healthwatch Gloucestershire

Understanding people's experiences of hidden homelessness in Gloucestershire

June 2025

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About us

Healthwatch Gloucestershire is the county's health and social care champion.

We're here to listen to your experiences of using local health and care services and to hear about the issues that really matter to you. We are entirely independent and impartial, and anything you share with us is confidential. We can also help you find reliable and trustworthy information and advice to help you to get the care and support you need. As an independent statutory body, we have the power to make sure that NHS leaders and other decision makers listen to your feedback and use it to improve standards of care. This report is an example of how your views are shared. Healthwatch Gloucestershire is part of a network of over 150 local Healthwatch across the country. We cover the geographical area of Gloucestershire County Council, which includes the districts and boroughs of Cheltenham, Cotswold, Forest of Dean, Gloucester, Stroud, and Tewkesbury.

Introduction

Background

Why we did this

The purpose of this project was to explore people's experiences of hidden homelessness in Gloucestershire, focusing on individuals whose housing situations may not meet the formal definitions of homelessness but who face significant instability and insecurity.

We wanted to:

- Find out more about what barriers people face when accessing NHS health and social care services if experiencing hidden homelessness
- Understand how experiencing hidden homelessness impacts mental, physical and social health in Gloucestershire
- To analyse how factors such as gender, race, ethnicity, disability, mental health, and physical health intersect and compound barriers to services.

This report seeks to amplify the voices of those experiencing hidden homelessness, provide insights for service providers, and propose actionable recommendations to better address this critical issue.

The national context

Hidden homelessness is a growing yet often overlooked issue, affecting individuals who do not meet official definitions of homelessness but still experience severe housing instability. Examples of hidden homelessness include; staying with friends or family, sofa-surfing, living in garages, sheds, or vehicles, or occupying unsafe and unsuitable housing. Because people in these situations remain largely out of sight, they are frequently absent from official statistics, making it difficult to fully understand the scale of the issue and effectively allocate resources to address it. This lack of data makes it challenging for policymakers and service providers to plan and deliver effective interventions.

> *"...it is not possible to enumerate the true scale of 'hidden' homelessness because of the difficulties in reaching these less visible people."*[1]

Research from various organisations has highlighted the disproportionate impact of hidden homelessness on women, young people, LGBTQ+ individuals, and those from minoritised ethnic backgrounds.[2] These groups often intersect and face unique challenges that make them more likely to experience forms of homelessness that are less visible. Despite this, their experiences are not always recognised within official homelessness data.

Defining hidden homelessness

In the context of homelessness law, the Housing Act 1996 defines homelessness and sets out the responsibilities of local authorities when housing homeless individuals. There is no official definition of hidden homelessness, and through our research we found the term is often applied inconsistently.[3]

We wanted to make our definition of hidden homelessness inclusive to capture people who fall through gaps in the system, whilst also ensuring it aligns as closely as possible to other definitions so that the data produced in this report can be used as widely as possible.

Although hidden homelessness typically refers to individuals who are not recognised by housing services, we found that even when a person is known to their local authority, they may still not be receiving the support they need. Some of the people we spoke to had been provided with accommodation, but this was short-term accommodation or unsuitable, leaving them without the stability needed to rebuild their lives. We wanted our definition to capture these

[1] Office for National Statistics, Hidden" homelessness in the UK: evidence review, 2023

[2] Crisis 'Homelessness and Intersectionality: Understanding the Needs of Vulnerable Groups' (Crisis, 2021) https://www.crisis.org.uk/ending-homelessness/homelessness-knowledge-hub/homelessness-intersectionality/ ; Crisis 'LGBTQ+ Youth Homelessness Report 2021' (Crisis, 2021) https://www.crisis.org.uk/media/247330/june-2021-lgbtqplus-youth-homelssness-report-2021-_brent-cop.pdf ;Centre for Homelessness Impact 'Ethnic Inequalities and Homelessness' (Centre for Homelessness Impact, 2020) https://www.homelessnessimpact.org/news/ethnic-inequalities-and-homelessness

[3] See Office for National Statistics, Hidden Homelessness in the UK: Evidence Review (29 March 2023) for different definitions of hidden homelessness.

individuals, acknowledging the broader impact of housing insecurity beyond formal classifications.

For the purposes of this project, our definition of hidden homelessness therefore includes individuals who are:

- Living in temporary accommodation that isn't meeting an individual's needs
- Sofa surfing
- Staying in unsuitable accommodation
- Sleeping in cars, tents, sheds, or other informal infrastructure
- Rough sleeping in rural areas or out of sight

Overcrowded accommodation is also an important consideration. Some individuals or families may live in cramped or unsuitable conditions, but the statutory definition of overcrowding local authorities use may not identify this. Local authorities often use criteria like the number of rooms and the household size to determine overcrowding. However, these thresholds may not fully reflect the lived experiences of individuals who find their living conditions unsafe or unsustainable. We recognise that this makes overcrowding a difficult issue to tackle within the broader context of hidden homelessness.

In our definition of hidden homelessness, we address overcrowded accommodation under the category of "unsuitable accommodation" to avoid confusion with the official criteria used by local authorities. This allows us to include individuals living in overcrowded conditions in this report that may not meet the official definition but still create significant challenges for them.

What we did

Developing our approach

To shape our project proposal, we approached key services to build on existing understanding of hidden homelessness within Gloucestershire and explore which people and organisations could support the engagement for this project. We held discussions with representatives from:

- Public Health
- NHS Gloucestershire Integrated Care Board (ICB)
- Gloucestershire Health and Care NHS Foundation Trust (GHC)
- Gloucestershire Housing Partnership
- LGBT+ Partnership
- Gloucester Community Networking

Our methodology

We primarily gathered stories to collect rich qualitative data. However, our engagement plan allowed us to remain flexible and adapt based on what we heard. This flexibility enabled us to use a range of methods to improve accessibility and supplement the feedback from individual stories. For example, we created a survey to capture feedback from individuals with lived experience who found remote sharing more accessible than face-to-face conversations. We also developed a separate survey to formally record the perspectives of those supporting people at risk of hidden homelessness. Additionally, our consistent presence in community spaces allowed us to gain insights through open conversations, focusing on what people wanted to share rather than relying solely on our semi-structured format. This additional evidence is summarised on page 19.

Stories of lived experience

We gathered stories by conducting interviews over a 16-week period from August to December with a total of 11 individuals that have direct experience of hidden homelessness. During interviews we asked semi structured questions based on those in our survey for individuals. This allowed for a more open dialogue with people that centred around the individuals' experience.

We visited:

- Arkell Community Centre, Nailsworth
- Cornerstone Community Centre, Cheltenham
- Paganhill Community Centre, Stroud
- The Retreat, Gloucester City Mission
- The Nelson Trust Women's Centre, Gloucester
- The Cavern, Gloucester
- The Door Youth Project, Dursley
- Coleford Community Support Group
- 7 Pride events across the county

Surveys

Individuals experiencing hidden homelessness

We used a survey to collect feedback on people's experiences of hidden homelessness in Gloucestershire over a 16-week period from August to December 2024. We promoted this via our website, social media, news, and community networks. To make sure as many people as possible could access the survey, we made it available online, in print with a free-post return envelope, and people could also share their feedback via phone, email, and during face-to-face engagement.

Our background research indicated that a survey would offer an option for individuals affected by stigma or those uncomfortable sharing their experiences verbally or in person. To ensure broader participation, we used the survey alongside other engagement methods, allowing people to share their stories privately and reaching those who might otherwise remain unheard.

Five people completed this survey. However, it should be noted that some questions were not answered by everyone.

Organisations and caseworkers supporting those experiencing hidden homelessness

Throughout November, we also used a survey to collect feedback from organisations and caseworkers who provide direct or indirect support to people who have lived experience of hidden homelessness. We thought it would be a unique opportunity for organisations and caseworkers to have their say too. We promoted this through our networks.

We asked open-ended questions based on the survey for individuals, so we were able to compare our findings.

17 individuals completed our survey representing a total of 11 organisations. We heard from:

- Cheltenham Open Door
- Gloucestershire Action for Refugee and Asylum Seekers (GARAS)
- Gloucester City Mission
- North and West Gloucestershire Citizens Advice
- P3
- Stonehouse Community Association
- StreetVet
- Suicide Crisis
- The Door Youth Project
- The Nelson Trust
- Young Gloucestershire

Unstructured interviews

During our engagement, many of the conversations we had were unplanned and informal, arising naturally as we connected with individuals in community spaces. These unstructured interviews allowed people to share their experiences in a way that felt comfortable and authentic, without the constraints of a formal process.

By creating opportunities for open dialogue, we were able to hear perspectives that might have otherwise gone unheard. We spoke to approximately 30 people using this type of engagement. The insights gathered through these unstructured interviews complement the structured data collection methods we used.

Volunteering

As part of their community engagement, our ICS Engagement Officer dedicated 18 hours to volunteer work, interacting with approximately 8 individuals who were experiencing hidden homelessness. They volunteered at The Cavern in Gloucester, where they assisted behind the bar, and at the Retreat at Gloucester City Mission, where they supported staff and helped homeless individuals.

Volunteers

Volunteers played a pivotal role in supporting the research and development of this project. We are incredibly grateful for the time, effort, and commitment our volunteers brought to this project.

Research

To build a strong foundation for the report, we asked two of our volunteers to analyse a range of 12 articles, websites, and reports, all focusing on the common theme of homelessness. Their work involved extracting key insights and summarising complex information to help us better understand the broader context of hidden homelessness. Our volunteers spent a total of 47 hours and 45 minutes on this research.

This research has informed multiple sections of this report, providing both direct evidence and a broader understanding of hidden homelessness. By deepening our understanding of the topic, this research has supported a more comprehensive and reflective exploration of this topic. Additionally, the findings from our volunteers helped shape the direction of the project by identifying themes and areas that required further exploration.

Engagement

Volunteers were also directly involved in engaging with individuals who have lived experience of hidden homelessness. One of our volunteers joined us during a group visit to help capture stories and ensure that each person's voice was heard. Our volunteer spent approximately 4 hours on this engagement. Their participation was instrumental in creating a safe and welcoming environment for individuals to share their experiences.

Key messages

We analysed all the feedback shared with us and identified the following common themes.

Mental, physical & social health impacts

- Experiencing hidden homelessness often exacerbates pre-existing mental and physical health conditions, making it increasingly challenging for individuals to reach out and stay connected with support services as their needs grow more complex. This indicates a high level of unmet need.
- People who have experienced domestic abuse or are in recovery from substance dependency can be re-traumatised if housed in environments that may trigger past experiences.
- Both physical and mental health frequently take a back seat as individuals focus on the immediate need for survival, leaving longer-term health concerns unaddressed which perpetuates a cycle of instability.
- Individuals with previous traumatic life experiences are particularly at risk of hidden homelessness. Without stable housing, they cannot begin to address past traumas effectively, leaving them in prolonged states of emotional distress.
- The social stigma associated with hidden homelessness disrupts family connections, isolates individuals from their communities, and makes it difficult to secure stable employment.

Service & support accessibility

- The homeless healthcare service in Gloucester is highly regarded by many of those who have accessed it. Its welcoming and de-stigmatised environment provides a safe space for those situated in and close to Gloucester.
- Access to healthcare support is heavily concentrated in Gloucester, leaving those in other areas, particularly rural communities, at a disadvantage due to limited awareness of available services and unaffordable transport options.
- Difficulties in obtaining medical evidence to support housing and benefits claims - such as high costs and some GPs refusing to provide it - can significantly delay access to housing support.
- People with pets often face challenges accessing healthcare appointments if they cannot bring their pets with them, this can lead to missed opportunities for care and treatment.

Joined up care

- Advocacy support is critically lacking, leaving individuals struggling to navigate complex systems. Many fall through the gaps due to difficulties with paperwork or being repeatedly passed between services, resulting in missed opportunities for assistance.
- The absence of formal advocacy structures often results in community centres and support organisations stepping in to provide unofficial

advocacy. Without investment, this is inefficient and unsustainable, diverting limited resources from their primary functions and risking burnout among staff.

- Transitions between services - such as moving from child to adult services, care leavers transitioning to independence, or individuals leaving mental health inpatient care or prison - are critical moments. Effective coordination during these transitions is essential to reduce the risk of hidden homelessness.

Systemic issues

- The term "voluntarily homeless" is misleading and potentially harmful. It wrongly suggests that individuals choose homelessness or refuse support, while ignoring systemic barriers such as domestic abuse or unsafe housing.
- Whilst violence that occurs between two people in a relationship under the age of 16 is managed by child protection services, Gloucestershire has also commissioned service provision that is tailored to the specific dynamics of domestic abuse in younger people's relationships.
- Before the 9th December 2024, once granted refugee status, people only had 28 days to find accommodation before they were evicted from their Home Office accommodation. This "move on" period has now been extended to 56 days on a trial basis until June 2025.

Recommendations

We believe the best way to improve services is by listening to the experiences and feedback of those directly affected. Based on the insights shared by individuals and organisations involved in our project, we recommend the following actions to enhance access to health and social care services, improve the well-being of those experiencing hidden homelessness, and create a more inclusive, sustainable, support system in Gloucestershire.

Mental, physical & social health impacts

- Local Councils should implement Trauma-Informed Practice to ensure issues relating to trauma, such as safety and stability, are embedded within all decisions within the housing pathway.
- Local Councils should review policies and/or processes that enable the impact of trauma to be risk assessed when housing high-risk groups. The role of healthcare providers should be included within this review.
- The ICB should review the accessibility of trauma services for high-risk groups, including people with without stable housing, and develop an action plan to address any gaps.

- Local homelessness partnerships to consider launching a public awareness campaign across Gloucestershire to combat stigma and promote understanding of homelessness. Work with local media, schools, employers, and community groups to share stories and explore the role communities can play in reducing isolation. This could be explored through the Making Every Adult Matter (MEAM) approach.

Service & support accessibility

- Integrated Locality Partnerships to work with the Homeless Healthcare team to explore the provision of more accessible services outside of Gloucester, such as mobile health clinics for individuals unable to access traditional healthcare services especially in rural areas.
- Providers of healthcare services to increase promotion of their services in areas where people who experience homelessness are likely to be. For example, community hubs, fliers in supermarkets, emergency departments, derelict doorways, public transport, homeless support and outreach service providers, domestic violence support services, and mental health support services.
- Local Councils and Gloucestershire Integrated Care Board (ICB) to explore the implementation of a streamlined, low-cost system for obtaining medical evidence. Examples of this could include contracting third parties for housing assessments based on medical records or reviewing assessment processes to determine whether medical reports are always necessary.
- Health and social care providers should review policies and responses, to ensure that individuals who rely on pets for their mental health, wellbeing, and security are not restricted from accessing essential services.

Joined up care

- Our findings support the development of the MEAM approach which would provide a Gloucestershire-wide multi-agency forum for housing, health, and social care services and the VCSE sector to coordinate support for individuals experiencing rough sleeping and facing multiple disadvantage. Although this is focussed on safeguarding rough sleepers, we found many crossovers with people experiencing hidden homelessness.
- We recommend representatives from the housing sector, police, primary care, and probation services are members of both the MEAM approach and the newly established Rethink Mental Health VCSE forums, with experts by experience, to collaboratively develop pathways, address training gaps, and ensure integrated service delivery at the earliest opportunity.
- Investment from the Integrated Care System (ICS) in the VCSE sector, for example community centres and social hubs, to up-skill or recruit local people and experts by experience into roles that can assist individuals with navigating paperwork, accessing services, and advocate for them across services.

- Co-ordinators at transition points e.g. within probation & leaving care services, must be enabled by senior leaders to work with system partners to draw on resources and knowledge from across the system to allow more creativity in support planning together with individuals during this critical period.

Systemic issues

- Gloucestershire County Council to review the use of terms like "voluntary" homelessness in local policy and service provision to ensure that language does not misrepresent individual circumstances or create barriers to support. While 'intentional homelessness' is a legal term, we recommend avoiding terminology that implies choice or blame.
- Gloucestershire Domestic Abuse Local Partnership Board strategy to include data that captures domestic abuse between people under the age of 16 within child protection proceedings to ensure local need is understood and informed approaches can be commissioned.
- If the Home Office ends the 56-day trial move-on period for refugees and returns to the 28-day period, local councils and politicians should evaluate the potential local impact. They should also assess how this could increase homelessness among refugees, and consider the risks and challenges of this change, before a decision is made.
- Local councils and politicians should work with government bodies as well as housing associations, and advocacy organisations to push for wider legal reforms that remove barriers for domestic abuse survivors to exit a tenancy safely.
- The Home Office should consider the impact of homelessness on refugees when evaluating the current 56-day trial move-on period and deciding whether it should continue.

What we found

Stories of lived experience

This section presents the personal stories of individuals who have experienced hidden homelessness in Gloucestershire. Each story presents the person's own unique perspective, highlighting the diverse and complex issues faced by those navigating difficult housing situations.

While each person's circumstances are different, a common thread runs through their experiences: all are facing multiple, overlapping challenges that impact health, wellbeing, and the ability to access support.

By including every story we heard, we hope to highlight the diversity of experiences and emphasise the importance of understanding the individual needs of those affected by hidden homelessness. These voices provide a powerful reminder of the human impact behind data and offer important insights for improving services and support. Their stories are not only a testament to their resilience but also a crucial source of insight into how systems and services can better support those experiencing hidden homelessness.

Sonia's Story

Sonia has faced significant challenges, including homelessness. substance misuse, and involvement with the criminal justice system. She owns a flat she accessed through a housing scheme elsewhere in the UK but moved to Gloucestershire in 2020 for private treatment. Determined to maintain her sobriety, she accrued substantial debt during her recovery journey. Sonia's flat provided her with a sense of security, but it also prevented her from accessing housing support in Gloucestershire, as she was told she was required to give it up if she wanted to join the local housing wait list. For Sonia, this flat was both a safety net and a barrier to the stability she sought in Gloucestershire.

Without proof of residence in Gloucestershire, Sonia faced challenges accessing healthcare, including prescriptions from her psychiatrist. She shared that advocacy support during GP registration and healthcare appointments would have been invaluable, particularly as she often felt judged by professionals. Navigating the complexities of housing and healthcare systems added further strain to her journey.

Throughout this time, Sonia's local community centre became a beacon of hope. She described it as a place where she was treated "like a person, not just a number." Despite receiving support from the centre, her living situation remained unstable for a long period, relying on her ex-partner for occasional shelter and often sleeping in hidden locations.

Recently, Sonia moved into recovery housing, a significant step toward stability. However, she aspires for more—a secure home and the ability to address potential mental health and disability conditions that remain overshadowed by her current challenges.

Sonia's story highlights the systemic barriers faced by those experiencing hidden homelessness and underscores the vital role of community hubs in offering safety, dignity, and support. It is a testament to Sonia's strength and determination to build a better future.

Maria's Story

Maria, a social housing tenant in Gloucestershire, faces living conditions that have severely impacted her physical and mental well-being. Her home is infested with mice and has extensive black mould. As a result, Maria has developed rashes, suffers from anxiety attacks, and has lost weight. The unsanitary environment prevents her from cooking, hosting her children, or feeling safe.

Maria also suffers from asthma and worries the mould may make her breathing difficulties worse. Sadly, she has also experienced physical violence, including an assault in her home that left her with a broken arm. She also disclosed an incident where she was assaulted by a professional in her home.

Not only does Maria feel extremely unsafe, but she also feels so disgusted by her living situation that she sleeps outside in a tent. She also occasionally stays with romantic partners when she can. Maria stays away from her home as much as possible and is reliant on support services for food and social interaction.

Maria said she has repeatedly reported the issues since 2020, but that no action has been taken to address the infestation or repair the mould.

Maria's story highlights the urgent need for better housing conditions and increased advocacy support for vulnerable individuals. Her resilience in the face of such adversity underscores the critical importance of holding housing authorities accountable and ensuring safe, liveable environments for tenants.

James' Story

James is a 30-year-old man currently living in a tent in rural Gloucestershire. James had visible bruises and wounds on his face, arms and hands when we spoke with him. He shared that he was a victim of an unprovoked attack the previous evening. James had not received any medical attention for his injuries at the time.

James shared that the cold weather outside prolongs the healing of his sores, significantly affecting his physical health. While he acknowledged

that his housing situation impacts his mental health, he found this harder to discuss and said that he needed to focus on his immediate physical challenges.

James spoke highly of the homeless healthcare team in Gloucester, expressing appreciation for their non-judgemental support.

When asked about improving services, he enthusiastically shared an idea for a "crisis agency" app that would connect homeless charities and support services in one place. The app, in his vision, would allow for communication and data sharing between organisations, caseworkers and clients. It would also have a chat function where clients could communicate with support services. He proposed that organisations could employ homeless individuals as call handlers, providing meaningful jobs and work experience.

James's story highlights the physical and emotional toll of homelessness while emphasising the importance of accessible, integrated support services. His creative vision underscores the potential for lived experiences to inspire meaningful solutions.

Aisha's Story

Aisha, 36, has experienced homelessness on-and-off since childhood, she said this was partially due to growing up with parents who struggled with substance dependency. We spoke with Aisha about her experience over the last two years.

Aisha lived in a shed in a pub garden, working cash-in-hand at the pub to cover cheap rent. During this time, she developed severe health issues due to growths around her reproductive system. Despite repeated visits to her GP, she felt dismissed and was not offered a physical examination that might have identified the problem earlier. This delay led to three surgeries and a diagnosis that she might never be able to have children. Aisha felt unsupported when receiving this news, suggesting immediate therapeutic support would have been beneficial.

During this time of ill health, Aisha was unable to work. She was also unable to provide evidence of her employment and housing in order to access any support services due to her living arrangement. Aisha lost her job because of her ill health, and since she could not provide any formal documentation for her housing or employment, she lost her home soon after. Aisha sofa-surfed when she could, and on other nights, rode buses or stayed awake in public spaces to feel safer. Navigating healthcare and benefits systems was nearly impossible during this time, as survival was more important. She was unaware of services like the homeless healthcare team and suggested improved outreach in public spaces frequented by hidden homeless individuals.

Over the last year, Aisha's mental health has deteriorated. She has been sectioned six times under 24-hour emergency sections and relied on daily crisis team support. She expressed frustration at the over-reliance on medication for her depression, emphasising her need for long-term therapy. She is now receiving trauma-informed care with a service provider, who she credits with helping her move forward.

Aisha has also recently discovered she may be neurodivergent, as her two brothers are autistic. She reflected on how her life might have been different if this had been identified earlier.

Now in supported living, Aisha hopes sharing her story will foster greater understanding of homelessness and the systemic barriers that make recovery so difficult.

Lisa's Story

Lisa is rebuilding her life after serving a prison sentence. Before her incarceration, Lisa lived a multifaceted life, owning properties in England and Ireland and working as a carer. However, her conviction led to a prison sentence in London, during which she lost connection with her children and faced significant personal challenges.

Upon release, Lisa spent her savings on an Uber to return to a town in Gloucestershire, where she was required to register for housing with the council. She has been living in a B&B for 64 days, sharing a bathroom with approximately 20 men, which has made managing her skin condition and personal dignity difficult. Despite being rated Gold on the housing waiting list, suitable accommodation remains out of reach.

Lisa has ambitions to work with the Prison Reform Trust to advocate for others like her, critiquing the lack of rehabilitative support in women's prisons. She believes many women in prison would benefit more from community-based solutions and dedicated housing support when leaving prison.

Accessing healthcare was also challenging; she spent weeks registering with a GP and now uses her PIP allowance for private physiotherapy.

Lisa's story reveals the systemic barriers faced by women reintegrating after incarceration and highlights the urgent need for trauma-informed housing and healthcare solutions.

Margeret's story

Margaret, in her 50s, is navigating life after her third prison sentence. Released in July 2024, she lost her home, belongings, and two pets during her incarceration—a profound loss that continues to affect her. Upon

release, she was placed in supported accommodation but finds it challenging to stay clean as she is surrounded by drug use. To avoid relapsing, she leaves her home and tries to find shelter in town centres, parks, and with strangers.

Before prison, Margaret worked as a hospital cleaner. In prison, she focused on her well-being, working as a cleaner and going to the gym daily. Now, without access to a gym or her beloved pets for grounding, Margaret struggles to manage her anger and emotions. She wishes to become a therapist to help others who self-harm, drawing on her lived experiences.

Margaret finds support in the anger management therapy provided by a local service but wishes for more opportunities like boxing classes, which she believes would help her channel her emotions constructively. She acknowledges that turning her life around is a gradual process but remains committed to her goals.

Her story underscores the importance of stable, drug-free housing and access to affordable activities that foster recovery and personal growth.

Aadil's Story

Aadil, 45, is currently homeless and living in a car. He previously stayed in temporary accommodation but left due to his mental health and struggles with substance dependency. He spoke openly about the difficulties of finding stability while dealing with significant trauma from his past.

Aadil finds nights particularly hard, often feeling isolated and unsafe in his car. He shared that he relies on food banks and community centres for support but often struggles with shame when asking for help. He is aware of available mental health services but expressed that navigating the system feels overwhelming and that his priority is survival over long-term planning.

Aadil mentioned a strong appreciation for the healthcare he's accessed through the homeless healthcare team, especially when he recently sought help for a recurring chest infection exacerbated by sleeping in his car. Despite his gratitude, he feels his immediate physical health needs overshadow his ability to address his mental health.

He expressed a desire for consistent advocacy to help navigate health and housing services and for more trauma-informed support.

Aadil's story underscores the challenges of survival-focused living and the gaps in holistic, accessible support for individuals experiencing homelessness.

Emily's story

Emily, a survivor of domestic violence, suffers from PTSD and has faced ongoing housing challenges. She was initially placed in shared accommodation with individuals struggling with substance dependency, where loud banging noises triggered her trauma. Emily was determined to maintain sobriety, but these conditions made it difficult for her to feel safe which she said makes her worry about her ability to stay sober.

While pregnant, Emily secured a flat through a housing support service and found some stability as she could cook and manage her daily life. However, she told us social services deemed the flat unsuitable for a child and instructed the housing support service to issue an eviction notice, promising more appropriate housing. Trusting their guidance, Emily complied and moved into a hotel without cooking facilities, which proved even less suitable. The instability this created contributed to her decision to access an abortion - a deeply personal choice she did not discuss further.

Currently, Emily faces further difficulties. She is in an unsafe on-and-off relationship, has no permanent home, and struggles to maintain her health, whilst often worrying about accessing food due to a lack of cooking facilities. She reflected on how her situation was better when she lived in shared accommodation.

Despite these hardships, Emily expresses gratitude for the support she receives from a local service provider, which offers her moments of respite. Emily's story underscores the critical need for trauma-informed housing solutions and consistent, supportive care.

Kai's story

Kai, 30, has spent the past year living in a tent in rural Gloucestershire, terrified at night by the sounds of animals. Previously, he lived in a flat during the housing crisis, but his abusive father often stayed there without contributing, bringing drugs into the home. Struggling to maintain work and stability, Kai eventually lost his housing.

In spring, a housing support provider helped Kai secure accommodation, but the transition from living in a tent to a house was difficult, compounded by domestic violence in the neighbouring property. These experiences re-traumatised Kai, leaving him feeling unsupported and overwhelmed. Despite acknowledging the weight of his trauma, Kai feels unable to seek help, focusing instead on daily survival.

Kai was removed from the accommodation due to personal challenges and is now without a place to stay. He has also been physically assaulted by his father on multiple occasions, adding to his distress. Recently whilst on the streets, Kai suffered a severe asthma attack and called 999, fearing for his

life. While he felt his treatment was good, the incident left him deeply shaken.

Kai appreciates the support the homeless healthcare team have provided him. His story highlights the urgent need for trauma-informed support services and stable housing to address the cyclical challenges faced by individuals experiencing homelessness.

Evie's story

Evie told us she was evicted at a time she was engaging with drug and alcohol services. The eviction forced her to relocate, disrupting her care and requiring her to start over with new services which she found to be an overwhelming and destabilising process.

Evie told us she will never trust the NHS or use an NHS service again. Her mistrust of NHS services stems from an experience she did not wish to elaborate on, but it has left her avoiding healthcare entirely. She was cautious during our conversation and did not want to disclose further details.

Evie's story highlights the critical need for continuity of care and trust-building within healthcare and support systems for vulnerable individuals.

Peter's story

Peter's story begins in his younger years when he described himself as successful, with a well-paying job and a lavish lifestyle. However, his diagnosis of borderline personality disorder (BPD) later provided clarity on behaviours that he and others had overlooked. During low periods, Peter often sought relief through impulsive spending on holidays, luxury items, or gambling, which he now understands was linked to his BPD.

After the devastating loss of his wife, Peter's emotional state worsened, and his gambling intensified as a coping mechanism. Over time, this led to financial instability, leaving him without savings and ultimately without a home. He is now staying in temporary accommodation. Peter assured us that he does not cause any issues at his accommodation, and the staff find him 'easy' to deal with. However, he expressed frustration at being treated poorly by others who are also staying with his housing provider.

Peter also shared that he strongly believes that the staff working for his current housing provider are only able to provide housing support and are not equipped to handle the complex health needs of more challenging individuals.

While in temporary accommodation, Peter noticed a decline in the morale of the staff. He said he was sure that staff members genuinely want to help,

but he also saw signs that the system was failing and wondered if they felt the same way.

Peter also discussed how private therapy that he accessed before becoming homeless has been a lifeline, helping him understand and manage his behaviours and take steps toward rebuilding his life. He contrasted this with the NHS therapy that he received, which he felt was a waste of his time and strongly believed would be the case for others.

Peter's story underscores the significance of accessible mental health support and early intervention in addressing underlying issues like gambling.

Surveys and conversations

This section collates survey data provided by individuals with lived experience, local organisations and caseworkers, and unstructured interviews. It also draws upon some themes that were identified from individual stories.

Understanding the causes of hidden homelessness

Homelessness is often associated with substance misuse and poor mental health. Whilst this can be a factor for some, we wanted to show the vast range of reasons people can end up homeless. We asked organisations and caseworkers what they see to be the causes of hidden homelessness, as well as those with lived experience for the background as to why they are hidden homeless. In no particular order, we received the following responses:

- Mental and physical health
- Not enough time to find accommodation after receiving refugee status
- Substance dependency
- Relationship breakdown
- Victim of abuse or violence
- Having a pet
- Cost of living
- Leaving child services and entering adult services
- Inappropriate use of ASBI's (Anti-Social Behaviour Injection) by housing providers
- Eviction under the Section 21 Notice to Quit
- Domestic abuse and local authority policies that do not match with reality
- Difficulty maintaining a tenancy due to not receiving support with life skills that are required to live independently.
- Job loss

- Inappropriate housing options for those with health conditions or disabilities
- Wait lists for social housing
- Benefit sanctions
- Leaving care
- Financial troubles e.g. debt and rent arrears
- Unsafe or unsuitable housing e.g. mould

Supporting comments:

"We see a lot of people who are unable to secure housing in the current market, and lack of social housing provision."

"A social housing provider is seeking to have family evicted from their home via Anti Social Behaviour Injunction, for example because of alleged "noise" where it is a family of six (five children). I am currently supporting a family being evicted -a very vulnerable family."

This feedback shows a broad range of systemic, social, and economic challenges. From the lack of affordable housing and social support to abrupt transitions, such as leaving care or refugee accommodation, these varied causes highlight the interconnected nature of this issue.

Health consequences of hidden homelessness

Many of the stories of lived experience we gathered highlight the health consequences of hidden homeless. We also heard the following case study from one service provider that highlights the direct impact living in unsuitable housing can have on health. We have summarised this below:

"Our client, her husband, and their many children have been living in a severely overcrowded three-bedroom property owned by a housing association for nine years. Due to space constraints, the dining room has been converted into a bedroom, and all the children sleep in bunk beds. Three of the children are autistic, including one child with high support needs who requires a separate room but has no choice but to share. Another child also has complex needs and cannot live independently. Despite their urgent need for suitable housing, the family has been unable to secure a larger property due to housing shortages.

The property is in a severe state of disrepair, with black mould affecting all rooms, recurring despite the client's ongoing attempts to treat it. Structural issues include broken window seals, draughty doors, crumbling plaster, water leaks, and mould-covered kitchen cabinets. The family experiences frequent illness, and one child has

developed respiratory problems and is now using steroid nasal spray due to breathing difficulties. "

This case study demonstrates how disrepair and overcrowding can create a situation where families are forced to live in conditions that threaten their health, safety, and dignity.

Marginalised groups and hidden homelessness

The following information is organised around common shared experiences identified within each group. However, we acknowledge that these experiences are not exclusive to any one group. Due to the intersectional nature of people's experiences, individuals across different groups may face similar challenges and overlapping barriers.

We acknowledge that some marginalised groups are not represented in this section. This is not because they do not exist or face challenges related to hidden homelessness, it is because we did not receive specific information about their experiences during this project. We would welcome the opportunity to collaborate with those not reflected in this report to ensure their voices are heard and their experiences are recognised.

Neurodivergence and mental health conditions

In our survey, we asked people with lived experience of hidden homelessness about their current living situation. The people we heard from were either sofa surfing, staying in a shed, garage, caravan, office or warehouse or another type of non-registered/informal housing.

One particularly noticeable finding was that all 4 survey respondents who disclosed their health conditions identified as autistic and 3 as ADHD. Many also reported additional conditions, including ADHD (3), anxiety (3), depression (3), PTSD (2), chronic fatigue (2), and OCD (1).

Whilst this suggests that individuals with neurodivergence may be disproportionately represented among those experiencing hidden homelessness, it is important to note the limitations of this finding due to the small sample size. However, broader evidence supports the link between neurodivergence and homelessness. For example, around 12.3% of people experiencing homelessness are officially diagnosed as autistic, compared to the 1-2% of the general population who are diagnosed as autistic.[4]

It is also possible that individuals with neurodivergence preferred completing the survey online due to a preference for digital engagement or difficulty interacting with traditional support services. Additionally, research highlights that social

[4] A Churchard, M Ryder, A Greenhill, W Mandy, 'The prevalence of autistic traits in a homeless population' (2019) 23(3) *Autism* 665, 676.; TS Brugha et al, 'Epidemiology of autism spectrum disorders in adults in the community in England' (2011) 68(5) Archives of General Psychiatry 459, 465

Note: We recognise that numbers of those diagnosed as autistic are likely under reported due to under-diagnosis in certain groups, improved awareness and diagnostic practices.

vulnerabilities and difficulties navigating support systems make autistic individuals more susceptible to housing instability.[5]

Factors contributing to hidden homelessness among neurodivergent individuals and those with mental health conditions

We identified the following contributing factors based on feedback from our engagement, which are also evidenced in broader studies. These factors include:

Awareness of neurodivergence or mental health conditions

Some individuals that reported being diagnosed with neurodivergence later in life felt they missed opportunities for early support that might have prevented homelessness. This was similar for people who had mental health conditions that were overlooked during the early stages of seeking support.

This delayed or absent diagnosis reflects systemic gaps in societal and medical understanding. Neurodivergence, for example, has historically been under-diagnosed in women and other marginalised groups due to biases in medical research, diagnostic criteria and the assumption that neurodivergence presents in the same way for everyone. In our Adults with Autism report (https://www.healthwatchgloucestershire.co.uk/report/2023-02-27/adults-autism-peoples-experiences-autism-assessment-process-gloucestershire) we highlighted a lack of awareness around the masking behaviours women may adopt to hide or manage their autistic traits. This adds to the challenges faced by individuals from underrepresented groups in accessing timely support.

Improving early identification, diagnostic pathways, and public awareness—while addressing biases in medical and societal perceptions—is critical to ensuring timely support and reducing the risk of homelessness for neurodivergent individuals and those with mental health conditions.

Difficulty navigating housing systems

Complex housing processes can be particularly daunting for neurodivergent individuals and people with mental health conditions, especially those who may struggle with advocacy or processing bureaucratic systems.

Trauma and exploitation

The vulnerability of individuals to exploitation or abuse was highlighted in this respondent's account:

> "I have been abused by a former landlord, who also ridiculed my autism. The police said he committed a criminal offence but refused to do anything. This has added trauma. Because of him, I was forced to take a very stressful place where there was overcrowding. This was very painful for me due to my autistic hypersensitivities. This is not seasonal; it will continue until the council give me a place to live."

[5] E Garratt and J Flaherty, '"There's nothing I can do to stop it': homelessness among autistic people in a British city' (2021) 38(9) *Disability & Society* 1558, 1584

The unsuitability of housing options

For some people, certain housing options are not appropriate. This can differ based on the needs of the individual. For example, overcrowded or noisy house shares, can exacerbate sensory and mental health struggles, making them untenable.

"I was renting privately, then had to move as the landlord wanted to sell. There are literally no private rented places anymore. All that is available now are house shares. These are completely unsuitable for me as they are ruining my mental health."

"Private rented accommodation is too expensive and many of the people we work with have no access to guarantors. This leaves house shares as the only viable option, but again the people we work often struggle with mental health and/or substance dependency, which makes this unfeasible for most. So, people will find whatever places to stay that they can."

This evidence highlights how crucial it is to develop affordable housing options and access choices that include those tailored to individual needs.

Refugees and Asylum seekers

Refugees and asylum seekers in Gloucestershire often face significant barriers to securing stable and affordable housing.

Community-based living arrangements

We heard that it is common for refugees and asylum seekers to initially rely on community-based arrangements, such as staying with relatives or community members from their country of origin while awaiting decisions on their asylum applications or adjusting to life in the UK. For some, this means joining family members or friends, which can be in cramped housing conditions. While these arrangements can provide crucial social support, the lack of personal space and growing tensions among household members can create longer-term challenges.

This not only threatens the individual's housing stability but can also strain relationships within the community, leaving people without the familial or social ties that might otherwise act as a safety net. We heard some instances where strained familial relationships led to individuals becoming homeless.

Transitioning from temporary arrangements

While being granted refugee status brings the hope of stability, the transition from Home Office accommodation is abrupt. We were told refugees often have just 28 days before they are evicted, leaving them with little time to secure alternative accommodation. Having little time to find accommodation, coupled with a shortage of housing puts people at particular risk.

We welcome the news that the Home Office has extended this "move on" period to 56 days on a trial basis from the 9th December 2024 until June 2025.

Broader Housing Challenges

Families from rural areas can face additional challenges accessing suitable accommodation due to the lack of housing options and limited transport links to urban centres where services are located.

These housing issues are compounded by systemic barriers, such as limited awareness of available support, difficulties navigating housing systems, and challenges in accessing public services without a permanent address.

"There's not enough housing available to meet the need: Ukrainians leaving hosts (particularly rural hosts) struggle to find something suitable and affordable; newly granted refugees struggle to find affordable housing."

"Clients are living with trauma - having received their refugee status they are finally safe in the UK, so may feel able to begin to process their past trauma. However, they do not have a safe place to live, so are not able to process trauma safely. They are often worried about family and friends who remain in their homeland. If people have left dependents behind they may try to bring them to the UK on family reunion but may not feel able to do this if they do not have a home to bring their family to."

"Without an address it's not possible to register with a local GP, & clients who have very limited finances can't travel to Gloucester to access healthcare. There are no dentists available for those on low income except the emergency dentist in Gloucester - again access via public transport is very costly. Clients find that Social Services are difficult to work with, little continuity of social worker, poor support, and the benefit system isn't easy for those without access to internet - many clients can't afford to use online services."

Additional points

Although it falls outside the direct scope of this project, we also heard that many refugees and asylum seekers avoid accessing NHS health and social care services because they perceive themselves as a "burden" on the system. This is despite being fully entitled to this support and the existence of dedicated budgets to meet their needs.

This perception stems from societal messages, often reinforced through media narratives and lived experiences of racism and discrimination. As a result, this issue extends beyond the NHS and highlights a broader societal challenge. Addressing it requires a collective effort to combat stigma and misinformation, promote inclusivity, and ensure refugees and asylum seekers feel welcomed and supported in accessing the care and support they are entitled to.

Women

Hidden homelessness often presents differently for women, shaped by unique challenges and coping mechanisms influenced by male violence. We learned that women experiencing hidden homelessness frequently adopt strategies to remain out of sight, often at a cost to their health and safety.

Staying Hidden

For many women, staying hidden is both a survival strategy and a necessity. We heard accounts of women staying awake through the night to remain alert to potential dangers, often seeking out secluded or rural areas to avoid detection. Some women shared that they walk throughout the night, frequently changing locations to minimise their risk of harm.

Public transport is another strategy used by some women to find relative safety. Riding buses during the day, or trains through the night, allows them to rest, and we were told that many bus drivers in Gloucestershire often allow people to board for free so they can sleep.

Some women shared that they enter physically or emotionally abusive relationships as a means of securing temporary shelter, despite the significant risks to their safety and well-being. These arrangements often feel like the only available option in the absence of safe alternatives. Additionally, women fleeing domestic violence frequently leave their fixed address in search of refuge. only to encounter further threats and violence in unsafe environments beyond their home. These arrangements often perpetuate a cycle of violence, as women leave one unsafe environment for another.

Gender-Specific Housing

A recurring theme in our conversations with women was the desire for gender-specific housing to help them feel safer. This aligns with findings from the Women's Census 2023 where the importance of safe, trauma-informed housing tailored to women's needs is highlighted.

It is essential that the transgender and non-binary community be consulted in the development of such services to ensure that their unique needs are fully understood and addressed, based on their lived experiences.

LGBTQI+ community & younger people

We found that younger people who were still living at home or that are part of the LGBTQI+ community are at heightened risk of hidden homelessness due to relationship breakdown within their family.

We spoke to one young person who told us they were at the beginning of their social transition. Their family was not accepting of this and as a result this young person was sofa surfing and staying with friends.

We recognise that members of the LGBTQI+ community may be especially susceptible to heightened risks, including increased danger and discrimination. We would welcome further research into the experience of hidden homelessness

within the LGBTQI+ community in Gloucestershire to help us better understand the prevalence of this issue.

Veterans

During our background research and meetings with professionals who work with veterans, we identified this to be a group of people who are particularly susceptible to experiencing hidden homelessness and are likely to be hidden from support services.

Professionals noted that while there has been progress in addressing mental health within the armed forces, some cultural factors can still make it harder for individuals to seek help. For example, the emphasis on resilience and self-reliance may discourage some veterans from openly discussing their mental health needs.

Additionally, feelings of shame or stigma can present significant barriers to seeking support, particularly for those who feel they may not meet societal or personal expectations of strength. These challenges may be further compounded by intersectional factors, which can create additional obstacles to accessing services.

While investigating this issue, we also found that, more broadly, there is a lack of research on veterans from minoritised ethnic backgrounds. Although this is not directly related to homelessness, understanding these broader challenges could provide valuable insights into the structural inequalities that may also impact housing security, health, and social care access.[6]

Service & support accessibility

We asked organisations whether the individuals they work who experience hidden homelessness had encountered difficulties accessing the following services in the past 12 months. 13 out of 15 responses reported people had difficulty accessing both health and social care services, with the remaining 2 being unsure.

From the additional comments that were made, we identified several key themes:

Access to GP services

We received positive feedback about the Homeless Healthcare Team based in Gloucester, with users describing the service as non-judgmental and supportive. However, during visits to locations outside Gloucester, we found limited awareness of this service and where there was awareness, individuals frequently said travelling to Gloucester was not always possible because they could not afford it or because life was so unpredictable. This highlights a clear demand for similar services in rural areas, towns, and cities beyond Gloucester.

We also found that GP registration is an issue for individuals experiencing hidden homelessness. One person highlighted that some of the people they were

[6] Forces in Mind Trust Research Centre, 'UK Minoritised Ethnicity Ex-Service Personnel: A Review of Current Research and Highlighting Gaps' (2 January 2024) ; Salem K, Randles R, Sapre B and Finnegan A, 'Experiences of ethnic minority personnel in the armed forces: A systematic review' (2024) 10(4) Journal of Military, Veteran and Family Health

supporting had gone years without being registered at a GP practice, leaving their healthcare needs unmet.

Additionally, we noticed a widespread misconception among both individuals, organisations and caseworkers that proof of address is required to register with a GP. Whilst NHS guidelines state that proof of address, immigration status, ID, or an NHS number is not necessary to register, we heard reports of GP practices refusing to register individuals without a fixed address. This inconsistency likely perpetuates the misunderstanding and further discourages vulnerable individuals from seeking care.

For those experiencing hidden homelessness, advocating for themselves in these situations can be particularly difficult, especially if they are already navigating complex and overwhelming circumstances.

Being able to register with a GP as a homeless or hidden homeless individual, will enable people to access more support in their local area. For more information about patient rights when registering with a GP, please visit the Healthwatch England website.

For further insights into GP accessibility, please refer to our GP Access Report, which explores barriers to primary healthcare in more detail and offers recommendations to improve accessibility for people at risk of health inequalities.

Financial barriers

Accessing medical evidence to support claims

We heard that there are financial barriers in place when a person is trying to access medical evidence to support a housing and benefits claims. GP practices often charge for this evidence, the cost of which ranges from £30 to £50. We also heard that there were times when a GP practice had refused to provide medical evidence, resulting in delayed claims and increased stress.

Changes in how GP Practices operate have contributed to this issue. Many GPs are now strictly working within the General Medical Services (GMS) contract, meaning that non-GMS work - such as providing medical reports for housing or benefits claims - is now only undertaken if practice resources allow. Some practices continue to offer this service, while others have chosen to withdraw from non-GMS work altogether to prioritise core NHS services. This has resulted in more individuals turning to private GPs for medical reports, but for those unable to pay, accessing the necessary evidence has become increasingly difficult.

In the absence of GP-provided reports, local Councils and Integrated Care Boards (ICBs) may need to explore alternative solutions, such as contracting third parties to conduct housing assessments based on medical records. Similar approaches have been used in other areas, such as in adoption medicals and reports, where specific GP practices were contracted to carry out assessments county-wide. Alternatively, councils may need to review their assessment processes to determine whether medical reports are essential in every case.

Cost of transport

Where services are typically concentrated in large towns or cities, particularly Gloucester, those outside of those spaces find it difficult to access services in those locations.

Subsidised or assisted transportation could help mitigate these barriers for some, but other issues remain. Long distances, a lack of bus routes, unreliable public transportation, potential difficulty in planning a journey, and the unpredictability of individuals' circumstances make it unrealistic to expect regular travel. Addressing these complexities requires solutions tailored to the varied needs of those facing these challenges.

Dental care access

We heard access to dental care for those on low incomes is limited. The emergency dentist in Gloucester, whilst reported as a good service, can often be the only available option. For many, the high cost of transportation and the logistical difficulties mentioned above of navigating public transport create additional hurdles, leaving individuals without essential dental care.

Mental health support

There is a general concern about the availability and accessibility of both urgent mental health support, and longer-term talking therapies and support for adults, younger people and children experiencing hidden homelessness.

Individuals and families facing hidden homelessness often endure significant stress. These environments can take a toll on mental health, exacerbating anxiety, depression, and feelings of instability. We heard that waiting lists for mental health services, including therapy, can extend to six months or more, leaving people without timely access to meaningful support. This not only compounds stress but also misses critical opportunities to intervene early with tools and strategies to address mental health struggles and the challenges of hidden homelessness. Early intervention, particularly with children and younger people, could help break the cycle and reduce the risk of these challenges continuing into the next generation.

In addition to long waiting times for therapy, we also heard about barriers to accessing urgent crisis support. One caseworker told us:

> "People we support, often say that the crisis team refuse to see them when they need them."

We would like to acknowledge the recent introduction of the NHS 111 service for urgent mental health support in August 2024. This service has the potential to address some of the gaps in urgent care and provide immediate assistance to those in crisis. However, ongoing improvements to both urgent and long-term mental health support are essential to meet the needs of individuals and families experiencing hidden homelessness.

Isolation due to pet ownership

Pets provide essential emotional support for many hidden homeless individuals, but they can also create additional barriers to accessing services or housing. Respondents noted that clients with pets often experience isolation, as they are reluctant to leave their pets to attend appointments or stay in accommodations that do not allow animals.

We were told the following story from an organisation:

> One man refused to leave his dog behind to enter emergency accommodation. For this individual, his dog is a lifeline and a critical source of emotional support. To some, the importance of these animals in the lives of people experiencing hidden homelessness may be overlooked, but for many people, pets are their only family or friend. The bonds formed with these animals are incredibly strong and deeply meaningful. In this case, there is significant concern that separating the man from his dog could result in death by suicide.

This story shows the essential role pets play in supporting the mental health and well-being of vulnerable individuals.

Lack of flexibility among services

As we have discussed throughout this report, the needs of people experiencing hidden homelessness are often complex and unpredictable. A flexible approach is therefore needed from health and social care services. Drop-in clinics have proven effective where they are available and known to the community. However, awareness of these services varies among individuals, often depending on their unique situations and level of isolation from support networks.

We also heard that it's often hard for people to meet the strict criteria needed to access support. This leaves many being passed from one service to another without finding the help they need. These rigid requirements don't reflect the complexity of people's lives, and as a result, some fall through the cracks. For those already facing homelessness, this can be overwhelming and make an already difficult situation even harder. The stress of navigating complicated systems can worsen mental health struggles, delay access to the support they desperately need, and leave people feeling hopeless and forgotten. A more compassionate, person-centred approach that meets people where they are is urgently needed, rather than forcing them to fit into a system that doesn't reflect their reality.

Loss of trust in services

We heard people often lose trust in NHS health and social care, housing, and council services due to repeated negative experiences or actual and perceived failures to provide adequate support. This distrust further isolates individuals and discourages them from seeking help.

Technology challenges

The digital nature of the benefits system creates significant obstacles for individuals without internet access. Many hidden homeless individuals cannot afford to access online services, making it difficult for them to apply for or manage their claims.

Joined-up care

A lack of coordination between health services and substance misuse support was frequently mentioned.

> "Individuals with a dual diagnosis—such as mental health issues combined with substance misuse—are often pushed between services rather than receiving integrated care."

This fragmented approach leaves many without the comprehensive support they need.

Support after housing

We heard that there are high numbers of individuals in temporary housing that does not provide them with the environment needed to begin to manage other complex needs. We also heard people experiencing hidden homelessness are often left with little to no support once they gain permanent housing. For some people, this transition can be challenging if they do not have the skills needed to live independently which can lead to restarting the 'homelessness cycle'.

Section 9 of the Care Act 2014 specifies that a local authority must carry out an assessment if an adult appears to have needs for care and support. This ensures that vulnerable individuals, including those experiencing homelessness, are given the opportunity to access appropriate support. Our findings suggest that there is a lot of unmet need amongst this population.

> "There are people in the hostels of Gloucester who have been in them for several years. Clearly, there needs to be a better way to get some people moving onto independent living. But there also needs to be support even after they move on. It isn't unusual that people finally get out of a hostel living cycle, and then end up dead by suicide or overdose. There needs to be much more active support and outreach help, that doesn't rely so much on the charity and voluntary sectors. There needs to be local rehab centres, local dry houses, local housing for people coming out of prison."

The transition to adult services

We also heard that there is a gap in service provision when people reach the age where they transition from child to adult services.

"The area to keep an eye on is young people reaching the age of 18 and no longer cared for by the state. Whilst they are by law adults, they are still young people and require direction and support in navigating the adult world. It is easy for a young person to lose their way, make bad financial or employment decisions, leaving them without a home/safe space to live. There needs to be a focus on this transition age."

The shift from child to adult services results in young people losing access to consistent and familiar support networks. This includes social workers, mental health services, and educational support, which may have been instrumental in providing stability. Without a coordinated handover or bridging services, young people are at a heightened risk of falling through the cracks facing challenges such as:

- Difficulty managing finances or securing stable employment.
- Losing access to housing or safe living arrangements.
- Lack of guidance in navigating complex adult systems for benefits, housing, and healthcare.
- Increased risk of exploitation or unsafe living conditions.

This transition is particularly difficult for care leavers, who may not have the family support system that others rely on during this period. Without adequate support, they are at greater risk of experiencing hidden homelessness or becoming entrenched in cycles of instability.

Systemic issues

A lack of affordable housing

One of the most significant systemic barriers contributing to hidden homelessness is the lack of affordable housing. Rising rent prices and a shrinking social housing stock have made it increasingly difficult for individuals and families to secure stable accommodation. This issue is further exacerbated by the cost-of-living crisis, which has stretched household budgets to their limits, leaving little room for housing expenses.

Private rental properties are often inaccessible to those on lower incomes due to high upfront costs such as deposits and guarantor requirements. Additionally, housing benefit caps frequently fall short of covering market rental rates, forcing individuals to either top up their rent from already stretched resources or risk losing their accommodation altogether.

In Gloucestershire, we've heard that for those eligible for social housing, wait lists are long, and available properties are in short supply. For individuals experiencing hidden homelessness, the lack of affordable housing options leaves them with no viable pathway to stable accommodation. Instead, they are forced into temporary, informal, or unsafe living arrangements such as sofa surfing, staying in overcrowded spaces, or sleeping in vehicles or sheds.

The absence of affordable housing is not only a practical barrier but also one that perpetuates cycles of instability. Without a stable home, individuals face greater challenges in addressing other needs, such as employment, education, or health care. Addressing this issue requires coordinated efforts at both local and national levels, including increasing the availability of affordable housing and ensuring housing policies better meet the needs of those experiencing hidden homelessness.

“Voluntary” homelessness

We heard concerns about the use of the term "voluntary” homelessness. We recognise that "intentional” homelessness is a legal term, however, using terminology like this can imply that individuals have made a conscious decision to be homeless, which oversimplifies the complex, often systemic factors that contribute to their situation. This framing can misrepresent the lived experiences of those affected.

Labelling someone as "voluntarily” homeless can lead to negative perceptions, making individuals feel judged or stigmatised. As a result, they may be less likely to seek the help they need. Furthermore, when services interpret homelessness as "voluntary," they may assume the individual does not require further assistance. This can result in the system overlooking the deeper, unmet needs of people who are struggling to navigate a complex and challenging situation. Simply classifying someone as non-compliant or unwilling to accept help ignores the underlying complexities and fails to address their need for care and support.

Using compassionate and accurate language is essential to ensure that individuals feel respected and understood within the system. By reframing how we speak about homelessness, we can shift the narrative away from blame and toward a deeper understanding of the systemic issues at play.

Legal barriers and housing insecurity for domestic abuse victims

Although some of this information may not be specific to Gloucestershire, it offers valuable insights.

Young people under 16 experiencing domestic abuse

We heard from one service provider that the current legal framework classifies domestic abuse involving two individuals under 16 as child abuse rather than domestic abuse. During our conversation, it was highlighted that this distinction may affect funding and service provision, as it places a greater emphasis on child protection rather than on support tailored to the specific dynamics of domestic abuse in young people’s relationships. These dynamics can include controlling or coercive behaviours and the psychological impact of such experiences.

In Gloucestershire, Victim Support provides a service for individuals aged 13 and older who are experiencing domestic abuse – the Safe Teenage Relationship and Empowerment Team (STREET). This service demonstrates that younger people are being included in domestic abuse support, which is a positive step

toward ensuring that those under 16, who may be experiencing abuse from a peer, have access to tailored support.

The collection of accurate data on domestic violence that occurs between two people under 16, will help to understand the full extent of their experiences and assess whether current services meet their needs. Tailored support can help young people recover from trauma and reduce their risk of long-term harm. Early intervention can also help stabilise home environments, provide emotional and psychological support, and reduce the risk of housing insecurity later in life.

Joint tenancy frameworks

We also heard the legal framework surrounding joint tenancies when renting a property can create significant challenges for victims of domestic abuse, often putting them at risk of homelessness. Perpetrators can use different types of tenancy agreements to control victims, by either keeping them trapped in the tenancy or putting them at risk of homelessness.

Current laws hold both tenants responsible for the property unless legal action removes one party which we heard can be complicated and time consuming. Occupation Orders can be used to remove an abuser from the home temporarily, but we heard navigating applications for this, and successfully obtaining one can be difficult without legal or advocacy support.

We heard that fixed term joint tenancies can also create problems. In these instances, a person experiencing domestic abuse who no longer wants to live in the property may still be held legally responsible for the tenancy for the agreed fixed term. This creates financial and legal vulnerabilities, as the victim can be liable for property damage or rent arrears after leaving their home. The inability to remove themselves easily from these contracts adds an additional strain on victims, who may already be struggling with the aftermath of abuse and the difficulty of securing safe, alternative accommodation.

Through our research, we found that local councils can provide emergency housing, rehousing assistance, and Discretionary Housing Payments (DHPs) to victims of domestic abuse that can be used to cover things like rent shortfalls. However, we heard that many survivors struggle to access these options due to bureaucratic barriers and not being aware of the type of support that is available. This means many victims face the difficult choice of either staying in a dangerous situation or leaving their home altogether, which can contribute to the cycle of hidden homelessness.

These barriers mean that many individuals experiencing domestic abuse face housing insecurity, even when they are entitled to accommodation. Without increased access to support, victims of domestic abuse will continue to encounter obstacles when attempting to leave abusive relationships, increasing their risk of hidden homelessness.

A spotlight on Gloucestershire

Since we started our engagement, we've found several areas of work in Gloucestershire that are actively addressing some of the issues mentioned in our report and developing strategies to respond.

Women's Rough Sleeping Census

In response to the growing body of evidence that suggests women are underrepresented in official homelessness data, the Women's Rough Sleeping Census was established in 2022. Gloucestershire was one of the local authorities to take part in this initiative. The results of the 2023 Women's Census revealed that there were nine times as many women rough sleeping compared to the figures recorded in the Government Rough Sleeping Snapshot. This significant discrepancy highlights the extent to which women's homelessness is often hidden, as women are more likely to avoid traditional rough sleeping hotspots due to concerns for their safety.

By writing this report, we hope to contribute to a deeper understanding of the issue by supplementing these figures with qualitative insights, capturing the lived experiences of women who may not appear in official statistics.

Gloucestershire's Making Every Adult Matter (MEAM) approach

Gloucestershire is currently piloting the Making Every Adult Matter (MEAM) approach, a framework designed to improve outcomes for individuals experiencing multiple disadvantages, including homelessness, substance misuse, mental ill health, and involvement with the criminal justice system. MEAM works across the UK and aims to ensure that every region has a strong, collaborative approach to addressing these challenges. It works to transform services and local systems to better support individuals facing complex and intersecting issues, including long-term poverty, trauma, abuse, and neglect, as well as systemic discrimination such as racism, sexism, and homophobia.

This initiative, focussed on safeguarding rough sleepers with complex emotional needs, aims to create a more coordinated and person-centred response by addressing the gaps in support that often leave individuals struggling to access the help they need. By bringing together key services and agencies, the MEAM approach seeks to reduce fragmentation, improve safeguarding measures, and ensure more effective, long-term support for those at risk of rough sleeping and hidden homelessness.

Rethink's mental health VCSE forums

Rethink's Mental Health Advice and Support Service, in collaboration with Gloucestershire County Council, is working to establish Mental Health VCSE

(Voluntary, Community and Social Enterprise) forums across the five localities in the county: Stroud, Cheltenham, Gloucester, Forest and Tewkesbury, West Cheltenham, Staunton and Newent (TWNS), and the Cotswolds. These forums aim to strengthen the collaboration between VCSE organisations and statutory services to improve outcomes for people with serious mental illness (SMI) and Experts by Experience (EBE). The forums will focus on co-producing solutions to local mental health needs, identifying gaps in services, training, and support provision, and developing pathways to better integrate care.

The forums will work in alignment with Gloucestershire's Locality Community Partnerships (LCPs), which bring together multidisciplinary teams from health, social care, and VCSE partners to address the needs of individuals with enduring mental illness. These regular virtual meetings provide a platform for sharing insights, discussing challenges, and working collaboratively to ensure that people with serious mental health conditions receive the support they need. The initiative aims to bridge gaps in service provision, enhance coordination between different sectors, and ensure that mental health support is tailored to local needs in a more effective, integrated manner.

Charity Vision Care for Homeless People

The Vision Care for Homeless People clinic provides eye care services to homeless individuals. Launched in April 2022, the initiative is supported by a network of local partners, including NHS Gloucestershire and the Local Optical Committee. It involves agencies such as P3, Gloucestershire Health and Care NHS Foundation Trust's Homeless Healthcare Team, the Outreach Team at Gloucester City Mission working together. Volunteers, including optometrists and dispensing opticians, contribute their time, improving access to healthcare for individuals experiencing homelessness by addressing both vision and wider health issues that can be picked up during eye check-ups like diabetes and high blood pressure.

This collaborative approach serves as a model of effective joined-up working, where agencies come together to address health inequalities and ensure that people who are homeless or vulnerable are not overlooked in essential healthcare provision.

Next steps

We will share this report with NHS Gloucestershire Integrated Care Board and other system partners to make sure the recommendations are seen, understood, and actioned to support service development and Improvement. We will also share this Information with the people and communities that were involved in this project.

Stakeholder response

One Gloucestershire Integrated Care System

Thank you to Healthwatch Gloucestershire for preparing this important Report. We are pleased that individuals have been able to share their experiences of being homeless from their own perspectives; which you have then been able to share with a wider audience through the case studies presented in this Report.

Homelessness is certainly more prevalent than official statistics may suggest. The county's annual rough sleepers count has routinely included only individuals observed on the streets, not those "hidden", distorting the true number of individuals who are homeless. We also know that some people may wish to "stay away" from individuals who may be using alcohol or drugs and thereby choosing homelessness for themselves over a home in shared accommodation offered to them under the duty of the statutory authority.

Therefore, we are pleased that you have highlighted the definition of what hidden homelessness includes. We recognise that the numbers are not getting smaller; in fact they appear to be increasing.

We have provided responses to the Report's overall recommendations under four themes below:

Mental, physical & social health impacts

We agree that Trauma informed practice should be aspired to and embedded within the housing and homeless healthcare pathway. We also recognise that the priorities of the statutory authorities and those of the individuals they serve may be different and alter depending on changing circumstances.

We recognise that many people want to make positive changes in their lives but are in housing situations that make this difficult for them due to their lived experiences. Previous traumas can be heightened by the accommodation individuals are offered if these past traumas are not taken into account.

The Homeless Health Care Team works closely with people identifying any health needs (and social needs) looking at what support may be put in place or referrals made. The Team's approach is to do this alongside the individual, taking the actions defined by what THEIR priority is, rather than by what the Team feels the priority is. They need to feel that they have some control over decisions about their health.

The Gloucestershire Housing Partnership have commissioned trauma informed practice training across the county for both operational and strategic staff and one of the ambitions of the Making Every Adult Matter work programme is to embed this way of working across our system, effecting systemic change in the way we respond to complex issues. The Partnership has also used some of its Rough Sleeper Initiative funding to pilot a multi-disciplinary team (complex homelessness support service, CHPSS) consisting of staff from community mental health services, drug and alcohol services and social care to work with

some of our most complex homeless individuals, many of whom struggle to engage with services due to previous traumas and issues of trust. They provide multi-disciplinary trauma-informed care and support, to individuals with severe and multiple disadvantage who are rough sleeping or at-risk of rough sleeping and also work alongside other services to provide professional/clinical support and advice where needed: in particular, the street outreach service and Enhanced Housing Support service.

Service & support accessibility

We know that Homeless people are a very marginalised group who feel stigmatised by others from past experiences. The Homeless Healthcare Team seeks to be very welcoming to all individuals needing their help. By people getting to "know a face" it can increase the likelihood of them attending other services. The Team was pleased to read the positive feedback regarding their services 😊 and agree with the Report's observations regarding access to their service outside of Gloucester City and raising awareness of our service. The Team believes in making healthcare accessible to all whilst acknowledging the financial challenges facing all publicly funded services. To maintain connections across the county, Team members are regularly involved in multiagency working with system partners across Gloucestershire.

The Homeless Healthcare Team has highlighted themselves the need to raise awareness of the service they provide; but recognise that time and resources would be required to support this aim.

The Homeless Healthcare Team does not charge people for providing the medical evidence required to support housing processes. We acknowledge that general practices can make a charge for this activity.

People with no fixed address have the right to be registered with any General Practice; whether they have ID or not. Greater awareness amongst all general practices of this right is needed.

As an alternative to general practice, the Homeless Healthcare Team would encourage homeless individuals to contact the Team, but recognise that the current Gloucester City focus of the team means that, if someone lives in another part of the county, they may not be able to, nor choose to, access healthcare in this way.

The Homeless Healthcare Team offers a drop-in service. Sometimes due to clinic availability and demand individuals might not be able to be seen straight away or even later the same day. In these circumstances people are given a date to come back (normally within the following few days). Unfortunately, experience tells us that between 30-40% of people do not return if they cannot be seen on the same day. Therefore, if this pattern is applied to other services, it is likely there will be high 'do not attend' (DNA) rates and non-engagement with services which work on an appointment only basis.

We hear from people that their pets have a positive impact on their mental health. We are aware that a local 'Street Vet' has raised the issue of more accommodation options to allow for pets.

Joined up care

We welcome this Report and its contents with respect to the role of the voluntary, community and social enterprise sector (VCSE).

It is clear that the VCSE play an absolutely critical role in supporting people facing hidden homelessness. Often the VCSE is the only place people feel they can turn for support. We must work alongside VCSE and integrate NHS, Social Care provision and VCSE support more closely.

Gloucestershire's aim is to help to build the foundations of closer partnership and enable a stronger, more resilient VCSE sector with increased capacity through the development of our new partnership model. This model will put in place infrastructure support for VCSE organisations across the county, bringing opportunities to put in place some of the suggestions in this Report e.g. training for staff, increased capacity for advocacy. This model will also fund and put in place increased capacity in the community through organisations such as community hubs and look to plug gaps in provision.

We aim to get to a point where local NHS services and VCSE support is fully integrated, models such as the Integrated neighbourhood Teams development offer us the opportunity to build this integration.

Social Prescribing Link Workers can support people to navigate local systems and services and we will discuss this Report with the workforce to see whether any additional training or support could help.

We agree that advocacy services could provide valuable support for homeless people. A lot of the people who access the Homeless Healthcare Team do not have support workers, especially if they are 'hidden' (not known to be rough sleeping on the streets). The Team have observed that homeless individuals, including people leaving prison, who have experienced more support, have a more positive outcome.

We have recently been informed of a meeting held by probation colleagues called "homeless prevention" to discuss the housing needs of individuals who have been released from prison with no accommodation. The Homeless Healthcare Team intends to attend this meeting from now on. Issues they would hope to raise to support the wellbeing of individuals include consideration of the benefits of identifying accommodation needs pre-release to prevent homelessness or a return to housing situations where former-prison inmates may be tempted to restart harmful lifestyle choices. For instance a return to drug taking habits from which individuals may have abstained whilst in custody. Returning to such behaviours can increase potential risk of overdose when a person has been abstinent their tolerance levels will be much lower, increasing the risk of overdose and the potential for fatality.

The Combating Drugs Partnership is overseeing efforts to improve continuity of care between prison and the community to ensure that individuals can maintain their substance misuse treatment and recovery journey. This involves engaging with prisons and partners in the criminal justice system, improving data collection and sharing and strengthening pathways.

In order to further support individuals with substance misuse issues alongside experience of the criminal justice system, Gloucestershire's adult community drug and alcohol service provider has recently been commissioned by the Probation Service to provide Dependency and Recovery services to individuals on a community or suspended sentence order (specifically with rehabilitation activity requirements), individuals on licence and post-sentence supervision and individuals who are motivated to engage with community rehabilitation services. This programme supports individuals to maintain engagement with treatment and recovery services; which improves their ability to move forward on their recovery journey and to sustain housing options. The Report recognises the potential of the MEAM work to effect systems change and facilitate joined up working. Whilst the initial cohort is focused on rough sleepers with complex emotional needs, the ambition is for the work to effect cultural, strategic, commissioning, 'flexible responses', 'service improvement and workforce development' changes that will positively impact on how the Gloucestershire system responds to people in vulnerable circumstances experiencing multiple disadvantages, including those who experience 'hidden homelessness'.

Systemic issues

The Homeless Healthcare Team frequently hear the term "voluntarily homeless"; for instance if an individual does not keep to the housing agreement they may be evicted and as a result termed as "intentionally homeless" at which point the statutory agency does not have a duty to house. The causes of a breach of a housing agreement may be intoxication and behaviours affected by long-standing substance misuse. Ways for these individuals to be better supported to maintain themselves in the accommodation offered to them should be investigated as the more accommodations individuals are evicted from the fewer future housing options will be available to them. Support in place of penalties would be beneficial to both the individuals and the wider system.

Refugees and Asylum Seekers: The Homes for Refugees programme was set up in January 2024 in response to an increased rate of positive decisions on asylum claims being made by the Home Office in the latter part of 2023, leading to a substantial number of newly recognised refugees being asked to leave their accommodation in a short space of time. There was a significant risk of rough sleeping to those not deemed to hold a priority need.

As a result, two supported accommodation options were agreed by Gloucestershire County Council for this cohort for up to three months, to give more time and support for refugees to work towards integration and independence:

Wheatridge Court – care facility repurposed to provide beds for up to 36 individuals.

Hosted placements – a local hosting programme modelled on the Homes for Ukraine scheme offering a bedroom and access to cooking facilities with a host in the local community.

In addition, our local, small Migrant Health Team remains committed to ensuring that those resident in Gloucestershire's contingency hotels (and previously at Beachley Barracks) have access to appropriate health services for both their physical and mental health needs.

The Team provide support with GP registration, referrals to appropriate specialities and prevention work e.g. vaccination and screening. This has also included access to midwifery and maternity support services. They work to break down barriers, establishing trust and support the navigation of complex health services.

We acknowledge there is still more work to do. The Team continues to work closely with the voluntary sector, particularly Gloucestershire Action for Refugees and Asylum Seekers (GARAS) and Cheltenham Welcomes Refugees (CWR).

The Report refers to potential changes to the Home Office move-on period. ICS colleagues have not heard anything to suggest this will be altered. However, this is something we have no influence over unfortunately. We have worked over the years to ensure that there is a pause on the potential for people being made homeless over the Christmas period.

Next Steps

Colleagues from across One Gloucestershire Integrated Care System were pleased to support Healthwatch Gloucestershire's research through sharing our connections across the communities of the county. We would very much like to meet with you to explore the detail contained in some of the case studies presented in order to understand more about the individuals' reflections about their past experiences and current support needs. We are also keen to meet with you to discuss opportunities for raising awareness together of hidden homelessness across the county.

Thank you

We would like to extend our sincere gratitude to everyone who contributed to this report. Thank you to the individuals who shared their experiences, and provided invaluable insights into the challenges faced by those experiencing hidden homelessness. Your voices have been instrumental in shaping our understanding of the barriers within the current housing and support systems.

We are also grateful to the organisations, service providers, and professionals who offered their expertise and perspectives, helping to highlight both the gaps in provision and the opportunities for meaningful change. Your dedication to supporting individuals is deeply appreciated.

Finally, a special thanks goes to the community centres, charities, and grassroots organisations that go above and beyond in supporting those at risk of homelessness. Your tireless efforts in providing shelter, guidance, and essential services often fill the gaps left by formal systems, making a crucial difference in the lives of those in need.

This report is a testament to the importance of continued collaboration, advocacy, and policy reform to ensure that no one experiencing homelessness remains unseen or unsupported.

Language and terminology

Language is constantly evolving, shaped by the lived experiences of individuals and the ways in which society understands and responds to different identities. In this report, we have chosen terminology that aims to be respectful, inclusive, and reflective of structural inequalities while recognising that no single term will be universally accepted. We acknowledge that different terms carry different connotations and that language preferences vary between individuals, communities, and contexts. We remain open to ongoing discussions and feedback to ensure our language reflects lived experiences with accuracy and respect.

Throughout this report we have chosen to use the term minoritised ethnic backgrounds to describe individuals and groups who experience structural inequalities due to their ethnicity. This term recognises that ethnic groups are not inherently minorities but are instead socially and structurally minoritised through systems of power and inequality. It reflects the role of social, political, and historical processes in shaping disparities and shifts the focus from population size to the processes that create marginalisation.

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