Ministry of Housing,
Communities &
Local Government

Understanding the Multiple Vulnerabilities, Support Needs and Experiences of People who Sleep Rough in England

Initial findings from the Rough Sleeping Questionnaire

October 2020
Ministry of Housing, Communities and Local Government

October 2020
Ministry of Housing, Communities and Local Government

© Crown copyright, 2020

Copyright in the typographical arrangement rests with the Crown.

You may re-use this information (not including logos) free of charge in any format or medium, under the terms of the Open Government Licence. To view this licence visit http://www.nationalarchives.gov.uk/doc/open-government-licence/version/3/

This document/publication is also available on our website at www.gov.uk/mhclg

If you have any enquiries regarding this document/publication, complete the form at http://forms.communities.gov.uk/ or write to us at:

Ministry of Housing, Communities and Local Government
Fry Building
2 Marsham Street
London
SW1P 4DF
Telephone: 030 3444 0000

For all our latest news and updates follow us on Twitter: https://twitter.com/mhclg

October 2020

Foreword

The Ministry of Housing, Communities and Local Government is committed to following an evidence-informed approach to reducing homelessness and rough sleeping. This includes building up an evidence base to help us better to understand the people who sleep rough as well as what interventions work to reduce rough sleeping. For example, the department has recently published an impact evaluation of the Rough Sleeping Initiative (RSI) and a review of the Homelessness Reduction Act. This latest piece of research is a further demonstration of that commitment.

This report provides invaluable insights into the experiences of people at the more extreme end of rough sleeping: those who have multiple support needs. The findings are based on interviews with some 563 respondents, all of whom had slept rough within the last year. The report explores their support needs and vulnerabilities including mental and physical health, substance misuse and other vulnerabilities. It finds, for example, that 82% have a mental health vulnerability, 83% have a physical health need, and 60% have a substance misuse need. The vast majority (91%) , in addition to having slept rough, had at least once stayed in a form of short-term homeless accommodation and 71% had previously sofa surfed.

The report also provides an estimate of the annual fiscal costs associated with rough sleeping, as well as setting out the interactions with and use made of public services. The estimated average annual fiscal cost of an individual that sleeps rough is £12,260.

We plan further in-depth analysis of the rich dataset assembled by this work, which will help the department further to enhance the effectiveness of its homelessness and rough sleeping interventions. The questionnaire underpinning it is a valuable resource, and we are encouraging other researchers to use it. A copy of the questionnaire is published in the annex to the report.

This report would not have been possible without support from a number of people who invested considerable time and energy in project. Thanks are due to Pete Mackie of Cardiff University, for peer reviewing the report and providing insightful feedback.

We are grateful to all those who fed into the design of the questionnaire, including the Housing First Regions, frontline staff and peer researchers. We're also grateful to ICF and their partners on the Housing First evaluation for their contribution to the questionnaire and fieldwork, and Nick Maguire, of Southampton University, for his advice.

We would like to thank all the volunteers from across MHCLG who volunteered to help conduct interviews through 2019 and early 2020, and to the DELTA team, Ruman Ahmed, Jeremy Barton and Ferzana Butt for their technical support. This has been a huge undertaking, and I would like to pay tribute to the team leading the research and analysis for their unstinting commitment. This included Lucy Spurling and Jenny Jackman who led the research and analysis, alongside Chloe Enevoldsen, Isobel Fisher, Duncan Gray, Shiv Haria, Emma Heppell, Grace Kennedy, Hatice Kose, Eva Maguire and Ricky Taylor, as well as the wider Homelessness and Troubled Families Analytical Team.

And, most importantly, we are hugely grateful to our respondents for giving us their time and sharing their experiences in some depth with us and to all the homelessness services and local authorities who made this possible.

Stephen Aldridge
Chief Economist & Director For Analysis and Data
Ministry of Housing, Communities and Local Government

Contents

Executive Summary 6
List of tables and figures 10
List of tables 10
List of figures 11
Glossary of terms 12
Chapter 1: Introduction 16
Chapter 2: Methodology 18
2.1 Questionnaire design 18
2.2 Sampling frame 18
2.3 Conducting the fieldwork 19
2.4 Analytical sample 20
2.5 Data management, analysis and reporting 20
Chapter 3: Results 22
3.1 The analytical sample 22
3.2 Demographics 23
3.3 People’s journeys into homelessness 25
3.4 Past trauma and experiences 33
3.5 Health, substance misuse, and wellbeing 36
3.6 Holistic picture – overlapping vulnerabilities and experiences 46
3.7 Public service use and other organisations people are in touch with 49
3.8 History of employment and welfare 58
Chapter 4: Annual fiscal cost of individuals who sleep rough 62
4.1 Methodology 62
4.2 Results 63

Executive Summary

This report is based on a new data collection on people who sleep rough. It represents one the largest survey data collections on people who sleep rough ever attempted in the UK and provides in-depth information on an under researched population. The information will help to improve services for people who sleep rough, and those at risk of sleeping rough.

This initial report on the rough sleeping questionnaire (RSQ) developed by the Ministry of Housing, Communities and Local Government (MHCLG) provides early descriptive findings from a data collection across 25 Rough Sleeping Initiative funded Local Authorities in England. People with experience of homelessness and rough sleeping completed a questionnaire about their experiences between February 2019 and March 2020, prior to the start of Covid-19 lockdown.

Answers from 563 respondents who had slept rough within the last year are reported, including details of their homelessness experience, support needs and vulnerabilities, and their use of public services. This was part of a broader objective to fill key evidence gaps on rough sleeping and better estimate the fiscal, economic and social costs associated with rough sleeping.

The sample of the report broadly fit the same demographic profile as those reported in the Rough Sleeping Statistical release[1].

Homelessness experiences

All respondents had slept rough within the last year. At least half of respondents first slept rough over 5 years ago and at least 39% of respondents first slept rough over 10 years ago.

Before their most recent experience of sleeping rough most respondents had not been in stable accommodation. Nearly a quarter (23%) were sofa surfing, a fifth were in a hostel or another form of short-term homeless accommodation and 12% had left either prison or hospital.

The majority of respondents (77%) had stayed in some form of short-term homeless accommodation in the previous year, and approximately half of respondents had sofa surfed (48%).

Vulnerabilities and wellbeing

Initial analysis shows the high level of vulnerability[2] among this sample. Almost all respondents had one vulnerability or support need (96%)[3] in addition to homelessness experiences as listed below. The vast majority of respondents

[1] https://www.gov.uk/government/statistics/rough-sleeping-snapshot-in-england-autumn-2019
[2] For more detailed definitions of the support needs and vulnerabilities see the *Glossary of Terms*
[3] This was a subset of respondents asked about all vulnerabilities and support needs (n=264), which was introduced part way through fieldwork.

reported having at least one physical health need[4] (83%) and reported a mental health vulnerability (82%). Two thirds of respondents had been a recent victim of crime (65%) within the last six months. Respondents were asked about substance misuse; 60% of respondents had a support need related to drug or alcohol misuse. Half of respondents had a support need related to drug misuse (49%) and a quarter had a support need related to alcohol misuse (23%).

Further, looking back over respondents' lifetimes, the majority of respondents could be categorised as having a current or historical support need related to drug misuse (61%) and two fifths relating to alcohol misuse (40%). Half of respondents had spent time in prison (53%) and a third of respondents had been a victim of domestic abuse[5] (35%) at some point in their lives.

The vast majority had at least two of these needs, vulnerabilities or experiences[6] (91%).

Respondents were also asked to self-report their wellbeing using the short Warwick Edinburgh Mental Wellbeing Scale. The majority of respondents (89%) scored below the average wellbeing score in England[7]. Furthermore, two fifths (43%) reported feeling lonely often or always.

Childhood

While the questionnaire did not ask about most adverse childhood events, it did capture information about schooling, and any time in care as a child. Almost three quarters (72%) of respondents had experienced one or more of the following: spent time in care as a child, been permanently excluded from school, regularly truanted from school or left school before the age of 16.

It was possible to estimate the order in which events occurred in respondents' lives. It is estimated that 16% of respondents had slept rough before they were 16 years old and 48% at 25 years old or younger. Approximately a third (36%) had developed a mental health vulnerability before the age of 16, and 63% at the age of 25 or under. Where respondents had reported a drug support need, 35% had developed this need by the age of 16. There were similar levels among respondents who reported an alcohol need: 33% had developed this need before turning 16 years old. There were significant associations between these factors and whether respondents had slept rough below the age of 16 or at the age of 25 or under.

Employment and welfare

The majority of respondents were not currently in employment. Only 7% of respondents reported being currently employed, however 80% of all respondents

---

[4] Questions about physical health were added part way through fieldwork and only asked to a smaller sample of 350 respondents.

[5] Questions about whether respondents had ever experienced domestic abuse is only reported for a subset of respondents (n=264)

[6] This was a subset of respondents asked about physical health (n=350), which was introduced part way through fieldwork.

[7] "The national average has been calculated using data from Wave 1, Year 1 of the Understanding Society survey, 2009. University of Essex. Institute for Social and Economic Research and National Centre for Social Research, distributed by UK Data Archive, December 2010. SN: 6614. "

had been employed previously – mostly longer than a year ago. There was a significant association between UK and non-UK nationality and their employment status: 4% of UK nationals were currently employed compared to 17% of non-UK nationals. The majority of non-UK nationals had been employed within the last year (57%) compared to a fifth of UK nationals (21%).

The majority of respondents reported being in receipt of benefits (79%). Half of respondents were in receipt of Universal Credit, and 35% reported receiving Housing Benefit.

Health and substance misuse services

The majority of respondents (85%) were registered at a GP surgery. Respondents were asked to report whether they had accessed health services before, and if so when. The most frequently reported services were GP appointments and doctor, or nurse walk in services - 70% of respondents reported using one or both of these within the last three months. The third most common service reported to have been used was the Accident and Emergency (A&E) service, reported to have been used by 34% of respondents in the last three months.

Two thirds of respondents (66%) with a current or historical support need related to drug misuse had received treatment at some point in their lives, and there were similar levels (63%) of alcohol treatment among respondents with a support need related to alcohol misuse.

Criminal justice services

Almost half of respondents (48%) had no criminal justice interaction within the last year; 15% had spent time in prison in the last year. One fifth of respondents (20%) had been convicted of a crime in the last year; 31% had been arrested in the last year and 15% had been cautioned in the last year.

Housing and wider support

Most respondents reported having previously been to a local authority for help with housing (75%). Approximately half of respondents (48%) had been to the local authority for help between one and five times within the last year.

Further, respondents were also asked to report which services or organisations they had ever been in touch with while experiencing homelessness or housing issues.[8] The two most common services were homelessness organisations (80%) and council housing services (65%).

Respondents who had stayed in accommodation[9] the previous night were also asked to report which services (if any) had assisted them in finding that prior night's accommodation. Half of respondents cited homeless organisations (49%) and one fifth the local authority or housing officer (21%).

[8] This question was altered in the last wave of fieldwork to focus on organisations they were in touch with while sleeping rough (rather than any state of homelessness or housing issues). These responses have been excluded.
[9] Not asked to people who slept rough, or stayed in prison or a hospital

Annual fiscal cost

The estimated average annual fiscal cost of an individual that sleeps rough was £12,260, compared with £3,100 for all individuals in a similar age range to the rough sleeping sample, and able to access comparable services.[10] This was estimated based on a sub-sample of 395 UK-national respondents who completed the questionnaire in 2019. Estimates were based on national level unit cost information. This cost is further divided into those with more or fewer support needs or vulnerabilities, with higher costs being recorded by those with more support needs. There is also a considerable personal cost to rough sleeping but this initial report does not include non-fiscal costs which would increase the estimated annual cost. These costs also exclude welfare benefits as the questionnaire did not collect sufficiently detailed information on the benefits respondents received.

[10] 2015 Hard Edges report, Professor Glen Bramley and co-authors. Excludes Housing Benefit.

List of tables and figures

List of tables

Table 1 Mode of questionnaire completion by respondents (n=563) 19
Table 2: Demographic statistics for respondents who had slept rough in the previous year (n=563).. 23
Table 3: Age first slept rough and recent experiences of rough sleeping (n=563).. 26
Table 4: The histories and experiences of homelessness (n=563)......................... 27
Table 5: The different types of homelessness (n=563).. 28
Table 6: Last form of long-term accommodation prior to homelessness (n=75) 30
Table 7: Vulnerabilities and experiences in lifetime (n=563)................................... 33
Table 8: Current self-reported assessment of general health and disability or long-term impairment (n=563)... 36
Table 9: Current mental health support needs (n=563) 37
Table 10: Current physical health support needs (n=350)....................................... 40
Table 11: The overlap between having a mental health support need and one or more physical health condition (n=350)... 41
Table 12: Substance misuse support needs (n=563).. 42
Table 13: Prevalence of needs across the full sample of respondents (n=563)...... 47
Table 14: The prevalence of co-occurring support needs and vulnerabilities for respondents with an existing support need or vulnerability (base size varies)......... 48
Table 15: Health Service use (base size varies).. 49
Table 16: Mental health and substance misuse treatment (base size varies).......... 51
Table 17: Involvement with the criminal justice system in the last year (n=563)...... 52
Table 18: Whether sought help with housing from their Local Authority when homeless or experiencing housing issues (n=563) 54
Table 19: Number of times respondents sought help with housing from their Local Authority in the last year (n=563) 54
Table 20: Types of organisations respondents reported they have ever in contact with while experiencing homelessness or housing problems (n=488)...................... 55
Table 21: Types of organisations that helped respondents find their current accommodation, and in relation to type of accommodation stayed in last night. respondents who stayed in accommodation last night (n=437[A]) 55
Table 22: Respondents reported social support (n=497).. 57
Table 23: Respondents reported employment and related experiences (n=563)..... 58
Table 24: Types of benefits respondents reported currently in receipt of (n=563)... 61
Table 25: Breakdown of annual fiscal cost by public service area........................... 64
Table 26: Fiscal and non-fiscal costs.. 66

List of figures

Figure 1 Where respondents reported sleeping the previous night (n=563) 22
Figure 2 Why respondents that were not staying in short-term homeless accommodation at the time of interview left their last short-term homeless accommodation (n=253).................. 29
Figure 3 Total length of time spent homeless across lifetime (n=257)................................... 30
Figure 4 Length of time since first experienced any form of homelessness, and further divided between rough sleeping, short term homeless accommodation, and sofa surfing (Sample sizes vary).. 32
Figure 5 Self-reported health of respondents compared to national average (n=563).......... 37
Figure 6 Length of time since respondents first developed a mental health vulnerability (n=478) 39
Figure 7 When respondents mental health vulnerability first developed in relation to rough sleeping (n=478).. 39
Figure 8 Length of time since respondents first developed a drug support need (n=302).... 43
Figure 9 Length of time since respondents first developed an alcohol support need (n=196) 44
Figure 10 When respondents' drug support need or alcohol support need first developed in relation to rough sleeping.. 44
Figure 11 Histogram of respondents wellbeing score for the Short Warwick Edinburgh Wellbeing Measure (SWEMWEBs) (n=460) 45
Figure 12 Number of needs or vulnerabilities reported by respondents (n=264)................... 46
Figure 13 Respondents responses to how often they feel lonely (n=497)............................. 57
Figure 14 Word Cloud of previous job titles (n=337) 59
Figure 15 Word Cloud of subjects of qualification (n=77)... 60
Figure 16 Qualifications types (n=119).. 60
Figure 17 Annual fiscal costs of individuals who sleep rough, split by level of need (n=395) 63
Figure 18 Demonstration of the split of the costs between reactive and proactive service costs (n=395) 65

Glossary of terms

Accommodation, Long Term- this is defined as the following types of accommodation:

- Supported housing (not hostel or refuge) where housing is provided alongside support, supervision and sometimes care (including sheltered accommodation)
- Social rented housing (council, housing association)
- Residential care or nursing home
- Privately rented housing
- Housing owned by the respondent, their close family (incl. adoptive parents) or partner

Accommodation, Short-term Homeless – this is defined as the following types of accommodation:

- Hostel (this might include support [11])
- Refuge
- Emergency accommodation (such as a B&B or a night shelter, including winter shelters)
- Other temporary accommodation

Other types of possible accommodation have not been included as either short-term or long-term accommodation. This includes institutions (hospitals, young offender institution, prison, police custody) or where it is not clear whether this would be on a temporary or informal basis (such as foster care, asylum accommodation or caravan or squat). Asylum accommodation was added as an accommodation type after the first wave of fieldwork

Alcohol support need[12,13]– informed by PHE advice, this is defined as a respondent who has either:

- Identified themselves as having been dependent on alcohol in the last three months, or
- Received treatment for an alcohol support need in the last three months, or
- Has reported drinking 10 or more alcoholic drinks when they drink, and have found themselves unable to stop drinking on a daily or near daily basis
- Otherwise have reported risky drinking behaviour, classified as:
    - Drinking daily or almost daily,
    - Drinking 50 units + per week

---

[11] This was included in the definition to help respondents distinguish between hostels and supported accommodation.

[12] It is acknowledged that there are different terms used for support needs and vulnerabilities.

[13] It is not possible to tell whether someone who had a support need or vulnerabilities definitively requires treatment. However, it is an estimation that they may need support.

- Whether over the last year they've found themselves unable to stop drinking on a monthly and weekly basis,

Respondents may have had a historical alcohol support need. Those who had reported having been dependent, or having received treatment for this need longer ago than in the last three months, were categorised as having historically had this support need. These respondents are also grouped with those meeting the above criteria to create a group 'ever had an alcohol support need' that is analysed in addition to those with a current support need.

Alcohol treatment - This is defined as any respondents who selected they had received 'treatment for alcohol misuse'. This is then split between those who received it in the last three months, and ever.

Domestic abuse experience - Respondents reported they had ever experienced domestic abuse since the age of 16, defined as if they had experienced one or more of the following from a partner or ex-partner, or a member of your family you were living with at the time:

- being prevented from having their fair share of the household money;
- Stopped from seeing friends and relatives;
- Repeatedly belittled so that they felt worthless;
- Ever frightened or threatened them in any way; or
- Ever used force on them.

Or, reported they 'escaped domestic violence' as a reason for leaving their last settled base. 528 respondents were asked about any experiences of domestic abuse in the last year. 264 respondents were asked about any domestic abuse they may have experienced at any time since the age of 16.

Drug support need - informed by Public Health England (PHE) advice, this is defined as a respondent who has either:

- Considered themselves as dependent on drugs in the last three months
- Received treatment for a drug support need (in the last three months)
- Over the previous three months used drugs on a monthly or more regular basis (excluding cannabis)

Respondents may have had a historical drug support need. Those who had reported having been dependent, or having received treatment for this need longer ago than in the last three months, were categorised as having historically had this support need. These respondents are also grouped with those meeting the above criteria to create a group 'ever had a drug support need' that is analysed in addition to those with a current support need..

Drug treatment – This is defined as any respondents who said they had received 'treatment for drug misuse'. This is then divided between those who received it in the last three months, and those who have received treatment prior to this.

Fiscal Costs – This is defined as costs or savings to the public sector.

Learning difficulty - Respondents were able to select this option when it was added into the questionnaire part way through fieldwork. Examples provided were dyslexia and dyspraxia.

Learning disability - This was included in all waves of the fieldwork, so all respondents were able to self-report having a learning disability. No examples of learning disabilities were shown.

Mental health support need (current)– Defined as a respondent who has reported having a mental health condition from a list of:

- Anxiety
- Depression
- Psychosis or Schizophrenia
- Bipolar Disorder
- An eating disorder
- Personality Disorder
- Post-traumatic stress disorder
- Trauma
- Other mental health conditions;

Or the respondent reported having received mental health support in the form of outpatient support (this might include for example in the community via therapists or as hospital appointments but would not include advice or help from a GP) or through inpatient care at a hospital in the last three months. The questionnaire is self-reported: where respondents selected a mental health condition this may not mean it is a diagnosed condition and respondents were not asked any questions to ascertain severity of these conditions.

Respondents may have had a **historical mental health need**. These respondents are grouped with those meeting the above criteria to create a group of respondents who have '**ever had a mental health need'**. This group is analysed separately and in addition. If the respondent reported receiving support for a mental health need longer ago than three months, they are included there.

Mental health treatment – This includes whether a respondent reported receiving outpatient support (this might include for example in the community via therapists or as hospital appointments but would not include advice or help from a GP) or through inpatient care at a hospital.

Rough sleeping – Rough sleeping is defined as a respondent having experienced sleeping rough on the streets, on transport or in transport hub (bus stop or train station), in a tent or car. The latter two examples were not added until halfway through fieldwork. The respondent may have reported experiencing this last night, last month, within the last three months, within the last year or longer ago.

Sofa surfing – people who may be staying temporarily and informally at friends' and families' houses without anywhere secure to live.

Substance Misuse Need – Respondents who were categorised as having either a drug support need or an alcohol support need were also categorised as having a substance misuse need. For further detail on these individual needs see Alcohol Support Need and Drug Support Need.

Victim of crime – Defined as whether respondents experienced any of the following in the last six months:

- Their belongings being stolen (when they aren't on them)
- Their property or belongings being damaged deliberately
- Being robbed of their belongings (e.g. when something has been taken directly off them)
- Being physically assaulted (e.g. being deliberately hit, kicked or attacked in another way)
- Being threatened
- Being verbally abused

This originally included 'sexual assault' but was removed part way through fieldwork to prevent causing distress to respondents.

Chapter 1: Introduction

Understanding the needs and experiences of people sleeping rough is a key priority for the Ministry of Housing, Communities and Local Government (MHCLG), and is vital to achieving the Government's commitment to end rough sleeping for good. In the 2018 Rough Sleeping Strategy, MHCLG committed to improving the evidence base on rough sleeping in England, and has since conducted a large-scale questionnaire with people with experience of homelessness. This report describes the findings for the people interviewed who were currently or had recently been sleeping rough.

There is an existing body of evidence on the characteristics and experiences of homeless people in the UK, and the predictors and drivers behind rough sleeping and the multiple exclusion from society and services often experienced[14,15]. Further, demographic information on who is sleeping rough in England is available from the annual rough sleeping snapshot, which is the official measure of the level of rough sleeping on a single night in autumn, and in London from the CHAIN database. However the Rough Sleeping Strategy recognised that further evidence was required to ensure policy interventions were informed by the most complete, robust, and up-to-date evidence to help these most vulnerable people.

In response to this evidence gap, the Rough Sleeping Questionnaire (RSQ) was designed to capture comprehensive data on the characteristics, accommodation and homelessness histories, support needs, and public service use of people with experience of homelessness, alongside capturing their individual experiences and journeys into homelessness. The central aim of the research was to improve the evidence base on rough sleeping in England.

Data collection took place throughout 2019 and early 2020 across 25 local authority areas in England. This work was led by MHCLG researchers with the support and cooperation of MHCLG's RSI advisers, local authority rough sleeping leads, local commissioned and voluntary services, and frontline staff. In addition, MHCLG researchers and policy officials, researchers from ICF Consulting Ltd., and service staff conducted questionnaires with respondents.

This is the first publication on the research and is intended to summarise the headline findings across the questionnaire's multiple key topics. As such, the focus of this report is descriptive, with further analysis planned to test hypotheses and associations. Results are provided for those respondents who reported having slept rough within the past year, to present as close a picture as possible of the current rough sleeping population. The findings presented in this report can be used to understand the experiences, profiles, and support needs of people experiencing rough sleeping in England. However, while as robust a sample was drawn as possible (see 2.2 Sampling frame), the inherent and practical difficulties of conducting survey research with homeless people mean that the results are unlikely

[14] Nations Apart? Experiences of Single Homelessness Across Great Britain, Crisis, 2014
[15] Multiple Exclusion Homelessness in the UK: Key Patterns and Intersections, Fitzpatrick, Johnsen, White, 2011

to be fully representative of the rough sleeping population. In addition, this questionnaire was not intended to give an indication of the scale of rough sleeping in England.

The report is structured as follows: the next chapter outlines the methods of the RSQ questionnaire work and the data analysis conducted. The following chapters then describe the results for each of the key topics: respondents' demographics; journeys into homelessness; early life risk factors; health, substance misuse and wellbeing; overlapping vulnerabilities; public service use; and employment and welfare history. The final chapter presents findings on the costs associated with rough sleeping, using the data on respondents' public service use collected in the questionnaire and applying corresponding unit costs.

Chapter 2: Methodology

2.1 Questionnaire design

The RSQ was designed in-house by MHCLG researchers with input from survey experts, academics, government analysts, people with lived experience of sleeping rough, and frontline homelessness staff. The topics and questions were designed to provide a comprehensive understanding of respondents' backgrounds, histories of homelessness, support needs, and public service use.

Where possible, standardised questions were adopted to ensure comparability with other data sources, for example, validated questions and scales were used for demographics, wellbeing and general health. However, the need to design an accessible questionnaire was prioritised, and where necessary certain questions were adapted (for example, experiences of domestic abuse). Respondents also had the opportunity to express their experiences in their own words, captured in open text boxes. The RSQ was accessed on MHCLG's secure online data platform, DELTA[16]. Respondents were routed through the questionnaire, with certain questions asked depending on previous answers.

The full RSQ is provided in the annex. The RSQ was reviewed after each fieldwork wave to ensure questions were understood and interpreted appropriately. Where necessary, questions were amended or removed to improve data quality and reduce the burden on participants, and certain questions were only included in later waves.

The RSQ received ethical approval from the Heriot-Watt University Ethics Board in early 2019, prior to the piloting of the questionnaire.

2.2 Sampling frame

To enhance the representativeness and size of the sample, sampling took place in two stages. First, local authorities (LAs) were selected from the 83 LAs in the 2018/19 Rough Sleeping Initiative (RSI), identified as the areas with the highest rough sleeping levels. This selection was based on geographical spread across England and likely capacity to support the research. LA rough sleeping leads were then contacted and recruited if they were willing to participate, and also provided contacts and access to local services.

At the individual level, people were asked to participate if they either:

- were currently sleeping rough;
- had slept rough in the previous six months; or
- were considered to be at risk of rough sleeping, due to the precarity of their living situation or their support needs.

In practice, there was an element of convenience sampling of participants given the nature of the research. It was necessary for researchers to respond to the local situation, for example it was more suitable for researchers to be based in services

[16] www.delta.communities.gov.uk

rather than interview people on the street, meaning those currently sleeping rough, and/or who were less engaged with rough sleeping services, were less likely to be interviewed. In some instances researchers were also proactive and interviewed people who were available at that time, to not exclude service users who were keen to participate. For example, if someone had last slept rough 8 months previous and was living in a hostel.

Carrying out research that representatively samples people who sleep rough is inherently difficult, given the transient and hidden nature of rough sleeping. In addition, those experiencing homelessness are considered to be especially vulnerable in terms of their safety and likely support needs, thus further complicating the sampling and ethics research processes.

2.3 Conducting the fieldwork

The questionnaire fieldwork took place across six waves between February 2019 and March 2020 and was facilitated through the support of local authority rough sleeping leads and local rough sleeping and homelessness services. The majority of questionnaires were completed in day centres or hostels. On average, each wave of the fieldwork took place over a two-week window, with researchers in the field throughout. Respondents had the option to complete the RSQ independently or assisted by a researcher, and some service staff supported participants to complete the questionnaire. The majority of respondents completed the questionnaire with at least some input from interviewers. Only 18% completed the questionnaire completely alone and 39% had help with every question.

Table 1 Mode of questionnaire completion by respondents (n=563)

Mode of completion	Prevalence (%)
Completely on my own	18
Mostly on my own, but with some help	24
Mostly with help, but some parts on my own	15
Had help with it all	39
Non-response	4

Part way through fieldwork, the questionnaire and research information was translated into other languages to encourage more non-UK nationals to take part. The vast majority of the respondents completed the questionnaire in English (96%), and 2% of respondents completed the Polish version of the questionnaire. The remaining 2% completed the questionnaire in either Bulgarian, Romanian or Lithuanian.

All researchers and service staff undertook ethical training on conducting research with vulnerable groups and in gaining valid informed consent. Where respondents did not speak English, an on-call translation service was available to answer participants questions. Any instances where it was believed there was insufficient

understanding of the research to establish valid informed consent, individuals did not take part in the fieldwork.

2.4 Analytical sample

This report presents the findings for those respondents who reported having slept rough in the previous year. However, subsets of the sample are reported where questions were added or changed during the lifetime of the fieldwork. Further, analysis in Chapter 4 on the estimated costs to public services of people who sleep rough uses a smaller sample of 395 UK-national respondents who slept rough in the last year and took part in the fieldwork during 2019[17].

The most common sub-sets of the sample are detailed in the Annex with further breakdown of their demographics and other key information.

2.5 Data management, analysis and reporting

Raw data files were cleaned and managed by MHCLG researchers, including deriving variables to summarise data (for example ages divided into age groups) or to identify where respondents have certain support needs or vulnerabilities (for example, alcohol or drug misuse needs).

Descriptive statistics were run for each topic of interest, taking the frequency, proportion, or mean and standard deviation of groups across each outcome. Where relevant, statistics were also calculated by subgroups, including gender and nationality. In some places, comparisons are made between the sample of people who sleep rough, and the national averages. This analysis is descriptive and does not control for other factors.

Not all variables were available for all respondents, due to either the question not being asked to all respondents, or from participants choosing not to answer. Where respondents did not answer the question (by either skipping the question entirely or answering 'Don't know' or 'Don't want to say'), this was coded as a non-response. The non-response values are reported in the descriptive statistics and the sample size is unchanged for these variables. However, where the question was not asked of respondents, the base sample size is reduced. This may be due to questions being added at later waves, or where respondents hadn't reported the relevant experience so were not asked the follow up questions.

It was possible to estimate the time since certain events first occurred, such as the time since respondents first became homeless. This has been derived from the respondents' exact age , and the age range during which respondents estimated an event first occurred. The minimum and maximum ages of the age categories selected by respondents were taken from their current age to estimate an upper and lower estimate for the length of time that has passed since the event occurred. This results in a lower and upper estimate of how many years ago they first experienced events for each respondent. For example, if a respondent is 40 years old, and first experienced rough sleeping between the ages of 26 and 30 years old; they first

[17] The cost analysis was produced in 2019, using only the data available at that point. The sample for the cost analysis only include UK-nationals, the sample size of non-UK national respondents were too small to allow for a separate cost analysis.

experienced rough sleeping between 10 and 14 years ago. The length of time since an event was experienced is then reported consistently throughout the report as: whether events occurred longer than 5 years, 10 years, 20 years and 30 years ago. The length of time since people had their first experiences will in part have been driven by respondents' ages. That is, younger people cannot have first become homeless a very long time ago.

Finally, thematic qualitative analysis was conducted on the open-text responses, and examples of the free-text responses are provided in the Annex of the report.

All data management and quantitative analysis was conducted in SPSS version 26. The data management and analysis was quality assured internally and the report has been externally peer reviewed.

Chapter 3: Results

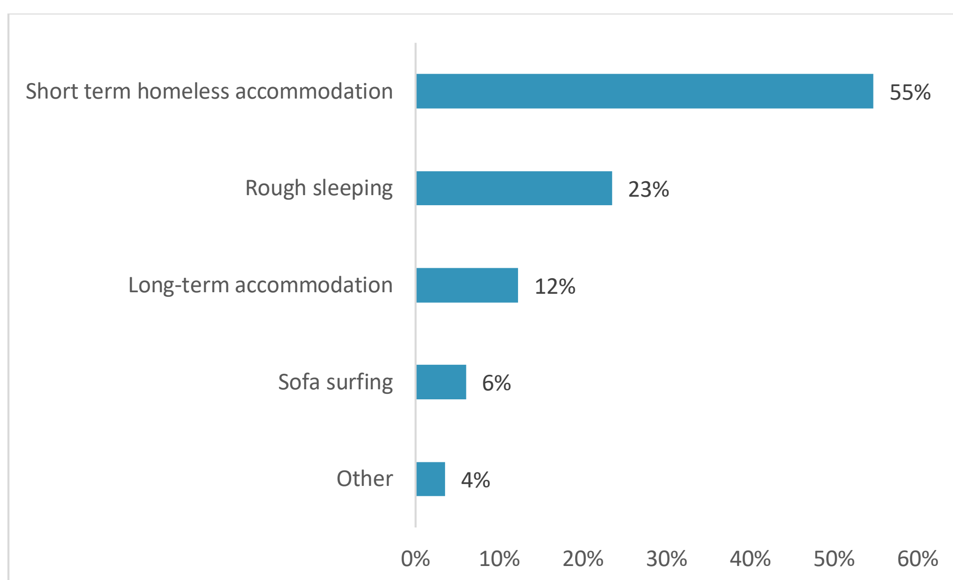
The results presented throughout this chapter relate to the main topics and themes asked in the RSQ, describing the characteristics, needs and experiences of people who sleep rough in England.

3.1 The analytical sample

The RSQ fieldwork was completed in 25 areas between February 2019 and March 2020, with a total of 991 people completing the questionnaire. The number of respondents who reported having slept rough in the previous year was 563, which comprises the main analytical sample for this report.

Nearly a quarter of the 563 respondents had slept rough the previous night (23%). The majority were staying in a form of short-term homeless accommodation (55%), with a small minority sofa surfing (6%) or in a form of long-term accommodation (12%). The high proportion of those in homeless accommodation is likely to be a result of the sampling frame, as the majority of interviews took place in hostels or day centres.

Figure 1 *Where respondents reported sleeping the previous night (n=563)*



3.2 Demographics

Demographic information for respondents who had slept rough within the last year is displayed in Table 2.

The majority of respondents were men (79%) and a fifth (20%) were women[18]. The gender difference corresponds with the latest Rough Sleeping Snapshot Statistics and other published studies.

The average age of respondents was 40 years, with ages ranging from 17 to 77 years. The majority of respondents were White (83%) and UK nationals (83%). A notable minority (11%) were from the European Union or the European Economic Area (EEA), who comprised a slightly higher proportion of those who recently slept rough (14%). The statistics on ethnicity and nationality also correspond to other sources and studies on these populations in England or the UK.[19] The majority of respondents also reported being heterosexual (86%). One fifth of respondents reported being in a relationship.

Table 2: Demographic statistics for respondents who had slept rough in the previous year (n=563).

Category	Slept rough in previous year (%)
All Respondents	**n=563**
Gender	
Men	82
Women	17
Other	-
Non Response	1
Age	
Mean age, years	41
Age range, years (SD)	18 -77 (11)
Ethnicity	
White	84
Black British/African/Caribbean	5
Mixed/Multiple ethnic groups	4
Asian/Asian British incl. Chinese	2
Other Ethnic Group[a]	4
Non-response	1
Nationality	
UK	81
EU/EEA	14
Non-EU/EEA	3
Non-response	2
Sexual orientation	

[18] Where proportions sum to less than 100% this is due to non-response or other response options being selected
[19] MHCLG Rough Sleeping Statistics, 2019

Heterosexual	87
Homosexual /Bisexual	7
Other	1
Non-Response	5
In a relationship	19
Non-Response	4

Where the numbers are too small to report (under a count of 5) this is marked with a '-'

[a] Includes a subsample of respondents who were able to select Gypsy, Roma, Traveller. This option was added part way through fieldwork.

3.3 People’s journeys into homelessness

This section focuses on how respondents first became homeless, the multiple forms of housing insecurity and homelessness they have experienced across their lifetimes, and their most recent homelessness experiences.

3.3.1 Rough sleeping history and experiences

People’s histories and experiences of sleeping rough are summarised in Table 3.

There was a wide distribution in the ages at which respondents reported first sleeping rough. Notably, approximately one sixth (16%) of respondents reported that they first slept rough before the age of 16. Further, half of the respondents (48%) reported they had first slept rough at the age of 25 years old or younger.

Three quarters (73%) of respondents reported that they had slept rough in the previous three months, of whom almost half (46%) said they had slept rough on at least 30 nights during this period.

Respondents were asked where they were staying immediately prior to their most recent episode of rough sleeping, and the reason(s) they had then slept rough. Prior to their most recent episode of sleeping rough, most respondents had not been in stable accommodation. Nearly a quarter (23%) were sofa surfing, a fifth were in a hostel or another form of short-term homeless accommodation, and 12% had left either prison or hospital.

Respondents were asked what had prevented them from finding somewhere else to stay, when they left their last accommodation. Respondents were able to select as many options as applicable (see Table 3). A quarter (25%) of people said there was no homeless accommodation available locally for them, with a similar proportion (23%) reporting they didn’t know where to go to get help or accommodation. The importance of social support networks in avoiding rough sleeping is highlighted through a sixth (17%) of respondents saying they did not have friends or family to ask for help at the point of sleeping rough. This and people’s access to their local network of services and organisations is explored in 3.7 Public service use and other organisations people are in touch with.

Table 3: Age first slept rough and recent experiences of rough sleeping (n=563)

Experience of Rough Sleeping	Prevalence (%)
Age first slept rough:	
Under 16 years old	16
25 years old or younger	48
Non-response	5
Slept rough in previous 3 months	73
Number of nights slept rough in previous 3 months:[a]	
1 night	4
2-5 nights	12
6-10 nights	9
11-20 nights	12
21-30 nights	12
More than 30 nights	46
Non-Response	6
Where staying before most recently sleeping rough:	
Sofa surfing	23
Private Rented Sector housing	14
Hostel (with no support)	11
Prison	11
Social rented housing	9
Emergency accommodation	7
Home owned by respondent / close family/ partner	4
Supported Housing	4
Caravan or squat	3
Hospital	2
Other temporary accommodation by council	2
Other	7
Non-response	4
Reasons for sleeping rough after leaving prior accommodation:[b]	
There was no homeless accommodation available to me in the local area	25
I didn't know how to find temporary/homeless accommodation, or didn't know where to go to get help	23
I had no friends or family to call on for help	17
I wasn't able to look for accommodation/ask for help	11
There wasn't time to look for any accommodation	10
I didn't want to look for accommodation/ask for help from the local authority or charities	6
I was offered accommodation but refused it	2
Other reasons	29
Non-response	8

[a] Of those who had slept rough in past 3 months (n=410)

[b] Respondents were able to select multiple responses so will total to higher than 100%

3.3.2 Wider homelessness history and experiences

The data on people's wider homelessness histories illustrate that they experienced both rough sleeping and other forms of homelessness and suggest that many experience multiple types of homelessness and accommodation over the course of a year (Table 4).

Table 4: The histories and experiences of homelessness (n=563)

Experience of homelessness	Prevalence (%)
Age first homeless:[a]	
Under 16 years old	21
25 years old or younger	54
Non-response	4
Time since lived in secure accommodation[b] *(n=462)*	
Less than 3 months	9
3-6 months	14
6-9 months	5
9-12 months	7
1-2 years	16
More than 2 years	37
Never had long-term secure accommodation	6
Non-response	6
Reasons for leaving last settled accommodation *(n=408)*	
Any financial reason cited[c]	26
Asked to leave or evicted due to my behaviour	15
Broke up with partner	15
Rental contract ended or given notice by landlord for other reason	8
Chose to leave property for personal safety due to problem with neighbours or others in the community	8
Spent time in prison and lost my accommodation	8
Violent Dispute in household	6
Escaped Domestic Abuse from partner	5
Bereavement	4
Chose to leave because of the poor condition of the property	3
Moved to UK and haven't had settled accommodation since	2
Ill health	2
Other reasons	17
Non-response	2
Types of homelessness/ homeless accommodation ever experienced:	
Any form of short-term homeless accommodation	91
Hostel	79
Sofa surfing	71
Emergency accommodation	66

Other temporary accommodation arranged by the Council	28
Refuge	9
Asylum accommodation	2
Average number of homelessness / homeless accommodation types experienced[d] (mean, standard deviation)	3.5 (1)
Experiences of homelessness – previous 12 months	
Some form of short-term homeless accommodation	77
Sofa surfing	48
Supported Accommodation[d]	12

[a] This is the first time respondents experienced any form of homelessness and may have been rough sleeping, homeless accommodation or sofa surfing
[b] This question was added after the first wave of fieldwork. It was only asked to people who were currently homeless.
[c] Financial reasons can include: Rent arrears, increasing rent, mortgage repossession, lost their job and changes to income.
[d] This includes rough sleeping, staying in refuges, hostels, emergency accommodation (such as a B&B or a night shelter, including winter shelters), Other temporary accommodation or temporarily at a friend's or family's house – on an informal basis (sofa surfing).
[e] This is only reported for respondents who took part in 2019. Detailed questions on supported housing were removed for 2020 data collection.

It was possible to estimate how many different types of homeless respondents had experienced[20]. This included whether they had stayed in different types of short term homeless accommodation, as well as whether they had sofa surfed or slept rough. Respondents had on average experienced four different types of homelessness through their lives, and this ranged from one to seven types. Nearly all respondents (91%) had stayed in a form of short-term homeless accommodation and 71% had sofa surfed previously. Table 5 demonstrates that 66% of respondents had previously sofa surfed and stayed in short-term homeless accommodation.

Table 5: The different types of homelessness (n=563)

Experiences of homelessness	Prevalence (%)
Stayed in short-term homeless accommodation	91
Sofa Surfed	71
Stayed in short term homeless accommodation and sofa surfed	66

These types of homelessness had often been experienced recently. For example, half (48%) of respondents had sofa surfed in the previous year, and nearly a third (29%) had done so in the previous three months. Notably, two fifths (44%) of those

[20] Each type of homeless state or accommodation may have been experienced multiple times

who had stayed in short-term accommodation in the past year had stayed in this type of accommodation only once.

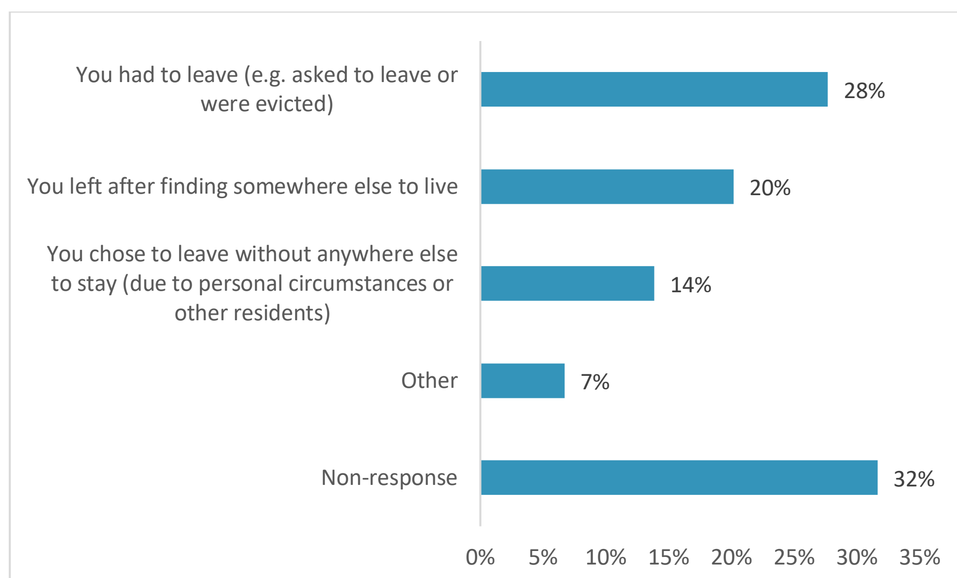
A fifth of respondents (21%) had first become homeless before the age of 16, and more than half had first experienced homelessness at the age of 25 or under (54%).

A sizeable minority of respondents (37%) had last lived in secure, long-term accommodation over two years previously, while a similar proportion (35%) had been in secure accommodation less than one year previously. A minority of respondents (6%) reported that they had never had secure long-term accommodation.

If respondents reported that they had previously spent time in long-term accommodation (but weren't currently), they were asked to report the reasons why they left this accommodation (n=408), and shown in Table 4 The most frequently cited reason were related to financial reasons, eviction due to respondents behaviour, and relationship break up. Respondents could select as many reasons as relevant so the total sums to more than 100%[21].

Any respondents who were not staying in short-term homeless accommodation when interviewed but who had stayed there previously (n=253) were asked why they had last left this type of accommodation (Figure 2).[22] Almost one third (28%) had been evicted or asked to leave, however the reasons for this are unknown. Notably, a sixth of respondents (14%) reported leaving without having anywhere else to stay.

Figure 2 *Why respondents that were not staying in short-term homeless accommodation at the time of interview left their last short-term homeless accommodation (n=253)*



[21] If wishing, respondents could provide open-text responses where categories were not sufficient. These responses recoded into subcategories, and where prevalent, added as response options in later fieldwork.
[22] This question was asked only of respondents who had previously reported having stayed in short-term accommodation (see Glossary of Terms for a full definition) but were not at the time of interview staying there.

A smaller sample of respondents (n=75) were also asked about their last settled accommodation (Table 6).[23] While the sample size is much smaller, a substantial minority (40%) reported having lived in the private rented sector. The breakdown of the different subsamples discussed in the report are detailed in the Annex.

Table 6: Last form of long-term accommodation prior to homelessness (n=75)

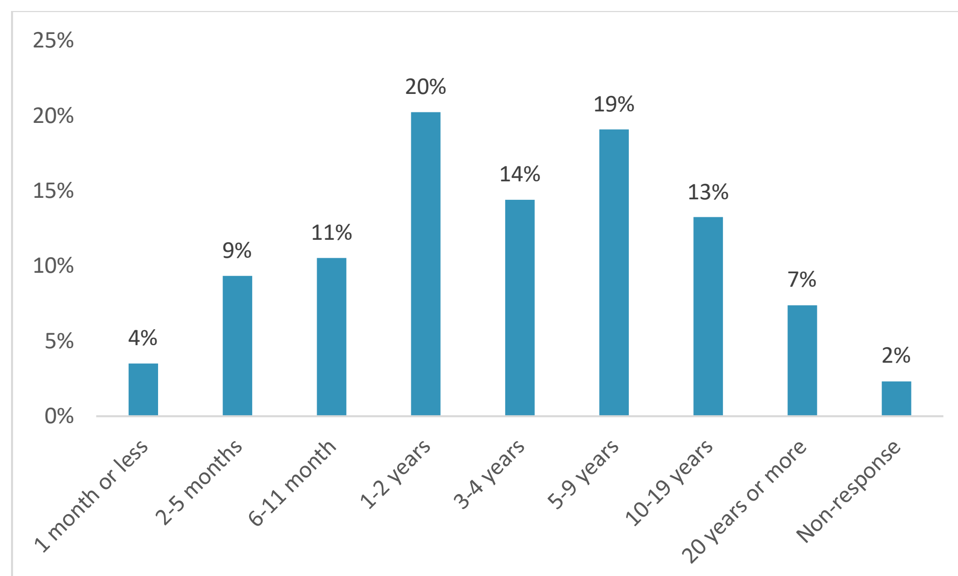
Last form of long-term settled accommodation	Prevalence (%)
Privately rented housing	40
Social rented housing	23
Other[a]	13
Non-response	24

[a] Other also includes respondents who selected supported housing, or home owned by respondents' or close family or partner.

3.3.3 Periods of homelessness

A sub-sample of respondents[24] (n=257) were asked to estimate the total length of time they had been homeless over their lifetime (Figure 3). This includes all types of homelessness, including rough sleeping. Approximately one fifth of respondents (23%) had been homeless for less than one year in total, while two fifths (40%) had been homeless for more than five years across their lifetime.

Figure 3 *Total length of time spent homeless across lifetime (n=257)*

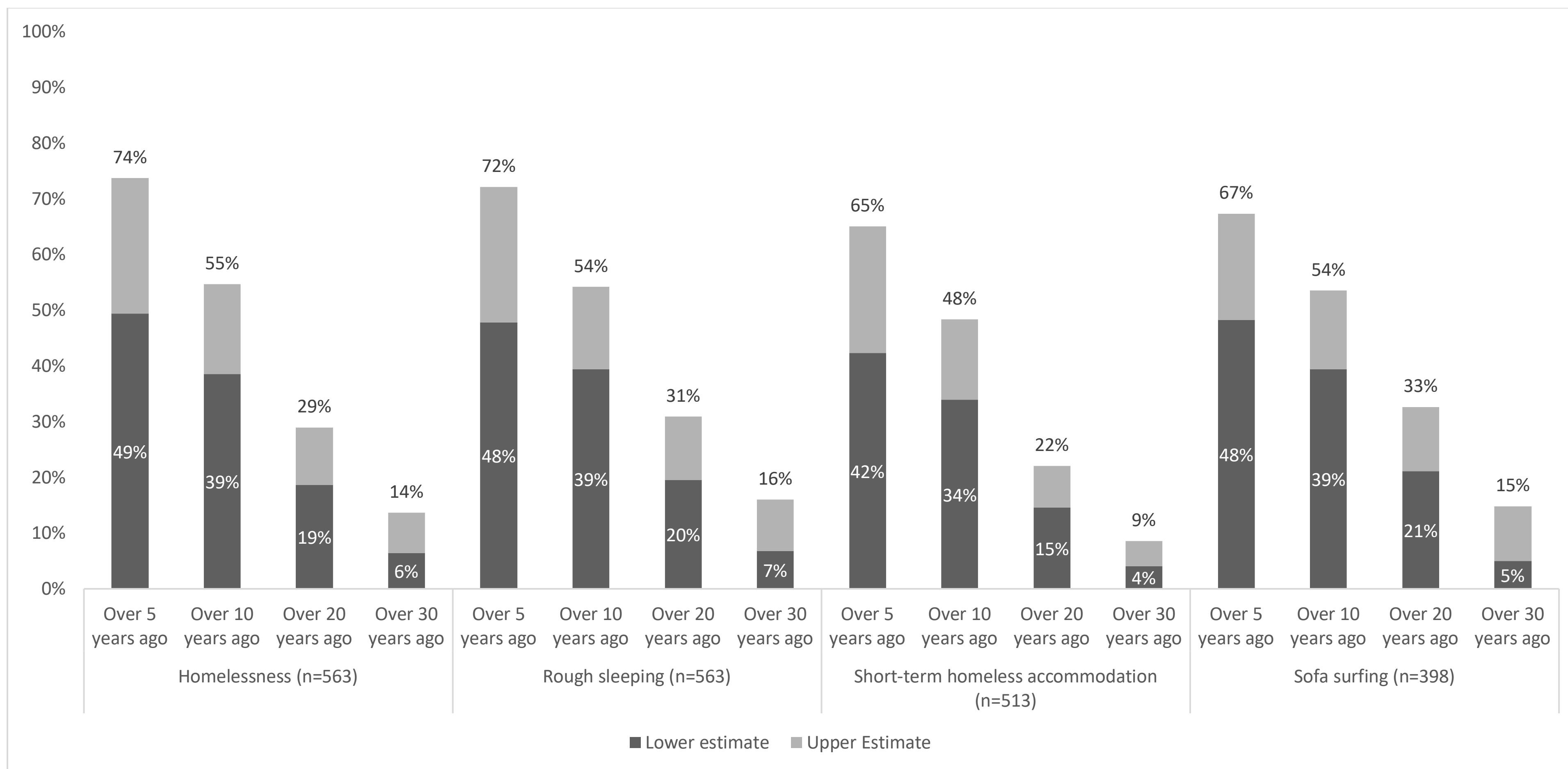


The estimated time since respondents had first become homeless is shown in Figure 4. It was found that between half to three quarters of respondents had first experienced homelessness more than five years ago. It is estimated that a large proportion of respondents had first experienced rough sleeping more than five years

[23] This question was only asked in the latest wave of fieldwork which took place in early 2020.
[24] Those interviewed during the latest wave of fieldwork

ago (between 48-72%), which was a similar picture for sofa surfing (48-67%) and stays in short-term homeless accommodation (42-65%).

***Figure 4** Length of time since first experienced any form of homelessness, and further divided between rough sleeping, short term homeless accommodation, and sofa surfing (Sample sizes vary)*



3.4 Past trauma and experiences

The results presented throughout this chapter relate to earlier vulnerabilities and experiences of those who sleep rough. Table 7 summarises the prevalence of these experiences, including childhood events, prison sentences, domestic abuse and recent victimisation. Childhood experiences are predominantly focused on school experiences and respondents were not asked about other adverse childhood events.

Table 7: Vulnerabilities and experiences in lifetime (n=563)

Vulnerability / Risk Factor	Prevalence (%)	Non-response (%)
Childhood experiences		
Regularly truanted from school	57	4
Left school before 16 years old	35	8
Permanently excluded from school	33	5
Spent time in care as a child	26	4
Experienced any of the above	72	2
Prison		
Ever been in prison		
All respondents (n=563)	53	3
Women (n=94)[a]	32***	3
Men[a] (n=460)	58***	2
Domestic abuse		
Ever experienced domestic abuse[b]		
All respondents (n=264)	35	4
Women[a] (n=54)	67***	4
Men[a] (n=207)	27***	4
Experienced domestic abuse in previous year (n=528)	16%	8
Victim of crime – prior six months [c]		
Any crime experienced	65	6
Belongings stolen	48	6
Verbally abused	44	6
Threatened	39	6
Robbed	34	6
Physically assaulted	32	6
Belongings deliberately damaged	28	6
Experienced all the above crimes	16	6
Not experienced a crime	28	6

a Where the results differentiate between men and women, any respondents who didn't answer the gender identity question are not reported (n=9).
b Only reporting respondents who were asked to report any domestic abuse experiences which took place after they were 16.
c This includes everyone asked about domestic abuse (introduced after the first wave of fieldwork).
*** The difference in prevalence between men and women was significant ($p<0.001$)

3.4.1 Childhood

Respondents were asked about early life experiences, such as truancy, exclusion, leaving school before statutory leaving age and experience of social care. The prevalence of these are summarised in Table 7. Almost three quarters of respondents had experienced one or more of these experiences (72%).

Approximately a quarter of the respondents (26%) had spent time in care as a child. More than a third (35%) of respondents had left school before they turned 16 years old, and a third (33%) had been excluded from school. Just over half (57%) reported regularly truanting from school.

There was a statistically significant difference between respondents who reported experiencing these events in childhood[25] and the likelihood of sleeping rough under the age of 16 and at 25 years old or younger. 94% of respondents who had first slept rough under the age of 16 had experienced one or more of these negative events in childhood, compared to 69% of those who hadn't slept rough under the age of 16. 86% of respondents who slept rough at the age of 25 (or younger) had experienced one or more of these events, compared to 59% of those who first slept rough after 25 years old.

3.4.2 Prison

As reported in Table 3, 11% of respondents had been in prison immediately before they last slept rough. Approximately half (53%) of respondents reported having ever served a prison sentence. There was a statistically significant difference between male and female respondents reporting having served a prison sentence; 58% of men had served a prison sentence compared to 32% of women. More information about prison sentences is reported in 3.7.2 Criminal justice contact.

3.4.3 Domestic abuse

A high number of respondents reported having previously experienced domestic abuse (35%). There was a statistically significant difference when comparing between genders; 67% of women respondents reported domestic abuse compared to 27% of the men. Approximately two thirds of women (36%) and one tenth (11%) men reported being a victim of domestic abuse within the last year which was far greater than the estimate for the general population in England and Wales[26] (7% for women and 4% for men).

3.4.4 Recent victim of crime

Questions about recent victimisation of respondents were introduced after the first wave of fieldwork. Sexual assault was included in this list initially but was later removed to reduce potential distress to respondents.

---

[25] This refers to: experience of social care as a child, being excluded from school, regularly truanting from school, or leaving school before the age of 16.

[26] ONS Reporting 2019 Figures from Crime Survey for England and Wales https://www.ons.gov.uk/peoplepopulationandcommunity/crimeandjustice/bulletins/domesticabuseinenglandandwalesoverview/november2019

Table 7 demonstrates that approximately two thirds (65%) of respondents reported having been a victim of a crime within the last six months. Table 7 highlights the types of crimes most commonly reported by respondents; almost half (48%) of respondents reported that they had experienced their belongings being stolen, 44% reported being verbally abused, 39% reported being threatened and 16% reported that they had experienced all of the crimes listed committed against them within the last six months and 28% had experienced none of these.

3.5 Health, substance misuse, and wellbeing

3.5.1 General health

All respondents were asked to self-assess their health in general, shown in Table 8, and report whether they have any disabilities or long-term physical impairment or illnesses. These were measured using standardised questions, or similar survey questions to allow benchmarking with other surveys and comparisons with the general population. Half of the respondents reported that they have a long-standing physical impairment, illness or disability. In contrast it is estimated that 21% of the English general population have a disability[27].

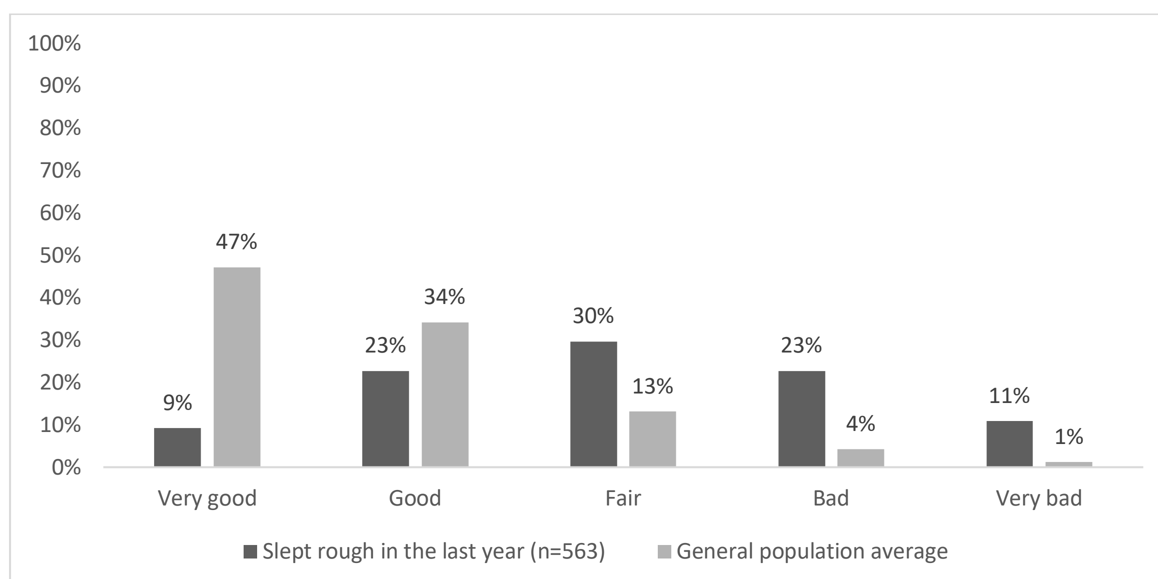
Table 8: Current self-reported assessment of general health and disability or long-term impairment (n=563)

Health conditions and needs	Prevalence (%)
Self-reported general health:	
Very Good	9
Good	23
Fair	30
Bad	23
Very Bad	11
Non-response	5
Long-standing physical impairment, illness or disability	50
Non-response	6

Respondents were asked to rate their health in general. **Figure 5** demonstrates how the sample's self-reported health compares to the general population in England[28].

[27] FRS Disability data 2016/2017
[28] https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/healthandwellbeing/articles/generalhealthinenglandandwales/2013-01-30
The question asked was: do you have a long-standing physical impairment, illness or disability?

__Figure 5__ Self-reported health of respondents compared to national average (n=563)



3.5.2 Mental health

The vast majority of respondents (82%) reported having a current mental health vulnerability. The most commonly reported mental health conditions were depression and anxiety (Table 9). Where respondents reported a current mental health vulnerability, 79% reported having more than one condition.

Table 9: Current mental health support needs (n=563)

Health conditions and needs	Prevalence (%)	Non-response (%)
Number of mental health conditions reported[a] (mean, standard deviation) (n=563)	2 (1.4)	2
Mental health conditions and other conditions, issues or disorders		
Anxiety	64	6
Depression	70	6
Post-traumatic stress disorder (PTSD)	22	6
Psychosis or schizophrenia	15	6
Bipolar disorder	10	6
Eating disorder	7	6
Other	1	5
Personality Disorder[b] (n=257)	20	6
Trauma[b] (n=257)	16	6
Autistic spectrum disorder (n=563)	5	5
ADHD (n=257)	10	11

Acquired Brain Injury (n=257)	7	11
Any learning disability[c] (n=563)	19	5
Learning difficulty (n=75)	21	12
Learning disability (n=75)	16	12

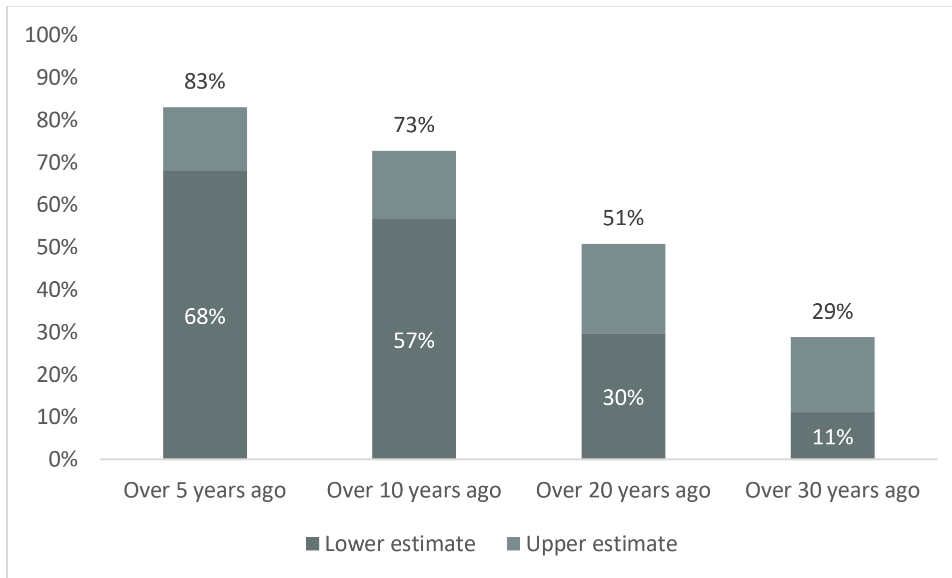
[a] Average number across the whole sample, the average number of conditions for those with a mental health vulnerability (n=450) is 2.5 (SD=1.2). This includes the following conditions: Anxiety, Depression, Psychosis or schizophrenia, Bipolar Disorder, Eating Disorder, PTSD, Other. This total excludes any report of Trauma or Personality disorder, which were conditions reported at a later wave. The average for respondents who were also asked about these conditions (n=225) had an average of 2.7 conditions (SD:1.7).
[b] These options were added to the questionnaire for the last two waves of fieldwork, so was only asked to 257 respondents (46% of respondents).
[c] This is likely an overestimate of the prevalence of learning disabilities, which is expected to have been slightly conflated with learning difficulties such as dyslexia or dyspraxia. Respondents who took part in 2019 were asked to report if they have learning disabilities, in 2020 there was also an option to report learning difficulties (such as dyslexia or dyspraxia) to reduce the possible conflation. This is available for 75 respondents also included in the table.

There were higher than average levels of autism reported by the sample. The national prevalence of autism[29] is approximately 1%, and whereas 5% of respondents within the sample reported having autism.

The vast majority of respondents have had a mental health vulnerability at some point in their lifetime (85%). Where asked how long it had been since they first developed these needs, at least 68% of respondents with a mental health vulnerability had first experienced this 5 or more years ago[30] (potentially as high as 83% - the upper estimate). Approximately 36% of all respondents developed a mental health vulnerability before the age of 16, and almost two thirds (63%) at the age of 25 years old or younger.

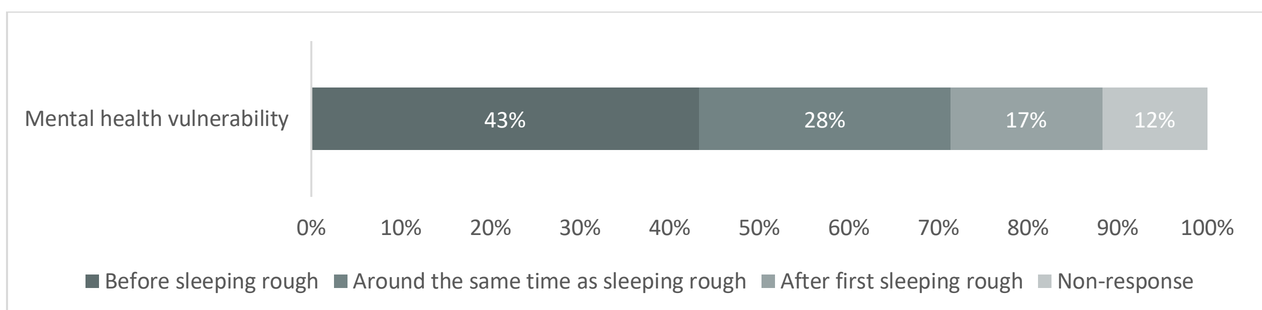
[29] NHS-Digital, 2012 https://digital.nhs.uk/data-and-information/publications/statistical/estimating-the-prevalence-of-autism-spectrum-conditions-in-adults/estimating-the-prevalence-of-autism-spectrum-conditions-in-adults-extending-the-2007-adult-psychiatric-morbidity-survey
[30] The estimate of the length of time passed since respondents first experienced events was derived from their current age and their reported age (in a range) when an event was first experienced. This produces an upper and lower estimate of how long ago an event was.

***Figure 6** Length of time since respondents first developed a mental health vulnerability (n=478)*



Derived from the estimates of when events first occurred, it was possible to determine whether an event occurred prior to, 'around the same time' or after respondents first slept rough. There is a mixed picture regarding whether respondents had vulnerable mental health before or after sleeping rough (Figure 8). The category labelled 'around the same time as sleeping rough' may encompass a number of years, and as such hide the order in which events occurred (see 2.5 Data management, analysis and reporting). A minimum of 43% reported having a mental health need prior to first sleeping rough, and a minimum of 17% developed a mental health need after first sleeping rough. This doesn't determine cause or effect.

Figure 7 When respondents mental health vulnerability first developed in relation to rough sleeping (n=478)



A third (35%) of respondents reported having developed a mental health need before the age of 16. 57% of people who had slept rough before the age of 16 had also developed a mental health need by 16, compared to 30% of those who hadn't slept rough by the age of 16. This difference is statistically significant.

3.5.3 Physical health

A subsample of respondents (n=350, 62% of the sample) were asked about any physical conditions they may have experienced in the last twelve months. The majority (83%) reported having at least one physical health condition. Table 1 demonstrates that the most commonly reported issues were joint aches/problems with bones and muscles, dental/teeth problems, and chest pain/breathing problems.

Table 10: Current physical health support needs (n=350)

Health conditions and needs	Prevalence (%)
Number of physical health conditions reported[a] (mean, standard deviation)	3.6 (3)
Any physical health condition	83
Joint aches/problems with bones and muscles	51
Dental/teeth problems	46
Chest pain/breathing problems	42
Difficulty seeing/eye problems	29
Problems with feet	28
Problems with mobility (such as difficulty with walking)	26
Skin/wound infection or problems	23
Stomach or bowel problems	22
Fainting/blackouts	20
Circulation problems/blood clots	19
Migraines [b] (n=257)	18
Difficulty with hearing/ear problems	16
Liver problems	13
Urinary problems/infections	12
Throat problems/difficulty swallowing	9
Epilepsy	6
Diabetes	5
Other physical health condition	15
Non-response	4

[a] Average number across the sample asked about physical health. The average number of conditions for those with a physical health issue is 4.3 (SD=2.7, n=292). This includes 'other conditions' which were coded into: long term illness, amputations, fractures, strokes, heart conditions or other conditions. These conditions were counted as separate conditions. This figure excludes any report of migraines, which was added at a later wave. The average for respondents who were also asked about migraines (n=257 had an average of 3.9 conditions (SD:3.1).
[B] Non-response to Migraines was 4% (n=11), the question was added at a later date

3.5.4 Comorbidities in health

There was a high level of co-occurring physical and mental health support needs, 75% of respondents[31] (n=350) reported experiencing both (Table 11). Almost half of these respondents reported more than five physical or mental health issues or conditions (48%).This subsample also reported slightly higher levels of current mental health vulnerability than the overall sample reported (86% compared to 83% across the full sample).

Table 11: The overlap between having a mental health support need and one or more physical health condition (n=350)

Experiences of homelessness	Prevalence (%)
Current Mental Health Need	86
Current Physical Health condition	83
Mental and physical health condition	76

This is a subset within the full sample who were also asked about their physical health needs

3.5.5 Substance misuse support needs

The majority of respondents have had a drug or alcohol need during their life, either historically or were still actively using or dependent on them. For the definition of a substance misuse need, see the Glossary of Terms. Table 12 demonstrates that 72% of respondents have experienced a drug or alcohol support need. 60% of the respondents were defined as having a current drug or alcohol need, and 12% were defined as having both needs.

All respondents were asked to report whether they had used any drugs in the last three months. Cannabis use was the most commonly reported drug used in the last three months (41%). Table 12, demonstrates how many respondents reported using each type of drug. A total of 63% had used drugs in the last three months, but this reduced to just over half (51%) if cannabis use was excluded. Half of respondents (49%) were categorised as having a current drug support need, which excludes cannabis use as an indicator (see Glossary of terms).

Approximately 23% have been categorised as having a current alcohol support need.

[31] From a sample of 350 respondents asked both mental and physical health questions.

Table 12: Substance misuse support needs (n=563)

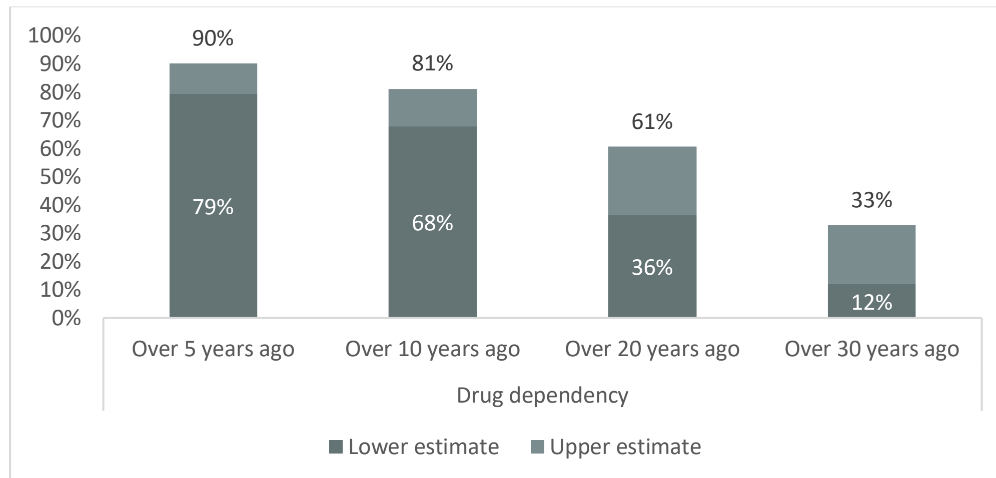
Substance Misuse Needs	Prevalence (%)	Non-response (%)
Current substance misuse need		
Any substance misuse need	60	1
Drug Misuse Need	49	1
Alcohol Misuse Need	23	1
Both Alcohol and Drug misuse need	12	1
Current or historical substance misuse need		
Any Substance Misuse Need (drug or alcohol)	72	1
A Drug Misuse Need	61	1
An Alcohol Misuse Need	40	1
Both Alcohol and Drug Misuse Need	29	1
Drug use in the last three months		
Reported using any drugs (including cannabis)	63	4
Reported using any drugs (excluding cannabis)	51	4
Types of drugs used in the last three months		
Cannabis (marijuana, Skunk, hash, weed)	41	6
Crack Cocaine (rock)	34	6
Opiates (Heroin, Methadone, Fentanyl, Subutex)	30	3
Misuse of Prescription Drugs (e.g. Diazepam, Temazepam, Valium, Sleepers, Pregabalin)	16	6
New Psychoactive Substances (e.g. Mamba, Spice, bath salts , NOX [gas])	16	6
Powder Cocaine (Coke)	14	6
Stimulants (Speed, Whizz, Ecstasy, MDMA)	10	6
Methamphetamine (Crystal Meth, Glass)	5	6
Hallucinogens (LSD, Acid, Mushrooms, Ketamine)	4	6
Solvents (Butane)	2	6
Other drugs	2	6
None of the above	29	7

Development of this substance misuse need

It is possible to determine the approximate length of time since respondents first developed these substance misuse support needs.

Approximately 35% of respondents who reported a current or previous dependency on drugs[32] had developed this need by the age of 16, and 78% by the age of 25. For a the majority, it had first developed at least 10 years ago (68% - 81%) (Figure 8).

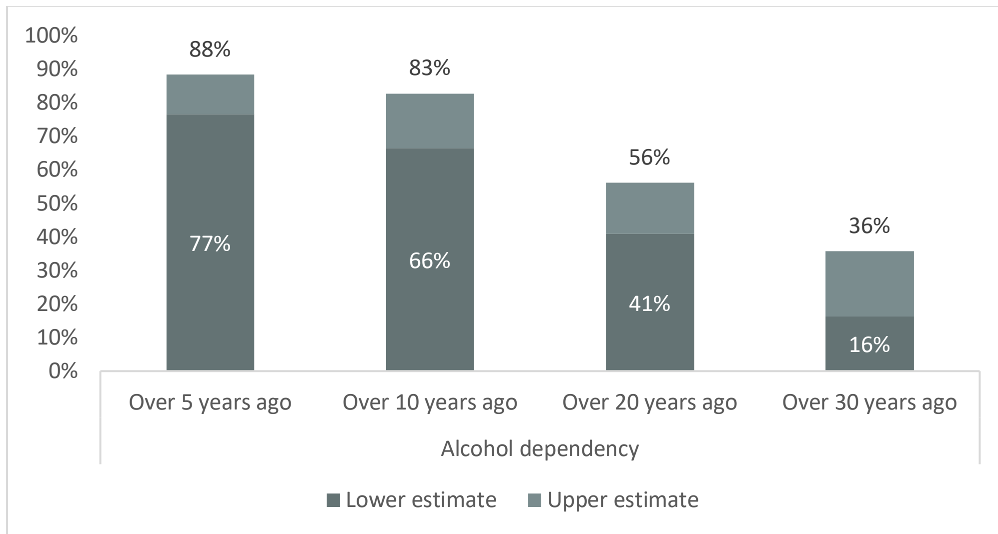
Figure 8 *Length of time since respondents first developed a drug support need (n=302)*



Two fifths of respondents had self-reported a current or previous alcohol dependency. A third (33%) of these respondents had developed this need before the age of 16, and 71% at the age of 25 of under. Of those respondents with an alcohol support need, the majority had developed these needs over ten years ago (66%-83%) (Figure 9).

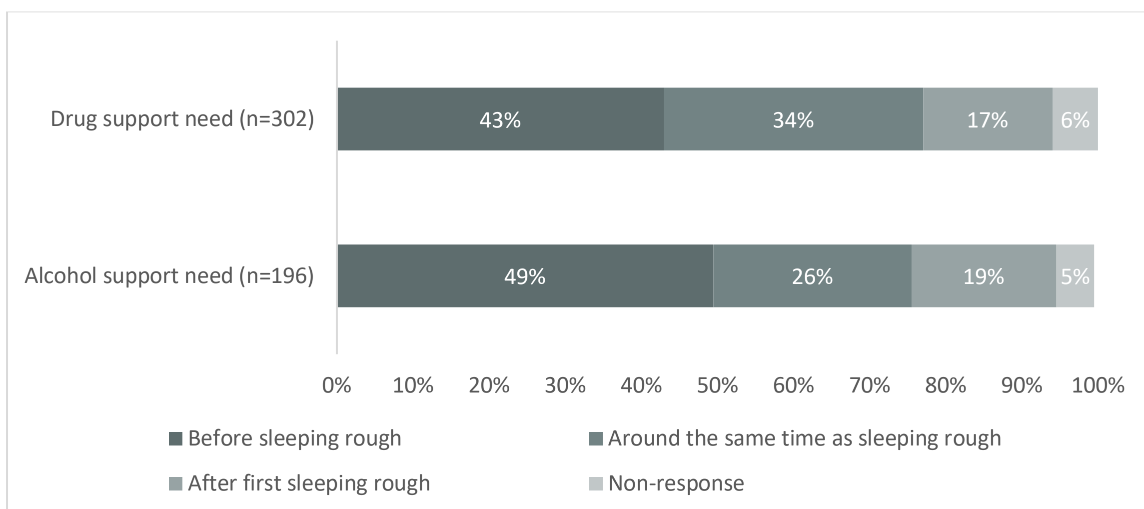
[32] This is defined differently from 'drug support need' which also incorporates the self-reported behaviour of frequent drug taking. Respondents may not have reported a current or previous dependency on drugs, so were not asked about when this dependency developed. However, as agreed with PHE (see Glossary of Terms), where respondents report high levels of substance misuse or risky behaviours these respondents had been categorised as having a current support need.

Figure 9 *Length of time since respondents first developed an alcohol support need (n=196)*



It appears that for a substantial number of cases, respondents developed their drug or alcohol need prior to first sleeping rough (Figure 10). At least 43% of respondents who had a drug need, and 49% of respondents who had an alcohol need, had developed their dependency prior to first sleeping rough. It is important to be aware that 'around the same time as sleeping rough' can encompass a number of years and as such may hide the order in which events first occurred. This doesn't determine cause or effect.

Figure 10 *When respondents' drug support need or alcohol support need first developed in relation to rough sleeping*[33]

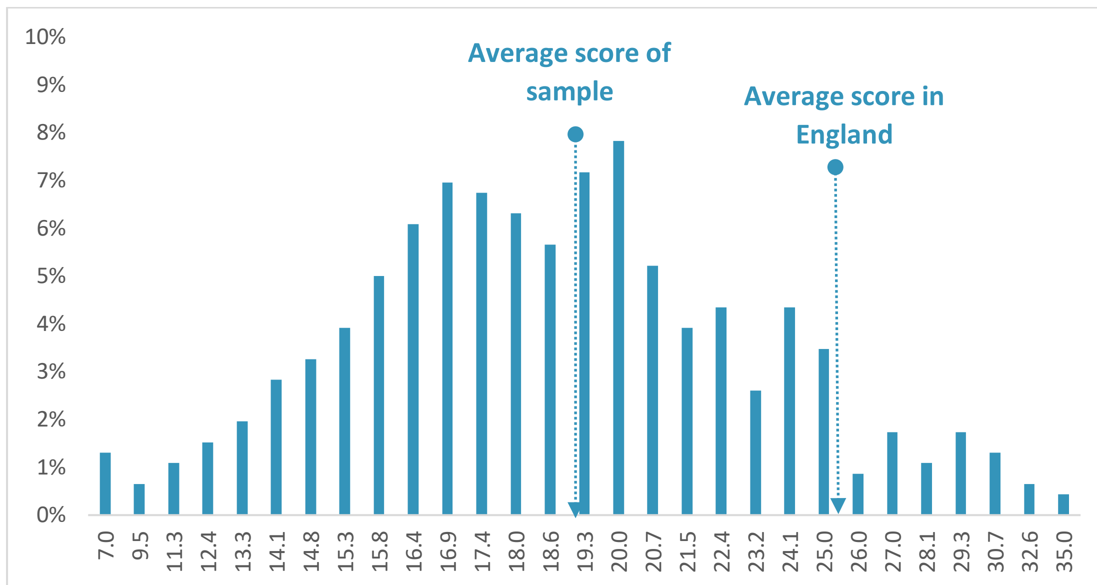


[33] Only respondents who self-reported having a dependency on alcohol or drugs were asked to report when their need first developed. This is a smaller sample than has been categorised in the analysis as having an alcohol or drug need.

3.5.6 Wellbeing

Respondents completed the seven item Warwick Edinburgh Mental Wellbeing Scale[34] (sWEMWEBs), Figure 13 below highlights the range of scores and the average score of those who completed this standardised wellbeing scale. Scores ranged from 7 – 35 and the mean score for the population was 19. The average score in England for wellbeing is a score of 25-26. The majority of respondents scored below average (89% of those who answered the scale).[35]

Figure 11 *Histogram of respondents wellbeing score for the Short Warwick Edinburgh Wellbeing Measure (SWEMWEBs) (n=460)*



[34] https://warwick.ac.uk/fac/sci/med/research/platform/wemwbs/
[35] "The national average has been calculated using data from Wave 1, Year 1 of the Understanding Society survey, 2009. University of Essex. Institute for Social and Economic Research and National Centre for Social Research, distributed by UK Data Archive, December 2010. SN: 6614. "

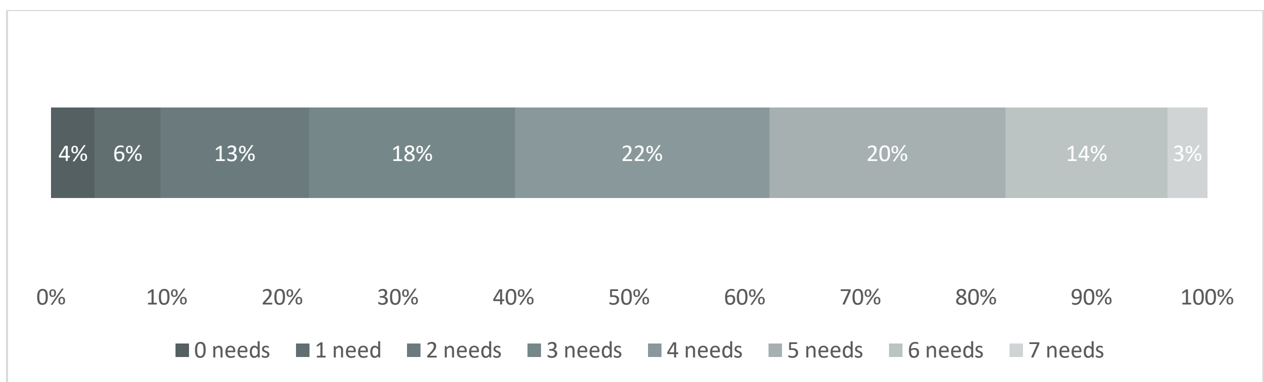
3.6 Holistic picture – overlapping vulnerabilities and experiences

In this report, comorbidity is defined as the co-occurrence of two or more conditions and/or vulnerabilities. This section covers the prevalence of comorbidity amongst respondents. In this report, the following are considered as an indicator of need or vulnerability:

1. A current mental health vulnerability
2. A current physical health need
3. A current drug misuse need
4. A current alcohol misuse need
5. If they had reported ever having been to prison
6. If they had been a victim of crime in the last 6 months
7. If they had reported ever having a victim of domestic abuse since the age of 16

Across the sample, respondents were likely to have more than one vulnerability or support need (Figure 12) in addition to sleeping rough or being homeless. This figure reports a subsample of respondents who participated in the later waves (where respondents were also asked about physical health conditions and an improved question on domestic abuse) - only 4% of the full sample reported having none of the needs, vulnerabilities or experiences listed above.

Figure 12 *Number of needs or vulnerabilities reported by respondents (n=264)*



As highlighted in Table 13, a large number of support needs were co-occurring in this population. A number of the support needs were statistically significant, marked by asterixis in the table below.

Table 13: Prevalence of needs across the full sample of respondents (n=563)

	Mental health vulnerability	Physical health need (n=350)	Drug need	Alcohol need	Served time in prison	Been a victim of crime (last 6 months) (n=528)	Been a victim of domestic abuse (n=264)
Current mental health vulnerability	82						
Physical health need (n=350)	76***	83					
Drug need	45***	45***	49				
Alcohol need	21***	18***	12***	23			
Served time in prison	47***	47	33***	13**	53		
Been a victim of crime (last 6 months) (n=528)	56***	55***	35***	16***	38***	65	
Been a victim of domestic abuse (n=264)	31	32	22**	9	19	27***	35

*Statistically significant at $p<0.05$
**Statistically significant at $p<0.01$
***Statistically significant at the $p<0.001$

Table 14 further explores the associations between support needs. The table demonstrates the support needs which co-occur with others. For example, 89% of those with a mental health vulnerability reported a physical health need, and more than half reported a substance misuse need related to drug misuse (55%). The table reports the proportion of respondents with the support need listed in the top row who also have the need on the side.

Table 14: The prevalence of co-occurring support needs and vulnerabilities for respondents with an existing support need or vulnerability (base size varies)

	Current Mental health vulnerability (n=462)	Physical health need (n=292)	Drug need (n=277)	Alcohol need (n=129)	Served time in prison (n=300)	Been a victim of crime (last 6 months) (n=345)	Been a victim of domestic abuse (n=91)
No other needs or vulnerabilities reported[a]	2	2	0	0	3	0	1
Current mental health vulnerability	100	91	92	92	88	86	89
Physical health need*	89	100	90	88	87	89	89
Drug need	55	53	100	54	62	54	62
Alcohol need	26	22	25	100	25	25	27
Served time in prison	57	56	68	57	100	57	54
Been a victim of crime (last 6 months)	69	66	73	70	71	100	76
Been a victim of domestic abuse	37	39	46	40	37	44	100

[a-] For these figures, the number of conditions or needs is only calculated from the sample who were asked about all these experiences or needs, which is a maximum of 257 respondents. For the remainder of the needs, this is based on the full sample, except for those marked with *.

* For these support need, the percentage reported is only of the respondents who had the support need or vulnerability and took part in fieldwork waves where this

other need or vulnerability was also asked: physical health needs (n=350), victim of crime (n=528) or domestic abuse (n=257)

3.7 Public service use and other organisations people are in touch with

This section reports the use of public services including respondents' access to health services or substance misuse treatment where needed, any interactions with the criminal justice system and housing support.

3.7.1 Health and substance misuse services

Respondents were asked to self-report, in addition to any health or substance misuse support needs, whether they had accessed any related support services. This included GP surgeries or walk-in centres, emergency services (A&E or ambulances), as well as specified support for physical or mental health or treatment for alcohol or drug misuse. Respondents were asked to report if they had used these services before, and how recently this had taken place, whether in the last three months, year or longer than a year ago. The use of health services is reported in Table 15 below.

Table 15: Health Service use (base size varies)

Health Service use	Ever used (%)	Used within last three months (%)	Used within the last year* (%)	Last used longer than a year ago (%)	Non-response (%)
Health services (n=563)					
Walk-in Service (GP or nurse)	66	38	51	15	5
GP appointment	85	58	69	15	5
GP or Walk-in service	92	70	81	11	3
A&E	76	34	54	23	4
Ambulance	67	24	42	26	5
Physical health *(n=563)*					
Hospital appointment	59	23	36	22	6
Hospital stay	52	15	27	25	5
Current mental health service use (n=462)					
Health appointment	62[a]	28	43	18	2
Hospital stay	27[a]	5	13	14	2
Any treatment for a mental health vulnerability	65[a]	29	45	19	1
Current substance misuse treatment					
Drug treatment (n=177)	66[a]	55	61	10	5

Alcohol treatment (n=129)	63[a]	47	57	13	2

*This includes the number reported to have used the service in the last three months.

[a] Prevalence of mental health or substance misuse services 'ever used' are recorded as a proportion of respondents who have the relevant current or historical mental health (n=478), drug (n=343) or alcohol (n=227) support need. The other figures reflect the proportion of respondents who have the *current* support need. 1% of those with a drug need, and 2% of those with an alcohol need, reported having received the respective treatment without specifying when this occurred.

General health services[36]

The vast majority of respondents reported they were registered with a GP surgery (85%).

The services most frequently reported to have been used in the last three months were appointments at the GP surgery (58%) and walk-in services[37] (38%) which, when these two frontline services are combined were used by 70% of respondents in the last three months. The third most frequently reported service used in the last three months was the A&E (34%). It is not known what events led to the use of these services, whether it was a physical and/or mental health vulnerability issue - however the high levels of health service use might be indicative of the high health support needs seen in these respondents (

[36] Includes both physical and mental health

[37] A GP or Nurse Walk-In centre or service - this can include in day centres, hostels or other services

3.5 Health, substance misuse, and **wellbeing**).

Mental Health Services

As detailed in Chapter 5, the majority of respondents appear to have had a mental health support need at some time in their life (83%). Approximately two thirds of these respondents had received mental health treatment (65%) at some point in their lives either as an inpatient at a hospital, or in the community (for example, from a therapist)[38].

The majority of respondents who reported a current mental health vulnerability had not received mental health treatment recently. Less than a third of respondents with this support need (29%) had received inpatient or outpatient mental health treatment in the last three months.

Drug and Alcohol Treatment

The majority of respondents defined a support need related to drug or alcohol misuse had received support. Two thirds respondents (66%) who currently or historically had a support need related to drug misuse had previously received treatment, and this proportion was similar for those with a support need related to alcohol misuse who had received treatment (63%).

The majority of respondents with a current support need related to drug misuse (55%) and almost half (47%) of respondents with a current support need related to alcohol misuse received treatment in the last three months.

Co-occurring mental health and substance misuse need treatments

For respondents with co-occurring needs, there was a higher prevalence of recent treatment use among those with both a mental health vulnerability[39] and a substance misuse need, than those with just one of these support needs.

Table 16: Mental health and substance misuse treatment (base size varies)

Mental Health[a] or Substance misuse service use within the last three months	Mental health and substance misuse need (n=306)	Mental health vulnerability (n=151)	Substance misuse need (n=31)
Any treatment	68	19	42
Non-response	2	1	23
Mental health treatment	33	19	-
Non-response	1	1	23
Substance misuse treatment	56	-	45
Non-response	2	-	16

[38] This excludes any mental health help accessed in GP appointments

[39] Mental health need is defined differently to elsewhere in the report. Here a mental health need is classified only by whether they reported a mental health condition. This is to prevent including cases classified as having a mental health need because they reported having accessed a mental health need.

Where the numbers are too small to report (under a count of 5) this is marked with a '-'
[a] Mental health need is defined differently to elsewhere in the report. Here a mental health need is classified only by whether they reported a mental health condition. This is to prevent including cases classified as having a mental health need because they reported having accessed a mental health need.

3.7.2 Criminal justice contact

As reported in Chapter 3.4.2, approximately half of respondents had spent time in prison in the past. The majority of respondents who had served time in prison had last been in prison within the last five years (55%). Where respondents had spent time in prison within the last year (15%), they were asked to estimate the total length of time spent in prison over that year[40] (Table 17). The majority of these respondents reported that they spent less than 6 months in prison over the last year (57%) in prison . Forty four per cent of these respondents had been in prison only once in the last year.

All respondents were also asked to report other interactions with the police or wider criminal justice system. Approximately 37% of respondents reported some involvement with the police through cautions or arrests, or had been convicted in the last year. This is detailed further in the table below. Almost half (48%) had had no interaction with the criminal justice system within the last year.

Table 17: Involvement with the criminal justice system in the last year (n=563)

	All respondents (%)	Of those with recent experience (%)
Caution, arrest and/or convictions		
Cautioned, Arrested and Convicted in the last year	7	-
Cautioned, Arrested or Convicted in the last year	37	-
Neither Cautioned, Arrested nor Convicted in the last year	54	-
Non-response	8	-
Cautions		
Cautioned in the last year	15	-
Non-response	10	-
Arrests		
Arrested in the last year	31	100
Non-response	9	-
Number of times arrested in the last year		
Arrested once in the last year	*12*	*37*
Arrested twice in the last year	*7*	*21*

[40] Where respondents may have spent more than one instance in prison within the last year, they were asked to sum the total amount of time spent in prison across all instances.

Arrested three times in the last year	*6*	*19*
Arrested more than 3 times in the last year	*6*	*20*
Not arrested in last year	60	-
Non-response	10	3
Convictions		
Convicted in the last year	20	100
Non-response	*10*	-
Number of times convicted in the last year		
Convicted once in the last year	*10*	*50*
Convicted twice in the last year	*3*	*16*
Convicted three times in the last year	*4*	*18*
Convicted more than 3 times in the last year	*2*	*11*
Not convicted in last year	71	-
Non-response	11	6
Prison		
When last spent time in prison		
In the previous year	15	29
Between 1-5 years ago	14	26
Over 5 years ago	17	32
Never been to prison	47	-
Non-response	7	12
Length of time spent in prison in previous year		
Less than a month	2	11
Spent 1-3 months in prison in the previous year	3	21
Spent 3-6 months in prison in the previous year	4	25
Spent more than 6 months in prison in the previous year	4	28
Not been to prison[a]	77	-
Non-response	9	15
Number of times been in prison in the last year		
Once	7	44
Twice	3	16
Three or more times	2	10
Not been to prison[a]	77	-
Non-response	12	30
No criminal justice contact[b]	48	-
Non-response	2	-

[a] This includes respondents who have never been to prison, and those who have been to prison but not in the last year.

[b] Not reported experiencing a caution, arrest, conviction in the last year and had not spent time in prison in the last year.

3.7.3 Housing support

Respondents were asked whether they had visited their local authority for help with housing in the past, depicted in Table 18. The majority of respondents had been to their local authority within the last year (64%).

Table 18: Whether sought help with housing from their Local Authority when homeless or experiencing housing issues (n=563)

Local Authority	Ever sought help (%)	Sought help in the last three months (%)	Sought help in the last year [a] (%)	Last sought help longer than a year ago (%)	Non-response (%)
Been to the local Authority for help with housing	75	41	64	11	5

[a] This include the 41% who had been to the Local Authority within the last three months

Almost a quarter of respondents had been to the local authority once in the last year, and another quarter had visited their Local Authority between two and five times in the last year (Table 19). It is not known whether these were visits to the same or to different Local Authorities.

Table 19: Number of times respondents sought help with housing from their Local Authority in the last year (n=563)

Number of times sought help from Local Authority	Prevalence (%)
Once	23
2-5 times	25
6-10 times	5
More than 10 times	9
None	36
Non-response	2

3.7.4 Wider support and services

Respondents were asked to report which services or organisations they had been in touch with at any time while experiencing homelessness or housing issues[41]. Table 20 below highlights the different services most commonly visited while experiencing homelessness or housing problems. The two most common services were homeless organisations (80%) and council housing services (65%).

[41] This question was altered in the last wave of fieldwork to focus on organisations they were in touch with while sleeping rough (rather than any state of homelessness or housing issues). These responses have been excluded.

Table 20: Types of organisations respondents reported they have ever in contact with while experiencing homelessness or housing problems (n=488)

Types of services engaged with	Prevalence [a] (%)
Homelessness organisations	80
Housing Officer or council one-stop shop	65
Food bank	44
Health professional	43
Job Centre Plus Staff	41
Drug or alcohol treatment worker	36
Soup Run	31
Housing association	29
Police	29
Probation Officer	27
Social Worker	16
Citizen's Advice Service	15
Prison Officer	12
Religious representative	11
Education	6
Other services	2
No-one	1
Non-response	*5*

Respondents who had stayed in accommodation[42] the previous night were also asked to report which services (if any) had assisted them in finding that prior night's accommodation. Table 21 highlights that almost half of respondents cited homeless organisations as helping to find accommodation[43] (49%).

The majority (61%) of respondents who reported staying in long term settled accommodation last night (n=67) cited a homeless organisation as helping them to find this accommodation, this compared to 46% for those in short term accommodation (n=320). However despite this difference, this was the most common source of help cited by both groups.

Table 21: Types of organisations that helped respondents find their current accommodation, and in relation to type of accommodation stayed in last night. respondents who stayed in accommodation last night (n=437[A])

Types of services	All (n=437) (%)	Short term homeless accommodation (n=319) (%)	Long term accommodation (n=67) (%)
Homelessness organisations	49	48	64

[42] Not asked to people who slept rough, or stayed in prison or a hospital

[43] It is possible that respondents may have been influenced by completing the questionnaire with the support of staff members from homelessness services or local authorities.

Housing Officer or council one-stop shop	21	22	19
Drug or alcohol treatment worker	5	3	12
Social Worker	3	3	-
Housing association	3	2	7
Probation Officer	3	2	9
Health services	2	2	-
Other services	11	12	12
None/No-one helped me	13	15	-
Non-response	5	5	-

[A] Only asked to respondents after first wave of fieldwork and only to those in accommodation, so sample is reduced.
Where responses have fewer than a count of 5, this is not reported and marked with a - .

All respondents were asked whether they had a positive experience with any service in the last twelve months. Approximately 57% had had a positive experience, 27% hadn't, and 16% didn't respond[44]. More detailed analysis of the open-text responses, including the elaboration about these positive or negative experiences can be found in the Annex.

3.7.5 Social support

Respondents were asked about their social support networks. Half of respondents reported having someone in their life they could count on in a crisis and similar levels reported they had someone to talk to (Table 22). However, a high number reported frequently feeling lonely (often or always, 43%, Figure 13). Almost a fifth of respondents were currently in relationships (19%), and 53% were parents. A subsample of respondents were asked whether they had positive relationships with their family and 56% reported at least one family member they were in positive contact with.

To compare this response to the general population reported elsewhere[45], respondents answers to the loneliness question were analysed without non-response answers. Forty six per cent[46] report often or always feeling lonely, in contrast to only 6% the national average who reported feeling this way.

[44] It is possible that respondents may have been influenced by completing the questionnaire with the support of staff members from homelessness services or local authorities.
[45] Community Life Survey, 1028/19, https://www.gov.uk/government/statistics/community-life-survey-2018-19
[46] This figure excludes non-response, which is a different approach to descriptive statistics reported elsewhere in the report, in order to make this comparable to the national statistics on loneliness. Table Figure 13 presents prevalence including non-responses.

Figure 13 *Respondents responses to how often they feel lonely (n=497)*

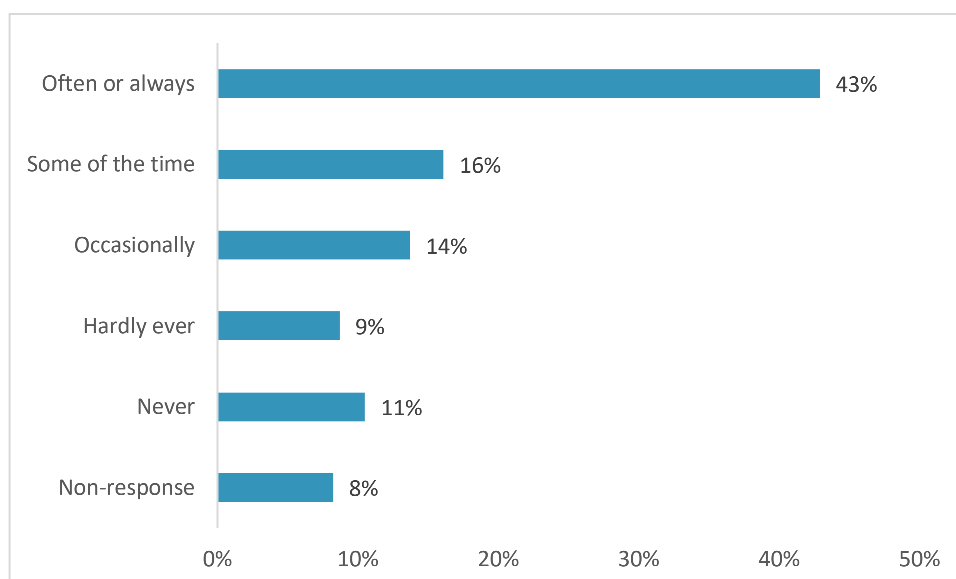


Table 22: Respondents reported social support (n=497)

	Prevalence (%)	Non-response (%)
Has someone to listen to them when they need to talk[a]	57	5
Has someone to count on in a crisis[a]	50	5
In contact and positive relationship with a relative (n=257)[b]	55	9

[a] These questions were altered midway through fieldwork to remove reference to any case worker within a service the respondent may be accessing. It had previously asked respondents whether there was someone ‘other than project staff/their key worker’.

[b] This question was added part way through the fieldwork period and so only to a subsample of respondents

3.8 History of employment and welfare

This section reports on respondents answers about their employment history and current and previous welfare benefits.

3.8.1 Employment, experience and skills

Respondents were asked to report their experiences of paid employment both at the time of completing the questionnaire and previously (Table 21). While most (80%) had previously been employed, the vast majority (93%) were not in employment at the time of completing the questionnaire. Where respondents were previously employed, in most cases (73%) it had been at least a year since they were last employed.

The difference in the proportion employed between the UK national (n=458) and non-UK national (n=96) samples was statistically significant; approximately 4% of UK nationals were currently employed compared to 17% of the non UK sample. Non-UK national respondents were more likely to have been in employment within the last year (57%) compared to UK-national respondents (21%).

Approximately 5% of respondents had spent any time in the armed forces (n=27) and 52% of these respondents reported that they had served in the army in the last ten years.

Table 23: Respondents reported employment and related experiences (n=563)

	Full sample Prevalence (%) (n=563)	UK Nationals (n=458)[A]	Non-UK Nationals [A](n=96)
Employment experience			
Currently employed	7	4***	17***
Non-response	5	4	8
Ever been employed	80	78	86
Non-response	6	2	2
Length of time since employment (n=411)[b]			
Less than a year	28	21***	57***
More than a year	66	72***	40***
Non-response	6	7	3
Sources of income other than employment			
Welfare benefits	79	89***	31***
Begging	6	6	7
Other	6	5	7
Non-response	4	3	7

Has an educational or vocational qualification (n=257)	58	57*	61*
Non-response	7	5	6
Served in the Armed Forces	5	6	-
Non-response	7	7	-

*Statistically significant at p<0.05
**Statistically significant at p<0.01
***Statistically significant at the p<0.001
[A] 9 respondents did not provide their nationality so the breakdown by UK and non-UK nationalities do not sum to the total 563 respondents included in the first column.
[b] Of the respondents who had ever been employed.

A sub-sample (n=337) of respondents provided details of their previous employment. The word cloud below highlights these jobs.

Figure 14 *Word Cloud of previous job titles (n=337)*

A question was added at a later wave of fieldwork asking respondents about any educational or vocational qualifications they may hold. Of those asked (n=257), 58% reported that they had a qualification and of those that provided details (n=168), the most common levels were NVQs (n=27), GCSEs (n=31) and Degrees (n=16) and

subjects were Maths (n=12) and English (n=12). Below are two word clouds detailing the types of qualifications reported.

Figure 15 Word Cloud of subjects of qualification (n=77)

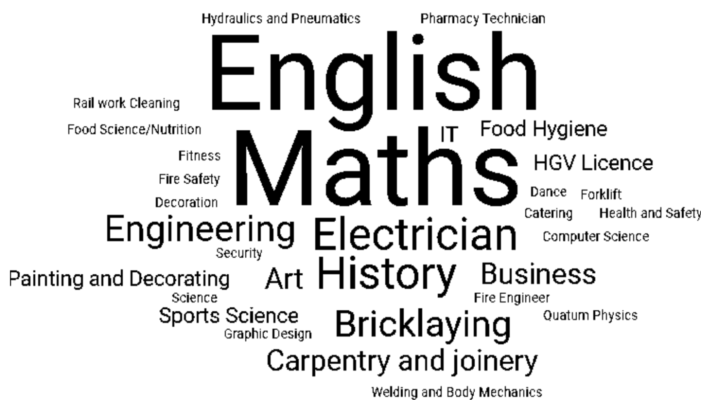


Figure 16 Qualifications types (n=119)

3.8.2 Welfare benefits

As shown in Table 23 above, the most commonly cited current source of income by respondents was welfare benefits (79%), a further 9% were not currently on benefits but reported they had previously received benefits and a smaller figure of respondents reported having never received benefits (8%). There are large differences between UK and non-UK national respondents and whether they reported currently receiving welfare benefits (Table 23).

Table 24 depicts the types of benefits the respondents[47] received, for all respondents except those who took part in the first wave of fieldwork.

[47] The prevalence of Housing Benefit may be underreported as respondents staying in hostels and similar short-term homeless accommodation will be in receipt of this benefit, but may not be aware.

Table 24: Types of benefits respondents reported currently in receipt of (n=563)

Status	Prevalence (%)
Currently in receipt of benefits	79
Currently or historically received benefits	88
Never received benefits	9
Non-response	5
Benefit Type currently receiving (n=527)[a]	
Universal Credit	50
Housing Benefit	35
ESA	23
Disability Benefits	12
JSA	2
Pension	2
Income Support	1
Non-response	21

[a] Questions on the types of benefits was added after the first wave of fieldwork.

Chapter 4: Annual fiscal cost of individuals who sleep rough

The analysis presented in this section has been developed to provide estimates of the annual costs of rough sleeping. Our analysis is measured through the use and cost of services for individuals who sleep rough. This includes: healthcare, emergency services and the criminal justice system.

In 2012, the Department for Communities and Local Government (DCLG) published an evidence review of the costs of homelessness.[48] This paper provided an overview of evidence held by Government and other organisations, including that already published, of the magnitude of financial costs to Government arising from homelessness.

In 2018, the Ministry of Housing, Communities and Local Government (formerly DCLG) published the Rough Sleeping Strategy[49] which included a short summary of the best available evidence on the costs of sleeping rough – specifically referencing the 2015 Hard Edges report by Professor Glen Bramley et al which provided estimates of the costs of rough sleeping. This analysis in this section adds to the existing evidence base.

4.1 Methodology

This analysis gives an indication of the cost to public services of individuals that sleep rough but does not identify a causal relationship. More information on the methodology is included in the Annex.

This analysis used data from UK national respondents who have slept rough within the previous year and had taken part in 2019, which reduces the sample size from 563 used elsewhere in the report to a sample size of 395 respondents. The methodology involves combining the service usage of public services of these individuals with unit cost data, predominantly from the unit cost database (UCD) published by the Greater Manchester Combined Authority (GMCA) in 2019.[50]

This analysis only represents fiscal costs; there is also a considerable personal cost to rough sleeping (for example cost to wellbeing) which has not been captured. These costs also exclude welfare benefits as the questionnaire did not collect information on the amount of benefits respondents received. Initial piloting of such questions in earlier research were found to have high rates of missing answers so were excluded from the RSQ in 2019-2020.

[48]https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/7596/2200485.pdf
[49] https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/733421/Rough-Sleeping-Strategy_WEB.pdf
[50] https://www.greatermanchester-ca.gov.uk/what-we-do/research/research-cost-benefit-analysis/

The overall cost across all individuals was calculated. Further, the 395 respondents were divided between those with different numbers of support needs. Support needs here are defined as:

- a current drug misuse need,
- a current alcohol misuse need, and/or
- a current mental health vulnerability

Respondents were split between those with none or one self-reported need or vulnerability (in addition to homelessness) and those with two or three of these support needs or vulnerabilities. Respondents grouped into the former category may still have one or more of these needs listed above but did not report them in the questionnaire.

4.2 Results

The estimated average annual fiscal cost of an individual that sleeps rough was £12,260. This was higher for those with the higher number of needs or vulnerabilities (£15,350) compared to those with none or one of the listed support needs (£7,000).

In their 2015 Hard Edges report, Professor Glen Bramley and co-authors estimated the cost to public services of an average adult was (approximately £3,100[51]). This remains the best available evidence of the cost of average adults to a comparable range of services.

Figure 17 *Annual fiscal costs of individuals who sleep rough, split by level of need (n=395)*

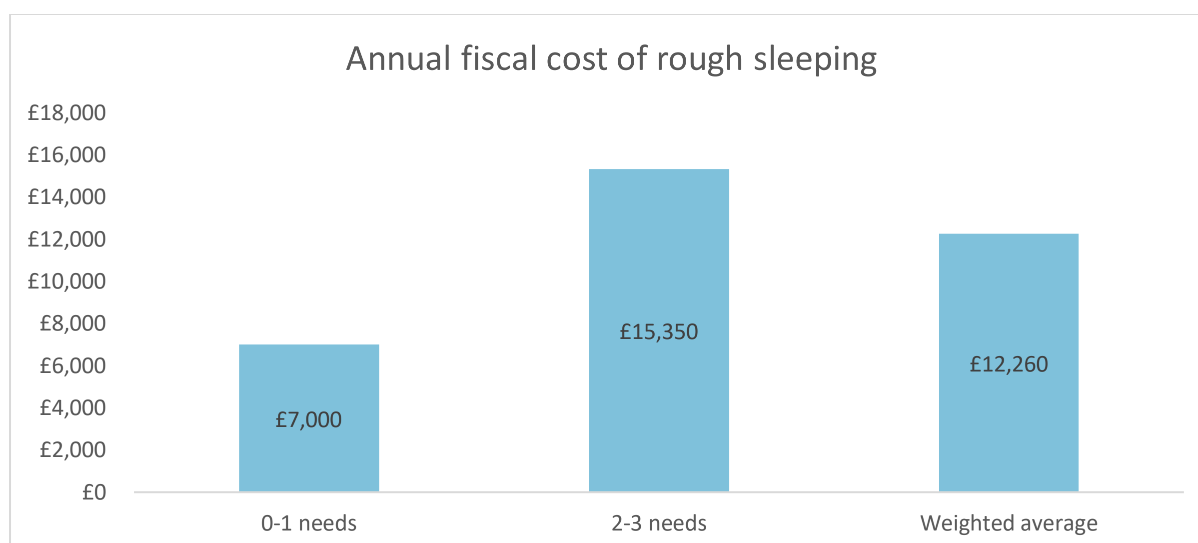


Table 25 shows the estimated annual costs broken down by the different public services and for the different levels of need. The greatest estimated cost was to the prison service, followed by health services relating to physical health.

[51] 2014/15 Prices. Excluding benefits

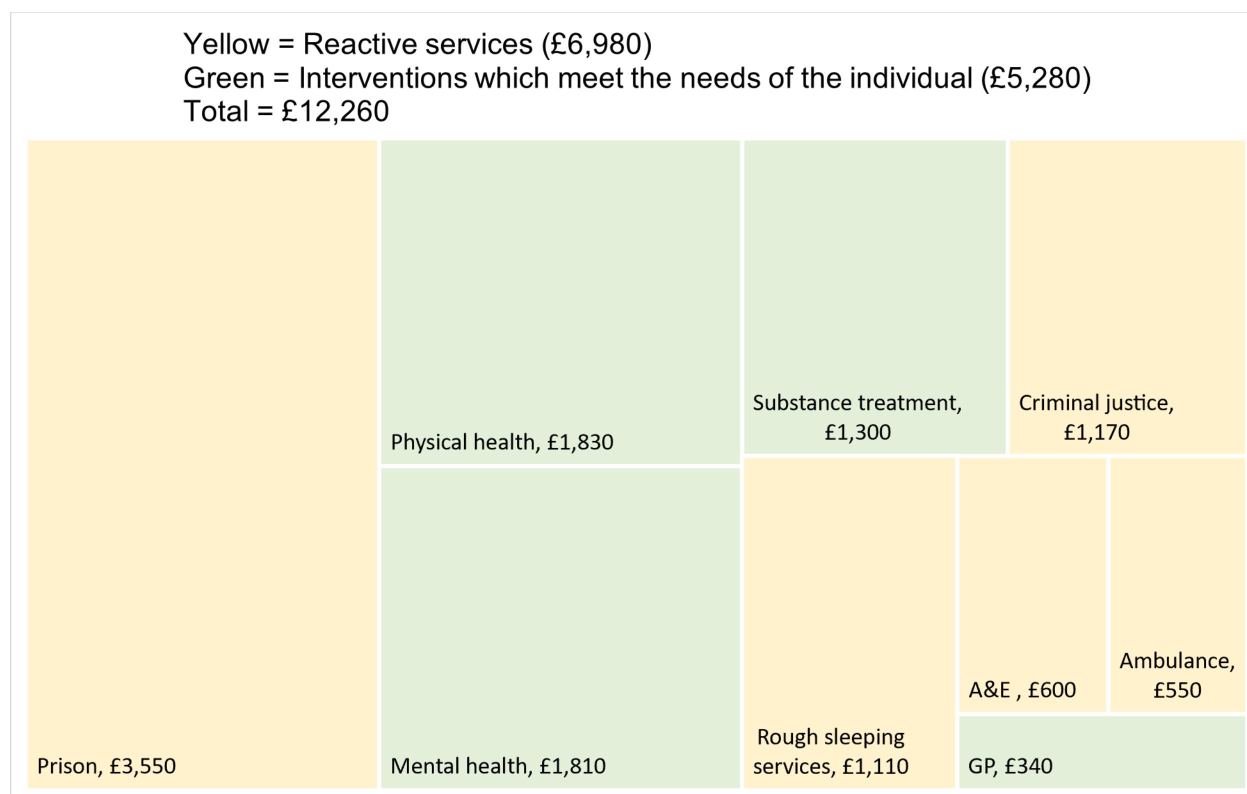
Table 25: Breakdown of annual fiscal cost by public service area[52]

Service	0-1 needs	2-3 needs	Weighted average
Prison	£2,240	£3,710	£3,550
Physical health	£1,310	£2,240	£1,830
Criminal justice	£530	£1,570	£1,170
Substance treatment	£230	£1,960	£1,300
Rough sleeping services	£1,510	£1,610	£1,110
A&E	£500	£810	£600
Ambulance	£370	£760	£550
Mental health	£50	£2,270	£1,810
GP	£260	£420	£340
Total	£7,000	£15,350	£12,260

Figure 18 below shows these costs coded as either reactive, that is, services used in response to negative events that have already occurred; or as proactive, to capture services that can help address issues and support needs to avoid worse outcomes in the future.

[52] Totals may not match exactly due to rounding

Figure 18 *Demonstration of the split of the costs between reactive and proactive service costs (n=395)*



Non-fiscal and wellbeing costs

Fiscal costs alone do not represent the total cost of rough sleeping. There are non-fiscal costs associated with health and crime, and there are also costs to the individual measured through their wellbeing. Table 26 demonstrates the additional non-fiscal costs, currently only calculated for health and crime.

Using the same methodology as published in the unit cost database on non-fiscal costs, the additional cost would be £1,160 for individuals with 2-3 support needs or vulnerabilities and £210 for individuals one or no additional support needs or vulnerabilities. The weighted average would be £800. However, further work is needed to understand non-fiscal costs across a broader range of services.

In addition, further work is needed to fully quantify the wellbeing costs to the individual of rough sleeping[53]. The most common valuation method for this is through Quality Adjusted Life years (QALYs) which is a way of understanding health related quality of life in the health sector.

[53] Lewer et al (2019) compared and quantified outcomes on long term health conditions and health related quality of life of the homeless population with those that are housed. Whilst this work was not specifically measuring the impact to the individual of rough sleeping, it serves as useful initial look at using QALYs to compare homeless and housed groups. https://bmjopen.bmj.com/content/9/4/e025192

Table 26: Fiscal and non-fiscal costs

	0-1 needs	2-3 needs	Weighted average
Fiscal	£7,000	£15,350	£12,260
Non-fiscal costs	£210	£1,160	£800
Total	£7,210	£16,510	£13,060