

LONDON BOROUGH OF CAMDEN	WARDS All
REPORT TITLE Homelessness System Partnership	
REPORT OF Director of Health and Wellbeing	
FOR SUBMISSION TO Health and Wellbeing Board	DATE 17 th December 2025
SUMMARY OF REPORT <p>The Homelessness System Partnership aims to implement a more integrated and relational approach to addressing homelessness in Camden. It builds on the response to the Covid-19 pandemic and acknowledges that no one team or organisation alone can meet the needs of those experiencing homelessness and so a 'whole system' approach to homelessness is required.</p> <p>This report gives an overview of the homeless population in Camden and the factors of multiple disadvantage they face. It outlines what residents have told us matters to them about the services they receive. It summarises the approach the Partnership has taken, including the centring of co-production. Finally, the report outlines the progress made against the Partnership priorities, other achievements and next steps.</p> <p>Local Government Act 1972 – Access to Information No documents that require listing have been used in the preparation of this report.</p> <p>Contact Officer Rosie Clewlow Head of Integration, Homelessness System London Borough of Camden 5 Pancras Square, N1C 4AG Rosie.clewlow@camden.gov.uk 0207 974 1943</p>	
RECOMMENDATION <p>The Health and Wellbeing Board is asked to note the contents of the report.</p>	

Signed:



Kirsten Watters
Director of Health and Wellbeing
Date: 5th December 2025

1. Purpose of report and background

- 1.1. The purpose of this report is to:
 - Quantify and describe the group of people the Homelessness System Partnership aims to support (section 2) and what they have told us about their experience of services (section 4).
 - The Programmes approach (section 5) and priority areas (section 6).
 - Update the Health and Wellbeing Board on the Homelessness System Partnership's progress (section 7).
 - Share the next steps of the programme (section 8).
- 1.2. The Homelessness System Partnership aims to implement a more integrated and relational approach to addressing homelessness in Camden. It builds on the response to the Covid-19 pandemic and acknowledges that no one team or organisation alone can meet the needs of those experiencing homelessness and so a 'whole system' approach to homelessness is required.
- 1.3. The Partnership was built upon relevant work from across health, social care and housing that highlighted systematic issues faced by residents. For example, Councillor Richard Cotton's advisory report on rough sleeping, the 2023 Rough Sleeping Review, feedback from and visits to services.
- 1.4. The focus of the Homelessness System Partnership, and therefore this report, is single adults experiencing homelessness. Homelessness can be experienced by different people in different ways, but the intentional decision to focus the programmes limited capacity on single adults was because this cohort are often under-represented, under-supported and for whom services can fail to meet their needs.
- 1.5. This report describes the direct work of the Homelessness System Partnership, however it is important to note that there will be other work happening that supports the Programmes priorities happening in Camden, some of this being a ripple effect of the Programme.

2. People experiencing homelessness in Camden

- 2.1. Homelessness takes many forms; someone may have no accommodation to occupy and is sleeping on the streets or in other places not designed for habitation (known as 'rough sleeping'). Others may have accommodation that is precarious, irregular or unsafe such as those who are staying with friends or family (known as 'sofa surfing'), or with people perpetrating abuse. Those living in temporary accommodation or in the Adult Pathway (which is Camden's system of hostels and supported housing) are also considered homeless. Some people experiencing homelessness are 'hidden' from services and are not receiving the support available to them.
- 2.2. In Camden, there are a wide range of factors pushing people into vulnerable situations, often leading to homelessness, these include: the high cost of rent, a reduction in the availability of rental properties, cuts to benefits and the gap between local housing allowance and the cost of rent, an increase in poverty following the cost of living crisis, domestic abuse, and leaving Home Office

accommodation. Camden's central London location, proximity to three national and one international transport hubs, and high footfall increase the level of rough sleeping.

2.3. Homelessness and rough sleeping are increasing in Camden:

- In 2023/24 there were 1084 households assessed as being owed a duty under the Homelessness Reduction Act¹.
- There are currently 628 individuals living in 16 projects in the Adult Pathway. A further 45 people staying in 'off the street' short-stay accommodation for people who are rough sleeping.
- We are seeing significant increases in people sleeping rough on Camden's streets, second only to the London Borough of Westminster in London. In 2024-25 975 people were seen rough sleeping in Camden. 34% of these people are rough sleeping for a prolonged period and considered 'living on the streets' and are part of Camden's Target Priority Group (TPG). These individuals face multiple barriers that prevent them from accessing stable housing and support services. This group are likely to have eligible care and support needs and require nuanced safeguarding work.
- There are ~1,700 people registered with Camden GP practices, ~600 with CHIP, Camden's specialist practice, and ~1,100 with other practices who are listed as 'homeless'².
- Unknown levels of hidden homeless (sofa surfers, squats, concealed rough sleepers) – Crisis research suggests ~62% of single homeless people are hidden homeless and current definitions and counting methodologies are less likely to identify women and young people³.

2.4. Residents experiencing homelessness often have a range of co-occurring and mutually reinforcing needs. They also experience some of the most entrenched inequalities in society due to a complex mix of structural and individual factors. For example, the average age of death for people sleeping rough or living in emergency accommodation is just 46 for men and 41 for women.

2.5. This complexity, often referred to as 'multiple disadvantage', results in people falling through gaps between services and accessing support at a much later, often critical stage. Also, it means that for tenancies to be sustained, a person will likely require support.

2.6. It is difficult to ascertain an accurate picture of the scale of the factors of 'multiple disadvantage' faced by people experiencing homelessness, but they include:

- Mental ill health – locally⁴ it was estimated that about 40-45% of people experiencing homelessness in Camden face mental health challenges. 77% of all Camden Adult Pathway residents (750 people) were considered to have mental health issues⁵.

¹ https://www.legislation.gov.uk/ukpga/2017/13/pdfs/ukpga_20170013_en.pdf

² Homelessness Registry, March 2020

³ Reeve (2011). The Hidden Truth about Homelessness

⁴ Public Health Rapid Assessment of Health Needs (2020)

⁵ Review & Refresh, Adult Pathway 2024

- Substance misuse (drugs and/or alcohol) – 40% of people rough sleeping in the last year had a drug or alcohol support need, with a third also experiencing mental health needs⁶. 26% of all Adult Pathway residents have alcohol related support needs. 48% of all Pathway residents have drug related support need⁷.
- Physical ill health – about 50% of people experiencing homelessness had a long-term physical health condition, about 80% smoked, 20% had asthma and 5% had Chronic Obstructive Pulmonary Disease. Nutritional needs are largely unmet, with a third of people eating only one meal a day on average. People experiencing homelessness are three times more likely to use emergency services.
- Involvement with the justice system – whilst only a minority of people experiencing homelessness will be involved in offending, those that spend time in prison are more likely to have other forms of severe and enduring disadvantages, of which homelessness is one⁸.
- Violence against women and girls (VAWG) and domestic abuse - Research from Crisis found that 61% of homeless women in Great Britain had experienced abuse from a partner⁹. VAWG and domestic abuse is a cause and causation of homelessness. Data from the Adult Pathway shows us that 80% of the women in the Adult Pathway are currently experiencing VAWG, or have in the last three years.

3. Camden's support offer for adults experiencing homelessness, the homelessness 'System'

- 3.1. The Homelessness System Partnership defines the 'homelessness system' as any organisation, team or service that works with someone who is experiencing homelessness, no matter who delivers or commissions it. In Camden, this includes the Local Authority, the NHS, the North Central London Integrated Care Board (ICB), community and voluntary organisations, and Central Government delivering services such as: Homelessness Prevention Service; Adult Social Care (ASC); supported housing including the Adult Pathway¹⁰, Mental Health Pathway¹¹, Housing First¹²; drug and alcohol support; mental health services; rough sleeping outreach teams and day-centres; primary and secondary care; legal and financial advice; gender specific and domestic abuse or violence against women and girls (VAWG) services; and criminal justice. See Appendix A for a visual representation of Camden's homelessness system.

4. System Issues Identified

- 4.1. Through a series of events, workshops, and conversations with over 150 people, 30 organisations, including people with lived experience of homelessness, the Homelessness System Partnership has identified the following systemic issues:

⁶ Rough sleeping in London (CHAIN reports) - London Datastore 2025

⁷ Review & Refresh, Adult Pathway 2024

⁸ Bramely et al. (2015). Hard Edges

⁹ 'A Safe Home' Breaking the link between homelessness and domestic abuse – Crisis APPG Report

¹⁰ A series of Camden Council commissioned hostels of people experiencing homelessness. Each hostel has support on-site

¹¹ Supported accommodation for people with mental health needs

¹² Independent housing with intensive floating support for these people to sustain tenancies

- The system does not feel 'human' enough (for example, the professional language we use can have unintended negative consequences)
- There isn't enough flexibility for those who are facing homelessness – for example, only telephone assessments rather than meeting face-to-face or services that are punitive if you miss appointments. Lack of outreach, and long-term relationship building, particularly for those who are rough sleeping
- It is very hard to know what you can and cannot access (for example, funding is often short term and fragmented, services have restrictive criteria and thresholds, approaches are too rigid for people experiencing homelessness)
- Being over-assessed and having to repeat your story multiple times can be re-traumatising, exhausting and confusing
- Services often tend to focus on one issue at a time – and all this seems to come before your need for a home
- Uncertainty and stigma – judgements can be made about whether people are 'choosing' homelessness as a 'lifestyle'. Staff can lack understanding, specialist knowledge and skills for working with those who face Multiple Disadvantage and homelessness and therefore residents face discrimination because of this.

4.2. These system wide issues have been used to develop the priorities of the Homelessness System Partnership.

5. Our approach

5.1. The approach to delivering the Homelessness System Partnership has followed three principles:

5.1.1. To coproduce the work with people with lived experience of the homelessness system, where appropriate, so they are actively involved in deciding what needs to change and the efforts to change it.

- We have a dedicated 'Co-production Lead', who has facilitated over three years of weekly direct co-production with residents, recruited a team of ten people with lived experience (who wanted to be known as 'Co-producers') to be involved in delivering the programme, and a wider group of residents involved through more informal drop-in sessions. This year our current cohort of Co-producers stepped down to pursue other opportunities and allow for others to be part of this opportunity. We have also recently appointed a new Co-production Lead to deliver this work whilst the current post-holder is on secondment. See Appendix B to read the Co-producers reflections on being part of the programme.

5.1.2. To include the 'whole system' that someone experiencing homelessness is required to navigate, from their perspective, including their health, wellbeing, housing, social and practical needs. Therefore, the programme has:

- Whole System Governance - a 'Partnership Board' made up of Heads of Services and two Co-producers who provide oversight to the work and address shared challenges (see Appendix C for the membership of the Partnership Board), as well as 'Sponsors' who are senior staff who can promote the Partnership and support to address systematic issues. Updates are shared with the Health and Wellbeing Board.

- Establishing a wider partnership – Since the partnerships inception in 2022 we have hosted 4 ‘all partnership’ events, with each event bringing together over 50 people from across the homelessness system. We also have a mailing list of 300 staff and community organisations, to whom regular emails are sent creating a channel to share relevant service information, ways to get involved and improve practice and programme updates.

5.1.3. To take a collaborative approach to generating and delivering change ideas from residents and staff within the system (to date over 150 people have been involved in shaping these). Some of these change ideas have been further developed through task and finish Delivery Groups on the Personal Passport, Trauma Informed Framework, Mental Health Map and a Homelessness Advice Booklet (see section 7).

6. Priority Areas

- 6.1. The Homelessness System Partnership has five system priorities, derived from the extensive engagement as outlined above. The systemic issues faced by these stakeholders were themed and prioritised by the Programme Board, including people with lived experience, and validated at a larger partnership launch event.
- 6.2. The priorities for change are:
- Priority 1: Implementing trauma informed support and psychologically informed environments consistently across the homelessness system
 - Priority 2: Implementing integrated multiagency working around the resident
 - Priority 3: Creating conditions for joined up commissioning and strategic planning
 - Priority 4: Improving access to mental health support, including co-existing drug and alcohol needs
 - Priority 5: Taking a preventative approach (primary and secondary prevention)

7. Progress and achievements to date

- 7.1. Priority 1 - Implementing trauma informed support and psychologically informed environments consistently across the homelessness system
- 7.1.1. A Trauma Informed Framework¹³ has been produced via six co-design workshops to support services to take a more trauma informed approach and develop psychologically informed environments. It includes practical tools and resources, and a focus on staff wellbeing and peer support.
- 7.1.2. The Partnership has held four Trauma Informed Learning Community learning sessions focused on embedding the framework and trauma

¹³ Trauma and Psychologically Informed Framework - Camden Council:
<https://www.camden.gov.uk/trauma-and-psychologically-informed-framework>

informed practice in the homelessness system. Each of these have been attended by over 40 staff from across Camden's homeless system. Feedback from these sessions has included, 'diverse learning with people from other organisations... great networking', 'I've learnt about Trauma Informed workforce support... and the positive impact trauma informed approaches have on staff as well as service users', and 'looking at the Framework with other colleagues has been so useful'.

- 7.1.3. Presented the Framework and held discussions at a Community of Practice meeting, and All System Partnership event in March 2025. This has increased awareness and knowledge of trauma informed practice across participating services.
- 7.1.4. To further embed, the Trauma Informed Framework has been included in service specifications for homelessness services, to support the expectation to work in a trauma informed way.
- 7.1.5. A Trauma Informed Commissioning Guide has been created to provide commissioners with practical tools to define, review and monitor trauma-informed practice, and support. The guide was created by Camden's Trauma Informed Practice Development lead alongside Commissioners from across the homelessness system (ASC, homelessness, drug and alcohol services, ICB, young adults and rough sleeping commissioners).
- 7.1.6. A Personal Passport has been designed, tested, evaluated and is now being rolled out across the Homelessness System. It is a trauma-informed, co-produced information-sharing tool designed to: enable service users to record information about themselves, in their own words; and share this tool with services, people supporting and important to them, to avoid having to repeat difficult information more than necessary.
- 7.1.7. Guidance and training resources for the Personal Passport have been developed, including training videos, posters and a client information sheet¹⁴.
- 7.1.8. The Co-producers delivered tailored Personal Passport training sessions, across the homelessness system, this included:
 - in 16 Adult Pathway hostels
 - to Commissioners of homelessness services
 - to Camden's GP Federation
 - to Chang Grow Live (CGL) drug and alcohol services
- 7.1.9. The expectation to use the Personal Passport has been added to service specifications and contract monitoring across the Adult Pathway, rough sleeping services, drug and alcohol services.
- 7.1.10. The Personal Passport has been warmly welcomed by residents and staff: "It [the Personal Passport] is inspiring...everyone should have

¹⁴ Complete a personal passport - Camden Council: <https://www.camden.gov.uk/personal-passport>

one” (substance misuse worker) and “I learned new things about her [the client] and I've known her for a long time” (Navigator).

7.2. Priority 2: Implementing integrated multiagency working around the resident

- 7.2.1. Team Around Me (TAM)¹⁵ was created by the Single Homeless Project and is being embedded across Camden as part of the Homelessness System Partnership. It is a collaborative model for holding case conferences or multi-agency meetings for people experiencing multiple disadvantage, putting the person at the centre of their support. This is something that people with lived experience of homelessness have told us they need, and staff working with people experiencing homelessness have said that they want to improve their partnership working.
- 7.2.2. Since 2023, a series of TAM training sessions have been held across the Homelessness System with over 200 people attending. These training sessions increased staff confidence and skills in multiagency discussions, something that was identified as a development need for the system.
- 7.2.3. In order to encourage the use of the TAM approach and embed it into typical practice 22 ‘TAM Champions’ from across different services have been identified. The TAM Champions meet together quarterly to share their practise and think through shared challenges.
- 7.2.4. TAM is being frequently used across homelessness services. Feedback about the impact of TAM has included:
 - Improved resident engagement with services through them feeling autonomous and in control
 - Evidence of de-escalation and avoidance of crisis interventions through early prevention TAM meetings.
 - Humanises the service user to the rest of the professional network
 - Supports a wider range of staff to better understand and address client needs
 - Helps staff remain focused on the outcomes that residents want to achieve
- 7.2.5. TAM has now been included in service specifications, making the approach an expectation, in Housing First, Drug and Alcohol Services, Rough Sleeping outreach teams and Supported accommodation and the Mental Health Pathway.

7.3. Priority 3: Creating conditions for joined up commissioning and strategic planning

- 7.3.1. The Homelessness System Partnership has created the spaces, via the Partnership Board, sponsors and events, to develop joined up integrated working through relationship building and identifying opportunities to work together. This work is shaped by what residents told us was important to

¹⁵ Team Around Me - Single Homeless Project: <https://www.shp.org.uk/information-hub/for-professionals/team-around-me/>

them, and what gets in the way of them using services.

- 7.3.2. Through several workshops in 2023 the Homelessness system came together to develop an integrated model for care and support, as well as a strategic gap analysis of NHS and social care. This work has been used to influence the development of new services, such as the North London Foundation Trust's Homelessness Health Outreach Service¹⁶.
- 7.3.3. Supported by the Homelessness System Partnership Board, and galvanised by what residents told us was needed, over the past 18-months significant work has been undertaken between Adult Social Care and Homelessness teams. This includes the development of a ASC and Homelessness strategic steering group; homelessness specialists within the Specialist Support Team now joining outreach and increased shared operational responsibility of meeting the needs of people who are rough sleeping.
- 7.3.4. A 'Homelessness and ASC Information Pack' has been developed to improve the practice of Adult Social Care colleagues working with people experiencing homelessness. It contains information gleaned from talking to people with lived experience, recent Safeguarding Adults Reviews (SARs), national guidance and the work of the Homelessness System Partnership.
- 7.3.5. Explored with colleagues a longer-term shift towards 'housing first' approaches and supported the design and implementation of a new 30-bed Housing First scheme in Camden.
- 7.4. Priority 4: Improving access to mental health support, including co-existing drug and alcohol needs
 - 7.4.1. The Mental Health Delivery Group (MHDG) (made up of people with lived experience, North London Foundation Trust (NLFT) and homelessness supported accommodation) mapped the mental health system that residents and staff struggle to navigate. This was done to identify the gaps within the system and identify opportunities for change. These included: co-location of drug and alcohol support workers in mental health services to improve response around co-occurring needs; improving access to and the response of Primary Care for residents who are homeless; review service criteria and policies to reduce exclusion and test a 'no threshold' assessment and support plan approach.
- 7.5. Priority 5: Taking a preventative approach (primary and secondary prevention)
 - 7.5.1. Through workshops with people with lived experience, VCS and Camden's Homelessness Prevention Service a Homelessness Advice Booklet was created. The booklet provides an accessible way for residents to understand homelessness services, transition points, information rights and gives people navigating the system more agency. This resource has been incorporated into a prototype being tested by the Homelessness Prevention

¹⁶ NLFT outreach team made up of psychologists and nurses who work with people who are homeless.

Service.

- 7.5.2. In 2023, Homelessness prevention teams and hospital services tested a joint assessment pilot for people leaving hospital with housing and social care needs, to prevent people bouncing between services and get the right accommodation and support.

7.6. Further things that have been achieved

- 7.6.1. Influencing the Homelessness and Rough Sleeping Strategy 2025-2030¹⁷. The refreshed Homelessness and Rough Sleeping Strategy builds on the achievements, learning from, and ambitions of, the Homelessness System Partnership and gives tangible areas for development across the system. In addition, the Co-production group shaped the strategy by providing Case Studies and a Photovoice project.
- 7.6.2. Women's Homelessness. Since 2022, the Women's Homelessness Forum has been meeting monthly. The membership includes staff in homelessness prevention, supported housing, domestic abuse and VAWG services, commissioners, voluntary and community partners and financial resilience. Key achievements to date are:
- Piloted a more flexible, intelligence-led verification of women experiencing rough sleeping in Camden, which is now embedded in the typical practice of rough sleeping services in Camden.
 - Supported the Women's Census in 2023, 2024 and 2025 and organised a more in-depth Camden snapshot across a wider group of services which was then shared with Central Government to inform future policy.
 - Supported the design of new services such as Camden Housing First and a women's only hostel in Mental Health Supported Accommodation, and provided a place for Commissioners to consult and get advice on working in a gender-informed way.

8. **Next steps**

- 8.1. Recruitment of new Co-producers, to ensure that co-production is embedded in what we do and how we do and collectively we understand issues facing homeless residents and are better able to respond. The new Co-producers will prioritise the projects and change-ideas they will work on.
- 8.2. Continue to embed the 'tools' such as the Personal Passport, Trauma Informed Framework and Team Around Me throughout the Homelessness system to make sure they are understood, used as part of typical practice and support our priorities to develop a trauma informed system and good 'Multi-Disciplinary Team' working.
- 8.3. Work with the North London Foundation Trust to bring about changes needed within mental health services for people experiencing homelessness, using the

¹⁷ The strategy is due for approval on the 10th December 2025.

learning from the Mental Health Delivery Group.

- 8.4. In 2025 we appointed a GP clinical lead for homelessness in Primary Care who will play an instrumental part in ensuring the delivery of the Homelessness System Partnership priorities and recommendations in Primary Care as a whole by providing advice, recommendations, and challenge, grounded in clinical and/or care expertise. Areas of work include:
- Identifying good practice in Camden and promoting a consistent approach to supporting people experiencing homelessness access health care across GPs in Camden
 - Supporting the use of person-centred tools such as the Personal Passport and Team Around Me model
 - Ensuring NICE Guidance that relates to inclusion health is understood and followed in Primary Care in Camden
 - Undertaking more focused pieces of work looking at access and the impact of intersectionality (such as age, gender, sexual orientation, ethnicity)
 - Consider how Primary Care can be better integrated with existing homelessness services
 - Support the development of strategic gap analysis.
- 8.5. Re-engage with the Sponsors of the Homelessness System Partnership. Ensure that the right people from across the system are aware of the programme and can support with system change at their level.
- 8.6. Continue to work with health partners in the NHS to better integrate health and care services for those who are homeless and reduce the stark inequalities faced by this cohort. This could include discussions around better allocations of resources strategically across partners, more joint working, longer-term funding for specialist teams and working with them to realise the integrated model of care and support mentioned in section 7.3.
- 8.7. We want to create the conditions for more integrated commissioning, such as work with partners to design shared Key Performance Indicators and commissioning priorities, in services for people experiencing multiple disadvantage as well as consider opportunities for pooling budgets and sharing grant opportunities. The Forum can create a space where commissioners can come together and share intelligence, best practice, and lived experience insight and further embed the learning and aims from the Homelessness System Partnership.
- 8.8. Review areas that are least well developed, such Priority Five 'taking a preventative approach'.

9. Recommendation for the Health and Wellbeing Board

- 9.1. The Health and Wellbeing Board is asked to note the contents of this report.

10. Comments of the Director of Finance

The Director of Finance has been consulted on the contents of the report and has no comments to add.

11. Legal Comments of the Borough Solicitor

The Borough Solicitor has been consulted on the contents of this report and has no comment to make at this time.

12. Environmental Implications

There are no direct environmental implications to the contents of this report.

13. Appendices

- Appendix A – Representation of Camden's Homelessness System
- Appendix B – Co-production in the Homelessness System Partnership
- Appendix C – Membership of the Homelessness System Partnership Board

REPORT ENDS