Homelessness Prevention Services

Summary points

- Homelessness is associated with severe poverty and adverse health whether this is reflected in high visibility rough sleeping street homeless or those placed in Emergency or 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 to the NHS and social care is considerable.

- Homeless Link has reported nationally that the number of people experiencing homelessness with a mental health diagnosis increased from 45% in 2014 to 82% in 2024 and that 45% of people experiencing homelessness reported that they are self-medicating with drugs or alcohol (source: The unhealthy state of homelessness - Homeless Link 2022/updated 2024)

- A rise in the number of Homelessness presentations in Bristol triggered by the pandemic in 2021 has continued into 2026.

- Since 2021 Bristol has seen an increase of more than 50% in households approaching the City Council because of homelessness related issues (figure 5). The number of households owed a statutory homelessness duty and currently in temporary accommodation (TA) in 2026 is more than 90% higher than before Covid.

- There are currently 2,030 households in temporary accommodation in Bristol to June 2026 (figure 3)

- The average length of stay in Temporary accommodation for homeless placements has continued to grow as move-on to affordable permanent accommodation remains limited.

- The number of temporary accommodation placements made outside the BCC geographical area remains low. This has a positive health and housing outcome for households placed in TA within the local area. However, it does have a negative impact on the availability of affordable private rented sector move-on accommodation in the city.

- The number of family placements in hotel accommodation remains low. There are currently no temporary accommodation family placements in hotel accommodation (November 2026)

- 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 continued pressure for the local housing market to offer suitable and affordable move on accommodation for homeless households in the city.

- In 2026 Bristol reported significantly more households in Emergency Temporary Accommodation than its sub regional West of England (WECA) partners.

- In September 2026, the number of rough sleepers reported at the monthly street count in Bristol was 116 (figure 1)

- At the 2025 (November) snapshot National Rough Sleeper Street count Bristol reported a small reduction in the numbers of high visibility street homeless in the city compared to the 2024 count. The 2026 annual count is likely to report to record a slight increase.

- In 2026 the most common reasons given for a homelessness presentation to Bristol remains unchanged and was due to 'family or friends no longer being able to accommodate' followed by 'loss of Assured Shorthold Tenancy'. The impact of the Renters Rights Act on homelessness presentations is yet to be reported (figure 2).

- The number of Homelessness Relief duties accepted by the City Council remains high. This has led to a significant increase in the number of homelessness duties accepted into the homeless pathway and onto the Bristol Housing Register (Bristol Home Choice). Consequently, the numbers on the housing register have remained at approximately 20,000 (figure 4).

- Homelessness presentations due to domestic abuse have continued to increase as a trend in 2026.

- Proportionately there remains an over-representation of households facing homelessness from Black Asian and Minority Ethnic groups, with numbers being 18.9% of the population. 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%).

- 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. It is estimated that Bristol has more than six hundred vehicle dwellers overall. This is a figure that has quadrupled over the past five years. However, as of August 2026, Bristol City Council's van dwellers official count recorded 295 lived-in vehicles, down from 479 in January 2026. These figures are less than those reported in 2025.

Homelessness Findings

Homelessness is associated with severe poverty and adverse health, education, and social outcomes and this came into focus during the pandemic and has continued since. Households who have become homeless through no fault of their own who are in priority need (such as high visibility 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.

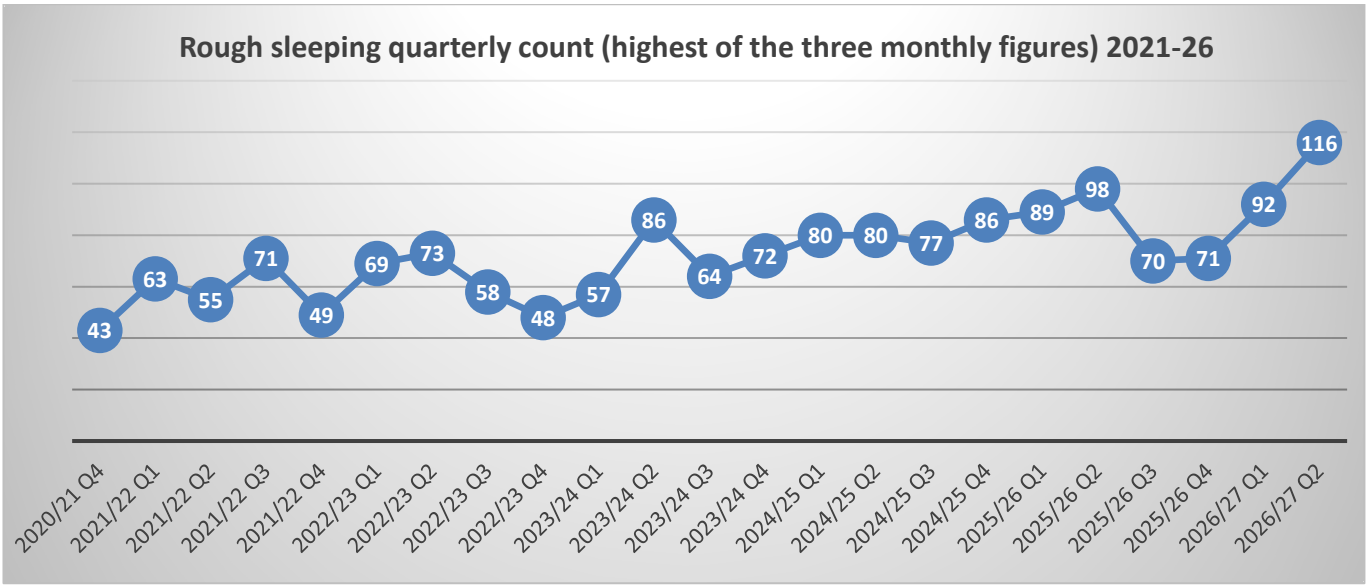


Figure 1 – this trend chart illustrates the increase in the number of rough sleepers recorded by Bristol Outreach Teams based on the average monthly street counts between 2020/21 and Q2 2026-27

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 44 years old and even lower for homeless women at 42. 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 2026, 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.

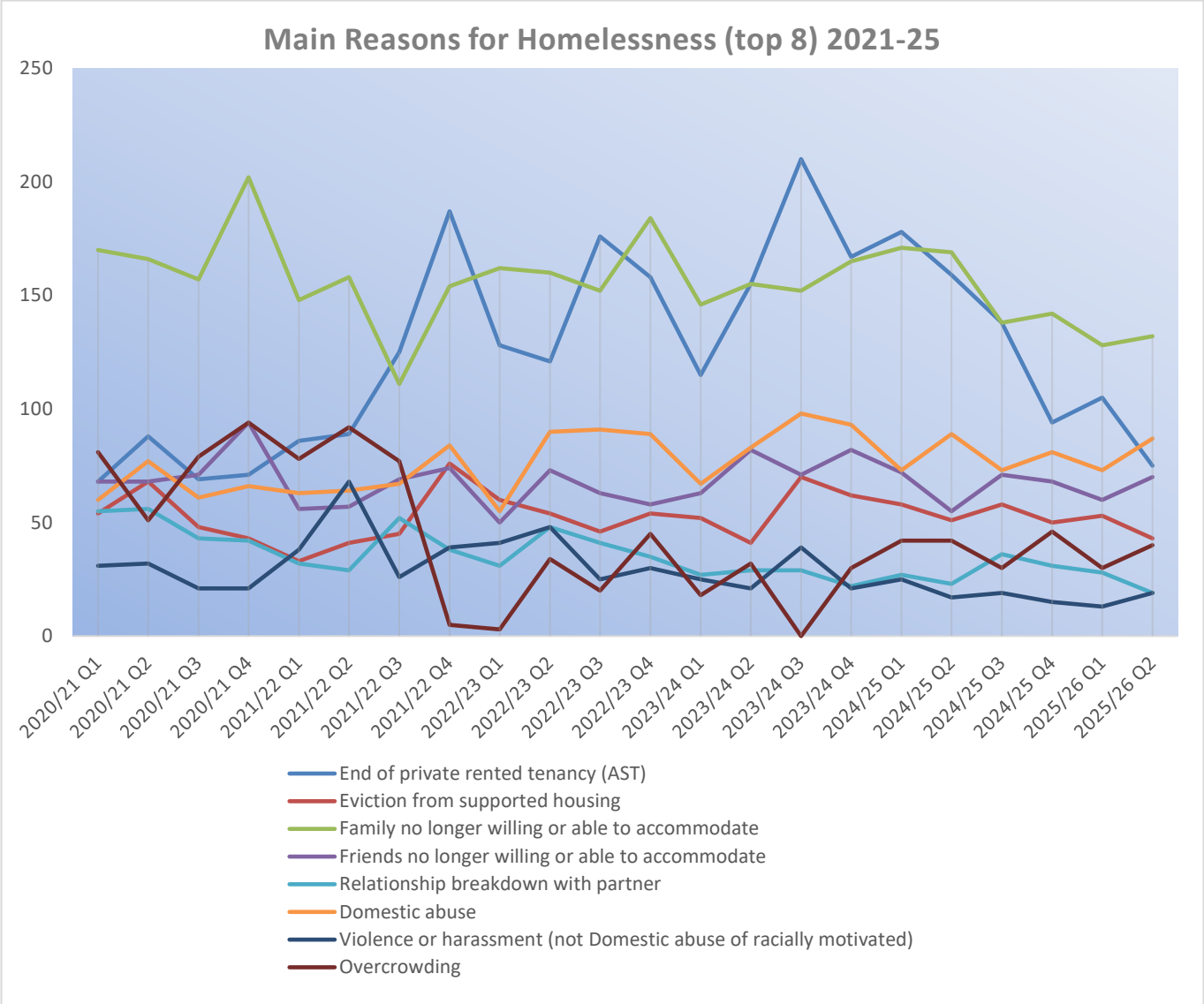


Figure 2 – This chart highlights the top eight reasons people presented as homeless to Bristol Coty Council between 2020/21 and Q1 2025/26 as reported quarterly by the Bristol Housing options service to the H-CLIC data reporting system of the Ministry of Housing & Local Government – (2026 figures to follow)

In 2026 we know 'family and friends no longer willing to accommodate' remains 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. What we do not yet know is the impact of the Renters Rights Act 2026 on the supply of more affordable private rented sector accommodation in the city.

Households in Temporary Accommodation

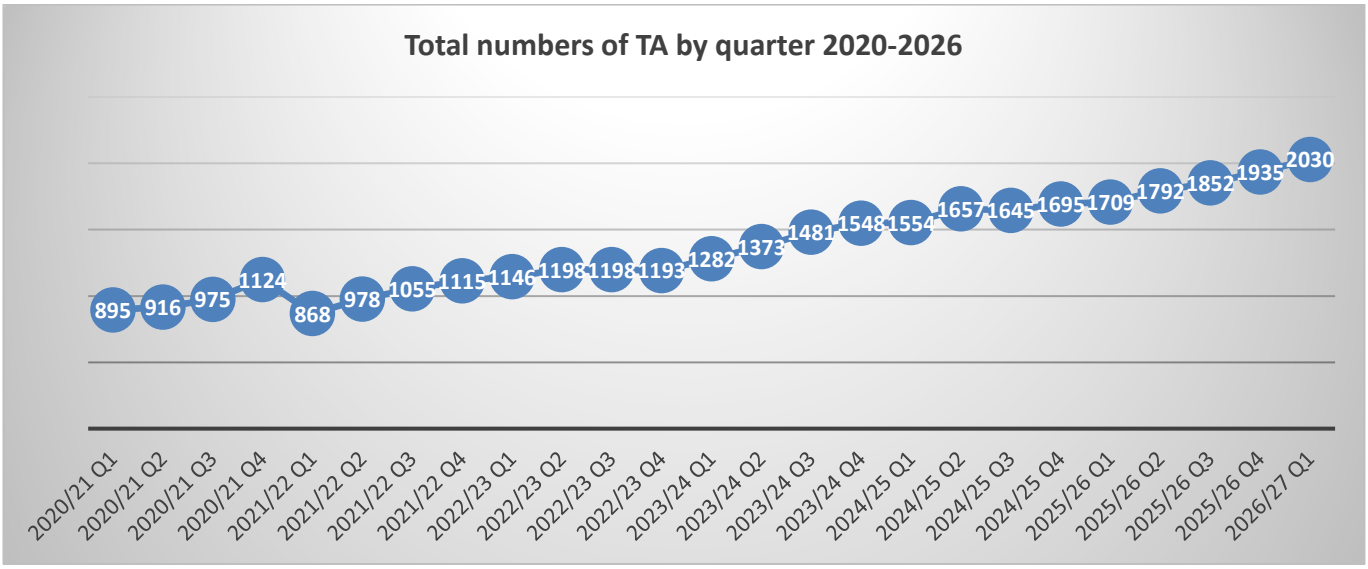


Figure 3 - This trend chart shows the continuous increase in the number of households between 2021-2016 who were placed in temporary accommodation.

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. Evidence shows that a long-term placement in temporary accommodation (including hotels) particularly out of area 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 health prevention and move-on services.

Homelessness Prevention and Relief duties

When a homelessness relief duty is accepted, this adds to pressure on homelessness prevention services, particularly to the numbers placed in Temporary Accommodation. This creates a financial burden on City Council statutory services associated with the homelessness pathway and Health and Homelessness Services in general. A strategic drive to reduce the financial burden and increase prevention activities is ongoing and strategic direction is referenced in the City Homelessness & Rough Sleeping Strategy 2025-2030

As **Homelessness Relief duties** increase so the number of homelessness duties accepted into the homeless pathway and onto the Bristol Housing Register (Bristol Home Choice) rises. Consequently, the numbers on the housing register in September 2026 remain high (figure 4)



Figure 4 – this chart shows the numbers on the Social Housing Waiting list or Housing Register in Bristol from March 2022 to Sept 2026

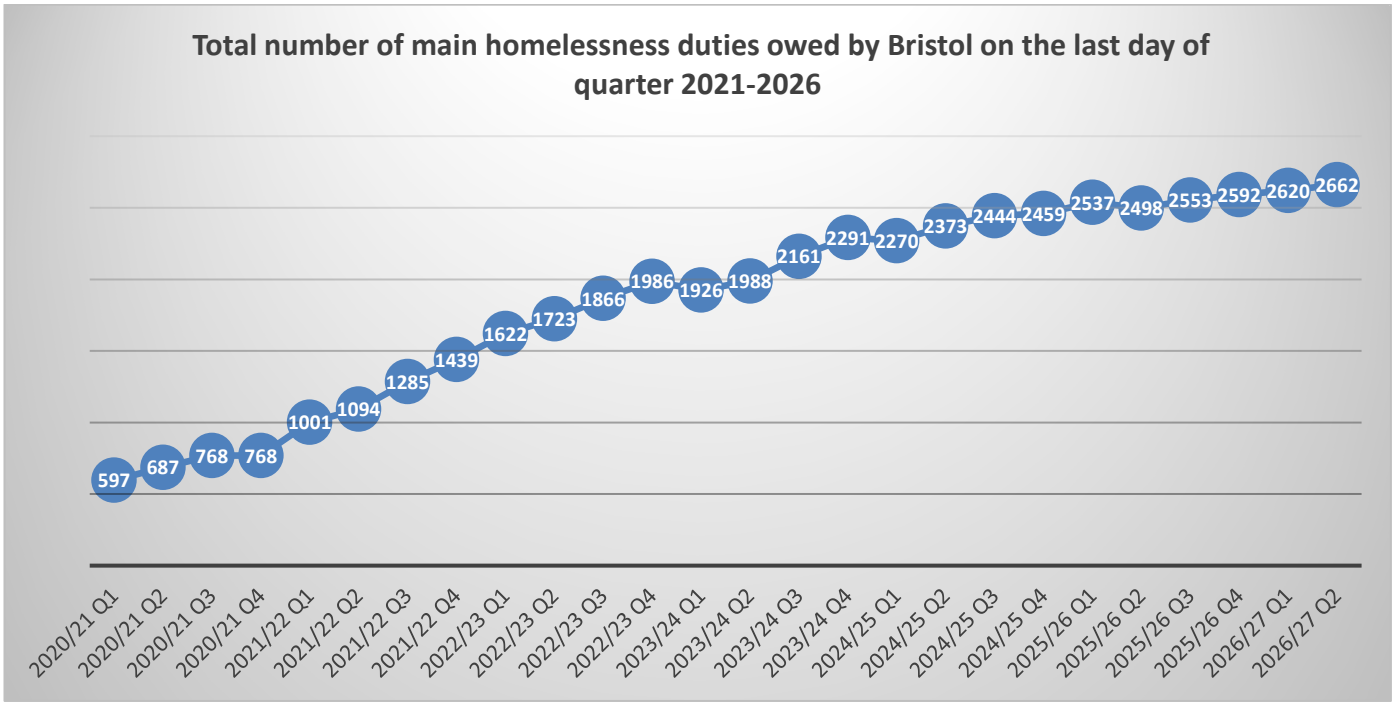


Figure 5 – This chart illustrates the trend in the number of main (Section 193) duties per quarter 2021-26 to the Homelessness Service

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

- **Household type:** 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 no 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.

Strategic overview 2026

The 2023 Kerslake Commission on Homelessness and Rough Sleeping offered a clear strategic direction for local and national strategic responses to a growing Homelessness crisis. In Bristol we have a policy drivers led by our Homelessness and Rough Sleeping Strategy which works with the Supported Housing Delivery Plan and Drug and Alcohol Strategy to deliver health and homelessness related services. These local strategies now have a national strategic steer from the National Plan to End Homelessness and the recently launched Rough Sleeping Programme. There are also providers in the charitable sector who also offer support and direction in the delivery of Homelessness Prevention Services in the city. Links below.

Further data / links / consultations:

- Bristol Homelessness and Rough Sleeping Strategy 2025-30
- Better Lives in Bristol - Supported Housing Delivery Plan 2024-29
- Drug and Alcohol Strategy for Bristol 2026-30
- Rough Sleeping Programme 2026
- A National Plan to End Homelessness - 2025
- Kerslake Commission on Homelessness and Rough Sleeping
- Homeless Link
- Crisis - Homelessness Monitor November 2025
- TAAG (Justlife) Strategy 2026-30
- One25 Bristol
- Ending Rough Sleeping for Good - 2022

Date updated: October 2026 **Next update due**: May 2027

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