Rapid Health Needs Assessment for people experiencing homelessness in South Gloucestershire presenting data between 2019 and 2024

South Gloucestershire Council

Delivering with you

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Executive summary

Headlines

- Homelessness in South Gloucestershire is worsening and is mainly concentrated among people experiencing housing instability
- Rising rents and difficult economic conditions are increasing the risk of homelessness.
- Current resource and demand pressures are constraining the council's ability to balance its statutory responsibilities with broader, early prevention activityThere is significant potential to improve prevention by joining up services, using data more effectively, and proactively supporting those not covered by legal entitlements.
- High-impact opportunities for intervention exist for people engaged with drug/alcohol and mental health services, as well as asylum seekers.

Background

Building a healthy society is like constructing a sturdy building. To succeed, we all need the right building blocks in place. A safe, secure, and stable home to grow up and live in is a fundamental building block of health and wellbeing. We know that variation in access to housing is a root cause of poor health outcomes and inequality.

Homelessness can present in many different forms and is not only individuals and families who are living on the street or sleeping rough. Homelessness encompasses a wide range of situations where individuals or families live in unstable, unsuitable, or temporary housing.

The damaging effect of homelessness on health is significant. In short, being homeless stops individuals and families from living a healthy life and can lead to a decline in physical and mental health, ultimately contributing to an early death.

Homelessness is driven by a wide range of social issues such as poverty, systematic inequality, discrimination, poor availability and affordability of accommodation, low income, and the rising cost of living.

Homelessness is largely preventable. The council, in line with the homelessness reduction act, provides a broad range of services to support persons experiencing homelessness. However, there are opportunities to go beyond legal provisions by broadening support services and taking a more proactive approach.

The homelessness health needs assessment

In response to growing numbers of persons who were street homeless within the local authority the Commissioning, Housing and Partnership division requested and supported a homeless health needs assessment to inform the development of a new homelessness strategy. The report will be reviewed and taken forward by the HomeChoice team.

This homeless health needs assessment aimed to rapidly and systematically understand the number of people vulnerable to or currently experiencing a form of homelessness in South Gloucestershire local authority, their health needs, whether current housing provision meets their needs, and how future demand could affect the number of people experiencing homelessness. The report covers:

- A national overview of homelessness.
- An estimate of the number of people experiencing homelessness in South Gloucestershire.
- Key drivers of homelessness and groups at greater risk locally.
- Demand on services (housing, advice, substance misuse, and mental health) and trends over the past 5 years.
- Assessment of the health needs of persons experiencing homelessness in South Gloucestershire.
- How economic pressures (cost of living, housing costs, and wages) are changing and what impact this may have on homelessness.
- Evidence-based considerations to help the council and partners better prevent and respond to homelessness.

Key messages

Homelessness in South Gloucestershire is worsening and is mainly concentrated among people experiencing housing instability

Over the past five years, as seen nationally, homelessness in South Gloucestershire has been getting worse. This deterioration has been seen across the whole spectrum, from unstable housing to rough sleeping, and has been experienced unequally across different groups. This increase in homelessness puts individuals and family's health and wellbeing at risk and places a further strain on services. We see a large number of families with children approaching the council for housing advice and support. Whilst support is prioritised by the council the impact of temporary or unstable accommodation on children's development is likely to be substantial.

At present, current resource and demand pressures are constraining the council's ability to balance its statutory responsibilities with broader, early prevention activity efforts

In South Gloucestershire, the number of individuals and families who are experiencing any form of housing instability, including homelessness, are greater than the services available to support them. There is high demand for social housing with an increase in applications and a high rate of households on the waiting list.

Over the past 5 years, we are seeing a greater number of people seeking help but fewer people receiving support further down the homelessness pathway. Under the homelessness reduction act all persons receive free advice to prevent or relieve homelessness. However, the imbalance between increasing approaches but decreasing prevention or relief duties suggests that the support required by individuals and families with housing problems frequently lies outside of the current legal framework or there is insufficient provision available. As homelessness continues to increase within the local

authority it is likely that additional measures are required to ensure that problems affecting housing are supported as early as possible rather than when they become serious enough to require legally mandated support.

Health and homelessness

Poor health is a major cause and impact of homelessness and an increasing number of individuals who are homeless are seeking unplanned hospital care. Their reasons for admission to hospital are significantly different to the general population and therefore requires specific consideration and intervention. Designing interventions to develop and protect the health of people experiencing homelessness is crucial, as supporting their health enhances their ability to support themselves during this period.

Rising rents and difficult economic conditions are increasing the risk of homelessness

Housing, both purchasing and renting, is expensive in South Gloucestershire which makes it less accessible and secure. Individuals and families are less able to buy a home or afford to pay rents. Meaning they need to seek temporary, unstable, and unsuitable accommodation, for example sofa surfing, or become street homeless.

Provision and maintenance of safe and affordable housing is the most effective intervention to prevent homelessness. This involves focusing on drivers like economic instability, employment, housing costs, and health, and proactively helping those struggling with debt, health, or family issues.

There is significant potential to improve prevention by joining up services, using data more effectively, and proactively supporting those not covered by legal entitlements

Homelessness has many different causes, so preventing it needs everyone to work together. It is vital that service referral pathways are improved and that individuals and families use existing support, such as debt advice, as early as possible. It is also important to consider developing multidisciplinary interventions that support people on a range of issues beyond housing. Understanding more about who is most at risk of homelessness and how the effects vary across different groups can help us design better services, offer fairer support, and improve lives while saving money.

High-impact opportunities for intervention exist for people engaged with drug/alcohol and mental health services, as well as asylum seekers.

Individuals and families who are homeless in South Gloucestershire frequently have complex problems such as mental health conditions, drug and alcohol problems, and relationship breakdown. In South Gloucestershire interventions and pathways should be developed to support people already engaged with drug and alcohol, mental health, and asylum services. These are well-defined, accessible, and high-risk groups and tailored intervention represent a key step in preventing homelessness in the local authority.

Conclusion

A more targeted approach is possible and developing methodologies to identify individuals and families at risk of homelessness and losing their settled home is essential. Partnership working and leveraging the council's wealth of data, such as council tax rebates, can enable proactive and cost-effective support that prevents the health and economic impacts of homelessness.

Aims and Objectives

Aim: To rapidly and systematically understand the number of people vulnerable to or currently experiencing a form of homelessness in South Gloucestershire local authority, their health needs, whether current housing provision meets their needs, and how future demand could affect the number of people experiencing homelessness.

Objectives:

1. Provide a national overview of homelessness, including definitions, policies, legislation, and data.
2. Estimate the number of people experiencing homelessness in South Gloucestershire, and compare this to national, regional, and statistical neighbour local authorities.
3. Identify the potential drivers of homelessness and assess whether certain individuals or groups are more vulnerable to becoming homeless in South Gloucestershire.
4. Quantify the demand on services (e.g. housing, advice, and drugs and alcohol services) by the homeless population in South Gloucestershire, and how this has changed over the past 5 years.
5. Understand how homeless people engage with services and what services they use in South Gloucestershire, and how this has changed over the past 5 years.
6. Outline the current services that are available for persons experiencing homelessness in South Gloucestershire.
7. Describe the impact on health on persons experiencing homelessness in South Gloucestershire.
8. Assess how economic pressures, such as increases in the cost-of-living, housing costs, average wage, has/will impact the number of people experiencing homelessness in South Gloucestershire.
9. Assess current housing provision (private and social housing) in South Gloucestershire and how rental costs affect persons experiencing homelessness in South Gloucestershire.
    a. Quantify the overall and specific demand and supply of accommodation in South Gloucestershire over the past 5 years.
    b. Describe the affordability of the private renting sector in South Gloucestershire and assess the impact on access to housing.
    c. Estimate the number of social houses and new build properties that will become available in South Gloucestershire over the next 5 years.
10. Provide information to support horizon scanning to understand whether homelessness will increase and whether current services are sufficient to support future demand.
11. Develop a set of considerations based on the available evidence to enable South Gloucestershire Council and partners to better prevent and respond to homelessness.

Background

Objective 1: Provide a national overview of homelessness, including definitions, policies, legislation, and data.

1. Housing as a building block of health

Right now, in parts of UK, people are dying years earlier than they should. This is because we do not all have the same opportunities to live healthy lives [1]. Building a healthy society is like constructing a sturdy building. To succeed, we need all the right building blocks in place [1]. A safe, secure, and stable home to grow up and live in is a fundamental building block of health and wellbeing. Variation in access to housing is known to be a root cause of health inequality [1]. Good housing should be:

- Affordable to all
- Decent quality
- Secure and stable

High housing costs can cause stress and mean people go without essentials, like food and heating, which has a direct influence on health. In the UK, People on the lowest incomes spend more than 33% of their income on housing compared to persons on the highest incomes who spend 3% [1]. Many homes fail to meet basic standards and pose a risk to health and cause injuries. Nationally it is estimated that 3.7 million households in England are damp, cold, outdated, or dilapidated. Insecure and unstable housing cause people to move more frequently which is disruptive and stressful [1]. People who move more frequently are more likely to report poor health, 22% of private renters have lived in their home for less than year compared to 6% of social renters and 4% of owner-occupiers [1].

2. National Context

Overview

The 2022 government strategy on homelessness, *Ending Rough Sleeping for Good*, outlines the complexity and often long-term nature of homelessness in England. For many people homelessness can be an intractable problem which persists for a significant part of their life. A survey found that 50% of people who reported sleeping rough had done so for more than five years, and 39% for more than ten years [2]. Persons who are homeless have frequently experienced multiple disadvantages throughout their life course with a combination of poverty, deprivation, trauma, abuse, and neglect [3]. A survey found that 72% of persons sleeping rough reported experiencing instability in their childhood, including time in care, school exclusion, or truancy [2].

The *Ending Rough Sleeping for Good* strategy sets out a prevention-first, whole-system approach, which involves collaboration across national and local government to address the underlying causes of homelessness, such as unemployment, poor mental health, drug and alcohol dependency, and housing affordability [2]. When homelessness does occur, the

strategy recommends swift action to ensure those in need are connected to appropriate support. It highlights the importance of tailored services focused on drug and alcohol use, and mental health, to help rebuild people's lives. It also places emphasis on supporting non-UK nationals without access to public funds and acknowledges the impact of the asylum dispersal system [2]. A housing-led approach, such as *Housing First*, which prioritise providing accommodation without requiring individuals to address their support needs beforehand is recommended.

The *Ending Rough Sleeping for Good* strategy builds on the Homelessness Reduction Act, introduced in 2017, which mandated local authorities in England to fulfil a prevention and relief duty for residents. The prevention duty aims to stop households from becoming homeless and provides support and resources for up to 56 days. Activities include helping households find alternative accommodation or mediating with landlords or family members to keep people in accommodation. The relief duty comes into effect when prevention efforts are unsuccessful, and a household has become homeless. The relief duty also lasts for 56 days, and Local authorities are obliged to support households to secure settled accommodation [2]. They must assist all homeless & eligible applicants regardless of any other duty which may be owed.

3. Definitions

Statutory definition of homelessness

A household has no home in the UK or anywhere else in the world available and reasonable to occupy [2]. The statutory definition of homelessness extends beyond rooflessness or sleeping rough. Section 175 of the 1996 act states that someone is homeless if they have no accommodation available to them, along with their household, which:

- They have a legal right to occupy, such as by ownership, tenancy agreement or other permission to reside there.
- They can access.
- Would be reasonable for them to continue occupying, such as being affordable and being fit for human habitation (Department for Levelling Up, 2022).

Statutory definition of priority need

The following categories of people have a priority need for accommodation under section 189 of the 1996 act:

1. Pregnant women, or a person who lives with (or might reasonably be expected to live with) a pregnant woman.
2. People who are homeless or threatened with homelessness as a result of any emergency such as flood, fire, or any other disaster.

3. People who are vulnerable because of old age, mental illness, handicap or physical disability or other special reason, or with whom such a person resides or may reasonably be expected to reside.
4. People aged between 16- and 17-year unless they are owed certain duties under the children act 1989, section 22.
5. People aged between 18-20-year-olds who were looked after, accommodated, or fostered by a local authority while aged 16 or 17.
6. People who are vulnerable as a result of being:
    a. Looked after, accommodated, or fostered (for people aged 21 or more),
    b. A former member of the armed forces, or
    c. In prison
7. People who are vulnerable because they are fleeing violence or threats of violence that are likely to be carried out, other than domestic abuse (see below)
8. People who are homeless because of experiencing domestic abuse [2]

Statutory definition of Intentional Homelessness

A person becomes homeless intentionally if they deliberately do or fail to do anything that means they leave accommodation that was both available and reasonable for them to continue occupying (Department for Levelling Up, 2022).

Wider definitions of homelessness

Whilst homelessness prevention and relief in England uses statutory definitions of homelessness these are narrow in focus, frequently attempt to attribute responsibility, and do not fully describe the true extent of homelessness and housing instability. The European commission has outlined operational categories for homelessness that describe homelessness in a way that demonstrates its breadth, reach, and variety of forms, see table 1 (FEANTSA, 2005).

Table 1: Operational categories for homelessness proposed by European commission, adapted from: [4]

Operational Category	Living situation	Definition
1. People Sleeping rough	1. Public spaces/external spaces	Living on the streets or public spaces without shelter that can be defined as living quarters.
2. People in emergency accommodation	2. Overnight shelters	People with no place of usual residence who move frequently between various types of accommodation.
3. People living in accommodation for people experiencing homelessness	3. Homeless Hostels	Where the period of stay is time-limited and no long-term housing is provided.
	4. Temporary accommodation	

Operational Category	Living situation	Definition
	5. Transitional supported accommodation	
	6. Women's shelters or refuge accommodation	
4. People living in institutions	7. Health care institutes	Stay longer than needed due to lack of housing.
	8. Penal institutions	No housing available prior to release.
5. People living in non-conventional dwellings due to lack of housing	9. Mobile homes	Where accommodation is used due to a lack of housing and is not the person's usual place of residence.
	10. Non-conventional buildings	
	11. Temporary structures	
6. People living temporarily in conventional housing with family and friends (due to lack of housing)	12. Conventional housing, but not the person's usual place of residence	Where accommodation is used due to a lack of housing and is not the person's usual place of residence

4. National Overview of Homelessness

The *"Statutory homelessness in England: January to March 2025"* report from the Ministry of Housing, Communities & Local Government identified that initial assessments for homelessness were made for 90,780 households in January to March 2025; representing a 6.3% decrease from January to March 2024 [5].

Out of the 90,780 initial assessments in England during January to March 2025, 37,610 households were assessed as being threatened with homelessness and owed a prevention duty, down 4.5% from the same quarter last year, see figure 1. It should be noted that whilst a decrease has been seen the overall number of households seeking a prevention duty continues to be high. The increase in households being threatened with homelessness is primarily due to the end of an assured shorthold tenancy. There were 45,840 households assessed as homeless and owed a relief duty in January to March 2025 down 7.1% from the same quarter last year, see figure 1. It should be noted that January to March 2024 had the highest recorded number of households being assessed as homeless since records began and the latest numbers still remain high.
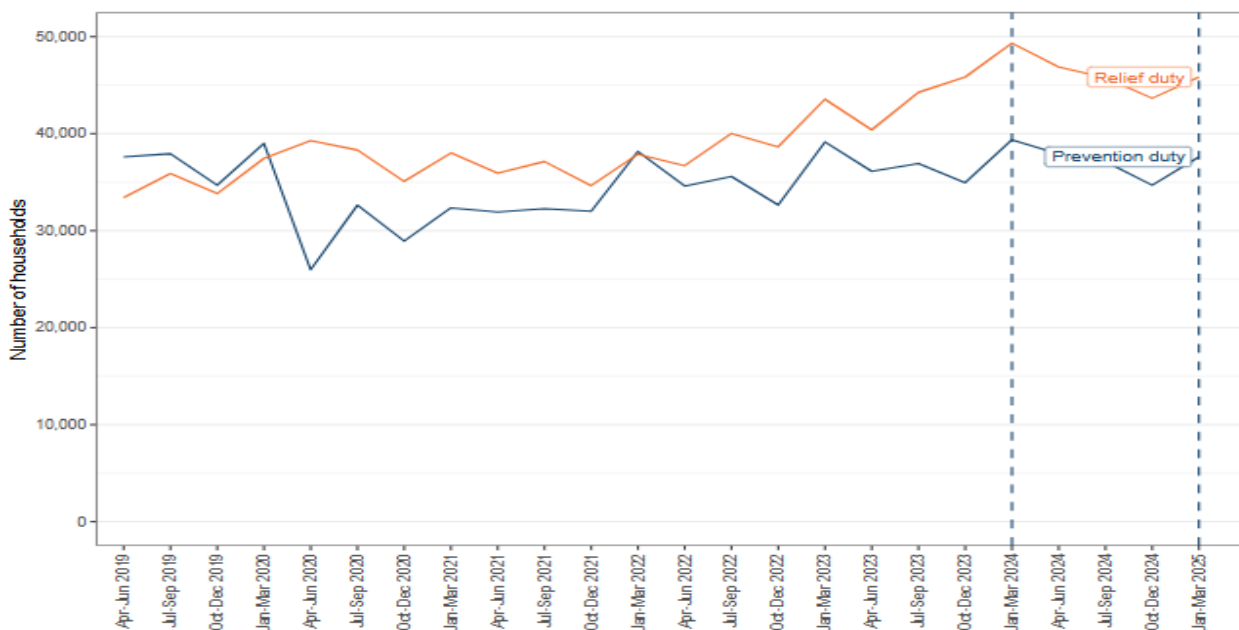
Figure 1: Number of households owed a prevention or relief duty, April to June 2019 to January to March 2025.

On 31 March 2025 131,140 households were in temporary accommodation, which is an increase of 11.8% from 31 March 2024. Households with children in temporary accommodation increased by 11.6% to 83,150, whilst single households increased by 12.0% to 47,990 since 31 March 2024. There were 3,870 households with children in B&B style temporary accommodation, down 30.1% from 31 March 2024. 2,300 of these had been resident for more than the statutory 6-week limit, down 29.0% since 31 March 2024, see figure 2.
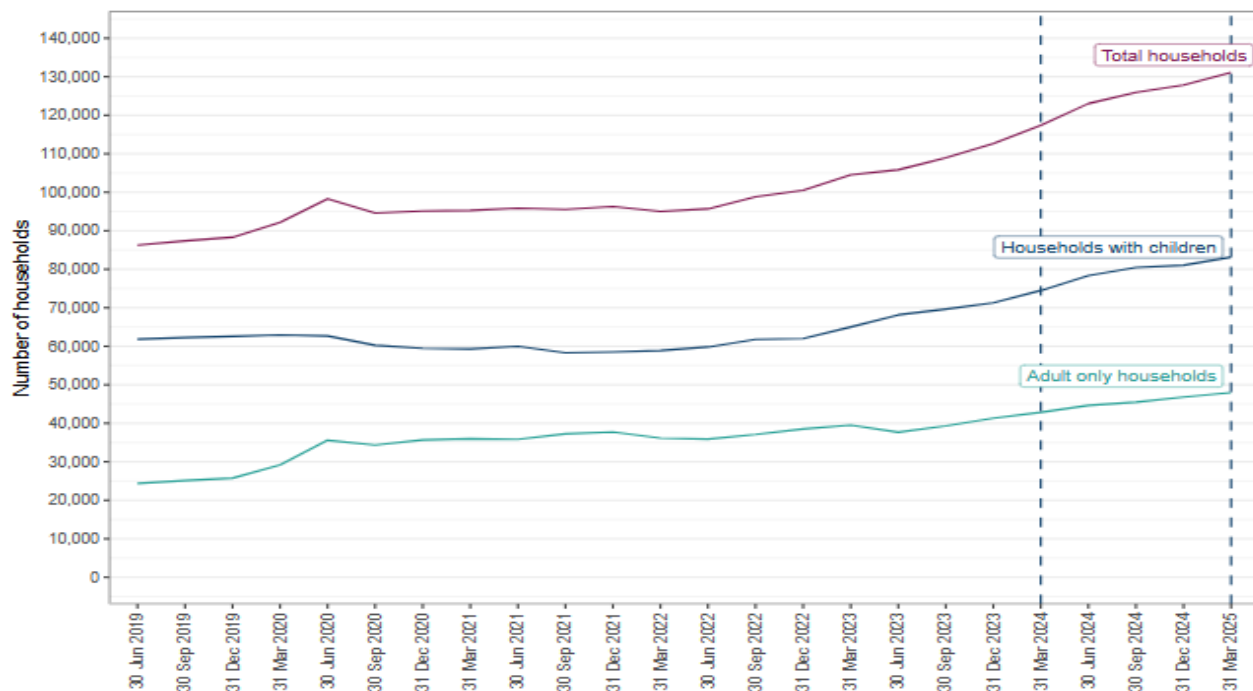
Figure 2: Number of households in temporary accommodation since 30 June 2019 to 31 March 2025 by household composition.

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Summary of current evidence base related to homelessness

The following sections describe the evidence base in relation to the relationship between homelessness and health. It draws on evidence globally but with a specific focus on England.

1. Trauma and homelessness

Trauma is a significant factor in the lives of people who are homeless. Research in England found that 94% of people facing homelessness have experienced some form of trauma from sexual abuse and neglect as a child to being a victim of domestic abuse. Whilst 14% of persons surveyed reported a one-off traumatic experience 63% reported four or more traumatic experiences over a prolonged period of time [6]. Almost 45% of persons surveyed reported trauma as a child. Traumatic experiences throughout someone's life were often a direct trigger of homelessness with two thirds of persons linking trauma to their current housing situation [6]. Persons stated that poor mental health, relationship challenges, and difficulty managing emotions were the most significant impacts of the trauma they experienced. A recurring theme in the research showed homelessness to be a form and source of trauma with 38% of people reporting trauma whilst homeless [6].

2. Health impact of homelessness

The volume of evidence on the detrimental effects of homelessness on health is substantial. It leaves no doubt that a person's poor health is both a driver of homelessness and a serious consequence of it. Being homeless prevents individuals from living a healthy life, with neglect and exposure to extreme environments leading to a deterioration in physical and mental health, ultimately contributing to premature death [7]. As a result, people experiencing homelessness in England and Wales have a life expectancy that is 30 years lower than that of the general population [8]. The health challenges mean people experiencing homelessness have different causes of death compared to the general population. For example, 14% of deaths in persons experiencing homelessness can be attributed to liver disease, compared to 3% in people living in the most deprived areas [9]. Importantly, it has been identified that most of these premature deaths are preventable if action is taken to prevent and relieve a person's homelessness (Thomas, 2012).

Mental health problems are a serious concern within homeless populations, and their prevalence has increased substantially since 2014 [10]. The prevalence of people reporting a diagnosed mental health condition in England was 82%, compared to 12% in the general population [10]. The most frequently reported conditions of persons surveyed were depression (72%), anxiety (60%), and dual diagnosis of a mental health problem alongside drug and alcohol use (25%). Homelessness is recognised as an extreme form of deprivation with a study finding that people experiencing homelessness were twice as likely to report an anxiety disorder compared to those living in the most deprived areas of

England [11]. The majority of persons surveyed, 72%, stated that their condition predated their experience of homelessness which suggests a bidirectionality in terms of cause and effect [10]. The high prevalence of trauma in persons who experience homelessness is a likely a powerful driver of mental health problems experienced by this group. A systematic review found that there was strong evidence of an association between childhood trauma and later mental illness (McKay et al., 2021).

Homelessness has a far more extreme impact on physical health than what is typically seen with deprivation alone. The decline in health outcomes has been described as a "cliff edge," due to the substantially higher prevalence of chronic conditions—such as asthma, COPD, epilepsy, and heart problems—among homeless populations compared to those living in the most deprived areas, see figure 3 [11]. People experiencing homelessness who were surveyed faced a much higher prevalence of long-term illness, disability, or infirmity (63%) compared to the general population (22%). Of these, 56% reported receiving their diagnosis after becoming homeless [10]. People who are homeless experience a tenfold increase in the lifetime prevalence of traumatic brain injury compared to the general population [13]. Oral health is poor, with 30% of people experiencing homelessness reporting dental pain, 17% having lost teeth due to acts of violence, and 15% having pulled out their own teeth [14]. These findings highlight the unique and severe impact of homelessness on health and underscores the imperative to prevent it wherever possible.
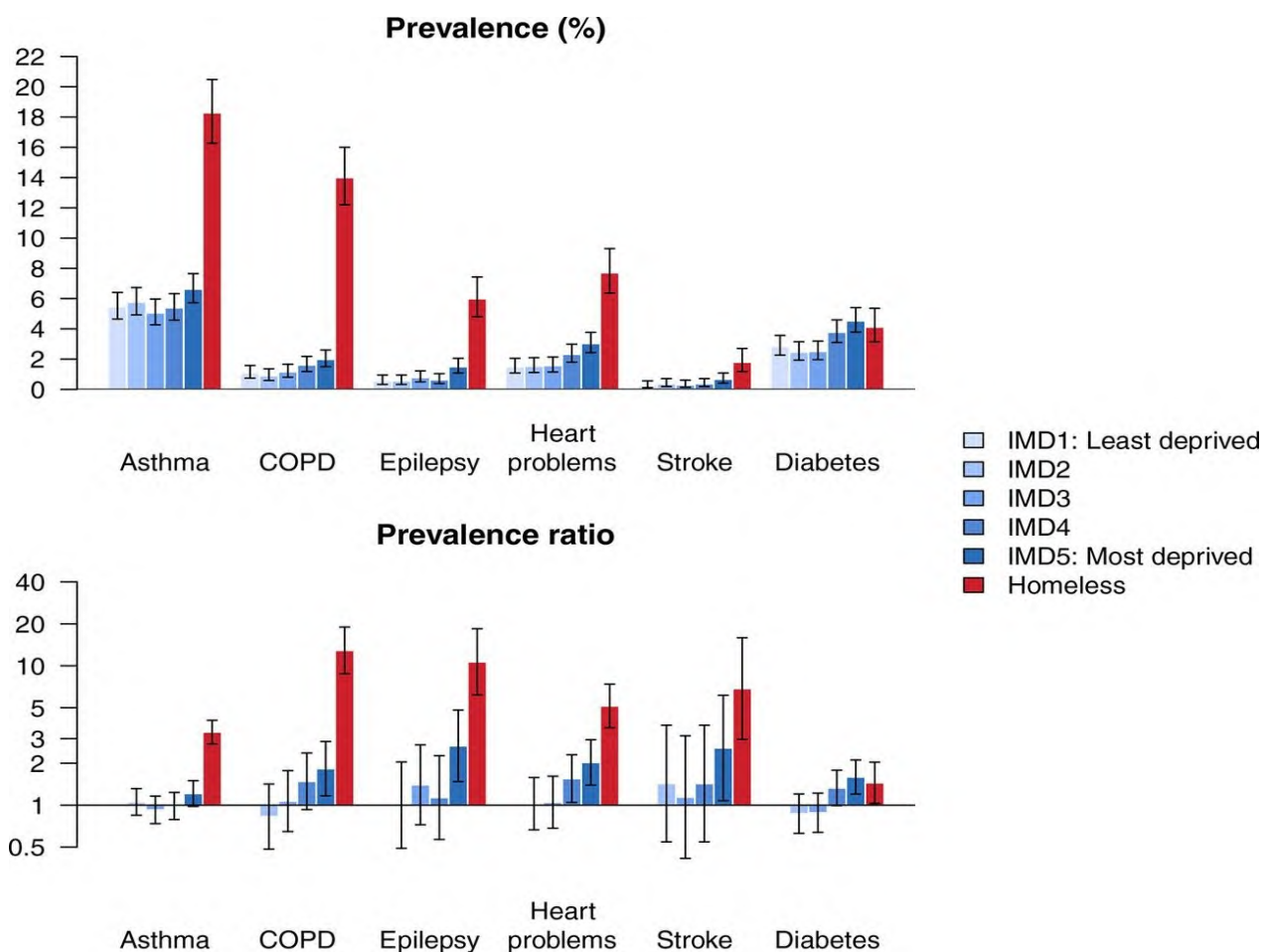

Figure 3: the prevalence and prevalence ratio of Asthma, COPD, Epilepsy, Heart Problems, Stroke, and Diabetes by deprivation quintile and homeless status. Adapted from Health-related quality of life. Adapted from [11]

3. Health Behaviours of People Experiencing Homelessness

It is well known that health behaviours are rooted in the environment that people live, grow and work in [15]. Homelessness and the associated health impact is not a choice people are making but rather a consequence of the financial, emotional, and physical environment that they live in. Health behaviours are often learned coping mechanisms shaped by an individual's environment. People experiencing homelessness frequently report health behaviours that negatively impact their health. There is a high prevalence of smoking (76% compared to 14% in the general population), and many report a current or previous drug problem (38%) or alcohol problem (29%). Nutrition is a concern, with only one-third of participants reporting eating one meal a day [10].

4. Health Service Usage

People experiencing homelessness are high users of emergency and acute services but tend not to access preventative or primary care services [16–18]. Homeless persons are three times more likely to use Accident and Emergency services than the general population, however some studies have reported this to be as high as sixty times [10,19]. A high number of hospital admissions were reported, with 40% stating they had been admitted in the last 12 months. Most admissions were for physical health issues (37%), but a significant proportion were due to mental health problems (28%) [10,20]

When admitted to hospital, the average length of stay for people experiencing homelessness is twice as long as for the housed population, and costs are 5 to 8 times higher [21]. Following discharge, nearly a quarter of individuals reported being returned to the street, and one-fifth were discharged into unsuitable accommodation [10,22]

5. Structural barriers

Homelessness impacts a person's ability to use public services to which they are entitled. Healthwatch found that persons experiencing homelessness had difficulty accessing a range of non-health services due to lack of suitable identification or lack of phone credit [23]. A thematic analysis of people's experience of homelessness in New York, USA, found that persons faced barriers accessing services due to lack of suitable identification and bureaucratic policies that were unresponsive to the diverse needs of persons experiencing homelessness [24]. These barriers were reported to lead to frustration and alienation [24]. Whilst the American experience may not be directly comparable to the UK what this shows is that the systems we create can themselves function as barriers and this can lead to disengagement with support and further exacerbation of existing problems. Research by Crisis found that employment and work programmes whilst providing some support rarely led to jobs for people experiencing homelessness [25]. Access to housing is limited due to access to private rented accommodation. Crisis found that only 20% of private landlords were willing to rent a home to people who were experiencing homelessness and those on housing benefit as they are seen as high-risk tenants [25]. Finally homeless persons are twice as likely to have their benefits sanctioned than other benefits claimants [25]. This is due mental health problems, dependency issues and challenges receiving, understanding, and managing paperwork [25]. These sanctions push people experiencing homelessness away from the labour market and into homelessness with 21% of people surveyed reporting it as their reason for homelessness [25,26]. A lack of access to services acts as a

structural barrier and prevents people who experience homelessness taking up the support they need to improve their lives.

6. Healthcare Barriers

Frequently, no single part of the healthcare system takes ownership or responsibility for the health of people experiencing homelessness [16,27,28]. This, combined with a lack of knowledge and understanding of their health needs, results in individuals falling through the gaps and not having access to the care they need [16,18]. Many people report feeling stigmatised when trying to access services, which can function as a significant barrier to care [29]. Often, the front door to care is closed, as individuals are unable to register with a GP due to lack of proof of address, absence of personal identification, stigma, or language barriers with lack of access to communication/ translation support [16,27].

7. Prevention of homelessness

Homelessness is a social and political issue and happens for a wide range of social issues such as poverty, systematic inequality, discrimination, poor availability, and affordability of accommodation, low income, and rising cost of living. In most cases, homelessness is preventable. Action is needed in primary, secondary, and tertiary prevention to stop people from becoming homeless in the first place and, if they do, to support them to be rehoused quickly and sustainably.

 Primary prevention focuses on the whole population and aims to minimise the risk of homelessness. It takes a broad approach to address structural inequalities in welfare, housing, employment, and education [30]. Housing is a clear priority, and policies must support the provision of affordable housing, control rising rents, and mitigate cuts to benefits and local services [31]. Research shows that eviction from a private rented home is a leading cause of homelessness in England. This is frequently due to unfair evictions, rising rental costs, and short contracts which create instability and drive people into homelessness [32]. Ensuring financial support, such as housing benefit, to cover costs can stop people from becoming homeless [32]. Provision of adequate social housing is essential to ensure people can afford a home to live in and have a place to move to if they are at risk of homelessness [32].

Inequality and discrimination are prevalent causes of homelessness. In England, LGBTQ+ persons are twice as likely to experience hidden homelessness, such as sofa surfing, then non-LGBTQ+ people with 26% LGBTQ+ young person is experiencing hidden homelessness [33]. In England, persons of colour had a much higher representation in homelessness data with black-led households being twelve times more likely to live in temporary accommodation than white-led households [34]. Furthermore, a third of black people have been homeless reported discrimination by a social or private landlord [34]. These inequalities point towards structural discrimination that is deeply woven into our societies support systems [35]. Structural discrimination within the UK points to the need to redesign our support systems so that they work for and include everyone in society.

Secondary prevention focuses on early identification of people at risk of homelessness and supports early intervention to prevent it. Services that come into contact with those at risk—such as drug and alcohol services and mental health services—need to work in a joined-up way to offer support [36]. This may include identifying tenants in difficulty and

providing timely assistance to avoid financial or health issues that could lead to eviction [30]. Low-intensity integrated mediation between tenants, landlords, and authorities is the most cost-effective method to prevent evictions [30]

Tertiary prevention aims to mitigate the impacts of homelessness once it has occurred. *Housing First* focuses on providing stable accommodation alongside wider support services [37]. It has a positive impact on health service usage, with fewer emergency department visits, hospital admissions, and bed days [38]. The type and intensity of support needed will vary depending on the complexity of the individual's needs. Case management is an effective method of coordinating care for individuals with complex needs. Intensive case management models—such as Assertive Community Treatment—take a holistic, multidisciplinary approach and are associated with successful outcomes [39].

The structure of the healthcare system can also be improved to support better access to care. The *Pathway* model uses a multidisciplinary team including a "care navigator" with lived experience and has been shown to improve outcomes in some areas. It has been linked to reductions in bed-days, A&E attendances, and readmission rates [40,41]. The *Pathway* model is a strong example of co-production, which is vital in designing services that are acceptable and accessible to people experiencing homelessness [42]. Peer support within programmes like *Pathway* has been shown to improve uptake of and engagement in hepatitis C and tuberculosis screening and is recommended by NICE as a method to support access to healthcare [43].

Stigma and poor communication have been identified as key barriers to healthcare. Training for staff has been shown to improve communication, reduce discrimination, and build trust—especially when applied across all staff groups, not just healthcare workers [16,43,44]. Access improves when services collaborate to deliver care and demonstrate a high degree of flexibility [18]. A holistic approach improves health outcomes, and integrating multiple services in one place enhances access. In rural areas, such as parts of South Gloucestershire, outreach may also be beneficial [17,21].

8. The Financial Cost

Homelessness incurs significant financial costs. These are associated with the use of various public services, including healthcare, justice, and welfare, which individuals experiencing homelessness have heavy engagement with due to their circumstances. The estimated cost of rough sleeping to the public purse is between £14,300 and £21,200 per person per year. This is 3 to 4 times the average cost to public services of the average adult [45]. These estimates were calculated in 2015 and are therefore likely to be higher due to inflation [45].

Research indicates that the average annual cost of services used by a homeless person ranges from £18,000 to £44,000, depending on the types of services accessed [46]. It is important to note that as this research is 12 years old it is likely that the costs are significantly higher in 2025 due to rising inflation and cost of living.

Cost-saving measures that reduce housing support have proven ineffective. In the UK, cutting rent subsidies increased financial distress and homelessness, leading to only minor fiscal savings for central government, while local councils needed to increase spending to meet their statutory duties [47]. Supported housing is considered cost-effective, as broader

service costs decrease. One US study showed that the cost of services for individuals in supportive housing was £18,773, compared to £25,776 when they were homeless [48]. However, it should be noted that these groups and their needs may differ.

The use of temporary accommodation is expensive, and considerable savings are expected when permanent housing is provided. In England at the end of August 2024, 17,450 households were housed in temporary accommodation costing English local authorities at least £2.29 billion in 2022/23 [49]. In South Gloucestershire in 2022/23 there were 291 persons who were housed in temporary accommodation following a homelessness or emergency application at a gross cost to the council of £1,411,311 [50]. When looking at persons who experience homelessness who have complex needs it has been found that housing first is a more cost-effective option than temporary accommodation [51]. Three years of support from housing first for a homeless person with complex needs cost less on average than one year in fixed-site (temporary) accommodation [51].

9. South Gloucestershire Council's Homelessness Strategy 2019-2024

The 2019-2024 South Gloucestershire Homelessness & Rough Sleeping Strategy aimed to go beyond the requirements of the Homelessness Reduction Act. Its goal was to prevent homelessness by identifying households at risk early and responding effectively to mitigate those risks. The strategy outlined how individuals would be supported and how the council's collective resources could be employed to achieve this. It recognised that homelessness cuts across a wide range of departments, organisations, and strategic priorities, and it emphasised that collaboration is key to success [52]

Findings

The main findings from the strategy were as follows:

1. Homelessness had increased – between 2017/18 and 2018/19, the number of homelessness applications doubled.

2. The main causes of homelessness were the end of private rented tenancies, family or friends no longer being able to accommodate, and non-violent relationship breakdown.

3. The number of rough sleepers was found to be low.

4. Although the private rented sector grew significantly in 2017, people found it challenging to access or maintain living in a property due to high demand and affordability issues.

5. There was a high demand for social housing.

6. Welfare reform had impacted the affordability of private rented accommodation.

Strategic Vision

"To work with our partners to recognise the early signs of homelessness and develop innovative solutions to help everyone who is homeless, or at risk of homelessness, to find or maintain a home and then offer them the support to keep it." [52]

Main priorities

Three main priorities:

1. Prevention and response – early identification of at-risk households and respond. For those who are already homeless put in place a targeted response
2. Support – have the right support available at the right time for households to prevent or relieve homelessness and to stop it recurring.
3. Resources – services to work collectively and effectively to address homelessness [52]

Homelessness in South Gloucestershire Local authority

10. Estimating the number of people who are homeless in South Gloucestershire

Objective 2: Estimate the number of people experiencing homelessness in South Gloucestershire local authority area, and compare this to national, regional, and statistical neighbour local authorities.

Objective 4: Quantify the demand on services (e.g. housing, advice, and drugs and alcohol services) by the homeless population in South Gloucestershire local authority area, and how this has changed over the past 5 years.

Objective 5: Understand how homeless people engage with services and what services they use in South Gloucestershire local authority area, and how this has changed over the past 5 years.

Objective 6: Outline the current services that are available for persons experiencing homelessness in South Gloucestershire local authority area.

Homelessness pathway

When a person's experiences threat or actual homelessness in a local authority they can approach the council for support. If a person is assessed as being threatened with homelessness they receive a prevention duty. During this duty persons are provided with support to prevent the threat to their current housing. When a person is homeless, they are provided with a relief duty. During this duty they are supported to find housing by the local authority. If eligible the council may take on the main duty to house the person. In this instance, the council are legally obligated to find suitable, long-term accommodation for someone who is homeless and eligible for assistance, if they are also in priority need and not intentionally homeless. See figure 4.
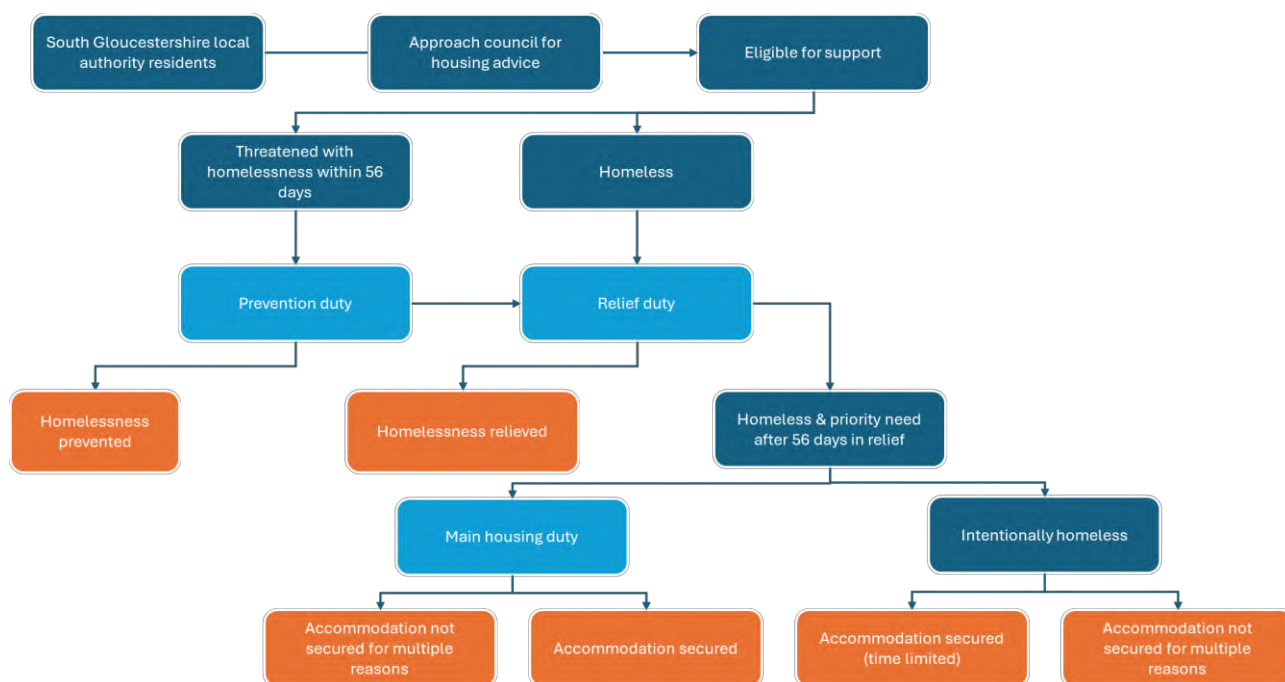
Figure 4: homelessness pathway for persons engaged with South Gloucestershire Council

Homelessness approaches

Local authorities have a duty to provide advice and information about homelessness and the prevention of homelessness, free of charge. These services will form part of the offer to applicants who are also owed other duties, for example the prevention and relief duties. (Ministry of Housing, 2018). The main findings from an analysis of data relating to households approaching the council for housing advice were:

- The number of people approaching the council with housing problems increased between 2020/21 (2165) and 2022/23 (2313), see figure 5.
- Working age persons (aged 20-50) had the highest rate of approaches.
- Persons from ten ethnic groups had a higher rate of approaches than the population rate, with persons from Gypsy or Irish traveller, Caribbean, African, and Bangladeshi ethnicities having the highest approach rate.
- Persons who self-identify as disabled had a much higher rate of approaches than persons who were not.
- When comparing the observed number of approaches compared to expected number of approaches, we see that persons aged between 20-29 and 30-39 have a 2.1 increased approach rate compared to the general population. Persons who are disabled experience 1.7 times increase. Eight ethnic groups have a higher-than-expected approach rate ranging from Asian or Asian British: Any Other 1.4 to Gypsy or Irish Traveller 4.2 times higher than expected compared to the general population. All were significantly different compared to the general population.
- The most frequent reason for persons approaching the council for housing advice was due to end of private tenancy and family no longer wishing to accommodate

them. However, it should be noted that a reason was not recorded for the majority of people.
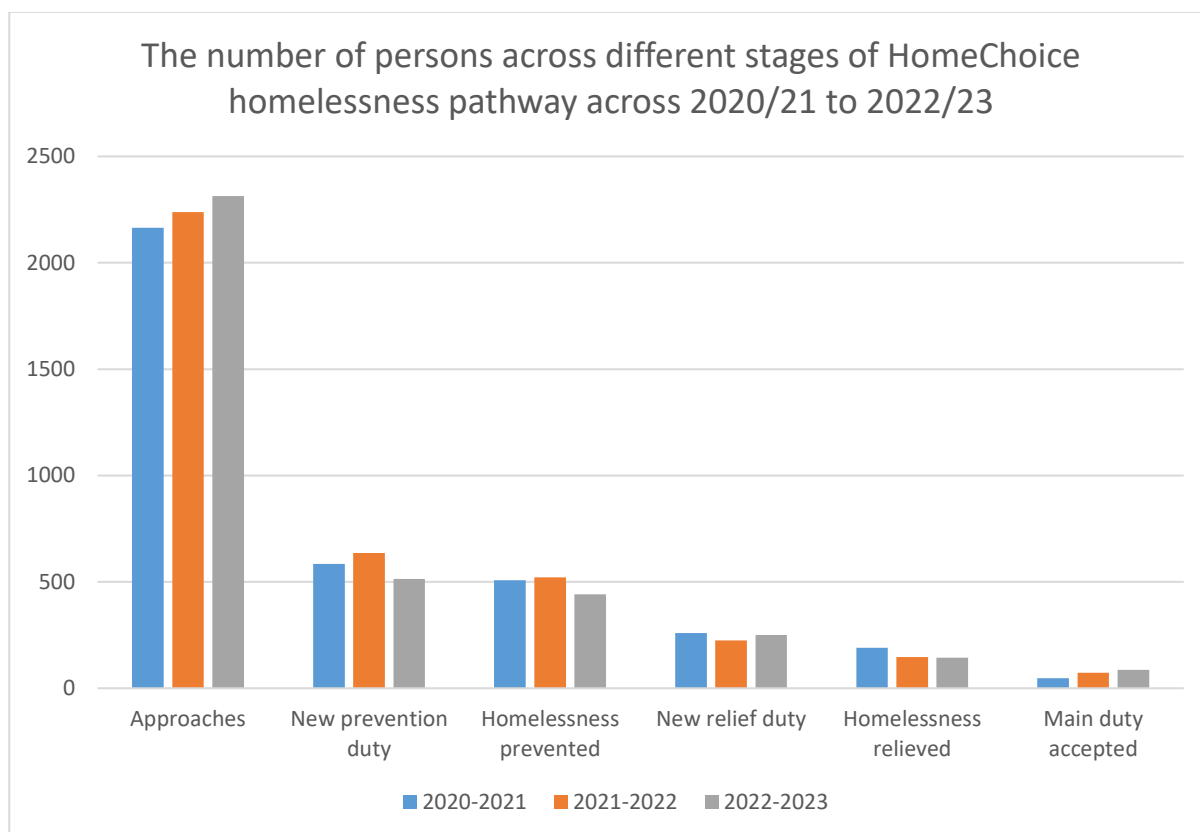
Figure 5: The number of persons across different stages of HomeChoice homelessness pathway across 2020/21 to 2022/23.

For more information on HomeChoice homelessness data click here

Persons threatened with homelessness (Prevention duty).

Like all Local authorities, South Gloucestershire Council owe a person a prevention duty if they are threatened with homelessness within 56 days and are eligible for assistance. As part of an initial assessment, the council will consider a household's accommodation and support needs and produce a personalised housing plan setting out the tasks required to prevent homelessness. [53]

Main findings after analysing prevention duty data were:

- The number of persons with a prevention duty decreased over time with 647 in 2019/20 to 560 in 2023/24, see figure 6. However, more recently in 2024/25 an increase was observed with 592 prevention duties provided.
- Between 2020/21 and 2022/23 approximately 26% of households approaching for advice received a prevention duty.
- Persons threatened with homelessness were mainly working age (20 to 50 years)
- Persons from twelve ethnic groups had a higher rate of prevention duty than the general population with Black or Black British (any other), African, Caribbean, Other ethnic groups had the highest rates of being threatened with homelessness.

- Persons who self-identified as disabled had a higher rate of being threatened with homelessness compared to those who did not self-identify as disabled.
- When comparing the observed number of persons threatened with homelessness compared to expected, we see that persons aged between 20-29 and 30-39 have a 2.1 increased threat of homelessness compared to the general population. Persons who self-identified as disabled experience 1.9 times increase. Four ethnic groups have a higher-than-expected threat of homelessness with Black or Black British: Any Other (2.2), African (2.1), Caribbean (2.0), and Other Ethnic (2.0) higher than expected compared to the general population. All were significantly different compared to the general population.
- The top four reasons for homelessness where a prevention duty was accepted was persons threatened with homelessness due to end of private rented tenancy (1003, 34.1%), family no longer able to accommodate (740, 25.16%), relationship with partner ended (non-violent breakdown) (228, 7.75%), and end of social tenancy (225, 7.65%).
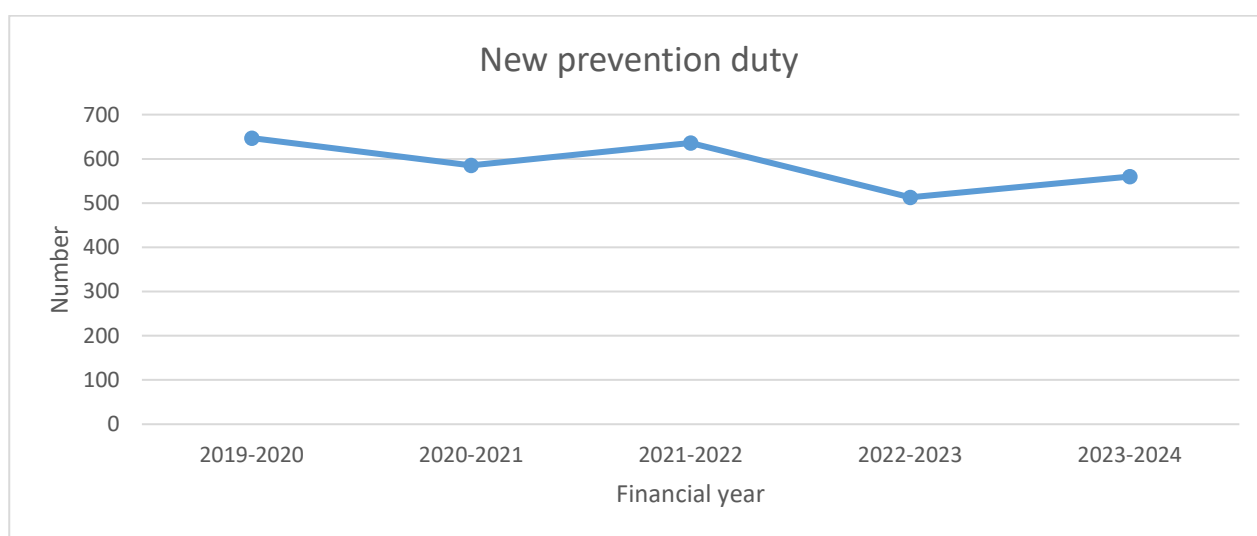
Figure 6: the number of new prevention duties provided to persons threatened with homelessness in South Gloucestershire

For more information on HomeChoice homelessness data click here

Persons who are homeless (Relief Duty)

When a person is homeless, the Local Authority owes them a relief duty where reasonable steps are taken to help the household secure settled accommodation [53].

Main findings after analysing relief duty data were:

- Between Financial year 2019/20 and 2023/24 1343 relief duties were accepted, equating to a rate of 4.6/1000 population.
- The number of households owed a relief duty has more than doubled from 225 in 2021/22 to 451 in 2023/24, see figure 7.

- Groups with a higher rate of homelessness were persons aged 20-29, 30-39 and 40-49 years, Arab, Gypsy, or Irish Traveller, Other Ethnic or African ethnicity, and persons who self-identified as disabled.
- When comparing the observed number of persons who are homeless compared to expected number, we see that persons aged between 20-29 and 30-39 have a 2.3 increased rate of homelessness compared to the general population. Persons who are disabled experience 2.0 times increase. Six ethnic groups have a higher-than-expected rate of homelessness which ranged from Persons who were White and Black Caribbean (1.6) ethnicity to Arab (7.7) higher than expected rate of homelessness compared to the general population. All were significantly different compared to the general population.
- The top four reasons for homelessness where a relief duty was accepted were, persons commonly reported the following reasons for their homelessness: family no longer able to accommodate (334, 24.45%), end of private rented tenancy (144, 10.54%), required to leave home office asylum support (132, 9.66%), and domestic abuse (211, 15.45%). The "domestic abuse" category is used where it is not stated whether the persons is the victim or the perpetrator.
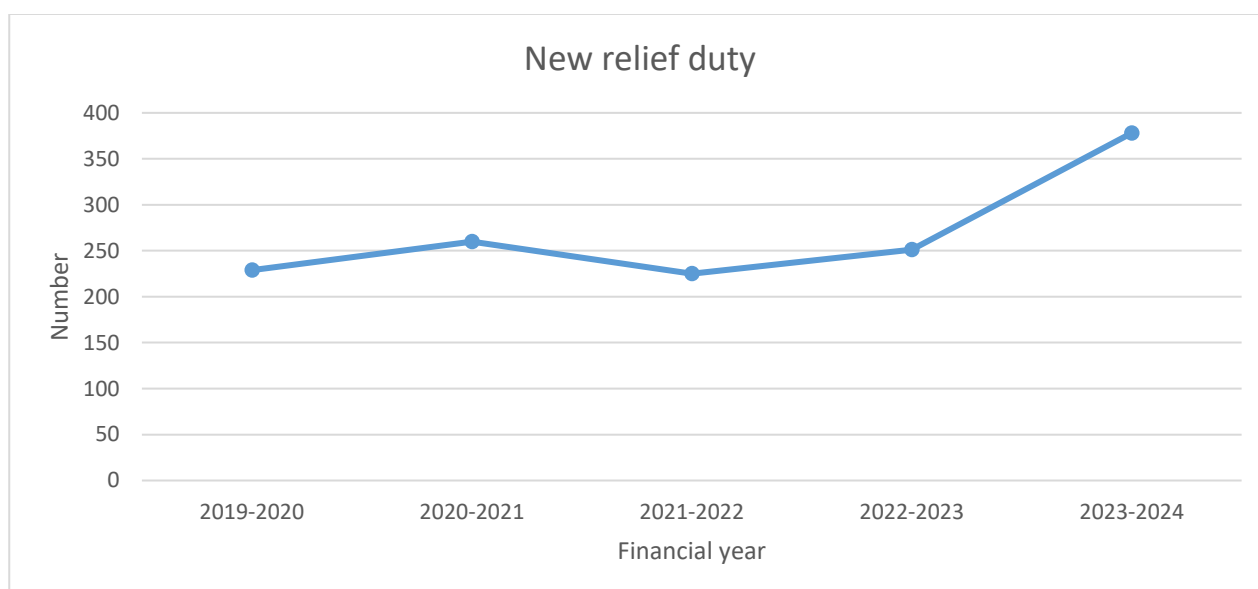
Figure 7: the number of new relief duties provided to persons who were homelessness in South Gloucestershire between 2019 and 2024

For more information on HomeChoice homelessness data click here

Number of people sleeping rough

Main findings after analysing these data were:

- Whilst the annual snapshot figure has remained steady, the number of rough sleepers has continued to grow significantly and more than doubled between

2021/22 and 2024/25. Between 2020-2024, the number of rough sleepers identified in South Gloucestershire has ranged from 2 to 5.

- Based on monthly information on the number of new rough sleepers identified we can see that numbers have increased substantially from 21 in 2021/22 to 51 in 2024/25, see table 2. A significant peak was seen in 2023/24 as a result of the Government's decision to fast-track decisions on outstanding asylum claims.

Table 2: Number of rough sleepers identified by local authority by financial year.

Year	No of new rough sleepers identified
2021/22	21
2022/23	31
2023/24	102*
2024/25	51

* A significant increase in the number of rough sleepers was observed during 2023/24 as a result of the Government's decision to fast-track decisions on outstanding asylum claims. Successful applicants were only given a short time to find alternative accommodation before they were required to leave Home Office accommodation, and many were unable to source alternative housing.

For more information on HomeChoice homelessness data [click here](#)

For more information on Julian house and partners data [click here](#)

Estimate of total homeless population in South Gloucestershire

Data were combined from multiple sources on persons experiencing homelessness and housing problems to produce an estimate of the population effected by Homelessness. The estimate provides a range with the lower bound assuming that there is complete overlap between the datasets, i.e. everyone who is in HomeChoice data is represented in data from mental health or drug and alcohol data. The upper range assumes no overlap between the datasets i.e. nobody in HomeChoice data is represented in data from mental health or drug and alcohol data. The main findings after analysing these data were:

- It is estimated that between 2313- and 3098-persons experienced homelessness or housing problems in 2022/23 with at least thirty-one persons who were street homeless at some point during the year, see figure 8. Trends in the data sources used to estimate this figure suggest it will have increased further by the time this document is published.

Population facing the most common root causes of Homelessness N = ?

21,499 universal Credit claimants

10,849 Local Council Tax Support Claimants

7,280 experiencing financial hardship

6,200 pupils eligible For free school meals

3,600 persons Unemployed

Street homeless

Snapshot = 3
Referrals = 12
Julian house = 16
Local authority id = 31

Drug and alcohol services clients with housing problems N = 162

513 people threatened with homelessness (prevention duty)

2313 people approached the council over housing problems

Persons engaged with mental health services with housing problems N = 623

251 people who are homeless (relief duty)

Figure 8: different sources of information on people who are potentially homeless or experiencing housing problems during 2022/23.

What services are saying about homelessness in South Gloucestershire?

Note: The views presented from stakeholder interviews reflect the perspectives of those who took part and do not necessarily represent the views or positions of the wider system

Prevalence and Type of Homeless

There were nine stakeholders who provided information specific to the prevalence of homelessness within South Gloucestershire. All services reported that homelessness was a consistent issue raised by service users. Services reported that homelessness was a growing issue for their clients. Street homelessness was thought to be rare, as most homeless persons in South Gloucestershire were more likely to be sofa surfing or living in unstable accommodation. Concerns were raised that asylum seekers, who have received leave to remain, may struggle to find alternative accommodation before they must leave Home Office accommodation. This group often do not have a social support network available, who can offer temporary housing. One potential anecdotal reason for the lower number of street homeless in the local authority is that persons may move into central Bristol where services are located, and social connections can be made. Whilst work has been taken to understand this and found that the overwhelming majority of rough sleepers in Bristol are from the local authority. Furthermore, St Mungo's, who are responsible for homeless outreach in Bristol, will refer people back to the council when they have a local connection with South Gloucestershire.

Prevention of homelessness

A prevention duty is discharged if a person has obtained suitable accommodation for at least 6 months. Persons who become homeless are provided with a relief duty where housing needs to be provided [53]. Main findings after analysing these data were:

- The number of persons threatened with homelessness who had homelessness prevented decreased over time from 521 in 2022/23 to 451 in 2023/24, see figure 9.
- Persons who were aged 20-29 (18.5/1000), 30-39 (17.21/1000), persons of Black or Black British: Any Other (18.94/1000), Caribbean (16.41/1000), Other Ethnic (15.79/1000), and persons who self-identified as disabled (16.05/1000), had a higher rate of homelessness being prevented.
- Persons whose homelessness was prevented were commonly threatened by end of private rented tenancy (800, 33.18%), family no longer able to accommodate (636, 26.38%), end of social tenancy (202, 8.38%), and relationship with partner ended (non-violent breakdown) (184, 7.63%).
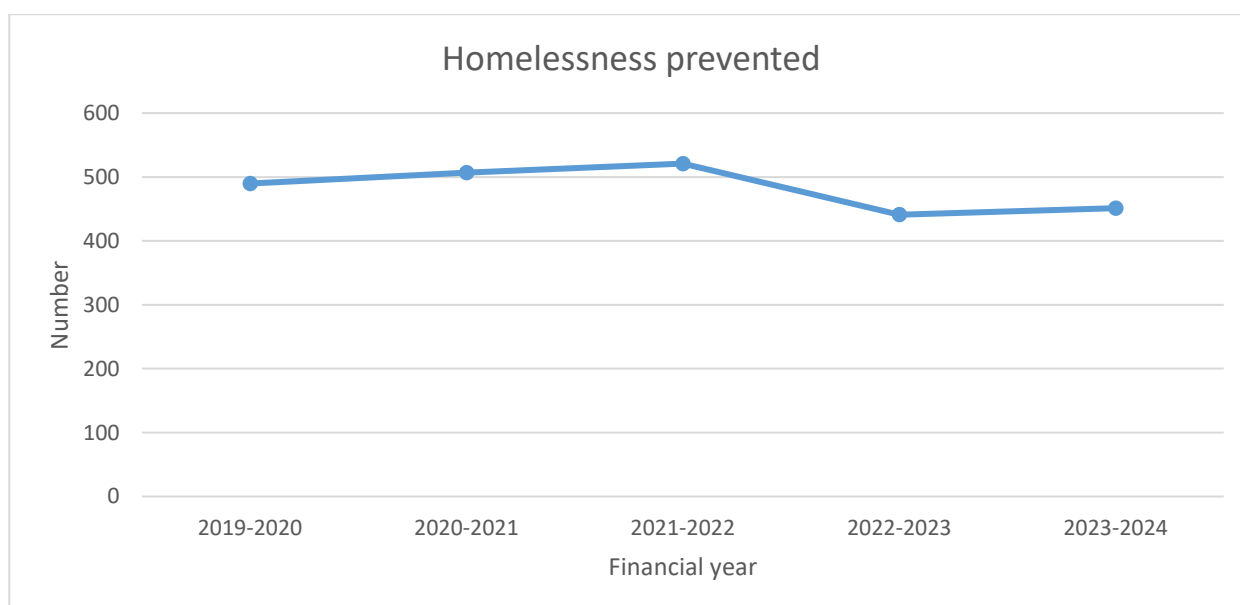
Figure 9: the number of episodes of threatened homelessness that are prevented in South Gloucestershire between 2019 and 2024

For more information on HomeChoice homelessness data click here

Homelessness relieved

Homelessness is classed as relieved where an applicant secures suitable accommodation, which is available for at least six months [53]. Main findings after analysing this data were:

- The number of households where homelessness was relieved has reduced from 190 in 2020/21 to 118 in 2023/24. This is in contrast to the number of people given a new relief duty which increased over the same period, see figure 10.
- Persons who are aged 30-39, required to leave accommodation provided by the Home Office, domestic abuse victim, non-racially motivated violence or harassment or have no children were potentially less likely to be relieved of homelessness.
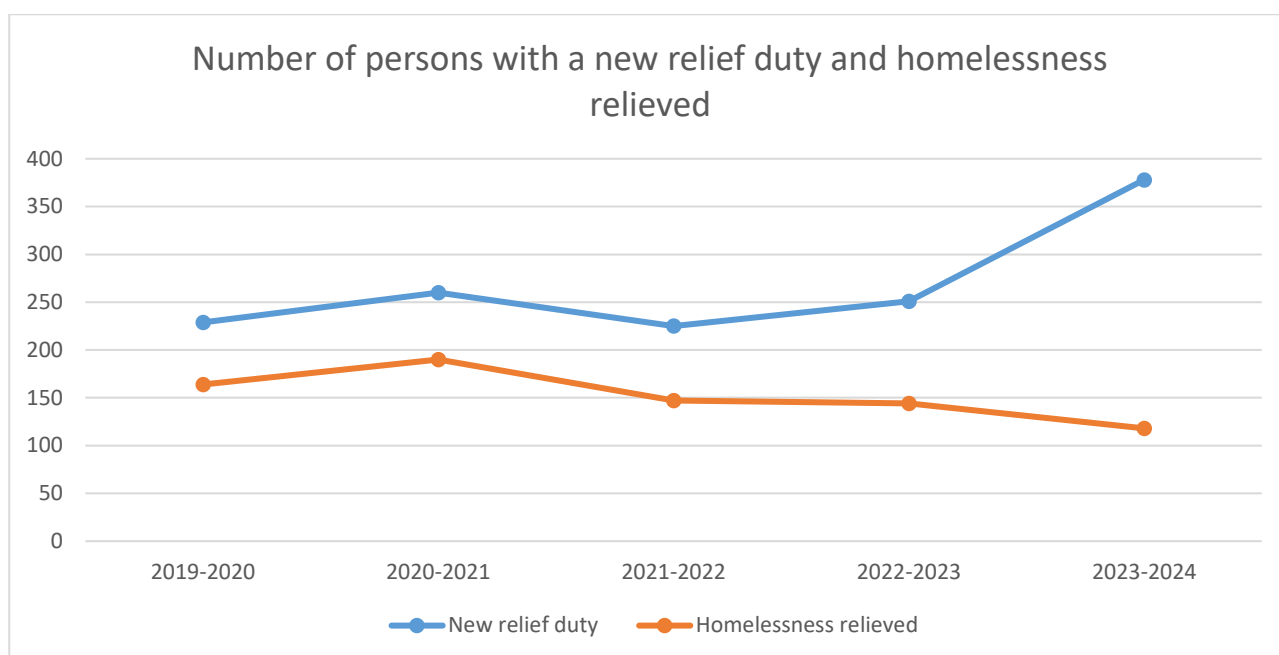
Figure 10: the number of episodes of homelessness (new relief duty) and the number of episodes that relieved (homelessness relieved) in South Gloucestershire between 2019 and 2024

For more information on HomeChoice homelessness data [click here](#)

Main duty decision accepted.

Persons who are eligible, within a priority group, are accepted by the council for their main housing duty to be provided by the council.

Main findings after analysing these data were:

- Between Financial year 2019/20 and 2023/24 there were 365 persons who accepted main housing duty due to homelessness from South Gloucestershire Council.
- There was an upward trend in the number of main duty acceptances with numbers nearly doubling between 2020/21 (48) and 2023/24 (94). This equates to a rate of 1.3/1000 persons, see figure 11.
- The most frequent priority groups accepted for main housing duty were households with dependent children (65%), persons vulnerable due to mental health problems (13%) or vulnerable due to physical disability (11%).
- Groups with the highest rate of acceptance were those aged 20-29, 30-39, 40-49 years, African, Bangladeshi, Other ethnic background, any other Asian or Asian British ethnicity, and Arab, and persons who self-identified as disabled.
- When comparing the observed number of main duties being accepted compared to expected number of acceptances, we see that persons aged between 20-29 and 30-39 have a 2.1 increased main duty acceptance compared to the general population. Persons who self-identified as disabled experience 1.7 times increase.

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Five ethnic groups have a higher-than-expected rate of main duty acceptance which ranged from White Any Other (1.8) to African (6.6) ethnicity having a higher-than-expected number of main duties accepted compared to the general population. All were significantly different compared to the general population.

- We see that persons who were aged 20-29, without children, or did not wish to disclose their sexuality this group had a greater representation (higher proportion) in approaches to the council compared to main duty being accepted by the council. It is important to note that there are large number of reasons why this might be the case.

Main duty accepted
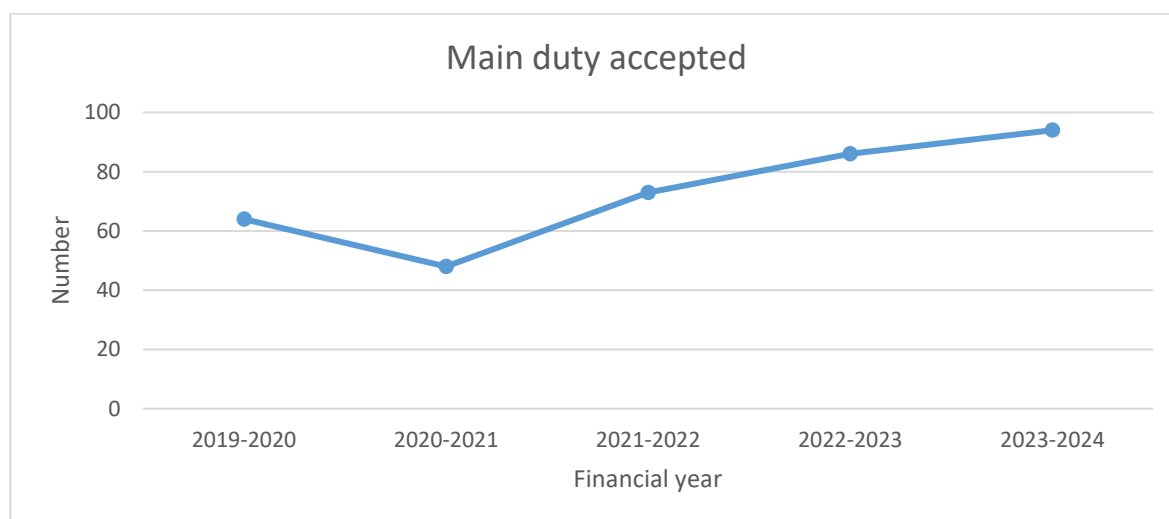
Figure 11: the number of persons who are accepted for a main housing duty by South Gloucestershire council between 2019 and 2024.

For more information on HomeChoice homelessness data click here

Duty to refer.

The Homelessness Reduction Act 2017 introduced a duty on specified public authorities to refer service users who they think may be homeless or threatened with homelessness to local authority homelessness/housing options teams [54]. Main findings after analysing these data were:

- The largest number of referrals were made by national probation service, housing associations, children's social care, and job centre plus, see figure 12.
- Based on the number of persons using services through AWP (mental health) and DHI (substance misuse) who reported housing problems there was a lower-than-expected number of referrals from mental health and substance misuse treatment services. The difference indicates that potentially people who are in unstable accommodation are not being referred to the council.

Number of referrals by provider between calendar years 2020 to the first 3 quarters of 2024

Provider	Number of referrals (approx.)
Other Providers	250
National Asylum Support Service	30
Mental Health Service - Acute in-patient	35
Street Services for rough sleepers	40
Supported housing Provider	42
Mental Health Service - Community based	48
Refuge provider	70
Other local authority service	75
Adult Social Services	110
Hospital A&E or in-patient	112
DWP - Jobcentre Plus	160
Children's Social care	168
Housing Association	188
National Probation Service	250

Number of referrals

Figure 12: The number of referrals by provider between calendar years 2020 to the first three quarters of 2024.

For more information on HomeChoice homelessness data [click here](#)

What services are saying about homeless services in South Gloucestershire?

Note: The views presented from stakeholder interviews reflect the perspectives of those who took part and do not necessarily represent the views or positions of the wider system

Services Function

Three services from different fields all working across both Bristol and South Gloucestershire provided information on how homelessness impacted their ability to work with service users. Services reported that homelessness increased the number of risks that they needed to manage. It made it challenging to make and maintain contact, and slow re-housing meant people got stuck in inappropriate temporary accommodation.

Service Provision

Five services provided information on service provision. In relation to health services. Significant work had occurred in Bristol to support services to improve their management of persons experiencing homelessness. However, similar work has not been undertaken in South Gloucestershire. Critical mass was seen as a problem in developing a business case for improvements in homelessness services in South Gloucestershire. Social care was highlighted as an issue as limited provision meant that persons do not get the support they need when leaving hospital. Care is focused on acute rather than chronic health

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issues which was reported to have a compounding effect on long term health. Mental health services in South Gloucestershire provided crisis support with outreach worker supporting people within the community with no need for a home address. SGC commissions organisations to provide community hubs for recently approved asylum seekers. A problem highlighted by one service was that the system was not intervening early enough to optimise the effectiveness of preventive interventions.

Access to Benefits

Four services provided information on the benefits system. The main issue was that persons were not claiming the benefits to which they were entitled. This was due to stigma and challenges navigating the system.

11. Drivers of homelessness in South Gloucestershire

Objective 3: Outline the potential drivers of homelessness in South Gloucestershire local authority area

Objective 8: Assess how economic pressures, such as increases in the cost-of-living, housing costs, average wage, have/will impact the number of people experiencing homelessness in South Gloucestershire local authority area

Local economic context

Routine data from the council provide information on deprivation, employment, and benefits claimants. The main findings after analysing these data were:

- South Gloucestershire is ranked 268 most deprived out of 317 authorities. Despite this high ranking there are high levels of specific deprivation within South Gloucestershire.
- During 2023 South Gloucestershire has an employment rate of 84.2% this has decreased from 85.3% for the previous 12-month period. This is above the South Gloucestershire CIPFA nearest neighbours' figure of 79.4% and above the England figure of 75.7%.
- The total number of people claiming Universal Credit in October 2024 has increased by 16.8% (October 2024 compared to November 2023). This increase may be in part due to persons moving from legacy benefit payment system to universal credit.
- The number of Local Council Tax Support claimants has seen a downward trend since 2021/22 Q2 (11199, 4.7%), 2022/23 Q2 (11013, 4.6%), 2023/24 Q2 (11004, 4.5%).
- The average house price in South Gloucestershire reached £341,000 in March 2025, a 9.0% increase from the previous year (South West average rise of 5.3%). First-time buyers paid an average of £290,000, up 9.5% from March 2024.

For more detail analysis on the local economic context [click here](#)

Eligibility criteria for access to public funds

In certain cases, the council may determine that a household is not owed the main housing duty. In these cases, the council will usually issue one of the following three decisions:

1. Not Eligible decisions are made when a person has no recourse to public funds.
2. Non-Priority decisions are made when the council is satisfied that someone is homeless and eligible, but they do not fall within a 'priority need' category, as set out in statutory homeless legislation.
3. Intentionally homeless is a legal definition used in England. In short it applies when a person is seen to deliberately done something that meant they could no longer occupy an available property when it is seen as reasonable for them to do so and be aware of the relevant facts when taking/not acting [55].

It is worth noting that, where a negative decision is made, a household will be referred to Children's Services if the household contains a child, so the council can consider whether the family are owed a Children's Act duty.

Main findings after analysing these data were:

- Between 2019/20 and 2023/24, 27 persons were found to be not eligible, none reported a disability, one person was pregnant, eleven had children, see figure 13.
- Between 2019/20 and 2023/24, 88 persons were assessed as homeless but did not fall within a priority need group and therefore were not owed the main housing duty. Twenty-five percent had recently left Home Office asylum accommodation, 20% had family who were no longer able to accommodate them, and a 10% were homeless as their private tenancy had ended, see figure 13.
- Persons who were aged between 20-29 and 30-39 had a 1.8 and 1.6 times more non-priority decisions than expected compared to the general population. Persons who were Arab or African had 25.8 and 8.1 times higher than expected number of non-priority decisions when compared to the general population.
- Persons who self-identified as disabled had a 2.2 times higher number of intentionality decisions than would be expected compared to the general population.
- There were several ethnicities with higher than expected not eligible decisions following application. The highest was for persons of Bangladeshi ethnicity who had 38.3 times higher than expected.

Between 2019/20 and 2023/24, there were fifty-one persons who were assessed as intentionally homeless. In the majority of cases, the household was evicted for rent arrears/breach of tenancy, or abandonment. The tenancies were assessed as affordable and suitable to occupy.
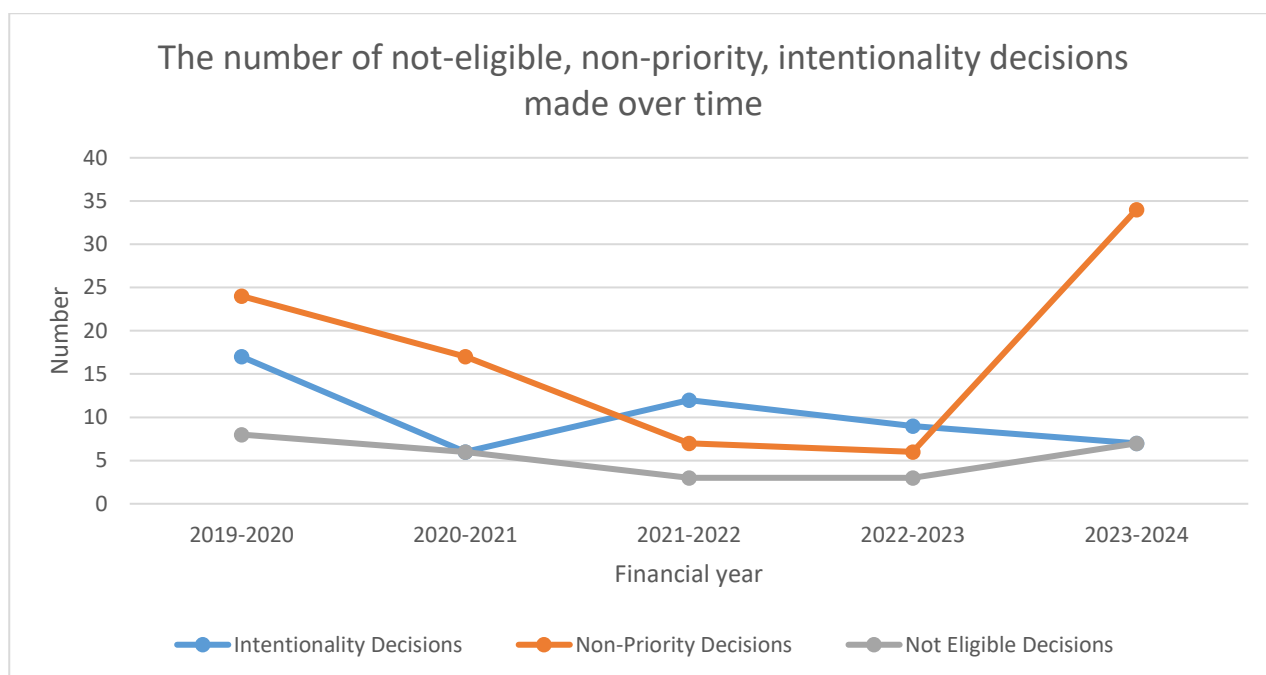
Figure 13: The number of not-eligible, non-priority, intentionality decisions made over time between 2019 and 2024.

For more information on Negative Decisions data [click here](#)

Drugs and Alcohol data

Developing Health and Independence (DHI) provide integrated drug and alcohol services in South Gloucestershire. These services are available to help anyone in the area who is struggling with drugs or alcohol use. The organisation mainly works out of three hubs in Kingswood, Yate, and Patchway but also provide outreach services. The main findings after analysing data from DHI services were:

- Between January 2019 and August 2024 over one thousand clients (17% of all clients with data available) reported housing problems. The proportion reporting housing problems has increased year on year and was at 20% in 2024 (data up to August), see figure 14.
- Persons with housing problems most commonly reported "living with family as a short-term guest" (24%), "Sofa surfing" (16%), and "Supported accommodation" (11%).
- Clients reporting housing problems most commonly sought services for Alcohol (425, 42%) and Heroin (254, 25%) use.
- Persons engaged with drug and alcohol services who were aged 30-39 and 40-49, male, "Black, Black British, Black Welsh, Caribbean or African", "Mixed other" , "Other/ Not stated" ethnicity, who lived in Staple Hill & Mangotsfield", Woodstock, "New Cheltenham" and "Parkwall & Warmley", or reported using Buprenorphine, Heroin, Methadone, or Crack had the highest proportion of people reporting housing problems.

- Persons identifying as LGBTQ+ or a veteran, engaged with DHI and therefore not reflective of the general population, reported a lower proportion of housing problems.
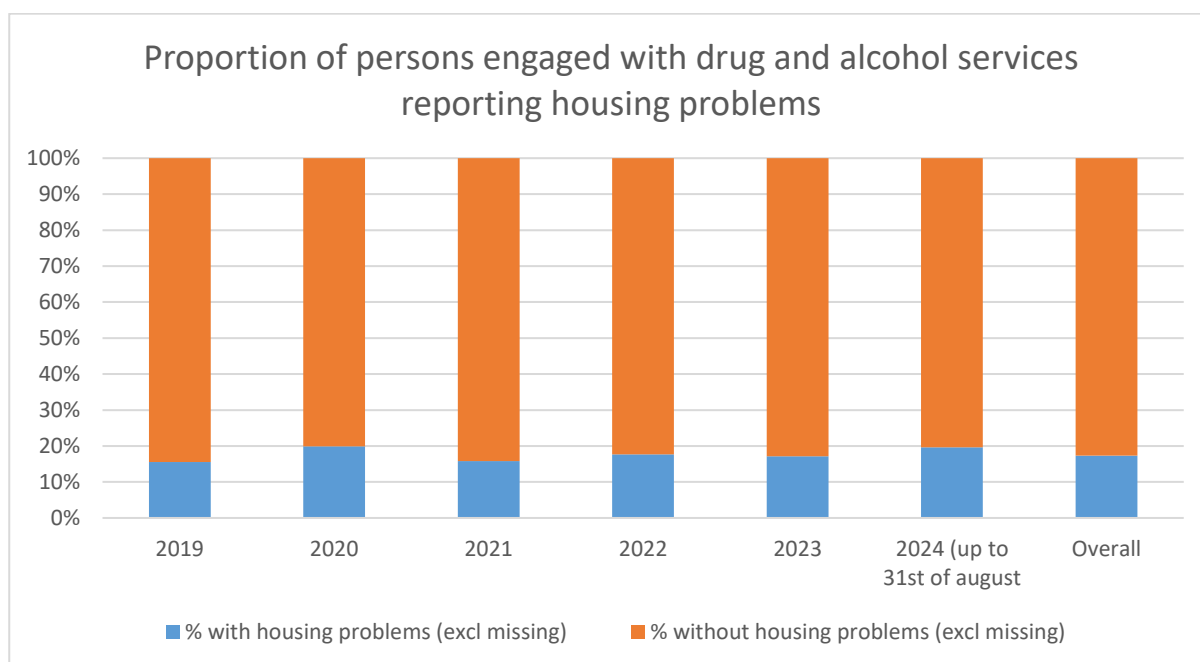
Figure 14: Proportion of persons engaged with drug and alcohol services reporting housing problems between 2019 and 2024 (data up to 31st of August 2024)
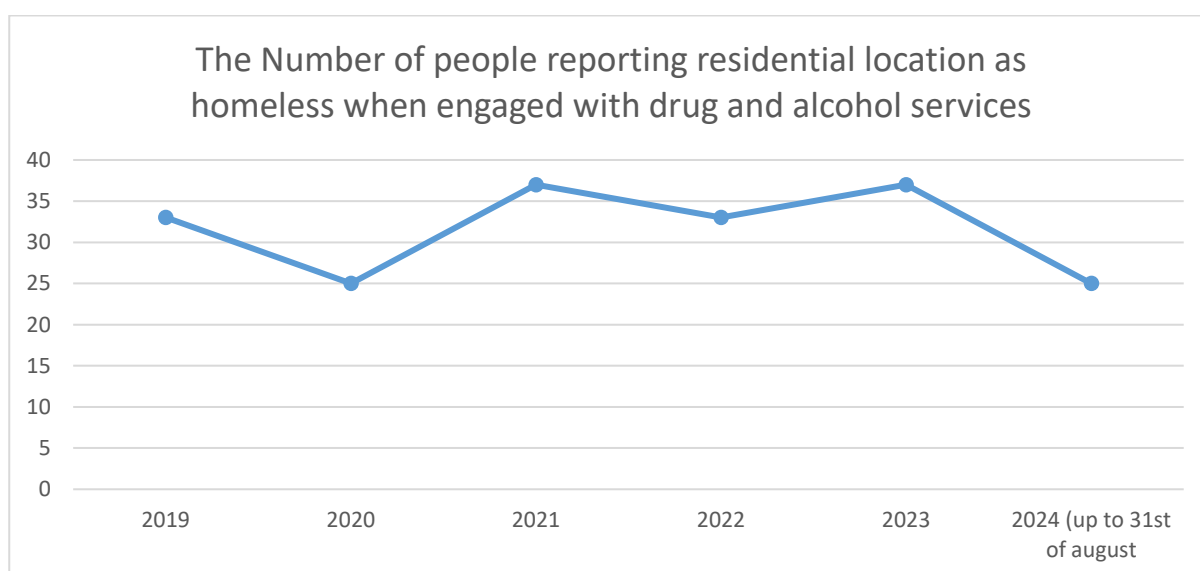
Figure 15: The Number of people reporting residential location as homeless when engaged with drug and alcohol services between 2019 and 2024 (data up to 31st of August 2024)

For more information on Drugs and Alcohol data [click here](#)

Mental Health data

Avon and Wiltshire Mental Health Services provide community mental health services in South Gloucestershire. They care for people with serious mental illness, learning disabilities, and autism. The main findings after analysing data from AWP were:

- Between January 2019 to the end of August 2024 there were 4105 (22% of all episodes with data available) persons reporting housing problems, see figure 16.
- The most prevalent diagnosis recorded were "Unspecified nonorganic psychosis" (127, 12%), "Paranoid schizophrenia" (83, 8%), and "Emotionally unstable personality disorder (69, 7%)".
- Persons engaged with mental health services who were 20-29, 30-39, and 80-89 years old, males, Black, Mixed, and "Other ethnic group", lived in Winterbourne, Kingswood, and Woodstock, diagnosed with "schizoaffective disorder manic type", "vascular dementia", "mental and behavioural disorders due to multiple drug use", and "emotionally unstable personality disorder" had the highest proportion of people reporting housing problems. Persons identifying as LGBTQ+ or a veteran reported a lower proportion of housing problems.
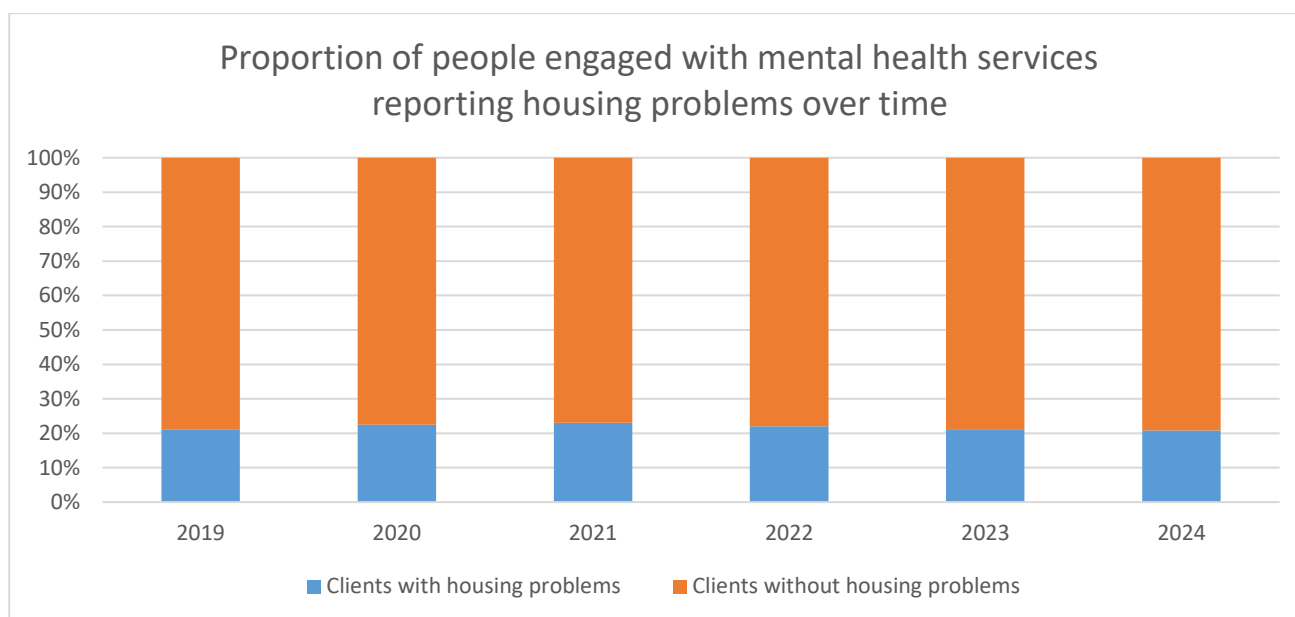
Figure 16: Proportion of people engaged with mental health services reporting housing problems between 2019 and 2024.

For more information on Mental health data [click here](#)

Domestic abuse data

Data on domestic abuse were obtained from NextLink and Avon and Somerset police. NextLink provider are a non-gender specific service providing support and housing to people who have experienced domestic abuse. Data were accessed via the Domestic

Abuse Needs Assessment 2024 for Bath and North East Somerset, North Somerset, Somerset, and South Gloucestershire. Main findings after analysing these data were:

- The number of domestic abuse contacts received by Next Link dropped substantially between 2022/23 (3411) and 2023/24 (2771). It is unknown whether this is due to a decrease in incidence or another factor.
- Between April 2021 and March 2023 there were 408 persons approaching the council for housing support due to domestic violence. Of people approaching the council 21% were provided with emergency accommodation.
- A comparable drop was not seen in police data where 3414 occurrences of criminal domestic violence were reported in 2022/23 and 3391 in 2023/24.

For more information on Domestic Abuse data click here

Asylum and resettling data

South Gloucestershire Council's Resettling Communities team provided asylum and resettling data. The main findings after analysing these data were:

- Between April 2022 and March 2023, the number of asylum seekers living in a single hotel or apartments in South Gloucestershire increased from 352 to 372. Persons living the hotel (250, 69%) were single males speaking sixteen languages. In March 2023 there were 122 people housed in apartments. Further specific information was not available but both families and single persons would be housed in apartments.
- Between August 2023 and March 2024 there was a rapid decrease in the number of persons housed in the hotel due to plans to close the hotel in April 2024. In March 2024 there were 164 single males speaking nine languages. The hotel closed in April 2024 with persons rehoused or asylum decision made. Linked to the hotel closure was the increase in street homeless during 2023/24 when a large number of persons granted asylum spent time living on the street.
- There are 3810 households supported through resettlement schemes in South Gloucestershire. The largest communities are from Hong Kong (65%) and Ukraine (20%). Resettlement schemes use a range of accommodation from the private sector, local authority, and temporary accommodation and therefore increase demand for housing the in the local authority.

For more information on Asylum and resettling data click here

Children in care

South Gloucestershire Council Children's Social Care Team provided data on children in care. The main findings after analysing these data were:

- An increasing number of young people were leaving care per year over the past 5 years. The vast majority, 91% between April and September 2024, were housed in suitable accommodation, see figure 17.
- The number of children in care peaked around COVID-19 but has otherwise remained relatively stable at around two hundred persons per year, see figure 17.
- The number of children entering care has decreased since 2021/22, see figure 17.
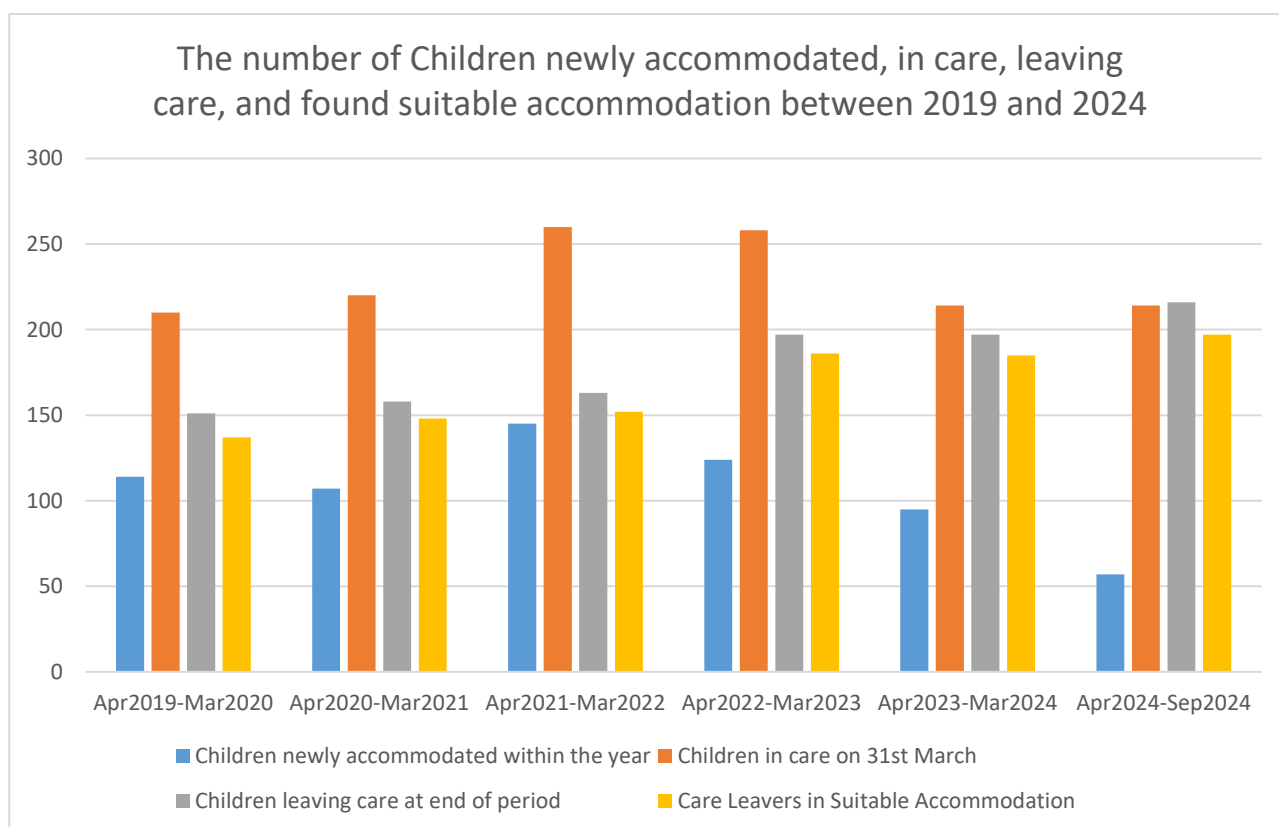
Figure 17: The number of Children newly accommodated, in care, leaving care, and found suitable accommodation between 2019 and 2024.

For more information on Children in care data click here

What services are saying about the drivers of homelessness?

Drivers of Homelessness

Twelve stakeholders specifically mentioned perceived drivers of homelessness in the people who come into contact with their service. Common drivers of homelessness were cost of living, substance misuse, relationship breakdown, unsuitable accommodation, and mental health problems. Stakeholders reported gambling as a growing issue amongst tenants experiencing housing problems. Mental health was consistently highlighted and was thought to increase the risk of homelessness due to inability to manage tenancy, eviction, and challenges in finding placements.

Services perceived care leavers, veterans, and disabled persons were thought to be protected from homeless as they have sufficient safety nets in place. However, it should be noted that disabled persons are disproportionately represented in homelessness data suggesting a disconnect between persons engaged with organisations and those with housing need. Services and community groups identified persons who identify as LGBTQ+ as a potential risk group due to familial rejection, mental health problems, and discrimination. However, this has not been identified in the data analysed for this report suggesting either a perceived issue only or a gap in data collection.

Housing Eviction

Six stakeholders mentioned information related to evictions, three of these were housing providers. Housing providers all stated that evictions were last resort, and the aim was for as few evictions possible. Two providers mentioned specific interventions, e.g. neighbourhood coaches, were in place to support persons struggling with maintaining their tenancy. Evictions were seen as a growing issue due to the increasing complexity of persons experiencing housing problems, mental health, and substance misuse. Certain groups, care leavers, and veterans were highlighted as at greater risk of eviction. Services highlighted this was due to greater complexity, mental health, trauma, associated with persons from these groups.

12. Housing Provision in South Gloucestershire

Objective 9: Assess current housing provision (private and social housing) in South Gloucestershire local authority area and how rental costs affect persons experiencing homelessness in South Gloucestershire local authority area.

- *Quantify the overall and specific demand and supply of accommodation in South Gloucestershire Local authority area over the past 5 years.*

- *Describe the affordability of the private renting sector in South Gloucestershire Local Authority and assess the impact on access to housing.*

- *Estimate the number of social houses and new build properties that will become available in South Gloucestershire over the next 5 years.*

Housing support system in South Gloucestershire Council

If a South Gloucestershire residents can receive support at one of three "One Stop Shops" locations: Kingswood, Patchway, and Yate. The One Stop Shops are available to answer questions, resolve problems and get advice. The shops help with all council services and also offer financial support to help with the rising costs of living. It is frequently the first point of contact for persons experiencing housing problems. If a person has housing problems they are referred to the Kingswood location where a drop-in service is offered. The one stop shop staff check that persons have the right information, for instance a legal eviction notice, and then a person is referred to the housing team. Persons are then assessed by a housing support worker from the housing team. Support workers triage person based on their need. Persons who are assessed as in need are seen by a housing

advisor and then a housing officer to establish their legal rights in relation to housing provision. For legal reasons, a persons will be required to repeat the information about their housing situation to each advisor. If a person is at risk of being homeless that night, they can be referred to see a temporary housing advisor. All information is recorded to inform the legal decision on whether a person is eligible for housing or not. If a person is referred by an organisation such as the NHS they will go straight to the housing team.

If a person has issues that are not directly related to housing, for instance debt or employment issues, they will be provided support by the One Stop Shop. The housing service will refer people back to the One Stop Shop however this requires a person to go back into the One Stop Shop rather than say an additional appointment being made. This may function as a barrier and create a lost opportunity to support. The One Stop Shop have a variety of ways to support people on a wide range of issues for instance they can help clear rent arrears, provide food vouchers, and link people into other services like debt support charities. Anecdotally there are instances where people could have used this support earlier to help them resolve issues like housing instability. Current arrangements with external agencies, for example the NHS, are informal arrangements.

Housing Affordability

Routine council data were analysed to understand housing affordability, monthly private sector rent, and number of households on housing waiting list. The main findings after analysing these data were:

- The average house price in South Gloucestershire reached £341,000 in March 2025, a 9.0% increase from the previous year (South West average rise of 5.3%). First-time buyers paid an average of £290,000, up 9.5% from March 2024.
- Private rents rose to an average of £1,388 per month in April 2025, an annual increase of 5.6% from 2024 (South West average rise of 5.1%).
- The median housing affordability ratio was 9.12 in 2023 which is above the South Gloucestershire CIPFA nearest neighbours' figure of 8.45 and 7.7 for England. This means that the median house price is nine times more than the median income.
- The average monthly private sector rent for a 2-bedroom property was £1,062 in 2022/2023, higher than the average of £870 and £825 for South Gloucestershire CIPFA nearest neighbours and England, respectively.
- There were 42.0 per 1,000 households on the housing waiting list in South Gloucestershire on 31 March 2023/24. The average for South Gloucestershire CIPFA nearest neighbours and England was 37.6 and 55.3 per 1,000 households, respectively.

For more information on Housing and lettings data click here

Housing Register & Lettings Information

HomeChoice team in South Gloucestershire council provided information related to the housing register. The main findings after analysing these data were:

- There has been a 10% increase in new applications to the housing register between 2020/21 & 2023/24, although it is worth noting that the number of new applications has started to decrease since then. At this stage, it is not clear whether this is a longer-term trend, or a short-term decrease.
- The number of active applications has remained relatively stable during this period. Applicants are expected to complete an annual review of their application. Where households choose not to do so, their application is closed. Applicants, especially in the Registered Applicant band (who have been assessed as adequately housed), will often not renew their application, as the likelihood of bidding successfully is slim due to the demand for housing from people in more urgent housing need.
- The percentage of households in bands A & B as a proportion of overall applications has remained stable with approximately 5% in band A and 12% in band B.
- Applicants who require a larger home face a longer wait before they bid successfully. The average waiting times for applicants awarded a priority card, band A/B, who require a one-bedroom property was seven months during 2024/25 and the waiting time for a household requiring a four-bedroom home was 11 months.
- There were 79.6% of applicants who identified as White British compared to 86.5% of the general population in South Gloucestershire. This means that housing register applicants are disproportionately from non-white British ethnic backgrounds.
- The number and proportion of applicants self-identifying as disabled has increased overall and was 36% in 2023. However, the number within Bands A and B have decreased, 22% in 2023, suggesting that the identified disabilities fall outside the register's prioritisation framework. Persons self-identifying as disabled were over-represented on the housing register compared to the general population of South Gloucestershire where 17% identified as disabled.
- The proportion of persons on the housing register identifying as current or previously serving in the armed forces was low at 2%. Based on 2021 census data where 4% of residents in South Gloucestershire identified as a veteran this group are under-represented on the housing register
- The proportion of care leavers on the housing register has remined stable at 1%.
- The proportion of council properties let to persons who are of non-white British ethnicity has increased by 5% (17% to 22%) between 2022-23 and 2023-24.

For more information on Housing register data [click here](#)

What are services are saying about housing provision?

Housing Choice

Two stakeholders mentioned issues affecting choice in housing provision. A service reported that as South Gloucestershire had a single dominant housing provider there was limited choice, especially if this provider had evicted the person. A second service reported bias and discrimination in the private rental sector for persons who identified as LGBTQ+.

The housing prioritisation system

Five stakeholders mentioned information related to the prioritisation system used for housing. Services commented that the current prioritisation system meant that single, males found getting accommodation challenging. This group also has limited income through benefit schemes, and this made it challenging to afford a private tenancy. Wait times for low priority persons were reported to be long and the bar for social housing was high as persons needed to be financially solvent and have no social, behavioural, criminal or substance issues. Evidencing risk was reported to be challenging and was especially challenging if a person was homeless as they do not have a GP, job, or other ways to evidence need/risk. Survivors of domestic abuse who were provided with temporary safe house accommodation were reported to become lower priority. This was highlighted as a problem because persons spent a long time in temporary accommodation preventing new admissions.

Housing Provision

Eleven stakeholders mentioned information related to housing provision. All housing providers interviewed highlighted homelessness as a priority for their organisations. The providers aimed to help people overcome barriers to housing and ensure a successful tenancy. Support centred around clearing debt and ensuring persons were on the right benefits. Similar support, information on financial security, and a household support fund were available to support persons through the council. Services reported that choice of housing was limited.

Certain groups, such as victims of domestic abuse, had an elevated level of need which made housing provision difficult. Stays in temporary accommodation are reported to be getting longer and is not suitable for every person's needs. Certain groups need much greater intervention which is not available through temporary accommodation. A lack of social housing was highlighted as a bottleneck for accessing temporary accommodation as persons could not move on. One service reported that temporary accommodation worked best when there was a mix of people and not just one group, e.g. single males. It was suggested that South Gloucestershire needed a mechanism, such as a hostel or other temporary accommodation, which could help manage persons who are homeless.

Housing Services

Five services provided information on housing services. Housing providers offered a range of services to support persons become tenancy ready. Services include support on claiming benefits and financial management. It was noted that support drops off once people are in accommodation and that this affects the prevention of homelessness in the long term.

Housing Suitability

Five services provided information on housing services. Gaps in provision were noted for persons who were still using drugs or alcohol. Services supporting veterans reported clients seeking assistance to make private rented accommodation liveable. For care leavers, especially unaccompanied asylum seekers, location was key as persons wanted to be within their community. When placing persons in temporary accommodation, providing detailed information to the provider was seen as vital to ensure the accommodation can meet their needs.

Housing System

Three services provided information on the housing system. Deficiencies in the housing system were highlighted. Persons who had received asylum were frequently left without housing following as they were no longer able to stay in home office accommodation and they had not been able to start the process of applying for social housing. A similar gap was identified for persons being released early from prison. These persons often end up as street homeless. Services reported that persons lacked knowledge around the housing system and were unaware/unable to produce evidence to support their application for housing. The system to support care leavers was seen as good as it was planned well in advance and persons had re-assurance about what would happen once, they turned eighteen.

Impact of homelessness in South Gloucestershire

13. Health

Objective 7: Describe the impact on health on persons experiencing homelessness in South Gloucestershire Council

NHS data

NHS services data were obtained from minor injuries units, ambulance services, and secondary care. The main findings after analysing these data were:

- Data from Yate minor injuries could not be used as there is no flag to indicate if a person is homeless or has No Fixed Abode (NFA).
- Primary care data on homelessness was not available for analysis due to data sharing agreements in place.
- Ambulance calls related to homelessness were rare and made up a low proportion of total ambulance calls.
- A small proportion of total non-elective admissions were due to homelessness. However, the proportion has been increasing year on year since 2021, see figure 18.
- Persons who were homeless and used the service were most commonly aged 20 to 29, 30 to 39, and 40 to 49, White British ethnicity, and lived in Kingswood South, Staple Hill South & Kingswood North West, Thornbury North, and Filton.

- The top five reasons for admission in persons experiencing homelessness were Neurological problems, Mental Health disorders, Adverse effects and poisoning, Problems due to Trauma and Injuries, and problems of the gastro intestinal system. All of these except problems of the gastro intestinal system was significantly higher in persons experiencing homelessness when compared to all admissions for patients registered or resident in South Gloucestershire, see figure 19.
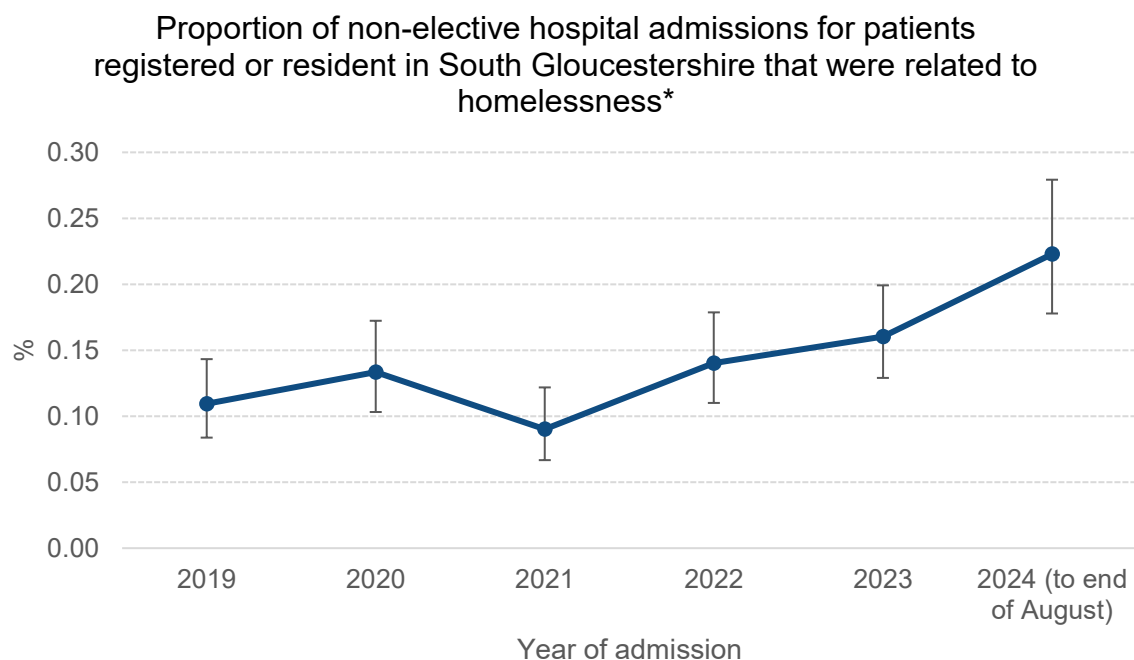
Proportion of non-elective hospital admissions for patients registered or resident in South Gloucestershire that were related to homelessness*

Source: Secondary Use Services Dataset
*An admission related to homelessness in South Gloucestershire either has ICD-10 code "Z590" or "No Fixed Abode" postcode key recorded, and the patient is either registered

Figure 18: Proportion of non-elective hospital admissions for patients registered or resident in South Gloucestershire that were related to homelessness*

For more information on NHS Health data [click here](#)

Top 5 main programme area for non-elective hospital admissions related to homelessness in South Gloucestershire, compared to all admissions, January 2019 to August 2024.
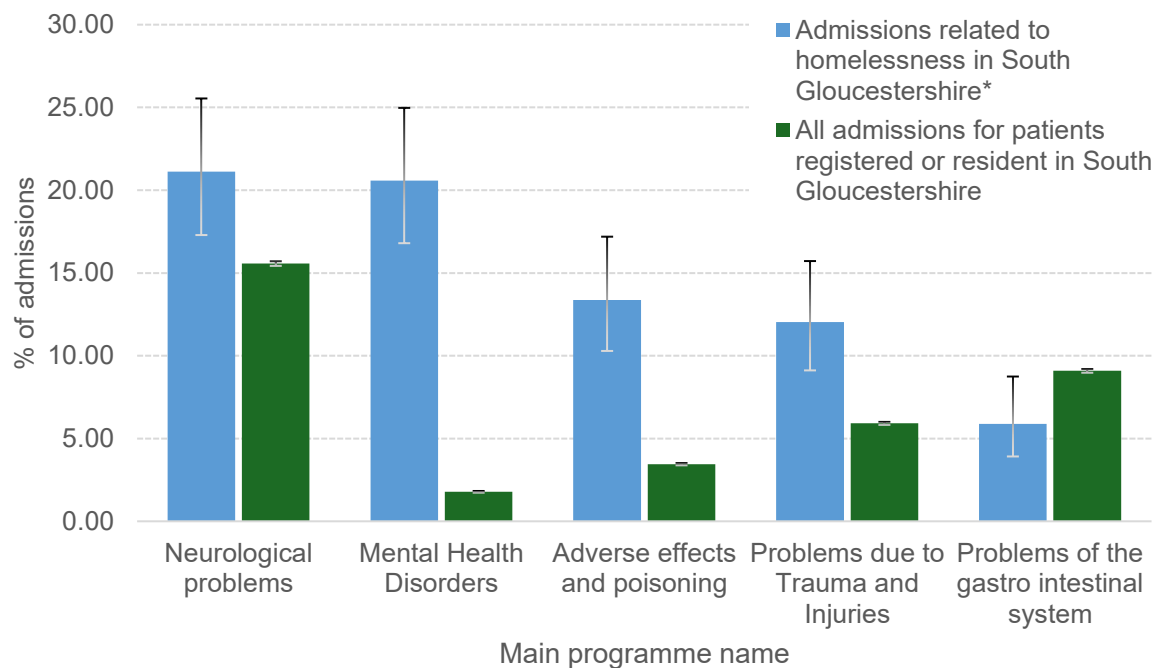
Source: Secondary Use Services Dataset
*An admission related to homelessness in South Gloucestershire either has ICD-10 code "Z590" or "No Fixed Abode" postcode key recorded, and the patient is either registered or resident in South Gloucestershire.

Figure 19: Top 5 main programme area for non-elective hospital admissions related to homelessness in South Gloucestershire, compared to all admissions, January 2019 to August 2024.

Infectious diseases

Data were obtained from UKHSA on the number of infectious disease cases and incidents observed in South Gloucestershire since 2019. Persons are included when the 'Principal_context' was listed as 'Homelessness accommodation' or the 'Brief_description' contained the word 'homeless'. The main findings after analysing these data were:

- There were no situations relating to cases of infectious disease occurring in people experiencing homelessness in South Gloucestershire since 2019
- There have been one case of Invasive group A streptococcus and tuberculosis in people experiencing homelessness in South Gloucestershire in the past 2 years.

For more information on Infectious disease data click here

What are services are saying about health?

Health Needs

Four stakeholders specifically mentioned health needs of their clients in relation to homelessness. Persons experiencing homelessness were tackling more complex issues/ experiencing more complex needs, especially in relation to their mental health. Persons experiencing homelessness were frequently found to have psychosis, substance misuse, and personality disorders.

Barriers to accessing services.

Seven services provided information on barriers to accessing services. Two services reported that the condition of being homeless made treatment more challenging. Persons need the stability offered by housing to be successfully treated. However, they could not secure housing until they had received treatment. Services reported that stability allowed people to prioritise and undertake treatment. The barriers highlighted were being able to successfully navigate the system, have a clear link and transition between services, continuation of care following a move to another local authority, stigma, and trusted relationships. LGBTQ+ persons were thought to experience significant barriers to services. These focused on discrimination when accessing or receiving services and structural issues in how services are organised not meeting their needs such as gendered accommodation which does not meet the needs of everyone.

Non-Health

The non-health impact of homelessness was understood using data from Avon and Somerset police. The main findings after analysing these data were:

- The number of calls related to homelessness that are attended and unattended increased between financial year 2022/23 and 2023/24 and will likely be maintained in 2024/25.

For more information on Police and Crime data click here

What services are saying about non-health impacts?

The Negative Effects of Homelessness

Two stakeholders specifically mentioned negative effects of homelessness. Probation services reported challenges of persons being released from Prison onto the street which exacerbated their ability to comply with probation and reintegrate into society. Another service reported that being homeless had a long-term impact on a person's ability to reintegrate into a "normal" life.

Future look

Objective 10: Provide information to support horizon scanning to understand whether homelessness will increase and whether current services are sufficient to support future demand.

Homelessness in South Gloucestershire is expected to rise due to a combination of economic pressures, demographic shifts, and worsening housing affordability and availability.

The needs of those experiencing homelessness are becoming increasingly complex and based on current health projections this is expected to continue. The average level of ill health in England's population is projected to rise by 5% by 2040, and by 24% among those aged thirty and older once population changes are factored in (Watt, 2023). Additionally, the total number of people diagnosed with major illnesses is expected to increase by more than a third, with individuals spending longer periods living with illness (Watt, 2023). This is expected to increase most in persons aged 70 years and older [56]. Nationally a report from 2018 indicates that mental health problems among children and young people have increased five-fold over the past 20 years and are projected to rise by a further 63% by 2030 if current trends continue (Akpan, 2023). Financial insecurity in South Gloucestershire is also becoming more prevalent, affecting even higher income families (Akpan, 2023), while local support services are struggling to meet rising demand, (Akpan, 2023). Furthermore, many people do not access the support they are entitled to (Akpan, 2023).

Housing affordability represents a major barrier. Housing benefits are not sufficient to cover private rental costs, with only 2.5% of private rented properties in England affordable for housing benefit recipients between April and October 2024 (Crisis, 2025). With housing benefit rates frozen until 2026, this shortfall represents a real terms cut (Crisis, 2025). This policy may push more people out of the private rented sector and into homelessness, adding pressure on local authorities' temporary accommodation costs (Crisis, 2025).

Nationally rental prices for new tenancies have risen by nearly 20% since early 2022, and rent increases overall are at record highs (Pacitti, 2024). South Gloucestershire (55% increase) and Bristol (53% increase) have seen rent increases of over 50% since 2016 (Pacitti, 2024). The growth in private renting—driven by declining homeownership and a shortage of social housing—has heightened exposure to these affordability pressures (Pacitti, 2024).

Considerations

Objective 11: Developed considerations based on the available evidence to enable South Gloucestershire Council and partners to better prevent and respond to homelessness.

Demand for housing outstrips supply.

Key message from report	Proposed areas for development	The benefit of tackling this issue
Demand for housing and support outstrips supply	Consider with partners how to either increase provision of affordable or social housing or protect residents from high housing costs.	Provision of safe and affordable housing is the most effective intervention to prevent homelessness
There is a under provision of social housing in the local authority		

Gap in support related to current legal frameworks.

Key message from report	Proposed areas for development	The benefit of tackling this issue
Services for people who are street homelessness are lacking	At present the priority due to higher burden should be persons who are experiencing homelessness due to unstable housing. However, with partners it would be prudent to prepare for an increase in street homelessness by developing and prioritising a set of interventions that could be applied to support people living on the streets	Preparing for an increase allows for more effective, considered, and timely action to support persons health, wellbeing, and access to accommodation and other services.
The needs of persons experiencing housing instability fall outside what is provided through national legal frameworks	In collaboration with partners, increase provision of support for people experiencing housing instability and homelessness that are not included in national legal frameworks. This support should focus on the drivers of homelessness like economic instability, employment, housing costs, and health issues.	Supporting people who are ineligible within legal frameworks can decrease the likelihood of future homelessness. This is likely a key group for prevention.

Key message from report	Proposed areas for development	The benefit of tackling this issue
The priority problem is not rough sleeping, although that is a problem, it is housing instability.	In collaboration with partners, direct prevention efforts to support people/families in unstable housing or who are in stable housing but are experiencing a driver of homelessness.	Persons in unstable housing or who are at risk of homelessness have a high risk of more pronounced homelessness, such as street homelessness, which legally require council intervention and costs the council a significant amount of money. Supporting this risk group earlier is likely cost effective and reduces demand on downstream services.
	In collaboration with partners, develop methodologies to identify earlier those persons/families who are at risk of homelessness and losing their settled home.	The council (and partner agencies) holds a wealth of data which can be used to identify those who are at risk of homelessness, for example proactive support could be provided to persons who newly claim a council tax rebate. Early identification and intervention are likely cost effective compared to mandated support further down the pathway. early intervention prevents the health and economic impacts associated with homelessness reducing the burden on the whole system
Persons with a housing need who fall outside the prioritisation scheme within the legal framework are made homeless	In collaboration with partners, consider what support is available to persons who are not within a priority group	Protecting these people from homeless will protect them from the harm associated with becoming homeless

Health

Key message from report	Proposed areas for development	The benefit of tackling this issue
A greater number of persons who are homeless are seeking health/medical care. Their health problems are significantly different to the general population	Work with partners across the ICS to design services and interventions to improve / protect health of people experiencing homelessness	Supporting a person's health when experiencing homelessness improves a person's ability to support themselves and others during their period of homelessness

Homelessness getting worse and harder to manage

Key message from report	Proposed areas for development	The benefit of tackling this issue
Homelessness is getting worse across the whole spectrum from housing instability to rough sleeping	Implement and improve prevention activities across the whole spectrum or homelessness. This should be in collaboration with partners and focus on the drivers of homelessness like economic instability, employment, housing costs, and health. Be pro-active in helping persons who have been identified as struggling with money, health, or relationship issues.	Earlier prevention is likely cost effective, reduces demand on frontline services, and improves outcomes across the whole system
Persons who are becoming homeless are becoming more complex	Work with partners to develop interventions that are multidisciplinary and support a person on a range of issues rather than only housing	The drivers of homelessness are multi-faceted and whilst the priority is provision of safe and affordable housing, holistic management of a person will improve outcomes
Housing both buying and renting is expensive	In collaboration with partners, consider how to either increase provision of affordable or social housing or protect residents from high housing costs	Provision of safe and affordable housing is the most effective intervention to prevent homelessness
The local and national economic context mean that homelessness is likely to get worse	In collaboration with partners prepare services for homelessness to increase. Make better use of existing council and system resources to support homelessness upstream of engagement with legal pathways. Ensure that people who are experiencing difficulties are aware of what help is available to	Earlier prevention is likely cost effective, reduces demand on frontline services, and improves outcomes across the whole system

Key message from report	Proposed areas for development	The benefit of tackling this issue
	them and encourage uptake. For instance, debt advice.	

Inequalities

Key message from report	Proposed areas for development	The benefit of tackling this issue
Inequalities exist in the risk of becoming homeless and in services provided	In collaboration with partners, improve understanding of inequalities in persons experiencing homelessness and those receiving support and modify services to tackle these. Improve service acceptability, through coproduction, to address inequalities in outcome	Better designed services that are equitable support persons to seek and obtain the support they need. Improving outcomes and reducing costs through advice and support that is understandable and appropriate to all residents of the local authority

Services are not joined up

Key message from report	Proposed areas for development	The benefit of tackling this issue
Persons who report housing problems when accessing another service are not frequently referred for housing support	In collaboration with partners, improve referral pathways from non-council services to council services. Consider a single front door for people with housing problems to access support which provides help within and outside the legal framework for homelessness	a large number of persons who are homeless or at risk of homelessness are likely not in contact with council housing services. Providing support as early as possible to with housing problems is a key step in improving prevention. It is likely cost effective, reduces demand on frontline services, and ensures holistic care across the system

Specific groups

Key message from report	Proposed areas for development	The benefit of tackling this issue
Persons engaged with drug and alcohol, mental health, and asylum services are at risk of homelessness	With partners, develop specific interventions to support people engaged with drug and alcohol, mental health, and asylum services with homelessness	These groups are well-defined and are already in engaged with services within the system. These groups represent an accessible group for intervention. Providing intervention to these groups even when they are not engaged with council housing services would be a key step in preventing homelessness in the local authority.
	In collaboration with partners, consider how to encourage and implement a "making every contact count" approach in services that come in to contact with persons at risk of homelessness.	Certain services, like One Stop shop, mental health, and drug and alcohol services come in to contact with a large number of people who have housing problems. A make every contact count approach would ensure that these persons were signposted to advice to support action on the drivers of homelessness.
There is a gap in provision for recently approved asylum seekers	With partners, improve pathways for persons who are applying for asylum	If current services better met these persons needs their health would be improved and their ability to integrate into society would be improved.

The collection and use of data related to homelessness

Key message from report	Proposed areas for development	The benefit of tackling this issue
Improve collection and use of data to enable improved strategic oversight, operational efficiency, and data driven support and prevention.	Implement a unique identifier at the person and household level and include this in all records related to homelessness. This would be included prospectively but for maximum benefit historical records would be given a unique ID.	A unique identifier is essential to allow a data driven approach at the strategic and operational level. It allows data linkage and monitoring throughout the whole homelessness pathway.

Key message from report	Proposed areas for development	The benefit of tackling this issue
	Use a unique identifier to track people through the homelessness and housing application process	Tracking provides an understanding of what factors are associated with positive and negative outcomes. These insights enable data driven prevention measures and optimisation of service provision
	In collaboration with partners, standardise datasets and forms so that they collect comparable data and ensure that data collection is in line with routine data collection from agencies like office of national statistics.	Standardisation allows for a wider range of comparisons with census and other routinely collected data to be made. Allow you to understand which groups are over/under represented in homelessness data through calculation of population rates and expected counts
	Use wider council datasets to identify and flag persons who are at risk of homelessness for proactive intervention.	Early identification and intervention are likely cost effective compared to mandated support further down the homelessness pathway. Early intervention prevents the health and economic impacts associated with homelessness reducing the burden on the whole system
	Link homelessness data to other council datasets to enrich understanding of the drivers of homelessness.	Wider council data can be used to enhance current homelessness data and improve understanding of the drivers of homelessness within the local authority
	Collect at minimum a limited dataset on all persons approaching the council / eligible for prevention or relief duty	Comprehensive data collection on persons at all stages of the homelessness pathway, even if they are unlikely to be eligible for help, allows for a better understanding of who is seeking help and what support is needed outside legal frameworks. It provides denominator data that can be used to understand how people move through the homelessness pathway. For instance, it allows the proportion of

Key message from report	Proposed areas for development	The benefit of tackling this issue
		persons with a prevention duty who had homelessness prevented to be calculated.
	Consider, piloting the use of predictive models that score person's risk of homelessness and use to prioritise support and interventions	As homelessness data represents a cohort of persons with prospective data collection on outcomes it can be used to develop an understanding of factors associated with homelessness. Modelling these factors would allow a person's risk of homelessness to be assessed in real time during their application. This information would allow for enhanced support to be provided to improve chances of prevention

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Appendix one: results

Local economic context

The Indices of Deprivation combine a range of economic, social, and housing indicators to provide a measure of relative deprivation, i.e. they measure the position of areas against each other within different domains. This data therefore provides some useful baseline contextual information for localities in terms of existing deprivation levels, which will influence and inform the scale of impacts due to Covid-19.

- South Gloucestershire is ranked 266 most deprived out of 317 authorities – based on the Index of Multiple Deprivation (IMD) average rank. This measure is based on population weighted ranks of all neighbourhoods within an area, so an area that is more uniformly deprived will tend to rank higher on this measure. It is a weighted average of the seven IMD domains: Income Deprivation, Employment Deprivation, Health Deprivation and Disability, Education Skills and Training Deprivation, Barriers to Housing and Services, Living Environment Deprivation, and Crime.
- Zero percent of South Gloucestershire neighbourhoods (Lower Super Output Areas) are in the 10% most deprived nationally. The domain measures the proportion of the population experiencing deprivation relating to low income.
- Specifically, with regards to income deprivation, South Gloucestershire is ranked 239 most deprived out of 317 authorities – based on the IMD average rank.

South Gloucestershire has an employment rate of 84.2% this has decreased from 85.3% for the previous 12-month period. This is above the South Gloucestershire CIPFA nearest neighbours' figure of 79.4% and above the England figure of 75.7%.

The Annual Survey of Hours and Earnings (ASHE) is conducted in April each year to obtain information about the levels, distribution and make-up of earnings and hours worked for employees. This data provides information about earnings of employees who are living in an area, who are on adult rates and whose pay for the survey pay-period was not affected by absence. This data therefore provides useful context in terms of potential economic and financial resilience.

In South Gloucestershire, median gross annual earnings are £39,263.0, this is above the South Gloucestershire CIPFA nearest neighbours' figure of £38,763.3 and above the England figure of £37,617.0.

The total number of people claiming Universal Credit, including the numbers of those in and out of employment. The number of claimants in/out of employment are released one month later than the overall total. The latest month's total for overall number of people claiming is provisional. 21,499 people were claiming Universal Credit in South Gloucestershire in Nov 2024. For the latest month available (Oct 2024) 11,482 of these claimants were not in employment, whilst 9,465 were in employment. The total number of claims has increased by 16.8% compared to Nov 2023.

Claimant Count is an administrative measure of the number of people claiming benefit principally for the reason of being unemployed, using individual records from the benefit

system. It therefore provides a useful indication of how unemployment is changing at a local level. The claimant count rate in South Gloucestershire in Nov 2024 was 2.0%, an increase from 1.8% in Nov 2023. The South Gloucestershire CIPFA nearest neighbours' rate was 2.8% for the same month and 2.6 last year.

Each council has its own individually designed and owned Local Council Tax Support scheme to provide help to low-income (working age) council taxpayers. Local discretion means that the amount of discount varies between councils. Local Council Tax Support for pensioners is set at a national level. This data therefore provides a useful indication of levels of resident vulnerability within South Gloucestershire. In 2024/25 Q2, there were a total of 10,849 Local Council Tax Support claimants in South Gloucestershire. This equals to a rate of 4.4% of the area's population aged sixteen or over in receipt of a reduced council tax bill, which is lower than the South Gloucestershire CIPFA nearest neighbours' rate of 6.0%. The number of Local Council Tax Support claimants has seen a downward trend since 2021/22 Q2 (11199, 4.7%), 2022/23 Q2 (11013, 4.6%), 2023/24 Q2 (11004, 4.5%). A similar trend in reduction is seen in South Gloucestershire CIPFA nearest neighbours' rate.

In South Gloucestershire, the total amount of council tax that was due to be collected for 2023/24, but which was not collected, was £20.41 per head of the total population, this is lower than the average amount of £21.44 per head of the total population for South Gloucestershire CIPFA nearest neighbours. The overall collection rate in 2023/24, for South Gloucestershire was 97.24%, compared to an average of 97.06% for South Gloucestershire CIPFA nearest neighbours.

Housing and lettings data

Ratio of median house price to median gross annual (residence-based) earnings

This is the median housing affordability ratio (residence-based) and is calculated by dividing house prices by gross annual earnings, based on the median of both house prices and earnings. This measure of affordability shows what the people who live in a given area earn in relation to that area's house prices, even if they work elsewhere. This measure does not consider that people may be getting higher earnings from working in other areas. A higher ratio indicates that on average, it is less affordable for a resident to purchase a house. The median housing affordability ratio for South Gloucestershire was 9.12 in 2023 which is above the South Gloucestershire CIPFA nearest neighbours' figure of 8.45.

Average monthly private sector rent for a 2-bedroom property.

This is the mean (average) gross monthly rent paid (ignoring any adjustment for services not eligible for housing benefit), for a 2-bedroom property. These statistics are simple price averages and not suitable for comparisons over time due to the changing composition of the underlying data. The average monthly private sector rent for a 2-bedroom property in South Gloucestershire was £1,062 in 2022/2023 (Biannual 2), this is higher than the average of £870 for South Gloucestershire CIPFA nearest neighbours.

Average weekly private registered provider rents

Private registered provider average weekly rent is the average weekly Private Registered Provider (PRP) rent in GBP for the financial year. The average weekly Private Registered Provider (PRP) rent for the same period was £108.73 compared to a figure of £103.00 for South Gloucestershire CIPFA nearest neighbours.

Households on the housing waiting list.

This is the total households on the housing waiting list on 31st March per 1,000 households. Local authorities are expected to keep a waiting list of housing applicants in order to deliver their statutory allocation functions. The housing waiting list should include both households in housing need and those not in housing need. However, this should exclude existing local authority tenants seeking a transfer within the authority's own stock.

There was a total of 5,166 households on the housing waiting list, equating to 42.0 per 1,000 households in South Gloucestershire on 31 March for the year 2023/24. The average for South Gloucestershire CIPFA nearest neighbours was 4,437, equating to 37.6 per 1,000 households.

Housing benefit recipients

This is the proportion of all households within a local authority area that are in receipt of housing benefit. It is compiled from monthly returns of housing benefit claimants provided by each individual local authority. Household: a single person, or a group of people living at the same address who have the address as their only or main residence and either share one main meal a day or share living accommodation (or both). There were 5,298 housing benefit recipients in South Gloucestershire in Aug 2024. This was 4.26% of all households in South Gloucestershire which is lower than the average of 5.38% of all households for South Gloucestershire CIPFA nearest neighbours.

Mortgage and landlord possession claims.

A mortgage or landlord possession action starts when a mortgage lender or landlord completes and submits a claim to the courts to repossess a property. The most common reason for repossession is arrears of mortgage or rent. A claim is therefore a good indication of the extent to which families are struggling to keep up with their household costs and their potential exposure to losing their home. The Government's guidance due to Covid-19, was that lenders should not commence or continue any repossession proceedings against any borrower. This will have severely limited the number of potential cases during the first two quarters of 2020/21.

During Q3 (Jul-Sep) 2024, there were fifty-eight landlord possession claims in South Gloucestershire, equating to 4.7 per 10,000 households. During the same time period South Gloucestershire CIPFA nearest neighbours' rate was 6.4 per 10,000 households. Additionally, there were twenty-two mortgage possession claims, representing 1.8 per 10,000 households. During the same time period South Gloucestershire CIPFA nearest neighbours' rate was 2.11 per 10,000 households.

Housing register

There were 19,056 applications received for the housing register between 2020 and 2024. Over the five-year period there has been a 16% rise in new applications (2020 = 3490, 2024 = 4054). Data from 2024 has been excluded due to a significant increase active applications due in part to the suspension of the annual review process. The number of active applications remained relatively stable with a small decrease between 2022 and 2023 (257, 7%). The majority of active applications come from registered applicants (52%) and decrease with priority banding with <1% of applicants being given a priority card. We have observed stable number of priority card, band C and registered applicants. Whereas we have seen an increase in 2022 followed by a larger decrease in 2023 in applications from Band B and Band C applications.

In 2023 the majority of applications were for one bed (45%), followed by 2-bed (32%), and 3-bed (16%) properties. This proportion has remained stable since 2020. Bands A and B require larger houses than Band C and registered applicants. In 2023 the majority of band A and B active applications were for 4 and 5 bed homes. This reflects the extended waiting times for people requiring larger homes. In 2024, The majority of active applicants were of White British ethnicity (80%), however this ethnicity represents 87% of the general population of South Gloucestershire meaning the housing register is more frequently used by persons of non-white British ethnicities. In 2024, 37% of applicants and 17% of band A and B identified as being disabled, respectively. However, only 2% of applicants were assessed as requiring a property requiring adaptation to meet their needs. The proportion of applicants overall identifying as disabled has increased since 2020, whereas those in bands A and B has decreased. Suggesting that disabilities experienced do not fall into priority categorisation. Applicants requiring property adjustments has remained stable. The 2021 census found that 17% of South Gloucestershire residents identified as disabled meaning that persons identifying as disabled were more frequently represented on the housing register.

In 2024, the proportion of households on the housing register self-declared as current or former members of the armed forces was 2%. The 2001 census found 4% of residents were veterans suggesting that these households were under-represented on the housing register. The proportion of persons on the housing register who were care leavers was 1% in 2023 and whilst the proportion has remained stable the numbers have decreased since 2020 (42 in 2020 vs 23 households in 2023).

When looking at lettings data between 2019/20 and 2023/24, we can see that the most commonly let property type was flats (41%), houses (38%), and sheltered flats (7%). Flats and houses have remained the most commonly let property types, but the proportion of sheltered flats let has decreased since 2021/22 for (10% in 2021/22 compared to 7%). The proportion of houses let to households identifying as disabled was 39% in 2023-24. This has remained stable since 2021-22. When looking at properties let by ethnicity, we can see that in 2023-24 73% of properties were let to households of white British ethnicity and 22% other ethnic groups. The proportion of properties let to households of "Other Ethnic Groups" has increased by 5% between 2022-23 (202) and 2023-24 (251).

Homelessness data

Estimating homelessness

Data were combined from multiple sources on persons experiencing homelessness and housing problems to produce an estimate of the population effected by Homelessness. The estimate provides a range with the lower bound assuming that there is complete overlap between the datasets, i.e. everyone who is in HomeChoice data is represented in data from mental health or drug and alcohol data. The upper range assumes no overlap between the datasets i.e. nobody in HomeChoice data is represented in data from mental health or drug and alcohol data. Based on all data available it can be estimated that between 2313 and 3098 (2313 approaches + 623 persons engaged with mental health services + 162) persons experiencing homelessness or housing problems in 2022/23 and a maximum of 62 persons were street homeless during the year.

Approaches data

Data on approaches were only available between financial year 2020/21 and 2022/23. During this period there were 6716 approaches to the South Gloucestershire Council Home Choice team. The total number varied over time with an upward trend from 2165 in 2020/21 to a high of 2313 in 2022/23. This equates to a rate of 23.12 homelessness approach episodes of per one thousand population during the total period. It should be noted that approaches data likely include the same person approaching on multiple occasions, therefore leading to an inflation in the number over time.

The number of persons across different stages of HomeChoice homelessness pathway across 2020/21 to 2022/23
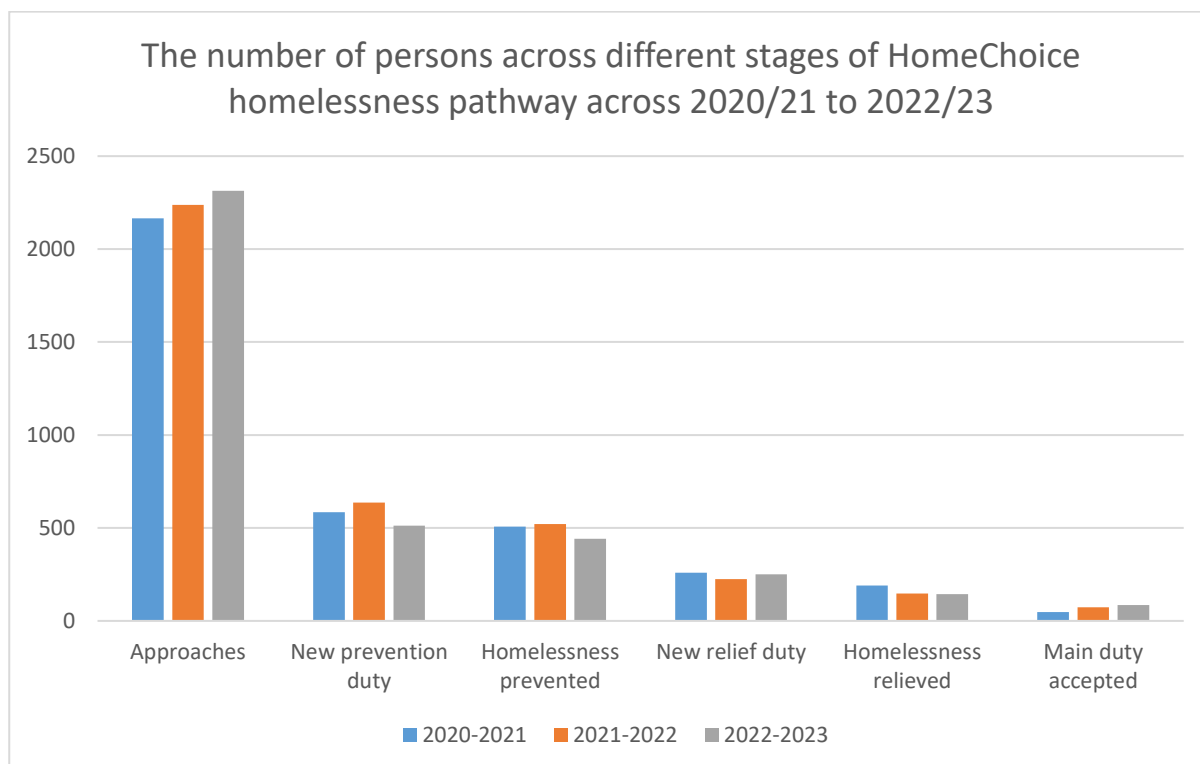
When looking at the rate of council approaches for homelessness by age group it was found that persons were aged 30-39 (54.45/1000), 20-29 (52.48/1000), 40-49 (39.14/1000), had a higher approach rate than the overall rate.

There were ten ethnic groups with an approach rate greater than the overall rate. These were Gypsy or Irish Traveller (106.09/1000), Caribbean (56.6/1000), African (55.62/1000), Bangladeshi (53.36/1000), Black or Black British: Any Other (49.24/1000), Other Ethnic (48.95/1000), White and Black Caribbean (44.63/1000), Asian or Asian British: Any Other (34.85/1000), White And Black African (34.25/1000), and White Any Other (28.33/1000). Persons who self-identified as disabled had a higher approach rate (43.41/1000) than those who did not identify disabled (14.37/1000). Rates data were not available for sexual orientation and proportions are presented instead. The majority of persons approaching the council about homelessness identified as heterosexual (51%), Bi-Sexual (1.36%), Gay Man (0.46%), and Lesbian/Gay Woman (0.7%), 46% did not state or did not wish to disclose their orientation. Persons who were pregnant made up 2.59% of approaches. Persons approaching the council about homeless most frequently had no children (61.63%), but persons frequently had 1 (16.18%), 2 (9.28%), 3 (7.98%) children.

The most frequently reported reason for people approaching the council about homelessness were due to End of Private Rented Tenancy - Assured Shorthold Tenancy (10.89%) and Family No Longer Willing or Able to Accommodate (10.47%). However, most were "Not Known" (61.02%).

Prevention duty: Persons threatened with homelessness.

Between financial year 2019/20 and 2023/24 there were 2941 episodes of persons threatened with homelessness reported to the South Gloucestershire Council Home Choice team. The total number varied over time with a downward trend from 647 in 2019/20 to a low of 513 in 2022/23, number slightly increased to 560 in 2023/24. This equates to a rate of 10.13 episodes of threatened homelessness per one thousand population. Between 2020/21 and 2022/23 approximately 26% of homelessness approach episodes received a prevention duty.
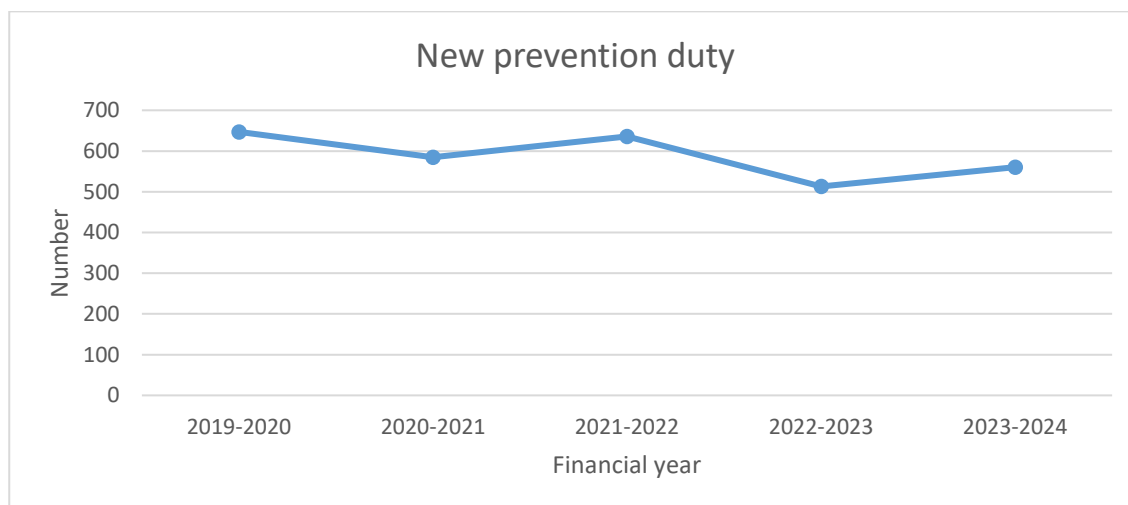
When looking at the rate of threatened homelessness by age group it was found that episodes where persons were aged 20-29 (22.07/1000), 30-39 (21.40/1000), and 40-49

(15.50/1000) were all higher than the overall rate. There were12 ethnic groups with a threatened with homelessness rate greater than the overall rate. These were Black or Black British: Any Other (22.73/1000), African (21.89/1000), Caribbean (20.51/1000), Other Ethnic (20/1000), Bangladeshi (18.93/1000), White and Black Caribbean (18.81/1000), Arab (17.31/1000), White any Other (14.9/1000), Asian or Asian British: Any Other (12.38/1000), Gypsy or Irish Traveller (11.29/1000), White and Black African (11.05/1000), and British Romany Gypsy (10.72/1000).

Persons who self-identified as disabled had a higher rate of being threatened with homelessness (19.4/1000) than those who did not self-identify as disabled (6.79/1000). Rates data were not available for sexual orientation and proportions are presented instead. The majority of persons threatened with homelessness identified as heterosexual (62%), Bi-Sexual (2%), Gay Man (0.7%), and Lesbian/Gay Woman (0.7%), 33% did not state, did not wish to disclose their orientation.

Persons with a new prevention duty main reason for being threatened with homelessness were end of private rented tenancy - assured shorthold tenancy (1003, 34.1%), family no longer willing or able to accommodate (740, 25.16%), relationship with partner ended (non-violent breakdown) (228, 7.75%), and end of social rented tenancy (225, 7.65%).

Prevention of homelessness

Between financial year 2019/20 and 2023/24 there were 2910 episodes of persons threatened with homelessness reported to the South Gloucestershire Council Home Choice team were prevented. The total number varied over time with a downward trend from 521 in 2022/23 to 451 in 2023/24.

Persons who were aged 20-29 (18.5/1000), 30-39 (17.21/1000), and 40-49 (12.29/1000), all had a rate higher than the overall rate (8.3/1000). Persons aged 10-19 (1.15/1000), 90-100 (1.11/1000) years had low rates of homelessness prevented.

The highest rates were found in persons of Black or Black British: Any Other (18.94/1000), Caribbean (16.41/1000), Other Ethnic (15.79/1000), White and Black Caribbean (14.75/1000), African (14.71/1000), and Bangladeshi (13.77/1000) ethnicity. Persons of White and Asian (2.56/1000), Indian (2.05/1000), and Chinese (1.42/1000), ethnicity had the lowest rates of homelessness prevented. Persons who self-identified as disabled (16.05/1000), had a higher rate of homelessness prevented compared to those who did not self-identify as disabled (5.52/1000).

Rates data were not available for sexual orientation and proportions are presented instead. The majority of persons who had homelessness prevented identified as Heterosexual (1506, 62.46%), Bi-Sexual (42, 1.74%), Gay Man (16, 0.66%), and Lesbian/Gay Woman (16, 0.66%).

Persons who had homelessness prevented commonly were threatened by homelessness due to end of private rented tenancy - assured shorthold tenancy (800, 33.18%), family no longer willing or able to accommodate (636, 26.38%), end of social rented tenancy (202, 8.38%), and relationship with partner ended (non-violent breakdown) (184, 7.63%).

Homelessness prevented
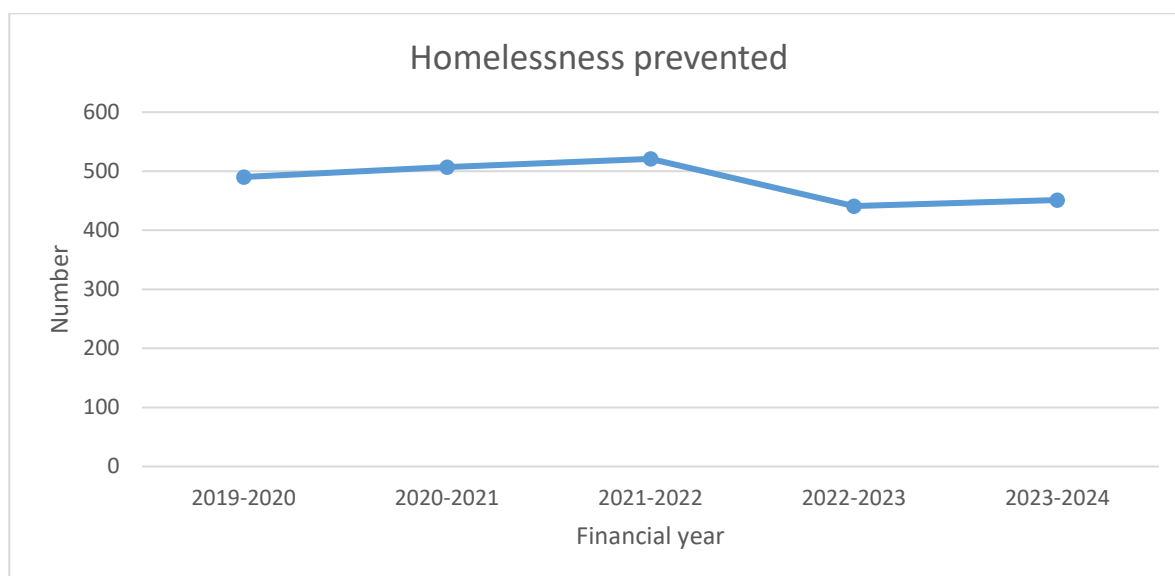
Figure 20: Number of persons threatend with homelessness prevented between April 2019 and March 2025

Persons who are homeless

Between Financial year 2019/20 and 2023/24 there were 1343 episodes where persons who were homeless were offered a relief duty by South Gloucestershire Council Home Choice team. The total number varied over time with an upward trend from 225 in 2021/22 to 451 in 2023/24. The rate was 4.62 episodes where a relief duty had been provided per one thousand population of South Gloucestershire.

New relief duty
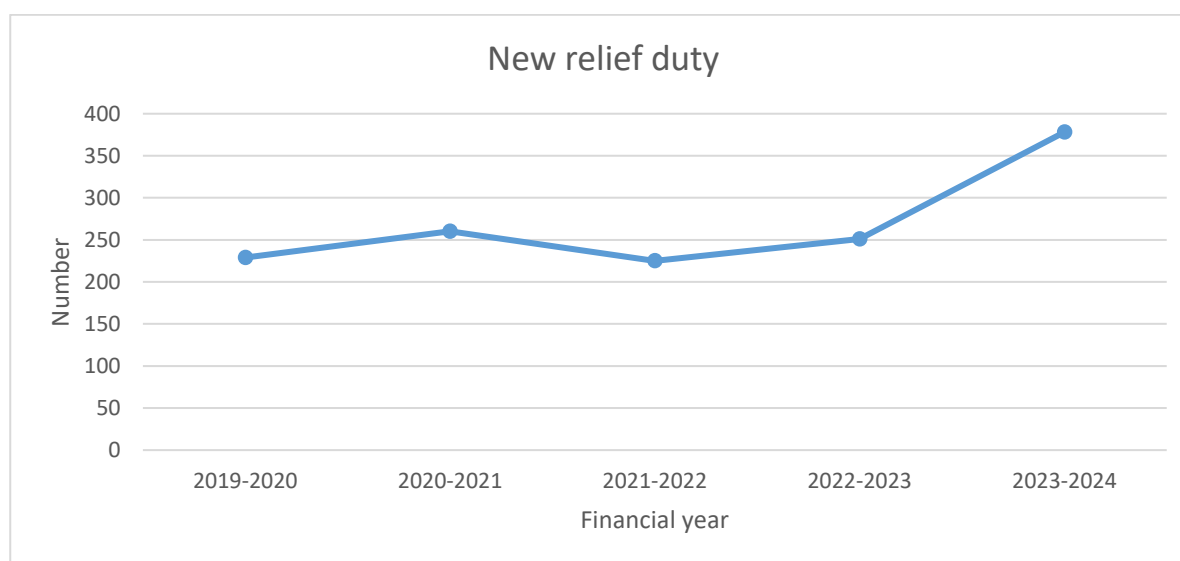
Figure 21: Number of persons who are homeless between April 2019 and March 2025

Persons who were aged 20-29 (11.11/1000), 30-39 (11.11/1000), and 40-49 (6.86/1000) all had a rate higher than the overall rate (4.6/1000). Persons aged 10-19 (0.7/1000), 70-79 (0.67/1000), 80-89 (0.64/1000), and 90-100 (0/1000) years had low rates of homelessness.

There were thirteen ethnic groups which had a higher rate of homelessness than the overall rate. The highest rates were found in persons of Arab (35.95/1000), Gypsy or Irish Traveller (22.57/1000), Other Ethnic (21.05/1000), African (17.94/1000) ethnicity. Persons

of Indian (0.82/1000) and Chinese (0/1000) ethnicity had the lowest rates of homelessness. Persons who self-identified as disabled (9.21/1000), had a higher rate of homelessness compared to those who did not self-identify as disabled (2.71/1000).

Rates data were not available for sexual orientation and proportions are presented instead. The majority of persons who were homeless identified as heterosexual (54%), Bi-Sexual (2%), Gay Man (0.2%), and Lesbian/Gay Woman (0.6%), 43% did not state, did not wish to disclose their orientation. There was a substantial increase in the number of persons who did not wish to disclose their sexual status (15%) compared to persons threatened with homelessness (new prevention order) (8%).

Persons with a new relief duty commonly reported the following reasons for homelessness Family No Longer Willing Or Able To Accommodate (334, 24.45%), End Of Private Rented Tenancy - Assured Shorthold Tenancy (144, 10.54%), Required To Leave Accommodation Provided By Home Office As Asylum Support (132, 9.66%), Domestic Abuse (106, 7.76%), and Domestic Abuse - Victim (105, 7.69%).

Number of people sleeping rough

People sleeping rough are defined as those sleeping or about to bed down in open air locations and other places including tents and make shift shelters. The snapshot does not include people in hostels or shelters, sofa surfers or those in recreational or organised protest, squatter, or traveller campsites. The snapshot records only those people seen, or thought to be, sleeping rough on a single night. The snapshot does not include everyone in an area with a history of sleeping rough, or everyone sleeping rough in areas across the October to November period.

The annual rough sleeping snapshot can take place on a single date chosen by the local authority between 1st October and 30th November. The snapshot takes place in the autumn, rather than Summer where numbers are likely to be higher due to warmer temperatures, or Winter, where numbers may be lower as there was more temporary night shelters set up to ensure people do not sleep on the streets in very cold weather.

Every year, during October & November, the Government ask all Local Authorities to complete a count to determine how many rough sleepers there are in the district. Between 2020-2024, the number of rough sleepers identified in South Gloucestershire has ranged from 2 to 5. The Snapshot: Autumn 2023 annual rough sleeping snapshot found a total of 3 people sleeping rough in South Gloucestershire, this is lower than the average of 17 for South Gloucestershire CIPFA nearest neighbours.

Whilst the snapshot provides a basic estimate of rough sleeping on a specific night, it does not provide an indication of the extent of rough sleeping in the district. For this reason, from September 2020, the Government asked Local Authorities to provide monthly information on the number of new rough sleepers identified.

Table 3: Number of rough sleepers identified by local authority by financial year.

Year	No of new rough sleepers identified
2021/22	21
2022/23	31
2023/24	102*
2024/25	51

* A significant increase in the number of rough sleepers was observed during 2023/24 as a result of the Government's decision to fast-track decisions on outstanding asylum claims. Successful applicants were only given a short period to find alternative accommodation before they were required to leave Home Office accommodation, and many were unable to source alternative housing.

When looking at data on referrals to home choice, see section, from "Street Services for rough sleepers" we can see thirty-nine referrals between calendar years 2020 to first three quarters of 2024. The number of referrals peaked in 2021 and remained high in 2022 but dropped in 2023 and 2024.

Figure 22: Number of rough sleepers referred to south Gloucestershire local authority by street services.

Homelessness relieved

Between financial year 2019/20 and 2023/24 there were 763 episodes of persons who were homeless reported to the South Gloucestershire Council Home Choice team who were relieved. The total number varied over time with a downward trend from 190 in 2020/21 to 118 in 2023/24.
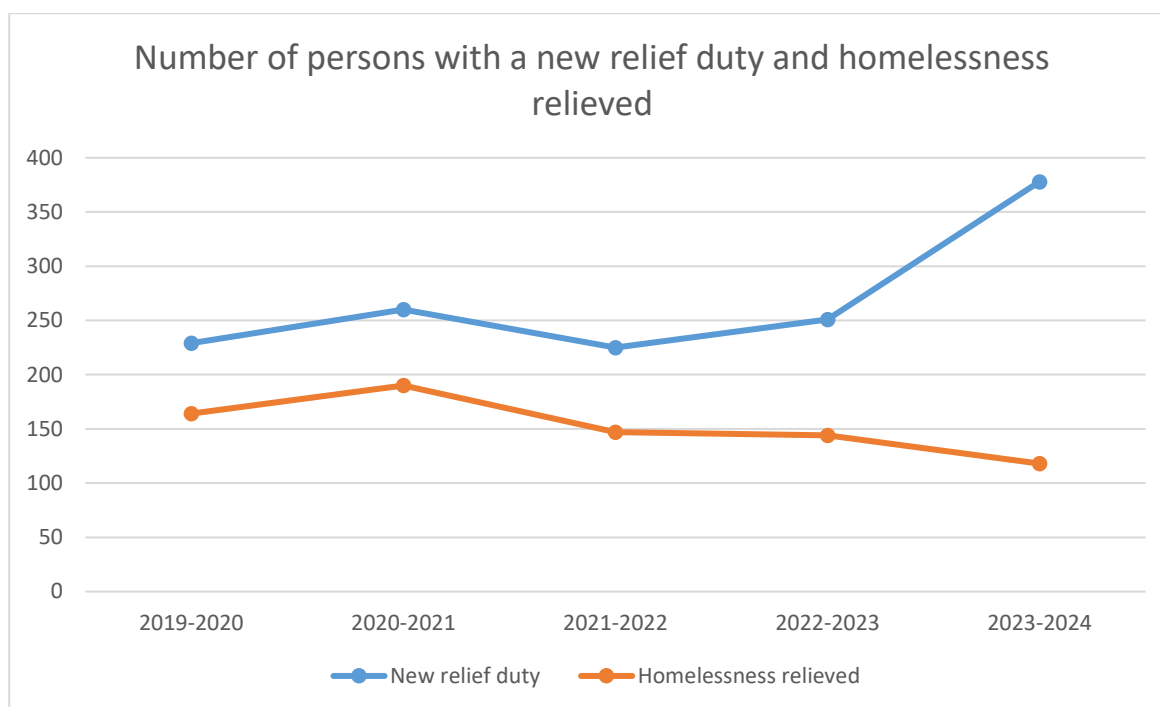
Figure 23: Number of persons with a new relief duty and homelessness relieved between April 2019 and March 2024

The next section compares the proportion of persons within demographic groups who had a new relief duty and the proportion of persons within these groups who had homelessness relieved. When the first proportion is higher than the second, we see that this group are potentially less likely to be relieved of homelessness. It should be noted that due to small numbers some of these differences may be due to chance variation alone.

We see differences in for persons aged 30-39 (33% new relief duty vs 29% homelessness relieved), 20-29 (31% new relief duty vs 33% homelessness relieved), and 60-69 (5% new relief duty vs 7% homelessness relieved). Differences were also seen in white British (61% new relief duty vs 65% homelessness relieved), persons without a disability (48% new relief duty vs 52% homelessness relieved), and heterosexual (54% new relief duty vs 57% homelessness relieved). Persons who were homeless due to end of private rented tenancy - assured shorthold tenancy (11% new relief duty vs 17% homelessness relieved), required to leave accommodation provided by home office as asylum support (10% new relief duty vs 5% homelessness relieved), family no longer willing or able to accommodate (24% new relief duty vs 28% homelessness relieved), domestic abuse - victim (8% new relief duty vs 4% homelessness relieved), and non-racially motivated / other motivated violence or harassment (4% new relief duty vs 2% homelessness relieved). Differences between persons with one child (19% new relief duty vs 23% homelessness relieved) and zero children (66% new relief duty vs 63% homelessness relieved). It should be noted that the number of domestic abuse contacts received by next link dropped in 2023/24.

Persons who had their homelessness relieved commonly reported the following reasons for becoming homeless Family No Longer Willing or Able To Accommodate (213, 27.92%), End Of Private Rented Tenancy - Assured Shorthold Tenancy (128, 16.78%), Domestic Abuse (66, 8.65%), and Relationship With Partner Ended (Non-Violent Breakdown) (63, 8.26%).

Main duty decision accepted.

Between financial year 2019/20 and 2023/24 there were 365 episodes where persons were accepted by South Gloucestershire Council Home Choice team for their main housing duty. The total number varied over time with an upward trend from 48 in 2020/21 to 94 in 2023/24. The overall rate was 1.26/1000 persons resident in South Gloucestershire.
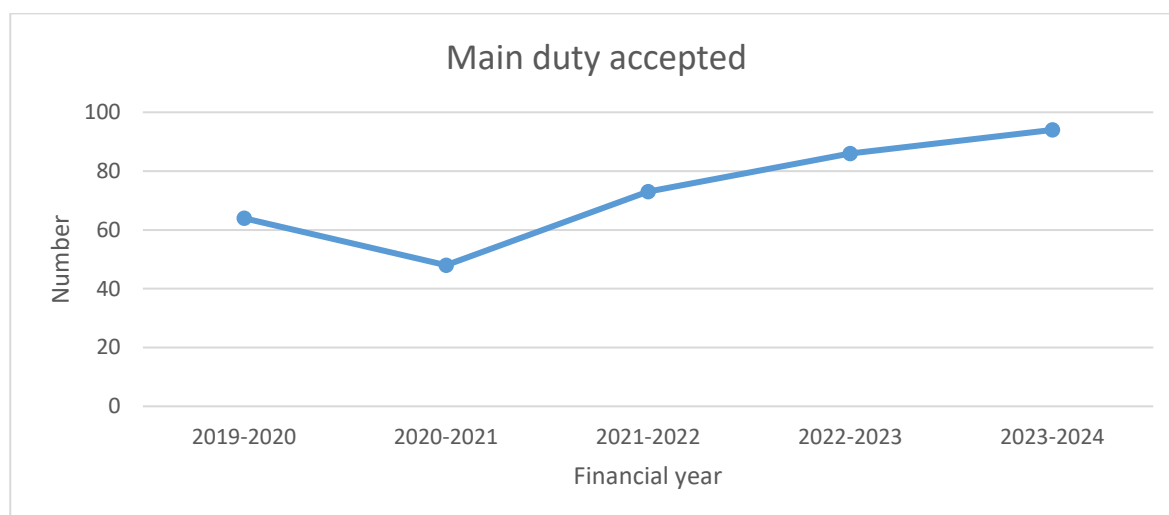
Figure 24: Number of persons with thier main housing duty accepted between April 2019 and March 2024

When looking at priority the most frequently observed reasons for offering main housing duty were when applicants included dependent children (64.66%), vulnerable as result of mental health problems (12.88%), and vulnerable as result of physical disability / ill health (11.23%).

The rate varied by age group with 30-39 (4.16/1000), 40-49 (2.16/1000), and 20-29 (2/1000) accepted for main housing duty. The ethnicities with the highest rate of main housing duty were African (8.25/1000), Bangladeshi (6.88/1000), Other Ethnic (6.32/1000), Asian or Asian British: Any Other (4.59/1000), and Arab (3.99/1000). Persons who self-identified as disabled (2.21/1000) had a higher rate than those who did not self-identify as disabled (0.9/1000). Rates data were not available for sexual orientation the majority of persons who had their main housing duty accepted were Heterosexual (61.1%) followed by Bi-Sexual (1.1%), Gay Man (0%), Lesbian/Gay Woman (0.82%).

The next section compares the proportion of persons within demographic groups who approached the council for housing advice with the proportion of persons within these groups who received a main housing duty. Data on approaches were only available between April 2020 and April 2023, and data has been restricted to this period. Reason for homelessness was unable to analysed due to large amount of missing data (62%) in the approach's dataset. When the first proportion is higher than the second, we see that this group has a greater representation in approaches compared to being main duty being accepted by the council. Differences were seen for persons aged 30-39 (30% of approaches vs 48% of main duty acceptances) and 20-29 (27% approaches vs 17% of main duty acceptances), persons who self-identified as disabled (28% approaches vs 33% of main duty acceptances), African (2% approaches vs 5% of main duty acceptances),

White British (61% approaches vs 63% of main duty acceptances), White any Other (5% approaches vs 7% of main duty acceptances), people with no children (62% approaches vs 35% of main duty acceptances), one child (16% approaches vs 31% of main duty acceptances), two children (9% approaches vs 22% of main duty acceptances), and three children (3% approaches vs 7% of main duty acceptances), heterosexual (51% approaches vs 64% of main duty acceptances), and persons who do Not Wish To Disclose their sexual orientation (13% approaches vs 9% of main duty acceptances).

Persons offered a main duty commonly reported the following reasons for homelessness End Of Private Rented Tenancy - Assured Shorthold Tenancy (80, 21.92%), Family No Longer Willing Or Able To Accommodate (70, 19.18%), Required To Leave Accommodation Provided By Home Office As Asylum Support (44, 12.05%), and Domestic Abuse - Victim (37, 10.14%).

Comparing observed against expected counts.

The following section presents indirectly standardised rates. These rates are calculated separately based on the observed number of people who approached, received a prevention duty, a relief duty, or had their main duty accepted. These observed numbers are then compared against the number you would expect to have approached, received a prevention duty, a relief duty, or had a main duty accepted if the whole population experienced the same overall crude rate. These rates are calculated across age group, disability, and ethnicity as these have denominator data available from the census. The expected count is calculated by applying the overall rate, for the general population, to the population in each stratum (e.g. to each age group). Then a ratio of observed to expected events is calculated to indicate whether the population within each stratum has greater/fewer expected events relative to what was actually observed. A ratio of greater than one suggests that this group has a higher-than-expected number of events.

When looking at the observed / expected ratios for age group we see persons who are aged between 20-29 and 30-39 observe around two times the expected rate of people who approached, received a prevention duty, a relief duty, or main duty accepted.
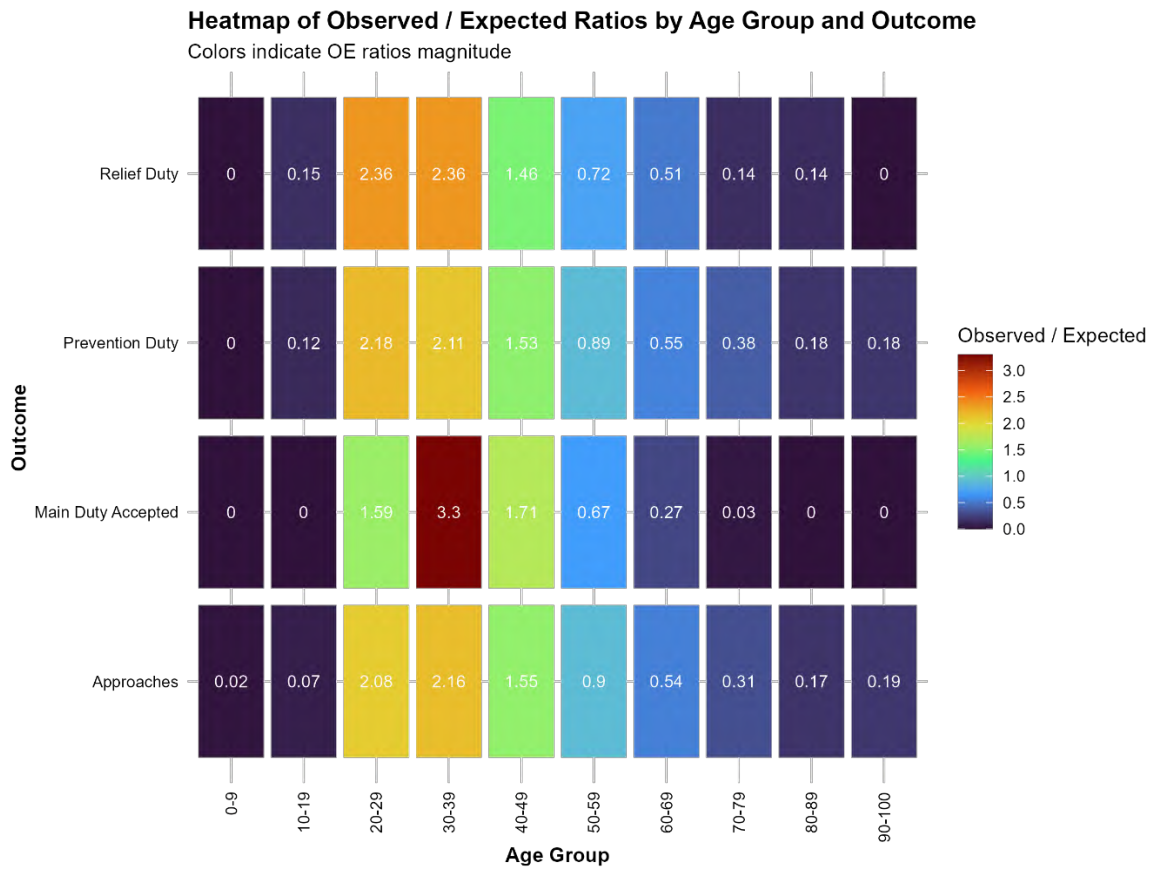
Figure 25: Heatmap of observed / expected number of approaches, prevention and relief duties, and main duties accepted by age group.

When looking at the observed / expected ratios for disability we see persons who self-identify as disabled observe approximately two times the expected rate of people who approached, received a prevention duty, a relief duty, or main duty accepted.

Heatmap of Observed / Expected Ratios by Dis Match and Outcome
Colors indicate OE ratios magnitude
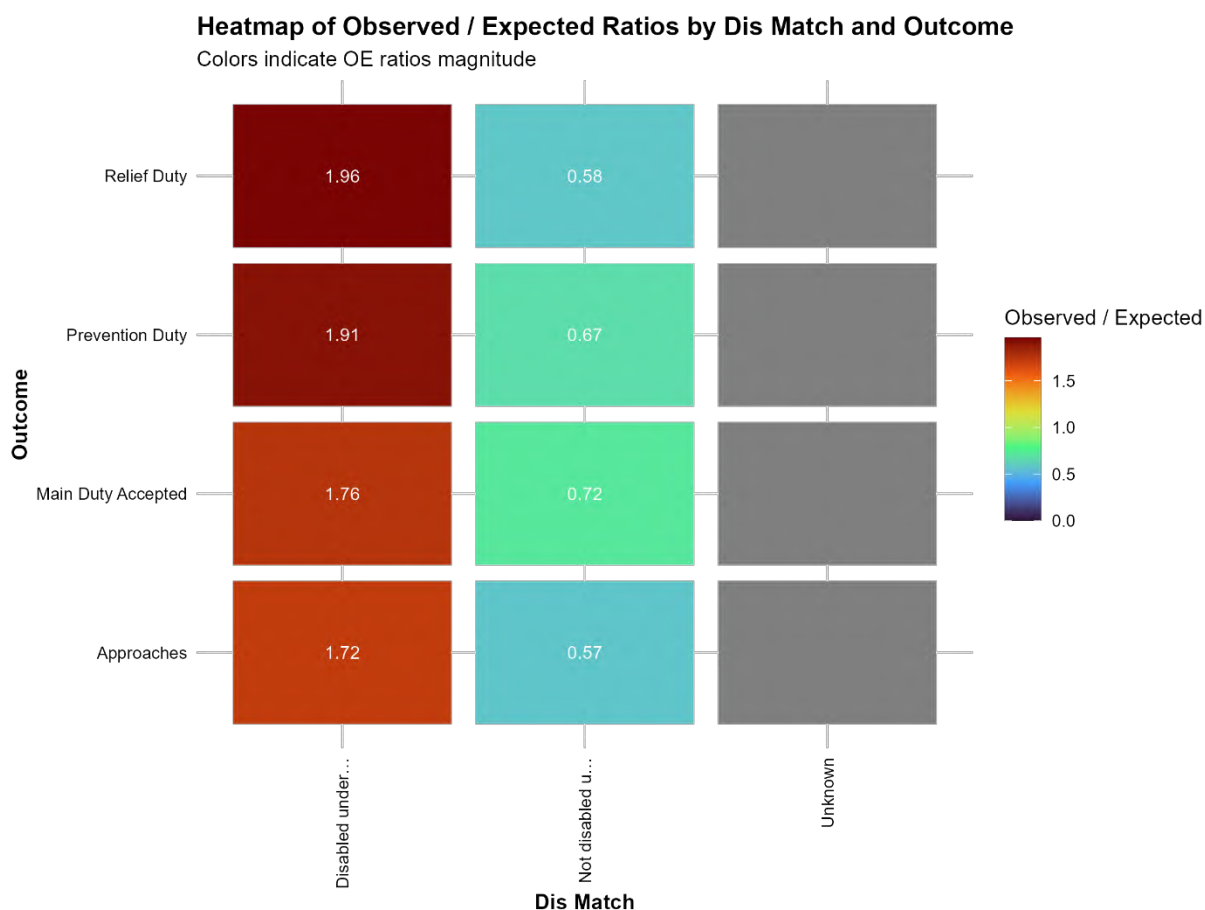
Figure 26: Heatmap of observed / expected number of approaches, prevention and relief duties, and main duties accepted by self-identified disability (dis match)

When looking at the observed / expected ratios across ethnicity categories we see variation in persons approaching, receiving a new prevention or relief duty, or having their main housing duty accepted. Persons who are Gypsy Or Irish Traveller (4.2, 95% CI:3.09 - 5.59), Caribbean (2.24, 95% CI:1.74 - 2.84), African (2.2, 95% CI:1.87 - 2.58), Bangladeshi (2.11, 95% CI:1.44 - 3), Black Or Black British: Any Other (1.95, 95% CI:1.27 - 2.86), Other Ethnic (1.94, 95% CI:1.57 - 2.38), White And Black Caribbean (1.77, 95% CI:1.47 - 2.11), or Asian Or Asian British: Any Other (1.38, 95% CI:1.09 - 1.73) had higher than expected number of approaches compared to the general population

Persons who were Black Or Black British: Any Other (2.24, 95% CI:1.16 - 3.92), African (2.16, 95% CI:1.65 - 2.78), Caribbean (2.02, 95% CI:1.31 - 2.99), and Other Ethnic (1.97, 95% CI:1.4 - 2.71) had higher than expected number of new prevention duty accepted compared to the general population

Persons who were Arab (7.65, 95% CI:5.04 - 11.13), Gypsy Or Irish Traveller (4.8, 95% CI:2.3 - 8.83), Other Ethnic (4.48, 95% CI:3.2 - 6.1), African (3.82, 95% CI:2.83 - 5.03), Asian Or Asian British: Any Other (2.24, 95% CI:1.42 - 3.37), and White And Black Caribbean (1.65, 95% CI:1.02 - 2.52) had higher than expected number of new relief duty accepted compared to the general population

Persons who were African (6.55, 95% CI:4.15 - 9.83), Bangladeshi (5.46, 95% CI:1.49 - 13.99), Other Ethnic (5.01, 95% CI:2.59 - 8.76), Asian Or Asian British: Any Other (3.64, 95% CI:1.75 - 6.69), White Any Other (1.82, 95% CI:1.23 - 2.58) had higher than expected number of main duty accepted compared to the general population

Heatmap of Observed / Expected Ratios by Eo Match and Outcome
Colors indicate OE ratios magnitude
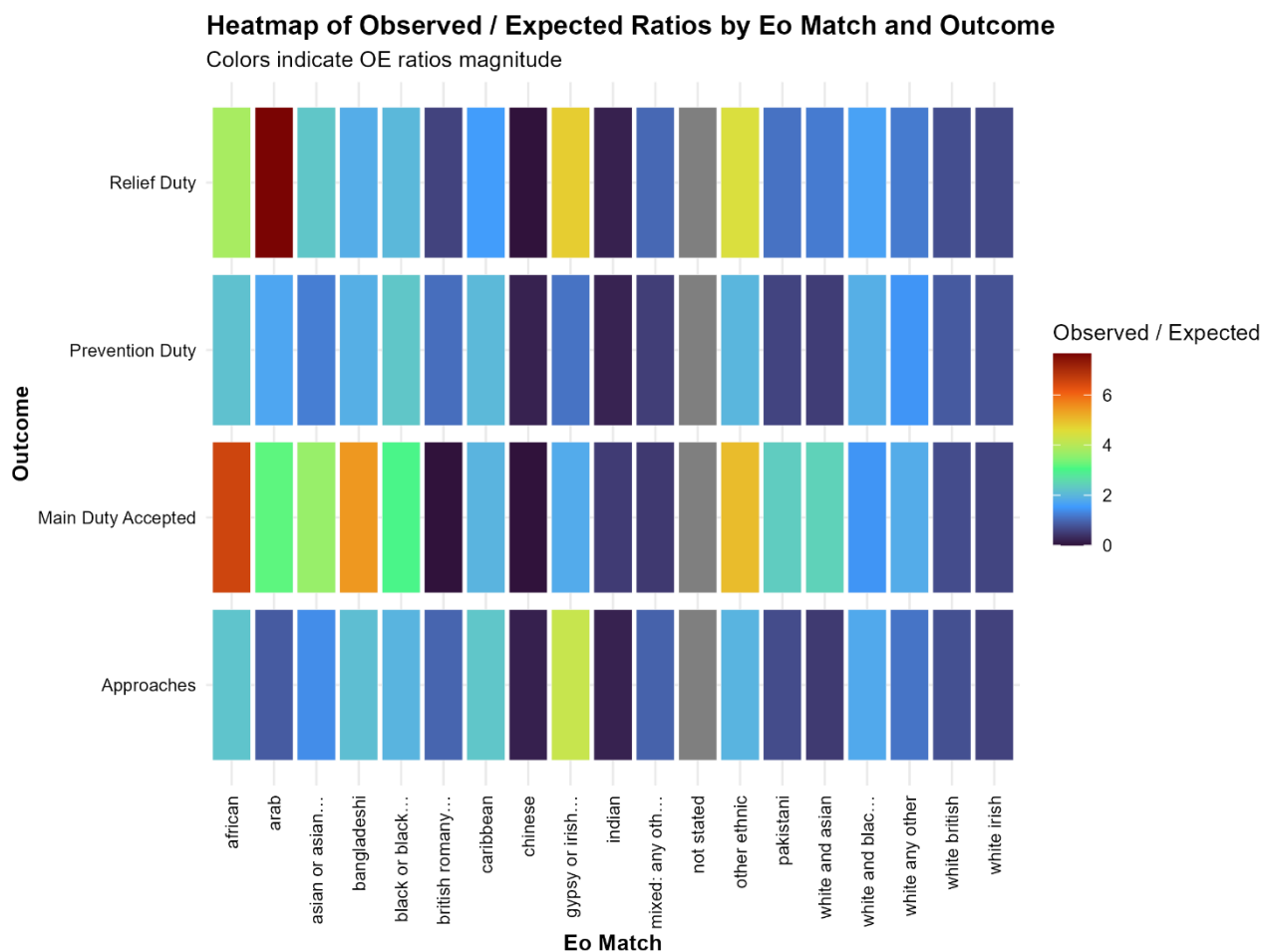
Figure 27: Heatmap of observed / expected number of approaches, prevention and relief duties, and main duties accepted by ethnic group (Eo Match)

Negative decisions

Not Eligible Decisions are made when a person is judged to not meet the eligibility criteria to access public funds for their housing needs. Between financial year 2019/20 and 2023/24 there were twenty-seven persons who following a relief duty were found not to be eligible. These persons were aged 20-29 (6, 22.22%), 30-39 (9, 33.33%), 40-49 (6, 22.22%), 50-59 (6, 22.22%), zero reported disability, one (3.7%) person was pregnant, most persons had zero children (16, 59.26%), but there were persons with two (5, 18.52%), one (5, 18.52%), three children (1, 3.7%) respectively. Persons mainly did not state their ethnicity (10, 37.04%), or were Pakistani (3, 11.11%). There main reasons for loss of settled home were not stated (20, 74.07%) or their family no longer willing or able to accommodate them (4, 14.81%). There were no persons who identified as Lesbian, gay, or bisexual.
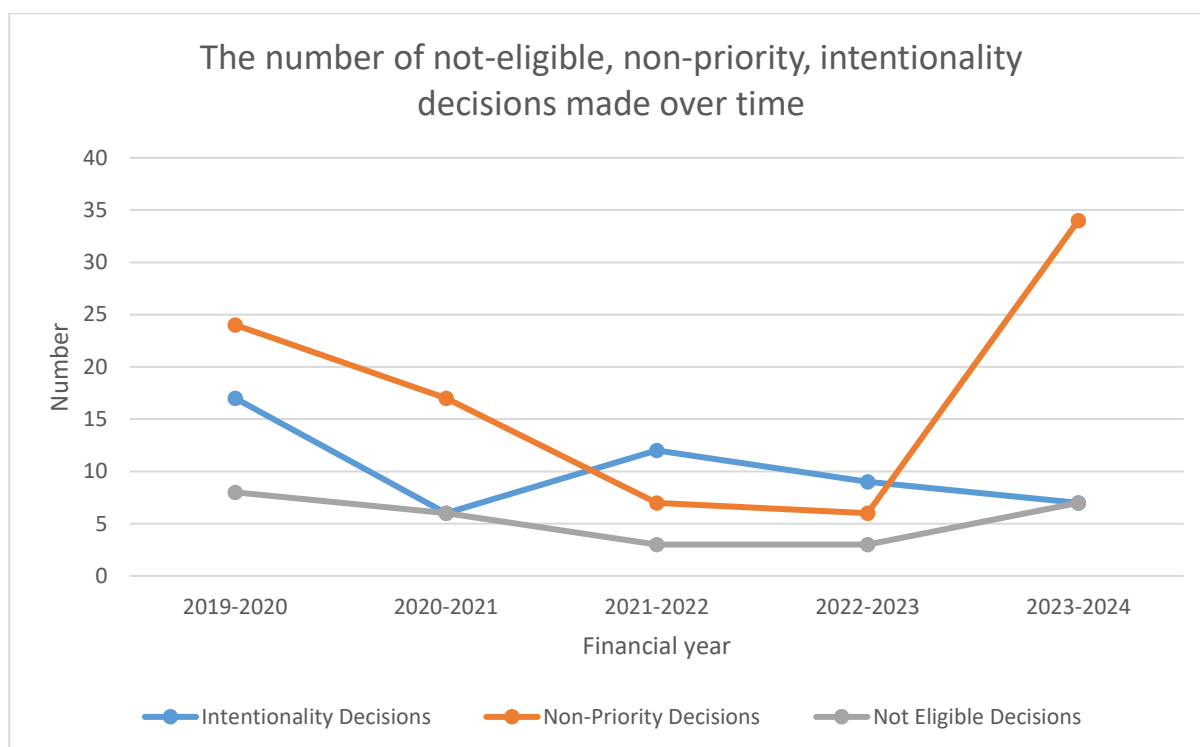
Figure 28: The number of not-eligible, non-priority, intentionality decisions made between April 2019 and March 2024

Non-Priority Decisions are made when the council is satisfied that someone is homeless and eligible for public funds, but they do not fall within a priority need category and therefore the council has no duty to accommodate them. Between financial year 2019/20 and 2023/24 there were eighty-eight non-priority decision were made. The number has varied over time with 24 in 2019/20 dropping substantially between 2020/23 before reaching a high of 34 in 2023/24. Persons were aged 20-29 (27, 30.68%), 30-39 (26, 29.55%), 40-49 (19, 21.59%), 50-59 (13, 14.77%), and 60-69 (3, 3.41%). One quarter of these persons reported a disability (21, 23.86%). The majority of persons were White British (39, 44.32%), African (7, 7.95%), Arab (6, 6.82%), White any other ethnicity (5, 5.68%), a large proportion did not state their ethnicity (23, 26.14%). Over half of non-priority decisions included people whose main reason for loss of home was required to leave accommodation provided by home office as asylum support (22, 25%), family no longer willing or able to accommodate (19, 21.59%), and end of private rented tenancy - assured shorthold tenancy (8, 9.09%). None of the persons were pregnant, there were two persons who had a child, the majority reported heterosexual orientation (48.86%) or did not disclosing/state their status (47.73%).

Intentionality decisions are made when the council determines that a person is responsible for their homelessness, i.e. someone has not paid their rent when they had money available to do so. Between financial year 2019/20 and 2023/24 there were fifty-one intentionality decision made. These decisions were highest in 2019/20 (17) and 2021/22 (12). The majority of persons were aged 40-49 (18, 35.29%) and 30-39 (12, 23.53%). There were nineteen persons who reported a disability (19, 37.25%). The majority were White British (35, 68.63%) or did not state their ethnicity (10, 19.61%). The main reason for loss of home were end of private rented tenancy - assured shorthold tenancy (19, 37.25%), end of social rented tenancy (12, 23.53%), and eviction from supported housing (8, 15.69%). Two (3.92%) were pregnant, the majority reported no children (58.82%), but a

significant minority reported having one or more children (41.17%). There were three persons (5.88%) who reported being Lesbian/gay woman, Gay man, or Bi-sexual.

Comparing observed against expected counts

The following section presents indirectly standardised rates. These rates are calculated separately for the observed number of people who had an intentionality, non-priority, or not eligible decision. These observed numbers are then compared against the number you would expect to have an intentionality, non-priority, or not eligible decision if the whole population experienced the same overall crude rate for the population. These rates are calculated across age group, disability, and ethnicity as these have denominator data available from the census. The expected count is calculated by applying the overall rate to the local population in each stratum (e.g. age groups). Then a ratio of observed to expected events is calculated to indicate whether the population within each stratum has greater/fewer expected events relative to what was actually observed. A ratio of greater than one suggests that this group has a higher-than-expected number of events.

There was no significant variation by age and disability status for persons who received a not eligible for housing decision. Persons aged between 20-29 (1.8, 95% CI:1.19 - 2.62), 30-39 (1.62, 95% CI:1.06 - 2.37) had a greater than expected number of non-priority decisions. Persons aged 40-49 (2.17, 95% CI:1.28 - 3.42) had a higher-than-expected number of intentionality decisions compared to the general population. Persons who self-identified as disabled did not have a higher-than-expected number of non-priority decisions compared to the general population. Persons who were disabled (2.23, 95% CI:1.34 - 3.48), did have a higher-than-expected number of intentionality decisions.

Persons who were Bangladeshi (38.25, 95% CI:4.63 - 138.17), Pakistani (24.65, 95% CI:5.08 - 72.05), Caribbean (18.23, 95% CI:2.21 - 65.85), Other Ethnic (11.7, 95% CI:1.42 - 42.25), or Asian Or Asian British: Any Other (10.19, 95% CI:1.23 - 36.81) had a higher than expected number of not eligible decisions when compared to the general population. Persons who were Arab (25.77, 95% CI:9.46 - 56.09) or African (8.1, 95% CI:3.26 - 16.69), had a higher-than-expected number of non-priority decisions compared to the general population. There was no observable difference in intentionality decisions by ethnicity.
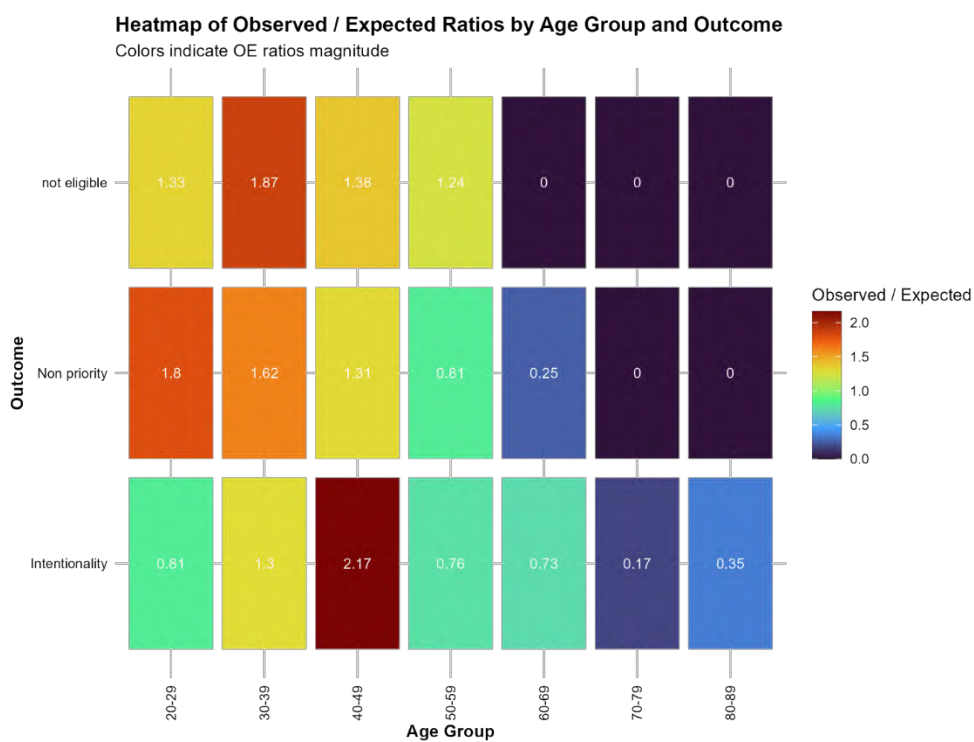
Figure 29: Heatmap of observed / expected number of not eligible, non-priority, intentionality decisions by age group.
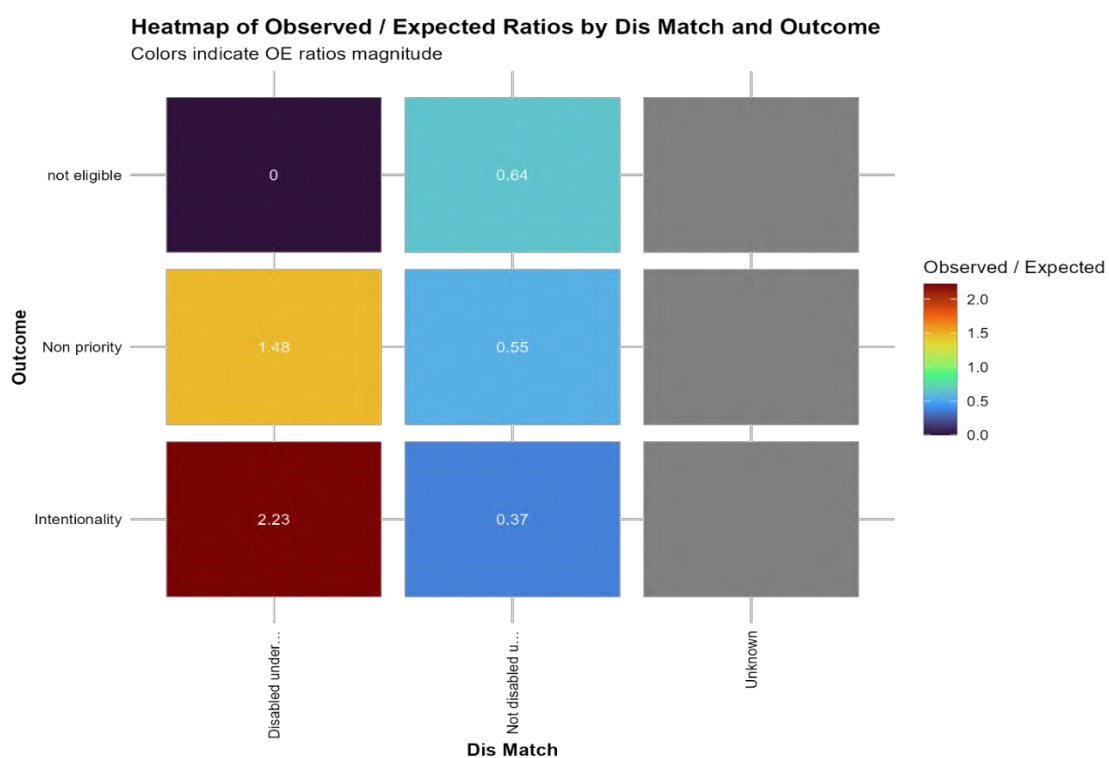
Figure 30: Heatmap of observed / expected number of not eligible, non-priority, intentionality decisions by self - identified disability.
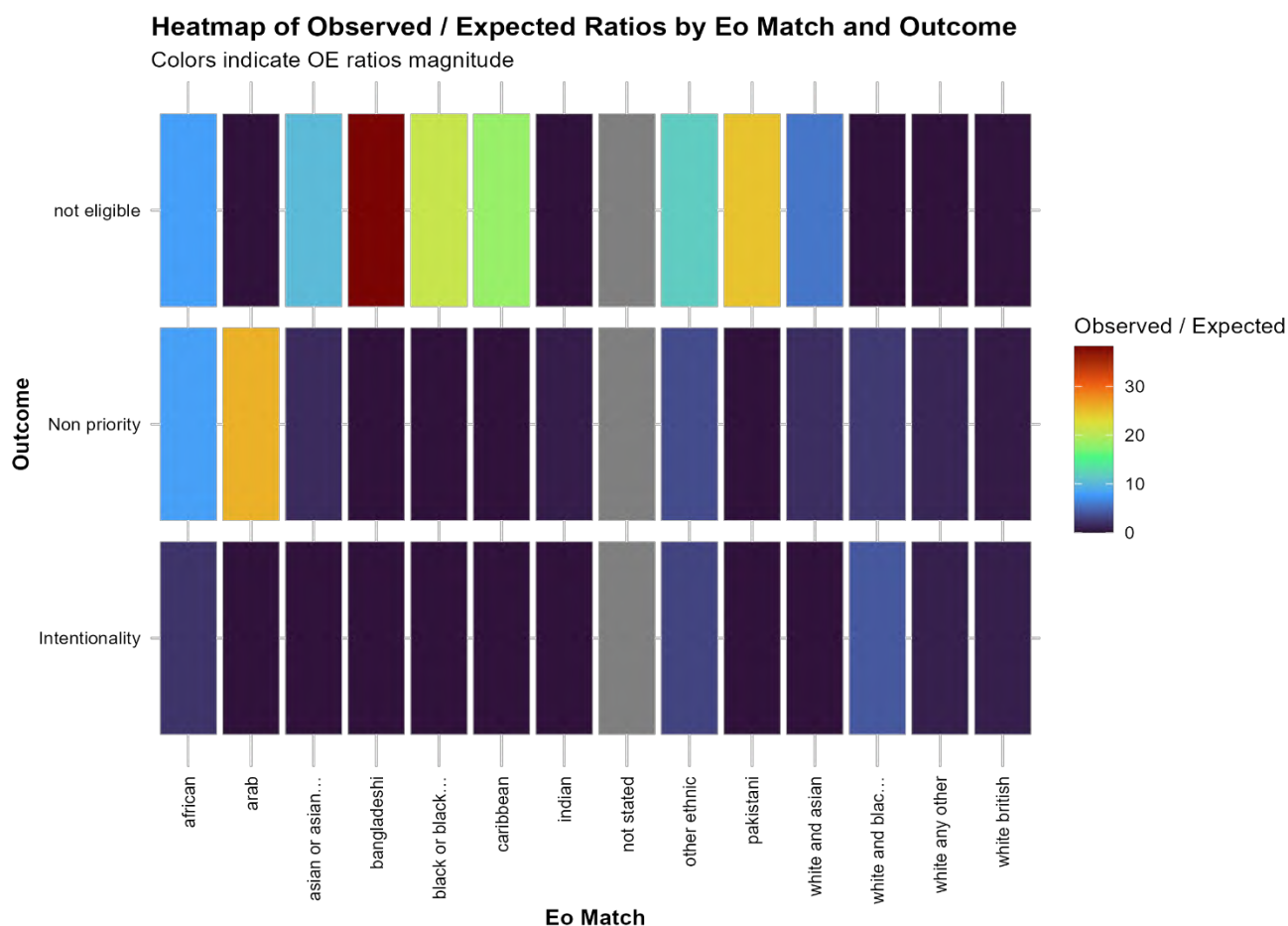
Figure 31: Heatmap of observed / expected number of not eligible, non-priority, intentionality decisions by ethnic group (Eo match)

Duty to refer

Main points

Between calendar year 2020 to the third quarter of 2024 there were 1580 referrals received by South Gloucestershire council. There were thirty-five organisations who made a referral. The majority of these referrals were from National Probation Service (250, 15.82%), Housing Association (187, 11.84%), Children's Social Care (169, 10.7%), and DWP - Jobcentre Plus (160, 10.13%).
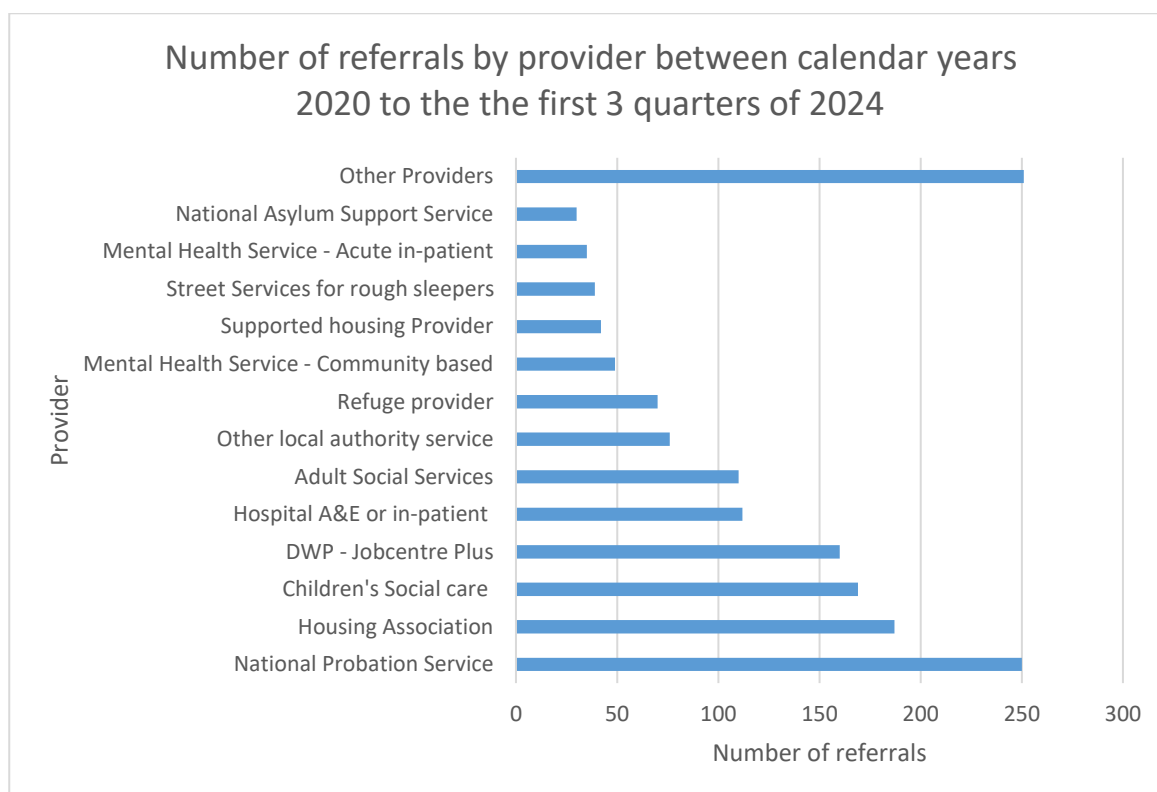
Figure 32: Number of referrals by provider between 2020 and first 3 quarters of 2024.

In contrast to the large number of persons engaged with mental health services who reported housing problems (yearly average = 655) there were only 49 and 35 referrals from community based and acute inpatient mental health services, respectively. A similar picture is seen for substance misuse treatment services where thirty-five persons were referred over the total time period. However, there were an average of 169 persons per year who reported housing problems. This may be due to only persons who were sleeping rough / living in a hostel being referred. There were thirty-one persons between 2022 and 31st August 2024 who either lived on the streets or in a hostel of shelter reported by substance misuse services. The difference indicates that potentially people who are in unstable accommodation are not being referred to the council.

The number of referrals from mental health, substance misuse and armed forces support services
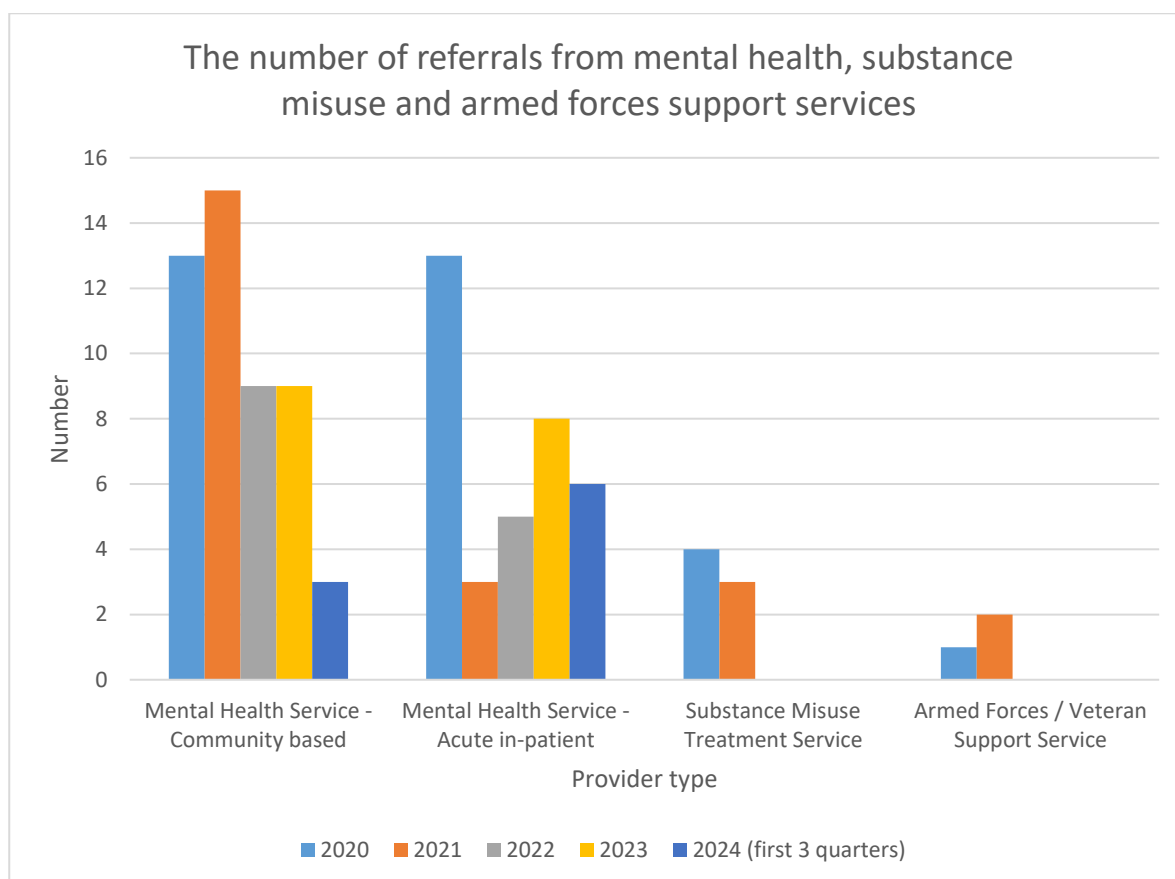
Figure 33: The number of referrals from mental health, substance misuse and armed forces support services between 2020 and first three quarters of 2024.

Domestic abuse data

This section uses data from Domestic Abuse Needs Assessment December 2024 for Bath and North East Somerset, North Somerset, Somerset, and South Gloucestershire. Between April 2021 and March 2024 there were 9298 contacts made to Next Link, South Gloucestershire's commissioned domestic abuse support provider, these were highest in 2022/23 (3411) but dropped substantially in 2023/24 (2771).

There were 555 safe house referrals made with the highest number in 2021/22 (214) and lowest in 2023/24 (130). The overall acceptance rate of referrals was 47% and this remained consistent over time. Out of those that were accepted 39% were supported in housing; this has remained consistent over time. As of June 2024, there were 363 applicants who reported domestic abuse on the housing waiting list and 117 persons had approached the council for advice on housing issues.

Attendance at AE in North Bristol trust related to domestic abuse has decreased over the 3-year period from 138 episodes in 2021/22 to 21 in 2023/24. The number of persons both victims and perpetrators in substance misuse treatment increased from 147 in 2021/22 to 543 in 2023/24. The majority (73%) were victims of domestic abuse, 12% were perpetrators of domestic abuse, and 15% were both perpetrators and victims of domestic abuse.

Table 4: summarises the number and types of contacts received over a three-year period, along with the outcomes. More information on page 64 of the 2024 Domestic abuse needs assessment.

Topic	Measure	2021/22	2022/23*	2023/24*
Supported services	Contacts to Next Link Single point of contact	3116	3411	2771
	Members of the public	667	753	356
	Professionals	2449	2658	1267
Safe accommodation	Safe house referrals	214	211	130
	Safe house referrals accepted	98	96	64
	Safe house referrals supported	39	36	26
Outcome of contact	Advice	959	1714	1024
	Signposting	239	80	21
	Referral to Next Link Services	1444	1475	578
	Advice given (professional)	NA	NA	319
	Advice given (victim/ family and friends)	NA	NA	62
	Support offered	NA	NA	634
	Support taken up	NA	NA	313
Health	Attendances at NBT AE due to domestic abuse (all areas)	138	39	21
	Victims of domestic abuse in substance misuse treatment	105	321	409
	Perpetrators of domestic abuse in substance misuse treatment	20	56	55
	Victims and perpetrators of domestic abuse in substance misuse treatment	22	75	79
Housing	Active applicants on housing waiting list	NA	NA	363
	Approaches for advice on housing issue	NA	NA	117

a new recording process was introduced midway through 2023/24, so comparisons with earlier years should be made cautiously.

This section uses data from HomeChoice where data were recorded on all approaches between 2021 and 2023. Here data have been extracted for approaches where the main reason is recorded as domestic violence. Between April 2021 and March 2023 there were 408 persons approaching the council for housing support due to domestic violence. This was relatively stable across the two years with 207 in 2021/22 and 201 in 2022/23. The majority of these persons were female (91%), from South Gloucestershire area (73%) with an even split of singles (48%) and families (52%). Of people approaching the council 21% were provided with emergency accommodation. The last recorded settled accommodation was mostly Private rented sector (31%), Registered provider tenant (31%), and Owner-occupier (including property owned by partner) (16%). There was an 8% increase in

persons approaching in registered provider tenant accommodation. There were thirty-two persons with a recorded disability seeking help in 2022/23.

Table 5: the number of approaches to HomeChoice team between 2021 and 2023 for people whose reason was domestic violence.

Category	Value	2021/22		2022/23		Total		Difference
		N	%	N	%	N	%	%
Family or Single	Single	104	50%	92	46%	196	48%	-4%
	Families	103	50%	109	54%	212	52%	4%
Sex	Male	23	11%	14	7%	37	9%	-4%
	Female	184	89%	187	93%	371	91%	4%
Homeless from	South Glos	148	71%	148	74%	296	73%	2%
	Outside South Glos	59	29%	53	26%	112	27%	-2%
Emergency Accom Provided	Yes	39	19%	45	22%	84	21%	4%
	No / Unknown	168	81%	156	78%	324	79%	-4%
Last settled accommodation	Armed forces accommodation	0	0%	2	1%	2	0%	1%
	Caravan	1	0%	3	1%	4	1%	1%
	Council tenant	7	3%	7	3%	14	3%	0%
	Living with family	21	10%	22	11%	43	11%	1%
	Lodging (not with family or friends)	0	0%	0	0%	0	0%	0%
	Looked after children placement	0	0%	0	0%	0	0%	0%
	NASS accommodation	1	0%	0	0%	1	0%	0%
	Not known	16	8%	9	4%	25	6%	-3%
	Owner-occupier (including property owned by partner)	33	16%	31	15%	64	16%	-1%
	Private rented sector	68	33%	57	28%	125	31%	-4%
	Registered provider tenant	56	27%	70	35%	126	31%	8%
	Shared ownership	0	0%	0	0%	0	0%	0%

	Social rented or supported housing	4	2%	0	0%	4	1%	-2%
	Tied accommodation	1	0%	0	0%	1	0%	0%
Ethnicity	White British/White Other	0	0%	103	51%	103	25%	51%
	BAME	0	0%	19	9%	19	5%	9%
	not started/not recorded	207	100%	79	39%	286	70%	-61%
Victims with a disability	Yes	0	0%	32	16%	32	8%	16%
	No /Unknown	207	100%	169	84%	376	92%	-16%
Perpetrators that are homeless	Yes	0	0%	7	3%	7	2%	3%
Total		**207**	**100%**	**201**	**100%**	**408**	**100%**	**0%**

This section uses data provided by the police. Between April 2021 and April 2024 there were 10,183 occurrences of criminal domestic abuse reported to police by persons living in South Gloucestershire local authority. The average across the time period was 3394, the maximum number of reports were in 2021/22 (3414), and numbers have remained stable since, see figure 29.
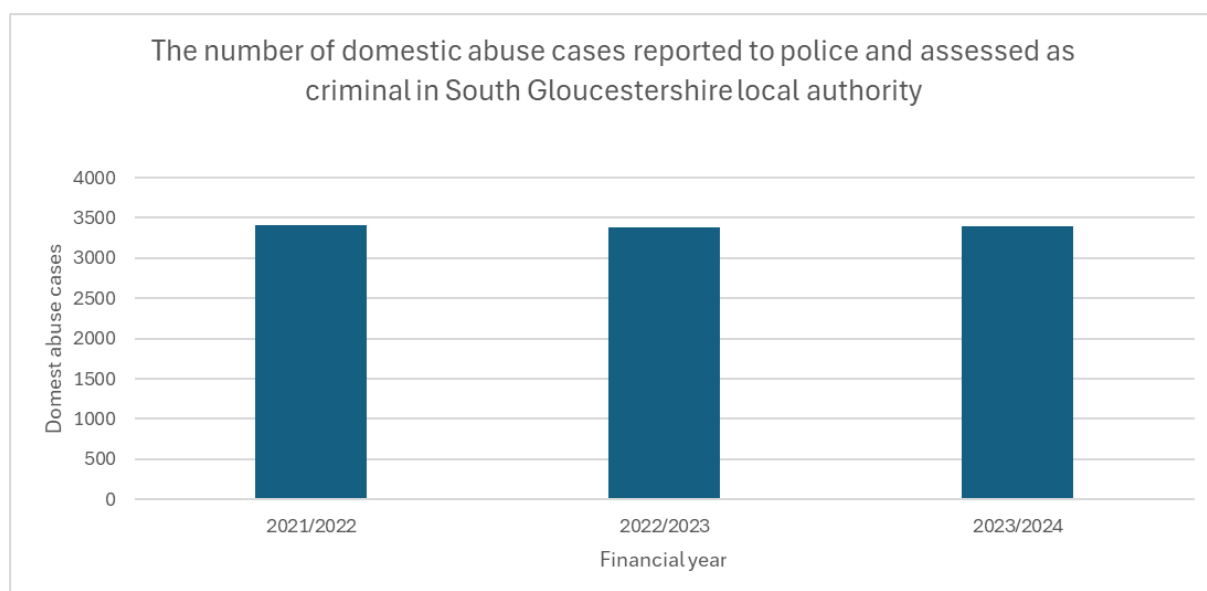
Figure 34: the number of domestic abuse cases reported to police and assessed as criminal in South Gloucestershire between financial year 2021/22 to 2023/24.

Crime and Police data

Between 1st of April 2019 and 4th of December 2024 there were 1683 police calls related to homelessness in South Gloucestershire. This equates to an average of 281 calls per year. The number of calls had remained relatively stable between financial years 2019/20 and 2022/23 but increased in 2023/24 which may be maintained in 2024/25 (2024/25 similar to 2022/23 but with one quarter of data missing). Overall, 52% of the calls were assessed by call handler, with assistance from the incident manager, as requiring attendance. The proportion of calls attended has remained relatively stable over time.
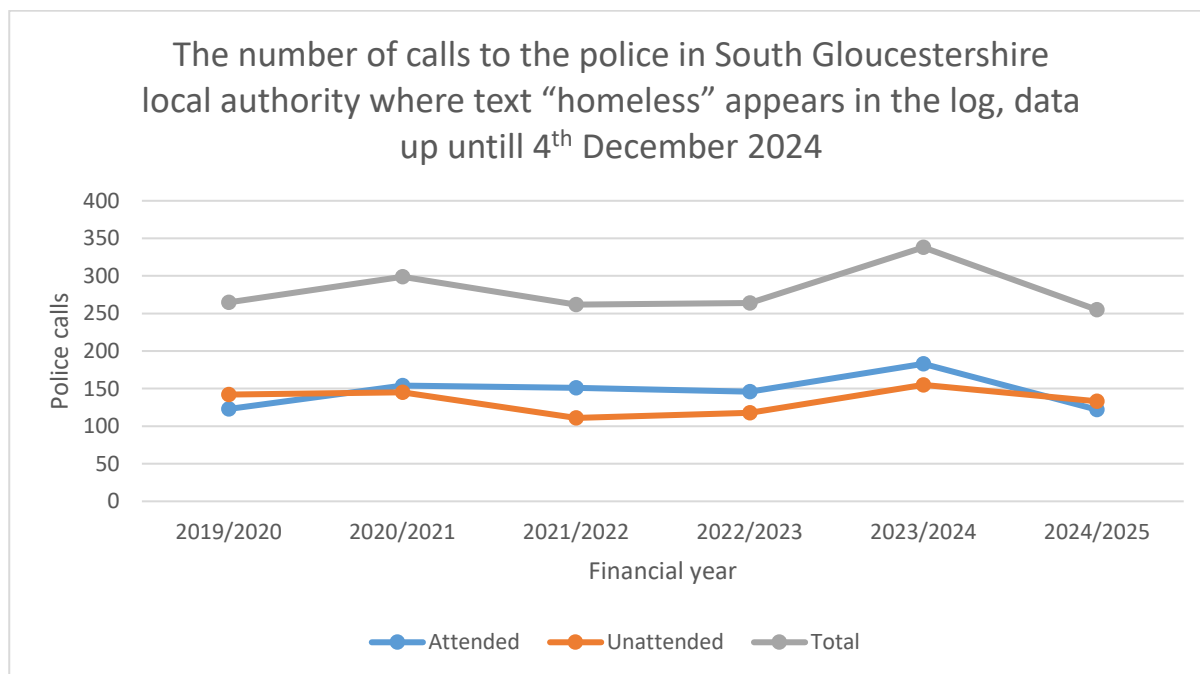
Figure 35: The number of calls to the police in South Gloucestershire local authority where text "homeless" appears in the log, data up until 4th December 2024

UKHSA data

In the South West and BNSSG there were 17 and 3 outbreaks, clusters, exposures, and issues of infectious disease in people experiencing homelessness, respectively. However, none of these were recorded as occurring in South Gloucestershire.

In the South West and BNSSG there were 109 and 26 cases of infectious disease in people experiencing homelessness, respectively. Two of these were recorded as being present in South Gloucestershire. These related to Invasive group A strep occurring in 2024 and Tuberculosis in 2023. The number of cases of infectious disease in people experiencing homelessness in South West appears to be gradually increasing.

Asylum and resettling data

Looking at snapshots across three years, April 2022, March 2023, and March 2024, there have been 352, 372, and 321, asylum seekers accommodated in South Gloucestershire. In 2022 and 2023 the majority, 69%, were housed in single hotel and 31% in apartments. During this period persons living in hotel were single males speaking sixteen languages. In March 2024, the number housed in the hotel decreased to 164 and there were 157 persons housed in apartments. In August 2023, the number housed in hotels was as high

as 298 followed by a rapid reduction due to plans to close the hotel in April 2024. All persons in March 2024 were single males, speaking eleven different languages.

There are eight different resettlement schemes supported by the council. In March 2024 there were 2888 people support by resettlement teams in the local authority. This is a considerable increase from 235 and 1896 people supported in April 2022 and March 2023, respectively. The increase is primarily due to persons associated with "Homes for Ukraine" and "Hong Kong Welcome Programme" which in March 2024 made up 19% and 76% of all support persons. Across the period from April 2022 to March 2024 there were zero persons with no recourse to public funds being supported by resettlement teams. In the UK, individuals resettled under various schemes are housed in a mix of accommodation, including private rented sector housing, local authority housing, and sometimes temporary accommodation like hotels. The specific type of housing depends on the resettlement scheme and the individual's circumstances.

Julian House and partners

Sixteen people who had successfully applied for asylum in the UK who were supported by Julian house, Ashley community housing, and the care forum have reported being street homeless in South Gloucestershire between February and November 2024. Persons reported duration of street homelessness for weeks and months before suitable accommodation could be provided. Persons commonly reported poor mental health including depression and post-traumatic stress disorder.

Children in care

Between April 2019 and September 2024 there were 642 children newly accommodated in care. In the same period there were 1082 persons leaving care. On average there were 229 children in care each year. The number of children being newly accommodated is decreasing over time whereas the number leaving care is increasing. Over the time period 93% (1005/1082) of care leavers were housed in suitable accommodation. The proportion of care leavers in suitable accommodation between April 2024 to September 2024 was 91% (197/216).
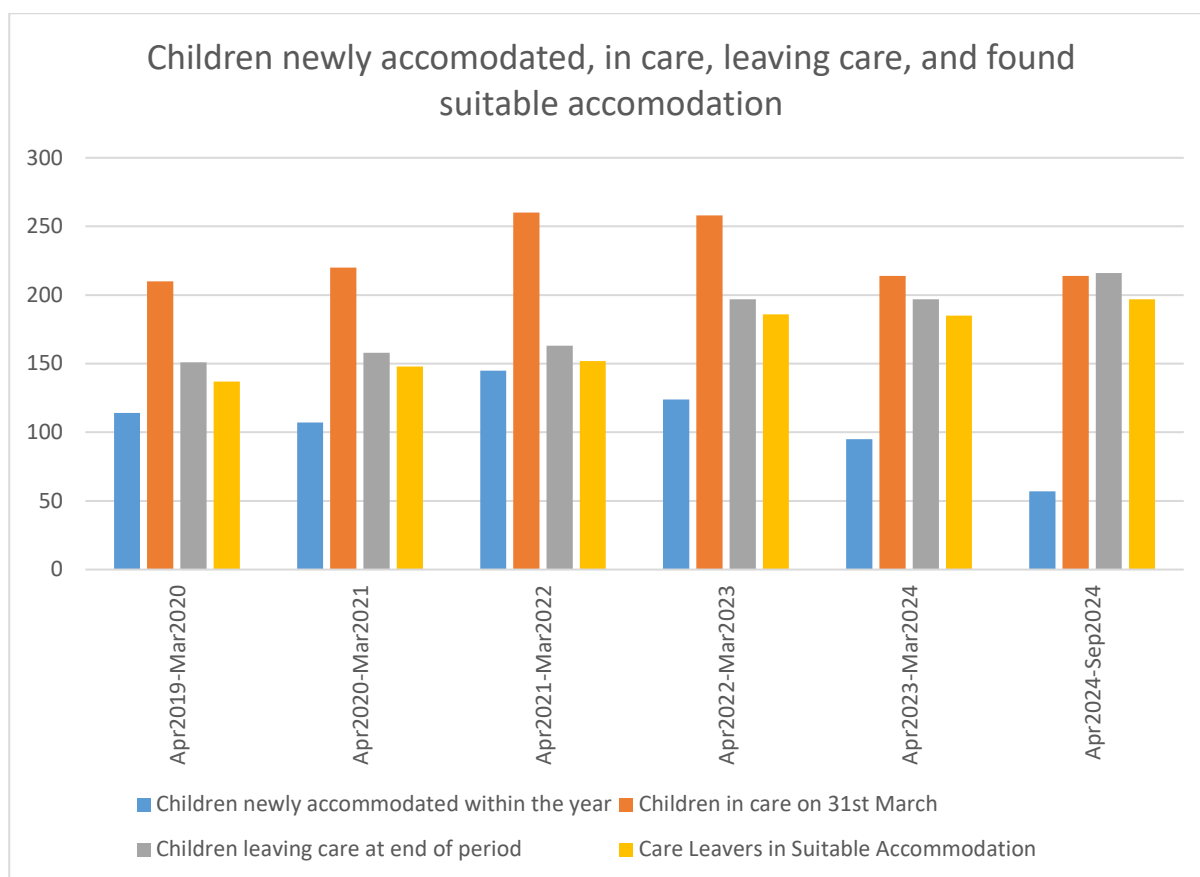
Figure 36: Children newly accommodated, in care, leaving care, and found suitable accommodation between April 2019 to September 2024

Drugs and Alcohol data

Between January 2019 to the end of august 2024 there were 6294 clients engaged with DHI services. Number of persons engaged with DHI services has remained stable over the time period. Out of these there were 1014 (17% excluding missing) who reported housing problems. The proportion of persons (excluding those with missing data) reporting housing problems has increased over time with 16% (180/1155) reporting housing problems in 2019 and 20% (102/575) in 2024 (up until 31st August). When data were available, between 2022 and 31st of august 2024, persons with housing problems most commonly reported "living with family as a short-term guest" (24%), "Sofa surfing" (16%), and "Supported accommodation" (11%) as their main housing problem. Since 2023 and compared to 2024 (up until 31st august) there has been an increase in sofa surfing (15% to 26%) being reported.
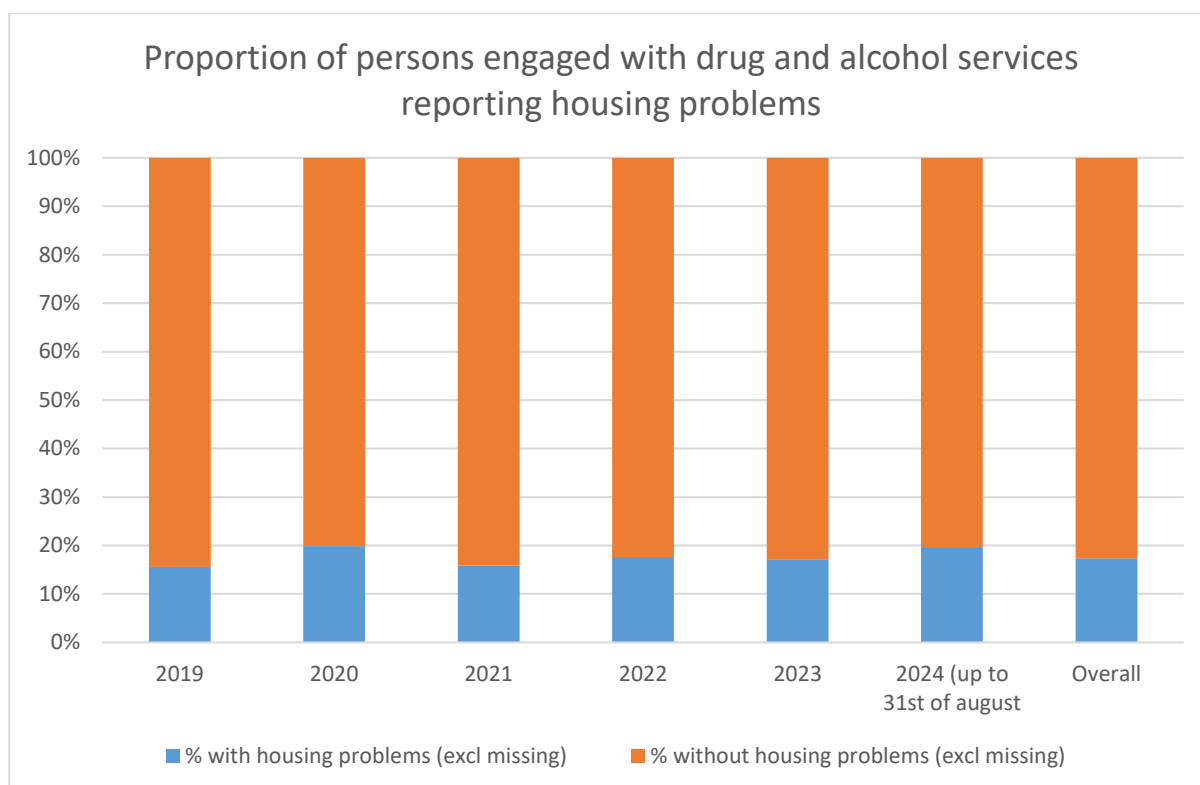
Figure 37: Proportion of persons engaged with drug and alcohol services reporting housing problems, January 2019 to August 2024

During the time period, persons reporting housing problems were most commonly from the 30-39 (336) and 40-49 (310) age groups. A greater proportion of people within 30-39 and 40-49 age group reported housing problems (21%) and (20%) respectively compared to all age groups (17%).
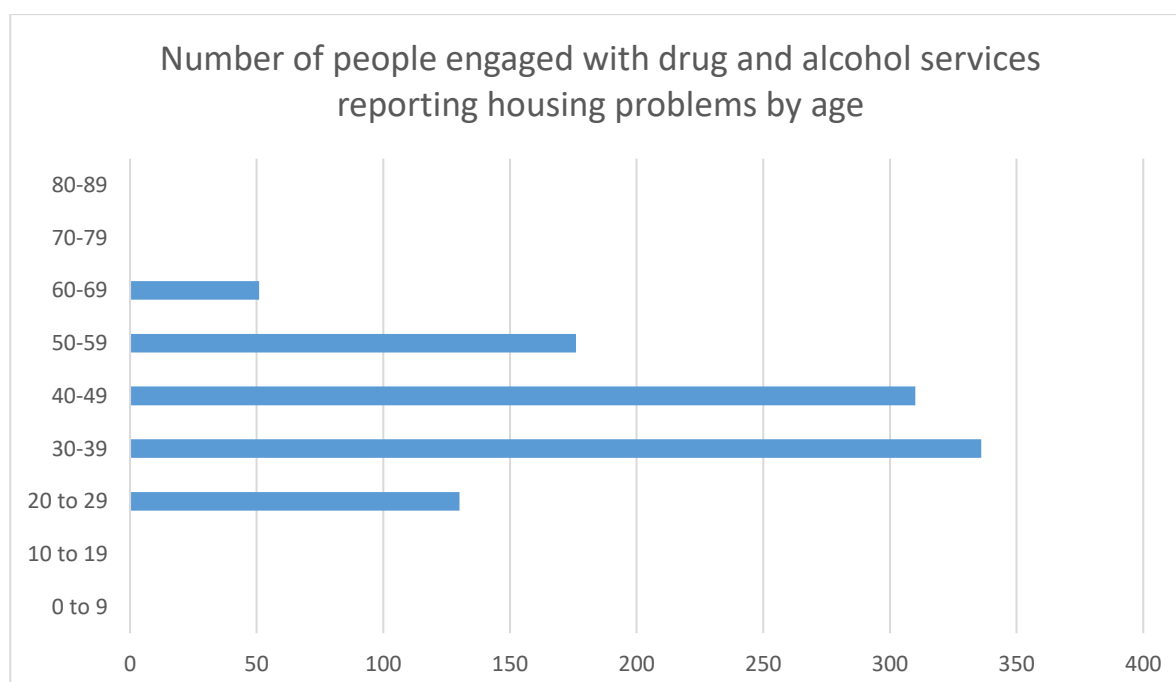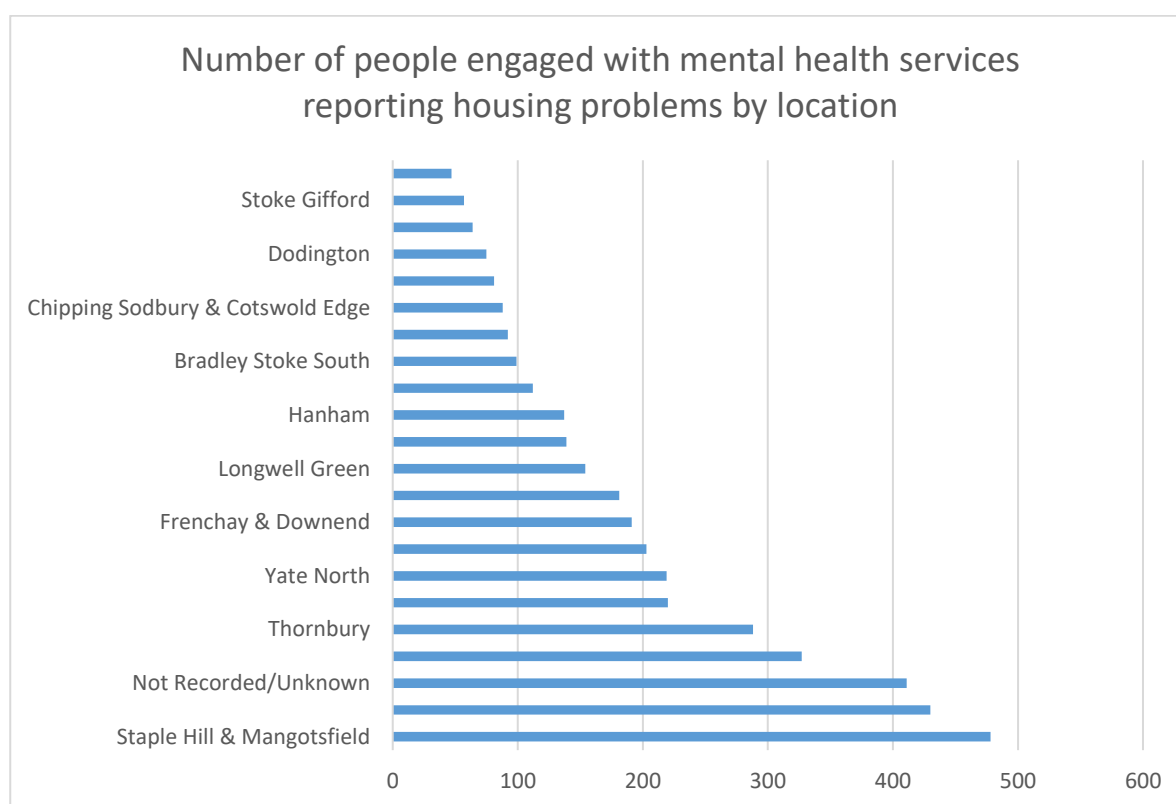

Figure 38Number of people engaged with drug and alcohol services reporting housing problems by age, January 2019 to August 2024
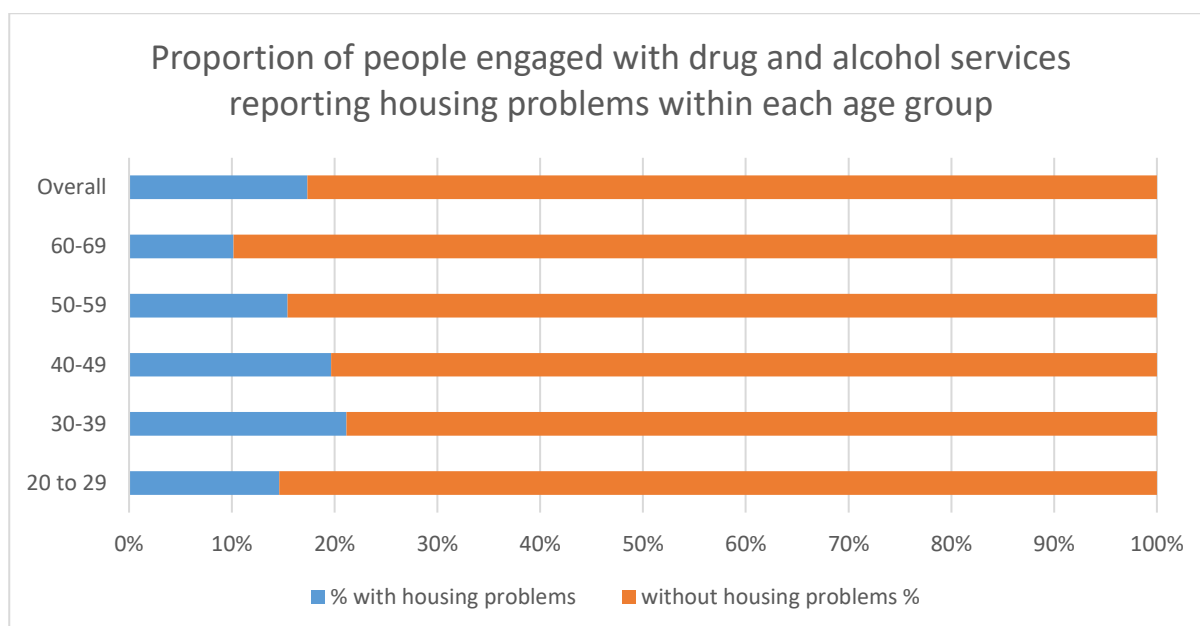
Figure 39: Proportion of people engaged with drug and alcohol services reporting housing problems within each age group, January 2019 to August 2024

Overall, there were 71% males and 29% females reporting housing problems to DHI. The proportion of male clients reporting housing problems was increasing with time from 71% in 2019 to 77% in 2023 and 2024 (data up until august 2024). There were more male clients than female but even when considered there were nearly twice the proportion of males (21%) compared to females (12%) reporting housing problems.
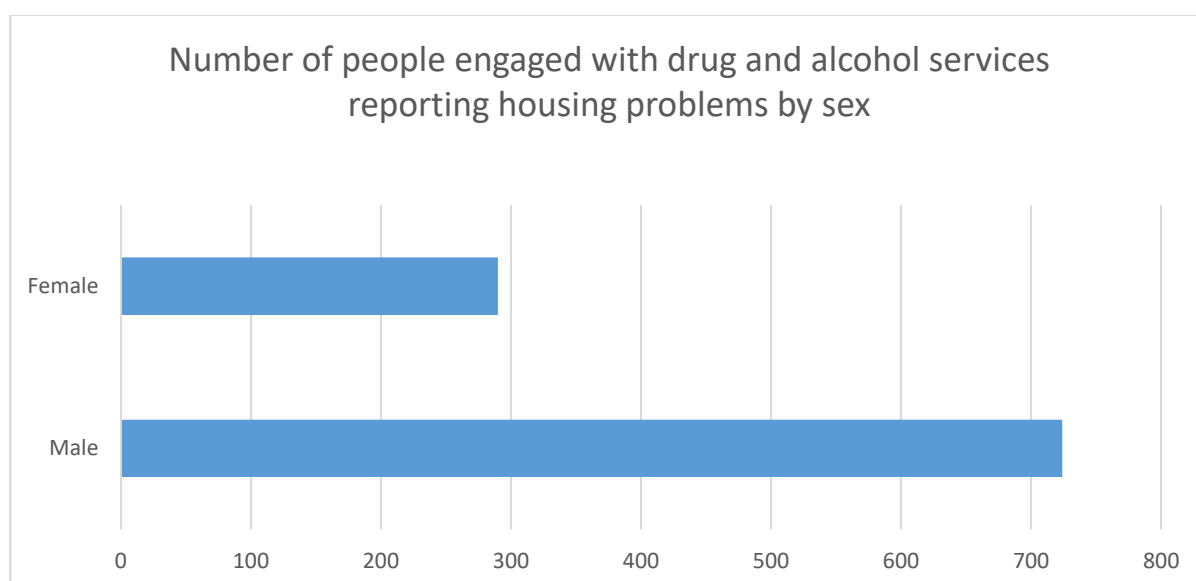
Figure 40: Number of people engaged with drug and alcohol services reporting housing problems by sex, January 2019 to August 2024
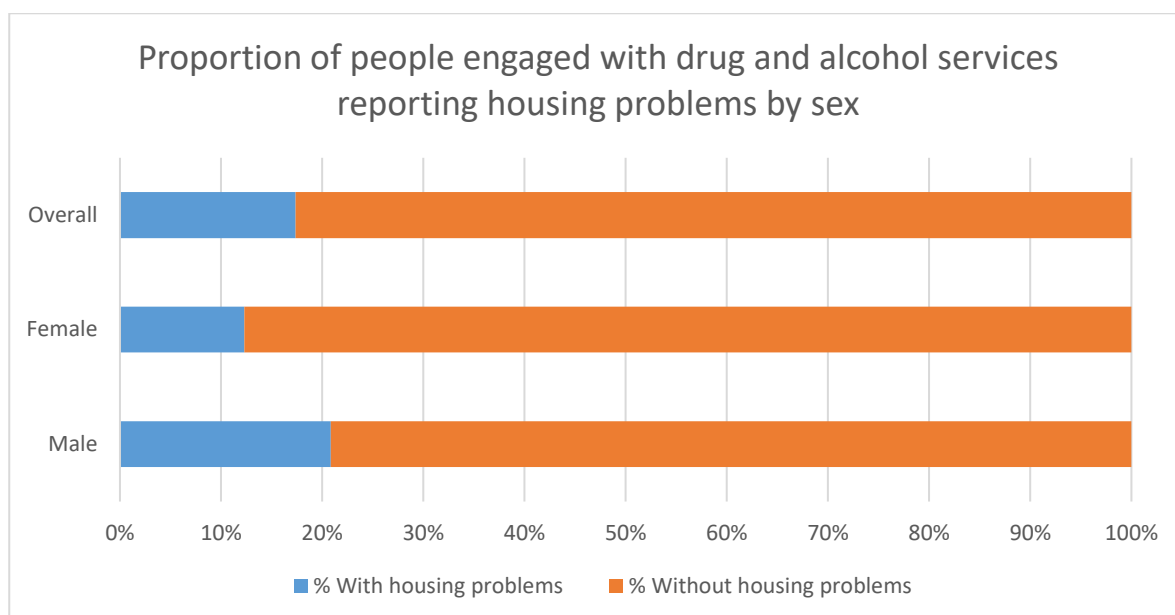
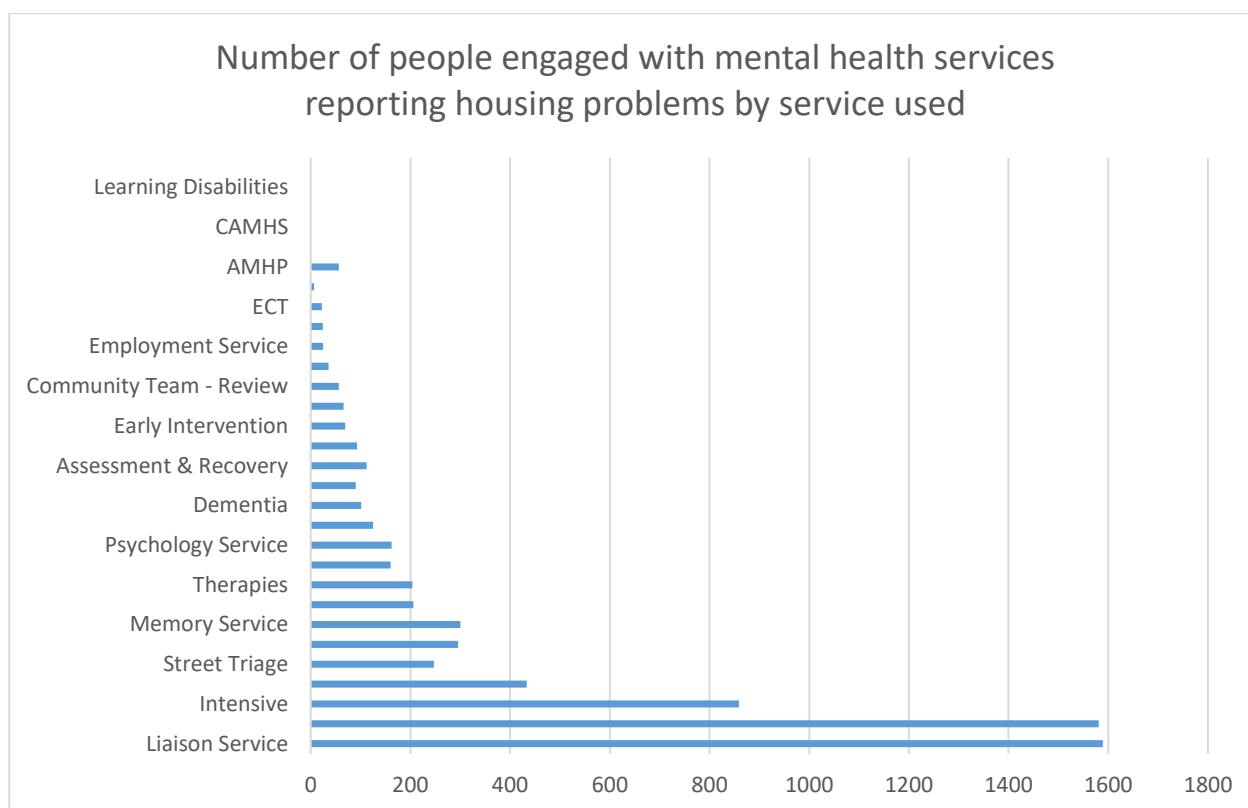Figure 41: Proportion of people engaged with drug and alcohol services reporting housing problems by sex, January 2019 to August 2024

Overall, during the time period, the majority of clients reporting housing problems were of white ethnicity (92%, 928). This proportion has remained relatively stable since 2019. When looking within ethnic groups we see that "Black, Black British, Black Welsh, Caribbean or African" (27%), "Mixed other" (27%), and "Other/ Not stated" (24%) ethnic groups had the highest proportion of people reporting housing problems compared to "White" (17%).
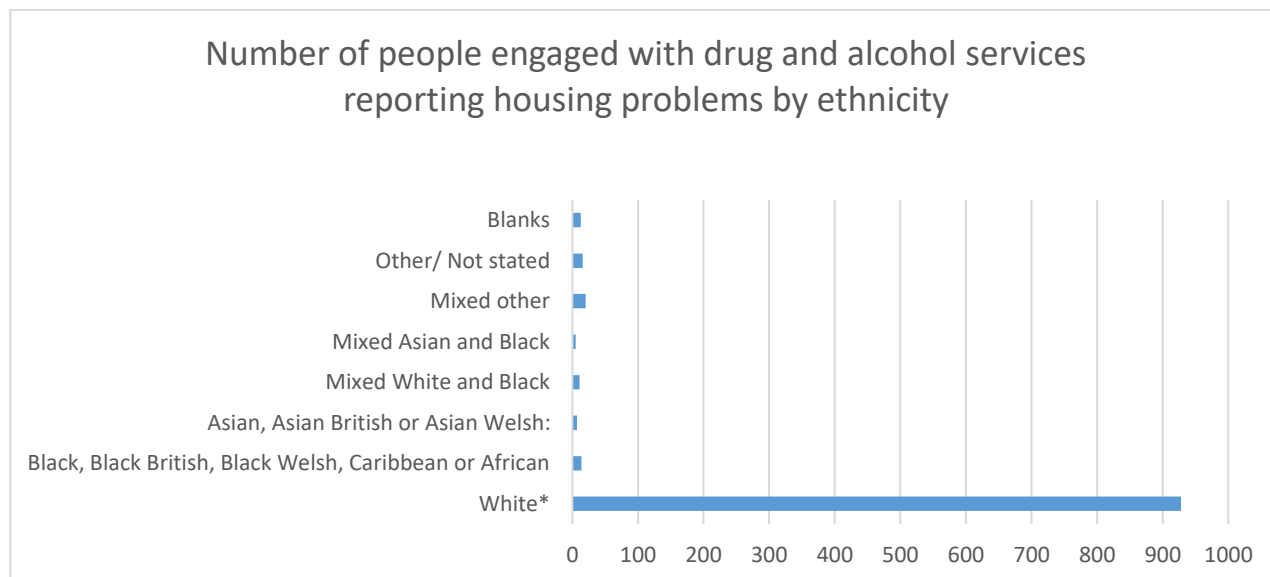
Figure 42: Number of people engaged with drug and alcohol services reporting housing problems by ethnicity, January 2019 to August 2024

Proportion of people engaged with drug and alcohol services reporting housing problems by ethnicity
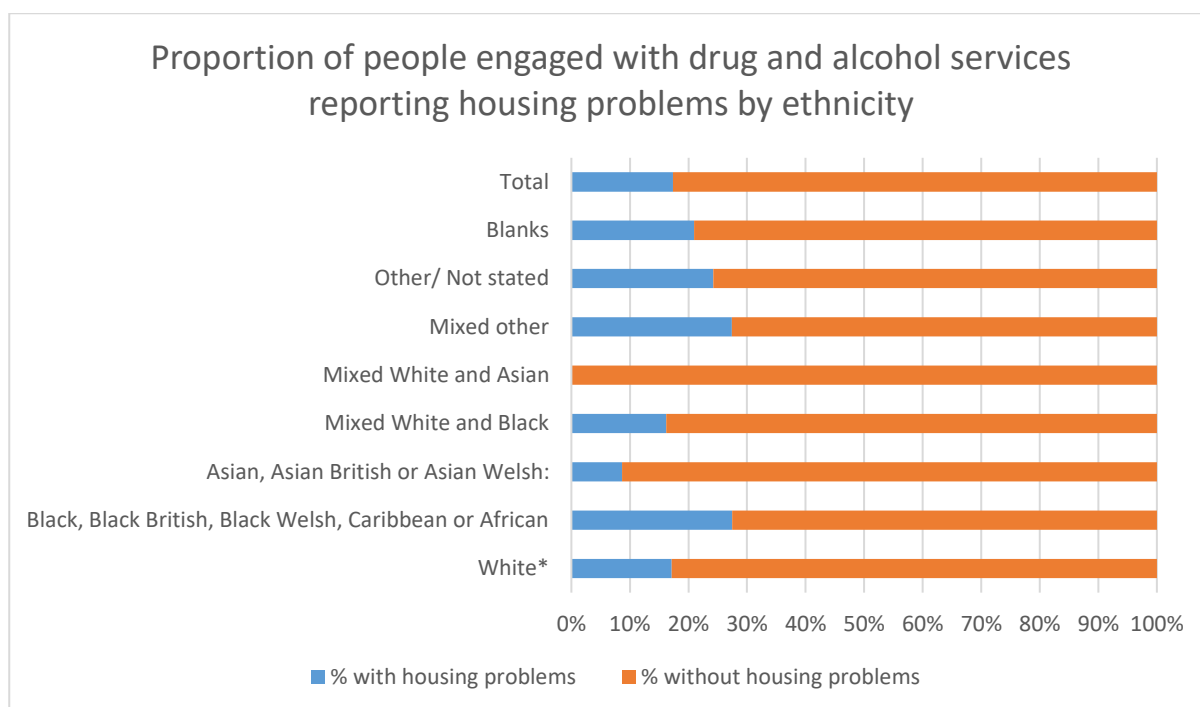
Figure 43: Proportion of people engaged with drug and alcohol services reporting housing problems by ethnicity, January 2019 to August 2024

There were 190 persons who reported their location as homeless, which is 19% (190) of all clients reporting housing problems. The number remained steady over time with an average of thirty-two over the time period. There were twenty-nine locations in South Gloucestershire local authority where at least one person reported housing problems. The area with the largest number of clients was "Staple Hill & Mangotsfield" (87, 9%). The areas with the highest proportion of clients reporting housing problems were "Staple Hill & Mangotsfield" (21%), Woodstock (20%), "New Cheltenham" (18%), and "Parkwall & Warmley" (18%).
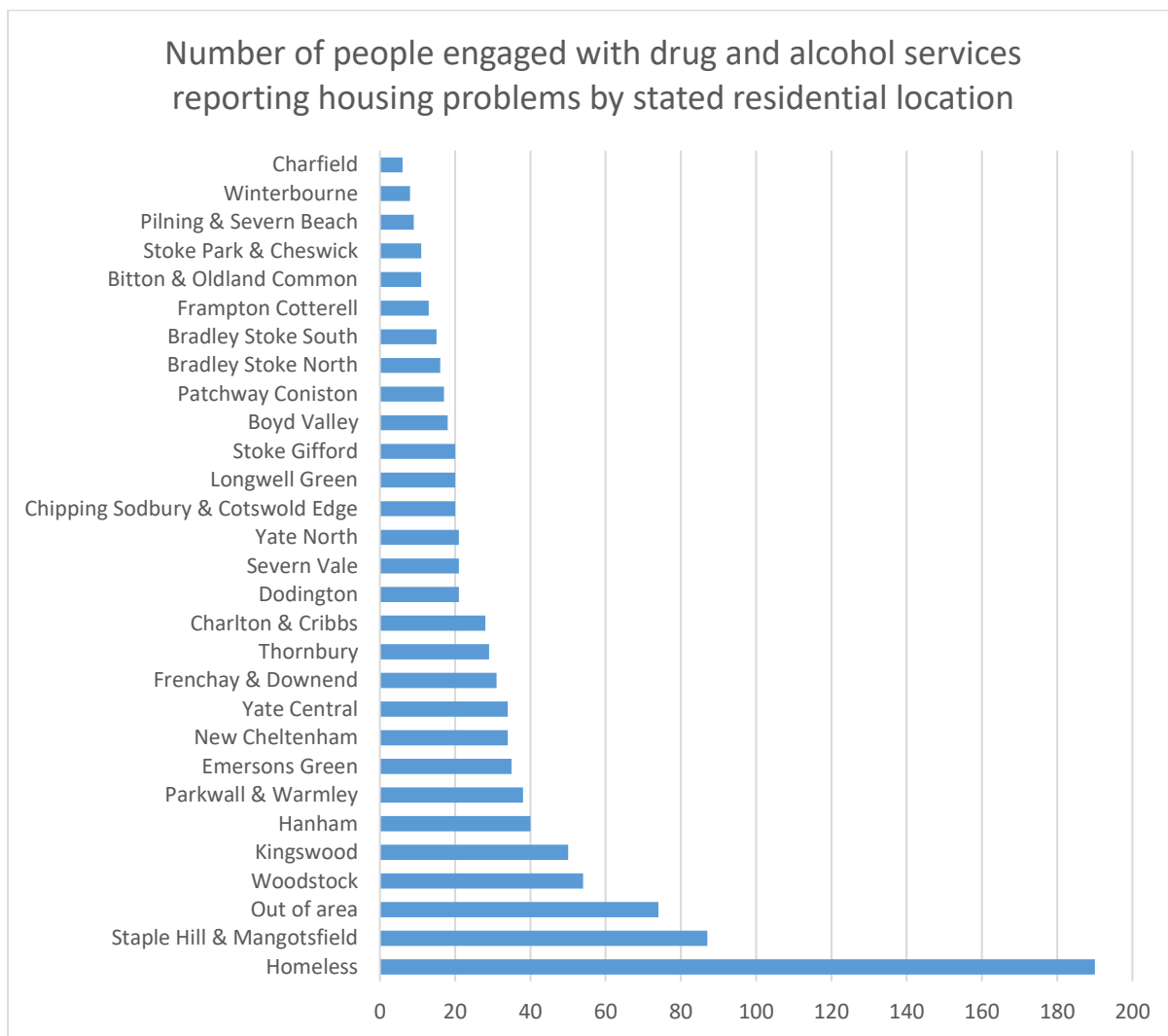
Figure 44: Number of people engaged with drug and alcohol services reporting housing problems by stated residential location, January 2019 to August 2024
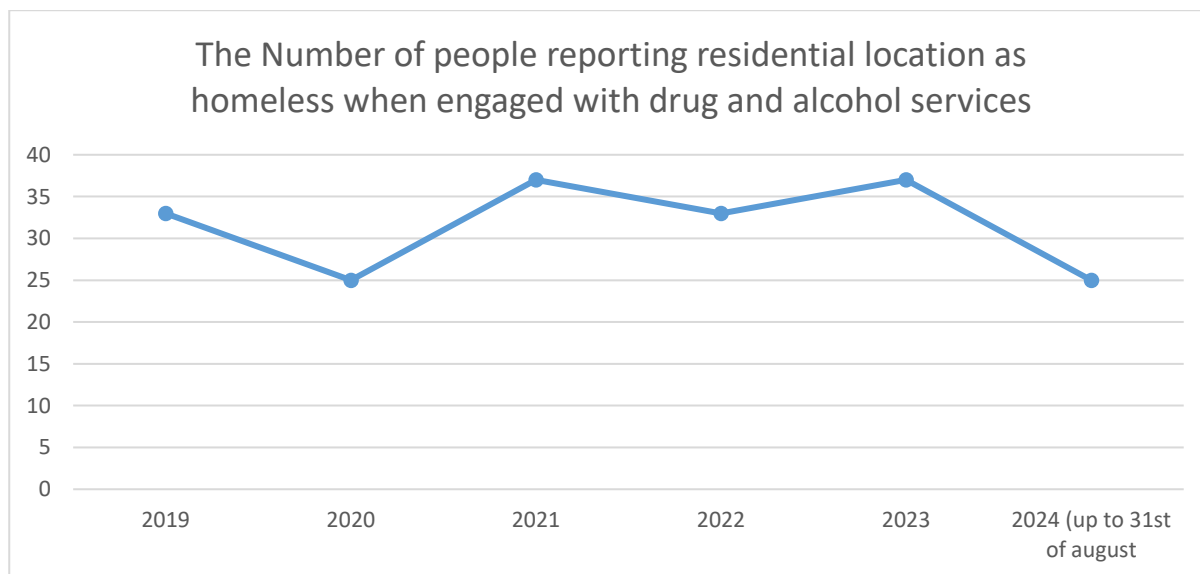
Figure 45: The Number of people reporting residential location as homeless when engaged with drug and alcohol services, January 2019 to August 2024

Proportion of people engaged with drug and alcohol services reporting housing problems within each geographical location
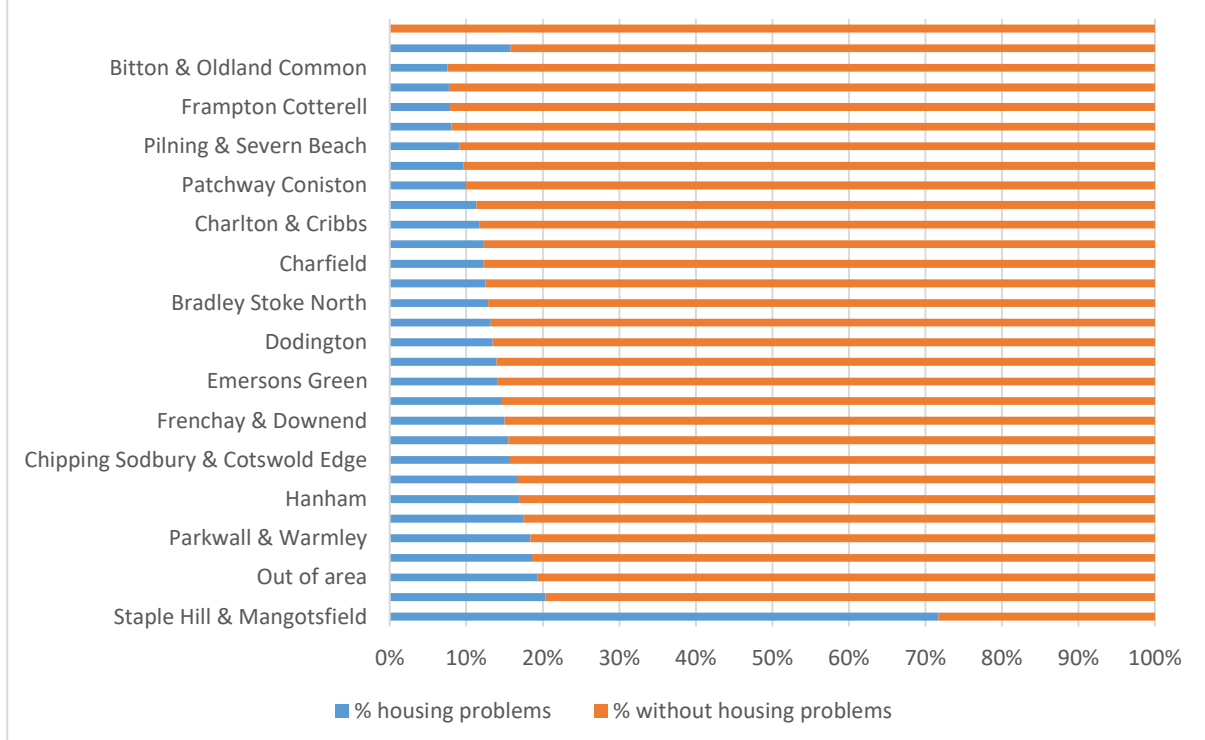
Figure 46: Proportion of people engaged with drug and alcohol services reporting housing problems within each geographical location, January 2019 to August 2024

There were 47 (5%) clients who reported housing problems identifying as LGBTQ+. The number and proportion had increased over time with 6 (3%) in 2019 and 9 (9%) in 2024 (up to 31st of august). The proportion of persons identifying as LGBTQ+ who reported housing problems was 14% compared to 17% of clients who did not identify this way. Notably persons who did not state their LGBTQ+ status (132) had a high proportion of housing problems (25%).

Proportion of people engaged with drug and alcohol services reporting housing problems by LGBTQ+ identification
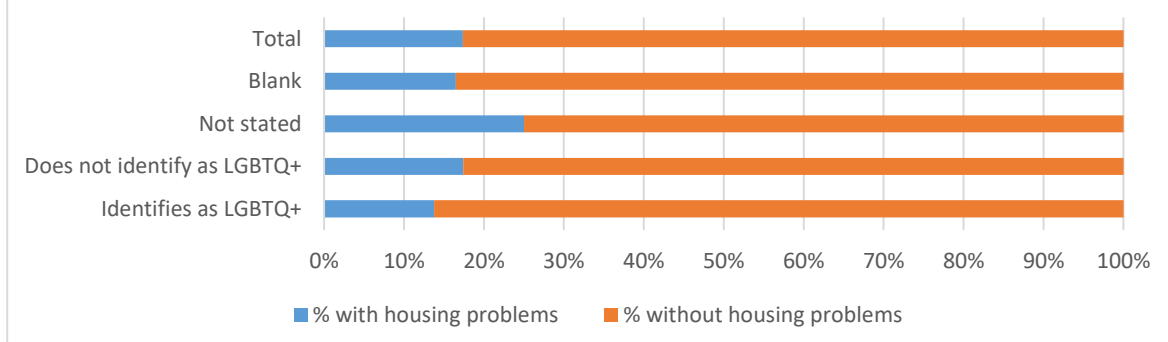
Figure 47: Proportion of people engaged with drug and alcohol services reporting housing problems by LGBTQ+ identification, January 2019 to August 2024

There were 6 (1%) clients who reported housing problems reporting to be a veteran. The proportion of persons reporting to be a veteran who reported housing problems was 13% compared to 18% of clients who did not report serving in the military.
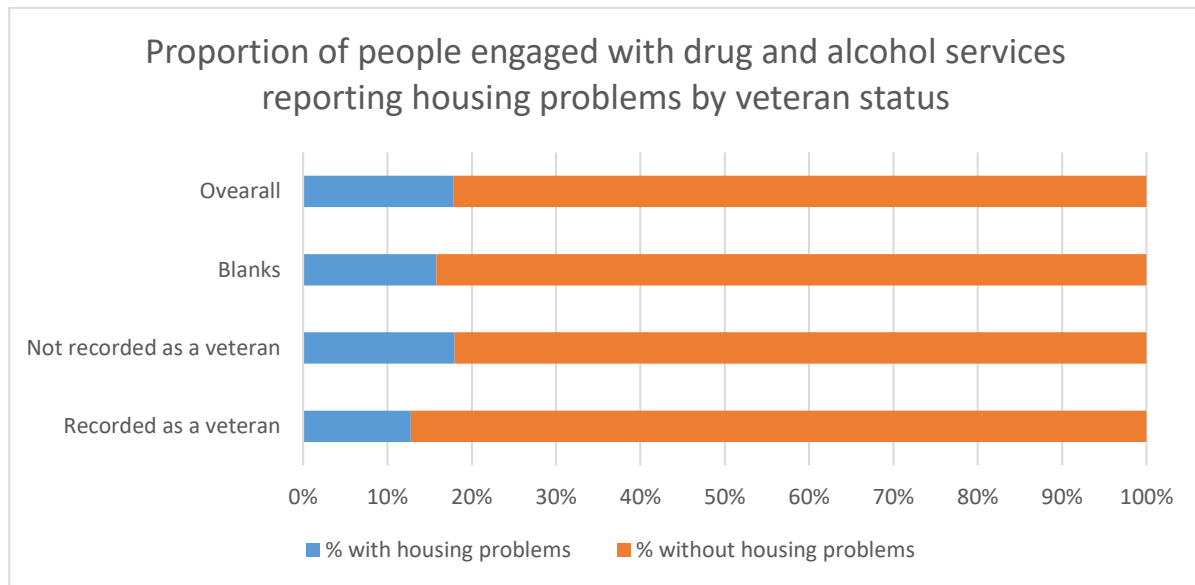
Figure 48: Proportion of people engaged with drug and alcohol services reporting housing problems by veteran status, January 2019 to August 2024

Clients reporting housing problems most commonly sought services for Alcohol (425, 42%) and Heroin (254, 25%) use. The substance with the highest proportion of clients reporting housing problems was Buprenorphine (16, 36%), Heroin (254, 30%), Methadone (8, 26%), or Crack (55, 27%) compared to Alcohol (425, 13%) use.
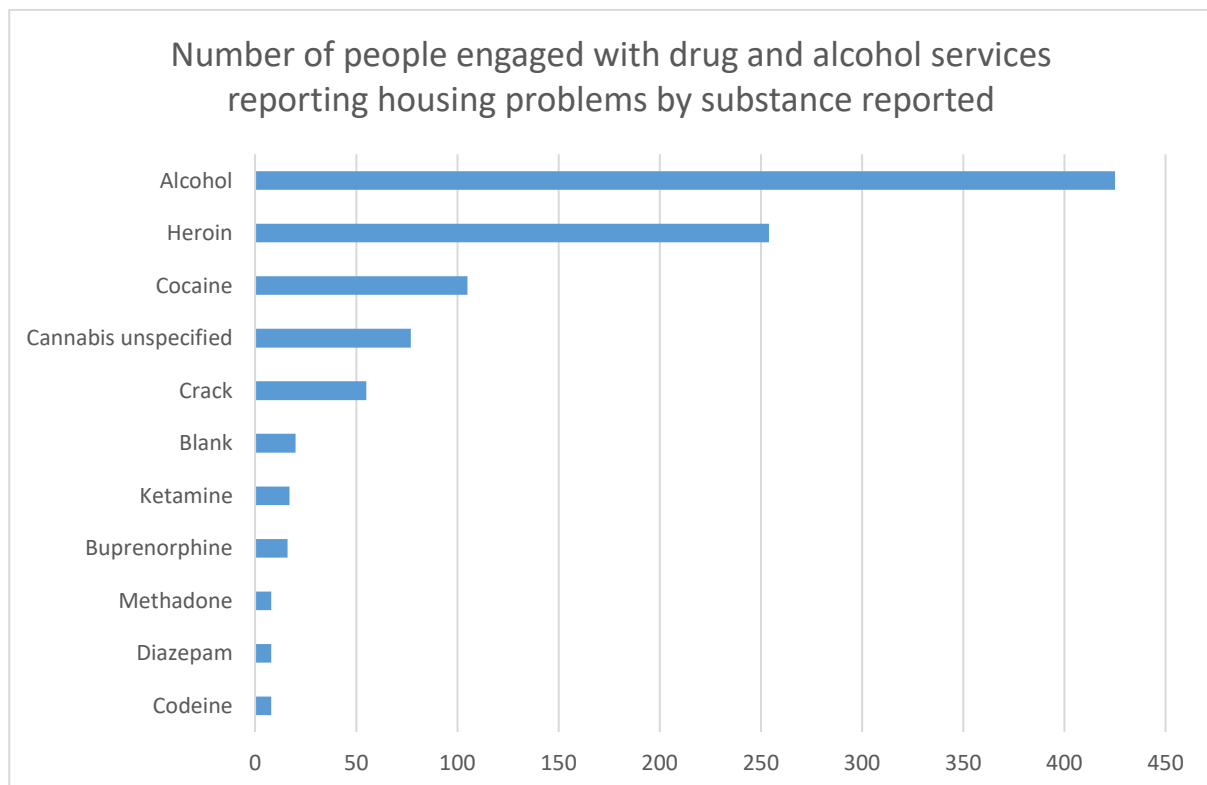
Figure 49: Number of people engaged with drug and alcohol services reporting housing problems by substance reported, January 2019 to August 2024
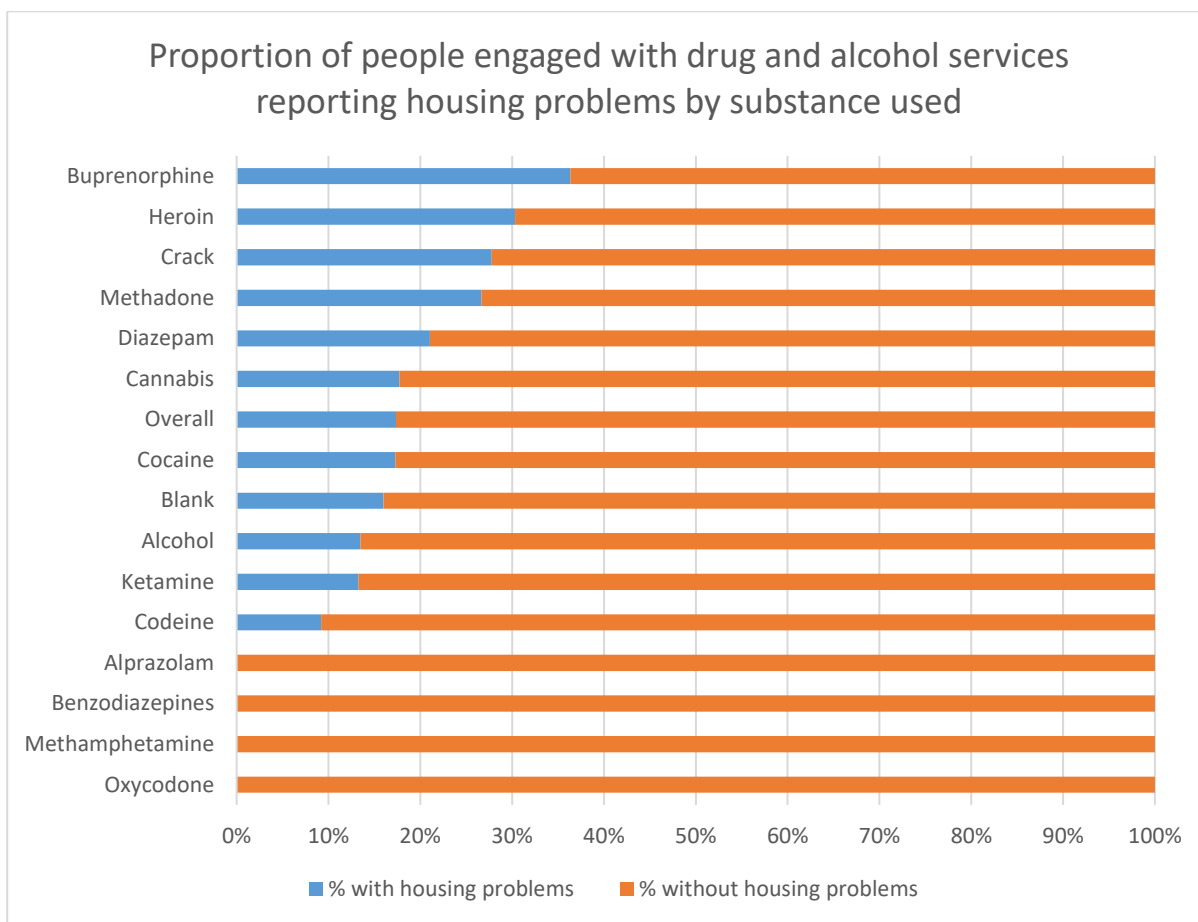
Figure 50: Proportion of people engaged with drug and alcohol services reporting housing problems by substance used, January 2019 to August 2024

Mental Health data

During the period January 2019 to the end of August 2024 there were 47,306 clients engaged with AWP services. Out of these there were 4105 (22% excluding missing) who reported housing problems. The proportion of persons reporting housing problems has remained relatively stable since 2019. It should be noted that housing problems is poorly recorded with 50% of records with missing data for this field.
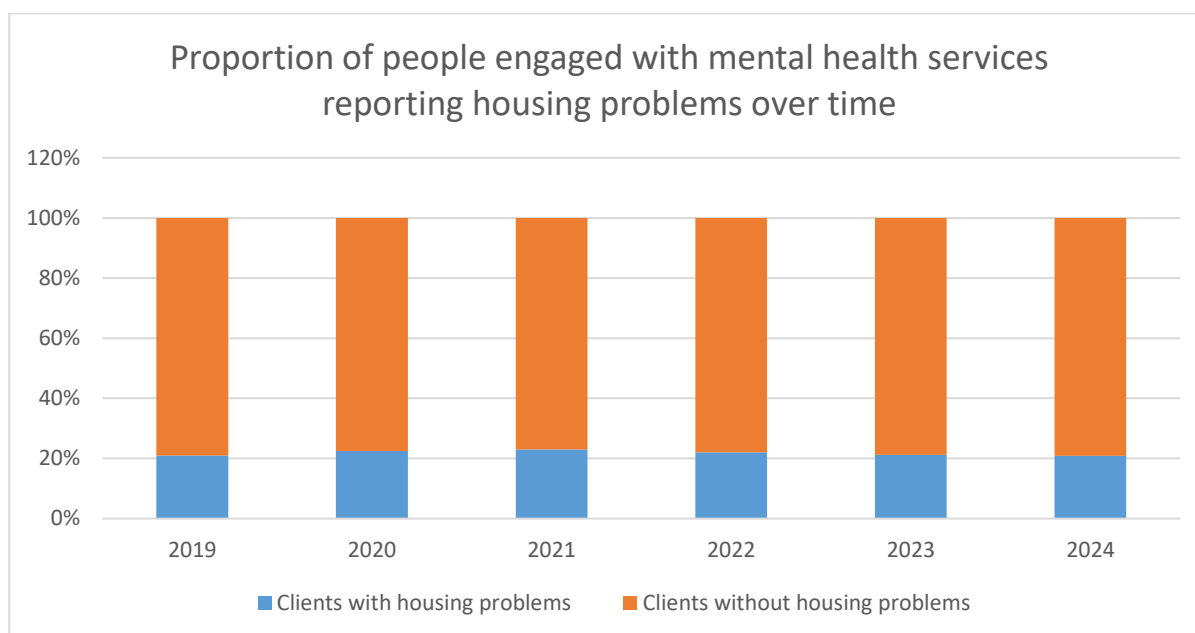
Figure 51: Proportion of people engaged with mental health services reporting housing problems over time, January 2019 to August 2024

The most prevalent diagnosis recorded were "Unspecified nonorganic psychosis" (127, 12%), "Paranoid schizophrenia" (83, 8%), and "Emotionally unstable personality disorder (69, 7%)". Certain diagnosis had a higher proportion of persons reporting housing problems. These were "Schizophrenia" (9, 35%), "schizoaffective disorder" (21, 37%), schizoaffective disorder manic type (24, 38%), "vascular dementia" (8, 38%), "mental and behavioural disorders due to multiple drug use" (9, 39%), and "emotionally unstable personality disorder" (28, 40%).

Clients reporting housing problems were commonly aged 20-29 (669, 17%), 30-39 (670, 16%), and 80-89 (861, 21%) years. The age bands with the highest proportion of persons reporting housing problems were 30-39 (20%), 80-89 (24%), 90-99 (35%) year olds.
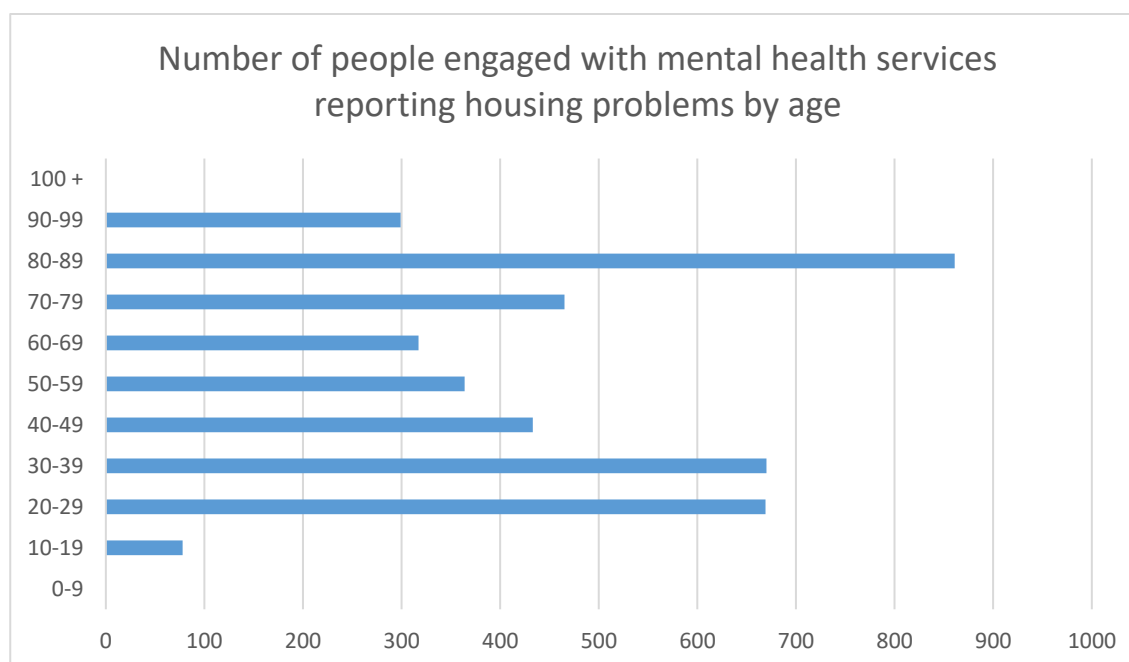
Figure 52: Number of people engaged with mental health services reporting housing problems by age, January 2019 to August 2024
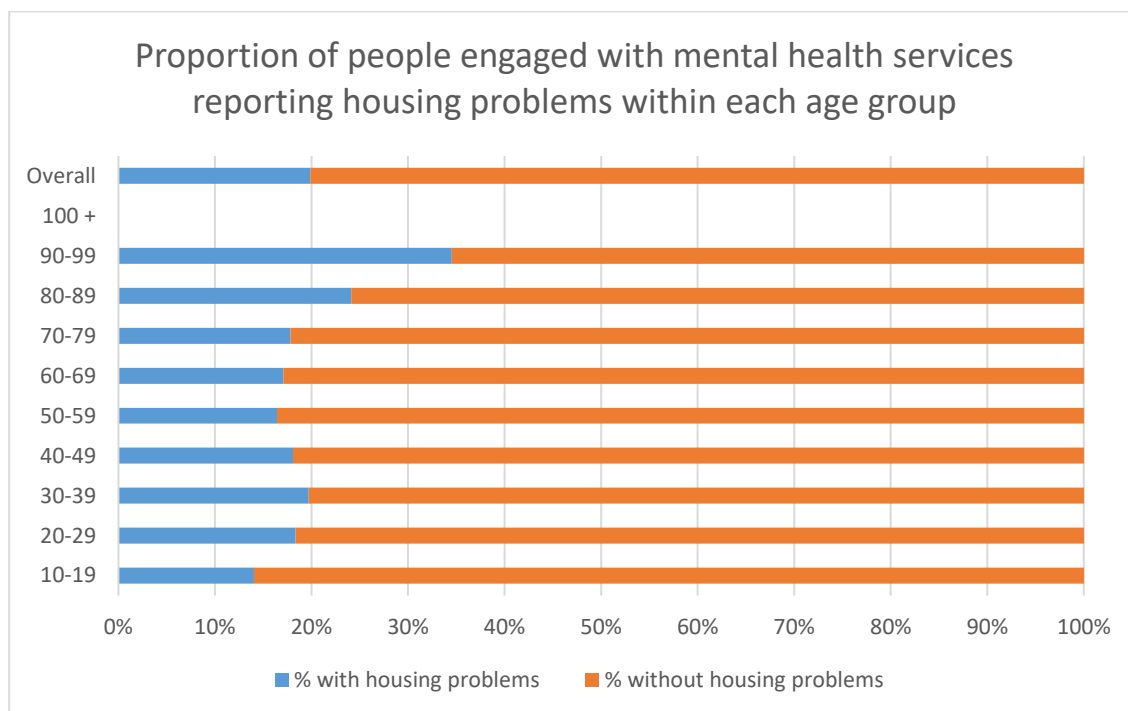
Figure 53: Proportion of people engaged with mental health services reporting housing problems within each age group, January 2019 to August 2024

There was an even split between males (51%) and females (49%), however the proportion of males reporting housing problems is increasing since 2019. A higher proportion of males (22%) reported housing problems compared to females (17%).
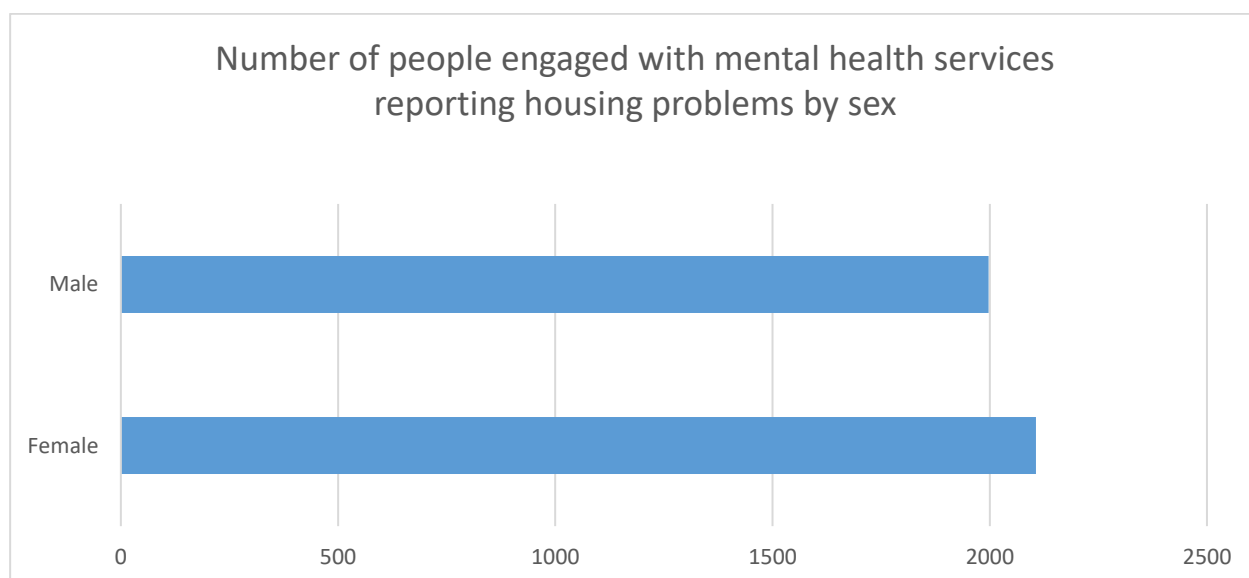
Figure 54: Number of people engaged with mental health services reporting housing problems by sex, January 2019 to August 2024
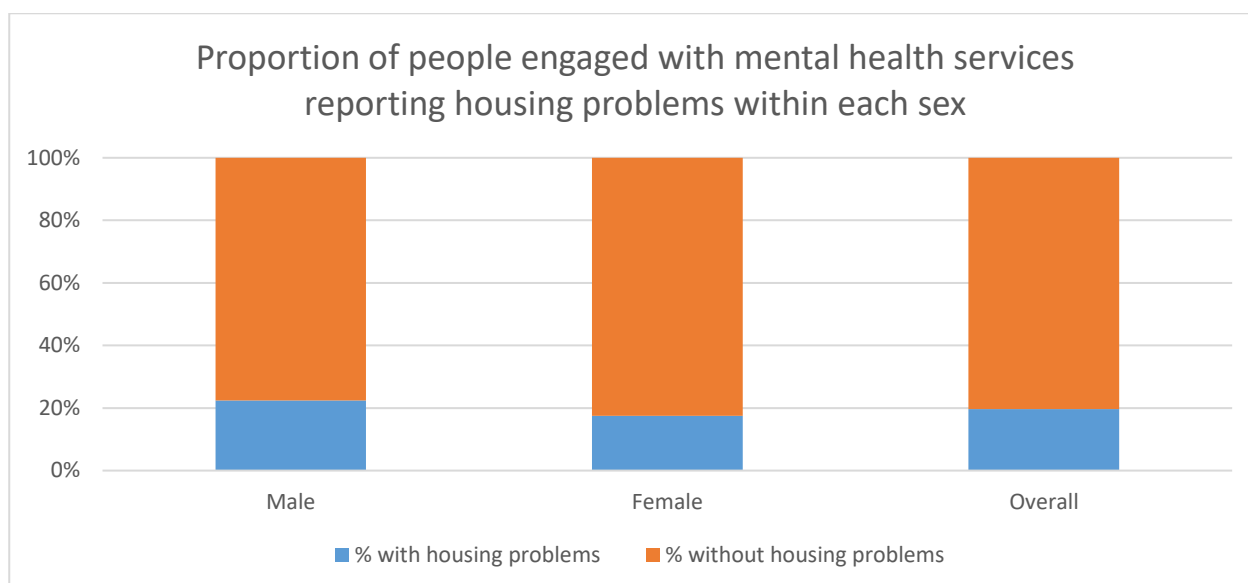
Figure 55: Proportion of people engaged with mental health services reporting housing problems within each sex, January 2019 to August 2024

The majority of clients were white (83%) ethnicity, and this has remained stable over time. A higher proportion of reported housing problems were found for persons of Black (56, 30%), Mixed (47, 24%), and Chinese/Any other ethnic group (37, 24%) ethnicity compared to White (1839, 19%).
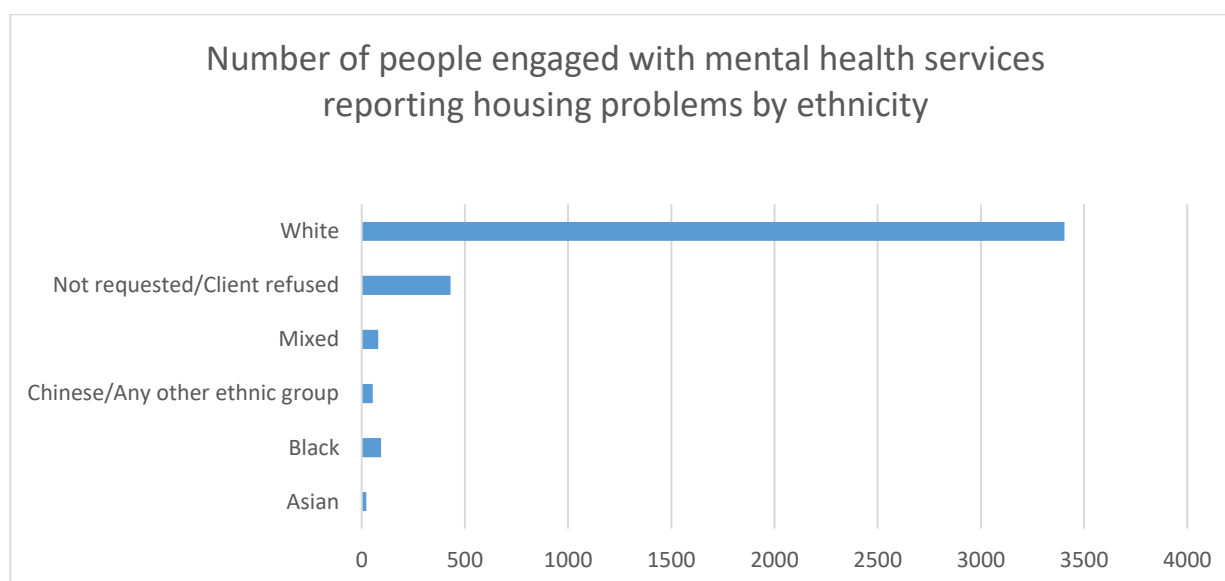
Figure 56: Number of people engaged with mental health services reporting housing problems by ethnicity, January 2019 to August 2024
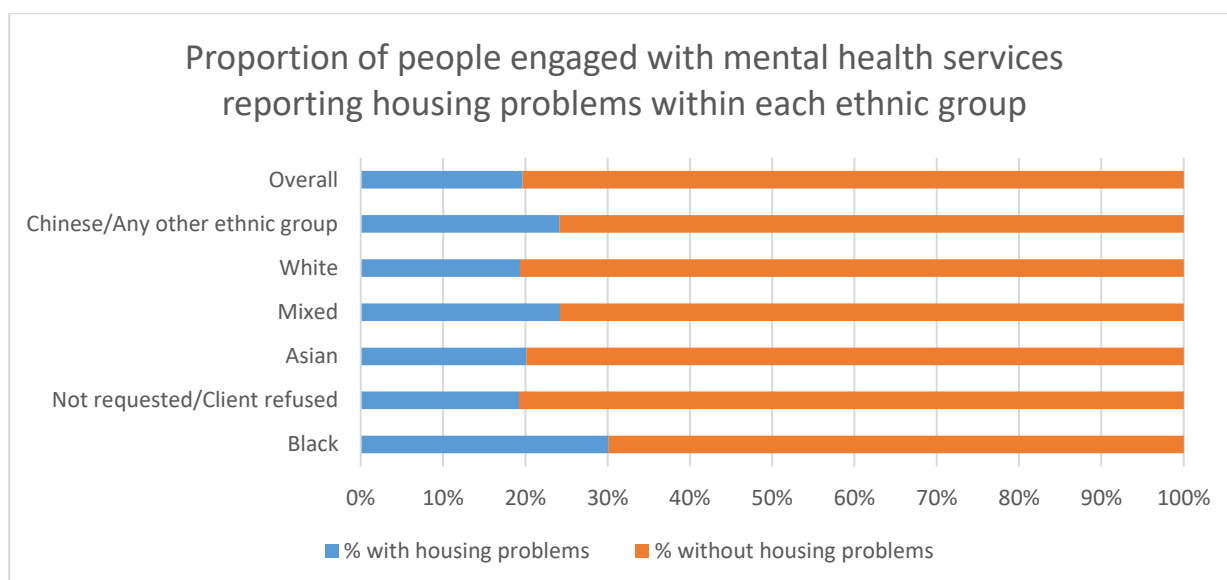
Figure 57: Proportion of people engaged with mental health services reporting housing problems within each ethnic group, January 2019 to August 2024

There were twenty-two locations in South Gloucestershire that reported at least one client experiencing housing problems. The locations with the largest number of clients reporting housing problems were "Staple Hill & Mangotsfield" (478, 12%), "Woodstock" (430, 10%), and "Emersons Green" (327, 8%). The areas with the highest proportion of clients with housing problems were Winterbourne (99, 27%), Kingswood (150, 27%), and Woodstock (287, 26%).

Figure 58: Number of people engaged with mental health services reporting housing problems by location, January 2019 to August 2024
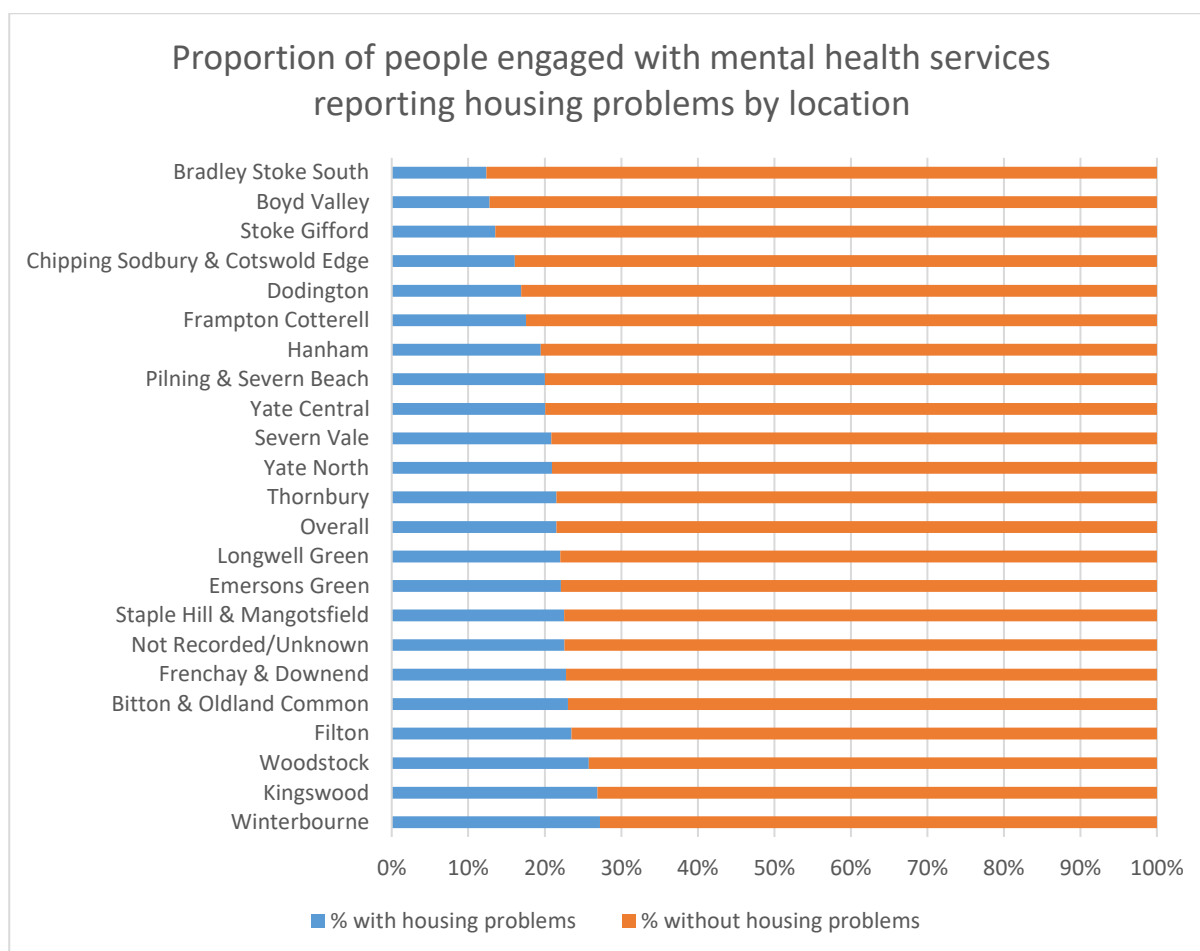
Figure 59: *Proportion of people engaged with mental health services reporting housing problems by location, January 2019 to August 2024*

There thirty different services used by persons reporting housing problems. The most frequently used services by this group were Liaison Service (1589, 23%), PCLS (1581, 22%), and Intensive (859, 12%). The services with the highest proportion of clients reporting housing problems were Liaison Service (1206, 36%) and Forensic Service (40, 37%).

Figure 60: Number of people engaged with mental health services reporting housing problems by service used, January 2019 to August 2024
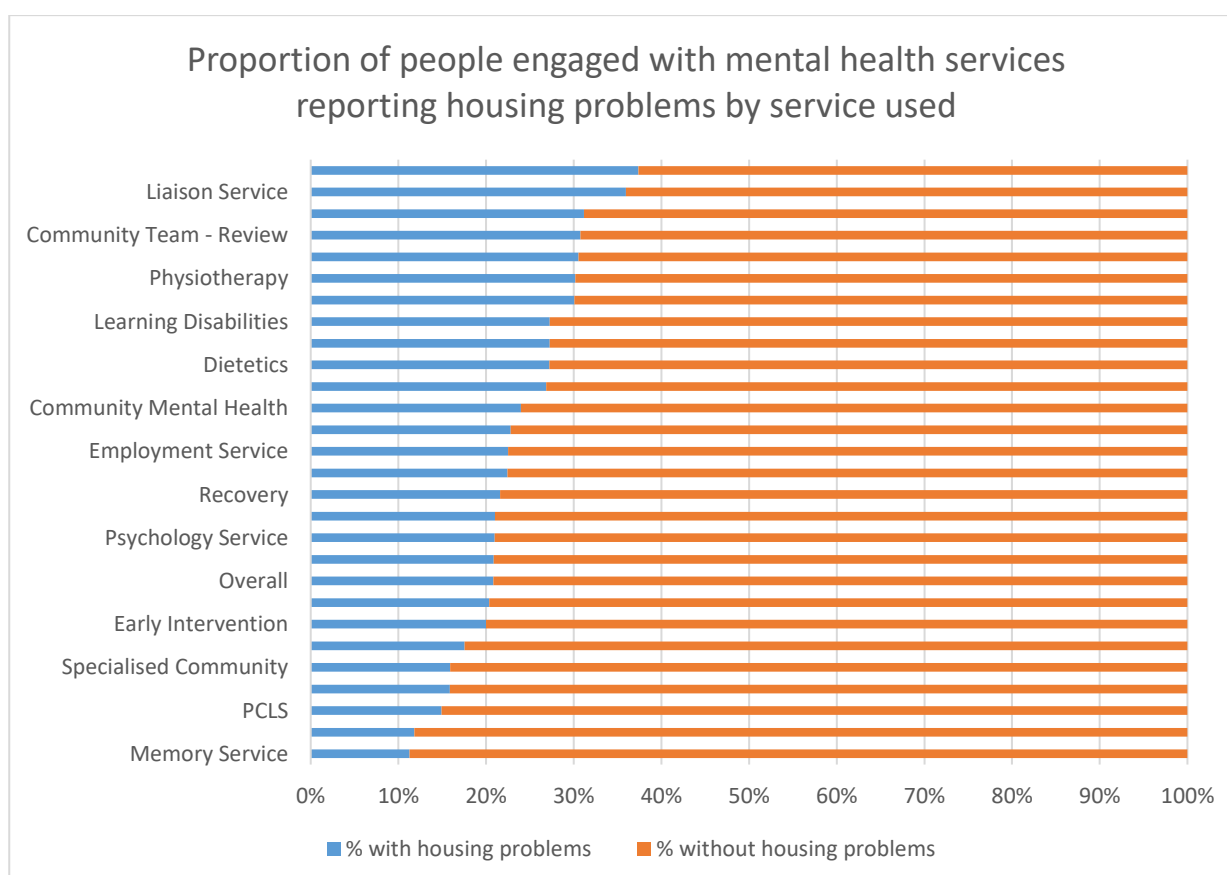
Figure 61: Proportion of people engaged with mental health services reporting housing problems by service used, January 2019 to August 2024

When collected there were 16 (4%) persons reporting housing problems who identified as LGBTQ+. Persons who did not identify as LGBTQ+ (206, 25%) had a higher proportion of persons reporting housing problems compared to persons who did (16, 19%). Caution should be taken in interpreting these results due to the high level of incomplete or missing data present, 89% of records were missing LGBTQ+ identification.
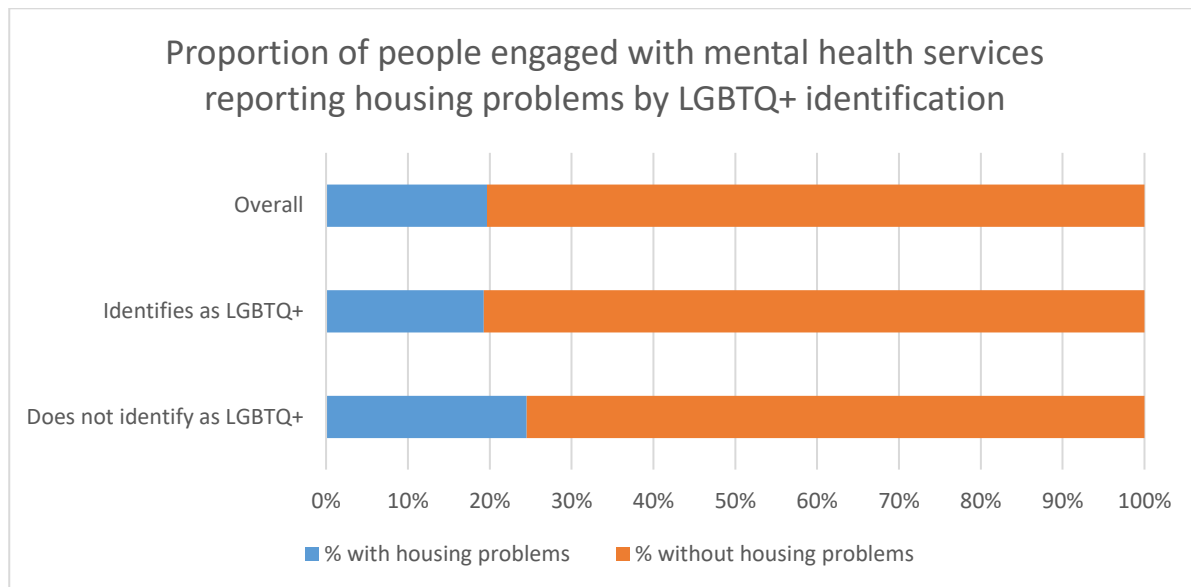
Figure 62: Proportion of people engaged with mental health services reporting housing problems by LGBTQ+ identification, January 2019 to August 2024

There were 8 (2%) persons reporting housing problems who were recorded as having previously served in the military. Persons who were not recorded as a veteran (176, 23%) had a higher proportion of persons reporting housing problem than those that had served in the military (8, 19%). Caution should be taken in interpreting these results due to the high level of incomplete or missing data present, 90% of records were missing veteran status.

NHS data

There was no primary care, minor injuries data related to persons experiencing homelessness in South Gloucestershire available. Since the start of 2019 (01/01/2019 to 31/08/2024) there have been thirty-five ambulance call outs with an accommodation status of "homeless" or "sleeping in a night shelter". This represents 0.03% of South Gloucestershire ambulance call outs that could be linked to accident and emergency data (101,407 call outs).

Since the start of 2019 (01/01/2019 to 31/08/2024) there were 374 non-elective admissions linked to homelessness for patients with a South Gloucestershire postcode or patients registered with a GP practice in South Gloucestershire. This represents 0.14% of total admissions for South Gloucestershire local authority residents. The proportion of non-elective admissions related to homelessness has increased over time with 0.11% admissions in 2019 to 0.22% in 2024 (data up to the end of august). When looking at the

confidence intervals between years there is no overlap between 2019 and 2024 suggesting a significant increase over time.
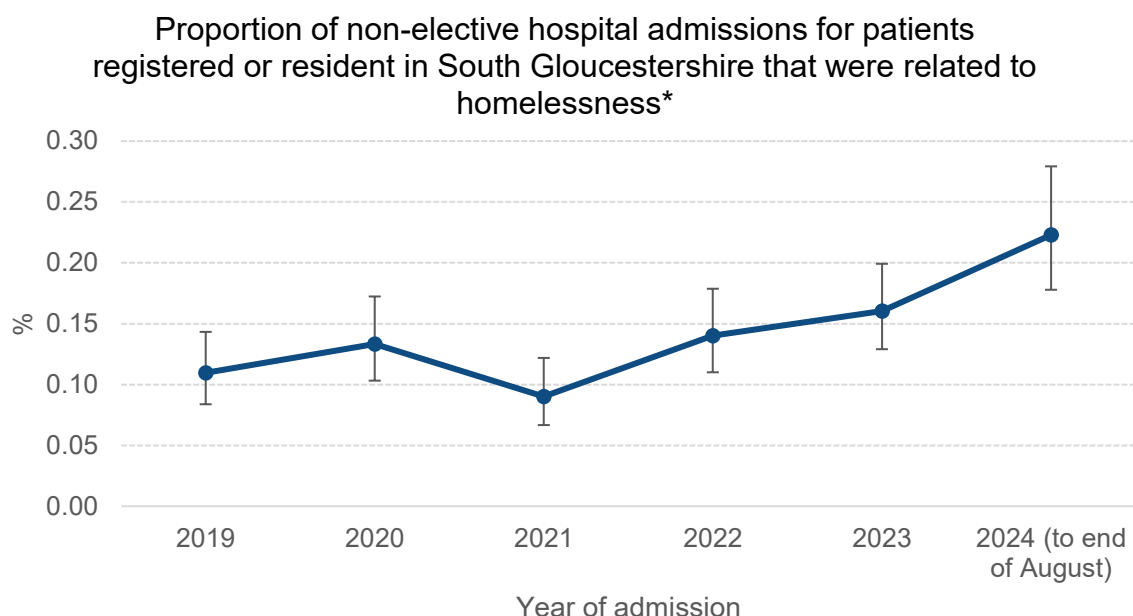
Proportion of non-elective hospital admissions for patients registered or resident in South Gloucestershire that were related to homelessness*

Source: Secondary Use Services Dataset
*An admission related to homelessness in South Gloucestershire either has ICD-10 code "Z590" or "No Fixed Abode" postcode key recorded, and the patient is either registered

Figure 63: Proportion of non-elective hospital admissions for patients registered or resident in South Gloucestershire that were related to homelessness, January 2019 to August 2024

There were a greater number of males (172) compared to females (91), but females had a greater average number of admissions over the 5-year period (1.5 compared to 1.4 in males). The proportion of female admissions is increasing over time with 38% admissions in 2019 compared to 48% in 2024 (data up to end of august). Persons are most commonly aged between 20 to 29 (79), 30 to 39 (95), and 40 to 49 (97). The majority of persons were of White ethnicity (72%, 271/374). The areas of South Gloucestershire with the highest number of admissions were Kingswood South* (34),Staple Hill South & Kingswood North West (34), Thornbury North (34), Filton (32), Yate North* (21), Mangotsfield (19), Patchway (19), Kingswood North East (18), Stoke Gifford* (14), Downend South* (13), and Almondsbury, Pilning & Severn Beach* (12). Starred (*) locations have more than half of postcodes were from the GP practice address.

The top five reasons for admission in persons experiencing homelessness were Neurological problems (79, 21%), Mental Health Disorders (77, 21%),
Adverse effects and poisoning (50, 13%), Problems due to Trauma and Injuries (45, 12%), and Problems of the gastro intestinal system (22, 6%). All of these except
Problems of the gastro intestinal system was significantly higher when compared to All admissions for patients registered or resident in South Gloucestershire.

Top 5 main programme area for non-elective hospital admissions related to homelessness in South Gloucestershire, compared to all admissions, January 2019 to August 2024.
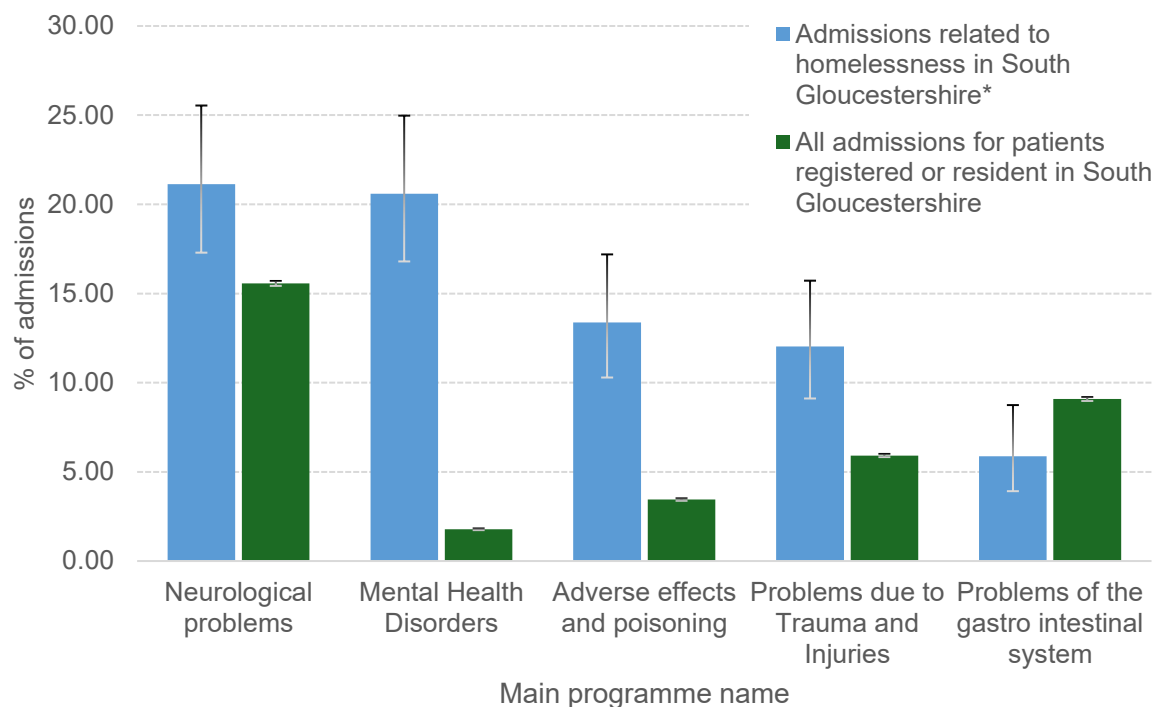
Source: Secondary Use Services Dataset
*An admission related to homelessness in South Gloucestershire either has ICD-10 code "Z590" or "No Fixed Abode" postcode key recorded, and the patient is either registered or resident in South Gloucestershire.

Figure 64: Top 5 main programme area for non-elective hospital admissions related to homelessness in South Gloucestershire, compared to all admissions, January 2019 to August 2024

Thematic Analysis of Stakeholder Interviews

Main findings

- Persons with homelessness were becoming increasingly complex with multiple issues and poor mental health.
- Common drivers of homelessness were substance misuse, relationship breakdown, unsuitable accommodation, and mental health problems. Gambling was identified as a growing issue.
- Homelessness was consistently issue within the lives of service users. Street homelessness was thought to be rare, and most homeless persons were sofa surfing or living in unstable accommodation. Low number of street homelessness is thought to be due to these persons moving to Bristol where they can access services.

- Evictions were seen as a growing issue due to increasing complexity of persons experiencing housing problems such as poor mental health and substance abuse.
- Services commented that current prioritisation system, available benefits, and high bar for social housing meant that certain groups, young men, face a long wait for housing. Providing evidence on risk during a housing application was reported to be challenging and was not well understood by services.
- Getting people experiencing housing problems onto the right benefits was seen by many stakeholders as key to supporting persons with housing problems and homelessness. Persons felt stigmatised and had challenges navigating the benefits system.
- Persons who have received asylum in the UK were frequently left with a gap between approval and ability to claim housing. This frequently resulted in street homelessness.
- Services for people experiencing homelessness were reported to be lacking in South Gloucestershire.
- Accessing any form of healthcare was not seen as an issue for persons experiencing homelessness, however accessing the right healthcare, and navigating the system were seen as challenging. This was especially apparent for persons experiencing mental health problems.
- The state of being homeless meant that treatment was more challenging as they may not have the facilities (a home), the stability, or the ability to prioritize their health.
- Critical mass was seen as a problem for developing a business case for homelessness services.
- Early intervention was recognised as vital to ensure the effectiveness of preventative interventions.

Health Needs

Four stakeholders specifically mentioned health needs of their clients in relation to homelessness. Persons experiencing homelessness were becoming more complex, especially in relation to their mental health. Persons experiencing homelessness were frequently found to have psychosis, substance misuse, and personality disorders.

Drivers of Homelessness

Twelve stakeholders specifically mentioned perceived drivers of homelessness in the people who come into contact with their service. Common drivers of homelessness were substance misuse, relationship breakdown, unsuitable accommodation, and mental health problems. Stakeholders reported gambling as a growing issue amongst tenants experiencing housing problems. Care leavers, current military, and disabled persons were thought to be protected from homeless as they have sufficient safety nets in place. Mental health was consistently highlighted and was thought to increase the risk of homelessness due to inability to manage tenancy, eviction, and challenges in finding placements.

Persons who identify as LGBTQ+ were highlighted as a potential risk group due to familial rejection, mental health problems, and discrimination.

Prevalence and Type of Homeless

There were nine stakeholders who provided information specific to the prevalence of homelessness within South Gloucestershire. All services reported that homelessness was a consistent issue raised by service user's lives. Services reported that homelessness was a growing issue for their clients. Street homelessness was thought to be rare, apart from in recently approved asylum seekers, and most homeless persons in South Gloucestershire were sofa surfing or living in unstable accommodation. One potential reason for the low number of street homeless in the local authority is that persons reportedly move into central Bristol where services are located, and social connections can be made. Recently approved asylum seekers were reported as high risk for street homeless as they frequently experienced gaps in housing provision following approval to remain in the UK and a lack of social support network available to be temporarily housed.

The Negative Effects of Homelessness

Two stakeholders specifically mentioned negative effects of homelessness. Probation services reported challenges of persons being released from Prison onto the street which exacerbated their ability to comply with probation and reintegrate into society. Another service reported that being homeless had a long-term impact on a person's ability to reintegrate into a "normal" life.

Housing Choice

Two stakeholders mentioned issues affecting choice in housing provision. A service reported that as South Gloucestershire had a single dominant housing provider there was limited choice, especially if this provider had evicted the person. A second service reported bias and discrimination in the rental sector for persons with protected characteristics.

Housing Eviction

Six stakeholders mentioned information related to evictions, three of these were housing providers. Housing providers all stated that evictions were last resort, and the aim was for as few evictions possible. Two providers mentioned specific interventions, e.g. neighbourhood coaches, were in place to support persons struggling with maintaining their tenancy. Evictions were seen as a growing issue to due to the increasing complexity of persons experiencing housing problems, mental health, and substance abuse. Certain groups, care leavers, and veterans were highlighted as at greater risk of eviction.

The housing prioritisation system

Five stakeholders mentioned information related to the prioritisation system used for housing. Services commented that the current prioritisation system meant that single,

males found getting accommodation challenging. This group also has limited income through benefit schemes, and this made it challenging to afford a private tenancy. Wait times for low priority persons were reported to be long and the bar for social housing was high as persons needed to be financially solvent and have no social, behavioural, criminal or substance issues. Evidencing risk was reported to be challenging and was especially challenging if a person was homeless as they do not have a GP, job, or other ways to evidence need/risk. Survivors of domestic abuse who were provided with temporary safe house accommodation were reported to become lower priority. This was highlighted as a problem because persons spent a long time in temporary accommodation preventing new admissions.

Housing Provision

Eleven stakeholders mentioned information related to housing provision. All housing providers interviewed highlighted homelessness as a priority for their organisations. The providers aimed to help people overcome barriers to housing and ensure a successful tenancy. Support centred around clearing debt and ensuring persons were on the right benefits. Similar support, information on financial security, and a household support fund were available to support persons through the council. Services reported that choice of housing was limited.

Certain groups, such as victims of domestic abuse, had an elevated level of need which made housing provision difficult. Stays in temporary accommodation are reported to be getting longer and is not suitable for every person needs. Certain groups need much greater intervention which is not available through temporary accommodation. A lack of social housing was highlighted as a bottleneck for accessing temporary accommodation as persons could not more on. One service reported that temporary accommodation worked best when there was a mix of people and not just one group, e.g. single males. It was suggested that South Gloucestershire needed a mechanism, such as a hostel or other temporary accommodation, which could help manage homeless persons.

Housing Services

Five services provided information on housing services. Housing providers offered a range of services to support persons become tenancy ready. Services include support on claiming benefits and financial management. It was noted that support drops off once people are in accommodation and that this affects the prevention of homelessness in the long term.

Housing Suitability

Five services provided information on housing services. Gaps in provision were noted for persons who were still using drugs or alcohol. Services supporting veterans reported clients seeking assistance to make private rented accommodation liveable. For care leavers, and other groups, location was key as persons wanted to be within their community. When placing persons in temporary accommodation providing detailed

information to the provider was seen as vital to ensure the accommodation can meet their needs.

Housing System

Three services provided information on the housing system. Deficiencies in the housing system were highlighted. Persons who had received asylum were frequently left without housing following as they were no longer able to stay in home office accommodation and they had not been able to start the process of applying for social housing. A similar gap was identified for persons being released early from prison. These persons often end up as street homeless. Services reported that persons lacked knowledge around the housing system and were unaware/unable to produce evidence to support their application for housing. The system to support care leavers was seen as good as it was planned well in advance and persons had re-assurance about what would happen once, they turned eighteen.

Services Access

Nine services provided information on access to services. Most services highlighted that provision of specific services for persons experiencing homelessness were lacking in South Gloucestershire. Further, it was highlighted that for services that were available guidance was required to understand what was available and how it could be accessed. The "Caring Bristol Handbook" was highlighted as an example of good practice.

Accessing healthcare services was not thought to be an issue as persons experiencing homelessness, especially street homelessness, were heavy users. The challenge was to ensure persons were able to access the right care as too often accident and emergency services were used when other services could have been better. Predominant use of emergency healthcare is expensive and often less effective. Navigating the system was highlighted as a problem, especially for persons with mental health problems. This again resulted in people not being able to access the services that they need. Drug and alcohol services did not require a postcode and provided outreach services to support persons who were homeless.

Service Barriers

Seven services provided information on barriers to accessing services. Two services reported that the condition of being homeless made treatment more challenging. Persons need the stability offered by housing to be successfully treated. However, they could not secure housing until they had received treatment. Services reported that stability allowed people to prioritise and undertake treatment. The barriers highlighted were being able to successfully navigate the system, have a clear link and transition between services, continuation of care following a move to another local authority, stigma, and trusted relationships. LGBTQ+ persons were thought to experience significant barriers to services. These focused on discrimination and structural issues (e.g. gendered accommodation).

Services Function

Three services provided information on how homelessness impacted their ability to function. Services reported that homelessness increased the number of risks that they needed to manage. It made it challenging to make and maintain contact, and slow re-housing meant people got stuck in inappropriate temporary accommodation.

Service Provision

Five services provided information on service provision. In relation to health services significant work had occurred in Bristol to support services to improve their management of persons experiencing homelessness. However, similar work has not been undertaken in South Gloucestershire. Critical mass was seen as a problem in developing a business case for improvements in homelessness services in Bristol. Social care was highlighted as an issue as limited provision meant that persons do not get the support they need when leaving hospital. Care is focused on acute rather than chronic health issues which was reported to have a compounding effect on long term health. Mental health services provided crisis support with outreach worker supporting people within the community with no need for a home address. Civil society organisations provided community hubs for recently approved asylum seekers. A problem highlighted by one service was that the system was not intervening early enough to optimise the effectiveness of preventive interventions.

Service Benefits

Four services provided information on the benefits system. The main issue was that persons were not claiming the benefits to which they were entitled. This was due to stigma and challenges navigating the system.

Appendix two: methods

Local economic context

Data produced using LG inform "Understanding Homelessness" themed reports: https://lginform.local.gov.uk/reports/view/lga-research/lga-research-report-understanding-homelessness-in-your-area

Housing and lettings data

Data were provided and analysed by HomeChoice team in South Gloucestershire Council.

Homelessness data

Data were provided and analysed by HomeChoice team in South Gloucestershire Council.

Domestic abuse data

Domestic Abuse Needs Assessment December 2024 for Bath and North East Somerset, North Somerset, Somerset, and South Gloucestershire.

Crime and Police data

Data on homelessness is not directly flagged or tagged within the system. Address fields may be left blank or recorded as "NFA." Records marked as "NFA" or blank were excluded from the analysis, as these are often reported when individuals are temporarily staying with friends or family and therefore would not provide an accurate count of homelessness.

Instead, the number of calls where the term *"homeless"* appeared in the log was identified and counted (Table 1). In addition, the number of reported domestic abuse (DA) cases was counted separately (Table 2).

Both datasets relate to South Gloucestershire Local Authority and cover the period up to 4th December.

UKHSA data

Data sources

- **HPZone**: Data for case counts were extracted on 07/11/2024 for the period 01/01/2019–08/07/2024. Inclusions were cases where *Infection* was coded as: Invasive Group A Streptococcus (iGAS), Hepatitis B, Hepatitis C, Staphylococcus aureus (MRSA), or Staphylococcus aureus (PVL).

Data for situation counts were extracted on the same date and for the same period. Inclusions were situations where *Infectious_agent* was coded as: Streptococcus group A (with *Brief description* indicating iGAS), Hepatitis B, Hepatitis C, Staphylococcus aureus (MRSA), Staphylococcus aureus (PVL), or Tuberculosis (TB).

- **NTBS**: Data were extracted on 20/10/2024 for case counts of TB. Data were filtered by *Notification Date* (01/01/2019–08/07/2024), *Region* ("South West"), and *Homeless* ("Yes").

Homelessness filter

- **HPZone**: Cases were extracted where *Principal_contextual_setting* was listed as "Homelessness accommodation" and/or *Diagnostic_notes* contained the word "homeless." If "homeless" was mentioned in *Diagnostic_notes* but the *Principal_contextual_setting* was not "Homelessness accommodation," cases were manually reviewed by field services to confirm homelessness status. No cases were excluded (n=0).

- **NTBS**: Used the built-in *Homeless* indicator to identify cases.

- **iGAS**: HPZone *Diagnostic_notes* contain a standard template including the word "homeless," so this field could not be used for extraction.

Notes

- Some cases and situations may include individuals with a history of homelessness but not experiencing homelessness at the time of diagnosis.

- Recording of homelessness risk factors varies by system: NTBS has higher completion rates than HPZone.

Asylum and resettling data

Data were provided and analysed by Resettling Communities team in South Gloucestershire Council.

Julian House and partners

Data were provided by Julian House and partners

Children in care

Data were provided and analysed by Children in Care, Care Leavers and Adoption team in South Gloucestershire Council.

Drugs and Alcohol data

Inclusion criteria
The analysis covers all persons who contacted or registered with DHI between 01/01/2019 and 31/08/2024, within South Gloucestershire local authority.

Information governance
Only aggregate data are presented. No identifiable information (e.g. names, dates of birth, or addresses) is included. To reduce the risk of deductive disclosure, all counts under five are masked as "<5."

Additional notes

- Geographical location is recognised as a limitation, as postcode of residence may not reliably capture this population.

- Where available, data on additional protected characteristics (e.g. LGBTQ+ status, veteran status) are included.

- Ethnicity is presented at the highest grouping level available, depending on local coding.

- Age is grouped into 10-year bands.

Mental Health data

Inclusion criteria
The analysis includes all persons who had contact with AWP services between 01/01/2019 and 31/08/2024, within South Gloucestershire local authority.

Information governance
Only aggregate data are presented. No identifiable information (such as names, dates of birth, or addresses) is included. To minimise the risk of deductive disclosure, all counts under five are masked as "<5."

NHS data

Primary care – Data not available.

Yate MIU – No flag is available to indicate homelessness or "No Fixed Abode" (NFA).

Ambulance calls (South Gloucestershire) – Source: South Western Ambulance Service NHS Foundation Trust (SWASFT). Ambulance data do not contain a homelessness/NFA flag, but calls can be linked to A&E data, which include an accommodation status field. Data extracted on 10/10/2024.

Non-elective (unplanned) hospital admissions – Source: Secondary Uses Service (SUS) dataset. Data extracted on 10/10/2024. Main programme name categories are derived from the admission's programme budget code, which is assigned based on the primary (and sometimes secondary) ICD-10 diagnosis code.

Thematic Analysis of Stakeholder Interviews

- Semi-structured interviews were conducted with stakeholders
- Responses were written up and coded using an evolving coding list
- Themes were identified based on codes
- Direct quotes were not included to ensure anonymity.

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Table of Acronyms

Table 6: table of acronyms

Acronyms	Meaning
CIPFA	Chartered Institute of Public Finance and Accountancy
ASHE	Annual Survey of Hours and Earnings
IMD	Index of Multiple Deprivation
LSOA	Lower Super Output Areas
PRP	Private Registered Provider
AWP	Avon and Wiltshire mental health partnership
DHI	Developing health and independence
ICS	Integrated care system