

**THE
DYING
HOMELESS
PROJECT
2024
FINDINGS**



THE DYING HOMELESS PROJECT TEAM

The Dying Homeless Project is a year round investigation, made possible by the expertise, support and solidarity of our local and national allies and the Museum of Homelessness community, crew and trustees.

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Photograph on page 18 © Defence Images.

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INTRODUCTION

This year's Dying Homeless Project report comes at a challenging time for society in the UK. Polarisation and extremism are dividing our communities and the most vulnerable sections of society are bearing the brunt.

In this atmosphere, the Museum of Homelessness provides a beacon of hope and support. The museum continues to provide a welcoming space, both outdoors in the beautiful, growing and changing garden, and indoors in our community and public spaces where we share our collections, archive and stories.

As well as being a safe space we are also a brave space that campaigns for change. This was exemplified by our response to the extreme weather temperatures over the summer. We provided a safe space in our shady garden and cool interior and provided cold drinks and treats for the community as part of our own Severe Weather Emergency Protocol, and we also campaigned for local authorities to recognise that the hot weather presents just as much a threat as extreme cold weather for our community, and for councils to provide space and shade for those in need.

The climate crisis and lack of provision and funding are just some of the

factors that have contributed to the number of people who have died whilst homeless over the past year.

Sadly we have seen an increase in the number of deaths and this report is both witness and memorial to those that have lost their lives whilst homeless. As well as providing space for our community to reflect on and explore feelings of grief and loss, the report is also a lever for change.

We are pleased that the response and information coming to us from local authorities is improving in both quality and quantity, which means we can remember more people and importantly can do more to prevent future deaths.

Thank you to the friends and families of those that have died for sharing their precious memories. And thank you to MOH crew and volunteers, to Billie Gay Jackson our Investigations Coordinator, James Vale for data analysis and Gill Taylor for strategic leadership and compiling of this report.



Sharon Heal

Museum of Homelessness
Chair of Trustees

BEHIND EVERY POLICY

By Amerah Saleh

They say we slipped through the cracks.
But there were no cracks.
Only trenches.
Dug with paperwork, sealed with assumptions, labelled with a smile.
They saw our surname before our faces.
Saw "risk" where there was rhythm,
a postcode where there was prayer,
a headscarf where there was home.

We moved through hostels like shadows move through light
never staying long enough to be remembered,
but long enough to be judged.
They never asked what it's like to share one microwave
meal between four mouths,
to hang hope on a housing band number,
to carry grief in a shopping bag because you've
nowhere else to put it.

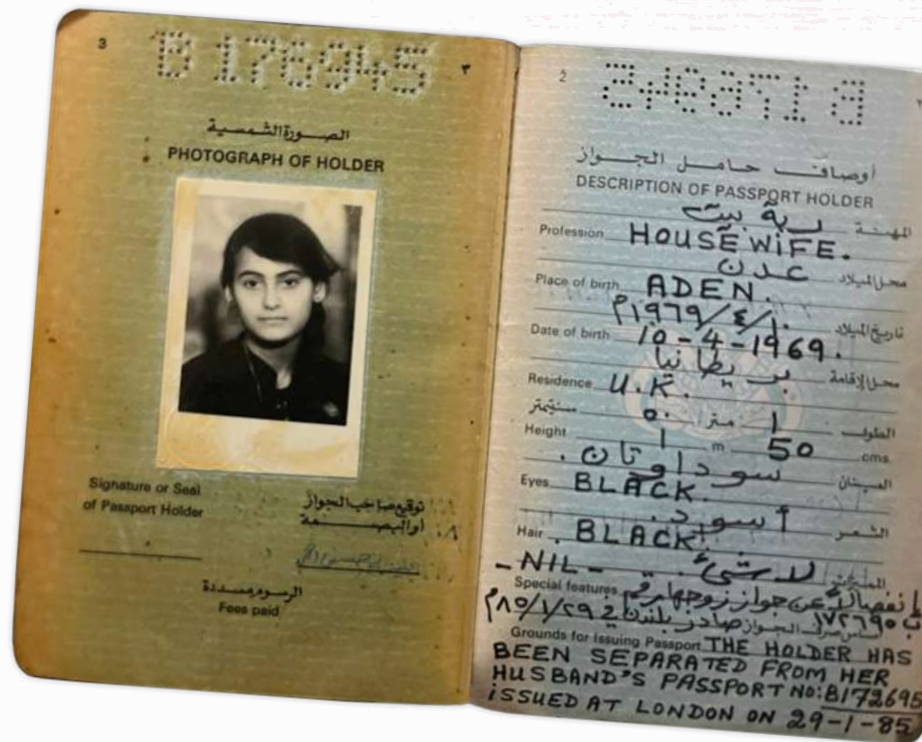
My mother was strength in worn-out shoes.
She applied and applied
until they gave her bricks and a postcode
and then took her,
not long after.
Seventeen years homeless.
Seven years housed. Do the maths.
Now tell me, who failed who?



BEHIND EVERY POLICY

They looked at my brother and saw criminal.
 At my sister and saw suspicion.
 At me and said,
 "You're so articulate"
 like that was a surprise.

I stood in an arts centre with
 only dreams in my pocket.
 They searched me like
 belief was dangerous.
 But I made it out.
 Accidentally.
 Now I sit in rooms with
 padded chairs and
 filtered water
 saying "lived experience"
 when what I mean is:
 I survived.



And I'm here to remind you
 You don't get to meet someone at their lowest and decide who
 they are.
 Behind every "case" is a name.
 A mother.
 A moment.
 A poem waiting to be heard.
 To you, who knock on doors,
 fill in boxes,
 hold power you never asked for: your words can feel like walls or
 windows.
 Choose windows.

BEHIND EVERY POLICY

For the girl too embarrassed to say she hasn't eaten.
For the boy masking fear with bravado.
For the mother, pen in hand, aching but hopeful.
You can be the moment that breaks the cycle
not because you fixed it all, but because you saw them and
didn't flinch.

Empathy is not a soft skill.
It is a radical tool.
Behind every checkbox, a choice.
And that choice?
It's yours.
So make it count.



Amerah Saleh

Amerah is a spoken word artist, born and bred in Birmingham with Muslim Yemeni roots. Her work gets lost and found in explorations of belonging, migration, displacement, family and identity.

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OVERVIEW

The Dying Homeless Project was initiated by the Bureau of Investigative Journalism in October 2017. In April 2019, the Museum of Homelessness agreed to host the investigation and memorial; it is our privilege to continue this important work.

The project aims to document and remember every person who dies whilst homeless in the United Kingdom. We remember people on a digital memorial, we contribute to local and national events that commemorate people who have died, we host vigils and we offer spaces for people to reflect on and explore feelings of grief and loss.

Our annual report shares what we know about people who died in the previous calendar year. Last year we began publishing our findings in autumn, which has enabled us to gather more memorial submissions, to hold follow-up conversations with sector allies and local authorities and, to an overall improvement in the information we have about those

who died. The additional time also allowed us to make two investigatory visits to the south-west of England, where significant increases in homeless deaths were reported in 2024.

Furthermore, following discussions with groups and organisations in

Northern Ireland, we undertook a 4-day visit to Belfast in June 2025. The visit reflects our UK-wide commitment to investigating homeless deaths and significantly improved our understanding about the causes and consequences of homelessness in Northern Ireland.

We met a range of

grassroots, voluntary and statutory sector organisations who generously shared their experiences, frustrations and griefs with us. Reflections from all three visits are included in the report.

Since the project began in October 2017, we have documented the deaths of 8,523 people. This report presents our 2024 findings, and shares the ongoing attempts by MoH, and our allies in the sector, to galvanise action to prevent future losses of life.

**IN 2024,
1611
PEOPLE DIED
WHILST HOMELESS
IN THE UK,
AN AVERAGE OF FOUR NEEDLESS DEATHS
EVERY DAY OF THE YEAR**

METHODOLOGY

The Dying Homeless Project collects information year-round; this is often shared by grassroots groups, homelessness sector workers, bereaved family and friends and via public reporting. A significant proportion of the data comes from Freedom of Information (FOI) requests to local authorities and housing bodies across the United Kingdom.

Our definition of homelessness includes all people who are sleeping rough, living in emergency or temporary accommodation, such as hostels or B&Bs, living in short-term supported housing, sofa surfing or squatting. We include all people who do not have a

settled home, regardless of immigration status or any other characteristic or experience that may exclude them from official definitions.

Starting in 2022, and in response to rising concerns about risk and safety reported by our community and in the press, we made an amendment to our FOI request to ask about deaths that took place in 'exempt accommodation'. For consistency, to enable us to make comparisons with previous years of our investigation, the deaths of 36 people living in exempt accommodation are reported separately on page 60 and are not counted in the 1,611 deaths.

Exempt accommodation is a form of unregulated shared accommodation that is exempt from the standard Housing Benefit rules. This means landlords of exempt accommodation can, and do, claim very high rent and service charge costs from local authorities with little scrutiny and no standards they have to meet around the 'support' they provide to their residents.

Exempt Accommodation is typically used to provide accommodation to adults made vulnerable by homelessness, drug or alcohol dependency, mental health and learning difficulties. However it is not usually commissioned, or necessarily even known about, by local authority homelessness or social care teams. Therefore, its use is controversial as well as extremely costly to the taxpayer, often providing very limited support to people who need it.

We recognise that people living in this type of accommodation may not recognise themselves as homeless and may not have been homeless before moving in. However, the poor conditions frequently highlighted in this type of accommodation could render those living in it homeless under

METHODOLOGY

the 'Housing Act (1996) if deemed 'not reasonable for them to continue to occupy'.¹ Therefore, we make the argument that living in exempt accommodation is a form of homelessness and the deaths of people living there should be investigated, with urgent action taken to prevent them.

DATA SOURCES

Unlike official statistics, our investigation counts actual deaths and does not make estimates or projections. We do this because an important part of our work is remembering and honouring the lives and deaths of our community; each person is individually important to us. This decision shapes the methodology of our project in a number of ways.

The main source of information for our investigation is an FOI sent to every local authority in the UK with responsibility for homelessness.

Our investigation covers the whole of the UK. We recognise that homelessness is responded to differently in each of the four nations and we work with statutory bodies in each to ensure that our request is understood and the appropriate data is shared. We acknowledge that differences in definitions and in housing types may affect the data captured by each nation and each year we work hard to refine and improve our data request and

capture process. To further this aim, we undertook a visit to Northern Ireland in June 2025, where we held a reflective multi-agency workshop, and a number of service visits to grassroots and voluntary sector organisations, to introduce the Dying Homeless Project and to learn from them about the factors that contribute to homeless deaths in this part of the UK.

We receive, with love and gratitude, memorials from family members and friends who have lost loved ones in the previous year. We also gather information from local networks and memorial services across the country.

We conduct a search of media reporting on homeless deaths. We recognise that this is likely to generate information about deaths that are deemed more 'newsworthy' than others and that media reporting cannot be entirely relied on for accuracy. We only include deaths identified from media reports, where it is corroborated by at least

¹ Shelter (n.d) Homeless applicants with accommodation that is not reasonable to occupy. Available at: https://england.shelter.org.uk/professional_resources/legal/homelessness_applications/homelessness_and_threatened_homelessness/homeless_applicants_with_accommodation_that_is_not_reasonable_to_occupy

METHODOLOGY

one other source of data, either publicly available or shared with us by a trusted source.

We rigorously cross reference all additional data with our FOI returns, to avoid duplication. If we are in doubt, we will remove a record from our count to avoid double-counting.

We use this mixed methodology to enable the recording and remembering of people whose deaths might not be known to local authorities or recorded by official sources.

The 2024 findings and analysis presented here are accurate as at September 2025. Although we publish annual findings, the project itself is not static and the data we hold evolves as new findings are shared by the Coroner's system, through late FOI returns and other sources. Where we have updated our figures or methodology since publishing our last report, we have made this clear in the report.

Quantifying increased risk of death for people experiencing any form of homelessness

In addition to the number of homeless deaths collated through the Dying Homeless Project, we needed three further data sources:

1. Number of deaths across the general population
2. Number of people in the general population

3. People experiencing homelessness within the year

The first two datasets are published by public bodies: the Office for National Statistics (ONS) in England and Wales, National Records Scotland, and the Northern Ireland Statistics and Research Agency (NISRA). Mortality statistics are typically published with a significant delay, so figures for 2023 have been used for comparison with homeless deaths in both 2023 and 2024. Population figures have been based upon the most recent mid-year estimates published by the respective bodies.

The third of these, however, is more difficult to determine. There is no robust estimate for the number of people experiencing homelessness in the UK. Statutory recording of homelessness differs across all four nations. Rough sleeping and sofa surfing estimates differ wildly, with many groups likely to be systematically under-reported. Numbers of people in supported or exempt accommodation are often not known or published by local authorities. Previous academic works have often been based upon a longitudinal study looking at a single group over a long period of time, in part to circumvent these difficulties.

We have taken an alternative approach to estimate the baseline population of people experiencing homelessness. This population is

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assumed to comprise three main groups: a) people that are street homeless, b) people in supported or hostel-type accommodation (including night shelters), and c) people in temporary accommodation. We have used official data sources² and robust 'grey' data³ to estimate the size of the population and semi-empirical assumptions about age distribution amongst the different homelessness types.

Statistical Methods

Unless otherwise stated, all displayed error bars and ranges (such as 'between X and Y times') reflect the 95% confidence interval about the mean value. Broadly speaking, a wider confidence interval indicates greater uncertainty in that value. The Office for National Statistics has a helpful guide about confidence intervals and their interpretation.⁴

There are two components to any uncertainty: random error, and systematic error. Random error is uncertainty purely due to chance, whereas systematic error is in the context of this report any other effect such as differences in reporting including missing data. While random error is reasonably straightforward to determine through standard statistical

techniques, systematic error is more difficult to quantify robustly. When errors are reported in this report, it will generally refer to the random error



The screenshot shows the ITV News Tyne Tees website interface. At the top is the 'itvX' logo and navigation links for 'itv NEWS', 'Your Area', and 'Categories'. Below this is a dark blue banner with the word 'EXCLUSIVE' in white. The main headline reads: 'Homeless deaths hit one every six hours in UK as calls grow for urgent change'. Below the headline are two teal-colored tags: 'TYNE TEES | HOMELESS' and 'HOMELESSNESS | ROUGH SLEEPING'. A timestamp indicates the video was posted on 'Tuesday 15 October 2024 at 7:24pm'. Below the timestamp is a profile picture of Kris Jepson, identified as 'Correspondent, ITV News Tyne Tees'. At the bottom of the screenshot is a video player with a large play button icon and a background image showing a person sitting on a sidewalk at night.

Dying Homeless Project 2023
ITV Exclusive by Kris Jepson.

² We use published periodic rough sleeping count and temporary accommodation statistics from MHCLG and their equivalents in the devolved nations.

³ We use the annual 'Homelessness Monitor' report published by Crisis and annual CHAIN reports published by the Greater London Authority.

⁴ <https://www.ons.gov.uk/methodology/methodologytopicsandstatisticalconcepts/uncertaintyandhowwemeasureit>

METHODOLOGY

due to chance. Where we believe that systematic errors may be a factor in explaining any observed trends, then this shall be set out.

RESEARCH TRIPS

Recognising that Information gathering alone is not enough, the project was supplemented by visits to parts of the UK to learn more from people working in these locations. This year we carried out visits to Exeter, Southampton and Belfast. We are also in regular contact with memorial organisers around the UK. We have included spotlight case studies on both Exeter and Southampton in the report.

Visit to Northern Ireland

Of particular significance was our team trip to Belfast for a week's visit where we connected with local grassroots groups, homelessness sector allies and members of the public.

Our aim was to make sure the Dying Homeless Project is doing all it can to do justice to people dying whilst experiencing homelessness in Northern Ireland.

We were grateful to be generously hosted by the Ulster Museum and National Museums Northern Ireland, who hosted a performance of our Object Stories⁵ in a special event in the

Ulster Museum's Troubles and Beyond Gallery. Lewis, our Object Storyteller, shared verbatim interviews about five objects donated to our collection by members of our community.

We had breakfast and hit the streets with People's Kitchen Belfast; it was a privilege to chat to their community about housing and homelessness issues in Belfast. We learnt so much about grassroots solidarity support, opportunities for improving homelessness health services and how the ongoing impact of the Troubles shapes homelessness in this part of the UK.

We held a multi-agency reflective forum at the Ulster Museum, meeting representatives from almost twenty organisations working across Northern Ireland. Together we remembered those who have died, and talked about opportunities for collective action to prevent future deaths.

The next day we visited Simon Community NI, who talked about the particular challenges facing young people, as well as sharing their joy about a young person who was finally moving into their own place the next day. They told us about how chronic housing shortages and affordability put young people at risk of homelessness and harm.

⁵ You can read more about our objects, and why we use Object Storytelling to share them, on our website: <https://museumofhomelessness.org/history>

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And lastly, we met with the Northern Ireland Housing Executive, to make real our commitment to improving accuracy and confidence in the way we represent homeless deaths in Northern Ireland. We were pleased that they agreed to work with us to improve our analysis, which you can read in this section.

By the end of the week, we had a much clearer picture of what is happening in Northern Ireland, the specific struggles people are facing and the community and charity

responses to rising homelessness. We are grateful to everyone who shared their experiences and ideas with us; there is so much more for us to learn, and we hope to return to Northern Ireland in the future.

The trip was coupled with in depth conversations held with the Housing Executive to more accurately reflect and report on the number of deaths we see in Northern Ireland. This is covered in more detail in the 'Picture Across the UK' section.



Dying Homeless Project forum at the Ulster Museum 2025

© Museum of Homelessness.

LEGAL AND ETHICAL FRAMEWORK

Developed with Farrer & Co LLP

1. Rights under GDPR and UK data protection law apply only to living persons. Therefore, on a legal basis, MoH does not need to consider the deceased individual's data protection rights nor do we have obligation under GDPR towards that person.
2. However, a duty of confidentiality may be owed to the deceased individual (and their relatives) in respect to information where there was a reasonable expectation of confidentiality. Further, we recognise our ethical responsibility to treat all information about people who experience homelessness with respect and sensitivity.
3. Our approach is therefore only to share information that would be available via public record. For example, details from a death certificate or a coroner's inquest.
4. Our main consideration in publicly sharing findings relating to someone who has died homeless is that publications by MoH do not, wherever possible, cause distress or harm to friends, family, and people who knew the person.
5. MoH will not process sensitive information related to individuals, such as medical records or case notes. We note that representatives of deceased people have the right to request a legal duty of confidentiality around such information.
6. In respect of homelessness services and agencies, we will not name individuals or organisations that report to us and will make every effort to respect the professional integrity of organisations working in the field wherever possible.
7. We operate the 'power of veto', where if a relative of a deceased person contacts us and requests information about their family member to be removed from the digital memorial site, we will do so.



MOUNTING CONCERNS SINCE OUR LAST REPORT

Since our last report was published in October 2024, we are concerned about rising homelessness, social upheaval and the stagnation of key developments in law and policy relevant to preventing the deaths of people experiencing homelessness.



THE HOMELESSNESS CRISIS DEEPENS

For the third successive year, the number of people rough sleeping on UK streets has risen, this time by 20% on the year before. There are now more than double the number of people living on the streets than when national records began in 2010.

At the same time, there are more than 169,000 children living in temporary accommodation, many in completely unsuitable B&B and hotel rooms without kitchens, desks or places to play. In some areas, almost half of people have been placed in temporary accommodation in another area, far from support networks, schools and places of worship.

How much longer will the crisis continue ruining lives before government action is taken?



SUPPORTED HOUSING (REGULATORY OVERSIGHT) ACT 2023

The Supported Housing (Regulatory Oversight) Act 2023⁶ was a welcome change in the law in August 2023. The Dying Homeless Project played a role in the development of this legislation, with our work quoted by Felicity Buchan MP in a parliamentary reading of the Act.

The Act will give local authorities the power to improve monitoring and regulation of this type of accommodation, and increases protection for people living in exempt accommodation that does not meet expected standards.

However, more than two years on the operating framework required to make the new



⁶ <https://www.legislation.gov.uk/ukpga/2023/26>

MOUNTING CONCERNS SINCE OUR LAST REPORT

legislation deliverable, is still not in place. Thousands of people living in exempt accommodation operated by rogue and exploitative landlords remain at risk.

We urge the government to implement this legislation in full and at pace, and to ensure that the focus on rogue landlords operating in the shadows remains a core focus of the Act, rather than simply increasing bureaucracy for all supported housing services.



OFFICE FOR NATIONAL STATISTICS DATA COLLECTION ON HOMELESS DEATHS

The last data release about homeless deaths from the Office for National Statistics, related to 2021 and was published in 2022. Since then there has been no official record of homeless deaths for England and Wales.

We met with ONS analysts in November 2024, who indicated an alternative method of collecting and analysing data was being explored. Since then we have not been made aware of further developments in this work.

Therefore as of today, the Dying Homeless Project is the only published record of homeless deaths in England and Wales. It is unfathomable to us that understanding the scale of homeless deaths is not being given priority, despite Ministerial commitments to end homelessness and rough sleeping.



NEW INTER MINISTERIAL GROUP AND STRATEGY ON HOMELESSNESS AND ROUGH SLEEPING

In late autumn 2024, the former Homelessness Minister, Rushanara Ali MP, announced the convening of a cross-government group, whose aim was to “drive progress on the development of (a new rough sleeping and homelessness) strategy” and “to get back on track to ending homelessness”. Since then both Rushanara Ali, and Angela Rayner who instigated the cross-government group have both stood down from their Cabinet positions.

A new homelessness minister has now been appointed, but a revised Homelessness and Rough Sleeping Strategy is yet to be published. Although we are aware of consultation activity with a broad range of commissioned homelessness charities and large thinktanks, our grassroots allies across the country remain largely in the dark about the government’s plans. Given that grassroots research, outreach support, SWEP and nightshelter provision remains a crucial safety net for many people rough sleeping, it’s disappointing that our insights are not valued enough to be invited into the process of developing national priorities for change.

MOUNTING CONCERNS SINCE OUR LAST REPORT



DISINFORMATION, CRIMINALISATION AND SOCIAL DIVISION

Globally, increasing social polarisation and rampant cultures of disinformation are having a significant impact on the homeless community. Whilst this is particularly pronounced in the US, with a presidential 'crackdown' on homeless residents in Washington DC and the open advocacy for state sanctioned murder by Fox News host Brian Kilmeade, echoes of the same hostility can be seen in the UK.

Despite a commitment to finally repeal the Vagrancy Act, the government's Crime and Policing Bill will strengthen police and local authority powers to criminalise people affected by homelessness. We have already noticed an increasing turn towards criminalisation, where extreme financial pressures mean

that statutory and voluntary agencies more readily resort to enforcement action.

The 'small boats' debate in the UK is also, in part, about homelessness. An increasingly hostile media narrative is fanning the flames of a growing campaign of violence, harassment and intimidation towards homeless refugees and asylum seekers.

There are no easy answers to tackling disinformation and division; things seem likely to get worse before they improve. Calls for understanding, tolerance and compassion are needed now more than ever. With leadership on this lacking, we must make the call ourselves and build communities based on trust, inclusion and a commitment to positive change.

SUMMARY FINDINGS

We have collected information about 1,611 deaths of people experiencing homelessness in 2024, a 9% increase since the year before. In 2023, we reported 1,474 deaths, and the year before 1,313 deaths. We remember everyone who lost their lives in 2024 with love and in solidarity.

Alongside our community, and our allies and colleagues across the homelessness and social care sectors, we are appalled at this needless and preventable loss of life. We will continue to make the case for systemic change as long as we have to, and we will make efforts, through our investigations, partnerships and direct work with the community, to bring positive change to life wherever we can.

COMMENTARY

As of the 1st of August 2025, 334 out of 390 lower and upper tier authorities across the UK (88.7%) supplied data to the project about deaths in 2024. This is 25 more authorities than in 2023, a 9% improvement.

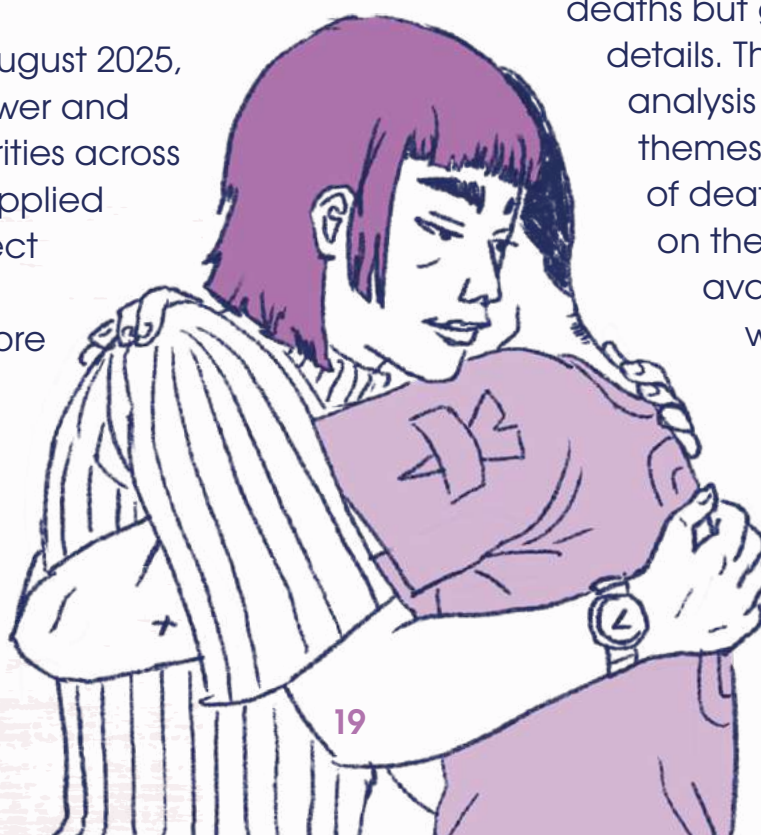
17 local authorities told

us that they do not hold information about the deaths of people experiencing homelessness and 12 local authorities did not reply to our FOI request. This included 7 London boroughs, where homelessness and rough sleeping are higher than the rest of the UK. Although response rates have improved since we published our report about deaths in 2023, we continue to find this worrying; local authorities have a legal duty to respond to FOI requests and in their role as landlord and commissioner of homelessness services, they have health and safety and contract monitoring responsibilities, meaning serious incidents should be routinely recorded and reported.

Additionally, not all councils provided all the information requested, some only shared the total number of

deaths but gave no further details. Therefore, our analysis of specific themes (e.g., age, cause of death) is based on the information available to us, which will be indicated in the report.

That said, response rates



SUMMARY FINDINGS

to our FOI requests have improved over time, with a notable improvement this year. There are three likely contributing factors to this. The first is improved prioritisation by local authorities to record the deaths of people who died while homeless, alongside better engagement with the Dying Homeless Project and its aims. The second is improvements to the Project's capacity to challenge incorrectly applied exemptions to our FOI requests. Finally, our decision to delay the publishing of our report to October has given local authorities a greater length of time to respond. Even though Freedom of Information requests are subject to a statutory 20 working day deadline, around 20% of local authorities did not provide information within that timescale.

**Dying Homeless Project
vigil outside Downing Street,
London. 2024.**

© Lucinda MacPherson.



PICTURE ACROSS THE UK

In 2024, we were told about 1,611 people who died whilst homeless across the UK.

We documented a 9% increase in the total number of deaths across the UK

compared with the previous year. An increase was observed in two of the four nations of the United Kingdom, with slight decreases in the number of deaths in Scotland and Wales.

Fig. 1. Number of reported deaths by year 2020-2024.

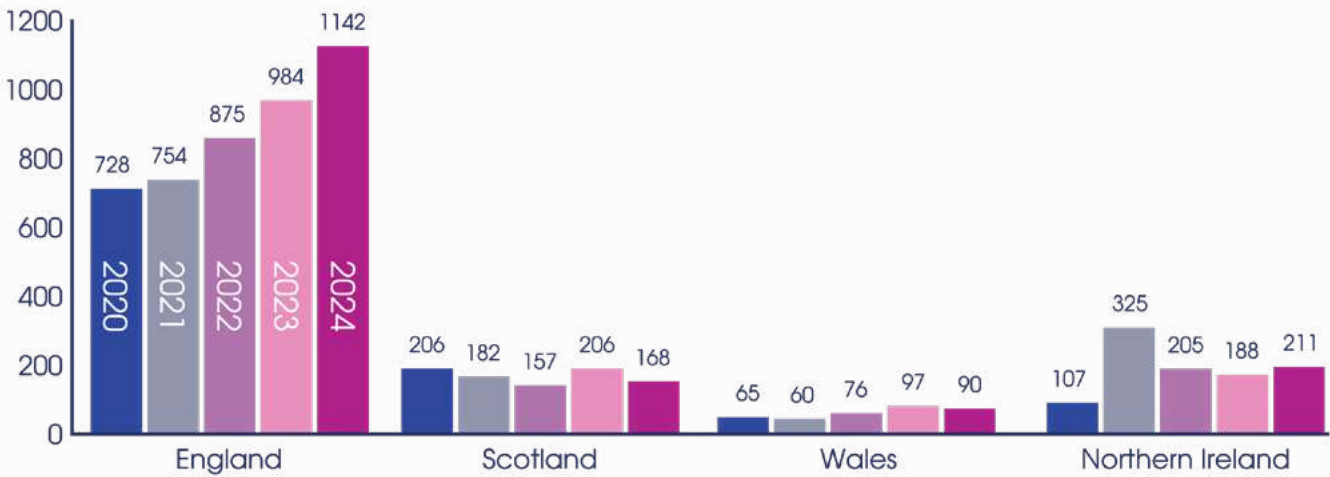


Table 1. Number of reported deaths by location and year 2022-2024.

Location	2024 deaths	2023 deaths	2022 deaths
Northern Ireland total	211	155	205
Belfast	56	49	56
Antrim and Newtownabbey	19	16	30
Derry and Strabane	16	6	10
Scotland total	168	206	157
Glasgow	31	51	50
Edinburgh	23	41	40

Continues overleaf

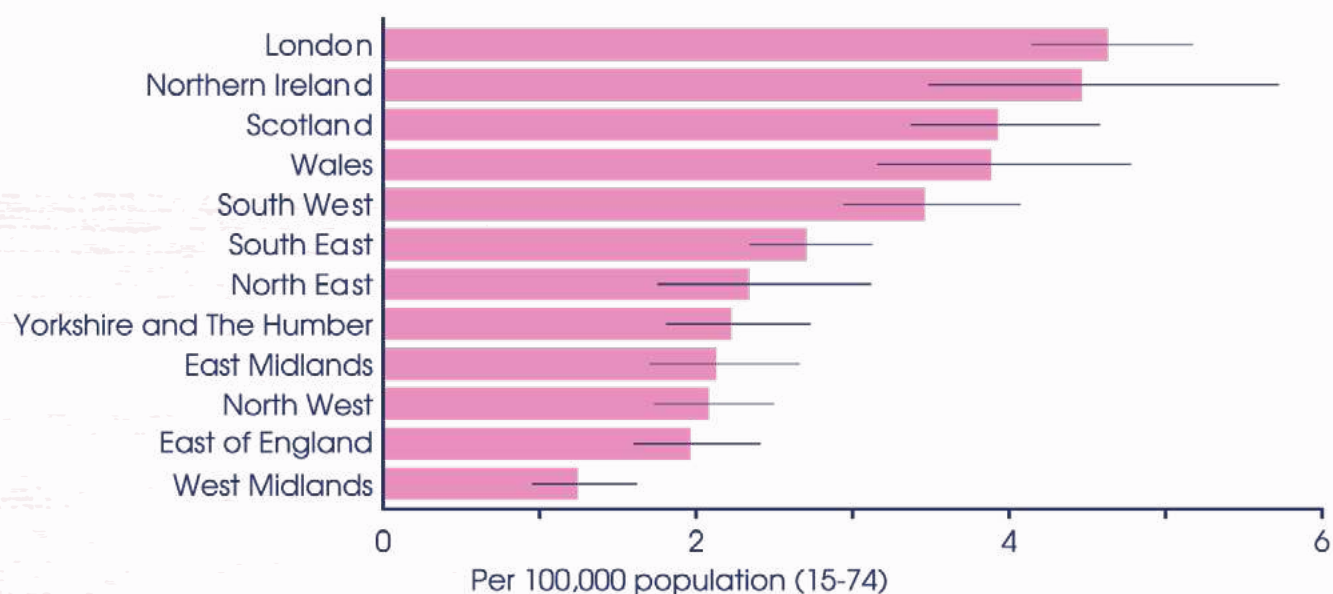
DYING HOMELESS PROJECT 2025

PICTURE ACROSS THE UK

Location	2024 deaths	2023 deaths	2022 deaths
Wales total	90	97	76
Cardiff	23	35	22
Swansea	10	10	16
Bridgend	11	2	Not held
England total	1142	983	875
London	326	310	295
Manchester	16	18	21
Brighton and Hove	36	36	43
Nottingham	22	11	7
Leicester	10	8	4
Cambridge	14	15	11
Bristol	32	37	24
Exeter	21	8	8
Bournemouth, Christchurch & Poole	18	20	10

Fig. 2. Crude mortality rates by region

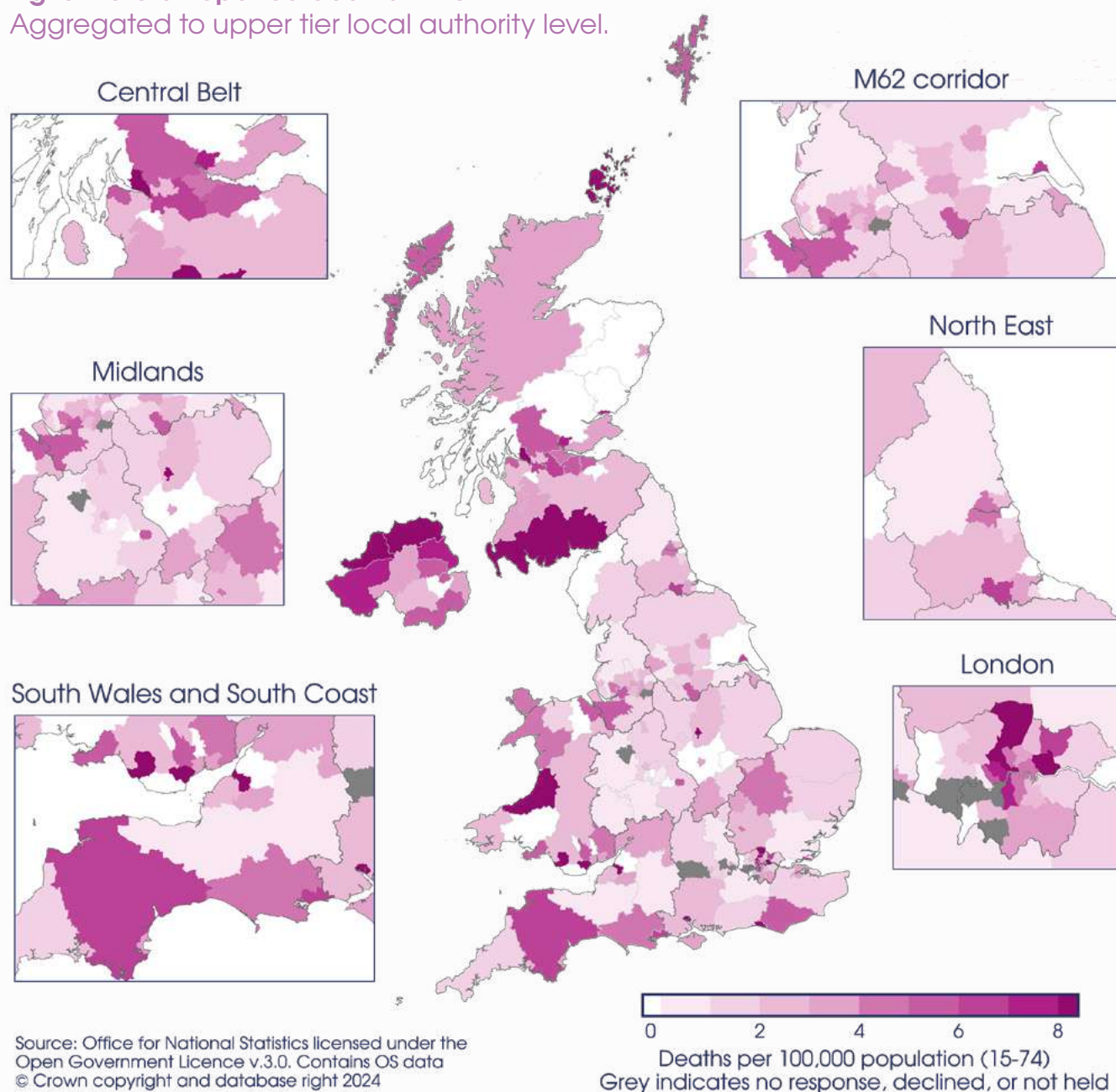
Excluding permanent homeowners or tenants for Northern Ireland.



DYING HOMELESS PROJECT 2025

PICTURE ACROSS THE UK

Fig. 3. Rate of reported deaths in 2024.
Aggregated to upper tier local authority level.



People experiencing homelessness in the UK face much higher mortality rates than the general population, and the number of deaths has been rising year on year. Differences in mortality rates also exist between regions of

the UK, and between areas within each of the nations. The chart above shows significant regional variation in mortality rates across the UK.

Our investigation⁷ shows that the area with the highest mortality rate for

⁷ To understand more about confidence intervals and why we use them, read the Methodology section of this report on page 9.

PICTURE ACROSS THE UK

people experiencing homelessness is London, which is unsurprising given the significantly higher rates of homelessness in the city compared to elsewhere.

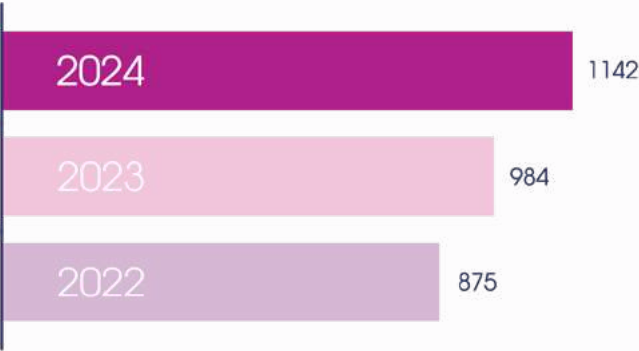
What is more surprising, is that the mortality rate in the South West of England appears to be almost double that of the West Midlands. We have some reservations about the quality

of data we receive from the West Midlands, so this difference may be borne out in the issue of under-reporting. Nonetheless, understanding geographical variations in mortality rates could contribute meaningfully to local priority setting to reduce homelessness and prevent future deaths in the homeless community.

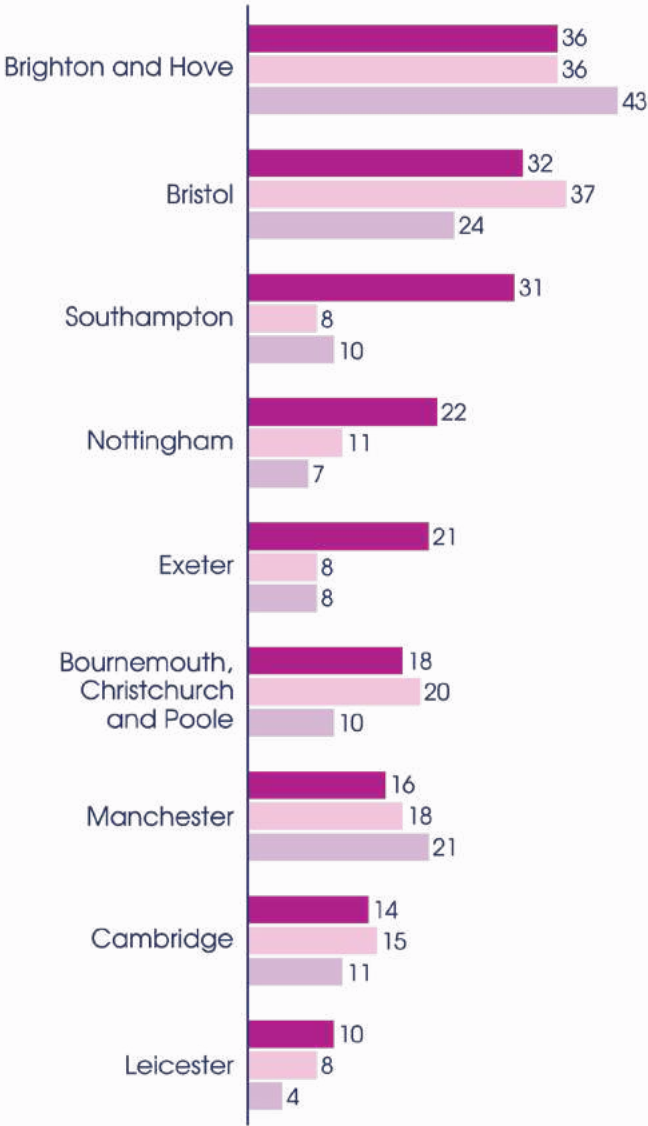
REGIONAL DIFFERENCES IN ENGLAND

1,142 people experiencing homelessness died in England in 2024, a 14% increase on figures reported in 2023.

Fig. 4. Number of reported deaths in England between 2022 and 2024. Left panel: Total across England. Right panel: Selected towns and cities.



At a regional level, London had the highest number of deaths that we know of (326) while the North East had the fewest (46). When population size⁸ is taken into consideration, the South West region had the second highest rate of reported deaths in England, behind only London.



8. 15-74 year olds, based on 2021 Census figures

DYING HOMELESS PROJECT 2025

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Fig. 5. Reported number of deaths across England.

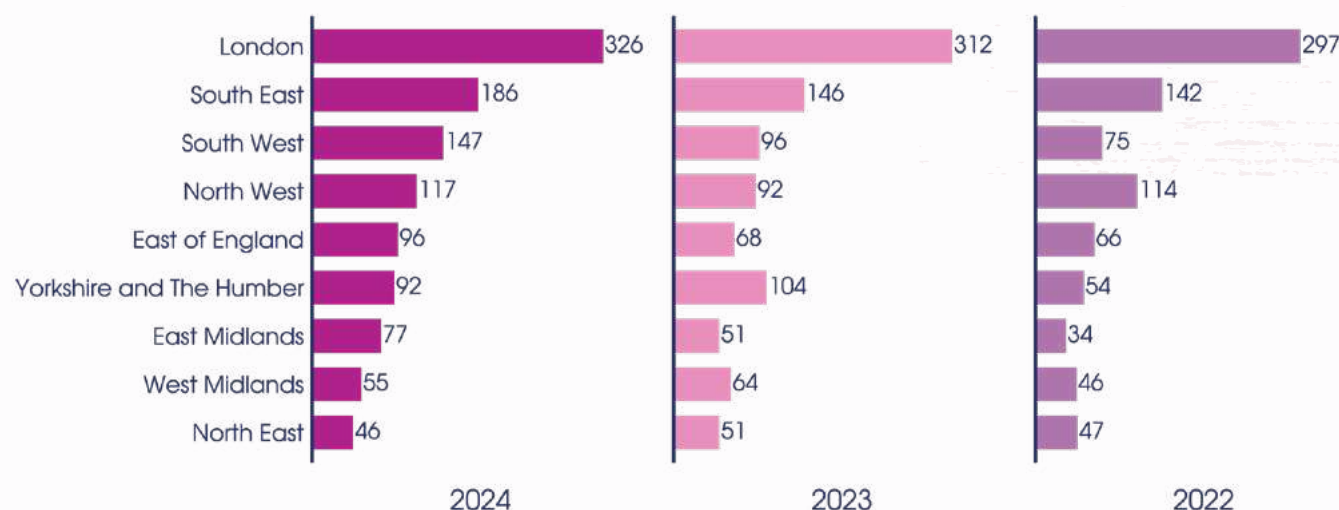


Table 2. Regional comparison across England between 2023 and 2024.

Region	Number of People			Rate per 100,000 population	
	2023	2024	% change since 2023	2024	2023
North East	51	46	-10%	2.34	2.59
North West	92	117	+27%	2.08	1.64
Yorkshire and The Humber	104	92	-12%	2.22	2.52
East Midlands	51	77	+51%	2.13	1.38
West Midlands	64	55	-14%	1.24	1.45
South West	96	147	+53%	3.46	2.27
South East	146	186	+27%	2.66	2.10
London	312	326	+4%	4.63	4.51
East of England	68	96	+41%	1.96	1.42

The reported increases in the East Midlands, East of England and South West regions are statistically significant and deeply concerning. Whilst deaths in all three of these regions have increased over time, the rate of increase in 2024

ominously bucks previous trends, with the three areas seeing a combined average increase in deaths of 46% a piece. For the second year in a row, there has been a near 50% increase in homeless deaths in the East Midlands, a concerning sharp

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upward trend that is worthy of urgent attention and action.

Three regions reported reductions in the number of deaths in 2024 compared to the previous year, with

those in Yorkshire and the Humber and the West Midlands being statistically significant and suggesting that increases reported in 2023 may not be indicative of a sharper upward trend.

REGIONAL DIFFERENCES IN SCOTLAND

We know of 168 people who died while homeless in Scotland in 2024, 38 (18%) less deaths than reported to us in 2023.

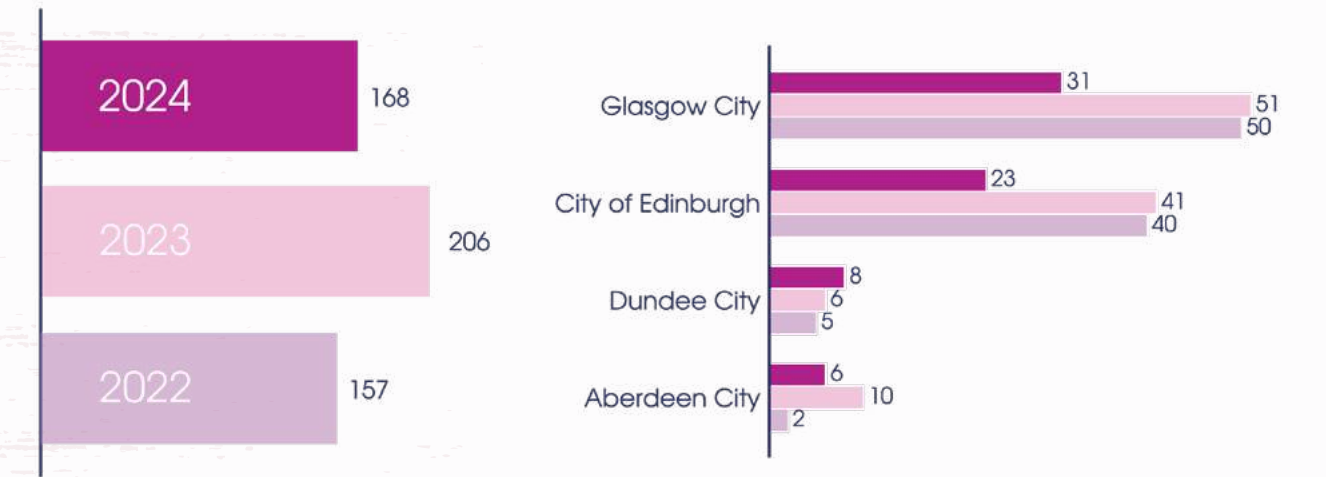
It is notable that homeless deaths in Scotland’s two major cities, Edinburgh and Glasgow, reduced significantly in 2024, to 23 and 31 respectively. Whilst the number of deaths remains high, these reductions are promising and point to assertive efforts to tackle rising drug deaths in the country.

In neighbouring areas, however, deaths have increased. North Lanarkshire has seen an increase from 10 deaths in 2023 to 16 this year, while in West Lothian the figure has doubled (4 to 8). Other authorities have seen a

slight reduction, meaning that overall the total number of deaths, outside major cities, is similar to 2023.

Scotland is the only country that currently records homeless deaths through a national statistical agency (National Records Scotland, NRS), with their findings for the previous year typically published in November. There are differences in our methodologies, so our findings are not directly comparable, and their report for 2024 is not yet available. However, based upon their reports from previous years it is likely that we are underreporting the actual number of people that died while experiencing homelessness in the country.

Figure 6. Number of reported deaths in Scotland between 2022 and 2024. Left panel: Total across Scotland. Right panel: Selected towns and cities



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REGIONAL DIFFERENCES IN WALES

We know of 90 people who died while homeless in Wales in 2024, which is 7 (7%) fewer than the previous year.

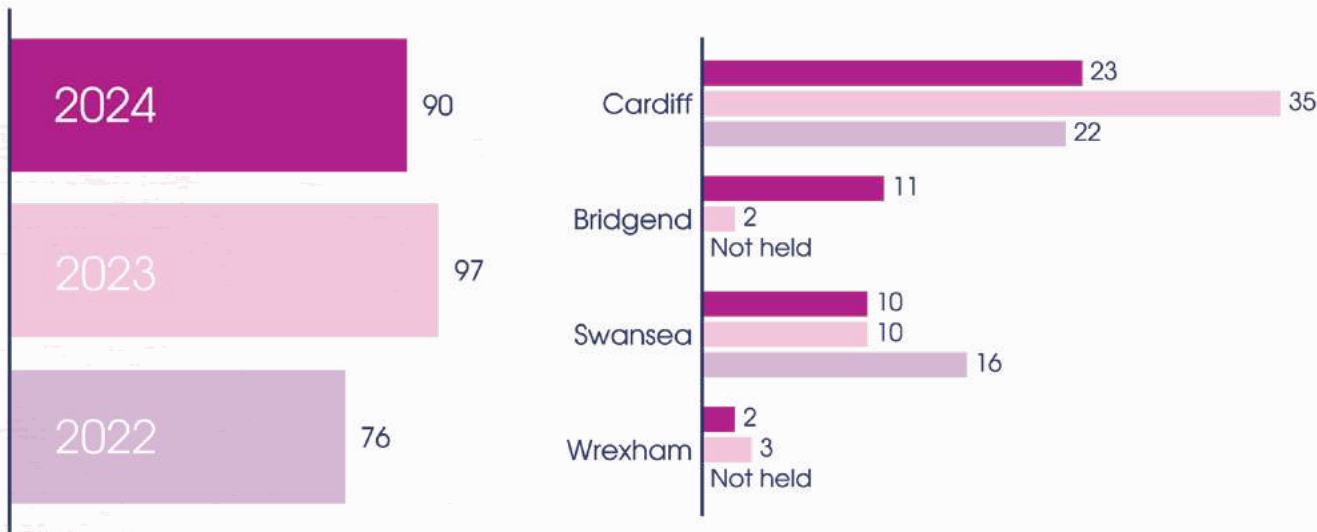
Our data about deaths in Cardiff shows a significant decrease since 2023 (from 35 to 23), however we believe this may be due to a reporting error in 2023, which included all deaths from in the footprint of the Cardiff and Value University Health Board, where unfortunately we did not have an adequate breakdown of the specific place the person died.

Deaths of people experiencing homelessness in Swansea have remained the same since 2023, but deaths in Bridgend have significantly spiked this year. However, because this figure includes information about all people receiving support from

services funded through the Housing Support Grant, we may inadvertently be including people who had moved into settled accommodation when they died. Unfortunately, we have been unable to understand more about who these people were or the circumstances surrounding their deaths so we have included them in good faith based on the information we have. We are working with local charities to improve what we know about people who've died whilst homeless in Wales for future reports.

Women in Wales make up a slightly higher proportion of those who died, where we know their gender, in Wales than the UK average (26% in Wales, compared with 24%).

Figure 7. Number of reported deaths in Wales between 2022 and 2024. Left panel: Total across Wales. Right panel: Selected towns and cities.



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REGIONAL DIFFERENCES IN NORTHERN IRELAND

We know of 211 people who died while homeless in Northern Ireland in 2024, which is 23 (11%) more than the previous year.

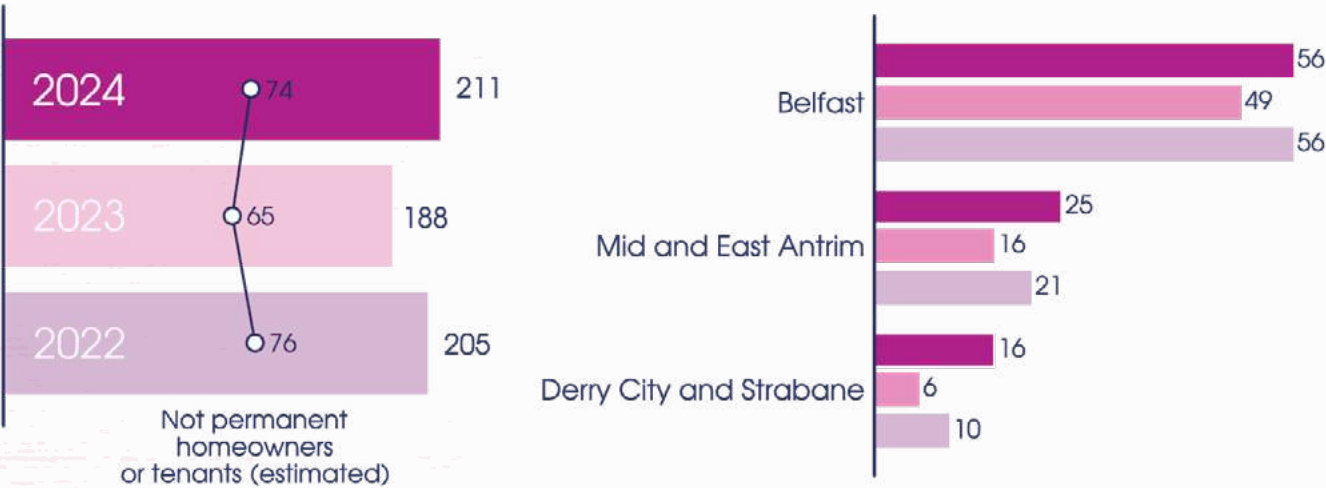
In both Belfast and in Mid and East Antrim, the number of deaths rose in 2024, returning to levels reported to us in 2022. Whilst there was a 50% increase in deaths reported in Derry and Strabane, the overall number remains well below that reported in 2022. Given that the population of Belfast is more than double that of Mid and East Antrim, the significant difference in the number of deaths is accounted for by population.

In previous years we have reported that Northern Ireland had, by far, the highest rate of homeless deaths across the four nations of the United Kingdom. Further analysis last year highlighted clear differences in the characteristics of those dying in

Northern Ireland, who were generally older, and with a significantly narrower gender disparity compared to the other three regions of the UK. We theorised that this suggested a difference in how homeless deaths were understood, and then reported, in Northern Ireland compared to the rest of the UK.

Conversations with the Northern Ireland Housing Executive (NIHE) confirmed that a significant proportion of the people whose deaths were reported to the Dying Homeless Project in previous years, were permanent homeowners or tenants who were homeless because their property was unsuitable for their continued occupation. Therefore this group of predominantly older people were ‘homeless at home’, typically whilst waiting for bungalows or older person’s supported accommodation.

Figure 8. Number of reported deaths in Northern Ireland between 2022 and 2024. Left panel: Total across Northern Ireland. Right panel: Selected local authorities



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As all types of homelessness are included within the criteria of the Dying Homeless Project, it was right that the Housing Executive told us about their deaths; understanding this difference in definition and recording enables us to adjust our analysis accordingly whilst still remembering all those who died whilst experiencing homelessness of any form.

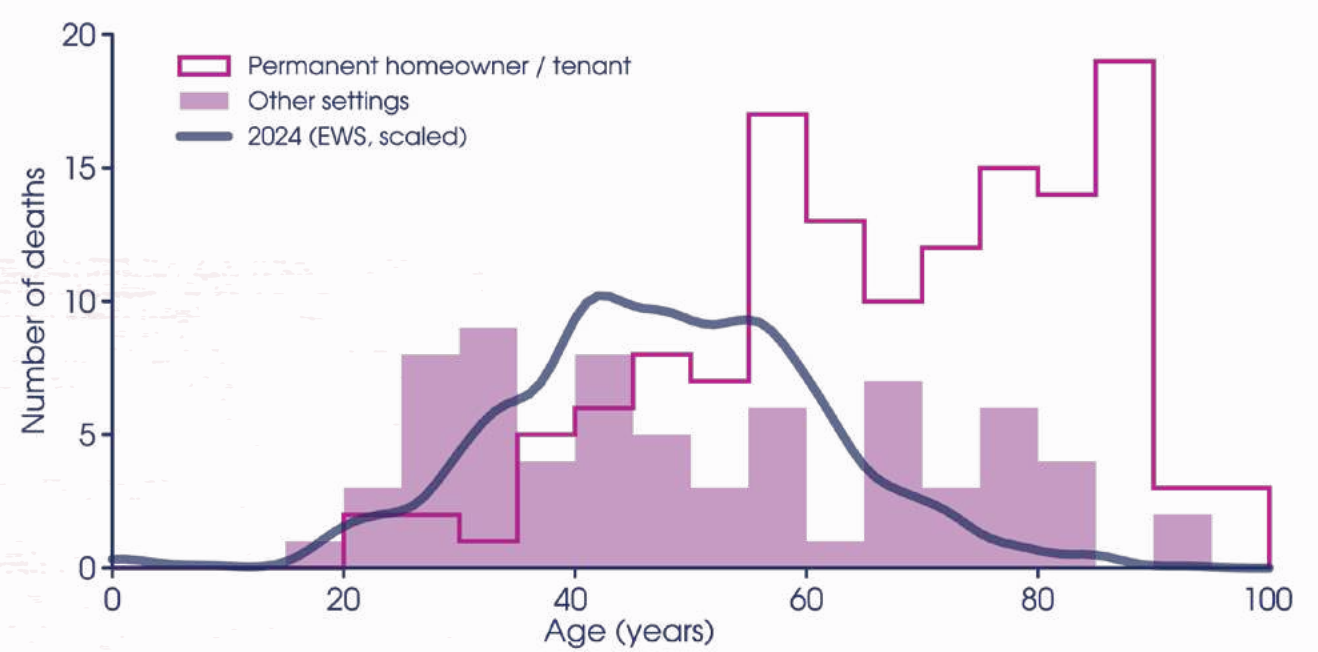
This year, on our request NIHE supplied a more detailed breakdown, in which they separated those who died whilst homeowners or permanent tenants, from those who were living in temporary accommodation and hostels. Using this information, it is now possible for us to make a comparison across the UK on a like-

for-like basis. It is also possible – with some presumptions – to estimate the number of reported deaths for people living in these ‘typical’ homelessness setting in previous years.

A total of 137 of those who died in 2024 were homeowners or permanent tenants at the time of death. 74 people died in other settings, such as hostels and temporary accommodation, and were more likely to be younger, single adults.

The age distribution of the two groups differ significantly, confirming our hypothesis about the significant regional variation between the four nations. Importantly, the age distribution of people who died in Northern Ireland whilst living in ‘typical’

Fig. 9. Age distribution for Northern Ireland by type of accommodation. 2024 data only. EWS = England, Wales, Scotland



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homelessness settings is more similar to our data for the other three nations when adjusted to account for those who died whilst 'homeless at home'.

Moreover, when adjusting for population size, the mortality rate

of 4.47 per 100,000, while still the highest of the four nations, is in line with Scotland, Wales, London, and the South West of England (within statistical uncertainty).

DEATHS BY TYPE OF AREA

Last year, we started to understand more about geographical differences in the deaths of people experiencing homelessness. We used an Office for National Statistics classification of local authority areas, which created eight categories that aim to reflect the geographic, demographic and socioeconomic characteristics of households in that area. Using this, we spoke about differences in the number of deaths reported in coastal towns, in deprived former industrial cities compared with affluent and cosmopolitan areas of the UK.⁹

On reflection, some of these categories were not especially intuitive, for example, "Town and Country Living" could mean different things to different people. This year we have created our own categories, which align with ONS reporting, but hopefully highlight key trends more clearly. The categories are:

- **Larger Towns and Cities** - this has been split into London and outside London for clarity

- **Suburban** - generally commuter belt areas and medium-sized towns with their own distinct identity
- **Industrial and Coastal Heritage** - areas that have a history of significant industry, including mining and manufacturing, as well as coastal communities with above-average socio-economic deprivation
- **Rural and Countryside** - small towns, villages and areas of generally lower population density

Unsurprisingly, the majority of recorded deaths of people experiencing homelessness occurred in urban areas of the UK. Overall, the reported rate of deaths in urban areas was around two times higher than rural areas.¹⁰ This reflects the human journeys of homelessness, where higher rents force more people into poverty and precariousness and where the availability of support services concentrates those who need them in larger towns and cities.

⁹ To read our 2023 report, visit our website: <https://museumofhomelessness.org/dhp>

¹⁰ The variance between urban and rural areas increases even further if Northern Ireland (with its differently applied definition of homelessness) is excluded.

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However, in terms of percentage change since 2022, areas that are mostly rural have seen the biggest increase in deaths of people experiencing homelessness. For a second year, this point to the fatal consequences of chronic disinvestment from public infrastructure supporting rural and suburban communities. People experiencing homelessness and living in rural areas, tell us about huge challenges in accessing housing and health support, when the nearest service might be several miles away and public transport is both costly and ever more unreliable.

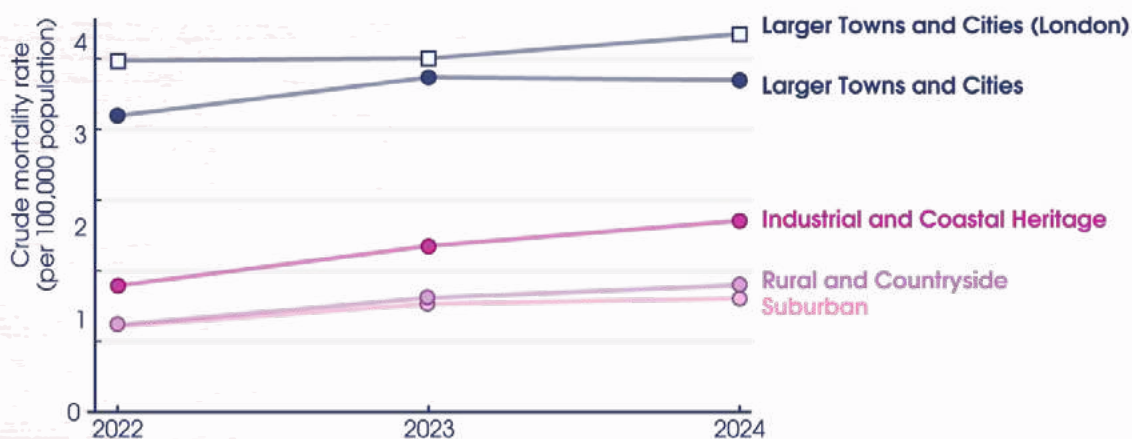
Mirroring our analysis in 2024, communities that have historically experienced high levels of disadvantage (former industrial and coastal towns) are disproportionately affected by homeless deaths compared to their more affluent neighbours.

Since 2022 there has been an increase in the mortality rate in all areas. Larger towns and cities outside London have a broadly similar rate of reported deaths to the capital. It is not clear from our data whether the observed difference is characteristic of underlying issues related to different experiences of homelessness, or simply differences in recording quality between years.

Areas of Industrial and Coastal Heritage have had a higher rate of reported deaths compared to rural or suburban areas; however the proportional rate of change since 2022 has remained consistent across the three categories (within statistical uncertainty). Underlying deprivation and disadvantage appears to cause more risk, however within the limitations of our data we cannot say for sure whether that risk is increasing for some areas compared to others.

Figure 10. Crude mortality rate (aged 15-74) by year and area type.

Excluding Northern Ireland. Five London authorities are classified as suburban



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Fig. 11. Median age by region and area classification

Excluding permanent tenants and homeowners for Northern Ireland. Only displaying categories where there were five or more reported deaths in 2024.



It is not only the number of deaths but also the age at death that appears to be connected to the region where a person died. Even discounting the complexities of including Northern Ireland (as per the discussion on pg. 28), there is a twelve-year difference in age at death between those who died in urban areas in the North East and those who died in London.

We collect data at local authority level, and as such it is not possible to

directly measure differences in deaths occurring in all areas of the same type; many local authorities comprise a mix and it would be necessary to collect information about where someone lived and/or died at the postcode level to conduct this level of analysis.

Our findings about regional differences in homeless deaths in 2024, continue to find echoes in those of the 2023 national study exploring 'Deaths of Despair'¹¹, which are those occurring

11 Camacho, C., Webb, R. T., Bower, P., & Munford, L. (2023). Deaths of despair in England: an observational study of local authority mortality data. *Lancet* (London, England), 402 Suppl 1, S31. [https://doi.org/10.1016/S0140-6736\(23\)02124-4](https://doi.org/10.1016/S0140-6736(23)02124-4)

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due to alcohol, drugs and suicide. This research, by the University of Manchester, exposed severe regional inequity; they found that in the North East of England more than twice as many people lost their lives to Deaths of Despair than in London. Our data suggests that there is not only a regional inequality in the number of deaths, with the North West and South West of England both seeing a twofold increase in the number of homeless Deaths of Despair since 2022, but also in the ages that they occur.



The deaths of people experiencing homelessness follow known patterns of socio-economic and health inequality. This inequality is not only evident between regions of the UK, but also between communities within the same region.



Dying Homeless Project vigil outside Downing Street, London. 2024.

© David Tovey.

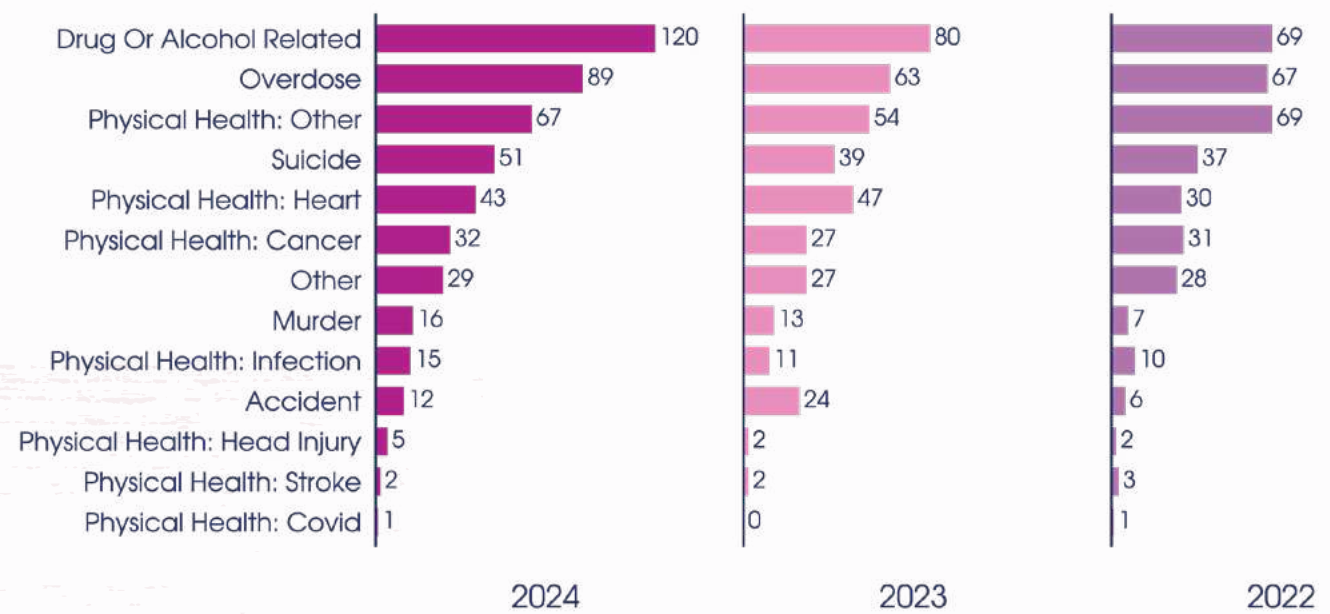
CAUSE OF DEATH

Information about cause of death was reported to us in 30% of cases, a slight increase since 2023, which in turn, increases confidence in our analysis.

There are various reasons for somewhat low reporting on the cause of death. Sometimes cause of death has not yet been determined by a coroner when we make our request for information, in other cases local authorities deny our request for cause of death information, citing exemptions under the FOI legislation, and data protection concerns.

The information we gather from FOIs is supplemented by information from loved ones, the findings of coronial inquests and, press reports. This may introduce some bias, as cases deemed to be more “news-worthy” (for example those involving violence, drugs, or suicide) may be preferentially reported upon. In turn, certain local media outlets are much better sources of information than others meaning information about deaths in some regions, cities, and towns is more readily available than in others.

Fig. 12. Suspected causes of death where known.
Sample size by year - 2022: 360, 2023:389, 2024:482



CAUSE OF DEATH

Table 3. Comparison of data sources reporting cause of death for people experiencing homelessness

Cause of death (% excluding unknown)	UK (Dying Homeless Project, 2024)	England & Wales (ONS estimated, 2021)	Scotland (NRS estimated, 2023)
Physical health	165 (34%)	283 (29%)	106 (44%)
Cancer	32 (7%)	39 (5%)	17 (7%)
Cardiac	43 (9%)	62 (8%)	35 (14%)
Stroke	2 (<1%)	8 (1%)	
Drug or alcohol related (including overdose)	209 (44%)	330 (44%)*	121 (50%)*
Drug related (total incl. overdose)	167 (35%)	259 (35%)**	100 (41%)**
Alcohol-related ¹²	42 (9%)		16 (6%) - alcohol specific
Overdose	89 (18%)		
Suicide	51 (11%)	99 (13%)*	23 (10%)*
Accident	12 (2%)		Not clearly recorded
Murder	16 (3%)	0 (0%)	
Other	29 (6%)		
Total (cause of death known)	482 (30%)	724	242
Unknown	1,129 (70%)	17	
Total	1,611	741	242

* Possible overlap between suicides and drug-related death so it may be reported as both

** The ONS captures “drug poisoning” deaths, while NRS captures the more restrictive “drug misuse” deaths. These only include cases where drug use can be directly implicated as causing someone’s death e.g. heroin toxicity. Our data may also include individuals where drug use may be a contributing factor, but not the direct cause of their death, e.g. infection exacerbated by chronic drug use.

¹² This includes all deaths where alcohol featured in the cause of death, including those where both drug and alcohol related causes were reported.

CAUSE OF DEATH

DEATHS OF DESPAIR

We have been staggered by the research about 'Deaths of Despair' and have found it important in making sense of the deaths of some people who experience homelessness. Deaths of Despair are categorised as those that are caused by suicide, drugs and/or alcohol; this categorisation aims to draw attention to the social exclusion, isolation and desperation that often surrounds these deaths.

Like Deaths of Despair, deaths of people experiencing homelessness all too often happen at the intersection of severe exclusion and destitution; the word despair describes the experiences of many in our community all too accurately.



Our investigation found that 55% of people who died whilst homeless in 2024 experienced 'Deaths of Despair'.

DRUG AND ALCOHOL RELATED DEATHS

Deaths related to drug and alcohol use (including overdose) represent the largest proportion of all deaths reported to us, accounting for 43% (n.209) of all people who died whilst homelessness in 2024. It is with a heavy heart that we report further increases in drug and alcohol related deaths this year, although we recognise that

Fig. 13. Reported Deaths of Despair.

Each icon represents two people that died.



CAUSE OF DEATH

improvements in data quality and quantity may account for some of this.

Our findings are comparable with those compiled by the Office for National Statistics and National Records Scotland, although neither has yet published data for deaths in 2024.

We do not have full access to death certificates or Coroners rulings and reports, unless they are made public or shared with us by loved ones. Even where this information is available, there is inconsistency amongst medical examiners and coroners when recording and reporting drug-related deaths. Although the majority of Coroners now share information about drug-related deaths with the National Programme on Substance Use Mortality¹³ (NPSUM), in the latest ONS figures, 23% of all drug-related deaths were certified simply as 'multiple drug toxicity' or 'drug overdose'¹⁴. This makes it difficult to identify new risks and trends in drug-related deaths which, in turn, make it very difficult to develop harm reduction strategies that support people who might be at greatest risk.

Further, due to the way our investigation is structured we only report a single cause of death; sometimes we are made aware of multiple causes and in other cases

we anticipate that drugs or alcohol may have been a secondary cause of death even where it is not explicitly stated. We are cautious not to introduce bias to our reporting by interpreting data in this way, even where alcohol or drug-related factors may seem evident. For example, if it is reported that someone died of liver cancer in their 40's, this will be recorded as 'physical health: cancer' even though it may be the case that alcohol was a factor.

36 people who died of drug-related deaths were rough sleeping or of no fixed abode at the time they died. This is a 50% increase since last year, clearly indicating a drug death epidemic on our streets. Extreme isolation, exposure to inclement weather and the inability to access harm reduction and drug-related support all increase the risk of overdose.

We know about the specific substance(s) implicated in cause of death in only a fraction of cases. Recording quality improved this year, largely due to information obtained through press reports, but the quality is not good enough at present to draw meaningful conclusions.

We have repeatedly called for additional investment in harm

¹³ Hosted by Kings College London, this programme aims to prevent drug-related deaths by conducting research to inform clinical care, drug policy and harm reduction strategies. More information can be found here: <https://www.kcl.ac.uk/research/the-national-programme-on-substance-use-mortality>

¹⁴ Office for National Statistics (2024) 5. Drug poisonings from selected substance, Deaths related to drug poisoning in England and Wales: 2023 registrations, England. Available at: <https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/bulletins/deathsrelatedtodrugpoisoninginenglandandwales/2023registrations>

CAUSE OF DEATH

reduction support and the piloting of spaces whose aim is to reduce and prevent overdose deaths. The efficacy of sanctioned and unsanctioned safer injecting sites is now well-evidenced¹⁵ and our findings add to calls from experts in the field, for the UK government to review the Misuse of Drugs Act (1971) to make it possible for grassroots and statutory agencies to open legal, supportive and safe overdose prevention spaces.

Read more about The Thistle, the UK's first sanctioned safer drug consumption service, as well as the London Harm Reduction Collective's¹⁶ demo Overdose Prevention Site, in the Promising Practice section of this report.

Table 4. Drugs implicated in cause of death (where known).

	2022	2023	2024
Opiates (heroin, morphine, methadone)	3	8	20
Cocaine	3	8	11
Nitazenes	0	1	4
Amphetamines	0	0	2
Prescription drugs (inc.	3	1	11
Other	0	0	3
Total (where at least one drug is named)	6	12	29

SPOTLIGHT: EXETER

In 2024, Exeter saw a large rise in deaths of people experiencing homelessness. This was observed across Devon, where deaths increased by 250% compared with 2023¹⁷, although the majority were concentrated in the city¹⁸.

21 people experiencing homelessness passed away in the city in 2024, up 163% from 2023. 15 of those people were living in supported or temporary accommodation at the time of their death.

To understand this change, the Dying Homeless Project Team visited Exeter in August 2025. Local services shared the issues facing people rough sleeping, and those who try to support them, including discussing the tragic number of fatalities in the city and what they were doing in response.

¹⁵ Holland, A, Harris, M, et al (2022) Overdose prevention centres in the UK, The Lancet Public Health, 7(3) E196-E197. Available at: [10.1016/S2468-2667\(22\)00038-X](https://doi.org/10.1016/S2468-2667(22)00038-X)

¹⁶ <https://www.londonhrc.org.uk/>

¹⁷ 2023 10 deaths, 2024 35 deaths.

¹⁸ 21 Deaths in 2024, 8 in 2023

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According to local charity St Petrocks, between 24 and 35 people slept on Exeter's streets each night in 2024. This is on par with single night streetcount figures recorded by many London boroughs¹⁹, which considering the relatively small size of the city, is significant. Local organisations attribute this, at least in part, to very high numbers of people leaving prison into homelessness.

Like much of the UK, colleagues told us that Exeter faces an acute shortage of affordable housing²⁰ and people are living with greater complexity and vulnerability than ever before. As well as this, the city has some of the highest evictions rates including amongst providers of temporary and supported accommodation.

Ultimately, this means people are living in a cycle of 'revolving door' homelessness, in and out of accommodation and only in sporadic contact with support they need.

According to local services, this is worsened by a lack of long-term funding and a shortage of physical space to provide drop-in and crisis support, especially during evenings and weekends, when incidents of harm are more likely. People all too often have nowhere to go.

When reflecting on recent deaths, local organisations shared that one of the challenges they face is in lengthy delays in toxicology reporting and inquest outcomes, from medical examiners and coroners. The spectre of drug related harms affecting the homeless population loomed large.



Stephen 'Cookie' Cook's pebbles. Stephen was a legendary street artist who lived in Exeter and was much beloved by the homeless community there.

19 <https://www.gov.uk/government/statistics/rough-sleeping-snapshot-in-england-autumn-2022/rough-sleeping-snapshot-in-england-autumn-2022#annex-regional-maps>

20 According to the ONS Price Index of Private Rents, the average private rental price for a 1 or 2-bed property in Exeter increased by 17% between January 2023 and January 2025, slightly higher than the regional (15%) and national average (16%). <https://www.ons.gov.uk/economy/inflationandpriceindices/bulletins/privaterentandhousepricesuk/august2025>

CAUSE OF DEATH

This leaves local services without a clear picture of the factors contributing to overdose deaths in particular, despite the knowledge that over half of homeless deaths in 2024 were drug-related. Although it's seen as positive that Safeguarding Adult Reviews have been commissioned locally, a death that occurred in October 2023 only started in August 2025. Learning needs to be identified and acted on more quickly, in order to prevent future deaths.

Despite these challenges Exeter shows promising practice, such as their Preventable Deaths Forum. The Forum began in 2023, and began meeting monthly in 2024 to respond to the rise in fatalities. The Forum serves as a space for conversation and collaboration between services, with the aim to reduce future fatalities. Importantly, it is made up of statutory and voluntary services from across the city. Many projects and organisations are also based at the Co-Lab, a multi-agency hub. Having groups and services closely linked in this way brings wraparound support closer to the people who need it.

STAR Project²¹ is another instance of positive practice to reduce deaths. The service offers outreach support to people experiencing homelessness and drug dependency and prioritises a trauma-informed approach that is learning focused, rather than KPI driven. Their relational approach builds trust; increases in the number of people accessing harm reduction support and opiate substitution therapy suggest that this is having a positive impact. The service told us they have a smaller number of deaths than others in the city, which points to the crucial role of trusted relationships, dignity and harm reduction in preventing deaths.

21 <https://www.bthechange.org.uk/s-t-a-r>

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SUICIDE

Last year we reported that 38 people experiencing homelessness had completed suicide; this has increased in 2024 with 51 reported suicide deaths, which is disproportionately greater than the overall increase in deaths and in the improvements in data confidence.



51 people experiencing homelessness died by suicide in 2024 – this tragedy should trigger urgent local and national action.

In 2024, there were no reported suicide deaths for people experiencing homelessness in Northern Ireland. 2 suicide deaths were reported in Wales, and 6 in Scotland.

The average age, at time of death, for people who completed suicide whilst homeless, was 36 years old. This is 12 years younger than the overall average for England, Wales and Scotland²², as well as for people dying whilst homeless of any other causes (45 years old for women and 47 for men).

When suicide is considered by age and gender, the average age at death for women is 32 years old, highlighting serious concerns about

the availability of mental health support for young people and the gendered dimensions of harm and distress that lead to women experiencing homelessness and to completing suicide.

Although trauma-informed care is a growing priority within the homelessness sector, barriers to accessing mental health care and inadequate and stigmatising treatment within the mental health system, are life-threatening issues facing our community.

If you are reading this and finding life difficult, Samaritans are here – day or night, 365 days a year. You can call them for free on **116 123**, email them at **jo@samaritans.org**, or visit **www.samaritans.org** to find your nearest branch.

MURDER

Our investigation identified 16 people experiencing homelessness who were murdered in the UK in 2024, broadly the same proportion as in 2023. Homelessness makes people highly vulnerable to life-threatening violence.

The average age at death for those who were murdered was 39 years old, which is slightly lower, but not significantly so, than the average

²² <https://www.samaritans.org/about-samaritans/research-policy/suicide-facts-and-figures/latest-suicide-data/>

CAUSE OF DEATH

Table 5. Reported deaths by murder in the UK.

Year	Number of reported deaths
2022	7
2023	13
2024	16

age at death across all causes. Whilst the relatively small number of recorded deaths by homicide mean that these figures should be treated with some caution, our investigation considers data from 2022 onwards to suggest that someone experiencing homelessness is between 1.3 and 3.5 times more likely to be murdered than someone who was housed.

In 2024, two women experiencing homelessness were murdered, and

thirteen men. We do not know the gender of the remaining person. Although the risk was highest for those aged 36-45 years old, we were deeply saddened to learn of one child and two young people under 21 years old who were murdered whilst homeless in 2024.



In 2024, the risk of being murdered was around 4 times²³ higher for people experiencing homelessness than for the general population.

A number of studies have identified that people experiencing homelessness are between 13 and 17 times more likely to be victims of violent crime than people who are housed²⁴. Other research, predominantly from

Table 6: Three-year average murder rate from 2022-2024. Subtitle: ASMR = age-standardised mortality rate, expressed as per million population.

ASMR = age-standardised mortality rate, expressed as per million population

Aged 18-74	ASMR – experiencing homelessness at time of death	ASMR – population	Comparative mortality ratio (CMR)	95% confidence interval
England and Wales	24.9	11.7	2.13	1.3 to 3.5

23 95% confidence interval 2.3 – 6.9

24 Crisis. (2016). It's No Life at All. Crisis. Retrieved from <https://www.crisis.org.uk/ending-homelessness/homelessness-knowledge-hub/types-of-homelessness/its-no-life-at-all-2016/> and Nilsson, S. F., Nordentoft, M., Fazel, S., & Laursen, T. M. (2020). Homelessness and police-recorded crime victimisation: A nationwide, register-based cohort study. The Lancet Public Health, 5(6), 333–341. [https://doi.org/10.1016/S2468-2667\(20\)30075-X](https://doi.org/10.1016/S2468-2667(20)30075-X)

CAUSE OF DEATH

the US, has specifically identified the elevated risk of homicide against people experiencing homelessness²⁵. A 2024 study²⁶ exploring nineteen murders of people who experienced homelessness in the UK further identified a worrying prevalence of murders committed by people who were experiencing homelessness themselves. Our investigation identified similar concerns. We heard accounts of the mood-altering effects of

synthetic drugs, deepening violence against street homeless women and of systemic failures to safeguard adults at risk.

Where perpetrators were also people experiencing homelessness, we feel strongly that their violence could have been prevented, had support been in place to address significant mental health concerns and issues related to drug and alcohol use.



Dying Homeless Project vigil outside Downing St, London. 2024.

© Lucinda Macpherson.

25 For example, Gruenewald, J. (2013). Using open-source data to study bias homicide against homeless persons. *International Journal of Criminology and Sociology*, 2(1), 538–549. <https://doi.org/10.6000/1929-4409.2013.02.48> and, Stockers, M., Nusselder, W., Rietjens, J., & van Beek, E. (2018). Unnatural death: A major but largely preventable cause-of-death among homeless people? *The European Journal of Public Health*, 28(2), 248–252. <https://doi.org/10.1093/eurpub/cky002>

26 Ross, E., Synnott, J., Ioannou, M., Ashton, S.-A., & Tunzi, A. (2024) Understanding the variation in offender behaviour and risk factors in cases of homicide perpetrated against the uk homeless population between the years 2000 and 2022. *Journal of Investigative Psychology and Offender Profiling*, 21(2), e1627. <https://doi.org/10.1002/jip.1627>

ACCOMMODATION TYPE

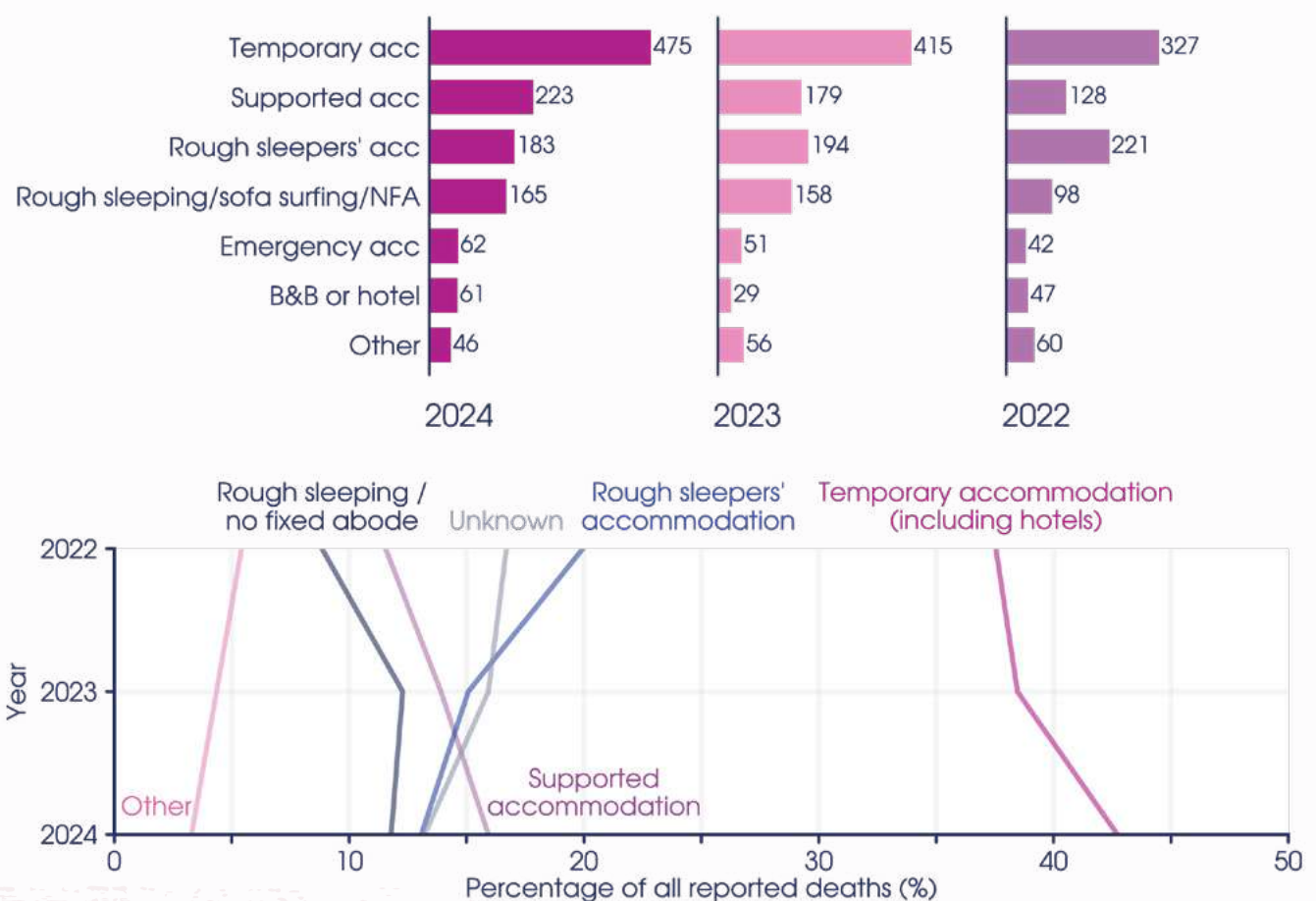
We have information about the housing status of 1,426 (87%) of the people who died.

Reporting about accommodation status at time of death has improved significantly this year.

Fig. 14. Accommodation at time of death (where known).

Excluding Northern Ireland to aid comparison between years.

Sample size by year - 2022: 1,080, 2023: 1,016, 2024: 1,241.



Across the UK, the number of people who died whilst rough sleeping remained proportionately the same in 2024 (160 in 2023 vs. 169 in 2024). 12% of people who died whilst homeless in 2024 were rough sleeping when they passed away. The proportion

of people dying in "rough sleepers' accommodation" has decreased, and although this change may be partly explained by differences in how local authorities categorise different types of accommodation, we are deeply concerned that the need for

ACCOMMODATION TYPE

emergency night shelter provision continues to far outstrip what is being provided. Our allies across the country tell us that many local night shelters are struggling to remain open due to funding cuts.

In the last three years the proportion of those dying in temporary accommodation (TA) or supported accommodation has increased. Our analysis appears to show that this change can mostly be explained by the increase in the number of households living in Temporary accommodation during that period, and in particular of single-adult households. Regional differences appear to show this; crude mortality rates in temporary accommodation in the North East is around three times higher compared to the West Midlands or London. Around 70% of households in TA in the North East are adult-only households (compared to 30% in the West Midlands) which points to increased risks for single adults.

In general, there was no clear difference in the average age at time of death between different accommodation types. People passing away while rough sleeping or of no fixed abode in 2024 were generally younger than those who died in all forms of accommodation.



We know of eight children who died in temporary accommodation in 2024 across the UK. Four of them were babies, under 1 year old when they died.

We were told about two children who died as a result of Sudden Infant Death Syndrome (SIDS) or 'cot death' in 2024. Whilst we cannot draw conclusions about this, SIDS is believed to be partially caused by 'environmental stressors', such as where the baby sleeps, temperature, and the suitability of bedding and mattresses²⁷; none of which are within the full control of parents experiencing homelessness and/or living in temporary accommodation. Research and campaigning by the Lullaby Trust²⁸ makes a clear link between temporary accommodation and sudden infant deaths, and draws attention to the slowing of positive progress in SIDS deaths in recent years.

²⁷ <https://www.nhs.uk/conditions/sudden-infant-death-syndrome-sids/>

²⁸ The Lullaby Trust (2025) Tackling infant deaths in temporary accommodation. Available at: <https://www.lullabytrust.org.uk/tackling-infant-deaths-in-temporary-accommodation/>

DATE OF DEATH

We have information about the date of death for 1,238 people who died whilst homeless in the UK in 2024, 77% of the total.

The chart below shows the numbers of people who died in each month of the year between 2022 and 2024. In 2024, the deadliest month of the year was January, when 119 people died whilst homeless. The month with the least deaths was June, when 96 people died. In previous years reporting, summer months have typically been the most threatening for those experiencing homelessness. However, summer 2024 was notably

cooler than previous years²⁹, which may have been a protective factor.

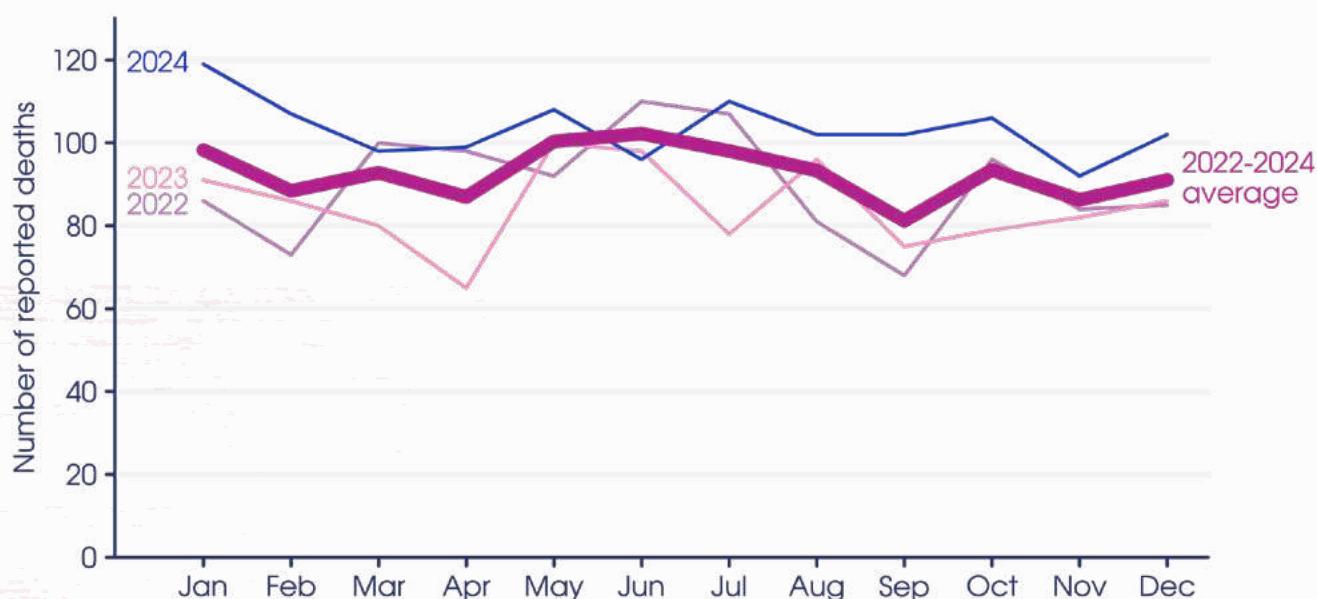
Despite differences in the number of deaths month to month, there was not a marked difference in deaths occurring in different seasons of the year, which remains the same as reported in 2023.

During winter, emergency measures are adopted by nearly all local authorities and homelessness services to respond to the risks associated with severely cold weather. This is likely to prevent deaths that would otherwise occur. Whilst these resources are far from adequate to meet need, with

Fig. 15. Date of death (where known).

Excluding Northern Ireland to aid comparison between years.

Sample size by year - 2022: 923, 2023: 1,082, 2024: 1,215.



²⁹ <https://www.rmets.org/metmatters/what-happened-summer-2024>

DATE OF DEATH

many people remaining outside, they make an important contribution to preventing deaths. It is far less common for emergency measures to be implemented in hot and wet weather, which are equally dangerous times, for people rough sleeping in particular where chronic health needs are known to be higher. We have highlighted these concerns as part of our Severe Weather Emergency investigation³⁰, which highlights how climate disaster and homelessness intersect in life-threatening ways.



The government must take urgent action to make Severe Weather Emergency Protocol (SWEP) measures a mandatory requirement for all local authorities. This must include provisions for especially cold, hot and wet weather.

SPOTLIGHT: SOUTHAMPTON

In 2024, Southampton saw a significant rise in deaths among people experiencing homelessness, from 8 deaths reported to us in 2023 to 32 deaths in 2024. The sharp increase in deaths in the port city this year is concerning, not least because the number of people who died is significantly higher than similar cities elsewhere in the UK. It is estimated that 24 to 26 people sleep on Southampton's streets each night, with about 150 more single adults living in hostels and supported housing, which is broadly in line with similar cities and so does not offer much insight.

The Dying Homeless Project team visited Southampton in August 2025, to understand what was behind the increase in fatalities and to see how services were responding.

Local services told us about the challenges they face, many of which mirror pressures seen across the UK. The shortage of affordable accommodation, compounded by the cost-of-living crisis, has left more households at risk of homelessness. Colleagues shared that substance misuse, often highly visible on the streets and estates of the city, is a large problem with many people made more vulnerable to drug-related harm and exploitation whilst rough sleeping. Many believe drugs are responsible for such a big rise in the number

³⁰ <https://museumofhomelessness.org/news/investigation-into-homelessness-and-climate-change-launched>

DATE OF DEATH

of fatalities, although some colleagues pointed out that data collection has also improved.

Dispersal orders are regularly used in the city centre; rather than reducing harm these orders push people around and often into places that are hidden and therefore more dangerous, especially for women and young people.

Lessons from Memorialisation

Amid these challenges, Southampton is developing important practice around memorialisation and the people we met demonstrated a genuine commitment to learning from loss.

Two years ago a memorial service was set up, to commemorate each individual who had died whilst experiencing homelessness. Born out of the isolation and restrictions on collective grief during Covid-19 lockdowns, the city's memorialisation work has had positive knock-on effects across the sector and community. Workers noted that the service had enabled more honest reflections on death, grieving and end of life planning, ensuring individuals at risk have dignity in dying. The city has recently established a Homelessness End of Life Forum, led by the local hospice.

This year the City Council introduced a homelessness fatality review process, with the aim to accurately capture the scale of the issue and to learn from deaths. Alongside this, the authority commissioned its first homelessness-related Safeguarding Adult Review, looking into three deaths that occurred in 2024. This is promising practice from the Council, and it is hoped that the learning generated by these reviews is used to bring about a meaningful reduction in preventable deaths.



Dying Homeless Project visit to Southampton, August 2025.

© Museum of Homelessness.

AGE

We know the ages of 1,287 of the people who died (80%). Again, our data is significantly better this year than last year, increasing our confidence in what we can learn and remember about those who have died.

Table 7. Reported deaths by age 2023 and 2024.

Age group	Number of deaths in 2023	% of total known	Number of deaths in 2024	% of total known
Under 18	4	0.4%	11	0.9%
18-25	47	4.5%	54	4.2%
26-35	118	11.3%	163	12.7%
36-45	271	26.0%	295	22.9%
46-55	271	26.0%	327	25.4%
56-65	190	18.2%	248	19.3%
66-75	70	6.7%	101	7.8%
Over 75	73	7.0%	88	6.8%

The median age at time of death was 45 years old for women and 48 years old for men. This is slightly lower than last year (47 for women, 49 for men).

These findings do not align with official statistics for England and Wales. We believe this difference is due to the inclusion of returns from Northern Ireland, as described on page XX. We are committed to remembering all people who died whilst homeless, regardless of where or how they died. As such we will continue to include all information from all four nations of the UK, even though we recognise there are some differences in how homelessness is recorded.

Table 8. Average age at death.

	Average Age at Death	
	Male	Female
England	49	47
Wales	43	39
Scotland	43	43
Northern Ireland	60	60

Adjusting for this, and to enable a direct comparison with official statistics, we considered the average age at death in England and Wales only. When adjusted, our investigation

AGE

suggests the average age at death in England and Wales is 49 years old for men and 47 years old for women. That said, the table above highlights that when considered alone, the average age at death for all genders in Wales is significantly lower than in England. This discrepancy is worthy of further investigation and suggests it would be valuable to look at each nation of the UK individually, to better understand discrete differences.

CHILDREN

It is with an especially heavy heart that we report on the deaths of eleven children experiencing homelessness in 2024. Six of those children were under the age of five when they died, and one was murdered weeks before his 18th birthday.

Almost 170,000 children are currently homeless and living in temporary accommodation³¹; many of them will spend most of their childhood in limbo, waiting for a permanent home. After the 2023 investigation by the Shared Health Foundation revealed the shocking connection between child deaths and temporary accommodation³² the Child Death Overview Panel (CDOP) process was updated with questions about

temporary accommodation.

Additionally, the All-Party Parliamentary Group for Households in Temporary Accommodation conducted further research to understand child deaths in TA. Their analysis of the National Child Mortality Database identified 80 child deaths, occurring in temporary accommodation, over a 12-month period starting in October 2023.

This research indicates that the deaths of homeless children reported to our investigation are a vast under-representation of the true figure. This raises serious concerns about local authority knowledge, and recording, of child deaths occurring in homelessness accommodation. Whilst local authority Children's Services departments will be aware of all child deaths in their area, our investigation suggests that this is not being effectively or routinely recorded by Housing and Homelessness departments.



31 https://england.shelter.org.uk/media/press_release/another_record_number_of_children_homeless_in_temporary_accommodation_after_12_increase_in_a_year

32 <https://sharedhealthfoundation.org.uk/news/exclusive-55-homeless-children-have-died-in-temporary-accommodation-since-2019/>

AGE



The first step to preventing deaths is knowing that they are happening; child deaths in temporary accommodation cannot be prevented without a whole-system response to learning from the tragedies that have already occurred.

experiencing deaths of despair and two being killed in an act of homicide.

Whilst it's more likely that older people who experience homelessness will die due to the impact of long-term and age-related health conditions, it is heartbreaking that so many young people are dying uniquely preventable deaths by suicide, murder and overdose.

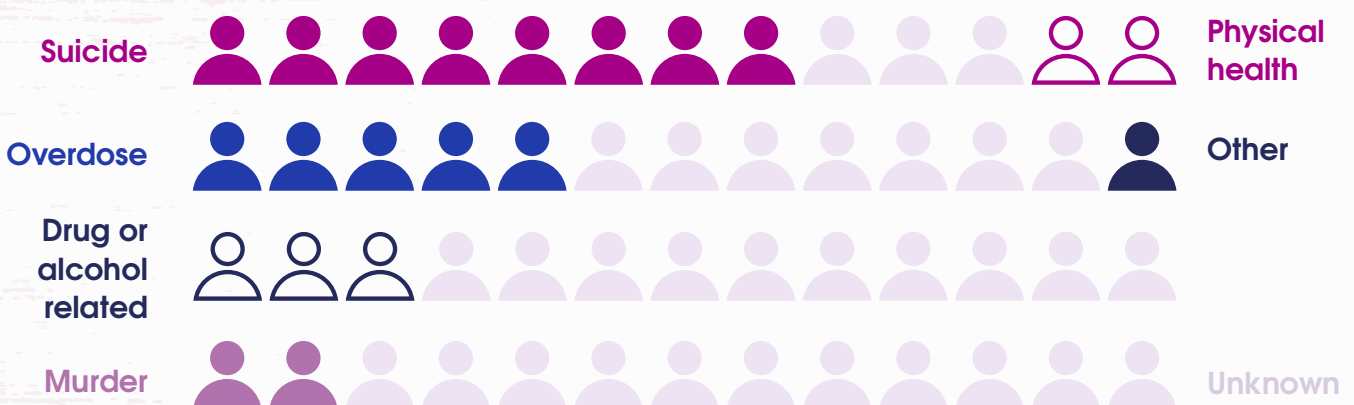
We know that young people who experience homelessness are often especially vulnerable, a growing number have recently left local authority care, many are making sense of their gender and sexuality, and others are fleeing serious youth violence and exploitation. Young people need housing and support that recognises these discrete experiences, providing loving and welcoming places where they feel safe and can build trusting relationships with adults and other role models.

YOUNG PEOPLE

Worryingly, the number of young adults who died whilst homeless remains high; at least 54 people under the age of 25 lost their lives whilst homeless in 2024.

We know the cause of death of 38% of those aged under 25 years old when they died. Our investigation points to the acute trauma of experiencing youth homelessness, with 90% of young people who died whilst homeless

Fig. 16. Reported cause of death for 18-24 year olds experiencing homelessness in 2024. Each icon represents one person that died.



AGE

OLDER PEOPLE

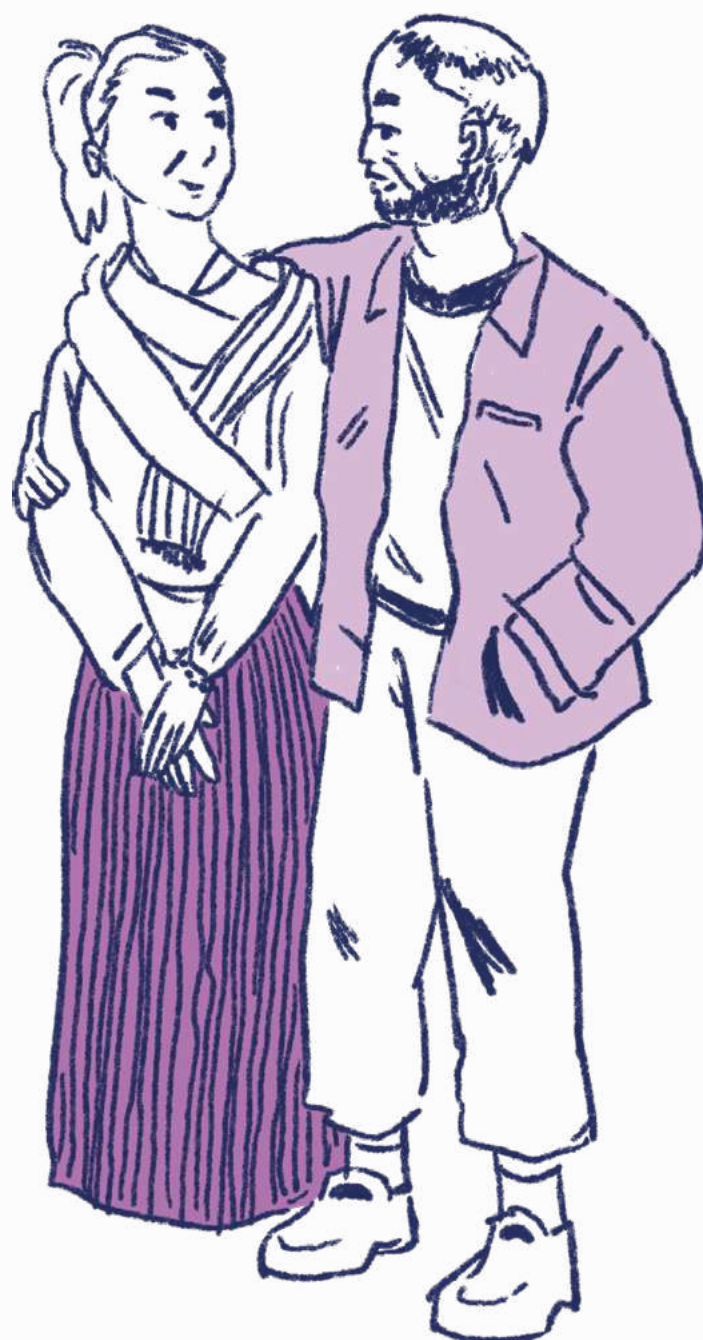
At the other end of the age spectrum, we documented the deaths of 88 people aged over 75 in 2024, with 73% of those living in Northern Ireland at the time of their death. There were no reported deaths of adults over 75 years old in Wales.

We have very limited data about their causes of death and personal characteristics and so we cannot make meaningful comments on what may have contributed to or prevented their deaths or made their passing more comfortable.

Whilst almost all elderly people who died whilst homeless were in some form of accommodation when they died, we were made aware of one woman, aged 84 years old, who died in England whilst of no fixed abode.

It is important to reiterate the findings of research³³ exploring frailty and homelessness. Though the average age of participants in this groundbreaking study was 56, their levels of frailty were comparable to people aged 89-years-old in the general population. Conditions usually associated with old age, including diminished mobility, cognitive impairment, fall risks and incontinence

are much more common in younger adults experiencing homelessness. This underscores the need to ensure that NHS and adult social care services are equipped to provide frailty care for younger adults.



33 Mantell, R., Hwang, Y. I. J., Radford, K., Perkovic, S., Cullen, P., & Withall, A. (2023). Accelerated aging in people experiencing homelessness: A rapid review of frailty prevalence and determinants. *Frontiers in public health*, 11, 1086215. <https://doi.org/10.3389/fpubh.2023.1086215>

GENDER

W We know the gender of 1,395 of 1,611 people who died (87%).

Female	335
Male	1,058
Transgender ³⁴	2

The median age at time of death was 45 years old for women and 48 years old for men. This is slightly lower than last year (47 for women, 49 for men).

Some regional differences in age at death can be seen, which points to gendered as well as geographical influences on the lives of people experiencing homelessness. For women, there is a 17 year difference between the lowest (West Midlands) and highest (London) average age at death between areas of the UK. Meanwhile for men, the spread between regions is lower, with a 9 year difference between the average age at death in Scotland,



compared to London.

In most regions, women died on average at least four years younger than men. This is the opposite of people not experiencing homelessness. Furthermore, women died younger than men in most accommodation settings.

Women make up 24% of the total deaths reported to us. This is higher than the most recent, but now outdated, ONS estimate (12.7%) and adds support to concerns about the invisibility of women and other marginalised genders in research and data³⁵. Significant effort goes into ensuring that the true scale of women's homelessness is understood, in particular through initiatives like the Women's Rough Sleeping Census. However, we are concerned that the gendered harms of homelessness remain largely invisible and ignored.

³⁴ As our information is not self-reported, we do not know how the individuals who died would have preferred to be identified. We use the term transgender to refer to all people whose gender was different to what they were assigned at birth. This includes non-binary and agender people.

³⁵ Office for National Statistics (ONS) figures include "all persons recorded at death as rough sleeping, no fixed abode or in emergency accommodation, night shelters, hostels and so on...hostels and shelters defined as resident by licence, not assured shorthold tenancy, B&Bs are excluded as it is not possible for us at this time to ascertain from the data if the residents are exclusively homeless"

Therefore people who died in many types of temporary accommodation, aren't included in the ONS figures, whereas they are included in the Dying Homeless Project investigation and by National Records Scotland (NRS). NRS figures for deaths in 2023 indicated that women comprise 21% of all reported deaths of people experiencing homelessness, which is broadly in line with the findings in our report.

GENDER

We know the cause of death for 24% (83) of the women who died and for 44% (354) of men. Since 2022, the proportion of women who died whilst homeless has been decreasing. This is despite overall increases in the number of families living in temporary accommodation, where women-led households are most common and who make up the majority of people experiencing homelessness. Whilst it is not possible, nor preferable, to draw firm conclusions from this it is hoped this trend reflects improvements in gender-informed care and support for single women experiencing homelessness.



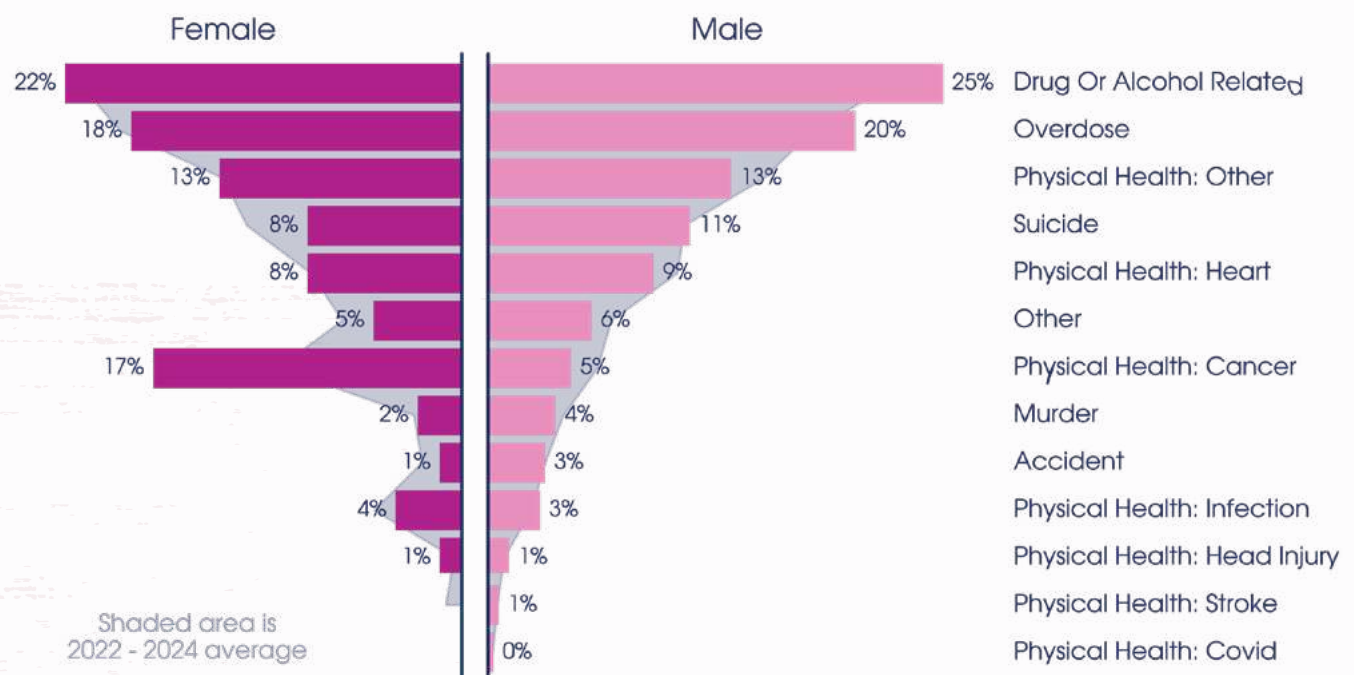
Although the number of men and women who die from different causes is quite different, for most causes, such as murder, accident and suicide there is no increased likelihood that men or women will die from particular causes.

Our findings about the gendered dimensions of suicide have changed this year. Last year we reported that a greater proportion of women than men died by suicide. This year that finding has reversed, with 8% of women we were told about dying this way, compared to 11% of men.

Women who died by suicide whilst homeless had an average age

Fig. 17. Suspected cause of death by gender.

Sample size: Female: 83, Male: 354.



GENDER

of 32 years old, five years younger than men who died in the same way. Regardless of gender, people experiencing homelessness are more likely to die by suicide at a much younger age than the national average. The continuation of this trend from 2023 indicates an ongoing urgency to ensure younger adults facing homelessness have access to emotional support, mental health care and trauma-informed services, and that these should consider the specific needs of women and girls, who face discrete harms whilst homeless and may face additional barriers to accessing help.

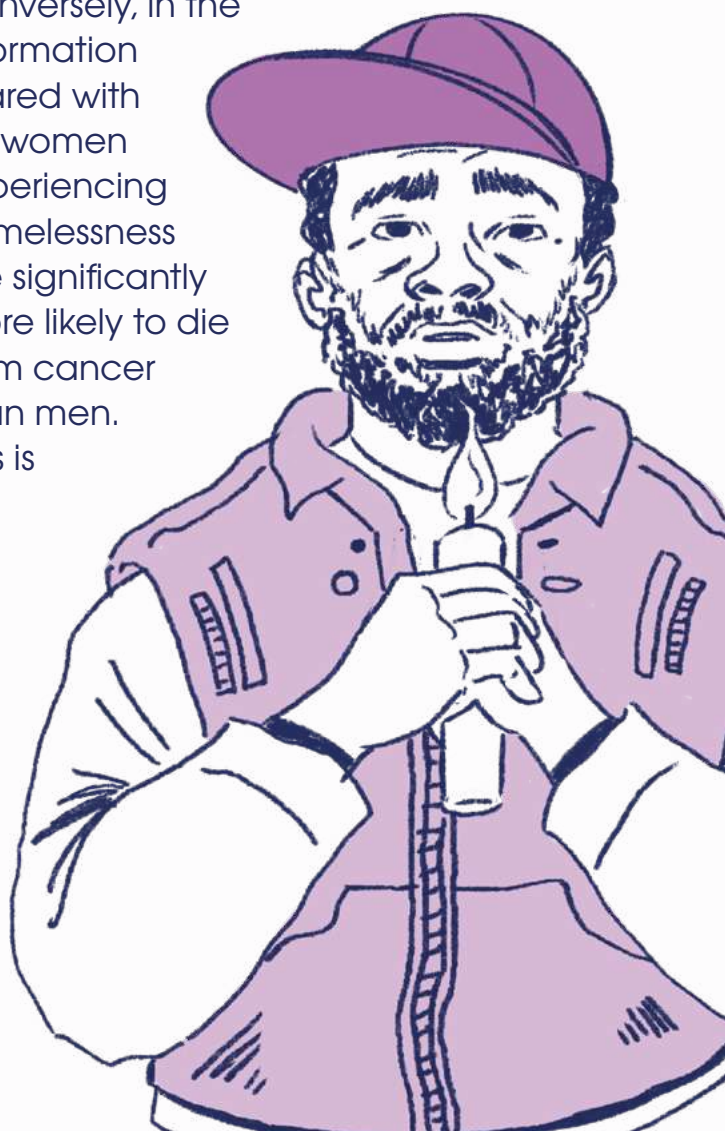
Long term epidemiological studies in Scotland, England and Wales have shown that men are disproportionately impacted by Deaths of Despair. This is borne out by the heartbreaking case studies and testimonies shared with us every year as part of the Dying Homeless Project and by the statistics about the gendered differences in causes and circumstances of deaths. Like people of all genders, men deserve safe and welcoming access to healthcare, holistic and person-centred drug and alcohol support

and to be protected from violence, abuse and exploitation.

In the research exploring deaths of despair, large increases have been observed in men living in Scotland³⁶ with these deaths having a significant impact on overall mortality inequality in the country. The first epidemiological study of deaths of despair in England and Wales reported that deaths increased by 21.6% in men and 16.9% in women between 2001 and 2016, mainly driven by a marked rise in drug-related deaths³⁷. As drug-related deaths increase, and especially in people experiencing homelessness, deaths of despair are clearly a growing public health crisis.

Conversely, in the information shared with us, women experiencing homelessness are significantly more likely to die from cancer than men.

This is



36 Allik, M., Brown, D., Dundas, R. et al. (2020) Deaths of despair: cause-specific mortality and socioeconomic inequalities in cause-specific mortality among young men in Scotland. *Int J Equity Health* 19, 215.

Available at: <https://doi.org/10.1186/s12939-020-01329-7>

37 Augarde, E., Gunnell, D., Mars, B., & Hickman, M. (2022) An ecological study of temporal trends in 'deaths of despair' in England and Wales. *Social psychiatry and psychiatric epidemiology*, 57(6), 1135–1144. Available at: <https://doi.org/10.1007/s00127-022-02251-9>

GENDER

against national trends³⁸ and suggests that this is an area requiring discrete focus from the NHS in its work to reduce health inequalities and meet the health needs of inclusion health populations³⁹.

TRANS AND NON-BINARY FOLK

Given that census data indicates that at least 0.5% of the population identify as a gender other than the one they were assigned at birth, we would expect to have been informed about the deaths of at least 5 trans people. We were told about the deaths of two transgender people experiencing homelessness in 2024. Given that census data indicates that at least 0.5% of the population identify as a gender other than the one they were assigned at birth, we would expect to have been informed about the deaths of at least 5 trans people. Our knowledge about the disproportionate number of trans and non-binary people experiencing homelessness tells us this figure may actually be much higher.

We recognise that trans folk are likely to have been misgendered in official records and press reports. As such, we may have counted them

in our investigation but repeated this misgendering. We welcome anyone to get in touch with us to let us know if we have misgendered someone as part of the Dying Homeless Project memorial.



Our findings this year reiterate what we have found in previous years: rising transphobia and the binary nature of statutory data collection are making transgender people experiencing homelessness invisible. Similar to the concerns raised about women, the invisibility of trans people in research and policy leads to their deprioritisation in practice, and in cuts to specialist services and training for staff. We urge service providers, commissioners and policy-makers to think critically about the role they play in supporting trans and non-binary people.



This guidance from the Outside Project and Homeless Link is very useful:

www.homeless.org.uk/knowledge-hub/supporting-lgbtqi-people/

³⁸ Cancer Research UK (2025) Cancer mortality statistics. Available at: <https://www.cancerresearchuk.org/health-professional/cancer-statistics/mortality#heading-Zero>

³⁹ NHS England (2023) National framework for NHS - action on inclusion health. Available at: <https://www.england.nhs.uk/long-read/a-national-framework-for-nhs-action-on-inclusion-health/>

ETHNICITY AND NATIONALITY

In 2023, we identified that our collection of information about ethnicity, nationality and immigration status required improvement. So, we amended the way we requested information, now giving local authorities explicit ethnicity options to choose from, based on UK Census categories.

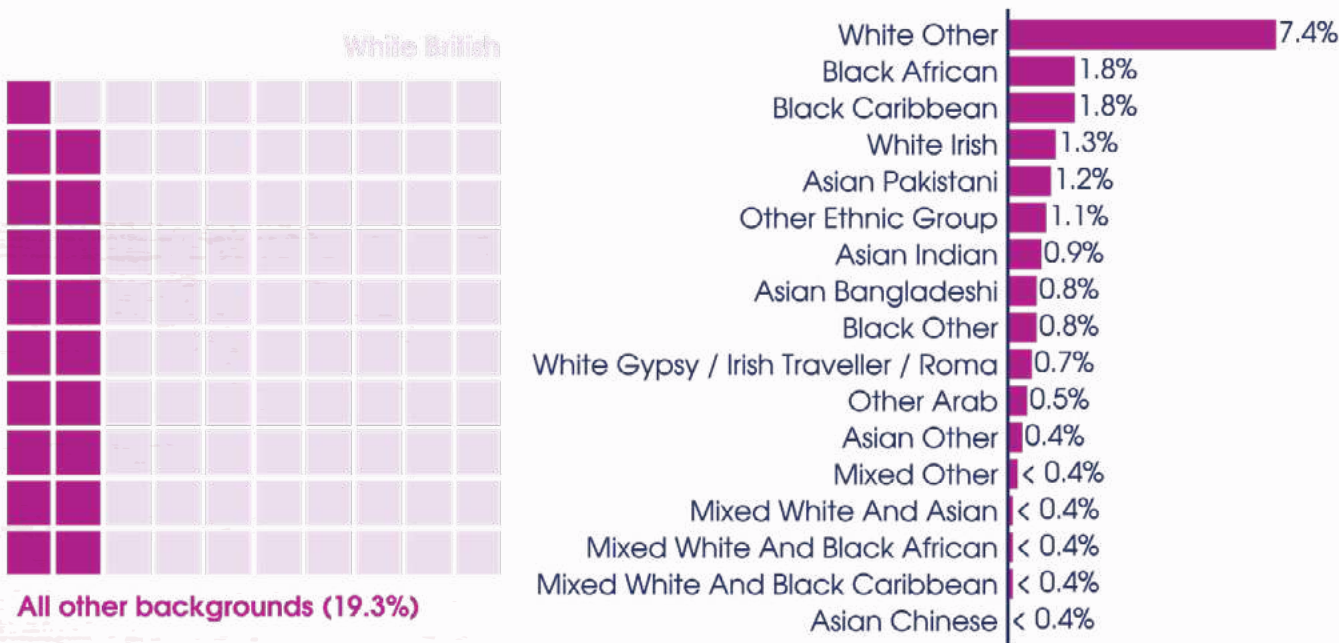
As such, we have seen a significant improvement in the ethnicity data we received this year and were able to mostly resolve the issue of ethnicity being incorrectly conflated with nationality.

We were told about the ethnicity of 48% (760) of the people who died whilst homeless in 2024.

80.7% of those who died were White British, slightly lower than population estimates for UK nations as a whole. 19.3% of people who died were from all other ethnic backgrounds, including “White Other” which is largely made up of people from EU nations.

Cause of death data was slightly more likely to be shared with us for people from all White backgrounds than for people who died whilst homeless from all other ethnic backgrounds. This likely reflects systematic regional differences in reporting; London and the North West had lower than average rates of response for cause of death (ca. 20%) despite having a more

Fig. 18. Ethnicity
Sample size: 760



DYING HOMELESS PROJECT 2025

ETHNICITY AND NATIONALITY

Table 7. Immigration Status

Immigration Status	Number of People
British National	633
Asylum Seeker	1
Refugee	2
Indefinite Leave to Remain	49
Limited Leave to Remain	3
Pre-settled Status	7
Other	7

diverse population compared to the national average.

Due to the relatively small number of records we have, it is not possible to draw meaningful conclusions about the racialised dimensions of the causes of death for people experiencing homelessness. However, it is notable that of the 16 homeless people who were murdered in 2024, 31% were from Black or Asian backgrounds and three were under the age of 21 years.

This indicates a need to take urgent protective action to safeguard vulnerable racialised young people experiencing homeless.

We also made changes to how we asked about immigration status in Freedom of Information Requests related to 2024, again giving explicit options to select from. As such, we were told the immigration status of 700 (44%) people who died whilst homeless in 2024.



EXEMPT ACCOMMODATION

Exempt accommodation provides housing and support for vulnerable people but is not usually commissioned by the local authority. It is called exempt accommodation because it is exempt from Local Housing Allowance (Housing Benefit) rules and can claim rent and service charge costs far higher than landlords in the private or social housing sectors. There is no requirement in law for someone with expertise in supported housing or social care to scrutinise the support being delivered by these services or how much they are charging for them and in reality most councils do not collect data about many exempt accommodation properties that exist in their area.

Most local authorities responded to our FOI saying that they do not have data on deaths in exempt accommodation, a further indication of how disconnected they are from the activity of these landlords. Ten areas did provide data, which reduced since 2023. The continued avoidance of action on exempt accommodation could mean that hundreds of preventable deaths are going unrecognised every year. We remain deeply concerned that

people are living, and dying, in neglectful exempt accommodation, hidden in plain sight.



We call on local authorities to take action to regulate exempt accommodation landlords, and to begin monitoring all deaths and serious incidents that take place there.

We were told about 36 deaths in exempt accommodation in 2024. We are very concerned, based on the information we have, that the true figure of deaths in exempt accommodation is far higher.



EXEMPT ACCOMMODATION POLICY AND LEGISLATIVE CHANGE

It is now two years since the Supported Housing (Regulatory Oversight) Act 2023 was made law; there remains no statutory guidance and as such the law is not currently in practice. The government began a consultation exercise about the legislation in May 2025, asking housing providers and local authorities to provide their feedback about how a new

DYING HOMELESS PROJECT 2025

EXEMPT ACCOMMODATION

regulatory framework for supported housing might work.

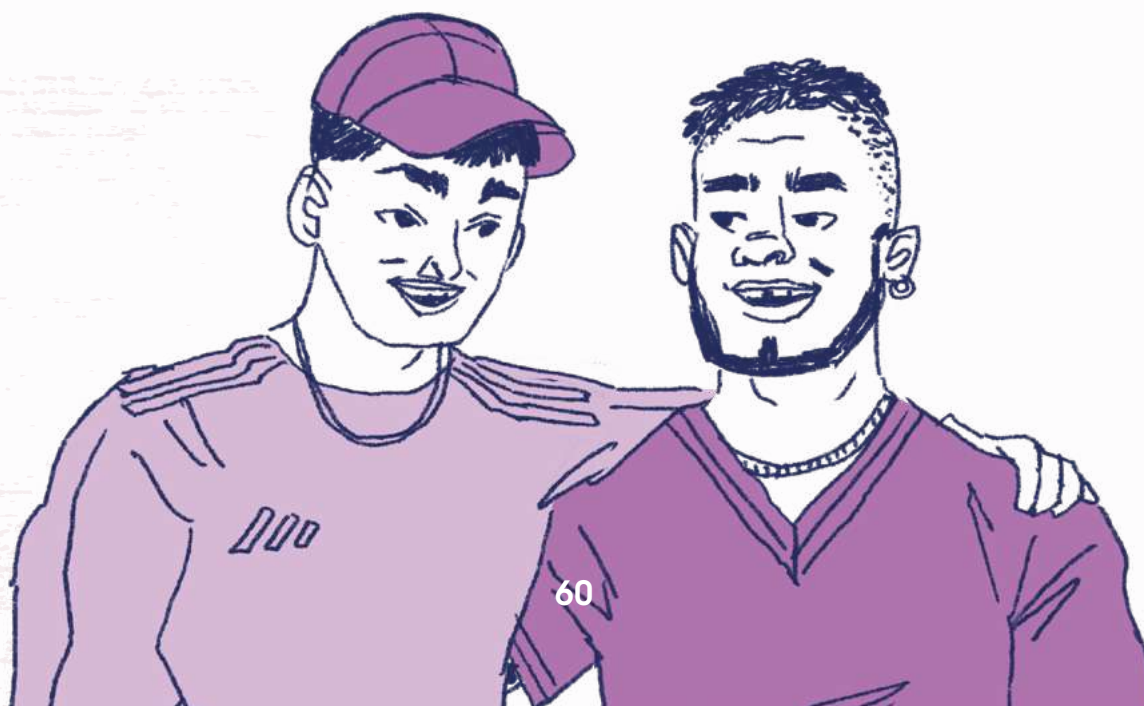
Our concern, in reviewing the consultation documents and the concerns raised by housing providers nationally, is that the legislation will not effectively resolve the fundamental issue at the heart of exempt accommodation deaths; non-commissioned exempt accommodation will still be able to operate without rigorous and regular scrutiny. Further, landlords of this accommodation will still be able to charge exorbitantly high rents and service charges, without being suitably equipped or qualified organisation to support the vulnerable tenants they will house.



Whilst there has been some positive progress, we call for accelerated action to reform and regulate exempt accommodation.

Table 8. Reported deaths in exempt accommodation in 2024.

Area	Number of deaths
Blackburn and Darwen	5
Durham	1
Hampshire	1
Herefordshire	1
Hertfordshire	3
Kingston Upon Hull	2
Leicester	1
Luton	2
Northumberland	1
Renfrewshire	1
Slough	1
Stoke-on-Trent	6
Warwickshire	5
West Sussex	2
Wigan	2



PROMISING PRACTICE

We are one of many organisations that care deeply about the lives and deaths of people experiencing homelessness. There are examples from across the UK of organisations, coalitions and partnerships taking important steps to prevent future deaths, to learn lessons and to remember those who died with love and dignity.

We include some examples here, to amplify efforts that may not receive national attention or popular support, but that are nonetheless taking action against preventable deaths.

EXETER PARTNERSHIP RESPONSE TO PREVENTABLE DEATHS

A cross-sector coalition in Exeter is taking a holistic approach to preventing homeless deaths. Meeting monthly, the partnership reflects on the experiences of people who died, gather and share learning, and act as critical friends to each in making positive changes to how homelessness services are delivered in the city.

As well as this, Exeter holds a powerful annual memorial service, led by St Petrocks, to remember all those who died whilst homeless in the previous year.

THE THISTLE – THE UK’S FIRST SAFER DRUG CONSUMPTION SERVICE

In January 2025, Glasgow and Clydesdale NHS Trust were finally able to open the UK’s first sanctioned safer drug consumption service. In the 7 months since the groundbreaking service opened, it has already worked with more than 350 individuals, supporting more than 4000 safe injections. Hosted in a co-designed and purpose-built space, the pilot service is delivered with a commitment to dignity, choice and inclusivity.

Peter Krykant, the pioneer of the UK’s first unsanctioned safer consumption service, sadly died in 2025. In his name, we hope to see overdose prevention and harm reduction become a UK-wide priority, with grassroots and peer led initiatives recognised as leaders in the field.



PROMISING PRACTICE

THE LULLABY TRUST - 'BABY BUNDLES'

The Lullaby Trust works to prevent sudden and unexpected infant deaths, supporting families and campaigning for change. After raising concerns about Sudden Infant Death Syndrome and the risks of temporary accommodation, the organisation established the Bedtime Bundles project, to support families living in temporary accommodation and

other emergency circumstances. The charity has distributed hundreds of bundles, "containing essential safer sleep items, including travel cots, baby sleep bags and room thermometers to families, helping (parents) to sleep their baby as safely as possible". When conditions in temporary accommodation are often far from ideal, this project provides meaningful, gentle and non-judgemental support to homeless families.



Dying Homeless Project vigil on Trafalgar Square in Lockdown, London. 2021

© Anthony Luvera

RECOMMENDATIONS

1. Office for National Statistics to reinstate the collection and analysis of official data on homeless deaths, strengthening their methodology and publishing missing annual bulletins for 2022, 2023 and 2024.
2. The Ministry for Housing, Communities and Local Government (MHCLG) to make it a mandatory requirement for every local authority to record and report all homeless deaths in their area on an annual basis. All rough sleeping deaths should be a subject to a Homelessness Fatality Review.
3. The Ministry for Housing, Communities and Local Government (MHCLG) and Department for Children, Schools and families to commission an independent public enquiry into child deaths in Temporary Accommodation.
4. The Secretary of State for Housing, Communities and Local Government to prioritise implementation of the Supported Housing (Regulatory Oversight) Act 2023 in full, and ensure robust measures are in place to uphold tenants rights and hold rogue landlords to account.
5. The Ministry for Housing, Communities and Local Government should make long-term investment in supported nightshelter and other 'off the streets' accommodation, including investment to develop new emergency accommodation spaces that are high-quality, trauma-informed and purpose-built.
6. The Office for Health Improvement and Disparities (OHID) in Department for Health and Social Care to conduct a comprehensive review into the effectiveness of drug and alcohol-related funding, service provision and 'partnership review' processes for people rough sleeping.
7. Repeal all civil and criminal enforcement powers related to homelessness with immediate effect, and outline statutory guidance about working supportively with local outreach teams and homelessness organisations when supporting people rough sleeping.



CONCLUSION

In 2024, our investigation reveals yet another deeply troubling increase in the number of people who lost their lives whilst experiencing homelessness in the UK. These findings underscore the worsening socio-economic crises gripping the country and provide further evidence of the devastating consequences for those most at risk.

The persistent rise in drug, alcohol and suicide related deaths – deaths of despair – are the direct result of nearly two decades of policy failure: the failure to build genuinely affordable housing, to invest in accessible, community-based mental health services, and to act on clear evidence around overdose prevention. Drug-related deaths, which have become a primary driver of preventable and premature death among people experiencing homelessness, must be addressed with urgency. Investment is needed in proven harm reduction measures such as access to naloxone, safer consumption facilities, and rapid access to detox and rehab support. Underpinning this is the urgent need to review and amend the, now archaic, Misuse of Drugs Act (1971) which prevents specialist organisations from

legally saving precious lives. To prevent future deaths these interventions must become a central pillar of the national strategy, building on the initiated by the Professor Dame Carol Black review.

Homelessness exposes people to dehumanising living conditions, violence and abuse, severely unequal health outcomes, and

drastically shortened life expectancy. The right policy choices could prevent this, ensuring that access to security, care, and dignity are universally available to all.

Preventing further loss of life requires urgent and sustained

action. Investment in affordable and accessible housing remains an absolute priority, and local authorities must be equipped with the resources and powers to provide emergency accommodation and support for those sleeping rough, irrespective of immigration status. The eight recommendations outlined in this report are grounded in extensive evidence, both from our investigation and a wide range of other sources. We call on the government to act boldly, transparently, and with a long-term commitment to bring about meaningful change.

**NO ONE
SHOULD LIVE OR DIE
WITHOUT A
SAFE PLACE TO CALL
HOME
MAY THEY ALL REST IN PEACE**

WORKING WITH US

We produce this report to honour our community and to highlight the changes needed to prevent future deaths.

We are committed to supporting local and national efforts to make these changes happen, and welcome local authorities, policymakers, charities and housing organisations anywhere in the UK to get in touch with us.

We believe that memorial is a demonstration of care and respect - memorial services, events, arts projects

and personal tributes are all important for healing. We are happy to offer advice and support to organisations hoping to develop local events. We consider it an honour to be involved in, and invited to, a growing number of services around the country every year.

Contact us directly if you'd like to pay tribute to someone who has died, or you can make a submission directly on our online portal. All submissions will appear on our online memorial page.

Some of the Dying Homeless Project Team, October 2024.

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