October 2025

# St Mungo's
## Autumn Statement 2025 Representation

### Background – About St Mungo's
St Mungo's is a leading homelessness charity with national influence. We work in partnership with local authorities, health colleagues, and communities, to end homelessness and rebuild lives. Last year, we supported 23,827 people who were homeless, or at risk of homelessness, through 138 services. We support almost 3,000 people every night. Our ambition is to end rough sleeping in this country, and we believe that policies and interventions can be put in place to end all forms of homelessness for good.

### Sector-Wide Funding Needs
We welcome the Government's commitment to put us back on track to ending homelessness. To achieve this requires sustained, flexible, multi-year funding that meets the needs of the ever-increasing number of individuals experiencing or at risk of homelessness. In anticipation of the Government's Homelessness Strategy, we recommend fully funding a 5-year package that ensures the strategy is implemented across Government and the homelessness sector.

Local Authorities have been facing a funding shortfall in relation to rough sleeping and homelessness prevention services. It is essential the Government adequately fund local authorities to provide the right level of support for those experiencing or at risk of homelessness, providing allocations earlier in the year to enable sufficient time for service commissioning and planning. This includes funding Local Authorities to build the capacity necessary to seize opportunities to prevent homelessness set out in the Renters Rights Bill.

### Recommendations
1. **Support entry into employment for people living in supported housing** – Remove employment disincentives to help people in supported housing into work. The Government should ensure there is parity in the taper rates between Housing Benefit and Universal Credit housing elements, with both at a taper rate of 55%, as well as increasing the Housing Benefit disregard from £5 to £57.
2. **Unfreeze Local Housing Allowance (LHA) Rates and increase the Benefit Cap to improve housing affordability –** The benefit cap should be adjusted to account for variations across Broad Market Rental Areas (BMRA) which determine LHA eligibility. LHA rates should be maintained at the 30th percentile of local rents.
3. **Transform healthcare for people facing homelessness –** Long term funding should be provided for trauma-informed, multidisciplinary Neighbourhood Centres and dedicated mental health emergency departments, ensuring dedicated funding is allocating to supporting those that are experiencing or at risk of homelessness.
4. **Cross government investment in homelessness prevention services for individuals leaving public institutions –** The Government should fund a national safe discharge programme of specialist hospital teams, increase its investment in Community Accommodation Service (Tier 3) CAS 3 to appropriately fund accommodation for prison leavers, bring back the 56-day move on period for newly granted refugees and invest in specialist homelessness prevention services within Home Office accommodation.
5. **Improve housing outcomes for individuals experiencing multiple disadvantage –** Extend and expand the Changing Future Programme nationally to meet the needs of individuals experiencing multiple disadvantage, drive evidence-based change at a local level and support joined-up commissioning. Programmes such as these should be collated in a 'Multiple Disadvantage Evidence Base' Hub to ensure that the system is learning and innovating.

## Current State of the Homelessness and Rough Sleeping Emergency

This Autumn Statement sits against a backdrop of a continuing dramatic increase in homelessness and rough sleeping over the last few years, with the highest number of homeless households in temporary accommodation ever recorded and a 27% rise in the number of people sleeping rough in the last year alone.[1]

The underlying driving force of the increase in homelessness and rough sleeping is the severe housing affordability crisis, where spiralling rents and shrinking housing supply in the private sector and a chronic undersupply of social rented housing has resulted in acute competition for homes, including from other public sector agencies. Where people do find homes, the lack of options can mean people are living in accommodation that is ill-suited to their needs or unaffordable, leaving them at risk of the tenancy breaking down.[2]

In tandem, there has been a withdrawal of statutory health and care services, which are overwhelmed by demand and struggling to deliver adequate service provision that stops individuals from falling into crisis. Where people do become at risk of homelessness, local authorities are struggling to deliver meaningful preventative activities. Families with children are spending years living in expensive and poor-quality temporary accommodation. For people who do not have the main housing duty, the voluntary homelessness sector is the last port of call, but it too is overwhelmed by demand and does not have the bed spaces to help move people from rough sleeping quickly. This can mean that people are rough sleeping for longer and developing acute mental and physical health problems which require more intensive support to address.

Local Authorities find themselves in an increasingly difficult financial position with an estimated £4 billion hole in council funding arrangements for 2024-25.[3] London Councils estimates boroughs will collectively overspend on their homelessness budgets this year by £270[4], a figure that doubled in the last twelve months, and collectively face a £400 million funding gap in 2024/25, roughly what boroughs spend on homelessness in a single year.[5]

[1] Ministry of Housing, Communities and Local Government. (2024). Rough Sleeping Snapshot in England: Autumn 2023
[2] The Kerslake Commission on Homelessness and Rough Sleeping. (2023). Turning the Tide on Homelessness and Rough Sleeping Kerslake Commission
[3] Levelling Up, Housing and Communities Committee. (2024). Financial distress in local authorities
[4] London Councils. (2025). London Councils responds to Public Accounts Committee report on homelessness
[5] London Councils. (2024). "Now is the time to urgently work with councils" - London Councils responds to LUHC Committee report

## 1. Support Entry into Employment for People Living in Supported Housing

***Recommendation***

- **Remove employment disincentives to help people in supported housing into work by ensuring they do not become worse off when they work more. The Government should ensure there is parity in the taper rates between Housing Benefit and Universal Credit housing elements, with both at a taper rate of 55%, as well as increasing the Housing Benefit disregard from £5 to £57 to fully eliminate the cliff edge.**

Gaining employment has wide-ranging positive impacts for people in supported housing and can be a life-changing path in their recovery. However, people in supported housing face a specific barrier and disincentive to work due to the way the welfare system is configured.

Unlike people in the Private Rented Sector (PRS) who will become steadily better off the more they work, people in supported housing see their benefits taken away quicker and can become worse off when working more hours. This is due to a higher taper rate for Housing Benefit (HB) claimants who are working (HB 65% vs Universal Credit 55%), and the fact that under this system there are two benefits which are tapered, rather than one. Under Universal Credit (UC), support is withdrawn via a single taper whereas under HB, people experience a 'double tapering' which means both their HB and UC Income Support is tapered, leading them to lose more of their benefit (See Appendix A). This means our clients in supported housing who are working quickly become liable to pay the high rents and service charges associated with supported accommodation out of their wages. This is often both unaffordable and unsustainable and can risk a return to homelessness if arrears build up.

Consequently, people living in supported accommodation are almost always better off significantly limiting their working hours, creating a disincentive for them to seek employment and progress beyond part-time work. When our clients were asked in our 2023 survey - What barriers put you off from going into work, if any?', 27% stated 'I'm concerned that working whilst living in homelessness accommodation will cause problems with my benefits' (Appendix B). There is a clear desire from the majority of our clients to work – 63% of our clients in supported housing want to work and 5% are already in work (Appendix B).

By improving the Housing Benefit rules, the Government can create more opportunities for people recovering from homelessness to gain employment and prevent a potential return to homelessness. We suggest creating parity in the taper rates between Housing Benefit and Universal Credit housing elements, with both at a taper rate of 55% and increasing the Housing Benefit disregard to ensure people are not worse off in work. To solely adjust the Housing Benefit taper rate would lead to a shallower and shorter decrease in income at the point the Housing Benefit taper kicks in. Therefore, there would remain the issue that people in supported housing would be worse off in work as both their Housing Benefit and Universal Credit are being tapered.

Taken together, these two measures will remove barriers to employment that are currently experienced by people recovering from homelessness in supported housing. This will create a clear progression whereby, as people work more hours, they see their income increase and can build financial resilience to move on into independent accommodation. Research by Centrepoint estimated that removing the work disincentive for young people (16-25) living in supported accommodation would have a net positive impact on the UK economy, saving £12,253,100 per year.[6] Given the study only focused on young people, the overall impact of these proposed measures would be even higher.

[6] Centrepoint. (2025). September MWP briefing 2025

## 2. Unfreeze Local Housing Allowance Rates and Increase the Benefit Cap to Improve Housing Affordability

***Recommendation***

- **Local Housing Allowance (LHA) rates should be maintained at the 30th percentile of local rents. The benefit cap should be adjusted to account for variations across Broad Market Rental Areas (BMRA) which determine LHA eligibility.**

The unaffordability of the Private Rented Sector continues to be a huge driver of homelessness. Whilst we welcome moves to build more homes, which should help alleviate this issue long-term, there are more immediate solutions. The most impactful measure is to unfreeze LHA rates to cover the bottom 30th percentile of local rents and increase the benefit cap.

Office for National Statistics (ONS) data shows that private housing rental prices in the UK have continued to increase month on month, with a 5.7% increase in the last 12 months as of August 2025.[7] This affordability crisis is leading to increasing levels of homelessness. The latest quarterly Statutory Homelessness in England statistics show that end of a private Assured Shorthold Tenancy (AST) was the most common reason for households being at risk of homelessness, accounting for 36.7% of households.[8]

Housing unaffordability and instability is making it harder for people to recover from homelessness and find move-on accommodation[9], and we are seeing an increase in the number of returning rough sleepers[10]. According to the Rough Sleeping Data Framework, there were 1,240 people estimated to be returning to sleeping rough over the month in September 2024 (14% of the total number of people sleeping rough over the month), an increase of 18% in the same period, from the previous year.

As a result of increasing private rental costs and the discrepancy between Housing Benefit support available through Local Housing Allowance, many households are building up arrears and debt. Consequently, people are running down limited savings or covering the shortfall of their housing benefit by using their Universal Credit personal allowance, meaning they have very little financial resilience to a sudden expense which can act as the catalyst to homelessness. As of November 2024, almost half (48%)[11] of the 1.6 million private rented households in receipt of Universal Credit had a shortfall between the support they received and their rent, leaving low-income households with impossible choices between rent, bills or food due to the insufficiency of both housing and personal elements of the benefits system.[12]

In April 2024, after mounting pressure and evidence and significant campaigning by St Mungo's and other organisations through the Cover the Cost Coalition, Local Housing Allowance rates were finally unfrozen to cover the bottom 30th percentile of local rates.[13] Prior to this, Local Housing Allowance rates had remained frozen at levels set in 2019 for private renters on welfare benefits.

With the current uplift granted in April 2024 only set to last a year, we will be reverting to a dangerous position if Local Housing Allowance rates are not permanently fixed to cover the bottom 30th percentile of local rents. Research from Crisis has found that just 2.7% of

[7] Office for National Statistics. (2025). Private rent and house prices, UK - Office for National Statistics
[8] Ministry of Housing, Communities and Local Government. (2024). Statutory Homelessness in England Figures (Jan-Mar 2024)
[9] Commonweal Housing. (2024). No Access No Way Out
[10] Greater London Authority. (2024). CHAIN Statistics 2023/24 – Annual
[11] Crisis. (2025). Fewer than three in every 100 privately rented properties listed in England are affordable for people on housing benefit, Crisis reveals
[12] Trussell Trust. (2022). Impossible Decisions
[13] St. Mungo's. (2023). Response to the Autumn Statement

properties in the UK in the private rented sector were affordable at Local Housing Allowance rates.[14] London Councils have previously estimated that the impact of continuing to uprate Local Housing Allowance to the 30th percentile of local market rents would be to prevent an additional 16,500 to 22,000 London households from becoming homeless over a six-year period, and would lead to savings of between £80 million and £107 million per year for London's local authorities.[15]

However, to ensure that the increase in Local Housing Allowance rates is effective and aligned with other government policies, the Benefit Cap should also be increased to allow individuals to claim their full Local Housing Allowance entitlement. In Autumn 2023, the last Government committed to increasing Local Housing Allowance rates to the 30th percentile of local rents but did not raise the benefit cap. This has meant that the Private Rented Sector in areas with high rents, such as London, have remained unaffordable. As a predominantly London based provider, St Mungo's will not be able to achieve effective move on whilst the benefit cap pulls people below the level of housing benefit needed to cover affordable rents.

The 2024 Levelling Up, Housing and Communities Committee's report on Local Authority funding arrangements endorses this, recommending that *"the Government reconsider its position on re-freezing local housing allowance rates from 2025–26 onwards. Instead, the Government must maintain LHA rates at least at the 30th percentile of local market rents each year to ensure that those children and adults receiving benefits have sufficient access to rental properties and to prevent further escalation of pressure on local authorities' homelessness services".*[16]

Without enough properties affordable to people at risk of or recovering from homelessness[17], people are increasingly turning to local authorities, fuelling large increases in the use of temporary and emergency accommodation. These measures will help stem this growing cost of providing temporary accommodation for homeless families, which cost local authorities £2.3bn between April 2023 and March 2024. This has increased by 29% in the last year and almost doubled (97% increase) in the last five years. Of this spend, more than one third of the total – £780 million - was spent on emergency B&Bs and hostels, which are often considered the worst type of temporary accommodation[18][19][20]

These proposed measures will help address housing affordability in the near-term, going a long way to helping to sustain tenancies and prevent homelessness, whilst also reducing the every-increasing costs to local authorities of temporary accommodation.

[14] Crisis. (2025). How many homes are affordable for private renters needing housing benefits?
[15] London Councils. (2023). Raise housing support to prevent 60,000 London renters becoming homeless, say boroughs
[16] Levelling Up, Housing and Communities Committee. (2024). Financial distress in local authorities
[17] Crisis. (N.D). *Falling short: Housing benefit and the rising cost of renting in England*
[18] Shelter. (2024). Homelessness bill doubles in five years to 2.3bn
[19] Shelter. (2022). Temporary accommodation: the new social housing?
[20] APPG for Households in Temporary Accommodation. (2023). Call for evidence findings

## 3. Transform Healthcare for People Facing Homelessness

***Recommendation***

- **Long term funding should be provided for trauma-informed, multidisciplinary Neighbourhood Centres and dedicated mental health emergency departments, ensuring dedicated funding is allocated to supporting those that are experiencing or at risk of homelessness.**

People experiencing homelessness face significant barriers to accessing healthcare, including lack of fixed address or ID, inflexible appointment systems, increasingly digitised service provision, and fragmented services. These obstacles significantly impact both individual and systems-level physical and mental health outcomes. Inclusion health groups, such as people experiencing homelessness, often face the poorest health outcomes of any population, including dramatically reduced life expectancy and greater reliance on emergency services. Exclusion from primary care, such as GPs, drive frequent A&E use, delayed hospital discharge, and unmet health needs that increase demand on public services. Rough sleepers often use four times more acute hospital services, with service costs estimated at £12,260 annually per person, versus £3,100 for average adults.[21]

Without accessible, trauma-informed healthcare targeted at inclusion health populations, many individuals remain unable to manage their physical or mental health, engage with housing support or stabilise their lives. In 2022, Oasis Community Housing commissioned England-wide research, revealing that 94% of people facing homelessness have experienced at least one trauma (including sexual or domestic abuse, violence, family death, war, or conflict).[22]

To end homelessness, healthcare systems must deliver responsive, inclusive, trauma-informed services that meet the complex needs of this population, addressing the silo-ed service provision that struggles to meet the needs of individuals with complex health needs. The Government will need to explicitly prioritise this group when making funding decisions to ensure their needs are met and define their entitlements.

The NHS 10-Year Health Plan (the Plan) presents an opportunity to transform healthcare services so they better meet the needs of people facing homelessness. We welcome the Plan's aim to establish 300 Neighbourhood Health Centres in every community by 2030, prioritising areas with the lowest healthy life expectancy and targeting health inequality hotspots. Thie Plan's focus on prioritising more deprived areas is welcomed and having access to support services within the community, where many services are co-located, is beneficial to the continuity of patient care for those at risk of or experiencing homelessness.

The Plan's aim to develop dedicated mental health emergency departments is also welcomed and we would recommend that when developing the service models for these departments, consideration is given to co-locating these services as well as forming connections and referral pathways with local housing and homelessness services.

As the Government implements the NHS 10 Year Health Plan, we would like to see dedicated funding allocated to meeting the mental and physical health need of individuals experiencing or at risk of homelessness, ensuring services are inclusive, trauma-informed, and multi-disciplinary.

[21] NHS Confederation. (2023). Inclusion health: tackling the extreme end of health inequalities
[22] Oasis. (2022). Tackling trauma to end homelessness

## 4. Prevent Homelessness from Institutions

### *Recommendation*

- **Cross Government investment in homelessness prevention services for individuals leaving public institutions. The Government should fund a national safe discharge programme of specialist hospital teams, increase its investment in Community Accommodation Service (Tier 3) (CAS 3) to appropriately fund accommodation for prison leavers, bring back the 56-day move on period for newly granted refugees and invest in specialist homelessness prevention services within Home Office accommodation.**

There are systemic failures in our prison, hospital discharge and asylum system, related to services not being joined up or appropriately provided, that are causing entirely preventable homelessness. This can be addressed and avoided through earlier intervention, collaborative approaches, and additional funding.

**Hospital Discharge**

People facing homelessness experience some of the worst health in society. At the same time, the combination of pressure on our health services and the housing crisis means that they are often discharged into rough sleeping or unsuitable temporary accommodation whilst still recovering from treatment. This could lead to a deterioration in their condition and repeat hospital admissions. Research from Pathway in 2024 found that over 4,200 people were discharged from hospitals in England with no fixed abode.[23]

For those that are not discharged into rough sleeping, their discharge date may be delayed because of a lack of housing. The National Housing Federation found that the number of people with hospital stays over 14 days whose discharge is delayed for housing-related reasons had almost tripled from 2022 to 2024.[24] In mental health hospitals, there were 109,029 days of delayed discharge due to patients waiting for supported housing in 2023-24.[25] It is estimated that if suitable supported housing were available, NHS and public purse savings could be £53-£65 million per year by avoiding housing-related delayed discharges.[26]

Hospital discharges are an evidence-based opportunity to provide homelessness support. Specialist hospital discharge schemes for people experiencing homelessness, combined with 'step-down' or intermediate care, can reduce emergency readmissions, speed up safe discharges, and be cost-effective compared to standard discharge pathways.[27] For example, the Cornwall Homeless Hospital Discharge Service helps ensure people who are homeless, or at risk of homelessness, leaving hospital (or being admitted as homeless) and instead get safe discharge via a Homeless Patient Advisor who liaises across health, housing, social care, and homelessness services.[28]

New analysis from Pathway shows that the return on investment in an expansion of specialist intermediate care and safe places people can stay after discharge, for people experiencing homelessness, gave an estimated societal financial benefit of £4.30 for every £1 spent.[29]

[23] Pathway. (2024). New Research Highlights Money Saving Solution to End Discharges from NHS Hospitals to Homelessness
[24] National Housing Federation. (2024). Supported housing and delayed discharge
[25] National Housing Federation. (2025). Supported housing crisis: mental health patients stuck in hospital for 109,000 days
[26] National Housing Federation. (2025). NHF - Report for Supported Housing 2025
[27] NIHR. (2023). Specialist support for people who are homeless reduces emergency hospital readmissions
[28] Inclusion Cornwall. (N.D). Homeless Hospital Discharge Service
[29] Pathway, (2024). Intermediate Care for People Experiencing Homelessness: Cost-benefit Analysis

**Prison Leavers**

A significant proportion of people leave prison without stable accommodation. According to Ministry of Justice data, the proportion of prison-leavers in England and Wales who were released homeless in 2023/24 was 13.1%, up from 11.3% in 2022/23 [30]. Rough sleeping or having unstable housing makes accessing employment, healthcare, and support even harder. Homelessness is one of the strongest predictors of reoffending, with prison leavers that have stable accommodation being up to 50% less likely to reoffend[31].

Community Accommodation Service (Tier 3) (CAS 3) is a national scheme aimed at reducing homelessness and reoffending by providing temporary accommodation for up to 12 weeks to people leaving prison, helping support a transition into longer-term housing and work. Between 1 April 2024 to 31 March 2025, 10,020 people were placed in CAS 3 accommodation. Of those, approximately 25.6% moved into settled accommodation; 20.6% into transient accommodation and 11.7% still homeless.[32]

CAS3 needs more staff who are trained to work with people with multiple disadvantage, such as mental health, substance use needs, trauma, and homelessness. Higher staffing ratios and capacity is also required so that every person entering CAS3 gets meaningful support, not just in accommodation but move-on planning from early stages, help with benefits and connecting people with physical and mental health services. The Government should increase its revenue investment in CAS 3 to ensure there is sufficient staffing.

**Newly Granted Refugees**

Homelessness is on the rise and the flow of newly granted refugees from Home Office accommodation is one of the biggest challenges we are facing – in the last quarter, 24% of our clients had Home Office accommodation as their last settled base. People in the asylum system are at risk of homelessness when they are granted refugee status as their entitlement to Home Office accommodation is withdrawn after the 28 day move-on period.

It is challenging for newly granted refugees to access benefits or employment and find housing in just 28 days. Language barriers, no existing networks, and support needs can also make it more difficult for newly granted refugees to navigate unfamiliar complex systems, complete benefit applications, understand tenancy agreements, or access online services. These barriers often prevent them from accessing the help they are entitled to. Given these challenges and need to make significant progress in tight timescales, newly granted refugees must have access to intensive support from Day 1 of a positive decision to prevent their homelessness. However, there is a lack of services that can coordinate and deliver this support, and many people find they have nowhere to go when they are served with notices to vacate.

We would like to see the Home Office's 56-day move-on pilot reinstated. Whilst it is not possible yet to measure its impact, the abrupt cancellation of this pilot has risked increasing the number of people sleeping rough, increasing the pressure on an already struggling homelessness system. We understand the cost involved in providing a 56 day move on period is greater, but we believe long-term savings can be made with higher levels of support provided from day 1 of the 56. We would also like to see financial investment in specialist homeless prevention floating support services within Home Office accommodation. Providing specialist support would likely increase the effectiveness of the 56-day move on period.

[30] Nacro. (2024). Rise in prison leaver homelessness
[31] UK Parliament. (2024). Written questions and answers
[32] GOV.UK. (2025). Community Accommodation Service Tier 3

## 5. Improve Housing Outcomes for Individuals Experiencing Multiple Disadvantage

***Recommendation***

- **Extend and expand the Changing Future Programme at a national level to meet the needs of individuals experiencing multiple disadvantage, drive evidence-based change at a local level and support joined-up commissioning. Programmes such as these should be collated in a 'Multiple Disadvantage Evidence Base' Hub to ensure that the system is learning and innovating.**

Those experiencing multiple disadvantage are at higher risk of becoming homeless due to the overlapping and interconnecting nature of the challenges they face, making it difficult to access or maintain stable housing or employment. Multiple Disadvantage is defined as facing three or more issues such as homelessness, mental health, substance use, domestic abuse, or contact with the criminal justice [33].

The Changing Futures programme operates in 15 local areas, bringing together local authorities, health services, criminal justice agencies, and voluntary organisations to support adults experiencing multiple disadvantage. Most participants were already homeless, or at risk of homelessness. The Changing Future prospectus estimated around 363,000 adults in England fall into this group. A strong emphasis is placed on co-production with people who have lived experience, ensuring services reflect the realities of those they aim to support. Early findings of the programme suggested promising results: rough sleeping among participants has halved, use of A&E has fallen by about a third, and many report improved wellbeing and reduced substance misuse.[34] The program should be funded to expand nationally, addressing the gap in services for adults experience multiple disadvantage, providing vital support to prevent and resolve experiencing homelessness.

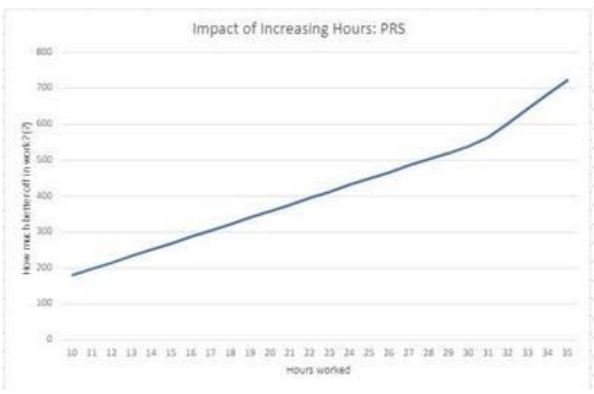
There is a considerable evidence base for how we can prevent and resolve homelessness among people facing multiple disadvantage, but we are falling short when it comes to consolidating and applying this evidence. Small scale pilots of models have been promising in providing innovative and effective support for people facing multiple disadvantages, but without investment in evaluation and scale up, these efforts are at risk of quickly fizzling out.

A clear home should be established in government for addressing multiple disadvantage, developing a 'Multiple Disadvantage Evidence Base' Hub. This should be a central organisation that consolidates pilots already conducted, collates historical services that delivered value, tests new models holistically and robustly, and creates the mechanisms to help them scale via funding and implementation support. For example, the Hub could scale up gender-informed models tested in the Women's Rough Sleeping Census. Coproduction should be at the heart of the work of the hub, ensuring that people with lived experience work alongside commissioners and providers to develop and test models.

Local areas need to be supported and funded to engage in the necessary 'systems convening' work and Changing Futures provides one evidenced model for this. This work should be accompanied by establishing a 'Multiple Disadvantage Evidence Base' to support learning and innovation.

[33] MHCLG. (2025). Evaluation of the Changing Futures programme - fourth interim report
[34] Community Fund. (2025). £14.8 million funding boost for Changing Futures programme

## Appendix A - Graphs that illustrate the impact on income when working hours increase: PRS vs Supported Accommodation.





## Appendix B – St Mungo's Client Feedback Survey 2023-24 Employment Data Analysis

### Interest in Work

Client Feedback Survey 23/24 Q.11 *"Are you interested in working?"*

*Fig.1 - St Mungo's Supported Accommodation[35] Clients Interest in Working*

| *Clients in Supported Accommodation* | |
|---|---|
| **Are you interested in working?** | **%** |
| Yes - in the next 6 months | 16 |
| Yes - in the next 6-12 months | 11 |
| Yes - at some point in the future (in a year or more) | 36 |
| No | 32 |
| I am already working | 5 |
| **N** | **437** |

- **Over two-thirds (68%) of clients in supported accommodation are already in or interested in working**

*Fig. 2 - St Mungo's Clients Interest in Working Across Age Brackets – All services[36]*

| *Clients in ALL SERVICES* | | |
|---|---|---|
| **Are you interested in working?** | | |
| **Age Bracket** | Yes/already working **(%)** | **N** (per age bracket) |
| 18-25 | 97 | 34 |
| 26-35 | 81 | 133 |
| 36-50 | 69 | 263 |
| 51-60 | 51 | 130 |

[35] *The client survey is broken down into several service categories, including 'residential' services – this is synonymous to the government definition of 'supported accommodation'. Clients residing in care homes and/or over the age of 70 have been excluded from this sample to more accurately reflect clients with direct employment support as part of their recovery)*

[36] **Category types for 'all services' included within the survey are: Residential, Floating Support, Temporary 'Emergency' Accommodation, Outreach*

| | | |
|---|---|---|
| 61-70 | 20 | 51 |
| 70+ | 11 | 19 |
| **N** | **630** | |

- **The majority of clients across all services, up to the age of 60, are interested in or already working**

**Barriers to work**

Client Feedback Survey 23/24 Q.12) *"What barriers put you off from going into work, if any? Please select up to 4 and rank them from most to least important, putting a 1 next to the most important and a 4 next to the least important."*

*Fig.3 - St Mungo's Supported Accommodation Clients with any barriers to work*

| ***Clients in Supported Accommodation*** | **%** |
|---|---|
| Yes (any barrier selected) | 93 |
| No ('I do not have any barriers) | 7 |
| **N** | **423** |

- **93% of clients in supported accommodation face at least one barrier to going into work**

*Fig.4 - St Mungo's Supported Accommodation Clients barriers to work*

| ***Clients in Supported Accommodation*** | |
|---|---|
| Barrier selected from 1-4 | **%** |
| I'm concerned that working whilst living in homelessness accommodation will cause problems with my benefits | 27 |
| I have other concerns about managing my money when moving into work | 16 |
| I'm unsure about my eligibility to work (such as immigration status or offending history) | 6 |
| My physical health | 35 |
| My mental health | 41 |
| My substance use | 22 |
| I've got low confidence in my skills | 23 |
| Other | 9 |
| I do not have any barriers | 7 |
| **N** | **423** |

- **Working whilst living in supported accommodation causing problems with benefits was cited as the 3rd most common barrier to employment, only behind Physical and Mental health concerns.**
- **27% of clients stated 'I'm concerned that working whilst living in homelessness accommodation will cause problems with my benefits'.**