



Public Health  
England

Protecting and improving the nation's health

# Health Matters





# Health Matters

# Rough sleeping

## 1. The causes of homelessness and rough sleeping

The causes of rough sleeping are typically described as either structural or individual. Structural explanations locate the causes of homelessness in broader forces, and individualist explanations focus on the personal vulnerabilities and circumstances of people who experience rough sleeping.

Homelessness is often the consequence of a combination and culmination of these factors, which can be interrelated and reinforced by one another. Causes and relationships between these factors vary across the life course.

Ill health can be both a cause and consequence of homelessness, although it is not always identified as the trigger of homelessness. For example, ill health may contribute to job loss or relationship breakdown, which in turn can result in homelessness.

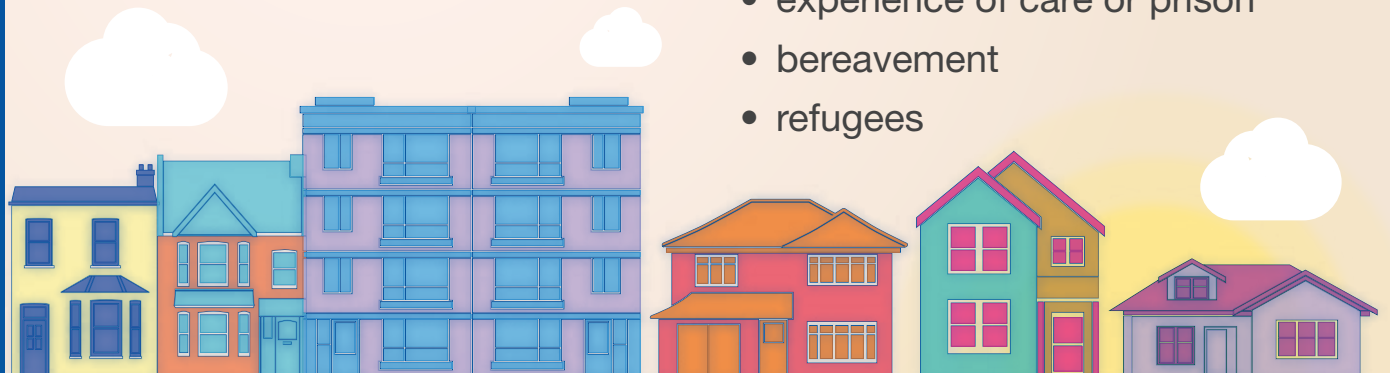
The causes of rough sleeping are typically described as either structural or individual factors. These can be interrelated and reinforced by one another.

### Structural factors include:

- poverty
- inequality
- housing supply and affordability
- unemployment or insecure employment
- access to social security

### Individual factors include:

- poor physical health
- mental health problems
- experience of violence, abuse and neglect
- drug and alcohol problems
- relationship breakdown
- experience of care or prison
- bereavement
- refugees





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### 2. What the statistics are telling us

Official estimated numbers of people who experience rough sleeping have increased by 165% since 2010 to 4,677.

However, research from Crisis estimates that more than 8,000 people were sleeping rough across England in 2016. This is predicted to rise to 15,000 by 2026, if nothing changes.

People who experience rough sleeping face a higher likelihood of dying from injury, poisoning and suicide.

In 2017, there were an estimated 597 deaths of homeless people in England and Wales, a figure that has increased by 24% over the last 5 years. Men made up 84% of these deaths.

In autumn 2018, **4,677 people** were estimated to be sleeping rough on a single night in England



2%

decrease since 2017, when there was a total of

**4,751**



165%

increase since 2010, when there was a total of

**1,768**

Source: MHCLG Rough Sleeping Statistics, 2018



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## 3. Who is sleeping rough?

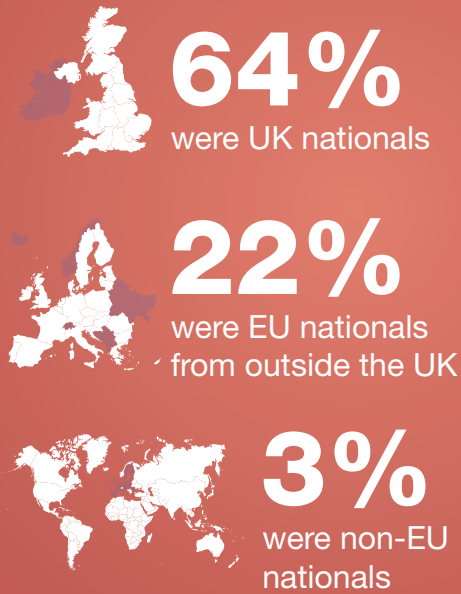
In the 2018 counts and estimates, 84% of people were men, while 14% were women (gender for the remaining 2% was unknown). 80% were aged over 25 years. 64% were UK nationals; 22% EU nationals and 3% non-EU nationals.

Research suggests that there has been an upward trend of women sleeping rough over time, in both proportional and absolute terms. The life expectancy for women who sleep rough is lower than that of men who sleep rough.

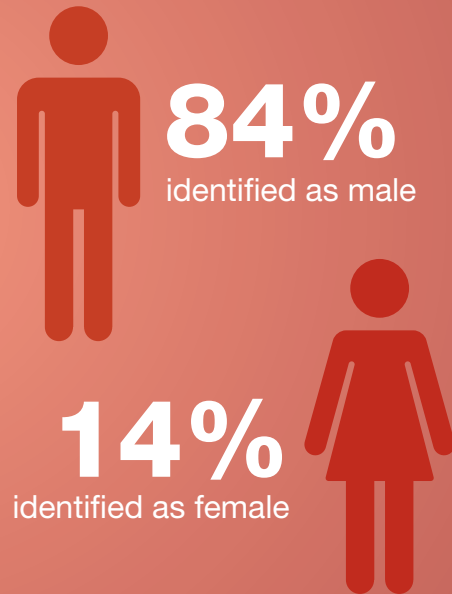
Rough sleeping is unevenly distributed across the country, with trends showing that it has increased in many different areas across the country. The largest increases since 2010 have been in urban areas, with rural areas and some seaside towns seeing smaller increases.

## The demographics of people who sleep rough

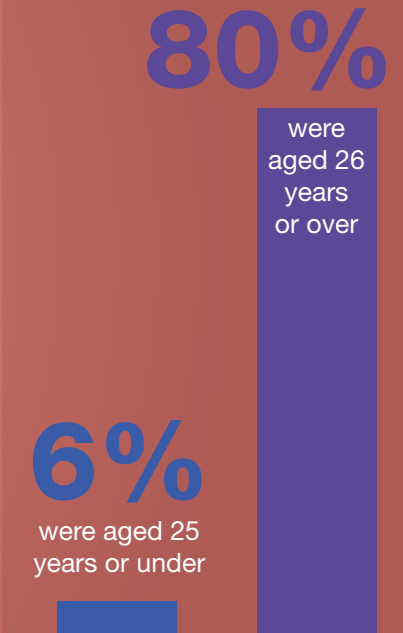
### In terms of nationality



### In terms of gender



### In terms of age



Data from autumn 2018 in England



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## 4. The physical and mental health needs of people who experience rough sleeping

People who sleep rough experience some of the most severe health inequalities and report much poorer health than the general population. Many have co-occurring mental ill health, drug and alcohol dependence and physical health needs, and have experienced significant trauma in their lives.

Evidence has shown that, compared with the general population, common mental health conditions are over twice as high among people who experience homelessness, and psychosis is up to 15 times as high. Of the people seen sleeping rough in London in 2017-18, 50% reported mental health needs.



# 20%

of people seen sleeping rough had **no alcohol, drugs or mental health support needs**

### ALCOHOL MISUSE



# 42%

of people seen sleeping rough had alcohol misuse needs

### MENTAL HEALTH



# 50%

of people seen sleeping rough had mental health needs

### DRUG MISUSE



# 41%

of people seen sleeping rough had drug misuse needs



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### 5. Call to Action

The government's Rough Sleeping Strategy states that: 'Our vision is that by 2027 all parts of central and local government, in partnership with business, the public and wider society are working together to ensure that no-one has to experience rough sleeping again'.

As well as the cost to the health of people experiencing rough sleeping, people experiencing rough sleeping incur greater costs to the wider public purse than the general population.

Ultimately, the call to action for all concerned, including leaders in health and social care systems, to address the significant health inequalities experienced by people sleeping rough is the prevention and ending of homelessness.

### Why invest?



Estimated costs of rough sleeping to the public purse is between

**£14,300**

and **£21,200**

**per person  
per year**

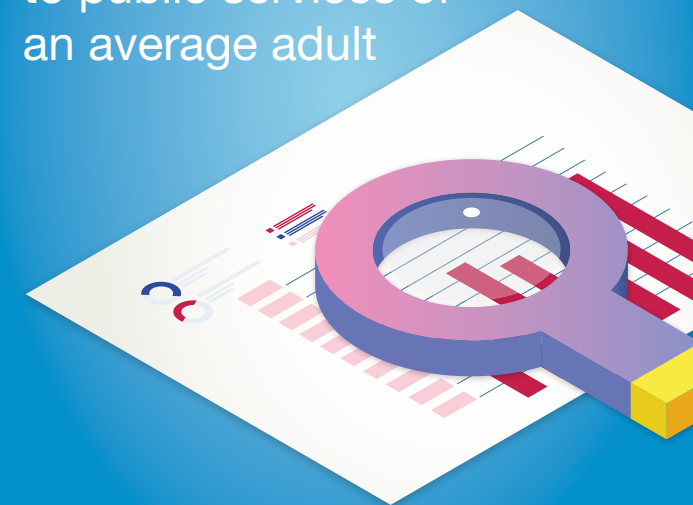
This is

**3 to 4 times**

the average cost of

**£4,600**

to public services of an average adult



Source: Hard Edges report, 2015