

JSNA Health and Wellbeing Profile 2025/26

Homelessness Prevention Services

Summary points

- Homelessness is associated with severe poverty and adverse health whether this is reflected in high visibility rough sleeping or those placed in Emergency Temporary Accommodation. Evidence tells us that the health of people experiencing homelessness is significantly worse than that of the general population, and the cost of homelessness experienced by single people to the NHS and social care is considerable.
- 82% of homeless people have a mental health diagnosis, in comparison with 12% of the general population. (source: Health Needs Audit, 2022 - Homeless Link)
- The Covid19 pandemic 2020-21 triggered a rise in Homelessness presentations in Bristol. This trend has continued.
- Since 2021 Bristol has seen a 51% increase in households approaching the City Council because of homelessness related issues (figure 6). The number of households owed a statutory homelessness duty and currently in temporary accommodation (TA) in 2025 is 92% higher than before the pandemic.
- There are currently 1792 homeless placements in temporary accommodation in Bristol.
- The average length of stay in Temporary accommodation placements has continued to grow.
- The number of temporary accommodation placements outside the BCC geographical area is low. Whilst this is a positive outcome for each placement, it does interfere with the availability of other private sector move-on accommodation in the city (figure 5).
- The number of family placements in hotel accommodation remains low. There are currently no temporary accommodation family placements in hotel accommodation (November 2025)
- Bristol's figure (per thousand households) for those households currently placed in temporary accommodation is still the third highest of the English core cities, indicating the pressure on providing suitable and affordable move on accommodation for homeless households in the city.
- Bristol reported more than ten times as many households in Emergency Temporary Accommodation than to our West of England (WECA) partners.
- At the 2025 (November) snapshot National Rough Sleeper Street count. Bristol is expecting to report a small reduction in the numbers of high visibility street homeless in the city compared to the 2024 count.
- In 2025 the most common reasons given for a homelessness presentation was due to **'family or friends no longer being able to accommodate'** and **'loss of Assured**

Shorthold Tenancy'. A continued reflection of post covid landscape and the lack of affordable housing supply in the city.

- The number of **Homelessness Relief duties** accepted by the City Council has remained high into 2025. This has resulted in a significant increase in the number of homelessness duties accepted into the homeless pathway and onto the Housing Register (Bristol HomeChoice).
- There has been a continuation of the trend showing an increase in the reason given for homelessness as domestic violence.
- Proportionately there is an over-representation of households facing homelessness from Black Asian and Minority Ethnic groups, with numbers being 18.9% of the population, but 31.1% of relief duty acceptances in 2024. Poverty is a key risk factor for homelessness: by equality groups, in 2024-25, the highest levels of people struggling financially were reported amongst people of Black ethnicity (27.0%), single parents (23.0%) and disabled people (25.7%).
- In August 2025 it was estimated that Bristol had between 640 to 680 vehicle dwellers in council run meanwhile sites, lived-in vehicles on the kerbside, private sites and in squatted encampments. The single biggest reason put forward by vehicle dwellers themselves for choosing to live in a vehicle is inability to afford other housing options within Bristol and a lack of social housing.

Homelessness Findings

Homelessness is associated with severe poverty and adverse health, education, and social outcomes and this came into focus during the Covid-19 pandemic and has continued since. Households who have become homeless through no fault of their own who are in priority need (such as street homeless, hidden homeless, families, victims of domestic abuse and people with significant health conditions) are some of the most vulnerable and needy members of the community with the most complex health needs. Although there are many distinct types of homeless households, rough sleeping is the most visible manifestation of homelessness. Many people who sleep rough will suffer from multiple health problems, such as mental health problems and addiction and they are also in greater danger of violence than in the general population. Other health impacts associated with rough sleeping include higher rates of communicable diseases such as TB, HIV, and hepatitis.

Numbers reported as sleeping rough.

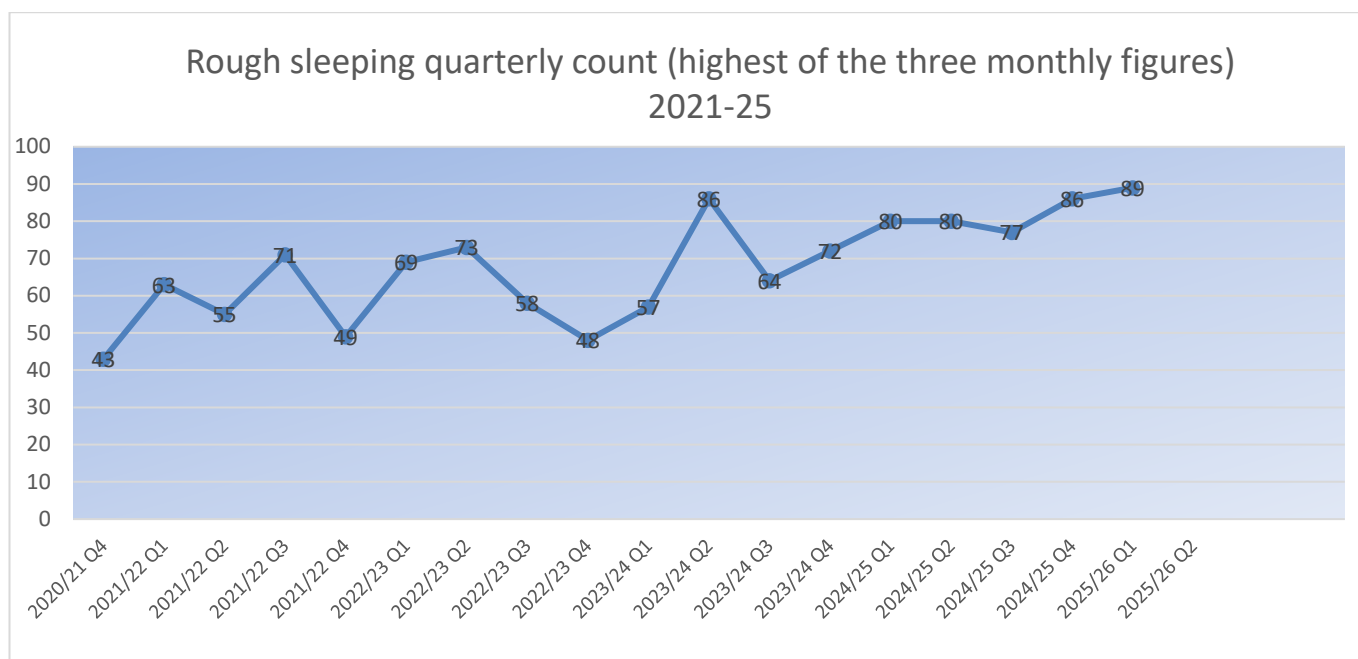


Figure 1 – this trend chart illustrates the increase in the number of rough sleepers from recorded by Bristol Outreach Teams based on average monthly street counts between 2020/21 and Q2 2025/26

People who end up sleeping rough often experience barriers in accessing both health and care services and experience poor health outcomes in comparison to the rest of society. The average age of death of men is 45 years old and even lower for homeless women at 43. The ONS reports annually on deaths of street homeless in England and Wales, drug poisoning is still the highest cause followed by alcohol poisoning and suicide. The monthly rough sleeper hotspot returns in Bristol reported an increase in 2025, despite the launch of several high-profile initiatives. Women rough sleepers have recently been identified as a new cohort of hidden homeless in the city.

Main reasons given for homelessness.

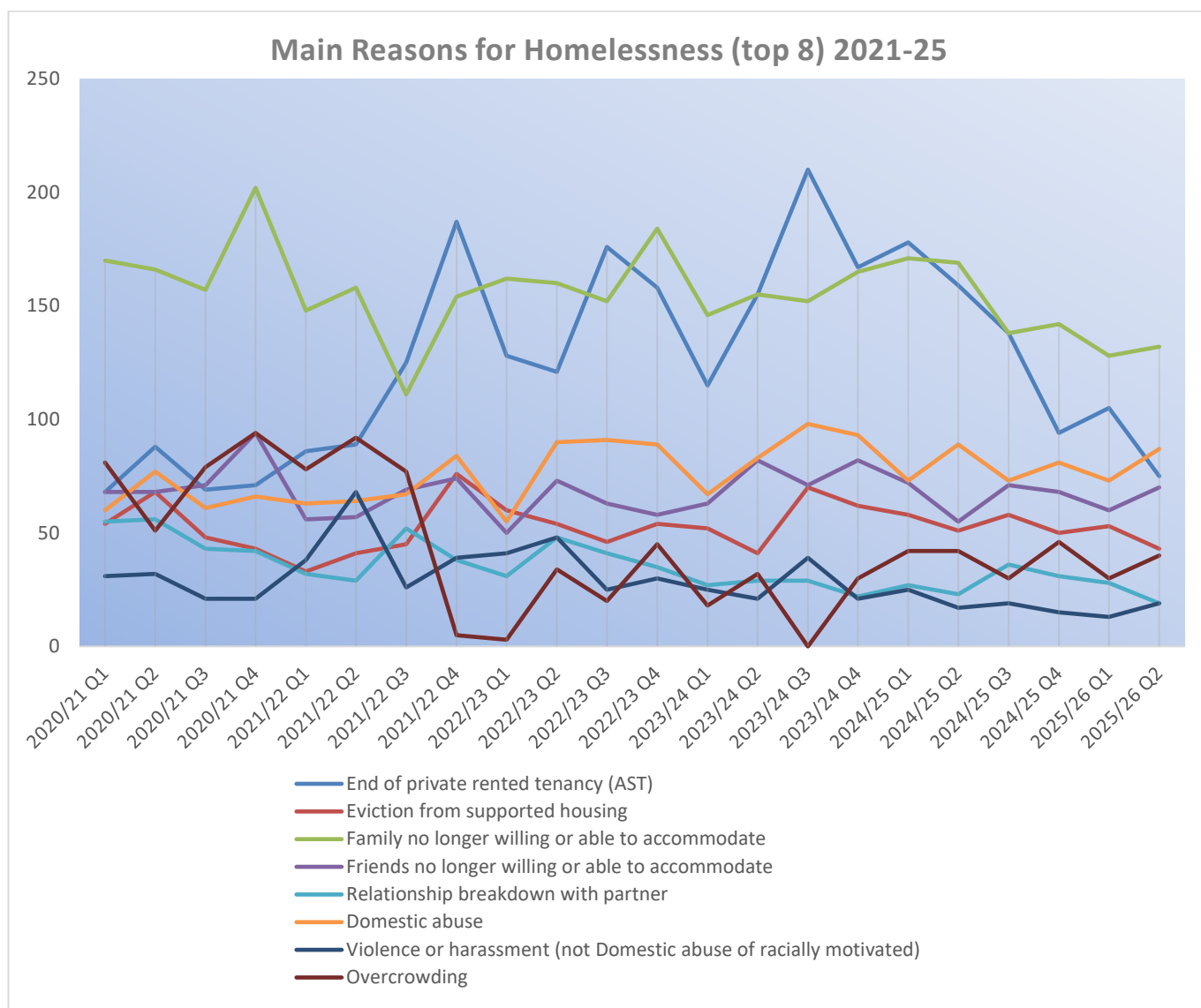


Figure 2 – This chart highlights the top eight reasons people presented as homeless to Bristol Coty Council between 2020/21 and Q1 2025/26 as reported quarterly by the Bristol Housing options service to the H-CLIC data reporting system of the Ministry of Housing & Local Government

In 2025 ‘family and friends no longer willing to accommodate’ remain the primary reasons for presenting to homelessness services in the city. ‘Loss of Assured Shorthold Tenancy’ is still significant as does domestic abuse and other violence. Domestic Abuse continues to incrementally rise as a reason for homelessness.

Households in Temporary Accommodation

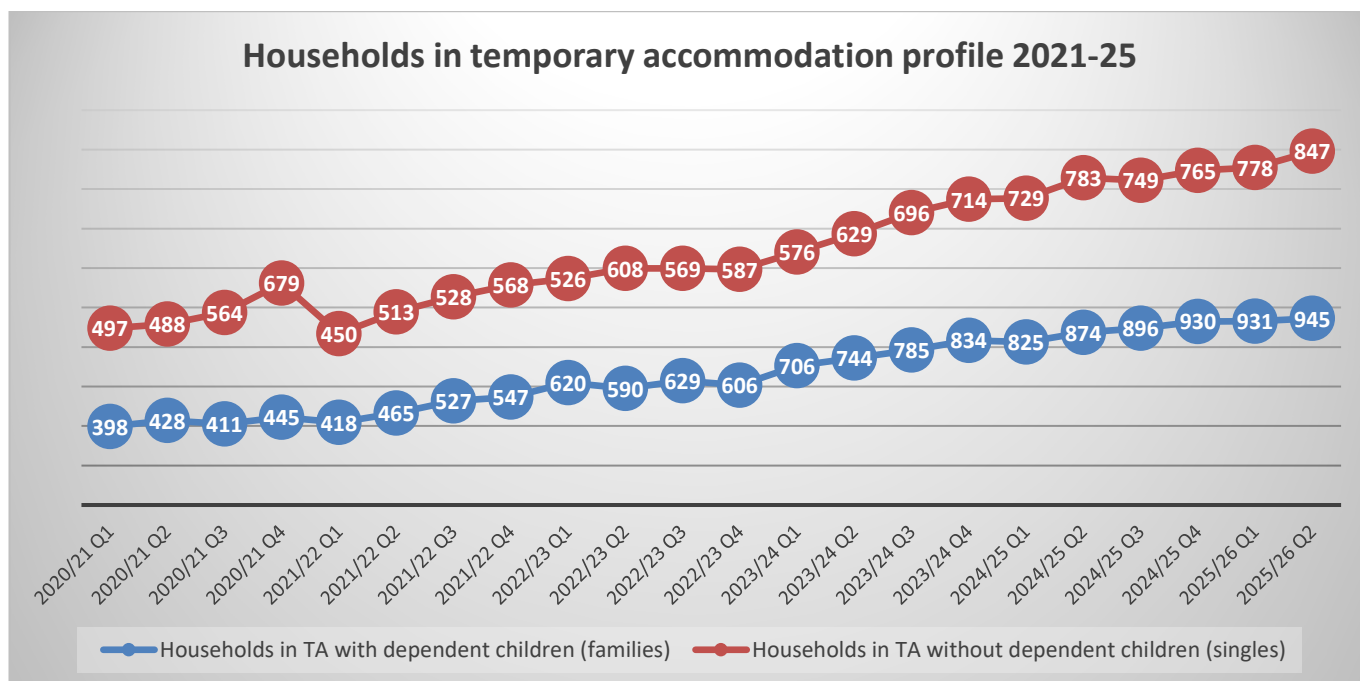


Figure 1 This trend chart shows the continuous increase in the number of households between Q1 2020/21 and Q2 2025/26 who were placed in temporary accommodation with dependent children (in blue) and without dependent children (in orange)

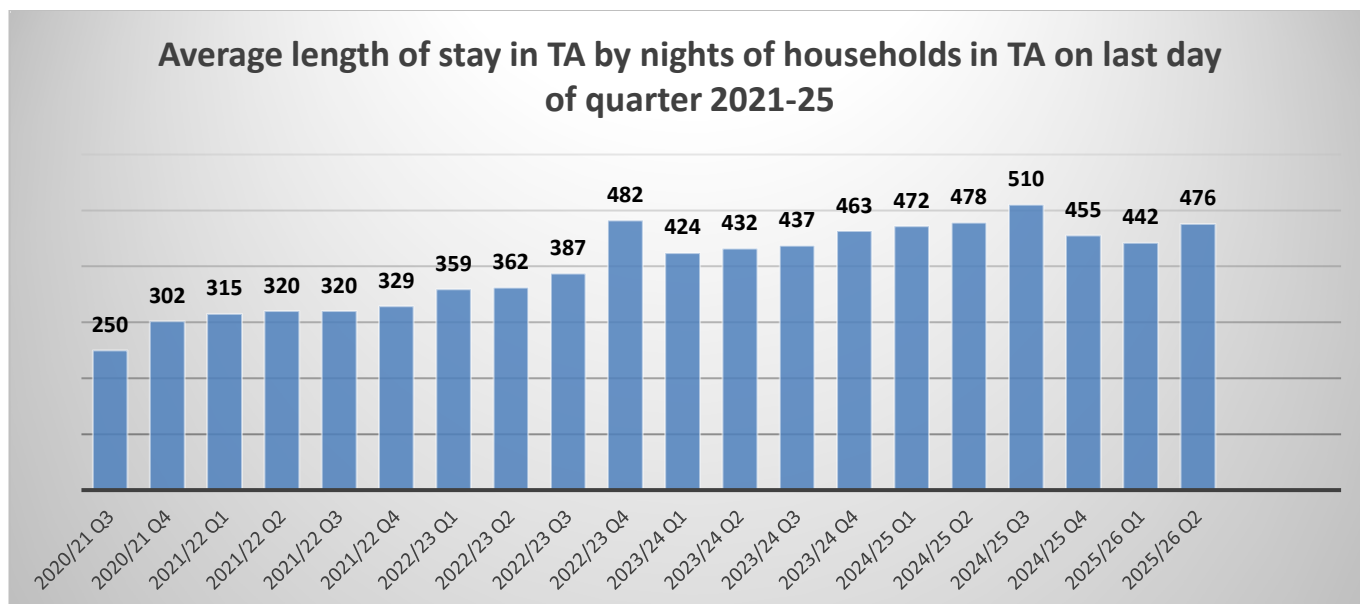


Figure 2 – This histogram shows that the average length of stay for all placements in temporary accommodation by quarter between 2021 and 2015 reflecting an increase from 250 days per stay in Q3 2020/21 to 478 days in Q2 2025/26

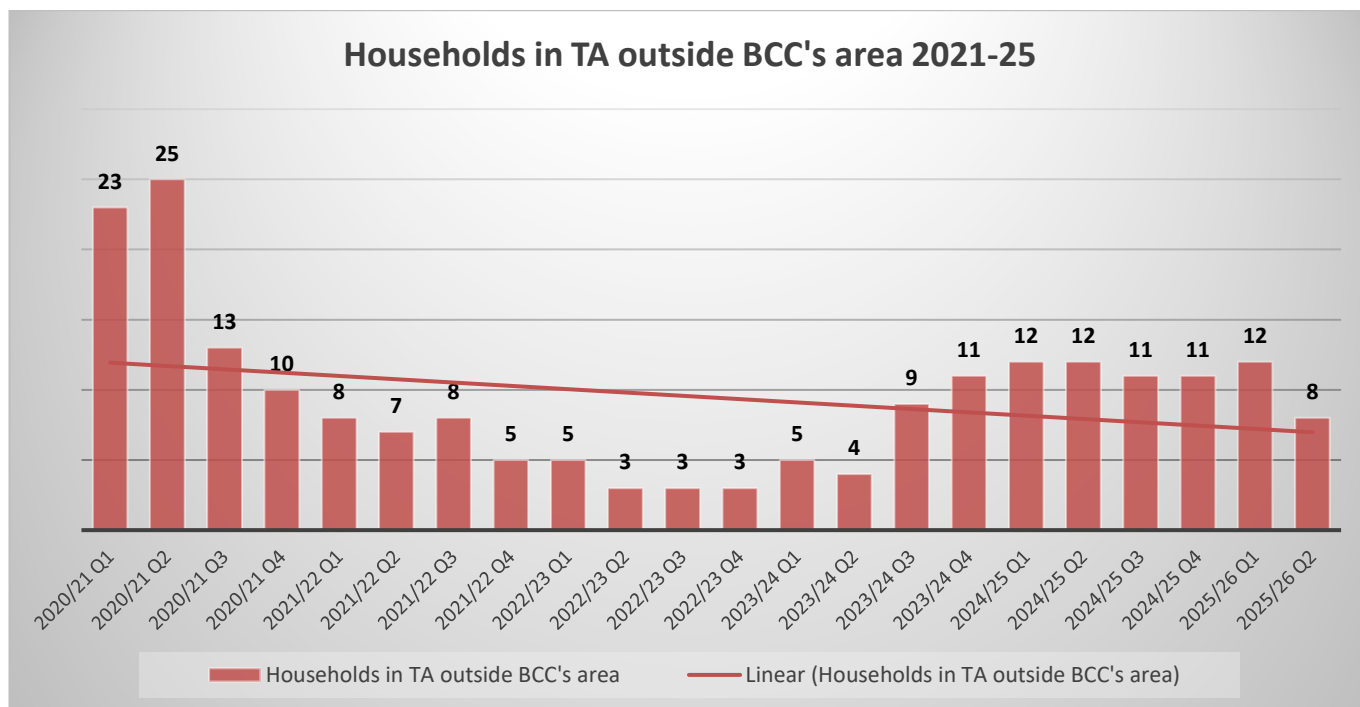


Figure 3 this histogram chart shows the change per quarter in the number of households placed in temporary accommodation and located outside the area of the city boundary between by quarter between 2020-21 and 2025-26.

Temporary Accommodation is a key indicator of homelessness and poor housing supply. The number of households placed in temporary accommodation and the average length of stay in temporary accommodation has continued to increase in Bristol since 2021 for both households with and without children, and with the limited availability of affordable move-on accommodation there are no signs of those living in temporary accommodation returning to pre-pandemic levels. However, evidence shows that a long-term placement in temporary accommodation (including hotels) particularly for children and families has adverse health, education, and social outcomes. All this places a considerable financial burden on statutory homelessness prevention services at the expense of other prevention and move-on services.

Homelessness Prevention and Relief duties

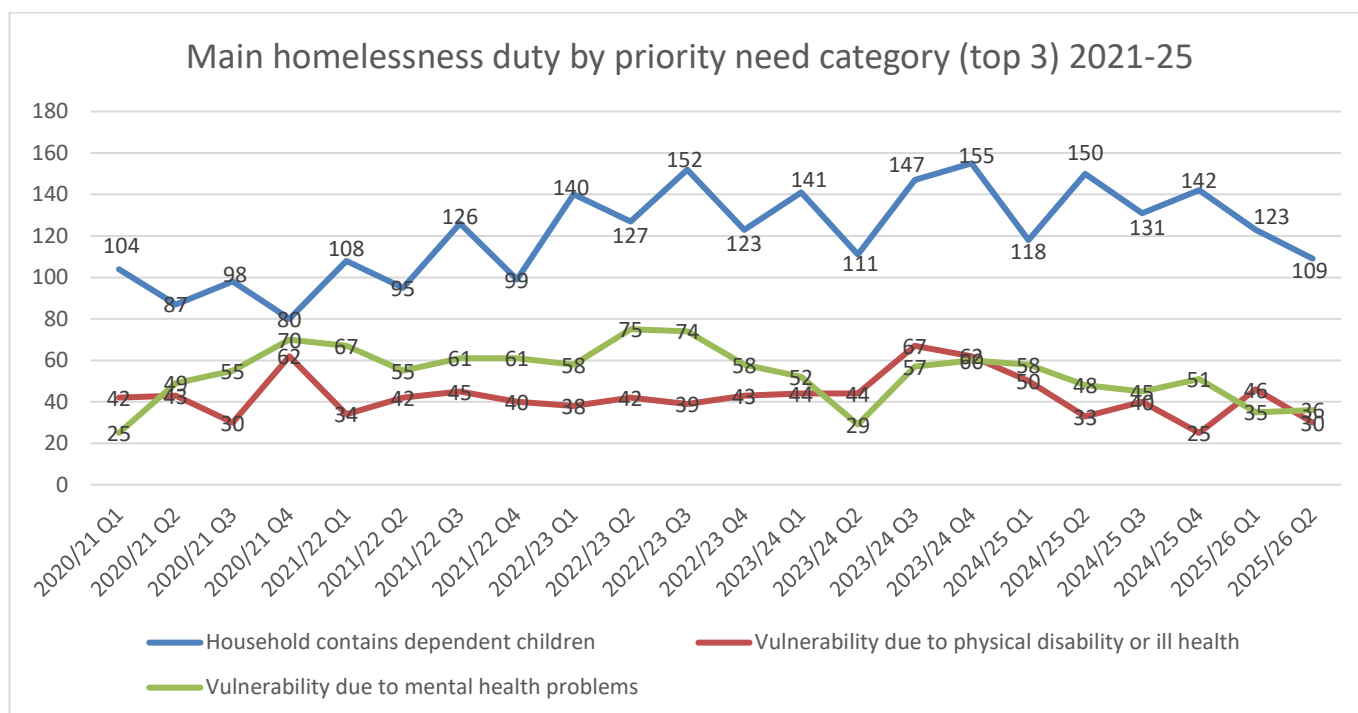


Figure 4 – This trend chart shows the type of main homelessness duty by priority need between 2020 and 2025 for those containing dependent children (blue), those vulnerable due to mental health (orange) and those vulnerable due to physical disability or ill health (green)

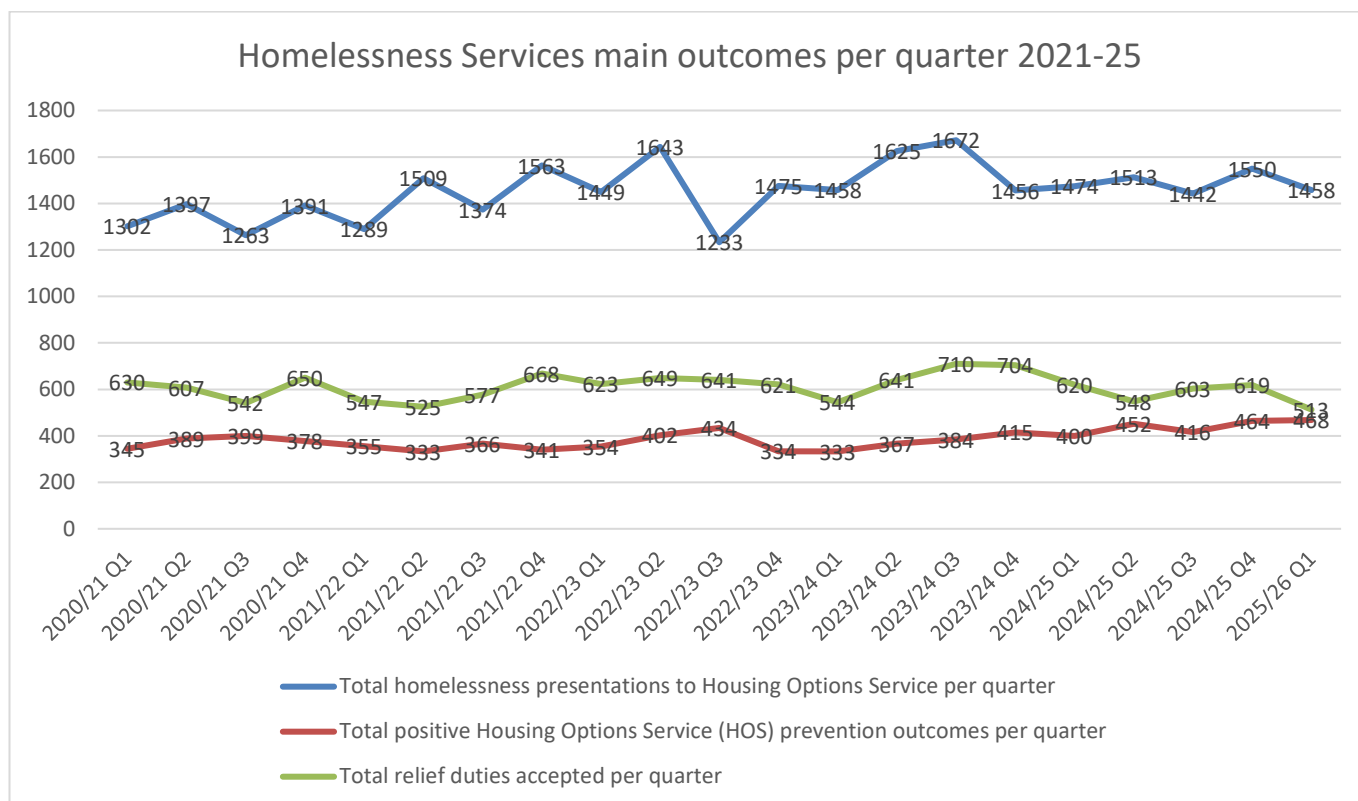


Figure 5 – This trend chart illustrates the homelessness service main outcomes per quarter 2021-25 (blue) including those with a prevention outcome (orange) and those where a relief duty was accepted (green)

The number of total homelessness presentations to the Housing Options Service continues to increase whilst the number of relief duties accepted, and positive homelessness preventions have remained generally static. A further breakdown of the data shows in 2025 that:

- **Household type (2025):** Single men account for the largest number of homelessness acceptances. Followed by lone parent households (i.e. with dependent children) headed by a woman.
- **Age group (2025):** The 30-39 age group remain the largest cohort of households where a prevention or relief duty was accepted. The second largest group is 22–29-year-olds.
- **Ethnicity (2025):** There was not significant changes in the % of representation from different ethnic groups represented between 2018 and 2024-25 (where a relief duty has been accepted). There is still an over-representation of those from Black Asian and Minority Ethnic groups, representing 18.9% of the population, but 31.1% of relief duty acceptances (2022).

When a relief duty is accepted, this will add to pressure on homelessness prevention services, particularly to the numbers placed in Temporary Accommodation. The static quarterly relief duties and homelessness prevention duties has contributed to a financial burden placed on City Council statutory services associated with the homelessness pathway. A strategic drive to reduce the financial burden and increase prevention activities is likely to have an impact on the number of relief duties accepted as we move into 2026.

Further data / links / consultations:

- [Better Lives in Bristol - Supported Housing Delivery Plan 2024-29](#)
- [SDT HO - Bristol City Council Homelessness and Rough Sleeping Strategy, 2025–2030](#)
- [Tackling Homelessness Report \(Jan 2025\)](#)
- [The Kerslake Commission – Rough Sleeping and Homelessness](#)
- [Statutory homelessness in England: April to June 2025](#)
- [Crisis - Homelessness Monitor November 2025](#)
- [One25 Bristol](#)
- [MHCLG – Homelessness data dashboard 2025](#)
- [National Rough Sleeping Strategy \(England\) 2018 \(updated 2022\)](#)
- [Ending Rough Sleeping for Good - 2022](#)

Covid-19 impact:

The pandemic continues to have a major impact on statutory Homelessness Prevention Services in the city. It has exposed a new community of younger, single hidden homeless and sofa surfers that had previously gone unnoticed. This community now is still part of the homelessness pathway contributing to an increase in the numbers of households in Temporary Accommodation. Recovery is slow and a longer-term resource and monetary impact on homelessness prevention and Temporary Accommodation services remains a considerable challenge, where increased support will be needed to move this community to more sustainable long-term affordable accommodation.

Date updated: December 2025

Next update due: May 2026

Contact details: Graham Jones