

Review of homelessness in Brighton & Hove 2025

Contents

Introduction	1
Key findings and recommendations.....	3
Context	11
Definitions	11
The legal and policy context.....	12
City population profile.....	20
The broader determinants of homelessness	21
Data on homelessness and rough sleeping in the city	27
Homelessness approaches and applications	27
Reasons for loss of settled home	31
The main housing duty	32
Households in temporary accommodation	33
Access to settled housing.....	37
Rough sleeping	38
Hidden homelessness	41
Who experiences homelessness?	42
Support needs of people experiencing homelessness	48
Health and homelessness	49
Activities and services to address homelessness and rough sleeping	56
Services provided or commissioned by the council	56
Services provided by the voluntary, community and social enterprise sector	66
Homeless healthcare services.....	67
Services for people with Multiple Compound Needs	68
Resources	71
Partnership arrangements	71
Involvement and co-production	72
Funding.....	73
Future cost pressures	74
Evidence submitted for the review.....	78
What people with lived experience of homelessness told us	78

What those working in the sector told us	83
References and sources of data and evidence	95

Introduction

Much has changed since the last homelessness and rough sleeping review for Brighton & Hove was undertaken in 2019, including the Covid-19 pandemic, a rapid rise in the cost-of-living, and a housing crisis that has intensified over time. In 2023 a new city council was elected which put ‘homes for everyone’ at the centre of its vision for a better Brighton & Hove for all.

Analysis by Shelter in 2024 indicated that homelessness affects around 1 in 77 people in Brighton & Hove (3,580 people or 1.3% of the city’s population).¹ They estimated that at the end of June 2024 there were 3,528 people homeless and living in temporary accommodation and a further 52 people sleeping rough. They also estimated that there were 1,411 homeless children in the city at that point: almost 40% of the total homeless population. Most of these children are living in temporary accommodation. At the end of 2024, 47% of households in temporary accommodation contained children.

Homelessness applications have been rising since 2021. In 2024, 2,624 households approached the council for homelessness advice and support either because they were at risk of homelessness or because they were homeless. Of these 2,366 made a homeless application. The number of households approaching the council after they had already become homeless also rose from 993 in 2021 to 1,230 in 2024.

If homelessness cannot be prevented the council may have an on-going duty to help applicants find a settled home if they are eligible, have a priority need and other tests are met. This is called the main housing duty. Those with priority need include pregnant women, families with children, and those who are homeless because of domestic abuse or due to an emergency such as a fire or flood or who are vulnerable in other ways. Households accepted as owed a duty under the main housing duty have more than doubled over the last 5 years with 616 acceptances in 2024 compared to 261 in 2020.

While people’s homeless applications are being processed or while they are waiting to be rehoused, they may be placed in temporary accommodation. After falling between 2020 and 2022, the use of temporary accommodation by the council has again risen, with 1,928 households living in temporary accommodation at the end of 2024.

Rough sleeping is also rising. The rate of rough sleeping in Brighton & Hove was 20 per 100,000 population in October 2020. The rate in March 2025 was 30 per 100,000. Brighton & Hove has the joint 19th highest rate of rough sleeping in England.

¹ Shelter, 2024, At least 354,000 people homeless in England today, https://england.shelter.org.uk/media/press_release/at_least_354000_people_homeless_in_england_today

Data from a recent audit of people with Multiple Compound Needs indicates that there were 704 people in contact with services who were experiencing homelessness with 2 or more other compounding needs (mental health, substance misuse, domestic violence, history of offending).

The review of homelessness in Brighton & Hove is part of developing a new homelessness and rough sleeping strategy for the next 5 years. It aims to give a picture of homelessness in the city and identifies some of the issues and challenges the new strategy will need to address.

The review considers:

- the national and local context
- current levels of homelessness in the city and future estimates
- existing activities to prevent homelessness, secure accommodation for those experiencing homelessness and to provide support to households experiencing or at risk of homelessness
- the resources available to the council and other organisations to address homelessness

The review draws on quantitative information on homelessness collected by the council and its partners. Data cited is from the 5 calendar years from 1 January 2020 to 31 December 2024 unless otherwise stated. Figures for 2020, and to some extent 2021, are likely to have been skewed by the impact of the Covid-19 pandemic.

The review also contains qualitative evidence and insights from our partners including people with lived experience of homelessness, frontline workers and service providers across the city. All contributors have offered constructive challenge and feedback and have worked with us to identify the issues the new homelessness and rough sleeping strategy must address.

Our thanks to all of those who have contributed to this review.

Key findings and recommendations

This section summarises key findings from our review. The recommendations here are intended to be strategic and to inform the development of the new homelessness and rough sleeping strategy. There are other findings in the body of the review that may be relevant for commissioning and service improvement purposes.

Prevention

National and local evidence demonstrates that prevention works when deployed effectively – in Brighton & Hove 66% of prevention duties ended with positive outcomes in 2024. However, the council is seeing fewer people before they become homeless, with prevention assessments falling from 854 in 2023 to 594 in 2024. People with lived experience reported feeling ‘isolated, unsupported, unsure of where to go’ and said they faced barriers in accessing help before they became homeless.

Recommendation 1: Over the life of the strategy, work to shift the focus of prevention activity ‘upstream’ to identify individuals and households at risk and offer advice and practical support before they reach crisis point.

Moving prevention activity 'upstream' requires working with partners across health, social care, criminal justice, education, and voluntary sectors to identify people at risk of homelessness earlier. This should include improved use of data, including predictive analytics, training for frontline workers in universal services to recognize homelessness risk, and clear referral pathways.

Recommendation 2: Develop frontline partnership working, including through the duty to refer, and strengthen the approach to hidden homelessness.

While 517 referrals were made through duty to refer between 2020-2024, this represents significant untapped potential. Based on national evidence, women and young people are likely to be under-represented in council data, with many oscillating between different forms of insecure housing and homelessness and some not approaching the council for support. Targeted outreach and engagement approaches, combined with strengthened partnerships with universal and specialist services including employment, education and training, community safety and health and social care services.

Recommendation 3: Improve accessibility and coordination of advice services and reduce barriers to seeking help

People with lived experience of homelessness highlighted difficulties accessing support, including problems contacting the council, lack of clear information about processes and rights, and having to repeat their stories multiple times. A coordinated approach with clear access points, improved communication, and ‘no wrong door’

principles would enable earlier intervention and prevent people reaching crisis before accessing help.

Recommendation 4: Strengthen prevention and early intervention with key at risk groups including, people leaving institutions, care settings, including the asylum system and supported housing, and people fleeing domestic abuse.

The data shows that some groups are significantly over-represented among those experiencing homelessness. Discharge planning from institutional care, crisis support for those fleeing their homes and targeted early intervention can prevent homelessness and rough sleeping, with specialist protocols in place for at-risk groups.

Recommendation 5: Implement rapid response systems to prevent entrenched rough sleeping through fast-track access to assessment and accommodation.

With almost a third of people experiencing rough sleeping being new each month, rapid intervention can prevent entrenchment. This should include assertive outreach, improved assessment processes, rapid access to accommodation, and intensive early support to address the factors that led to rough sleeping. Eviction from temporary and supported accommodation due to unaddressed support needs can lead to cyclical or long-term rough sleeping.

Temporary accommodation

The number of households in temporary accommodation has risen over the last two years with 1,928 households at the end of 2024. As well as rising demand, there is a limited supply of suitable accommodation and escalating costs. The use of more expensive spot-purchased accommodation has also increased, with numbers rising from 114 to 379 units between 2022 and 2024. Move on from temporary accommodation is also an issue with a lack of suitable properties for private or social rent. Some people with lived experience reported feeling unsupported after move-on and highlighted an issue with a 'revolving door' of repeat homelessness for those whose support needs meant they were unable to sustain tenancies in settled accommodation.

There are also problems ensuring a supply of good quality temporary accommodation that is suitable for people's needs within the city. People with lived experience and frontline support workers described properties that were 'damp and in need of repairs', lacking basic facilities, and feeling unsafe. Others highlighted that placement outside the city meant that their access to services, employment, education, and support networks were disrupted. The Health Counts survey found those in temporary accommodation were more likely to report poor mental health, feeling unsafe, and facing housing quality issues including damp, cold, and mould. These issues appear to relate mainly to interim placements (formerly known as emergency accommodation).

Recommendation 6: Implement a comprehensive approach to reducing the use of temporary accommodation over the life of the strategy focusing on prevention, the supply of suitable accommodation, and accelerated move-on. This should have short, medium and long-terms goals, with an immediate goal of tackling rising costs to stabilise the system.

A projected 40% increase in net costs over the next two years demonstrates the unsustainability of current trends. A coordinated strategy should include prevention measures to reduce inflow, increased supply of suitable accommodation to meet both immediate needs and ensure improved quality in the long-term, and systematic approaches to accelerate move-on to settled housing. This requires a whole system approach given the housing supply and affordability challenges. It will also require difficult financial decisions in the short-term to stabilise the system and ensure longer term sustainability.

Recommendation 7: Improve standards for all temporary accommodation with a focus on interim accommodation.

The evidence from people with lived experience and health data indicates quality issues in some forms of temporary accommodation that impact health and other outcomes. This includes ensuring accommodation meets the specific needs of different household types. The expected extension of the Decent Homes Standard to private rented sector properties should facilitate this but enforcement may require additional resourcing.

Recommendation 8: Reduce reliance on spot-purchased accommodation through increased block-booking and direct provision

The significant increase in higher cost spot-purchased units highlights the financial unsustainability of current approaches. Developing longer-term arrangements with private landlords and increasing council-owned stock would provide better value for money and improved accommodation standards while reducing use of less suitable accommodation types, especially the use of B&B accommodation.

Recommendation 9: Improve our understanding of the support and service needs of people living in temporary accommodation through a comprehensive needs assessment.

Local Health Counts data indicate that there are significant health inequalities for those living in temporary accommodation. It does not consider the impact on children nor the impact on other outcomes such as employment, education and training. National evidence indicates that these are significant. Local specialist provision for people living in temporary accommodation is limited with most services focused on single homelessness and rough sleeping.

Providing support

Most people experiencing homelessness have one or more support needs. The most common needs amongst those owed a relief duty include mental health needs (affecting 35% of those owed a relief duty), physical ill health and disability (22%), and substance use (12% drug, 10% alcohol).

More people are approaching the council with higher levels of need or with more complex needs. People with multiple compound needs are a particularly vulnerable group, with 704 people identified as experiencing homelessness with 2 or more other support needs. People sleeping rough often have the highest level of need, with complex and intensive support intervention needed. The current service landscape includes comprehensive provision but there are challenges with coordination, capacity, and sustainability. This includes existing day centre and supported housing models which should be reviewed.

Recommendation 10: Work with partners to develop integrated care pathways for people with multiple compound needs, including reviewing Housing First approaches for those with histories of long-term and repeat rough sleeping.

The independent evaluation of Changing Futures Brighton & Hove provides a clear framework for developing integrated support for the most vulnerable. This should include the planned Multiple Compound Needs Integrated Community Team with trauma-informed approaches. The existing Housing First service accommodates 60 people but could be expanded if financially viable given the evidence of its effectiveness for those with complex needs and histories of rough sleeping.

Recommendation 11: Strengthen mental health and substance use support with better integration between homelessness, health, and specialist services.

With mental health problems affecting significant proportions of people experiencing homelessness and substance dependency being a major issue, better integration is needed between housing, health, and specialist services. This should include improved pathways, shared protocols, co-located services where appropriate, and enhanced partnerships with health services to address the healthcare needs of people experiencing homelessness.

Recommendation 12: Expand trauma-informed approaches across all homelessness services with enhanced peer support and lived experience involvement in service design and improvement.

The evidence shows high levels of trauma among people experiencing homelessness, including domestic abuse, adverse childhood experiences, and repeated homelessness. All services should adopt trauma-informed approaches, with staff training and service design reflecting understanding of trauma's impact on engagement

and recovery. This should include expanded peer support roles and systematic involvement of people with lived experience in service design and delivery.

Recommendation 13: Ensure that appropriate pathways and protocols are in place for those more vulnerable if they become homeless.

This includes care leavers, 16–17-year-olds, pregnant women, families with children, domestic abuse survivors, refugees and asylum seekers, LGBTQ+ people and other groups including people with mental health needs, those experiencing frailty, long term ill health or disability, to ensure coordinated assessment and support pathways.

Children, families and young people

Children (0-17) are disproportionately overrepresented amongst those experiencing homelessness. There were around 1,400 homeless children in June 2024, representing almost 40% of all homeless people in the city. Children make up about 17% of the city's population. At the end of 2024, 47% of households in temporary accommodation contained children. The number of young people aged 16-24 accepted as owed a main housing duty more than doubled from 52 in 2020 to 116 in 2024.

National evidence shows the significant consequences of homelessness for both children and young people. Survey research by Shelter found that 61% of parents felt temporary accommodation negatively impacted their children's stress or anxiety, while 47% of children had to move schools. The evidence also shows particular vulnerabilities for care leavers and young people with complex needs.

Recommendation 14: Develop a comprehensive approach to early identification and supporting families at risk of homelessness with early identification systems in schools, health services, and early help and family protection services.

The high proportion of children experiencing homelessness requires a dedicated focus that works across universal services. This should include training for staff to identify early warning signs, improved referral, integration with children's social care assessment processes, to address underlying issues before homelessness occurs. Preventing homelessness in families protects children from significant trauma and developmental harm. This can impact outcomes over a lifetime and potentially realise long term cost savings to the council and its partners.

Recommendation 15: Review and improve pathways and support for vulnerable families, children and young people including those fleeing domestic abuse, care leavers, young parents, and those with complex needs.

People fleeing domestic abuse represent a significant and vulnerable group. The pan-Sussex domestic abuse accommodation strategy is due for renewal. The increase in young people accepted as owed a main housing duty indicates growing levels of

vulnerability. Support service should address the distinct developmental needs of young people, including life skills training, education and employment support, and mental health provision. For care leavers, this should build on existing protocols to ensure transition to independence with adequate housing and support in place. Young parents require additional help combining parenting assistance with their own developmental needs.

Recommendation 16: Strengthen partnership working between homelessness services and children's services, education, and youth services

To address the needs of children and young people affected by homelessness requires enhanced partnership working to address both immediate housing needs and longer-term outcomes. This should include joint assessment processes, shared case management for families, and coordinated planning for young people transitioning to independence. Partnerships with education services are particularly important to minimise school disruption and support educational continuity.

Recommendation 17: Review existing services and develop trauma-informed, age-appropriate provision that address the specific impacts of homelessness on children and young people's development

National evidence shows significant psychological and developmental impacts of homelessness on children and young people. Services should be designed with understanding of child development and the ways homelessness affects different age groups. Those working with children and families should receive training in trauma-informed approaches and child development.

Delivering the strategy

There are systemic challenges in achieving and sustaining long term change. These include a chronic shortage of affordable housing that meets people's needs, including accessible and family housing. There are broader economic pressures with rising inflation, increases in private sector rents and a Local Housing Allowance that is insufficient to cover housing costs for those on low incomes. Those approaching the council for support have increasing levels and complexity of need. There are also acute financial pressures affecting the council and its partners.

Achieving the desired shift to prevention is particularly challenging in a context where increasing demand and costs are absorbing more resources. Financial resources are also expected to shrink over the life of the strategy. In this unprecedented scenario both evidence-based, and innovative solutions are required. Clear prioritisation and difficult, strategic decisions are needed to address short-, medium- and long-term goals.

Recommendation 18: Embed homelessness prevention and response within a broader strategic framework addressing issues of housing supply, affordability, and economic growth.

The homelessness and rough sleeping strategy should be framed within a broader strategic approach that addresses issues of housing supply, affordability and economic growth as set out in the council plan *A better Brighton & Hove for All*, the housing strategy *Homes for Everyone*, the City Plan and the economic plan *Fairer, Greener, More Productive*. Even if progress is made on the drivers of homelessness, significant impact is unlikely to be realised in a 5-year timeframe. The council should therefore continue to work with its partners at local, regional and national levels to achieve the long-term changes required.

Recommendation 19: Establish clear governance arrangements for strategy delivery and rationalise and strengthen partnership working.

The current 32 partnership groups potentially create confusion and duplication. A new governance structure should include a strategic steering group with themed delivery groups covering prevention, accommodation, support services, and children and families. This would provide clear accountability and coordination for strategy implementation while ensuring the distinct needs of different groups are addressed.

Recommendation 20: Develop a short to medium term recovery plan that addresses the impact of rising demand and increasing costs on the homelessness system across the pathway.

The potential reduction in grant funding and further restrictions on its use create a significant financial challenge. There are also pressures on the council's overall budget position and those of its partners. In the short-term, action is needed to manage demand and bring down cost. In the medium-term there may be opportunities to pool funding and develop innovative models for service provision, including exploring social investment approaches.

Recommendation 21: Strengthen co-production and lived experience involvement in service design and delivery across all aspects of homelessness services

Involving people with lived experience can have a significant impact in improving services. This should be embedded systematically across all services, with resources for lived experience involvement, peer support roles, and feedback mechanisms. Approaches should ensure the voices of different groups, including children, young people, and families, are heard and acted upon.

Recommendation 22: Improve the collection and use of data to enable a clearer picture of demand and need. This includes more 'real-time' data analysis including financial data. Address gaps in our understanding and develop systems to collect

and analyse relevant data. This includes assessment of the needs of people living in temporary accommodation, including children and families and young people.

There are significant gaps in our understanding of the needs of people experiencing homelessness. For example, council data collection systems only capture the support needs of the main homelessness applicant, with the needs of other members of the household not recognised. Some groups, such as young people and women are likely to be underrepresented in our data. Work to better capture and understand their needs would facilitate a data-led approach to the commissioning and provision of services.

Context

Definitions

There are different ways to define homelessness. Many people think about rough sleeping when they think about homelessness. Rough sleeping includes people bedding down on the streets or sleeping in unsuitable places such as on public transport, or in disused buildings.

The definition of homelessness used in this review encompasses not only rough sleeping but also people experiencing statutory homelessness and those living in precarious or temporary housing situations. People can be considered homeless even if they have a roof over their head if that accommodation is temporary, unsafe, or they have no legal right to remain there.

Statutory homelessness is a legal definition of homelessness that triggers a local housing authority's duty to provide help. Under UK law, a person is considered homeless if they have no accommodation that they are entitled to occupy, or they have accommodation but cannot reasonably be expected to continue occupying it. This includes situations where they have been evicted or asked to leave; where they cannot afford to pay rent or a mortgage and face eviction or repossession; where the accommodation is overcrowded, in poor condition, or unsuitable; where they face domestic abuse or harassment; or where they have been staying temporarily with friends or family but can no longer do so.

Local housing authorities like Brighton & Hove City Council have specific duties toward those who are statutorily homeless, including conducting assessments and potentially providing temporary or permanent accommodation. However, these duties are subject to eligibility criteria, priority need categories, and requirements around local connection and intentionality.

Hidden homelessness refers to people or households that are generally not captured in official statistics, usually because they have not approached their local housing authority for help or have not met eligibility criteria. It could involve 'sofa-surfing', staying with friends or family, people sleeping in vehicles or people selling sex for accommodation.

The legal and policy context

Key legislation

[Housing Act 1996 \(Part 7\)](#) provides the main legal foundation for preventing homelessness and assisting those threatened with or experiencing homelessness. It was amended by the [Homelessness Act 2002](#), which extended priority need categories to include 16–17-year-olds, care leavers (18-20), and people vulnerable due to time in care, armed forces, prison, or fleeing violence. It required all housing authorities to develop homelessness strategies (renewed every 5 years) and mandated a strategic approach to prevention and accommodation provision

The [Homelessness Reduction Act 2017](#) extended the prevention duty period from 28 to 56 days and required housing authorities to provide support to all affected households, not just those with priority need. It introduced a 56-day support period for those already homeless and required housing authorities to work with applicants to agree personalised housing plans.

The [Domestic Abuse Act 2021](#) extended priority need to all eligible domestic abuse victims and introduced new definition of domestic abuse for housing assessments.

The Supported Housing (Regulatory Oversight) Act 2023 brought in enhanced regulation of supported housing through the introduction of national standards and licensing schemes. The regulations and provisions within the Act are expected to be implemented over the next 2 years.

Housing authorities must also consider [Children Act 1989](#) duties, public sector equality requirements, and health and wellbeing responsibilities when addressing homelessness.

An overview of the homelessness legislation is available in the government's [Homelessness code of guidance for local authorities](#).

Core duties and processes

Housing authorities have a legal **duty to provide advice and information** about homelessness and the prevention of homelessness and the rights of homeless people or those at risk of homelessness, as well as the help that is available and how to access it. This should be designed with certain listed vulnerable groups in mind. These are prison leavers, care leavers, former members of the regular armed forces, victims of domestic abuse, persons leaving hospital, persons suffering from a mental illness or impairment, as well as any other group that the authority identify as being at particular risk of homelessness. Authorities can provide the advice and information themselves or arrange for other agencies to do it on their behalf.

Housing authorities have a **duty to carry out an assessment** in all cases where an eligible applicant is homeless or threatened with homelessness. This should identify what has caused the homelessness or threat of homelessness, the housing needs of the applicant and any support they need to be able to secure and retain accommodation. Following this assessment, the housing authority must work with the person to develop a **personalised housing plan** which will include actions (or 'reasonable steps') to be taken by the authority and the applicant to try and prevent or relieve homelessness.

The prevention duty

Housing authorities have a duty to take reasonable steps to help prevent any eligible person (regardless of priority need status, intentionality and whether they have a local connection) who is threatened with homelessness from becoming homeless. This means either helping them to stay in their current accommodation or helping them to find a new place to live before they become homeless. The prevention duty continues for 56 days unless it is ended by an event such as accommodation being secured for the person, or by their becoming homeless.

The relief duty

If the applicant is already homeless, or becomes homeless despite activity during the prevention stage, the reasonable steps will be focused on helping the applicant to secure accommodation. This relief duty lasts for 56 days unless ended in another way. If the housing authority has reason to believe a homeless applicant may be eligible for assistance and has a priority need, they must be provided with interim accommodation.

The main housing duty

If homelessness is not successfully prevented or relieved, a housing authority will owe the main housing duty to applicants who are eligible, have a priority need for accommodation and are not homeless intentionally. Certain categories of household have priority need if homeless, including pregnant women, families with children, and those who are homeless because of being a victim of domestic abuse or due to an emergency such as a fire or flood. Other groups may be assessed as having priority need because they are vulnerable because of old age, mental ill health, physical disability, having been in prison or care or because of becoming homeless due to violence.

Under the main housing duty, housing authorities must ensure that suitable accommodation is available for the applicant and their household until the duty is ended, usually through the offer of a settled home. The duty can also be ended for other reasons, such as the applicant turning down a suitable offer of temporary

accommodation or because they are no longer eligible for assistance. A suitable offer of a settled home (whether accepted or refused by the applicant) which would bring the main housing duty to an end includes an offer of a suitable secure or introductory tenancy with a local authority, an offer of accommodation through a registered provider (also known as a housing association) or the offer of a suitable tenancy for at least 12 months from a private landlord made by arrangement with the local authority.

Housing authorities have various powers and duties to secure accommodation for homeless applicants, either on a temporary basis, to prevent or relieve homelessness, to meet the main housing duty or as a settled home. Accommodation must always be 'suitable' and there are set standards when private rented accommodation is secured for households which have priority need. Bed and breakfast accommodation is not considered suitable for families with children and households that include a pregnant woman, except where there is no other accommodation available, and then only for a maximum of 6 weeks. It is also deemed unsuitable for 16- and 17-year-olds.

A person would be **intentionally homeless** where homelessness was the consequence of a deliberate action or omission by that person. A deliberate act might be a decision to leave the previous accommodation even though it would have been reasonable for the person (and everyone in the person's household) to continue to live there. A deliberate omission might be non-payment of rent that led to rent arrears and eviction despite the rent being affordable.

Where people have a priority need but are intentionally homeless, the housing authority must provide advice and assistance to help them find accommodation for themselves and secure suitable accommodation for them for a period that will give them a reasonable chance of doing so. If, despite this assistance, homelessness persists, any children in the household could be in need under the Children Act 1989, and the family should be referred (with consent) to the children's social services authority.

In the homelessness legislation, people may have a **local connection** with a district because of residence, employment or family associations in the district, or because of special circumstances. There are exceptions, for example, residence in a district while serving a prison sentence there does not establish a local connection. Where applicants meet the criteria for the relief duty or for the main housing duty, and the authority considers that the applicant does not have a local connection with the district but does have one somewhere else, the housing authority dealing with the application can ask the housing authority in that other district to take responsibility for the case. However, applicants cannot be referred to another housing authority if they, or any member of their household, would be at risk of domestic abuse or violence (that is not related to domestic abuse) in the district of the other authority.

The definition of a ‘local connection’ for young people leaving care was amended by the Homelessness Reduction Act 2017 so that a young homeless care leaver has a local connection to the area of the local authority that looked after them. Additional provision is made for care leavers who have been placed in accommodation, under section 22A of the Children Act 1989, in a different district to that of the children’s services authority that owes them leaving care duties. If they have lived in the other district for at least 2 years, including some time before they turned 16, they will also have a local connection with that district until they are 21.

The duty to refer

The Homelessness Reduction Act 2017 introduced a duty on certain named public authorities to refer service users who they think may be homeless or threatened with homelessness to a housing authority. The service user must give consent and can choose which authority to be referred to. Local housing authorities are required to incorporate the duty to refer into their homelessness strategy and establish effective partnerships and working arrangements with agencies to facilitate appropriate referrals.

National strategic and policy context

A **national strategy on rough sleeping**, [*Ending Rough Sleeping for Good*](#), was published in September 2022 with funding to 2025. It set out a four-pronged approach to rough sleeping of prevention, intervention, recovery and a more transparent and joined-up system.

After the 2024 national election, the new Labour government made a commitment to introduce **a new cross-government homelessness strategy** to address all forms of homelessness, not just rough sleeping. It is expected to have a focus on preventing homelessness. The work to develop the strategy has been led by the Ministry of Housing, Communities and Local Government with a launch now expected in late 2025.

As well as specific legislation and policy to tackle homelessness, homelessness is impacted by policy across a range of other areas.

The **Local Housing Allowance** is set nationally and determines the maximum housing benefit for private renters. It is meant to cover the bottom 30% of rents in a local area. The allowance has been frozen since 2020. This has a significant impact in a city like Brighton & Hove with a large private rented sector and where rents have risen significantly over the last 5 years. It means that very few properties are available at the Local Housing Allowance rate, making it difficult for people on low incomes to find and afford suitable accommodation in the city.

In addition, the amount local authorities can claim against the cost of placing people in temporary accommodation is pegged at 90% of 2011 private rental levels. As noted

above, private sector rents have risen significantly since 2011, so the recoverable amount for the council is now much lower. This is a problem which affects all housing authorities but for Brighton & Hove the funding gap is particularly acute.

The government has also set out plans to provide ‘the biggest increase in social and affordable housebuilding in a generation’. To date, it has announced an additional £500 million of investment in the current **Affordable Homes Programme (AHP)**, bringing total investment in the AHP for 2025/26 to over £5 billion. The government is also aiming to ‘better protect our existing stock’ of social housing by making changes to the Right to Buy policy.

National **health and social care policy** is currently focussed on 3 ‘strategic shifts’, moving care from hospital to community, ‘analogue to digital’ healthcare and, a shift in focus from treatment to prevention. Work is underway across Sussex to mobilise community-based models, including Integrated Community Teams and Mental Health Neighbourhood Teams. The local footprints of the new teams should support integration of health with social care and housing services.

Local strategic and policy context

Brighton & Hove City Council published a new council plan [*A Better Brighton & Hove for All*](#) in July 2023. The plan has ‘homes for everyone’ as a core mission with the explicit goal of delivering ‘accessible, affordable, and high-quality homes for all residents of Brighton & Hove’. The plan was refreshed in July 2025, with commitments to improve standards in the private rented sector, deliver at least 2,000 affordable homes, create additional social housing lets, reduce the number of households in temporary accommodation, work with people with lived experience of homelessness to improve homelessness and housing options services, and to improve housing solutions for domestic abuse survivors.

In October 2024, the council agreed [*Homes for everyone*](#), a new housing strategy for 2024 to 2029. The priorities in the strategy are to improve housing quality, safety and sustainability; to deliver the homes our city needs; to prevent homelessness and meet housing need; to promote improved health and wellbeing for all; and to provide resident focused housing services.

The [*City Plan*](#) is the strategic planning framework that sets out the long-term spatial vision and development strategy for the city of Brighton & Hove. The current plan was adopted in 2016. The ongoing review and update of the City Plan Part 1 will take it to 2041. The City Plan is informed by the Strategic Housing Market Assessment commissioned by the council in 2023 which makes recommendations for new housing delivery targets and the mix of housing in the city, including the delivery of affordable

and socially rented homes.² Plans for economic growth and the labour market are outlined in the city's 3-year [Economic Plan for 2024 to 2027](#).

Other relevant strategies and plans include the [Community Safety and Crime Reduction Strategy 2023 to 2026](#), which amongst other priorities contains plans for tackling domestic abuse and dealing with anti-social behaviour. More detailed plans on tackling domestic abuse are included in the [Preventing and Tackling Violence Against Women and Girls, Domestic Abuse and Sexual Violence Strategy 2025-2028](#).

The council is also required to set out how it will help, support and protect survivors of domestic abuse (and their children) in safe accommodation, in line with duties under the national Domestic Abuse Act 2021. It did this in the [Pan-Sussex Strategy for Domestic Abuse Accommodation and Support 2021-2024](#). The strategy was developed in partnership with the Sussex Police and Crime Commissioner, West Sussex County Council, East Sussex County Council. Work is currently underway to refresh the strategy.

The [Brighton & Hove mental health and housing plan](#) was produced by Sussex Health & Care Partnership. It has 5 strategic priorities which aim to improve outcomes and increase access to support and accommodation for people with mental health needs through better integration of housing, health and care services. Delivery of the action plan is overseen by the multi-agency Mental Health Accommodation Group.

The council sets out who gets priority for social housing in its [Housing Allocations Policy](#). In 2025, the council changed its Housing Allocations Policy with the goal of creating more opportunities to prevent homelessness, reduce reliance on temporary accommodation and provide more options for social housing tenants fleeing domestic abuse. Under the revised policy, if a household likely to be owed the main housing duty secures alternative accommodation while homeless or at risk of homelessness, they can remain on the housing register if they continue to qualify. The council anticipates that this will help reduce the number of households living in temporary accommodation in the city.

The council has recently developed a joint protocol to improve its response to the needs of homeless 16- and 17-year-olds. A care leavers' housing protocol has also been agreed, to ensure that looked after children have a firm offer of accommodation which meets their needs on leaving council care. Support for care leavers, including accommodation support is set out the [Local Offer for Care Leavers](#). An Accredited Provider List to provide supported accommodation for care-experienced young people aged between 16 and 24 is in place. For 16- and 17-year-olds this offers an alternative

² Brighton & Hove City Council / Iceni Projects, 2023, *Strategic Housing Market Assessment* <https://www.brighton-hove.gov.uk/planning/planning-policy/strategic-housing-market-assessment-august-2023>

to foster care or residential childcare placements for young people who find it difficult to thrive in those environments.

The council took part in legal action against the Home Office concerning the treatment of unaccompanied asylum-seeking children, winning a landmark case in the High Court in 2023. The judgment has led to a change in national policy, so that unaccompanied asylum-seeking children can no longer be placed in hotels and B&Bs but must be placed by the National Transfer Scheme into foster placements under the Children Act.

The [Pan Sussex Trauma-Informed Framework](#) was developed by Brighton & Hove and Sussex local authorities, Sussex Health Trusts, the community and voluntary sector and people with lived experience. Its goal is to create lasting, high-quality trauma-informed practice across the region.

Planned legislation and policy changes

The Renters Rights Bill was introduced to parliament in September 2024. The government promises to transform the experience of private renting, including by ending Section 21 ‘no fault’ evictions. The bill aims to give renters greater security and stability ‘so they can stay in their homes for longer, build lives in their communities, and avoid the risk of homelessness’.³

As well as ending Section 21 evictions the bill introduces a range of reforms, including ending the system of assured shorthold tenancies; creating a new register of private rented sector (PRS) landlords and property portal to improve data on the PRS and drive up standards; protecting tenants from above market rent increases, providing stronger protections against backdoor evictions; applying both the Decent Homes Standard and Awaab’s Law to the private rented sector (including temporary accommodation and supported housing); making it illegal for landlords and agents to discriminate against prospective tenants in receipt of benefits or with children; prohibiting landlords from soliciting rental bidding; establishing an Ombudsman to help tenants and landlords to resolve disputes; and enabling better enforcement through expanded use of Rent Repayment Orders.

Private landlords play an important role in housing in the city, with around 1 in 3 homes privately rented. While most private sector landlords provide a good service, the sector currently has some of the least affordable, poorest quality and most insecure housing of all forms of tenure. A well-functioning private rented sector should provide security for both tenants and landlords as well as alleviating homelessness.

³ Guide to the Renters Rights Bill, Ministry of Housing, Communities & Local Government, <https://www.gov.uk/government/publications/guide-to-the-renters-rights-bill/guide-to-the-renters-rights-bill>

The Planning and Infrastructure Bill was introduced to parliament in March 2025. It is central to the government's ambitions to deliver 1.5 million homes and decide 150 nationally significant infrastructure projects before the end of the current parliament.

In June 2025 the government announced that it would repeal the Vagrancy Act 1824 which made rough sleeping a criminal offence. This will be done through a government amendment to the Crime and Policing Bill, with the change coming into effect in 2026. The Bill will also include a new offence of facilitating begging for gain and an offence of trespassing with the intention of committing a crime, both of which were previously part of the 1824 Act.

Alongside East Sussex County Council and West Sussex County Council, Brighton & Hove City Council successfully applied to join the Devolution Priority Programme. A new Mayoral Strategic Authority for Brighton and Sussex will be created with mayoral elections planned for May 2026. At this stage the range of devolved powers for the Mayoral Strategic Authority have not been confirmed. It is likely that powers will be devolved in stages over time. In a parallel process, plans for broader local government reorganisation may result in a shift in the boundaries of the city as a local authority.

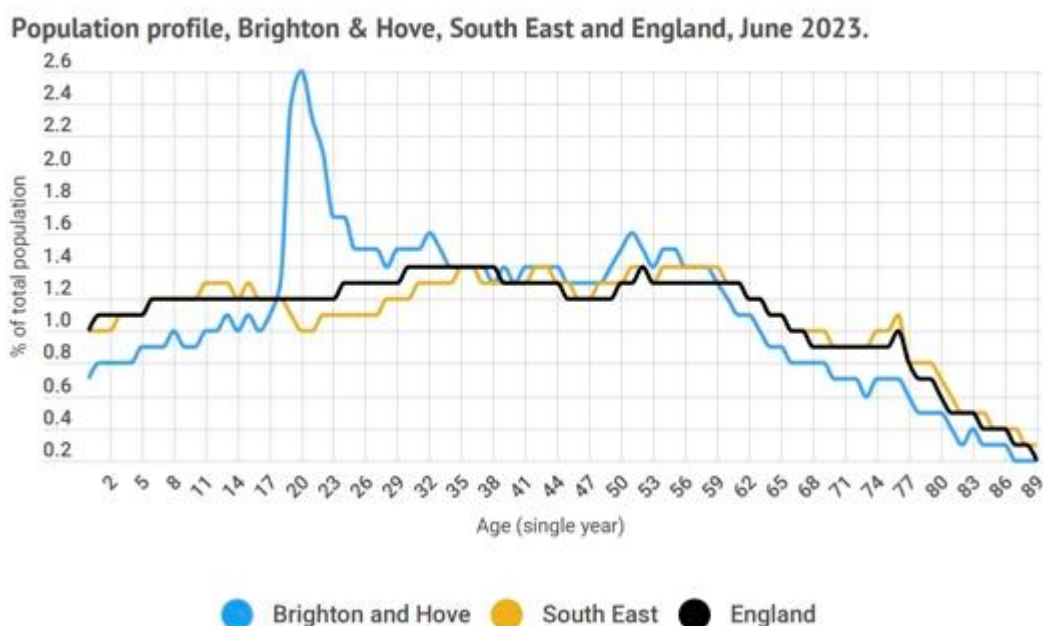
A key local ambition is the development of an integrated homeless healthcare hub that brings specialist homeless healthcare services into a central hub, so people who are homeless with Multiple Compound Needs can better access the healthcare they need. Arch Health Community Interest Company have carried out several scoping exercises and have been developing this vision with partners over many years. Work with Common Ambition's lived experience group led to the publication of *Our Big Hub Idea* in 2023.⁴ The Big Hub idea highlights the benefits of co-locating a range of welfare and support services alongside key health services. Partners are actively working together through the Multiple Compound Needs programme to realise this ambition.

⁴ Common Ambition, 2023, *Our Big Hub Idea*
<https://www.bhcommonambition.org/resources/#homeless-healthcare-hub>

City population profile

There were 279,600 residents in the city of Brighton & Hove in 2023 according to the Office of National Statistics (ONS) mid-year population estimates.

In 2023, it is estimated that 40,800 people (15%) were aged 0 to 15 years old, more than two thirds (73%, 203,700 people) were age 16 to 66 years old, one in ten (11%, 29,600 people) were aged 67 to 84 years old and 5,400 people (2%) were aged 85 years or older.



Brighton & Hove has an unusual population profile compared to the South East and England. The city has a much higher proportion of people aged 19–31 years (23%, 64,800 people) compared to only 15% in the South East and 16% in England. The difference is most pronounced between the ages 19 to 22 years old. Nearly one in ten of Brighton & Hove's total population (9%, 26,200 people) is aged 19 to 22 years old compared to only 4% in the South East and 5% in England.

Brighton & Hove has a lower proportion of children aged 0 to 17 years of age. (17%, 46,700 people) compared to 21% in both the South East and England. There are also fewer people across all ages from the age of 60 years old. In Brighton & Hove less than a fifth of the total population (19%, 54,600 people) is aged 60 years old or older compared to 26% in the South East and 25% in England.

Our city consists of different and diverse communities. Black and Minority Ethnic groups and Lesbian, Gay, Bisexual and Trans (LGBT) people are key population groups.

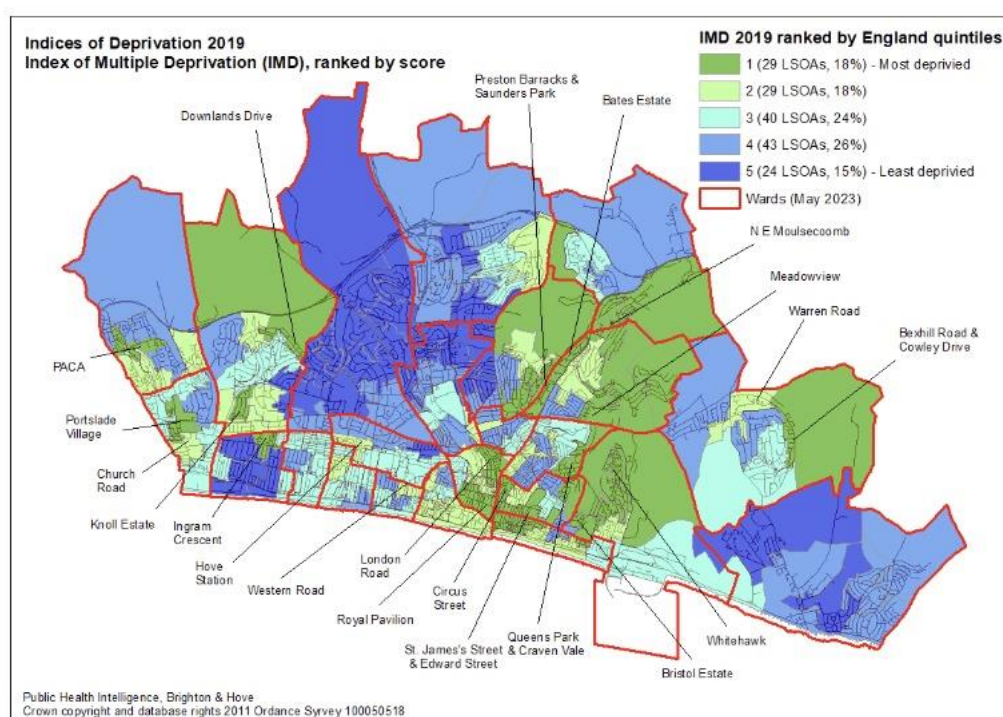
The most up to date data from the 2021 census shows that 72,272 residents (26%) are from a Black or Minority Ethnic group. This is higher than in the South East (21%), and similar to England (27%).

At least 25,247 residents age 16+ (10.6%) identified as Gay or Lesbian, Bisexual or Other sexual orientation. This is three times higher than seen in the South East (3.1%) and England (3.1%) and the highest proportion in any upper tier local authority in England. At least 2,341 residents aged 16+ (1.0%) identify with a gender different from their sex registered at birth. This is double what is found in the South East (0.5%) and England (0.5%).

The broader determinants of homelessness

Poverty, deprivation and housing quality

In 2019, 17% of the population of the city lived in one of the 20% most deprived areas in England and 13% lived in one of the 20% least deprived areas in England. Some areas are more affected by deprivation than others. The highest concentration of deprivation is in Whitehawk, Moulsecoomb, and Hollingbury. Along the coast, to the west of the city and in Woodingdean there are also pockets of deprivation. All these areas are in the 20% most deprived areas in England.



In 2023 12.1% of households in the city (15,522 households) were estimated to be in fuel poverty compared to 9.6% in the South East and 13% in England. In 2019 around 15% of children were estimated to live in poverty in the city, compared to 13% in the South East and 17% in England.

17% of occupied homes in Brighton & Hove are estimated to be non-decent under the Decent Homes Standard (20,500 homes). The percentage for England is 15%. In

Brighton & Hove, 20% of private rented homes are non-decent, 14% of social rented homes and 15% of owner-occupied homes.

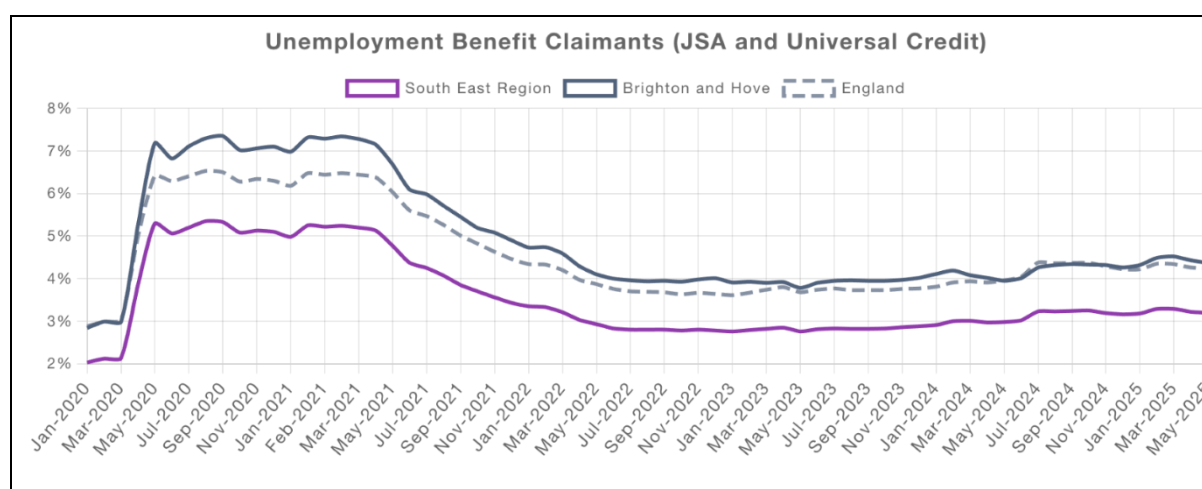
At the 2021 Census 12.53% of households in Brighton & Hove were living in overcrowded homes. This compares with 5.59% in the South East and 6.44% in England.

Education, employment and income

At the 2021 Census, 44.52% of people in Brighton & Hove (104,790 people) had a Level 4/5 qualification (HNC/HND or equivalent). This is higher than the rates for the South East (35.77%) and England (33.92%). The percentage of people in Brighton & Hove with no 16+ educational qualifications was 12.41% (29,215 people) at the 2021 Census. This compares with 15.38% for the South East and 18.08% for England.

In May 2025, 4.37% of working age people in the city were unemployed (8,630 people). This was higher than both the South East (3.2%) and England (3.8%) averages. At 3.58% (1,360 people), the rate of youth unemployment in Brighton & Hove was lower than the South East (4.39%) and England (5.58%) averages

The chart below shows the total proportion of people receiving unemployment benefits (Job Seekers Allowance or Universal Credit) between January 2020 and May 2025 for the South East, Brighton & Hove and England.



Source: Department for Work and Pensions

At the time of the Census in 2021, 4.42% of working age adults (10,400 people) in the city were economically inactive because of long-term sickness or disability. This is higher than the South East (3.11%) and England (4.07%). In addition, another 3.05% of working age adults (7,176 people) in Brighton & Hove were economically inactive for other reasons. This compares with 2.67% in the South East and 3.14% in England.

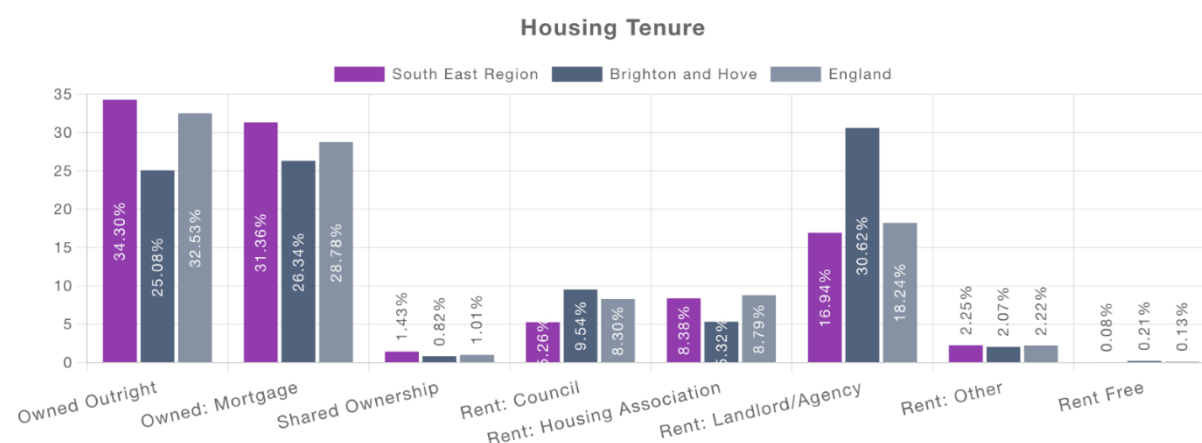
In 2023, some 16% of households had no individuals aged 16 or over in employment (15,000 households). This compares to 11% of households in the South East, and 14% in Great Britain.

The median gross weekly full-time employee earnings in Brighton & Hove in 2024 were £725. This was lower than in the South East (£754) and Great Britain (£730)

Housing supply and affordability

Housing tenure

Compared with the South East and England, Brighton & Hove has a lower proportion of owner occupiers and a higher proportion of private renters. The private rented sector accounts for 30.62% of homes in the city (South East 16.94%; England 18.24%). The chart below shows the proportion of housing by tenure type for the South East, Brighton & Hove and England.

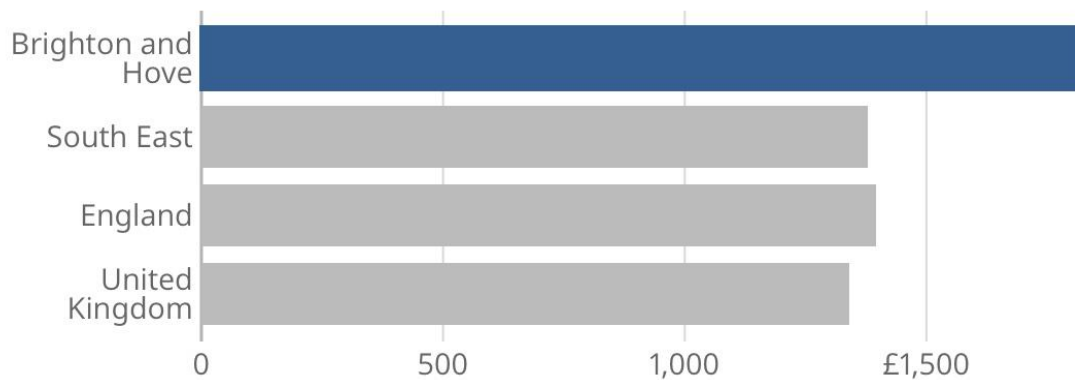


Source: Census 2021

Private renting

The average monthly private rent in Brighton & Hove was £1,824 in May 2025. This was an increase from £1,732 in May 2024, a 5.3% rise. This is significantly higher than the average across the South East (£1,377), and England (£1,394).

Average rental price, May 2025

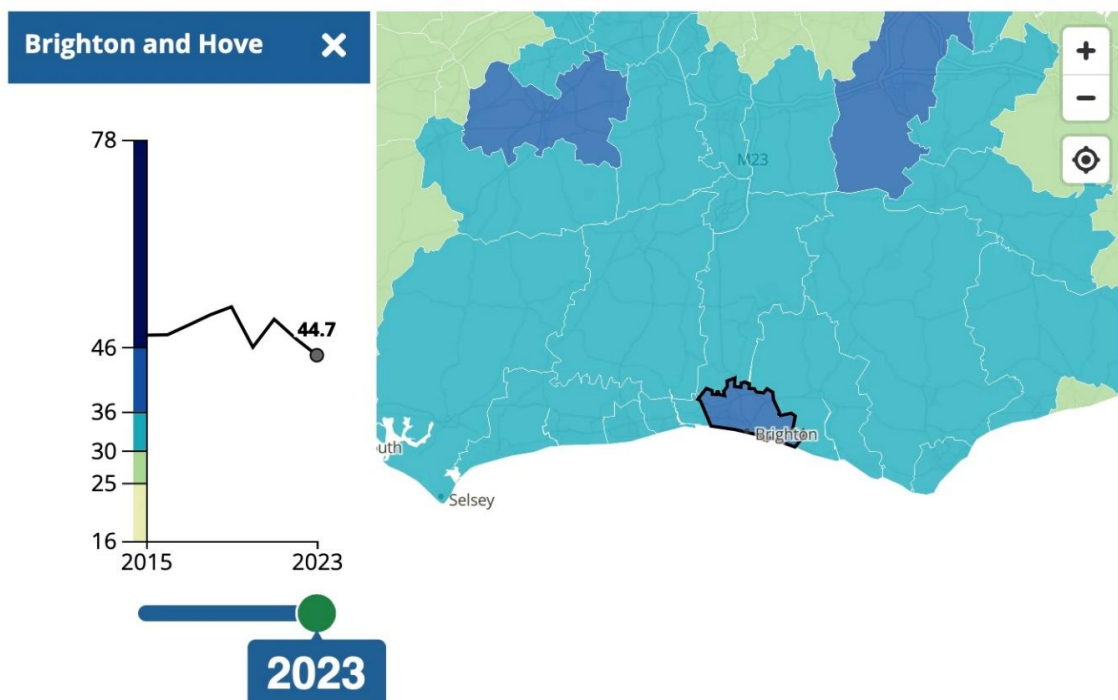


Source: Price Index of Private Rents, Office for National Statistics

The Office for National Statistics (ONS) publishes data on rental affordability. The latest figures are from 2023. The ‘affordability threshold’ is set by the ONS at 30% of a private renting household’s income. A private renter on a median household income in Brighton & Hove could expect to spend 44.7% of their household income on an average-priced rented home. This is significantly higher than the South East (31.9%) and England (34.2%) averages.

The chart below shows private rental affordability over time in Brighton & Hove between 2015 and 2023. The accompanying map shows private rental affordability in Brighton & Hove compared with surrounding local authorities in 2023.

Private rental affordability ratios, by local authority, England and Wales, 2015 to 2023



Source: Private rental affordability, England and Wales: 2023, Office for National Statistics

Research carried out in 2022 indicates that ‘the rental property market in Brighton & Hove is very buoyant, with landlords demanding increasingly high rents as they seek to pass on the cost of mortgage/interest rate increases to renters. This is being supported by very strong demand and a shortage of rental housing stock in the city. These factors have combined to mean renters are having to bid for properties allowing landlords to secure record rents’.⁵

Home ownership

According to the Office for National Statistics, the average property price for all dwelling types in Brighton & Hove in April 2025 was £413,676. This was significantly higher than the averages for the South East (£380,428) and for England (£286,327). The table below shows average prices for different types of property for Brighton & Hove, the South East and England & Wales.

Average House Prices April 2025

	Detached	Semi-det	Terraced	Flat/maais	Average
BRIGHTON & HOVE	£848,405	£540,748	£470,139	£308,290	£413,676
SOUTH EAST	£690,816	£416,441	£317,638	£211,582	£380,428
ENGLAND	£467,414	£282,810	£234,219	£221,608	£286,327

Source: UK House Price Index, Office for National Statistics and HM Land Registry

Housing in Brighton & Hove is less affordable than England and is becoming more expensive at a faster rate. Those on the lowest 25% of earnings in the city need 12 times their earnings to afford the lowest 25% of house prices (2022). This was higher than in the South East (10.4 times), and England (7.3 times). Over the last decade, this has increased by 8.5 times in Brighton & Hove and by 6.6 times for England.

Future need for housing

A detailed analysis of the housing market in the city can be found in the [Brighton & Hove Strategic Housing Market Assessment](#) (SHMA) 2023. This report informs planning and housing policies in the city, including the ongoing review of the City Plan Part 1. The current City Plan expires in 2030, and the new plan will set out the strategic planning framework for Brighton & Hove until 2041. It will include targets for new housing, development and infrastructure.

The SHMA recommends a housing target of at least 810 new dwellings a year in the city. The SHMA also identifies a substantial need for an additional affordable rented homes in the city. It recommends that, while the link between overall housing need and affordable housing need is complex, the council should aim to maximise the delivery of

⁵ [Brighton & Hove Strategic Housing Market Assessment](#) (2023), Icen Projects Ltd, p. 124.

affordable social rented housing. The Brighton & Hove housing strategy 2024 to 2029 sets a target for delivering at least 2,000 affordable homes over the five years of the strategy.

Health and disability

In the Census 2021, 7.34% of respondents said that their day-to-day activities were limited a lot by a long-term illness, health problem or disability. This was higher than the rate for the South East (6.26%) and similar to the rate for England (7.33%).

In Brighton & Hove 8.6% of the working age population (17,095 people) are receiving Personal Independence Payments (PIP). This is higher than the South East (7.4%) but lower than England (9.63%). The table below shows a series of indicators related to disability benefits providing the total numbers of claims and proportions within each area that are accessing the support systems available. Brighton & Hove is compared with the South East and England.

Community connectedness

The Community Needs Index was developed by Oxford Consultants for Social Inclusion to identify areas experiencing poor community and civic infrastructure, relative isolation and low levels of participation in community life. The index was created by combining a series of 28 indicators, conceptualised under three domains: Civic Assets, Connectedness and Active and Engaged Community. A lower rank indicates that an area has relatively higher levels of need. With an overall rank in 2023 of 22,368, Brighton & Hove has lower levels of community needs than the South East (17,783) and England (17,040).

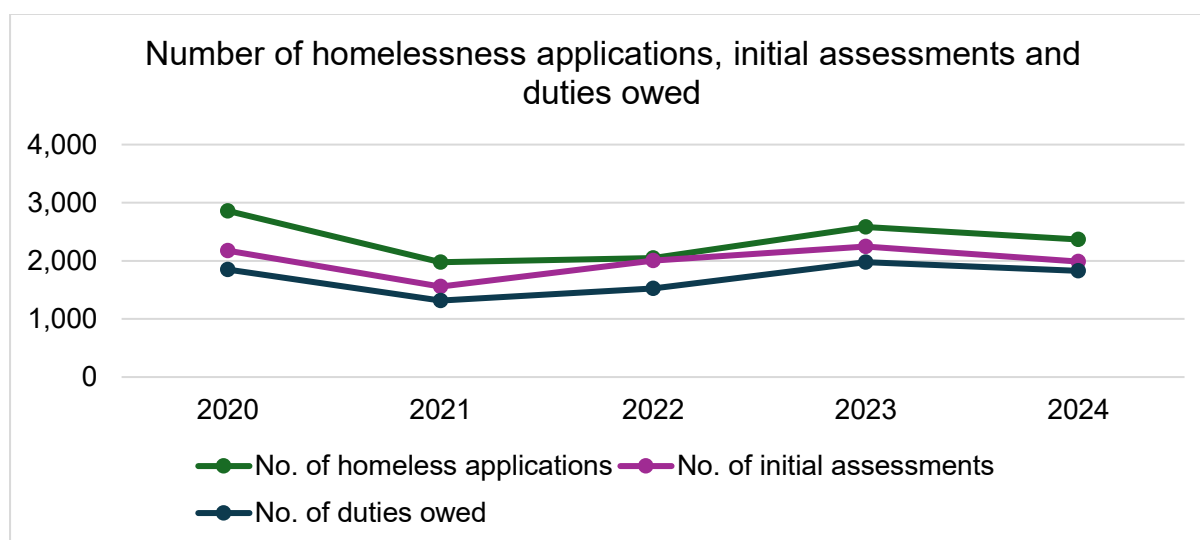
Data on homelessness and rough sleeping in the city

Homelessness approaches and applications

2,624 households approached the council for homelessness advice and support in 2024. Some people may approach other organisations for advice and support, but this is not captured in council data. Demand for advice and support from the council has fluctuated, with 3,014 households approaching the council in 2023. In 2022, 2,394 households approached the council.

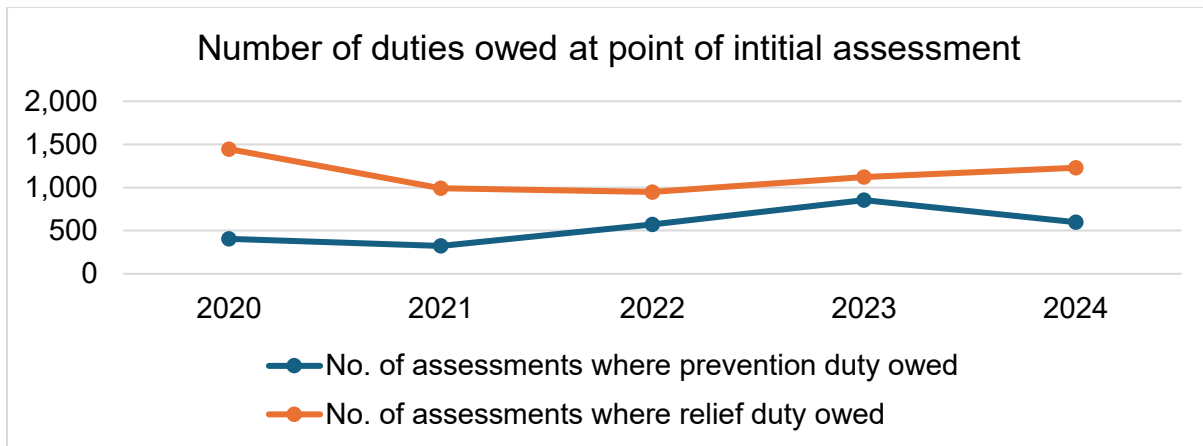
Not all approaches for advice and support result in a homeless application. For example, someone may decide not to apply if their housing situation is resolved with initial advice and support. In 2024 2,366 homelessness applications were made. This figure has risen since 2021 (1,976 applications).

The number of initial assessments has also risen since 2021, with 1,985 assessments in 2024 compared with 1,557 in 2021. Of those households assessed, a prevention or relief duty was owed in most cases, with 1,827 households owed a prevention or relief duty in 2024 compared with 1,316 in 2021.



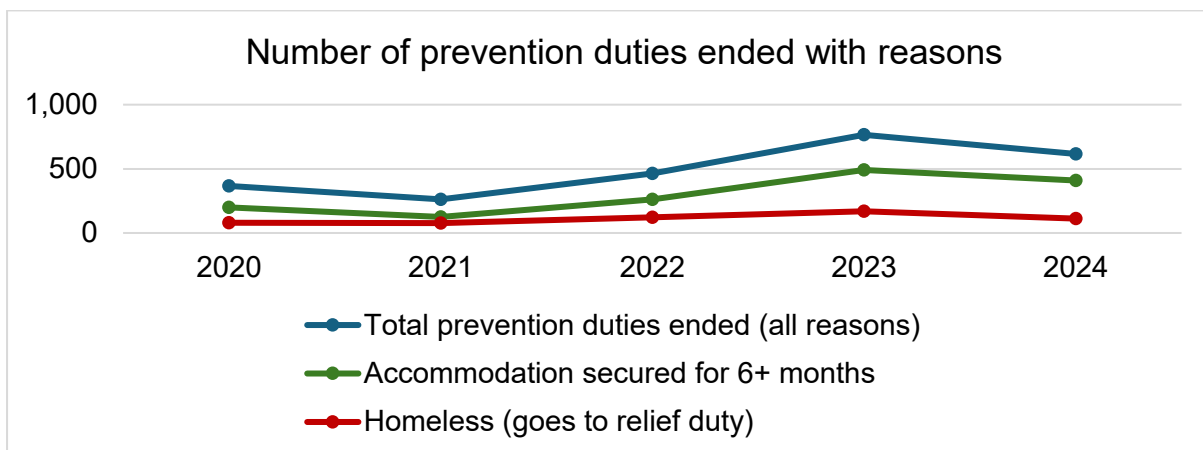
Source: Home Connections (data extracted 13 Jan 2025)

The table below shows the number of duties owed at the point of initial assessment. Between 2020 and 2024, each year more people were assessed by the council at the relief stage (when they were already homeless) than those assessed at the prevention stage (when homelessness could potentially be prevented). While the number of assessments carried out at the prevention stage rose from 406 in 2020 to 854 in 2023, the number fell to 594 in 2024. After a fall in the number of those assessed as owed a relief duty to 949 in 2022, the number rose to 1,230 in 2024.



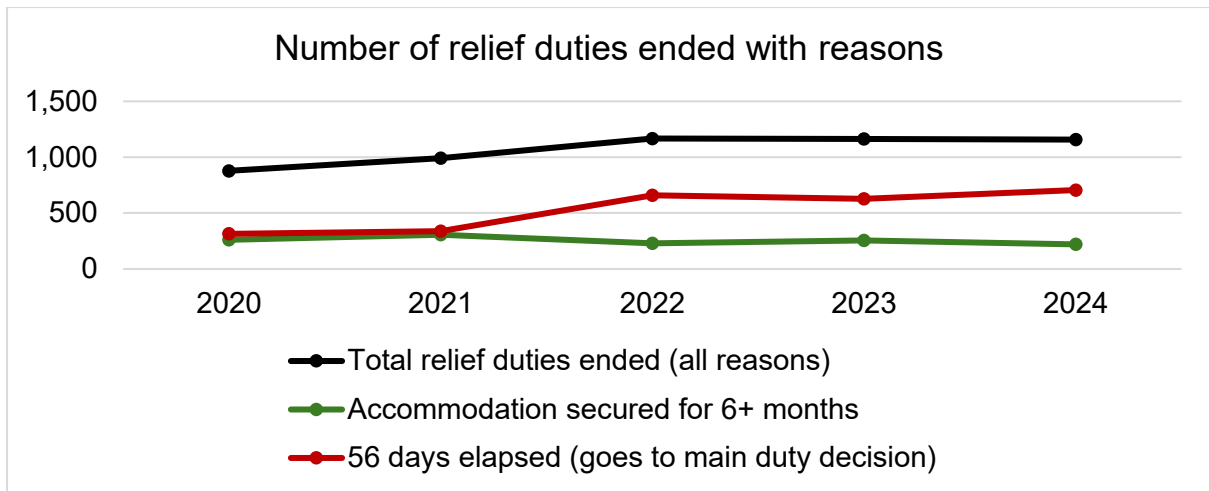
Source: Home Connections (data extracted 13 Jan 2025)

The chart below shows the reasons for ending a prevention duty between 2020 and 2024. For prevention duties which ended each year, the total number decreased from 765 in 2023 to 617 in 2024. Although the proportion of prevention duties which ended with a positive outcome (where existing or alternative accommodation was secured for 6 or more months) slightly increased, the number of households whose duty ended with a positive outcome fell, from 491 in 2023 to 410 in 2024.



Source: Home Connections (data extracted 13 Jan 2025)

The table below shows the reasons for ending a relief duty between 2020 and 2024. The total number of relief duties increased over this period from 878 in 2020 to 1,157. The number of relief duties which ended in a positive outcome with accommodation secured for 6 months or more remained relatively stable. However, the number of relief duties which did not achieve a positive outcome and moved to a main duty decision more than doubled from 314 in 2020 to 706 in 2024.



Source: Home Connections (data extracted 13 Jan 2025)

The Homelessness Reduction Act 2017 introduced a duty on certain named public authorities to refer service users (with their consent) who they think may be homeless or threatened with homelessness to a housing authority. The table below shows the number of applicants referred by those organisations. Most organisations making referrals do so at the relief duty stage, that is when their service user is already homeless.

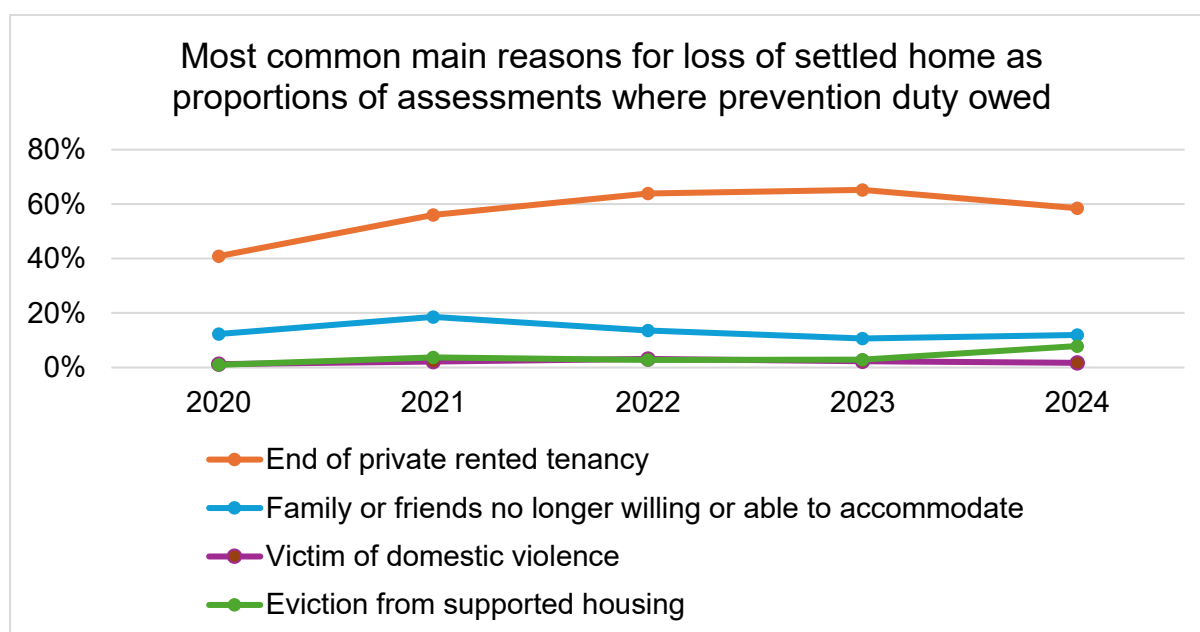
Duty to Refer by duty owed at point of initial assessment and agency type (2020 to 2024 combined)	Where prevention duty owed	Where relief duty owed	Total referrals
Adult Secure Estate (prison)	0	8	8
Adult Social Services	8	23	31
Children's Early Help services / Children's Centres	1	1	2
Children's Social care	9	28	37
Community Based Health Service – physical health and well being	0	2	2
DWP – Jobcentre Plus	2	2	4
GPs	3	1	4
Hospital A&E or in-patient	6	66	72
Local authority landlord	2	1	3
Mental Health Service – Acute in-patient	5	50	55
Mental Health Service – Community based	24	13	37
National Asylum Service accommodation provider	1	2	3
National Probation Service	23	166	189
Other local authority service	0	4	4
Other service provider (not housing specific)	0	11	11
Police	1	20	21
Private Registered Provider (Housing Association)	0	1	1
Refuge provider	0	4	4
School, Youth and Education Services	1	10	11
Street Services for rough sleepers	0	4	4
Streetlink	0	3	3
Supported housing, hub or Housing Related Support Provider	3	6	9
Troubled Families / Families Intervention Programme	0	1	1
Youth Secure Estate	0	1	1
Total	89	428	517

Source: Home Connections (data extracted 13 Jan 2025)

Reasons for loss of settled home

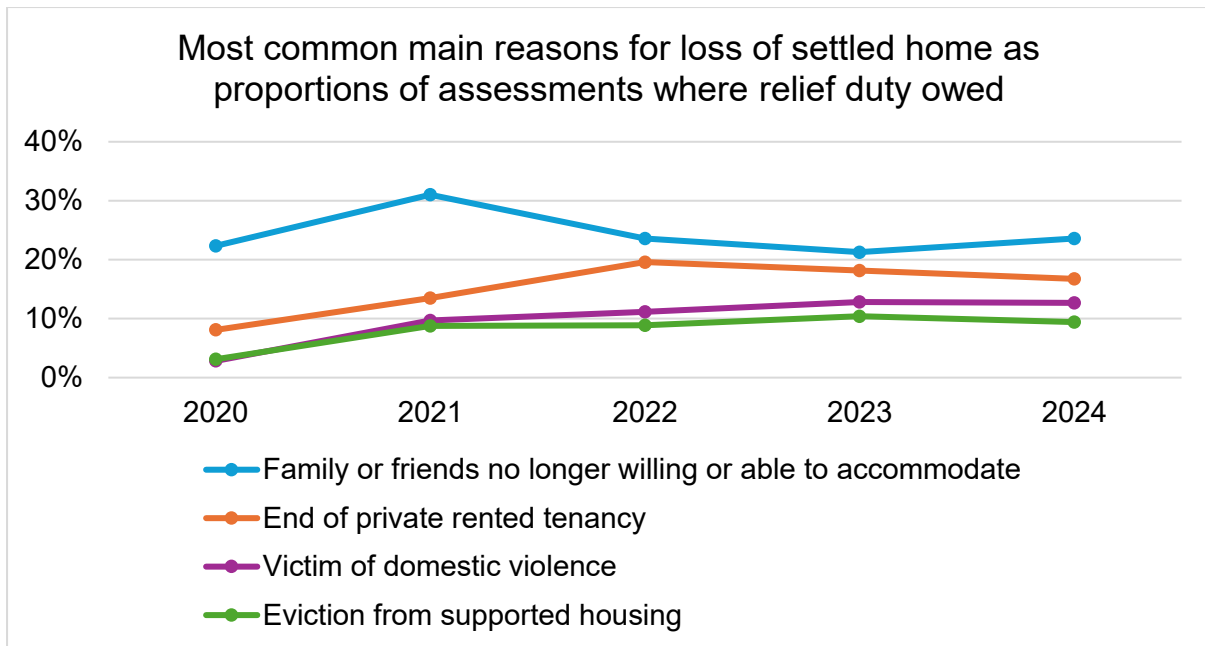
For those households owed a prevention or relief duty, there are four main reasons for loss of a settled home – the end of a private rented tenancy, family or friends no longer willing to accommodate, fleeing domestic violence and eviction from supported housing.

The chart below shows the most common reasons for loss of settled home for those owed a prevention duty by the council. For these households, the most common reason for threatened loss of a settled home was the end of a private rented tenancy. The proportion of cases owed a prevention duty for this reason increased from 41% 2020 to 58% in 2024. Family or friends no longer willing or able to accommodate was the second most common reason.



Source: Home Connections (data extracted 13 Jan 2025)

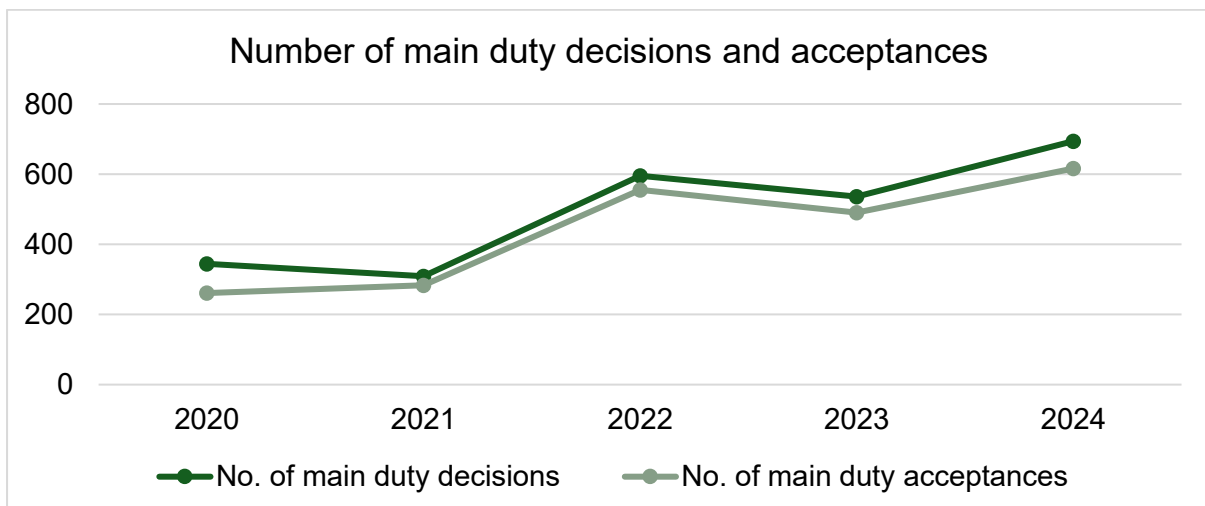
The chart below shows the most common main reasons for loss of settled home for those households owed a relief duty by the council. For households owed a relief duty, the most common reason for loss of a settled home was that family or friends were no longer able to accommodate them. The proportion of cases owed a relief duty for this reason increased slightly from 22% in 2020 to 24% in 2024. End of private rented tenancy was the second most common reason.



Source: Home Connections (data extracted 13 Jan 2025)

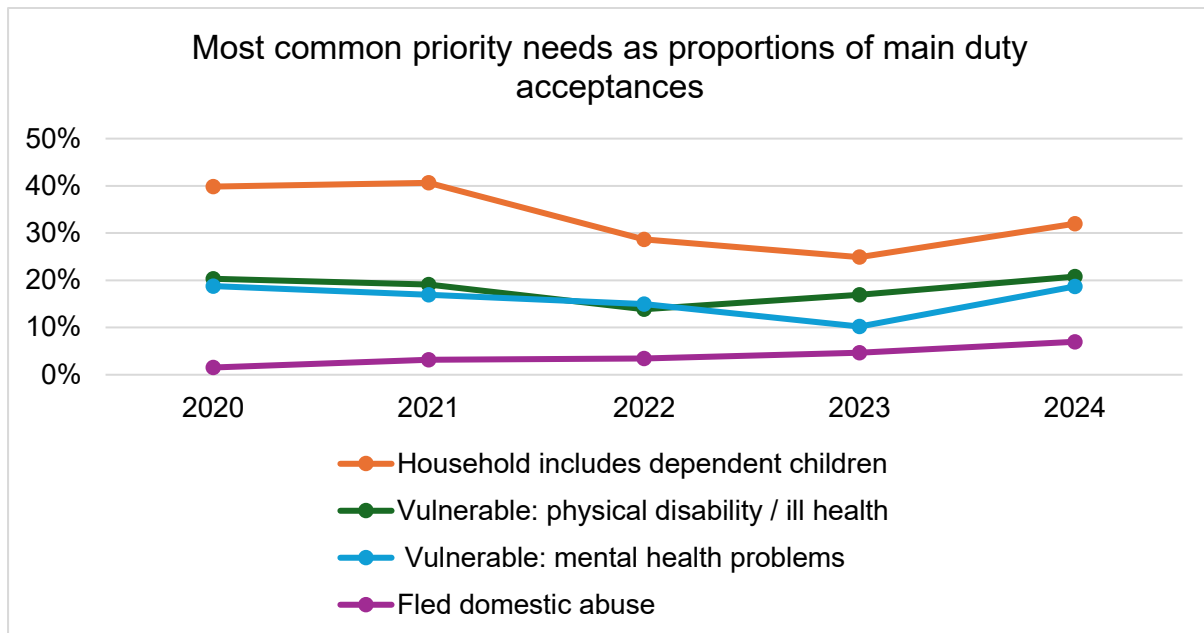
The main housing duty

If it is not possible to prevent or relieve a household's homelessness, then the council must decide whether the household meets the criteria for the main housing duty. The chart below shows the number of main duty decisions made and acceptances. Most decisions resulted in acceptance. The number of households accepted as being owed a main housing duty has increased since 2020. 261 households were accepted as owed a main duty in 2020. This figure had risen to 616 in 2024, an increase of 136%.



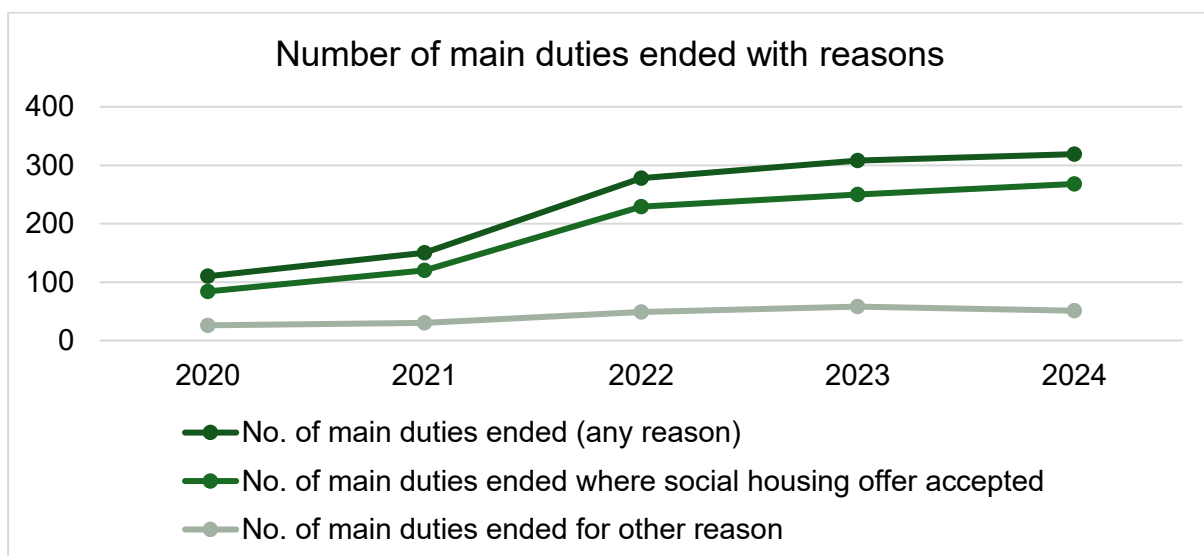
Source: Home Connections (data extracted 13 Jan 2025)

The chart below shows the most common priority needs amongst those accepted as owed a main duty. The most common priority housing needs amongst households accepted as owed a main housing duty were because the household included dependent children, physical disability or ill health, mental health problems, domestic abuse. Together these made up 70% of all households accepted as owed a main housing duty in 2024.



Source: Home Connections (data extracted 13 Jan 2025)

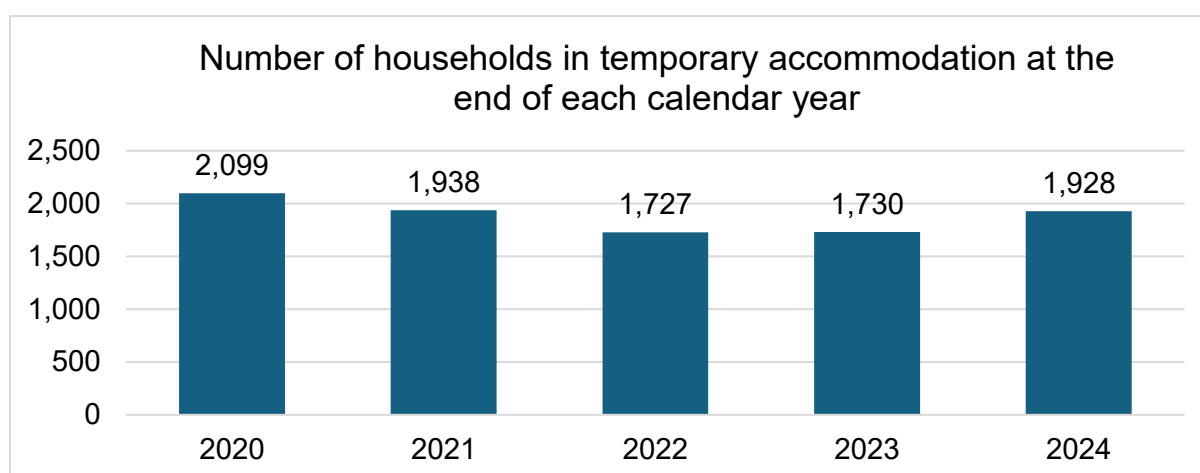
The chart below shows the number of main housing duties ended with reasons. Over the last 5 years around 82% of main duties ended with a social housing offer accepted. This proportion has remained constant even though the number of main duties accepted and ended have increased.



Source: Home Connections (data extracted 13 Jan 2025)

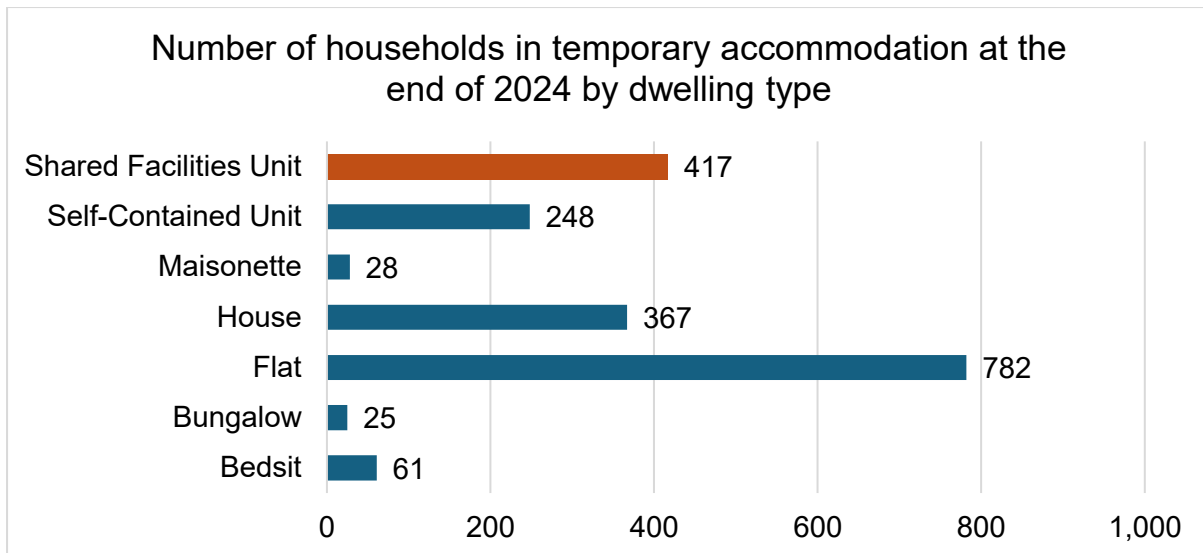
Households in temporary accommodation

If there is no other accommodation available to a household owed a relief or main housing duty, placement in temporary accommodation by the council is often the only option. Temporary accommodation can include private rented housing, council owned properties, hostels and refuges as well as Houses in Multiple Occupation, B&Bs or hotels. Although there are fluctuations over time, around 1,900 households are living in temporary accommodation at any one time. The chart below shows that after a fall in the number of households living in temporary accommodation between 2020 and 2022, numbers rose in 2023 and 2024.



Source: NEC Housing (data extracted 31 Dec 2024)

The chart below shows the number of households living in temporary accommodation by type of dwelling. All dwelling types have their own washing and cooking facilities apart from those categorised as a 'Shared Facilities Unit'. Most of these are rooms in B&B and hotels. At the end of 2024, 22% of households were in shared facilities accommodation (417 of 1,928) and 78% were in self-contained accommodation (1,511 of 1,928).

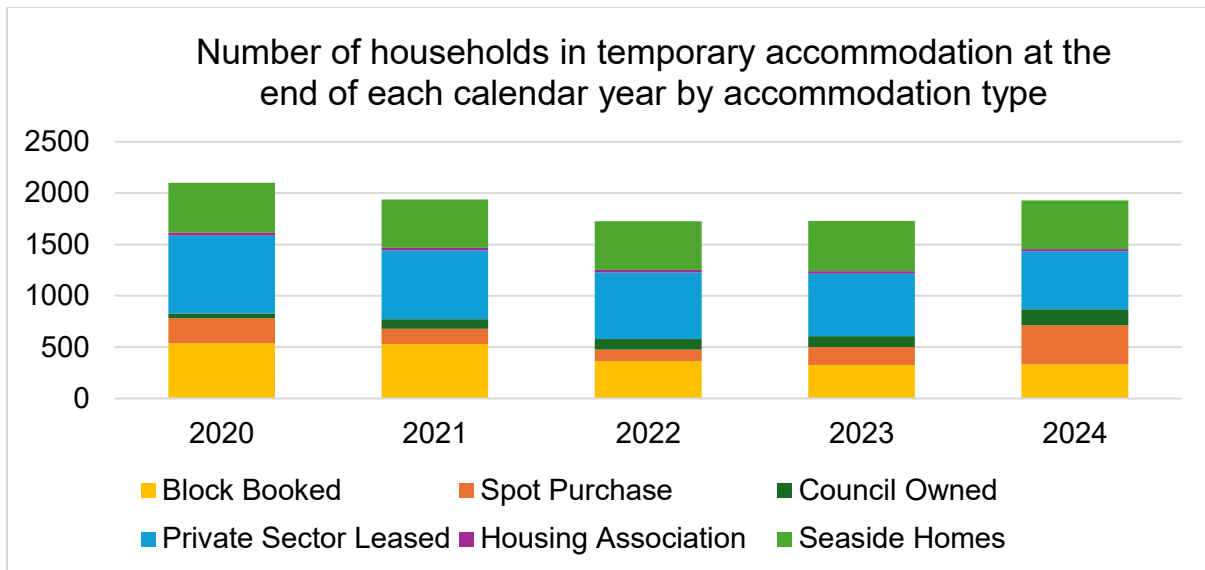


Source: NEC Housing (data extracted 31 Dec 2024)

Broadly speaking, temporary accommodation falls into two categories. The first, historically termed ‘emergency accommodation’, involves interim placement to meet immediate housing needs while a homelessness application is assessed. In the main, these placements are made using two forms of accommodation; block-booked, where units are secured for a fixed period, and spot-purchased, where units are procured in real time on a nightly basis. Spot purchased accommodation is generally the most expensive form of temporary accommodation and often involves placement in hotels, B&Bs or Houses in Multiple Occupation.

Once people are assessed to be owed a housing duty they can be placed in longer term temporary accommodation where they may stay until they secure permanent rehousing. This type of temporary accommodation usually involves use of council owned accommodation or accommodation supplied through longer terms deals with private landlords.

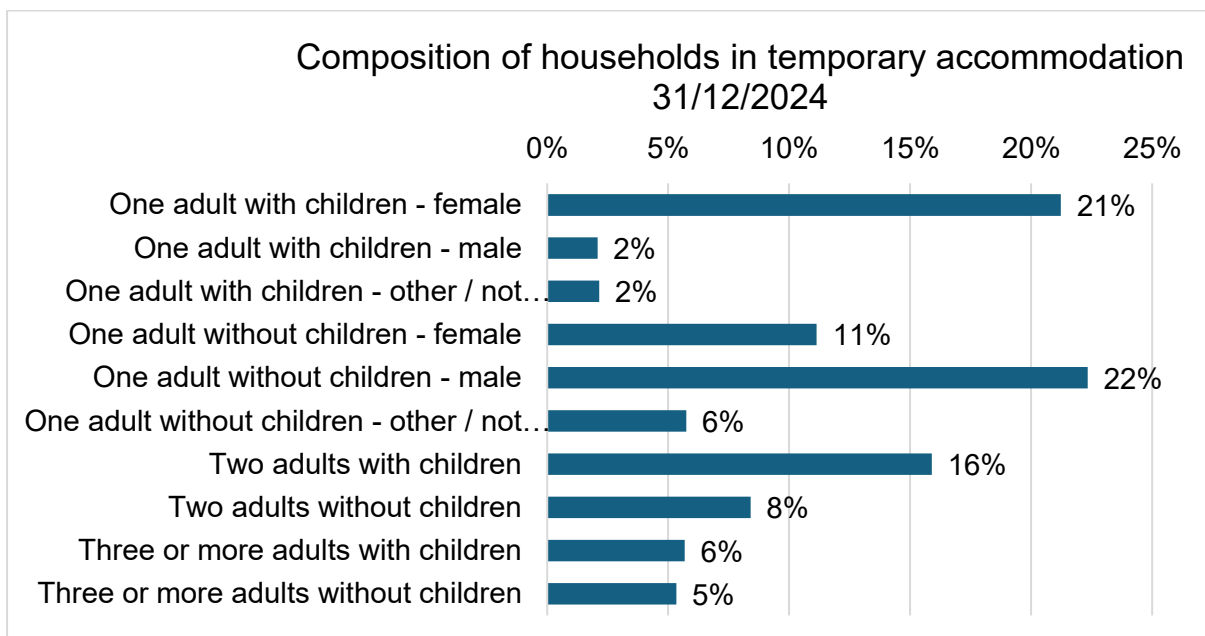
The chart below shows the use of different accommodation types by the council over the last 5 years. After a fall in the number of households placed in ‘spot purchased’ accommodation, the use of spot purchased temporary accommodation rose in 2023 and 2024.



Source: NEC Housing (data extracted 31 Dec 2024)

The cost pressures associated with temporary accommodation are discussed in more detail in the Resources chapter.

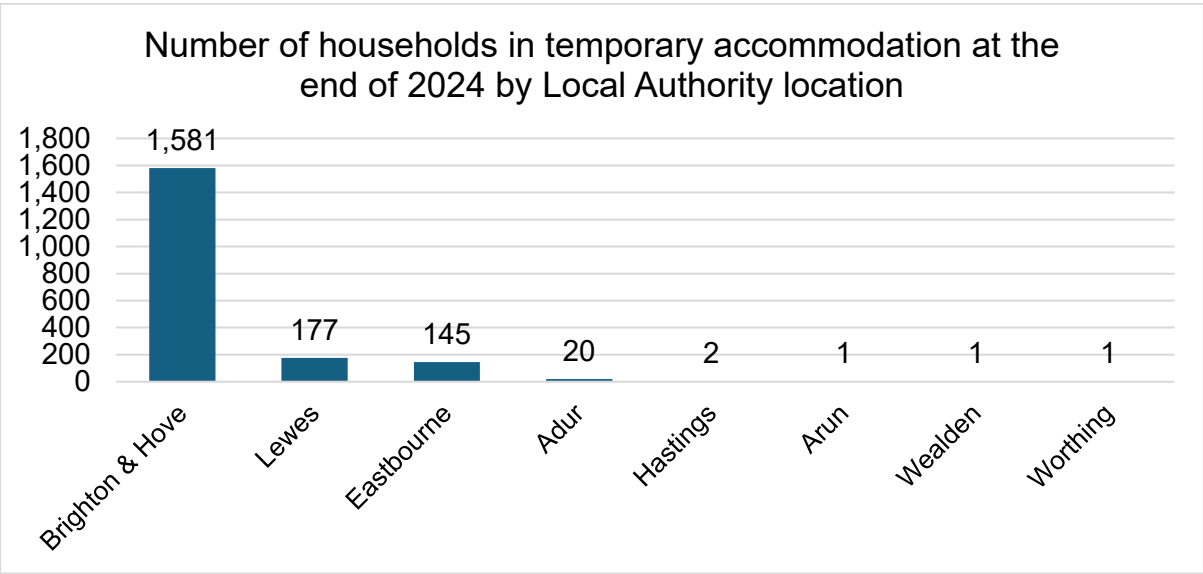
The chart below shows the proportion of households in temporary accommodation by household composition at the end of 2024. At that point 47% of households living in temporary accommodation contained children. Just under half of these consisted of a single female with children. Single male households made up 22% of households in temporary accommodation.



Source: Home Connections (data extracted 10 March 2025)

The chart below shows the location of placements for those living in temporary accommodation sourced by the council. Most households are placed in temporary

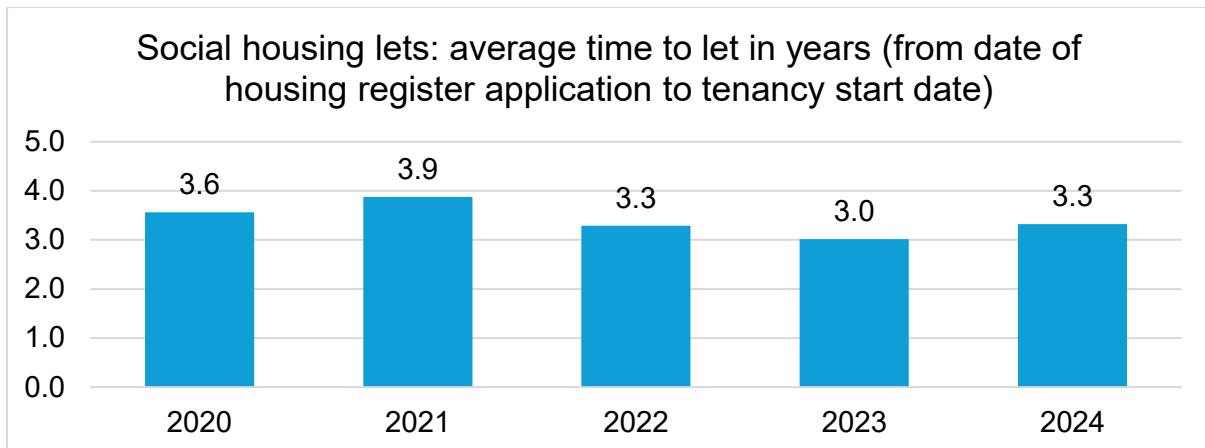
accommodation in the city, but others are placed outside Brighton & Hove. This can be because there was no suitable accommodation available within the city, on grounds of safety or other reasons. Of the 1,928 households living in temporary accommodation at the end of 2024, 1,581 (82%) were placed within the city, with 322 (16.7%) households placed in either Lewes or Eastbourne districts. Smaller numbers were placed elsewhere in East or West Sussex.



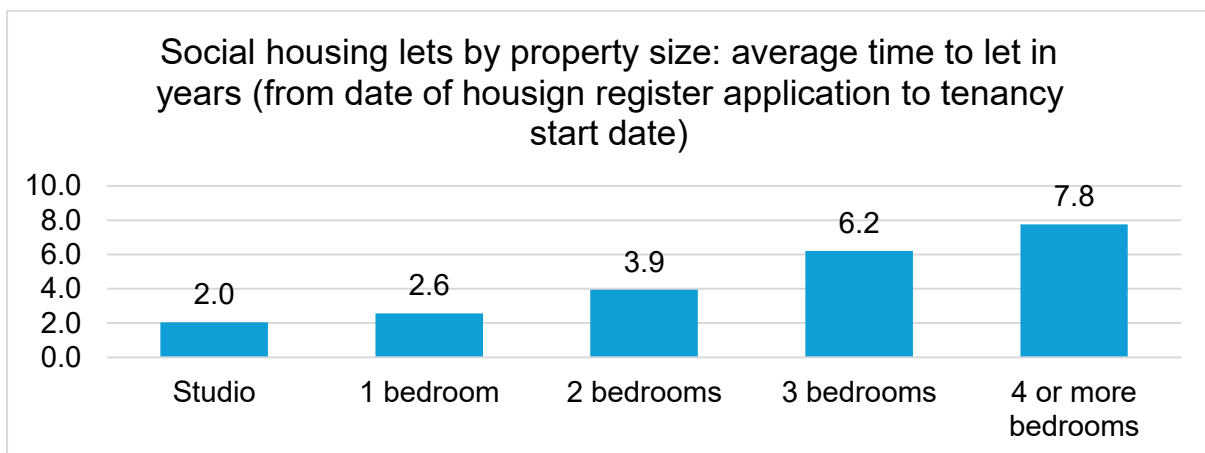
Source: NEC Housing (data extracted 31 Dec 2024)

Access to settled housing

As noted above, there is an acute shortage of social and private rented sector accommodation in the city. The charts below show the average waits for social housing and the average waits for different type of property. The average waiting time for social housing is around 3.4 years. The wait for a one-bedroom property is 2.6 years. For larger properties, suitable for families with children, the waiting time is much longer. The average wait for a 3-bedroom social rented property is 6.2 years.



Source: Home Connections (data extracted 13 Jan 2025)



Source: Home Connections (data extracted 13 Jan 2025)

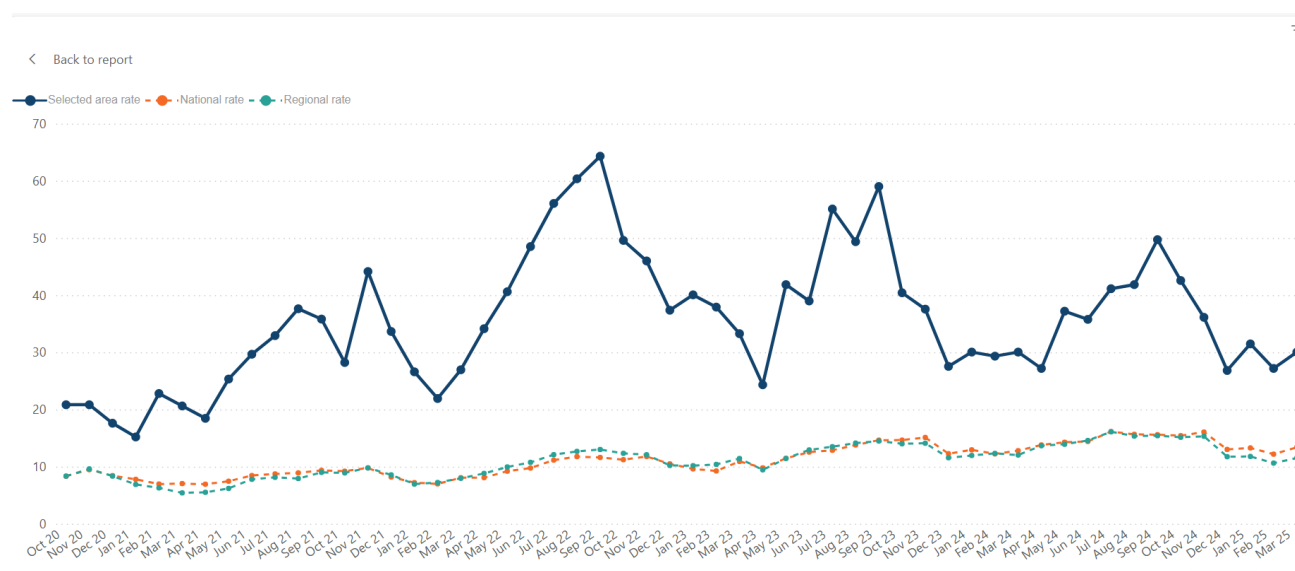
Rough sleeping

For the purposes of data collection, people sleeping rough are defined as people sleeping, about to bed down or bedded down in the open air (such as on the street, in tents, doorways, parks, bus shelters or encampments). The definition includes people in buildings or other places not designed for habitation (such as stairwells, barns, sheds, car parks, cars, derelict boats, stations or makeshift shelters). The definition of rough sleeping does not include people in hostels or shelters, people in campsites or other sites used for recreational purposes or organised protest, squatters, or travellers.

A snapshot of the number of people sleeping rough on a single night in November is captured as part of a national return each year. The figure for Brighton & Hove for 1 night in November 2024 was 76. The figure each year fluctuates widely with the lowest number recorded in 2010 (n=14) and the highest in 2017 (n=178). Although this figure is widely reported, it is probably not a reliable guide to trends in rough sleeping over time.

More detailed information on rough sleeping is recorded locally and reported as part of the national rough sleeping data framework.⁶ This uses more frequent and more detailed information about people sleeping rough to capture the dynamic nature of rough sleeping and better understand the flow of people onto and off the street over the course of a month.

The chart below shows the monthly rates of rough sleeping between October 2020 and March 2025 for Brighton & Hove, the South East and England. An estimated 84 people slept rough in Brighton & Hove during the month of ⁷ This is a rate of 30.0 per 100,000 people, significantly higher than the average for the South East (11.5) and England (13.38). Alongside Portsmouth, Brighton & Hove had the joint 19th highest rough sleeping rate in England. In the South East region, only Eastbourne (30.1), Hastings (45.1) and Reading (46.0) had higher rates. Although the rate of rough sleeping in the city fluctuates, the overall trend is rising in line with national and regional averages, with a rate of 20.0 per 100,000 for Brighton & Hove in October 2020.



Source: [MHCLG: Homelessness statistics](https://www.gov.uk/government/collections/homelessness-statistics)

During the month of March 2025, 6 people sleeping rough had left an institution or were care leavers under 25.

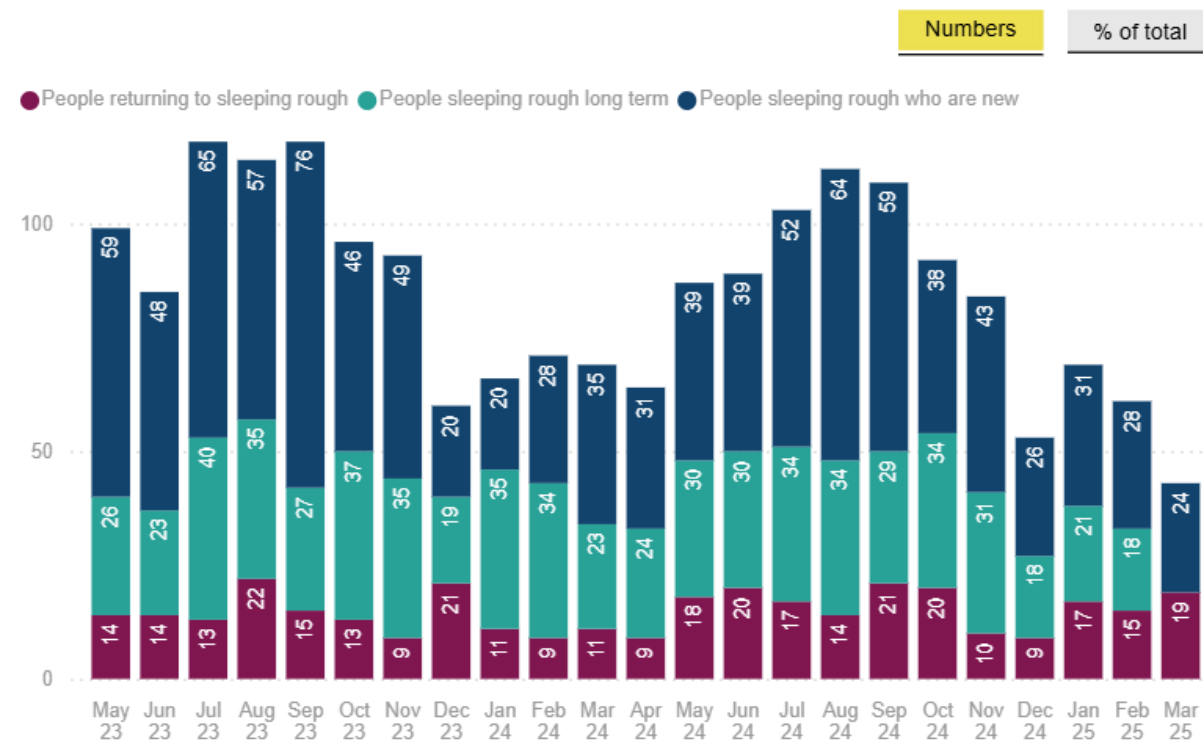
Of those sleeping rough in March 2025, 29% were new to rough sleeping (24 of 84). In that month, just under 23% of those sleeping rough were returning to rough sleeping (19 of 84). The chart below shows the number of people sleeping rough who are new, long term or returning to sleeping rough. Although numbers fluctuate, the average number of

⁶ Ministry of Housing, Communities and Local Government
<https://www.gov.uk/government/collections/homelessness-statistics>

⁷ Ministry of Housing, Communities and Local Government, *Homelessness statistics*,
<https://www.gov.uk/government/collections/homelessness-statistics>

people per month sleeping rough who were sleeping rough long term between May 2023 and March 2025 was 24.

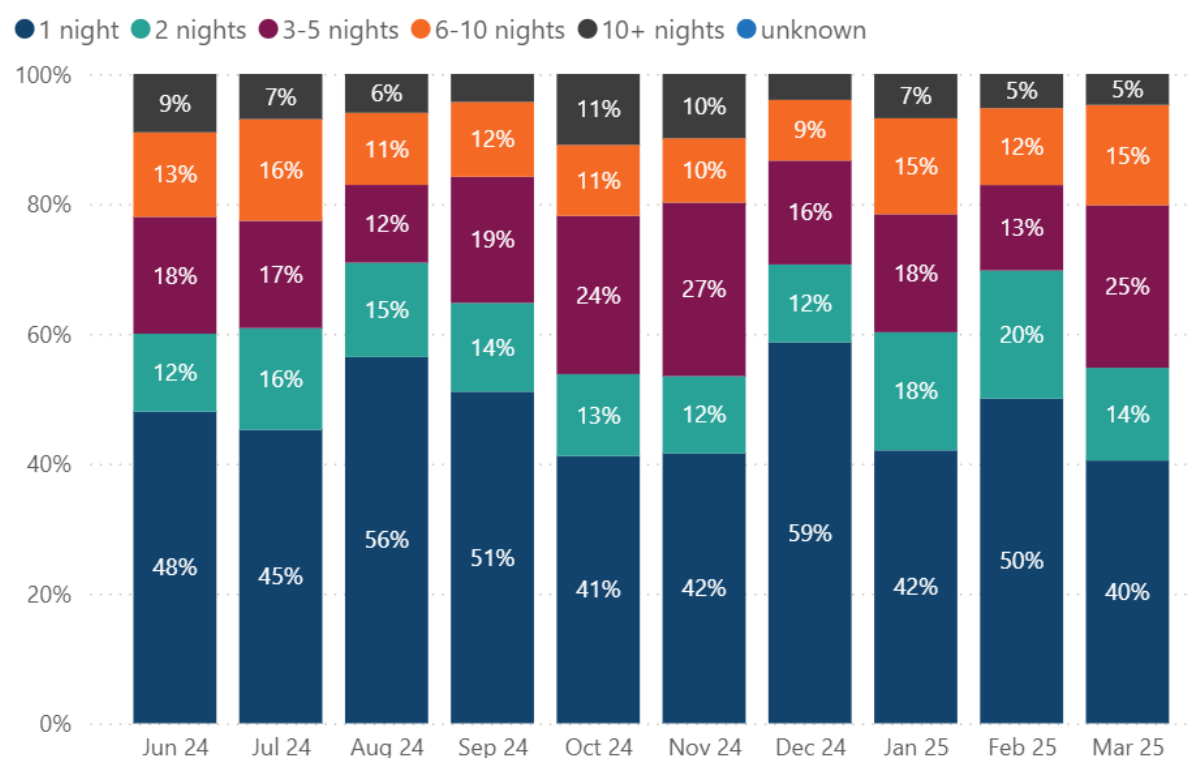
People estimated to be sleeping rough over the month who are new, long term or returning



Source: [MHCLG: Homelessness statistics](#)

During the month of March 2025, 40% of people were seen sleeping rough on 1 night, with 5% sleeping rough for more than 10 nights. The chart below shows the proportion of those sleeping rough for 1 night or more in the last 6 months.

Number of nights people seen sleeping rough in the last 6 months



Source: [MHCLG: Homelessness statistics](#)

The annual snapshot captures some data on age, gender and nationality, something not available from the monthly rough sleeping data. Of the 76 people sleeping rough on 1 night in November 2024, 3 (3.9%) were aged 18-25, 70 (92.1%) were 26 and over, (age was not recorded for 3 people). There were no children under 18 years old. Most people sleeping rough were men, with 69 (90.8%) recorded as male and 5 (6.6%) were recorded as female (gender was not captured for 2 people). Nationality was captured for 70 of the 76 people sleeping rough, with 48 (63.1%) recorded as UK nationality, 9 (11.8%) EU nationals, and 13 (17.1%) non-EU nationals.

Hidden homelessness

The number of households experiencing homelessness is likely to be higher than council and national data shows. Some people do not approach the council for help and there is no consistent or agreed way of capturing the number of those who are experiencing homelessness but who are not recorded in the official figures. The Office

for National Statistics is working to address the challenge of quantifying levels of hidden homelessness.⁸ They found that women, young people and people from ethnic minority groups are more likely to be under-represented in official figures.

In 2024, Change Grow Live and Brighton & Hove City Council contributed to the third national women's rough sleeping census.⁹ The census looks at women who have 'nowhere safe to stay' rather than just those sleeping rough according to the official definition. The census findings show that women are significantly underrepresented in the official snapshot figures both locally and nationally. The report argues that a lack of visibility means that women are less able to access services and accommodation, and that current policies, strategies and funding models do not recognise or address the true scale and nature of women's rough sleeping.

Findings from the national survey indicated that rough sleeping is rarely a standalone experience for women. Most of them oscillate between rough sleeping and other forms of homelessness, meaning that traditional approaches to addressing rough sleeping and statutory homelessness may be ineffective for women without children in their care.

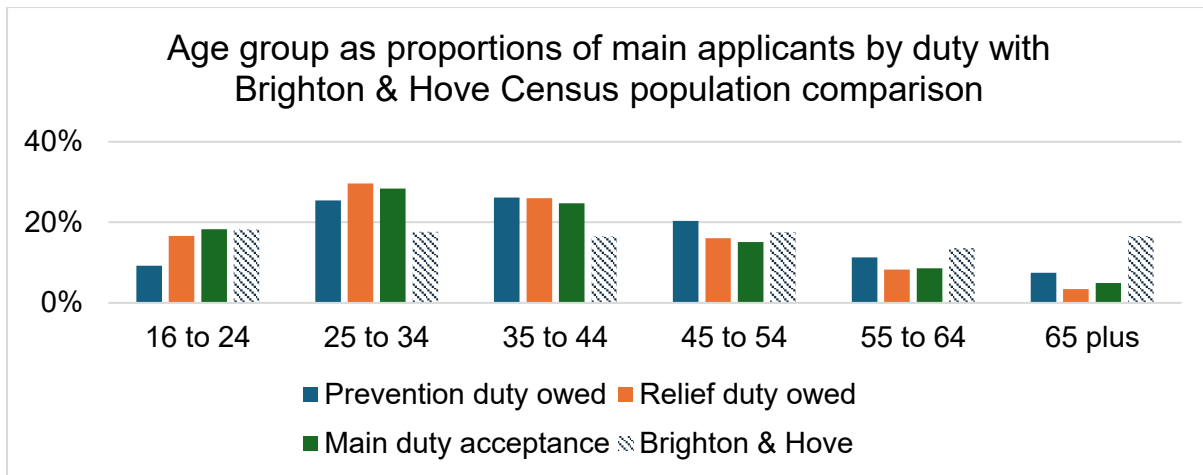
Who experiences homelessness?

Although homelessness can affect anyone, council data shows that certain groups are more at risk of experiencing homelessness compared with the city's population as a whole. The numbers and proportions given below relate to the period 2020 to 2024.

The chart below shows the age group of main applicants compared with the city population. Between 2020 and 2024, people aged between 25 and 44 were significantly over-represented amongst those owed a prevention, relief or main housing duty compared to the city's population. People over 55 were under-represented.

⁸ Office for National Statistics, 2023, *"Hidden" homelessness in the UK: evidence review*
<https://www.ons.gov.uk/peoplepopulationandcommunity/housing/articles/hiddenhomelessnessintheuk/evidencereview/2023-03-29>

⁹ Solace, 2024, *How do we sleep at night? Women's rough sleeping census 2024*
<https://www.solacewomensaid.org/womens-rough-sleeping-census/>



Source: Home Connections (data extracted 13 Jan 2025)

Children (aged 0-17) are usually part of households where the main applicant is an adult. This means that they are not captured in the time series data on main applicants (with the exception of 16-17 year olds where they are the main applicant). Data on the numbers of children in temporary accommodation is only available from 31 March 2024, so it is not possible to identify a trend in numbers. From the data we do have, it is clear that children are significantly over-represented amongst those experiencing homelessness in the city. Shelter estimated that there were 1,411 children in Brighton & Hove experiencing homelessness on 30 June 2024. This figure was 39.4% of the 3,580 people they estimated to be experiencing homelessness on that date.¹⁰ At the Census 2021 children made up 17.1% of the city's population.¹¹

47% of the households living in temporary accommodation at the end of December 2024 had children. The rate of households with children living in temporary accommodation in Brighton & Hove was 5.73 per 1000 households. This is higher than the national rate of 3.5 per 1000 households.

National evidence indicates that homeless young people may be underrepresented in official statistics.¹⁹ The table below shows the number of main applicants aged 16 to 24 at time of application. While the number assessed as owed a prevention or relief duty have remained broadly stable over the last 5 years, the number accepted as owed a main housing duty has more than doubled.

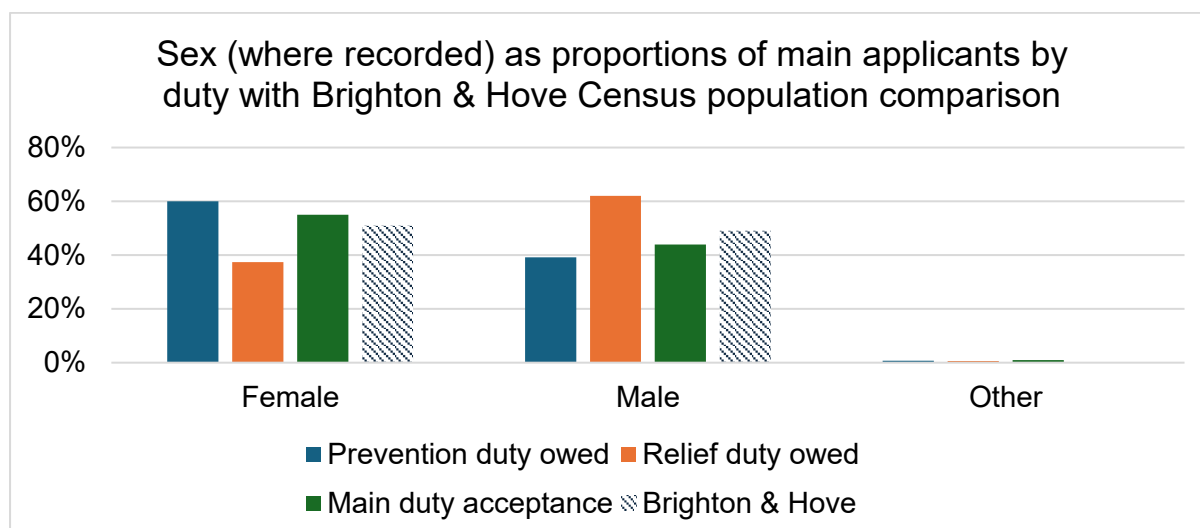
¹⁰ Ministry of Housing, Communities & Local Government, Homelessness statistics, <https://www.gov.uk/government/collections/homelessness-statistics#statutory-homelessness>

¹¹ Census 2021

Number of main applicants aged 16 to 24 per year	Prevention duty owed	Relief duty owed	Main duty acceptance
2020	50	231	52
2021	27	175	48
2022	41	174	98
2023	58	172	89
2024	79	203	116

Home Connections (data extracted 13 Jan 2025)

The chart below shows recorded sex of main applicants by duty compared with the population of the city. Women comprised 51% of the population at the 2021 Census. Between 2020 and 2024, women made up 60% of those owed a prevention duty, 37% of those owed a relief duty and 55% of those owed the main housing duty. A greater proportion of men (62% compared with 49% of the city's population) were owed a relief duty by the council.¹²



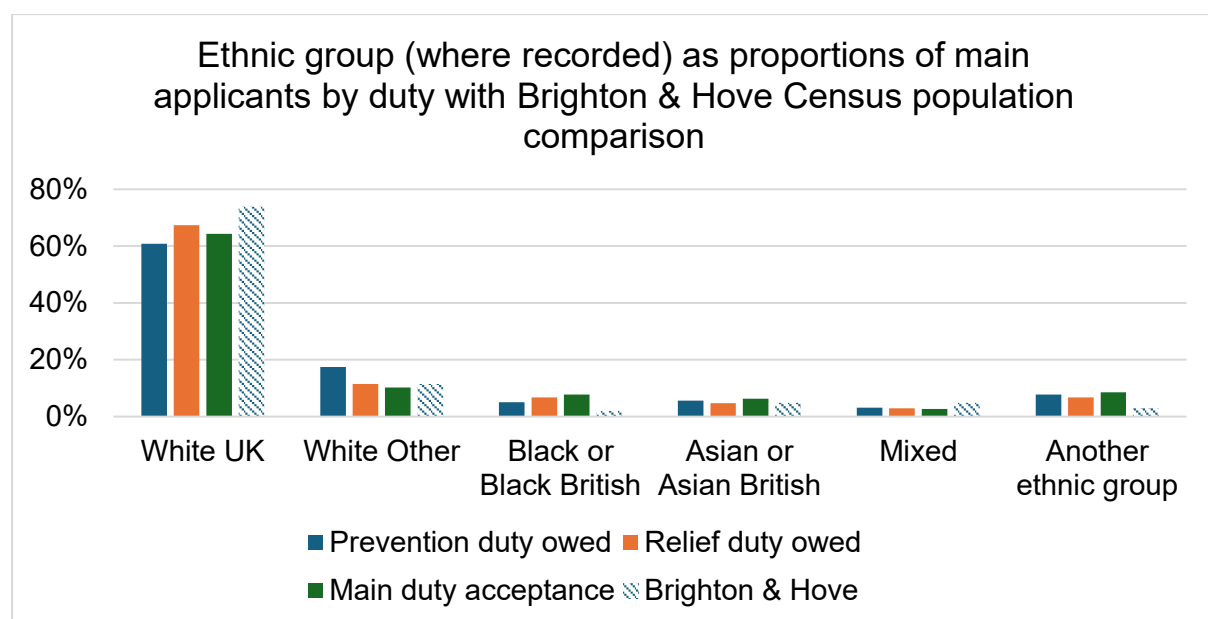
Source: Home Connections (data extracted 13 Jan 2025)

Gender identity refers to a person's sense of their own gender, whether male, female or another category such as non-binary. This may or may not be the same as their sex registered at birth. Data is collected by the council on gender identity using the question 'Is your gender the same as the sex you were registered at birth?'¹³ The number of people who responded to this question is low. Between 2020 and 2024, of those who, 26 were owed a prevention duty, 71 were owed a relief duty, and 35 were owed a main housing duty.

¹² Both the council's data recording system and the Census ask, 'What is your sex?'. The target concept of the question in the Census is sex as recorded on legal/official documents.

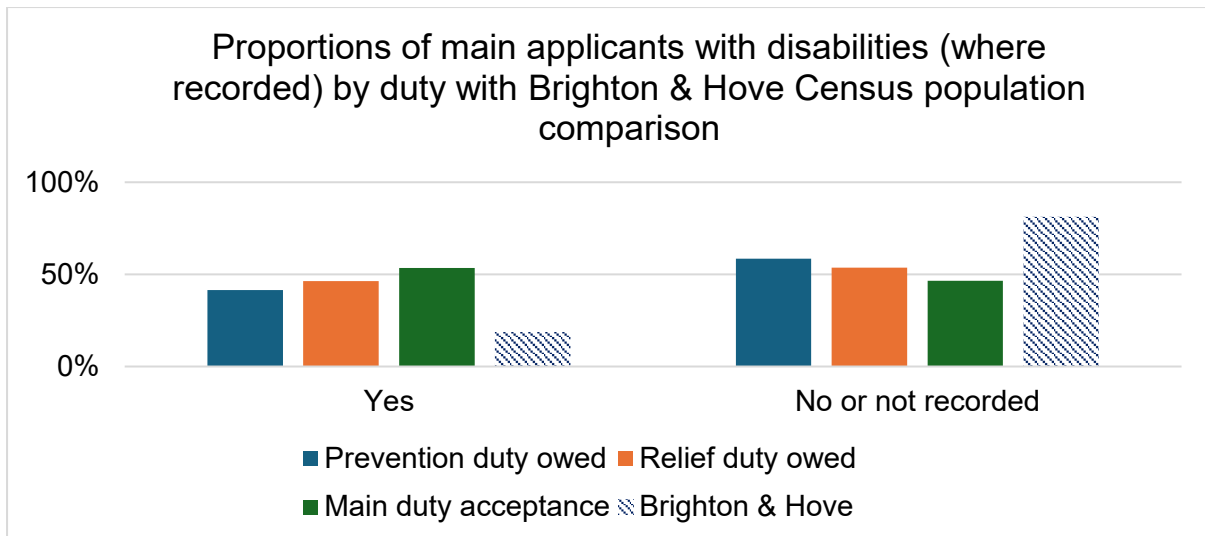
¹³ This is similar to the UK Census 2021 question 'Is the gender you identify with the same as your sex registered at birth?'

The chart below shows ethnic group of main applicants as proportions compared with the overall population of Brighton & Hove by duty owed. Between 2020 and 2024, people of White UK ethnic background made up 61% of those owed a prevention duty, 67% of those owed a relief duty, and 64% of those owed the main housing duty. This group comprises 71% of the population of the city at the 2021 Census. People from White Other ethnic groups were over-represented amongst those owed a prevention duty compared to the city's population (17% compared to 12%). People from Black and Black British ethnic backgrounds are overrepresented amongst those owed all three duties by the council. These ethnic groups comprise 2% of the population of the city but 5% of those owed a prevention duty, 7% of those owed a relief duty and 8% of those owed a main housing duty.



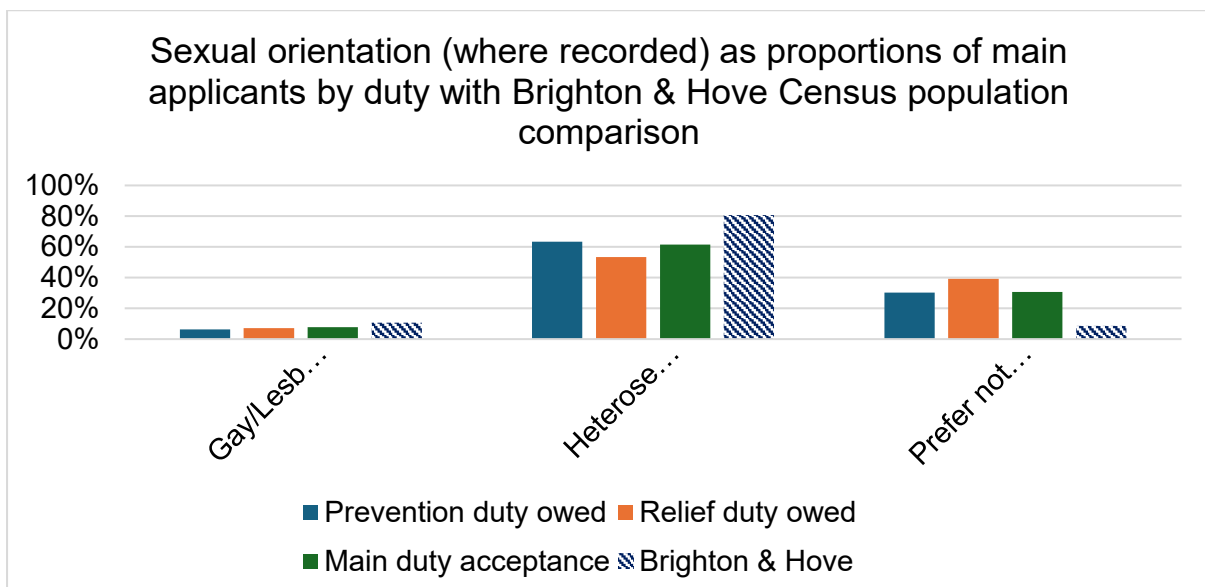
Source: Home Connections (data extracted 13 Jan 2025)

The chart below shows the proportions of main applicants recorded as having disability related support needs compared with the overall population of Brighton & Hove by duty owed. This includes people with physical ill health or disability, people with a history of mental health problems and people with learning disabilities. Disabled people comprised 19% of the city's population at the 2021 Census. Disabled people are significantly overrepresented amongst those owed all 3 duties. Between 2020 and 2024, disabled people made up 42% of those owed a prevention duty, 46% of those owed a relief duty, and 54% of those owed a main housing duty.



Source: Home Connections (data extracted 13 Jan 2025)

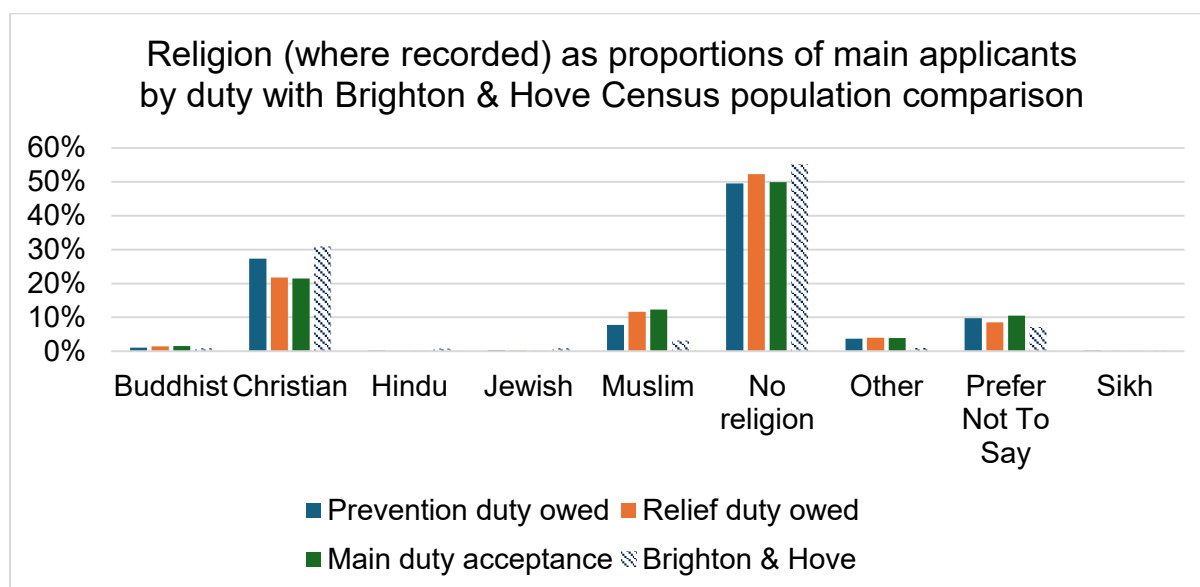
The chart below shows the proportions of recorded sexual orientation of main applicants by housing duty. Between 2020 and 2024, people who identified as Lesbian, Gay, Bisexual or Other sexual orientation assessed as owed a housing duty were underrepresented compared to the population of the city as a whole. They made up of 6% of those owed a prevention duty, 7% of those owed a relief duty, and 8% of those owed a main housing duty. People recorded as Lesbian, Gay, Bisexual or Other sexual orientation comprised 11% of the city's population at the 2021 Census.



Source: Home Connections (data extracted 13 Jan 2025)

The chart below shows the recorded religion of main applicants by housing duty. People whose religion was recorded as Muslim were significantly overrepresented. They made up 8% of those owed a prevention duty, 12% of those a relief duty and 12% of those

owed a main housing duty. People recorded as Muslim comprised 3% of the population of the city at the 2021 Census.



Source: Home Connections (data extracted 13 Jan 2025)

The numbers and proportions of people owed a duty who are at risk of or who have experienced domestic abuse, sexual abuse or who are victims of modern slavery can be found in the tables on support needs in the next section. In 2024, 6% of those owed a prevention duty, 12% of those owed a relief duty and 16% of those owed a main duty were at risk of or had experience domestic abuse.

The table below shows the employment status of the main applicant over 5 years from 2020 to 2024. For all 3 housing duties a significant proportion of applicants were either registered unemployed or not working because of long term sickness or disability.

Employment status of main applicant	Prevention duty owed	Relief duty owed	Main duty acceptance
At home/not seeking work (including looking after the home or family)	5%	3%	7%
Don't know / Refused	4%	9%	5%
Full-time student	1%	1%	1%
Not registered unemployed but seeking work	2%	3%	2%
Not working because of long term sickness or disability	21%	24%	26%
Other	1%	2%	1%
Registered employed but currently off work due to ill health / disability on reduced or SSP	1%	1%	1%
Registered employed but currently off work on maternity/paternity/adoption leave on reduced or statutory pay	1%	0%	1%
Registered unemployed	25%	39%	31%
Retired (including retired early)	5%	2%	4%
Training Scheme / apprenticeship	0%	0%	0%

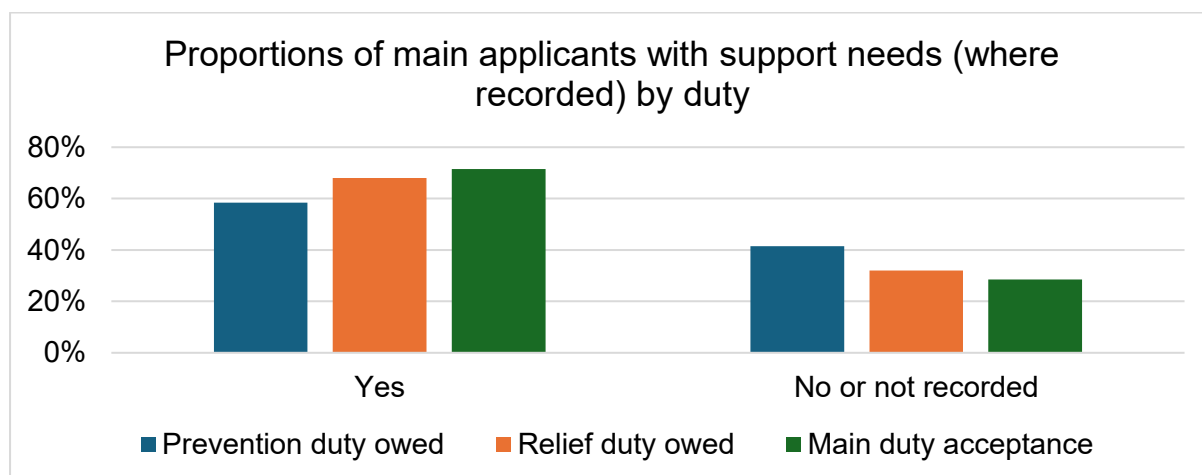
Working: 30 hours a week or more (contracted, regular or guaranteed)	13%	6%	7%
Working: irregular hours with variable or irregular pay	2%	1%	1%
Working: less than 30 hours a week (contracted, regular or guaranteed)	17%	6%	11%
Not recorded	2%	2%	2%

Source: NEC Housing (data extracted 31 Dec 2024)

Data on other characteristics, including protected characteristics, are recorded as support needs in the section below. Whilst some characteristics are in themselves predictive of risk or vulnerability, it is clear that these characteristics intersect with each other and with life events such as loss of employment, relationship breakdown or ill health to heighten risk and vulnerability.

Support needs of people experiencing homelessness

Of those assessed as owed a housing duty by the council, most had one or more support needs. Support needs were recorded for 58% of those owed a prevention duty, 68% of those owed a relief duty and 71% of those owed a main duty.



Source: Home Connections (data extracted 13 Jan 2025)

The table below shows the recorded support needs of main applicant in households owed a housing duty by the council in 2024. Applicants may have more than one support need, so these categories overlap. For those households owed a relief duty, and therefore likely to be placed in temporary accommodation, the 5 most common support needs were 'history of mental health problems' (35% of those owed a relief duty), 'physical ill health and disability' (22%), 'drug dependency needs' (12%), 'At risk of/has experienced domestic abuse' (12%) and 'Alcohol dependency needs' (10%). The support needs of other members of the household are not recorded.

Support needs (overlapping categories)	Prevention duty owed	Relief duty owed	Main duty accepted
Access to education, employment or training	87	96	30
Alcohol dependency needs	100	574	148
At risk of/has experienced abuse (non-domestic abuse)	53	224	95
At risk of/has experienced domestic abuse	170	707	351
At risk of/has experienced sexual abuse/exploitation	51	199	78
Care leaver aged 18-20 years	8	72	33
Care leaver aged 21+ years (Retired)	8	74	20
Difficulties budgeting	187	133	55
Drug dependency needs	115	717	160
Former asylum seeker	58	163	72
History of mental health problems	737	2,020	816
History of repeat homelessness	81	515	104
History of rough sleeping	46	500	75
Learning disability	109	266	121
Offending history	73	605	118
Old age	95	74	43
Physical ill health and disability	628	1,238	659
Served in HM Forces	3	18	3
Victim of modern slavery	8	21	7
Young parent requiring support to manage independently	20	47	35
Young person aged 16-17 years	8	14	4
Young person aged 18-25 years requiring support to manage independently	74	278	111

Source: Home Connections (data extracted 13 Jan 2025)

Health and homelessness

Ill health can be both a cause and a consequence of homelessness. We know from national research that people experiencing homelessness have poorer physical and mental health than the general population.¹⁴ Avoidable and unfair differences in health are more likely the longer a person experiences homelessness. Experiencing homelessness also impacts how people access health services. Health inequalities between those experiencing homelessness and the general population are due to a range of systemic, social, practical and administrative barriers.

Homeless Link, in their 2021 national survey of 2,776 people experiencing homelessness, found that:

- 63% had a long-term illness, disability or infirmity

¹⁴ Homeless Link, 2022, *Unhealthy State of Homelessness 2022* <https://homeless.org.uk/knowledge-hub/unhealthy-state-of-homelessness-2022-findings-from-the-homeless-health-needs-audit/>

- 82% had a mental health diagnosis
- 45% reported self-medication with drugs or alcohol to help them cope
- 97% reported registration with a GP or homeless healthcare centre
- 53% were registered with a dentist
- 48% reported use of A&E services in the last year - three times more than the general population
- 38% had been admitted to hospital in the past 12 months
- 37% of hospital admissions related to a physical health condition, and 28% related to a mental health condition, self-harm or attempted suicide
- Of those admitted to hospital nearly a quarter (24%) had been discharged to the streets
- 33% of respondents reported that on average they eat only one meal a day

A review by the Local Government Association reported that a third of those sleeping rough are not registered with a GP and have an Accident and Emergency attendance rate eight times higher than the general population.¹⁵

National data from the Office for National Statistics indicate that in 2021 there were an estimated 741 deaths of people experiencing homelessness in England and Wales.¹⁶ Most of these deaths occurred in men (87.3%). Almost 2 in 5 deaths (35%) in homeless people were related to drug poisoning. There were an estimated 99 suicide deaths and 71 alcohol-specific deaths, accounting for 13.4% and 9.6% of deaths respectively. The average age of death for men in this cohort was 45 years and 43 years for women. This is compared to 77 years for men and 81 years for women in the general population.

The last comprehensive audit of the health needs of people experiencing homelessness in Brighton & Hove was undertaken in 2014.¹⁷ The sources cited below contain more recent data and evidence.

The [Health Counts 2024](#) survey was conducted by Brighton & Hove City Council and the University of Brighton. Of the 16,729 people who responded, 0.9% (n = 161) reported living in 'temporary or emergency accommodation'. Examples given in the survey of this

¹⁵ Local Government Association, 2017, *The Impact of Homelessness on Health: A Guide for Local Authorities*
https://www.local.gov.uk/sites/default/files/documents/22.7%20HEALTH%20AND%20HOMELESSNESS_v08_WEB_0.PDF

¹⁶ Office for National Statistics, Deaths of homeless people in England and Wales: 2021 registrations
<https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/bulletins/deathsofhomelesspeopleinenglandandwales/2021registrations>

¹⁷ Brighton & Hove City Council, 2014, *Brighton & Hove Homeless Health Needs Audit*
<https://www.brighton-hove.gov.uk/files/sites/bhconnected/files/Brighton%20and%20Hove%20Homeless%20Health%20Needs%20Audit%20FINAL.pdf>

type of accommodation included ‘shelter, sofa surfing, and bed & breakfast accommodation’. Trend data are not available.

Health Counts data show that there are significant health inequalities across a broad range of health and social issues affecting people living in temporary accommodation. The report found that those living in temporary and emergency accommodation were less likely to report being in good health than the population of the city overall. They were more likely to report poor mental health and unhealthy lifestyle behaviours. They were also more likely to report being fairly or very worried about their housing conditions (including damp, cold and leaks) and feeling unsafe or unsupported in their homes and local area when compared with the general population.

The tables below show that those living in temporary or emergency accommodation were more likely to report a range of issues indicating poor health and less likely to report factors that protect health. The % figures are for temporary and emergency accommodation compared with the general population.

Health and disability •be a disabled adult (67% vs. 37%) •report anxiety (72% vs. 38%) •have self-harmed in the last 12 months (20% vs. 9%) •have thought of taking their own life in the past 12 months, even though they wouldn't actually do it (48% vs. 25%) or have ever made an attempt to take their own life (24% vs. 12%) •never visit the dentist (29% vs. 10%)	Lifestyle •smoke (47% vs. 17%) •binge drink daily or almost daily (7.3% vs. 2.4%) •to have used drugs that were not prescribed for them and were not available at a chemist/pharmacy in the last year (35% vs. 20%) •experience gambling related harm (62% vs. 19%) •have done less than 30 minutes of sport or fitness activity in the last week which raised their breathing rate (64% vs. 53%)	Safety and social support •feel very or a bit unsafe at night (60% vs. 34%) •feel very or fairly worried about physical violence against themselves (36% vs. 22%) •to be fairly or very worried about housing conditions such as damp, cold and leaks (56% vs. 21%) •to be fairly or very worried about being sexually assaulted/raped (34% vs. 21%)
Health and disability •report being in good or better health (33% vs. 69%) •clean their teeth twice a day (or more) (66% vs. 75%)	Lifestyle •eat five or more portions of fruits or vegetables (37% vs 49%) •spend free time in nature at least monthly (79% vs 89%)	Safety and social support •have a very or fairly strong feeling of belonging to their local area (35% vs. 53%) •if ill in bed and need help, have someone they could ask (51% vs. 70%) •feel very or fairly satisfied with the local area as a place to live (55% vs. 81%)

The [Brighton & Hove Multiple Complex Needs JSNA 2020](#) reported particularly poor health outcomes in those experiencing homelessness with other compounding needs, particularly mental health needs and substance use issues. Changing Futures Sussex publish a quarterly audit of people with multiple compound needs in contact with

homelessness and housing services in Brighton & Hove.¹⁸ People with multiple compound needs experience some of the poorest health outcomes of any population group. The term multiple compound needs (MCN) is defined by the national Changing Futures programme as three or more of homelessness, substance misuse, mental health issues, domestic abuse, and contact with the criminal justice system.¹⁹

The Q4 2024/25 audit report provides information about co-occurring needs alongside homelessness including mental and physical health, substance misuse, domestic abuse, history of offending and whether people are accessing support for their needs. 1909 individuals are represented in the audit of data supplied by 27 support providers. 37% clients (n = 704) were experiencing homelessness. Of this group:

- 88% were experiencing mental health needs
- 77% were experiencing substance use issues
- 53% had historic or current involvement in the criminal justice system
- 44% had a physical health need
- 31% were affected by domestic abuse
- 59% were homeless with 2 other needs; 33% were homeless with 3 other needs; and 8% were homeless with 4 other needs
- Most were male (67%), White British and aged between 35-44 years
- 88% were registered with a GP

A 2025 internal audit of deaths in temporary and supported housing conducted by Brighton & Hove City Council found that most deaths were due to overdose, cardiac arrest, suicide and chronic illness, with an average age at death of 48 years.

An audit of drug deaths in the city in 2024 found that many of those who died experienced multiple compound needs as well as unemployment, poor or insecure housing, insecure or unstable income, financial difficulties, or poor family or social support networks.²⁰ In the 12 months prior to death, 50% had experienced significant changes in their housing situation – including eviction, concerns regarding cuckooing, prison release, moving to and from Brighton & Hove or moving into student accommodation. Twenty percent were homeless (living in supported, emergency or temporary accommodation, sofa surfing or sleeping rough). Over a third (36%) may have met the criteria for a referral to the Changing Futures programme.

¹⁸ Changing Futures Sussex, *Brighton & Hove Multiple Needs Audit Reports*, <https://www.changingfuturesussex.org/learning>

¹⁹ Ministry of Housing, Communities and Local Government, *Changing Futures: changing systems to support adults experiencing multiple disadvantage*, 2020
<https://www.gov.uk/government/publications/changing-futures-changing-systems-for-adults-experiencing-multiple-disadvantage>

²⁰ Brighton & Hove City Council, 2025, *Audit of Drug Deaths 2024*

Data from Arch Healthcare, a GP practice specialising in healthcare for people experiencing homelessness, indicates that of a practice population of around 1,600 patients:

- Most were male (79% male, 21% female)
- The mean age is 41.6 years
- 80.1% are White, 5% Mixed/Multiple ethnic groups, 4.6% Black/ African/ Caribbean/Black British; 2.8% Asian/Asian British; 2.8% Other ethnic group; 4.6% Unknown
- There are around 40 children registered with the practice
- 54% of patients were coded as having depression, 44% anxiety and 12% PTSD
- 20% were coded as having self-harmed (this is reportedly more common and may not always be coded)
- 28% of patients were coded for substance use, 26% alcohol dependence and 74% were smokers
- 8% were coded as having COPD, 2% Coronary Heart Disease, 8% hypertension, 3% Chronic Liver Disease, 4% have Type 2 Diabetes mellitus and 7% are coded as having chronic pain
- 1% of patients have a code for TB, 2% for HIV, 1% Hepatitis C and 1% Hepatitis B
- In 2024/25, there were 16,807 appointments, with 1,603 people seen and an average of 10.5 appointments per patient

Although this data provides insights, it should be interpreted with caution due to several limitations, including potential under-coding, patients in the dataset representing both those experiencing homelessness and those who have been subsequently housed. We were also unable to assess for comorbidity as the data are for individual counts.

Being frail describes when someone loses their inbuilt reserves and therefore becomes vulnerable to serious adverse outcomes from seemingly minor stressors, such as a move to short term residential placement or a trip to the emergency department.²¹

There is a growing understanding that more people are becoming homeless in later life. Those experiencing homelessness, especially those with multiple compound needs or with a history of rough sleeping, can also experience frailty at a younger age.

In Brighton & Hove, work is being undertaken to improve the identification of frailty in people experiencing homelessness. The Homeless Health and Inclusion team use the Edmonton Frail Scale to identify those who are frail. The main components of frailty in this group relate to malnutrition and mobility issues. The team are then able to organise onward support. Support could include outreach, physiotherapy, occupational therapy, hospital admission avoidance and identifying those who may require end of life care. If frailty is not identified and if chronological age and other issues like substance use are

²¹ British Geriatrics Society, 2014, *Introduction to Frailty* <https://www.bgs.org.uk/introduction-to-frailty>

focused upon, individuals are vulnerable to their needs not being adequately met, including being placed in less suitable accommodation. Quantitative data is not yet available from this work.

There is a lack of local data on the impact on homelessness on the health of children and young people. However, there is a growing body of evidence indicating that serious negative impact on health and other outcomes. Evidence submitted to the Housing, Communities and Local Government Committee in 2024-25 identifies the following common issues for children living in temporary accommodation: overcrowding, poor maintenance, lack of adequate facilities (like a kitchen, laundry and personal hygiene facilities, a desk or table for homework) and serious hazards (damp and mould, excessive cold, pests).²² Witnesses informed the select committee that poor quality accommodation can result in numerous health conditions including respiratory illness, skin problems, gastro-intestinal illness, high rates of accidents, sleep deprivation, depression and anxiety.

Analysis conducted on behalf of the All Party Parliamentary Group on Temporary Accommodation by the Shared Health Foundation estimates that temporary accommodation has contributed to the deaths of at least 74 children in the last 5 years (58 of these were under 1 year old).²³

Survey research by Shelter found that 61% of parents living in temporary accommodation felt that temporary accommodation had a negative impact on their children's stress or anxiety; 52% reported that their children's depression has worsened; and 28% said their children were finding it hard to make or keep friends due to living in temporary accommodation.²⁴ Almost half (47%) of children of those surveyed had to move schools. More than half (52%) of parents reported their children had missed days of school. Of these, more than one in three (37%) have missed more than one month. One in four (26%) parents said their children were unable to keep up or have performed poorly because of living in temporary accommodation.

The Local Government Association also identify a wide range of impacts that growing up in temporary accommodation can have on children and young people.²⁵ These range

²² UK Parliament, House of Commons: Housing, Communities and Local Government Committee, 2025, *England's Homeless Children: The crisis in temporary accommodation* <https://publications.parliament.uk/pa/cm5901/cmselect/cmcomloc/338/report.html#heading-0>

²³ All Party Parliamentary Group: Households in Temporary Accommodation, 2025, *Child Mortality in Temporary Accommodation 2025* <https://sharedhealthfoundation.org.uk/publications/child-mortality-in-temporary-accommodation-2025/>

²⁴ Shelter, 2022, *Still Living in Limbo: Why the use of temporary accommodation must end* https://england.shelter.org.uk/professional_resources/policy_and_research/policy_library/still_living_in_limbo

²⁵ Local Government Association, 2017, *The Impact of Homelessness on Health: A Guide for Local Authorities*

from disruption of access to universal healthcare like vaccinations; higher rates of infection and accidents; risk of sexually transmitted infections and unwanted pregnancies; higher rates of stress, anxiety, depression and behavioural issues; poorer educational attainment and attendance; bullying and isolation; increased experience of trauma, abuse and other adverse experiences; higher risk of exploitation, trafficking and involvement in gang or criminal activity.

Activities and services to address homelessness and rough sleeping

Services provided or commissioned by the council

The council's homelessness services covering homelessness and housing options and temporary and supported accommodation, are part of Housing People Services within the council's Homes & Adult Social Care directorate.

Broadly speaking, the council's homelessness services offer:

- Housing advice and homelessness prevention
- Allocation of social housing
- Temporary accommodation
- Landlord liaison and housing solutions
- Supported housing and rough sleeper services

For the financial year 2025/26, the total budgeted cost of providing these services is £31.4 million, which is allocated as follows:

- £28m on temporary accommodation
- £2.9 million on housing options and homelessness prevention
- £0.5 million on travellers' services

These figures include funds from the council's own resources and income from rents, charges, and government grants, including the Homelessness Prevention Grant and Rough Sleeping Prevention and Recovery Grant.

Homelessness and Housing Options

Housing advice and homelessness prevention

For households at risk of homelessness in the next 56 days, the council will try to help people remain in their current home. The things the council may do to help stop someone from losing their home include:

- Information about landlords' responsibility for repairs and maintenance.
- Advice and representation if a landlord or lender have applied to a court for an eviction order.
- Information about unlawful eviction and how landlords must follow the correct legal steps.
- Advice for those living in council housing or who want advice on applying for council housing.
- Advice on benefits and money problems
- Advice on Universal Credit help with housing costs for renters.

- Advice on how to apply for a discretionary housing payment (DHP) if universal credit or housing benefit does not cover someone's full rent.
- Advice on debt respite or 'breathing space' to give someone more time to deal with rent arrears.
- Advice for dealing with priority debts.

The initial point of contact for someone approaching the council for housing advice or support is through the Housing Advice and Triage team. As well as providing advice and information to prevent homelessness, the team process initial homelessness applications and refer these to one of three other teams within the service. These are:

- Homelessness Prevention and Relief
- Pathways and Partnerships
- Housing Allocations

The Housing Advice and Triage team deal with around 3,000 requests for housing advice and process around 1,700 homelessness applications a year.

Support and advice to prevent or relieve homelessness

Most of those who are assessed as being owed a prevention or relief duty by the council will be referred to the Homelessness Prevention and Relief team. For those who are owed a prevention duty by the council the team will focus on preventing homelessness, either by negotiating with landlords, referring applicants for additional support or linking them with properties in the private sector. However, around 70% of those making a homelessness application present at the relief stage, that is, when they are already homeless. The team will work with these applicants to agree steps that both the applicant and the council will take to secure accommodation. For most, this will mean a placement in temporary accommodation while their application is being processed.

Support and advice for people facing barriers to access or with complex or high levels of need.

The Pathways & Partnerships team carry out homelessness assessments and prevent or relieve homelessness for people facing barriers to access or who have complex or high levels of need. The team work closely with and take referrals from mental health services (Sussex Partnership NHS Foundation Trust), the Royal Sussex County Hospital, the Probation Service, services for people experiencing rough sleeping, supported accommodation services, young people aged 16-17 and care leavers aged 18-21, and people with multiple compound needs and refugees.

Allocation of social housing

Social housing is allocated by the Housing Allocation team. If someone is assessed as being owed a main housing duty, the team will assess their housing and support needs and assign them to the housing register – the waiting list for social housing. Given the

long waits for social housing, the team will also support the applicant to access housing in the private rented sector as a route out of temporary accommodation.

Temporary and Supported Accommodation

Temporary Accommodation

If the council cannot prevent a household from becoming homeless, or if the household is already homeless when they first approach to the council, the council will assess whether the household is eligible and has a priority need for accommodation.

Households who are homeless, eligible and have a priority need are offered temporary accommodation if they have no friends or family they can stay with. They must contribute towards the cost of temporary accommodation with income or Housing Benefit.

Nearly all of the council's temporary accommodation is in Brighton & Hove. However, it is not possible to procure enough temporary accommodation in the city for everyone that needs it, so a small proportion of the council's temporary accommodation is outside the city. Temporary accommodation offered by the council comprises accommodation units within council owned stock, the private rented sector, housing associations, B&B and hostels. The council has 100% nomination rights to units managed by Seaside Homes, an independent charity providing affordable social rented housing in the city.

Housing solutions

The council's Private Rented Sector and Leasing team help people avoid homelessness by securing safe, affordable, and sustainable accommodation in the private rented sector. The service currently works with over 230 landlords across the city. The offer includes property assessment and negotiation, ensuring that homes meet safety and energy standards and negotiating fair tenancy terms. Tenancy establishment supports people with viewings, tenancy agreements, and provides financial assistance such as deposits and rent in advance. Post-move support includes helping people register for benefits, council tax, and utilities, and providing essential furnishings.

The Move On service helps residents transition from temporary accommodation or hosting arrangements into settled housing. As well as supporting people to move on from temporary accommodation, the service assists people in hosting arrangements such as Homes for Ukraine, to formalise a tenancy with their host or to move on from their placement. The service provides tenancy support, financial assistance, and coordination with landlords to ensure successful transition into longer term housing. The service aims to deliver around 300 move-ons from temporary accommodation into the private rented sector and social housing per year. This target is part of a broader strategy to reduce numbers in temporary accommodation and the associated cost pressures for the council.

The council has a dedicated Tenancy Support team who work closely with vulnerable households to help stabilise tenancies and provide practical support. This includes ongoing support with budgeting, benefits, and tenancy responsibilities. Early intervention is triggered if issues arise within a tenancy, helping to prevent breakdowns.

The council also delivers several special projects. Homes for Ukraine supports Ukrainian guests through outreach, advice workshops, and tenancy support, enabling them to formalise arrangements or move into independent housing. Refugee resettlement provides financial packages and tenancy support to help refugees secure and sustain housing through the private rented sector access scheme. AFEO (Accommodation for Ex-Offenders) helps ex-offenders secure settled accommodation through tenancy support and landlord incentives.

During the pandemic, the council delivered the Everyone In programme, housing more households in a single year than at any time previously.

Commissioned services

Rough sleeping and homeless support services commissioned by the council's Homes & Adult Social Care directorate consist of a range of core and grant funded support and accommodation services delivered by voluntary, community and social enterprise organisations (with the exception of the Off Street Offer delivered directly by Brighton & Hove City Council).

Commissioned services fall into two main categories:

- Community support services which include street outreach, advice and floating support services offering support to people in community venues and their own homes.
- Accommodation based services with differing levels of support from high to low support for various client groups including homeless adults, young people, and families.

Community Support Services

Family Mediation

Family mediation is a core funded service delivered by YMCA DownsLink Group through the Youth Advice Centre. The service aims to prevent homelessness and support young people to rebuild relationships with their families. Until June 2025 the council also worked in partnership to deliver housing advice for young people through the Youth Advice Centre. The core statutory housing advice service is now delivered in full by the Council. The Youth Advice Centre receive funding separately and continue to provide youth support.

Rough Sleeper Street Outreach Service

The Rough Sleeper Street Outreach Service is a core funded service delivered by Change Grow Live. The service is responsible for identifying new rough sleepers and supporting existing ones. They engage with and assess the needs of people living on the streets and help them access accommodation, support, or with relocation when there is a support network or local connection elsewhere. This service offers a fast route away from the streets and to avoid long-term homelessness.

Change Grow Live also deliver the following grant-funded projects: Assessment & Reconnection Workers, Navigators, the Homeless Outreach Assessment Project (known as The Circle) and Surge Accommodation (The Fab).

Navigators

Navigators is a grant funded intensive support service providing tailored support for people with the most entrenched complex needs who have a history of repeat rough sleeping. The team support clients to move off the streets and to maintain accommodation, as well as linking them to support services, including mental health and drug and alcohol support. The service is due to merge with the Changing Futures team during 2025/26 to deliver a more focused multi-disciplinary approach for people who have a history of long-term rough sleeping, multiple compound needs and social exclusion.

First Base Day Centre

First Base is delivered by Brighton Housing Trust and offers a range of services to support people who are sleeping rough or are insecurely housed in the city. These include food, showers, lockers and laundry facilities, case work support, accommodation and relocation services, as well as access to health services and employment and learning support. First Base hosts a range of external organisations and health workers who use it to engage with people sleeping rough. Grant funding from the council funds two full-time equivalent staff members who work to relocate those with no local connection if there is a support network or local connection elsewhere.

Homeless Recovery Service

The Homeless Recovery Service is funded through Brighton & Hove City Council's Public Health Grant and delivered by Change Grow Live. It has around 250 service users. It offers recovery focused drug and alcohol support to people who are homeless in the city.

Accommodation based support services for young people

The council's Homes & Adult Social Care directorate commission a variety of accommodation-based services designed specifically for vulnerable young people aged 16 to 25.

Young people using these services often require support with mental health challenges and complex needs, frequently stemming from rejection and other adverse childhood experiences. These services are expected to be creative and flexible, operating within a framework of personalised, trauma-informed care.

Support is delivered in collaboration with social care services and other specialist agencies working with this age group. A mix of one-to-one and group programmes help young people to develop positive social connections, daily living skills, access to work, learning and leisure activities.

Sussex Nightstop

Sussex Nightstop is a core funded service offering emergency accommodation for young people aged 16-25 who are homeless (including sofa-surfing) or at risk of homelessness in welcoming homes with vetted and trained volunteer hosts. The service also offers support, guidance, and access to other service and information to help young people to return home or secure alternative accommodation.

Brighton & Hove Foyer

Sanctuary Supported Living deliver the core funded Brighton & Hove Foyer. This supported housing scheme offers 50 units of accommodation and support for young people in 2-to-3-bedroom shared flats. The service includes 30 medium-support bedspaces and 20 low-support bedspaces. With staff available 24 hours a day, assistance is individually tailored, preparing residents for independent living.

YMCA DownsLink Group

With core funding from the council, YMCA DownsLink Group provide accommodation-based support across various properties in Brighton & Hove. This includes units with 24-hour support, as well as semi-independent accommodation for those with lower support needs, typically those transitioning from high-support settings.

The projects include Gareth Stacey House (high support), Lansworth House (high and medium support), and Chris Batten House and Blatchington Road (both offering medium to low support).

Young Families Support Service

YMCA DownsLink Group also deliver a core funded supported accommodation for young parents aged 16 to 25 with children up to 5 years old. It adopts a trauma-informed approach and works closely with NHS and social care services.

Stopover

The core funded Stopover project delivered by Impact Initiatives offers tailored support and accommodation for vulnerable young women, including those with complex and high support needs. Stopover's eleven houses and staff team give on-going support throughout the transition from 24-hour support to living independently.

Accommodation based support services for adults

Low support accommodation services

Someone with low support needs can recognise their own needs, are fully engaged with the support offered and can seek help when they need it. Many people living in low support housing have stepped down from high or medium supported accommodation, rather than moving directly into a low support service.

Someone living in low support housing will typically have up to 2 hours individual support a week plus access to additional activities within or outside the service. They are not expected to require support from the service outside of normal office hours, being able to access help from universal services if needed.

George Williams Mews

Brighton YMCA provide 24 units of core funded self-contained accommodation. The support offered is based upon a personalised support plan. People using the service are supported to manage their accommodation in preparation for independent living. This includes claiming housing benefit, paying rent and utilities, and maintaining the condition of the property.

Quays Housing

Quays Housing provides grant funded, low support accommodation for people aged 18 and over who have been rough sleeping. The service offers 29 beds in self-contained accommodation with low-level on-site support. Residents receive 1 to 2 hours of flexible support a week, with regular contact tailored to their individual needs. They can participate in a variety of activities based on their preferences and aspirations. Support is delivered using a personalised approach within a psychologically informed environment.

St Mungo's

St Mungo's, in partnership with Clarion Housing Association, deliver a grant funded project for people needing low levels of support. The scheme comprises 23 self-contained flats, including bedsits, one-bedroom flats, and two two-bedroom flats, all let on Assured Shorthold Tenancies. Support from St Mungo's staff is available Monday to Friday from 8am to 6pm, with on-site security outside these hours.

The service takes a psychologically and trauma-informed approach, incorporating strengths-based and recovery-focused practice. Support offered is personalised and client-led, empowering people to work towards long-term independence.

Rapid Rehousing Service

Southdown deliver the grant funded Rapid Rehousing service provides move-on homes with floating support. Referrals are taken for people with low support needs currently

rough sleeping, those with a history of rough sleeping living in emergency accommodation, or those at risk of rough sleeping. The service comprises 29 private rented sector flats secured under 10-year leases and located across the city. It offers personalised, flexible support, with the goal of enabling tenants to access settled accommodation within two years. The service works closely with the council's temporary accommodation team who allocate the accommodation.

Transition and Resettlement Service

Southdown also deliver a Transition and Resettlement Service, providing floating support to help people move successfully into independent accommodation.

Commissioned with core and grant funding, it provides flexible floating support to people living in independent housing. This service is available to those who have moved directly from rough sleeping, from supported accommodation, including mental health supported accommodation, or from interim accommodation arranged by the council. It also supports people who are having difficulty living independently and sustaining their tenancy. The service works closely with the council's Housing Solutions Team. Eighty percent of referrals come through the rough sleeping and single homeless pathway with the remaining 20 percent via the mental health pathway.

Medium support accommodation services

Someone with medium support needs can engage with services but their level of engagement and motivation to change may be inconsistent and fluctuate. They will generally be able to manage with some support; however, their fluctuating needs could give rise to relapse or disengagement from services. A person with medium support needs may occasionally require access to support from staff overnight or at the weekend.

People with medium support needs will generally receive support from on-site staff or partner agencies for up to 5 hours a week. Support will need to be flexible to respond to an individual's changing support needs and aim to prevent crises or relapse. Additional group work and support to engage with off-site community activities can be part of someone's journey towards independent living.

Brighton YMCA

This core funded service provides 123 units of shared and self-contained medium support accommodation across three sites. Using psychologically informed environment, trauma-informed, and strengths-based approaches, the service tailors support to meet individual needs. It empowers clients to identify their aspirations, overcome barriers to recovery, build resilience, engage with their local community, and maximise their potential for independence. The service also offers peer-led support, in-house counselling, with on-site support for mental health, and substance misuse issues. There are daily activities, support to access work and learning opportunities,

and enhance wellbeing. Personal budgets enable clients to access activities, either on or off site.

Seagull Project

Using a personalised trauma informed model, Safe Haven Sussex deliver the grant funded Seagull Project provides safe and stable supported accommodation for single adults, to enable an ongoing period of stability and step down into lower support whilst long term options are put in place to prevent repeat homelessness. Provision of smaller units of accommodation bridges the gap between current accommodation and independence for individuals requiring medium level of support. The Seagull Project provides 36 units of accommodation in houses across the city.

Housing Led Support Service

This grant funded project accommodates 40 residents with medium-support needs. It is delivered by the same St Mungo's team as the high support Housing First service. Residents are expected to be ready to move to a lower support or independent living setting within a two- to three-year timeframe.

High support accommodation services

Someone is deemed to have high support needs if they have trauma-related support needs such as mental health issues, substance misuse, physical frailty, offending behaviour or combinations of these. Some people using these services may be ambivalent or reluctant to engage with support offered. Residents may require access to support 24 hours a day, have one to one contact time with staff for at least 5 hours a week plus additional group and community activities.

Phase One

Brighton Housing Trust's Phase One is a core funded, 52 bed hostel for single homeless people with complex support needs. The service offers a strength and needs based service, tailored to the individual resident. It offers a psychologically informed and recovery focused approach, and flexibility and personalised support along with a range of life skills, group work, peer support, network building, community involvement and leisure activities all geared to increase engagement, build resilience and support positive change.

George Williams Mews

Brighton YMCA's George William Mews service also provides 25 high support accommodation units across five shared houses, offering support within a psychologically informed environment. Residents receive help to build relationships within the community, engage in health and wellbeing activities, and explore work and learning opportunities. Access to an in-house counselling service is also available.

Equinox Care

Equinox Care's core funded women's high and medium support service offers a specialist women only support and accommodation with a personalised, gender aware and trauma informed model. The service offers 18 (9 high support + 9 medium support) units of accommodation over two sites in Hove.

The high support site has 9 beds with 24/7 staffing. It provides intensive support and accommodation for women with multiple and complex needs and offers a safe environment for stabilisation and assessment. Residents can work to develop a personalised recovery plan and address the issues that led to them becoming homeless.

The medium support site provides step down accommodation for women from the high support service who are ready to live in a lower support environment but still need the help of staff to maintain and continue their recovery. It also offers support and accommodation for women coming into the service with less complex needs.

Housing First

The core and grant funded Housing First service delivered by St Mungo's offers 60 units of high support needs accommodation. People using the service are offered a home in council housing stock with flexible and personalised support provided. The housing offer is unconditional, and support is not dependent on behaviour. Clients are seen at least weekly, often daily, with staff using an assertive support delivery model with creative, tailored approaches. The team has a personalisation fund to enable residents to engage in leisure or learning activities that align with their interests or to help them purchase items for their homes.

Off Street Offer

Off Street Offer is a grant funded accommodation-based rapid assessment and move-on service for men experiencing homelessness, including those with a history of long-term or reoccurring rough sleeping. It is delivered by Brighton & Hove City Council's Homes and Adult Social Care directorate. The service identifies a suitable accommodation option and makes appropriate referrals. It also facilitates reconnection to other local authority areas for those with recourse to public funds but who have no local connection to Brighton & Hove. The male only service has 30 units of accommodation and takes referrals from the Street Outreach Service. The service has no minimum stay but has a target for an average stay of 90 days.

Homeless Outreach Assessment Project

The Homeless Outreach Assessment Project, delivered by Change, Grow Live, is a grant funded 16 bed service. The project takes referrals from the Street Outreach Service. The service has no minimum stay but has a target for an average stay of 90 days. It

prioritises women experiencing rough sleeping and will also work with couples. It also accepts referrals for people with no recourse to public funds.

Surge Accommodation

Change Grow Live also deliver Surge Accommodation, a grant funded 14 bed service that will accept referrals for people with no recourse to public funds. It takes referrals from the Street Outreach Service and has no minimum stay.

Severe Weather Emergency Protocol provision

Change Grow Live deliver severe weather emergency provision in the city. When activated, the Severe Weather Emergency Protocol (SWEP) offers shelter to all rough sleepers in the city. The SWEP is currently activated on the forecast of 'feels like 0 degrees' as predicted on the MET office website, when there is an amber weather warning or at other times when severe weather is predicted. Shelter is provided regardless of an individual's needs or local connection. The council is required to ensure that the shelter venues are in place, are adequately staffed and are managed safely.

Services provided by the voluntary, community and social enterprise sector

Working Together, a 2021 report by Community Works, the Frontline Network, Justlife and YMCA DownsLink Group, mapped services provided by the voluntary, community and social enterprise (VCSE) sector to address homelessness in Brighton & Hove. Based on responses to a survey of 44 VCSE organisations they identified 110 VCSE organisations operating in the city, providing 204 relevant services. These covered accommodation, advice and practical support as well as help to prevent homelessness. The VCSE organisations identified included those specialising in support for people experiencing homelessness and non-homelessness-specific organisations. The information below is derived from the *Working Together* report unless otherwise stated.

The city's VCSE sector offers people experiencing homelessness a wide range of accommodation and other support services, including social connection, food, basic provisions, health and wellbeing support, life skills, training and employment advice.

In 2021, the sector provided 772 units of accommodation, including accommodation commissioned by the council and accommodation funded from other sources, including grants and charitable donations. In the previous year, with the support of VCSE organisations, 426 people achieved a positive move on from their accommodation, with 408 people securing accommodation in the private rental sector.

Of the 44 organisations who responded to the *Working Together* survey, all offered other support apart from accommodation. 41 organisations provided help with basic needs,

with the provision of food as the most common form of support, including foodbanks, food parcels and meals. Other support for basic needs included clothing, bedding, furniture, phones, and hygiene items.

Most of the organisations surveyed for *Working Together* provided help to promote independence, including developing personal resilience, pursuing interests and hobbies, and building critical life skills, such as budgeting, planning and managing conflict.

Twenty-nine organisations provided some form of advice and information, including signposting to other sources of support, 9 gave debt advice and 5 provided legal advice. Other areas of advice and information included welfare benefits and housing advice, including how to access the private rental sector. Several organisations offered advocacy, mediation, casework or key worker support.

Nine organisations offered regular drop-ins, with four providing a day centre service. Street outreach services were delivered by 5 of the organisations surveyed.

Health and wellbeing were identified as significant issues facing people experiencing homelessness. Almost half the organisations surveyed offered services to support health and wellbeing, ranging from mental health support (n=20), substance misuse (n=13), physical health (n=12) and sexual health (n=6). Others provided wellbeing activities, befriending, spiritual support and help with the welfare of people's pets.

Many organisations provided support for specific communities and groups of people including women (n=20), people with long term conditions (n=16), LGBTQI+ people (n=15), current or ex-offenders (n=14), children and young people (n=11), survivors of domestic violence (n=10), refugees (n=9) and others.

The VCSE sector also plays a significant role raising public awareness of the issues surrounding homelessness, fundraising, campaigning for change, and seeking solutions to prevent homelessness. Finally, sector plays a key role in facilitating and contributing to partnership working to address homelessness. This is addressed more fully in the section below on partnerships.

The *Working Together* report estimated that the value of services provided by the VCSE sector in the city was somewhere between £10 million and £20 million. The report points to the ability of the sector to generate additional income to tackle homelessness from grants, charitable donations and other non-statutory sources.

Homeless healthcare services

People experiencing homelessness use a broad range of healthcare services, including universal services such as primary care, community healthcare and urgent care. Access to healthcare is often disrupted by the experience of homelessness and some

healthcare services are used disproportionately by people experiencing homelessness. These include A&E and some specialist services including mental health and drug and alcohol services.

As well as universal healthcare services, there are specialist services in Brighton & Hove for people experiencing homelessness.

Arch Healthcare

Arch Healthcare offer GP services for people who are rough sleeping, living in temporary accommodation, sofa surfing or who are a traveller. With a list size of around 1,600 patients, the practice offers a full range of general practice healthcare services with GPs, nurses, and paramedics. It includes a hospital in-reach team, an outreach nursing team, and the health engagement team for people living in temporary accommodation based with Justlife. The service is commissioned by NHS Sussex and funded through the Better Care Fund.

Sussex Community NHS Foundation Trust – Health Inclusion Team

The Health Inclusion Team comprises nurses, health care assistants, a nurse prescriber, an occupational therapist, an associate therapist, and a physiotherapist. There is also a dedicated hospital in-reach nurse. With a caseload of around 150 patients, the service focuses on patients with tri-morbidity, meaning those with three or more chronic health conditions. The team works in a trauma-informed way, recognising the impact of past negative experiences on patients' engagement with services. The goal is to help patients manage their health needs and improve their engagement with both primary and secondary healthcare services. The team collaborates with other organizations, including Arch Healthcare, Justlife, and the council's housing and social care services. The service is funded through the block community health contract.

Sussex Partnership NHS Foundation Trust – Homeless Support Team

The Homeless Support team delivers mental healthcare to homeless and insecurely housed people in Brighton & Hove. With a caseload of approximately 125 patients, the service aims to provide high quality, easily accessible and flexible healthcare to people with a mental illness who are rough sleeping, living in temporary accommodation, or sofa surfing. The team does not work with people living in supported accommodation or people at risk of homelessness as these client groups are able to access mainstream or other support services.

Services for people with Multiple Compound Needs

People with Multiple Compound Needs experience 3 or more of the following: homelessness, substance misuse, mental health issues, domestic abuse, contact with the criminal justice system. Brighton & Hove Health and Care Partnership, comprising NHS commissioners and providers, the council, and the voluntary and community

sector, has agreed that Multiple Compound Needs as one of its five population health priorities for the city. The partnership is delivering a Multiple Compound Needs transformation programme to drive greater integration across specialist homeless healthcare, housing and social care services to improve outcomes for people with Multiple Compound Needs.

Changing Futures Sussex

The national Changing Futures programme is a joint initiative by the Ministry of Housing, Communities and Local Government (MHCLG) and The National Lottery Community Fund. The Changing Futures Sussex pilot programme covers East Sussex, West Sussex and Brighton & Hove. Funding was initially allocated until the end of March 2025, but the government has extended Changing Futures funding for a further year.

Changing Futures Sussex operates at individual, service and system levels. Individuals referred into the service receive flexible, trauma informed, person-centred support when they need it, leading to more periods of stability and more opportunities to make positive changes in their lives. The service operates a ‘no wrong door’ approach and coordinates support across services, thereby reducing demand on ‘reactive’ services. At the system level Changing Futures aims to build effective multi-agency partnerships with data sharing agreements and better use of data shaping service commissioning.

Changing Futures Brighton & Hove is a multi-disciplinary team (MDT) based within Brighton & Hove’s City Council’s Homes and Adult Social Care Directorate. The service has 13 full time equivalent staff comprising social workers, housing options staff, peer support workers, domestic violence and drug and alcohol specialists. With a caseload of around 120 service users, it is jointly funded by the Changing Futures Sussex grant, the city council and the NHS Better Care Fund.

The Changing Futures MDT aims to provide a holistic ‘wrap-around’ service for people with Multiple Compound Needs. It also aims to deliver swifter and safer outcomes for women and fewer preventable deaths and Safeguarding Adults Reviews (SARs) relating to women experiencing multiple disadvantage. The pilot service launched in December 2022 and was fully operational by summer 2023.

The Brighton & Hove MDT pilot was recently independently evaluated.²⁶ Recommendations made by the evaluators are summarised below, with detailed findings in the full report. Some of these relate to the planned creation of a new Multiple

²⁶ Imogen Blood Associates, [Independent Evaluation of Changing Futures Multi-Disciplinary Team](#), Brighton & Hove, 2025

Compound Needs Integrated Community Team but others have broader implications for homelessness support and accommodation services.

- Build on the trauma-informed, Team around Me, approach in the planned new Multiple Compound Needs Integrated Community Team.
- The design, delivery and ongoing monitoring and evaluation of the Integrated Community Team should be co-produced with people with lived experience.
- Increase the supply of safe and suitable emergency accommodation for people with Multiple Compound Needs who are particularly vulnerable to abuse and exploitation, including domestic abuse.
- Consider how gender-specific services for women with Multiple Compound Needs in the city might be better integrated and barriers to access reduced.
- Further work is needed to engage criminal justice agencies.
- Need for an integrated response to co-occurring mental health, substance use, and underpinning trauma.
- Build in a flexible personalisation budget for the Integrated Community Team to ensure people's immediate needs are met, for example, for food, drink, bedding, clothing, transport, personal and household items.
- Better join up existing resources, develop clear housing, care and support pathways for people with Multiple Compound Needs and consider how the Housing First offer might be scaled up as part of the next phase of Integrated Community Team development.
- Sustain the wealth of community recovery activities in the city and continue to develop the 'recovery pack' and training offer being developed by the MDT's peer support team.
- Ensure longer-term monitoring of outcomes and patterns of wider service usage across the caseload.

Resources

Partnership arrangements

A review of partnership arrangements by the Assistant Director of Housing in early 2024 identified 32 standing partnership groups and forums which were relevant to tackling homelessness and rough sleeping in the city. A mapping exercise by Common Ambition in 2023 (updated February 2024) identified 21 multi-agency meetings, forums and working groups.²⁷

Some of these groups relate to a broader geographical area but most are specific to Brighton & Hove. They can be categorised along the following lines:

Statutory and non-statutory groups, where homelessness is a consideration but not the sole focus of the group. Examples include the Safeguarding Children Board, Safeguarding Adults Board, Health and Wellbeing Board, Community Safety Partnership, Violence Against Women and Girls Oversight Board, Mental Health Accommodation Group, Sussex Trauma Informed Community of Practice and others.

Networking and strategic groups where homelessness is the primary focus of the group. These include the following standing groups:

The Homelessness and Rough Sleeping Network, facilitated by Justlife, comprises leaders from the voluntary, community and social enterprise sector working towards ending and preventing homelessness through collaboration within the sector and with statutory partners and wider stakeholders. The network has around 25 member organisations and meets quarterly, with a chief executive officer and strategic leads group meeting monthly. There are also sub-groups focused on workforce development, and psychological safety.

The Homelessness Operational Forum is a monthly forum for homelessness services across the city to share updates on services, best practice, updates on commissioning. Initially set up by homelessness commissioners at Brighton & Hove City Council, it is currently facilitated and chaired by Justlife.

Brighton & Hove Frontline Network provides a space for Brighton's frontline homelessness workers to connect. The network has a monthly e-newsletter and hosts in-person events where workers can learn, share ideas and discuss relevant topics and issues. Facilitated by Justlife, it is part of a national network organised by St Martin in the Fields.

²⁷ Common Ambition, 2024, Multi-Agency Working Update <https://www.bhcommonambition.org/wp-content/uploads/2023/03/Multi-Agency-Working-Update-March23-v1.pdf>

The Brighton & Hove Homelessness Research Forum brings together academic, third sector and community researchers (including peer researchers) from across the city to exchange ideas, develop joint projects and bring about research-led change, improving the lives of people experiencing homelessness.

The Young Homeless Working Group is co-chaired by YMCA Downlink and Brighton & Hove City Council. The group's purpose is to ensure a strategic partnership approach in the planning and delivery of services to young homeless people (including young families), with the aim of preventing and reducing youth homelessness and ensuring that vulnerable groups, including care leavers, and people with protected characteristics under the Equality Act receive services that are sensitive to their needs.

Healthcare providers meet regularly through the Multi-Agency Homeless Health Meeting.

Multi-agency standing groups performing a specific role or function, for example, in project or programme governance or in managing resources or decision making. Homelessness may be a consideration or the primary focus of the group. Examples include the Changing Futures Strategic Sponsors Group, the Multiple Compound Needs Transformation Programme Board, the Multi-Agency Homeless Health Meeting, Common Ambition Steering Group, and the Supported Accommodation Panel.

The 2024 partnership group review by the Assistant Director of Housing pointed to a lack of appropriate governance arrangements to coordinate delivery of the 2020 to 2025 homelessness and rough sleeping strategy. It proposed a new structure to deliver the 2025 to 2030 strategy, comprising a Homelessness and Rough Sleeping Strategy Steering Group with 3 to 4 thematic delivery groups focused on homelessness prevention, securing accommodation, rough sleeping, and potentially youth homelessness.

Involvement and co-production

Brighton & Hove Common Ambition brings together people with lived experience of homelessness, frontline providers and commissioners through co-production within homeless health services. It is a partnership project hosted by Arch and Justlife. Common Ambition groups have co-created system and pathway maps, co-production toolboxes, tangible service improvements and systems change prototypes and a range of other resources to support co-production.

Justlife Peer Researchers is a project funded by The Young Foundation to test the feasibility of peer research in the housing sector. Two peer research groups have focused on two specific questions related to temporary accommodation in Brighton.

Youth Voices feed into the development of The Clock Tower Sanctuary's services as well as considering broader youth homelessness issues. The group bring a range of

personal experiences of intersectionality that impact their experience of homelessness. Youth Voices have contributed to developing thinking on a homeless hub, with a focus on young people.

Funding

The funding available for expenditure on council funded homelessness services is drawn from a combination of the council's own resources and income from rents, fees and charges and grant funding from central government.

The 2025/2026 budget for Housing People Services (comprising Housing Options & Homelessness, Temporary Accommodation and Travellers Services) was £31.447 million. This includes the £28.026 million cost of providing temporary accommodation.

The total budgeted income for Housing People Services for 2025/26 is £22.627 million, of which income for temporary accommodation is £20.146 million.

Council 2025/26 Revenue Budget										
Service Description	Employee Expenditure £m	Other Expenditure £m	Total Expenditure £m	Income From Fees, Charges & Rents £m	Other Income £m	Government Grants £m	Total Income £m	Total Budget Allocation £m	Capital Charges & Recharges £m	Net Expenditure / (Income) £m
Housing Options & Homelessness	2.812	0.098	2.91	-	-0.001	-2.371	-2.372	0.538	0.327	0.865
Temporary Accommodation	3.064	24.963	28.026	-11.50	-0.102	-8.536	-20.146	7.88	0.865	8.745
Travellers Services	0.198	0.313	0.511	-0.109	-	-	-0.109	0.403	0.153	0.555
Housing People Services Total	6.074	25.374	31.447	-11.617	-0.103	-10.907	-22.627	8.82	1.345	10.165

Source: [Brighton & Hove City Council Budget Book 2025/26 & Medium Term Financial Strategy 2025/26 to 2028/29](#)

Housing People Services have a 2025/26 savings target of £2.5 million.

The council also funds housing support for vulnerable individuals to help them live independently. The allocated Supporting People budget for 2025/26 is £1.012 million. A further £2.255 million is allocated to fund Supported Accommodation.

Other 2025/26 council funding allocated but not included in the figures above includes the provision of accommodation by Asphaleia for Unaccompanied Asylum Seeking Children (Asphaleia), the drug and alcohol recovery service (Change Grow Live) and grant funding for YMCA Downslink Group - Youth Advice Centre, Justlife and Sussex Homeless Support through the Household Support Fund.

Grant funding

As well as income from rents, fees and charges the council receives grant funding from central government.

The Homelessness Prevention Grant (HPG) is intended to prevent homelessness and households entering temporary accommodation. Brighton & Hove's HPG allocation for 2025/26 was £10,907,372.

The Rough Sleeping Prevention and Recovery Grant (RSPARG) consolidate the main rough sleeping and single homelessness focused grants into a single pot. RSPARG funding was first allocated to local authorities for 2025/26, with Brighton & Hove receiving £2,364,470 to help support people experiencing rough sleeping in the city.

Services provided through RSPARG include off street offer accommodation, reconnections services for those experiencing rough sleeping, long term supported accommodation, support for access to the private rented sector including specialist role working with those leaving prison.

The Rough Sleeping Accommodation Programme is intended to provide ongoing support costs to help rough sleepers into longer-term accommodation alongside specialist staff supporting their mental health and substance abuse problems to pave the way for job opportunities. Brighton & Hove's allocation for 2025/26 was £856,041.

Brighton & Hove is one of 83 areas receiving Rough Sleeping Drug and Alcohol Treatment Grant. This is intended to fund evidence-based drug and alcohol treatment and wrap around support for people sleeping rough or at risk of sleeping rough, including those with co-occurring mental health needs. The allocation for 2025/26 was £741,281. It funds 3 accommodation based supported housing projects including housing led support for people with council tenancies.

In 2024/25 the council also received an additional central government grant of £595,016 to address additional homelessness and rough sleeping pressures during winter 2024/25. This was announced as one off funding and there is no guarantee that a similar amount will be received in 2025/26.

Funding for specialist homeless healthcare services is approximately £3.34 million, with funding from NHS Sussex, the Better Care Fund, the national Changing Futures programme and the Public Health Grant.

Future cost pressures

The rising cost of temporary accommodation

The use of temporary accommodation brings major financial risks for the council as costs reflect levels of demand, price inflation and supply shortages. All these factors

drive the use of more expensive forms of accommodation to meet the council's legal duties. Over the last 2 years, the rising cost of temporary accommodation has placed significant pressure on the council's overall financial position. The council budgeted for costs of £28 million on temporary accommodation in 2025/26. It is projected that there will be an overspend on this allocation by the end of the financial year.

The scale of the private rented sector market in the city and the council's use of the sector to provide almost 30% of its temporary accommodation mean that the council is particularly exposed to inflationary pressures in the market. The net cost of temporary accommodation to the council is projected to rise by about 40% over the two years 2024/25 and 2025/26.²⁸

The rent subsidy for temporary accommodation determines what local authorities are allowed to recover for temporary accommodation for homeless households. This is limited to 90% of 2011 Local Housing Allowance rates. This rent subsidy level is much lower than current market rents and means that the council must subsidise the cost of temporary accommodation with an increasing net cost to the council over time.

Broadly speaking, temporary accommodation falls into two categories: firstly, there is more settled temporary accommodation where people assessed to be owed a housing duty are placed until they secure permanent rehousing. This form of accommodation usually involves placement in council owned accommodation or accommodation supplied through longer term deals with private landlords. The second category (historically termed emergency accommodation) involves interim placements to relieve homelessness while homelessness applications are assessed. In the main, these interim placements are generally made using two forms of accommodation; block-booked, where units are secured for a fixed period, and spot-purchased, where units are procured in real time on a nightly basis. Spot purchased accommodation is generally the most expensive form of temporary accommodation and often involves placement in hotels and B&B.

The private rented sector in the city used to be a source of lower cost block booked accommodation in the past. However, fewer units are now available through the sector, with landlords leaving the market as leases come to an end. Consequently, this form of accommodation has had to be replaced by spot purchasing as the most readily available form of supply to meet immediate needs. Between the end of 2022 and the end of 2024, the number of spot purchased accommodation units increased from 114 to 379. Inflation within the private rented sector overall has meant cost increases for both block-booked and spot-purchased units.

An internal review of temporary accommodation cost pressures in early 2025 concluded that the issue presented a significant corporate risk to the council.

²⁸ 2025/26 figure based on projected year end position.

Recommendations for immediate action included better use of financial and activity data to improve both monitoring and forecasting; improved forecasting of supply needs over the next 3 years; better understanding of triggers of homelessness to move prevention activity ‘upstream’; improved move on from higher cost accommodation; various measures to increase supply including better use of council stock, and working with the private and social rental sector to deliver additional units.

Anticipated loss of grant funding

In 2024, the Ministry of Housing, Communities & Local Government (MHCLG) conducted a review of the Homelessness Prevention Grant (HPG) formula to look at different ways to capture and represent homelessness pressures to fairly reflect need in the distribution of funding. MHCLG consulted on proposed changes in early 2025.²⁹ Proposals included a change to the funding formula, separating the funding into two distinct elements to cover temporary accommodation pressures and prevention and relief pressures, and transitional arrangements to allow local authorities to mitigate the impact of changes in allocations.

The modelled impact of the proposed changes to the formula from 2026-27 onwards, using MHCLG illustrative figures, indicates that Brighton & Hove could see a loss of around 45% of its HPG funding. The grant allocation in 2025-26 under the current formula is just over £10.9 million. This would be reduced to about £6 million using the new formula. The consultation contained proposals for a taper in funding reduction over several years.

MHCLG published the outcome of the consultation and set out next steps on 20 June 2025. As a result of feedback, there has been a further change to the funding formula and an agreement to implement transitional arrangements. A final decision has not been taken on a maximum 45% of grant funding to be used for temporary accommodation and 55% on prevention and relief. MHCLG have indicated that the new allocations, transitional arrangements and funding split will be finalised later in the year.

Under current legislation, local authorities are permitted to spend the Homelessness Prevention Grant to discharge any of their duties under homelessness legislation. At present 78% of the grant is spent on the cost of providing temporary accommodation. In its consultation on changes to the funding formula the government indicated a future expectation that a maximum of 45% of the grant can be spent on temporary accommodation. The expected changes present two challenges for the council. Firstly, the overall reduction of grant funding available, and secondly, how to shift grant funding

²⁹ The original consultation documents and the government’s response can be found at <https://www.gov.uk/government/consultations/funding-arrangements-for-the-homelessness-prevention-grant-from-202627-onwards>

away from temporary accommodation towards prevention at a time when temporary accommodation costs are rising rapidly.

Evidence submitted for the review

What people with lived experience of homelessness told us

Brighton & Hove Common Ambition aim to improve support systems in Brighton & Hove through co-production and advocating for lived experience voice to be central to service and system change. Evidence from Common Ambition included feedback on the homeless pathway and homelessness services in the city from people with lived experience of homelessness.³⁰ Challenges identified included:

- Feeling isolated, unsupported, unsure of where to go and your rights
‘All of your time and energy is put into finding somewhere safe to live, you are jumping from one option to the next. It can be very isolating.’ ‘It can be really hard to know where to turn to for support, it’s hard to know what services exist and which ones will help in which situation.’ - ‘It can be really difficult to know what your rights are and where to go if they aren’t being met.’
- Fear, mistrust, stigma and judgement
‘The process is all based on doubt not trust. Council staff don’t take what you say at face value, you have to evidence all of your needs and it can be very difficult to do that. It feels like no one believes you or is even listening to you.’
‘You are often asked to explain your story and situation over and over to different services which can be really hard to keep doing.’
- Lack of communication and consistency
‘It’s really hard to get in contact with anyone for support, people don’t call you back from the council.’ ‘Often services like the council require you to make phone calls which can be difficult if you don’t have access to a phone, don’t feel comfortable talking on the phone or aren’t in a situation where you can make phone calls.’ ‘There is a lack of communication about what the process is or what the next steps look like.’ ‘It’s hard to know where you are in the process or what the whole process looks like. The whole housing pathway is unclear so it’s hard to know what the next steps are.’ ‘It’s not always clear who your housing officer is or how to contact them.’ ‘No one talks to each other across services so you can be told different things.’
- Inadequate housing options
‘You can’t really say no even if the housing you are given is out of area or inaccessible due to health care needs. The council might conclude you are intentionally homeless and won’t give you any other accommodation.’ ‘You can be evicted from emergency accommodation very easily. For having pets, for drug use, antisocial behaviour.’ ‘You don’t know how long you might be there. It can

³⁰ Common Ambition, 2022, *Brighton & Hove Housing Pathway Map*
<https://www.bhcommonambition.org/resources/#housing-pathway-map>

be really hard to settle into somewhere as you don't know when you are going to be asked to leave.' 'Sometimes you aren't put in a place that supports your recovery. Sometimes people are placed in wet or dry houses but sometimes this isn't possible and can be very difficult for someone's recovery.' 'Emergency accommodation might not be accessible. Sometimes you might not have been able to prove your accessibility needs yet so the council put you somewhere that isn't accessible to you.' 'Emergency accommodation doesn't always have access to kitchens If you have dietary requirements and don't have access to a kitchen this can be really challenging.' 'Some people don't feel safe in emergency accommodation due to neighbours, location and relationships. Sometimes people leave and then it goes against their record that they have left housing and are therefore intentionally homeless, but they have left as it was negatively impacting their mental health too much to stay.' 'It's not always possible to find accessible council homes as there aren't many of them.'

- Struggle to gather the correct documentation and evidence
 'Often services like the council require identification documents. Getting ID can be a costly process. Some services also require a fixed address and proof of this. 'The council require evidence of health care needs which can be really hard to get if you don't have a GP (as many GPs won't take on a patient without a fixed address). Also getting a referral and diagnosis to prove your health care needs can take months.' 'It can be difficult to prove a local connection.' 'You have to prove lack of funds to be able to sort out your own accommodation. The council ask you to show your bank statement.'
- Not enough support
 'Staff don't always have much training or much empathy - there is a lack of support in emergency accommodation.' 'There's a lack of continuity of care and support whilst settling into a home.' 'It's hard to get appointments at GP surgeries and if you don't have a fixed address, they often won't take you on as a patient.' 'It's hard to know what other support you might be able to access. Hard to find out the support available and what criteria you have to meet to get that support.' 'Welfare checks once a month feel more like they are checking you aren't doing anything wrong.' 'Support in temporary accommodation is inadequate. Lack of mental health support in temporary accommodation.' 'Sometimes you are just given the basics - bed, fridge and microwave in temporary accommodation and you don't have money to go and buy a kettle and all the other things you need.' 'It's confusing and unclear who receives the money and when and then how the rent is paid.'
- Other issues identified included the poor condition of some temporary accommodation, digital exclusion and financial difficulties that are compounded by homelessness.

- Getting stuck for long periods of time at points in the pathway
'There's limited information on council properties. People can't look at the property before they say yes, there is only a small photo on the site, and they can't refuse it unless there are core issues like accessibility.'
- Difficulty moving from place to place
'If you have stuff to move, it can be hard; taxis don't often want to take you, and they are expensive.' 'You don't get given much notice to move - it's often the same day This makes it really hard to plan for and can be very costly. Often taxi drivers don't want to take you but you have no other options. Sometimes you won't have enough money to move but you have to as otherwise the council will say you have made yourself intentionally homeless as you have not taken their accommodation.' 'There are service charges that Universal Credit doesn't cover.' 'Needing guarantors for private rental.' 'Discrimination against people who are unemployed or who have been unemployed.' 'The quality of housing and maintenance is very low - often places are damp and in need of repairs. Getting things fixed can be really hard and takes ages.' 'Affordability of council home, bills and everything else you need.' 'Lack of community, isolation.'
- Waiting for decisions - 'It can be hard to fill your time with positive things Finding positive ways to fill your days and build positive relationships can be really hard.' 'You can be in emergency accommodation a very long time. 56 days is very rare - to be there just for that period of time.'

Suggestions for improvements included

- Awareness raising - 'There needs to be more education around being homeless, often people think it's just rough sleeping when actually it's much wider than that.' 'Explore ways the general public can help more.'
- Prevention - 'More help for people who know they are about to become homeless. It's hard to access support until you are actively in a homeless situation and are a priority need.' 'A&E staff could ask everyone if they have somewhere to go and if they need any housing support This would help to make sure more people could access support.'
- Accessing support - 'Reduce the level of identification needed or enable people to provide one bit of identification and the rest can follow so it's not a barrier to receiving support.' 'Having one place for people to go to access support and find out information.' 'Emergency numbers for the council seem to be deliberately hidden. They need to be easy to find.' 'Council helpline to be more easily accessible and publicised.' 'Have a passport type system where all of your information can be kept in one place that you can share with services when you want or need to so you don't have to keep telling each service provider your story.' Better information and signposting in accommodations to ensure you

know about all of the support services available.’ ‘Recruit and train more staff.’ ‘Financial and physical support to move home.’ ‘Better training for staff to dispel preconceptions and stereotypes.’

- Housing quality and meeting people’s needs
‘In some areas they have a safe surrender initiative where someone can give up their housing if they feel like they need alternative housing support and it doesn't go against their file as intentionally homeless. Currently what happens in Brighton & Hove is if you leave accommodation they will say you have made yourself intentionally homeless and it will be on your record forever.’ ‘Higher quality temporary accommodation. Often things are in need of repair.’ ‘Minimum quality housing charter.’ ‘Better ways of being able to raise repair issues.’
- Information - ‘Clear information about what the housing pathway looks like, how long it might take and what is involved so people know what the next steps are.’ ‘Translation of key documents and service information into foreign languages.’ ‘Clear explanation of the rules is needed - there are many reasons why you could be evicted from temporary housing.’ ‘Easier access to the housing plan that has been created by the council.’ ‘Standard letter template that tells someone who their main point of contact is and who their housing officer is.’ ‘More information about what addresses you can use if you don’t have a fixed address and need to receive documents like benefit forms.’
- Evidencing need - ‘Template referrals form that GPs have that they can quickly create a referral and pass onto the council so that people’s healthcare needs are evidenced.’
- Move on – ‘Minimum two days notice when asked to move home.’ ‘More help to settle into permanent accommodation. Mental health needs are often still there.’ ‘Clear support and pathway if the housing is not suitable or your needs change.’
- Peer advocacy - ‘Peer advocacy - having someone there to help support you through the process would be really helpful.’
- Feedback and accountability - ‘More transparency from the council about what is happening, gathering more feedback from people and letting them know what improvements they are making.’ ‘Feedback forms for people who have been through the housing pathway.’

Building on their work to map the housing pathway, Common Ambition have identified 6 change spaces where they recommend improvements in the pathway should be focused.³¹ These are

- Homelessness prevention

³¹ Common Ambition, 2022, *Housing Pathway Change Spaces* <https://www.bhcommonambition.org/wp-content/uploads/2023/02/Maps-Housing-Pathway-Change-Spaces.pdf>

- Finding support and preventing delays
- Housing needs service experience and improvement
- Living in supported or temporary accommodation
- Moving into and living in a permanent home
- Supporting recovery from the experience of homelessness

In 2023, Justlife secured funding from the Young Foundation for a peer research project. People with lived experience of homelessness identified two issues they wanted to explore. They submitted their findings to inform the review. The research questions were:

- How do we prevent people of different intersectionalities from ending up in temporary accommodation.
- How do conditions in temporary accommodation impact people's mental and physical health?

Several themes were identified by the project:

- Quality, safety and suitability of accommodation – 'Suitability in terms of identity and neurodiversity.' 'Is it suitable anyway, but people who find themselves in this situation. It gives it another level.' Places in dark basement flat. No sound insulation. Wake me up every single morning...Because the autism. They've now brought a drum kit.' 'The place they've put me in isn't suitable. I don't have a safe bedroom. Don't have a bedroom in my life where I can just sleep.'
- Accessibility of council services – 'It was impossible getting through to the council if it was not a local charity that put me in touch with a caseworker, but even then, anything that is not straightforward gets blocked like my application and it ends in dead end.' 'If you have a specific place where you could go and register as homeless, if the organisation is in one place. 1 stop shop. See people I need to see...I'd like that so much better. They'd talk to each other. I'll go talk to them.' 'Here is the phone number, and the phone number isn't manned anywhere.' 'I didn't have a housing officer. Mine was off sick.'
- Having to repeat stories – 'When I have given the info they need, they still don't understand.' 'Always got to talk about the same stuff, it brings you down.'
- Lack of understanding and empathy – 'Why is this on me, A professional is there to help. Why is it on me to beg? All this effort, you're still not listening to me. Training with neurodiversity and trauma. Complete lack of understanding.' 'There is a time when the council expect you to prove things. A friend asked to prove Domestic Abuse. It makes me so mad. What rights do you have to ask to prove abuse?'
- Poor quality temporary accommodation – 'Place where to get washed. You can't.' Safety. Police knocking all times of the night. Difficult for people to go to

work when your are in TA.’ ‘No locks on door.’ ‘People shouldn’t be housed together in poor conditions.’ ‘Sometimes I find it difficult to be with so many different people with different needs and it can be triggering’ ‘Rooms aren’t soundproof.’

- Impact of system – ‘System is traumatic. Navigating system is traumatic. That includes living in TA.’ ‘System is robbing people of meaningful future. If you’ve been homeless for long periods of time. Hard to apply for jobs.’ ‘Trauma, trust issues, identity issues, building healthy relationships, increased isolation, Unemployment, Stress-related health issues, Substance issues.’ ‘Revolving door clients - could go on for 10 to 20 years for some people. Revolving door clients are ruined mentally and physically from going through the system constantly for years.’
- Move on ‘If there was more support when people come out of accommodation, might be able to prevent them re-entering that situation. People are often in and onto. More support at that point, might increase prevention. Can prevent homeless. That model works with health, limit readmissions.’ ‘Could take years to recover from homelessness, it’s a long process and takes years.’

What those working in the sector told us

Issues identified in written submissions

As well as evidence submitted by people with lived experience of homelessness, following our initial call for evidence in December 2024, reports and other written evidence were submitted by the following organisations:

- Brighton & Hove City Council Encampments Team
- Changing Futures Sussex
- Clock Tower Sanctuary
- Justlife
- LGBTQ Switchboard
- Oasis Project
- Rise
- Safe Haven Sussex
- Sisters Salon
- Sussex Interpreting Service
- Sussex Nightstop
- University of Sussex Students’ Union
- Voices in Exile
- YMCA Downslink Group

Where this evidence is in the public domain references are provided in Appendix 1.

Young people

The Clock Tower Sanctuary, Sussex Nightstop and YMCA Downslink Group submitted a recent insight report conducted to better understand how young people seek out information and support, to understand how to improve service provision.³² They made the following recommendations:

- Recognise young people as a cohort with specific needs within the emerging Brighton & Hove Homelessness and Rough-Sleeping Strategy through a youth-specific homelessness chapter. This could include a cross-themed commissioning group that recognises the economic and social value outcomes of prevention and early intervention within youth homelessness work.
- Design and capacity-build the frontline response to youth homelessness and develop the case for resourcing a coherent and consistent 'front door' support offer with kindness, advocacy and navigation at its heart.
- Design, deliver and consistently invest in a city-wide, young-people-facing communications initiative that puts inclusivity, clarity of service offer and an encouraging and supportive approach at the fore.
- Meet young people where they are through a city-wide educational and learning piece that raises understanding of the issues of youth homelessness across workers and individuals on the frontline and that builds a high-quality, collaborative and trauma-informed youth homelessness practice approach.
- Maximise the engagement of young people in the ongoing co-production of services through joined up and representative youth voice initiatives.
- Work with academics to produce and implement a data strategy for the consistent measuring and therefore improved understanding of youth homelessness.

The Clock Tower Sanctuary submitted a report summarising the impact of their service provision for young people experiencing homelessness in Brighton & Hove. They draw attention to increases in young people experiencing homelessness both nationally and locally. For their service users the cost-of-living crisis is the primary driver of their homelessness, with 65% of clients in unsuitable housing (emergency accommodation, rough sleeping, sofa surfing, etc.) 15% were rough sleeping at end of 2023, with numbers continuing to rise into 2024. Young people using their service had limited access to suitable accommodation despite housing advocacy efforts.

Those using the Clock Tower Sanctuary's services often have high level and complex needs:

³² Clock Tower Sanctuary, Sussex Nightstop, YMCA Downslink Group, 2025, *Here For You: Insight Report. How do we ensure that young people experiencing homelessness in our city don't fall through the gaps?* <https://www.thects.org.uk/wp-content/uploads/2024/11/Impact-Report-2024.pdf>

- 80% have mental health conditions
- 30% are neurodivergent
- 20% are refugees/asylum seekers
- High levels of trauma and social isolation

The report highlights the importance of meeting basic needs first - providing showers, food, clean clothes, phones, and transport passes. This foundation enables young people to move beyond "survival mode" and engage with longer-term support.

The keyworker model shows strong outcomes, with 534 conversations supporting 95 young people in 2024. 57% of clients felt more confident managing relationships and housing aspirations. Work with 14 local housing organizations and various health and social care providers demonstrates the need for coordinated wraparound support rather than siloed interventions.

The Tenancy Independent Living Skills (TILS) program addresses a critical gap - practical life skills not taught in schools. Only 7% of their clients accessed this, suggesting potential for expansion. The establishment of a Youth Voice Group represents best practice in co-production, ensuring services are shaped by lived experience.

The University of Sussex Students' Union identified the following issues from their casework.

- International students are disproportionately affected due to guarantor requirements and inadequate pre-arrival information
- International students sometimes struggle to provide 6+ months rent in advance if they lack UK guarantors
- Rent arrears puts students at risk of eviction with no financial means to secure alternative accommodation
- Unexpected campus accommodation costs that students cannot afford
- Severe overcrowding with 3-4 international students sharing single-person Airbnb accommodation
- Students sofa surfing and staying with friends
- There are examples of students fleeing domestic violence situations
- Vulnerable students estranged from family with no support network
- Problems peak at the start of academic year when housing demand is highest
- International recruitment agencies failing to adequately inform students about housing realities in the UK and Brighton & Hove specifically
- Students arriving without secured accommodation arrangements and unprepared for the local housing market requirements
- Students initially approach the University but often don't receive adequate help

- Need for independent Students' Union intervention to advocate with the University
- Inconsistent University response (emergency accommodation provided in some domestic violence cases but not systematically)
- Poor communication from letting agencies about actual housing costs and availability

LGBTQ+ people

Switchboard submitted a report summarising service data relating to 2024. During the year they supported 104 people with concerns relating to homelessness and rough sleeping. Of these, 66 had additional support needs, 18 were trans, non-binary and intersex, 12 were migrants, refugees or asylum seekers. 45% were at risk of rough sleeping and a majority required support relating to suicide prevention. Their recommendations reinforce those in their 2023 LGBTQ+ Housing Manifesto.³³ These are:

- LGBTQ+ specific accommodation for all life stages
- LGBTQ+ specific housing information and support
- Awareness training for commissioners and quality standards for inclusive providers
- Embedding intersectional needs in future planning
- High quality data monitoring around sexual orientation and trans status

Switchboard also conducted an audit of the rough sleeping and single homelessness pathway. They made the following recommendations:

- LGBTQ+ inclusion training to be commissioned and provided across the pathways, to service managers. Training was provided at service manager level, intended to be disseminated to respective organisations internally. This took place in early 2024. It is recommended that providers seek training from organisations run by/for LGBTQ+ communities and monitor the effectiveness of the training in improving services accordingly.
- BHCC will aim to build in LGBTQ+ lived experience into future commissioning, considering LGBTQ+ specific services but ensure all services are inclusive.
- BHCC will include the information from the audit to help shape and support the Homeless and Rough Sleeping Strategy.
- BHCC will seek evidence of LGBTQ+-affirmative practices, policies and training in future contract reviews, including feedback from service users where possible

³³ Switchboard, 2023, *LGBTQ+ Housing Manifesto 2023* <https://www.switchboard.org.uk/wp-content/uploads/2024/05/Housing-Manifesto-for-web.pdf>

- BHCC will maximise any future funding opportunities that may be available to support LGBTQ+ residents, working in partnership wherever possible with LGBTQ+ services
- All services across the pathway are recommended to have a LGBTQ+ champion, and to ensure that bullying, harassment and discrimination procedures include specific reference to LGBTQ+ communities, and take into account intersectionality (ie, people who have more than one protected characteristic).

People living in temporary accommodation

Justlife submitted an evaluation of a health engagement worker for people placed in temporary accommodation outside the city.³⁴ The evaluation was based on interviews with 8 clients of the service. Key findings were:

- Most clients of the service had significant support needs including managing finances and admin, attending health appointments, accessing necessities like bedding and laundry, mental health support, and social contact.
- Being placed away from home areas created extra support needs and increased the risk of people disengaging from essential services.
- While some benefited from being closer to family or escaping disruptive environments in Brighton, the majority struggled daily with unfamiliar surroundings and lack of established support networks.
- Many clients suffered from PTSD, with some developing serious issues including addiction to crack cocaine as a coping mechanism and suicidal thoughts.
- Distance created barriers to attending health appointments, leading to missed appointments and unmet health needs with potential long-term consequences.
- The distance put additional pressure on personal relationships, with one individual giving up custody of his child due to the physical and financial burden of daily school transport.
- Being separated from friends, family, and familiar communities significantly worsened mental health challenges for most interviewees.
- The support offered by the service provided hope and prevented clients from disengaging with services.

Justlife also submitted evidence from a review of the needs of disabled people living in temporary accommodation.³⁵ Key findings were:

³⁴ Justlife, 2022, *Out of Area Health Engagement Worker Evaluation* <https://www.justlife.org.uk/our-work/research-and-policy/out-of-area-health-engagement-worker-evaluation>

³⁵ Justlife, 2022, *'I kept falling down the stairs': Disability recommendations for the homelessness sector* <https://www.justlife.org.uk/news/2022/i-kept-falling-down-the-stairs-disability-recommendations-for-the-homelessness-sector>

- Higher prevalence of disability - over 35% of those interviewed had disabilities with much higher autism prevalence.
- Unsuitable accommodation creates additional barriers. Examples included placement on upper floors without lifts, heavy fire doors, inaccessible bathrooms and unopenable windows.
- Environmental stressors in temporary accommodation can worsen existing conditions and trigger relapses
- Physical barriers lead to accidents, falls, and further health deterioration
- Isolation increases when people cannot safely leave their rooms or buildings
- The inability to perform basic daily tasks affects mental health and independence

Recommendations were to:

- Provide disability training for housing officers, support staff, and temporary accommodation providers
- Implement tools like the autism toolkit for homelessness services
- Train staff to identify disabilities and assess individual needs
- Establish basic rights standards ensuring residents can independently enter/exit rooms, bathrooms, and buildings
- Proactively install assistive technology (handrails, door openers) without waiting for requests
- Prioritise essential maintenance, especially lift repairs in multi-story buildings
- Retrofit existing properties with accessibility features
- Increase collaboration between disability support services and housing and homelessness organisations
- Use Temporary Accommodation Advisory Groups (TAAGs) to bridge sector gaps
- Include residents with disabilities in service design and decision-making
- Develop clear communication tools available in multiple formats
- Create culture of open dialogue about accommodation needs
- Ensure people understand their rights and how to exercise them
- Conduct more research on the intersection of disability and homelessness
- Make research findings accessible to frontline services and housing teams
- Integrate disability considerations into housing policies, strategies, and budgets

Women experiencing homelessness

Justlife also submitted an unpublished report from the Women's Emergency Accommodation Action Group, comprising members from Justlife, Rise, Change Grow Live, Brighton Women's Centre, Sussex Pathways, Arch Healthcare CIC and Lawstop. The report makes the case for dedicated women's emergency accommodation provision. Key issues identified include:

- Significant safety and security concerns including harassment, rape, sexual abuse and cuckooing in mixed accommodation.
- Trauma and mental health impacts, especially on women who have experienced domestic abuse
- Systemic failure including lack of staff awareness of trauma informed practice and domestic abuse awareness and insufficient specialist support
- The report includes data on higher levels of physical and sexual violence impacting single homeless women and high levels of support for women only emergency accommodation amongst professionals.

The Oasis Project submitted summary service user information from the sex workers' outreach project. Key findings were that:

- Nearly half of women in contact with the service had engaged in a 'sex for rent' arrangement
- This ranged from live in work in a parlour, use of hotel or AirB&B for sex work and accommodation due to lack of deposit for housing.
- Some women had relied on a "Sugar Daddy" to pay for rent, or to provide a deposit.
- Some women reported remaining in sex work long term in order to pay rent and to prevent homelessness.
- Others reported providing unofficial live in care with elderly or disabled individuals in order to avoid homelessness.

Survivors of domestic abuse

Rise is an independent charity that helps people affected by domestic abuse, offering practical help ranging from direct advice to refuge accommodation for those whose lives are at risk. In their submission for the review, Rise highlighted the following points:

- Domestic and sexual abuse in family and intimate partner relations are a known to correlate with homelessness
- Woman and children are more likely to become homeless or to be more vulnerable when they are homeless
- Poor management of family and civil courts processes and the need to flee from abuse
- Sex as a protected characteristic intersecting with homelessness is widely ignored.

Single adults

Safe Haven Sussex submitted summary service user data from 2023 and 2024 with a number of points made.

- In both 2023 and 2024 Brighton & Hove City Council made roughly 30% of all our referrals. The next highest referrer in 2023 was YMCA DLG (Youth Advice Centre). In 2024 the second highest referrer was Change Grow Live Street Outreach Service. The number of organisations referring to our service highlights the importance and the need for the VCSE organisations. It also may indicate that not everyone who is homeless is accessing or receiving help through the local authority.
- In both 2023 and 2024 the largest age group of people referred to our service were under 35s. In 2023, 35% were under 25, 23% between 26 and 35, 58% under 35 in total. In 2024, 29% under 25, 37% were between 26 and 35, so a total of 66% of people referred to our service are under 35, showing this is increasing.
- The majority of all our referrals are male. This is consistent with previous years.
- We have found that year on year the number of referrals of people from other nations has increased. In 2024 only 51% of people referred to our service were British. This trend has meant that our service has had to adapt and make changes to the support we are providing. Such as making visual posters on our noticeboards, getting documents translated, and providing interpreters. Also providing training to staff regarding Immigration, and eVisas. All of which come at a cost.
- Only 54% of people referred to our service in 2024 had English as their first language. Meaning our interpreting and translation costs are increasing significantly.

People experiencing rough sleeping

During the review our attention was drawn to the findings of Galvanise 2019, a report on street homelessness in the city.³⁶ The report found that:

- Brighton & Hove's rough sleepers are predominantly males from the UK in their late 30s to mid 50s. They most often answered that they are sleeping rough in Brighton & Hove because they were living here when they became homeless, or because they have family or friends here.
- One fifth of the people sleeping rough spoken to during Galvanise had been in local authority care as a child.
- 18% of people cited a relationship breakdown as the reason for becoming homeless the first time. Other common reasons for becoming homeless were traumatic events such as abuse, coming out of prison with nowhere to go, and job loss.
- People want jobs but last time and this time shows that homelessness still happens to people who are working.

³⁶ Keas, Miranda, 2019, *Galvanise Brighton & Hove: Findings from Galvanise 2019. Part of Brighton & Hove's Campaign to End Street Homelessness.*

- Many people surveyed experience cycles of going in and out of prison, and experience cycles of being housed and returning to the streets. This suggests a need for more consistent ongoing support and further examination of how to break these cycles.
- 40% of people said they have a serious or chronic health issue and almost a quarter are not registered with a GP
- Whilst some people have chosen to sleep in Brighton & Hove because it feels safe, safety is a real concern for many rough sleepers and 45% have been the victims of violence since becoming homeless
- 61% of people feel they have a mental health issue but only 27% are receiving support or treatment for this. Additionally, a few people expressed having made suicide attempts or having thoughts of suicide, indicating the severity of risk of untreated mental health.
- Day centres and the library are really relied on and valued by rough sleepers
- There is a real demand for more weekend services and many suggestions for additional services that would be useful
- Unsurprisingly, the main things that people want help with are support and housing. However, the availability of housing is a concern for rough sleepers, as is the difficulty in navigating housing systems and finding landlords who will house them
- The desires that people expressed for the future are much the same as many people: wanting somewhere to live, stability, a family, a job.

Migrants, refugees and asylum seekers

Three migrant homelessness case studies were submitted by Voices in Exile. The case studies highlighted a number of issues including:

- Inadequate recognition of vulnerability
- Systemic issues in the assessment process leading to non-priority decisions
- Post-asylum claim homelessness support is lacking
- Compounding impacts on already vulnerable individuals
- The need for specialist legal and medical support for homeless migrants

Sussex Interpreting Service submitted 4 case studies highlighting the following issues:

- Inadequate language support, poor communication and clients unable to understand the process and consequences of key decisions
- Complex housing systems are particularly difficult to navigate without language support.
- Rapid transitions, particularly from asylum seeker accommodation creates additional hardship and compounds vulnerability

- Inadequate assessment of vulnerability, with medical evidence requirements, and mental health needs and complex needs of single people not taken into account.
- Exclusion from the private rental market, precarious housing situations and accumulation of rent arrears and debt
- System inefficiencies with expensive tribunal processes, multi-agency interventions instead of early intervention and repeat referrals and extended support periods
- Mistrust and miscommunication between applicants and housing support officers

Evidence from engagement activity

We held 2 whole system engagement events as part of the review process, plus a number of follow meetings with those who could not take part. We also organised 2 online workshops for NHS providers and commissioners, a workshop for councillors and attended other forums to gather input.

The following thematic analysis suggests that while Brighton & Hove has significant challenges in addressing homelessness, there are also opportunities for system improvement through better coordination, early intervention, and innovative approaches to both prevention and support.

1. Increasing complexity of individual vulnerabilities & needs

- Mental health emerges as a dominant concern
- Multiple, compound needs frequently highlighted
- Substance use and recovery challenges
- Trauma histories and impacts
- Neurodiversity and learning disabilities
- Domestic abuse survivors
- Care leavers
- Impact of adverse childhood experiences
- Complex needs requiring sustained support

2. Other emerging trends & concerns

- Concerns about young people's homelessness
- Rising numbers of refugees/asylum seekers
- More women experiencing homelessness
- Impact of cost-of-living crisis
- Changing demographics
- Hidden homelessness
- Brexit impacts

3. Systemic & structural issues

- Housing market pressures (high rents, limited supply)

- Benefits system limitations (Local Housing Allowance inadequacy)
- "Rent trap" preventing work and progression
- Impact of austerity on services
- Complex planning restrictions
- Geographical constraints of Brighton in terms of development potential
- Private rental sector barriers (deposits, guarantors, discrimination)
- AirBnB and second homes reducing housing stock
- Limited social housing availability

4. Existing service strengths

- Range of specialized support services
- Strong peer support initiatives
- Multi-disciplinary approaches
- Trauma-informed services
- Various accommodation pathways
- Good third sector provision
- Volunteer engagement
- Specific support for diverse groups

5. Service delivery challenges

- Crisis management vs prevention
- System blockages preventing move-on
- Support discontinuity
- Limited specialized accommodation (women, couples, LGBTQ+, young people)
- Fragmented pathways
- Staff capacity issues
- Out-of-area placement complications
- Data and monitoring gaps
- Coordination challenges between services

6. Prevention & early intervention needs

- Education and life skills gaps
- Limited early warning systems
- Need for better tenancy sustainment support
- Financial literacy support
- Earlier mental health intervention
- Better identification of at-risk individuals
- Prevention duty awareness
- School-based prevention

7. Resourcing & Partnership Issues and Opportunities

- Funding uncertainty
- Opportunities for better business engagement
- Better cross-service coordination
- Partnership working challenges
- Resource optimization opportunities
- Joint commissioning potential

- Better use of existing assets
- Need for sustainable funding models

8. innovation & creative solutions opportunities

- Potential for centralized hub service model
- Better use of peer support
- Digital coordination improvements
- Alternative housing models
- Business community engagement
- Devolution possibilities
- Learning from other cities
- Personalized budget approaches

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