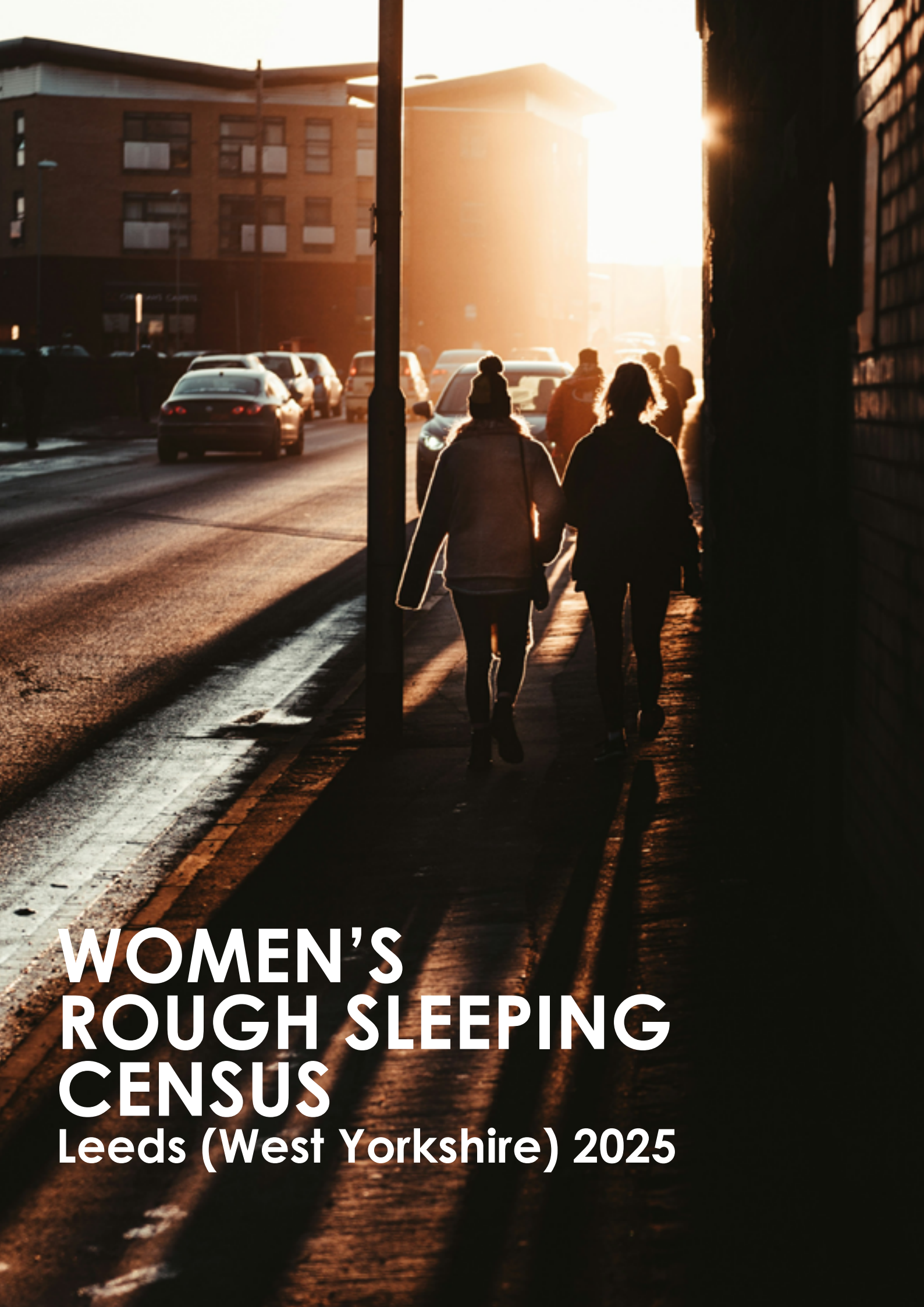

WOMEN'S ROUGH SLEEPING CENSUS

Leeds (West Yorkshire) 2025

Booklet Design: Nix Renton
Cover Image: Flavio

Acknowledgments

This report, which highlights the experiences of women rough sleeping in Leeds, would not have been possible without the invaluable contributions of the women involved. We are deeply grateful to them for sharing their time and trusting us with their input. The data for this report was collected by organisations dedicated to supporting women in Leeds, with the analysis and report compiled by Basis Yorkshire. We would also like to thank Homeless Link, St Martin-in-the-Fields Charity (Frontline Network), Solace Women's Aid, Leeds City Council, and all the practitioners in Leeds who work tirelessly to prevent and end women's homelessness.

Annie Butterfield

Housing Influencing Change Worker
Basis Yorkshire
March 2026

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The Census in Leeds

Photo by Al Elmes

The 2025 Women's Rough Sleeping Census in Leeds was delivered through partnership working across a range of voluntary, statutory, and health sector organisations with direct experience of supporting women who are sleeping rough or at risk of doing so.
The following organisations took part in the Census activity in Leeds:

- **Barca-Leeds** – community-focused charity offering all age support services
- **Basis Yorkshire** – charity supporting women involved in sex work and those who are sexually exploited.
- **Bevan** – Homeless GP Practice
- **Change Grow Live** – substance use and homelessness support charity
- **Forward Leeds** – alcohol and drug service
- **Francis House (Turning Lives Around)** – housing and homelessness charity
- **Joanna Project** – charity supporting women involved in sex work
- **Leeds City Council** (Leeds Housing Options)
- **Leeds Homeless Charter** - A collaborative initiative to tackle homelessness in Leeds
- **Leeds Women's Aid** – specialist domestic abuse service for women
- **Simon on the Streets** – homelessness charity
- **St Anne's** – homelessness, hostel, and substance use support provider
- **St George's Crypt** – A charity offering support to the homeless, vulnerable and those suffering from addiction.
- **Together Women Project** – women's support charity
- **Women's Health Matters** – women's health support charity.

These organisations represent a mix of third sector and statutory services and vary in size, remit, and specialism. Partners were invited to take part either because of their involvement in the city's Street Outreach programme or due to their work with women who are known to be sleeping rough or who have recent experience of rough sleeping, including hidden homelessness.

Basis Yorkshire facilitated and coordinated the Census as part of its role as lead facilitator of the Leeds Frontline Network for Women's Housing and Homelessness and the Leeds Women's Homelessness Collaboration project, (funded by the Lloyds Bank Foundation). Leeds City Council provided financial support for the Census, including the provision of a £5 voucher for women who chose to participate. Some women were also offered care packages where available through the organisation undertaking the survey.

Additional logistical support and guidance were provided by the national Census team (Single Homeless Project in partnership with Solace Aid) and Leeds City Council also supported delivery by enabling council volunteers to assist with survey completion alongside partner organisations.

Background

Photo by Vinicius Das-Neves

Background

The Leeds Women's Rough Sleeping Census was carried out during the final week of September 2025, alongside a coordinated women's rough sleeping survey conducted in London and in a significant and growing number of other local authorities across England. The Census forms part of a wider programme of work to improve understanding of women's experiences of rough sleeping and to test approaches that better capture forms of homelessness that are often hidden from view.

The primary aim of the Census is to gather more detailed and accurate information about women experiencing rough sleeping in Leeds. Women's rough sleeping is frequently under-represented in standard data collection methods, particularly where experiences do not align with traditional street-based definitions. The Census also supports shared learning across participating areas by refining and exchanging methods for identifying and engaging women who may not be visible within conventional street counts.

The definition of rough sleeping used in the Leeds women's Census is consistent with that used in 2023 and 2024. It adopts a broader understanding than the government's standard definition to reflect women's lived realities more accurately. Under this definition, rough sleeping includes having nowhere safe to stay at all, such as sleeping outside or in tents; staying in places open late or 24 hours a day, including fast-food restaurants, hospitals, or transport hubs; walking all night; or engaging in activities such as sex work overnight without having a safe place to sleep during the day. It also recognises that women's rough sleeping is often intermittent and interspersed with other forms of hidden homelessness, including staying with unsafe or unknown individuals, in 'cuckooed' properties, or in highly insecure and transitory arrangements with friends, family, or associates.

This approach differs from the government's standard definition of rough sleeping, which primarily focuses on people sleeping or bedded down in the open air or in places not designed for habitation. While this narrower definition captures some experiences of street homelessness, it risks overlooking women whose rough sleeping is less visible.

The aims of the Census are to:

- Establish the circumstances, characteristics, and experiences of women sleeping rough during the Census period
- Identify the range of locations where women are sleeping rough, including hidden and non-traditional settings, to inform outreach and service responses
- Refine and share learning on methods for surveying women's rough sleeping, including hidden homelessness, across participating local authorities

By using this inclusive definition and approach, the Census seeks to increase the visibility of women experiencing rough sleeping and hidden homelessness in Leeds, regionally and nationally, particularly those who may not be sleeping on the street every night and are therefore less likely to be represented in data, policy, or service design. Anonymised data was collected over a one-week period and considered alongside wider city-wide data and practitioner discussion forums.

Together, this evidence contributes to a more nuanced understanding of women's rough sleeping and supports evidence-based learning, service development, and strategic change.

Methodology

The 2025 Census largely builds on the methodology used in the 2023 and 2024 women's Censuses, enabling consistency and comparability over time. To this extent the Census follows the national guidance. All participating organisations were briefed on the methodology and key factors to consider when undertaking the survey. The questions stayed largely the same, although a few additional response options were added to existing questions and an additional question was added to the national survey which asked about what type of services women wanted to access. In Leeds we also added an additional open question about "what a supportive and effective service looks like?".

Data was collected through outreach engagement and partner organisations working directly with women experiencing rough sleeping or recent street homelessness. Participation was voluntary, and women provided self-reported information through structured questions covering demographics, experiences of rough sleeping, accommodation history, access to services, and support needs. Engagement was informal and trauma-informed, with practitioners using professional judgement to support safe and appropriate participation.

In total, 64 women participated in the 2025 Census. This sample size is consistent with previous years and reflects sustained engagement with a population that is often hidden, transient, and difficult to reach. The survey is substantially focussed on collecting quantitative data although some qualitative insights are also gathered through open responses from women.

Further insights were gathered to complement the results from the survey responses through:

- A practitioners' meeting attended by 8 representatives from 6 organisations who shared insights into their own perception of women's experiences of rough sleeping in Leeds.
- A separate data collection to estimate the number of women who had slept rough in Leeds at any point in the 3 months preceding the Census to contrast with the local rough sleeping data collected on the street count
- A meeting with practitioners from a number of services working with rough sleepers and/or statutory services and 3 women with recent non-current rough sleeping experience to analyse and provide further perspective on the Census results for the purpose of further data triangulation.

As in previous years, the Census does not aim to provide a comprehensive count of all women experiencing rough sleeping in Leeds. Findings should be understood as indicative rather than exhaustive and reflect the experiences of women engaged through outreach and services during the Census period. Women experiencing hidden homelessness, those not in contact with services, or those unable or unwilling to participate may be underrepresented.

Despite these limitations, the Census provides valuable, grounded insight into women's pathways into rough sleeping, their experiences of support, and areas where local systems are working well or require further development. When viewed alongside findings from earlier years, the data offers a robust evidence base to inform service delivery, commissioning, and strategic planning.

Introduction

The 3rd Leeds Rough Sleeping Census shows that women experiencing rough sleeping in Leeds continue to face a complex and interconnected range of challenges, including housing instability, poor physical and mental health, safety risks, and barriers to accessing appropriate support.

Women's pathways into rough sleeping are often shaped by experiences of hidden homelessness and distinct gendered risks, including heightened exposure to violence, exploitation, and trauma. These factors affect not only women's immediate safety but also their ability to engage with services and progress towards stable housing. We know from our own research (including Housing First) that stable housing is the key to improved health outcomes, re-engagement with families and other positive social networks with long lasting consequences beyond safety and shelter.

The Census was delivered through partnership working across voluntary, statutory, and health sectors, reflecting shared learning about the importance of coordinated, gender-sensitive responses to women's homelessness. Alongside quantitative findings, this report incorporates insights from women with lived experience of rough sleeping and from practitioners working in frontline services. These perspectives add vital context to the data, highlighting both areas of progress—such as increased recognition of women's needs and more trauma-informed, strengths-based approaches—and ongoing challenges including service pressures, fragmented pathways, domestic abuse, substance use, and trauma.

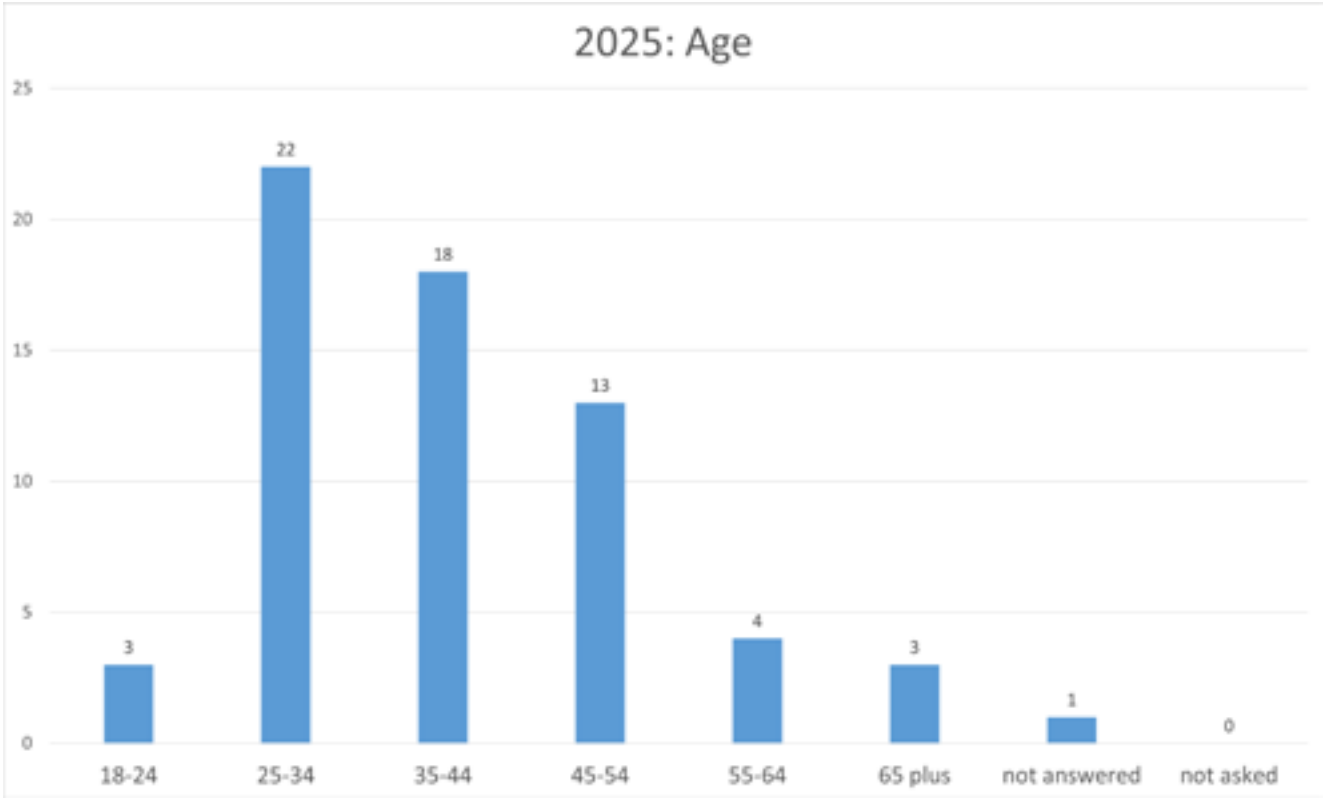
This report is intended to support continued learning and improvement across Leeds, regionally and nationally. By centring women's voices and drawing on practitioner insight, it aims to inform the development of trauma-informed, person-centred responses that improve safety, access to support, and sustainable, gender-informed housing pathways—supporting women to move away from rough sleeping and towards recovery, stability, and improved wellbeing.

Demographic Profile

Photo by Infoe Studio

Demographic Profile

Age



Data summary

18-24 years	3 (5%)
25-34 years	22 (34%)
35–44 years	18 (28%)
45–54 years	13 (20%)
55–64 years	4 (6%)
65+ years	3 (5%)
Not answered	1 (2%)

The 2025 Census responses show that most participating women were aged 25–44, accounting for nearly two-thirds of respondents (40 out of 64). This age distribution is broadly consistent with the profile recorded in the 2024 Census, suggesting a sustained pattern among the women reached through the Census approach and partner engagement.

Smaller numbers of respondents were aged 18–24 or 45 and over. These figures should be interpreted with caution, as they are influenced by who was reached through outreach and services during the Census period and who felt able to participate, rather than representing the full age profile of all women experiencing rough sleeping in Leeds.

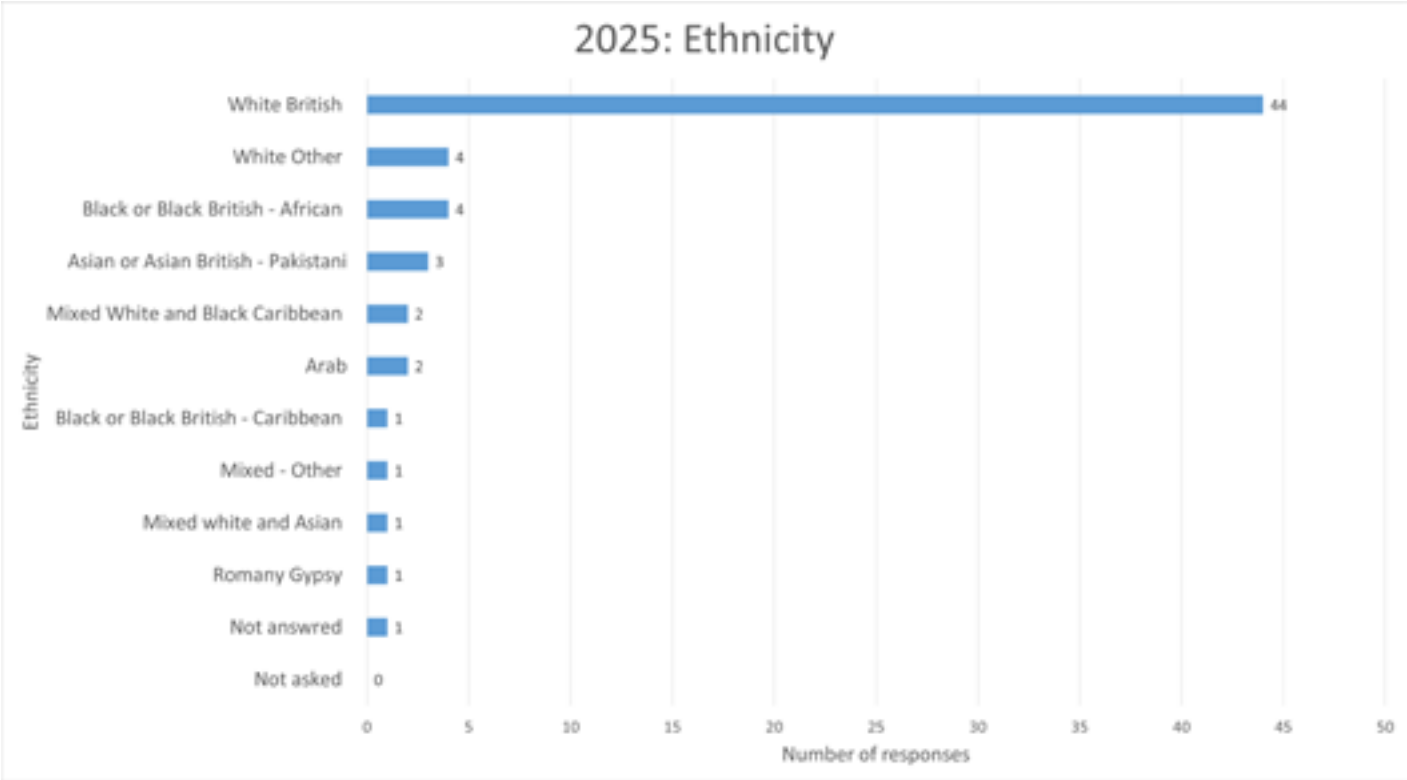
Notably, three women aged 65 and over participated in the Census, highlighting that older women are also represented within the cohort reached. This underlines the importance of ensuring responses to women's rough sleeping remain inclusive of older women's needs, including age-related health vulnerabilities and access to appropriate support pathways.

Analysis

The age distribution of women reached through the 2025 Census reflects a cohort largely in early to mid-adulthood, consistent with the profile observed in 2024. This continuity suggests stability in the characteristics of the group engaged through outreach and partner services, rather than indicating the full age profile of all women experiencing rough sleeping in Leeds. The presence of women across a wide age range within the surveyed cohort highlights that rough sleeping affects women at different stages of life. In particular, the inclusion of older women points to the cumulative impact of long-term disadvantage and repeated experiences of homelessness, which may be associated with increased physical health needs, long-term mental health challenges, heightened vulnerability and loss of trust in traditional support services. The older age cohort should also be seen in the context that the average age of death of women who are rough sleeping and homeless is 43. These findings reinforce the importance of flexible, age-responsive support pathways that can adapt to both immediate crisis needs and longer-term, life-course-related support requirements. Approaches that assume a narrow age profile risk overlooking women whose needs may differ significantly depending on age, health, and duration of homelessness.


Photo by Illiya Vjestica

Ethnicity



Data Summary

White British	44 (69%)
White Other	4 (6%)
Romany Gypsy	1 (2%)
Mixed White & Black Caribbean	2 (3%)
Mixed White & Asian	1 (2%)
Mixed Other	1 (2%)
Arab	2 (3%)
Black British or Black Caribbean	1 (2%)
Black or Black African	4 (6%)
Asian or Asian British – Pakistani	3 (5%)
Not answered	1 (2%)

Among women who participated in the 2025 Census, the largest proportion identified as White British (44). The cohort also included women from a range of ethnic and cultural backgrounds, including White Other, Mixed heritage, Black, Asian, Arab, and Romany Gypsy women.

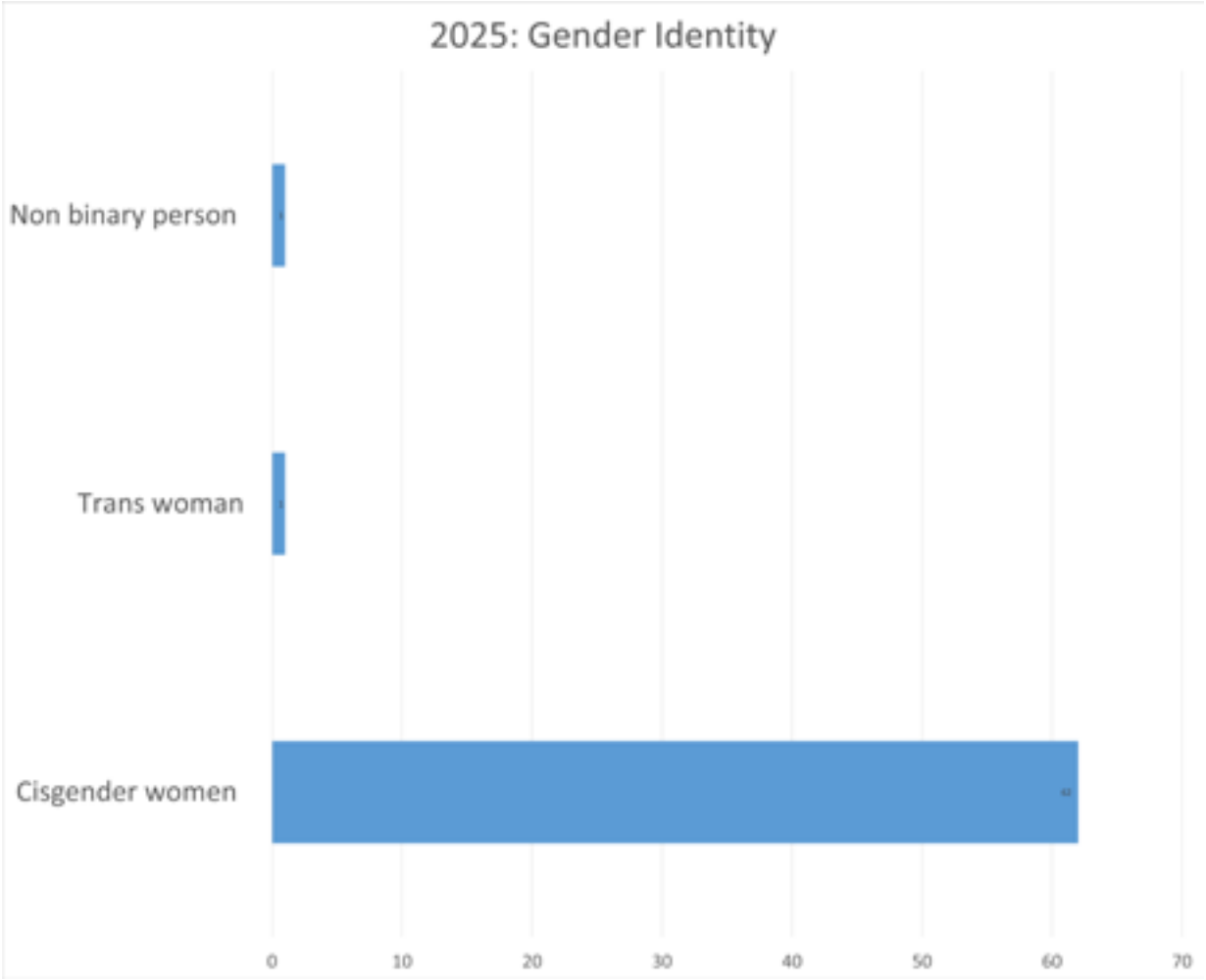
Analysis

The ethnic profile of women reached through the 2025 Census shows that White British women form most respondents, alongside a meaningful level of ethnic diversity. This profile is broadly consistent with findings from 2024 and should be understood as reflecting the women engaged through outreach and partner services, rather than the full population of women experiencing rough sleeping in Leeds.

The presence of women from Black, Asian, Mixed, Arab, Romany Gypsy, and other minority ethnic backgrounds reinforces the need for culturally informed and accessible support. Practitioner reflections and wider Census findings indicate that women from minority ethnic backgrounds may face additional and intersecting barriers when experiencing rough sleeping. These can include language barriers, insecure immigration status, experiences of racism or being othered, and reduced trust in statutory services.

The relative stability of this profile compared with previous years suggests an ongoing need for targeted outreach and engagement approaches that are responsive to cultural context and diverse lived experience.

Gender Identity



Data Summary

Cisgender Women	62 (97%)
Trans Woman	1(2%)
Non-binary Person	1(%)

Among women who participated in the 2025 Census, the majority identified as cisgender women (62). One participant identified as a trans woman and one as a non-binary person. While these figures relate only to the cohort engaged through the Census, they highlight the importance of inclusive and sensitive service provision that recognises and responds to diverse gender identities within homelessness support settings.

Analysis

The gender identity profile of women participating in the 2025 Census is consistent with findings from previous years, with most respondents identifying as cisgender women. A very small number of participants identified as trans or non-binary, indicating that gender-diverse individuals were included within the cohort reached through the Census.

Although the numbers are small and should not be interpreted as representative of the wider population of people experiencing rough sleeping, their inclusion underscores the importance of inclusive data collection and service delivery. Existing evidence and practitioner reflections suggest that trans and non-binary people experiencing homelessness may face additional risks, including discrimination, safety concerns, and barriers to accessing gender-affirming and appropriate services. This reinforces the need for homelessness services to maintain inclusive practices, ensure staff are appropriately trained in gender identity awareness, and provide environments that are respectful, safe, and responsive to diverse identities.

Demographic Summary

Across women who participated in the 2025 Census, demographic patterns were broadly consistent with those recorded in previous years, indicating continuity in the characteristics of the cohort reached through outreach and partner services. Taken together, the findings point to a population experiencing multiple and intersecting forms of disadvantage, rather than a single or uniform profile.

The age range of participants highlights the need for responses that are flexible across the life course and the importance of support pathways that can address both immediate crisis needs and longer-term, cumulative challenges, including health, safety, and sustained recovery.

The ethnic diversity reflected within the surveyed cohort, alongside the predominance of White British women, underscores the importance of culturally informed and accessible approaches to engagement and support. Practitioner reflections suggest that women from minority ethnic backgrounds, including migrant women, may be less visible within services and face additional barriers to access. This reinforces the need for targeted outreach and trusted, culturally responsive provision.

Service responses must remain sensitive to gender identity and avoid assumptions about who women's services are designed for, ensuring that all women and gender-diverse people can access support safely and without discrimination.

Overall, the demographic findings reinforce the need for intersectional, trauma-informed approaches that recognise how age, ethnicity, gender identity, and lived experience interact to shape women's experiences of rough sleeping. Future service development should continue to prioritise flexibility, inclusion, and partnership working, ensuring responses are grounded in women's lived realities and able to respond effectively to multiple disadvantages and overlapping needs.

Experiences of Sleeping Rough

Photo by Mario Tuzon

Frequency of Sleeping Rough

The 2025 Census asked women when they had last slept rough to understand the immediacy, frequency, and patterns of rough sleeping. Of the 64 women who participated:

Data Summary

Slept rough the night before the Census	21 women (33%)
Slept rough within the last week	16 women (25%)
Slept rough within the past month	10 women (16%)
Slept rough within the past three months	11 women (17%)
Did not answer this question	6 women (9%)

Overall, 58% of respondents reported sleeping rough either the night before or within the last week. This is broadly consistent with findings from 2024 and indicates a continued presence of women experiencing very recent and acute rough sleeping in Leeds.

Analysis

The data highlights a sustained level of immediate rough sleeping among women, with one third sleeping rough the night before the Census and more than half doing so within the previous week. This points to ongoing unmet housing need and reinforces concerns raised in earlier Censuses about the limited availability of safe and appropriate alternatives for women at crisis point.

At the same time, a notable proportion of women reported that they had last slept rough within the past one to three months. This pattern reflects the cyclical and episodic nature of women's rough sleeping, where periods of street homelessness are often interspersed with temporary accommodation, sofa surfing, or short-term arrangements that are unstable or unsafe. This closely mirrors patterns identified in previous Leeds women's Censuses and aligns with wider evidence that women's homelessness is frequently hidden and less visible than men's.

These findings support local homelessness strategy priorities around prevention and early intervention. The presence of women who are not currently sleeping rough, but have done so recently, indicates opportunities for timely support to prevent re-entry into street homelessness. However, it also highlights the fragility of many women's housing situations and the risk of repeated cycles of rough sleeping when support is withdrawn too early or does not respond to fluctuating needs.

The 9% non-response rate may reflect the challenges some women face in recalling or disclosing experiences of rough sleeping, particularly where trauma, mental ill-health, or ongoing instability are present. This reinforces the importance of sensitive, trauma-informed approaches to engagement and data collection.

Photo by Omid Mozaffari

Practioner Reflections

Practitioners attending the post-census Local Insights meeting described similar patterns, noting that many women move in and out of rough sleeping due to deteriorating mental health, substance use, experiences of domestic abuse, relationship breakdown, or difficulties meeting the requirements of some accommodation settings. Practitioners emphasised that women's rough sleeping is often episodic rather than continuous, increasing the likelihood that it remains hidden from traditional monitoring and outreach approaches.

There was also concern that women who sleep rough intermittently, or who move between the streets and sofa surfing, may not meet eligibility thresholds for some services, limiting access to support at critical moments. This echoes findings from previous years and highlights the importance of flexible, gender-responsive outreach and pathways that can adapt to women's changing circumstances.

Implications for Local Practice and Policy

The findings underline the need for outreach and support models that recognise the fluidity of women's homelessness and respond not only to those currently sleeping rough, but also to women at high and immediate risk of returning to the streets.

The data supports local strategic priorities around prevention and flexible pathways. It highlights the importance of maintaining emergency and short-term accommodation options that do not penalise women for repeated or intermittent rough sleeping, and that allow women to move between services without losing support.

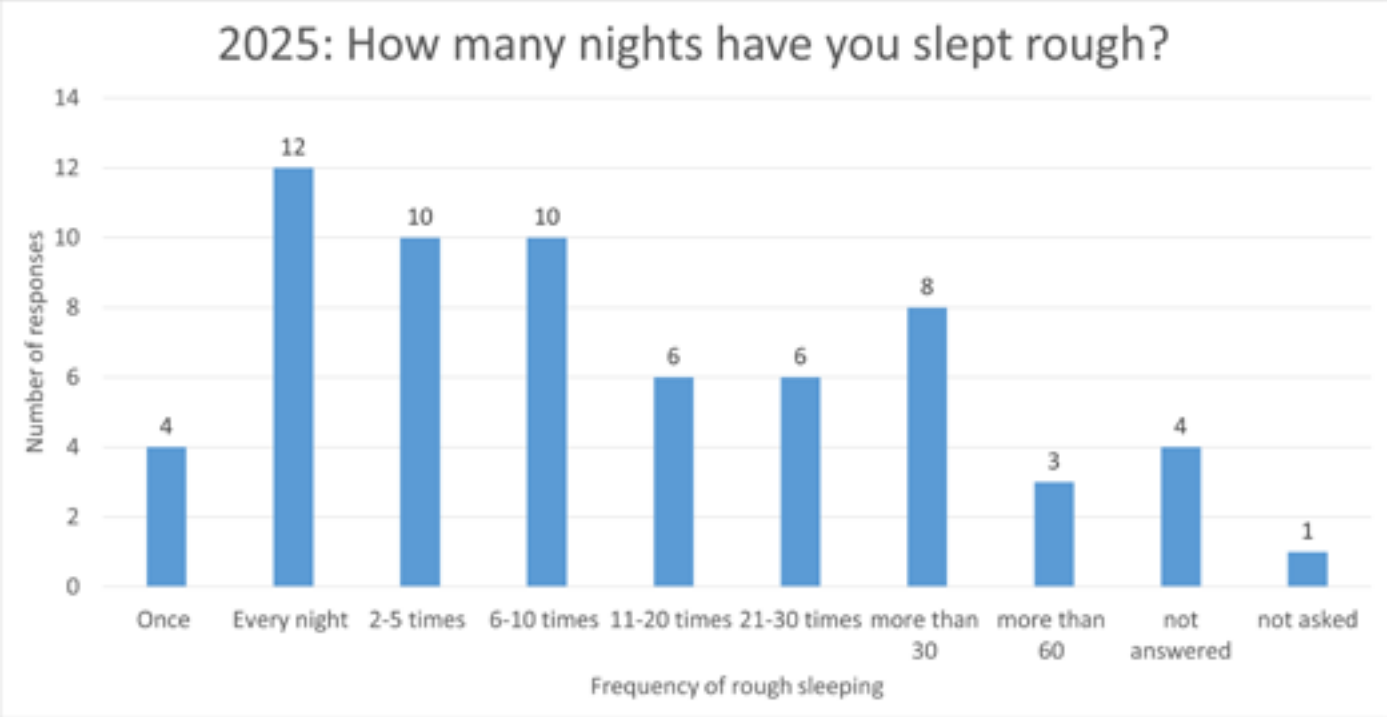
Addressing the cyclical nature of women's rough sleeping will require continued collaboration across housing, health, and specialist women's services, alongside a focus on early intervention, sustained support, and safety-focused responses that reflect women's lived realities.

Duration of Sleeping Rough

Photo by Majid Rangraz

Duration of Sleeping Rough

Women participating in the 2025 Census were asked how many nights they had spent sleeping rough. Responses from 64 women indicate a wide range of experiences:



Data Summary

Slept rough every night	12 women (19%)
Slept rough 2-5 nights	10 women (16%)
Slept rough 6-10 nights	10 women (16%)
Slept rough 11–20 nights	6 women (9%)
Slept rough 21–30 nights	6 women (9%)
Slept rough more than 30 nights	8 women (13%)
Slept rough for more than 60 nights	3 women (5%)
Slept rough once	4 women (6%)
Did not answer	4 women (6%)
Was not asked	1 woman (2%)

Overall, more than one third of respondents reported either sleeping rough every night or for more than 30 nights, indicating a significant cohort experiencing sustained or chronic rough sleeping.

Analysis

The data highlights a clear distinction between women experiencing short-term or episodic rough sleeping and those facing prolonged or entrenched rough sleeping. While some women reported sleeping rough once or a limited number of times, a substantial proportion experienced frequent or continuous rough sleeping, including nearly one in five sleeping rough every night.

This pattern reflects ongoing challenges in preventing repeat and prolonged rough sleeping among women and closely mirrors findings from the 2024 Census. It aligns with strategic concerns around multiple disadvantage, where trauma, poor mental health, substance use, and experiences of abuse intersect with limited access to suitable accommodation and long-term support.

At the same time, the presence of women reporting lower numbers of nights slept rough points to critical opportunities for early intervention. These women may be newly displaced or cycling through insecure and unsafe arrangements, highlighting the importance of timely, flexible responses to prevent escalation into sustained rough sleeping.

The small proportion of non-responses reflects ongoing challenges in accurately capturing the frequency of rough sleeping, particularly for women experiencing trauma, instability, or shame.
Later in this report, we reflect on the difference of outcomes between the cohort of women who frequently sleep rough with those who have a more intermittent experience of rough sleeping.

Practitioner Reflections

Practitioners attending the post-Census Local Insights meeting emphasised that women's rough sleeping patterns are rarely linear. Women may move between the streets, temporary accommodation, sofa surfing, or unsafe situations in response to deteriorating mental health, substance use, safety concerns, or the loss of accommodation following breaches or unmet expectations.

Practitioners raised particular concern about the impact of rigid service models and punitive responses, which can unintentionally contribute to repeat rough sleeping. These reflections align with strategic commitments to move away from enforcement-led approaches and towards trauma-informed, person-centred systems that recognise relapse, disengagement, and fluctuation as part of recovery rather than failure.

Implications for Local Practice and Strategy

The findings reinforce key local homelessness strategy priorities around prevention, reducing repeat rough sleeping, and improving outcomes for women with multiple disadvantage. The data points to the need for a dual approach:

- Early intervention and prevention for women experiencing low-frequency or emerging rough sleeping, including rapid access to crisis accommodation, flexible outreach, and support for women who are sofa surfing or at immediate risk.
- Long-term, trauma-informed housing and support pathways for women experiencing chronic or nightly rough sleeping, with an emphasis on safety, stability, and sustained engagement rather than short-term solutions.
- To be effective, services must accommodate women's changing circumstances and reduce barriers created by rigid eligibility criteria or conditionality. Maintaining continuity of support across fluctuating housing situations is critical to breaking cycles of repeat homelessness.

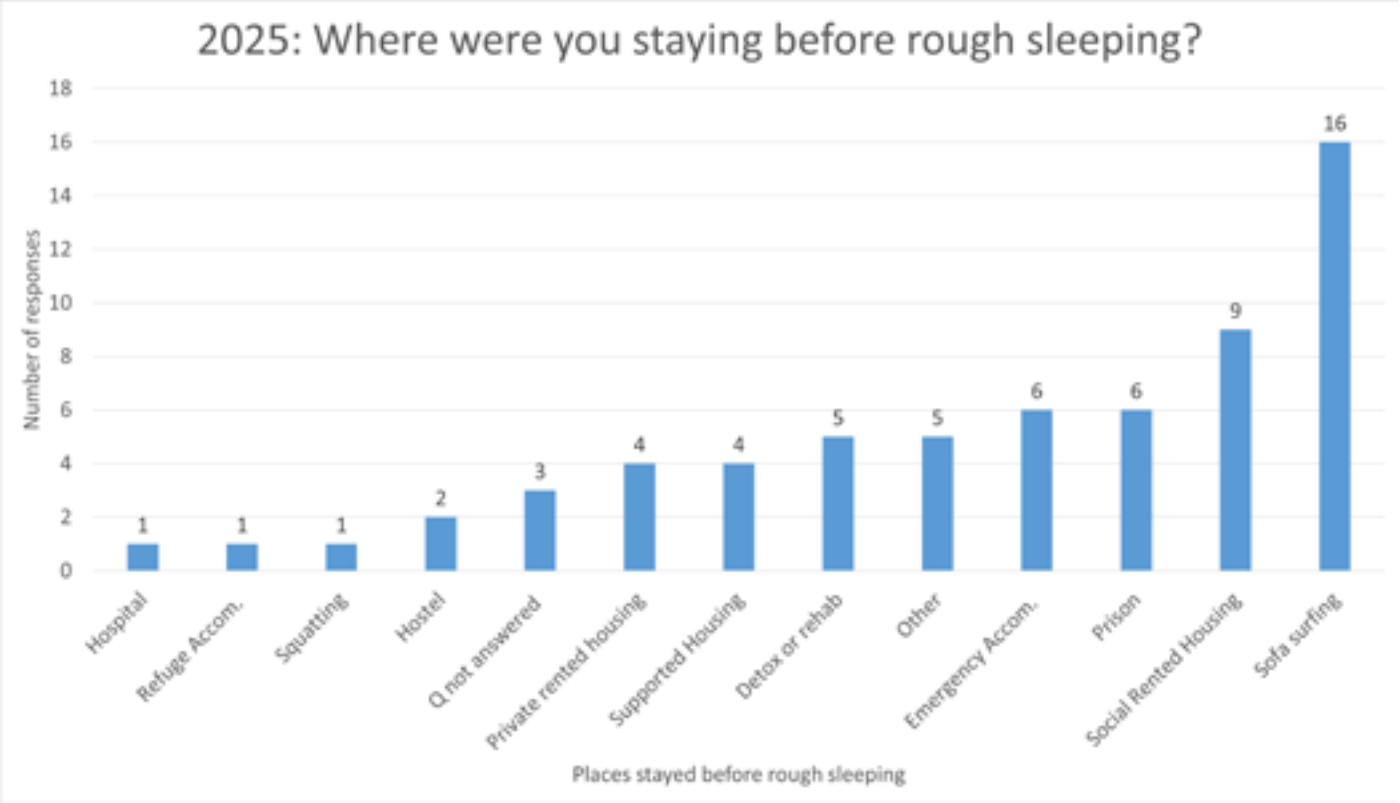
Overall, these findings underscore the importance of a coordinated, gender-responsive system that prioritises prevention, flexibility, and long-term solutions—supporting women not only to move away from rough sleeping, but to remain safely housed.

Location Prior to Rough Sleeping

Photo by Julian Tong

Location prior to rough sleeping

Women participating in the 2025 Census were asked where they were staying immediately prior to their most recent episode of rough sleeping with the option of multiple responses. Responses indicated a wide range of accommodation types:



Data Summary

Sofa surfing	16 women (25%)
Living in social housing	9 women (14%)
Emergency accommodation	6 women (9%)
Prison	6 women (9%)
Detox or rehabilitation services	5 women (8%)
Supported housing	4 women (6%)
Private rented accommodation	4 women (6%)
Staying in hostels	2 women (3%)
Staying in hospital, refuge accommodation, or squatting	1 woman
'Other' accommodation	5 women (8%)
Did not answer	3 women (5%)

Analysis

Sofa surfing and social housing were the most frequently reported forms of accommodation prior to rough sleeping.

The findings highlight the instability and fragility of women's housing situations prior to rough sleeping. The high proportion of women reporting sofa surfing underscores the prevalence of hidden homelessness among women and reflects the risks associated with informal and temporary living arrangements. While sofa surfing may provide short-term shelter, it is often insecure and can break down quickly, leaving women with limited alternatives and increased exposure to harm.

The proportion of women reporting that they were in social housing prior to sleeping rough challenges assumptions that rough sleeping is solely linked to long-term housing exclusion. Instead, it points to tenancy breakdown, eviction, relationship breakdown, or safety concerns as key drivers into homelessness. These findings echo previous Census results and align with strategic priorities around tenancy sustainment and earlier intervention to prevent homelessness.

The number of women moving into rough sleeping directly from prison, detox or rehabilitation services, and emergency accommodation highlights ongoing challenges in discharge planning resources, capacity and continuity of support. These transitions represent critical points of risk, where the absence of coordinated housing pathways can result in immediate street homelessness. This mirrors practitioner concerns raised in previous years and reflects wider strategic commitments to improve safe and planned discharge from statutory and commissioned services.

Lower numbers of women coming from hostels or supported housing may reflect capacity pressures, access barriers, or the unsuitability of some settings for women facing multiple disadvantages. This reinforces the importance of ensuring that accommodation options are not only available, but safe, appropriate, and responsive to women's experiences of trauma and risk.

Practitioner Reflections

Practitioners highlighted that transitions out of statutory settings—including prison, health services, and substance use treatment—remain a significant trigger for women entering rough sleeping. Despite existing policy commitments, gaps or challenges in discharge planning and coordination, lack of support services and limited access to suitable move-on accommodation continue to place women at high risk.

Sofa surfing was identified as a particularly hidden and high-risk form of homelessness for women, especially for those who are isolated, fleeing violence, or have insecure immigration status. Practitioners noted that women in these situations are often not visible to services until arrangements break down completely. Women can also be afraid to speak up in case this leads to children being removed from their care.

Concerns were also raised about the impact of rigid local connection criteria and inflexible housing policies, which can exclude women with multiple support needs or those moving across areas for safety reasons. These barriers can delay or prevent access to housing, increasing the likelihood of rough sleeping.

Implications for Local Practice and Strategy

The findings strongly reinforce local homelessness strategy priorities around prevention, early identification, and safe transitions between services. The prominence of sofa surfing highlights the need for proactive engagement with women experiencing hidden homelessness before crisis point is reached.

Improving coordination between housing services, statutory and third sector partners—particularly in relation to prison release, hospital discharge, and exits from detox or rehabilitation services—remains critical to preventing women from moving directly into rough sleeping. This aligns with strategic commitments to strengthen discharge pathways and reduce repeat homelessness.

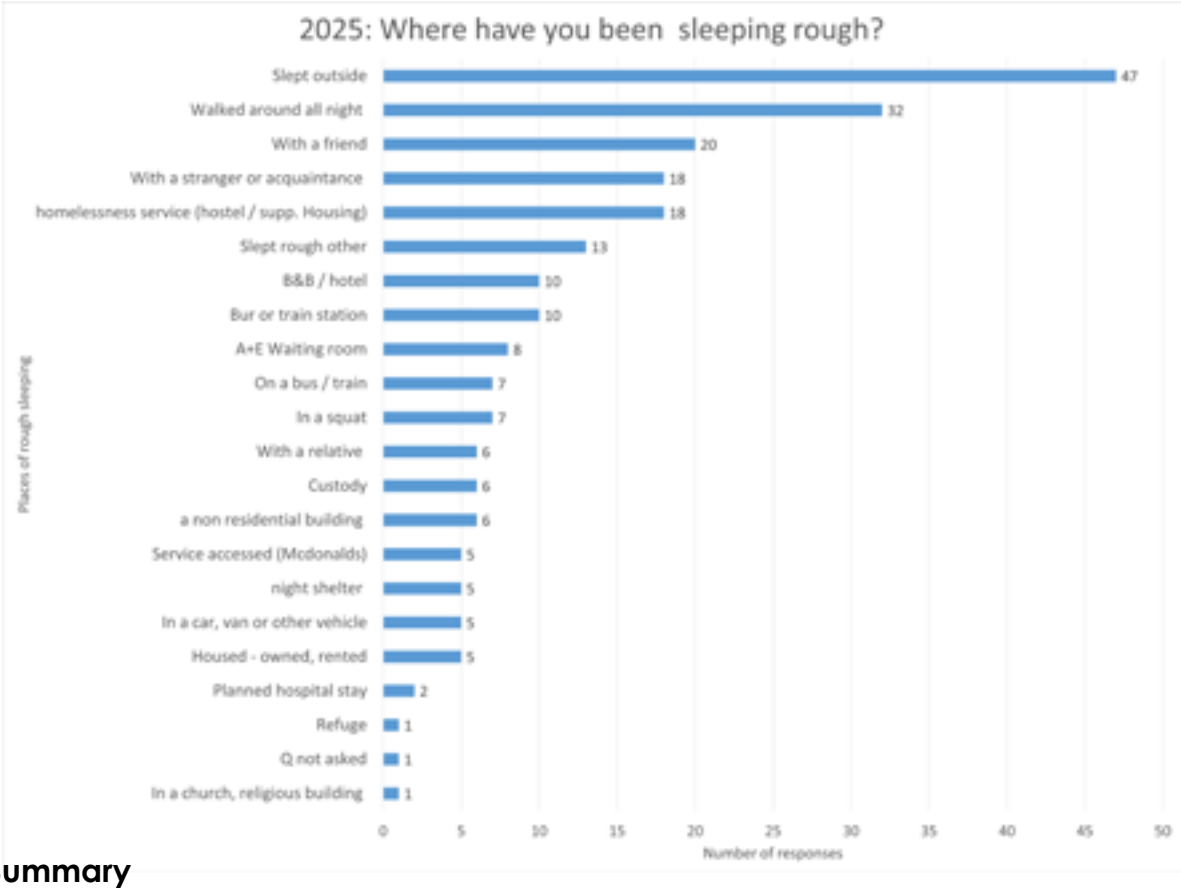
Finally, the data underscores the importance of flexible housing pathways that recognise women's needs, safety concerns, and lived experiences. Reducing reliance on rigid eligibility criteria and ensuring accommodation options are trauma-informed, gender-sensitive, and accessible will be key to preventing the onset of rough sleeping and supporting women to remain safely housed.

Location of Rough Sleeping

Photo by Joseph Mama

Location of rough sleeping:

Women participating in the 2025 Census were asked where they had been sleeping during periods of rough sleeping. Responses from 64 women illustrate a wide range of locations, often across multiple settings:



Data Summary

Slept outside	47 women (73%)
Walked all night	32 women (50%)
Stayed with friends	20 women (31%)
Stayed with strangers or acquaintances	18 women (28%)
Used homelessness services, hostels, or supported housing	18 women (28%)
Reported other locations	13 women (20%)
Slept in B&Bs or hotels	10 women (16%)
Slept in bus or train stations	10 women (16%)
Slept in A&E waiting rooms	8 women (13%)
Slept on buses or trains	7 women (11%)
Slept in squats	7 women (11%)
Stayed with relatives	6 women (9%)
Spent time in custody	6 women (9%)
Slept in non-residential buildings	6 women (9%)
Accessed 24-hour services such as fast-food outlets	5 women (8%)
Slept in vehicles	5 women (8%)
Reported being housed (owned or rented) at some point	5 women (8%)

Smaller numbers reported planned hospital stays, refuge accommodation, or church buildings. These findings highlight the intricacy and fluidity of women's rough sleeping experiences, with many women moving between multiple locations over short periods of time.

Analysis

The data illustrates the extreme vulnerability faced by women experiencing rough sleeping. Nearly three quarters reported sleeping outside, and half reported walking all night, indicating high exposure to weather, exhaustion, and risk of violence. These patterns mirror findings from previous Leeds women's Censuses and reinforce ongoing concerns about women's safety during periods of street homelessness.

A significant proportion of women reported staying with friends, relatives, strangers, or acquaintances, underscoring the prevalence of hidden and informal sleeping arrangements. While these situations may offer temporary shelter, they are often unstable and unsafe, relying on fragile relationships and increasing women's exposure to potential exploitation, coercion, and abuse. This reinforces the importance of recognising women's rough sleeping as frequently hidden and dispersed across non-traditional locations.

Use of homelessness services, hostels, and supported housing was evident but limited, suggesting ongoing capacity or accessibility constraints resulting in services not able to meet the need. Reports of women sleeping in emergency or public spaces such as A&E waiting rooms, transport hubs, vehicles, and public buildings indicate desperation and a lack of safe, acceptable alternatives at times of crisis.

The presence of women reporting time spent in custody or hospital alongside other rough sleeping locations highlights the fluid and cyclical nature of women's homelessness. These transitions point to the need for continuity of support, closer coordination and planned pathways across health, justice, and housing systems to reduce repeated exposure to street homelessness.

Practitioner Reflections

Practitioners expressed significant safeguarding concerns about women sleeping in high-risk locations, including squats, with strangers, or in transient public spaces. These environments were identified as particularly unsafe, increasing women's exposure to violence, exploitation, and trauma.

Practitioners also highlighted how women's preferences and circumstances—such as the need to remain with pets or feeling unsafe in mixed gender accommodation or their location (areas or people they are fleeing from)—can influence decisions to avoid certain accommodation options, even when these are available. Where services are unable to accommodate pets or are perceived as unsafe or unsuitable, women may remain rough sleeping despite the risks. Reflecting on the feedback from women and practitioners about the rigidity in services there is a risk that the needs assessment of women is influenced by whether they've accepted or sustained previous offers and that this is viewed as an indication of need (rather than the management of their own risk).

The Local Insights meeting further emphasised that women sleeping in non-traditional or transient locations, such as buses, trains, public buildings, or A&E departments, are often missed by traditional street-based outreach. This reinforces the need for innovative, flexible engagement approaches that extend beyond conventional outreach models.

Implications for Local Practice and Strategy

The findings strongly align with local homelessness and rough sleeping strategy priorities around safety, prevention, and harm reduction. They underline the need for flexible outreach models that recognise the diversity of women's rough sleeping locations and reach women who may not be visible in traditional street settings, using the gender informed definition of rough sleeping.

There is a clear need to increase access to safe, women-only accommodation and trauma-informed spaces that prioritise dignity, safety, and choice. The data also reinforces the importance of pet-friendly accommodation options, which may enable some women to access housing who would otherwise remain rough sleeping.

Improving cross-sector collaboration—particularly between housing, health, transport, and criminal justice services—will be essential to identifying hidden rough sleeping, reducing safeguarding risks, and preventing women from cycling through unsafe environments.

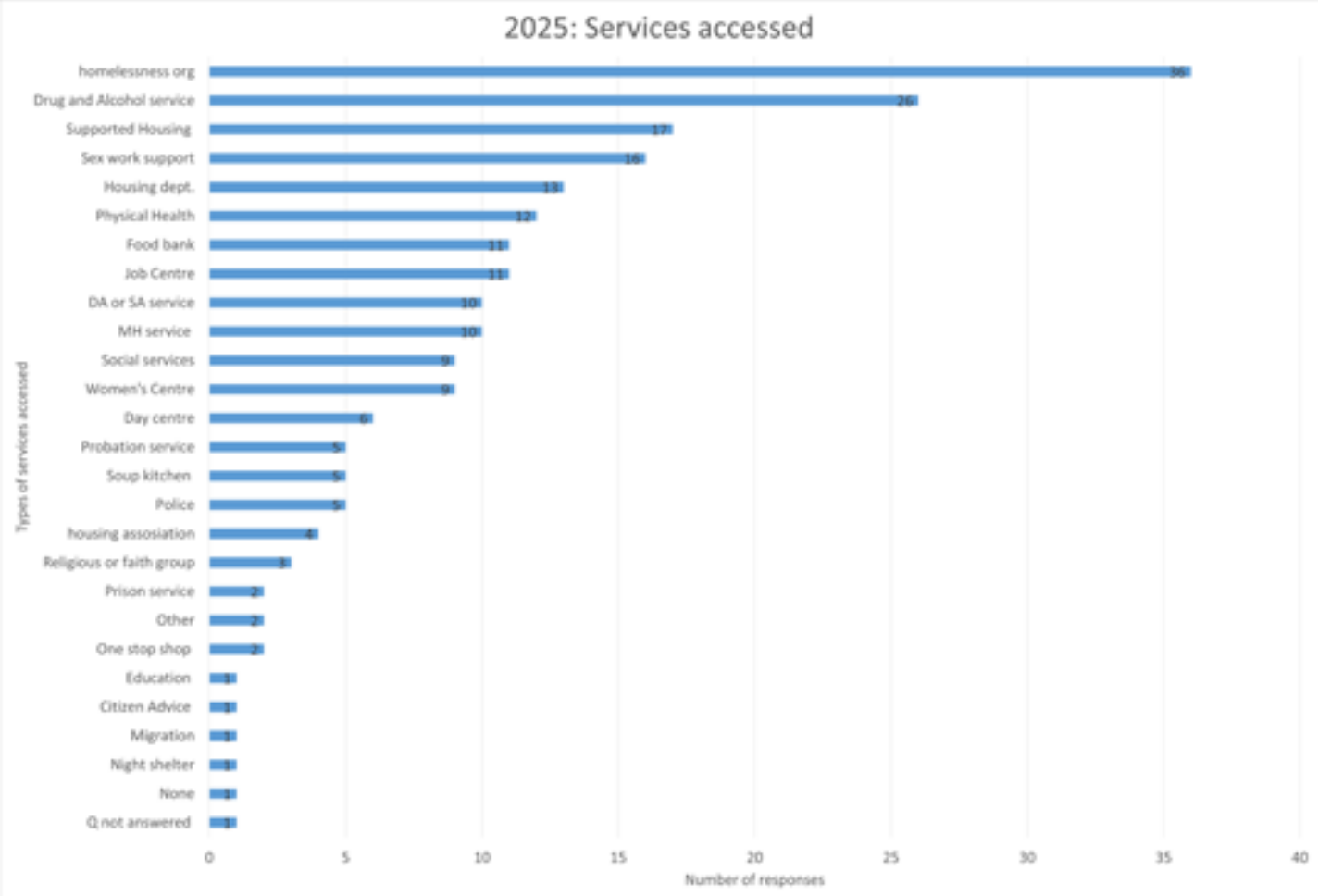
Overall, these findings highlight the importance of a coordinated, gender-responsive system that reflects the realities of women's rough sleeping and provides flexible, safe, and accessible pathways out of homelessness.

Services Accessed by Women Who Were Sleeping Rough

Photo by Gary Butterfield

Services Accessed by women who were sleeping rough

Women participating in the 2025 Census reported accessing a wide range of services while experiencing rough sleeping:



Data Summary

Homelessness organisations	36 women (56%)
Drug and alcohol services	26 women (41%)
Supported housing	17 women (27%)
Sex work support services	16 women (25%)
Housing departments	13 women (20%)
Physical health services	12 women (19%)
Food banks	11 women (17%)
Jobcentre Plus	11 women (17%)
Domestic abuse or sexual abuse services	10 women (16%)
Mental health services	10 women (16%)
Social services	9 women (14%)
Women's centres	9 women (14%)

Additional services accessed included probation, soup kitchens, police, housing associations, faith groups, and prison services. One woman reported accessing no services.

Analysis

The data shows high levels of engagement with homelessness organisations and substance use services, reflecting the close relationship between rough sleeping, substance use, and multiple disadvantages which is encouraging to see. This pattern is consistent with findings from previous Leeds women's Censuses and aligns with wider evidence that women experiencing rough sleeping often require support across multiple domains simultaneously. The fact that the need is still high is likely more reflective of services not being sufficiently resourced to meet the need or potentially barriers to access including rigidity of services which was mentioned by several women.

The proportion of women accessing sex work support services and domestic or sexual abuse services highlights the intersection between homelessness, potential exploitation, and gender-based violence. These findings reinforce the importance of specialist, gender-responsive provision that can address safety, trauma, and harm reduction alongside housing need. With the high mobility and transient nature of homelessness as well as previous experiences of trauma may mean building trusted relationships may take (more) time. Engagement with housing departments and supported housing indicates that many women are actively seeking pathways out of homelessness. However, the lower proportion accessing these services compared to homelessness organisations suggests ongoing challenges related to eligibility thresholds, capacity constraints, and the intricacies of navigating housing systems while in crisis.

While some women reported accessing physical and mental health services, the number of engagements appears low relative to the scale of health needs identified elsewhere in the Census. This may reflect barriers such as stigma, difficulties attending appointments, long waiting times, or the prioritisation of immediate survival needs over longer-term health support. These findings echo practitioner concerns from previous years regarding unmet health needs among women sleeping rough.

The breadth of services accessed illustrates the fragmented nature of current support, with women often required to engage with multiple agencies simultaneously to meet basic needs. This fragmentation increases the risk of disengagement and of women falling through gaps where coordination is limited.

Practitioner Reflections

Practitioners noted that women's engagement with services is often inconsistent and non-linear, shaped by fluctuating mental health, substance use, safety concerns, and past experiences of trauma or exclusion. Trust and sustained relationships were identified as critical to maintaining engagement.

Concerns were raised about missed opportunities for joined up working across housing, health, and specialist support services. Practitioners highlighted those siloed approaches, alongside staffing pressures and limited capacity, can result in women being required to repeatedly retell their stories or navigate complex systems without adequate support. Service rigidity and conditionality were also identified as significant barriers, particularly for women with multiple disadvantage or those experiencing relapse or crisis. These approaches can reinforce cycles of disengagement rather than supporting recovery.

Implications for Local Practice and Strategy

Women's experiences demonstrate the need for coordinated models that address housing, health, safety, and wellbeing in parallel rather than in isolation.
Improving joint working between homelessness services, health providers, domestic abuse services, and specialist women's organisations will be critical to reducing fragmentation and improving outcomes. Flexible, relationship-based approaches that recognise relapse and disengagement as part of recovery, rather than failure, are essential to sustaining engagement.

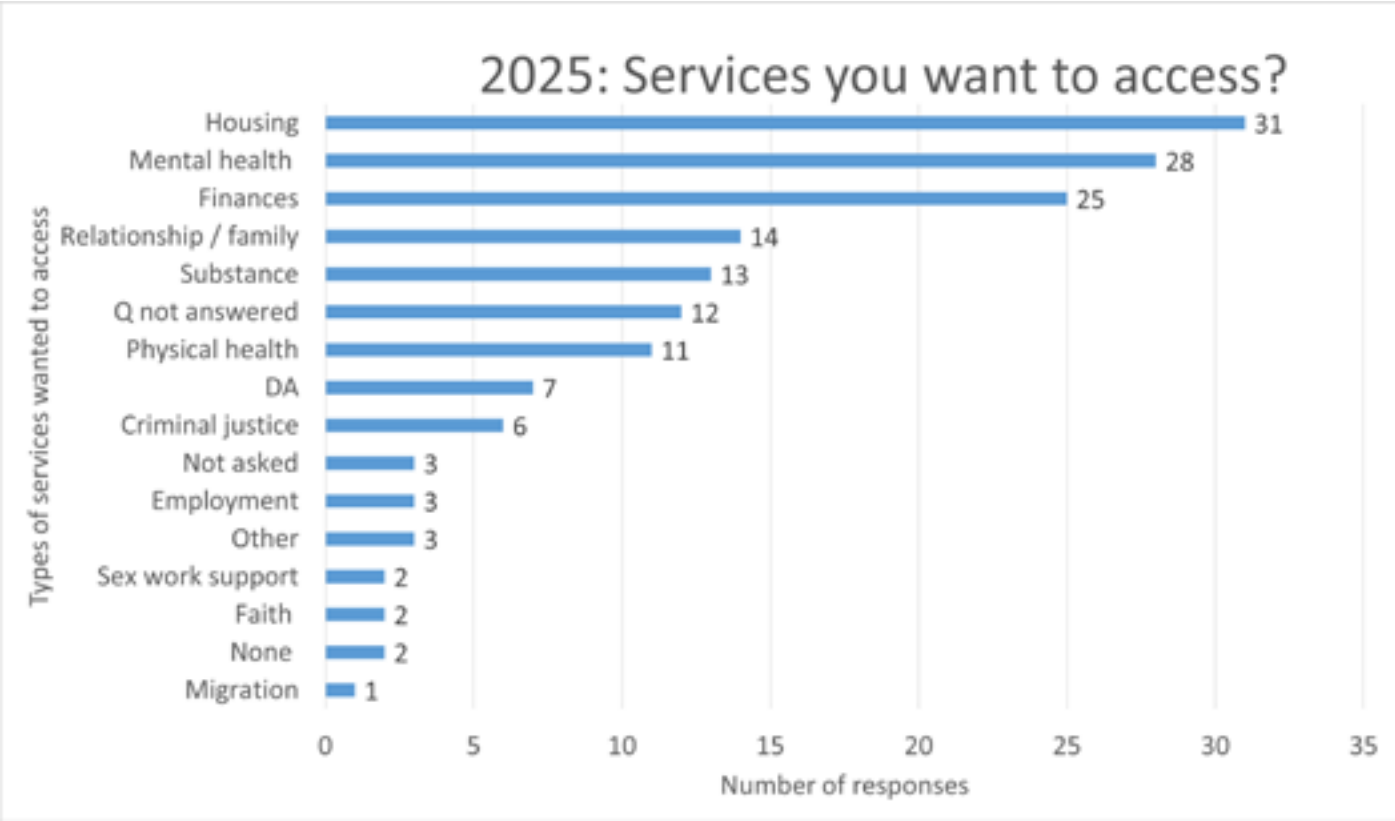
Overall, the data reinforces the importance of a whole-system, gender-responsive approach that prioritises continuity, accessibility, and dignity—supporting women to move away from rough sleeping and towards safety, stability, and long-term recovery.

Photo by Priscil La Du Preez

Services Women Want to Access

Services Women Want to Access

For the first time in 2025, women participating in the Census were asked which services they would like to access. Responses from 64 women highlighted a clear set of priorities:



Data Summary:

Housing support	31 women (48%)
Mental health services	28 women (44%)
Financial support	25 women (39%)
Relationship or family support	14 women (22%)
Substance use support	13 women (20%)
Physical health services	11 women (17%)

Smaller numbers of women expressed a desire to access domestic abuse or sexual abuse services, criminal justice support, employment services, sex work support, faith-based support, or migration-related services. Twelve women (19%) did not answer this question.

Analysis

Women expressed priorities clearly centre on housing stability and mental health support, reinforcing findings across the Census that homelessness is closely linked to unmet mental health needs, trauma, and a lack of secure accommodation. The prominence of financial support further highlights the role of poverty, debt, and income insecurity in sustaining homelessness and creating barriers to recovery.

Demand for relationship and family support reflects the relational dimensions of women's homelessness, including experiences of family breakdown, domestic abuse, and the loss of informal support networks. Similarly, the continued demand for substance use support indicates that, for some women, recovery-focused interventions remain an important component of moving away from rough sleeping.

Smaller but notable demand for criminal justice and migration-related support highlights the diversity of women's circumstances and reinforces the need for services that can respond flexibly to intersecting legal, social, and structural issues. These findings align with wider strategic priorities around addressing multiple disadvantage and ensuring equitable access to support.

The non-response rate suggests that some women may be uncertain about what support is available, may have experienced repeated exclusion from services, or may be reluctant to disclose needs where they anticipate barriers or limited provision. This underlines the importance of clear communication, trust-building, and credible pathways into support.

Practitioner Reflections

Practitioners confirmed that the priorities identified by women closely reflect frontline experience, particularly the unmet demand for mental health services and stable housing. Long waiting lists, high eligibility thresholds, and limited specialist provision were highlighted as key barriers preventing women from accessing the support they need.

Practitioners also recognised that women often prioritise immediate survival over longer-term recovery. As a result, even when needs are identified, engagement may be delayed or disrupted by crisis. Ongoing funding and capacity pressures across services were identified as further constraints on the ability to respond to women expressed needs.

Implications for Local Practice and Strategy

The findings highlight a clear need to expand access to housing-led interventions and trauma-informed mental health provision for women experiencing or at risk of rough sleeping.

Improved access to financial support, including welfare advice and income stabilisation, should be recognised as a core component of homelessness prevention. In addition, greater emphasis on relationship-based and family-focused support may help address some of the underlying causes of women's homelessness.

Overall, the data reinforces the importance of a rights-based, gender-responsive approach that recognises the diversity of women's needs. Ensuring services are accessible, coordinated, and responsive will be critical to supporting women to move away from rough sleeping and towards long-term stability and wellbeing.

What Does a Supportive and Effective Housing Service Look Like?

Photo by Bing Zhang

What Does a Supportive and Effective Housing Service Look Like?

As a specific Leeds only question for the first time in 2025, women were asked to describe what a supportive and effective housing service looks like to them. Responses highlighted a consistent set of priorities:

- Access to permanent, stable housing rather than short-term or temporary placements
- Safety and security, including the availability of women-only accommodation
- Trauma-informed, non-judgemental approaches, with consistent and trusted staff relationships
- Accessible services with clear communication, easy contact, and reliable follow-up
- Practical support with bills, budgeting, and developing independent living skills
- Flexibility to accommodate pets, local connection issues, and individual circumstances
- Opportunities for community connection that foster belonging, warmth, and stability

To illustrate the above points, we selected a few quotes from the survey:

"Direct access accommodation for females only, no procedure just walk in off the street, 1 night only then support to sort things out the next day"

"Somewhere that is safe, with a community that is supportive. Somewhere that will help me manage my bills and make sure I don't get into debt. Somewhere I can come and go for a few days"

"Having supportive staff who can help with contacting different agencies for more support"

"Support for women who are vulnerable to make sure they are safe when in shared housing. Men are accessing houses where they shouldn't be and making us feel unsafe. We are not listened to when we report it"

Analysis

Women's responses reflect a holistic understanding of housing as more than just a physical place to stay. Stability, safety, and relationships were consistently prioritised, reinforcing the message that effective housing support must address emotional wellbeing, trauma, and social connection alongside accommodation.

The emphasis on permanent housing aligns closely with findings from the 2024 Census and wider evidence that short-term or transitional placements can undermine stability for women with multiple support needs. Frequent moves and time-limited stays can disrupt recovery, exacerbate trauma, and increase the risk of returning to rough sleeping. This would also indicate a strong case for a Housing First offer for women (although the feasibility of this can be challenging with low housing supply).

Safety and women-only provision emerged as critical priorities, reflecting the heightened risks women face while homeless, including violence, exploitation, and abuse. The importance placed on consistent, trauma-informed staff relationships highlights the central role of trust and continuity in supporting women to engage with services and sustain housing.

Women's emphasis on flexibility—particularly in relation to pets, local connection criteria, and individual circumstances—illustrates how rigid service models can unintentionally exclude women or force them to choose between safety, companionship, and accommodation.

Similarly, the focus on community connection points to the importance of addressing isolation and supporting women to rebuild a sense of belonging.

Practitioner Reflections

Practitioners strongly reinforced the above, noting that women are more likely to sustain housing when services are designed around lived experience rather than narrow eligibility criteria. Ongoing shortages of women-only and pet-friendly accommodation were highlighted, alongside the impact of rigid local connection policies on women fleeing violence or moving between areas for safety. There was an acknowledgment that while trauma-informed practice is widely endorsed, implementation remains inconsistent. Ongoing training, reflective practice, and supervision were identified as essential to improving service responsiveness and reducing the risk of re-traumatisation.

Implications for Local Practice and Strategy

The findings reinforce the need for investment in permanent, safe, and gender-responsive housing with embedded, flexible support. Commissioners and providers should prioritise expanding women-only and pet-friendly housing options, alongside reviewing policies and practice to that may create unnecessary barriers, such as inflexible local connection criteria. Embedding trauma-informed approaches across housing services—supported by sustained workforce development—will be critical to improving outcomes.

Overall, women's voices point to the need for a housing system that prioritises stability, dignity, and belonging. Addressing structural and resource constraints, while strengthening collaboration across housing, health, and specialist women's services, will be essential to delivering housing solutions that are both effective and sustainable.

Further Comments & Personal Reflections from The Survey

Photo by Semyon Borisov

Additional qualitative insights shared by women provide a powerful illustration of the lived realities behind the data and highlight the cumulative impact of rough sleeping on dignity, wellbeing, and identity.

Women described persistent delays and frustration in accessing housing, including situations where priority status did not result in timely or suitable offers. These experiences contributed to feelings of hopelessness and reinforced perceptions of a system that can be difficult to navigate at times of crisis.

Several women spoke about the profound shame and stigma associated with rough sleeping, particularly in relation to personal hygiene, appearance, and visibility in public spaces. These experiences had a significant emotional impact and often discouraged women from seeking help or engaging with services.

Fear of relapse into substance use emerged as a recurring theme, including among women who had sustained long periods of sobriety. Women described how the stress, isolation, and exposure associated with street homelessness increased risks to recovery, underscoring the importance of safe and stable accommodation as a protective factor.
Experiences of abusive relationships, family breakdown, and the loss of informal support networks were frequently referenced, highlighting the relational dimensions of women's homelessness. The loss of pets due to restrictive housing policies was also raised, with women describing the distress of being separated from animals that provided emotional support, routine, and a sense of safety.

Some women noted limited awareness of available services, particularly migrant women and those experiencing hidden homelessness. This lack of information further increased isolation and vulnerability.
In contrast, a small number of women reflected positively on experiences of emergency support, including support received abroad, illustrating the transformative impact of compassionate and responsive services on feelings of safety and self-worth.

Across these reflections, women described the emotional toll of losing stability, safety, and identity, reinforcing the importance of responses that prioritise dignity, respect, and long-term recovery.

"It is very hard to rough sleep when you have physical health problems, it causes so much pain."

"I'm saddened that we have lost mental health services. The hubs and libraries that have closed"

Practitioner Reflections

Practitioners attending the post-Census Local Insights meeting strongly echoed these themes, recognising both the severity and complexity of women's experiences and the systemic gaps that contribute to ongoing harm. Challenges were highlighted around fragmented multi-agency working, limited accommodation options—particularly for women with pets, couples, or multifaceted support needs—and the cumulative impact of stigma within some services.

Concerns were also raised about the effects of legislation and policy frameworks that can inadvertently exclude women or delay access to support. Practitioners emphasised the need for stronger collaboration across housing, health, justice, and specialist women's services to reduce duplication, improve continuity, and ensure women do not fall through gaps.

There was broad agreement on the importance of flexible, trauma-informed approaches that recognise relapse, disengagement, and fluctuation as part of recovery rather than failure. Improving access to mental health support, strengthening safeguarding responses, and prioritising safety and dignity were identified as critical areas for action.

Implications for Local Practice and Strategy

The findings reflect Women's experiences and highlight the need for increased investment in specialist women's services and community organisations that provide trusted, relationship-based support.

Improving awareness of available services—particularly for migrant women and those experiencing hidden homelessness—should be prioritised, alongside clearer and more accessible pathways into housing and support. Addressing policy barriers, such as restrictions around pets or rigid eligibility criteria, will be essential to reducing harm and enabling women to access and sustain accommodation.

Overall, the insights underline the importance of a compassionate, coordinated, and gender-responsive system that recognises the emotional and psychological impact of homelessness and supports women to rebuild safety, identity, and stability.

Photo by Collins Lesulie

Further Analysis

Photo by Thomas De Luze

Further analysis

Age Profile and Experiences of Women Recorded in the 2025 Census

Women Under 35 (21 women)

Among the 21 women aged under 35, the majority identified as White British (11). Other ethnicities recorded included White Other (2), Black or Black British – African (4), Arab (1), Mixed White and Black (1), Mixed White and Asian (1), and Mixed Other (1). One respondent did not provide ethnicity information.

Housing histories within this age group were highly varied. Eight women reported sofa surfing with friends, relatives, or acquaintances, while two had previously lived in social rented housing. Other reported experiences included time spent in prison, hostels without support, emergency accommodation, private rented housing, parental homes, and squatting. Notably, supported housing options were largely absent from respondents' housing histories.

This range of experiences highlights the fragmented and unstable housing pathways faced by younger women, characterised by frequent moves and limited access to sustained support.

When asked how many nights they had slept rough in the previous three months, the most common response was 6–11 nights (5 women), followed by every night/day (4 women). While some women reported shorter periods of rough sleeping, the overall pattern suggests irregular to long-term homelessness, rather than brief or isolated episodes.

Women Aged 35–44 (22 women)

Of the 22 women aged 35–44, the vast majority identified as White British (18). The remaining respondents identified as White Other (1), Black or Black British – Caribbean (1), Asian or Asian British (1), and Mixed White and Black – Caribbean (1).

Historic housing experiences varied considerably. Five women reported sofa surfing, four had stayed in emergency accommodation, and four had been in detox or rehabilitation services. Other housing situations included prison, social rented housing, and supported accommodation, such as hostels with support.

The most common rough sleeping pattern in this age group was every night/day (5 women), followed by 2–5 nights (4 women). The data indicates a mix of short-term and long-term homelessness, reflecting diverse and often cyclical experiences of housing instability.

Women Aged 45 and Over (20 women)

Among the 20 women aged 45 and over, 14 identified as White British. Other ethnicities recorded were White Other (1), Asian or Asian British – Pakistani (1), Arab (1), and Romany Gypsy (1).

Housing histories within this group were similarly diverse. Five women reported sofa surfing, four had lived in social rented housing, and two in private rented housing. Additional experiences included refuge accommodation, asylum accommodation, prison, hotels, hostels with support, and rehabilitation services. Some women also reported staying with family or friends.

The most common rough sleeping pattern was more than 30 nights (4 women). While several respondents described short-term or intermittent homelessness, others reported long-term experiences, demonstrating continued housing insecurity later in life. Their health needs may also need to address the many years of rough sleeping they have had over the years including significant self – neglect and trauma experienced over many years likely impacting on their overall health. This should also be seen in the context of the average age of death of women who have experiences of rough sleeping and homelessness being 43 years old.

Group 1- Women who slept rough for more than 60 nights or every night.

This cohort had 15 women, below are the key findings:

Age and ethnicity	• The Average Age: 36. Age range between 18-54. • Ethnicity: 12 White British (80%), 1 Mixed White and Black- Caribbean (6.7%), 1 Black or Black British – Caribbean (6.7%) and 1 White Other (6.7%).
Where had they stayed before sleeping rough?	• 26.7% (4 responses) replied they had been in prison. • 26.7% (4 responses) stated they were sofa surfing • 13.3% (2 responses) stayed in Emergency accommodation • 6.7% (1 response) were in detox or rehab • 6.7% (1 response) was living in Social rented housing • 6.7% (1 response) was in Supported housing • 13.3% (2 responses) left the question not answered.
Where had they slept in the last 3 months?	• 53% (8 women) stayed in 3 or more locations, demonstrating the high levels of mobility and ever-changing conditions/ opportunities that present as homeless women. Their experiences are rarely static and characterised by constant displacement determined by shelter opportunities and safety concerns. • 93% (14 responses) slept outside (on the street, in a tent, in a park or a car park), and 46% (7 responses) reported they walked around all night. Suggests the significance of unsheltered homelessness. • 20% (3 responses) relied on staying in vehicles such as cars or vans. Highlights the lack of safe and stable accommodation options. • 46% (7 responses) relied on B&Bs, hostels, friends, family, strangers demonstrating the constant shifts and unstable living conditions. • 40% (6 respondents) recorded using public transport such as buses or train stations to stay warm and sleep. These environments are not designed for habitation and further demonstrate the absence of appropriate, gender-sensitive accommodation options. • 13.3% (2 responses) reported to have slept in a squat. Which further indicates the lack of adequate stable and gender informed housing options. • 26.6% (4 respondents) stayed in homelessness service (Hostel/ Supported Housing) • 20% (3 responses) stayed in non-residential building e.g. bin sheds, stairwells, public toilets, abandoned buildings • 20% (3 respondents) stayed with a stranger / new acquaintance including sex work. • 13.3% (2 responses) stayed with a friend or partner. • 13.3% (2 responses) were in custody. • 6.6% (1 responses) stayed with a relative • 26.6% (4 responses) slept in a bus or train station • 6.6% (1 respondents) had a planned hospital stay • 6.6% (1 respondents) stayed in services available to the public e.g. McDonalds. • 13.3% (2 respondents) stayed in A&E.

Which services did women access?	• 10 women accessed 3 or more services (67%) • 5 (33.3%) of responses accessed 1-2 services Types of services mentioned: • 4 mentioned health services (27%) • All 15 accessed homelessness, drug and alcohol services • 5 mentioned food banks (33.3%) • 7 (47%) mentioned soup kitchens, DV and SV support services and/or probation • 3 mentioned soup kitchens (20%) • 3 accessed sex worker support services (20%) • 2 accessed the job centre (13.3%) • 1 accessed the police (6.6%) • 1 accessed adult social care (6.6%) • 1 accessed Women's Centre/service (6.6%)

Group 2: Women who slept rough for more than 30 nights but not more than 60

This cohort contained 8 women, below are the key findings:

Age and ethnicity	• Average age: 45 • Age range between 25-64 • 7 respondents (87.5%) were White British, 1 response (12.5%) was Mixed White and Asian
Where had they stayed before sleeping rough?	• 3 responders (37.5%) replied that they had been sofa surfing • 2 responses (25%) stated they had been staying in detox or rehab • 2 responders (25%) stated each of the options of staying in emergency accommodation, hostels with no support and social rented housing
Where had they slept in the last 3 months?	• All 8 women in this cohort stayed in 3 or more places over the past three months • 100% of the responders slept outside on streets, in a tent, car park or park • 4 responders (50%) said they walked around all night suggesting that sleep avoidance becomes a way of ensuring safety due to fear or lack of a safe space to sleep • 3 responders (37.5%) used public transport and the public amenities which come with that (e.g. bus stations) as places to stay • 4 responders (50%) stayed with a friend or partner • 3 responders (37.5%) stayed with a new acquaintance or stranger • 2 responders (25%) stayed with a homelessness service, a hostel or in B%B/ temporary accommodation/ hotel/ supported housing. This suggests either limited availability, barriers to access or a lack of suitability of existing services. • 1 responder (12.5%) stayed in public spaces such as an A&E waiting room • Women do not rely on one single type of sleeping arrangement, instead move between several situations to cope. These decisions are often motivated by safety concerns
Which services did women access?	• 2 responses (25%) in this cohort accessed 3 or more services • 6 women (75%) accessed 1 or 2 services Types of services accessed: • 75% (6 responses) accessed homelessness organisations • 37.5% (3 responses) accessed drug and alcohol services • 25% (2 responses): Job centre • 25% (2 responses): Food bank • Less common services: • 12.5% (1 response) for each option: Housing officer or council housing department, Day Centre, Sex work support service.

Photo by Prakriti Khajuria

Group 3: women who slept rough 10 nights or less

There were 24 people in this cohort, the largest cohort of the 3. Key findings are below:

Age and ethnicity	• Average age: 41.5 • Age range- 18-65 • Ethnicity- 17 respondents (70%) were White British, 3 respondents (12.5%) were Black or Black British – African, 2 (8.3%) White Other, 1 (4.1%) Arab, 1 (4.1%) Asian or Asian British – Pakistani
Where had they stayed before sleeping rough?	• 25% (6 responses) were previously sofa surfing • 16.7% (4 responses) were in social rented housing. • 8.63% (2 responses) stayed in prison. • 8.3% (2 responses) stayed in supported housing (hostel with support) • 8.3% (2 responses) were staying in private rented housing • 8.3% (2 responses) stayed in emergency accommodation. • 4.1% (1 response) was previously in detox or rehab • 4.1% (1 response) was previously squatting. • 4.1% (2 responses) staying in a hotel with no support. • 4.1% (1 response) was staying at a parental home. • 4.1% (1 response) did not answer the question.
Where had they slept in the last 3 months?	• 14 women (58%) reported to staying in or more places in the last 3 months • 14 women (58%) slept outside either on the street, in a tent, park or car park • 13 responses (54%) walked around all night, or until it was quiet enough to lay down • 4 responses (16%) stayed with a stranger or acquaintance • 9 responses (38%) reported using a Homelessness service e.g. hostel/ supported accommodation • 4 responses (16%) stayed in a B&B/ Hotel or Temporary Accommodation • 7 responses (29.1%) stayed with a friend or partner • 4 responses (16.6%) stayed with a relative • 3 responses (12.5%) stayed in publicly available spaces such as McDonalds • 3 responses (12.5%) stayed in Houses, including owned, rented or social rented • 3 responses (12.5%) reported staying in A&E waiting rooms • 2 responses (8.3%) reported sleeping in bus or train stations • 2 responses (8.3%) stayed in a squat • 1 response (4.1%) inside a church/ religious building/ place of worship • 1 response (4.1%) stayed in custody • 3 responses (12.5%) stayed in a night shelter • 1 response (4.1%) in a non-residential building • 1 response (4.1%) planned hospital stay • 1 response (4.1%) slept outside the Crypt

Which services did women access?	• 19 respondents (79%) accessed 3 or more services • 4 responses (16.6%) accessed 1-2 services • 1 (4.1%) question was left unanswered Most common services accessed: • 15 responses (63%): Homelessness organisations • 9 responses (37.5%): Supported housing / accommodation • 8 responses (33.3%): Social worker/ social services • 7 responses (29.1%): Mental health services • 7 responses (29.1%): Job centre • 7 responses (29.1%): Sex worker support services • 6 responses (25%): Drug and alcohol services • 6 responses (25 %): Food bank • 6 responses (25%): Physical Health service Less common services accessed: • 4 responses (16.6%) received support from housing officer or council housing department • 4 responses (16.6%) received support from soup kitchens • 4 (16.6%) domestic abuse or sexual violence support • 3 police (12.5%) • 2 (8.3%)housing association • 2 (8.3%)women's centre/ service • 2 (8.3%) day centre • 1 (4.1%) citizens advice • 2 (8.3%) religious faith groups/ church, mosque or temple • 1 (4.1%) probation • 1 (4.1%) adult social care • 1 (4.1%) migration support service • 1 (4.1%) college • 1 (4.1%) one stop shop

Cross-Group Findings:

Early intervention window: Women in Group 3 show high service contact, which could indicate that short periods of rough sleeping are a key moment for prevention. This also has the lowest representation of non-white British women of the 3 groups (most closely aligned with the overall average age, whereas groups 1 and 2 had higher than average).

"Missing middle" risk: Group 2 combines severe unsheltered homelessness and mobility with the lowest service engagement, indicating a cohort at high risk of becoming entrenched but less reached by current responses, reflected in less contact with services. This cohort saw a smaller group of women accessing 3 or more services (25%) compared to (67%) in group 1. This could be due to this group being less entrenched, their experiences of homelessness are transitional and intermittent – they are sleeping enough to reach 30 days but not every night which indicates they may be less visible to street-based support services which may reduce opportunities to form established relationships with support providers.

Entrenchment is shaped by system gaps: Group 1 reflects pathways heavily linked to institutional discharge and informal arrangements, with rough sleeping characterised by unsheltered exposure, safety-driven movement, and crisis-level service use. This is also the group with the highest representation of prison leavers, indicating a key focus area for probation and the wider criminal justice process.

Women's rough sleeping is dynamic and safety-driven: Across all groups, frequent movement and walking around at night points to safety concerns as a consistent driver.
Homelessness remains central: Reliance on friends/partners and new acquaintances shows women moving between street and hidden situations—street-based measures alone understate risk and harm.

Reflections and Recommendations from the Local Insights meeting

Third sector organisations working closely with women experiencing rough sleeping in Leeds shared detailed reflections following the 2025 Census. Their insights highlight both areas of progress and persistent systemic challenges, providing essential context to the Census findings.

Practitioners also compared the data they held of women who had been rough sleeping over the last 3 months prior to the Census using the gender informed definition. Between June and September, frontline organisations collectively were aware of a minimum of 116 women who were rough sleeping. During the same period, the Leeds street count recorded 47 cisgender women and 1 transgender woman. This discrepancy underscores the extent to which women's homelessness remains hidden and under-represented in formal data collection methods.

Positive Developments

Practitioners reported increased visibility and prioritisation of women's rough sleeping across local agendas compared to previous years. There is growing recognition of women's distinct pathways into homelessness and the need for gender-specific, trauma-informed responses. The work of the Census and other partnership work to improve outcomes for women experiencing homelessness has likely been a positive influence.

Strengths-based and collaborative working was identified as a key area of progress. Frontline staff and managers described a strong culture of relationship-building, resilience, and mutual support across organisations, enabling more coordinated responses despite ongoing pressures.

Safety emerged consistently as a central priority. Practitioners emphasised that women's physical and emotional safety is foundational to engagement and recovery, with services that prioritise trust, consistency, and safe environments viewed as the most effective.

Logistical and Operational Challenges

Engaging women in the 2025 Census was described as more challenging than in previous years. Staffing shortages, reduced outreach capacity, and timing issues—particularly for women involved in sex work or those with irregular routines—affected coverage and engagement.

Limited resources and a lack of contingency for staff absence continue to affect service consistency and outreach reach. Practitioners also suggested that more flexible or digital data collection methods could improve engagement and accessibility in future Census activity.

Systemic and Structural Barriers

Fragmented service pathways were identified as a persistent barrier to effective support. Practitioners described how rigid categorisation of rough sleeping and siloed systems lead to missed opportunities for joined up working and delays in accessing appropriate help. This is also reflected in different system information access reducing the capacity for improved coordination. Some progress has already been made in these areas though there is potential for more.

High levels of unmet need within mental health and substance use services were consistently raised. Crisis services were described as overstretched, contributing to repeated crises rather than sustained recovery.

Housing-related barriers remain critical. Practitioners highlighted shortages of appropriate accommodation, including reduced hostel capacity and limited availability of women-only, gender informed or safeguarding-conscious provision. Long and inconsistent waiting times for emergency accommodation frequently result in missed opportunities to house women, particularly overnight.

Difficulties moving women on from emergency accommodation were linked to gaps in social care support and rigid housing policies, including inflexible local connection criteria. The lack of accommodation pathways for couples experiencing homelessness was identified as a recurring and unresolved issue.

Discharge and Transition Gaps

Poor coordination at points of discharge—from prison, hospital, or rehabilitation services—was identified as a significant driver of women returning to rough sleeping. Practitioners described inadequate planning, limited housing options, and insufficient follow-up support.

Concerns were also raised about inflexibility within rehabilitation services, particularly around relapse policies, which can restrict continued engagement and undermine recovery for women with multiple disadvantage.

Safety, Trust, and Exploitation

Practitioners expressed concern that violence against women sleeping rough has become increasingly normalised, contributing to under-reporting and limited intervention. A lack of trust in services, often at least partially caused by trauma or poor mental health was identified as a significant barrier to engagement.

Increased aggression linked to mental health and substance use needs has raised safety concerns for both women and staff, limiting lone-working capacity. Practitioners also highlighted the continued prevalence of exploitation, including loan sharking and cuckooing, affecting women sleeping rough and hinder the sustainment of secure accommodation options.

Gaps in Service Provision

Key gaps were identified across several areas. The absence of dedicated domestic abuse perpetrator services limits opportunities to disrupt cycles of violence.

Practitioners also highlighted insufficient local provision for LGBTQ+ women, with hate crime risks compounded by restrictive eligibility criteria and stigma.

Volunteering was recognised as playing an important role in women's wellbeing, sense of purpose, and engagement, yet this contribution is often undervalued within formal systems.

The lack of pet-friendly accommodation remains a significant barrier, with practitioners reporting that women frequently choose to remain rough sleeping rather than be separated from animals that provide emotional support, routine, and stability.

"A service that supports people with dogs - nowhere will take me with my dog"

"My own flat with an onsite support worker on site to be available to help with cleaning and budgeting and keeping up with appointments"

Recommendations

Drawing on practitioner reflections and the 2025 Census findings, the following recommendations aim to strengthen responses to women's rough sleeping in Leeds and align with local homelessness and rough sleeping strategy priorities.

1. Expand and diversify housing options

- Increase access to long-term, trauma-informed, women-only accommodation.
- Develop flexible policies and provision that enable women to keep pets or access appropriate pet support.
- Establish safe and appropriate accommodation pathways for couples experiencing homelessness.

2. Improve coordination and transition support

- Strengthen discharge planning from prison, hospital, and rehabilitation services to prevent immediate rough sleeping.
- Enhance cross-agency collaboration to reduce fragmentation and remove categorisation barriers between services.

3. Address systemic barriers and policies

- Review rigid housing policies, including local connection requirements, the need to verify etc. and the lack of consistent use of a gender informed definition of rough sleeping across all areas of policy and practice to better reflect women lived realities.
- Work with partners to reduce delays and improve access to emergency accommodation.

4. Enhance mental health and substance use support

- Increase capacity and funding for trauma-informed mental health and substance use services tailored to women.
- Prioritise early intervention and crisis prevention, recognising complexity and relapse as part of recovery.

5. Prioritise safety and trust-building

- Invest in ongoing training on trauma-informed, non-judgemental support approaches for frontline staff.
- Develop approaches that rebuild trust and strengthen responses to violence, exploitation, and safeguarding risks.

6. Innovate service delivery

- Explore digital tools to support outreach, engagement, and data collection.
- Develop collaborative, multi-agency drop-in models and service hubs to streamline access to support.

7. Address inequalities and specific needs

- Expand culturally sensitive, gender-specific provision, including targeted support for migrant and LGBTQ+ women.
- Recognise and support volunteering as a meaningful pathway to engagement, confidence, and recovery.

Photo by Jonny Giosww

CONCLUSIONS

The 2025 Leeds Women's Rough Sleeping Census builds on three consecutive years of evidence, providing a robust and increasingly detailed understanding of women's experiences of rough sleeping in the city. This sustained approach reflects a shared commitment across Leeds to ensuring that women's homelessness remains visible, better understood, and central to local decision-making. Over time, this continuity has strengthened both the quality of insight available, and the partnerships involved in responding to women's rough sleeping.

The findings reaffirm that women's rough sleeping is shaped by a complex and interconnected set of factors, including housing insecurity, trauma, poor mental and physical health, domestic abuse, substance use, poverty, and social isolation. Women continue to experience high levels of recent and frequent rough sleeping, often following periods of hidden homelessness such as sofa surfing or transitions from institutional settings including prison, hospital, or rehabilitation services. These pathways demonstrate that women's homelessness is rarely sudden or isolated; rather, rough sleeping is commonly the end point of prolonged instability, unmet need, and gaps in prevention and discharge planning.

At the same time, the Census highlights important areas of progress. There is growing recognition of women's distinct experiences of homelessness and increased alignment around gender-sensitive, trauma-informed approaches across services. Stronger partnership working between statutory and voluntary sector organisations, alongside the involvement of women with lived experience, has improved understanding and coordination in some areas. Women's engagement with homelessness organisations, substance use services, and specialist women's provision demonstrates both resilience and the value of trusted support.

Despite this progress, the Census continues to identify a gap between service access and service need. Women consistently reported unmet demand for stable and safe housing, mental health support, and financial assistance, alongside the need for dignity, safety, and trusted relationships with staff. Engagement with health and specialist services remains uneven, reflecting ongoing challenges related to capacity, accessibility, eligibility thresholds, and trust. In addition, most of these services are still designed with an assumption of stable and safe housing, leading to missed opportunities to engage. These barriers increase the risk of women cycling between crisis services, temporary accommodation, and the streets.

Practitioner reflections reinforce these findings, highlighting both the strengths within the current system and the pressures that constrain it. While collaboration and trauma-informed practice are increasingly embedded, services continue to face staffing shortages, fragmented pathways, limited accommodation options, and inflexible policies that can exclude women with multiple disadvantage or non-linear support needs. Addressing these systemic issues is essential to sustaining progress and reducing repeat rough sleeping.

“Somewhere you feel safe and secure. Somewhere that’s warm. Be good to have a nice area to live in”

Looking ahead, the evidence points to clear priorities for local action alongside greater national recognition. Strengthening prevention and early intervention—particularly for women experiencing hidden or intermittent homelessness—will be critical to reducing the number of women reaching crisis point. Improving discharge planning from prisons, hospitals, and rehabilitation services through improved coordination and resources remains a key opportunity to prevent immediate homelessness. Expanding access to women-only and pet-friendly housing, alongside improved access to trauma-informed mental health support, will be central to supporting recovery and long-term stability.

Overall, the 2025 Census demonstrates both the scale of ongoing need and the progress already made in Leeds. By building on existing strengths—partnership working, lived experience involvement, and a shared commitment to gender-responsive practice—and by addressing the systemic barriers identified in this report, Leeds is well placed to continue reducing women’s rough sleeping, improving safety and well-being, and supporting women to rebuild stability, identity, and independence over the long term.

Photo by Kevin Lehtla

Appendix

Questions asked for the Census:

- At any point in the last three months, have you experienced being homeless or not having a safe place to stay?
- Where have you stayed or slept in the last 3 months?
- When did you last sleep rough?
- Approximately how many times have you slept rough in the last 3 months?
- Where were you staying most recently before sleeping rough?
- Which services are you currently accessing support from?
- Are there any areas of your life where you'd like support or you're not currently getting the support you'd like?
- Now that we've answered a few questions, does this survey seem familiar? Has someone at

About you

- How old are you?
- How would you describe your ethnicity?
- What is your gender?
- Is your gender the same as registered at birth?
- What does a supportive and effecting housing service look like to you?
- Is there anything else you would like to tell us? This may include anything else you feel is important for us to know about your situation that wasn't covered in the questions.

Photo by Gilley Aguilar

WOMEN'S ROUGH SLEEPING CENSUS

Leeds (West Yorkshire) 2025

IN PARTNERSHIP WITH

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