are returning to sleeping rough, who had previously moved into settled accommodation.

What it means to be a 'new' person sleeping rough and a 'returner' to rough sleeping are defined in the framework, as well as the agreed definition of 'long-term' rough sleeping.

Additional data sources, such as the English Housing Survey, provide further context on housing pressures, rent arrears, and hidden homelessness.[7] MHCLG also conducted Rough Sleeping Questionnaires in 2020 and 2025, offering insights into lived experiences. The questionnaire respondents' demographic profiles were similar to that of the 2020 and 2024 Rough Sleeping Snapshots, however due to the convenience sampling approach they may not be statistically representative of the rough sleeping population.[8]

1.2.2 Overall levels and trends in homelessness and rough sleeping

Homelessness and rough sleeping levels are increasing, and both have climbed to near record levels.

Statutory homelessness has increased across all main measures since the Homelessness Reduction Act 2017 was implemented. This rise is indicated by the number of households who seek assistance from their local authority and are owed a homelessness prevention or relief duty which increased by 26% (from 62,290 to 78,630) between 1 April to 30 June 2018 and 1 April to 30 June 2025[9].

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[5] MHCLG (2025) Statutory homelessness in England: financial year 2024-25, available: Statutory homelessness in England: financial year 2024-25 - GOV.UK

[6] MHCLG (2025) Tables on rough sleeping, available: Tables on rough sleeping - GOV.UK

[7] MHCLG (2025) English Housing Survey collection, available: English Housing Survey - GOV.UK

[8] MHCLG (2020) Rough sleeping questionnaire: initial findings, available: Rough sleeping questionnaire: initial findings - GOV.UK; MHCLG (2025) Rough Sleeping Questionnaire 2025: Headline Findings, available: Rough Sleeping Questionnaire 2025: Headline Findings - GOV.UK

[9] MHCLG (2025) Statutory homelessness in England: England Time Series, Quarterly, and Annual Data Sets, available Tables on homelessness - GOV.UK

Figure 1.1 shows the difference in the trend over this period for households with and without dependent children. Applications involving family households rose between 1 April 2021 and 31 March 2022. This rise followed a fall during the Covid-19 pandemic, largely as a result of the ban on Section 21 'no fault' evictions. Between 1 April 2024 and 31 March 2025, households with children assessed as either being threatened with homelessness or as already homeless decreased by 2%, to 107,970 compared to the previous financial year. Adult only households assessed as being threatened with homelessness increased by 3% to 222,130.[9]

Figure 1.1 Number of households initially assessed as being owed a prevention or relief duty by household composition, April 2018 to June 2025
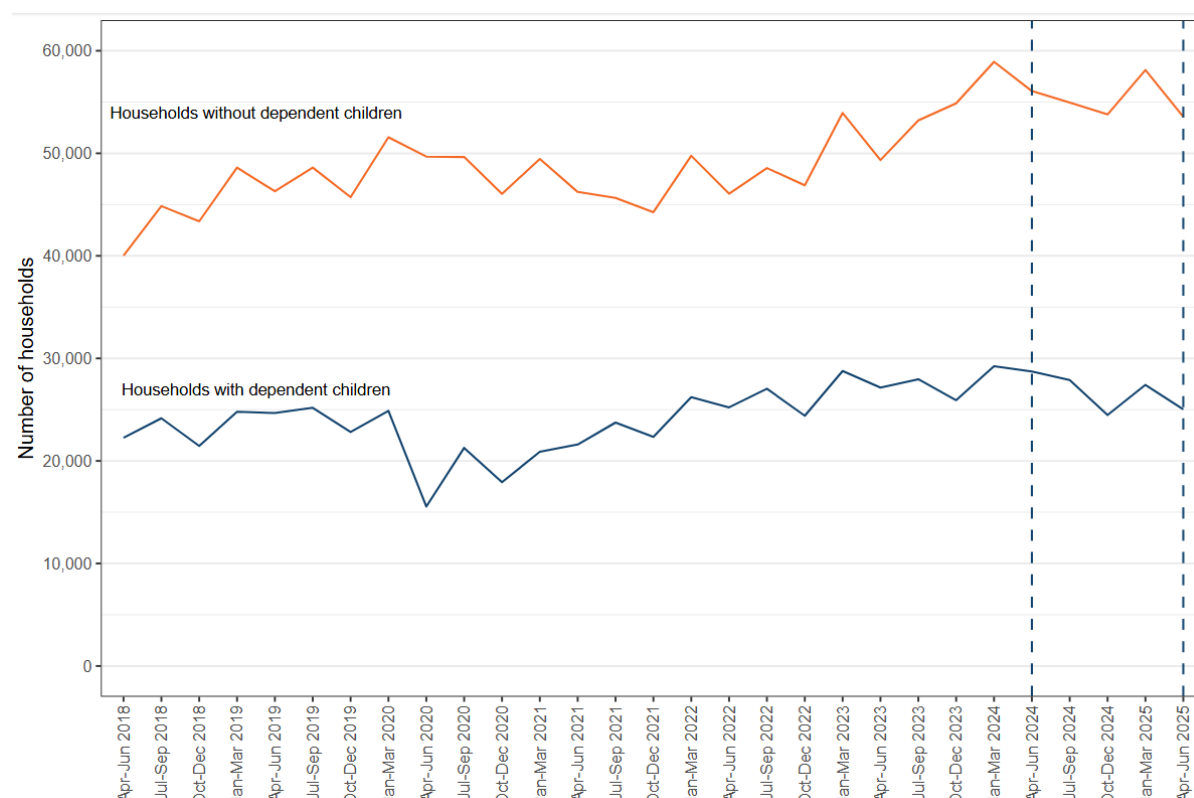

Figure 1.2 shows annual changes in the number of people sleeping rough on a single night from 2010-2024.[10] Rough sleeping has more than doubled since 2010, has risen for three years in a row and in 2024, was just below peak levels observed in 2017. Local authorities with the largest increases attribute this to increases in those with restricted eligibility to public funds, including those who have left asylum support accommodation, growing pressure on homelessness services, and limited accommodation options.[2]

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[10] While the single-night snapshot is useful for tracking yearly trends, the Rough sleeping data framework offers monthly insights. November data shows significantly more people sleep rough over a month than are captured in a single-night count. This illustrates that the flow of people onto and off the street over the course of a month is significantly higher than those seen on any single night due to the dynamic nature of rough sleeping.

Figure 1.2 Estimated number of people sleeping rough on a single night in autumn, 2010 to 2024
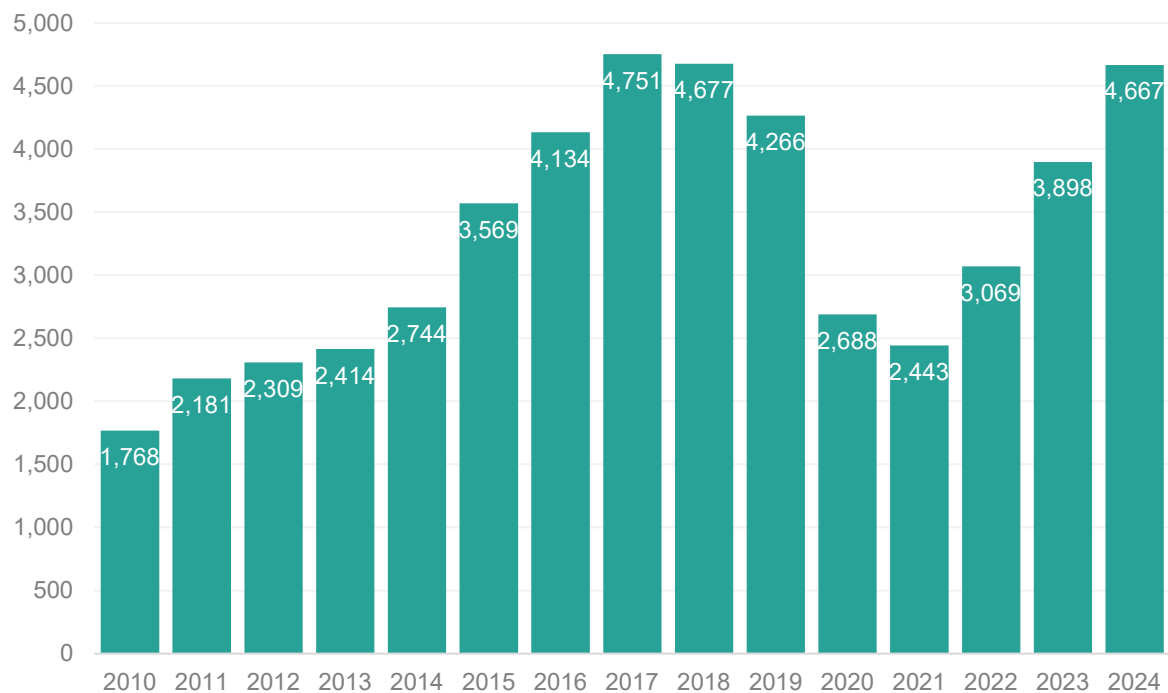

The Rough Sleeping data framework, shows in September 2025 there were 2.3 times more people sleeping rough over the month compared to a single night, which highlights that the flow of people onto and off the street over the course of a month is significantly higher than those seen on any given night due to the dynamic nature of rough sleeping.

Figure 1.3 shows that in September 2025, there were 9,292 people sleeping rough over the month, which is at a record high for this time of year, although the rate of annual increase is low and has been generally falling since May 2024.

Over a third of all those sleeping rough each month are experiencing long-term rough sleeping, and this number has increased by almost 30% over the last two years. Around 13% of all people sleeping rough have returned to the streets after moving into settled accommodation, often where their underlying needs, such as poor health, lack of support networks or difficulty managing a tenancy, have not been properly addressed. 30% are new to sleeping rough, and 8% have recently left an institution, with the majority either recently leaving prison or asylum support.[11]

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[11] MHCLG (2025) Rough sleeping data framework, July to September 2025, available: Rough sleeping data framework, July to September 2025 - GOV.UK

Figure 1.3 Estimated number of people sleeping rough over the month, by those who were long term, new, returning, or had left institutions, from May 2023 to September 2025
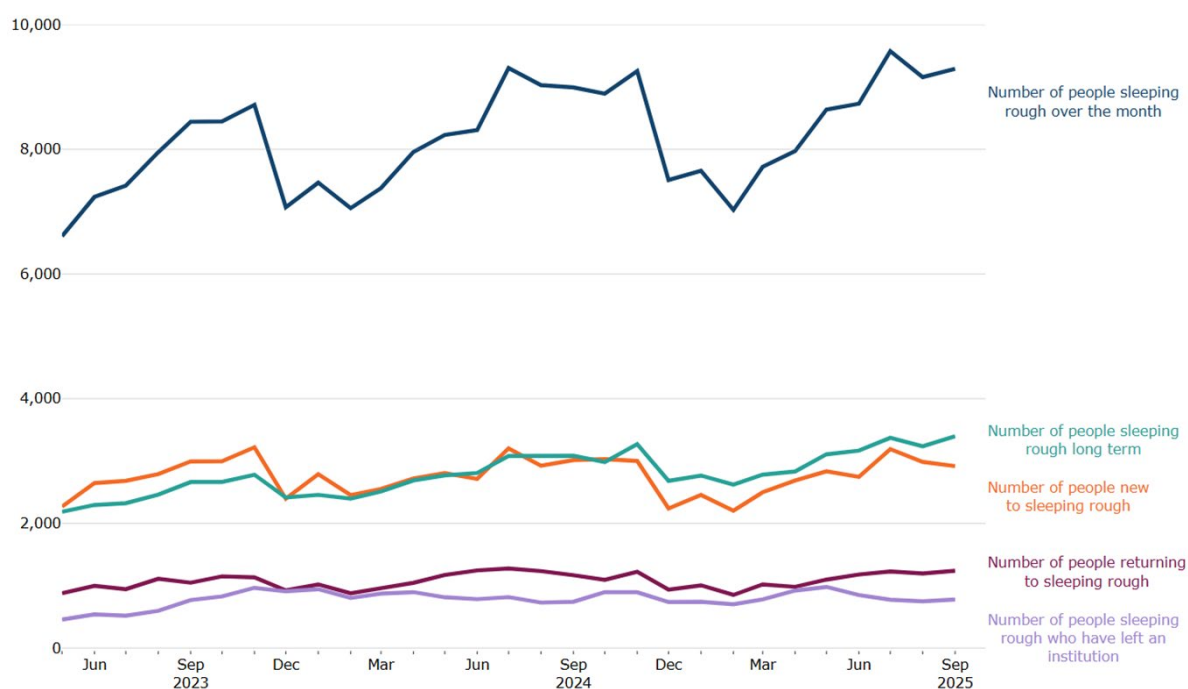

There is no internationally agreed definition of homelessness, and statistical definitions and data collection methodologies vary widely across countries. The UK figure is arrived at by adding together the constituent parts of the UK, and Northern Ireland, Scotland and Wales have higher figures than England. The figures for England (0.46% of total households) include those sleeping rough and those in emergency and homeless accommodation whereas in Japan the national estimate of homelessness is 0.002% of the total population as it only covers those living on the streets. The full range of country comparisons is available here: Homelessness | OECD.

1.2.3 Demographics of homelessness

Homelessness is geographically concentrated. The highest levels of temporary accommodation are in London and large metropolitan areas. Figure 1.4 shows the number of households in temporary accommodation per thousand households across England, at 30 June 2025 . It shows that just over half (56%) of households in temporary accommodation are in London and that they make up just over 0.2 per 1000 London households. This compares to an average of 0.028 across the rest of England.[12]

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[12] MHCLG (2025) Statutory homelessness in England: April to June 2025, available: Statutory homelessness in England: April to June 2025 - GOV.UK

Figure 1.4 Map showing the number of households in temporary accommodation per thousand households across England, at 30 June 2025
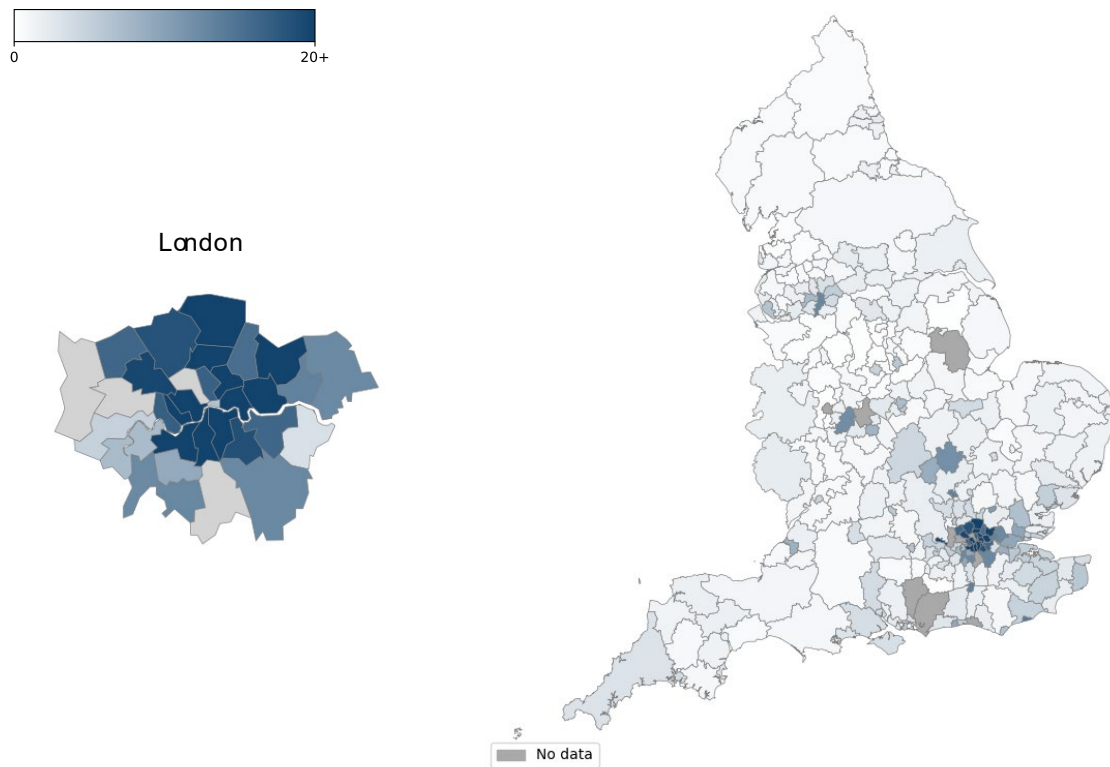
People who experience homelessness are younger, more likely to be from a black ethnic group and more likely to be disabled than the rest of the population. 12% of duties had a lead applicant from a black ethnic group, whereas black people make up just 4% of the population.[5] Figure 1.5 shows that all age groups from 18-44 years old are overrepresented compared to the general population. Evidence from the Office of National Statistics suggests that homelessness among 16–25-year-olds is underestimated as there is limited data on some forms of 'hidden' homelessness.[13]

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[13] ONS (2023) "Hidden" homelessness in the UK: evidence review, available: "Hidden" homelessness in the UK: evidence review - Office for National Statistics

Figure 1.5 Proportion of households by age of lead applicant compared to proportion of population in the UK over 16 between 1 April 2024 and 31 March 2025
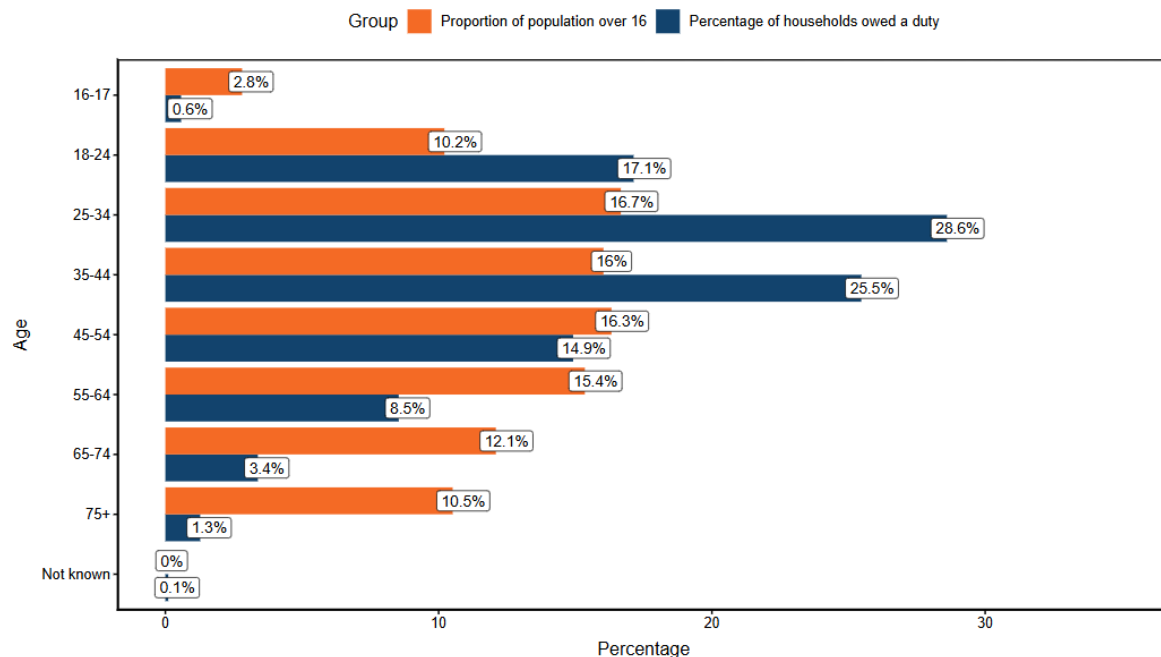
A 2022 paper by the Centre for Homelessness Impact identified several factors that contribute to the overrepresentation of non-White ethnic groups in homelessness statistics including discrimination, inequality, a lack of culturally sensitive services and specific barriers in accessing mental health care.[14] Comprehensive research exploring the relationship between ethnicity and homelessness, published more recently, identified embedded structural disadvantage and current discrimination as explaining the disproportionate risk of homelessness faced by non-white people, with inadequate partnership working, negative experiences and poor 'diversity competency' of services also playing a role.[15]

In 2024–25, 21% of households owed a homelessness duty had a support need related to physical ill health or disability.[5] This is higher than the 18% of the general population in England who are disabled.[16] In 2023, the Centre for Homelessness Impact reported that disabled people in the UK face higher risks of homelessness due to unemployment, financial hardship, and lack of support. The report also identified key barriers to exiting homelessness, including challenges in obtaining diagnoses, unsuitable housing, and unmet disability-related needs.[17]

1.2.4 Demographics of rough sleeping

Rough sleeping is concentrated in London and other major cities, with high rates also seen in some coastal areas. Figure 1.6 below shows the rate of people who were sleeping rough over the

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[14] Centre for Homelessness Impact (2022) Ethnic inequalities and homelessness in the UK, available: 63e6476b4d417106be76eae5_CHI.Ethnic.Inequalities.homelessness.pdf

[15] Fitzpatrick, S, Bramley, G, McIntyre, J, Ayed, N & Watts-Cobbe, B (2025) Race, Ethnicity and Homelessness in the UK: Final report of a knowledge and capacity building programme, available: Race, Ethnicity and Homelessness in the UK: Final report of a knowledge and capacity building programme - Heriot-Watt Research Portal

[16] ONS (2023) Disability, England and Wales: Census 2021, available: Disability, England and Wales: Census 2021

[17] Centre for Homelessness Impact (2023) Homelessness and disability in the UK, available: 645a76da097c6dad33fcc423_CHI-disabilities-homelessness23.pdf

course of the month of September 2025 in each local authority in England. In September 2025, 52% of people sleeping rough were in London, the South East, or South West, and 80% were in urban areas. Coastal hotspots include Eastbourne, Hastings, Southend-on Sea, Torbay and Brighton & Hove.[11]

Figure 1.6 Map showing the estimated number of people sleeping rough over the month per 100,000 people in the population, September 2025
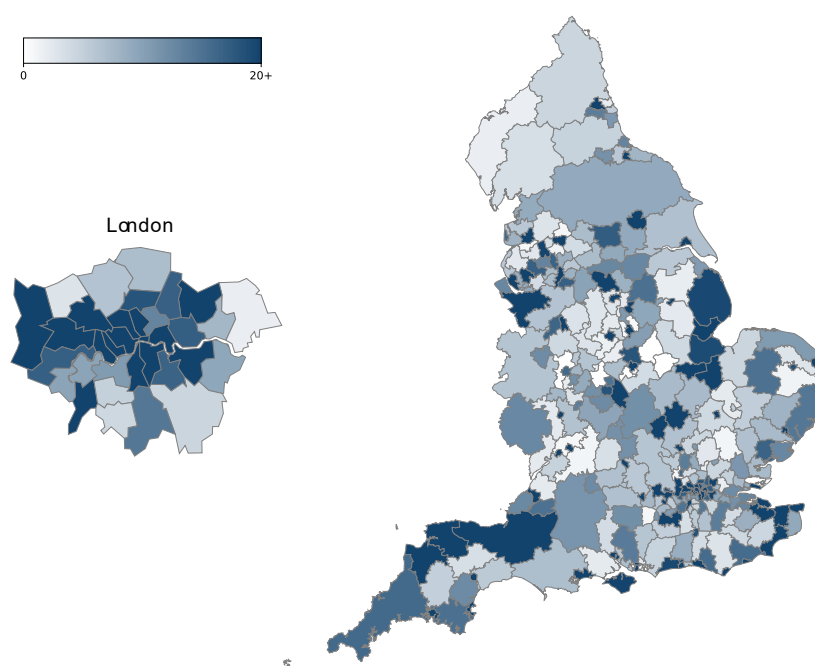
Rough sleeping disproportionately affects certain groups, with higher numbers of males, people aged over 26 years old and UK nationals compared to other groups. However, women experiencing rough sleeping are often less visible and may not be fully captured by the snapshot. Solace Women's Aid launched a [Women's Rough Sleeping Census](#) in 2022 with the aim of more accurately estimating and capturing the experiences of women. While not directly comparable to the rough sleeping snapshot due to differing methodologies, definitions and timeframes, the census suggests that female rough sleeping rates are likely higher than reported.

People sleeping rough are almost exclusively adults as the law requires that any homeless person under the age of 18 must be provided accommodation by their local authority.

In June 2025 MHCLG began collecting gender breakdown for the number of people sleeping rough over the month in our rough sleeping management information collection. This showed in September 2025, 81% of people sleeping over the month were male and 18% were female, which is similar to the annual rough sleeping snapshot. The Rough Sleeping Questionnaire Report 2025 also includes analysis of how responses vary by gender.[18]

Figure 1.7 shows the largest increase in people sleeping rough on a single night between 2023 and 2024 were those from the UK, which increased by 536 people or 22%. However, the largest percentage increase was for those people from outside the EU and the UK, up by 159 people or 47%. In London, 46% of people sleeping rough were from outside the UK in 2024, compared to 20% for the rest of England.[2]

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[18] MHCLG (2025) Rough Sleeping Questionnaire 2025: Expanded Findings on Women, available: [Rough Sleeping Questionnaire 2025: Expanded Findings on Women - GOV.UK](#)

Figure 1.7 Estimated number of people sleeping rough on a single night by nationality, 2017 to 2024
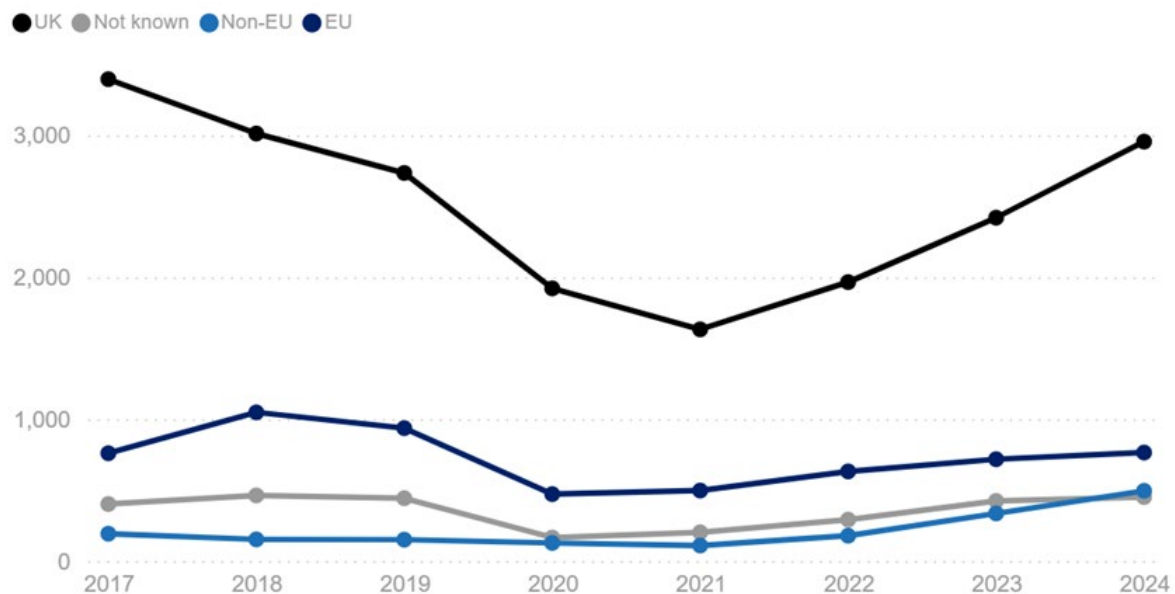
1.2.5 Journeys into homelessness and rough sleeping

Evidence suggests that people move in and out of homelessness and experience multiple different types of homelessness often over long periods of time.

On average, respondents to the 2025 Rough Sleeping Questionnaire experienced 3.1 types of homeless accommodation, in addition to rough sleeping.[19] Figure 1.8 shows the most common types of homeless accommodation that respondents had previously stayed in (respondents could tick all that apply). The three most common experiences were sofa surfing, staying in a hostel, and spending time in emergency accommodation.

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[19] MHCLG (2025) Rough Sleeping Questionnaire 2025: Headline Findings, available: Rough Sleeping Questionnaire 2025: Headline Findings - GOV.UK

Figure 1.8 Past experiences of homelessness accommodation among respondents to the Rough Sleeping Questionnaire (2025) who had slept rough within the last year (n = 966)
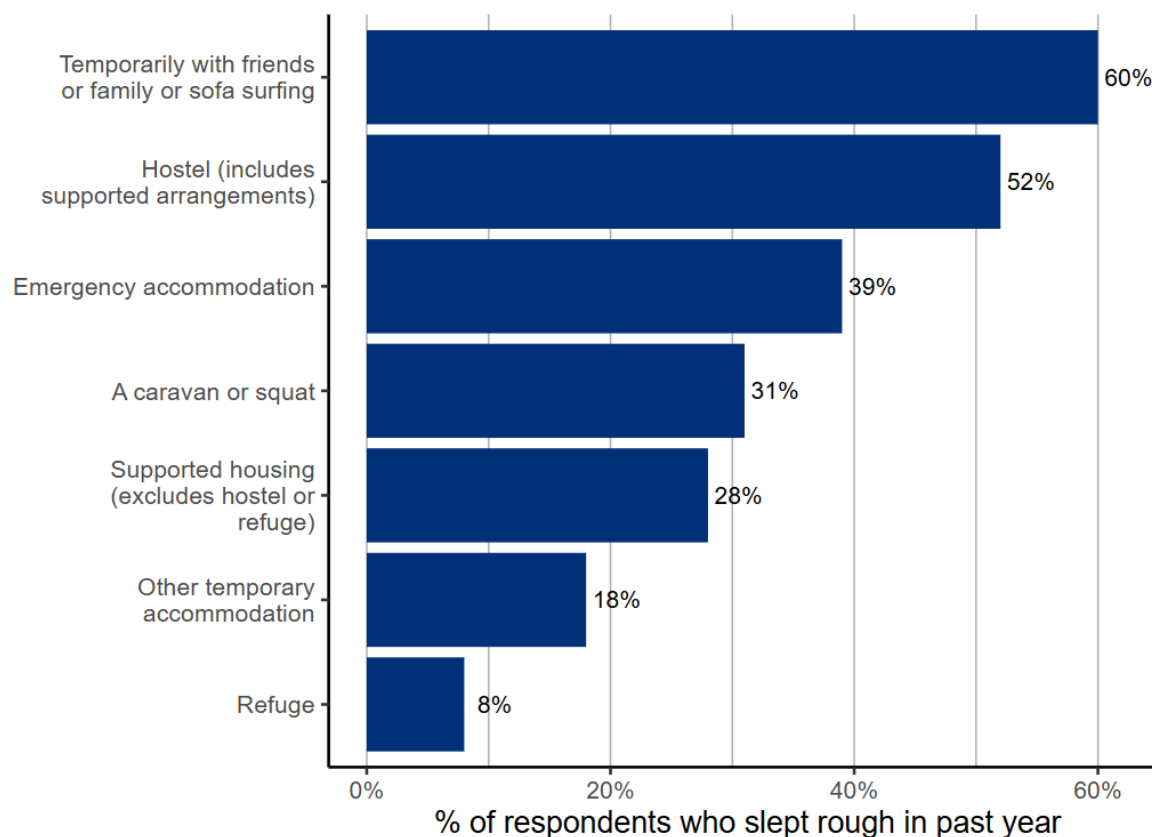
Some people cycle in and out of homelessness. Analysis of repeat homelessness in 52 local authorities using statutory data found that 16% of cases involved a repeat occurrence.[20] The latest data on rough sleeping show that 13% of people sleeping rough had returned to sleeping rough.[11]

Some people experience homelessness for long periods of time. Among households with children in temporary accommodation, 21% had been there for over five years and 23% had been there between 2 and 5 years. 33% of adult-only households stayed less than six months.[12] In September 2025, 37% of people sleeping rough were classified as 'long term', having slept rough in at least three of the past 12 months.[11] Out of 966 respondents who slept rough in the 12 months prior to the 2025 Rough Sleeping Questionnaire, one in three (35%) had been homeless for over 5 years across their lifetime. One in five (19%) had experienced homelessness for over 10 years.[19]

1.2.6 Temporary accommodation

Temporary accommodation refers to housing provided by local authorities under statutory homelessness duties. While most placements are under the main homelessness duty, some occur during the relief stage or on an interim basis pending a decision or after an application is accepted until suitable accommodation becomes available.

After reaching a low in 2010, the number of households in temporary accommodation has risen to record levels. As of 30 June 2025, 132,410 households, including 172,420 children, were in temporary accommodation. Due to rising demand and a tight housing market, local authorities

[20] MHCLG (2025) Better Outcomes through Linked Data: Repeat homelessness report, available: Better Outcomes through Linked Data: Repeat homelessness report - GOV.UK

increasingly rely on Bed and Breakfast (B&B) accommodation. 3,340 households with children were in B&Bs, with 2,070 exceeding the six-week statutory limit.[12]

Figure 1.9 shows how the number of households in different types of temporary accommodation has changed between 2010 and 2025. B&B use is falling and is lower than at the same time last year, indicating a shift to different types of temporary accommodation.[9] However, there is a lack of evidence on quality of temporary accommodation and how this affects people living in it. MHCLG plans to undertake further research to fill this gap.

Figure 1.9 Number of Households in Temporary Accommodation by Temporary Accommodation Type between 31 March 2009 and 30 June 2025

Number of Households in Temporary Accommodation by Temporary Accommodation Type, 31st March 2009 to 30th June 2025
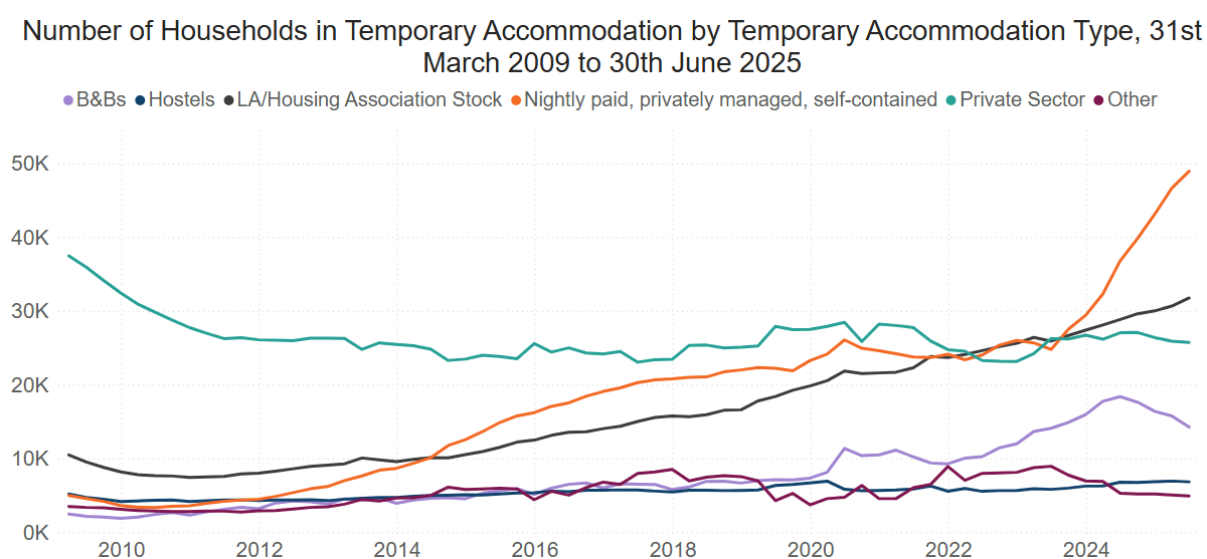
The most common duration in temporary accommodation for families with children is two to five years (18,940 households, 22%), with 43% of these households in nightly paid self-contained accommodation. For adult-only households, the most common stay is under six months (15,910 households, 33%), with 37% in B&Bs. Longer stays for families are often due to a shortage of larger homes and limited social housing.[21]

As of June 2025, 42,080 households were placed in out-of-area accommodation, with 86% remaining within the same region. Figure 1.10 shows that out-of-area placements are most common in London. Cross-regional placements typically occur in neighbouring areas.[12]

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[21] MHCLG (2025) Systems-wide evaluation of the homelessness and rough sleeping system: Social housing allocations, available: https://www.gov.uk/government/publications/systems-wide-evaluation-of-homelessness-and-rough-sleeping

Figure 1.10 Map of number of households in temporary accommodation placements out of area per 1,000 households on 30 June 2025
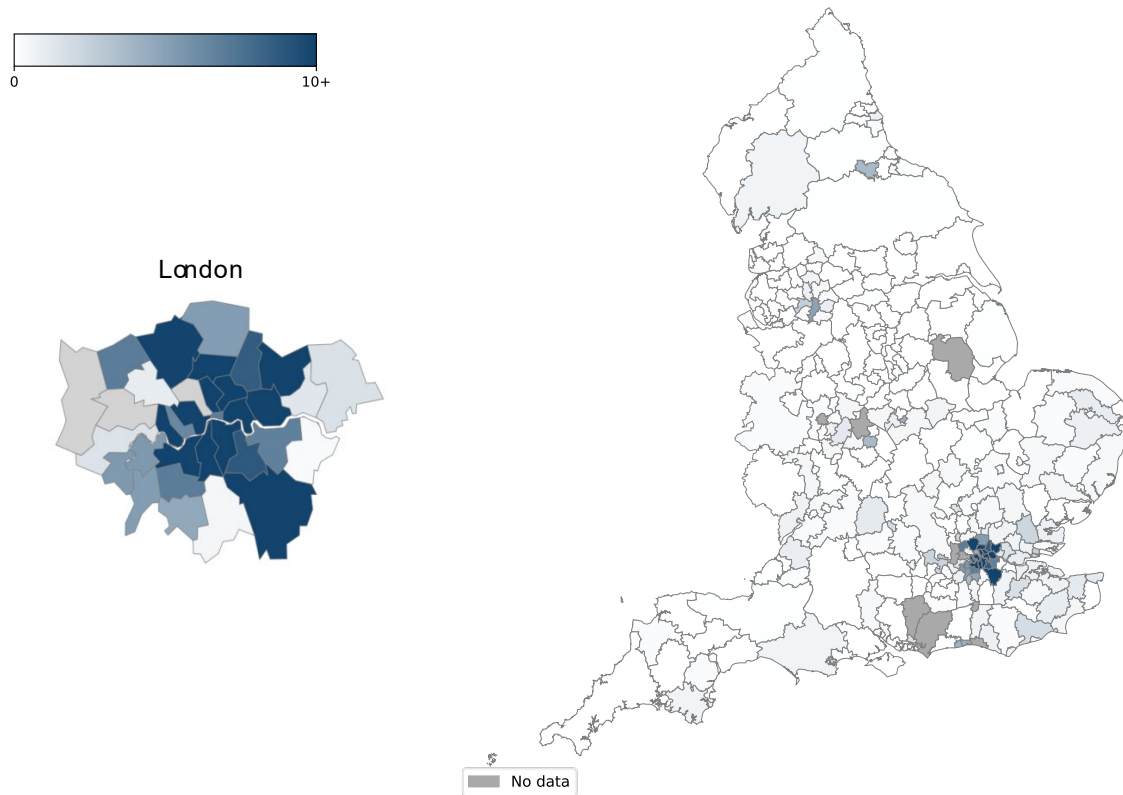
Section 2: What we know about the causes of homelessness and rough sleeping

> **How evidence in this section relates to the strategy:**
>
> This section demonstrates the need to tackle the root causes of homelessness and rough sleeping as set out in the first pillar of the strategy. In response, the strategy commits to the largest increase in social and affordable housebuilding in a generation, backed by a £39 billion Social and Affordable Homes Programme. It also outlines updates to social housing allocations guidance and supported housing regulation, aiming to ensure that housing reaches those most in need. The strategy's emphasis on supporting people to increase their incomes, including through work as well as the increase in the National Living Wage and Universal Credit standard rate, reflects a clear response to the evidence that economic insecurity and poverty are key contributors to housing instability.

2.1 Overview

Homelessness results from a complex mix of structural and individual factors. Structural drivers include economic and societal issues like poverty and lack of affordable housing. Individual factors involve personal vulnerabilities such as domestic abuse, poor mental health, financial hardship, or unsuitable living conditions. These are often driven by structural factors. Structural and individual factors interact and reinforce each other, making them difficult to disentangle.

MHCLG's 2019 publication on the causes of homelessness distinguishes between causal factors and 'triggers.'[22] Triggers are defined as some act, condition or circumstance, such as the breakdown of a relationship, that immediately precedes a homelessness event but does not constitute a fundamental cause.

The balance of factors and personal circumstances leading to homelessness will be different in every individual case but there are some distinct patterns across broad groups. Family homelessness is often driven by structural issues such as lack of affordable housing, poverty, and low income. Common triggers include eviction and domestic abuse. Single homelessness shares the same structural causes but is more influenced by individual factors such as leaving care or prison, health problems, and financial instability. People sleeping rough long term often have complex overlapping needs including mental ill health and substance use, which can make accessing support and sustaining a tenancy difficult.[19]

While these factors influence the risk of homelessness, they do not make it inevitable. Protective factors such as strong social networks, stable employment, and access to skills and training opportunities can reduce vulnerability. [23]

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[22] MHCLG (2019) Homelessness: Rapid Evidence Assessment, available: <u>Homelessness: Rapid Evidence Assessment</u>

[23] Ayed, N., & Clarke, A. (2024) The importance of stable housing in social capital development and utilisation: how homelessness undermines reciprocity, recognition, and autonomy, available: <u>The importance of stable housing in social capital development and utilisation: how homelessness undermines reciprocity, recognition, and autonomy</u>

Figure 2.1 is a simplified illustration of how different types of factors drive homelessness and home insecurity.

Figure 2.1 Drivers of homelessness and home insecurity
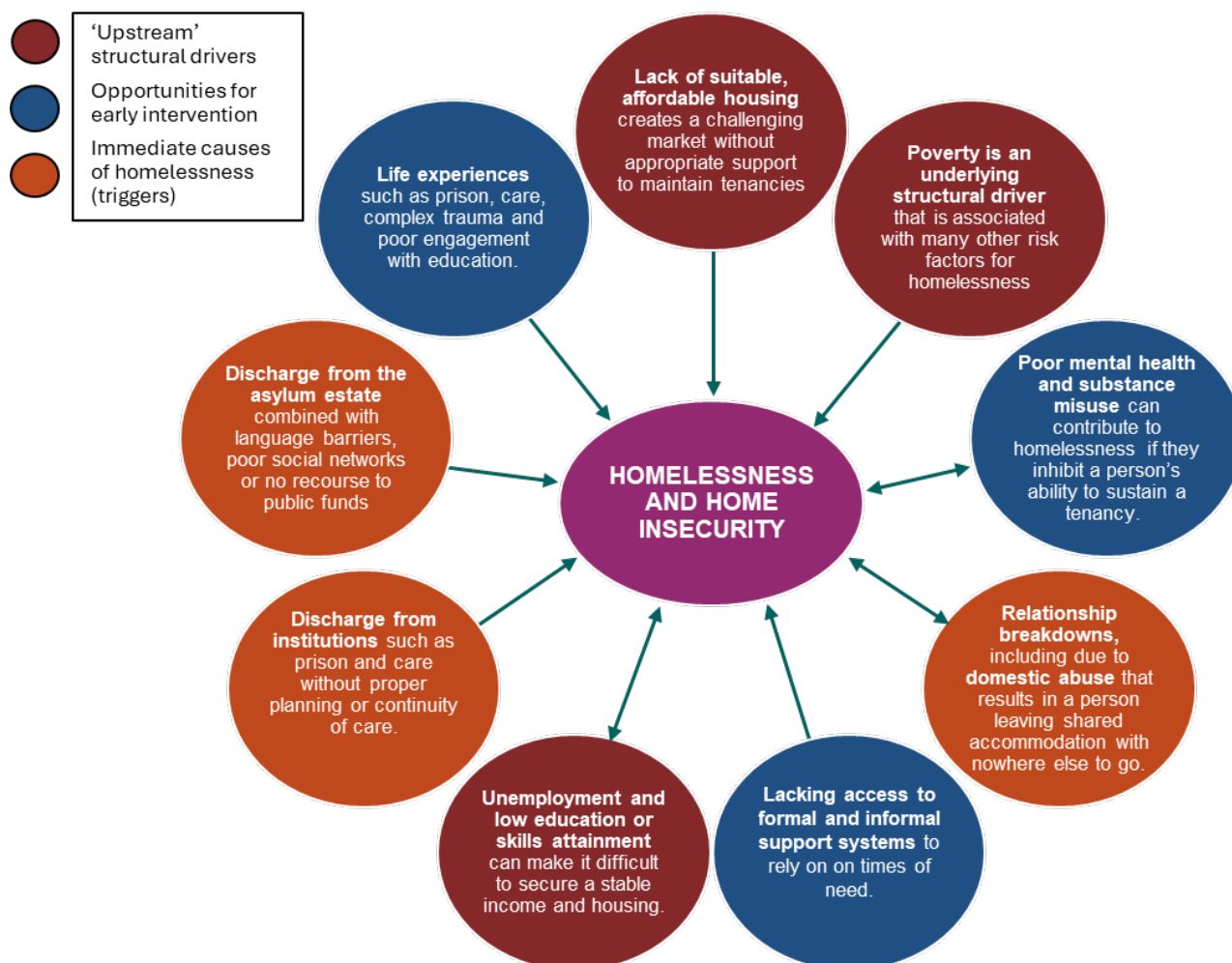
2.2 Structural causes

There is no one solution to ending homelessness and rough sleeping but childhood poverty has been identified as the strongest predictor of homelessness later in life.[24] Structural factors like poverty, unaffordable housing, freezes to Local Housing Allowance rates, and rising rents have widened the gap between actual housing costs and the amount of rent eligible for Housing Support.

In November 2024, 48% of privately renting families on Universal Credit didn't have their housing costs fully covered by Local Housing Allowance.[25] A 2019 study found that a £500 drop in annual

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[24] Bramley, G., & Fitzpatrick, S. (2017) Homelessness in the UK: who is most at risk?, available: Full article: Homelessness in the UK: who is most at risk?
[25] Resolution Foundation (2025) Housing Outlook Q2 2025, available: Housing Outlook Q2 2025 • Resolution Foundation

income after housing costs among low-income renters led to an 8% rise in temporary accommodation use.[26]

Financial issues can trigger both homelessness and rough sleeping. From April 2025 to June 2025, 23% of households were owed a prevention or relief duty due to their tenancy ending. Of these, 10% of tenancies ended for financial reasons.[12] 23% of respondents to the 2025 Rough Sleeping Questionnaire cited affordability as the reason for the loss of their last accommodation.[27] Survivors of domestic abuse, especially women, also face heightened homelessness risks due to financial insecurity.[28]

Low financial resilience - defined as either being in financial difficulty or being at a high risk of financial difficulty if suffering a financial shock - is linked to low savings and high debt. Four million low-income families currently hold loans for essentials like food, bills and housing.[29] The [Citizens Advice data dashboard] shows that the number of Citizens Advice clients unable to cover basic costs has risen by 11% since 2019. Financial vulnerability is higher among low-income households, younger adults, ethnic minorities, renters, those not in work and lone parents (disproportionately women).[30]

Housing affordability varies geographically. In 2024, England's median house price was £290,000 (7.7 times the median average earnings), compared to £201,000 (5.9 times) in Wales. London remains the least affordable, with Kensington and Chelsea reaching 27.1 times the median average earnings. These patterns reflect long-term trends in house price growth and earnings, with affordability improving in most areas since 2021 due to earnings rising faster than house prices.[31]

Housing affordability is compounded by a shortage of social housing. The annual number of new social lettings has decreased by over 100,000 since 2007/8 indicating that the availability of social housing for new tenants has reduced. Between April 2024 and March 2025 75,000 new social lettings went to previously homeless households.[32]

The number of supported homes has fallen by 1,540 since 2007 while demand is growing.[33] England has 535,400 units of supported housing, but it is estimated that between 211,200 and 490,200 more will be needed by 2040.[34]

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[26] Fetzer, T., Sen, S., & Souza, P. C. (2019) Housing insecurity, homelessness and populism: Evidence from the UK, available: [444-Cover]

[27] MHCLG (2025) Rough Sleeping Questionnaire 2025: Headline Findings, available: [Rough Sleeping Questionnaire 2025: Headline Findings - GOV.UK].
This statistic is from a subset of respondents who gave a reason (n = 412).

[28] Women's aid (2023) The impact of domestic abuse, available: [The impact of domestic abuse - Women's Aid]

[29] Jacob Rowntree Foundation (2025) A year of Labour but no progress: JRF's cost of living tracker, summer 2025, available: [A year of Labour but no progress: JRF's cost of living tracker, summer 2025 | Joseph Rowntree Foundation]

[30] FCA (2024) Financial Lives 2024 survey, available: [Financial Lives 2024 survey | FCA]

[31] ONS (2025) Housing affordability in England and Wales, available: [Housing affordability in England and Wales - Office for National Statistics]

[32] MHCLG (2025) Social housing lettings in England, tenants: April 2024 to March 2025, available: [Social housing lettings in England, tenants: April 2024 to March 2025 - GOV.UK]

[33] National Housing Federation (2025) Supported housing crisis: mental health patients stuck in hospital for 109,000 days, available: [National Housing Federation - Supported housing crisis: mental health patients stuck in hospital for 109,000 days]

[34] MHCLG (2024) Supported Housing Review 2023, available: [Supported Housing Review 2023 - GOV.UK].
The review defines supported housing as accommodation which is provided alongside care, support or

2.3 Individual risk factors

There are a number of individual risk factors associated with homelessness and rough sleeping, and there is some evidence that needs are getting more complex.[35] These individual factors are related to structural causes and are affected by the availability of support services. Figure 2.2 below shows the co-occurrence of overlapping risk factors among people with experience of rough sleeping. The most commonly reported combination of support needs was mental health needs, physical health needs, adverse school experiences (including being permanently excluded, truanting regularly or leaving school before the age of 16), being a recent victim of crime and drug issues in the past year.[19]

Figure 2.2 Co-occurrence of overlapping risk factors among people with experience of rough sleeping (Rough Sleeping Questionnaire 2025, n = 966)
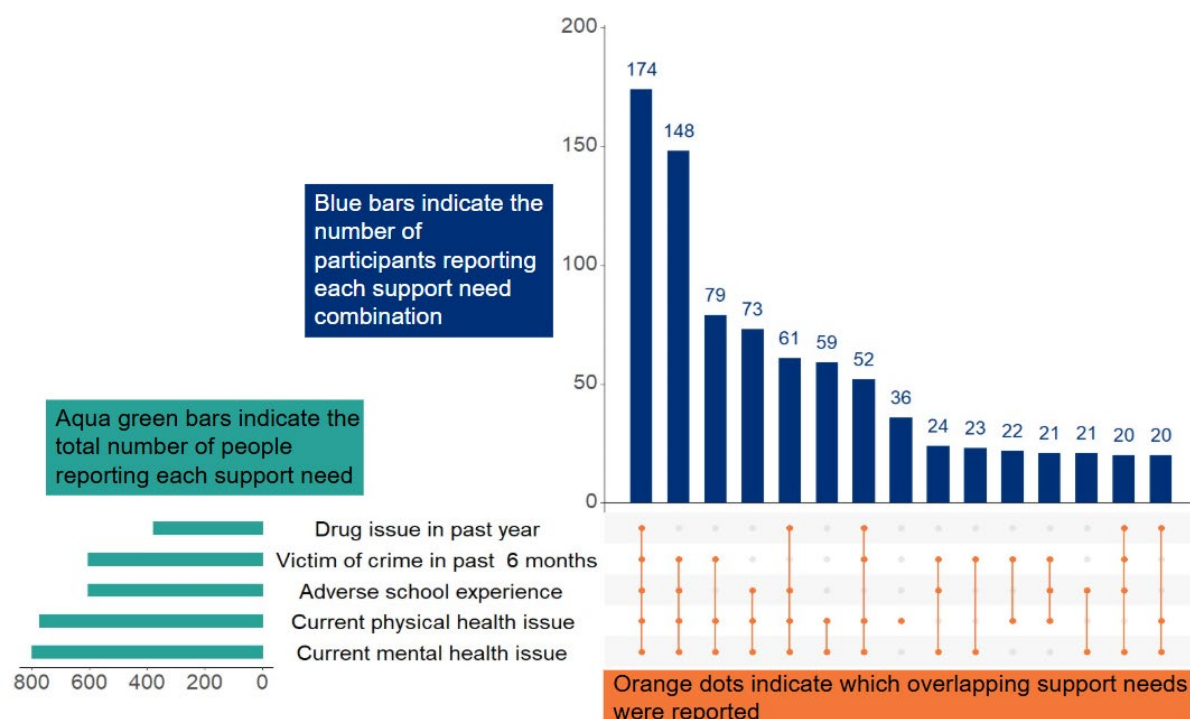
2.3.1 Mental health and substance use

Mental ill-health and substance use are important individual risk factors in explaining rough sleeping and, to a lesser degree, homelessness more broadly.[22] MHCLG's recently published analysis on the occurrence of repeat homelessness found that those with additional support

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supervision to help people with specific needs to live as independently as possible in the community. This could include:

- short-term or transitional provision for people in crisis, such as those experiencing homelessness, domestic abuse, or leaving care;
- long-term provision for working-age people with disabilities including those with mental health issues, learning disabilities, or physical impairments; or
- housing for older people, ranging from sheltered housing with limited support to extra care housing with high levels of support.

[35] MHCLG (2025) Systems-wide evaluation of homelessness and rough sleeping: preliminary findings, available: Systems-wide evaluation of homelessness and rough sleeping: preliminary findings - GOV.UK

needs more often experienced repeat homelessness.[20] Figure 2.3 shows the prevalence of repeat homelessness according to the different types of support need. Repeat experiences were 4 times more prevalent among homeless households with drug dependency needs than those without.

Figure 2.3 Prevalence of repeat homelessness by presence of different types of support need, 2018 to 2023
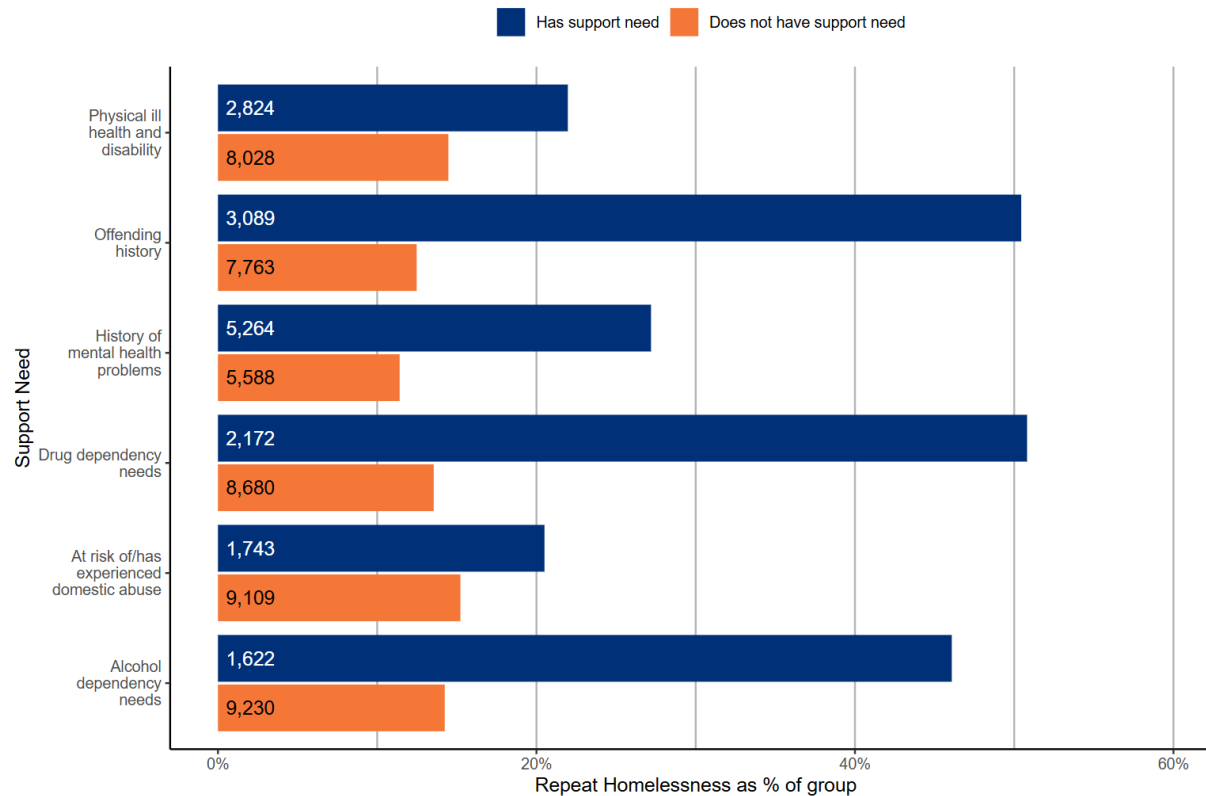
Results of the Rough Sleeping Questionnaire 2025 show that respondents frequently developed their mental health support need prior to first sleeping rough, as shown by Figure 2.4 below. However, this does not determine cause and effect.[19]

Figure 2.4 When respondents to the 2025 Rough Sleeping Questionnaire's mental health support need first developed in relation to rough sleeping
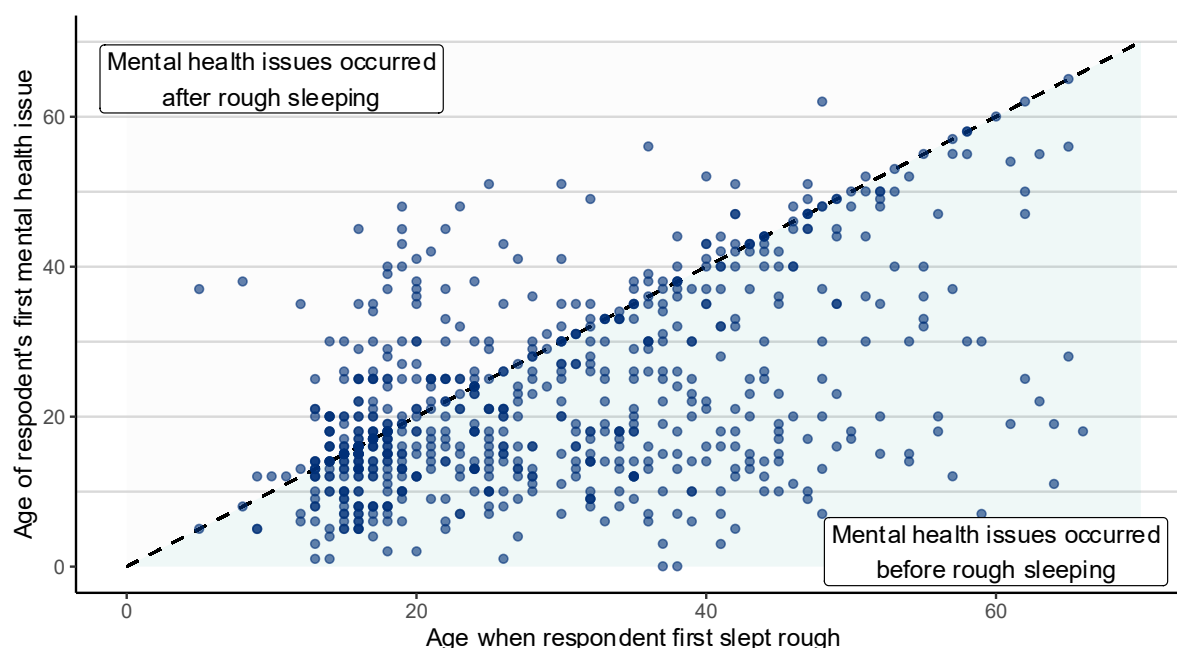
Mental health issues are the most common support need among households experiencing statutory homelessness, accounting for 28% of households owed a duty.[5] While many studies show a strong link between mental ill health and homelessness, it's difficult to determine causation, as each can contribute to the other.

2.3.2 Multiple exclusion homelessness

Multiple exclusion homelessness involves experiencing homelessness alongside substance use, street culture activity (such as street drinking), or institutional care. The most complex forms are often rooted in childhood trauma. Experiences such as abuse, neglect, parental substance use or mental health issues, and domestic violence are significant contributing factors.[36]

Analysis of the 2025 Rough Sleeping Questionnaire found 84% of women and 65% of men who responded to the survey and had slept rough within the last year had had three or more of the following five experiences: homelessness, substance (either drugs or alcohol) use problems, mental health issues, domestic abuse, and interaction with the criminal justice system.[18]

While links between childhood trauma and family homelessness are less clear, adverse childhood experiences are associated with a range of risk factors for statutory homelessness as well as rough sleeping. A 2022 study found 45% of surveyed people experiencing homelessness cited childhood trauma as a direct or contributing factor, while a 2015 study showed 85% of those involved with the criminal justice system, substance use, and homelessness services had experienced trauma. [37]

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[36] Fitzpatrick, S., Bramley, G., & Johnsen, S. (2013) Pathways into multiple exclusion homelessness in seven UK cities, available: (PDF) Pathways into Multiple Exclusion Homelessness in Seven UK Cities
[37] Irving, A and Harding, J (2022) The Prevalence of Trauma among People who have Experienced Homelessness in England, available: https://www.oasiscommunityhousing.org/wp-content/uploads/2022/10/The-prevalence-of-trauma-among-people-who-have-experienced-

Reduced access to key services may be impacting on the prevalence and severity of problems people experience, with potential implications for homelessness. Overall council funding fell 26% on average in real terms during the 2010s.[38] This has reduced access to specialist services for people experiencing homelessness, especially mental health support.[35] Drug and alcohol service funding dropped 40% between 2014/15 and 2021/22, while numbers in treatment had fallen and drug related deaths increased significantly.[39] However, recent investment has reversed some of this and the number of people in treatment has been increasing every year since 2021/22.[40]

2.3.3 Loss of social support networks

Loss of emotional and practical support from family, partners, or friends is a key driver of housing instability. Between April 2024 and March 2025, 30% of households owed a relief duty cited being unable to stay with family or friends.[5] Young people are vulnerable due to family conflict and limited access to work or education, which often results in hidden homelessness.[41] LGBTQ+ individuals face family rejection, stigma, and violence, with limited access to sensitive support.[42] Relationship breakdown and other triggers are explored in Section 2.4. Poverty also increases risk through financial strain, family breakdown, and intergenerational cycles of homelessness.[43]

2.4 Trigger events

As referenced above, statutory homelessness and rough sleeping are often precipitated by triggers such as loss of tenancy, informal arrangements and relationships breaking down, domestic abuse or leaving an institution. Figure 2.5 provides a breakdown of households owed a prevention or relief duty, categorised by the triggers that led to the loss of their last settled home. The most common trigger for households owed a prevention duty is the end of a private rented assured shorthold tenancy; accounting for 39% of all households and 53% of those with children.[5]

Among households owed a relief duty, informal arrangements breaking down and domestic abuse are leading triggers. Friends or family no longer willing or able to accommodate was the most common reason for homelessness, accounting for 26% of households with children owed a relief duty compared to 25% due to domestic abuse.[5] Additionally, 16% of Rough Sleeping Questionnaire 2025 respondents cited relationship breakdown as the reason for leaving their last settled accommodation.[19]

homelessness.pdf; Bramley, G., Fitzpatrick, S., Edwards, J., Ford, D., Johnsen, S., Sosenko, F. and Watkins, D. (2015) Hard Edges Mapping severe and multiple disadvantage, available: https://lankellychase.org.uk/wp-content/uploads/2015/07/Hard-Edges-Mapping-SMD-2015.pdf for

[38] IFS (2024) How have English councils' funding and spending changed? 2010 to 2024, available: How have English council's funding and spending changed.pdf

[39] Committee of Public Accounts (2024) Reducing the harm from illegal drugs, available: Illegal drugs: Progress mixed on Government harm reduction efforts, PAC report finds - Committees - UK Parliament

[40] OHID (2025) Substance misuse treatment for adults: statistics 2024 to 2025, available: Substance misuse treatment for adults: statistics 2024 to 2025 - GOV.UK

[41] Ellis, K., & Leahy Laughlin, D. (2021) Youth Homelessness in Austerity Britain: "We Can't Help You, You Need to Go Back Home", available: Youth Homelessness in Austerity Britain: "We Can't Help You, You Need to Go Back Home." Child & Youth Services, 42(3), 302–317

[42] McCarthy, L., & Parr, S. (2022). Is LGBT homelessness different? Reviewing the relationship between LGBT identity and homelessness, available: Full article: Is LGBT homelessness different? Reviewing the relationship between LGBT identity and homelessness

[43] La Placa, V., & Corlyon, J. (2016) Unpacking the Relationship between Parenting and Poverty: Theory, Evidence and Policy, available: Unpacking the Relationship between Parenting and Poverty: Theory, Evidence and Policy | Social Policy and Society | Cambridge Core

Leaving an institution is another event that can trigger homelessness and rough sleeping. 3% of statutory homeless households were owed a duty after leaving custody, and 6% after exiting accommodation provided by the Home Office as asylum support.[5] In March 2025, 10% of people sleeping rough had recently left institutions, most commonly prison or asylum support.[44]

[44] MHCLG (2025) Rough sleeping data framework, March 2025, available: Rough sleeping data framework, March 2025 - GOV.UK
Figures refer to people sleeping rough over the month in March 2025 who have left an institution within the last 85 days. This number varies over time. Numbers are much lower and there is much less change in number of people sleeping rough who have left other institutions compared to the number of people from prison and asylum support.

Figure 2.5 Reason for loss of last settled home of households owed a homelessness duty
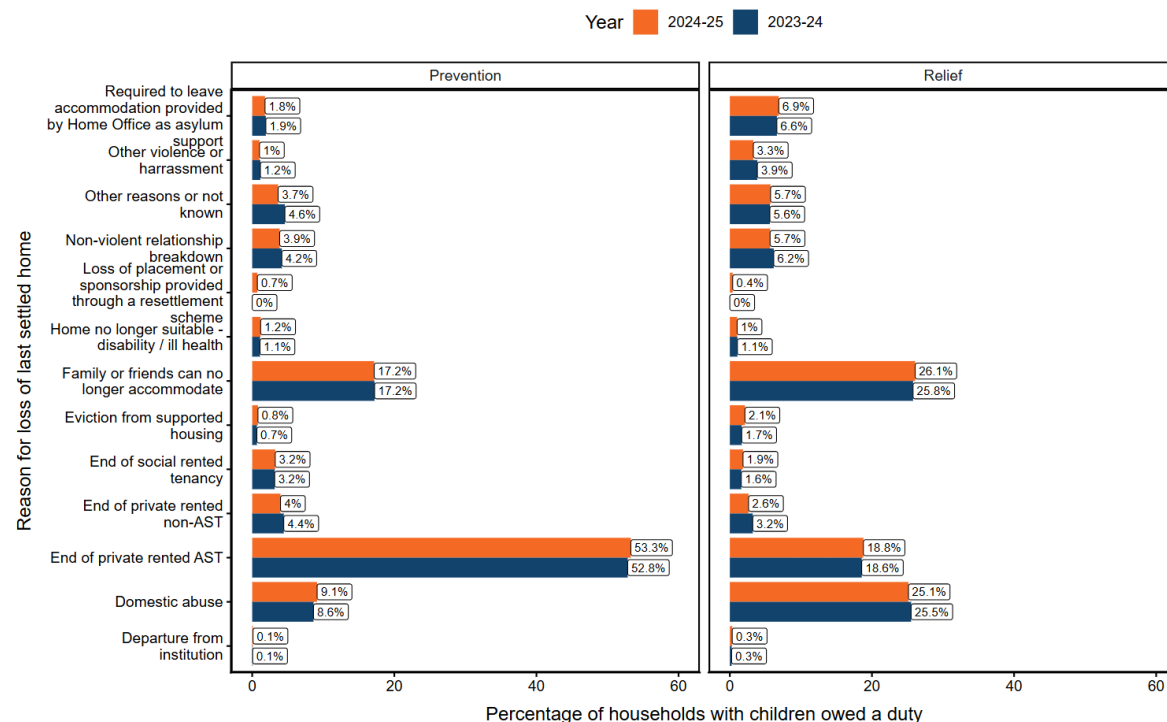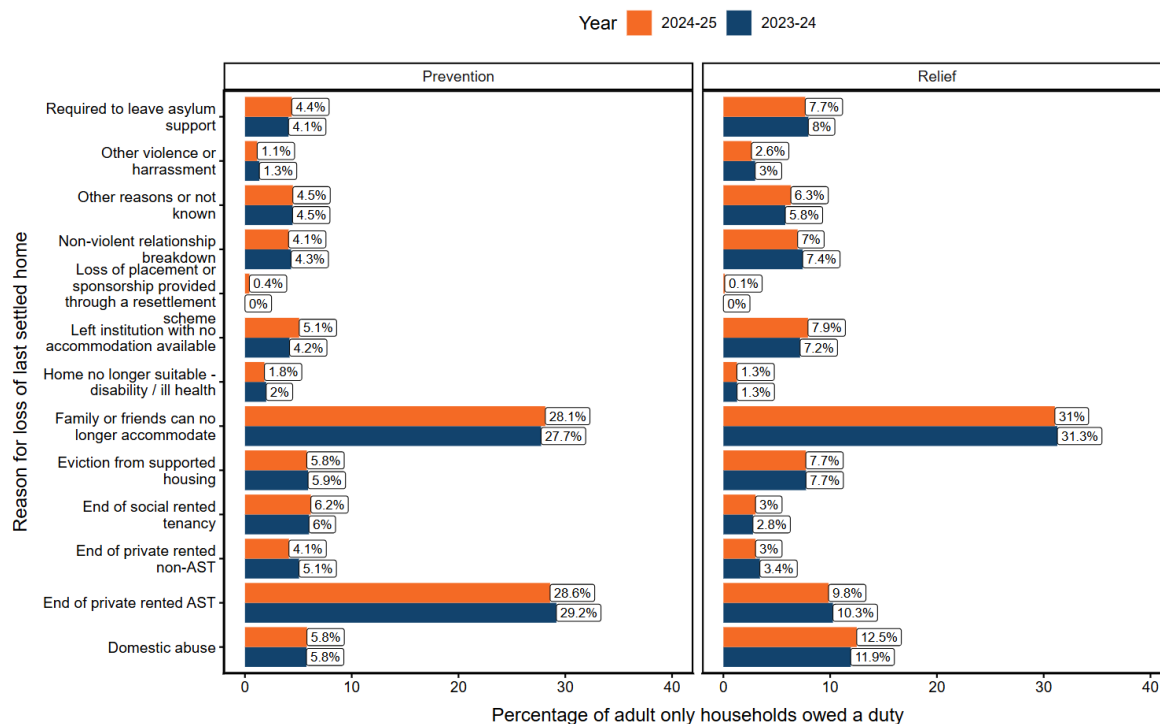
Reports from the Systems-wide Evaluation of Homelessness and Rough Sleeping highlight structural issues, such as limited access to training and volunteering opportunities, poor information sharing, and a lack of time to prepare that increase homelessness risk for refugees

and prison leavers.[45] These findings, as they pertain to prison leavers, are supported by analysis of linked data which found that prison leavers who have served a shorter sentence (less than 6 months) and then enter the statutory system are less likely to be referred to housing support.[46] Other reasons why people leaving prison are at risk of homelessness can include broken relationships, stigma, limited housing access, probation restrictions and a lack of employment opportunities.[47]

It's important to recognise that these triggers are distinct from the underlying causes of homelessness. Trigger events only lead to homelessness when individuals cannot secure alternative housing. The ability to find alternative accommodation is ultimately driven by structural and individual risk factors. Just under a third of respondents to the Rough Sleeping Questionnaire 2025 said they slept rough after experiencing a trigger event because they didn't know how to get help, 28% found no local homeless accommodation, and 17% lacked support from friends or family.[19]

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[45] See MHCLG (2025) Systems-wide evaluation of the homelessness and rough sleeping system: A deep dive on criminal justice and homelessness for findings on these issues as they relate to prison leavers and MHCLG (2025) Systems-wide evaluation of homelessness and rough sleeping: Interaction with the asylum system for the same as they pertain to asylum seekers and refugees, available https://www.gov.uk/government/publications/systems-wide-evaluation-of-homelessness-and-rough-sleeping .

[46] MHCLG (2025) Better Outcomes through Linked Data: Links between Homelessness and Offending, available: https://www.gov.uk/government/publications/better-outcomes-through-linked-data-links-between-homelessness-and-offending

[47] MHCLG (2025) Systems-wide evaluation of the homelessness and rough sleeping system: A deep dive on criminal justice and homelessness, available: https://www.gov.uk/government/publications/systems-wide-evaluation-of-homelessness-and-rough-sleeping

Section 3: The impact and costs of homelessness and rough sleeping

> **How evidence in this section relates to the strategy:**
>
> This section outlines evidence supporting the urgent need to improve the quality, suitability, and cost-effectiveness of temporary accommodation. These findings underpin the strategy's commitment to increase the supply of good-quality temporary accommodation, end unlawful B&B use for families, and improve the suitability of temporary accommodation placements.

3.1 Personal impact

Homelessness and rough sleeping are linked to a range of poor outcomes that are likely to reduce life chances. Rough sleeping and poor quality or unsuitable temporary accommodation are likely to have negative impacts on people's health, particularly if they remain in it for long periods.

In 2024, 1,142 people died while experiencing homelessness in England, with the average age of death for people who died whilst sleeping rough or using emergency or temporary accommodation in England was 49 for men and 47 for women.[48] Between 1 April 2019 and 31 March 2024, 74 children died with temporary accommodation as a contributing factor to their vulnerability, ill-health, or death. Of these, 58 were under one year old.[49]

Temporary accommodation negatively affects health and wellbeing. 21% of residents who responded to an online survey by Shelter in six local authorities reported safety hazards, 68% said they lacked basic facilities, and over a third that children lacked their own bed.[50] Homes England estimated annual wellbeing gains of £13,800 for adults and £16,100 for children moving out of temporary accommodation and into social housing.[51]

In 2025, 83% of people sleeping rough reported mental health needs and 54% substance use.[19] Analysis of linked data found that substance use often predates homelessness, except for individuals who experienced homelessness during childhood.[52] However, the same analysis also found that substance use issues escalated among 26% of participants after they reported sleeping rough. These findings indicate the complexity of the relationship between substance use and rough sleeping.

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[48] Museum of Homelessness (2023) Dying Homeless project, available: 2023 Museum of Homelessness report of findings on homeless deaths

[49] Shared Health Foundation (2025) Child Mortality in Temporary Accommodation 2025, available: Child Mortality in Temporary Accommodation 2025 - Shared Health Foundation

[50] Shelter (2023) Still Living in Limbo: Why the use of temporary accommodation must end, available: Still Living in Limbo: Why the use of temporary accommodation must end - Shelter England

[51] Homes England (2025) Measuring Social Value Paper 6: Measuring the Wellbeing Impact of Temporary Accommodation and Social Housing, available: Measuring Social Value Paper 6: Measuring Wellbeing Impacts of Temporary Accommodation and Social Housing - GOV.UK

[52] MHCLG (2025) Better Outcomes through Linked Data: Rough Sleeping and Substance Use Treatment https://www.gov.uk/government/publications/better-outcomes-through-linked-data-rough-sleeping-and-substance-use-treatment

In 2024, over half of deaths recorded by the Dying Homeless Project with a known cause were due to overdose, suicide and reasons related to drugs and alcohol.[53] Crisis found that people experiencing homelessness are over nine times more likely to die by suicide than the general population.[54]

Homelessness is also linked to victimisation. In 2025, 63% of people with experience of sleeping rough reported being victims of crime.[19] Crisis found 90% had experienced violence or abuse.[55] Women face additional risks, including sexual and psychological violence, contributing to complex needs and chronic homelessness.[56]

Experiences of homelessness can increase the risk of offending and reoffending. The latest Ministry of Justice data shows the reoffending rate for homeless people was more than double that of those in accommodation upon release (72% vs 35%).[57]

There is also evidence indicating a link between living in temporary accommodation and a range of adverse outcomes for children. Children in temporary accommodation face barriers to accessing healthcare and are more likely to suffer respiratory illnesses.[58] Housing instability has also been found to correlate with lower educational attainment.[59] A 2021 Centrepoint report found 54% of the young people they support reported mental health issues. [60]

Even if a person does not go on to experience homelessness, multiple moves and insecurity can have a negative impact on mental wellbeing. For example, a 2017 Shelter report found that insecurity of tenancies was seen by GPs as being linked with mental health problems.[61]

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[53] Museum of Homelessness (2025) The Dying Homeless Project 2024 Findings, available: MoH_DHR2025.pdf

[54] Crisis (2011) Homelessness: A Silent Killer, available: Homelessness: A Silent Killer (2011) | Crisis | Together we will end homelessness

[55] Crisis (2023) 'I always kept one eye open': The experiences and impacts of sleeping rough, available: oneeyeopen_report.pdf

[56] McMordie, L., Fitzpatrick, S., & Johnsen, S. (2025) *Violence against women and homelessness*, available: Violence_Against_Women_and_Homelessness_FinalVersion_Full.pdf discusses the additional risks faced by women in detail, and MHCLG (2025) Rough Sleeping Questionnaire 2025: Expanded Findings on Women, available: Rough Sleeping Questionnaire 2025: Expanded Findings on Women - GOV.UK highlights the association between higher rates of complex co-occurring support needs and victimisation among women who have slept rough.

[57] MOJ (2025) Proven reoffending statistics: October to December 2023, available: Proven reoffending statistics: October to December 2023 - GOV.UK

[58] Rosenthal, D. M., Lewis, C., Heys, M., Schoenthaler, A. M., Ucci, M., Hayward, A., & Lakhanpaul, M. (2021) Barriers to optimal health for under 5s experiencing homelessness and living in temporary accommodation in high-income countries: a scoping review, available: Barriers to Optimal Health for Under 5s Experiencing Homelessness and Living In Temporary Accommodation in High-Income Countries: A Scoping Review (ucl.ac.uk)

[59] Children's Commissioner (2025) No child should be homeless: how housing instability affects a child's GCSE grades, available: No child should be homeless: how housing instability affects a child's GCSE grades | Children's Commissioner for England

[60] Centrepoint (2021) The mental health needs of homeless young people, available: The mental health needs of homeless young people | Centrepoint

[61] Shelter (2017) The impact of housing problems on mental health, available: 'The impact of housing problems on mental health' (2017):

3.2 Societal impact

Homelessness and rough sleeping are costly for the whole of government and to society. In 2024/25, total government expenditure on homelessness was £3.7bn, including Housing Benefit for households in temporary accommodation.[62]

The gross cost of temporary accommodation has increased fivefold since 2010/11, with a net cost of £1.4bn to Local Authorities in 2024/25.[63] These figures likely underestimate broader social costs such as poor health, wellbeing, and educational outcomes. Research by Homes England found that people living in temporary accommodation report lower levels of life satisfaction than those living in social housing.[51]

Rough sleeping also leads to high public service use. Analysis of the Rough Sleeping Questionnaire 2025 estimated an average annual fiscal cost of £14,204 per person sleeping rough, rising to £24,459 for those with multiple needs.[19] This is three times higher than the average adult's cost to public services (£4,300). [64] Other studies estimate even higher costs ranging from £34,500 to £43,500 per person annually.[65]

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[62] MHCLG (2025) Local authority revenue expenditure and financing collection, available: Local authority revenue expenditure and financing England: 2024 to 2025 individual local authority data - outturn - GOV.UK

[63] MHCLG (2024) Local authority revenue expenditure and financing England: 2023 to 2024 individual local authority data – outturn, available: Local authority revenue expenditure and financing England: 2024 to 2025 individual local authority data - outturn - GOV.UK

[64] The £4,300 figure is based on applying an inflation adjustment to the £3,100 estimated in this report: Bramley, G., Fitzpatrick, S., Edwards, J., Ford, D., Johnsen, S., Sosenko, F. and Watkins, D. (2015) Hard Edges Mapping severe and multiple disadvantage, available: https://lankellychase.org.uk/wp-content/uploads/2015/07/Hard-Edges-Mapping-SMD-2015.pdf

[65] References for these estimates are as follows, in the order they are mentioned in the sentence:
- Pleace, N., & Culhane, D. (2016) 'Better than Cure? Testing the case for Enhancing Prevention of Single Homelessness in England'. Crisis, available: https://www.crisis.org.uk/media/20680/crisis_better_than_cure_2016.pdf
- Battrick et al (2014) 'Evaluation of the MEAM pilots – Update on our findings'. Available: http://meam.org.uk/wp-content/uploads/2014/02/MEAM-evaluation-FTI-update-17-Feb-2014.pdf

Section 4: Responding to homelessness and rough sleeping and understanding what works

> **How evidence in this section relates to the strategy:**
>
> The evaluation findings on what works presented in this section inform several pillars of the strategy. Section 4.1 evidences the effectiveness of tailored interventions and Section 4.3 presents evaluation findings on what works for different cohorts. This evidence informs the range of bespoke responses outlined in Pillar 2 and key commitments in Pillar 5 to support the expansion of Housing First and other models of supported housing by producing toolkits and encouraging bids to the Social and Affordable Homes Programme. Section 4.1 also highlights common barriers to success such as fragmented and short-term funding which the strategy seeks to address in Pillar 3 through funding simplification and multi-year settlements.

This section presents an overview of the evidence on the effectiveness of interventions to reduce homelessness and rough sleeping. It is not a systematic review of all the literature, but draws on key sources, including systematic evidence reviews. The primary focus of this section is on the evidence underpinning the effectiveness of MHCLG's interventions.

4.1 Enablers and barriers to successful interventions

4.1.1 Enablers

There are key themes from across evaluations of homelessness and rough sleeping interventions about what makes these interventions successful. Common enablers for successful programme delivery include multi-agency partnership working, flexible person-centred approaches, staff expertise and support for staff.

Multi-agency partnership working can take a variety of forms such as multi-agency panels or Multi-Disciplinary Teams, with a shared goal of exchanging information, problem solving and agreeing a lead agency for specific actions.[66] These structures facilitate more efficient use of resources, reduced duplication of services, enhanced communication, decision-making and coordination among stakeholders, ensuring people get the right support at the right time.[67]

The Changing Futures evaluation found that embedded cross-agency staff at key services such as probation and substance use services can also facilitate cross agency working and flexible delivery.[68] However, this evaluation also found this should be paired with a central, easily accessible service, to encourage client engagement.

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[66] MHCLG (2025) Rough Sleeping and Complex Needs Process Evaluation: Report 1: Key Findings from the Evaluation, available: https://www.gov.uk/government/publications/rough-sleeping-and-complex-needs-process-evaluation

[67] MHCLG (2025) Rough Sleeping Initiative Process Evaluation, available: https://www.gov.uk/government/publications/rough-sleeping-initiative-process-evaluation

[68] MHCLG (2025) The role of Changing Futures caseworkers A deep dive, available: The role of Changing Futures caseworkers: a deep dive

Other research has found that co-location of services and provision close to where service users live also supports engagement.[69] Keeping up-to-date information on other services in the area from statutory services to food banks can be a way to support people, as can making referral routes as simple and straightforward as possible.[70]

The Mobilising Housing First Toolkit recommends that planning a new multi-agency intervention should begin by assessing the effectiveness of and gaps between existing services followed by building on or developing positive working relationships with these services.[71] This enables learning from existing experience in the area and supports cross-agency collaboration. Including senior level stakeholders in developing the intervention can assist with strategic alignment and collaboration, but it is also important to engage staff at all levels and people with lived experience to support buy-in and service design.

Interventions with positive outcomes including Housing First offered flexible person-centred support and trauma-informed approaches.[72] Smaller caseloads have been found to facilitate this and interventions which have used social impact bonds, or payment-by-result approaches can also encourage flexibility in the types of support offered, including the use of personalised budgets.[73] Personalised budgets enhance the flexibility of support by allowing people sleeping rough to identify their own needs and establish a plan with a support worker.[74] This is being further researched as part of the Test and Learn programme, with findings expected by 2027.

Support plans and personalised support can include activities tailored to participants' strengths and interests as well as practical assistance with form filling, advocacy with services and support with day to day tasks.[75] The Changing Futures evaluation found that a single support plan or gateway is preferable; a finding supported by wider literature.[76] Choice and control in accommodation location and furnishings has also been identified as important.

Flexibility in things such as appointment times, location and frequency, which respond to fluctuating levels of need are beneficial.[69] Flexibility in the level of support, as well as the accessibility of services, so that it can respond to changes in circumstances such as a relapse

[69] Centre for Homelessness Impact (2021) Improving access to health and social care services for individuals experiencing, or at risk of experiencing, homelessness: A systematic review of quantitative and qualitative evidence, available: 611bb126761e0ad8fabc096f_CHI_improving-access-to-health-and-social-care_systematic-review_2021.pdf

[70] MHCLG (2025) Support service use by people with experience of rough sleeping, available: https://www.gov.uk/government/publications/support-service-use-by-people-with-experience-of-rough-sleeping

[71] MHCLG (2024) Mobilising Housing First toolkit: from planning to early implementation, available: Mobilising Housing First toolkit: from planning to early implementation - GOV.UK

[72] MHCLG (2022) Evaluation of the Housing First Pilots Third Process Report, available: https://assets.publishing.service.gov.uk/media/6311c6f88fa8f5578fbb84f5/Housing_First_Evaluation_Third_process_report.pdf

[73] See MHCLG (2025) The role of Changing Futures caseworkers A deep dive, available: The role of Changing Futures caseworkers: a deep dive for evidence on caseloads, and MHCLG (2017) The impact evaluation of the London Homelessness Social Impact Bond, available: The impact evaluation of the London Homelessness Social Impact Bond for evaluation evidence on payment by results approaches.

[74] Crisis (2017) Ending rough sleeping: what works?, available: ending_rough_sleeping_what_works_2017.pdf

[75] MHCLG (2025) Next Steps Accommodation Programme – Briefing Paper, available: https://www.gov.uk/government/publications/next-steps-accommodation-programme-evaluation-briefing-paper

[76] MHCLG (2025) Evaluation of the Changing Futures programme Fourth interim report, available: Evaluation of the Changing Futures programme - fourth interim report

are also identified as helpful by the Changing Futures evaluation, when people are experiencing multiple disadvantages.[76]

The interim report of the Systems-wide Evaluation of Homelessness and Rough Sleeping reported that central government could better support flexible and effective local services through funding consolidation which it also found is likely to reduce siloed and fragmented working.[35]

In some cases, services targeted to specific groups such as women, ethnic minorities, young people transitioning to adult services and neurodivergent people may be necessary to overcome additional barriers to engagement among these cohorts. Building connections with diverse communities and specialist services, hiring specialist outreach workers and building connections via peers can also help to address this.[76] This is especially the case when services offer trauma-informed approaches to service delivery.[77]

Finally, staff who are both knowledgeable and have good interpersonal skills, including the ability to challenge service users assertively but not punitively are key to good service provision.[66] This includes providing non-judgemental support, and building rapport and trust with service recipients. Peer mentors and staff with lived experience are highly valued by service users as is the inclusion of people with lived experience in decision making.[70] The evaluation of the Housing First Pilots found that providing support for staff was key in maintaining staff wellbeing and retention. This is especially the case when clinical support was available for staff.

Further information on enablers is available in the Toolkits for Housing First and Changing Futures. These have been created with the aim of sharing good practice and advice on planning and delivery and successful intervention implementation.[71]

4.1.2 Barriers

Operational challenges and the broader socio-economic context can undermine the success of interventions. The first interim report of the Systems-wide Evaluation of Homelessness and Rough Sleeping shed insight on some of these structural factors. For example, the report found that local authorities were increasingly spending funding provided through the Homelessness Prevention Grant on temporary accommodation in response to rising homelessness and rough sleeping numbers, partly driven by rising rents not matched by increases in household incomes. More broadly, stakeholders interviewed as part of the research felt the effectiveness of MHCLG's core programmes was limited by insufficient capacity in other support services, especially in mental health services.

The report also identified fragmented and short-term funding streams as being another structural barrier to investing in prevention. For 2025/26, MHCLG addressed this by consolidating the main rough sleeping and single homelessness focused grants (Rough Sleeping Initiative, which includes Housing First funding, and Accommodation for Ex Offenders) into a single grant outside of the Settlement, alongside the Homelessness Prevention Grant.

These findings are similar to those in the Institute for Government's 2024 report on taking a preventative approach to public services. This identified several barriers including the crowding out of preventative spending by acute pressures when budgets are tight, misaligned political incentives, and the short political cycle which contrasts with the long-term benefits of preventative policies. The report also highlighted the challenge of insufficient evidence for some preventative interventions, making it difficult to convince policymakers to prioritise these. Furthermore, siloed funding and service delivery, along with overcentralisation, hinder the shift

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[77] OHID (2022) Working definition of trauma-informed practice, available: Working definition of trauma-informed practice - GOV.UK

to a preventative approach.[78] Unlocking the full potential of interventions requires a cross-government approach to tackle these broader structural factors.

Structural barriers such as access to housing and staff recruitment and retention have been consistently identified as challenges to successful intervention delivery across several evaluations including Housing First, Capital Letters, Changing Futures and the Social Investment Pilot. For example, the fidelity of the Housing First Pilots was most notably affected by limited availability of appropriate housing stock and funding uncertainties leading to staff shortages.[79]

It's also important to recognise that the impacts of homelessness and rough sleeping can be incredibly difficult to reverse, especially in complex cases. Prior experiences of homelessness are associated with adverse mental health, physical health, and alcohol/substance dependence, even after people have been rehoused in private households.[80] Reversing the long-term impacts of homelessness requires a multifaceted approach focusing on housing, support services, and prevention.

A challenge with developing an evidence base on how to reverse the long-term impacts of homelessness is that often it takes longer than the length of programme evaluations to capture changes in long-term outcomes. The Next Steps Accommodation Programme highlights the importance of move-on accommodation and ongoing support to ensure that as few individuals as possible return to the streets following an initial period of accommodation. [75]

The London Social Impact Bond evaluation acknowledges that there is an entrenched group of people sleeping rough for whom a longer period of intervention time is required to move them away from the streets completely. The evaluation found the intervention model is effective in supporting people sleeping rough and homeless people with the most complex needs. However, for the most entrenched, three years may not be sufficient to achieve sustained outcomes and a longer timescale should be considered.[81]

Programmes also face common operational barriers and challenges that need to be overcome for interventions to achieve maximum impact such as rigid bureaucratic processes that conflict with flexible intervention designs. Evidence from the 2020 Rough Sleeping Questionnaire describes barriers to accessing services, such as: location and opening hours; the inflexibility of appointment systems and difficulties in contacting outreach and speaking directly to staff; eligibility criteria; having multiple needs; availability and capacity of services; and the need for a clear pathway through services. Conditionality of support and rules of services prevented some respondents from using and maintaining support. These rules included check-in times, not spending nights away from the service, not allowing others to stay, and rules about alcohol or substance use and behaviour. In some cases, respondents felt that services expected too much of them, and reported feelings of judgement, victimisation or unfair treatment in services.[82]

The following sections (4.2 - 4.5) provide a more detailed overview of what works evidence, starting in 4.2 with the effectiveness of MHCLG's core homelessness and rough sleeping

[78] IFS (2024) A preventative approach to public services How the government can shift its focus and improve lives, available: Institute for Government 2024 - A preventative approach to public services: How the government can shift its focus and improve lives (instituteforgovernment.org.uk)

[79] MHCLG (2024) Evaluation of the Housing First Pilots Final synthesis report, available: Housing First Pilots: Final synthesis report

[80] Chilman, N., Schofield, P., McManus, S., Ronaldson, A., Stagg, A., & Das-Munshi, J. (2024) The public health significance of prior homelessness: findings on multimorbidity and mental health from a nationally representative survey, available: https://pmc.ncbi.nlm.nih.gov/articles/PMC11669814/

[81] MHCLG (2017) Qualitative Evaluation of the London Homelessness Social Impact Bond, available: Qualitative Evaluation of the London Homelessness Social Impact Bond

[82] MHCLG (2020) Rough sleeping questionnaire: qualitative responses analysis, annex 5, available: Rough sleeping questionnaire: initial findings - GOV.UK

programmes and interventions aimed at improving accommodation outcomes. Section 4.3 explores the evidence on effective interventions for specific cohorts. Section 4.4 summarises the evidence on interventions designed to mitigate trigger events. Finally, section 4.5 addresses the extent to which MHCLG interventions offer value for money.

4.2 What works – Core programmes and interventions to improve accommodation options

4.2.1 Summary

Initial evaluations of the Homelessness Prevention Trailblazers and Rough Sleeping Initiative showed strong effectiveness in reducing homelessness. However, more recent evidence suggests that external pressures, such as increased demand and housing market challenges, have limited the impact of newer funding streams and programmes like the Homelessness Prevention Grant, Rough Sleeping Accommodation Programme, and Rough Sleeping Initiative. Programmes such as Capital Letters, the Social Investment Pilot, and the Rough Sleeping Accommodation Programme demonstrated positive outcomes in increasing housing access, though they often fell short of targets due to challenges with the housing market.

4.2.2 Core programmes

MHCLG's core homelessness interventions including the Homelessness Reduction Act, Homelessness Prevention Trailblazers, Homelessness Prevention Grant, and Rough Sleeping Initiative have shown strong evidence of effectiveness.

The Homelessness Reduction Act marked a shift toward earlier intervention and wider access to support.[83] The Homelessness Prevention Trailblazers programme helped local authorities develop early intervention strategies before the Act came into force. An evaluation showed measurable reductions in homelessness and temporary accommodation use. It found there was a 13% reduction in people assessed as homeless under the main duty compared to non-trailblazer areas. The rate of households in temporary accommodation was also 4% lower and the rate of cases of prevention and relief was 11% higher in trailblazer areas.[84]

The Rough Sleeping Initiative launched in March 2018 in 83 local authorities with high rates of rough sleeping, reducing rough sleeping by 32% in those areas between 2017 and 2018.[85] However, since the end of the pandemic, rough sleeping numbers have been rising. Recent evidence from the Systems-wide Evaluation of Homelessness and Rough Sleeping found that the programme was still viewed by those working on the ground as effective, but insufficient to overcome post-pandemic increases in the flow of people into the rough sleeping system.[35]

The Homelessness Prevention Grant, introduced in 2021, consolidated previous funding streams to support local authorities in delivering statutory duties and prioritising prevention. While flexible funding models have proven effective, local authorities have been struggling to prioritise spend on prevention in the face of rising temporary accommodation costs.[35] MHCLG addressed this in the 2025-26 financial year by increasing funding for homelessness services and ringfencing spending on prevention, relief and staffing activity.[86]

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[83] MHCLG (2020) Evaluation of the Implementation of the Homelessness Reduction Act: Final Report, available: Evaluation of the Implementation of the Homelessness Reduction Act: Final Report
[84] MHCLG (2018) Evaluation of the Homelessness Prevention Trailblazers, available: Evaluation_of_Homelessness_Prevention_Trailblazers.pdf
[85] MHCLG (2019) Rough Sleeping Initiative 2018: impact evaluation, available: Rough Sleeping Initiative 2018: impact evaluation - GOV.UK
[86] MHCLG (2024) Homelessness Prevention Grant 2025-26: technical note, available: Homelessness Prevention Grant 2025-26: technical note - GOV.UK

4.2.3 Interventions to improve accommodation options

Programmes aimed at increasing accommodation supply for homeless individuals have had mixed success.

The Rough Sleeping Accommodation Programme has helped local authorities secure longer-term supported housing. The five areas that took part in the evaluation secured an average of 88% of the move-on homes they aimed to deliver by the end of the 2023/24 financial year.[35]

The Social Investment Pilot, launched in response to Covid-19, pooled public and private resources to provide sustainable housing solutions, resulting in improved tenancy sustainment and well-being.[87]

Capital Letters, designed to reduce homelessness in London by increasing private rental supply and reducing borough competition, procured 6,500 properties but fell short of its 20,000 property goal due to market conditions. Capital Letters made the decision to wind down operations after being unable to achieve financial self-sufficiency.[88]

The Next Steps Accommodation Programme supported local authorities in preventing returns to rough sleeping, with some positive outcomes in mental health and housing stability, though findings should be interpreted with caution due to the small number of respondents in the research and lack of a comparison group or baseline data.[75]

4.3 What works – Interventions for different cohorts

4.3.1 Summary

This section reviews targeted interventions aimed at reducing homelessness and rough sleeping, particularly for individuals facing multiple disadvantages. MHCLG has published robust evidence on effective approaches, though comparison groups are often lacking. Key interventions include housing-led models, coordinated support services, and social impact bonds, which have shown positive impacts on accommodation, health, and wellbeing. Programmes like Housing First and Changing Futures have led to significant reductions in rough sleeping and improvements in mental wellbeing. Additionally, targeted initiatives like the Respite Rooms Pilot have addressed specific needs of victims of domestic abuse. Across these programmes, evaluations consistently highlight the importance of tailored, person-centred, and flexible support.

4.3.2 Multiple Disadvantage

Multiple disadvantage refers to individuals experiencing three or more of the following interconnected challenges: homelessness, substance use, mental ill-health, domestic abuse, and involvement with the criminal justice system. The interventions discussed in this section affect this cohort of people but are not all specifically designed to address multiple disadvantage.

Launched in 2012, the London Homelessness Social Impact Bond used a payment-by-results model to encourage innovative approaches to rough sleeping. A significant reduction in rough sleeping was observed, with notable improvements in long-term accommodation placements. Qualitative findings indicated reduced substance use and the employment targets set by the programme were exceeded.[89]

[87] Policy Evaluation and Research Unit (PERU), Manchester Metropolitan University, University of Glasgow, Heriot-Watt University, People's Voice Media, Centre for Homelessness Impact, & University of Cincinnati (2024) Everyone In Social Investment Pilot: Early Impact Report, available: 2024-Impact-Report-1-4-25-final.pdf

[88] MHCLG (2025) Capital Letters Final Report, available: https://www.gov.uk/government/publications/capital-letters-process-evaluation-report

[89] MHCLG (2017) The impact evaluation of the London Homelessness Social Impact Bond, available: The impact evaluation of the London Homelessness Social Impact Bond

In 2016, the government committed £51m to the homelessness prevention programme across England. This included funding to establish social impact bonds in 11 areas and the provision of Rough Sleeping Grants to 48 projects across London and 97 local authorities in the rest of England. Social impact bonds were designed to help those sleeping rough with the most complex needs. Rough Sleeping Grants were also used to provide targeted support for people with complex needs and people at imminent risk of sleeping rough or who were sleeping rough for the first time. Interventions for people with complex needs led to statistically significant decreases in service usage over time, including decreases in hospital appointments, A&E use, and ambulance services.[66]

Changing Futures, a £91.8 million ongoing programme, builds on the success of the Fulfilling Lives initiative.[90] It aims to improve outcomes for adults experiencing multiple disadvantage by offering person-centred, flexible support and promoting local systems change. The final evaluation report found significant reductions in rough sleeping and improvements in mental wellbeing.

Securing housing is a key goal for many participants without a stable home and is seen as a necessary step that will enable them to address other challenges in their life.[91] Housing First, which aims to provide immediate access to stable housing with ongoing support, has a strong international evidence base. Tenancy sustainment rates are high (typically around 80%), though outcomes in health and substance use are mixed. MHCLG's evaluation of the UK Housing First Pilots align with international findings, showing improved housing outcomes and wellbeing, but limited impact on substance use.[92]

Combined evidence from Housing First, Changing Futures, Fulfilling Lives and wider literature shows a case management, trauma-informed, person-centred, flexible and non-time limited holistic approach is effective for improving housing and some health and wellbeing outcomes for people experiencing homelessness and multiple disadvantage**.**

4.3.3 Access to Health and Support Services

Homeless individuals often face substantial barriers to accessing health services. While international evidence on abstinence-based and harm reduction interventions exists, its relevance is limited due to a lack of UK studies and low quality.[93] Evaluation evidence from UK

[90] CFE Research, & The University of Sheffield (2022) The Fulfilling Lives programme: supporting people experiencing multiple disadvantage A summary of programme achievements, evaluation findings, learning and resources, available: Summary-of-programme-achievements-evaluation-findings-learning-and-resources-2022.pdf

[91] MHCLG (2025) Evaluation of the Changing Futures programme – final evaluation report, available: https://www.gov.uk/government/publications/evaluation-of-the-changing-futures-programme

[92] See MHCLG (2024) Evaluation of the Housing First Pilots Final synthesis report, available: Housing First Pilots: Final synthesis report for outcomes of MHCLG Housing First pilots, and Woodhall-Melnik, J.R. and Dunn, J.R. (2016) A systematic review of outcomes associated with participation in Housing First programs A systematic review of outcomes associated with participation in Housing First programs: Housing Studies: Vol 31 , No 3 - Get Access (tandfonline.com) for discussion of international findings on Housing First projects.

[93] O'Leary, C., Ralphs, R., Stevenson, J., Smith, A., Harrison, J., Kiss, Z., & Armitage, H. (2024). The effectiveness of abstinence-based and harm reduction-based interventions in reducing problematic substance use in adults who are experiencing homelessness in high income countries: A systematic review and meta-analysis: A systematic review, available: https://onlinelibrary.wiley.com/doi/10.1002/cl2.1396
https://gbr01.safelinks.protection.outlook.com/?url=https://onlinelibrary.wiley.com/doi/10.1002/cl2.1396&data=05|02|Fiona.Shilston@communities.gov.uk|424b13c75ff04d2df0ed08ddb5810fe4|bf3468109c7d43dea87224a2ef3995a8|0|0|638866288126176789|Unknown|TWFpbGZsb3d8eyJFbXB0eU1hcGkiOnRy

programmes like the Rough Sleeping Drug and Alcohol Treatment Grant and the Housing Support Grant will go some way to addressing these gaps. These grants support local areas in delivering evidence-based treatment and wraparound support, including specialist caseworkers and personalised budgets. Evaluations are ongoing. A systematic review found that intensive case management models are more effective in improving access to health services and reducing emergency healthcare usage, suggesting that tailored support can significantly enhance service engagement among homeless populations.[94]

4.3.4 Youth Homelessness

Youth homelessness is often driven by relationship breakdowns, family conflict, and childhood trauma, with care experience a notable risk factor. Analysis of the Rough Sleeping Questionnaire 2025 found that 20% of people experiencing rough sleeping reported having been in care.[95] A study on the experiences of young people navigating access to housing in Ireland found they encountered barriers including high rental costs, a lack of familial support and fatigue from frequent transitions between services.[96]

However, there is limited evidence on effective interventions for young people.[97] International studies show promise in early intervention models, such as school-based identification and support programmes trialled in Australia, Wales, Scotland, and Canada.[98] These interventions reduced homelessness assistance requests and improved housing stability, though their applicability to the UK remains uncertain. The Fair Chance Fund, a UK-based social impact bond targeting homeless youth aged 18–24 not in education, employment, or training, showed positive outcomes in accommodation, education, and employment. However, the absence of a comparison group and short follow-up period limit the strength of the findings.[99]

The evidence base for reducing homelessness among care leavers is referenced in Section 4.4.2

4.3.5 Employment

There is limited evidence on interventions that improve employment outcomes for people experiencing homelessness. The Skills, Training, Innovation and Employment programme in London, which ran from 2014–2016, targeted single homeless people on benefits and helped

dWUsIlYiOiIwLjAuMDAwMCIsIlAiOiJXaW4zMiIsIkFOIjoiTWFpbCIsIldUIjoyfQ==|0|||&sdata=4bIDmDl+qWz T2Ohl1d9lozHF+/KEXco2LbgLk7649GU=&reserved=0

[94] Ponka, D., Agbata, E., Kendall, C., Stergiopoulos, V., Mendonca, O., Magwood, O., ... & Pottie, K. (2020) The effectiveness of case management interventions for the homeless, vulnerably housed and persons with lived experience: A systematic review, available: https://journals.plos.org/plosone/article/file?id=10.1371/journal.pone.0230896&type=printable

[95] See MHCLG (2025) Rough Sleeping Questionnaire 2025: Headline Findings, available: Rough Sleeping Questionnaire 2025: Headline Findings - GOV.UK for risk factors associated with youth homelessness, and Watts, E. E., Johnsen, S., & Sosenko, F. (2015) Youth Homelessness in the UK: A Review for the OVO Foundation, available: Youth_Homelessness_in_the_UK.pdf for summary of the literature on youth homelessness in the UK including models that offer the most effective responses to youth homelessness.

[96] Mayock, P., & Parker, S. (2020) Homeless young people 'strategizing' a route to housing stability: service fatigue, exiting attempts and living 'off grid', available: https://www.tandfonline.com/doi/full/10.1080/02673037.2019.1612036?needAccess=true

[97] Munthe-Kaas, H. M., Berg, R. C., & Blaasvær, N. (2018). Effectiveness of interventions to reduce homelessness: a systematic review and meta-analysis, available: https://pubmed.ncbi.nlm.nih.gov/37131370/

[98] Centre for Homelessness Impact, & Institute for Government (2025) A smarter approach to homelessness, available: A-smarter-approach-to-homelessness.pdf

[99] MHCLG (2019) Evaluation of the Fair Chance Fund Final Report, available: Fair_Chance_Fund_final_report.pdf

nearly half progress to education, volunteering, or employment.[100] However, it was small-scale and lacked a comparison group. The London Social Impact Bond also exceeded employment targets, with 77% above target for 13-weeks full-time employment and 52% above target for 26 weeks.[89]

MHCLG's ongoing Test & Learn programme is evaluating the Individual Placement and Support model, which aims to improve employment, housing stability, and wellbeing outcomes. Results are expected in 2027 and will help strengthen the evidence base in this area.

4.3.6 Women

Women experience homelessness differently from men, often due to gender-based violence and trauma. They are also less visibly homeless and frequently underserved by existing services.[101] A 2022 National Audit Office report and the evaluations discussed below highlight the need for gender-informed approaches and women-only supported housing, especially for those leaving prison.[102]

The Respite Rooms Pilot Programme provided short-stay, trauma-informed accommodation for women experiencing or at risk of street homelessness due to domestic abuse. Operating in 12 local authorities with £5.4 million funding, the programme supported 792 individuals over 16 months. Service users received more support services than the comparison group and had better move-on outcomes, with 65% transitioning to safe or secure accommodation compared to 48% of the comparison group after three months. Although, a lack of suitable move-on provision was a major challenge that caused delays. The programme was highly effective in supporting vulnerable women and reducing rough sleeping.[103] However, more robust evidence is needed on gender-specific interventions.[104]

A three-year evaluation shows that the statutory duty introduced by Part 4 of the Domestic Abuse Act 2021 has helped survivors of domestic abuse rebuild their lives, enhancing both emotional and practical readiness. The duty requires Tier 1 councils in England to ensure access to specialist support while in safe accommodation, while Tier 2 councils must collaborate to deliver these services. This has resulted in more services, improved coordination, and greater visibility of survivors' needs. However, challenges remain. Access to support varies by area, some groups' needs are still unmet and smaller specialist providers face funding barriers. Long-term outcomes are also difficult to track. Involving survivors in service design has helped tailor services to their needs and improve access, though this practice is not yet consistent. Evidence indicates that strengthening implementation will require commissioning that is inclusive of smaller specialist providers, better outcome tracking and sustained investment to ensure fair and lasting support for all survivors.[105]

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[100] MHCLG (2018) STRIVE Evaluation Final report, available:
https://assets.publishing.service.gov.uk/media/5b6c3fe9ed915d31035ccbb4/Strive_Evaluation_2018.pdf

[101] Williamson, E., Cameron, A. M., Morgan, K. J., & Abrahams, H. A. (2013). The TARA Project: A longitudinal study of the service needs of homeless women: Research Findings: The TARA Project, available: SSCR Findings 13_homeless women

[102] NAO (2022) Improving outcomes for women in the criminal justice system, available: Improving outcomes for women in the criminal justice system (Summary)

[103] MHCLG (2023) Respite Rooms Pilot Programme Evaluation: Final Report, available: Respite Rooms Pilot Programme Evaluation: Final Report

[104] Centre for Homelessness Impact (2021) Women, homelessness and violence: what works?, available: women-homelessness-violence.pdf

[105] MHCLG (2025) Domestic Abuse Duty for Support in Safe Accommodation: Evaluation, available: Domestic Abuse Duty for Support in Safe Accommodation: Evaluation - GOV.UK

4.4 Interventions to tackle triggers

4.4.1 Summary

This section reviews evidence on interventions aimed at addressing triggers for homelessness during critical transition points such as leaving care, institutional discharge, and asylum or immigration transitions. It highlights that early, tailored interventions like the Staying Put scheme for care leavers and temporary accommodation with housing support can improve housing stability and reduce homelessness. However, there are notable gaps in the UK evidence base, especially concerning hospital discharge and asylum transitions. MHCLG is conducting evaluations under its Test & Learn programme to help fill these gaps and inform future policy.

4.4.2 Care Leavers

Under the Homelessness Reduction Act 2017, local authorities are required to prevent and relieve homelessness for eligible individuals, including care leavers, regardless of priority need or intentionality. Care leavers aged under 21 have priority need, and those over 21 have priority need if they are vulnerable as a result of having been in care. This means the council must provide temporary accommodation, usually until suitable settled accommodation can be found. Authorities must refer care leavers to appropriate services and provide tailored advice. Care leavers under 25 are exempt from the Shared Accommodation Rate, allowing access to higher housing support benefit rates.

While the Staying Put scheme has shown strong evidence in reducing homelessness by allowing young people to remain with foster carers longer, this may not be possible or sufficient in all cases.[106] To strengthen the evidence base, MHCLG is evaluating the Support for Care Leavers at Risk of Homelessness and Rough Sleeping Programme, which funds local collaborations to support care leavers. Results from this evaluation are expected in Spring 2026.

4.4.3 Institutional Discharge and Asylum and Resettlement

People released from prison face a heightened risk of homelessness.[107] International models such as Critical Time Intervention, which offers intensive case management during transitions, have shown positive outcomes in housing stability and mental health.[108]

UK research emphasises early action to consider whether housing can be kept or should be released and for accessible community support post-release.[109] The Accommodation for Ex-Offenders programme, launched in 2021, helped 65% of participants maintain private tenancies for over six months after release, with 60% transitioning to independent housing.[110] Similarly, the Offender Accommodation Pilot (2019–2022) provided housing and wraparound support to 324

[106] Centre for Homelessness Impact (2023) Staying Put: Leaving Care and the Risk of Homelessness, available: 66a2328978b16e06ed1df789_CHI_Staying_Put_Report_2024.pdf

[107] Centre for Homelessness Impact (2024) What Works Evidence Notes Prison Discharge and Homelessness, available: 65d76eb0fc9424298dce7c30_CHI.EvidenceNotes.PrisonDischarge.pdf

[108] Centre for Homelessness Impact Intervention Tool Case Management / Critical Time Intervention, available: Case Management / Critical Time Intervention | Intervention Tool

[109] MHCLG (2019) Prison Release Protocol Guidance Research Report, available: https://assets.publishing.service.gov.uk/media/5d1f5a89ed915d0bbba6bf16/Prison_Release_Protocol_research_report_FINAL.pdf

[110] MHCLG (2025) Deep dive into the interaction between the homelessness and rough sleeping and criminal justice systems: Evaluation of the Accommodation for Ex-Offenders programme, available: https://www.gov.uk/government/publications/systems-wide-evaluation-of-homelessness-and-rough-sleeping

prison leavers. The process evaluation highlighted the importance of addressing complex needs for reducing reoffending and supporting reintegration.[111]

The Community Accommodation Service Tier 3, initiated in 2021, offers up to 84 nights of accommodation and coordinated support for prison leavers. While process evaluations show improvements in staff training and partnership working, challenges like short funding cycles and limited housing options could limit the potential impact.[112] Impact evaluation findings are not yet available.

Hospital discharge is another critical point with limited evidence. Between April 2024 and March 2025, 2,460 households were homeless due to hospital discharge.[5] The Out-of-Hospital Care Models programme showed that specialist services significantly reduced street discharges, though it struggled to achieve sustainable change due to economic constraints and service access barriers.[113] While Critical Time Intervention has shown promise in U.S. hospital discharge contexts, its applicability to the UK remains uncertain.[107]

For practitioners seeking to prevent homelessness, NICE guidelines offer recommendations for improving access to health and social care for people experiencing homelessness and encourage cross-sector collaboration to enhance outcomes.[114]

Between April 2024 and March 2025, 18,550 households were owed a homelessness duty due to being required to leave accommodation provided by the Home Office as asylum support.[5] There is currently a lack of robust evidence on what works to prevent homelessness following transitions from the asylum or immigration system. MHCLG is piloting an intervention that provides temporary accommodation and immigration advice to non-UK nationals to help resolve uncertain immigration status. This initiative is also part of the Test & Learn programme and will be evaluated for its impact.

4.5 Value for money

MHCLG's evaluations show that its interventions deliver value for money. As outlined in Section 3, homelessness imposes significant costs on individuals and society, largely due to increased public service use and reduced wellbeing. Historically, value-for-money assessments have focused on rough sleeping interventions, as this has been the focus of previous interventions delivered by the department.

The Housing First Pilots, discussed in Section 4.3.2, cost an average of £7,700 per person annually up to 2022. Expected benefits are estimated at £15,880 per person per year, with around half realised within the first 12 months, through improvements in personal well-being and reductions in the public service costs of homelessness. This results in a benefit-cost ratio of 2.1 based on expected benefits, and 1.1 based on benefits observed after one year. While the

[111] MOJ (2023) Offender Accommodation Pilot Process Evaluation Report, available: https://assets.publishing.service.gov.uk/media/64f87e6f9ee0f2000fb7bfb4/offender-accommodation-pilot-process-evaluation-report.pdf

[112] MOJ (2023) £50m Reducing Reoffending Package Process Evaluation, available: https://assets.publishing.service.gov.uk/media/645e53636539660011bd3e9f/reducing-reoffending-process-evaluation.pdf

[113] Cornes, M., Tinelli, M., Clark, M., Coombes, J., Harris, J., Burridge, S., & Wittenberg, R. (2024) Evaluation of the out-of-hospital care models programme for people experiencing homelessness, available: Evaluation of the Out-of-Hospital Care Models programme for people experiencing homelessness | King's College London

[114] NICE (2022) Integrated health and social care for people experiencing homelessness, available: Overview | Integrated health and social care for people experiencing homelessness | Guidance | NICE

absence of a comparison group and the impact of the COVID-19 pandemic introduce some uncertainty, the evaluation likely underestimates the long-term benefits of the programme.[115]

The Skills, Training, Innovation, and Employment intervention (Section 4.3.5) also demonstrated value for money, with an average cost of £2,600 per participant and a return of £1.87 for every £1 invested. Benefits included reduced reliance on employment support, increased economic contributions through volunteering, lower public service use, and improved earnings potential. However, methodological limitations such as a small sample size, selection bias, reliance on self-reported data and short follow-up mean the findings should be interpreted cautiously.

Similarly, the Changing Futures programme (Section 4.1.1) showed a benefit-cost ratio of 1.8, based on an average support cost of £5,769 and estimated benefits of £10,127 per participant. Benefits included reductions in violent and non-violent crime victimisations, domestic abuse, rough sleeping and improvements in health-related quality of life over 12 months. The analysis accounted for a 30% deadweight adjustment due to the lack of a comparator group and was based on several assumptions, including the representativeness of the sample.[91]

These evaluations demonstrate that the interventions have improved outcomes and delivered good value for money. Building on this progress, the National Audit Office review into homelessness highlighted opportunities to achieve even greater value by addressing funding fragmentation and short-term funding cycles. Tackling these challenges would enable more consistent investment in homelessness prevention and in good-quality temporary or alternative housing solutions.[1]

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[115] MHCLG (2024) Evaluation of the Housing First Pilots Cost Benefit Analysis – Final Report, available: Housing First Pilots: Cost Benefit Analysis

Section 5: Continuing to build the evidence base

How this section relates to the strategy:

MHCLG is committed to continuing to improve its data and evidence in ways that will support the delivery of the strategy as outlined in the *Using lived experience, data, evidence and artificial intelligence to deliver change* section of the strategy and in section 5.2 below.

MHCLG has several evaluations and research projects underway to generate robust evidence to enhance the homelessness and rough sleeping system and deliver effective prevention. The Systems-wide Evaluation of Homelessness and Rough Sleeping, which employs innovative techniques to identify ways to improve the wider system affecting outcomes, has been referenced in several places above. The Better Outcomes through Linked Data programme's reports on offending, substance use and repeat homelessness, also referenced throughout, highlight the potential of data-linking to inform cross-government responses to homelessness and rough sleeping.

Future research on multiple disadvantage will build on findings from the recently completed Changing Futures programme evaluation, referenced in relation to what works for those experiencing multiple disadvantages.

The department has begun an innovative Test & Learn programme that seeks to test eight novel interventions, five of which are being evaluated as randomised controlled trials. This will help identify interventions that hold promise and build our understanding of the practicalities and feasibilities of conducting trials within this policy area.

However, there are still several areas where more evidence is needed. In particular, this includes:

- Women's homelessness;

- Child and youth homelessness;

- How to intervene early, prevention activity and the value for money of preventing homelessness and rough sleeping;

- The quality of temporary accommodation and other forms of homelessness accommodation;

- The wider societal costs of homelessness and rough sleeping;

- Developing evidence and sharing learning about other interventions being implemented or which could be implemented more widely.

In addition, see MHCLG's areas of academic interest for more details on the key areas where the department would welcome more evidence and how to collaborate with the Department.

5.1 How MHCLG ensures rigorous and inclusive research and evaluation practices

MHCLG ensures the rigour of its statutory homelessness statistics through a comprehensive strategy that combines robust data validation, continuous user engagement, and transparent publication practices. Data quality is upheld via the H-CLIC specification, which includes strict validation rules and error checks within the DELTA system to reduce bias and inaccuracies. MHCLG actively consults with local authorities, software suppliers, and wider stakeholders to refine data collection and reporting processes. Regular newsletters, technical notes, and user

forums facilitate feedback and improvements, while imputation and weighting methods are clearly documented to account for missing data. These practices adhere to the Code of Practice for Statistics, as confirmed by the Office for Statistics Regulation's 2021 assessment.[3]

All research and evaluation work undertaken by MHCLG is subject to scrutiny through the Department's internal Research Gateway panel before it is approved. The gateway panel comprises the Chief Analyst, senior analysts from each of the economics, statistics and social research professions, and representatives from commercial, finance and data protection teams. The panel reviews research proposals to ensure methodological rigour, alignment with departmental priorities, cost-effectiveness and adherence to ethical, data protection, and cyber-security standards.

In addition to the internal governance provided by the Research Gateway panel, the Department also leverages advisory panels to further ensure the robustness and quality of its research and evaluation activities. These advisory panels include external academic and technical experts who bring a wealth of knowledge and experience from their respective fields. Their insights help to validate the research methodologies and enhance the credibility of findings.

Moreover, the Department values the perspectives of those with lived experience related to the research topics. Lived experience panels are utilised to provide feedback on research topics and design as well as the interpretation of findings, ensuring that the research is grounded in real-world experience and addresses the needs and concerns of the people affected.

By combining rigorous internal scrutiny with the diverse perspectives of external experts and lived experience panels, the Department ensures that its research and evaluation activities are of the highest quality and integrity.

5.2 Ambition for future data, research and evaluation

Our vision is to support national policy making and local decision making, play a pivotal role in accountability, and provide the tools necessary for improving value for money and investment.

What will we do:

- Identify the data needed to better understand who is entering homelessness and why, and what their needs are while exploring ways to collect data that minimise the burden on councils;

- Seek to create efficiencies in our systems and processes to improve timeliness of data transparency and access to data;

- Commit to improving our evidence base in the short and longer term through a combination of primary research, data and analysis and partnerships with other researchers, focused on the gaps identified above;

- Undertake robust evaluations of specific interventions where relevant and feasible, so that local decision makers have access to good evidence on what works;

- Continue to improve our understanding of the working of the system surrounding homelessness to identify opportunities for improvement;

- Articulate what good looks like and share implementation evidence and good practice through toolkits and other mechanisms to support councils to deliver effective local services;

- Ensure the voice of people with lived experience of homelessness and rough sleeping can be heard and can influence policy and delivery through our research and evaluations;

- Improve data accessibility by creating publicly available performance dashboards to support councils and their partners to monitor their performance and improve local scrutiny and accountability;

- Improve the overall narrative and data analysis tools available to bring together data to provide better insight about peoples journeys into and out of homelessness to help improve support and services;

- Build evidence and frameworks to enable the assessment of the value of investments locally and nationally so that value can be maximised.

How we will do it:

- By working collaboratively with national and local decision makers and other stakeholders;

- By recognising the role of local context;

- By ensuring people with lived experience of homelessness are engaged meaningfully;

- By drawing on other external experts;

- By maximising our use of data and insights drawn from data and helping others to do the same;

- By ensuring our evidence is timely and accessible.

5.3 Conclusion

Over the past eight years, there have been significant improvements in the data and evidence on homelessness and rough sleeping. Enhanced Rough Sleeping Management Information and H-CLIC case-level data have provided a richer, more timely and robust evidence base as well as enabling effective linking of data, providing a deeper understanding of trends and outcomes for different cohorts. This progress underscores the importance of continuing to build and improve our infrastructure. The understanding of the causes of homelessness and rough sleeping has evolved, creating an evidence base that supports a whole system approach that intervenes at all levels and throughout a person's journey into and out of homelessness. The development of robust evaluation evidence, especially concerning rough sleeping, has been pivotal. We will continue to expand this evidence base and refine our strategies for disseminating evidence so that practical insights for implementing interventions are shared by building on examples such as the Housing First toolkit and the Systems Change toolkit. Finally, the importance of evidence on effective prevention cannot be overstated, so that we can better understand where and when to intervene to have maximum impact.