



Priority Area 3

Homelessness prevention and support

Key Takeaway

We can help reduce homelessness by identifying risk factors for our service user population, including domestic abuse and/or uncertain immigration status, and providing specialist support as needed. This includes partnerships with voluntary and community sector organisations and street outreach.

Analysing service user data and identifying trends can help strengthen prevention activities to improve quality and length of life. This is alongside providing financial advice, help with food, hygiene and health protection.



2025 Highlights:

Specialist support to East London mental health service users with uncertain immigration status to help improve healthcare outcomes: Working with the charity Praxis to support over 90 service users with advice and 50 with specific case work. Early outcomes include preventing homelessness, identifying support for domestic abuse and improved delivery of healthcare (see case study).

Data analysis across ELFT's three specialist inclusion health Primary Care Practices: This is helping better understand population characteristics, health needs, use of health services and learning from factors contributing to deaths. The analysis also looks at housing status, migration status and substance use. Findings are supporting the development of preventative work to help reduce health inequities. Lived experience expertise supported the project design and recommendations.

Helping staff identify people affected by domestic abuse through routine enquiry:

Routine Enquiry (RE) is a way for clinicians to ask direct questions in relation to abuse/sexual violence. A service user who is a survivor of domestic abuse is part of the Quality Improvement project group to increase use of RE. Training started in October 2025, aiming to reach all adult mental health directorate teams by April 2026. Next steps will focus on embedding RE in clinical practice.

Homeless health webinar: This provided an overview of homelessness data trends in ELFT areas and how we can prevent and learn from homeless deaths. Representatives from Crisis, the Museum of Homelessness, Pathway, NHS North East London (NEL), Groundswell and ELFT presented, and over 80 people attended.

Images provided by the [Centre for Homelessness Impact](#) free library.



North East London homeless health strategy 2025-2030:

Approved in May 2025, this strategy helps convene partners around the most important areas of joint focus for affected populations (with a wide definition of homelessness). Work underway includes developing a future model for primary care services, increasing the uptake of the Safe Surgeries initiative and evaluating the impact of personal health budgets for people who are rough sleeping.

Health and wellbeing fairs at our primary care practices:

Health E1 supported 75 service users through free hot meals, hygiene kits, long-life food and complimentary haircuts. Department for Work and Pensions provided support with housing and benefits. The Greenhouse Practice held a health and wellbeing fair in October to mark World Homeless Day. Attendees accessed support for substance misuse, smoking cessation and sexual health screens in addition flu vaccinations, benefit advice and a free lunch.

ELFT as a Marmot Trust

Homelessness prevention and support aligns with several Marmot Trust principles including championing social justice, prioritising prevention and early detection of illness in disadvantaged groups plus supporting a healthy standard of living. Supporting people at risk of or experiencing homelessness targets populations experiencing high levels of social disadvantage.

Fit for the Future: 10 Year Health Plan for England

The NHS's new ten-year plan acknowledges homelessness as a major driver of health inequity, recognising that people experiencing homelessness face significantly worse access to care, poorer health outcomes and shorter life expectancy.

Neighbourhood health services can help identify and support individuals at risk of or experiencing homelessness earlier by bringing services closer to people most in need. The proposal in the plan of a Single Patient Record can help make social risk factors such as housing status more visible in care settings.

Why is this important?

People experiencing homelessness often have poorer physical and mental health than the general population. In 2021 the average age of death was 43 years for women and 45 years for men rough sleeping or using emergency accommodation in England and Wales, nearly 40 years lower than the average age of death in the general population.

Domestic abuse is one of the leading causes of homelessness amongst women.

It is also a significant cause of mental ill health. Nationally an estimated 4.8% of people aged 16 years and over (6.6% of women and 3% of men) experienced domestic abuse in the last year. In London higher rates of domestic abuse are seen in deprived areas and among some ethnic minorities. Bedfordshire police data also shows similar differences across population groups.

The NHS has more contact with victims and perpetrators of domestic abuse than any other public service so knowing how to ask about it and respond provides earlier intervention and support.

People with uncertain immigration status are at high risk of homelessness and destitution alongside poor mental health. Increasing access to specialist advice at intervention points, such as in healthcare settings, is a recommended approach to help reduce rough sleeping.



Case Studies

Luton Smiling Together

Luton Smiling Together is a new programme that links council and health data to identify people living in Luton with severe and enduring mental health issues who may be at risk of having a crisis. Potential triggers for crisis could be bereavement, relationship breakdown, domestic abuse, financial difficulties and housing difficulties. Support is then provided by experienced and compassionate case coordinators.

The website can be accessed [here](#).

Rough Sleepers Mental Health Project (RAMHP)

The RAMHP team work to improve the mental health of people who sleep rough and work directly with local Street Outreach Teams (SORT) to improve their mental health awareness and response.

Over the last year ELFT RAMHP has received 1,080 referrals for people who sleep rough and needed mental health assessment and liaison between services.

RAMHP works closely with colleagues from voluntary and community sector organisations including street outreach teams and drug and alcohol services. In the past twelve months the team joined street outreach teams for over 90 shifts. It also set up three new mental health clinics at day centres for people who sleep rough, promoting health inclusion and reducing barriers to statutory services.



The person who assessed me felt very real and comprehensive, didn't feel like usually when it feels like I'm talking to a machine. I also could talk about myself without being misunderstood

- RAMHP service user





Specialist immigration advice: An example of a service user journey

Praxis provides specialist immigration advice including partnership work in health and care settings. This is the first time it is providing commissioned support in ELFT East London mental health services, with the story below an example of how service users are being supported.

TN was referred by the City and Hackney EQUIP (Early and Quick Intervention in Psychosis) Team. At referral TN was street homeless and sleeping in shop doorways.

Her mental health issues were linked to being a victim of domestic abuse and further affected by insecure immigration status as her visa was dependent on her husband.

Action taken by Praxis included:

- Bringing together evidence to secure emergency housing – gathered via an IDVA (Independent Domestic Violence Advisor) and primary and secondary care to evidence abuse.
- Providing a food voucher, temporary housing support and securing a housing solicitor to help request emergency housing.
- Submitting an indefinite leave to remain application as a victim of domestic abuse, resulting in TN being granted leave to remain with recourse to public funds on a concessionary basis while the application is under consideration.

Praxis maintains contact with TN’s mental health team and TN. TN states that knowing she has legal representation during her immigration journey assists with her stability and well-being.

Number of people seen rough sleeping in ELFT East London areas (2023/24 to 2024/25)

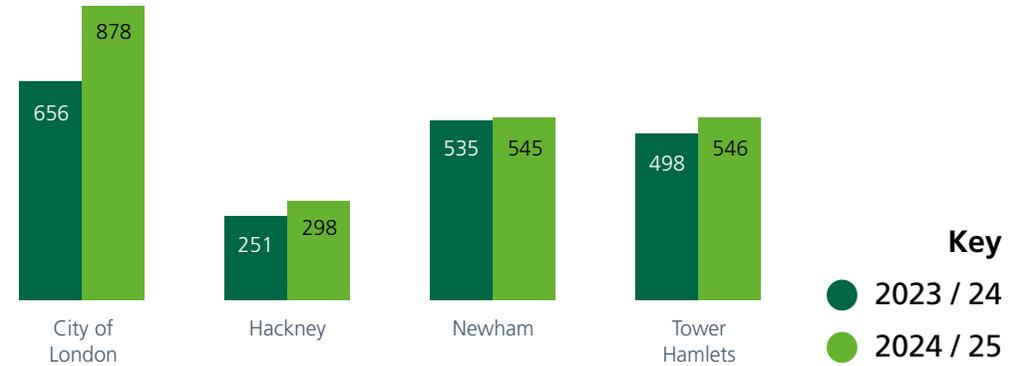


Figure 9: Number of people seen rough sleeping in ELFT London areas in past two years, source CHAIN

Annual Rough Sleeping snapshot Bedfordshire and Luton (2023/24 to 2024/25)



Figure 10: Number of people seen rough sleeping in Bedfordshire and Luton in past two years, Source gov.uk



Next steps include

Taking forward priority recommendations from the data analysis and mortality review of ELFT's three primary care practices.

Evaluating the impact of integrating specialist immigration advice in mental health service settings and working with partners on how recommendations from the pilot can inform models of care.

Glossary

Safe Surgeries: Primary care practices committed to improving access for migrant populations. This includes declaring the service as a "Safe Surgery" for all and making sure that no one is refused registration based on immigration status, inability to provide identification or proof of address, or language barriers.

