



**Homeless Link**

# **Access to food and nutrition for people experiencing homelessness and using substances: provision, challenges and opportunities for support in Tower Hamlets**

**Homeless Link**

## Contents

|  |    |
|--|----|
| 1. Introduction .....  | 3  |
| 1.1 About.....   | 3  |
| 1.2 Methodology.....   | 4  |
| 1.3 Setting the scene.....   | 5  |
| 2. Food provision for PEH in Tower Hamlets: characteristics and access .....         | 8  |
| 2.1 Overview of provision and infrastructure for PEH.....                            | 8  |
| 2.2 Accessing food when homeless in Tower Hamlets: where, what and how .....         | 12 |
| 2.3 Key barriers and gaps.....   | 14 |
| 3. Exploring eating patterns, contributing factors and health impacts.....           | 18 |
| 3.1 Eating patterns.....   | 18 |
| 3.2 Contributing factors .....   | 21 |
| 3.3 Health impact of food and nutrition .....  | 25 |
| 4. Improving access to food and supporting PEH with nutrition in Tower Hamlets ..... | 29 |

## 1. Introduction

### 1.1 About

#### **About the Nutrition Project**

Providence Row's Nutrition Project was developed to address the impact of poor nutrition on the health and recovery of people experiencing homelessness (PEH), particularly those using drugs and alcohol. Funded by the Rough Sleeping Drug and Alcohol Treatment Grant (RSDATG), the pilot project spanned from December 2023 to December 2024. Its primary aim is to enhance the nutritional health and awareness of PEH, recognising the role of nutrition in supporting recovery and overall wellbeing.

Whilst existing evidence links nutritional deficiencies with worsened physical health, mental health, and recovery outcomes for people experiencing homelessness and those using substances, existing service provision often overlooks the role of nutrition in recovery, partly due to limited research on effective interventions. The Nutrition Project seeks to bridge this gap by delivering personalised nutritional assessments, psychoeducation, and integrated care in collaboration with local homelessness and health services.

#### **About this research**

To complement the insights gathered as part of the 12 month pilot project, Providence Row commissioned Homeless Link to conduct place-based research into the food and nutrition needs of PEH in Tower Hamlets, with particular focus on people using substances. This research examines existing food provisions, identifies key gaps, and explores the challenges faced by PEH in accessing nutritious food. The study aims to deepen understanding of the specific needs of various groups, including rough sleepers, hostel residents, and those in temporary accommodations. It also considers how nutrition can play a critical role in harm reduction and recovery, particularly for individuals affected by drug and alcohol misuse.

The findings presented in this report are intended to help scale up effective responses to improve nutritional outcomes for people experiencing homelessness. They will also inform future activities, partnerships, and investments aimed at integrating nutrition into support services to promote long-term recovery and better overall health.

## 1.2 Methodology

The research was conducted from September to November 2024. During this period, Homeless Link undertook:

- Mapping of existing food provision facilities in Tower Hamlets.
- A review of existing resources for PEH and those supporting them in relation to food/ nutrition.
- A call for evidence to capture evidence and insights from local homelessness support services (e.g., hostels, outreach teams) on local food provision, the eating habits of the clients they support and perceived challenges.
- Interviews were also conducted with healthcare professionals, support staff in hostels, and local service providers to understand the broader context of food and nutrition support for PEH in the area. This helped to contextualise findings from interviews with PEH and identify gaps in current provision.
- A total of 22 one-on-one interviews were conducted with people experiencing homelessness. These interviews explored participants' eating habits, nutritional challenges, and the impact of their diet on their daily lives. The semi-structured interviews allowed participants to share their personal experiences while addressing key research questions related to food access, diet quality, substance use, and health conditions.

### **Research sample**

Qualitative semi-structured interviews were conducted with 22 individuals experiencing homelessness as part of this research. The interviews lasted between 15 and 30 minutes and took place in two locations: the Dellow Centre and Daniel Gilbert House hostel. These locations were selected to capture insights from people both currently sleeping rough or in transient accommodation, as well as those living in hostels. At the time of the interviews, participants' accommodation status was as follows:

- 10 participants were sleeping rough
- 10 were residing in a hostel
- 2 were in temporary accommodation

### **Sample Breakdown:**

- **Gender:** 80% male, 20% female
- **Age:** 18% aged 25-34, 32% aged 35-44, 36% aged 45-54, 14% aged 55+

- **Ethnicity:** 5% Asian or Asian British, 22% Black, Black British, Caribbean or African, 13% Mixed or Multiple ethnicities, 50% White, 9% Other
- **NPRF (No Recourse to Public Funds):** 13%

At the time of the interviews, 73% of participants reported high levels of consumption or a dependency on drugs or alcohol.

### **Limitations:**

While the study offers valuable insights into the food and nutrition needs of PEH in Tower Hamlets, there are some limitations. The sample size of 22 participants may not be fully representative of the broader homeless population, and some groups, such as those not engaged with support services / those 'non-verified', may not have been adequately represented. In addition, the sample's gender distribution was uneven, with a higher proportion of male participants, which could affect the findings related to nutrition and food access.

### 1.3 Setting the scene

Evidence on the nutritional challenges faced by people experiencing homelessness (PEH) exists but there are gaps in our understanding of how best to address them. The diets of people experiencing homelessness are often characterised by high levels of saturated fats and sugars, combined with inadequate consumption of essential nutrients with inadequate intake of essential nutrients such as vitamins C, iron, folate, and B12<sup>1</sup>. These nutritional deficiencies contribute to poor health outcomes and exacerbate existing vulnerabilities<sup>2</sup>.

While malnutrition and underweight are prevalent, particularly among those with substance misuse, there is also an emerging trend of overweight and obesity within this population<sup>3</sup>. This paradox is driven by the consumption of calorie-dense, nutrient-poor foods that provide sufficient energy but lack vital nutrients. Reliance on cheap, processed foods is a key factor, further increasing the risk of conditions such as diabetes, cardiovascular disease, and hypertension<sup>4</sup>.

---

<sup>1</sup> Foster H., Huang C., Paudyal V., Ward M., (2022). A systematic review of the nutritional status of people experiencing homelessness. *Public Health*, 2022 Jul:208:59-67.

<sup>2</sup> Homeless Link (2022) The unhealthy state of homelessness. [Unhealthy State of Homelessness 2022: Findings from the Homeless Health Needs Audit | Homeless Link](#)

<sup>3</sup> Tsai, J & Rosenheck, RA (2013) Obesity among chronically homeless adults: is it a problem? *Public Health Rep* 128, 29–36

<sup>4</sup> Rauber F., & al., (2018). Ultra-Processed Food Consumption and Chronic Non-Communicable Diseases-Related Dietary Nutrient Profile in the UK (2008–2014). *Nutrients*

The consequences of poor nutrition for PEH are far-reaching, impacting both physical and mental health<sup>5</sup>. Malnutrition weakens immune systems, slows recovery from illness, and increases susceptibility to infections<sup>6</sup>. Mental health is also significantly affected, with poor diet contributing to conditions like depression and anxiety<sup>7</sup>. Substance use only intensifies these effects, as it depletes vital nutrients, impairing both physical and cognitive functioning<sup>8</sup>. Smoking, which is highly common among PEH, accelerates the depletion of key nutrients like vitamin C, further compounding the risk of malnutrition<sup>9</sup>.

A variety of factors contribute to the poor nutritional status of PEH. Irregular eating patterns, such as meal skipping and limited access to consistent food sources, are widespread<sup>10</sup>. These challenges are compounded by the difficulty of obtaining nutrient-rich food in environments where convenience and cost often take priority over quality. Broader systemic factors, including limited access to healthcare, stigma, and the lack of targeted nutritional programmes, also contribute to the persistence of these nutritional challenges<sup>11</sup>.

---

. 2018 May 9;10(5):587.

<sup>5</sup> Loftus E., & al. (2020). Food insecurity and mental health outcomes among homeless adults: a scoping review. *Public Health Nutr.* 2020 Jul 22;24(7):1766–1777

<sup>6</sup> Seale JV, Fallaize R, Lovegrove JA. Nutrition and the homeless: the underestimated challenge. *Nutrition Research Reviews.* 2016;29(2):143-151.

<sup>7</sup> Fazel, S, Khosla, V, Doll, H, et al. (2008) The prevalence of mental disorders among the homeless in western countries: systematic review and meta-regression analysis. *PLoS Med* 5, e225.

<sup>8</sup> Shaw A. & MacDonald K. (2007) Nutrition and Diet of Problem Drug and Alcohol Users in Drumchapel, Glasgow. [www.sdf.org.uk/sdf/files/Report%20nutrition%20study%20FINAL%2013%2003%2007.pdf](http://www.sdf.org.uk/sdf/files/Report%20nutrition%20study%20FINAL%2013%2003%2007.pdf)

Shaw A. & MacDonald K. (2007) Nutrition and Diet of Problem Drug and Alcohol Users in Drumchapel, Glasgow. Available at: [www.sdf.org.uk/sdf/files/Report%20nutrition%20study%20FINAL%2013%2003%2007.pdf](http://www.sdf.org.uk/sdf/files/Report%20nutrition%20study%20FINAL%2013%2003%2007.pdf)

<sup>9</sup> Stein K. (2000) Interaction of Vitamin C and Cigarette Smoke. *Journal of the American Dietetic Association* Vol. 100 No.8 880

<sup>10</sup> Briazu, R.A., Masood, F., Hunt, L. et al. (2024). Barriers and facilitators to healthy eating in disadvantaged adults living in the UK: a scoping review. *BMC Public Health* 24, 1770

<sup>11</sup> Ravikumar-Grant, D., Kelly, C. & Gabhainn, S.N. (2023). The determinants of the nutritional quality of food provided to the homeless population: a mixed methods systematic review protocol. *Syst Rev* 12, 118.



### 2. Food provision for PEH in Tower Hamlets: characteristics and access

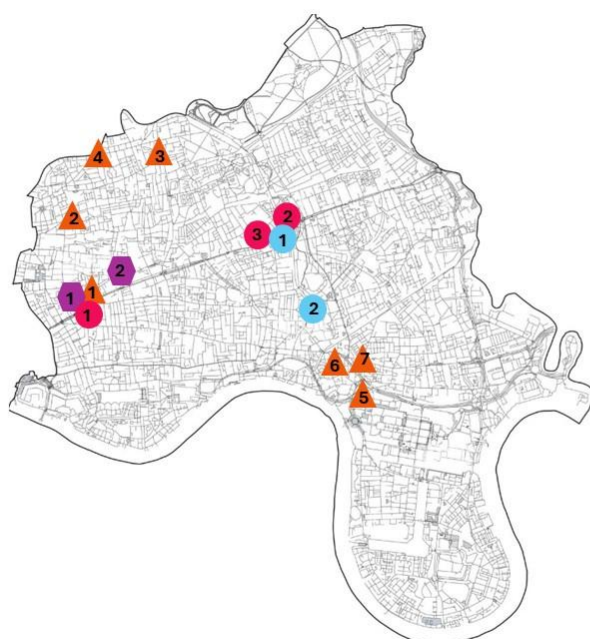
#### Key points

- Access to consistent, nutritious food regularly is a major challenge for individuals experiencing homelessness in Tower Hamlets.
- Rough sleepers face significant food access gaps during evenings and weekends when services, in particular the Dellow Centre which is the key food provider, close.
- While some hostels provide essential food, the quality, variety, and reliability of meals are often limited by budget constraints and irregular food donations.
- Anecdotal evidence (due to small sample size) also suggests that individuals placed in temporary accommodation, particularly in B&Bs without kitchen facilities, may be underserved compared to other groups.
- The type and quality of food, as well as the environment in which it is provided, play a crucial role in where people choose to access meals. Stigma surrounding poor-quality food often causes residents to avoid certain services, while the absence of cooking facilities or restrictive access can deter individuals from utilising others.

#### 2.1 Overview of provision and infrastructure for PEH

People experiencing homelessness in Tower Hamlets rely on a network of services to access food. These services vary significantly in their scope, accessibility, and target populations. While some are tailored specifically to meet the needs of those experiencing homelessness, others extend their support to a wider group of individuals facing food insecurity.





## ▲ Commissioned hostels

1. The Founders House (TSA)
2. Daniel Gilbert House (PRHA)
3. Edward Gibbons House (PRHA)
4. East London Apartments (Look Ahead)
5. Riverside Complex (TSA)
6. Providence House (PRHA)
7. Luke House (THCH)

## ⬡ Day centres

1. Dellow Centre (PRHA): *Mon-Fri – breakfast (restricted to verified rough sleepers referred by St Mungos and NPRF) & lunch (restricted to verified rough sleepers and those supported by the day centre’s services)*
2. Whitechapel Mission: *Mon-Sun – breakfast (7-10am).*

## ● Soup kitchens

1. Our Forgotten Neighbours (Thurs. 5-8pm)
2. Bow Muslim Cultural Centre (Fri. 11am-3pm)
3. Food Cycle Bow Road (Fri 7pm)

## ● Food banks (accessible/partly accessible to PEH)

1. Bow Food Bank (Monday AM, Weds PM)
2. St Dunstan & All Saints Food Bank (Tues & Fri 11am-2pm)

## Hostels

Tower Hamlets is home to six commissioned hostels supporting people experiencing homelessness. An overview of their facilities and food provision is provided below, with detailed information available in the Appendix.

## Kitchen provision and facilities

In Tower Hamlets, most commissioned hostels provide self-contained accommodation that includes individual kitchen facilities, but the type of equipment provided varies. Some hostels offer more complete setups with ovens and, in some cases, portable hobs, while others are limited to microwaves.

The type of kitchen equipment provided often reflects residents' stage of independence and specific needs. For example, at Daniel Gilbert House, the hostel is divided into two sections: one for newly arrived residents or those with higher needs, where only microwaves are available, and another for residents with lower needs who are preparing to move into independent living, where ovens are provided.

Both staff and residents interviewed reported a lack of essential cookware and utensils, such as pots, pans, and knives. This makes it difficult to prepare meals even when kitchen equipment is available. Additionally, limited kitchen space and storage make meal preparation and planning more challenging for residents.

### **Food provision**

The food provided by hostels in Tower Hamlets, even if limited, is vital for hostel residents, with most clients interviewed stating that these donations are their primary source of meals.

Hostels in Tower Hamlets provide some level of food provision, with the most common being 'breakfast clubs'. These typically offer simple items like toast, cereals, tea, coffee, and juice, ensuring a consistent morning meal for residents. However, the budget for breakfast is typically very limited or non-existent, meaning hostels often cover these costs using their general operational budget. This, combined with logistical challenges like bulk purchasing, makes it difficult to include fresh food in these offerings.

Only two hostels provide regular hot meals to their residents:

- Edwards Gibbon House, which supports complex needs residents, offers breakfast and dinner alongside a more basic 'lunch club'.
- Founders House provides meal services for residents in assessment and emergency accommodation.

Outside of these, hostels rely on external donations for additional food provision. These donations typically include prepared hot meals provided once or twice a week (The Felix Project) and supermarket / other food donations, but the availability and variety of these are unpredictable. The quality and quantity of donated food fluctuate based on what donors can provide, and excess perishable items, like yogurt, can sometimes lead to waste.

### **Day centres**

There are two key day centres in Tower Hamlets which provide regular meals to people experiencing homelessness, however both operate Monday-Friday only.

The Dellow Centre offers both breakfast and lunch to single homeless individuals with a connection to Tower Hamlets and the City of London. Access to breakfast is restricted to verified rough sleepers referred by St Mungo's outreach team, while lunch is available to anyone working with Providence Row or supported by local services. The meals provided are carefully planned and prepared by a chef, with an emphasis on providing high-calorie, nutrient-dense meals that include a balance of protein, carbohydrates, fats, and fresh produce. The Dellow Centre serves on average 20 breakfast and 40 lunches a day.

The Whitechapel Mission offers breakfast daily and every day of the week, with no access restrictions. Meals are available to all individuals in need, including rough sleepers—whether verified or not, transient individuals, and those from outside East London. The Mission serves an average of 350 breakfasts each day, with meals typically consisting of a full English breakfast. This service is designed to be inclusive and available to a large number of people, offering an open door for anyone needing support during the week.

### **Soup kitchens**

There are three soup kitchens in Tower Hamlets, these are not restricted to people experiencing homelessness but have a broader reach.

- Our Forgotten Neighbours operates outside Toynbee Hall and provides hot meals alongside a care package for individuals in need every Thursday from 5pm. There are no access restrictions, and meals are available to anyone who requires support. Our Forgotten Neighbours serves an average of 200 to 250 meals every week.
- Bow Muslim Cultural Centre and FoodCycle Bow Road both offer food every Friday. These initiatives emphasise building a sense of community, and while there are no access restrictions, their visibility and reach are somewhat limited.

### **Food banks**

Food banks in Tower Hamlets provide emergency food aid and regular food parcels. While emergency food donations are generally available to anyone in need, regular provisions typically require a referral from local services. These food banks often extend their support beyond the homeless population, assisting individuals from a variety of communities facing food insecurity.

### **Tower Hamlets food stores**

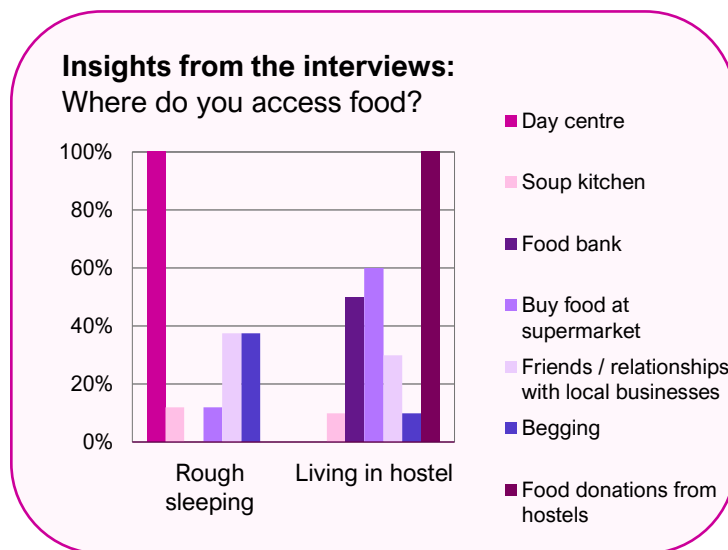
In collaboration with local services, the borough has established several FOOD Stores which offer emergency food provisions to those who cannot afford adequate meals. However, these services are not specifically focused on people experiencing homelessness, as access typically requires both a referral and the payment of a membership fee. This can make them less accessible to those in the most precarious situations.

## 2.2 Accessing food when homeless in Tower Hamlets: where, what and how

### Overview

Access to food for individuals experiencing homelessness in Tower Hamlets varies significantly depending on their living situation (rough sleeping, hostel accommodation, or temporary accommodation like B&Bs). Personal factors—including individual needs, motivations, and relationships—also play a critical role in shaping how and where people access food.

While rigid categorisation is challenging, patterns emerged from 20 interviews conducted with individuals at the Dellow Centre and Daniel Gilbert House hostel. These patterns reveal key differences in how rough sleepers and hostel residents access food, as illustrated in the accompanying graph.



### The Dellow Centre as a key resource for people experiencing street homelessness

Overall, day centres are a critical food access point for people rough sleeping, with the Dellow Centre standing out as an essential resource to access food. The meals served at the Dellow Centre not only provide hot food but also offer a variety of nutritious options, which contrasts with what many rough sleepers experience elsewhere. In comparison, other places are less frequently visited by those who have access to the Dellow Centre. Many interviewees noted that they visit the Dellow Centre every day or very regularly, describing the meals provided as ‘consistent’, ‘diverse’, ‘comforting’ and ‘homemade’, noting the value of having a place to sit and eat in warmth, contrasting it with the discomfort of queuing outdoors in cold weather to receive food in takeaway containers.

*‘I come here every day (...)it is always different food, but good you know, what your mother or neighbour would cook you’*  
**J., male, 25, street homeless**

*'It can feel a bit like de-humanising sometimes to be on these queues, eating sloppy food you don't really know what it is in'*  
**D., male, 36, street homeless**

In comparison, other food services, such as soup kitchens, were rarely mentioned as regular options by those who could access the Dellow Centre. Only a few participants reported attending soup kitchens occasionally, with most describing the experience of queuing outdoors in cold weather for takeaway containers as uncomfortable and, at times, degrading.

### **Hostel donations as a main source of food for people living in hostels**

Hostel residents largely rely on the food provided by their hostels for their meals. This provision typically includes breakfast, often offered through 'breakfast clubs', alongside occasional hot meals and food donations from external partners. While most reported appreciating the convenience of ready-to-eat meals that could be reheated in microwaves, they frequently highlighted limitations in the frequency of this provision (typically once a week) alongside the absence of fresh ingredients and limited diversity of produce from food donations.

*'I only eat what the hostel receive for us. So the breakfast in the morning, and then it can be pre-prepared meals that I can re-heat in the microwave or random bits of food that sometimes they give us like yoghurt or tuna'*  
**S., male, 57, hostel resident**

*'It is good that they give us food for us to cook but none of it allow us to cook proper food you know. And sometimes there is a lot of one thing, and other times very little, we don't have any choice'*  
**J., female, 32, hostel resident**

### **Purchasing food**

*'I get £300 in benefits [monthly]. After paying the service charge here and child maintenance, I have around 60 for the rest, I'd say 40 goes into food'*  
**D., male, 42, hostel resident**

More than half of the hostel residents interviewed reported occasionally buying food from local supermarkets using their benefit money. For most, this consists of buying simple, microwaveable items due to the lack of kitchen facilities and limited resources to purchase fresh products. However, very few felt that these purchases were sufficient to sustain themselves.

The availability of food vouchers to buy supermarket goods was mentioned by several participants as being insufficient. Some stated that they had previously received food vouchers from support services, but this assistance had stopped. Others expressed that access to food vouchers would significantly help improve their ability to meet their food needs.

*'I used to get food vouchers from my outreach worker when I was in the street but this does not happen anymore.'* **M., male, 52, hostel resident**

### **Informal arrangements with local businesses**

Around one-third of interviewees, including both rough sleepers and hostel residents, mentioned relying on informal food access, such as receiving leftovers from local businesses. Many of these individuals described how they had built relationships with local restaurants, often takeaways and cafes, which allowed them to regularly obtain food. This informal arrangement helped meet their food needs, although it was not a guaranteed or consistent source.

### **Begging as a means of survival**

Begging was another recurring theme in the interviews, though it was often described as a last resort. Rough sleepers were more likely to report relying on begging. While some found it to be a necessary survival strategy, others spoke of the discomfort and stigma it involved.

## 2.3 Key barriers and gaps

Several barriers and gaps limit consistent and reliable access to food for people experiencing homelessness in Tower Hamlets.

### **Weekend and evening food access gaps for people rough sleeping**

The absence of food provision during evenings and weekends leaves rough sleepers particularly under-served, as most services operate only on weekdays and primarily provide meals in the morning or at lunch. For those relying on the food and services provided at the Dellow Centre, this gap often results in skipped meals or going hungry. Some individuals also noted that the weekend break disrupts their efforts to build a routine, with regular meals playing a key role in structuring their day.

*'Drinking [alcohol] helps me to cope with the lack of food over the week-end (...) I definitely drink less during the week when I can come here [at the Dellow Centre]'*  
**M., male, 50, street homeless**

*'I stock up on fruits on Friday when I am here [at the Dellow Centre] but there's only so much you can carry or keep when you're living on the street.'*

**J., male, 37, street homeless**

While some attempt to stock up on Fridays to prepare for the weekend, this often results in surviving on insufficient or less nutritious food. Others turn to ad-hoc sources over the weekend, such as leftovers from restaurants or begging.

### Limited food access in hostels

Food provision in hostels is often inconsistent, though it remains a vital source of sustenance for many residents. Hostels make significant efforts to source food, but budget limitations and a lack of dedicated resources make it challenging to provide regular and reliable meals. Key challenges include:

- **Limited resources:** Hostels lack dedicated funding or resources to ensure consistent food provision beyond simple breakfast items. Breakfast clubs typically rely on bulk purchases of pantry staples and non-perishable items, with minimal access to fresh products.

*'Food donations from the Felix Project happen once a week. It could be ready-made meals and then a selection of some kind of supermarket donations like sandwiches. Sometimes the donations are more random, such as large quantities of yogurt that are close to their expiration date.'*

**Hostel manager**

*'We're not resourced to provide food really. We had to find funding so we could provide a bit of breakfast but the budget is limiting'*

**Hostel manager**

*'It's rare that the donations include fruits and vegetables. Tins, tins and more tins. I am not complaining but I know I need more vitamins'*

**H., male, 42, hostel resident**

- **Inconsistent access to food:** The volume and quality of food donations can vary significantly. Some days, hostels receive large quantities of food, while on other days, they may receive little or nothing. One hostel reported a gap of over a month in deliveries from its primary donor due to funding issues, which



disrupted the only source of cooked, prepared meals for residents and caused increased stress. Similarly, a partnership with a sandwich shop that had been regularly delivering sandwiches and hot meals to hostels has recently ceased. Both staff and residents have raised concerns about the negative impact this has had on food access.

- **Lack of fresh food in donations:** The types of food donated can be inconsistent, with pantry staples being more common than fresh food, which was raised as a concern by hostel staff and residents, especially the lack of fruits and vegetables.

### How living situation impacts food access

Access to food for people experiencing homelessness in Tower Hamlets is not uniform, with significant disparities depending on individuals' living situation.

*'It's patchy. I eat things that the hostel gives, I also sandwiches from the supermarket, sometimes I have a take-away. You find ways to feed yourself but you can't be picky and healthy.'*

**N., 45yo, hostel resident**

Interviews reveal that food provision in hostels is often less reliable compared to the consistent support available to verified rough sleepers, who benefit from dedicated services providing nutritious meals like the Dellow Centre. Several hostel residents shared that they felt they had better access to food when

rough sleeping, not necessarily in terms of quantity, but in terms of quality. Food they are accessing whilst living in hostels often comes from a variety of sources, with meals that are not always nutritious or balanced.

*'There is a microwave that's it. Not even a fridge. I eat once a day. Either beans on toast or microwaved curry I bought in the supermarket.'*

**S, male. 25, in TA (B&Bs)**

A particularly stark gap exists for individuals placed in temporary accommodation, such as B&Bs, where there are typically no kitchen facilities and no access to the food provided by rough sleeping services or other homeless services.

### How food quality and perceptions impact food access



*'I'd rather not eat than eat there'*

**G., male, 38, street homeless**

*'You know how it makes you feel to have to eat dog-like food in a container surrounded by people that are drinking, taking drugs, not looking after themselves?! Well I am telling you it does not feel good'*

**D., male, 38, street homeless**

The quality of food and perceptions surrounding food provision are key factors in determining how and where individuals experiencing homelessness access food. Food is deeply personal and can carry significant emotional weight, influencing both physical and psychological wellbeing. Many interviewees expressed dissatisfaction with the low quality and lack of variety in the food they are sometimes offered or forced to eat, which contributes to a reluctance to access some services and sometimes a reluctance to eat altogether.

The emotional toll of consuming substandard food can be profound, intensifying the already challenging experience of food insecurity. For some, eating poor-quality food can exacerbate feelings of shame, humiliation, and a loss of dignity.

In addition to food quality, trust in food sources—especially pre-prepared meals—can significantly influence food access. For some, the fear of what is in these meals, combined with past experiences of stigma or mistreatment, can make accessing food a psychologically fraught experience.

*'I hate myself because I'm eating... disgusting sandwiches.'*

**S., female, 37, hostel**

*'You never know what they have put in your food when it is already prepared you know. I don't necessarily trust that it is what they say it is so I would rather cook my own food if I could'*

**J., male, 30, hostel resident**

### 3. Exploring eating patterns, contributing factors and health impacts

#### Key points

- Most participants expressed strong feelings about food and their eating habits, even if food wasn't their top priority. It was clear that food is a topic people care about deeply and doesn't leave anyone indifferent.
- The majority of interviewees felt they were not eating enough or getting the nutrients they needed. While experiences differed depending on whether people were sleeping rough, staying in hostels, or temporary accommodation, concerns about hunger and poor nutrition were common across all groups.
- Substance use often disrupts eating habits, causing long periods without food or unbalanced diets. Even so, participants highlighted the importance of having regular meals and consistent food access to combat cravings, support recovery and overall well-being.
- Food is more than just a physical need; it has strong emotional significance. Poor-quality or unappealing food was often seen as disrespectful, leading some to skip meals entirely. In contrast, well-prepared meals helped individuals feel valued and respected, showing the emotional impact of food on their lives.
- Poor nutrition caused many participants to experience weight loss, low energy, and mood swings, which worsened their physical and mental health challenges.
- Managing chronic conditions, such as diabetes, is especially difficult due to irregular meals and limited access to healthy food, which makes following medical advice nearly impossible.
- While some participants had received advice on nutrition from healthcare professionals, unstable living conditions made it hard to follow this guidance. Many struggled to put recommendations into practice due to the realities of homelessness.

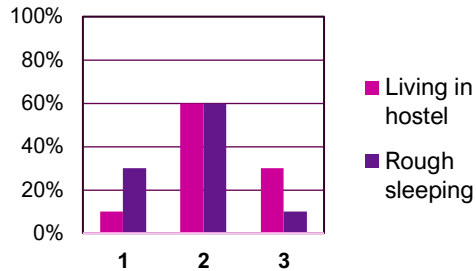
#### 3.1 Eating patterns

Interviewees were asked a range of questions to understand their eating patterns and habits.

**Frequency of meals**

Frequency of meals varied widely among interviewees. On average, individuals reported eating around two meals per day, though this ranged widely. Only 20% of interviewees stated that they consistently ate three meals daily, while another 20% reported typically eating only once per day. These findings are consistent with the 2023 Tower Hamlets Homeless Health Needs Audit. Overall, hostel residents reported eating more than rough sleepers.

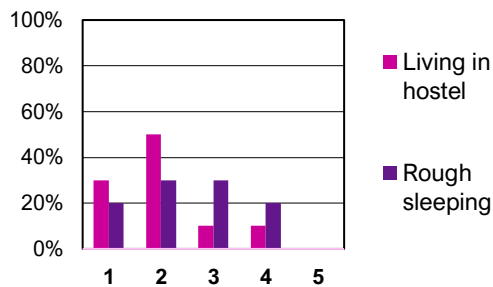
**Insights from the interviews:**  
How many meals do you eat per day on average?



**Fruits and veg intake**

On average, individuals reported consuming just 1.5 portions of fruit and vegetables per day, far below the recommended five daily portions. None of the interviewees reported meeting this guideline. Interestingly, rough sleepers reported slightly higher fruit and vegetable consumption compared to hostel residents. This appears to be linked to their access to the food provided by the Dellow Centre, which provides meals that include fresh produce as well as fruits. In contrast, hostel residents often rely on food donations and pre-prepared, microwaveable meals that lack fresh ingredients.

**Insights from the interviews:**  
How many portions of fruit and veg do you a day on average?



## Food insufficiency and adequacy

Half of the interviewees felt they were not eating enough, and 85% believed they were not getting the nutrients they needed.

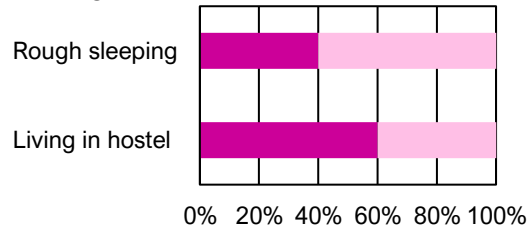
**100% of interviewees reported that they regularly skip meals.**

Among hostel residents, 60% reported feeling that they ate enough to stave off hunger, but only 10% believed they were getting the nutrients they needed.

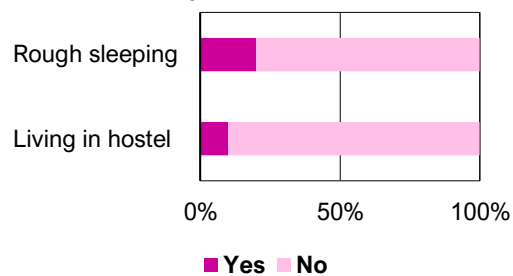
Rough sleepers, on the other hand, reported greater food insufficiency, with 60% stating they did not eat enough. Despite this, a slightly higher proportion of rough sleepers (20%) felt they were receiving adequate nutrients compared to hostel residents. This likely reflects the role of the Dellow Centre in providing more balanced meals with fresh ingredients.

### Insights from the interviews:

Do you feel like you are eating enough?



Do you feel like you are getting the nutrients you need?



The interviews also explored the types of meals participants consumed.

- Hostel residents generally ate more frequently, often supplementing meals with snacks. However, their meals were largely pre-prepared or microwaveable due to limited cooking facilities. This reliance on processed foods left 90% of hostel residents feeling they lacked sufficient nutrients, with only 10% consuming three or more servings of fruits and vegetables daily.
- Rough sleepers with access to the Dellow Centre reported slightly fewer meals overall but benefitted from more varied and nutritionally balanced diets. The Dellow Centre provided hot meals and fresh ingredients, which contributed to higher fruit and vegetable intake among rough sleepers compared to hostel residents.

### 3.2 Contributing factors

While access to food and the resources to prepare meals are central issues for people experiencing homelessness, as discussed in the previous section, other contributing factors significantly influence eating habits and nutritional outcomes. These factors go beyond simple barriers to access and delve into the complex interplay of personal, psychological, and environmental influences that shape food choices, eating patterns, and overall well-being.

#### **The influence and impact of substance use**

These insights, while largely anecdotal, provide valuable context for understanding how substance use influences dietary habits, food preferences, and nutritional outcomes among people experiencing homelessness.

#### **Irregular eating patterns**

Many interviewees described prioritising money for drugs or alcohol over food. Substance use often disrupts normal eating routines, with participants describing challenges in maintaining regular eating habits. Some reported feeling hungry only late at night—times when food services are typically unavailable. Others noted that substances like alcohol and stimulants suppressed their appetite, resulting in prolonged fasting and deteriorating health. For most, these irregular eating patterns significantly contribute to poor health and wellbeing.

*'This is the first thing you think about when you get up you know. Drugs. Always, not food.'*  
**D., male, 38, street homeless**

*'I get hungry at night time only. But often there is no food available then'*  
**K., female, 40, street homeless**

*'If you're taking cocaine, you won't be eating. For days. And obviously by the time you realise you have already lost one pound and a half'*  
**A., male, 26, street homeless**

#### **Substance use masking food need**

For some, substance use temporarily replaces the energy they would typically derive from food. One participant explained how alcohol provided "fake energy," allowing him to remain active despite inadequate nutrition. As he reduced alcohol consumption, the loss of this false energy highlighted the underlying effects of poor diet.

*'Alcohol affects my eating 100%. I am not hungry when I drink. It gives you fake energy, you know what I mean? You feel fine, even if you don't have anything in your stomach'*  
**M., male, 60, hostel resident**

### Cravings and preferences

Cravings, especially for sugary foods, were a recurring theme. Several participants noted a preference for high-sugar items during withdrawal or recovery, particularly among those on methadone. This pattern reflects how substance use can reshape food preferences, contributing to a reliance on quick-energy foods with little nutritional value.

*'When I'm trying to cut back, I always crave sweets. It feels like my body's trying to replace what it's missing.'*

**D., male, 42, hostel resident**

### Weight loss

The cumulative impact of these patterns can result in significant weight loss. Several participants highlighted their struggles with weight loss due to substance use. Despite these challenges, some participants noted improvements in their eating habits during recovery or when accessing medication.

*'Last year, I was 14 and a half stone, but now I'm much lighter. The drugs just take everything out of you because you're not eating properly'*

**J., male, 30, hostel residents**

*'Before, I definitely used to lose weight, but now since I'm on script, I'm eating more.'*

**G., male, 38., street homeless**

### How access to food helps

Finally, interviews highlighted the potential for regular, balanced meals to stabilise cravings and support recovery. One individual drew a clear connection between his weekend drinking habits and the lack of access to food over the weekend. Another highlighted how consistent access to meals at the Dellow Centre allowed him to find satisfaction beyond substance use and to reduce his consumption. These insights highlight the complex interplay between substance use, food access, and nutrition.

*'When you eat more, you want alcohol less'*

**J., male, 37, street homeless**

### Learnings from the Providence Row Nutrition Project

Throughout 2024, Dr. Raquel Gracia engaged with individuals experiencing homelessness and substance use issues to provide nutritional assessments and advice. Her work highlighted that some of the most complex patients—those with poor physical and mental health, combined with substance misuse or alcohol problems—are the least likely to actively seek food. In many cases, these individuals only eat when food is directly provided to them.

This group represents the most vulnerable population, facing higher rates of hospital admissions and an elevated risk of complications and mortality.

### Psychosocial and personal influence

Interviews also reveal that eating habits are shaped by personal and psychological factors. Overall, whilst most participants expressed concern about their eating habits and health, food was often described as a secondary concern compared to more pressing survival needs, such as securing shelter or coping with the emotional toll of their circumstances. However, food remained a topic that evoked strong feelings, with participants consistently expressing significant interest and emotional investment in the subject.

### Quality of food and emotional impact

Food carries significant emotional weight and is often seen as both a source of dignity and a reflection of how individuals are treated. Poorly prepared or low quality meals can be perceived as disrespectful, reinforcing feelings of neglect. These negative associations with substandard food often led to reduced meal frequency. Some individuals reported choosing to skip meals entirely rather than eat something unappealing or that they perceived as being 'inadequate'.

*'If the food is bad and not healthy, what's the point of eating?'*  
**S., male, 26, street homeless**

On the other hand, participants noted that well-prepared meals had a positive emotional impact, making them feel respected and valued.

### Mental health and food neglect

Several interviewees described how the stress of homelessness combined with mental health challenges and anxiety diminish the motivation to seek or prepare healthy meals. The compounded effects of poor nutrition, lack of sleep, and mental fatigue leave many individuals too drained to focus on food and prioritise their health.

*'When you don't sleep, when you are tired, you know mentally tired, depressed, lonely, you don't look for healthy food. Even if it is in front of you. I wish I would though. '*

**J., male, 30, hostel resident**

### Feeling in control

For many interviewees, food represents one of the few areas of life where they could maintain a sense of control. In an existence marked by uncertainty and chaos, choosing what to eat—or whether to eat at all—became an act of autonomy. This desire for control over their food choices is often linked to a broader need for safety and stability in their lives. For some, the lack of control over the sourcing and preparation of food, especially in contexts where food is provided by others, reinforced feelings of vulnerability.

*'I don't have a say with what is happening with my situation (...) they are not going to make me eat something I don't want to eat'*

**A., male, 26, street homeless**

*'I don't trust most people so I'd rather take care of what I eat myself.'*

**D., male, 42, hostel resident**

### The importance of routine and stability

Routine is another key factor that was raised by participants as essential to develop positive eating habits; most do not have that routine. Several participants emphasised how access to a kitchen or regular meal times provided not just physical sustenance but a sense of stability. This stability allowed them to focus on other aspects of life, such as addressing their mental health or rebuilding their sense of purpose.

*'A good routine set your appetite right and your body clock right'*

**H., male, 42, hostel resident**

*'If this could be taken care of, because I have access to good food or good kitchen to cook good food, that would be one less burden. One less thing to worry about.'*

**M., male, 60, hostel resident**

One participant shared that access to regular good quality meals would significantly reduce the stress and anxiety of daily survival, creating space to address other personal challenges.

### Learnings from the Dellow Centre's chef

The Dellow Centre serves freshly cooked breakfast and lunch to street homeless individuals. With a varied breakfast menu and a rotating lunch menu, the chef has developed a deep understanding of the unique needs of his clients over time. Through his experience, he shares valuable insights on the challenges and lessons learned from providing meals and building relationships with those in need.

- Many rough sleepers are underweight and the primary concern for the chef is to get enough good calories to the clients. Meals are carefully



planned to balance protein, carbohydrates, fats, and fresh produce while focusing on comfort and familiarity. This balance not only addresses their physical needs but also their emotional well-being.

*'You need to meet them where there are. For most, the priority is get calories inside them, once this is achieved then you can start making dietary adjustments subtly'*

*'Dishes like pasta and chicken, or rice and beef, are commonly requested because they are familiar, filling, and comforting. I think they evoke security, family, pleasure (...) this is important for clients that live unstable and stressful lives'*

- Trust plays a crucial role in ensuring clients accept and eat the meals provided. The chef reported his initial struggle to introduce greens or more unfamiliar foods with some clients at first, but over time, with the development of trust, clients became more open to trying a wider variety of foods, including salads or foods that can have a negative association. For example, the chef explained how he worked with clients to gradually reduce the sugar in their teas and coffees: *'Some clients started with six sugars per cup, and now they're down to three. We're not there yet, but it's progress!'*

*'If I can get them to eat my porridge, that's when I know I've built trust. That's the porridge test. Porridge is often associated with institutional settings [e.g., prisons, hospitals] so has a negative association for some, making its acceptance a significant milestone.'*

*'It's really intimate to feed someone. People can get angry and emotionally reactive around food. They need to trust you, or they won't eat the food'*

### 3.3 Health impact of food and nutrition

Many interviewees reported concerns about the nutritional quality of their diets, the challenge of managing existing health conditions, and the emotional toll of food insecurity.

### Understanding of good nutrition and nutritional concerns

Participants were often asked to articulate what good food meant to them and what a balanced diet would look like. Most demonstrated a strong awareness of the importance of food for health and well-being, often associating good nutrition with balanced meals that include fruits, vegetables, and energy-providing carbohydrates. Many recognised the importance of eating meals that are sustaining rather than just snacks. However, while most aspired to healthier eating, the realities of their circumstances often make it difficult to access or maintain healthy eating habits.

For several individuals, concerns about their diet extended beyond quantity and quality to the nutritional value of the food available to them. Some participants reported feeling "drained" or "depleted," attributing this to suspected deficiencies in essential nutrients, even though they felt they were consuming sufficient calories.

*'I get enough. Yeah enough. But not the right food'*

**D., male, 50, street homeless**

### Physical and mental health impacts

The link between diet, physical health, and mental well-being was repeatedly emphasised by participants. Insufficient or inadequate nutrition not only affected their energy levels but also had important emotional consequences.

Unintended weight loss was a recurring concern, with some interviewees sharing stark examples of its impact. One individual, staying in a B&B, described how relying on microwave meals and takeout caused his weight to plummet from over 11 stone to under 10 stone within just two months.

Poor diets were frequently linked to feelings of irritability and mood swings. Participants also frequently associated poor nutrition with heightened irritability and mood swings. One individual described how hunger led to an overwhelming sense of distress and a heightened state of vigilance, likening it to a fight-or-flight response

*'When I have eaten I am less aggressive to people because I feel better'*

**D., male, 50, street homeless**

*'Starvation is also a way to feel... your body gets into this hypervigilant kind of slightly flight or fight mode'*

**J., male, 37, street homeless**

Interviewees described how persistent malnutrition made them feel physically and mentally drained, compounding existing challenges.

Hunger often exacerbated mental health issues, heightening emotional stress and placing strain on their bodies.

*'You've ever been hungry? You ever starve in your life? Hunger's messing with your bones, your muscles, and your mind,'*

**G., male, 38, street homeless**

Several participants directly attributed their fatigue and lack of motivation to poor diet quality and irregular eating habits. One individual described

feeling constantly exhausted, while another noted that inadequate nutrition significantly impaired their mental clarity and ability to function effectively.

*'I can't really think properly (...) When you don't eat well you feel tired and unable to get out of bed really'*

**L., female, 52, hostel resident**

### **Managing health conditions**

For those with pre-existing health conditions, the challenges of managing conditions is compounded by limited food access and poor-quality nutrition.

Diabetes is more prevalent among the homeless population than the general public. The Tower Hamlets Homeless Health Needs Audit (2023) found that 9% of homeless individuals in the borough have diabetes. Many interviewees with the condition shared how their treatment plans are almost impossible to follow in their circumstances. Proper management of diabetes requires small, regular meals that include a balance of vegetables, fruits, and lean protein to stabilize blood sugar levels. However, this is difficult to achieve when food access is inconsistent and often inadequate.

One participant described the daily struggle of managing her diabetes while lacking a consistent eating schedule and access to a refrigerator when living on the streets. Now in a hostel with access to a fridge, she still faces challenges in adhering to the necessary dietary routine. Without access to regular and healthy meals, controlling blood sugar remains difficult, putting her at risk of severe health complications.

*'I'm supposed little portions of healthy food frequently like four or five times a day, but I just can't (...) When I was on the streets, it got so bad I had to switch from insulin to tablets because there was no way to keep the insulin refrigerated'*

**L., female, 52, hostel resident**

In addition to food access, storing insulin is another challenge. For people living on the streets, keeping insulin at the proper temperature is a logistical problem. One participant shared that he kept his insulin in the canal to keep it cool, highlighting the extremes required to manage the condition without adequate resources.

### Support received and barriers

Some participants mentioned having received nutritional advice or support from healthcare professionals, but that adhering to these recommendations was challenging.

Although many individuals with chronic conditions reported receiving advice from healthcare professionals, such as GPs or dietitians, regarding what to eat and how to manage their health, many expressed frustration with the gap between this guidance and the realities of their living situations. Most of the advice they received came from general practitioners, often in a clinical setting, with little consideration for the complex and unstable circumstances faced by those experiencing homelessness.

*‘They told me I should eat brown bread, not white. That I should eat regularly at set times (...) they expect you to follow their plan, but it’s impossible when you live in the street. I told them and they had no answer really’*

**T., male, 52, street homeless**

### Nutrition referrals for underweight clients: insights from Providence House hostel

The manager of Providence House Hostel shared examples of how they have repeatedly contacted the local GP practice to address concerns about residents experiencing significant weight loss.

By reaching out to the GP, they facilitated referrals to a Dietician who visited the hostel to assess the residents’ needs. Following these assessments, the nutritionist prescribed high-calorie protein drinks to supplement the diets of residents struggling to consume enough food. These supplements provided a practical and targeted way to support the health of those unable or unwilling to meet their nutritional needs through regular meals.

### 4. Improving access to food and supporting PEH with nutrition in Tower Hamlets

The recommendations outlined in this section directly result from the research and reflect the key topics discussed with people with lived experience and stakeholders.

#### 1. Improving and increasing access to food for people experiencing homelessness

Evidence shows that challenges related to food access and the suitability of food (supply and quality) are significant barriers for people experiencing homelessness. These challenges include limited availability of food outside standard service hours, insufficient access to cooking equipment in hostels or temporary accommodation, and inconsistent food donations, often resulting in reliance on nutritionally inadequate meals.

Should be considered:

- **Enhanced weekend and evening provision:** Food provision for people experiencing homelessness, particularly those who are rough sleeping, is largely absent in the evenings and weekends. There is a need to explore how to fill that gap. This could involve assessing what a minimum service level would look like to guarantee food access outside regular hours. Additionally, developing partnerships with community kitchens, soup kitchens, and local food initiatives could create more community-based food access points in areas where gaps exist.
- **More reliable food provision in hostels and key homelessness services:** There is a need for a more consistent and nutritious food offering in hostels and other homelessness services. This includes both increasing the quantity and improving the nutritional value of food. Actions could include:
  - Strengthening relationships with local businesses, supermarkets, and community organisations will help create a more reliable and diverse network of food donations, with a focus on fresh produce and balanced meals.
  - Reinstating partnerships with food businesses (e.g., Pret) and ensuring a coordinated food delivery service to key homelessness services would further enhance food access.
  - Providing better funding for Breakfast Clubs in hostels to ensure at least one nutritious meal is provided every day.
  - Securing dedicated funding for programs that provide nutritious, ready-to-eat meals or establish cooking programs. These initiatives would not only improve food access but also empower individuals to

transition to independent living by teaching them how to prepare balanced meals.

### 2. Practice changes and adjustments in support provided

Evidence shows that there are several barriers preventing people experiencing homelessness from accessing nutritious food. Reasonable adjustments can be made within existing support pathways and structures to address some of these.

Should be considered:

- **Adjustments for individuals with chronic conditions:**
  - Work with healthcare partners to explore potential support pathways that address the nutritional needs of individuals with chronic conditions. This could include providing food provisions tailored to specific dietary requirements (e.g., for people with diabetes) or prescriptions for items like protein drinks or meal replacements to manage their condition.
  - Consider nutrition needs at the start of support: When an individual enters a support service, ensure that their chronic health conditions (such as diabetes) and associated nutritional needs are included as part of the initial assessment. This information should be gathered during the intake process to ensure that appropriate nutritional support is integrated into the individual's care plan from the outset.
  - Provide secure storage for medication: Individuals with chronic conditions, such as diabetes, need secure storage for their medication, including insulin. Homelessness services should ensure safe, accessible storage options are available to individuals, enabling them to manage their health needs while in temporary accommodation.
- **Referrals to appropriate service:** Develop a clear pathway for referrals to dietitians who are knowledgeable about the unique needs of the homeless population. These specialists can offer tailored, practical advice that can be implemented within individuals' living situations.
- **Take-away boxes:** For individuals visiting the Dellow Centre who may not want to eat during the provided meal times, consider offering take-away boxes. This would allow individuals to access a nutritious meal at a time that suits them, which is particularly important for those dealing with substance use issues, who may face irregular eating patterns or have specific needs regarding meal timing.
- **Food vouchers:** Establish clearer and more consistent practices for providing food vouchers, starting by identifying those who are underserved by current food provision. Food vouchers would greatly benefit individuals in temporary accommodation (e.g., B&Bs without access to cooking facilities), as well as

those with mobility issues, by enabling them to access nutritious food, even when they are not eligible for other food services.

- **Soup kitchen and soup bank referrals:** Some food banks and community services have strict eligibility criteria or are not easily accessible to those with mobility issues. Explore how referrals can be made for those who would benefit from them. Additionally, investigate how homeless individuals can access local food provision infrastructure that may not specifically target this population (e.g., Tower Hamlets Food Stores).
- **Cooking equipment** – Ensure that hostels are equipped with the necessary kitchen utensils and cooking equipment to allow residents to prepare nutritious meals, providing more autonomy for individuals and encouraging healthier eating habits.

### 3. Developing resources

There is a significant gap in available resources and information on nutrition, particularly regarding its importance, practical tips, and where to seek support. Equally, those who support them often lack sufficient knowledge about the specific needs and barriers faced by this population.

Should be considered:

- **Resource repository:** Develop a centralised resource hub that serves both people experiencing homelessness and the professionals who support them. This repository should include comprehensive, up-to-date information on available services, practical tips for maintaining health and nutrition, and guidance on how to access these services. It should also feature resources such as maps of local services, and FAQs for support workers.
- **Co-produced leaflets for PEH:** Develop co-produced resources, such as leaflets, for people experiencing homelessness. These should be created with input from individuals who have lived experience to ensure they meet the needs of the community. The resources should offer practical advice on managing chronic health conditions (e.g., diabetes, mental health) through diet and how to access food and nutritional support, including information on local services.

### 4. Building capacity and sharing knowledge

In addition to developing resources, strategic and frontline stakeholders would benefit from targeted engagement to foster a shared understanding of the nutritional challenges faced by the homeless population, raise awareness of available food provision options and gaps, improve communication between teams

to better support people experiencing homelessness and explore resource and funding options.

- **Nutrition training for support workers:** Provide nutrition training for support workers to equip them with the knowledge and skills to support clients effectively. Ensure outreach workers are trained to discuss nutrition, especially with individuals experiencing homelessness and chronic health conditions. Outreach teams should be equipped with informational materials on nutrition and available food services to share with individuals they encounter.
- **Raising awareness with major food donors:** Engage with large food donors to raise awareness about the specific needs of the homeless population, ensuring they understand the importance of nutritious food donations and how these can best support individuals.
- **Engage with commissioners:** Engage with commissioners to share findings and raise awareness of the importance of incorporating food and nutrition into the broader framework of support services.

Sharing knowledge beyond LBTH – key opportunities:

- Pathway Nutrition Committee
- City of London
- Broader sector (Social media / campaign)



## Appendices

### Stakeholders interviews

- Dellow Centre (PRHA)
- Daniel Gilbert House (PRHA)
- Edward Gibbons House (PRHA)
- Providence House (PRHA)
- Founders House (Salvation Army)
- Look Ahead East London Apt
- Our Forgotten Neighbours
- Reset Outreach
- Outreach NHS ELFT team
- Dr Ghislaine Swinburn
- Hannah Style (Homelessness and Nutrition, Pathway)

### Tower Hamlets – food related facilities and provision

| Hostel                                  | Description  | Facilities  | Provision   |
|---|--|---|---|
| The Founders House (The Salvation Army) | 123 units: male-only<br>High-medium needs<br>assessment centre (15 units)                              | Mixed: Shared kitchens (1 per 4 residents), 15 self-contained flats with individual kitchens. | Daily 'Breakfast Club'; weekly hot meal delivery (Felix Project) and food donations (although irregular). Occasional communal meals (e.g., barbecues, holiday meals). Temporary meal service for assessment centre and emergency residents. |
| Daniel Gilbert House (PRHA)             | 87 units & 1 emergency bed: mixed + High-medium needs assessment centre (4 units)                      | Individual kitchens with microwaves for new residents, ovens for longer-term residents        | Daily 'Breakfast Club'; weekly hot-meal delivery (Felix Project) and weekly food donations (although irregular).  |
| Edward Gibbons House (PRHA)             | 35 units: male-only<br>Substance misuse 'wet' accommodation – very high complex needs (CQC registered) | Individual kitchen in bedsits. Shared kitchen with access to microwave and combi oven.        | Breakfast and dinner meal provision (canteen) and daily lunch club.   |
| East London Apartments (Look Ahead)     | 31 units: mixed<br>High needs  | Individual kitchens   | Food donations (Wednesdays and Fridays), some ad-hoc purchases from supermarkets.   |
| Riverside Hostel (TSA)                  | 61 units: women-only<br>Complex to low needs (21,20 and 40 units separate buildings clusters)          |   |   |
| Providence House (PRHA)                 | 33 units: mixed<br>Ageing substance misusing service users   | Individual kitchens + 1 communal kitchen  | Occasional 'breakfast club' and food donations.   |

## About Homeless Link

Homeless Link is the national membership charity for organisations working with people experiencing or at risk of homelessness in England. We aim to develop, inspire, support, and sustain a movement of organisations working together to achieve positive futures for people who are homeless or vulnerably housed.

Representing over 900 organisations across England, we are in a unique position to see both the scale and nature of the tragedy of homelessness. We see the data gaps; the national policy barriers; the constraints of both funding and expertise; the system blocks and attitudinal obstacles. But crucially, we also see – and are instrumental in developing – the positive practice and ‘what works’ solutions.

As an organisation we believe that things can and should be better: not because we are naïve or cut off from reality, but because we have seen and experienced radical positive change in the way systems and services are delivered – and that gives us hope for a different future.

We support our members through research, guidance, and learning, and to promote policy change that will ensure everyone has a place to call home and the support they need to keep it.

## What We Do

Homeless Link is the national membership charity for frontline homelessness services. We work to improve services through research, guidance and learning, and campaign for policy change that will ensure everyone has a place to call home and the support they need to keep it.

## Homeless Link

Minorities House

2-5 Minorities

London

EC3N 1BJ

[www.homeless.org.uk](http://www.homeless.org.uk)

@HomelessLink

# Let's End Homelessness Together

