Rough Sleeping and Health JSNA

Trigger warning: Some of the content of this report may be distressing or triggering.

Housing Inclusion & Public Health

(Updated July 2026)

ROYAL borough of GREENWICH

Thames Reach

v-i-a

WSUP

GREENWICH HOMELESS PROJECT

Scope and aims

This Joint Strategic Needs Assessment focuses on the rough sleeping population within Royal Greenwich.

Rough sleeping is part of the wider picture of homelessness, and homelessness is a risk factor for rough sleeping.

It is important to note that our understanding of rough sleeping in Royal Greenwich presented in this JSNA may be imperfect. Rough sleeping or other self-reported experiences may be underreported in service data, for a variety of reasons, and people who are rough sleeping may not be known to services.

This work is a product of early discussions around how we can improve access to primary and secondary healthcare services, including outside of normal pathways, for people experiencing rough sleeping. This led to the creation of a Rough Sleeping and Health Steering Group, which brings together stakeholders from rough sleeping and healthcare pathways. The Steering Group includes: RBG Public Health, RBG Housing Inclusion, NHS colleagues, ICB colleagues, local substance use services and community support such as Day Centres.

Aim 1:
What is the prevalence and impact of rough sleeping in Greenwich?

Aim 2:
What are the services available for people rough sleeping in Greenwich?

Aim 3:
What are the health needs of people rough sleeping in Greenwich?

Aim 4:
What are the gaps or unmet needs identified from the local intelligence?

Aim 5:
Recommendations

Acronyms

CHAIN	Combined Homelessness and Information Network
DDW	Dual Diagnosis Worker
DAT RIG	Drug and Alcohol Treatment, Recovery and Improvement Grant (formerly RSDATG)
GHP	Greenwich Homeless Project
ICB	Integrated Care Board
NRPF	No Recourse to Public Funds
OHID	Office for Health Improvement and Disparities
RAMHP	Rough Sleeping and Mental Health Programme
RSAP	Rough Sleeping Accommodation Programme
RSDATG	Rough Sleeping Drug and Alcohol Treatment Grant
RS	Rough Sleeping
RSI	Rough Sleeping Initiative
SEROT	South East Regional Outreach Team
SHAP	Single Homelessness Accommodation Programme
SWEP	Severe Weather Emergency Protocol
TPG	Target Priority Group
WSUP	Woolwich Service Users Project

Definitions of homelessness and rough sleeping

Homelessness

According to Public Health England guidance, the definition of homelessness is not having a home.

The following housing circumstances are examples of homelessness:

- people without a shelter of any kind, sleeping rough
- people living in hostels, shelters, refuges or other temporary circumstances, for example in institutions
- people staying temporarily with family and friends ('sofa surfing') and people who are threatened with eviction
- people living in unfit housing or extreme overcrowding

Rough sleeping

For the purposes of conducting rough sleeping street counts and evidence based estimates, the Ministry of Housing, Communities and Local Government (MHCLG) defines people who sleep rough as:

- people sleeping, about to bed down (sitting on/in or standing next to their bedding) or actually bedded down in the open air (such as on the street, in tents, doorways, parks, bus shelters or encampments).
- people in buildings or other places not designed for habitation (such as stairwells, barns, sheds, car parks, cars, derelict boats, stations, or "bashes" which are makeshift shelters often comprised of cardboard boxes).

The definition does not include:

- people in hostels or shelters
- people in campsites or other sites used for recreational purposes or organised protest
- squatters
- Travellers

People often move in and out of periods of rough sleeping. Rough sleeping can be a transitory state, and many experience a 'revolving door' cycle, moving in and out of short-term accommodation.

All people who experience rough sleeping are experiencing homelessness,
but not all people who are homeless are rough sleeping.

Introduction: Policy context (international, national and local)

Rough seeping is a complex problem faced by countries across the globe, not just in the UK. While the specific policies and approaches to tackling rough sleeping may vary, the challenge itself is widely recognised and addressed in various forms.

International

Rough sleeping is an international problem and priority for action. In 2020 it was estimated that 700,000 people were sleeping rough or living in emergency or temporary accommodation across Europe, which is a 70% increase in a decade (Fifth Overview of Housing Exclusion in Europe, 2020). It can be difficult to make international comparisons in rough sleeping rates due to different counting methodologies. However, data suggests that when comparing across Europe, large cities in England such as London and Manchester have lower rough sleeping rates than large cities in France and Germany (Ending Rough Sleeping For Good, 2022).

Local

The Housing and Homelessness strategy for Royal Greenwich 2021-2026 has a strand focusing on tackling homelessness and ending rough sleeping (strand 2), which includes a commitment to end rough sleeping by implementing the government's Rough Sleeping Strategy. The recommendations for this area include:

- Scale our outreach services to engage with people rough sleeping
- Embed healthcare into services offered to people rough sleeping
- Provide suitable emergency accommodation for people rough sleeping
- Reserve a proportion of move-on accommodation in council homes for people rough sleeping
- Monitor results and explore opportunities to expand our Housing First project for people rough sleeping
- Develop initiatives to improve partnership working with other boroughs to address cross-border activity, prevent displacement and share information
- Support London-wide initiatives that support people rough sleeping

Mission 6 of the Our Greenwich Corporate Plan is about people in Greenwich having access to a safe and secure home that meets their needs. One of the outcomes this mission aims to deliver is that no resident sleeps on the streets. Two of the mission success measures, which are being monitored as part of the Our Greenwich approach, relate to the number of households prevented from homelessness and the number of people who are homeless.

National

National Plan to End Homelessness 2025

The Government's "National Plan to End Homelessness" (December 2025) focuses on three core pledges: halving long-term rough sleeping, ending unlawful use of B&Bs for families (over 6 weeks), and significantly preventing homelessness by investing £3.5 billion over three years, boosting public service collaboration (hospitals, prisons, social care) and reforming private renting to stop people losing homes, with new legal duties for local action and reporting. Tackling rough sleeping and homelessness continues to be a priority for the current government. The government has commissioned a systems-wide evaluation of homelessness and rough sleeping services, and the preliminary findings have been published.

A national framework for NHS action on inclusion health (NHS England, 2023)

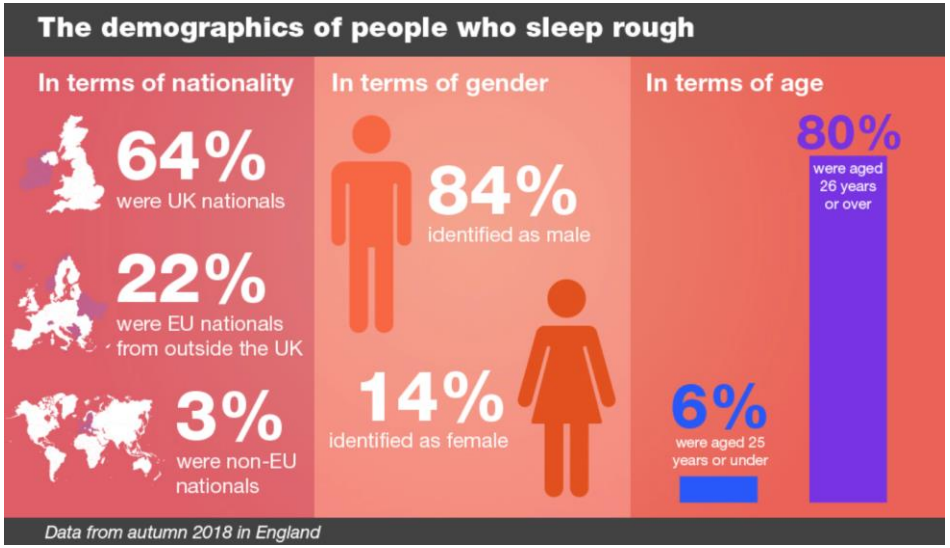
- Inclusion health is an umbrella term used to describe people who are socially excluded, who typically experience multiple overlapping risk factors for poor health, such as poverty, violence and complex trauma.
- Inclusion health groups include people experiencing homelessness.
- A framework has been developed by NHS England and partners including OHID to support the planning, development and improvement of health services to meet the needs of people in inclusion health groups.

NICE guideline on integrated health and social care for people experiencing homelessness (2022)

- This guideline covers providing integrated health and social care services for people experiencing homelessness. It aims to improve access to and engagement with health and social care, and ensure care is coordinated across different services.

Introduction: Rough sleeping and health

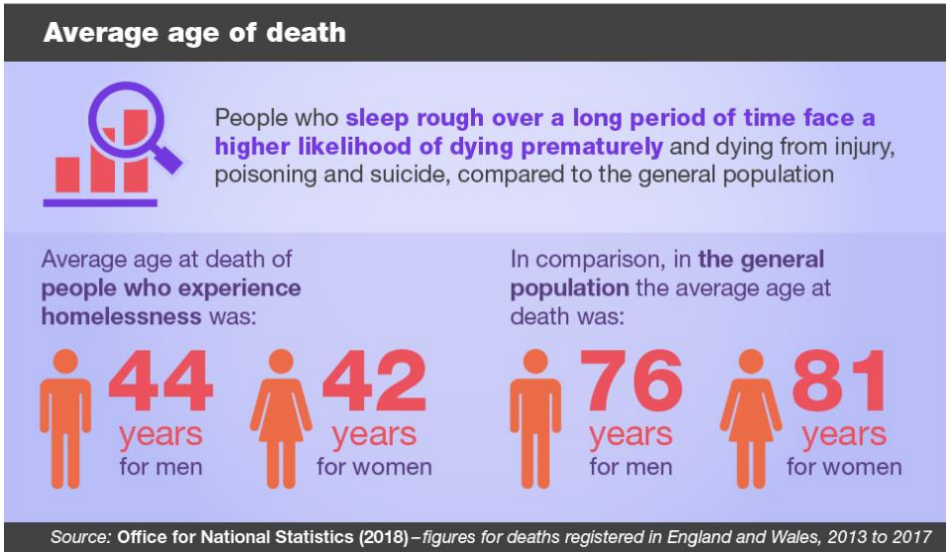
Source: PHE Health Matters: rough sleeping



Source: PHE Health Matters: rough sleeping

People experiencing rough sleeping face some of the most extreme health inequalities of any groups. People who experience rough sleeping over a long period are, on average, more likely to die young than the general population. Homelessness is often a consequence of a combination of structural and individual factors across the life course. Trauma and ill health can be both a cause and consequence of homelessness.

Our knowledge of who sleeps rough and why is imperfect. There are many practical difficulties to making accurate measurements, particularly given the hidden nature of rough sleeping. The majority of people known to sleep rough are men and UK nationals. Research suggests that there has been an upward trend of women sleeping rough, in both proportional and absolute terms. There is a growing evidence base indicating that the cause of women's homelessness, and trajectories they take through it, tend to differ from those of men, and for multiple reasons, women who experience rough sleeping also experience increased vulnerability.



Source: PHE Health Matters: rough sleeping

Introduction: Rough sleeping and health

Rough sleeping and mental health

Common mental health conditions are over twice as high in rough sleeping populations compared to the general population, and psychosis is up to 15 times as high.

According to London CHAIN multi-agency database data, of those experiencing rough sleeping and mental health needs, the three most common reasons for loss of their last settled base were:

- Eviction (20%)
- Being asked to leave (18%)
- Relationship breakdown (13%)

Women who experience rough sleeping experience higher rates of mental ill health. These women are also more likely to experience sustained or repeated rough sleeping.

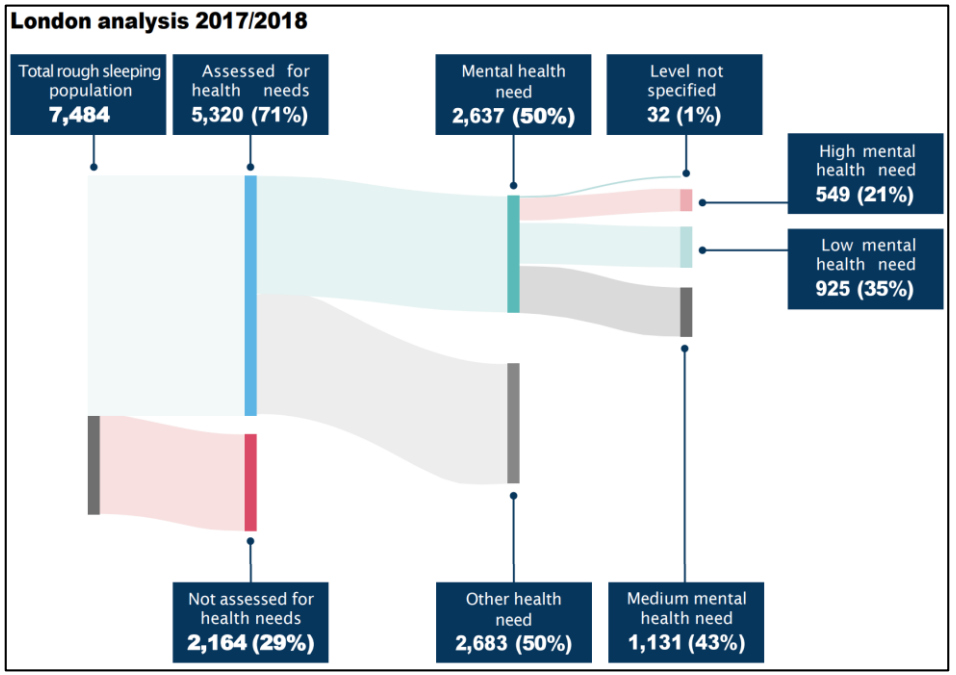
There may be a link between experiencing both mental ill health and rough sleeping directly after leaving an institution such as hostels, prisons, hospitals, mental health hospitals and temporary accommodation.

Mental ill health can make moving from rough sleeping and into accommodation more challenging. People are around 50% more likely to have spent over a year sleeping rough if they are also experiencing mental ill health, compared to those without mental health needs.

A contributary factor may be mental health services not being adequately inclusive or set up to support people who experience rough sleeping. Similarly, mental ill health may act as a barrier to trusting and engaging with housing services.

People who experience homelessness are disproportionately affected by loneliness and can have limited contact with those who matter to them. This can also limit individual's attempts to seek help and move on from homelessness.

Source: PHE Health Matters: rough sleeping



Source: Needs of people seeping rough in 2017/18 Imperial College Health Partners

Introduction: Rough sleeping and health

Rough sleeping and physical health

Available data indicates that almost all long-term physical conditions are more prevalent in the homeless population compared to the general population.

The poorer health outcomes that homeless people experience compared to the general population are linked to:

- Exposure to poor living conditions
- Difficulty in maintaining personal hygiene
- Poor diet
- High levels of stress
- Drug and alcohol dependence

Many people who experience rough sleeping have co-occurring mental ill health and substance use needs, physical health needs, and have experienced significant trauma in their lives.

The prevalence of infectious diseases, such as tuberculosis, HIV, and hepatitis C, is significantly higher in the rough sleeping population than in the general population.

Musculoskeletal disorders, heart disease, epilepsy, chronic pain, skin and foot problems, dental problems and respiratory illness are also overrepresented.

Climate risks, such as being more likely to be exposed to extreme temperatures, disproportionately affect the most deprived and disadvantaged groups including homeless people.

Homelessness and harm

Homelessness exposes people to significant vulnerabilities relating to exploitation, victimisation and harm. Experiencing homelessness often means someone having severely limited choices in relation to their safety.

Gender, sexuality, age and race (as well as other protected characteristics) make people additionally vulnerable when experiencing homelessness.

Qualitative data from the 2024 Women's Rough Sleeping Census shows that domestic abuse is the leading cause of women's homelessness and women are less likely to find out about or access support.

People who experience homelessness disproportionately experience undiagnosed brain injuries, learning disabilities, neurodivergence and cognitive impairments that make them additionally vulnerable.

Vulnerability to self-neglect is common in the lives of people who experience homelessness, especially long-term rough sleeping. In people experiencing homelessness, self-neglect can often be misunderstood as 'non-engagement', a 'lifestyle choice' or being due to mental capacity.

People experiencing homelessness are less likely to disclose or address experiences of harm and abuse, often because of fear that it will put them at greater risk.

Introduction: Rough sleeping and health

Rough sleeping and access to and experience of health services

People in inclusion health groups have poor experiences across all major aspects of healthcare. There is evidence that access issues are even worse for people in Black and global majority groups.

While the poor access to health services experienced by inclusion health groups is a central driver of the poor health they experience, it is also driven by a range of wider social determinants e.g. housing.

NHS pressures are creating barriers to care for people in inclusion health groups. Stigma and discrimination can exacerbate these barriers. **One third of people who experience rough sleeping are not registered with a GP, and those registered may not access the service.** Many people who are sleeping rough report being unable to register with a GP practice. This is despite NHS guidelines stating that homeless people have the right to register and use all of the services in a GP practice without needing a fixed address or identification, and a person's immigration status does not affect registration.

People who are homeless are more likely to have an inpatient admission to hospital compared to the general population. Attendance at A&E is at least 8 times higher in the rough sleeping population than the housed population, and people who experience both homelessness and alcohol dependency were 28 times more likely to have emergency admissions to hospital.

A survey as part of the Pathway inclusion health barometer reports that for people experiencing homelessness who had been admitted to hospital, 24% were discharged to the street and 21% to unsuitable accommodation; 75% of Professionals surveyed felt that **people experiencing homelessness are discharged from hospital with unmet health needs often (47%) or all the time (28%).**

People experiencing rough sleeping with co-occurring needs can find it challenging to engage with and/or experience other barriers to accessing treatment services. Mental health services may exclude people because of co-occurring alcohol or drug use. People with a serious mental illness diagnosis may also be excluded from alcohol and drug services due to the severity of their illness, leaving people without this support.

Qualitative data from the Women's Rough Sleeping Census illustrates that social isolation and feelings of distrust towards others that are generated by domestic abuse and other forms of gender-based violence mean that women are less likely to find out about or access sources of support. It is therefore vital that services collaborate across sectors to provide effective preventative strategies and adequately resourced, gender-informed services for women who experience rough sleeping. There is a growing body of evidence demonstrating the positive impact that specialist inclusion health services can have on patient engagement, health and housing outcomes.

Introduction: Rough sleeping and health

Homelessness, stigma and unhelpful language

Homelessness is a systemic issue

Structural homelessness occurs when individuals do not have access to adequate housing due to societal factors such as lack of affordable housing or insufficient income support. It is important to recognise that structural homelessness is not solely the result of individual choices or 'personal failures', but is instead a systemic issue that requires collective action. It is crucial to avoid 'medicalising' homelessness and fixating on individual factors, rather than looking at systemic failures which may be linked to structural issues like underfunding.

Exclusion and stigma impact people experiencing homelessness

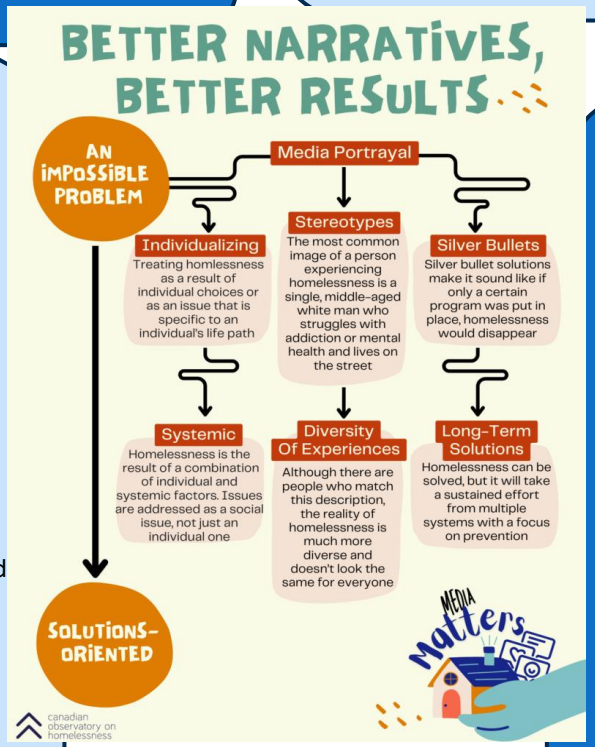
The social exclusion driving the poor health of people in inclusion health groups (including people experiencing homelessness) is largely based on discriminatory social attitudes towards people in particular social circumstances or with particular personal characteristics. People in inclusion health groups are often associated with multiple stigmatised circumstances or characteristics, worsening the social exclusion they are faced with.

Stigmatising attitudes are embedded within our culture and built from and reinforced by a broad set of social assumptions. These attitudes can be held by staff in health systems as well as the general population. For example, evidence shows that the view that homelessness is a 'lifestyle choice' has been found to exist amongst some NHS staff. These attitudes may impact service access, experience and outcomes for some of the most disadvantaged members of our community.

Unhelpful language and reporting can reinforce stereotypes

In reporting and content about homelessness and rough sleeping, the media and journalism in the UK and elsewhere often focuses on individual cases and 'silver bullet' solutions, which can reinforce stereotypes. As staff, the language we use day-to-day and in our communications is also important.

The mainstream media and our own communications can be used as a positive tool to drive change in the narrative around and appetite for systemic action to tackle homelessness. The media could play a greater role in increasing awareness of the complex issues and galvanising demand for meaningful societal change through funding, policies and community action. This requires a shift towards amplifying diverse voices, emphasising structural causes and advocating for sustainable solutions. We can educate ourselves and role model positive approaches to try to make a positive difference within our system and communities.



Source: Canadian Observatory on Homelessness

Tools, resources and further reading

- 'Improving access to services for clients experiencing Multiple Disadvantage and Co-occurring Conditions' - an e-learning course backed by the Office for Health Improvement and Disparities and partners
- 'How to talk about the building blocks of health' - a Health Foundation toolkit setting out how we can frame communications to tell a more powerful story about health and increase understanding about the social determinants of health
- Fulfilling Lives Lambeth, Southwark and Lewisham have produced 'Power of Language: A tool to guide language in the context of multiple disadvantage'
- The Canadian Observatory on Homelessness has developed a collection of learning materials aiming to shift the narrative on homelessness, which includes a Communications Handbook and a 'Media Matters Blog Series'
- Further information about the impact of exclusion and stigma on inclusion health groups can be found in 'Always at the bottom of the pile: the homeless and inclusion health barometer 2024'

Introduction: Rough sleeping statistics

Rough sleeping prevalence

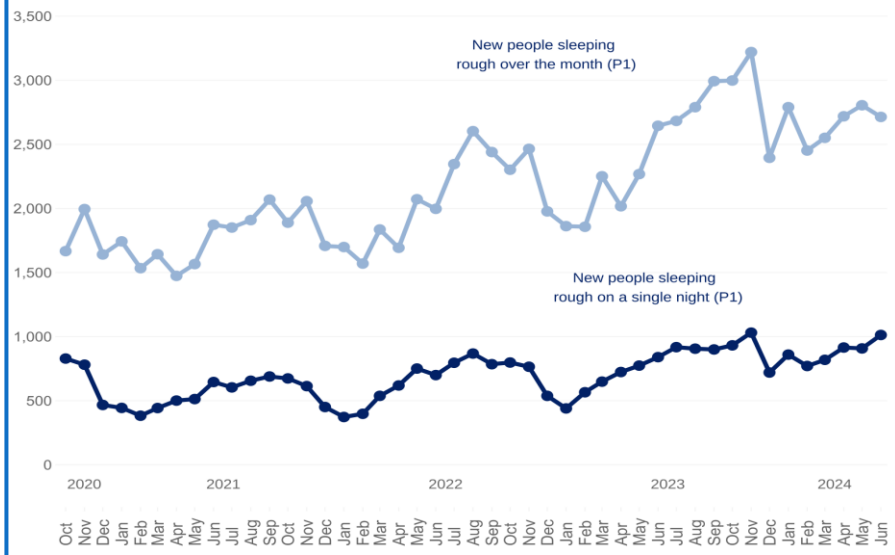
In May 2023, the Ministry of Housing, Communities and Local Government launched a new Rough Sleeping Data Framework and set of metrics to better understand rough sleeping and categorise whether instances are prevented, rare, brief or non-recurring.

Information is provided by local authorities and collated by outreach workers, local charities and community groups and independently verified by Homeless Link. This provides a more frequent although less robust estimate of people sleeping rough on a single night and over the course of the month, compared to other statistics such as annual official rough sleeping snapshot statistics.

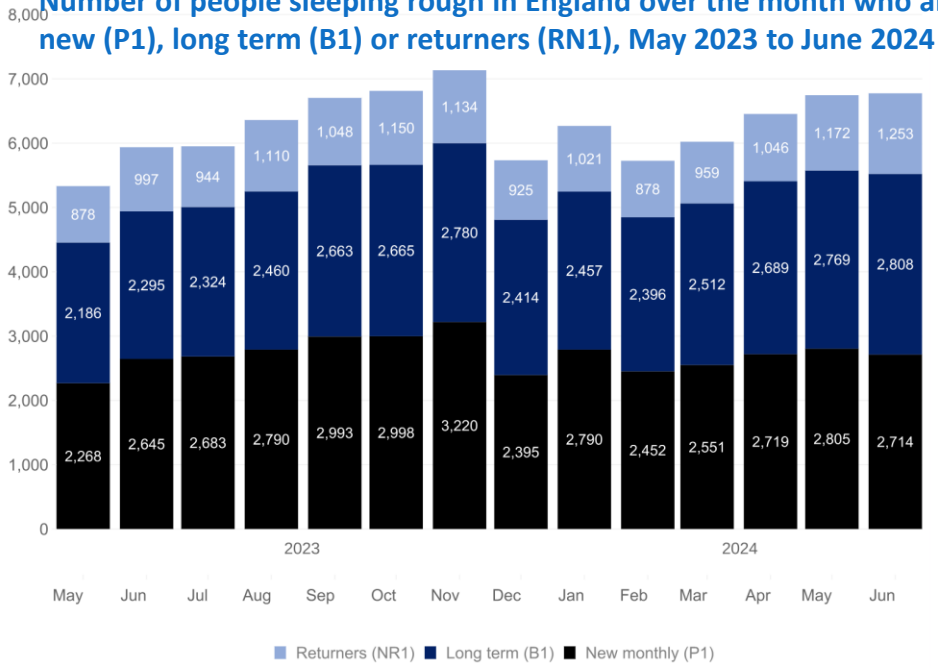
Key statistics for England (reporting on rough sleeping over the month in June 2024):

- **8,309 people sleeping rough** (up 15% on June 2023 and up 13% since March 2024). This equates to 14.4 people per 100,000 people
- **2,808 people sleeping rough long term** (up 22% since June 2023)
- **2,714 new people sleeping rough** (up 3% since June 2023)
- **1,253 people sleeping rough who are returning to sleeping rough** (up 26% since June 2023)
- **794 people sleeping rough who have left an institution** (up 47% since June 2023)

People sleeping rough in England, October 2020 to March 2024 (R1)



Number of people sleeping rough in England over the month who are new (P1), long term (B1) or returners (RN1), May 2023 to June 2024



Introduction: Rough sleeping statistics

Rough sleeping prevalence

The Women's Rough Sleeping Census, organised and reported on by Solace Women's Aid, gathers data through a survey conducted across a week in September with women who experience rough sleeping. It aims to collect more comprehensive data on women experiencing rough sleeping and trial a different method of data collection. It also aims to improve support and provision for women who are rough sleeping and experiencing other forms of hidden homelessness. Since 2022, more than 2,000 women across England have shared their experiences of recent rough sleeping through the Women's Rough Sleeping Census.

Government figures suggest that women make up around 15% of those sleeping rough. However, based on responses from all London Boroughs and a further 55 local authorities across England, the 2024 Census found that **more than 10 times as many women are sleeping rough in England than Government data suggests**.

1,014 women were identified as having slept rough in the previous three months

across 88 local authority areas implementing the WRSC survey. 371 survey responses were received from London, with 180 from Greater Manchester.

73% of women reported sleeping on the street

Almost three quarters of respondents (743 women) reported sleeping on the street.

365 women reported they had been in homelessness accommodation prior to sleeping rough[6]

Homelessness accommodation continues to be unsuitable for women's needs and is currently insufficient to resolve their homelessness.

242 women reported staying with a stranger or a new acquaintance

24% of the women reported staying with a stranger or new acquaintance, which clearly places them at risk of harm.

54% of women reported sleeping in a place that would not have been included in traditional snapshot counts of rough sleeping

545 women reported having slept rough in a place that would not have been included in traditional snapshot counts. As such, they are unlikely to have been offered support by outreach teams using strict definitions of rough sleeping while sleeping in these locations.

x10 1,777 women were individually identified in the multi-agency Local Insights meetings across 37 local authorities

This reveals over 10 times as many women who are sleeping rough than are identified through the Ministry of Housing, Communities and Local Government (MHCLG) snapshot.

x2 x4

In London, the number of women counted by the WRSC survey is almost double that counted by the snapshot (x1.98). Outside London, the WRSC survey identified over four times the number counted in the snapshot (x4.29).

77% of women completing the census were not accessing support from a housing officer or council housing department.

43% of women were not accessing support from a homelessness service.

33% of the women were not accessing support from ***either a housing officer or a homelessness service*** and therefore were unlikely to be receiving local authority or dedicated homelessness support.

Source: Women's Rough Sleeping Census 2024

Introduction: Rough sleeping statistics

Rough sleeping demographics

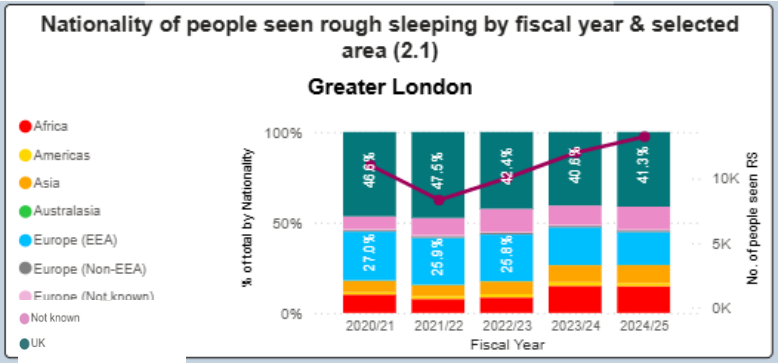
The CHAIN Annual Data Visualisation Tool presents information about people seen rough sleeping by outreach teams in London. Information is derived from the Combined Homelessness and Information Network (CHAIN), a multi-agency database recording information about people seen rough sleeping and the wider street population in London, which is commissioned and funded by the Greater London Authority and managed by Homeless Link.

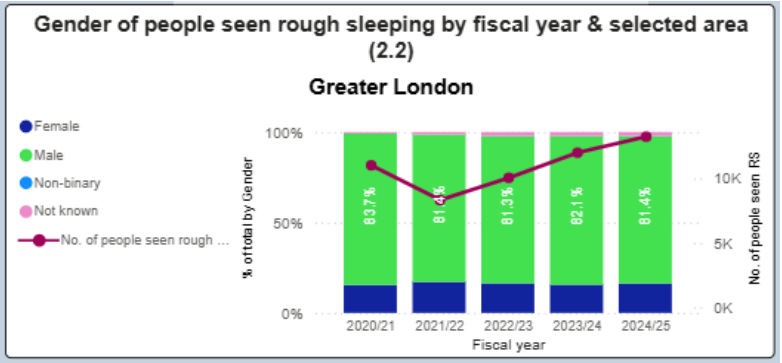
These graphs from the Visualisation Tool summarise demographic data about those seen rough sleeping in London from the 2020/21 financial year to the 2024/25 financial year.

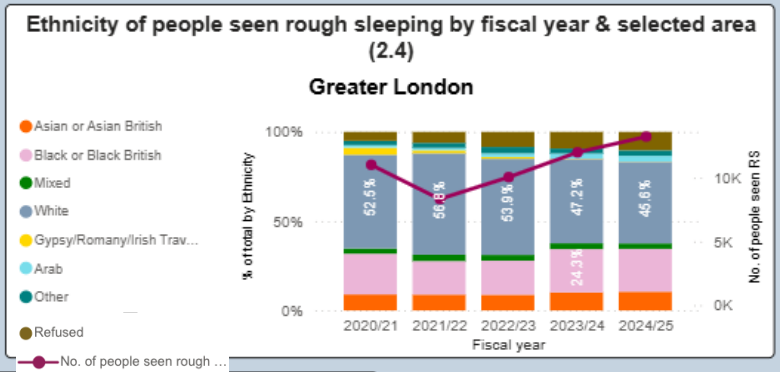
The graphs report that **the majority of people seen sleeping rough across these years were:**

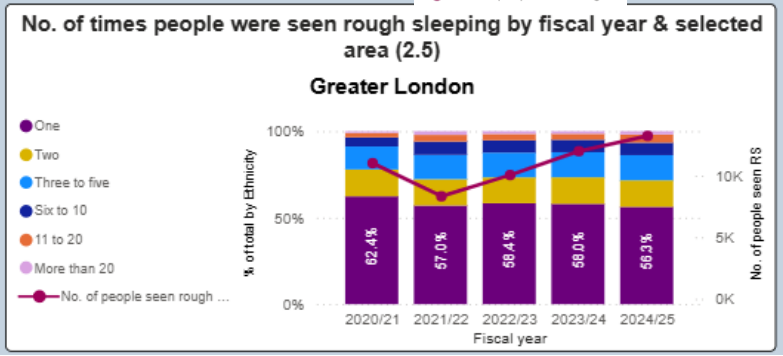
- **Of UK Nationality**
- **Male**
- **Aged 26-35 and 36-45**
- **Of White Ethnicity**
- **Seen rough sleeping once**

Caution should be exercised when drawing conclusions from proportions and trends based on low overall totals in a particular area, period or category.









Source: CHAIN Annual Data Visualisation Tool

Introduction: Rough sleeping statistics

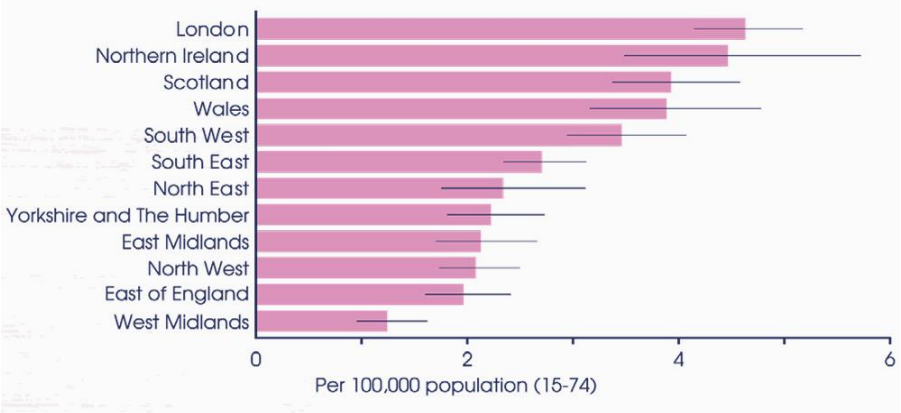
Rough sleeping and mortality

The Dying Homeless Project, led by Museum of Homelessness, is the only record of the deaths of people experiencing homelessness in all four UK nations. The project aims to document and remember every person who dies whilst homeless in the UK. Each fatality is verified by a Freedom of Information Act request, Coroners' report, homelessness organisation or family member. The 2025 findings (based on 2024 data from 88.7% of upper tier authorities) show that 1,611 people died whilst homeless in the UK in 2024. The fatalities include people sleeping rough, as well as those experiencing all forms of homelessness, including living in temporary and supported accommodation and other insecure settings. The number of deaths has been rising year on year and the full findings are available in full here.

In 2024, at least 1,611 homeless people died across England, Scotland, Wales and Northern Ireland. This was an overall increase of 14% compared to the year before. In 2024, London had the highest number of deaths (326 and a 4% increase on the year before).

We have information about housing status for 87% of people who died in 2024. 12% of people who died whilst homeless were rough sleeping when they passed away (similar to 2023). In the last three years, the proportion of those dying in temporary accommodation or supported accommodation has increased. The proportion of people dying in rough sleeping accommodation has decreased, although this change may be partly explained by differences in how local authorities categorise different types of accommodation.

Rate of deaths of people experiencing homelessness in 2024 by region



Accommodation at time of death (where known, excluding Northern Ireland), 2024

Introduction: Rough sleeping statistics

Rough sleeping and mortality

Information about cause of death was reported in 30% of cases included in the 2025 Dying Homeless Project report. In this analysis, a single cause of death was applied to each case. Factors contributing to low reporting include the cause of death not yet having been determined by a coroner, and local authorities not always recording or supplying cause of death. FOI information is supplemented by press reports about inquests and criminal proceedings, which might introduce an element of bias towards cases that are more likely to be reported on, for example cases involving violence, drugs or suicide. Reporting also varies by area. The term 'deaths of despair' was first used in the US to describe deaths caused by drugs, alcohol and suicide. It aims to acknowledge the desperation of circumstances such as poverty and the particular ways these issues manifest in premature and preventable deaths. These deaths are often linked to inequality, stigma, distress and isolation. UK studies indicate that men are disproportionately impacted by deaths of despair.

In 2024, 55% of deaths with available information on causality fit the definition of deaths of despair. Drug or alcohol related deaths were the most common causes found in 2022-2024.

In 2024, the median age at time of death was 45 for women and 48 for men (based in gender information being shared for 87% of people who died).

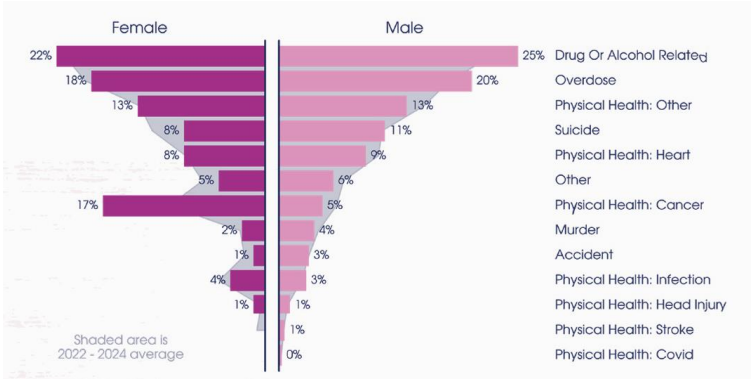
In 2024, 80.7% of those who died were White British, slightly lower than population estimates for UK nations as a whole (based on ethnicity information being shared for 48% of people who died).

Drugs implicated in cause of death (where known), 2022-2024

	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**

Cause of death (where known), 2022-2024

Cause of death by gender (where known), 2024



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Key Greenwich statistics

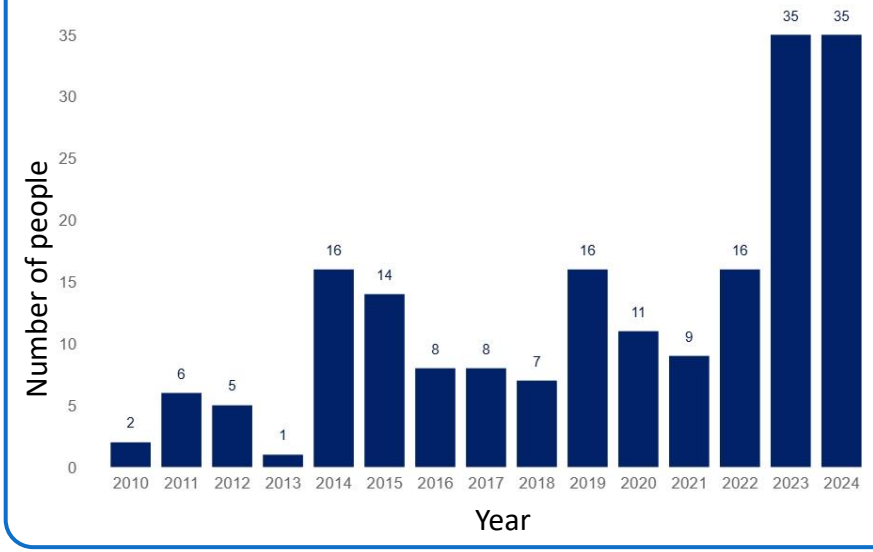
2024 Annual autumn snapshot of rough sleeping

The annual autumn snapshot is our most robust measure of rough sleeping in Greenwich on a single night. The snapshot is collated by outreach workers, local charities and community groups, and independently verified by Homeless Link.

People sleeping rough are defined as those sleeping or about to bed down in open air locations and other places including tents and makeshift shelters. The snapshot does not include people in hostels or shelters, or those in recreational or organised protest, squatter or Traveller campsites. The snapshot records only those people seen, or thought to be, sleeping rough on a single night.

In the 2024 annual autumn snapshot, **35 people were estimated to be sleeping rough on a single night in Greenwich** (or a rate of 11.9 per 100,000, which is similar to 2023). This compares to 1,318 people for London as a whole (14.7 per 100,000, up 16% since 2023).

Estimated number of people sleeping rough on a single night in Greenwich, 2010-2024



Greenwich 2024 annual autumn snapshot demographic data:

Nationality:
- **37% from the UK**
- **26% from the EU** (up 125% since last year)
- **11% from outside the EU and UK**

Age:
- **74% over 25 years old** (up 4% since last year)
- **3% 15-18 years old**

Gender:
- **74% male**
- **14% female**

These percentages are all similar to London.

Source: Ministry of Housing, Communities and Local Government Rough sleeping snapshot dashboard

Key national, regional and local statistics

2023/24 financial year rough sleeping snapshot data

Rough sleeping snapshot data tells us that in the 2023/24 financial year, a total of 637 people were counted rough sleeping in Greenwich in the monthly figures. This is not equivalent to 637 unique individuals because many people will have slept rough across more than one month. A count of 637 equates to a 73% increase on the 2022/23 financial year. The counts for England and London have increased by 25% and 22% respectively over the same period.

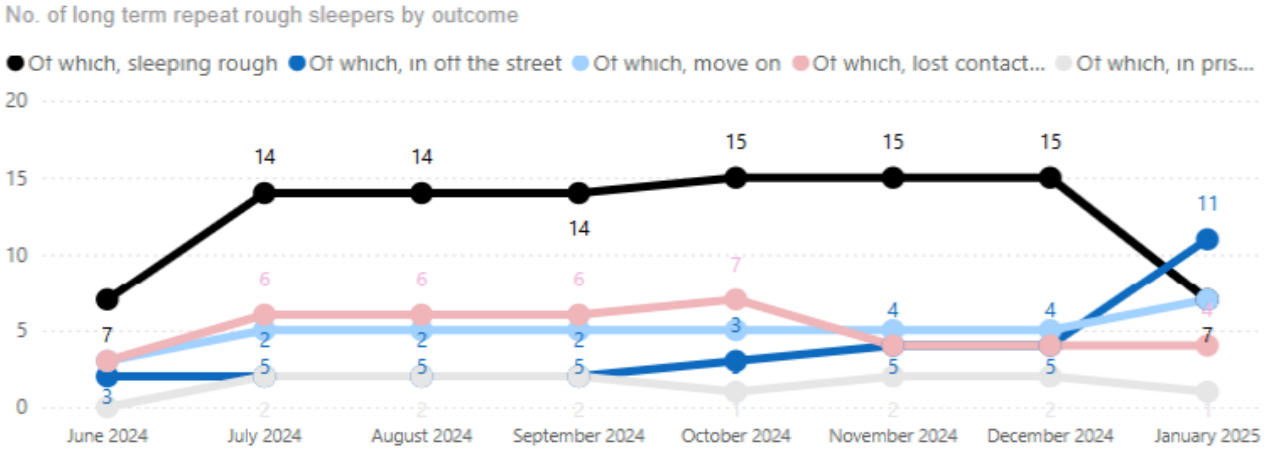
In Greenwich the rate of rough sleeping in a single night averaged 115.6 per 100,000 for 2023/24, which is higher than for England or London. The percentage of the total rough sleeping population who are new to rough sleeping was similar for Greenwich (40%) and London as a whole (41%) in 2023/24. However, the percentage who are long term rough sleeping was higher for Greenwich (37%) compared to London as a whole (32%) in 2023/24.

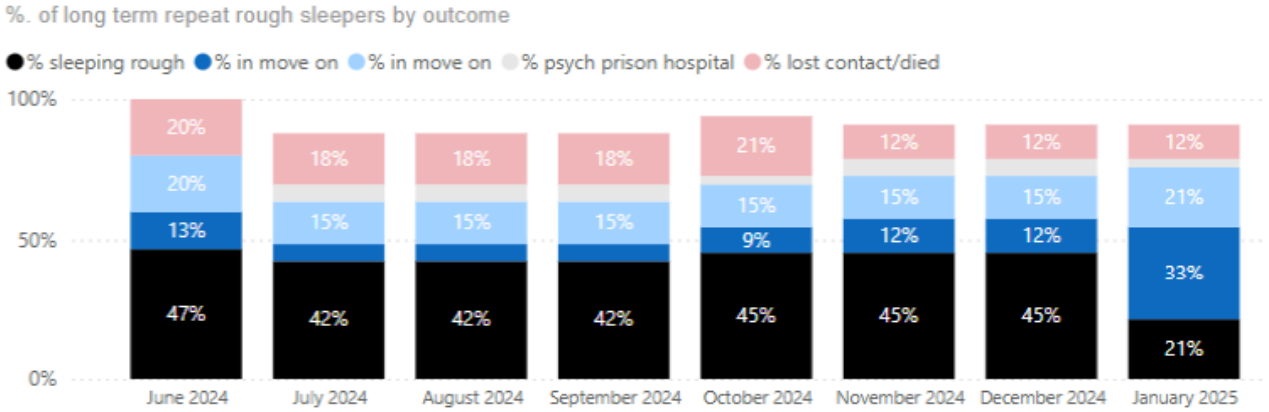
Data	England	London	Greenwich
12-month average: rate per 100,000 of rough sleeping across the month	155.0	244.3	216.6
12-month average: rate per 100,000 of rough sleeping on a single night	62.2	108.9	115.6
12-month average: % of total rough sleeping population who are new to rough sleeping	36%	41%	40%
12-month average: % of total rough sleeping population who are long term rough sleeping	30%	32%	37%

Source: Ministry of Housing, Communities and Local Government Rough sleeping snapshot dashboard

Local data: Greenwich rough sleeping prevalence

Target Priority Group (TPG) in Greenwich





The TPG (previously the T1000) are a cohort of clients who have been identified as long-term rough sleeping with multiple complex needs. This cohort have generally been seen sleeping rough across three months or more in the last year.

The TPG project identifies a shared client list, for whom extra focus and available funding is used to create a bespoke service offer that is flexible and creative. This project is led by London Councils.

Extra focus is placed on this cohort, with a view to try and relieve their homelessness through joint working and intervention on a local and pan-London level.

This approach targets support for the most vulnerable people sleeping rough, particularly those most at risk of returning to the street and who have been sleeping rough for a significant period.

Historic TPG data:

- In 2022/23, there were 8 cases in Greenwich
- In 2023/24, there were 15 cases in Greenwich
- In 2024/25, there were 33 cases in Greenwich
- In 2025/26, there were 28 cases in Greenwich

For the current TPG, as of July 2025:

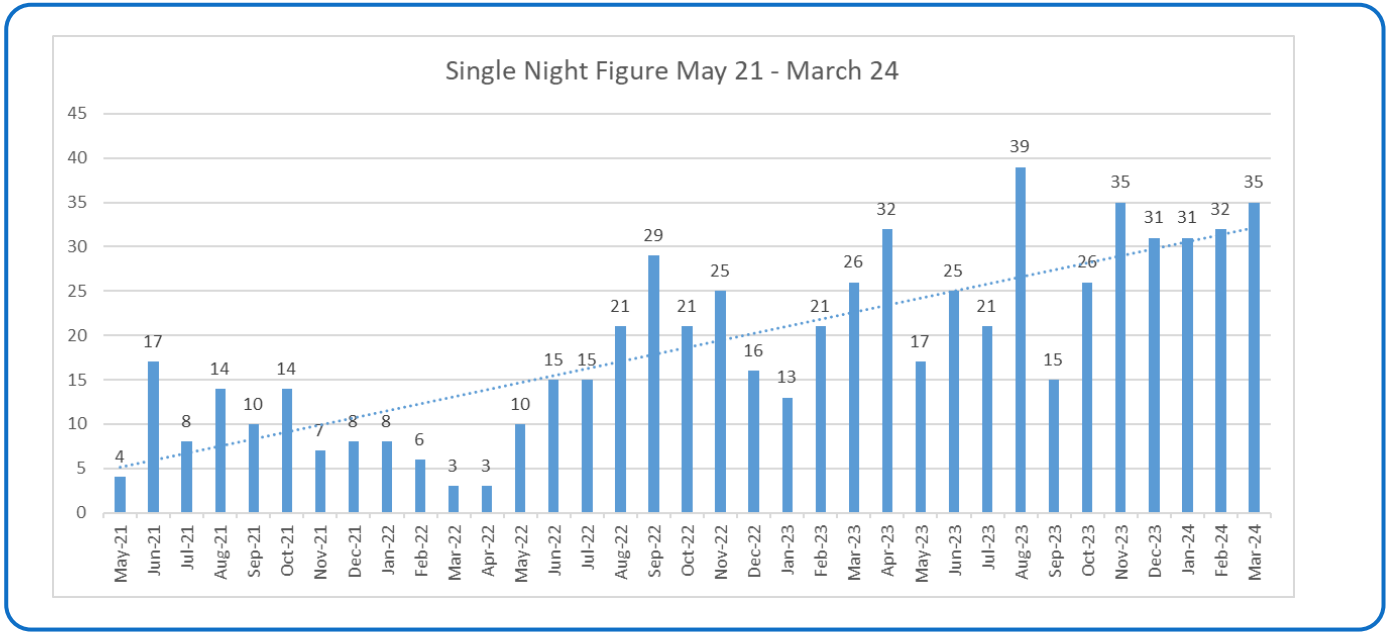
- 12 people are rough sleeping
- 1 is in temporary accommodation
- 7 are in medium/long term accommodation
- 5 we have lost contact with or haven't seen
- 1 is in prison
- 1 is in hospital
- 1 has been detained by the Home Office

Local data: Greenwich rough sleeping prevalence

COVID-19 and the impact of policy change on rough sleeping figures

During the COVID-19 pandemic, the government provided additional funding to bring people off the street and into temporary accommodation. Through the Protect and Vaccinate scheme, £28 million was allocated to councils across England to accommodate people who were rough sleeping and provide COVID-19 vaccinations.

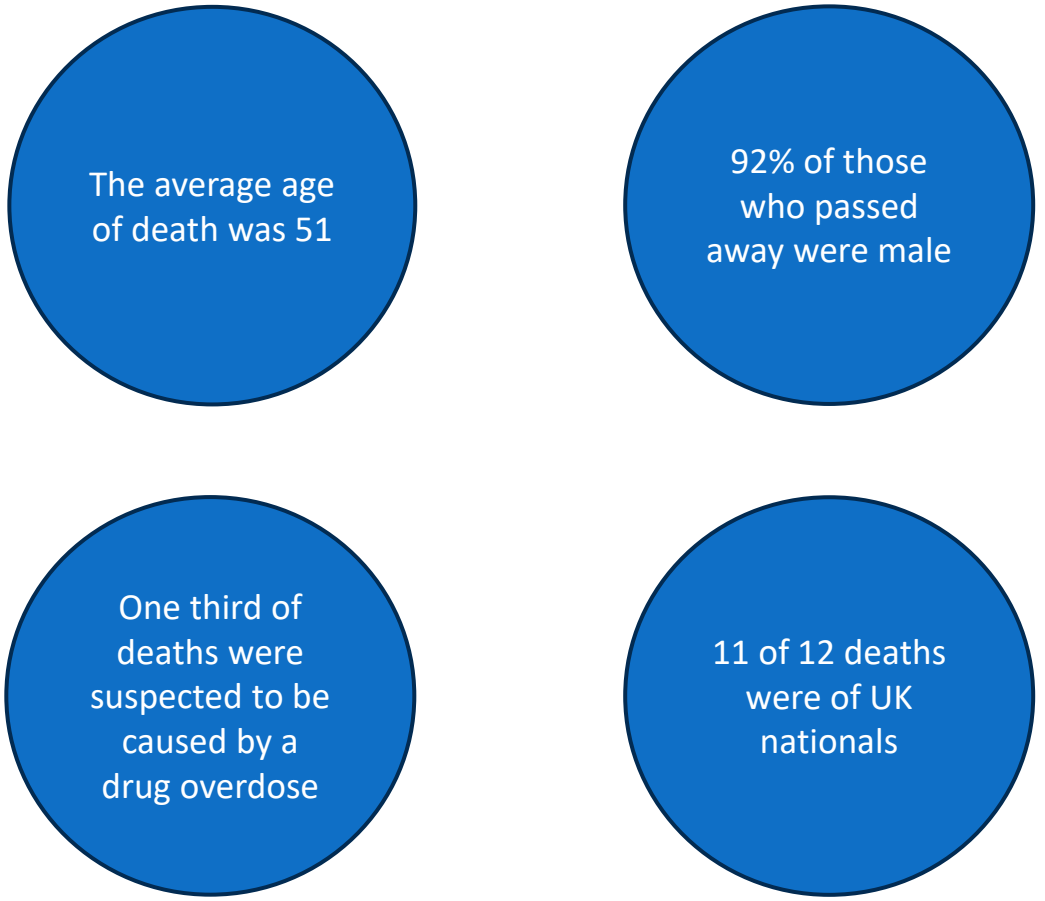
During the pandemic, Royal Greenwich was able to place up to 60 people rough sleeping at any one time using this funding. As shown in this graph, this had a positive impact on our single night rough sleeping figure, which was as low as 3 in April 2022! This funding ended in May 2022, meaning that the funded accommodation was no longer available. We saw a steady rise in rough sleeping, reaching 29 by September 2022.



During COVID-19, local authorities were able to place those who had no recourse to public funds (NFPF) into accommodation. In Greenwich we continued to place those with NRPF, even after the surge funding had ended. This was to support individuals to 'regularise their status' whilst remaining stable and off the street. Unfortunately, we had to stop accommodating NRPF clients in 2023, due to not having the funding available to continue.

Local data: Greenwich rough sleeping deaths from July 2021 to June 2024

The Dying Homeless Project, led by the Museum of Homelessness, record the deaths of people experiencing homelessness across the UK. They release their findings each year and hold a vigil outside Downing Street, to make the deaths and lives they are remembering visible to those in power.
Data held by RBG indicates that there were 12 deaths of people previously rough sleeping in Greenwich between July 2021 and October 2025.



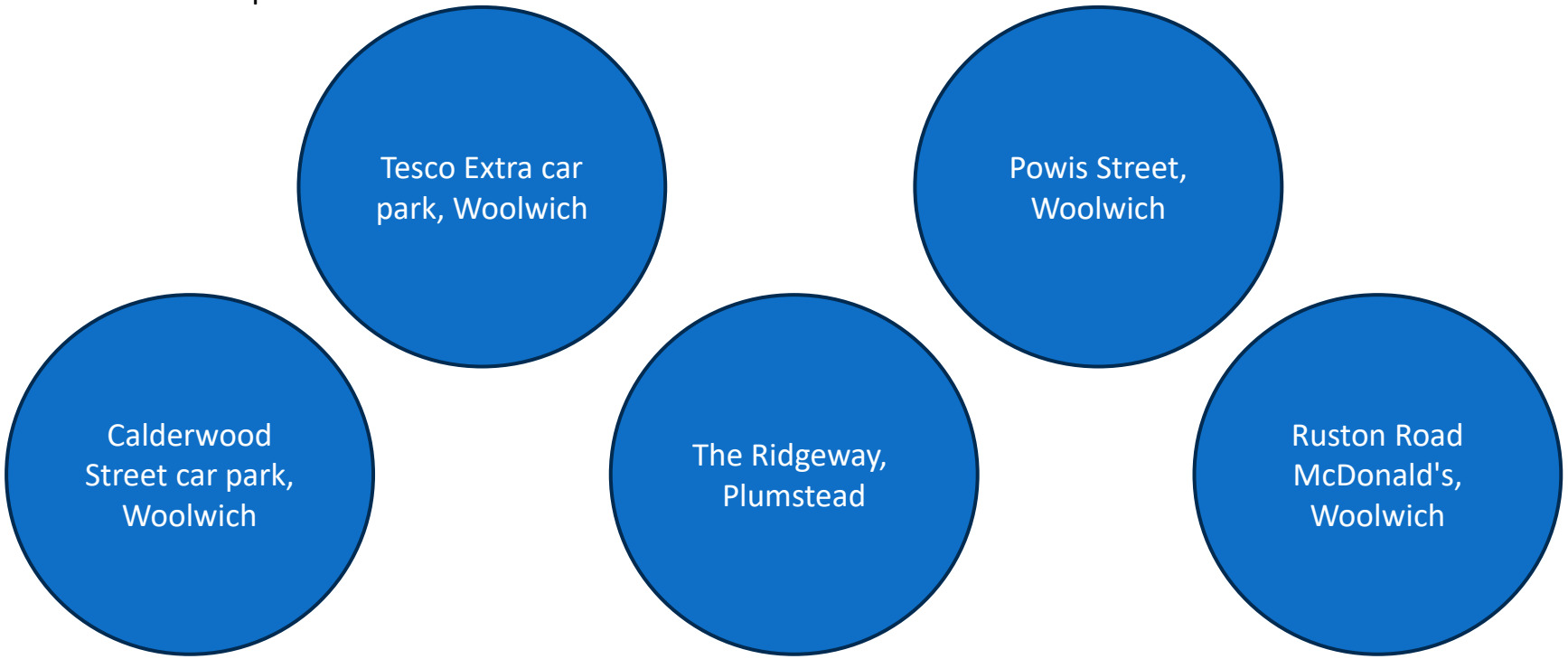
Local data: Greenwich rough sleeping locations

The location that a person rough sleeps in can depend on various factors such as:

- Visibility
- Safety
- Ability to beg to earn money
- Familiarity of area

It is common to see people bedded down in Greenwich near major train stations, in multi-story/supermarket car parks, in tower block stairwells, on high streets and in 24hr McDonalds restaurants.

Some of our main hotspots are:



Local case study: Jessica's story

This case study is an example of the reality of someone's experiences of rough sleeping, and the complexities that can occur in supporting someone in this situation.

Jessica has been rough sleeping for at least 5 years. She is 46 years of age and has a complex history of trauma. When she was just 7 years old, she was taken into care while her siblings remained with her parents. Jessica was sexually abused as a child and began using drugs at a very young age. Jessica had a husband who passed away several years ago. He abused her throughout their time together, physically, emotionally and sexually. At this time, Jessica had accommodation, but this soon broke down.

Jessica has continued to use drugs including heroin, crack cocaine and cannabis. Jessica has not engaged with substance use services despite efforts from outreach teams. Jessica is known to sex work and is frequently exploited by others. Jessica has had scabies for 2 years and a severe case of lice. Services have tried to engage her with GP/A&E to try and address her needs, but she has been unable to comply.

Jessica has had several admittances to A&E, some voluntary, some through members of the public calling an ambulance and once, under section. On all occasions, she absconds before her treatment has finished. In her most recent admission, she was found to have scabies all over her body and lice. There were wounds in her scalp that contained maggots and she was anaemic. She was assessed to have capacity, meaning that when she chose to leave, she could not be made to return and complete her treatment. We have explored capacity and mental health with the Safeguarding team and she has repeatedly been found to have capacity. However, frontline services can see that she lacks executive function and that her capacity fluctuates. Due to the pressures in A&E, it is very difficult for a psychiatric assessment to be done in the small window of time that they have.

In terms of accommodation, Jessica has been offered many temporary placements over the last 3 years. She has never made it to any of them. She had a brief stay at a hotel, but due to her scabies, they were unable to accommodate her for more than 1 night. Jessica is banned from all hotels due to her historic behaviour which includes drug use and bringing people back to stay. Jessica will often say she wants accommodation but will not stay around to get the offer or will later decline it. The Council held a temporary accommodation placement open for her in Woolwich for 6 weeks and she never attended it.

We meet regularly in multi-disciplinary team meetings to discuss this case and its complexities, and to look for ways in which we can address the challenges. With help of the Complex Care team who sit within the Adult Safeguarding department, we are working towards the Court of Protection, but this can be a long and expensive process. We continue to encourage her to engage with her skin treatment from the street. Services are in contact with the GP and have attempted to get Jessica to a dermatologist too. We continue to attempt to offer temporary accommodation and all services working with her will support her into any placement. Our long-term goal is to get her into treatment for her skin and substance use. We would like Jessica to engage with our Housing First Pathway or a suitable supported pathway where she can receive the level of support that she needs.

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Aim 5:
Recommendations

Services Overview

Service	Description
Thames Reach South East Regional Outreach team (SEROT)	SEROT provide an outreach service to Greenwich, Bexley, Bromley and Lewisham. They verify people as rough sleeping and link them into key services to help end their homelessness.
Thames Reach Navigators (Inc. ETE and tenancy sustainment)	Navigators provide floating support to people who are rough sleeping and who have one or more support needs. They can assist with employment, training and education as well as providing tenancy sustainment when accommodation is found.
Thames Reach Housing First	The Housing First Team provide intense floating support to clients with complex support needs. The clients are provided with social tenancies.
Thames Reach Rough Sleeping Accommodation Programme (RSAP)	The RSAP team provide support people rough sleeping who have been allocated RSAP units as long term temporary accommodation. These units are allocated to clients with varying needs, and they are supported to move into suitable accommodation within 2 years.
RBG Street Pop	The Street Pop workers form part of the Safer Spaces team and provide outreach support to clients who are involved in ASB in public, aggressive begging etc. They work to avoid enforcement where possible by supporting clients into services.
RBG Homelessness Engagement Worker	The HEW is funded through DAT RIG. Their role is to work with people rough sleeping around experiences of drug and alcohol issues and/or immigration issues.
Via – Dual Diagnosis Worker	The DDW provides outreach for people rough sleeping who have addictions. The role helps to register people with Via and get them into recovery.
Via Greenwich Drug and Alcohol Service	Via is a service in Greenwich that supports people with drug and/or alcohol addiction.
OXLEAS RAMHP Team	RAMHP provide mental health outreach, supporting people into mainstream mental health services.
CGL Outreach Nurse	Test and Learn pilot providing an outreach nurse role in Greenwich. The nurse can support people with basic wound care and help people access health services.
Citadel	A volunteer-led initiative run by Housing Justice to support people at risk of homelessness to sustain tenancies. Part of a government-funded Test and Learn program led by the Centre for Homelessness Impact.
Woolwich Service Users Project	A local day centre in Woolwich providing support to those who are experiencing homelessness or who are rough sleeping. They provide advocacy, food, warmth, clothing, showers and access to services such as a GP or hairdresser.
DentAid	Commissioned through Rough Sleeping Drug and Alcohol Treatment Grant (RSDATG) to provide a dental service to those who are experiencing homelessness or who are rough sleeping.
Greenwich Homeless Project	A local day centre in Eltham providing support to those who are experiencing homelessness or who are rough sleeping. As well as advocacy, food, warmth, clothing, showers etc, they provide 14 bed spaces over winter in their night shelter.
RBG Safeguarding Team	This team provide a service to people who are experiencing care and support needs under the Care Act 2014. They have a sub-team who work with people who have nil recourse to public funds, in addition to care and support needs.

Accommodation in Greenwich

In Greenwich rough sleeping pathways, we have various accommodation types available. Each accommodation has different criteria that needs to be met in order for a place to be offered.

Accommodation	Description	Total number of bedspaces	Number of vacant bedspaces	Criteria	Funding
Housing First (commissioned)	Social Housing with intense floating support	34	7	High Needs	Rough Sleeping Initiative (RSI)
RBG Housing First	Social Housing for women and young people with intense floating support	15	0	Medium-High Needs	Single Homelessness Accommodation Programme (SHAP)
Rough Sleeping Accommodation Programme (RSAP)	2-year temporary accommodation with floating support	18	0	Low- Medium Needs	Rough Sleeping Accommodation Programme (RSAP)
Thames Reach Greenwich	Supported accommodation with onsite staff and floating support.	42		Medium Needs. Must have been a rough sleeper and/or ex-offender and/or experiencing substance use	RBG Core funding
B&B assessment beds	Immediate off-the-street B&B spaces with breakfast	2	0	Low Needs	Rough Sleeping Initiative (RSI)
		Sub-regional			
South East Regional Outreach Team (SEROT) Assessment Beds	Immediate off-the-street bedspaces, shared with Bexley, Bromley and Lewisham	8	0	Low Needs	South East Regional Outreach Team (SEROT)

Severe Weather Emergency Protocol (SWEP) in Greenwich

The Severe Weather Emergency Protocol (SWEP) is an emergency response to cold or hot weather. In winter, when the night-time temperature dips below 0 degrees, we must attempt to accommodate anyone who is rough sleeping, as this is a risk to life. When the SWEP is activated, Royal Greenwich offers placements in off-the-street accommodation across the winter period. The SWEP alert will be deactivated only at the point that the temperature is above zero, so it could last for multiple days.

We use a warm space with a capacity of 20, which is opened and run by volunteers during periods of the SWEP. We also use temporary accommodation/hotel placements for clients who are not suitable for shared space, and for women.

The Combined Homelessness and Information Network (CHAIN) database is a multi-agency database collating information about people seen rough sleeping by outreach teams in London. Those engaged during SWEP who are CHAIN verified, have a local connection to Greenwich and who have recourse to public funds are usually offered 'In for Good'. This means that we will keep them in accommodation even when SWEP is deactivated, with a view to support them into longer term accommodation. Those who do not meet the criteria will continue to work with services but will no longer have access to accommodation (for example people with nil recourse to public funds or no local connection).

For winter 2024/25, we offered SWEP accommodation to 99 people across all activations. Of these:

- 72 people attended their offer
- 47 were offered temporary accommodation or hotel accommodation, whilst the rest accessed our warm space
- 26 people were kept 'in for good' initially. Some have successfully moved on into longer term accommodation

Other service provision: Rough Sleeping and Mental Health Programme (RAMHP)

The Rough Sleeping and Mental Health Programme (RAMHP) was first launched in 2020 as a two-year pilot funded jointly by the Mayor of London and the then Ministry for Housing, Communities and Local Government. It was piloted in four mental health trusts in North and Central London. Following the end of the pilot period, all four trusts have continued this work, now funded through the health system.

RAMHP services comprise small teams of mental health professionals based within mental health trusts who provide flexible, reactive and proactive support to people who are rough sleeping. They also strive to develop close operational working links with other advocacy and support services in the non-profit sector with the core aims of enhancing, filling gaps, building bridges between services, and helping existing services work together more effectively. An evaluation of the RAMHP pilot carried out by UCLPartners found that the services were flexible and personalised, and over 70% of people who received support from RAMHP were not seen rough sleeping again within 12 months of discharge from the service. You can read the full evaluation here.

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Introduction

In this video, Dena, a Homeless Health Care Navigator in Brixton, talks about her lived experience of rough sleeping in London as a teenager and young adult.

The video highlights some of the negative feelings, experiences and health impacts that affected her during this time of her life. These included: sleep deprivation, self-medication, respiratory infections, foot problems, period poverty and mental ill health. Dena also talks about her experience of trying to access health services such as primary care and a mobile dentist, and her interactions with staff at these services.

Dena emphasises the importance of practices such as active listening and navigation support, which now form a key part of her role as a Care Navigator.

Source: The King's Fund

Summary of local insights: overall health needs of the Greenwich rough sleeping population

Data was gathered by local services and shared for analysis for this JSNA Chapter. The available data, which included quantitative service data and qualitative insights from staff and people with lived experience, was analysed and themes and key insights were identified.

Summary of quantitative insights:

- Most clients who are experiencing rough sleeping and are in contact with local services are **middle-aged men**, but variation exists. There is some **variation in terms of ethnicity and nationality**. **Hidden homelessness** may be particularly impacting on the representation of other demographic groups, such as women and Global Majority groups, in rough sleeping services.
- **Mental ill health and substance use** (most frequently **opiates)** are commonly reported amongst clients who are experiencing rough sleeping and in contact with local services. Access to specialist support varies and **suicides and drug overdoses** are significant causes of death in this cohort.
- A range of **physical health needs, disabilities and other health needs** such as **mobility problems and respiratory conditions** are seen in clients who are experiencing rough sleeping and in contact with local services.
- The **majority of clients are registered with a GP**, but this may be out of borough and clients may not be accessing support at this setting.

Summary of qualitative themes:

1. **Mental health needs and mixed access to and experience of mental health services**
2. **Substance use needs and mixed access to and experience of substance use services**
3. **Physical health needs**
   - Dental health
   - Infections and acute needs
   - Disabilities and unmet or poorly managed long-term needs
4. **Improved access to services and information is needed**
   - Provision at community settings
   - Barriers to accessing primary care and other healthcare
   - Access to health and care information
   - Service relationships, pathways and collaboration
   - Loss of previous service provision

Summary of local insights: demographics of the Greenwich rough sleeping population

Most clients who are experiencing rough sleeping and in contact with local services are middle-aged men, but variation exists. Based on the available data, there is quite a lot of variation in terms of ethnicity and nationality.

Data source	Age	Gender	Ethnicity, nationality and immigration status (as reported)
Greenwich Navigators service data (2021/22 to 2023/24)	**Average age of 42** (3-year average)	**80.65% male** (3-year average)	• People of certain ethnicity categories such as **'Black/Black British: African', 'Black/Black British: Caribbean'** and **'British: Other'** have been overrepresented • There is a small cohort who are **asylum seekers, EEA Nationals with no status under the Settlement Scheme, or classed as an 'Overstayer'**
RSDATG data (2022/23-2024/25)	**Median age of 43.67** (3-year average)	**78.0% male** (3-year average) with percentage of females increasing from 14% to 24% from 22/23 to 2024/25	• **White British** was the most prevalent ethnicity category, with 43% in 2022/23, 52% in 2023/24 and 58% in 2024/25 • 14% **'Other Asian'** and 9% **'Other Black'** individuals in 2022/23 • 7% '**Other White'** and 12% **'Other Asian'** individuals in 2023/24 • 14% **'Other White**' and 9% **'Other Asian'** individuals in 2024/25
Woolwich Service Users Project data (April to August 2024)	**41.81% in 36-49 age category** and 33.5% in 50-64 age category	**78.5% male**	
Lived experience questionnaire data (2024)	**68.42% in 35-60 age category** and 21.05% in the under 35 age category	**68.42% male**	• 57.89% **White British**, 10.53% **British**, 10.53% **Indian** and 10.53% **Lithuanian**
Greenwich Homeless Project data (summer 2024)			• Clients are a mix of UK citizens and various other immigration statuses including those with **no recourse to public funds**
Greenwich rough sleeping death data (July 2021 to June 2024)	**Average age of death was 44**	**92% of deaths were of males**	• **92% of deaths were of people who are UK nationals**

Summary of local insights: health needs of the Greenwich rough sleeping population

1. Mental health needs and mixed access to and experience of mental health services

Mental ill health and substance use are common amongst clients who are experiencing rough sleeping and in contact with local services. Access to specialist support varies.

Qualitative insights:

- "We have identified mental health and drug and alcohol abuse as the biggest concern" (WSUP)
- "Residents told us how their homelessness or insecure housing affects their mental wellbeing. Poor living conditions create stress, anxiety and depression" (Healthwatch Greenwich)
- Residents' "mental wellbeing also affects their ability to manage their physical health" (Healthwatch Greenwich)
- Residents' "mental health needs were not being met. Most had tried to access, or had used, mental health services...These were insufficient, impersonal or difficult to access" (Healthwatch Greenwich)

Quantitative insights:

Data source	Mental health
RSDATG data (2022/23-2024/25)	• In 2023/24, **39% rough sleeping clients presented a mental health need but were not receiving treatmen**t, of which 14% stated they were receiving treatment from a GP prior to engagement • In 2023/24, **37% may have an unmet mental health need**, whilst not stated • In 2024/25 the Dual Diagnosis Worker employed by Via (funded by RSDATG) **supported 70 people and referred 10 people to the RAMHP team**
Woolwich Service Users Project data (April to August 2024)	• **15.66% have depression, 13.73% have anxiety, 4.1% have schizophrenia and 3.61% have bipolar disorder** (status unknown for 52.53%)
Lived experience questionnaire data (2024)	• **42.11% of people with a mental health concern reported accessing mental health care or support** • 21.05% of people would like support for mental health needs
Greenwich Homeless Project data (summer 2024)	• All clients surveyed suffer from **anxiety and depression** (about half have medication and half do not) • Some suffer from **PTSD** (some have medication and some do not) • A small number have a **paranoid schizophrenia** diagnosis (some currently unmedicated and some unknown)
Greenwich rough sleeping death data (July 2021 to June 2024)	• **10% of deaths had a suspected cause of suicide** (cause unknown for 30%)
CHAIN/South East London Outreach Team (SEROT) data (2020/21 to 2024/25)	• Across 2020/21 to 2024/25, an average of **63.22% of assessments in Greenwich identified a support need relating to mental health** • Across October 2022 to September 2024, top mental health related support needs were: **depression (155 people); anxiety (85); schizophrenia (31); personality disorder (30); bipolar disorder (21); paranoid disorder (17); PTSD (17); other (13); and psychosis/delusion disorder (12)**

Summary of local insights: health needs of the Greenwich rough sleeping population

2. Substance use needs and mixed access to and experience of substance use services

Qualitative insights :

- "We have identified mental health and drug and alcohol abuse as the biggest concern" (WSUP)
- "Some clients find it difficult to engage with the local substance use service, citing they do not want to be seen at services building due to wanting to avoid other associates...some have been offered appointments in the community, but this is not always possible" (Greenwich Navigators service)
- "Outside of Woolwich/Plumstead there is a lack of local pharmacies who can facilitate methadone dispensing, particularly when a person requires supervised consumption" (Greenwich Navigators service)

Quantitative insights:

Data source	Substance use
RSDATG data (2022/23-2024/25)	• Most clients accessing substance use services in the rough sleeping cohort reported using **opiates (either just opiates or opiates with use of other drugs and alcohol) - 81% in treatment in 22/23, 70% in 23/24 and 77% in treatment in 24/25.** • The **number of rough sleeping clients in structured treatment increased** from 2022 to 2025 • In 2024/25 the Dual Diagnosis Worker employed by Via (funded by RSDATG) **supported 70 people including 40 people with addiction treatment such as methadone**
Woolwich Service Users Project data (April to August 2024)	• **11.32% have alcohol support needs** (but status unknown for 45.3%) • **9.87% have substance use** (but status known for 44.81%)
Lived experience questionnaire data (2024)	• **21.05% of people with substance use reported accessing services for drugs and alcohol, 26.32% of people for drugs and 15.79% for alcohol**
Greenwich Homeless Project data (summer 2024)	• A small minority have an **addiction to drug(s)** and a minority have **alcohol use issues**
Greenwich rough sleeping death data (July 2021 to June 2024)	• **92% of deaths had a suspected cause of drug overdose** (cause unknown for 30%)
CHAIN/South East London Outreach Team (SEROT) data (2020/21 to 2024/25)	• Across 2020/21 to 2024/25, an average of **28.32% of assessments in Greenwich identified a support need relating to alcohol** and **38.71% of assessments identified a support need relating to drugs** • **7.56% of assessments identified a support need relating to street drug use** • **4.06% of assessments identified a support need relating to street drinking**

Summary of local insights: health needs of the Greenwich rough sleeping population

3. Physical health needs

A range of physical health needs and disabilities are seen in clients who are experiencing rough sleeping and in contact with local services.

Qualitative insights - dental health:

- "There are plenty of unmet needs such as dentistry" (WSUP)
- "We would love to have a dental bus visit here, and I had a call with Dentaid about them coming, but they need us to fund it which we can't really at the moment – maybe next year" (Greenwich Homeless Project)
- "A lack of NHS funded dental space can prevent some clients who wish to access dental care" (Greenwich Navigators Service)

Qualitative insights – infections, acute needs, disabilities and unmet or poorly managed long-term needs:

- "There are plenty of unmet needs such as...podiatry and respiratory issues such as TB, asthma, COPD and infection, skin conditions, infection and inflammation, musculoskeletal issues and minor injuries" (WSUP)
- "Many live with long-term health conditions like diabetes, arthritis and epilepsy...(which) need regular management, such as monitoring and medication)…(This can be) hard and also less of a priority" (Healthwatch Greenwich)
- "Poor mobility, for some, further reduced their ability to look after themselves and manage any health conditions" (Healthwatch Greenwich)

Quantitative insights:

Data source	Physical health, disabilities and other health needs
RSDATG data (2022/23-2024/25)	• An estimate of **98% clients identified with having a physical health need** • In 2024/25 the Dual Diagnosis Worker employed by Via (funded by RSDATG) supported 70 people and **referred 15 people to adult social care**
Greenwich Homeless Project data (summer 2024)	• Several have **diabetes, asthma, high blood pressure, arthritis, indigestion problems** • Some have no current public health issues • A minority suffer from **mobility issues** and use a mobility aid i.e. crutch/walking stick • **Less than half are registered with a dentist and many have not attended a dental appointment for over a year**
CHAIN/South East London Outreach Team (SEROT) data (2022/23 to 2024/25)	• Across 2022/23 to 2024/25, **28.60% of assessments identified a medium or high level of physical health support needs** • Across 2022/23 to 2024/25, top disability related support needs were: **mobility (42 people); learning disability (26); autism spectum disorder (22); visual impairment (6); progressive/chronic illness (2); and hearing impairment (2)** • Across 2022/23 to 2024/25, top physical health related support needs were: **problems with bones, joints and muscles (94 people); mobility difficulties (55); asthma/COPD/other chronic respiratory condition (40); diabetes (30); foot problems (25); eye problems (21); stomach pain or problems (16); problems with circulation/blood clots (15); dental problems (14); heart attack/stroke/angina/chest pain (13); sleep problems (12); epilepsy (10); and breathing problems (7).**
Dentaid data (March 2025-March 2026)	• **Oral health instruction and toothpaste and toothbrushes to 63 clients** • Carried out **47 X-rays** and **extracted 21 teeth** to relieve patient from toothache • Completed **64 oral cancer screenings**

Summary of local insights: health needs of the Greenwich rough sleeping population

4. Improved access to services and information is needed

The majority of clients are registered with a GP but may not be accessing support at this setting.

Quantitative insights:

Data source	Access to primary care and specialist support
RSDATG data (2022/23-2024/25)	• **86% of clients were registered with a GP before accessing the service** and 14% stated not being registered • In 2024/25 the Dual Diagnosis Worker employed by Via (funded by RSDATG) supported 70 people and: **issued 62 food bank vouchers** to people rough sleeping; **referred 10 people to the RAMHP team; referred 15 people to adult social care**; **supported 40 people with addiction treatment such as methadone**; and **supported 18 people to register or engage with a GP**
Woolwich Service Users Project data (April to August 2024)	• **18.55% registered with a GP** (status unknown for 76.1%)
Lived experience questionnaire data (2024)	• **Whilst 78.95% of respondents were registered with a GP, 68.42% of respondents said they can access GP or health support and 36.84% of respondents said this support met their health care needs** • 31.58% would like (additional) support to be based at Via. 21.05% would like (additional) support to be based at WSUP
Greenwich Homeless Project data (summer 2024)	• **All clients surveyed are currently registered with a GP** • We recently hosted a free eye test clinic, so all have (free) glasses from that offer, if needed

Summary of local insights: health needs of the Greenwich rough sleeping population

4. Improved access to services and information is needed

Qualitative insights - access to health and care information:

- "Residents told us they struggled to find clear and trustworthy information, and this led them to delay seeking help...A lack of awareness and medical advice made some believe their chronic health conditions were just a normal part of getting older" (Healthwatch Greenwich)
- "Nearly all...rely on community organisations to advocate for them, find the help and support they need, and book medical appointments" (Healthwatch Greenwich)
- Some "didn't have digital skills...or didn't have access" (Healthwatch Greenwich)

Qualitative insights - barriers to accessing primary care and other healthcare:

- "The number of clients who attend the doctor's surgery is low" (Greenwich Homeless Project)
- Some residents "often feel judged because of their homelessness. This...leaves them feeling unwelcomed and undervalued, which in turn discourages them from seeking help" (Healthwatch Greenwich, Lived Experience questionnaires)
- "Feels self conscious around people of authority since leaving prison. Need more trauma informed staff" (Lived experience questionnaires)
- "Fear of information being shared between the NHS and immigration authorities" (Healthwatch Greenwich)
- "Some GP surgeries ask for proof of identity and address...to register, even though this isn't required" (Healthwatch Greenwich)
- "They will not come to the consultation room just to discuss their lifestyle" (Greenwich Homeless Project)
- "Some clients struggle to access GPs who will accept in person registrations/walk in appointments" (Greenwich Navigators service)
- "Strict attendance time" and "long wait times" (Lived experience questionnaires)
- "Clients often cannot afford to buy over the counter drugs" (Greenwich Homeless Project)
- "Transport costs can mean people struggle to go to health appointments" (Healthwatch Greenwich, Lived experience questionnaires)
- "Needs support workers to help arrange appointments and go with them" (Lived experience questionnaires)

Summary of local insights: health needs of the Greenwich rough sleeping population

4. Improved access to services and information is needed

Qualitative insights - loss of previous service provision:

- "There was a nurse led Centre in Greenwich when a nurse practitioner was allowed to prescribe for 'temporary patients'. I have observed over the years that once a nurse becomes a nurse prescriber, the number of patients wanting to see (them) doubles" (Greenwich Homeless Project)
- "Previously there was a 'homeless GP' service in the borough who provided walk in appointments, and a GP with an understanding of the issues affecting this cohort" (Greenwich Navigators service)
- "The borough previously had a Homeless Health Lead based in Queen Elizabeth hospital – this role was really valuable in locating clients who went into hospital as well as advocating for their care and creating a support plan for when they are discharged. This role is no longer funded, and it can be difficult to establish contact or find out which area of hospital a person is in" (Greenwich Navigators service)

Qualitative insights - service relationships, pathways and collaboration:

- "People are not (sleeping rough) for a long time before being found by outreach teams and offered support" (Greenwich Navigators service)
- "Increased presence of high strength and/or synthetic opioids in the borough - this has been met with a good response from substance use service in providing training and Naloxone to other services" (Greenwich Navigators service)
- "We fortunately have a strong working relationship with local drug and alcohol services, who will join an outreach shift...with someone that would benefit from a visit" (South East London Regional Outreach Team)

Qualitative insights - provision at community settings:

- "They are aware they can see a GP at our Day Centre and...find the GP's presence to be a reassurance" (Greenwich Homeless Project)
- "There is a need for GPs (running sessions at Greenwich Homeless Project) to be able to prescribe...basic painkillers, indigestion meds, eczema cream etc" (Greenwich Homeless Project)
- Residents "want more community services that provide both health information and social support" (Healthwatch Greenwich)

Local data and insights: South East London Outreach Team (SEROT)

A key source of rough sleeping data in London is the Combined Homelessness and Information Network (CHAIN) database, which is a multi-agency database collating information about people seen rough sleeping by outreach teams in London.

Here is a summary of some of the key insights from the last five years of CHAIN data (2020/21 to 2024/25):

- **In 2024/25, 13,231 people were seen rough sleeping in the Greater London Authority area, and 409 of these people were seen in the Royal Borough of Greenwich (3.09% of the GLA total). For London and Greenwich, this is an increase on the previous 4 years.**
- This compares to GLA rough sleeping totals of 11,993 in 2023/24 (with 337 or 2.81% in Greenwich), 10,053 in 2022/23 (with 196 or 1.95% in Greenwich), 8,329 in 2021/22 (with 135 or 1.62% in Greenwich) and 11,018 in 2020/21 (with 213 or 1.93% in Greenwich).
- **The majority of people seen rough sleeping in Greenwich receive an assessment of their support needs.** The percentage receiving an assessment in Greenwich ranged from 79.46% to 89.63% across 2020/21 to 2024/25.
- It is worth noting that during the initial assessment, trusted relationships may not have been built up, so there could be higher levels of non-disclosures and under-reporting in this dataset.

Across 2020/21 to 2024/25, an average of **28.32% of assessments in Greenwich identified a support need relating to alcohol.** This is similar to London as a whole (29.27%)

Across 2020/21 to 2024/25, an average of **38.71% of assessments in Greenwich identified a support need relating to drugs.** This is higher than for London (31.18%).

Across 2020/21 to 2024/25, an average of **63.22% of assessments in Greenwich identified a support need relating to mental health.** This is higher than for London (48.69%).

Across 2020/21 to 2024/25, an average of **40.99% of assessments in Greenwich identified more than one support need.** This is higher than for London (32.44%).

Local data and insights: South East London Outreach Team (SEROT)

Time period: 2022/23 to 2024/25.
The data below provides more detailed insights on the support needs for individuals seen rough sleeping, which have been identified by the SEROT outreach team during initial assessments.

Support need (ordered by prevalence)	Percentage of assessments identifying a medium or high level of this support need
1. Mental health	42.99% (5.90% blank/not known)
2. Drugs	33.39% (4.80% blank/not known)
3. Physical health	28.60% (15.13% blank/not known)
4. Alcohol	14.76% (5.90% blank/not known)
5. Offending behaviour	14.58% (41.70% blank/not known)
6. Disabilities	13.47% (56.46 blank/not known)
10. Learning disabilities	5.90 (71.59% blank/not known)
14. Gambling	0.74% (84.32% blank/not known)

Support need (ordered by prevalence)	Percentage of assessments identifying this support need (level of need not recorded)
7. Not registered with a GP	12.36% (30.26% blank/not known)
8. Begging	8.49% (81.37% blank/not known)
9. Street drug use	7.56% (83.39% blank/not known)
11. Street drinking	4.06% (82.66% blank/not known)
12. Sex work	3.32% (82.47% blank/not known)
13. Domestic abuse	1.85% (98.15% blank/not known)

Top mental health related support needs (Oct 2022 to Sept 2024, as categorised in data):

- Depression (155 people)
- Anxiety (85)
- Schizophrenia (31)
- Personality disorder (30)
- Bipolar disorder (21)
- Paranoid disorder (17)
- PTSD (17)
- Other (13)
- Psychosis/delusion disorder (12)

Top disability related support needs (2022/23 to 2024/25):

- Mobility (42 people)
- Other disability type (40)
- Learning disability (26)
- Autism spectrum disorder (22)
- Visual impairment (6)
- Progressive/chronic illness (2)
- Hearing impairment (2)

Top physical health related support needs (2022/23 to 2024/25):

- Problems with bones, joints and muscles (94 people)
- Other (62)
- Mobility difficulties (55)
- Asthma/COPD/other chronic respiratory condition (40)
- Diabetes (30)
- Foot problems (25)
- Skin wound/infection (21)
- Eye problems (21)
- Stomach pain or problems (16)
- Problems with circulation/blood clots (15)
- Dental problems (14)
- Heart attack/stroke/angina/chest pain (13)
- Sleep problems (12)
- Epilepsy (10)
- Breathing problems (7)

Local data and insights: SEROT and Greenwich Navigators Team, Thames Reach

Thames Reach are the providers of the South East Regional Outreach Team, which covers four boroughs within South East London to help people off the streets and identify the support they need to move on from street homelessness. Referrals come from colleagues in the Rapid Response Team (RRT), who respond to referrals made via StreetLink.

Thames Reach are also the providers of the Greenwich Navigators team, who mainly work to help people with medium-to-high and complex support needs who have either been sleeping rough or are at risk of becoming street homeless, to recover from the trauma of street homelessness. The team has different specialisms, for example an assessment worker and an outreach support worker.

"We fortunately have a strong working relationship with local drug and alcohol services, who will join an outreach shift when I am working with someone that would benefit from a visit."

Lead worker at SEROT

"Previously there was a **'homeless GP' service** in the borough who provided walk in appointments, and a GP with an understanding of the issues affecting this cohort, but unfortunately this service has now closed."

"The borough previously had a **Homeless Health Lead** based in Queen Elizabeth hospital – this role was really valuable in locating clients who went into hospital as well as advocating for their care, and creating a support plan for when they are discharged. This role is no longer funded and it can be difficult to establish contact or find out which area of hospital a person is in."

Lead Manager, Greenwich Navigators

Local data and insights: Greenwich Navigators Service, Thames Reach

- Time period: financial year 2021/22 to financial year 2023/24
- Number of unique clients: 202 (2021/22), 219 (2022/23), 201 (2023/24)
- This data is reflective of the Navigator Service client group, which is predominantly people with medium-to-high and complex support needs who have either been sleeping rough or are at risk of becoming street homeless.

Client demographics	2021/22	2022/23	2023/24
Age (median)	43	43	40
Gender	**79.90% male** and 20.10% female	**80.75% male** and 19.25% female	**81.31% male** and 18.69% female
Ethnicity (categories above 5%)	• 53.29% **White British** • 15.79% **Black/Black British: African** • 11.84% **White: Other** • 5.26% **Asian/Asian British: Other**	• 43.04% **White: British** • 20.89% **Black/Black British: African** • 13.29% **White: Other** • 5.70% **Black/Black British: Caribbean**	• 34.62% **White: British** • 20.51% **Black/Black British: African** • 14.74% **White: Other** • 7.69% **Black/Black British: Caribbean** • 5.77% **Asian/Asian British: Other**
Nationality (categories above 5%)	• 80.70% **UK**	• 66.67% **UK** • 5.56% **Romania**	• 53.53% **UK** • 5.88% **Romania**
Immigration status (categories above 5%)	• 79.82% **UK National** • 5.50% **Indefinite Leave to Remain (ILR)**	• 71.22% **UK National** • 9.35% **Indefinite Leave to Remain (ILR)** • 8.63% **EEA National – Settled Status under Settlement Scheme**	• 61.98% **UK National** • 13.22% **EEA National – Settled Status under Settlement Scheme** • 6.61% **Indefinite Leave to Remain (ILR)** • 5.79% **EEA National Pre-Settled Status**

Immigration insights:

2.16% of clients were **asylum seekers** (3-year average), 1.13% of clients were **EEA Nationals with no status under the Settlement Scheme** and 1.06% of clients were **classed as an 'Overstayer'** (3-year averages).

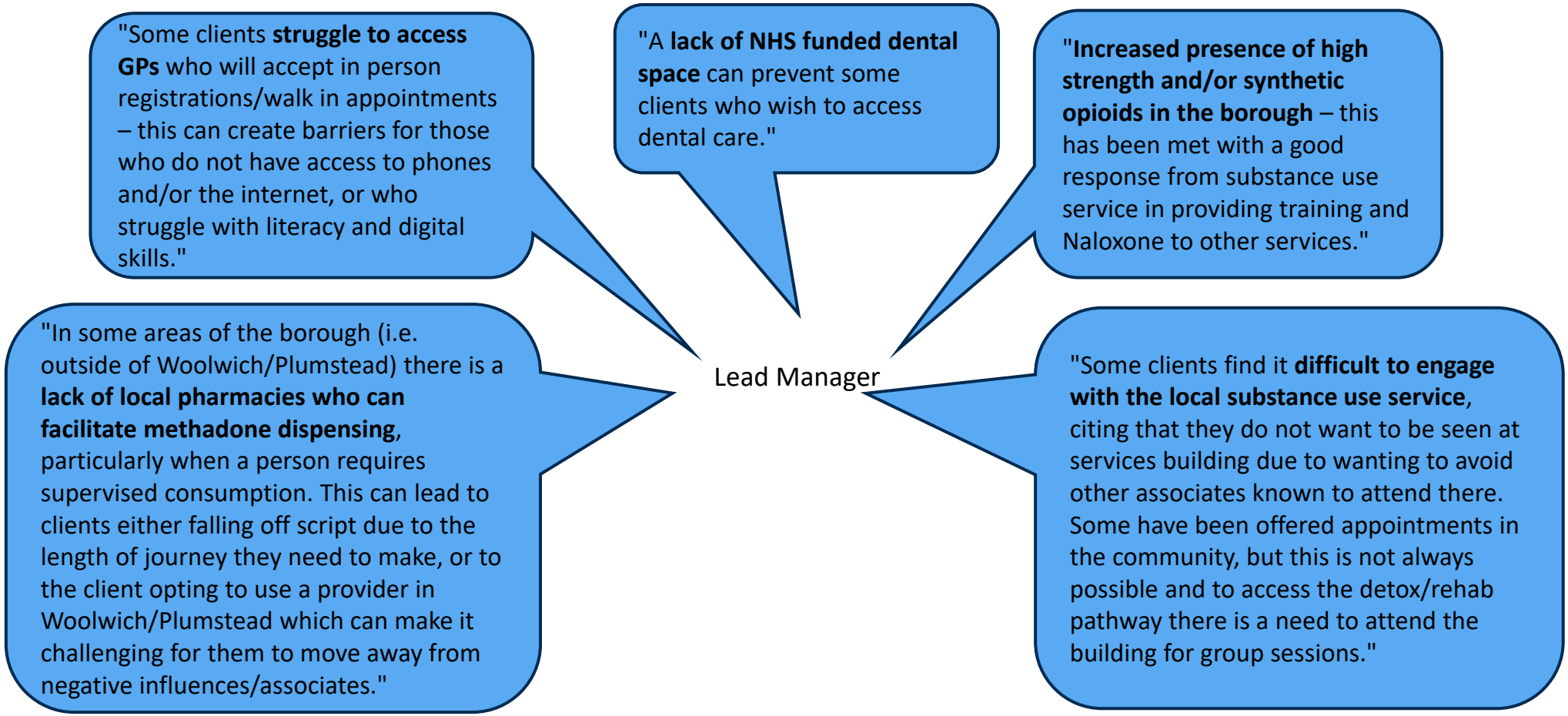
"There are definitely more people coming onto the streets for the first time, with no rough sleeping history. People are becoming street homeless who were receiving support from family or loved ones...people are not there for a long time before being found by outreach teams and offered support."

Lead Manager

Local data and insights: Greenwich Navigators Service, Thames Reach

Health and wellbeing and qualitative insights show that the majority of clients were:

- **registered with a GP** (3-year average of 83.25% registered and a further 7.91% were known to be registered with a local GP)
- **not registered with a dentist** (3-year average of 34.59% registered)
- **known to have a mental health condition** (3-year average of 77.96%)
- **known to have an alcohol problem,** or recovering (3-year average of 64.82%)
- **known to take drugs, or used to** (3-year average of 66.07%)



Local data and insights: lived experience questionnaire

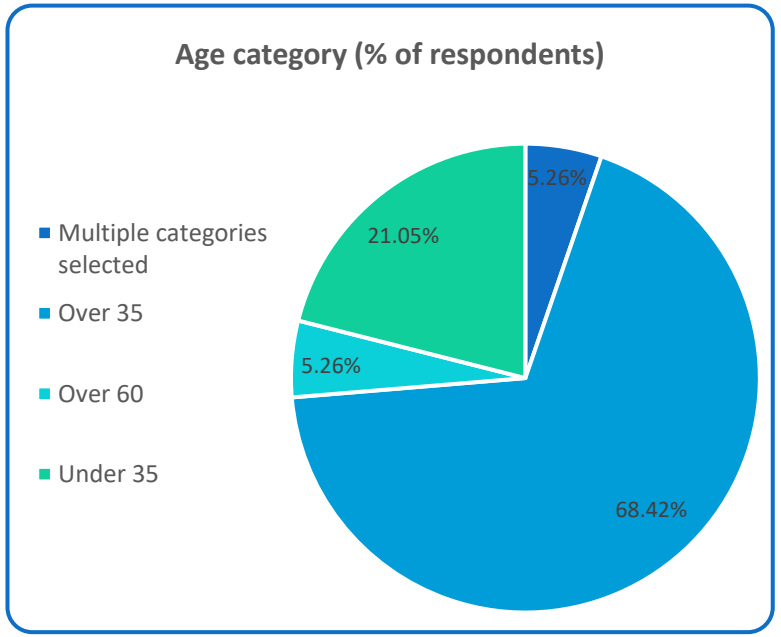
In 2024, the RBG Rough Sleeping and Health Steering Group designed a new questionnaire to complete with local residents who have experience of rough sleeping.

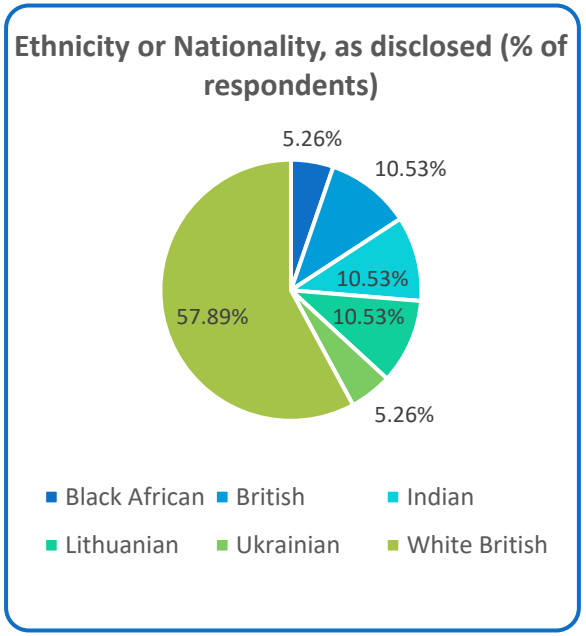
The main aim of this new engagement was to find out about the health and care needs of people experiencing rough sleeping, what support they currently access, whether this meets their needs, and what the barriers are.

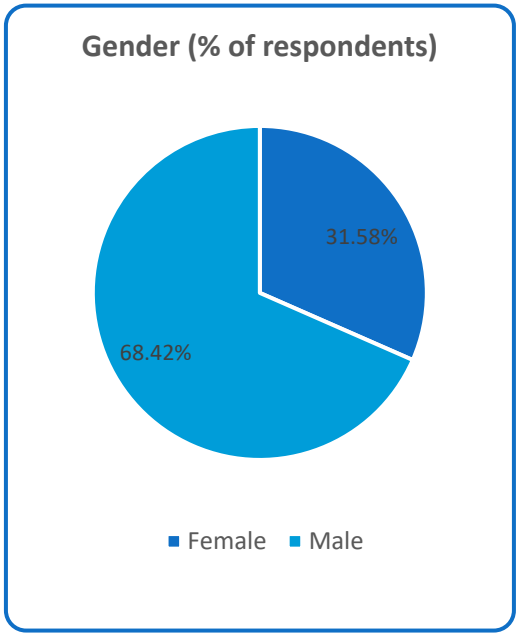
This work was completed by a Homelessness Engagement Worker who regularly worked with and built relationships with people experiencing rough sleeping.

19 people responded to the questionnaire, and 73.68% of respondents said that they were rough sleeping at the time. Some questions were not answered by all respondents.

Here is a summary of the demographic information shared in the responses:





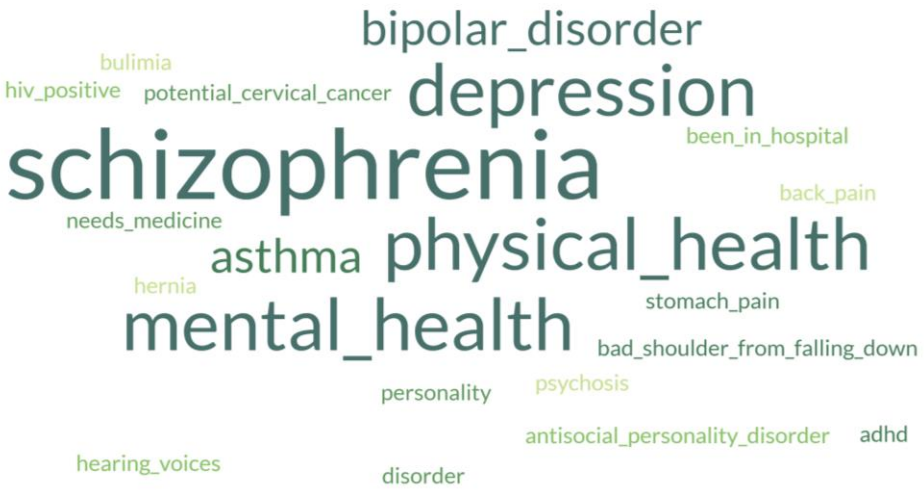


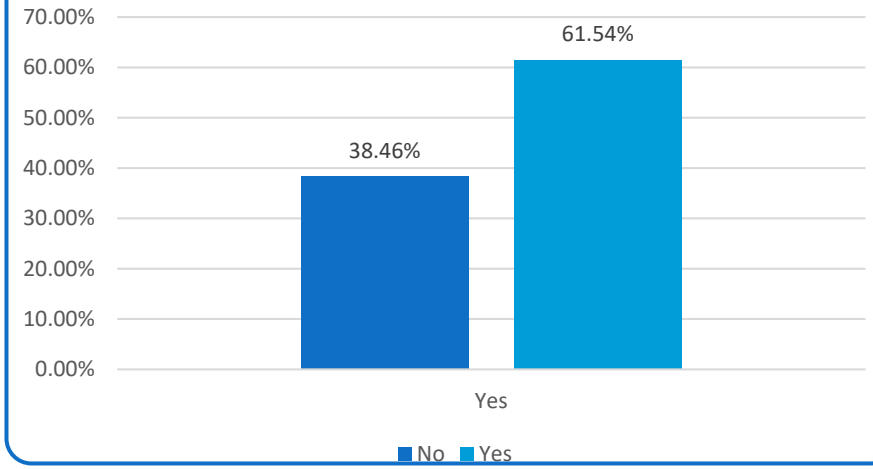
Local data and insights: lived experience questionnaire

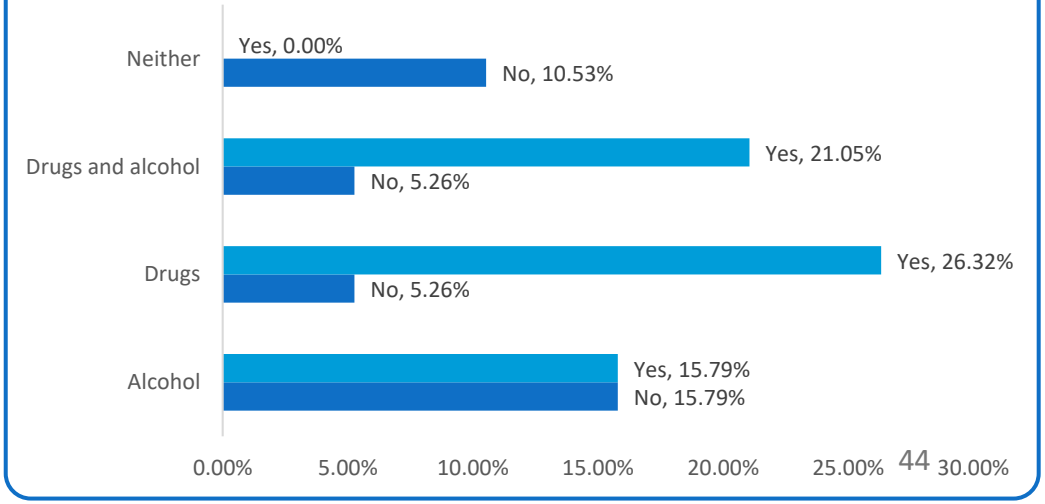
These graphs, word cloud and bullet points provide a summary of the health status and service access information shared in the responses.

- 84.21% of respondents said that they had a medical concern or concerns.
- 10.53% said that they were involved in gambling,5.26% in smoking, 5.26% in gambling and smoking and 5.26% in sex work.
- Respondents accessed mental health care or support at/via: Oxleas (including the Rough Sleeping and Mental Health Programme and Oxleas provision at Via), Gallions GP and All Saints GP.

What are your medical concerns?







Local data and insights: lived experience questionnaire

Where can you access GP or health support?

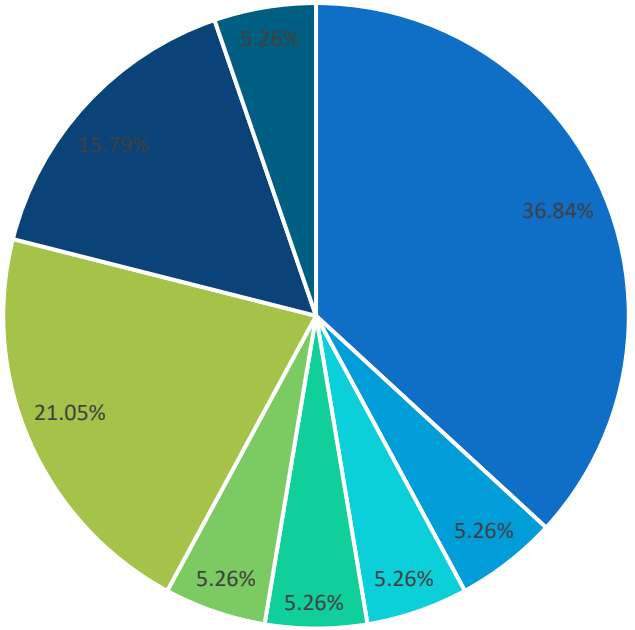
Whilst 78.95% of respondents were registered with a GP, 68.42% of respondents said they can access GP or health support and 36.84% of respondents said this support met their health care needs.

What worries you about accessing health care? (Homelessness Engagement Worker's notes)

- Doesn't attend often as finds it hard to go to GP.
- No concerns. Happy to go – they help with their substance use.
- Feels self conscious around people of authority since leaving prison. Need more trauma informed staff.
- Having strict attendance time e.g. 8am drop ins. Can't just ring and get an appointment – long wait times (x2).
- Travelling/travel/paying for bus (x2).
- Not being organised enough (x2).
- X goes to the GP because they are Indian/Punjabi also.
- Not welcome.
- No worries (x2).
- Not a priority currently.
- Worried that Doctor may not be very good/understand their specific needs e.g. relating to homelessness and rough sleeping.
- Afraid of needles so doesn't get blood tests etc. Needs support workers to help arrange appointments and go with them.

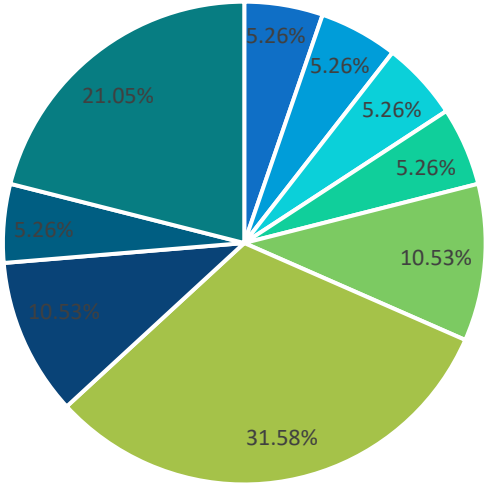
Local data and insights: lived experience questionnaire

What other support would you like? (% of respondents)



- Blank (unanswered)
- GP
- Mental health, someone to support him to attend GP clinic when he is ready to engage, Day Centre
- More detailed mental health support
- None
- Support for mental health needs
- Support for physical health needs
- Support with substance misuse

Where would you like your support to be based? (% of respondents)



- Blank (unanswered)
- Ferryview/Woolwich central area
- Not sure - planning on relocating away from Woolwich
- Plumstead
- Town centre
- Via
- Woolwich
- Woolwich (Ferryview) or Eltham
- WSUP

Introduction to addiction and substance use

Addiction is a chronic brain disorder characterised by compulsive engagement in rewarding stimuli despite adverse consequences.

It commonly involves substances such as drugs, alcohol, and nicotine, or behaviours such as gambling.

These addictions develop due to the pleasurable effects on the brain's reward system, leading to repeated use or engagement. Over time, individuals may require increasing amounts to achieve the desired effect, known as tolerance.

Greenwich Public Health Addictions Profile 2025

Addiction is influenced by both genetic predisposition and environmental factors.

Some studies suggest that addiction risk is partly genetic, but environmental factors, such as exposure to others with addictions, also play a significant role.

The strain of managing an addiction can seriously damage work life and relationships and substance use, particularly drugs and alcohol, can have severe psychological and physical effects.

Substance use can be a maladaptive coping mechanism for difficult issues.

Factors like unemployment, poverty, stress, and emotional or professional pressure can trigger or exacerbate addiction.

Substance addictions (drugs, alcohol, nicotine) and behavioural addictions (e.g., gambling) share similar neurobiological mechanisms, involving dysregulation of reward, motivation, and memory circuits.

Substance use and rough sleeping

Current numbers in drug and alcohol treatment in Greenwich

In the year ending 2024/25, **1,275** people in Greenwich accessed treatment for drug use and alcohol.
Of these:

- **512** (40%) for opiate or crack use (or both)
- **405** (32%) for alcohol only
- **156** (12%) non opiates
- **202** (16%) non opiates and alcohol

Currently the total number of adults in substance use treatment and the number in treatment for alcohol is the **highest recorded since April 2020.**

CHAIN Report

According to the Combined Homelessness and Information Network (CHAIN) 2024/25 annual report, **9,611 individuals were seen sleeping rough in London**, in the selected support need category relating to alcohol, drugs, and mental health. **325 individuals were seen and assessed in Greenwich**, representing a relative increase of 7% compared to 2023/24.

Data derived from assessments conducted by the South East Regional Outreach Team (SEROT) for the same year estimated the following support need rates for Greenwich:

- **93 people** (29%) with alcohol use
- **130 people** (40%) with drug use
- **235 people** (72%) with mental health needs
- **152 people** (47%) identified as having more than one support need for alcohol, drugs and mental health
- **65 people** (20%) no support need

People sleeping rough experience higher rates of:

Health inequality People experiencing homelessness suffer from worse physical and mental health than the general population.

High prevalence of long-term illness and disability, Between 2018 – 2021 63% of respondents reported they had a long-term illness, disability or infirmity.

Mental health The number of people with a mental health diagnosis has increased substantially from 45% in 2014 to 82% 2021.

Drugs and alcohol In a 2024 homeless survey 45% of respondents reported they are self-medicating with drugs or alcohol to help them cope with their mental health.

Exclusion from services many will be excluded from one or more services due to a range of factors listed above.

88%

In stable and suitable accommodation in Greenwich

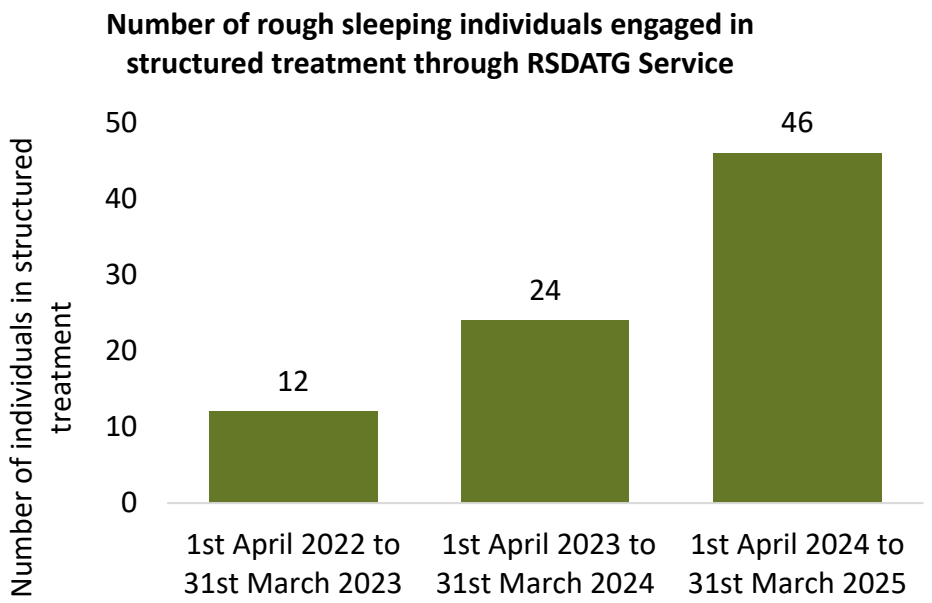
12%

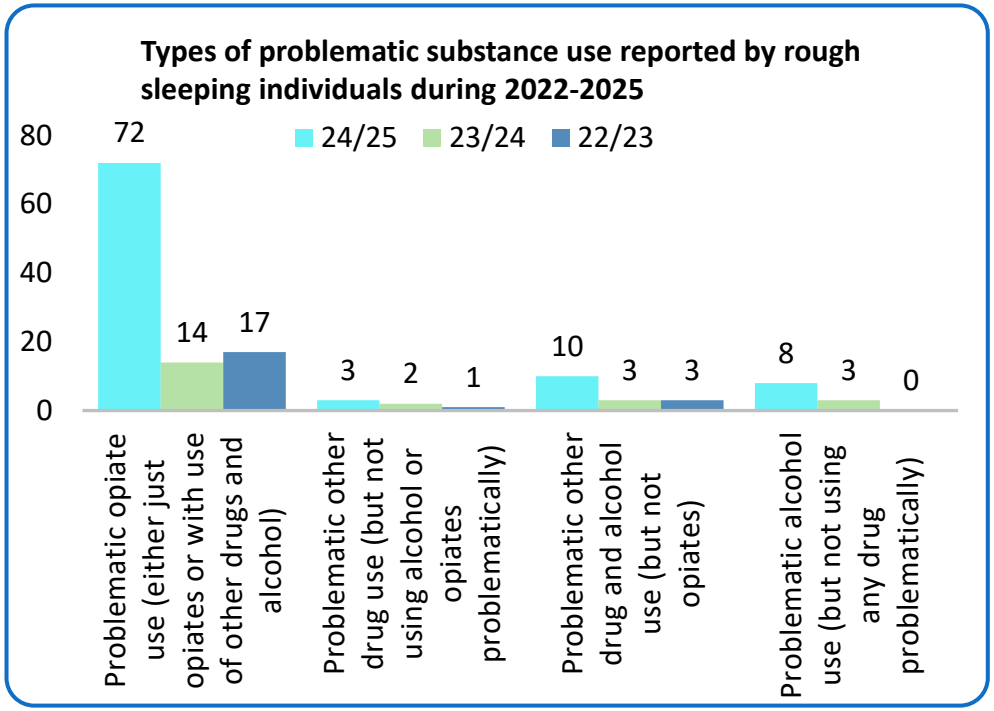
Not in stable or suitable accommodation

NDTMS,2024/25

Local data and insights: Rough Sleeping Drug and Alcohol Treatment (RSDAT)

- Data captured from the RSDATG monitoring documents
- Time period: 2022/23-2024/25





- The number of clients in structured treatment increased from 12 in 2022 to 46 in 2025.
- Data from 2024/25 indicates that the highest number of people sleeping rough were reported to be using opiates in combination with other substances, including other drugs and alcohol.
- Most clients accessing substance use services from 2022/23 to 2024/25 in the rough sleeping cohort reported using opiates (either just opiates or opiates with use of other drugs and alcohol) 81% in treatment in 22/23, 70% in 23/24 and 77% in treatment in 24/25.
- Approximately two-thirds (67%) being recorded as having no home of their own or living on the streets, with an additional 39% identified as having no home of their own or sofa surfing.

Local data and insights: Rough Sleeping Drug and Alcohol Treatment (RSDAT)

Over the three-year RSDATG reporting period, the number of people recorded as sleeping rough increased noticeably:

- White British individuals were the largest ethnic group, rising from 43% in 2022/23 to 58% in 2024/25
- Other ethnic groups with over 5% representation fluctuated during this period
- The proportion of females rough sleeping increased from 14% in 2022/23 to 24% in 2024/25
- Males remain the majority, but the data shows a clear upward trend in females experiencing rough sleeping

Client Demographics	**22/23** *(Q3 – Q4 data obtained only)*	**23/24**	**24/25**
Age	18-24 **0%** 25-34 **33%** 35-59 **67%** 60+ **0%** **Median age 41 years**	18-24 **0%** 25-34 **22%** 35-59 **78%** 60+ **0%** **Median age 44 years**	18-24 **2 %** 25-34 **10%** 35-59 **85%** 60+ **3%** **Median age 46 years**
Ethnicity (*categories above 5%*)	**43%** White British individuals **14%** 'Other Asian' individuals **9%** 'Other Black' individuals	**52%** White British individuals **7%** 'Other White' individuals **12%** 'Other Asian' individuals	**58%** White British individuals **14%** 'Other White' individuals **9%** 'Other Asian' individuals
Gender	**86%** males **14%** females	**72%** males **28%** females	**76%** males **24%** females

Local data and insights: Rough Sleeping Drug and Alcohol Treatment (RSDAT)

Recent NDTMS data from December 2025 recorded **161** adults in treatment with a RSDAT intervention. Of these:

- **100** (62%) people received treatment for opiates
- **39** (24%) for non-opiate
- **22** (14%) for alcohol only

Dual diagnosis data 2024/25

The Dual Diagnosis Worker (DDW) is employed by Via Greenwich Substance use Service and funded by the RSDATG.

The role supports individuals who are rough sleeping and experiencing co-occurring conditions, specifically substance use and mental health needs.

In 24/25, up to 70 people rough sleeping were supported in some way by the DDW.	62 food bank vouchers were issued.	10 people were referred to the RAMHP team.
15 people were referred to adult social care.	18 people were supported to register or engage with a GP.	40 people were supported with addiction treatment such as methadone.

The Department of Health and Social Care (DHSC) reported that individuals experiencing rough sleeping and alcohol dependency are 28 times more likely to require emergency hospital admissions, and around one-third are not registered with a GP.

Health needs

All clients receive a health assessment, and referrals are made where appropriate.

RSDAT 2023/24 service activity shown:

- 39% of rough sleeper clients accessing the RSDAT service reported having a health need and not engaging with mental health services.
- 14% stated they had previously received treatment from a GP prior to engagement, and an estimate of 37% may have had an unmet need that was not explicitly recorded.
- Additionally, 86% of clients were registered with a GP before accessing the service, and 14% were not registered.
- 98% of clients identified as having a physical health need.

Oversight of the RSDAT data for Greenwich indicates that the intervention is effectively reaching the rough sleeping population, and delivering evidence-based drug and alcohol treatment, alongside wraparound support, and co-occurring mental health needs.

Provision of the new DATRIG funding for 2026* will continue to support funded services and prepare to introduce a new system in 2027. This will include:

- Key elements of the current rough sleeper support model
- Maintain partnerships with supported housing providers
- Retain core health services
- Additional support services

Local data and insights: Woolwich Service Users Project (WSUP)

- https://wsupwoolwich.org/

- Local charity offering support to people facing poverty, homelessness, addiction, mental illness or life challenges in a non-judgemental environment in Woolwich.

- Trusted location for our rough sleeping population.

- Drop in between 10am and 3pm every Monday and between 10am and 2pm every Tuesday and Saturday – no booking or appointment required.

- Women only day on Wednesdays.

- Drop in is a safe place where guests can come and get hot food, get laundry washed, get a haircut, use the shower, use the clothing bank, grab a book or get involved with art groups, meditation or activities.

- GPs have been volunteering to offer clinical and non-clinical support at this location, where possible.

- Looking at designing a healthcare/health and wellbeing service for the guests. In 2024 WSUP was awarded funding through the Greenwich Healthier Communities Fund for the adaptation of a consultation room to meet clinical standards for providing safe and hygienic medical consultations.

- Have implemented a Health Care Coordinator.

topics including Safeguarding Adults, Managing Challenging behaviour and Mental Health First Aid.

- There are links with local substance use services.

- Have an in-house course on dealing with anxiety and looking at developing a service to look at being aware of people at risk of suicide and providing them with the help they need through local mental health services.

- Work being done around promoting and maintaining health and wellbeing.

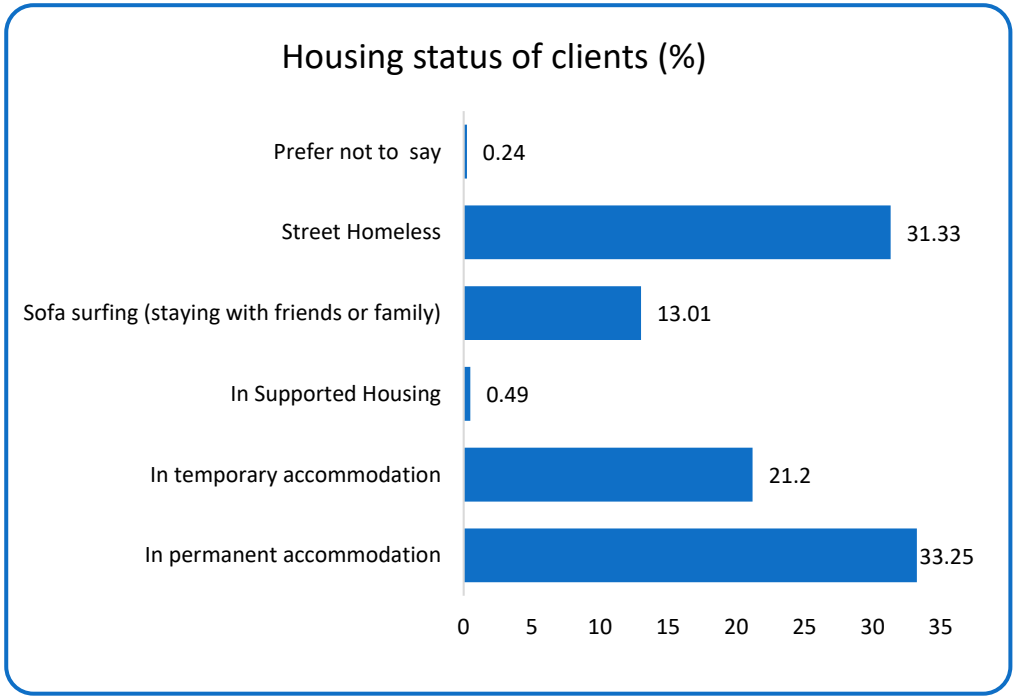
- Providing optometry services and are about to develop a hepatitis C service.

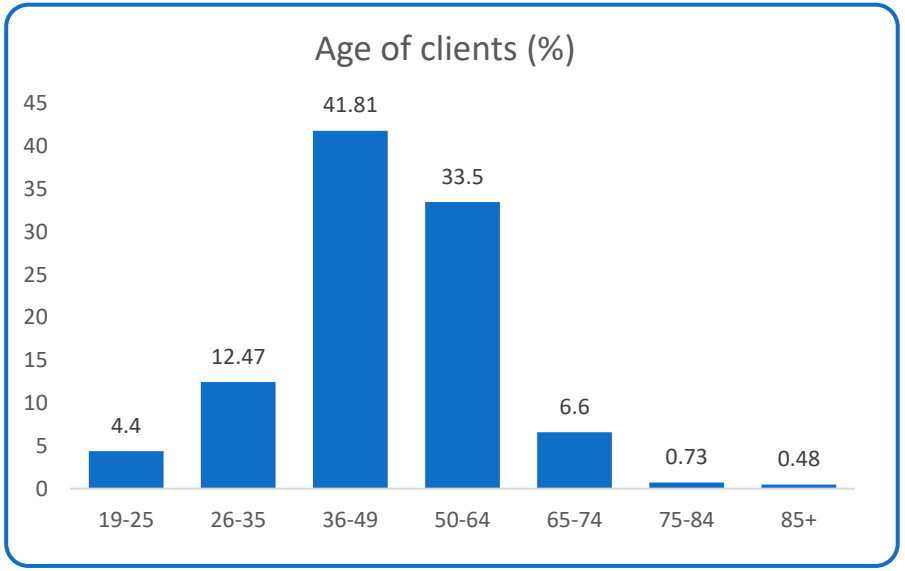
WSUP

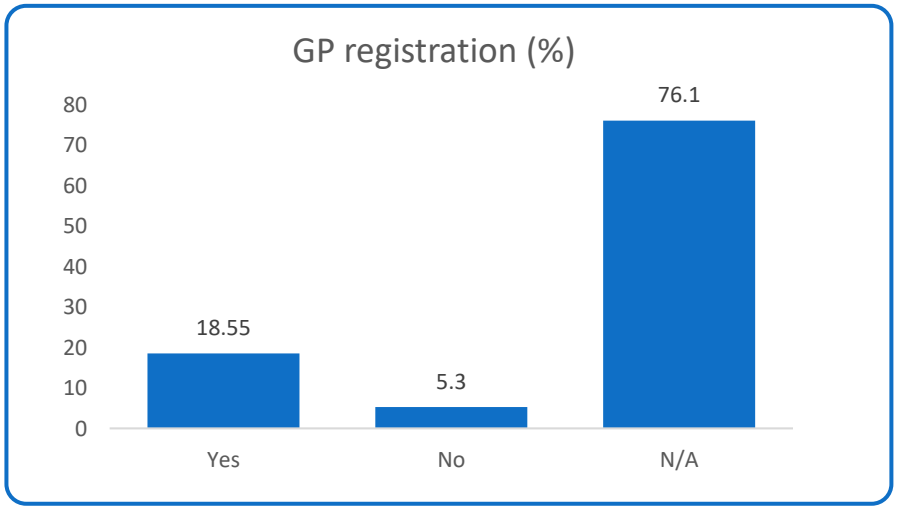
WOOLWICH SERVICE USERS PROJECT

Local data and insights: Woolwich Service Users Project (WSUP)

- Time period: April 2024-August 2024
- Number of unique visitors: 415
- Approximately one third of WSUP clients identify as street homeless, so this source of data is also providing insights on people who are experiencing other types of housing insecurity and vulnerability
- 78.5% of clients are male and 21.16% are female
- 77.8% of clients are registered with a GP (out of the 23.9% of clients where this is known)



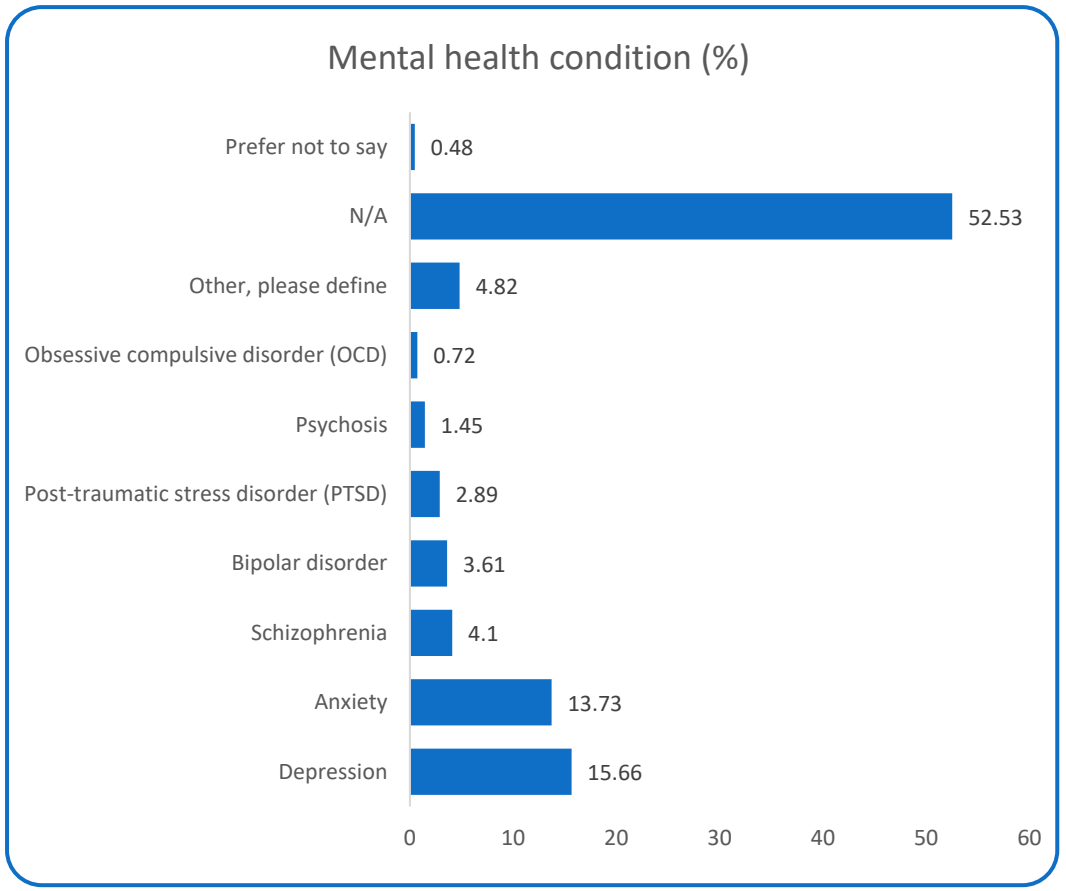


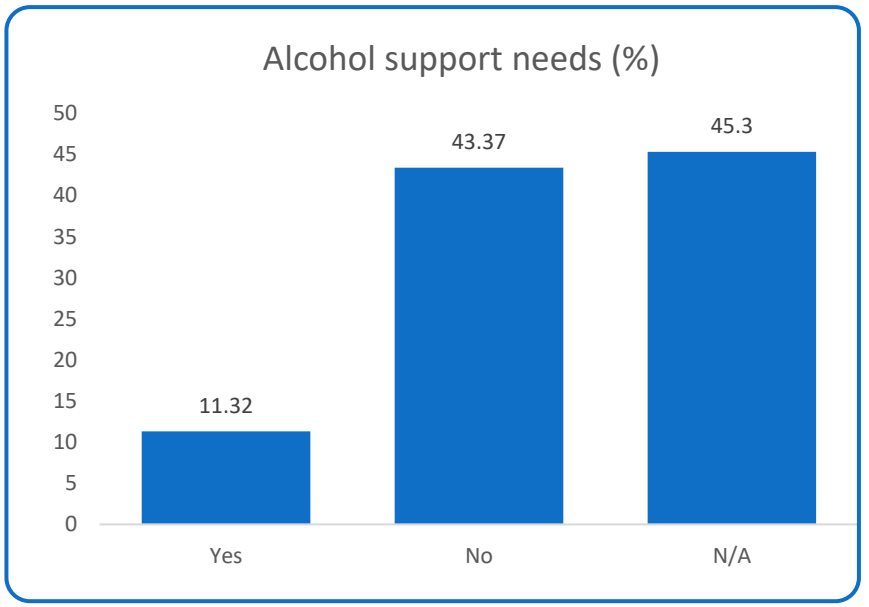


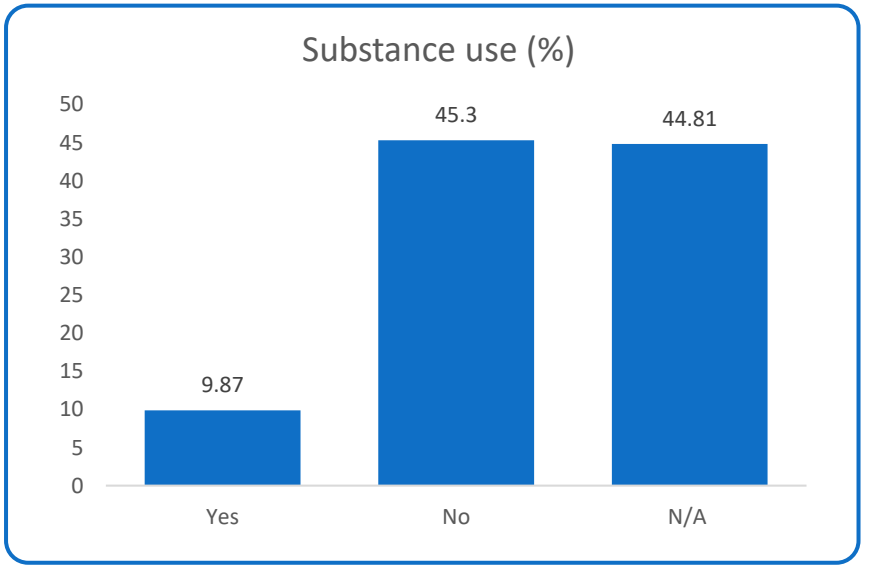
"There are plenty of unmet needs such as: dentistry; podiatry; respiratory issues such as TB, asthma, COPD and infection; skin conditions, infection and inflammation; musculoskeletal issues and minor injuries."

GP, volunteer and Trustee

Local data and insights: Woolwich Service Users Project (WSUP)







"We have identified mental health and drug and alcohol use as the biggest concern."

GP, volunteer and Trustee

Local data and insights: Greenwich Homeless Project

- https://greenwichhomelessproject.org.uk/
- A volunteer led charity that offers warmth, support and accommodation to people experiencing homelessness in Greenwich.
- Based in Middle Park, Eltham.
- Year-round Day Centre offering support, advice and warmth to people who are homeless or at risk of homelessness.
- Day Centre is open between 9am and 1pm on Mondays and Fridays and 9am and 3pm on Wednesdays.
- Offer includes: casework and advocacy; access to showers, laundry facilities and hot food; employability coaching; cooking classes; gardening club; arts and crafts; day trips.
- Winter Nights Shelter providing emergency accommodation between October and March for people experiencing homelessness. Guests receive 1:1 case work, dinner, breakfast and a single room.
- People are referred into the shelter through the Day Centre or partner referral agencies (Thames Reach, 999 Club, RBG).
- GPs have been holding sessions at Greenwich Homeless Centre every 2 weeks since January 2023. One GP has saw a total of 35 clients between January 2023 and summer 2024, including many on numerous occasions. The aim is to discuss topics such as smoking, drinking, drugs, loneliness, mental health problems etc.
- Previously hosted a free eye test clinic.

"There is a need for GPs (running sessions at Greenwich Homeless Project) to be able to prescribe...I know that at some stage there was a nurse led Centre in Greenwich when a nurse practitioner was allowed to prescribe for "temporary patients". I have observed over the years that once a nurse becomes a nurse prescriber, the number of patients wanting to see (them) doubles...I feel that if a doctor is able to prescribe, that this will encourage the homeless to come to the consultation room...Once in the consultation room, we can get on with the health promotion. Certain cheap drugs need prescriptions...The medications I envisage to prescribe are basic painkillers, indigestion meds, eczema cream etc., not the long-term heart or diabetes medications."

GP and volunteer

Local data and insights: Greenwich Homeless Project

- A member of staff at the Greenwich Homeless Project conducted a survey with Day Centre service users over a few weeks in the summer of 2024.
- This source of data is providing insights on people who are rough sleeping or experiencing other types of housing insecurity and vulnerability.
- All who agreed to participate wanted to remain anonymous in terms of name, gender, age and ethnicity, and others did not want to participate.
- Here is a summary of what was found:

Housing status: clients are a mix of those rough sleeping, sofa surfing and at risk of homelessness.

GP registration: all clients surveyed are currently registered with a GP.

Eye health: we recently hosted a free eye test clinic, so all have (free) glasses from that offer, if needed.

Status in UK: clients are a mix of UK citizens and various other immigration statuses including those with no recourse to public funds.

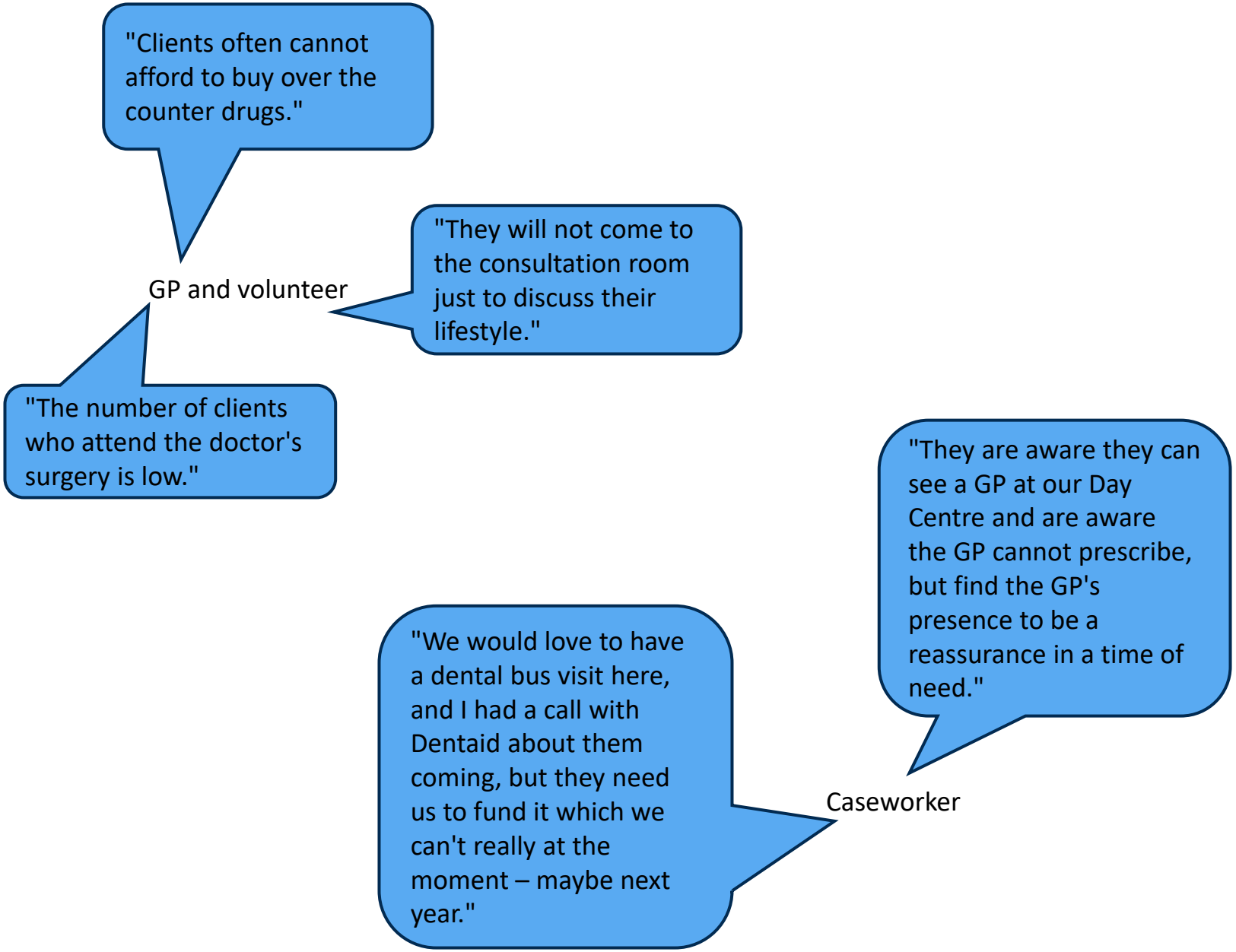
Mental health: all clients surveyed suffer from anxiety and depression (about half have medication and half do not). Some suffer from PTSD (some have medication and some do not). Two people have paranoid schizophrenia diagnosis (one currently unmedicated and one unknown).

Dental health: less than half registered with a dentist and many have not attended a dental appointment for over a year.

Physical health: several have diabetes, asthma, high blood pressure, arthritis, indigestion problems. Some have no current public health issues. A minority suffer from mobility issues and use a mobility aid i.e., crutch/walking stick.

Substance and alcohol use: a small minority have an addiction to drug(s) and a minority have alcohol use issues.

Local data and insights: Greenwich Homeless Project



Local data and insights: Healthwatch research on homelessness and health

No Place to Call Home: Homelessness and the Impact on Health and Wellbeing (Healthwatch Greenwich, 2024)

The health and care experiences of homeless Greenwich residents or those living in insecure or temporary housing are rarely heard. Working with Woolwich Service Users Project (WSUP), Healthwatch Greenwich colleagues facilitated a discussion group with nine residents including two people street sleeping and seven people living in temporary or insecure accommodation. 8 out of 9 participants were over 40 and 8 out of 9 participants were male, which is a group which is often underrepresented in research. Residents came from a range of ethnic backgrounds and self-identified as Black British (African and Caribbean), Asian (Indian Punjabi) and White British.

Theme 1: access to services

"Due to immigration, it feels like I am in limbo...My legal status is a problem and is always at the back of my mind."

"The professionals don't really listen to your past, your story, and how you are. They have a job to do...so they don't sit down to really listen to you."

"I miss appointments because transportation costs money."

"Immigration status means that some are unaware of what health and care they can and can't access for free...Fear of information being shared between the NHS and immigration authorities means that some are reluctant to seek help when they need it."

"Residents struggle to get access to GPs and other health services...to manage long-term conditions or receive mental health support. Some GP surgeries ask for proof of identity and address...to register, even though this isn't required. Some have experienced supportive GPs and organisations."

Transport costs can mean people struggle to go to health appointments. "(Some residents) often feel judged because of their homelessness. This...leaves them feeling unwelcomed and undervalued, which in turn discourages them from seeking help."

Quotes and findings from the Healthwatch Greenwich report

Local data and insights: Healthwatch research on homelessness and health

No Place to Call Home: Homelessness and the Impact on Health and Wellbeing (Healthwatch Greenwich, 2024)

Theme 2: access to health and care information

"The major issue I face is that there is no support...I don't know what is there for me to access."

"When I cannot get care, I just continue to suffer as I always keep to myself, feeling lonely. I've given up."

"Community group [organisation] provides us with a lot of support calling the GP, how to go about accessing care and teaching us basic things."

"Residents told us they struggled to find clear and trustworthy information, and this led them to delay seeking help...A lack of awareness and medical advice made some believe their chronic health conditions were just a normal part of getting older, so they didn't seek medical help."

"Others told us they didn't have digital skills and couldn't use technology or didn't have access to a computer, smartphone or the internet...As more health and care services use digital tools, residents can feel left behind and overlooked. Nearly all...rely on community organisations to advocate for them, find the help and support they need, and book medical appointments."

Quotes and findings from the Healthwatch Greenwich report

Local data and insights: Healthwatch research on homelessness and health

No Place to Call Home: Homelessness and the Impact on Health and Wellbeing (Healthwatch Greenwich, 2024)

Theme 3: mental wellbeing

"I am not in a good place right now, and when your mind is not in a good place, you can end up slipping into bad health habits like drinking or smoking."

"I was referred to the outpatient unit of the mental health services. They just sent me to the pharmacy to pick up my drugs and that was it."

"More community groups should be available to not only share information but listen to people's concerns – letting them share their experiences."

"Residents told us how their homelessness or insecure housing affects their mental wellbeing. Poor living conditions create stress, anxiety and depression. For some, this appeared to be a cycle where their mental wellbeing also affects their ability to manage their physical health."

"Residents told us their mental health needs were not being met. Most had tried to access, or had used, mental health services...These were insufficient, impersonal or difficult to access. Residents...want more community services that provide both health information and social support e.g. community spaces where people meet, share, experiences and build connections whilst also accessing information."

Quotes and findings from the Healthwatch Greenwich report

Local data and insights: Healthwatch research on homelessness and health

No Place to Call Home: Homelessness and the Impact on Health and Wellbeing (Healthwatch Greenwich, 2024)

Theme 4: physical health

"I'll be 2 days sometimes I don't leave the house. I am on insulin and tablets. The major problem is movement due to arthritis."

"I'm 68 years old...I'm stuck with it for the rest of my life. "

"Many of the residents we spoke to live with long-term health conditions like diabetes, arthritis and epilepsy. These chronic conditions need regular management, such as medication and monitoring, which can be difficult even with stable living conditions."

"For those living with homelessness or insecure housing, managing health conditions is not only hard but also less of a priority. Much of their focus is on meeting their basic needs on a day-to-day basis. The need to take medication regularly or maintain a treatment regime is not always of great importance. "

"Poor mobility, for some, further reduced their ability to look after themselves and manage any health conditions."

Quotes and findings from the Healthwatch Greenwich report

Accessing Primary Care

Safe Surgeries

Everyone living in the UK is entitled to register and consult with a GP. It means illnesses can be prevented and treated early and creates a healthier society for everyone. There can be parallels between some of the primary care barriers faced by people experiencing rough sleeping and other groups of people such as people seeking sanctuary (a catch-all term for groups such as asylum seekers, refugees and migrants).

A Safe Surgery is an initiative created by Doctors of the World and City of Sanctuary. A Safe Surgery can be any GP practice which commits to taking steps to tackle the barriers faced by groups in accessing healthcare. As a minimum, this means declaring a practice as a 'Safe Surgery' for everyone and ensuring that lack of ID or proof of address, immigration status or language are not barriers to patient registration. There are a set of commitments which any GP practice can make to ensure their services are available to everyone in their community, along with proactive provision of professional interpreters, aiming to make primary care centres inclusive and welcoming environments.

Doctors of the World provide a Safe Surgeries toolkit with 7 steps to help make General Practices Safe for everyone. General practices can take concrete steps, both at reception and in consultations, to improve equity of access to their services.

1. Don't insist on proof of address documents
2. Don't insist on proof of identification
3. Never ask to see a visa or proof of immigration status
4. Do what they can to protect patient information
5. Use an interpreter, if needed
6. Display posters to reassure patients that their surgery is a safe space
7. Empower frontline staff with training and an inclusive registration policy

In 2024 a "Secret Shopper" exercise was undertaken of Greenwich Surgeries by Lewisham Refugee and Migrant Network in collaboration with the local Borough of Sanctuary Network. A summary of key findings are as follows:

- 7% of practices had safe surgeries posters visible.
- **56% of practices allowed for registration without proof of address.**
- **44% of practices allowed for registration without ID.**
- 89% of practices offered interpreters.
- 59% of practices confirmed immigration status would not need to be disclosed.
- **44% of practices confirmed physical forms were available.**

The published results of the exercise can be found here.

Accessing dental care

Dentaid

Public Health was able to assist in funding a dental van through RSDATG funding from March 2025 to March 2026. The van was located in Woolwich. This service is fortunately being continued for another year, with the van returning in May 2026. Summary data for the first year of the service is provided below:

WSUP Clinic Data: March 2025 to date

Oral health instruction and toothpaste and toothbrushes to 63 clients

Carried out 47 x-rays and extracted 21 teeth to relieve patient from toothache

Completed 64 oral cancer screenings

Accessing pharmacies: pharmacy service provision and qualitative feedback

Pharmacies and pharmacists can play a key role in helping identify people who are at risk of homelessness early, or helping improve the health and wellbeing of people who are experiencing homelessness, rough sleeping or substance use. They can help people who are homeless with support in areas such as medicines management, contraception, supervised consumption, needle syringe provision, and can provide signposting to other health and wellbeing services.

Pharmacies are often located in areas of high deprivation and need, and in part due to their 'walk in' nature, may be seen as a more accessible service. Our 2023-2026 Pharmaceutical Needs Assessment states that 'underserved' communities, such as those who are homeless or sleeping rough, are more likely to go to a community pharmacy than a GP or another primary care service.

In terms of pharmacy service provision, the 2026-2029 Pharmaceutical Needs Assessment identified that as of March 2026:

- There are 56 pharmacies in Greenwich (including 55 community pharmacies)
- The whole of Greenwich is within a mile of a community pharmacy
- There are 7 100-hour pharmacies (pharmacies contracted to open for 100 hours a week), 12 early morning opening pharmacies (before 9am) and 37 late closing pharmacies (past 6pm) within the borough
- There are 19 pharmacies offering supervised consumption and 5 pharmacies offering needle syringe provision
- The Royal Borough of Greenwich is well served in relation to the number and location of pharmacies. The Health and Wellbeing Board has concluded that there is good access to necessary and other relevant services for the residents of Greenwich with no gaps in the current and future provision of these services identified

In 2025, Healthy Dialogues was commissioned to conduct qualitative research with three priority communities who might experience specific or higher barriers to receiving the services and support they need from pharmacies.

The objectives of the research were to:

- Identify access and experience barriers for inclusion health groups
- Gather lived experience to inform equitable pharmacy provision
- Provide actionable recommendations for commissioners

The priority communities for this piece of research were:

- People experiencing homelessness and/or substance use
- People seeking sanctuary
- People with learning disabilities and their carers

Between January and March 2026, six focus groups engaged 40 participants, which included two focus groups with each priority community and a total of 9 people experiencing homelessness and/or substance use.

Key insights across the focus groups spanned a range of themes, which were:

- Accessibility
- Relevance
- Trust and relationships
- Communication
- System coordination
- Suggestions for improvement

Accessing pharmacies: pharmacy service provision and qualitative feedback

Key insights from across the focus groups (including two focus groups with people experiencing homelessness and/or substance use):

Accessibility

- Pharmacies were **physically and geographically accessible** for most, but system-level barriers such as **prescription delays, unclear processes, and repeated trips** created stress.
- People with learning disabilities faced additional barriers including **limited easy-read information and staff assumptions about carer involvement**.
- People seeking sanctuary valued **walk-in access** but were affected by **inconsistent communication across services**.

Trust and Relationships

- **Trust was strongest where long-term, consistent relationships existed**, particularly in smaller community pharmacies.
- Participants **valued being known personally** and **treated with respect.**
- **Medication errors, unexplained changes, and rushed interactions** reduced trust, especially among people seeking sanctuary managing complex regimes.

Communication

- Communication was the **most consistent challenge.** Participants reported **ambiguous communication regarding prescriptions, insufficient support for languages other than English and interactions that were hurried or lacked sensitivity**.
- People with learning disabilities emphasised the need for **privacy, slower communication and easy-read formats**.
- People seeking sanctuary highlighted the **value of multilingual staff** and **culturally sensitive explanations.**

Relevance

- **Low awareness of the wider pharmacy offer** (e.g., NHS Health Checks, Pharmacy First, Medication Care and Reviews). Many participants primarily viewed pharmacies as places to collect medication.
- Administrative requirements sometimes felt **confusing or burdensome**.

System coordination

- **Poor coordination between GPs, hospitals, and pharmacies** placed significant burden on service users and carers, who often felt responsible for resolving discrepancies.
- Although carers noted that **pharmacies had offered the most help to try and resolve the discrepancies**.

Suggestions for improvement

- Participants described excellent experiences where pharmacies offered **continuity of staff, clear explanations, privacy, easy-read or multilingual information, proactive medication management, and reasonable adjustments without fuss**.
- These examples demonstrate that inclusive, person-centred pharmacy care is achievable and highly valued.

Accessing pharmacies: pharmacy service provision and qualitative feedback

Quotes from the focus groups with people experiencing homelessness and/or substance use (9 participants):

"You know which staff are going to be there and they know you."

Trust

"They wanted three blood pressure readings…the machine kept playing up. I just wanted my medication."

Relevance

"I told the chemist, can you just give me a text every four weeks when the medication's ready…sometimes I go there and they say it's not ready yet."

Accessibility

"The chemist says the doctors haven't sent it…the doctor says the chemist should give it…we go back and forth."

Communication

"If it's due on the first of the month, I want it to be there that day."

Local data and insights: other insights gathered via the Rough Sleeping and Health Steering Group

- A lack of hostel accommodation in the borough is a problem
- Access to showers can be an issue for people experiencing rough sleeping in Greenwich
- Access to somewhere to store medication (which might need to be kept at a specific temperature) is an issue for people experiencing rough sleeping in Greenwich
- Diabetes and COPD are often untreated in people rough sleeping
- Abusive relationships can look different in the rough sleeping community
- Needs for people experiencing rough sleeping include: sexual health, cervical screening, wound care, podiatry, scabies, lice and ulcers
- "I would like to see more clinicians in substance use services for better access to healthcare at these settings"
- Navigators and Housing First teams would benefit from training on topics including substance use treatment pathways, skin conditions (scabies, lice etc) and tuberculosis. It would be useful to know: how these conditions impact people rough sleeping, treatment options, understanding of the risks for staff, and guidance for staff to keep themselves safe
- Outreach teams would benefit from training on topics such as: awareness about skin conditions, hepatitis, diabetes, foot health (common problems and hygiene), dental care, managing specific infectious disease (e.g. athlete's foot and STIs). It would be useful to have guidance on what could be appropriate for staff to assist with (and how), and to have information about clinics, treatments and pathways. "Many times new programs or projects come up for specific groups to access, but we might not always be aware or know how to access them."

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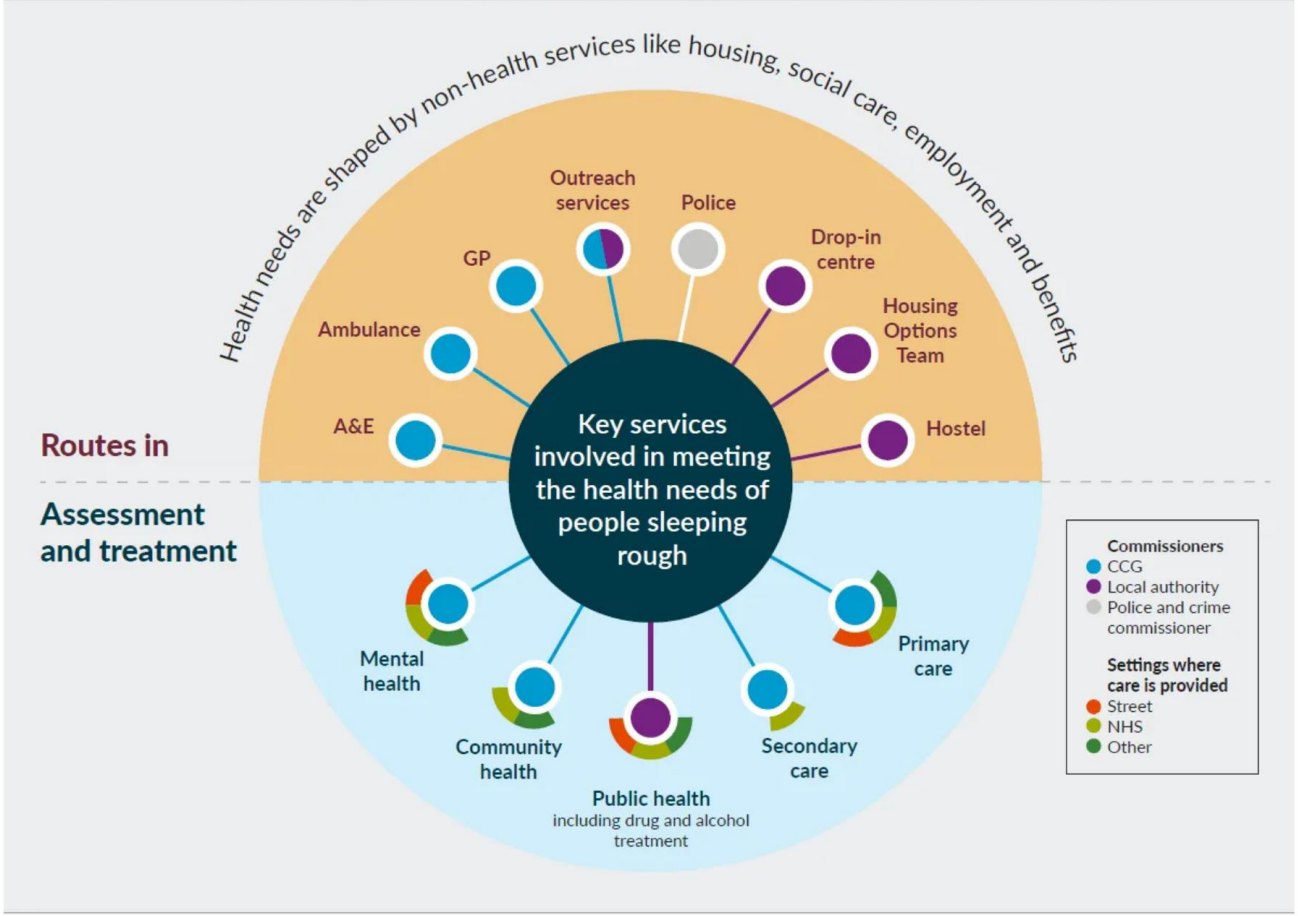
Aim 5:
Recommendations

Best practice: principles for delivering health and care for people who sleep rough



We also believe that Social Care should be represented in the key services involved in meeting the health needs of people sleeping rough; those experiencing homelessness may have care and support needs and may be at risk of abuse/neglect requiring safeguarding processes.

The King's Fund (2020)

Research commissioned by the Department of Health and Social Care looked at four areas in the UK working to improve health outcomes for people sleeping rough. The work identified five common principles for delivering effective health care to people sleeping rough:

These are:

1. Find and engage people sleeping rough
2. Build and support the workforce to go above and beyond
3. Prioritise relationships
4. Tailor the response
5. Use the power of commissioning

Best practice: NICE guideline on integrated health and social care for people experiencing homelessness

A 2022 NICE Guideline has been developed on providing integrated health and social care services for people experiencing homelessness. It aims to improve access to and engagement with health and social care, and ensure care is coordinated across different services.

The guideline covers recommendations on:

- General principles and planning and commissioning
- Multidisciplinary service provision, including homelessness multidisciplinary teams, homelessness leads and intermediate care
- Improving access to and engagement with services, including outreach, the role of peers and long-term support
- Assessing individual needs
- Transitions between different settings and providing housing with health and social care support
- Safeguarding
- Staff support and development

In terms of supporting access to and engagement with services, the guideline recommends designing and delivering services in a way that reduces barriers to access and engagement with health and social care, for example by providing:

- Outreach services
- Low-threshold services
- Flexible opening and appointment times
- Self-referral
- Drop-in services
- 'One-stop shops' for multiple services
- Incentives and help to access care, such as transport support, vouchers or digital connectivity
- Advocates
- Peer support
- Care navigation
- Psychologically informed environments and trauma-informed care

RBG Safeguarding team are looking at ways in which they can incorporate an outreach role that will help those who are rough sleeping to access services for their care and support needs. Since creating the steering group, a more flexible approach has been adopted in reaching those who are hardest to engage.

Best practice: Bromley Homeless Health Service

The Bromley Homeless Health Service was set up in April 2023 to support people rough sleeping, sofa surfing, in insecure tenancies and in temporary accommodation. The service is based at the Bromley United Reform Church and is led by a Nurse Practitioner, Sarah Jackson. It strives to form alliances to support our most vulnerable to ensure equal access to primary care services for all. The service accommodates both walk-ins and appointments and can offer the homeless community access to support from various multi-disciplinary teams including: GP, Drugs and Alcohol, Addiction Worker, Mental Health, Community Nursing and Podiatry. Now in its third year, the project is having a positive impact.

"We are now in the 3rd year of the Bromley Homeless Health Project, and we can see that this is a much-needed service. A Health Impact Report carried out on the project has shown that the Bromley Homeless Health Team is an 'essential service' – not only for the individuals it supports but for the healthcare system. The hub exemplifies what compassionate, effective and community-based healthcare can achieve."

Nurse Practitioner, Sarah Jackson

Housing Inclusion insights - what is going well?

- Partnership working between internal and external services.
- RAMHP service.
- Wider services included in Safeguarding Adult Board.
- Complex care team have worked flexibly and been out to where someone is located to assess them.
- Safeguarding colleagues attend multi-agency and strategic meetings to discuss complex cases.
- Safeguarding team are considering a role to work with people rough sleeping in the community.
- Growing relationship with Lewisham and Greenwich Trust Hospitals.
- Enforcement and relationships with community safety and policing teams.
- Building stronger pathways between prison services and rough sleeping services.
- Held a Safeguarding and Rough Sleeping Summit in February 2025 bringing together partners from internal services and external agencies including MHCLG, NHS and OXLEAS.

Housing Inclusion insights - what does Greenwich need?

- Off-the-street accommodation for clients with multiple complex needs – we need more quick access beds that can be used to bring people in off of the street when they are found. This could help to reduce numbers on the street and reduce long-term rough sleeping.
- Medium/long term accommodation for clients with multiple complex needs.
- Funding and intervention for intense support around substance use and mental health. Services that can reach clients on the street.
- Accommodation that is accessible for clients who are under 25, under 35, couples, or clients with dogs.
- A larger outreach team to manage the growing numbers of people rough sleeping. This includes case working and welfare checking.
- Accommodation/options for clients with NRPF while teams work to regularise their status in the UK.

Insights from Greenwich Safeguarding and Rough Sleeping Summit

In February 2025, a safeguarding and rough sleeping summit was held in Greenwich. This was chaired by Michael Preston-Shoot, Professor Emeritus of Social Work at the University of Bedfordshire and independent Chair of the Royal Greenwich Safeguarding Adults Board. We brought together internal colleagues and external agencies such as the MHCLG, local day centres and commissioned rough sleeping services, to discuss the challenges and what actions we need to take to improve our safeguarding response to rough sleeping.

Locally identified challenges for safeguarding people rough sleeping:

- Lack of engagement from clients meaning that cases are closed (although clients may be deemed to be choosing not to attend/engage with services, we have to consider why they are not engaging with services and determine if there are unmet needs).
- Consent (services understanding the Mental Capacity Act, capacity and options – safeguarding is done with the person, not against them).
- Logistics to seeing/talking to people rough sleeping.
- Accommodation (no off the street options and limited complex/supported accommodation – clients need accommodation to get some forms of help e.g. access to social care and treatment but need help to get accommodation).
- Capacity.
- Digital/telephone exclusion, location of services and safety/trust are barriers.
- Substance use.
- Health as a barrier.
- Immigration status and nil recourse to public funds.
- Multiple exclusion from services.

Ultimately, the issue doesn't lie with one team. This is a Local Authority issue that needs a partnership approach to ensure systemic changes that will address the ongoing challenges.

Identified actions:

- Inter-departmental Government Homelessness Prevention Strategy with a Chapter on rough sleeping.
- Royal Greenwich to develop inter-agency approach to ending rough sleeping.
- Continual development on how we address safeguarding needs of people experiencing rough sleeping. This includes speaking with senior management and feeding this up to government level, about the need for changes with the Mental capacity act and The Care Act.
- Deeper conversations and work with the children's partnership to look at transitions and how we can prevent young adults from being at risk of homelessness.
- Funding a joint safeguarding adults outreach worker/ team
- Using lived experience to shape the services we deliver.
- Clearer multi-agency high risk panel which can support a multi-agency response when there is non-engagement.
- Multi-agency policy around discharging service users when there is non-engagement.

What have we already achieved to improve rough sleeping and health in Greenwich?

Whilst writing this rough sleeping and health JSNA, we have been able to achieve some fantastic outcomes. Over this period of time, we have received additional rough sleeping funding, as well as additional RSDATG funding which has enabled us to implement new pilots, roles and projects, and continue service provision where previous funding has ceased.

- Prior to starting the JSNA, we set up a Rough Sleeping and Health Steering Group, inviting key stakeholders from Public Health, Homelessness Services, NHS and OXLEAS.

- As a result of conversations in the Steering Group, we were able to work in partnership to fund a Dental Van for those who are rough sleeping or facing homelessness.

- Public Health colleagues have drafted a leaflet for frontline staff to provide useful information on physical and mental health risks for people who are rough sleeping. It also contains relevant signposting information.

This work also links to other relevant work such as the Council's Housing and Homelessness Strategy and Public Health's health equity programme, addictions profile and addictions strategy.

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Recommendations

Final Recommendations – Let's TACKLE the barriers to good health for people experiencing rough sleeping in Greenwich

There is a strong need to expand person-centred, multidisciplinary, outreached-based services to support the health of people experiencing rough sleeping in Greenwich. The ultimate end goal would be a 'one-stop-shop' approach, or a place where someone rough sleeping could go to access multiple services and seek housing assistance. Based on the evidence and intelligence gathered for the JSNA and feedback from stakeholders, the following recommendations should be actioned:

1. Training and Supporting the Workforce

- Training on inclusion health, trauma-informed, strength-based, anti-racist and cultural humility approaches, across services.
- Improve awareness, reduce stigma and bring in lived experience voice through our training and communications approaches.
- Explore introduction of a Community of Practice Forum.

2. Access to Health and Care

- Explore opportunities for further support with prescription access, storage and costs.
- Improve access to blood-borne virus screening.
- Continually examine opportunities to expand person-centred, multidisciplinary, outreach-based health services. Work towards provision of immediate access to health services in any area e.g. through satellite offices, outreach services, street care, or one-stop-shops.
- Improve communication with people rough sleeping and with local services/touch points about available services (e.g. through service engagement approaches).
- Explore opportunities to link with programmes of work relating to health and care access for other inclusion health groups e.g. Safe Surgeries.

3. Coordination and Continuity of Care and Support

- Expand access to treatment services and broaden audience for harm reduction strategies, through multi-agency coordination.
- Strengthen mental health and substance use service integration.
- Strengthen multi-agency high-risk panel approaches (learning from other boroughs).

4. Knowledge Sharing

- Explore opportunities to gather further rough sleeping and health data and insights (e.g. A&E and primary care data) and monitor key data sources.
- Link in with and support the implementation of relevant recommendations and areas of action from other relevant strategies and programmes . This includes the 2025 Safeguarding and Rough Sleeping Summit, Strand 2 of the RBG Housing and Homelessness Strategy and the Addictions Strategy .
- Ensure representation at and coordination between key meetings, for example by reviewing membership of Rough Sleeping Steering Group and the Rough Sleeping and Health Steering Group.
- Create a SharePoint for internal RBG colleagues to find information in one place about how to signpost and support people experiencing rough sleeping.
- Learning from other local authorities by looking at what they have in place and the impact it has.

5. Lived Experience

- Incorporate lived experience into planning and delivery of services, for example through co-design and co-production with people with past experience of rough sleeping.
- Recruit roles to people with lived experience.

6. Early Prevention and Intervention

- Explore opportunities to recruit a link worker based in hospitals/prisons and/or tighter communication between hospitals and prisons.
- Increased outreach across services so that people can be supported from the streets.
- Explore piloting a safeguarding self-assessment tool in Greenwich.
- Seek to advocate for and where possible maximise commissioning stability and long-term funding models.

Further reading and sources of information

Data and insights

- Public Health England rough sleeping evidence
- Homeless hostels: a London survey of health and care needs
- Homeless Link: Unhealthy state of homelessness 2022: findings from the Homeless Health Needs Audit
- Independent review of drugs by Professor Dame Carol Black
- Centre for Housing Policy: women's homelessness in Camden
- MHCLG: latest data tables on homelessness
- MHCLG: dashboards on homelessness
- MHCLG: rough sleeping data framework
- MHCLG: rough sleeping snapshot dashboard
- CHAIN: Annual Data Visualisation tool
- Atlas: mapping homelessness in London
- Clarissa: a film created to improve the health of people affected by homelessness, through better understanding of their experiences
- Less: A film of personal stories and journeys to health from people who have experienced and overcome homelessness
- The Dying Homeless Project

Information and resources

- OHID and partners: training on Improving Access to Services for Clients Experiencing Multiple Disadvantage & Co-occurring Conditions
- Homeless Health London Partnership
- Homeless Link
- Homeless Link: trauma informed care and psychologically informed environments
- Homeless Link: Autism and Homelessness Toolkit
- Scotland's National Trauma Transformation Programme: a roadmap for creating trauma-informed and responsive change
- Camden and Islington: trauma informed reflections on our ways of working
- Pathway
- Pathway: The Faculty for Homeless and Inclusion Health
- Groundswell
- Groundswell: 'My right to healthcare' cards
- Fulfilling lives: power of language - a tool to guide language in the context of multiple disadvantage
- Doctors of the World: Safe Surgeries
- Greenwich Public Health Addictions Profile 2025
- FairHealth: training on supporting people experiencing homelessness in an A&E setting
- Health Innovation Network South London: Evaluation of the Rough Sleeping and Mental Health Programme