Scottish Health Equity Research Unit

Insights, analysis and action on the socio-economic factors
that shape health

Reactive Stats Summary

Homelessness in Scotland Statistics, 2023-24

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Scotland's Homelessness Challenge: A Catalyst for Deepening Health Inequalities

The latest homelessness in Scotland statistics 2023-24, highlight a deepening crisis in housing insecurity, a critical driver of health inequalities. The rise in homelessness applications, households assessed as homeless, temporary accommodation use, and rough sleeping impacts not only worsening social conditions but also the growing divide in health outcomes. These trends directly exacerbate health inequalities, as unstable housing is closely linked to poor physical and mental health.

In Scotland, the stages of a homelessness application are:

1. Application – The household presents to the local authority and any rough sleeping history is recorded.

2. Assessment – Determines if the household is homeless, eligible for assistance, and whether homelessness is considered intentional or unintentional.

3. Outcome – The case closes once statutory duties are fulfilled or contact is lost for 28 days.

The Housing (Homeless Persons) Act 1977, now consolidated into Part II of the Housing (Scotland) Act 1987 requires Local Authorities to make inquiries into the circumstances of applicants to satisfy themselves whether the applicant is homeless or potentially homeless. A person is defined as homeless if they have no accommodation in the UK or elsewhere. A person is also homeless if they have accommodation but cannot reasonably occupy it, for example because of a threat of violence. A person is potentially homeless (threatened with homelessness) if it is likely that they will become homeless within two months. A person is considered intentionally homeless if they are perceived to have deliberately done, or failed to have done, anything which led to the loss of accommodation which it was reasonable for them to continue to occupy.

If a household is considered to be unintentionally homeless (or threatened with homelessness), the local authority must offer settled accommodation (a local authority tenancy, a tenancy with a registered social landlord or a private rented tenancy). Until this is available, the local authority must offer temporary accommodation.

Homelessness applications (40,685 households) and assessments (33,619 households) have reached their highest levels since 2011-12, while the 16,330 households in temporary accommodation is an all-time high [1]. These statistics coincide with the release of figures which show that in the year to the end of June 2024, completions of new housebuilding in the social sector dropped by 25% compared to the previous year. Affordable housing supply approvals were 44% lower than the peak in approvals in the 12 months to June 2020, with starts at their lowest since the year to end of June 2015 and completions at their lowest since 2021. The Scottish Government have an affordable housing target to deliver 110,000 affordable homes by 2032, of which at least 70% will be for social rent and 10% will be in rural and island communities. By June 2024, 22,743 affordable homes have been completed towards the target (76% of homes for social rent, 14% for affordable rent, and 10% for affordable home ownership) [2].

Figure 1. Homelessness and temporary accommodation trends in Scotland, 2019-20 to 2023-24
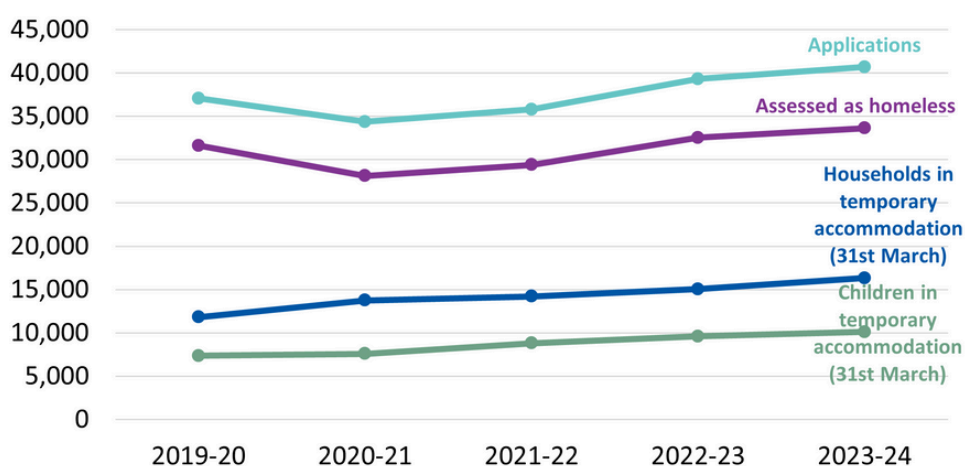
Source: Scottish Government [1]

The cost-of-living crisis, compounded by a shortage of affordable housing and backlogs in the system, were cited by several local authorities as key drivers of the latest homelessness data. In 2023-24, there were 33,619 homeless households, comprising 53,549 individuals—38,075 adults and 15,474 children. Notably, while the number of adults experiencing homelessness grew by 2%, the number of children decreased by 7%, yet 10,110 children remained in temporary accommodation as of March 31, 2024, the highest on record. The data also reveals that households with children spent longer in temporary accommodation than those without, with 25% of these households experiencing such arrangements for a year or more [1].

These unstable living conditions are known to have a profound impact on physical and mental health, leading to higher rates of chronic illness, anxiety, and depression, including among children, and can negatively impact on access to health and other services [3]. Evidence reviews focusing explicitly on the connections between housing insecurity and children's health and wellbeing find multiple links, with pathways including depression and psychological distress in parents, material hardships and difficulties in maintaining a good bedtime routine [4].

Qualitative accounts of temporary accommodation in Scotland suggest it often falls below adequate standards, with people expressing concerns about cramped living arrangements, poor cleanliness, restricted access to amenities (such as kitchen facilities and washing machines) and exposure to violent behaviour and substance abuse (among other residents). In one study, for example, a participant described opting to temporarily give up care of her daughter as she had such serious concerns about the lack of cleanliness in the temporary accommodation they had been allocated:

> '*It was absolutely disgusting … I couldn't let the wean [participant's daughter] crawl about the floor, because it was just too dirty. She had to sit on the bed constantly … I ended up giving the wean to my mum … moved in on the Monday … gave her to my mum on the Tuesday*' Female participant (Glasgow) in [5].

This example helps illustrate the potentially wide-ranging impacts of poor-quality temporary accommodation.

Figure 2. Experience of rough sleeping (night before application), pre and post Covid-19 pandemic
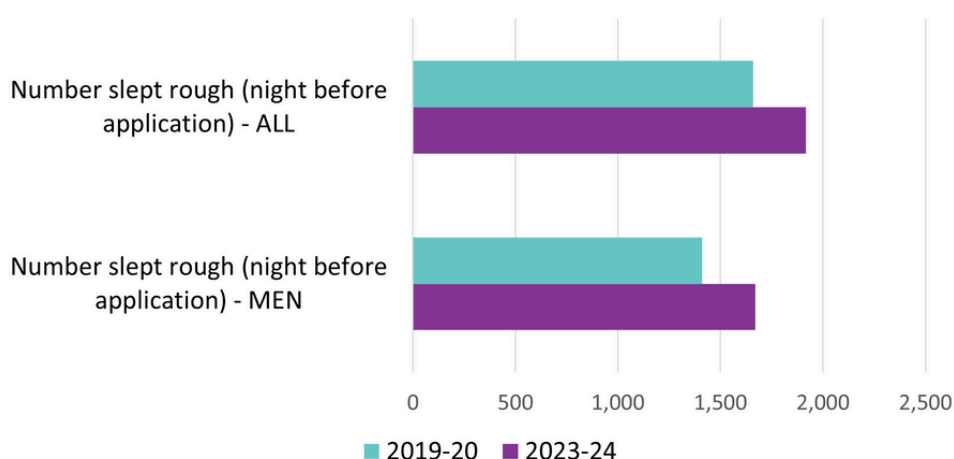
Source: Scottish Government [1, 6]

Of further concern is the rise in rough sleeping, which has now surpassed pre-pandemic levels. The percentage of households reporting rough sleeping within the three months prior to, and the night before, submitting a homelessness application has risen compared to last year—up from 6% to 7% for the three-month period and from 4% to 5% for the night before [1].

Rough sleepers face extreme health risks, including exposure to harsh weather, untreated medical conditions, and a lack of access to healthcare, further entrenching health inequalities. In Scottish qualitative research, people in this situation describe life on the streets as fraught with physical danger and societal stigma, which informs a sense of inescapability [7]. For example:

> '*I call it [the street] the devil's playground – the folk living rough, you become part of it, and you don't get a chance to change. Everyone on the street, like us, and they have no chance to change their lives. It's like a black hole*' Dave, cited in [7].

The 2023-24 data underlines how homelessness continues to disproportionately impact men. Males accounted for 58% of homelessness applications in 2023-24, and an even higher 87% of those reporting rough sleeping the night before their application. Additionally, 71% of individuals experiencing repeat homelessness within the past year were men [1]. This heightened vulnerability to homelessness among men exacerbates health inequalities, as they are more exposed to the physical and mental health risks associated with unstable housing and rough sleeping.

Overall, these statistics paint a stark picture of how deeply housing insecurity drives health inequality. The lack of stable housing amplifies physical and mental health challenges, leading to higher rates of chronic illness, untreated conditions, and emotional distress. The rise in applications, episodes of rough sleeping, and prolonged stays in temporary accommodation all play a role in widening health inequalities, contributing to poorer health among the most vulnerable populations, such as men and families with children. Addressing homelessness requires not only providing shelter but also tackling the root causes that lead to housing instability, which in turn drive health inequality.

Sources

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