



The Royal College of Pathologists

Pathology: the science behind the cure

National Medical Examiner's Good Practice Series No. 10

Medical examiners and homelessness

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About the National Medical Examiner's Good Practice Series

Medical examiners – senior doctors providing independent scrutiny of non-coronial deaths in England and Wales – are a relatively recent development.

While there is extensive guidance available on a wide range of topics for NHS and public sector staff, the National Medical Examiner's Good Practice Series highlights how medical examiners and medical examiner officers can better meet the needs of local communities and work more effectively with colleagues and partners.

The Good Practice Series is a topical collection of focused summary documents, designed to be easily read and digested by busy front-line staff, with links to further reading, guidance and support.



Introduction – the impact of homelessness on health and wellbeing

According to Crisis:

“...people who have experienced homelessness are more likely to have poor physical and mental health than the general population. Poor mental and physical health is both a cause and consequence of homelessness. Chronic and multiple health needs are common and often go untreated. Homeless people are also far more vulnerable to issues relating to alcohol and drug use. Multiple health needs alongside drug and alcohol use can act as a barrier to accessing mainstream health services, and as a result often end up using more costly primary healthcare services.”¹

Crisis goes on to note a range of health concerns relating to homeless people: they are twice as likely to report a physical health issue than the general public; seven-times more likely to die from falls at an average age of just 45; nearly twice as likely to have a mental health diagnosis; nine times as likely to commit suicide; and four-times as likely to use alcohol and drugs.

“These issues create barriers to accessing services as it can be difficult to get the specialist support they need... As result of these barriers, homeless people are more likely to use acute/A&E health services.”

A study by the University of Birmingham, published in 2019, also found that homeless people were denied access to basic health care.²

The Local Government Association published [The impact of homelessness on health: a guide for local authorities](#) in 2017.³ Citing research by Shelter, this notes that children who have been in temporary accommodation for more than a year are three times more likely to demonstrate mental health problems such as anxiety and depression than non-homeless children (page 9):

¹ Crisis. *Health and Wellbeing*. Available at: www.crisis.org.uk/ending-homelessness/homelessness-knowledge-hub/health-and-wellbeing

² University of Birmingham. *Homeless People are Denied Basic Health Care, Research Finds*. 2019. Available at: www.birmingham.ac.uk/news/2019/homeless-people-are-denied-basic-health-care-research-finds



“Risks to health are particularly high for people who have lived on the streets for some time, indeed it is estimated that the average age of death of a homeless person is 47 years... Older people experiencing homelessness are more likely to suffer from depression or dementia.”³

While some deaths of people who experience homelessness will be notified to coroners, many are likely to come to the attention of medical examiners. This brief good practice paper will help medical examiners to identify issues which may have affected health outcomes for people who experience homelessness and to ensure that every opportunity is taken by healthcare systems to learn and improve provision for people who are homeless.

³ Local Government Association. *The Impact of Homelessness on Health: A Guide for Local Authorities*. 2017. Available at: www.local.gov.uk/impact-health-homelessness-guide-local-authorities



Recommendations for medical examiners – homelessness

Medical examiners should:

1. be aware that homelessness can take many forms, including people who stay with friends and family, victims of domestic violence, as well as street homelessness. All people who experience homelessness may find it more difficult to access health services, in some cases to the extent that it contributes to death.
2. note that previous episodes of homelessness may be relevant in determining causes of death. Even if the person ceased being homeless for a period before they passed away, factors that caused or contributed to death may have occurred while they were homeless.
3. listen to information given by next of kin which may provide evidence that a person was homeless or had episodes of homelessness and note this may be relevant in reviewing medical history and determining the causes of death
4. recognise potential signs that a person may be homeless or roofless, including lack of access to healthcare services, or sporadic contact with healthcare services in different areas. It will assist registrars if medical examiners and officers inform next of kin that registrars are likely to request further information about homelessness when the death is registered.
5. ensure that causes of death reflect contributory factors as fully as possible, including those linked to homelessness
6. be alert to factors linked to homelessness that may mean the death must be notified to the coroner and provide clear information to the coroner which enables them to investigate all appropriate cases. Besides access to healthcare services, neglect (and, in some cases, self-harm) can be relevant issues for consideration.



Context and background

There are distinctions between legal definitions of homelessness, and public perceptions of homelessness. Often, references to homelessness focus on street homelessness. This is clearly a significant issue, but many thousands of people experience other forms of homelessness, such as victims of domestic violence and people who do not have settled or suitable accommodation.

What is homelessness?

The Big Issue website states that the scale of homelessness is difficult to quantify:

“There are many different types of homelessness, for starters. It’s not just rough sleeping — there are people trapped in temporary accommodation or hostels and shelters. And it is not always a visible problem. Hidden homelessness, also known as sofa surfing, is virtually impossible to count as people staying at friends’ or relatives’ homes are out of sight and often don’t consider themselves to be homeless.”⁴

The homelessness charity Shelter notes the following:

The definition of homelessness means not having a home.

You are homeless if you have nowhere to stay and are living on the streets. But you can be homeless even if you have a roof over your head.

You can be homeless if you do not have rights or permission to stay where you are, or you live in unsuitable housing.

You count as homeless if you are:

- staying with friends or family
- staying in a hostel, night shelter or B&B
- squatting (because you have no legal right to stay)
- at risk of domestic abuse

⁴ The Big Issue. *How Many People Are Homeless in the UK? And What Can You Do About It?* 2023. Available at: www.bigissue.com/news/housing/how-many-people-are-homeless-in-the-uk-and-what-can-you-do-about-it



- experiencing violence in your home
- living in poor conditions that affect your health
- separated from your family because you do not have a place to live together.⁵

The extent of homelessness

Exceptional measures taken to support homeless people during the coronavirus pandemic are likely to have impacted on data for that period, but homelessness remains a significant issue.

In Wales in 2021–2022:

- 9,228 households were threatened with homelessness, an increase of 27% on 2020–2021
- 11,704 households were assessed as homeless and owed a duty to help secure accommodation, a decrease of 11% from 2020 to 2021
- on 31 March 2022, 4,465 households were placed in temporary accommodation, an increase of 20% on March 2021, and 1,689 households were placed in temporary B&B accommodation, an increase of 15% on March 2021
- 4,085 households were identified as unintentionally homeless and in priority need, an 8% increase on 2020–2021. This number has grown each year since 2015, when it was just over 1,500 households.⁶

In England in the final quarter of 2021–2022:

- 74,230 households were initially assessed as homeless or threatened with homelessness and owed a statutory homelessness duty, up 5.4% from January to March 2021
- 37,260 households were assessed as being threatened with homelessness and therefore owed a prevention duty, up by 15.1% from the same quarter the previous

⁵ Shelter. *Who is Legally Homeless*. Available at:

https://england.shelter.org.uk/housing_advice/homelessness/what_is_homelessness

⁶ Welsh Government. *Homelessness: April 2021 to March 2022*. Statistics. Available at:

<https://gov.wales/homelessness-april-2021-march-2022>



year. This increase may partially reflect the removal of restrictions on private rented sector evictions from May 2021.

- 36,970 households were initially assessed as homeless and therefore owed a relief duty, down 2.8% from the same quarter the previous year, driven by a 9.2% fall in single households (households without children) owed a relief duty. Households with children owed a relief duty increased 21.1% from the same quarter the previous year to 9,760 households in January to March 2022.
- 11,060 households were accepted as owed a main homelessness duty, up 12.5% from January to March 2021
- on 31 March 2022, 95,060 households were in temporary accommodation, a similar level to 31 March 2021.⁷

Crisis states:

“...it is predicted that the aftermath of the COVID-19 pandemic risks a substantial rise in core homelessness, with overall levels expected to sit one-third higher than 2019 levels on current trends. Levels of rough sleeping are also predicted to rise, despite the Government’s target of ending this form of homelessness by 2024.”⁸

The rights of homeless people

The rights of homeless people in England and Wales to accommodation or support vary depending on their individual circumstances.⁹ Arrangements for people with access to benefits are set out in the following paragraphs. For people without access to public funds, such as those with restricted or uncertain immigration status, adult social care should provide support for those with care and support needs – even if they have no entitlement to benefits.

⁷ Department for Levelling up, Housing & Communities. *Statutory Homelessness*. Official Statistics Release January to March (Q1) 2022: England. Available at: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1094516/Statutory_Homelessness_Stats_Release_Jan-Mar_2022.pdf

⁸ Crisis. *The Homelessness Monitor: England 2022*. Available at: www.crisis.org.uk/ending-homelessness/homelessness-knowledge-hub/homelessness-monitor/england/the-homelessness-monitor-england-2022

⁹ House of Commons Library. *Comparison of Homelessness Duties in England, Wales, Scotland and Northern Ireland*, 2018. Available at: <https://commonslibrary.parliament.uk/research-briefings/cbp-7201>



Wales has placed a statutory duty on local authorities to prevent homelessness for people threatened with homelessness and to help to secure accommodation for all applicants assessed as homeless for a period of 56 days (this is known as the homelessness relief duty). After this period local authorities must secure accommodation for those households deemed to be ‘unintentionally homeless’ and in ‘priority need’.

In England, local authorities have a duty to secure accommodation for homeless households (and those threatened with homelessness) who are ‘unintentionally homeless’ and in ‘priority need’. The Homelessness Reduction Act 2017 came into force in England on 3 April 2018, meaning that authorities now have new prevention and relief duties along the same lines as those in operation in Wales. This is a complex area of law but, to summarise, a key point to note is that definitions relating to homelessness (‘unintentional homelessness’ and ‘priority need’) profoundly affect the degree of assistance available for individuals.

The Homelessness Reduction Act 2017 introduced a new legal duty on specified public services to refer service users they consider may be homeless or threatened with homelessness to a local housing authority.¹⁰ For health services, the impact will be on NHS trusts and foundation trusts in the provision of any of the following NHS health services:

- accident and emergency services in a hospital
- urgent treatment centres
- in-patient treatment (of any kind).

The General Register Office introduced additional guidance for registrars in October 2022. During death registration, if the deceased was homeless at or around the time of death, the informant will often inform the registrar. When this occurs, registrars request additional information from the informant, on matters such as the length of time the deceased had been homeless, and whether they slept rough or stayed in a hostel or other temporary accommodation, including staying with friends or family. The information collected enables the Office for National Statistics to improve statistics on deaths of homeless people, and

¹⁰ UK Government. *Homelessness: Duty to Refer – For NHS Staff*. Guidance. 2018. Available at: www.gov.uk/government/publications/homelessness-duty-to-refer-for-nhs-staff



the evidence generated is used by government to inform policy and support for homeless people.

The impact of homelessness

The Office for National Statistics publishes estimates each year for the number of deaths of people who were homeless. The estimates are that 688 homeless people died in 2020, and 741 homeless people died in 2021. The figure for 2021 is closer to estimates for years before the pandemic.¹¹ The [Museum of Homelessness](#) maintains a [memorial page](#) that records tributes to those who have died while homeless in the UK since 2017.

Wellcome Foundation research into the cause of death among homeless people found “nearly one in three homeless deaths were due to causes amenable to timely and effective health care. The high burden of amenable deaths highlights the extreme health harms of homelessness and the need for greater emphasis on prevention of homelessness and early healthcare interventions.”¹²

The range of needs and barriers that people who are homeless can experience is widely recognised. Attempts to improve support have been made across health and other public sector organisations. The Local Government Association briefing, [Adult safeguarding and homelessness](#), is designed to assist senior leaders, such as members of Safeguarding Adults Boards, and those working across sectors to support people who are homeless. If someone dies while living on the street, councils will undertake a serious case review.

The [Changing Futures programme](#) seeks to improve outcomes for adults experiencing multiple disadvantage – including combinations of homelessness, substance misuse, mental health issues, domestic abuse and contact with the criminal justice system.

NHS England has published information on [healthcare support for people experiencing homelessness and rough sleeping](#). A pathway, checklist and toolkit helps emergency departments to best support patients experiencing homelessness and rough sleeping, and to realise service improvements relating to re-attendance, admission/re-admission and

¹¹ Office for National Statistics. *Deaths of homeless people in England and Wales: 2020 registrations*. Available at: www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/bulletins/deathsofhomelesspeopleinenglandandwales/2020registrations

¹² Wellcome Open Research. *Causes of death among homeless people: a population-based cross-sectional study of linked hospitalisation and mortality data in England, 2019*. Available at: <https://wellcomeopenresearch.org/articles/4-49>



length of stay. They should be implemented as part of a holistic and person-centred approach to care. The example checklist has been developed to ensure that all legal requirements relating to 'duty to refer' are completed. The checklist supports the clinician to help a person to manage their own health and needs via self-care, GPs, urgent treatment centres and referral into secondary care services where appropriate. It also enables the clinician to identify any screening or vaccination needs. The checklist is an example and can be downloaded and modified as appropriate.

Public Health England published [evidence and guidance](#) to enable healthcare professionals to make improvements against wider factors that affect health and wellbeing. The guide makes the following recommendations to health and care professionals:

- be aware that homelessness is a consequence of a complex interplay between a person's individual circumstances and vulnerabilities and adverse structural factors, that requires different levels of intervention
- know and understand the needs of individuals, communities and populations and know who else in the local 'system' has a responsibility for or an interest in meeting these needs
- understand the signs that someone is homeless, at risk of homelessness or otherwise vulnerably housed and adhere to the duty to refer to the local housing authority if working in the relevant health settings covered by the Homelessness Reduction Act
- consider how they may be able to support individuals' personalised housing plans
- think about the resources available in health and wellbeing, social care, housing and criminal justice 'systems', including the strengths and assets individuals and communities bring
- take a pro-active and holistic approach to supporting individuals
- take the initiative to familiarise themselves with colleagues and processes (for example referral pathways) in relevant departments (for example housing, social care)
- understand the range of interventions which can prevent, protect and promote health for people at risk of becoming homeless, and what is in place locally.



Find out more

- [The Big Issue](#)
- *British Medical Journal*: [Health-related quality of life and prevalence of six chronic diseases in homeless and housed people](#)
- [Crisis](#)
- Gov.uk: [Homelessness statistics](#)
- Gov.uk: [Guidance on homelessness for local authorities](#)
- Homeless Link: [Unhealthy State of Homelessness 2022: Findings from the Homeless Health Needs Audit](#).
- House of Commons Library: [Comparison of homelessness duties in England, Wales, Scotland and Northern Ireland](#)
- *The Lancet*: [Morbidity and mortality in homeless individuals, prisoners, sex workers, and individuals with substance use disorders in high-income countries](#)
- Local Government Association:
 - [Homelessness](#)
 - [Impact of homelessness on health](#)
- National Institute for Health and Care Excellence (NICE):
 - [Integrated health and social care for people experiencing homelessness](#)
- Office for National Statistics:
 - [Deaths of homeless people in England and Wales: 2021 registrations](#)
 - [Deaths related to drug poisoning in England and Wales](#)
- [Shelter](#)
- St Mungo's: [Life Changing Care](#)
- UK Health Security Agency: [The inequalities of homelessness – how can we stop homeless people dying young?](#)
- Wellcome Open Research: [Causes of death for people experiencing homelessness](#)
- Welsh Government: [Homelessness](#)



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