

Written Evidence

MHCLG Rough Sleeping Inquiry

Main Causes of Rough Sleeping Increase

- **Housing affordability crisis:** Rising rents, a shrinking and unaffordable private rental sector, and a shortage of social and supported housing.
- **End of pandemic-related support and financial strain on local authorities:** Emergency accommodation funding stopped, limiting local authorities' ability to house people sleeping rough. Councils are facing substantial funding gaps and are having to overspend on temporary accommodation.
- **Increased complexity of needs:** Mental health, substance use, and physical health issues are prevalent among rough sleepers, but funding for support services is lacking.

Policy Recommendations

- **Housing and Rough Sleeping Services**
 - Increase social rented housing and supported housing supply.
 - Guarantee emergency accommodation for those at risk of rough sleeping.
- **Health and Social Care**
 - Integrated Care Boards (ICBs) should prioritise tackling health inequalities among homeless individuals, with funding to support.
 - Expand trauma-informed care and holistic support models.
- **Women-Specific Housing Solutions**
 - Introduce a gender-informed homelessness pathway and expand women-only accommodation.
- **Support for Non-UK Nationals**
 - The new homelessness strategy should give clarity and reassurance that funding streams alternative to Housing Benefit can be used to provide accommodation, legal advice and trauma-informed support for non-UK nationals with limited entitlements.
- **Data Collection and Policy Monitoring**
 - Improve hidden homelessness data collection by making the women's rough sleeping census an annual requirement.

The Housing, Communities and Local Government (HCLG) Committee has launched a short [inquiry](#) on rough sleeping, looking at the causes of rough sleeping, why it has been on the rise in recent years, and potential solutions. The cross-party Committee will be looking at previous approaches taken by Government and local authorities to tackle rough sleeping and at the effectiveness of initiatives such as the '[Housing First](#)' strategy. The inquiry will be focussing on homelessness issues in England.

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About St. Mungo's

St Mungo's is a leading homelessness charity with national influence. We work in partnership with local authorities, health colleagues and communities, to end homelessness and rebuild lives. Our purpose is to end homelessness and rebuild lives. In the midst of some of the highest levels of homelessness and rough sleeping on record, we are needed more than ever. We believe that policies and interventions can be put in place to end all forms of homelessness for good.

Kerslake Commission on Homelessness and Rough Sleeping

The Kerslake Commission advisory board was established in 2021 with the goal of examining the lessons from the emergency response which supported people sleeping rough during the Covid-19 pandemic. The membership consists of representation from large local authorities, health colleagues and the homelessness sector and its 2023 report, *Turning the Tide on Homelessness and Rough Sleeping*, identified key factors which are driving the rise in rough sleeping. St Mungo's is the secretariat of the Commission.

Increases in rough sleeping

The Kerslake Commission 2023 report concluded that the underlying driving force of the increase in rough sleeping is the severe housing affordability crisis where spiralling rents and shrinking supply in the private sector, and a chronic undersupply of social rented housing and supported housing, has resulted in acute competition for homes, including from other public sector agencies. Where people do find homes, the lack of options can mean people are living in accommodation that is ill-suited to their needs or unaffordable, leaving them at risk of the tenancy breaking down.¹

The unaffordability of the Private Rented Sector (PRS) continues to be a huge driver of homelessness, being the most common type of accommodation for households at risk of homelessness (61.5% of households with children owed a prevention duty).² Though we welcome moves to build more homes, which should help alleviate this issue in the long-term, there are solutions which can help in the shorter term. The most impactful measure is to fix local housing allowance (LHA) rates to cover the bottom 30th percentile of local rents and increasing the benefit cap. Private rental market data from the Office for National Statistics (ONS) shows private rental prices paid by tenants in the UK increased by 6.2% in the 12 months to January 2024 and the annual rate has remained unchanged since November 2023. This represents the largest annual percentage change since the UK data series began in January 2016.³

¹ The Kerslake Commission on Homelessness and Rough Sleeping. (2023). <https://usercontent.one/wp/www.commissiononroughsleeping.org/wp-content/uploads/2023/09/Turning-the-Tide-on-Homelessness-and-Rough-Sleeping-Kerslake-Commission-2023-Report.pdf>

² Ministry of Housing, Communities and Local Government. (2024). [Statutory homelessness in England: financial year 2023-24](#)

³ Office for National Statistics. (2024). [Index of Private Housing Rental Prices](#)

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These affordability pressures are placing more people at risk of homelessness, as well as driving people into rough sleeping and making it more challenging for them to move on from homelessness services. We are also seeing migrants continue to find themselves up against challenging policies, which leaves this group at risk of destitution and makes it more difficult to provide assistance that would prevent and resolve their homelessness. The end to pandemic funding which provided emergency accommodation for this group has left local authorities with less capacity to support those who arrive onto the streets.⁴

Frontline homelessness providers in the sector also report increasing complexity of needs amongst those presenting to rough sleeping services, where the impact of funding pressures on vital support services, particularly mental health, means these needs are often not being adequately addressed at an early stage.⁵

Local authorities which commission many homelessness services and provide temporary accommodation have reported unprecedented financial pressures which are being felt particularly acutely in homelessness services. London Councils estimate boroughs will collectively overspend on their homelessness budgets this year by £150m⁶ as well as collectively facing a £400 million funding gap in 2024/25. New analysis reveals that London boroughs collectively spent £114m every month on average – or £4m daily – on temporary accommodation for homeless Londoners in the 2023-24 financial year. The figures also show boroughs' spending on temporary accommodation jumped by a dramatic 68% in just one year (comparing 2022-23 to 2023-24).⁷ This increased spend on temporary accommodation means local authorities will have less funding for non-statutory rough sleeping services.

The reality is that we are facing a rough sleeping emergency with nearly 4000 estimated to be sleeping rough on a single night in England in Autumn 2023 and the 27% rise in the last year alone.⁸ The Kerslake Commission members have advised that without significant Government intervention, rough sleeping will continue to increase.⁹

Rough sleeping and demography

People sleeping rough are one of the most vulnerable groups in society. Studies have found strong correlations between homelessness and a multiplicity, and increased severity, of both physical and mental health conditions.¹⁰ Last year, mental health (70.6%) was the most

⁴ The Kerslake Commission on Homelessness and Rough Sleeping. (2023). [Turning the Tide on Homelessness and Rough Sleeping Kerslake Commission](#)

⁵ The Kerslake Commission on Homelessness and Rough Sleeping. (2023). [Turning the Tide on Homelessness and Rough Sleeping Kerslake Commission](#)

⁶ London Councils. (N.D). [Plea for Autumn Statement support as £600m shortfall looms](#)

⁷ London Councils. (N.D). [‘Emergency’ warning issued as London homelessness hits new records](#)

⁸ Ministry of Housing, Communities and Local Government. (2024). [Rough Sleeping Snapshot in England: Autumn 2023](#)

⁹ Crisis. (2022). [The Homelessness Monitor: England 2022](#)

¹⁰ House of Commons Library. (2025). [Rough sleeping in England: Local and national government action](#)

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commonly recorded support need, followed by physical health (54%), substance use (41.9%) and alcohol (34.7%). When looking at the demography of our clients:

- Nearly one in 10 (9.3%) have been in **care**
- Over two in five (44.1%) are of a '**global majority**' ethnicity – mirroring closely the latest Census (2021) for London (46.2%), where we run the majority of our services.
- Just over one in five (22.3%) are **female**, significantly lower than the 2021 Census (51%).

The Autumn 2023 rough sleeping snapshot indicated that the majority of people sleeping rough were 26 years old or over, 82% were men and 62% were from the UK. These snapshots should be considered as estimates as there are a number of factors that can dictate whether an individual is rough sleeping on the night in which a snapshot is captured – it is taken on a specific night, of a local authorities choosing, between the period of 1 October to 30 November.¹¹ Due to the nature of rough sleeping, there is limited data available on the 'hidden' homeless, such as women and children and young people, therefore estimates on the true scale are not possible across the UK because of known complexities in reaching this population group.¹²

As mentioned, women are a demographic that are under-represented in rough sleeping statistics and services, yet research, lived experience and the experiences of services tell us that women are some of the most vulnerable within the rough sleeping population. In October 2022, the first Women's Rough Sleeping Census took place, led by St Mungo's in partnership with Solace Women's Aid, The Connection at St Martins, SHP, and is supported by the GLA, London Councils and the Life Off the Streets Core Group.

The results of the first census revealed that women seek shelter in many hidden locations including hospital toilets, disused garages, squatting, and on public transport. Some sleep rough some of the time but stay with people or in hostels and in emergency accommodation at other times. While many women do access homelessness services, some women who had rough slept regularly in London in the last three months prior to the census reported accessing no services at all.

Only a small proportion of the women reported accessing women's centres, domestic and sexual violence services, health services, and drug and alcohol services, despite the evidence of these experiences being common for women who sleep rough. This census provided useful data to shape the response to women's rough sleeping and strengthen the evidence base around this issue. It demonstrated that using more flexible methods of identifying people who are rough sleeping, highlights unmet needs.¹³

¹¹ Ministry of Housing, Communities and Local Government. (2024). [Rough Sleeping Snapshot in England: Autumn 2023](#)

¹² Office for National Statistics. (2023). ["Hidden" homelessness in the UK: evidence review - Office for National Statistics](#)

¹³ London Charter to End Rough Sleeping. (2023). [Women's rough sleeping census](#)

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The number of people leaving institutions homeless has been growing steadily over the last five years, increasing by 126%. We know that transition from institutions can put people at greater risk of homelessness and that means we should be targeting our help to prevent this wherever possible.¹⁴ For many leaving prison, addiction, breakdown in relationships, poor physical or mental health and social isolation can perpetuate homelessness or make tenancies difficult to sustain.¹⁵ Nacro analysis of [MOJ data](#) regarding people released from prison between April 2023 to March 2024 found a 12% increase in the number of people being released from prison in the past year and the number of people leaving prison into homelessness has risen 31%. There has been a 48% increase in the past year of women released from prison who are rough sleeping and a 45% in the past year of people rough sleeping three months after being released from prison.¹⁶

As for asylum seekers, there was a 308.5% increase in the number of households assessed as homeless due to a requirement to leave accommodation provided by the Home Office as asylum support to 3,840 households.¹⁷ The sudden rise in people experiencing homelessness after leaving Home Office accommodation was a result of the previous government changing the eviction procedure, reducing the time newly recognised refugees had to find longer-term accommodation.

These statistics demonstrate how a siloed approach to homelessness is a huge barrier to ending it. The new homelessness taskforce must learn from this and make sure government departments collaborate closely to not inadvertently drive homelessness up.

Barriers in accessing support

Those experiencing homelessness are often living with complex needs that require support from a number of services. They have poorer health outcomes as 73% live with a physical health problem and 80% live with a mental health problem. It is important to note that people experiencing homelessness face increased barriers trying to access the different health and care services that they require. The main barriers that they face in accessing these services are not having a fixed abode and associated documentation, communication difficulties between staff and individuals and a lack of awareness of the services that are available and how to make contact.¹⁸

There is widespread research showing the difficulty in accessing healthcare for people with experience of multiple disadvantage, including homelessness. This is due to a lack of understanding of complex needs; singular treatment pathways rather than treating people holistically; inadequate signposting; fear of stigmatisation; attitudinal issues within services; practical barriers such as paying for travel to appointments; and low self-esteem meaning some

¹⁴ Big Issue. (2024). [Four things Labour must do immediately to end homelessness](#)

¹⁵ Iriss. (2015). [Prison leavers and homelessness](#)

¹⁶ Nacro. (2024). [Rise in prison leaver homelessness](#)

¹⁷ Ministry of Housing, Communities and Local Government. (2024). [Statutory homelessness in England: April to June 2024](#)

¹⁸ Healthwatch West Sussex. (2024). [Barriers to accessing healthcare support when homeless](#)

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people do not think they are ‘worthy’ of help. Inflexibility in service provision in the form of strict rules around appointment slots and short windows for consultations do not work for people for whom it is particularly challenging to keep appointments.¹⁹

Accessible and trauma-informed health and social care

Unmet health and care needs both result from and contribute to homelessness, often linked to psychological trauma and adverse childhood experiences. People experiencing homelessness face extremely poor health outcomes, with an average life expectancy of just 45 years. The NHS acknowledges that addressing these challenges is critical to reducing health inequalities.²⁰

Preventing individuals at risk of homelessness from reaching crisis point requires preventative infrastructure to support those who have slipped through earlier systems. Trauma-informed practices and tailored health and care services for individuals with complex needs, particularly those with experience of rough sleeping.

In the 2023 report, Turning the Tide on Rising Homelessness and Rough Sleeping, the Kerslake Commission recommends that Integrated Care Boards (ICBs) prioritise inclusion health groups—socially excluded populations such as homeless individuals, vulnerable migrants, and victims of modern slavery. These groups often face barriers to accessing healthcare due to stigma, complex needs, and systemic inflexibilities. Current ICB strategies, however, inadequately address inclusion health, often offering only brief mentions without actionable plans for service adjustments.²¹

To address this, it is recommended that:

Integrated Care Boards should be required to have a dedicated focus on tackling health inequalities for inclusion health populations, including people experiencing homelessness and rough sleeping in line with NICE guidelines. This should be accompanied by sustainable, ring fenced funding to support ICBs to meet this requirement.

Providing emergency accommodation for people at risk of rough sleeping

Rough sleeping services are not statutory, meaning local authorities are not obligated to provide emergency accommodation for people at risk of or currently rough sleeping, except during severe weather under the Severe Weather Emergency Protocol (SWEP). However, there is insufficient capacity in the system to house everyone at risk, and during SWEP, authorities often use temporary spaces, like sports halls.

¹⁹ St Mungo's. (2016). Stop the Scandal (2016) [Stop the scandal](#)

²⁰ NHS England. (N.D). [Inclusion Health Groups](#)

²¹ The Kerslake Commission on Homelessness and Rough Sleeping. (2023). [Turning the Tide on Homelessness and Rough Sleeping Kerslake Commission](#)

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The Everyone In initiative temporarily addressed this issue by offering emergency accommodation to all rough sleepers, regardless of local connection, priority need, or immigration status, but this approach has not been sustained.

Without rough sleeping emergency accommodation is not statutory requirement, service commissioning is inconsistent and this creates pressure on local authorities that do provide emergency accommodation. Bottlenecks arise due to a lack of affordable and supported housing, leaving people stuck in temporary services. Many local authorities require verification (evidence of sleeping rough) to access services, forcing people to sleep on the streets, which disproportionately affects vulnerable groups like women and young people, increasing their exposure to trauma, violence, and abuse.

Once on the streets, the longer someone remains homeless, the harder and more expensive it becomes to support them. Preventing homelessness is significantly less costly than allowing it to persist, with a study by Crisis highlighting that someone who exhausted their sofa surfing arrangements cost the public sector £1,558 to prevent their homelessness, whilst allowing it to persist for 12 months costs £11,733.²² Verification systems also strain resources, as outreach staff focus on confirming people sleeping rough rather than supporting individuals.

To eliminate verification, supported accommodation capacity must expand. Services need to shift from reactive to preventative, prioritising individuals at risk of homelessness. A broader multi-agency approach would help identify and address the needs of at-risk individuals earlier. Outreach should focus on people with complex needs and integrate health, social care, and substance use services into their services.

Recommendation - Local authorities should be required and funded to provide a guaranteed offer of emergency accommodation to people at risk of rough sleeping. This must be accompanied by an increased supply of social rented housing and supported housing to alleviate bottlenecks, improve service accessibility, and better support prevention efforts.²³

Non UK nationals with unclear and limited entitlements

During the pandemic, the Government implemented measures ensuring all people at risk of rough sleeping, regardless of immigration status, were provided with accommodation and support. This approach, backed by funding, enabled local authorities to offer housing, trauma-informed care, and immigration advice, leading to better outcomes for non-UK nationals. The key takeaway was that immigration issues are more effectively resolved when individuals are safely housed and supported.

²² Crisis (2015). [At what cost?](#)

²³ The Kerslake Commission on Homelessness and Rough Sleeping. (2023). [Turning the Tide on Homelessness and Rough Sleeping Kerslake Commission](#)

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With the end of pandemic-specific funding in 2022, the ability of local authorities to continue this support has varied due to a lack of clear direction from the Government and challenges like insufficient funding and legal uncertainty.

A key obstacle that prevents local authorities from providing emergency accommodation for people affected by NRPF is that homelessness accommodation is modelled on clients being in receipt of housing benefit, which pays for the rent and some service charges. People with unclear and limited entitlements due to their immigration status are not eligible for housing benefit. However, some local authorities have circumvented this by spot purchasing or block purchasing supported accommodation placements, using the Authorities' own funding, Sleeping Initiative funding or fundraised income.

When this accommodation is accompanied by legal advice, trauma informed support, and quick Home Office decision making, many people are then able to resolve their immigration situation.

Recommendation

Local Authorities and the voluntary sector should use funding streams alternative to Housing Benefit to provide accommodation, legal advice and trauma-informed support for non-UK nationals with limited and unclear entitlements at risk of homelessness, and the new homelessness strategy should give clarity and reassurance that this falls within the scope of the law.

Women only accommodation

Homelessness is different for women, who face an additional burden of gender-based harassment, abuse and violence that is magnified when they are exposed to the harm and danger of homelessness. Women who are homeless also tend to have more severe and complex interrelated needs which make recovery exceptionally difficult, with research from Lankelly Chase finding that of the 17,000 people experiencing the most complex disadvantage at any one time, 70% were women.

Many people's homelessness is rooted in trauma, underpinned by common early experiences of neglect, poverty, family breakdown and disrupted education, compounded by their experiences as adults. The trauma women with experience of homelessness face is often rooted in gender-based sexual and domestic abuse – before, during, and after their experience of homelessness. A 2018 evidence review by the University of York reported that “*experience of domestic violence and abuse is near-universal among women who become homeless.*” This can significantly affect women's attitudes towards, and experiences of, support services and health services, aggravating their problems further and trapping them in a cycle of homelessness and ill health.

St Mungo's outcomes data has shown women with complex needs are more likely to make positive change when in women-only services than in mixed provision. This includes Gendered Housing First provision. The impact of austerity on the specialist women's sector has been

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severe, and despite growing demand for sexual and domestic abuse services, in 2021 only 11% of homelessness service providers in England offered women-only accommodation.

In addition, refuge accommodation is often not accessible for women sleeping rough. Some refuges require people not to be using drugs and alcohol, and others do not have mental health specialists on their staff and so are not able to accommodate people with significant mental health challenges.

Funding for women's specialist services is now confined to a few areas in England and much provision under the Rough Sleeping Initiative, and other specific funding programmes to tackle homelessness and rough sleeping, continues to be gender-blind.²¹¹ Most people in housing related support services are men and it is difficult for women being the minority in mixed hostels or accommodation services as they can feel unsafe in male-dominated environments. Some women will be re-traumatised and placed at further risk of harm by accessing support alongside male clients if they have experienced violence or abuse from a male perpetrator.²¹² The Kerslake Commission interim report concluded the Everyone In initiative was less effective at meeting the needs of women due to a lack of tailored provision.

Research has shown women often don't feel safe in mixed hostels or are known to experience high levels of domestic and sexual violence from perpetrators and so will sometimes flee certain types of accommodation. Doing so continues to put women at risk of harm on the street or in public places.

Recommendation

There should be a gender-informed homelessness pathway and women-only accommodation offer across the country.

Learnings from previous central and local government approaches to rough sleeping

Historically, where we have seen the biggest progress on tackling rough sleeping is when there has been strong leadership from Government with additional funding and cross-sector working on the issue. For instance, the 'Everyone In' initiative during the pandemic helped drive progress and saved at least 226 lives, prevented 21,092 infections, and avoided 1,164 hospital and 338 Intensive Care Unit admissions.²⁴ Government data has shown that 37,000 individuals were brought inside during the emergency response and as of November 2020, rough sleeping had been reduced by 37% in one year.

By directing that local authorities should help 'everyone' at risk of rough sleeping, this effectively derogated rules on priority need, local connection and No Recourse to Public Funds, improving knowledge, engagement and outcomes among groups that had previously fallen through the gaps of support. The clue to the success of Everyone In lay in its title – that it was for everyone. Existing and additional funding allocated to rough sleeping made the directive to bring 'everyone

²⁴ The Kerslake Commission on Homelessness and Rough Sleeping. (2023). [Turning the Tide on Homelessness and Rough Sleeping Kerslake Commission](#)

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in' feasible, and the investment in long-term accommodation supported sustainable recovery. This built on what the Government had already put in place through programmes such as the RSI.

On 17th March 2020, the Secretary of State for Housing, Robert Jenrick announced an initial £3.2m dedicated emergency funding for local authorities to help people sleeping rough, or in communal night-shelters, to self-isolate. This followed guidance from Public Health England for providers of hostels and day centres on how to handle suspected cases. The following week (23rd March) the Prime Minister announced the first national lockdown in England, with people instructed to stay at home. But staying at home was not possible for the thousands of men and women already living on the streets – or those who were to become street homeless during lockdown. A few days later, the Government took an unprecedented step. On 26th March, Homelessness Minister Luke Hall wrote to local authorities in England, asking them to urgently procure accommodation for people 'who are, or are at risk of, sleeping rough, and those who are in accommodation where it is difficult to self-isolate, such as shelters and assessment centres, by the end of the week'.²⁵ This approach showed that, with political will and adequate funding, it is possible to very quickly offer accommodation to everyone on the streets.

In March 2021, the Kerslake Commission on Homelessness and Rough Sleeping was convened. This commission was established as Lord Bob Kerslake and St Mungo's former Chief Executive, Steve Douglas, were inspired by the scale of what the emergency response to rough sleeping during the Covid-19 pandemic had achieved. The Commission sought to ensure the working practices that had emerged during 'Everyone In' wouldn't be consigned to history, but that they would remain tangibly part of the way in which we approach tackling homelessness and rough sleeping.

Support options to help rough sleepers into permanent accommodation

Recognising that homelessness intersects with complex personal circumstances, specialist support services provide targeted assistance that addresses individual needs with precision and empathy. These carefully designed programmes acknowledge the diverse challenges individuals might face, offering nuanced, personalised support strategies. These specialist support services can vary from demographic-specific, such as women's services, to substance support services such as drug or alcohol.²⁶

Our outreach teams go out at night and early in the morning, looking for people sleeping rough to help them away from the streets. Our priority is to get people into safe accommodation.

People who have slept rough might find it hard to trust others because of negative experiences, so our outreach services gradually build up trust and get to know people individually. Working together with the people we support, we find the best route out of homelessness and towards recovery for them. We also work in partnership with other organisations to help people access

²⁵ Shelter. (2021). [Everyone In: Where Are They Now?](#)

²⁶ Apax. (N.D). [Homeless Accommodation services](#)

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accommodation and support, like physical and mental health services, drug and alcohol services, and legal services.

Our top priority with anyone sleeping rough is to get a roof over their head and a safe place to begin their recovery. While this isn't enough to end their homelessness, it's a vital first step in making sure their situation stops deteriorating.

In London, our outreach teams can refer people to our No Second Night Out hubs, which ensure that people arriving on the streets will not sleep rough for a second night. They are safe places for people to be assessed by our professional teams, so plans can be made quickly to support them to the next step, away from the streets. The hubs are not accommodation and we aim for no one to spend more than three days at an NSNO hub. We run three hubs in London that are open 24 hours a day, 365 days a year. No Second Night Out was launched in 2011, with the London Mayor's Task Force.

We also deliver "Reconnection Staging Posts" where clients whose needs are more complex may move on to from the assessment hubs.

There are also emergency provisions for short term accommodation, such as winter provisions like the SWEP when temperatures drop below a certain level and local authorities deploy increased resources to house people sleeping rough during periods of extreme weather conditions. Once supported inside during SWEP, St Mungo's supports people to find a route away from the streets.

Different people need different forms of accommodation, so we operate a range of accommodation services, from basic shelters or hostels, through to supported and semi-independent housing, to help people at every stage of their recovery from homelessness. We believe that people can – and do – recover from the issues that cause homelessness, and a safe and stable living environment is central to this recovery. But our accommodation is much more than bricks and mortar. Alongside having somewhere safe and secure to stay, our staff and volunteers work with our clients to understand their hopes and ambitions, helping them to take the steps they need to in order to achieve these.

Supported housing helps ease the pressure on the NHS and care services with the National Housing Federation estimating it saves the public purse around £940 per resident per year.²⁷ Research released by the NHF in 2023 evidenced the positive impact of supported housing on improving outcomes for residents, finding that 77% attended health appointments more consistently and 68% showed more effective mental health management. When key workers were asked - "If a supported housing place was not available, what do you think would happen to the person instead?", key workers responded that: 38% would be homeless or sleeping rough and 26% would find other accommodation but wouldn't have the support needed to sustain it.²⁸

²⁷ National Housing Federation, (N.D). [Supported Housing](#)

²⁸ National Housing Federation. (2023). [Research into the supported housing sector's impact on homelessness prevention, health and wellbeing](#)

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The Kerslake Commission on Homelessness and Rough Sleeping has consistently reported that the effectiveness of our response has been hindered by the insufficient supply of supported housing. It recommended that supported housing should be a permanent feature in every local authority and treated as an essential frontline service, much like schools or health provision. There will always be people in communities who will need housing-related support, and whilst some will move on, others will need to stay on a long-term basis where they have more complex or high support needs.²⁹

St Mungo's also delivers Housing First, a housing and support approach which gives people who have experienced homelessness and chronic health and social care needs a stable home from which to rebuild their lives. It provides intensive, person-centred, holistic support that is open-ended and places no conditions on individuals; however, they should desire to have a tenancy.

Housing First is an important support model which is an internationally recognised and effective health, care and housing intervention for people with the most complex needs. It provides a tenancy first as a platform for change, with intensive, wraparound and flexible support to help clients address their needs at their pace. This support is attached to the person rather than the accommodation. Housing First will not be a suitable tenancy for everyone at risk of homelessness, as it modelled on people with higher supports needs and who are able to live safely without staff on site, however for those whom it is appropriate it needs to become more available. The Housing First pilots were introduced in 2019 with the aim of developing the UK evidence base on delivering Housing First at scale by funding, and robustly evaluating, three pilots in the Greater Manchester, Liverpool City Region and West Midlands combined authority regional areas. The evaluation showed most individuals were successful in sustaining their tenancies and achieved a range of other outcomes including reduced loneliness, increased feelings of safety, improvements in mental health and less likely to report anti-social behaviour or criminal behaviour.³⁰

Rough sleeping data collection

The Combined Homelessness and Information Network (CHAIN) database produces reports about people seen rough sleeping by outreach teams in London. This database captures data on the numbers of people rough sleeping, their nationality, gender, age, ethnicity, support needs, institutional history and accommodation outcomes. New data released 31 January 2025 which covers October to December 2024 recorded 4612 people as rough sleeping in London. This is an increase of 5% on the same period last year.³¹

The data also shows that during this period:

²⁹ The Kerslake Commission on Homelessness and Rough Sleeping. (2023). [Turning the Tide on Homelessness and Rough Sleeping Kerslake Commission](#)

³⁰ Department for Levelling Up, Housing and Communities. (2024). [Evaluation of the Housing First Pilots: Report on clients' outcomes twelve months after entering Housing First](#)

³¹ St Mungo's. (2025). [St Mungo's responds to data release showing another rise in London rough sleeping](#)

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- 2115 people were rough sleeping for the first time, a 7% decrease on the same period last year.
- 1767 had a mental health support need, 50.1% of the total number of people rough sleeping
- 1872 people were intermittently rough sleeping, 16% higher than the same period last year
- 704 people deemed to be living on the streets.

In these reports, people are counted as having been seen rough sleeping if they have been encountered by a commissioned outreach worker bedded down on the street, or in other open spaces or locations not designed for habitation, such as doorways, stairwells, parks or derelict buildings. The report does not include people from “hidden homeless” groups such as those sofa surfing, in concealed households and rough sleeping out of sight.³² There is limited data on forms of hidden homelessness by the nature of it being hidden, however, the available evidence suggests that women, young people and ethnic minority groups are more likely to experience hidden homelessness.³³ The 2017 London Assembly Housing Committee’s report on hidden homelessness in London estimated that there were 13 times more people that were hidden homeless than visibly sleeping rough.³⁴

In October 2022, a coalition of homelessness and women’s sector organisations, supported by researchers, designed and delivered the first pan-London women’s rough sleeping census. They created a new methodology that included a broader definition of rough sleeping, encompassed women’s experiences and used gender-informed outreach practice to gather data. The resulting report found that ‘rough sleeping is not currently defined in a way that incorporates how women experience rough sleeping’.³⁵

The team behind the census – Single Homeless Project, the Women’s Development Unit (Solace and the Connection at St Martins) and St Mungo’s, supported by London Councils and the Greater London Authority, are calling for the Government to mandate the annual repetition of the census, and produce guidance to support local authorities to improve access to rough sleeping services for women. Further provisions must be put in place to capture other demographics that are experiencing hidden homelessness. More information on the women’s census can be found on page four.

Recommendation

Improve hidden homelessness data collection by making the women’s rough sleeping census an annual requirement.

³² Greater London Authority. (2025). [Rough sleeping in London \(CHAIN reports\)](#)

³³ Office for National Statistics. (2023). ["Hidden" homelessness in the UK: evidence review](#)

³⁴ London Assembly Housing Committee. (2017). [Hidden homelessness in London](#)

³⁵ Homeless Link. (2023). [‘Making Women Count’ – challenging the systems that keep women’s rough sleeping unseen](#)