

Health and Homelessness Briefing

Publication date: 12 May 2026

Introduction

This briefing provides an overview of the health and homelessness landscape in Scotland, highlighting the scale, causes and consequences of homelessness, the profound health inequalities experienced by people affected, and the systemic factors that contribute to risk of experiencing homelessness.

Drawing on key national policy developments it outlines the public-health role in prevention, early intervention and the requirement for a multi-agency response. It aims to support public services and partners to take coordinated, rights-based and evidence-informed action to prevent homelessness and reduce the health inequalities it drives.

Key messages

- A secure, nurturing home environment is fundamental for the wellbeing of individuals, families, and children.
- Understanding the pathways into and out of homelessness and identifying key transition points offers vital opportunities for effective prevention strategies.

- Early intervention is critical. Early support with housing, employment, income, or specialist services, such as health and social care, can enable individuals to exit homelessness quickly and regain stability.
- Homelessness can affect occur at any stage of life and is often linked to broader challenges such as mental health issues, substance use, or involvement in the criminal justice system. However, homelessness is not always associated with severe and multiple deprivation (SMD).
- Homelessness extends beyond rough sleeping. Most homeless individuals in Scotland do not sleep rough. Homelessness includes those living in temporary accommodation, staying with friends or family in unstable arrangements, or in other insecure living situations.
- Poverty is a key driver of homelessness, but common triggers include relationship breakdown, domestic abuse, and being asked to leave a household.
- Scotland has some of the strongest housing rights in the UK. Under Scottish homelessness legislation, anyone who is assessed as unintentionally homeless has a legal entitlement to settled (permanent) accommodation.
- That said, Scotland now has 18,092 households living in temporary accommodation, including 10,480 children, the highest levels ever recorded. These arrangements are often prolonged and unsettling, reflecting increasing pressure on local authorities and the wider housing system.¹
- Homelessness and health are deeply interconnected. People experiencing homelessness face significantly higher risks of physical and mental ill-health, while poor health can also be a major contributing factor to becoming and remaining homeless.
- Scotland's commitment to ending homelessness requires a proactive, inclusive approach that addresses the diverse needs of individuals and households, alongside systemic changes to prevent homelessness from occurring in the first place.

The right to health

Human rights and the right to health recognise that everyone is entitled to the highest attainable standard of physical and mental health, supported by services and conditions that are accessible, equitable and free from discrimination. The right to health is indivisible from other human rights, including the rights to education, participation, food, housing, work and information (World Health Organisation 2023)²

Unfortunately, people experiencing homelessness may not have their human rights realised and are one of the groups within our society that experience the greatest inequalities. Our duty is to meet their health needs. This will be best achieved by working to address the structural inequalities in power, wealth and income that drive marginalisation and exclusion and ensure services meet individuals needs.

A human-rights-based approach requires fair resource allocation, services proportionate to need, meaningful community involvement, and strong accountability to ensure that everyone can access the care and support necessary to achieve good health.

Homelessness definition

Homelessness is an extreme form of social exclusion which extends beyond rough sleeping. Most individuals who are homeless do not sleep rough, and the legal definition of someone who is experiencing homelessness in Scotland covers a wide spectrum of poor housing arrangements. These can include:

- insecure housing
- living in temporary accommodation
- hidden homelessness (such as sofa surfing, sleeping in cars or tents)
- rough sleeping.

People may experience one episode, repeat episodes or may persist as homeless in the long term.

Homelessness in Scotland

A robust study led by Andrew Waugh in 2018³ estimated that at least 8% of the Scottish population will have experienced homelessness at some point in their lives.

In 2024/25, Scotland recorded:

- 40,688 homelessness applications (down 1% from 2023/24) and 34,067 households were assessed as homeless or threatened with homelessness (up 0.3%).
- 17,240 households living in temporary accommodation, including 10,180 children, representing a 6% increase on the previous year.
- The average time spent in temporary accommodation was 280 days overall, rising to 386 days for households with children⁴

These figures give an indication of homelessness in Scotland, but the extent may be higher due to the hidden nature of some forms of homelessness⁵. While some people become homeless due to a single event and need only limited support, others face far more complex circumstances. For many, homelessness is shaped by multiple risks and traumatic experiences over their life course, with substance use often both contributing to and resulting from this longer-term pattern of disadvantage⁶.

These key figures are routinely published by the Scottish Government on a bi-annual basis and the most to date statistics can be found [here](#).

Reasons and groups at risk

It's important to note that homelessness risk is not evenly spread, it is strongly patterned by poverty, especially childhood poverty, and by local labour and housing market conditions, meaning risk is concentrated rather than universal. These structural factors shape how likely people are to face later 'triggers', which are best understood as immediate events that play out on top of existing disadvantage⁷.

The most common factors triggering homelessness remain relatively consistent and include:

- being asked to leave by family or friends,
- relationship breakdown (both non-violent and violent),
- action by a landlord resulting in termination of a tenancy⁴

Evidence identifies groups at particular risk, and these include care leavers, people leaving prison, hospital or the armed forces, women experiencing gender-based violence, and migrants and asylum seekers with no recourse to public funds⁸. Further to this, research has shown that early childhood trauma can often be at the root of 'multiple exclusion homelessness', when an individual experiences homelessness together with other severe disadvantages, and highlights the need to recognise this as an early sign of potential future risk⁹.

A substantive minority of households presenting as homeless struggle with basic housing management and independent living skills, with 21% of applicants identified as needing support in this area¹¹. Difficulties can include managing rent and bills, maintaining the home, understanding tenancy agreements, communicating with landlords, and organising repairs¹⁰. These issues often intersect with other support needs such as mental health, substance use, learning disabilities, or medical conditions, increasing the risk of tenancy breakdown and repeat homelessness¹¹.

Homelessness and health inequalities

Health inequalities are the systematic, avoidable and unfair differences in people's health across the population and between specific population groups which are caused by differences in power, wealth and income. This includes differences in life expectancy, difficulty in accessing health care and preventable death.

People experiencing homelessness are affected by particularly extreme health inequalities and homelessness is strongly associated with poorer health outcomes¹¹ including:

- Increased prevalence of long-term physical health conditions (e.g., respiratory illnesses, cardiovascular disease).
- Higher rates of mental health conditions, including depression and anxiety.
- A much higher risk of death from a range of causes than the general population and a risk of dying young³
- Elevated problem substance use (alcohol and drugs) which are often linked to higher levels of adversity and psychological trauma.

Scotland's **Population Health Framework** 2025–2035 sets out a whole-system, prevention-focused plan for improving health and reducing inequalities. The framework is a lever for homelessness prevention because it tackles the upstream social, economic, community, and system factors that cause homelessness, embeds early prevention across public services, and strengthens local and national structures that support stability and wellbeing.

Scotland's public service reform strategy: Delivering for Scotland, focuses on transforming how health and social care services are planned and delivered, ensuring services are redesigned to be accessible, person centred and proactive. Together, they create a whole-system approach that tackles both the causes of homelessness and the service responses required in its prevention.

Additionally, Public Health Scotland's **Together We Can** strategy strengthens Scotland's approach to preventing homelessness through focusing on the root causes, such as poverty, poor health, trauma and inequality, and by promoting early intervention and coordinated support across services so that people receive help before reaching crisis point.

These national frameworks and strategies emphasise partnership working and targeting those most at risk, reinforcing that safe, secure housing is a core component of improving Scotland's overall health.

Homelessness and premature mortality

Data from [National Records of Scotland](#) (2024) has highlighted the following:

- There were an estimated 231 deaths of people experiencing homelessness registered in Scotland in 2024.
- Around half of these deaths (49%) were among people aged under 45, a particularly stark indication of the premature mortality associated with homelessness.
- Common causes include substance use, suicide, and other preventable external causes.

This data emphasises the significant health inequalities that people who experience homelessness face and underscores the urgent need for targeted public health interventions and tailored support required for this population.

Homelessness and severe and multiple disadvantage

Homelessness is often a late marker of severe and multiple disadvantage, which can be identified across the life course of individuals⁸. Severe and Multiple Disadvantage (SMD) is a term widely used to describe people who experience several, overlapping forms of disadvantage at the same time. These disadvantages compound each other, creating deep and persistent exclusion.

SMD typically includes combinations of homelessness, mental ill health, substance use (alcohol or drugs), offending / contact with the criminal justice system, and experience of domestic abuse (particularly affecting women).

The extent and nature of SMD in Scotland was explored in [Hard Edges Scotland](#) (2019) which aimed to establish a statistical profile and highlight the complexity of the lives of people facing multiple disadvantages. This was followed by [Hard Edges: The reality for women affected by severe and multiple disadvantage](#) (2024) which focuses specifically on the insights and experiences of women through qualitative research.

People experiencing SMD are often the most stigmatised and likely to experience systematic failures including difficulties in accessing mental health provision, substance dependency support services, specialist refuges, and ability to access the benefit systems and universal credit. This compounds risk, increases barriers to support, and widens existing inequalities.

Addressing these challenges requires a joined-up, trauma-informed, multi-agency approach that aligns with the [NICE guideline \(NG 214\)](#) on meeting the health and social care needs of people experiencing homelessness.

Barriers to healthcare

People experiencing homelessness frequently face barriers that delay or prevent access to healthcare, leading to conditions becoming more severe and complex. These barriers¹² include:

- Lack of a permanent address or frequent moves can make registering with a GP challenging
- Difficulty in safely receiving written correspondence
- Limited access to transport for appointments due to financial restraints
- Stigma and discrimination within health services, with many people experiencing homelessness reporting negative attitudes from providers. This stigma can discourage them from seeking care, reduce access to services, and is linked with poorer mental and physical health outcomes¹³
- Fragmented care and difficulty navigating complex systems.

In addition, people who have a history of severe childhood adversity, such as neglect, and those who are chronically homeless, may find it difficult to develop trusting relationships and manage emotions. Consistent with the [NICE guideline \(NG214\)](#) on meeting the health and social care needs of people experiencing homelessness, these approaches emphasise the importance of trauma-informed and psychologically informed practices. Psychologically informed services or environments are intended to help staff and services understand these challenges, allowing staff to work more creatively and constructively with people.

Addressing homelessness in health and social care

The National Institution for Clinical Excellence (NICE) guidelines on integrated health and social care for people experiencing homelessness ([NG214](#)) provides key recommendations for health and social care on planning and commissioning, multidisciplinary team models, improving access, transitions, and safeguarding for people experiencing homelessness. Applying these guidelines at key touchpoints to engage people experiencing homelessness can prevent avoidable harm.

Further evidence, including work on ['missingness'](#) in healthcare has highlighted the need for accessible primary care and clear local decisions about provision.

These guidelines should align within wider policy frameworks such as the [Fairer Scotland Duty](#), [Scotland's suicide prevention strategy](#), the prison release [SHORE Standards](#), and the health-inequalities agenda.

Key actions

Health services, particularly primary care, and other frontline professionals have an important role in the early identification and prevention of homelessness.

- Homelessness health and social care needs assessments should be routinely conducted, maintained and used to design, plan and deliver services according to local need. This requires thorough engagement with service providers, including the voluntary and charity sector, and meaningful involvement of experts by experience to ensure people can access and engage with high-quality support when required.
- Health and social care services (including oral health), local authorities and housing providers should work together to plan, commission and deliver evidence-based models informed by national guidance for people experiencing homelessness, involving other sectors such as criminal justice and domestic abuse services where needed. Services should be coordinated across agencies to ensure individuals and families affected by homelessness receive consistent, multi-agency support.

These integrated approaches should contribute to the government's aim of ending rough sleeping and preventing homelessness, and align with the proposed Ask and

Act duties in the [Housing \(Scotland\) Act 2025](#)) which strengthen responsibilities to identify risk earlier and intervene proactively.

- Training and workforce development should support staff (e.g. GPs, health visitors, housing officers) to recognise early risk factors and pathways into homelessness, in line with the approach set out in [NICE Guideline NG214](#) on improving access, coordination and prevention across services.

In addition, NICE guidance emphasises clear referral pathways, shared prevention protocols and joint working, all of which align with the wider system changes anticipated through the Housing Scotland Act 2025.

Conclusion

It has long been recognised that homelessness is not solely a housing issue, and there is a need to focus on addressing the avoidable inequalities that link to the wider social determinants of health. Preventing homelessness therefore requires tackling its fundamental causes - such as the unequal distribution of income, power and wealth

Providing a roof is sometimes not enough to enable someone to stay in accommodation and the right support is crucial. Without support, maintaining tenancy and accommodation can break down, leading to cycles of repeat homelessness.

The experience of homelessness can have profound, immediate, and often cumulative impacts on the person themselves including deteriorations in physical health, mental wellbeing, safety, sleep, dignity, and control over daily life. It is also linked to a markedly higher risk of premature death with further effects for family members and children. There are also financial costs arising from disproportionate use of public services.

Homelessness often happens very late, following contact with non-housing services such as mental health, substance misuse and criminal justice. This highlights that there are critical points in a person's journey into multiple exclusion homelessness. Therefore, there are opportunities within the health sector, particularly mental health and substance use support services to contribute to the prevention of homelessness.

Further resources

Ending Homelessness Together

The Ending Homelessness Together Action Plan is the Scottish Government's strategy to prevent and address homelessness, aiming to make it brief, and non-recurrent. Launched in 2018, it focuses on prevention, rapid rehousing, and person-centred support, aligning with Scotland's commitment to social justice and human rights.

Centre for Homelessness Impact

A leading organisation dedicated to improving outcomes for people experiencing homelessness through evidence, data, and practical tools. The Centre provides accessible research, standards of evidence, and guidance to help commissioners and practitioners design and deliver more effective, evidence-led homelessness interventions.

Pathway / Faculty for Homeless and Inclusion Health – Practice Standards

Nationally recognised standards that define high-quality, person-centred healthcare for people experiencing homelessness and inclusion health groups. These standards offer practical guidance for multidisciplinary teams, outlining best practice in clinical care, service design, trauma-informed approaches, and partnership working across health, housing and social care.

Translations and other formats are available on request at:

phs.otherformats@phs.scot or 0131 314 5300.

This publication is licensed for re-use under the [Open Government Licence v3.0](#).

For more information, visit www.publichealthscotland.scot/oqi

References

- ¹ Scottish Government. Homelessness statistics: April to September 2025. Edinburgh: Scottish Government; 2026 Feb 3. Available from: <https://www.gov.scot/news/homelessness-statistics-april-to-september-2025/>
- ² World Health Organization. Human rights and health [Internet]. Geneva: World Health Organization; 2023 Dec 1. Available from: <https://www.who.int/news-room/fact-sheets/detail/human-rights-and-health>
- ³ Scottish Government. Health and homelessness in Scotland [Internet]. Edinburgh: Scottish Government; 2018. Available from: <https://www.gov.scot/publications/health-homelessness-scotland/>
- ⁴ Scottish Government. Homelessness in Scotland: 2024–25 [Internet]. Edinburgh: Scottish Government; 2025. Available from: [Homelessness in Scotland: 2024-25 - gov.scot](https://www.gov.scot/publications/homelessness-in-scotland-2024-25/)
- ⁵ Scottish Government. Housing insecurity and hidden homelessness: research [Internet]. Edinburgh: Scottish Government; 2025 Apr 3. Available from: <https://www.gov.scot/publications/research-housing-insecurity-hidden-homelessness-scotland/documents/>
- ⁶ Ashwell G, Williamson AE, Pattinson M, Hwang SW. Caring for patients experiencing homelessness. *BMJ*. 2025;388:e080768. doi:10.1136/bmj-2024-080768.
- ⁷ Bramley, G, Fitzpatrick, S (2018) Homelessness in the UK: who is most at risk? *Housing Studies*, 33(1), 96–116. <https://doi.org/10.1080/02673037.2017.1344957> .
- ⁸ Scottish Government. Ending homelessness together: high level action plan [Internet]. Edinburgh: Scottish Government; 2018. Available from: <https://www.gov.scot/publications/ending-homelessness-together-high-level-action-plan/>
- ⁹ Scottish Government. Psychological trauma and adversity including ACEs (adverse childhood experiences) [Internet]. Edinburgh: Scottish Government; 2025. Available from: <https://www.gov.scot/publications/psychological-trauma-and-adversity/>

- ¹⁰Scottish Government. Tenancy sustainment [Internet]. In: Prevention of homelessness guidance. Edinburgh: Scottish Government; 2009. Available from: <https://www.gov.scot/publications/prevention-homelessness-guidance/pages/11/>
- ¹¹ScotPHO. Homelessness: health [Internet]. Edinburgh: Public Health Scotland; 2024 [cited 2026 Feb 18]. Available from: <https://www.scotpho.org.uk/wider-determinants/homelessness/data/health/>
- ¹²National Institute for Health and Care Excellence, Integrated Health and Social Care for Homeless People, London, National Institute for Health and Care Excellence Mar 2022 [accessed 8th April 2026]. Available from <https://www.nice.org.uk/guidance/ng214>
- ¹³Reilly J, Ho I, Williamson AE. A systematic review of the effect of stigma on the health of people experiencing homelessness. Health Soc Care Community. 2022;30(6):2128-2141. doi:10.1111/hsc.13884