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Summary Points Homelessness

- Homelessness is associated with severe poverty and adverse health whether this is reflected in high visibility rough sleeping or those placed in Emergency Temporary Accommodation.
- Since 2020 Bristol has witnessed a 25% increase in households (average of 510 households a month) approaching the City Council because of homelessness related issues. The number of households owed statutory homelessness duties and currently in temporary accommodation (TA) in 2024 is 92% higher than before the pandemic.
- Bristol's figure (per thousand households) for those households currently placed in temporary accommodation remains the third highest of the English core cities, indicating the pressure on providing suitable and affordable move on accommodation for homeless households.
- Bristol reported more than ten times as many households in Emergency Temporary Accommodation than to our West of England (WECA) partners.
- Bristol reported 80 street homeless to the at the 2024 (Autumn) National Rough Sleeper Street count, 13 more than the number reported to the same count in 2023.
- In 2024 the most common reasons given for a homelessness presentation was due to 'family or friends no longer being able to accommodate' and 'loss of Assured Shorthold Tenancy'. A continued reflection of post covid landscape and the lack of affordable housing supply in the city.
- The number of Homelessness Relief duties accepted by the City Council has remained very high into 2024. This has resulted in a significant increase in the number of homelessness duties accepted into the homeless pathway and onto the Housing Register
- There has been a continuation of the trend showing an increase in the reason given for homelessness as domestic violence.
- Proportionately there is an over-representation of households facing homelessness from Black Asian and Minority Ethnic groups, with numbers representing 18.9% of the population, but 31.1% of relief duty acceptances in 2024. Poverty is a key risk factor for homelessness: by equality groups, in 2023-24, the highest levels of people struggling financially were reported amongst people of Black ethnicity (27.0%), single parents (23.0%) and disabled people (25.7%).
- It is estimated that there are in the region of 800 people living in vehicles in the city. The single biggest reason put forward by vehicle dwellers themselves for choosing to live in a vehicle is inability to afford other housing options within Bristol and a lack of social housing.

Summary Points research

- **Housing is a foundation for health** and the availability of good quality, self-contained accommodation and integrated health services, supports people away from the street (The Kerslake Commission, 2023) (Jackson, 2024).
- Nationally, homeless hostel managers reported that nearly two thirds of clients had **substance use disorder** and over half have **mental health issues**. Over one third had physical health issues that impacted their lives and a third a combination of all three, substance use, poor mental health and physical health issues (Shulman, 2023).
- **Complex ill health** was identified via an audit of inpatients experiencing homelessness across 15 acute hospital teams in. Most patients had no suitable home to go back to as they had been rough sleeping, evicted from their accommodation or it was unsuitable for their health and care needs (Nadicksbernd JJ, 2023).
- Locally, the most common primary diagnoses for **emergency hospital admissions** of people experiencing homelessness were **mental and behavioural conditions**.
- Of those engaged with substance use services in Bristol 2023-4, 23% of women and 29% of men were experiencing some form of homelessness.
- People experiencing homelessness may be **less able to maintain a healthy diet** and are **less likely to be able to safely store medications** (Begum, 2024).
- **Diabetes care disparities have been identified** between people experiencing homelessness and the general population with increased risk of morbidity as a result (Wiens, 2024).
- **Homelessness** in the early years of life is associated with **asthma and wheezing in school aged children** (Keen R, 2024).
- **Neurodivergent** individuals, may be at a higher risk of homelessness.
- Nationally, there is **gender bias in government counts of rough sleepers**, leading to the underrepresentation of women (Wright.S, 2024)
- People experiencing homelessness report that they experience **stigma and discrimination** which leads to **disengagement with healthcare services** (Begum, 2024).
- Globally, people experiencing homelessness are **more likely to experience accelerated ageing** and rates of **cognitive impairment were also noticeable at a younger age** (Mantell, 2023). International studies (Mitchell, 2023) highlight **worse overall physical and mental health, higher mortality risk** and **younger median age at death**.

Summary Points health data

- In 2019-2024 data for Bristol residents, **47.3% of male homeless patients** had **alcohol specific hospital admissions** compared to 5.4% of male who were not homeless. For **female patients** these figures were **33.6% and 1.9%**.
- Both '**Mental and behavioural disorders due to psychoactive substance use**' and '**Poisoning by drugs, medicaments and biological substances**' can be identified as **far more prevalent** in the data for people with 'problems relating to homelessness' than for other emergency hospital admissions.
- Nearly twice the percentage of homeless patients with emergency admissions to hospital were diagnosed with '**Injuries to the head**' compared to other Bristol patients in 2019-2024.
- Of those engaged with **substance use services in Bristol 2023-4**, **23% of women and 29% of men** were experiencing some form of **homelessness**.
- Respiratory conditions including **Chronic Obstructive Pulmonary Disease (COPD)**, **asthma** and less specific 'breathing difficulties' were the most common physical health conditions described by **clients on the Housing Support Register**. Conditions described were often those **associated with older age** such as **high blood pressure, heart conditions and arthritis**, despite a younger age profile. Injuries and/or ongoing conditions from **violent attacks** and beatings (some historic) were described. **44% of clients had intentionally tried to hurt themselves or take their own life. 21% considered themselves to 'have a disability'**. Conditions such as **diabetes** which in the UK housed population may be effectively managed, were described **as impacting the lives of people who were sleeping rough in Bristol far more negatively**.
- The "**Dying Homeless Project**" (Taylor, 2024) uses different methodology than the Office for National Statistic and has published figures for 2022 and 2023 for Bristol. This identified **24 people who were homeless and died in 2022 and 37 in 2023**.

Numbers reported as sleeping rough in Bristol

The definition of Rough Sleepers is as follows (MHCLG, 2024):

- People sleeping, about to bed down (sitting on/in or standing next to their bedding) or actually bedded down in the open air (such as on the street, in tents, doorways, parks, bus shelters or encampments).
- People in buildings or other places not designed for habitation (such as stairwells, barns, sheds, car parks, cars, derelict boats, stations, or “bashes” which are makeshift shelters often comprised of cardboard boxes).

The definition does not include:

- People in hostels or shelters.
- People in campsites or other sites used for recreational purposes or organised protest.
- Squatters.
- Travellers.

Figure 1 shows the number of people counted as sleeping rough in Bristol every other month from September 2021 to the most recent in November 2024. This data was sourced via the bi-monthly count carried out by St Mungo's. 77 individuals were identified as sleeping rough in Bristol during the most recent count in November 2024. The highest number of people identified rough sleeping since September 2021 was 91, in July of this year.

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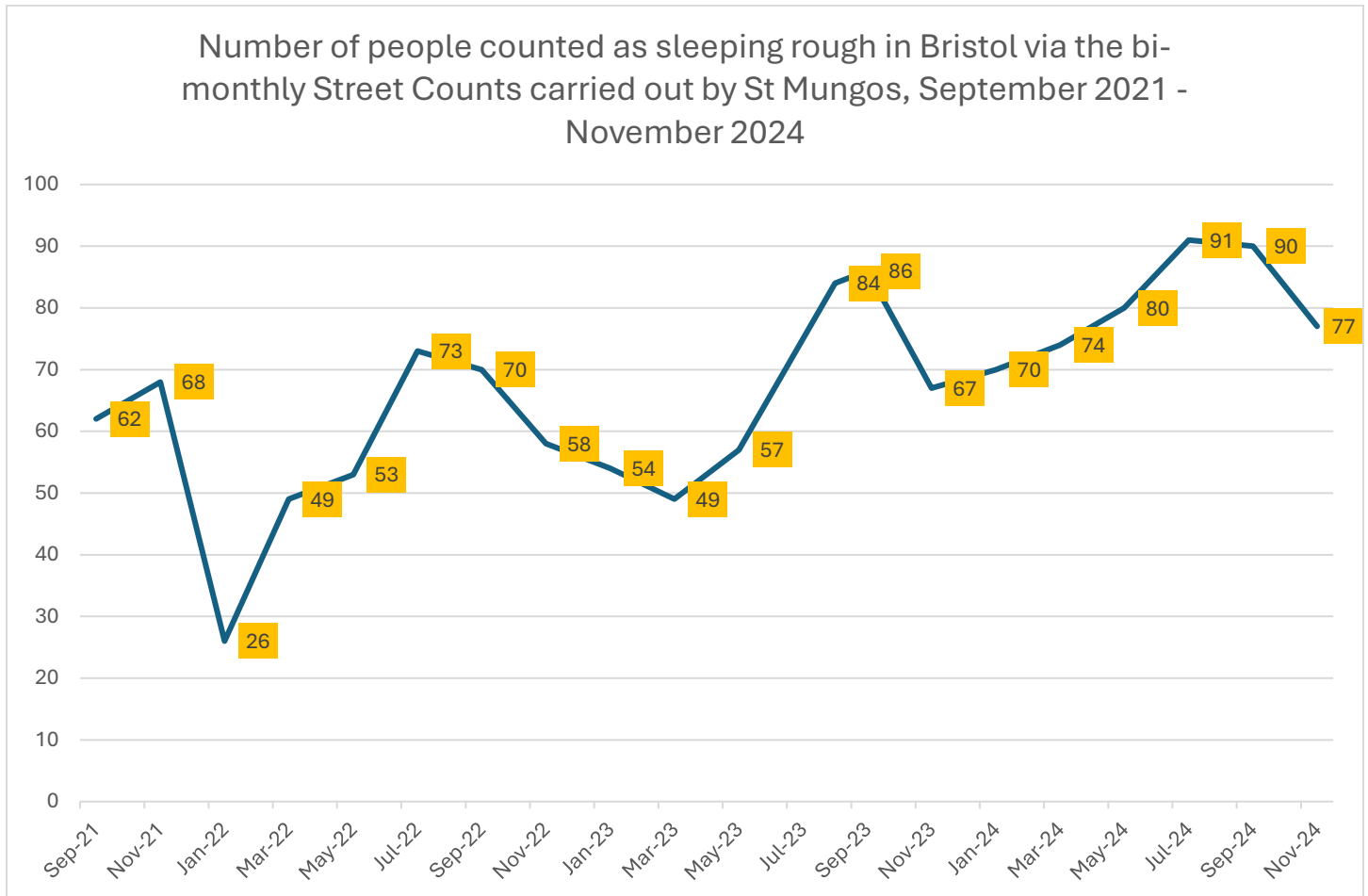


Figure 1

Women's Rough Sleeping census

At the end of September 2024, 72 women in Bristol who were identified as likely to have slept rough in June- September that year, took part in a survey conducted by local agencies.

- Ages given ranged from 23-59 years with the most selected age category being 30-39 (36%).
- At the time of completing the survey, 42 of the 72 women (58%) had slept rough the previous night.
- In the previous three months, half of the 72 women surveyed reported they had slept rough 60-100% of the time.

Reasons given for homelessness

Figure 2 shows the number of individuals who reported each of the top four reasons for homelessness to the homeless prevention service in each quarter from 2019 to 2024. The most reported reason for homelessness in April to June 2024 (Q1) was 'Family and friends no longer willing to accommodate' with 243 people reporting this. This was closely followed by 'end of private tenancy', reported by 205 people that quarter. A far smaller number reported 'domestic abuse' as a reason (73 people) and fewer still 'leaving prison' (25 people).

There was a sharp increase in the number of people reporting 'Family or friends no longer willing to accommodate', starting around the timing of the first UK lockdown as part of the COVID 19 response in 2020. This reason reached a peak of 296 in January to March 2021 and although it fell, has risen over the last year. A noticeable rise in 'End of private rented tenancy' as a reason for homelessness is also apparent, from 103 in September – December 2019 to a high of 234 four years later. This rise appears to have been delayed until after the legislation preventing bailiff enforcement of evictions expired in May 2021.

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Number of individuals who gave each of the four main reasons for homelessness to the prevention service in Bristol 2019 to 2024, by quarter

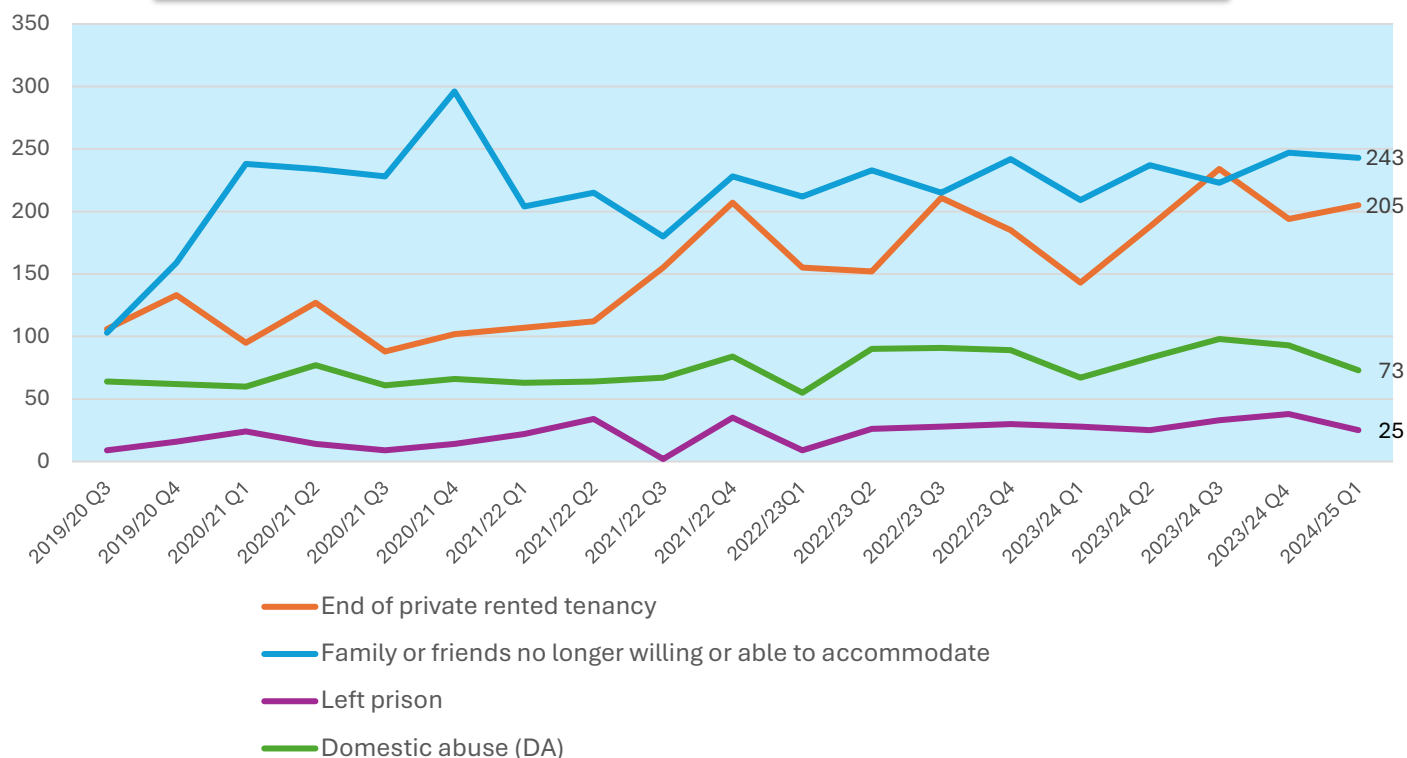


Figure 2

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Households in Temporary Accommodation

Households may be provided with temporary accommodation if they are eligible for assistance, homeless, with no other options and have a priority need. A household is one person living alone, or a group of people (not necessarily related) who are living together. Temporary accommodation includes locations such as a hostel and private rented rooms and there may be shared kitchen or bathroom facilities. It is likely to be smaller than a settled home and may not be in a neighbourhood which is familiar to the household.

Figures 3 and 4 show the total number of households in temporary accommodation in Bristol at the last day of each of the four quarters, for the last four to five years. In Quarter two of 2023/4 (July to September 2023) 1373 households were in Temporary Accommodation in Bristol, of which 744 (54%) had dependent children.

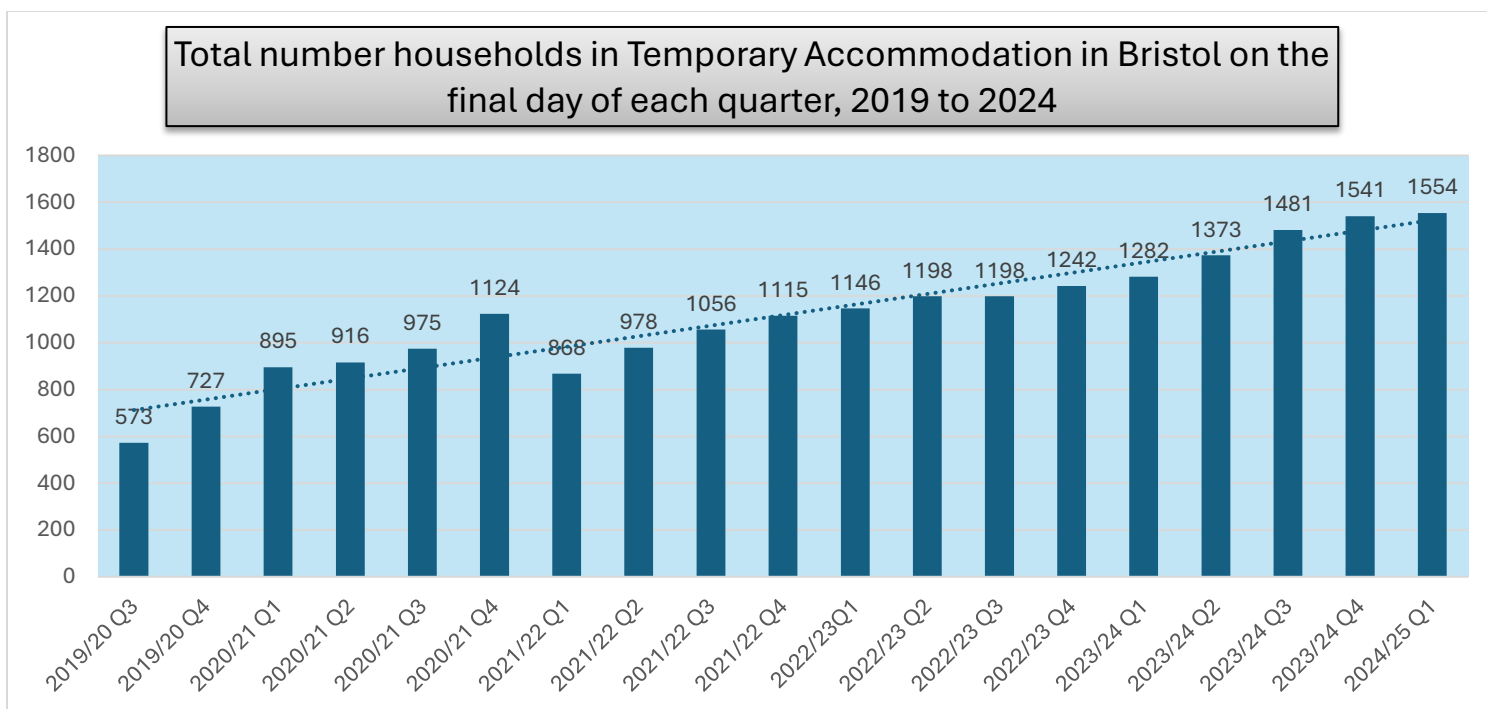


Figure 3

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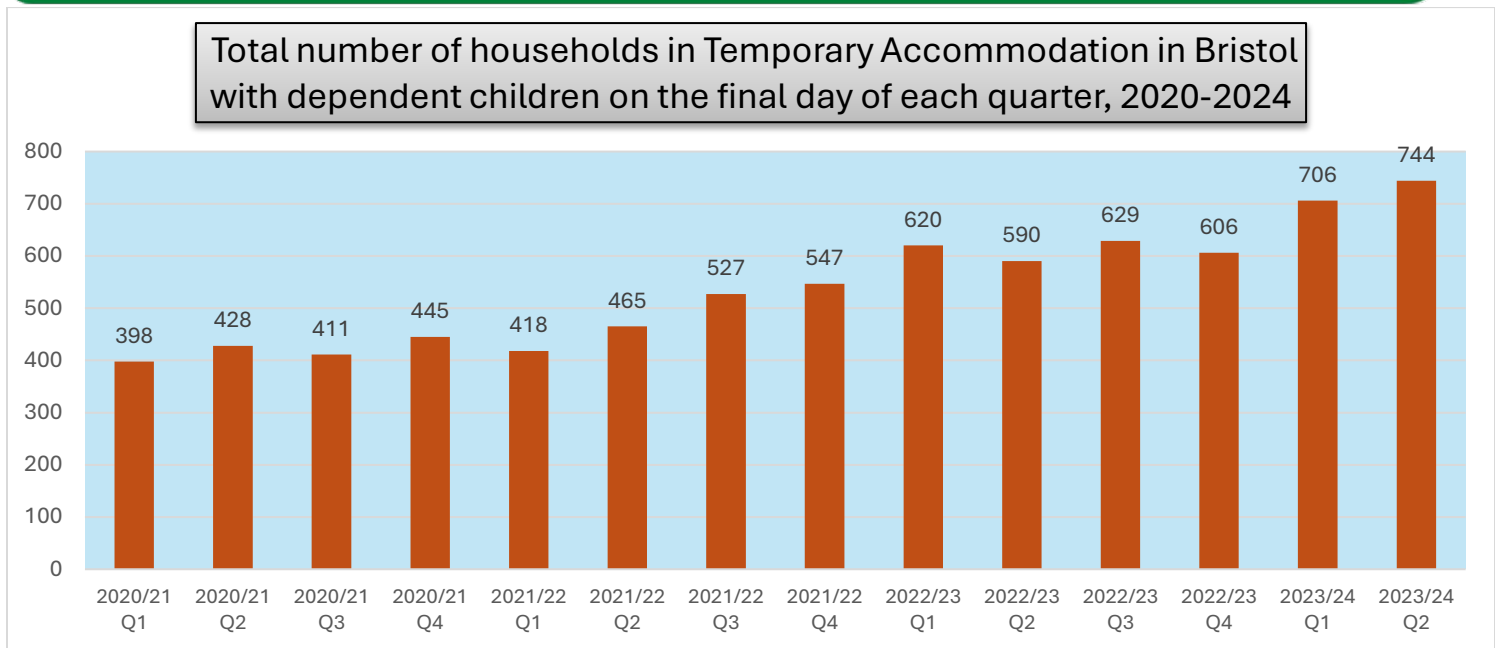



Figure 4

Homelessness Prevention and Relief duties

The Homelessness Reduction Act 2017 (MHCLG, 2018) puts a duty on certain public bodies to refer anyone they consider to be homeless or at risk of homelessness to a local authority. This includes prisons, educational institutions, healthcare providers, and military services. This is called the 'duty to refer'. The local authority must carry out an assessment in all eligible cases and identify what has or threatens to cause homelessness. Housing needs of the applicant and support must be identified. Following this assessment, the local authority must work with the person to develop a personalised plan which will include actions to be taken by the authority and the applicant to try and prevent or relieve homelessness. Each time a relief duty is accepted, this adds to demand for temporary accommodation.

Figure 5 shows the number of homeless duty cases accepted for each quarter in Bristol from 2018 to 2024. In April to June 2023 (Q1), there were 544 relief duty cases accepted and 131 prevention duty cases. There has been a steady increase in Bristol in the number of cases of relief duty accepted over a five-year period. This has risen from 220 cases accepted in Quarter one of 2018- 19 to 544 in the same quarter of 2023. During the same time, the number of cases of prevention duty accepted in Bristol had stayed a far lower rate. In In Quarter one of 2018-19, 166 prevention duty cases were accepted, whereas only 131 were accepted in the same quarter in 2023.

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Where a homeless duty was accepted, the priority need group with the largest increase since 2018 has been those identified as 'vulnerable as result of mental health problems'. This figure saw a large increase from 36 in 2018 to 245 in 2023-24.

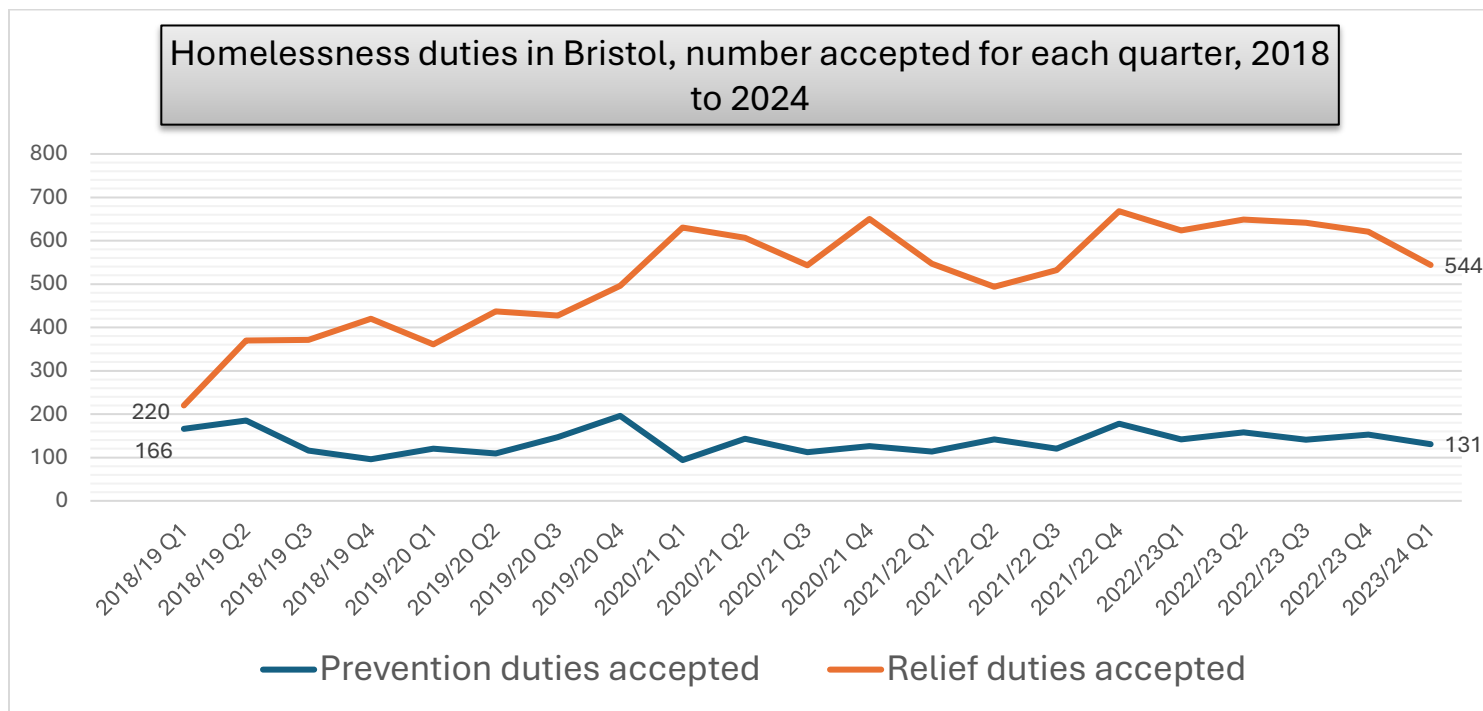


Figure 5

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Age

Figure 6 shows the age profiles of applicants owed a relief duty in Bristol October to December 2022 (Q3). Individuals in 18-24 and 25-34 age groups are significantly overrepresented compared with their age groups in the population of the city.

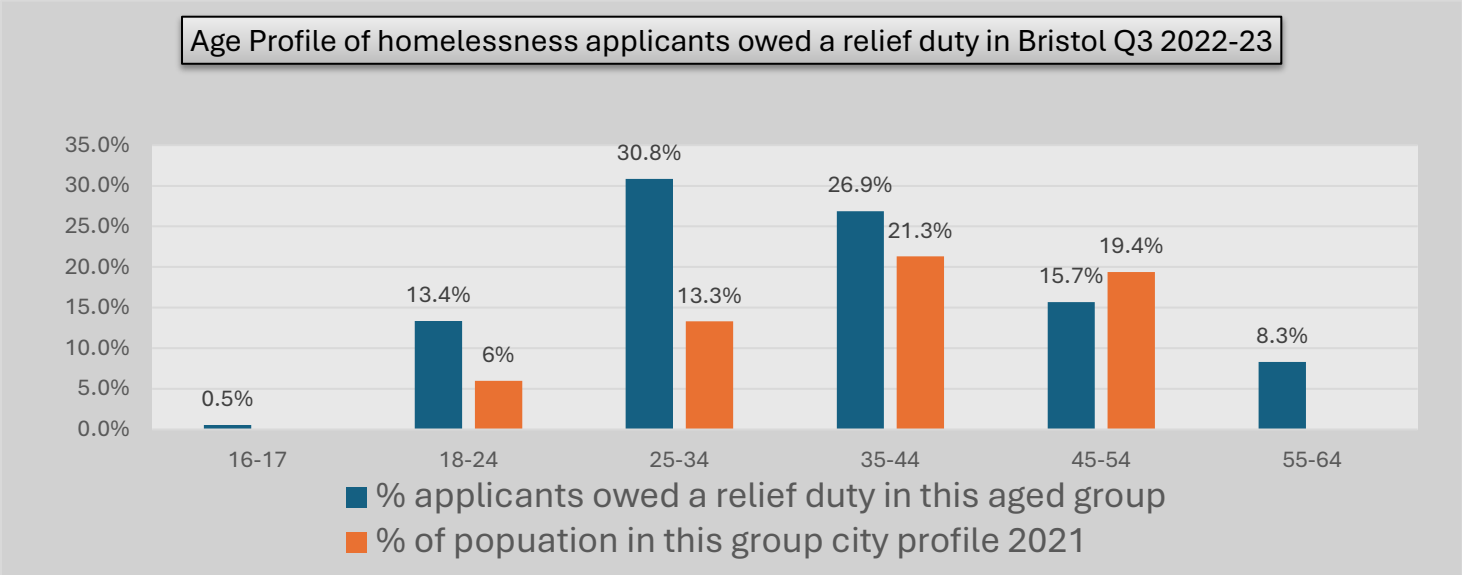


Figure 6

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Ethnicity

Figure 7 shows the percentage of each ethnic category group selected by the main applicant owed a prevention or relief duty for October to December 2022 (Q3) compared to the Bristol population. Applicants who identified as 'white' were underrepresented (57.8%) when compared to the percentage of the local population identifying with this ethnicity (81%). Those who identified as Black African, Black Caribbean or Black British were overrepresented (17.3%) when compared to the percentage of people in Bristol from these groups (6%).

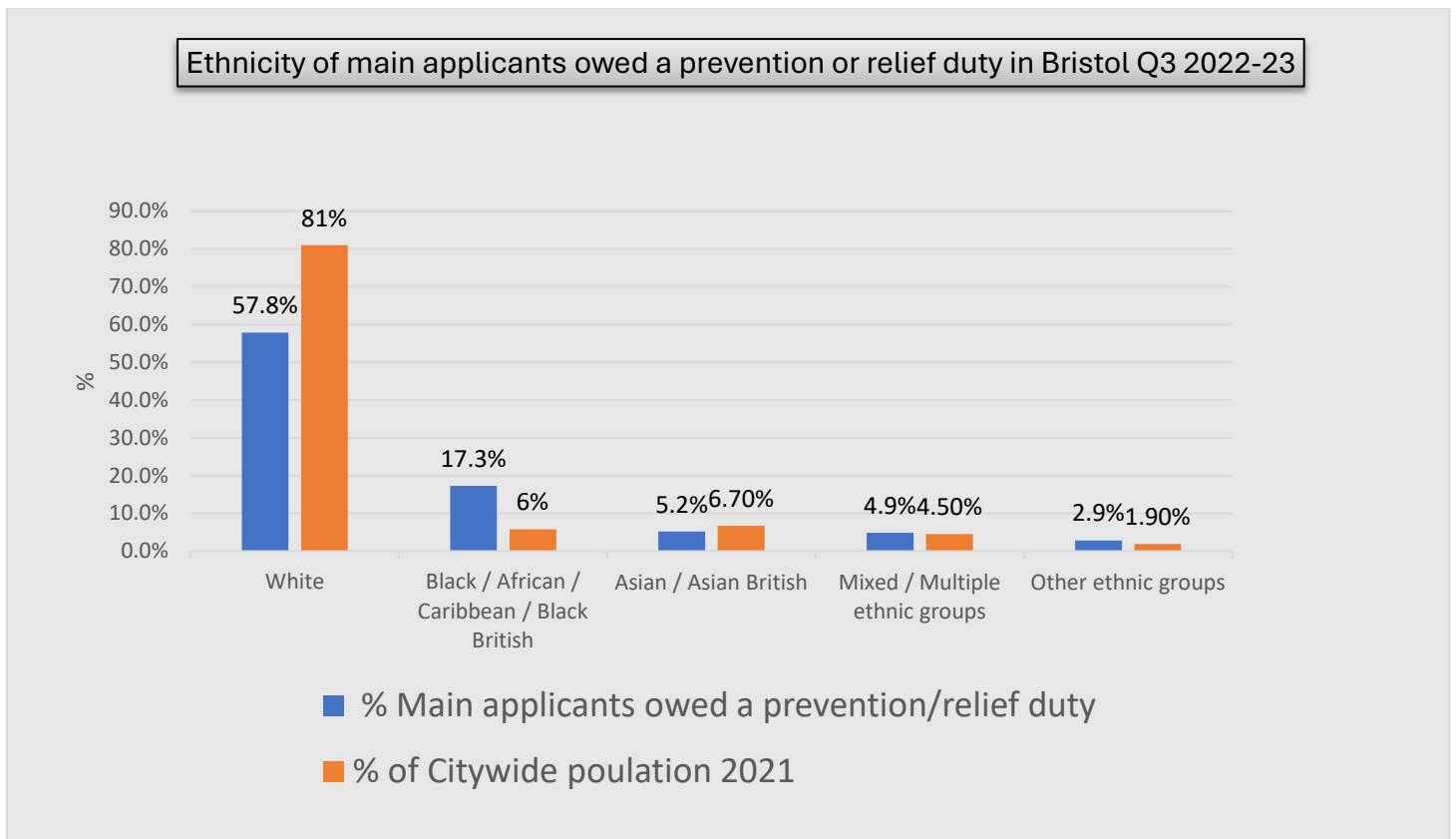


Figure7

Scoping Review of research 2023-4

A recently published review of literature (Jackson, 2024) stressed the importance of housing as a foundation for health. Convened in 2021, the Kerslake Commission examined the lessons from the actions taken to support people sleeping rough during the Covid-19 pandemic – commonly known as ‘Everyone In’ (The Kerslake Commission, 2023). Interim and final reports concluded that the availability of good quality, self- contained accommodation and integrated health services, supported people away from the street.

Complex health needs

A survey of homeless hostel managers in London at 58 sites with information on 2,355 clients was conducted (Shulman, 2023). Managers reported that nearly two thirds of clients had substance use disorder and over half have mental health issues. Over one third had physical health issues that impacted their lives. A third of clients were report by hostel managers to have a combination of all three, substance use, poor mental health and physical health issues.

An audit of inpatients experiencing homelessness across 15 acute hospital teams in London, was undertaken (Nadicksbernd JJ, 2023). Complex ill health was identified including life-threatening physical health problems, poor mental health, and complications of substance misuse. Most patients (92%) could not return to their pre-admission living situation. Either they had been rough sleeping, evicted from their accommodation or it was unsuitable for their health and care needs.

Diabetes

People experiencing homelessness may be less able to maintain a healthy diet (Begum, 2024) and are also less likely to be able to safely stores medications. Together, these have a negative impact on the management of conditions such as diabetes. Diabetes care disparities have been identified between people experiencing homelessness and the general population with increased risk of morbidity as a result. (Wiens, 2024)

Respiratory health

Homelessness in the early years of life is associated with asthma and wheezing in school aged children (Keen R, 2024).

Women and Rough Sleeping

Nationally, there is gender bias in government counts of rough sleepers, leading to the underrepresentation of women (Wright.S, 2024). Women often sleep in hidden locations like A&E waiting rooms, buses, trains, squats, or stay with strangers, which aren’t included in the government’s

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definition of rough sleeping. Women's rough sleeping patterns are transient and intermittent, making them harder to identify by outreach workers.

Substance use

In a study in Scotland (Lowrie, 2023) of people experiencing homelessness who had overdosed in the last six months, street valium (benzodiazepine-type new psychoactive substance) was identified alone or as the main contributor in the majority (80%) of overdoses. Half of the participants reported that they inject drugs and multiple injecting sites were common. Most took large amounts of street valium and 60% used heroin and/or cocaine. On average, participants started drinking at aged 13 and then moved on to cannabis at 15 then heroin at 20. Cocaine use was taken up on average later, as was street valium. Nearly 20% took street pregabalin or gabapentin. More participants took daily prescribed OST (115 (89.8%) than smoked or injected heroin (77 (60.1%).

Neurodivergence

Services have observed more autistic clients, and research shows neurodivergent individuals, including those with autism and ADHD, are at higher risk of homelessness (Blood, 2023). Neurodivergent individuals interviewed described numerous societal barriers, and failures in the education system which exacerbate these, increasing the risk of homelessness. Many lacked a strong social network to support them during tough times, and when they faced homelessness or unemployment, navigating services was often complicated and confusing. Some did not receive timely support. The study examined these shortcomings and made recommendations to improve services for neurodivergent people.

Mortality and ageing

Using frailty measures, the global population of people experiencing homelessness have been found to be at far higher risk of accelerated aging than the housed population (Mantell, 2023). Rates of cognitive impairment were also noticeable at a younger age than for the housed population.

A review of international studies (Mitchell, 2023) highlighted that overall the physical and mental health of people who are homeless is worse than that of the general population. Higher mortality risk and younger median age at death was identified, compared to housed people.

Stigma and discrimination

People experiencing homelessness report that they experience stigma and discrimination which leads to disengagement with healthcare services (Begum, 2024).

Bristol Health Data

Hospital Admissions

Local data was examined for the five-year period 2019- 2024. The percentage of the top ten diagnoses (by ICD -10 chapter) for emergency hospital admissions for Bristol residents who identified as having problems relating to homelessness were compared to those without. Figures 8 shows this data as a bar graph.

Whilst very low numbers of people experiencing homelessness were recorded in data for those with emergency admissions to hospital, for those that do the diagnostic profile appears to show several differences compared to housed people:

- A far higher percentage (17.3%) of Bristol Residents identified with 'problems relating to homelessness' were admitted for Mental and behavioural disorders due to psychoactive substance use than for other Bristol patients (1.1%).
- A far higher percentage of homeless patients were diagnosed as having 'Poisoning by drugs, medicaments and biological substances' than other Bristol patients (10.8% vs. 2.7%)
- Nearly twice the percentage of homeless patients were diagnosed with 'Injuries to the head' compared to other Bristol patients (5.8% vs. 2.9%)
- Although under 5 % of patients identified with 'problems relating to homelessness' received them, diagnoses in the following three categories were far more prevalent than for other Bristol patients.
 - 'Symptoms and signs involving cognition, perception, emotional state and behaviour' (4.7% vs.1.4%)
 - Episodic and paroxysmal disorders (3.0% vs.1.3%)
 - 'Infections of the skin and subcutaneous tissue' (3.7% vs. 2.5%)
- For both 'Symptoms and signs involving the circulatory and respiratory systems' and 'General symptoms and signs' the percentage of homeless patients diagnosed was lower than for other Bristol patients.

For two diagnostic categories, there were similar percentages diagnosed in both cohorts. These were 'Chronic lower respiratory diseases' (3.2% vs. 3.4%) and 'Influenza and pneumonia' (3.2% vs. 3.3%).

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% of emergency admissions for top 10 diagnoses* for patients identified as having problems relating to homelessness compared to all other patients. Bristol residents 2019/20 to 2023/24. Source: Hospital Episode Statistic via NHS England**

* By ICD10 Chapter

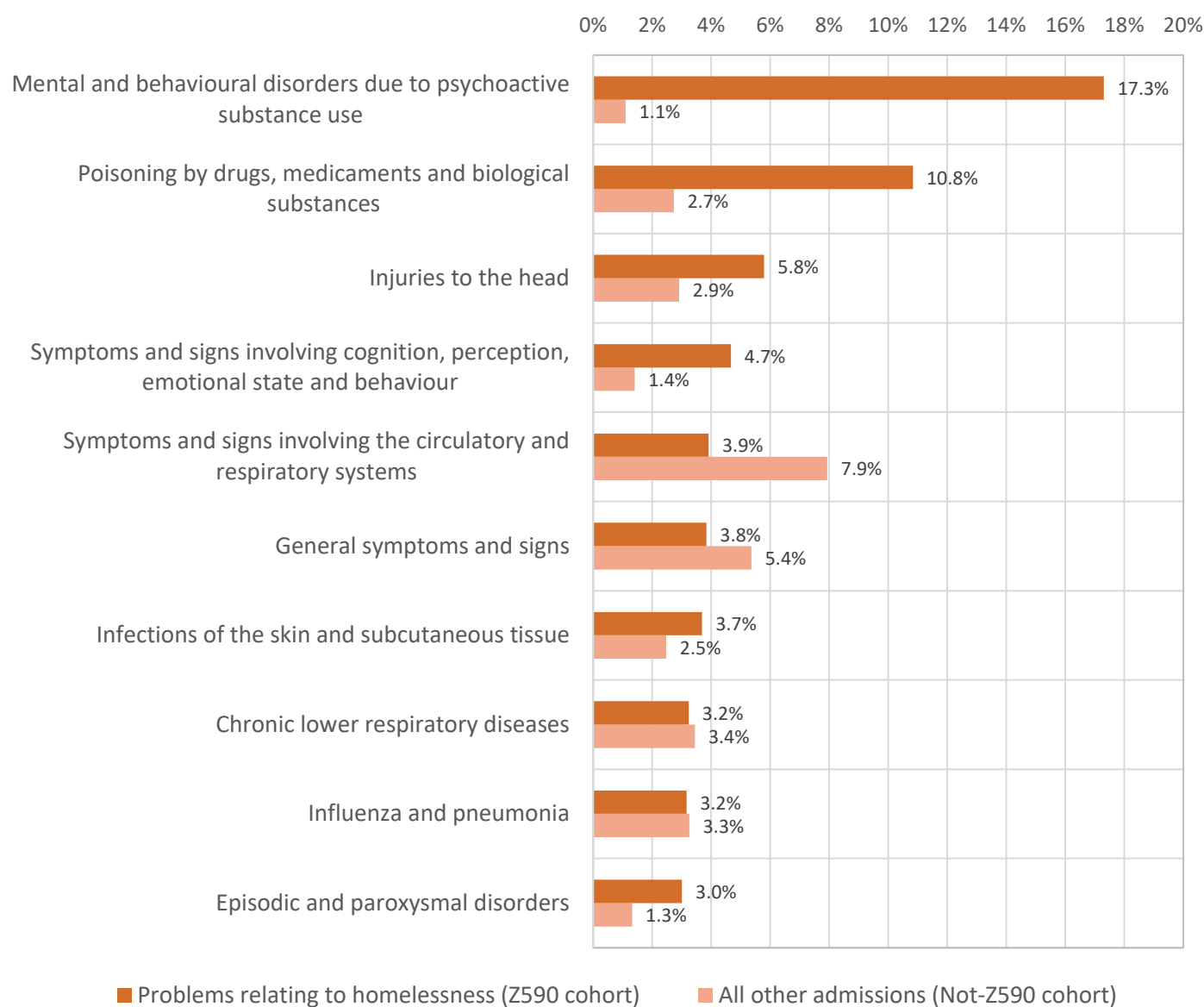


Figure 8

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Figure 9 shows the percentage of alcohol specific hospital admissions amongst people identified as homeless compared to the percentage of those who were not homeless for the five year period 2019 – 2024. There is very noticeable different between the two cohorts for both male and female patients. Only 5.4% of male patients who were not identified as having issues relating to homelessness had admissions for alcohol specific conditions compared to nearly half (47.3%) of male homeless patients. For female patients these figures were 33.6% and 1.9%.

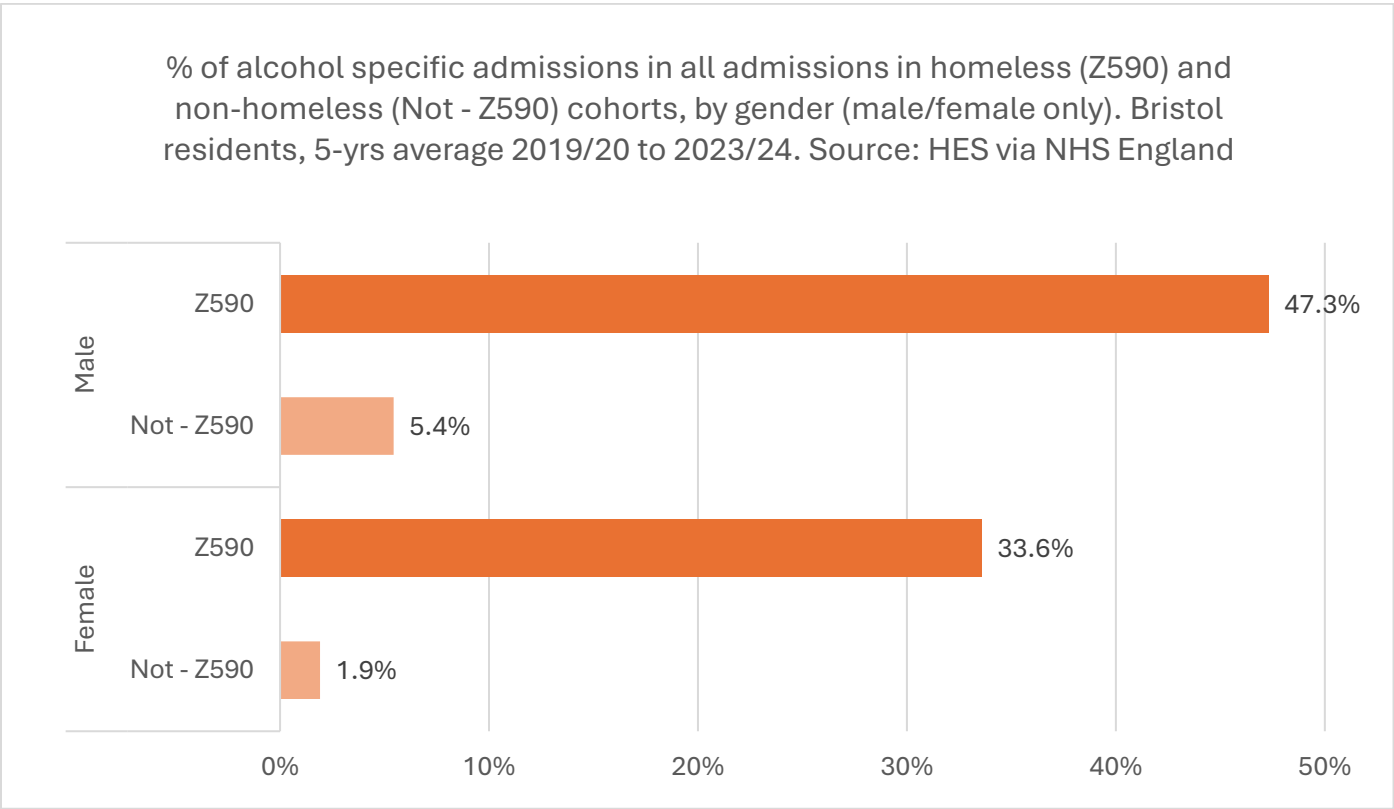


Figure 9

Homelessness amongst substance use service clients

Substance use service data was examined for 2022- 3 (Figure 1o) and 2023-4 (Figure 11). Of those engaged with substance use services in Bristol 2022-3, 21% of women and 29% of men were experiencing some form of homelessness. These proportions were similar for women in 2023-4 at 23% and the same as the previous year for men (29%).

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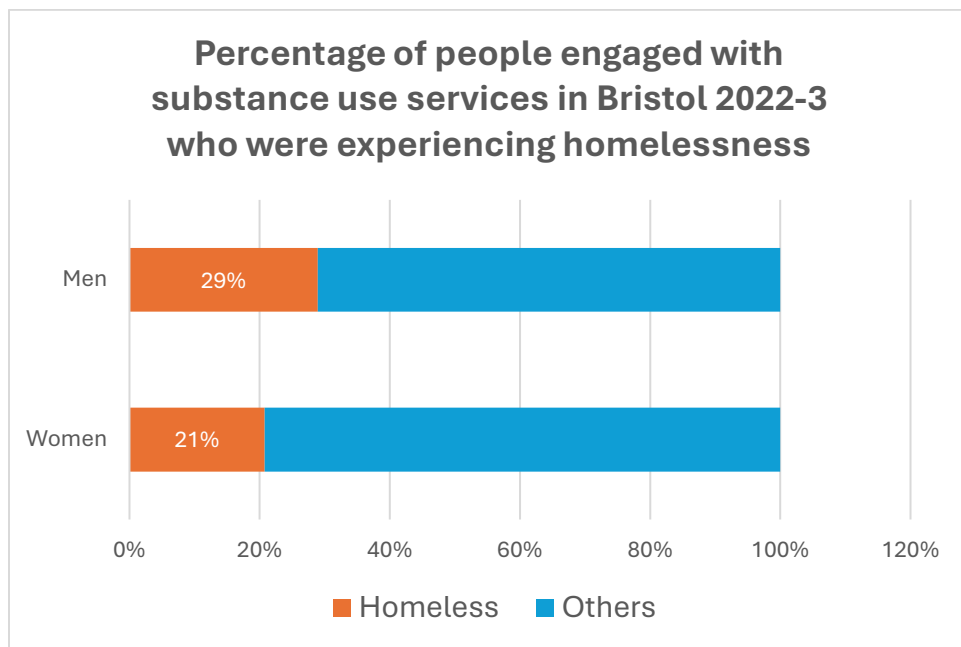


Figure 10

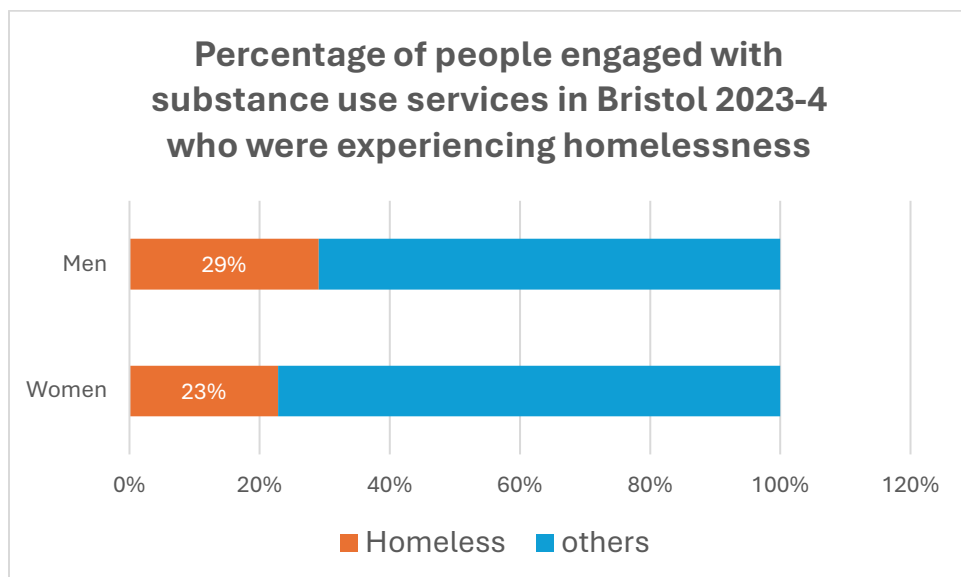


Figure 11

The voice of people experiencing homelessness

Bristol has a Housing Support Register (HSR) for people who are homeless and have been identified as having support needs. People who are in Emergency Accommodation are asked about their physical and mental health as well as their substance use to determine their support needs and appropriate accommodation. This data is held on the Housing Support Register. Anonymised narrative data held in HSR records for single adults in emergency accommodation examined and analysed to identify themes. Given that the database is solely made up of individuals who have been identified as having support needs, as expected, higher levels of ill health were identified compared to the wider Bristol population.

Every care has been taken to ensure that the following analyses is faithful to the lived experiences of people experiencing homelessness in Bristol whilst protecting their identities.

Details of medical conditions were described in narrative text in 61% of records and these were review through thematic analysis.

- Respiratory conditions including Chronic Obstructive Pulmonary Disease (COPD), asthma and less specific 'breathing difficulties' were the most common physical health conditions described.
- In addition, a wide variety of medical conditions were identified, very often multiple conditions for one individual.
- Although the average age of clients was 39, the conditions described were often those associated with older age such as high blood pressure, heart conditions and arthritis.
- There was mention of the use of walking aids by several clients between the ages of 25-50.
- Long term medical conditions were described as impacting how safe clients felt rough sleeping as they do not feel able to move quickly away from danger, increasing their risk of being attacked.
- Injuries and/or ongoing conditions from violent attacks and beatings (some historic) were described. These included domestic violence, Female Genital Mutilation (FGM), being hit with a hammer, stabbed, shot, poisoned, or whipped.
- Sadly, 44% of clients had intentionally tried to hurt themselves or take their own life and several reported ongoing physical injuries or health issues following previous violent suicide attempts.
- 21% considered themselves to 'have a disability' although far more described their lives and medical conditions in ways which would meet the definition from the Equality Act 2010 (GOV.UK, 2010):

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- Conditions such as diabetes which in the UK housed population may be effectively managed, were described as impacting the lives of people who were sleeping rough in Bristol far more negatively. For example, having somewhere to store insulin and being able to eat whenever needed were described as particularly difficult without access to kitchen facilities.

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Homeless Deaths

Figure 12 shows **reported** deaths of people experiencing homelessness (Office for National Statistics, 2022). However, estimations from ONS suggest that the true figures are higher.

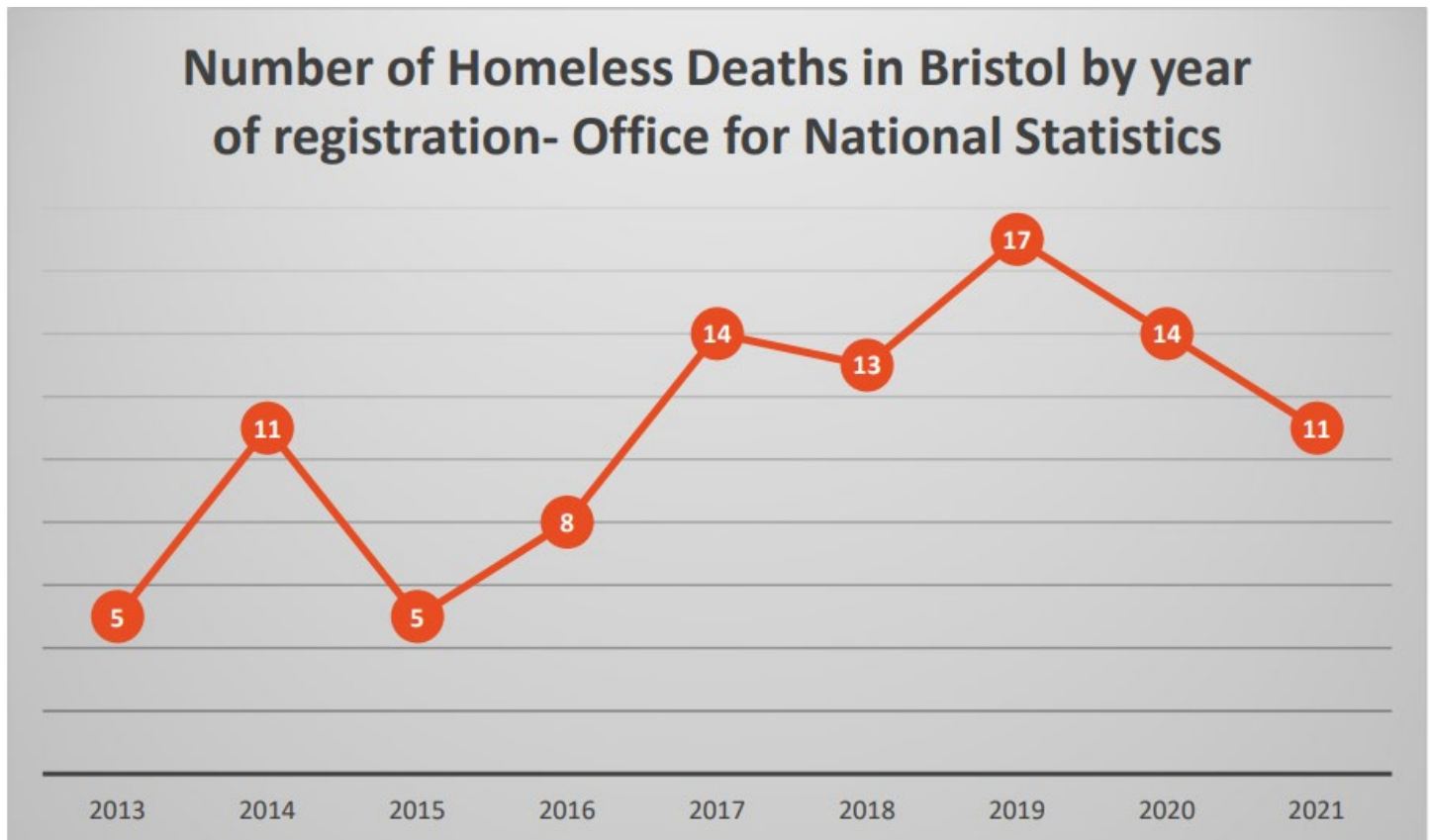


Figure 12

Nationally, 35% of deaths of homeless people registered in 2021 were related to drug poisoning. Alcohol-specific causes and suicide accounted for 9.6% and 13.4% of estimated deaths of homeless people registered in 2021 respectively. Together these three causes accounted for an estimated 57.9% of homeless deaths registered nationally in 2021 (Office for National Statistics, 2022).

The “Dying Homeless Project” (Taylor, 2024) uses different methodology than the Office for National Statistic and has published figures for the intervening two years (2022 and 2023) for Bristol. This identified 24 people who were homeless and died in 2022 and 37 in 2023.

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