



Homelessness and health

Homelessness is defined as not having a home and people can experience homelessness even if they have a roof over their head e.g. people living in hostels, shelters, refuges or other temporary circumstances, for example in institutions¹.

Homelessness and health inequalities

People experiencing homelessness face significant health inequalities and poor health outcomes²:

- The average age of death of someone experiencing homelessness is around 30 years lower than that of the general population. In 2021 the average age at death among homeless people was 45 years for males and 43 years for females.
- 82% of homeless people reported having a mental health diagnosis, well above the 12% prevalence in the general population^{2,3}.
- Over three quarters of homeless people reported having a physical health condition. The most common complaint was joint aches/problems with bones and muscles followed by dental/teeth problems¹.

Ill-health can be both a cause and consequence of homelessness, although may not always identify as the trigger of homelessness.

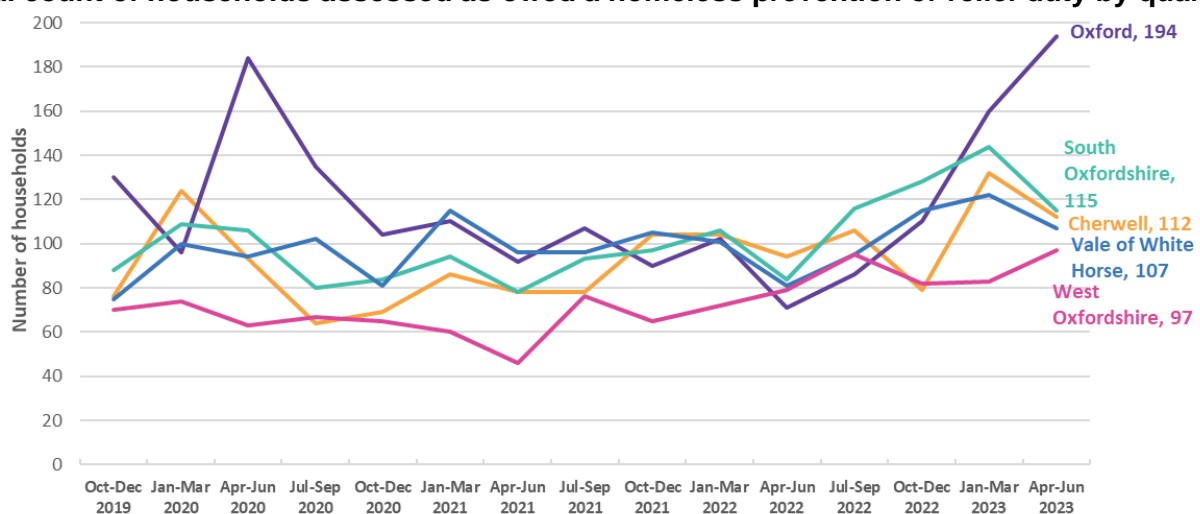
“I feel if it weren’t for the support I had received from my Housing Support Worker I may well have lost my life, as my physical health was seriously deteriorating.”

(Resident of Oxfordshire Homeless⁴, 2024)

Households in Oxfordshire owed a homelessness duty

- For the financial year 2022-23, there was a total of **2,091 households assessed as owed a homelessness duty** (prevention or relief) in Oxfordshire, above the previous year (1,822 in 2021-22)⁵.
- Between April and June 2023, 625 households were assessed as owed a homelessness duty, up 53% from April and June 2022. This increase was above that seen nationally (+6%).

Total count of households assessed as owed a homeless prevention or relief duty by quarter

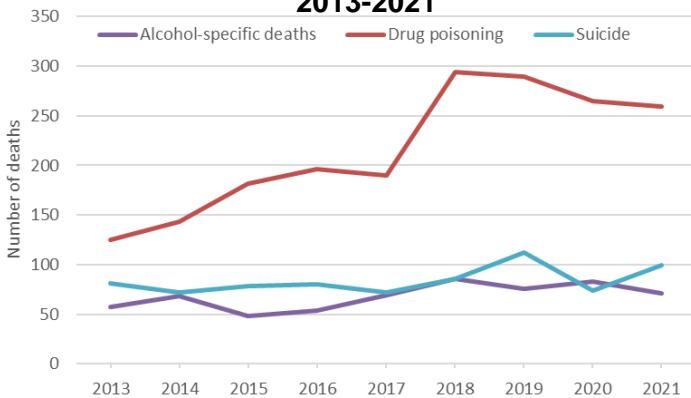


[1] Public Health England – Health matters: rough sleeping. [2] Homeless Link - The Unhealthy State of Homelessness 2022 [3] NHS GP Patient Survey, National Report: 2022 survey. [4] Homeless Oxfordshire [5] Live tables on homelessness - GOV.UK (www.gov.uk)

Homelessness and causes of death

According to the Homeless Mortality Register, there were 27 recorded deaths of homeless people in Oxfordshire between 2021 and 2023⁶.

Deaths of homeless people* (estimated) by selected causes of death category, registered 2013-2021



ONS figures for England and Wales, estimate 741 deaths of homeless people* registered in 2021⁷.

- Just under 2 in 5 deaths of homeless people nationally were related to drug poisoning (35%).
- There were an estimated 99 suicide deaths and 71 alcohol-specific deaths, accounting for 13.4% and 9.6% of deaths respectively.
- Since 2013 the estimated number of deaths among homeless people has increased by 53.7%.

*Includes people sleeping rough or using emergency accommodation at or around time of death

Homelessness and Hospital admissions

Many homeless people face barriers when accessing health services. As a result, people experiencing homelessness use acute hospital services and emergency care more often than the general population⁸. Homeless patients admitted to hospital are also more likely to stay longer in hospital because of multiple unmet needs and they have higher rates of emergency readmission, possibly reflected by poor housing and lack of ongoing care^{8,9}.

- Between April 2022 and March 2023, there were 344 hospital admissions of homeless* patients in Oxfordshire hospitals¹⁰.
- Among those who were homeless the primary reason for hospital admission in Oxfordshire was “injury, poisoning and certain other consequences of external causes” (16.9%), followed by “not elsewhere classified” (15.1%).
- 15.2% of homeless patients stayed over 3 weeks in hospital.
- Within a 28-day period, 19.8% of patients were readmitted in an emergency to hospital.

Top 5 reasons for hospital admission in Oxfordshire by count and percentage

ICD-10 chapter	Percent	Count
Injury, poisoning and certain other consequences of external causes	16.9%	58
Symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified	15.1%	52
Diseases of the respiratory system	9.9%	34
Mental and behavioural disorders	8.7%	30
Diseases of the musculoskeletal system and connective tissue	8.4%	29

*Homeless patients are identified as those with a home address recorded as no fixed abode, a postcode corresponding to a hostel in Oxfordshire, a blank home postcode or those registered at Luther Street GP Practice.

Gender health inequalities in the homeless population

Homeless women differ to homeless men and therefore can have different health needs:

- Homeless women are more vulnerable to sexually transmitted infections and unwanted pregnancies due to obstacles such as access to advice on contraception¹¹.
- Women are more likely to be younger and care for children¹².
- Around a third of homeless women have experienced childhood sexual trauma and women experience domestic violence whilst homeless which is likely to affect their mental health needs^{12,13}.

[6] Homeless Mortality Register, Oxfordshire County Council. [7] ONS - Deaths of homeless people in England and Wales: 2021 registrations [8] Integrated health and social care for people experiencing homelessness - NICE [9] Lewer, D. et al. (2021) Hospital readmission among people experiencing homelessness in England: a cohort study of 2772 matched homeless and housed inpatients, J Epidemiol Community Health, 75(7) [10] Oxford University Hospitals inpatient up to Sept 2023 [11] Shah, P., Koch, T. & Singh, S. (2019) The attitudes of homeless women in London towards contraception, Primary Health Care Research & Development, 20, pe131 [12] de Vet, R. et al. (2019) Differences between homeless women and men before and after the transition from shelter to community living: A longitudinal analysis, Health Soc Care Community, 27(5) [13] Duke, A. & Searby, A. (2019) Mental Ill Health in Homeless Women: A Review, Mental Health Nursing, 40(7)