

Homelessness and Hospitals in Scotland

A briefing on freedom of information requests with NHS
Health Boards.

JEREMY BUSHNELL
POLICY ANALYST



1. INTRODUCTION

The Salvation Army has a long-standing history of working with people experiencing all forms of homelessness, including those sleeping rough.

We are acutely aware of the physical health and mental health challenges that go hand in hand with life without a home.

The research outlined within this briefing serves as a reminder that people experiencing homelessness are often having to turn to the NHS for support. However, it also shows that in too many cases, people are being discharged from the support of hospital to the dangers of the streets.

We believe the data outlined in this briefing provides another reason why rough sleeping and broader homelessness must continue to be a policy priority in the near future.

2. METHODOLOGY

In the second half of 2025, we submitted two freedom of information requests to all 14 health boards. The requests focused on people of 'no fixed abode' and covered occasions of A&E attendance and hospital discharge.

We received responses from all health boards on one of these and all but one for the other.

What does 'No Fixed Abode' mean?

'No Fixed Abode' is a category used in many public services to refer to any individual who has no fixed address. In many cases this will mean someone is homeless, however it can also refer to someone required to live on a boat, ship, oil rig etc. as well as nomadic groups. In many cases it is accepted as a proxy for homelessness.

It should however also be noted that certain homeless groups will not be counted within this category. Those in temporary accommodation or staying with friends/family will be able to provide an address despite still being homeless.

3. KEY FINDINGS

Every day, someone is discharged from hospital to the streets.

- In 2024/2025 there were 543¹ occasions when someone was discharged to 'no fixed abode'.
- This was a similar rate to the previous financial year when this happened 575 times.
- In 2024/2025, 52% of discharges to the streets happened outside the 9:00-17:00 working week hours².
 - o Out of 479 occasions, 92 (19%) were at the weekend.
 - o Out of 479 occasions, 159 (33%) were Monday–Friday outside the hours of 09:00-17:00.

Every day, 6 people experiencing homelessness attend A&E.

- In 2024/2025, there were 2359³ occasions where people attended A&E with 'no fixed abode'.
- Assuming this requires the lowest level of investigation and treatment, this equates to a cost of almost £270,000 to the NHS⁴.
- This was a similar rate to the previous financial year when this happened 2464 times.
- In 2024/2025, 31%⁵ attendances happened at the weekend.

¹ Where health boards provided <5 data, we have counted this as '1' as we know that the actual figure is either 1 or 2 or 3 or 4 and we have endeavoured to ensure we do not overestimate.

² For this calculation we have removed health boards who could not provide specific data on all three counts (Overall discharge, weekend discharge and Weekday OOO discharge). This has normally been because the figures are so low they are aggregated as <5. This is why the 479 occasions figures is less than the 543 above.

³ Where health boards provided <5 data, we have counted this as '1' as we know that the actual figure is either 1 or 2 or 3 or 4 and we have endeavoured to ensure we do not overestimate.

⁴ [NHS: Key Facts And Figures | The King's Fund](#)

⁵ For this calculation we have removed health boards who could not provide specific data on both counts (Overall attendances, weekend attendances). This has normally been because the figures are so low they are aggregated as <5.

4. DISCUSSION

Homelessness and Health

While not all attendances by those of 'no fixed abode' can be attributed to conditions directly related to their housing situation, research shows that particularly for those sleeping rough, they are far more likely to have poor health outcomes⁶.

This can manifest in various different ways, including⁷:

- Being more vulnerable to assault/abuse.
- Poorer immune systems making them more vulnerable to viral and infectious conditions like tuberculosis, HIV and hepatitis C.
- Alcohol and drug use increased to help sleep/cope with pain and trauma of sleeping rough.
- Limited access to GP compared to the rest of the population.
- Direct exposure to poor weather can lead to health complications.

While the costs associated with these visits are not substantial within the wider context of the NHS budget in Scotland, it should be noted that many of these visits are likely avoidable. While the scope of this research does not cover the exact cause of each visit, given wider research completed in this area it is clear to see that the experience of homelessness itself can itself create the need for these visits and so by taking steps to end homelessness, this has the power to significantly reduce the numbers set out within this briefing.

It adds to the plentiful moral reasons why it is so imperative for an end to rough sleeping and broader homelessness to be a policy priority.

Will These Figures Get Worse?

The latest Scottish homelessness statistics reported a 28% increase in the number of people sleeping rough the night before submitting a homelessness application. This stat, along with what we see in our own services concerns us that while legislative rights around access to housing are strong, the issue of rough sleeping is not going away.

Given the relationship between rough sleeping in particular and health support needs, this suggests the figures outlined within this research could end up increasing over the coming years.

⁶ The Impact of Homelessness on Health, Local Government Association, 2017

⁷ The Impact of Homelessness on Health, Local Government Association, 2017

The Importance of the Housing Bill

September 2025 has seen the passing of the Housing (Scotland) Bill which includes new duties on public authorities, including hospitals, to ask and act on someone's housing situation. This has the power to be a vital factor in changing the research outlined within this briefing.

By putting a duty on health boards to ask and act on someone's housing situation this provides the opportunity to identify someone at risk/experiencing homelessness at an early stage and engage with the local housing authority to ensure they have somewhere to go once their hospital visit has ended.

However, we know from research in England that this will not necessarily be the silver bullet solution. England has a similar, albeit weaker, duty for public authorities such as hospitals to refer to local authorities regarding housing, however research has shown that there are various issues affecting hospitals' ability to avoid discharging to the streets⁸.

This reinforces the idea that careful monitoring and documenting of the 'ask and duties' including a robust and careful implementation process is vital.

It also reminds us of the importance that Scotland does not step back from its strong legal position on housing rights, as challenges with the priority need system in England have been shown to limit the effectiveness of their duty to refer⁹.

Why Timing Matters

This research has shown that many discharges to the streets happen outside of the usual 9:00-17:00 working hours on Monday-Friday. The reason this is important is because much statutory support operates within these hours and so many people may be discharged to the streets without the option of going to a local authority for many hours or even days.

While there is some emergency out of hours provision available, we know from our work in communities that accessing official support outside of these hours, whether that is housing or addiction etc. can be extremely difficult.

This can be vitally important when we know that safe, robust recuperation after a hospital visit is absolutely vital to giving people the best chance of overcoming physical injuries or illnesses.

⁸ [Beyond the Ward – Exploring the Duty to Refer in Hospital Settings – Pathway](#)

⁹ [Beyond the Ward – Exploring the Duty to Refer in Hospital Settings – Pathway](#)

5. CASE STUDY- HOW THE SALVATION ARMY IS STEPPING IN

“A client who had recently left our service was admitted to hospital due to complications linked to substance use. Following completion of treatment, and on a Saturday afternoon, the client was discharged with no fixed accommodation and nowhere safe to go. As there was no emergency accommodation available to the individual, he turned up at our local service.

The fact this was at the weekend presented a significant challenge, as there was a clear risk that the client could end up sleeping rough, increasing the likelihood of another drug overdose or serious harm.

Recognising the urgency and vulnerability of the situation, the team acted swiftly and collaboratively. Staff liaised closely with local authority housing colleagues and explained that they would accommodate without having the correct paperwork in place and would get this from the homeless team on the Monday morning.

Although it was outside of our standard intake process, the service adapted flexibly to ensure that the client had a safe place to stay. The team prioritised compassion, safety, and harm reduction, working together to facilitate re-admission into the Lifehouse over the weekend.

Through joint working and quick decision-making, the client was safely accommodated and supported to stabilise following hospital discharge. This proactive approach not only prevented rough sleeping but also significantly reduced the risk of further overdose or harm.

This case highlights the importance of flexibility, partnership working, and values-based decision making in homelessness services.”

Service Manager, The Salvation Army

6. CONCLUSION

The numbers within this research may not match the scale of one of Scotland's neighbours, but it is important to remember that behind every statistic is a real person with a real story.

A&E attendances and hospital visits can be an intimidating and daunting experience, let alone when the reasons for the visits are avoidable or you have no warm safe bed to retreat to afterwards.

There are many vital reasons why ending rough sleeping and broader homelessness must be a priority issue for the new Scottish Government in 2026. The issues outlined within this research, provide another.