

Homelessness Health Needs Assessment



September 2025

Summary	2
Acknowledgments	5
Definitions	6
Introduction	7
<i>What is Homelessness?</i>	7
National and Local policy context	8
<i>The Housing Act (1996)</i>	8
<i>The Homeless Act (2002)</i>	8
<i>The Homeless reduction Act (2017)</i>	8
<i>Domestic Abuse Act (2021)</i>	9
<i>Harrow council's homelessness strategy (2019-2024)</i>	9
Local Context	11
Homeless population in Harrow	11
New rough sleepers in Harrow	13
Comparison to rest of London	16
Demographics of the homeless population	17
Rough sleepers	18
Temporary and statutory homeless population	19
Health outcomes	21
Mortality amongst the homeless population	21
Long terms condition and morbidity	22
Burden on the healthcare system	22
Mental health issues & Substance and alcohol misuse	23
Vaccination	24
Cancer screening	26
Digital Health	26
Qualitative feedback	26
Focus group	26
Homeless prevention for young adults in Harrow – Homeless Link Initiative Data	26
Local Services	29
Social housing	29

Rough Sleeping Outreach Service 29

Mental health, Alcohol and Substance Misuse services 29

Accessing primary care services and engagement..... 30

Medical care..... 30

Voluntary Sector and Charities 32

Conclusion..... 33

Recommendations 33

References..... 35

Appendix 1: Further CHAIN report data..... 36

Summary

The London Borough of Harrow has seen a significant increase in homelessness over recent years. According to the latest data, the total number of households in temporary accommodation rose by 17% from 2022 to 2024, reaching 1,350. The number of individuals identified as rough sleeping increased to 128 in 2023/24, more than quadrupling since 2018/19. Additionally, GP records show that the number of homeless patients in Harrow increased from 674 in March 2024 to 810 in March 2025.

Harrow has also seen a sharp rise in those at risk of homelessness, with the rate increasing from 2.46 per 1,000 in 2020/21 to 7.94 in 2023/24, accounting to a 223% rise.

This updated Health Needs Assessment outlines the scale of homelessness in Harrow, identifies the health inequalities experienced by this population, and evaluates the services currently in place. It also provides evidence-based recommendations for improving outcomes and reducing homelessness, particularly among vulnerable groups such as young adults.

Key points:

- **Rising Homelessness:** Harrow has experienced an increase in total homelessness, with a growing number of households in temporary accommodation and individuals seen rough sleeping.
- **Significant Increase in Rough Sleeping:** The rough sleeping population in Harrow rose from 96 in 2022/23 to 128 in 2023/24. Harrow also had one of the highest increases in *new* rough sleepers (flow), with a 71% increase from 2021/22 to 2022/23 and a further 33% increase into 2023/24.
- **Disproportionate Risk Among Certain Groups:** Black ethnic groups are 4.6 times more likely to be at risk of homelessness in Harrow compared to White groups. Young adults aged 25–34 are overrepresented among those approaching the council for housing support.
- **High Health Burden:** 81% of homeless individuals recorded by GPs in Harrow have one or more long-term conditions, and 43% have three or more, compared to just 6.2% of the general Harrow population.
- **Mental Health and Substance Misuse:** Over half of those referred for support had substance misuse issues and 37.4% had mental health conditions. Rough sleepers commonly report poor mental health, drug and alcohol dependency, and high rates of trauma.

- **Low Engagement with Health Services:** Homeless individuals face difficulties accessing GP care, vaccination, cancer screening, and digital services. Many report using A&E as their primary point of care.
- **Recent Service Developments:** As of April 2025, Harrow has launched a new clinical outreach model providing GP-led healthcare for the homeless in partnership with Firm Foundation, helping with GP registration, wound care, phlebotomy, mental health and substance support and access to referrals.
- **Young Adults at Elevated Risk:** Recent workshops and lived experience data highlight young adults (18–35), particularly those facing family breakdown or immigration challenges, as a priority group for intervention.

Updates since the last HNA:

Recommendations	Update
Setting up a one- stop shop, which integrates the existing services around a dedicated GP practice	As of June 2025, a homeless outreach provision has been set up with funding gained from the health inequalities fund. This service is delivered by a lead GP practice (St Peters Medical Centre) in close collaboration with Firm Foundation and offers outreach service for at least one-half day per week.
Facilitate registration of homeless clients at GP surgeries a. Ensure practices understand how to register. b. Promote how GP registration is possible to LAS and A&E/Urgent care	Have engaged with primary care services and continue to do so to inform them of barriers faced by homeless population. The Homeless Outreach Programme mentioned above, directly assist and facilitate GP registration to a harrow GP.
To ensure accessibility of Mental Health and Substance Misuse outreach services.	An outreach service was piloted earlier in 2023, with some positive outcomes. Ongoing area of development in terms of outreach in terms of substance misuse service provider, VIA, getting into community to engage with homeless population. A&E pilot programme in place to support people with substance misuse and mental health needs. Via provide an Adult at Risk Outreach Practitioner; this person is co-located with the psych liaison team at Northwick Park. Their role is to act as a conduit with various teams such as the homeless need team, Firm Foundation (a locally based homelessness support charity), the HIU team and the psych liaison team, the Hospital homelessness team and Alcohol Liaison Nurses. As this person is partly based at Northwick Park Hospital, they are also available to see people at Northwick Park Hospital in A&E, the secure mental health wards and the general wards including ICU and HDU when appropriate. They attend the Welldon Centre homeless surgery provided by St Peter's Medical Centre.

	Due to lack of funding the CNWL RAMHP is no longer in place.
Ensuring that homeless services are tailored to specific vulnerable groups (domestic abuse, No Recourse to Public Funds, sex workers, and veterans).	<p>The needs of different groups are highlighted through the Homelessness Reduction Board and the Operational Sub-Group.</p> <p>The Housing Needs service seeks to work with specialist services and organisations to understand and meet the needs of different groups, including those that represent protected characteristics.</p> <p>Housing-related support services are commissioned to support residents with a range of needs. This includes the housing-related floating support service, the Housing First/Rough Sleeping Accommodation Programme service, supported accommodation for women and children with an Armed Forces connection, and the Harrow Domestic Abuse Service.</p>
To make every contact count with the homeless to promote health and advocate or signpost to relevant services.	<p>Providing information on social services, financial aid and housing advice at conversation café and warm hubs</p> <p>The MECC training events are due to start towards the end of 2025.</p>
Ensuring that the homeless are involved in the key steps of service development.	A borough-based partnership commissioned Homeless Link to focus on supporting young adults (aged 18-35) at risk of homelessness, to identify gaps in existing services and recommend interventions. Part of the project gathered data based on lived experience. Evidence and recommendations from the Homeless Link report is detailed later in this report.

Acknowledgments

Thank you to Sebastian, Sandy, Ali and Meghan for their support in updating this report.

Findings taken from Homeless Link report on Homelessness Prevention for Young Adults in Harrow

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Definitions

Rough sleeping – The most visible and risky form of homelessness, when a person is sleeping or living on the street

Temporary homelessness – Those living in insecure accommodation e.g., B&Bs, hostels, shelters, or women's refuges.

Hidden homelessness – Those who do not have access to suitable housing, they may be squatting, sofa-surfing, staying with friends or family, sleep in vehicles.

Statutory homelessness – Individuals who are eligible for housing assistance from a local authority as they meet the criteria described in the Housing Act 1996.

Asylum Seeker – These are individuals who are moving across borders to seek citizenship in the UK who have no permanent residence.

Flow – People who had never been seen rough sleeping prior to this calendar year. Those within this category are further subdivided as follows: unidentified - those new rough sleepers recorded without a name, and with only one contact and identified - those new rough sleepers recorded with a name, and/or with more than one contact

Stock – People who were also seen rough sleeping in previous calendar year. (i.e. those seen across a minimum of two consecutive years).

Returner – People who were first seen rough sleeping prior to previous calendar year, but not in the previous calendar year, and have returned to rough sleeping.

Alcohol misuse – Alcohol misuse, also known as alcohol abuse, is when you drink in a way that's harmful, or when you are dependent on alcohol. A person loses control over their drinking and has an excessive desire to drink.

Substance misuse – Substance abuse, also known as drug abuse, is a patterned use of a drug in which the user consumes the substance in amounts or with methods which are harmful to themselves or others and is a form of substance related disorder.

Multimorbidity – When a person has 2 or more long term health conditions which can include defined physical or mental conditions, ongoing condition (i.e. learning disability, symptom complexes

Introduction

What is Homelessness?

Homelessness is defined legally as “a household that has no home in the UK or anywhere else in the world available and reasonable to occupy” (1). It does not only refer to people who are rough sleeping. The Housing Act 1996 defines a person as homeless if they either:

- Have no accommodation available to occupy
- Are at risk of violence or domestic abuse
- Have accommodation but it is not reasonable for them to occupy it
- Have accommodation but cannot secure entry to it
- Have no legal right to occupy their accommodation
- Live in a mobile home or houseboat but have no place to put in or live in it.

Homelessness is categorised as:

- Rough sleeping
- Temporary homelessness
- Statutory homelessness

There are many reasons to why people experience homelessness (2,3).

These causes could be due to structural reasons:

- Lack of affordable housing
- Reduction in the availability of social housing
- Rising poverty levels
- Growing costs of rent
- Decline in welfare provision
- Rising unemployment or insecure employment

Significant life events include:

- Leaving the military or care
- Relationship breakdown – escaping an abusive or violent relationship
- Job loss
- Financial issues
- Mental or physical illness
- Substance misuse
- Refugees/ Asylum seekers
- Leaving prison

The reasons for homelessness applications listed in the Harrow Information and Advice Strategy 2024 – 2027 are demonstrated in the figure below (4) . The rise of private rent tenancy evictions was the main reason for increase in housing applications within the borough in December 2022 – November 2023.

REASONS FOR APPLICATION - LAST 12 MONTHS

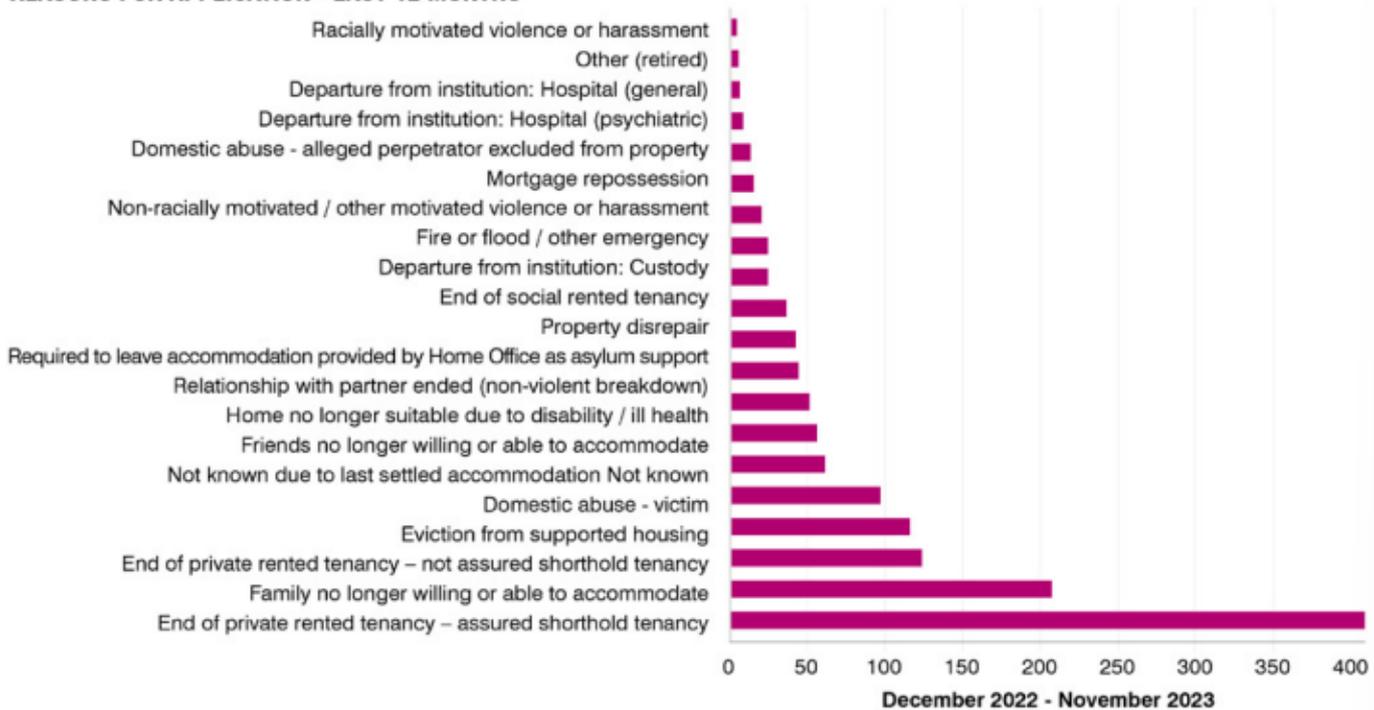


Figure 1 - Reasons for Homelessness Applications to Harrow Council December 2022 - November 2023 (Harrow Information and Advice Strategy 2024-2027)

National and Local policy context

There are a range of national legislation acts that set out to reduce and prevent homelessness.

The Housing Act (1996)

This act set out that local authorities were expected to provide accommodation to specific categories of homeless people, who were considered as “those who are vulnerable due to old age, mental illness, handicap, physical disability” (5)

The Homeless Act (2002)

This was created to “ensure a more strategic approach to tackling and preventing homelessness, in particular by requiring a homelessness strategy for every housing authority district”.

It also expanded the classification of who was viewed as a priority need, therefore local authorities were required to provide interim accommodation to more people. Such as individuals who were young, those who were left vulnerable due to spending time in care. Those who were from the armed forces, persons fleeing their home due to domestic violence and those who were previously imprisoned or in custody (5)

The Homeless reduction Act (2017)

It set out two new duties: to prevent homelessness and relieve homelessness. This legislation has expanded the definition to provide homelessness services to not only those with a priority need but to all persons who are affected by homelessness (5).

Domestic Abuse Act (2021)

This is a revision of the Housing Act of 1996 (Part 7), to increase eligibility criteria to all persons who have been left without a home due to being a victim of domestic abuse (5).

Harrow council's homelessness strategy (2019-2024)

This strategy set out the following objectives (6).

1. To provide advice, support and use of personalised housing plans to prevent homelessness – ensuring accurate and current data is easily accessible to service users, in the partnership with voluntary and community sector services. Encouraging and supporting self-help before people are threatened with homelessness through various schemes and support services. Implementing a personalised housing plan to find a home or prevent homelessness.
2. Decrease the number of households in temporary accommodation - working to reduce those in short-term accommodation by moving people to the private rented sector (PRS) by the Help2Let agency work and manages bids for homeless households who are not bidding on LOCATA (cross borough moves).
3. Aiding individuals to access homes that are economically realistic – to increase the supply of affordable housing and ensuring the homeless qualify for these homes. To manage service users' expectations, that the available housing is realistically more likely to be from the PRS and outside of Harrow. To help households increase their income by directing them to the support available.
4. Offering additional housing advice and options to vulnerable groups – by providing targeted, specialist support and benefit entitlements to vulnerable groups including those who are victims of domestic abuse, people with substance misuse or mental health issues, ex-prisoners, and young people.
5. To assisting rough sleepers with housing solutions and improving their access to key facilities – to help rough sleepers with access to health, housing, education, benefits and employment services.
6. Informing residents and professionals about the key homelessness messages – updating residents, professionals and elected members about the housing demand and supply issues in the borough. To also notify the public how they can help those who they find rough sleeping.

The new Homelessness & Rough Sleeping Strategy 2025-2030 has been taken to Cabinet in May 2025 and is due to be implemented next month - [Decision - Homelessness & Rough Sleeping Strategy 2025-2030 – London Borough of Harrow](#)

Through this strategy the council aims to:

- Build capacity and resilience in the community, by working with the right partners, in the right way, and at the right time to unite assets to deliver accessible consistent housing advice and achieve early prevention of homelessness
- Ensure the approach to procuring homelessness accommodation and placing homeless households in accommodation is clear to applicants, officers, and professionals, to manage expectations, help residents make informed decisions, and reduce the use of temporary accommodation.

The homelessness and rough sleeping strategic priorities for 2025-2030, developed with stakeholders and partners, are to:

1. **Work collaboratively with a wide range of partners** to build capacity and resilience in the community and effectively prevent and address homelessness and rough sleeping.
2. **Deliver early advice and support** to empower residents, help them maintain their current accommodation and make confident and informed decisions about their housing options.
3. **Assist households to access suitable, affordable, and settled accommodation** that matches their housing needs.
4. **Support the wellbeing of residents** by improving access to consistent and empathetic advice and to support that is delivered in a psychologically informed environment.

The approach to delivering these priorities will be ambitious, outward focused and innovative.

Local Context

Homeless population in Harrow

The London Borough of Harrow has seen an 12% increase in its total homeless population over the past two years, according to Public Health data provided by Harrow Council. This has led to an increase in homeless approaches to the council since 2022 (4). Additionally, the rate of households at risk of homelessness in Harrow rose from 2.46 per 1,000 in 2020/1 to 7.94 in 2023/24 – a 223% increase (7), a faster increase than the London (7.62) and England averages (6.05) (7). Although comparatively to the rest of NWL, the numbers of homeless recorded by GPs have increased – from 674 in March 2024, to 810 in March 2025. The table below highlights the total homeless population in Harrow versus other North West London boroughs, as recorded by GPs (8).

Additionally, data from the OHID, shows the rates of households owed a duty under the Homelessness Reduction Act has also increased in the Harrow – from 8.4 per 1,000 in 2021/22 to 12.0 per 1,000 in 2023/4 (9).

Borough	Total Homeless Population	%
Brent	2,862	13%
Central London	5,252	24%
Ealing	2,354	11%
H&F	3,031	14%
Harrow	810	4%
Hillingdon	1,203	5%
Hounslow	1,984	9%
West London	4,688	21%
Grand Total	22,184	

Table 1: The percentage of total patients in March 2025 who are recorded as homeless by GPs in North West London (WSIC Dashboard 2024/25) (8)

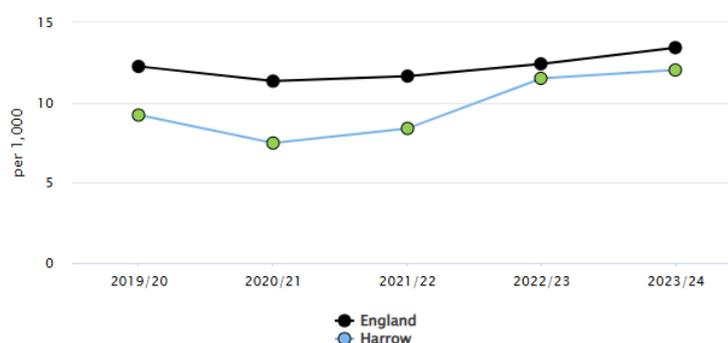


Figure 2 - Households owed a duty under the Homelessness Reduction Act (OHID, based on Ministry of Housing, Communities and Local Government and Office for National Statistics data) (9)

Rough sleepers

The London Borough of Harrow is experiencing an increase in the total numbers of people seen rough sleeping (10). Data from the latest Combined Homelessness and Information Network (CHAIN) Annual Report highlights the annual rough sleeping population in Harrow. This was reported as 128 in 2023/24, 96 in 2022/2023, 58 in 2021/2022, 67 in 2020/2021, 45 in 2019/2020 and 30 in 2018/2019, highlighting an increase in numbers over the past 6 years (10). The majority of rough sleepers are located in central Harrow in Wealdstone, Greenhill and other nearby areas. (see figure 2)

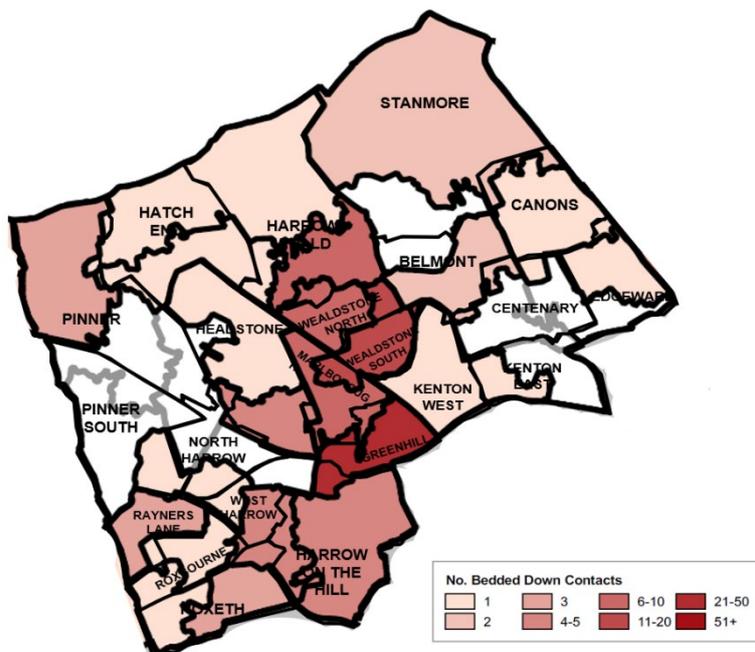


Figure 3 The location of rough sleepers recorded within Harrow by MSAO (CHAIN)

Area	2019/20	2020/21	2021/22	2022/23	2023/24	% Change in last year
Greater London Authority	10,726	11,018	8,329	10,053	11,993	19%
Barking & Dagenham	85	161	131	139	159	14%
Barnet	178	282	173	166	216	30%
Bexley	42	88	93	92	106	15%
Brent	320	374	283	373	455	22%
Bromley	67	54	57	92	113	23%
Camden	639	630	666	719	903	26%
City of London	434	350	372	482	656	36%
Croydon	306	322	271	373	449	20%
Ealing	493	624	448	563	710	26%
Enfield	206	326	183	219	197	-10%
Greenwich	133	213	135	196	337	72%
Hackney	275	350	229	246	251	2%
Hammersmith & Fulham	266	243	214	238	462	94%
Haringey	327	405	268	304	442	45%
Harrow	45	67	58	96	128	33%
Havering	71	73	69	79	55	-30%
Hillingdon	270	282	140	167	296	77%
Hounslow	147	223	144	196	328	67%
Islington	367	388	238	337	409	21%
Kensington & Chelsea	316	271	193	199	226	14%
Kingston upon Thames	124	87	99	120	107	-11%
Lambeth	431	581	438	623	681	9%
Lewisham	229	301	264	296	353	19%
Merton	92	109	45	63	77	22%
Newham	724	578	428	503	535	6%
Redbridge	330	380	247	248	279	13%
Richmond	152	115	61	86	100	16%
Southwark	548	567	388	435	549	26%
Sutton	34	18	29	30	28	-7%
Tower Hamlets	459	400	297	460	498	8%
Waltham Forest	133	261	153	186	203	9%
Wandsworth	203	401	264	173	172	-1%
Westminster	2757	2162	1698	2050	2102	3%
Bus route	183	143	142	142	118	-17%
Tube line	23	0	18	36	14	-61%
Heathrow	241	117	233	233	308	32%

Figure 4 - People seen rough sleeping by borough from 2020 to 2024 (CHAIN)

New rough sleepers in Harrow

Though the number of rough sleepers in Harrow is relatively low in comparison to the rest of London, there has been a notable proportional increase in the number of new rough sleepers in relation to the other outer boroughs. In Harrow we have seen a 71% increase in new rough sleepers from 2021/22 to 2022/23 and a further 33% increase to 2023/24 (10) (See figure 4 and 5). Figure 6 shows that in Harrow, 79% of homelessness cases are new presentations (Flow), with only 11% as ongoing cases (Stock), and 10% as

returners - indicating high turnover and relatively low repeat homelessness. The majority of new rough sleepers in London were only seen rough sleeping once (4538) however a significant proportion were seen sleeping rough 2 or more time (1853). (See appendix 1)

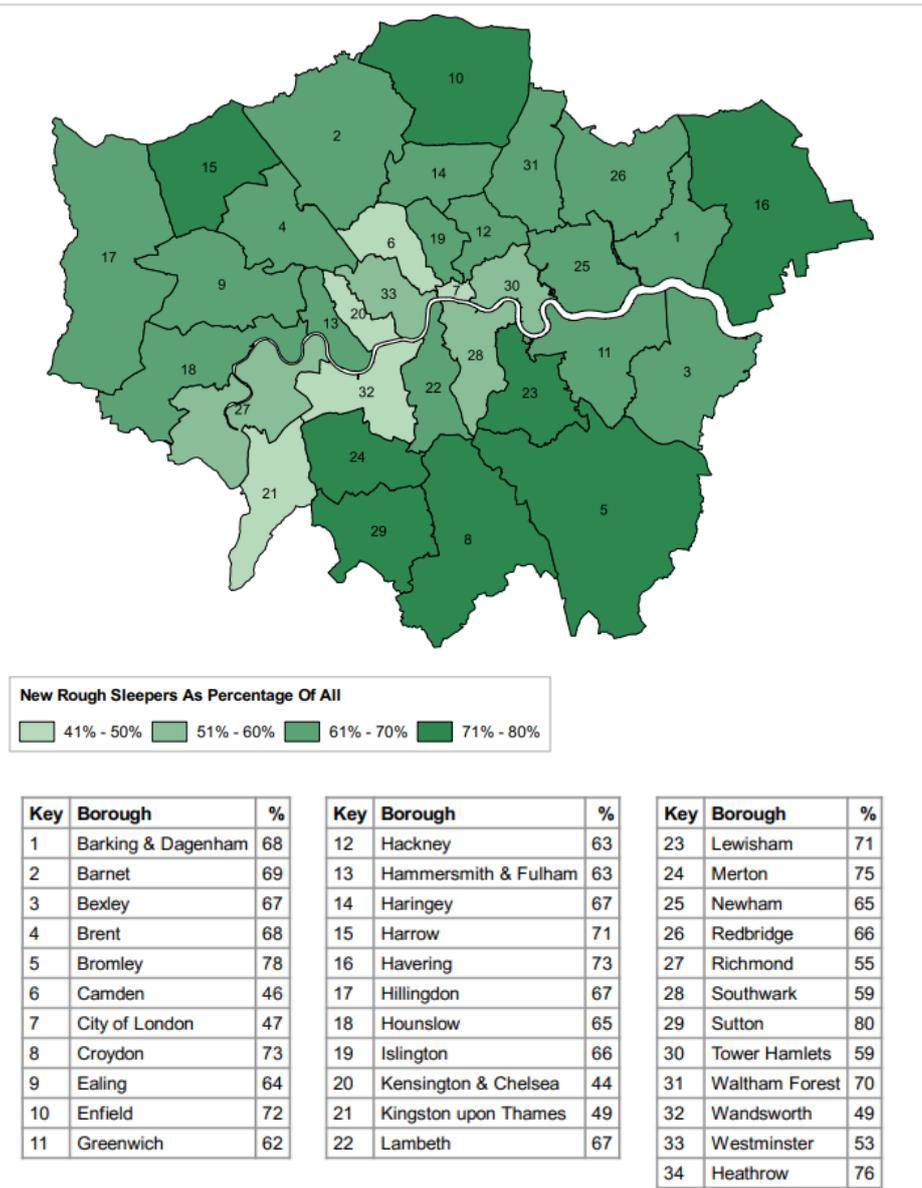


Figure 5 CHAIN 2022/23, New rough sleepers as a percentage of the total number of those seen rough sleeping in each borough in 2022/23 (CHAIN)

Area	Flow		Stock		Returner		Total
	N	%	N	%	N	%	
Greater London Authority	7,974	66.5%	2,387	19.9%	1,632	13.6%	11,993
Barking & Dagenham	112	70.4%	21	13.2%	26	16.4%	159
Barnet	157	72.7%	33	15.3%	26	12.0%	216
Bexley	75	70.8%	23	21.7%	8	7.5%	106
Brent	318	69.9%	78	17.1%	59	13.0%	455
Bromley	91	80.5%	13	11.5%	9	8.0%	113
Camden	498	55.1%	253	28.0%	152	16.8%	903
City of London	373	56.9%	207	31.6%	76	11.6%	656
Croydon	336	74.8%	62	13.8%	51	11.4%	449
Ealing	465	65.5%	153	21.5%	92	13.0%	710
Enfield	154	78.2%	23	11.7%	20	10.2%	197
Greenwich	256	76.0%	54	16.0%	27	8.0%	337
Hackney	169	67.3%	41	16.3%	41	16.3%	251
Hammersmith & Fulham	342	74.0%	71	15.4%	49	10.6%	462
Haringey	286	64.7%	96	21.7%	60	13.6%	442
Harrow	101	78.9%	14	10.9%	13	10.2%	128
Havering	39	70.9%	10	18.2%	6	10.9%	55
Hillingdon	214	72.3%	50	16.9%	32	10.8%	296
Hounslow	241	73.5%	40	12.2%	47	14.3%	328
Islington	281	68.7%	64	15.6%	64	15.6%	409
Kensington & Chelsea	122	54.0%	60	26.5%	44	19.5%	226
Kingston upon Thames	48	44.9%	51	47.7%	8	7.5%	107
Lambeth	435	63.9%	150	22.0%	96	14.1%	681
Lewisham	246	69.7%	46	13.0%	61	17.3%	353
Merton	61	79.2%	6	7.8%	10	13.0%	77
Newham	331	61.9%	128	23.9%	76	14.2%	535
Redbridge	174	62.4%	48	17.2%	57	20.4%	279
Richmond	52	52.0%	30	30.0%	18	18.0%	100
Southwark	360	65.6%	106	19.3%	83	15.1%	549
Sutton	23	82.1%	1	3.6%	4	14.3%	28
Tower Hamlets	316	63.5%	114	22.9%	68	13.7%	498
Waltham Forest	129	63.5%	42	20.7%	32	15.8%	203
Wandsworth	86	50.0%	57	33.1%	29	16.9%	172
Westminster	1,145	54.5%	633	30.1%	324	15.4%	2102
Bus route	75	63.6%	30	25.4%	13	11.0%	118
Tube line	6	42.9%	5	35.7%	3	21.4%	14
Heathrow	245	79.5%	29	9.4%	34	11.0%	308

Figure 6 - People seen rough sleeping in 2023/24, by borough, and flow, stock, returner breakdown (CHAIN)

Combined borough totals will add up to a figure greater than the overall total for London, as some people will have been seen rough sleeping in more than one borough during the period. Sutton and Bromley were the boroughs which recorded the greatest proportion of new rough sleepers (flow) during 2023/24, while Kingston and Wandsworth recorded the lowest proportions in this group. Kingston recorded the greatest proportion of people in the stock category, with Sutton recording the lowest proportion. Aside from the small number of

people seen rough sleeping on the tube, the boroughs with highest proportions of returners were Redbridge and Kensington & Chelsea, while the lowest proportion of returners was seen in Kingston.

Comparison to rest of London

The CHAIN report revealed there was a total of 10,053 individuals sleeping rough in London over April 2022 to March 2023. This was a 21% increase from 2021/2022. Prior to this there was a 24% decrease between 2020/2021 and 2021/2022. The London Borough of Harrow has had a relatively low level of rough sleeping, in comparison to other London Boroughs; however, we have seen increases in recent figures (See Figure 4) (10).

Temporary and statutory homeless population

The number of households in temporary accommodation in the London Borough of Harrow has been on the rise. At the end of 2024, there were 1,350 households in temporary accommodation in Harrow, representing 1.5% of total households in Harrow, and a 17% increase of households in temporary accommodation compared to the end of 2022 (1128). 43% were placed outside of harrow (8). This has significant financial implications for the Council (11).

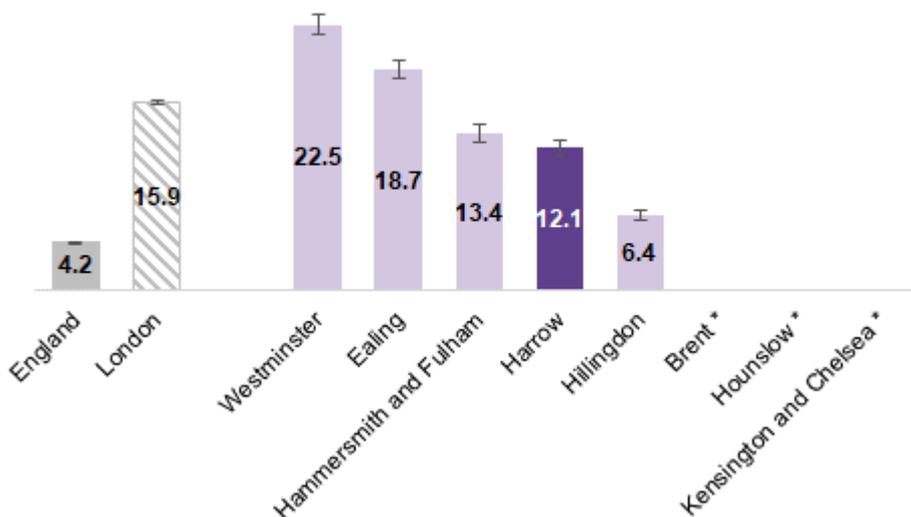


Figure 8 - Households in temporary accommodation in Harrow and comparators – crude rate per 1,000 (2022/23)

* value suppressed due to incomplete source data

Demographics of the homeless population

The demographics of the homeless cohort overall in Harrow is varied. When looking at the those coded as homeless in GP records for North West London, around 5% were rough sleepers, 25% in temporary accommodation and 70% unclear whether they were rough sleeping or in temporary accommodation (8).

Within Harrow, most individuals coded as homeless were male (61%). Older age adults (40-64) were particularly over-represented, compared to the population of Harrow (8). The younger adults (18-24) and older individuals (65+) were increasingly represented in the trends of homeless applications (7,8).

In 2024, the ethnic groups represented in homelessness applications were Any other Asian background (18.52%), Black/African/Caribbean/Black British: African (14.00%), and White: English/Welsh/Scottish/Northern Irish/British (11.84%). Between 2021 and 2024, the largest increases in applications were amongst Arab (4.36%), Any other Asian Background (3.08%) and Black/African/Caribbean/Black British: African (1.75%). Compared with population data in 2024, being from Black ethnic groups in Harrow were 4.6X more likely to be homeless or at risk from homelessness, compared to White Ethnic groups (7).

Category	GP Coding	Number in NWL	% in NWL
Rough sleeper	Living rough	814	5.2%
	Sleeping out	254	
Temporary accommodation	Lives in residential hostel	4,101	25.4%
	Lives in squat	68	
	Sleeping at friends home	56	
	Sleeping in night shelter	77	
	Sofa surfer - person of no fixed abode	850	
	Temporary shelter arrangements	9	
Unclear	Homeless	10,238	69.4%
	Homeless family	483	
	Homeless single person	1,779	
	Housing lack	1,076	
	Illegal migrant	47	
	Social migrant	146	
	Vagrant	354	

Figure 9 - Table showing distribution of homeless individuals in North West London according to GP notes (WSIC) (8)

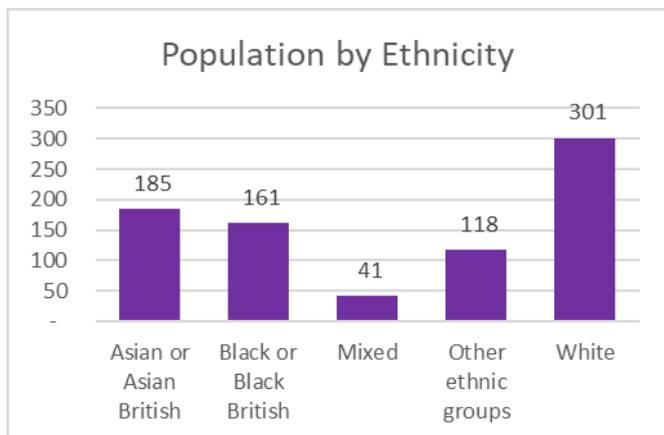


Figure 10 - The number of patients recorded as homeless by Harrow GPs, by broad ethnic group (WSIC 2024/25) (8)

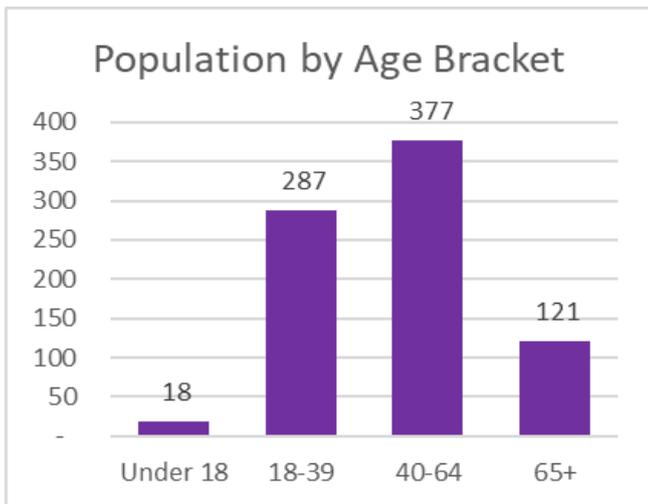


Figure 11 The Number of patients recorded as homeless by Harrow GPs, by age band (WSIC 2024/25) (8)

Rough sleepers

When looking at rough sleepers in particular the CHAIN data, on London's population as a whole, showed the majority were male (84% in 2023/24), 26 to 55 years and from a White background.

Looking at CHAINs data for Harrow, the two largest prevalent ethnicities were White or Black / Black British background (28.9% for both ethnic backgrounds in 2023/24). Notably, there was a drop from 2022/3 to 2023/4 a in prevalence of rough sleepers of White ethnicity (45.8% to 28.9%), and a rise in Black / Black British ethnicity (20.8% to 28.9%) and Arab ethnicity (6.3% to 12.5%) (10).

In Harrow, from 2022/23 to 2023/24 there was a increase in the proportion of 26–35-year-olds from 25% to 39.1%, and a decrease in the proportion of 36–45-year-olds (see Figure 6). A significant minority were found to previously be in the armed forces (5%), care (7%) or prison (27%) (10)

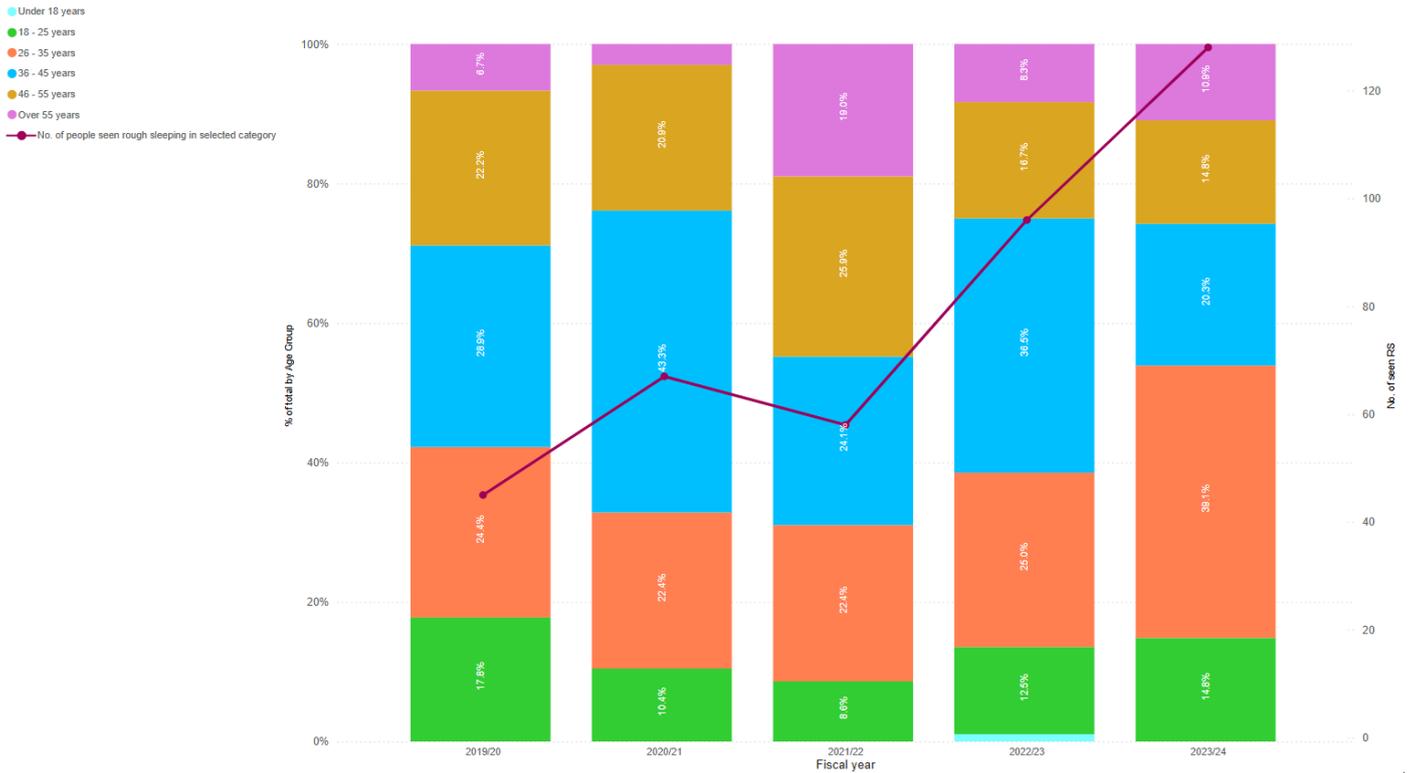


Figure 12 - Age group of people seen rough sleeping by fiscal year in Harrow (CHAIN)

Amongst new rough sleepers, though the majority of those newly found rough sleeping came from some form of long-term accommodation (living with parents/partners/friends/family/local authority accommodation/privately rented accommodation/ sheltered housing), those who tend to have unsettled immigration status were also significantly at risk. When looking at non-UK nations who were newly found to be rough sleeping there were a relatively even number from Europe (1132) and the rest of the world (1056). Most of these individuals (>80%) were found to be rough sleeping after being in the UK for more than 1 year, as opposed to the initial year after they arrived (10). This begs the question whether there are factors making asylum seekers more vulnerable to homelessness after the first year of being in the UK, for example getting indefinite leave to remain and potential loss of support.

Temporary and statutory homeless population

The demographics of individuals approaching the council for housing support in Harrow (i.e. temporary / statutory homeless individuals) were also analysed. They were also found to be mainly male, but from a wider range of ethnic groups and age range. Black residents were particularly over-represented among those approaching the council for housing support; nonetheless, those from Mixed and Other ethnic groups were also over-represented. Residents of Asian ethnicity were particularly under-represented compared to the 2021 Census population. Naturally, this brings to question whether some ethnic groups are less aware of housing support services or finding it difficult to engage with them.

In terms of age distribution of those approaching the council for housing support, individuals aged 25-34 were over-represented in the group, when compared to the population of Harrow (7) (See figure 12) (See table 5)

19 individuals (3%) were recorded as being Gay, Lesbian or Bisexual, and 82% Heterosexual, with 15% choosing not to answer this question. 87% of Harrow residents reported being Heterosexual in the 2021 Census, suggesting there may be higher rate of homeless approaches among LGBTQ+ residents, though

there is some uncertainty around this data. National evidence suggests LGBTQ+ people are at higher risk of homelessness, with parental rejection being a risk factor (7)

Ethnicity	Single housing support approaches in 2024/25		2021 Census (Harrow 16+)	
Asian	185	23.0%	93,801	44.7%
Black	161	20.0%	15,139	7.2%
Mixed	41	5.8%	5,584	2.7%
Other ethnic group	118	14.6%	46,325	22.1%
White	301	37.3%	34,474	16.4%
			14,306	6.8%
Total	806		209,629	

Table 2: Table comparing ethnic background of single individuals approaching the council for housing support to census data on prevalence of ethnicities in Harrow

Age	Single housing support approaches in 2023/24		2021 Census (Harrow)	
16-24	72	12.1%	26,904	12.8%
25-34	163	27.3%	38,925	18.6%
35-49	163	27.3%	58,062	27.7%
50-59	98	16.4%	31,699	15.1%
60+	100	16.8%	54,031	25.8%
Total	596		209,621	

Table 3: Table comparing age groups of single individuals approaching the council for housing support to census data on prevalence of the different age groups in Harrow

Health outcomes

The impact of homelessness on health and wellbeing in both adults and children is well documented (12). The Homeless population are more likely to experience poor health, multimorbidity and early mortality. Rough sleepers have difficulties accessing essentials for good health such as food, personal safety, and shelter.

Mortality amongst the homeless population

Homeless people are more likely to die young. A study done by Crisis showed that homeless people are more likely to die young, with an average age of 47 years old, compared to 77 for the general population (13). ONS data shows that in the UK, London had the highest rates of homeless deaths (14). Of those within the homeless population that passed away in England and Wales as a whole, men were significantly more overrepresented than women. For men highest number of deaths were seen amongst 45 to 49 years (median age 45.4years) and for women this was 40 to 44 years (median 43.2years) (14).

There were an estimated 742 deaths of homeless people registered in England and Wales in 2021. Though levels have plateaued since 2018, we have seen a 53.7% increase in the number of homeless deaths in 2021 in comparison to 2013. This represents an additional 259 deaths. London had the highest number of deaths in comparison to other regions (14).



Figure 13 - Office for National Statistics - Death registrations of homeless people in England and Wales (identified and registered) between 2013 and 2021. (ONS)

Drug poisoning, suicide and alcohol-specific causes accounted for over half of deaths of homeless people in 2021. In comparison, the leading cause of death for all those aged 20 to 49 years in the whole population were accidental poisoning (11.2% of deaths) and intentional self-harm or event of undetermined intent (11.8% of deaths) (14).

Long terms condition and morbidity

When looking at those coded as homeless in GP records in Harrow, 81% had 1 or more long term health conditions, with 42% having 3 or more conditions, compared to 38.1% and 6.2% in the general population, respectively (See table 4). (8) This shows homeless individuals are more likely to have complex medical needs, due to multimorbidity, as well as complex social needs.

Number of long term condions	Harrow patients recorded as homeless by GPs (2024)		All patients registered with Harrow GPs (2024)	
No LTCs	124	18.4%	181,629	61.9%
1-2 LTCs	263	39.0%	93,741	31.9%
3+ LTCs	287	42.6%	18,177	6.2%
	674		293,547	

Table 4: Table comparing rate of long-term conditions in homeless population to general population in Harrow (WSIC 2023/34)

Burden on the healthcare system

It is estimated that the annual cost of unscheduled care for homeless patients is eight times that of the housed population (15). The rate of homeless patient A&E is much higher than the general population – this is noted in the data presented in the North West London Homeless dashboard (8) (See Figure 15 Below). Moreover, in terms of rate of non-elective contact and elective contact, these are higher in the homeless population. This is likely due to more homeless individuals are presenting to secondary care

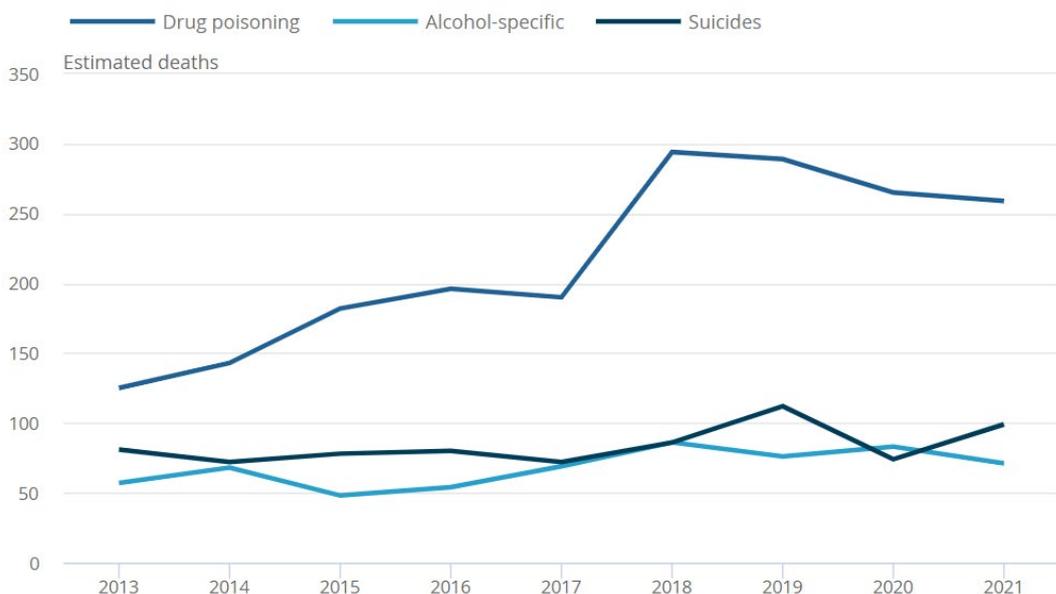


Figure 14 - Office for National Statistics - Deaths of homeless people (estimated) by selected causes of death category, persons, deaths registered between 2013 and 2021, England and Wales (8)

services as opposed to primary care and community services, however it's important to also recognise that

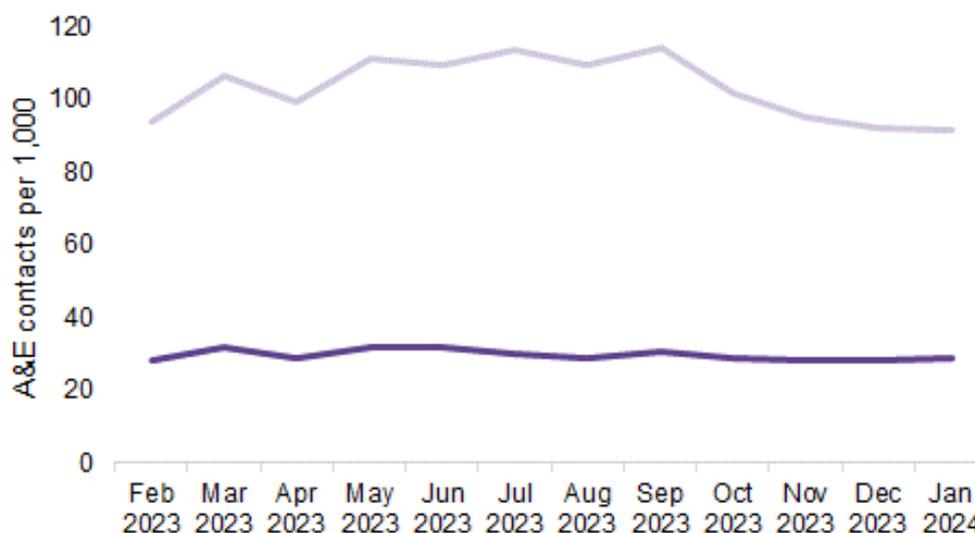


Figure 15 - Rate of A&E contacts in patients who are recorded as homeless by GPs North West London over the past year, in comparison to general population (WSIC 2024) (8)

it shows homeless individuals are more likely to have illnesses and subsequently need treatment for these illnesses.

Mental health issues & Substance and alcohol misuse

According to the CHAIN data the most common health needs included alcohol abuse, substance misuse and mental health support (11). Additionally, the WSIC dashboard showed hospital data of health needs of those coded as being homeless, suggest that 55% of accepted referrals had substance misuse issues and 37.4% had mental health issues (8)

In Harrow specifically, from accessing GP records of patients who were documented as homeless, the prevalence of anxiety, depression and serious mental illness were found to be particularly high in populations recorded as homeless. Levels in Harrow were broadly similar to other North West London boroughs as demonstrated in Figure 17.

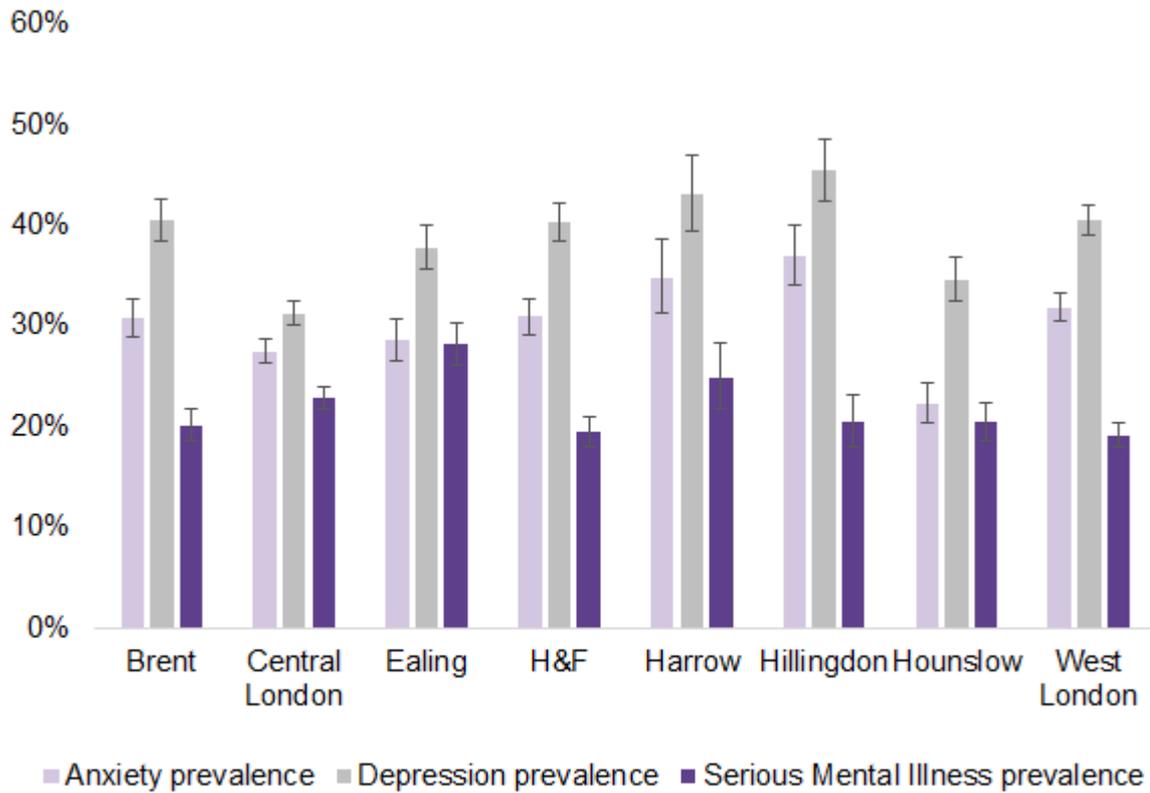


Figure 16 Prevalence of mental health conditions in patients who are recorded as homeless by GPs in Harrow and North West London (WSIC 2024)

Vaccination

Vaccine uptake was another issue amongst the homeless population. The specific vaccines accessed were 1st dose COVID vaccine, autumn COVID vaccine booster and Flu vaccine. The uptake for these were particularly poor in homeless patients, particularly the Autumn 2023 COVID vaccine booster. (See figures 18 & 19)

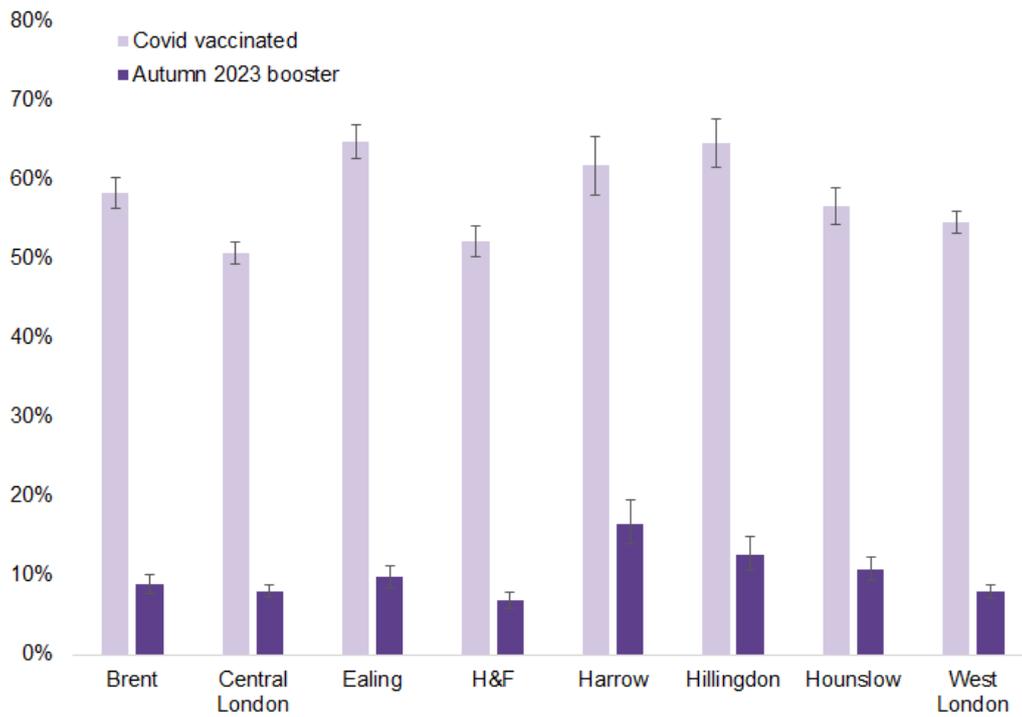


Figure 17 Covid vaccine uptake in patients who are recorded as homeless by GPs in Harrow and North West London (WSIC 2024)

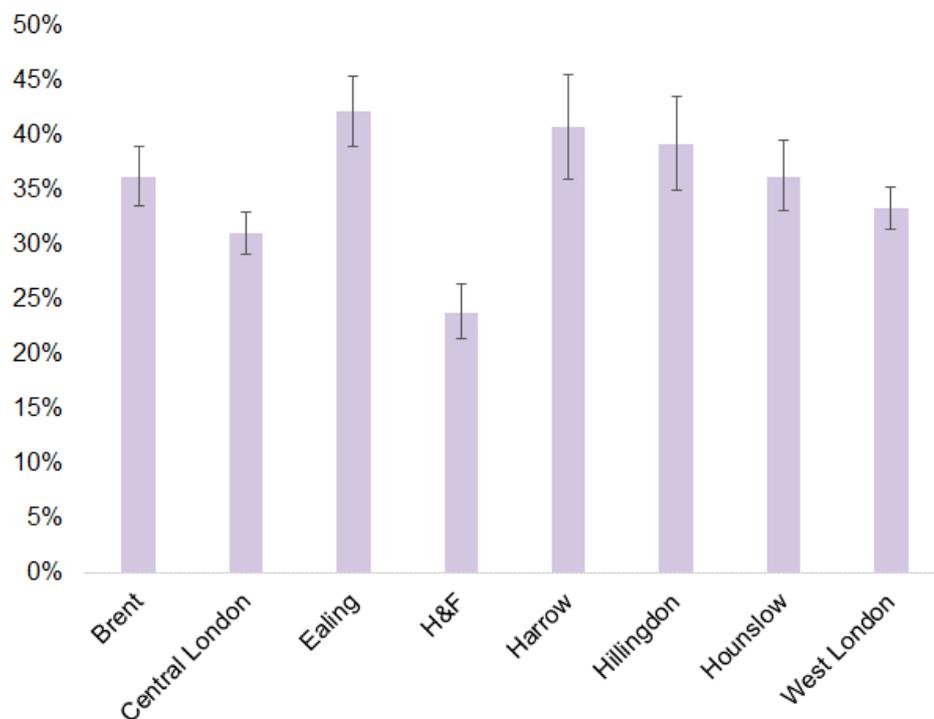


Figure 18 -Flu vaccine uptake in patients who are recorded as homeless by GPs in Harrow and North West London over financial year 2023/24 (WSIC 2024)

Cancer screening

Homeless individuals can face health inequalities when it comes to cancer screening. Many of these screening pathways rely on having a fixed address that screening invitations and screening kits can be sent to. There is currently no available data on bowel and cervical cancer screening in the homeless population.

Digital Health

The annual director of public health report in 2023 (16) highlighted the FEANSTA report (17) that homeless population may face challenges and barriers that prevent them from fully participating in a ever increasing digital society where a lot of health services are accessed online.

Qualitative feedback

Focus group

Initial qualitative data from a focus group involving the homeless population raised the following issues:

1. Difficulty access primary care and STI screens
 - a. Some expressed that they needed more than 10 minutes for appointments so their needs could be addressed
2. Mental health needs not being met
3. For those experiencing temporary and statutory homeless, they expressed that if they were to get a job, with the wage they received they wouldn't be able to afford rent and other expenses. For that reason, they felt it was better for them not to work and continue to receive full aid from the government.

Following on from this limited qualitative data (limited by time constraints), following involvement the Homeless Reduction Board, further qualitative work was undertaken in order to enable upstream thinking and prevention activities.

Homeless prevention for young adults in Harrow – Homeless Link Initiative Data.

As part of the development of Harrow's homelessness prevention strategy for young adults aged 18–35, the London Borough of Harrow, supported by Homeless Link and funded through the North West London ICB Health Inequalities Fund, undertook a comprehensive programme of engagement. This included two multi-agency workshops and a lived experience research session to inform needs analysis, identify gaps in service provision, and co-design effective solutions.

This particular cohort (18–35-year-olds) was selected following engagement with the Homeless Reduction Board, particularly due to the elevated risk they face as a result of factors related to health, immigration and financial hardship.

The engagement activities brought together statutory and voluntary sector professionals alongside young people with lived experience of homelessness. They provided valuable insight into the systemic challenges and informed the prioritisation of pilot interventions for prevention and early support.

Workshop 1: Identifying Needs and Gaps

Date: 12th November 2024

Location: Harrow Baptist Church

Attendees: Representatives from Harrow Council, NHS, probation, youth services, VCS organisations, housing providers, and education.

Purpose:

To examine key drivers of homelessness among young adults, map existing services against a prevention typology, and identify service gaps and systemic challenges.

Key feedback themes:

- **Affordability barriers:** The cost of private rented sector (PRS) housing is a significant barrier to stability. Shared Accommodation Rate restrictions further disadvantage under-35s.
- **Family breakdown:** Cited as the primary cause of homelessness among 18–24-year-olds (46% of presentations), often linked to gang violence, welfare changes, and cultural stigma.
- **Lack of awareness:** Many young people and families are unaware of available housing options, legal rights, and early help pathways.
- **System fragmentation:** Services often work in silos, with poor information sharing and disjointed referrals.
- **Threshold challenges:** Vulnerable young people (e.g. refugees, care-experienced, disabled) often fall through eligibility gaps, especially when transitioning between child and adult services.
- **Hospital discharge** and employment-related housing risks were flagged as specific transition points requiring attention.

Opportunities Identified:

- Use existing forums (e.g. Warm Hubs, schools, youth groups) to deliver housing information.
- Improve cross-agency referral and workforce training, especially around statutory duties (e.g. Duty to Refer).
- Formalise the role of VCS organisations in prevention efforts.

Workshop 2: Co-Designing Solutions

Date: 3rd December 2024

Location: Harrow Baptist Church

Attendees: Cross-sector stakeholders including local authority teams, VCS organisations, NHS, housing, and employment support providers.

Purpose:

To develop and prioritise feasible, high-impact prevention interventions based on evidence from Workshop 1.

Key outputs and priorities:

1. **Clarity and communication:** Strong consensus around the need to develop accessible, co-designed materials mapping housing pathways and support services.
2. **Life skills and early education:** Suggested inclusion of housing and budgeting education in school curricula and youth settings.
3. **Trusted community channels:** VCS and faith-based organisations were recognised as key partners for outreach, engagement, and early identification.
4. **Peer advocacy:** Proposed as a solution to bridge information gaps, reduce reliance on overstretched statutory services, and provide relational support to navigate the system.
5. **Upskilling frontline professionals:** Training on homelessness law, referral pathways, and trauma-informed care for professionals in health, education, and social care.

6. **Targeted support:** Focus on cohorts with overlapping vulnerabilities (e.g. asylum seekers, prison leavers, care-experienced young people).

Shortlisted pilot priorities:

1. Mapping and publishing clear housing pathways.
2. Expanding Duty to Refer to GPs and social prescribers.
3. Establishing a family mediation service.
4. Developing a peer advocacy model.
5. Dedicated support to prevent evictions and support PRS access.

Lived Experience Workshop

Date: 26th February 2025

Format: 90-minute online workshop

Participants: Two young adults with recent lived experience of homelessness in Harrow, supported via Voluntary Action Harrow.

Purpose:

To understand missed opportunities for prevention, barriers to support access, and gather feedback on proposed solutions.

Key feedback themes:

- **Lack of system navigation support:** Participants were unaware of Council homelessness services and struggled to identify where and how to get help.
- **Digital barriers:** Google searches did not return relevant Council pages; most help was initially sought via Shelter or CAB.
- **Complex and inconsistent advice:** Participants found Council communication unclear, often technical, and lacking in empathy. Different officers gave conflicting information.
- **Re-traumatisation:** Having to repeat their story to multiple professionals across services was described as "humiliating" and emotionally damaging.
- **Trust and rights awareness:** They lacked clear understanding of their rights, entitlements, and pathways through statutory systems, leading to anxiety and delays in decision-making.

User-led proposals:

- **Peer advocacy:** Strong support for a trained peer support model to guide young people through the system.
- **Digital passport:** A personal information-sharing tool to reduce repetition and ensure continuity of support.
- **Trauma-informed care:** Call for improved frontline training to promote empathy, trust, and clarity in communication.

The engagement process highlighted the complexity of homelessness risk for young adults in Harrow, the need for better communication and coordination between services, and the importance of involving young people in the design of solutions.

Local Services

Social housing

The borough has a relatively low social housing stock, with a declining rate of home ownership to 60% and an increase in the private rented sector to 30%. Ten percent of households in Harrow live in social housing – comprising of approximately 4,800 Council properties and 4,350 Housing Association properties. Since 1980, around 50% of Harrow's general needs housing stock has been sold under the Right to Buy scheme.

The demand of social housing significantly exceeds supply, and the demand is increasing. The total number of applicants on the housing register rose from 913 in 2020, to 1964 in 2024 (7).

Rough Sleeping Outreach Service

Harrow Council is committed to supporting some of the most vulnerable members of our community through our dedicated Rough Sleeping Outreach Service. Led by our Rough Sleeper Coordinator, the team carries out regular shifts across the borough to identify and engage with people who are sleeping rough.

When someone is found bedding down, the service provides immediate support, advice, and where possible, access to temporary accommodation. We work closely with partners such as FirmFoundation, Harrow Street Pastors, StreetLink, and take part in the Severe Weather Emergency Protocol (SWEP) to ensure that no one is left without help during extreme weather.

As part of this commitment, we also run a five-bedroom first-stage accommodation hub, which provides a safe place to stay while longer-term housing options are arranged.

Since the launch of the outreach team in 2021:

- Around 230 referrals of rough sleepers have been received over the past year, with 105 verified as bedding down in Harrow.
- Since January 2025, 11 newly identified rough sleepers have been placed into the first-stage accommodation hub.
- Since January 2025, the team has also supported 17 individuals into private rented housing, helping them take positive steps towards stability and independence.

Together with our partners, we remain committed to making sure that anyone rough sleeping in Harrow has access to the right support at the right time.

Mental health, Alcohol and Substance Misuse services

Substance misuse was viewed as the most serious barrier to accessing health services and support, despite there being a local drug and alcohol service. These services are VIA (formerly known as the Westminster drug project – WDP) for adults and Compass Elevation for 16-25 years as well as children from 5 years if someone in their life is using.

VIA's outreach resources are limited, so they are generally used in targeted approaches such as action days. Additionally, VIA conducts outreach through home visits for safeguarding checks, well-being checks, and assessments when required.

Starting June 2025, VIA will join St Peters Medical Centre at their homeless surgery every Friday. The team will be available to provide information on accessing VIA for substance misuse, smoking cessation, and health promotion.

VIA operates on an appointment-based system, particularly for prescribing services to address physical dependence. Due to limited prescriber hours, regular medical reviews are required for the 165 individuals currently receiving prescriptions. VIA's prescribers also see service users for other concerns, such as physical

or mental health issues, facilitating communication with the clinical team, CMHT, and/or their GP. Slots are kept open for prison releases to ensure continuity of care, hence drop-in services are not available. Prescribing controlled drugs, such as methadone, to homeless individuals poses increased risks due to other health issues, lifestyle and inconsistent behaviours. Therefore, comprehensive medical assessments are crucial to ensure safe prescribing practices. VIA is exploring options for rapid prescribing, but this will also need to be appointment-based due to the aforementioned risks. Registration can be completed online, and assessments are offered by telephone. However, this can be challenging for homeless individuals who may struggle to charge a phone or may not have one.

Unfortunately, the Rough Sleeping and Mental Health Programme – a 2-year pilot programme aimed to support access to mental health services for rough sleeping no longer has funding to bridge access and support for this health group.

Accessing primary care services and engagement

Access to a General Practitioner (GP) remains to be very problematic, due to surgeries requesting an identity document and proof of address. It is not widely known to all GP practices that this documentation is not a requirement. Also, this cohort may not be aware of their rights with regards to registering with a local GP, especially those with an unsettled immigration status.

The homeless who are registered to a practice are unlikely to receive a GP appointment on the same day, this leads to them attending the Accident and Emergency (A&E) department as they can have access to more immediate care. The A&E setting also provides a place to sleep temporarily and is something they find easy and familiar. It is also felt that there is less stigma from either the staff or fellow patients in A&E than in a GP practice.

Sometimes, primary care is bypassed as the London Ambulance Service is contacted, and they bring the homeless patient to the emergency department. This could be due to a passer-by, the police, the outreach team, or the individual themselves calling the ambulance service, this is particularly relevant to during 'out of hours', when medical assistance by primary care is scarce. Some complex medical issues such as having a seizure require a hospital admission than primary care services.

As GPs adapt their practice, such as endorsing booking doctor's appointments online, or ordering online prescriptions, this poses a challenge for the homeless as many do not have access to the internet. Since the pandemic, GP surgeries have introduced more telephone and virtual consultations, this is another barrier for the homeless because many do not own a telephone, and those who do might struggle to have it charged or have the credit to make/receive phone calls.

Access to medication has been identified as the major issue for individuals who are not registered with a GP. It is a challenge to retrieve a prescription, particularly if the medication is required urgently. Storage of the medication can also be difficult, especially if the medicine is in a form that requires refrigeration, it also common for drugs to be stolen. This can perpetuate poor compliance of medications.

Medical care

Within Harrow, there is the Hospital Homeless Health Team, accepting referrals from inpatient and A&E care operating at Northwick Park Hospital. They work closely with hospital teams, social workers, mental health services and community organisations to plan safe and sustainable discharges.

As of June 2025, a new service model has been implemented in Harrow to improve access to healthcare for homeless individuals. This service is being delivered by Firm Foundation and St Peter's Medical Centre and provides weekly clinical outreach sessions, led by a GP or Advanced Nurse Practitioner, to deliver holistic care to homeless individuals.

Key services include:

1. Comprehensive Health Checks – including mental health, substance misuse screening and vaccinations
2. Onsite care e.g. wound care, minor injury, phlebotomy
3. Diagnostics and secondary care referrals
4. GP registration – supports registration locally or liaison with existing GPs
5. Close collaboration with local services, including follow-up and MDT input. They work in close collaboration with Firm Foundation for logistical arrangements and for them to serve as a correspondence address for patients requiring referrals or ongoing support.
6. Digital Inclusion Support – Assistance with accessing healthcare digitally, including help with the NHS App.
7. Establish Links with Mental Health and Substance Misuse Services – Collaboration with VIA and other local services to ensure integrated care.
8. Universal Care Plans – Coordinated care through multi-disciplinary teams (MDTs) to provide holistic support.
9. Referral Pathway – Service users must engage with Firm Foundation initially to ensure they receive full support beyond healthcare, including housing and social services.
10. Eligibility Clarification – Individuals must already be registered with Firm Foundation and actively receiving support to end their homelessness.
11. Women and Complex Needs Inclusion – Explicit mention of inclusivity for women and individuals with multiple complex needs.

This service supports the following:

- Homeless patients residing or known to Firm Foundation in the Harrow Borough
- Rough sleepers, hostel residents, squatters, and individuals in temporary shelters.
- Individuals at risk of homelessness or recently homeless and in unstable housing arrangements.
- Individuals with multiple and complex needs, including substance misuse, mental health issues, and chronic physical conditions.
- Those identified through outreach work or referrals by partner agencies, charities, and social services.

It does not include asylum seekers or patients already registered by a GP and accessing primary care effectively.

Voluntary Sector and Charities

The Firm Foundation is a local charity who help the homeless in Harrow with immediate help, and practical and sustainable solution for their needs. They offer Winter Night Shelter from January to March annually offering accommodation for up to 17 guests, supported accommodation for up to 2 years, weekly drop-in services at Harrow Baptist Church offering food, showers and assistance with benefits and housing. They also provide assistance to individuals with No Recourse to Public Funds (NRPF) group, which is most often because of their immigration status. This group can often be reluctant to attend health services due to the fear of deportation

Harrow Street Pastors are part of a national team of trained volunteers from local churches who are involved in their community. They usually meet rough sleepers quite early on in their homelessness and they provide help by directing these individuals to local services, either by referring them to StreetLink, the Firm Foundation or the Local Authority, who are better suited to assist.

StreetLink is a platform that connects people rough sleeping in England and Wales to support provided by local authorities and charities.

Conclusion

Despite a lower prevalence of homelessness in London Borough of Harrow compared to other London Boroughs, Harrow is experiencing an increase in homelessness, supported by increasing numbers of rough sleepers and an increased number of applications for social housing. This has been particularly among young adults. Additionally, some ethnic groups are overrepresented in the data, in particular Black African or Black Caribbean, as well as the Arab ethnicity, highlighting a potential health inequality.

The homeless population have vast and varied needs, particularly in relation to health. Our data shows that in Harrow, the homeless are more likely to suffer for multiple co-morbidities and have increased health needs including greater need for secondary care / emergency care services, mental health services and drug and alcohol services. Previous evidence shows that this population find it challenging to engage with primary care services due to difficulty registering, need for longer appointment times, and difficulty using digital services. The new clinical outreach programme started in April 2025 in Harrow may aid to eliminate some of these barriers they face.

Following key stakeholder engagement looking at needs and barriers of the 18–35-year-olds, a key age group identified as at risk of homelessness by the Homeless Reduction Board, and supported by official data, key challenges and needs were identified. This included lack of affordable housing in the Private Rented Sector, family breakdown as leading cause for homelessness, lack of awareness by both the homeless population and frontline healthcare providers, and lack of communication and continuity between services.

Recommendations

Based on analysis of local data and the commissioned report on Homeless Prevention for 18–25-year-olds, the following recommendations aim to strengthen early prevention, reduce homelessness risk, and address health inequalities within the London Borough of Harrow.

1. **Improve communication regarding homelessness care pathways and develop accessible housing pathway resources for all stakeholders**
 - Develop clear, accessible housing pathway resources for professionals, residents, and voluntary/community sector (VCS) partners.
 - Upskill health professionals (e.g. GPs, hospital staff) to identify and refer individuals at risk, including awareness of *Duty to Refer* responsibilities.
 - Consider promoting voluntary uptake of Duty to Refer among non-mandated services, such as social prescribers and GPs.
 - Ensure all communications and materials are trauma-informed, culturally appropriate, and easy to understand.
 - Expand Making Every Contact Count (MECC) training to include homelessness identification and referral.
2. **Implement a family mediation service**
 - Firstly, clarifying what exists, the needs and the gaps in current provision. Additionally, clarifying what drives young people to require mediation.
 - Based on the above, pilot a culturally sensitive mediation service, accessible to those at risk of homelessness before crisis point.
3. **Broadening partnerships with faith-based organisations**
 - Map existing community and faith-based services to understand current reach and gaps in provision.

- Collaboration and partnership with faith-based and community organisations to support culturally appropriate outreach, advice and early identification of housing vulnerability. ensure outreach is inclusive and trusted.

4. Clinical Outreach Programme by St Peter's and Firm Foundation

- This has been commissioned for 2 years.
- In the long-term, further data and assessment of this service will need to be undertaken to assess its strengths and limitations, and how the service could be improved at all.
- Encourage representation of various services to ensure needs of the homeless population are met, including drug-and-alcohol services, mental health practitioners and housing support staff

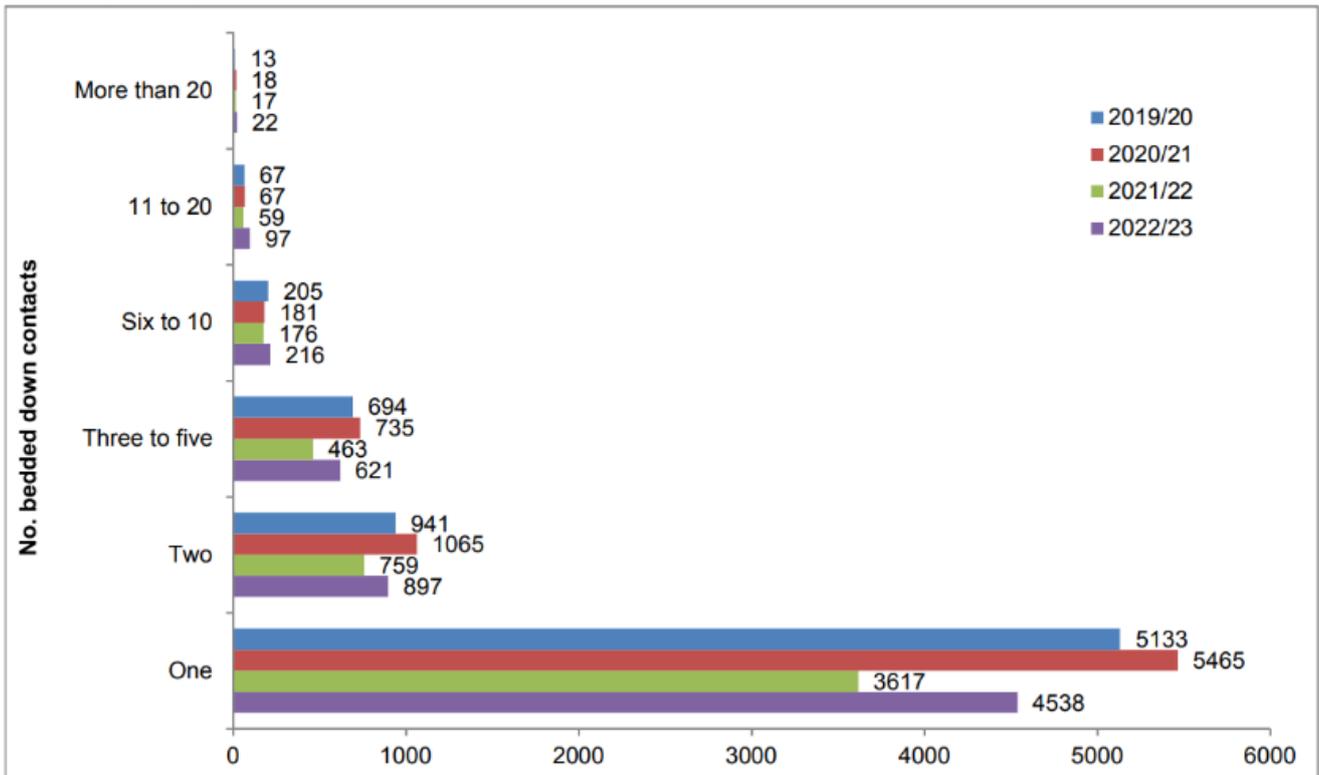
5. Education and Early Provision

- Establish a co-designed housing and life skills curriculum that can be delivered in schools, colleges and youth settings.
- This could cover budgeting, tenancy rights, how and where to access support and managing independent living.
- This early, preventative approach helps equip young people with knowledge and resilience before they encounter housing instability.

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Appendix 1: Further CHAIN report data



2019/20 base: 7053
 2020/21 base: 7531
 2021/22 base: 5091
 2022/23 base: 6391

Figure 13: People seen rough sleeping for the first time in the year (flow), by number of times seen rough sleeping during the year. [10]