

Population Health Webinar - Homelessness

24 June 2025



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elft.nhs.uk

Agenda

Time	Item	Speaker
13:00	Welcome and Introduction	Richard Fradgley, ELFT
13:05	Speaker	Jaana Watt, Crisis
13:20	Speaker	Gill Taylor, Museum of Homelessness and Pathway
13:35	Speakers	Nicola Weaver and Melody Dhinda-Rees, NHS North East London Neville Solomon, Mary Seacole Housing Association Mat Amp, Groundswell Helena Rochford, ELFT
13:50	Q&A Thanks and closing words	Peter Buchman, Pathway and ELFT and Richard Fradgley, ELFT



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Crisis

Together, we will end homelessness

Jaana Watt

Head of Partnerships and Engagement

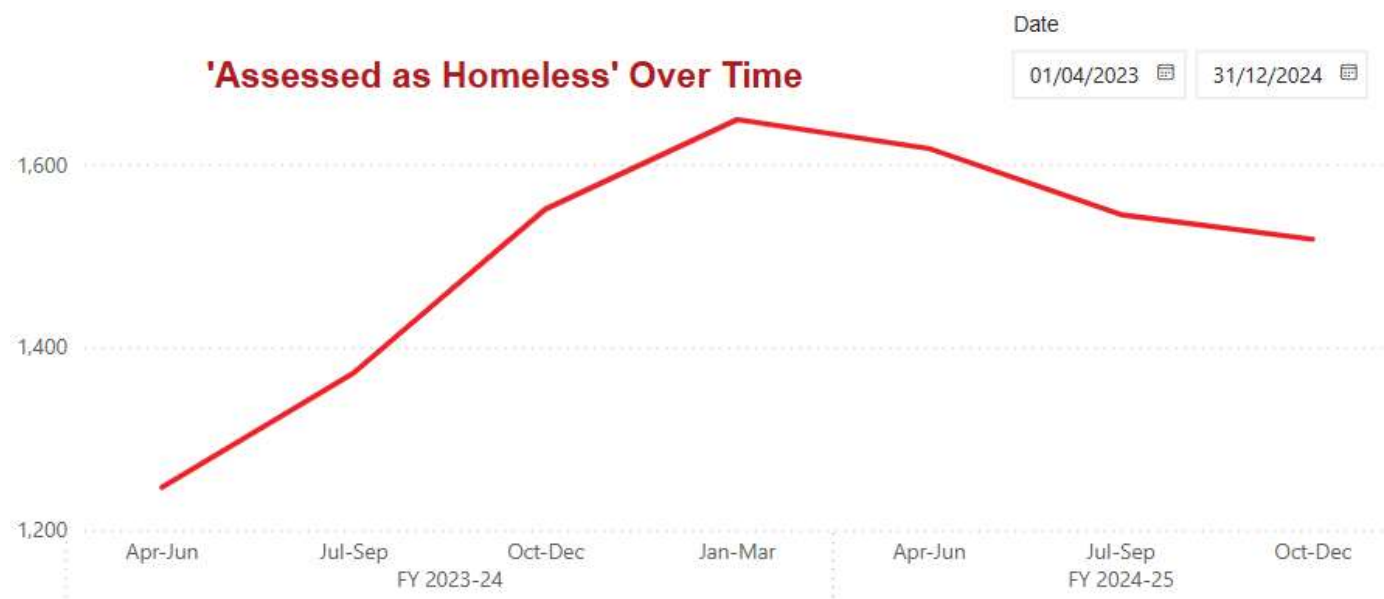
Most ELFT Local Authorities have higher rates of homelessness than the London and England average

	Households Assessed as Homeless	Assessed as homeless per 1,000 households
Hackney	2636	12.25
Tower Hamlets	2812	11.11
Newham	2946	18.27
City of London	33	6.21
Luton	1755	13.86
Bedford	1415	13.21
Central Bedfordshire	1272	4.88
London	65,350	10.24
England	324,990	7.38

Between April 2023 and March 2024 (the last FY with data published), most LTFE local authorities saw more households accepted as homeless (owed a legal duty to prevent or relieve their homelessness) than the average for England. Most were also above the London average.

Over the last two years, homelessness has increased in ELFT LAs

Across all ELFT Local Authorities, homelessness increased by 22% over the last two years. The number of households assessed as homeless peaked in Jan-Mar 2024 before decreasing slightly.



The top three reasons for households presenting as homeless is the same across ELFT LAs

Family or friends no longer
able/willing to accommodate

Domestic Abuse

End of private tenancy

These are also the main reasons people present
as homeless nationally

However, the biggest change we’ve seen recently is the increase in people presenting as homeless from Home Office Accommodation

Upon receiving a positive asylum decision, refugees currently have 56 days to find housing, employment/apply for benefits etc.

56 days is a current trial, up from 28 days previously (and 7 days in Autumn 2023!).

Crisis is campaigning to make this change permanent as it’s still tight turnaround to ensure people aren’t evicted from NASS into homelessness.

	Change in people presenting as homeless from NASS 22-23 vs 23-24
Hackney	Doubled
Tower Hamlets	Tripled
Newham	(0 in 22-23)
City of London	(No data in 22-23)
Luton	Increased fivefold
Bedford	Tripled
Central Bedfordshire	Tripled
London	Tripled
England	Tripled

We've seen increases in the use of temporary accommodation

Across ELFT LAs, as well as nationally, the combination of rising rents, rising homelessness and lack of social housing supply has meant that many councils are at breaking point and are struggling to find suitable accommodation for homeless households.

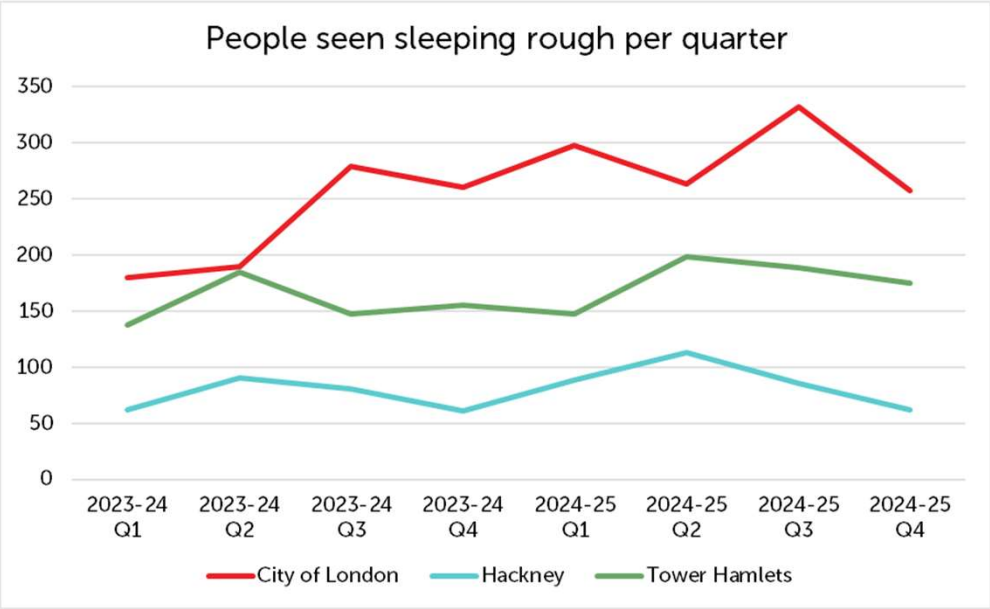
The number of households trapped in temporary accommodation, including hotels and B&Bs is at a record high across Great Britain.

As of the 31st December 2024:

	Households in TA	Children in TA
Hackney	3,506	4,161
Tower Hamlets	3,192	4,477
Newham	6,933	10,093
City of London	33	20
Luton	1,121	2,194
Bedford	883	790
Central Bedfordshire	237	290
London	72,160	93,890
England	127,890	165,510

CHAIN Rough Sleeping

The number of people seen sleeping rough each quarter has been relatively stable in Hackney and Tower Hamlets, but has risen in City of London.



Government Snapshot

Outside London, we only have an annual snapshot count. This suggests that rough sleeping is on the rise across ELFT LAs, however the snapshot is likely to be an underestimate.

	2022	2024
Luton	11	36
Bedford	2	14
Central Bedfordshire	4	11

What's the solution?

Crisis' 10 year strategy:



1. Securing **policies** that solve homelessness

In England:

- Ensuring LHA covers the true cost of rent
- Securing increases in delivery of social homes
- Preventing people being released from institutions (prisons, hospitals, care etc.) into homelessness

And much more!



2. Delivering **services** that end homelessness for people and places

- Focusing on those who are furthest removed from statutory support
- Starting to deliver our own housing to our members



3. Building a **community** of people across Britain helping to end homelessness

- Challenging perceptions around homelessness
- Working with other sectors e.g. employers to prevent and end homelessness

Crisis Skylight London

- Engagement and Assessment
- Lead Worker
 - Structured Coaching
 - Intensive case Management
- Individual Plan out of Homelessness
- Learning Offer
- Psychologically Informed Environment
- Linking members into local services to sustain accommodation



1474 Reasons to Act: Learning from Homeless Deaths



Gill Taylor (she/they)
Pathway UK Fellow – Safeguarding and Systems Change
Strategic Lead – Dying Homeless Project

Dying homeless project

- The Dying Homeless Project was initiated by the Bureau of Investigative Journalism in October 2017. In April 2019, the Museum of Homelessness agreed to begin hosting the investigation and memorial. Since the project began in October 2017, we have documented 6,911 deaths.
- The project aims to document and remember every person who dies whilst homeless in the United Kingdom.
- Our annual investigation captures information about people who died in the previous calendar year.
- Our annual report presents our findings and shares ongoing attempts to galvanise action to prevent future losses of life.
- **In 2023, the investigation recorded 1,474 people died whilst homeless in the United Kingdom, that's one person every six hours.**



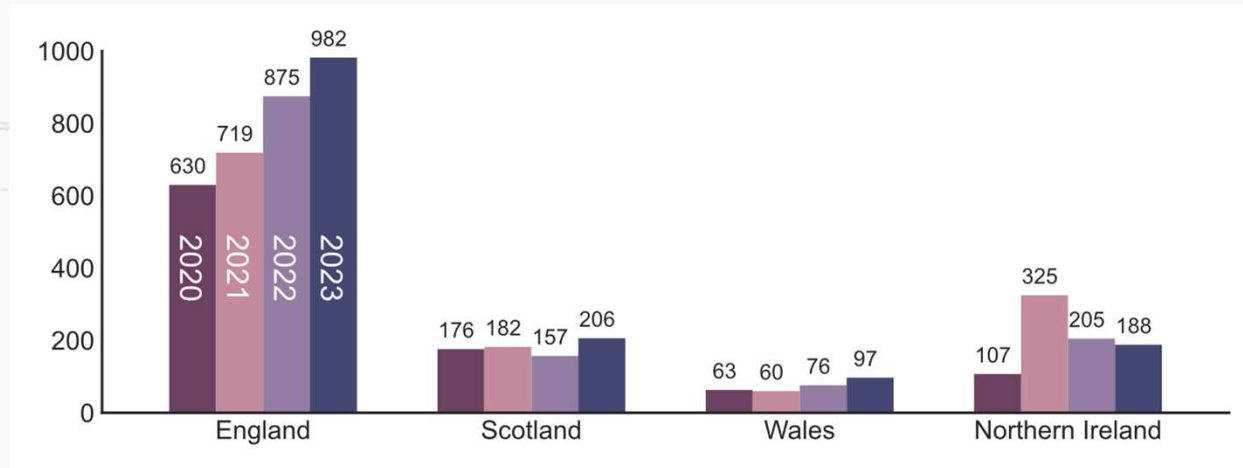
methodology

- The Dying Homeless Project collects information year-round; from an FOI request to every local authority, tributes and memorials from bereaved family members and desktop research examining media reports, coronial inquiries and statutory review processes.
- Our definition of homelessness includes all people who are sleeping rough, living in emergency or temporary accommodation, living in short-term supported housing, sofa surfing or squatting.
- Unlike official statistics, our investigation counts actual deaths and does not make estimates or projections.
- We have a rigorous de-duplication process to ensure we don't double count someone we were told about by more than one source.
- We worked with Farrer and Co LLP to develop a legal and ethical framework for that reflects data protection law and ethical considerations about privacy.



summary findings

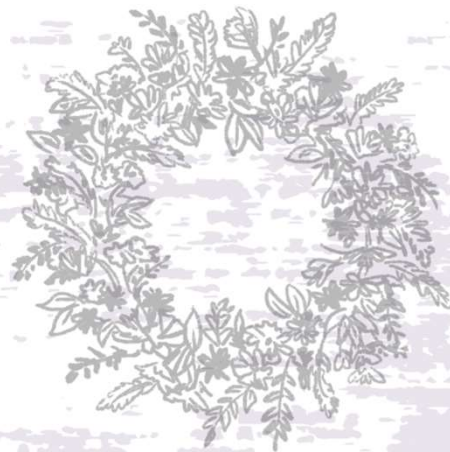
- In 2023, there were at least 1,474 deaths of people experiencing homelessness.
- We documented a 12.2% increase in the total number of deaths compared with 2022. The increase was highest in Wales.
- We documented a 42% increase in the number of people who died whilst rough sleeping.
- London had the highest number of deaths (309) while the North East had the equal fewest (51) although when adjusting for population the North East has the second highest rate of deaths.
- The region with the most significant change was Yorkshire and the Humber, with a 93% increase in the number of people dying.

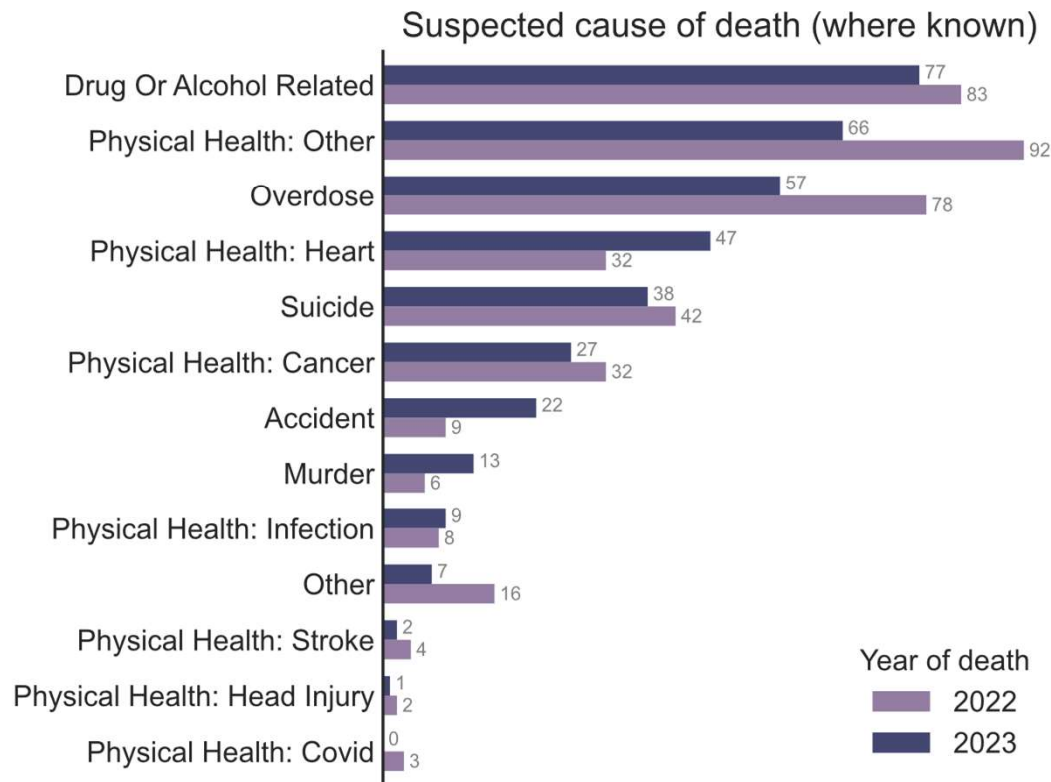


demographics

- Our findings do not align with the ONS data on average age at death or gender.
- Our investigation indicates the average age at death is older in England than the rest of the UK.
- There are significant differences in age at death between nations, with people in Wales dying several years younger than other UK countries.
- Women made up 26% of deaths reported to us, much higher than ONS data (12.7%). Women appear to be more likely to die by suicide, and men by accidents, cardiac causes, and cancer.
- The reliability and quality of data related to trans and non-binary folk and Global Majority people is inadequate to draw conclusions. This is an area of priority for this years study (2024/25).
- What we can learn about people is limited by the constraints of FOI law

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





- We have cause of death data for 25% of people.
- Drug and alcohol related deaths (including overdose) make up 37% of all deaths where we know the cause.
- Overdose deaths have increased by 37% since 2022.
- Cardiac-related deaths appear to have increased by 47% since 2022.
- 38 people died by suicide, whilst homeless, in 2023. Their average age at death was 30 years old (women) and 36 years old (men).
- The number of people who were murdered whilst homeless has doubled since 2022.

PEOPLE WHO EXPERIENCE HOMELESSNESS
ARE AT LEAST THREE TIMES MORE LIKELY TO
BE MURDERED

cause of death

DYING HOMELESS IN EAST LONDON

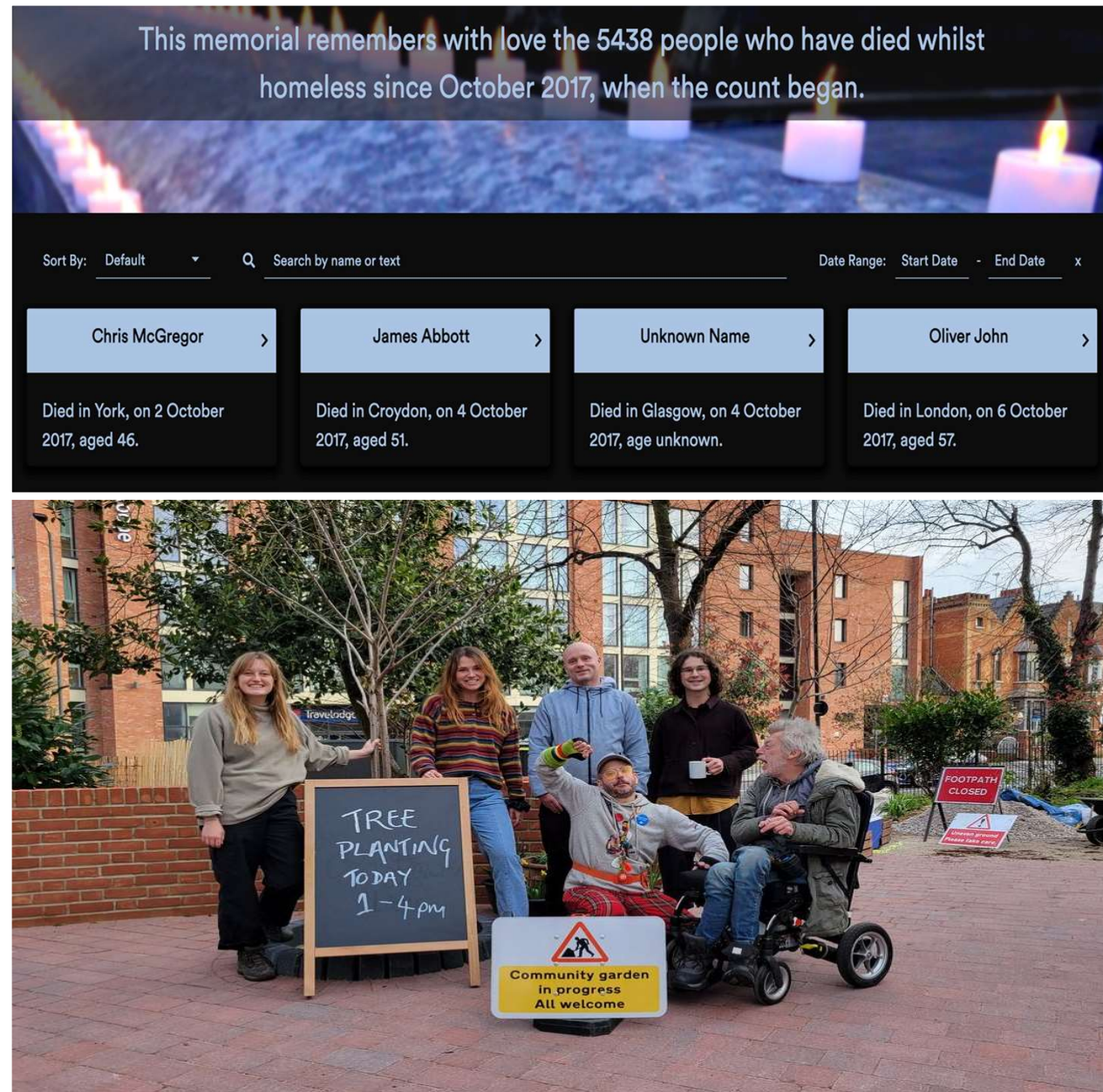
- Our investigation suggests at least 52 people died whilst homeless in the ELFT footprint in 2023.
- All 5 people reported to have died whilst homeless in Luton and Bedford were in some form of accommodation.
- Only 1 person is reported to have died whilst rough sleeping (Newham)
- Of those where age was reported (51%), the average age at death was 56 years old. This is higher than the national average and most likely due to the high number of deaths in temporary accommodation.
- Of those where gender was known (53%), 22% were women. We were not told about any non-binary people.
- Cause of death information was poorly reported across the entire ELFT footprint
- Tower Hamlets and Hackney only told us the total number of deaths (Hackney supplied more upon follow-up)

	2022	2023
Bedford	-	4
City of London	1	1
Hackney	-	12
Luton	-	1
Newham	34	24
Tower Hamlets	12	10



REMEMBRANCE AND ADVOCACY

- Digital memorial
- Annual vigil
- Nationwide memorial and remembrance services
- Memorial garden at the Museum
- Supporting loved ones
- Conferences and advocacy events
- Solidarity – INQUEST, Liberty Investigates, Collectif Les Morts de la Rue
- Media – Big Issue 10FOOT Takeover
- Grief spaces



2nd NATIONAL SAR ANALYSIS

- First National SAR Analysis concluded in 2020 (2017-2019)
 - 231 SARs in the sample
- Second National SAR Analysis concluded in March 2024 (2019 – 2023)
 - All 136 Safeguarding Adults Boards responded
 - 652 SARs in the sample (+ 23 unpublished reviews)
 - A team of 6 readers completed an analysis of every single SAR
 - Analysis and recommendations were written by Prof Michael Preston-Shoot and Prof Suzy Braye

SUMMARY FINDINGS - HOMELESSNESS

- There has been a small rise in the number of SARs featuring homelessness, to 13%
- There has been a significant rise in the number of SARs related to drug and alcohol dependence - now accounting for 33% of all SARs commissioned
- Self-neglect is the most common form of abuse and neglect (60% of all reviews, up from 45%)
- There is an overall lack of attention to intersectionality and protected characteristics as described by Equality Act (2010)
- The shortage of all forms of accommodation, and issues with the availability and suitability of specialist support were a frequent feature in SARs about people experiencing homelessness.
- Some SARs positively referenced what was achieved through 'Everyone In'. However, SARs also record the impact of the rolling back of accommodation and integrated ways of working developed during that time.
- Many SARs spoke about the positive direct practice from practitioners and teams, especially around person-centred approaches, recognising abuse & neglect and attempts to communicate and share information across boundaries.

TWO (OF MANY) IMPROVEMENT PRIORITIES RECOMMENDED

- Dept Levelling Up Housing and Communities (DLUHC), in partnership with Dept Health and Social Care (DHSC), should convene a whole system summit to begin to develop and resource services that will meet the needs of people experiencing multiple exclusion homelessness. **The lessons learned through “Everyone In” are in danger of being lost.**
- Recommendations in SARs demonstrate that practice development and service improvement require corresponding changes at all levels, a whole system response. **Without a whole system response, including from government departments, recommendations run the risk of being simplistic and repetitive.**



POSITIVE PRACTICE

- **Creative Solutions Panels** – multi-agency panels that work through how to support people living with complex risks and vulnerabilities
- **Specialist Homelessness/Inclusion Health and Safeguarding Training** – a number of organisations now have discrete training available.
- **Data** – making an effort to identify relevant data across the system (Cardiff and Vale ICB, Exeter Public Health)
- **Fatality Reviews** – the number of areas who have implemented some form of fatality/mortality review is increasing.
- **National Peer Network For Rough Sleeping Social Workers** – a space for social workers to share learning and good practice.
- **Safeguarding Toolkits & How-to Guides** – there are now a number of brilliant published guides available for practitioners
- **Grief & Bereavement Support** – spaces for staff and service users affected to talk, feel and share.





THANK YOU

If you'd like to stay in touch, follow me on X [@gillktaylor](#) or e-mail me:

gillktaylor@gmail.com

FURTHER READING

- Dying Homeless Project, Museum of Homelessness: <https://museumofhomelessness.org/dhp>
- National SAR Library: <https://nationalnetwork.org.uk/search.html>
- 2nd National Analysis of SARs: <https://www.local.gov.uk/publications/second-national-analysis-safeguarding-adult-reviews-april-2019-march-2023>
- NICE Guideline 214: <https://www.nice.org.uk/guidance/ng214>
- Radical Safeguarding Toolkit – Homelessness: <https://www.researchinpractice.org.uk/adults/content-pages/open-access-resources/radical-safeguarding-toolkit-for-homelessness/>
- Multiple Exclusion Homelessness Toolkit: <https://www.kcl.ac.uk/hscwru/assets/news/2023/nov/safeguarding-multiple-exclusion-homelessness-toolkit-2023.pdf>
- Deep Dive Episode 5, Museum of Homelessness: <https://open.spotify.com/episode/3kApL53KGYjTWvxiSzMiaW?>

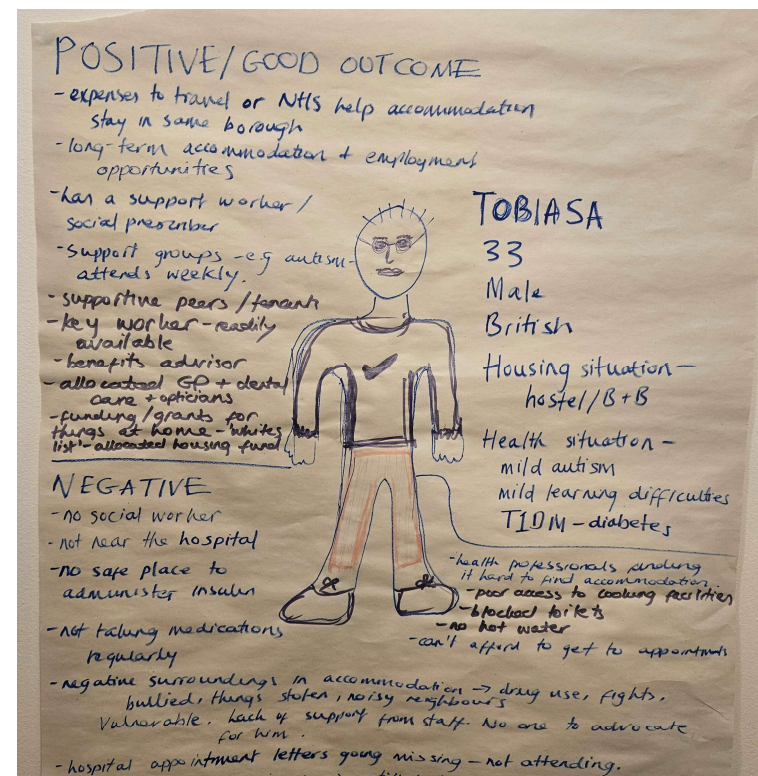
FURTHER READING

- Voices Care Act Toolkit: <https://homeless.org.uk/knowledge-hub/the-care-act-and-social-care-assessments/>
- LNNM Self-Neglect Guidance: <https://homelesshealthnetwork.net/wp-content/uploads/2023/07/Self-neglect-guidance-July-2023.pdf>
- Little Green Book, Edinburgh Rape Crisis: <https://www.ercc.scot/information/little-green-book/>
- Local Govt Association briefings: <https://www.local.gov.uk/publications/adult-safeguarding-and-homelessness-briefing-positive-practice> and <https://www.local.gov.uk/publications/adult-safeguarding-and-homelessness-experience-informed-practice>
- Pathway Policy Papers for Inclusion Health: <https://www.pathway.org.uk/resources/pathway-policy-papers/>
- Framework for NHS Action on Inclusion Health, NHS England: <https://www.england.nhs.uk/long-read/a-national-framework-for-nhs-action-on-inclusion-health/>
- National Peer Network for Rough Sleeping Social Workers: <https://www.kcl.ac.uk/research/a-national-peer-network-for-social-workers-specialising-in-homelessness-and-rough-sleeping>



NEL Homeless Health Strategy 2025 – 2030

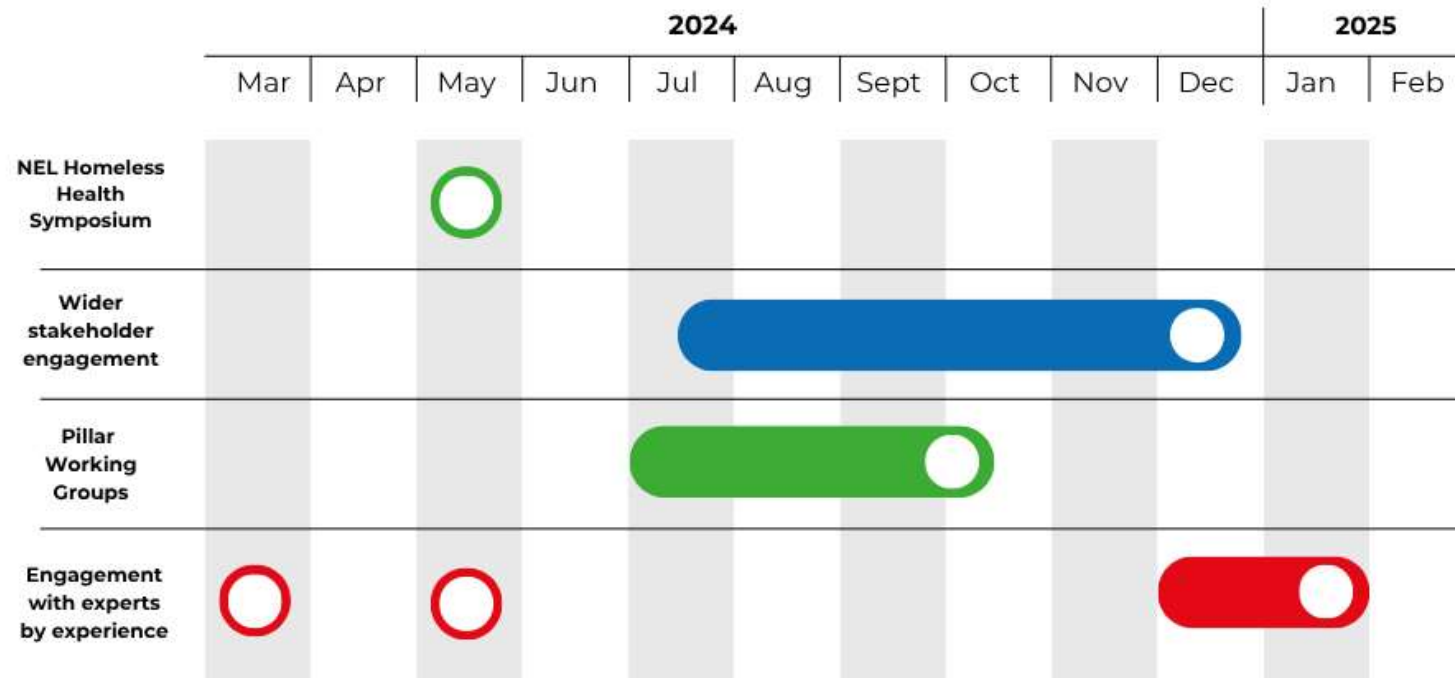
Working together to improve health outcomes for people experiencing homelessness.



Nicola Weaver & Melody Dhinda-Rees

Health Improvement and Inclusion Team, NHS NEL

Co-design of the NEL Homeless Health Strategy



In May 2024, we held the **NEL Homeless Health Symposium**, bringing together over **100 colleagues** from across the system, alongside individuals with lived experience of homelessness to make the case for system-wide action on homeless health.

We conducted **extensive engagement across the system**, presenting at over **40 groups** within the NHS, at Place level, and with subject matter experts in the voluntary sector.

The strategy was co-designed through five **Pillar Working Groups**, each focused on a strategic pillar. Each group (consisting of **12-26 colleagues** from various sectors as well as representatives of those with lived experience) met **three times** and shaped the strategic focus and the priorities of the pillars.

To ensure the strategy truly reflects the needs of those experiencing homelessness, **the voice of people lived experience of homelessness** was integrated throughout the co-design process.

Our purpose

The NEL Homeless Health Strategy is a **call to action to convene the system around the most important areas of joint focus and improvement** for the population (with a wide definition of homelessness) over 5 years. It provides a **strategic framework** to support place and neighbourhood partners to develop plans to address the needs of people experiencing homelessness.

Our ambition

Driven by a range of underpinning evidence, policy and guidance and our extensive co-design process, the **overarching ambition** of the NEL Homeless Health Strategy is to **improve health and social outcomes for people experiencing homelessness through integrated health, care and housing pathways and a focus on the wider determinants of health.**

Our homeless health pillars

The goals of the five homeless health pillars are to:

1. Improve pathways for hospital admission, discharge and 'step-down'
2. Improve equitable access, increase engagement in and ensure high quality primary and community care services.
3. Develop innovative approaches to deliver proactive, personalised care and enhance access to mental health, substance misuse, and end-of-life care and support.
4. Strengthen a preventative approach to reduce the risk of poor health outcomes for families living in temporary accommodation.
5. Develop the infrastructure to support people seeking asylum and refuge to understand, access and be supported by health, care and wider services.


The three cross-cutting themes

- **Safeguarding** – ensuring the health, wellbeing and human rights of people experiencing homelessness and multiple disadvantage are effectively protected through safeguarding.
- **Workforce development** – a holistic focus on workforce to invest in, structure and deliver accessible and high-quality services; support, develop and retain staff with a focus on wellbeing and the skills need to support the population and; creating opportunities for employment and development for people experiencing homelessness.
- **Data, intelligence and evaluation** – improve our understanding of the needs of people experiencing homelessness and wider inclusion health groups through better data collection, sharing and analysis, ensuring evidence and evaluation drive meaningful change.

Our key strategic opportunities

The strategy is underpinned, steered and enabled by four key strategic opportunities

- Building our **call to action through integration and collaboration** across NEL and within places and neighbourhoods
- Working with **local people and communities**
- Greater focus on **prevention, early intervention and the wider determinants of health**
- **Equitable access** to core services and specialist support



Accommodation and Immigration Advice for People with Restricted Eligibility

Neville Solomon, Chief Operations Officer,
Mary Seacole Housing Association



Background: Partnership between the Centre for Homelessness Impact (CHI) and Department for Levelling Up, Housing & Communities (DLUHC) in response to the Ending Rough Sleeping Strategy .



Objective: Address rough sleeping among non-UK nationals with restricted eligibility due to immigration status.



Overview: Test and Learn pilot project taking place in Coventry, Wolverhampton, Reading and Luton

Introduction and Context

Project Purpose

Target Group: Non-UK nationals in Luton experiencing rough sleeping with unclear or restricted immigration status and limited access to public funds.

Goal: Support individuals in finalising their immigration status and provide temporary accommodation to facilitate engagement with immigration services.

Who is the intervention for?

People who are sleeping rough with restricted eligibility to public funds due to their immigration status who can be supported within the existing legal framework. (Eligibility will be determined by the Home Office)

This cohort would include people with:

- Unknown immigration status
 - who are yet to make an immigration application
 - who are currently waiting on a decision on their immigration application
- Uncertain or restricted eligibility or status with a need for immigration casework advice (e.g.: failed asylum seekers who want to appeal, people with asylum support withdrawn who need support to have it reinstated, people making late EUSS claims)
- Leave to remain but restricted eligibility to public funds, this could include:
- EEA nationals with
 - pre-settled status, not exercising a qualifying right to reside e.g. Not in employment
 - limited leave to remain and a NRPF condition
- Non-EEA nationals with limited leave to remain and a NRPF condition

Participant Engagement

This is a Test and Learn pilot, so the main goal is to gather as much data as possible through KPIs, evaluations, interviews etc. to deliver homelessness support, and for research to improve public services for non-UK nationals experiencing street homelessness.

However, it provides an opportunity for Luton's eligible RS community to have fully funded accommodation, personalised support, and more importantly, a resolution to in immigration status.



Core Components of the Service



Time-Limited Accommodation: Up to 20 weeks, case-by-case basis for 70-80 individuals over a 12-month period.



End to end specialist immigration advice, case progression, escalation, status checks, and support for voluntary returns.



Link Work and Coordination: Act as a broker between homelessness services and immigration advisors.



Detailed data collection, evaluations and reporting

Provision

Accommodation:

21 bedspace across 4 properties within the town centre for time limited stay

Staffing:

Link Worker coordinating activities and liaising with partners and stakeholders.

2x Outreach Workers to work alongside and bolster existing service
Specialist Immigration Advice

Collaboration:

Working closely with existing RSI, CHI and the Home Office teams for expedited support and guidance.



Outcomes at 6 Months

- 32 participants have been accommodated and advised
- 11 positive outcomes (granted leave to remain, reconnection etc.)
- 10 do not meet criteria, still being supported by RSI, seeking alternative funding
- 11 application still being processed.

Q&A



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Thank you!



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