ENHANCING NUTRITIONAL HEALTH FOR VULNERABLE POPULATIONS:

A COMPREHENSIVE REPORT ON THE PROVIDENCE ROW NUTRITION PROJECT

19th December 2023 - 11th December 2024

PROVIDENCE ROW

HELPING HOMELESS AND VULNERABLE PEOPLE SINCE 1860

INTRODUCTION

Rough sleeping and food insecurity are increasing in Tower Hamlets, contributing to poor health outcomes and additional pressure on local services. Malnutrition is a persistent but often under-addressed factor affecting individuals experiencing homelessness, particularly those who use substances. Findings of the hunger-obesity paradox, where food insecurity—often associated with hunger—coexists with obesity, is also prevalent within this population.

Without access to consistent, nutritionally adequate meals, people face greater risks of chronic illness, weakened immunity, and barriers to recovery. Despite the well-documented links between nutrition and health, food provision remains fragmented, underfunded, and inconsistently integrated into homelessness, health and substance misuse services.

This report, commissioned by Tower Hamlets Local Authority and funded by OHID through the Rough Sleeping Drug and Alcohol Treatment Grant (RSDATG), presents findings from the Providence Row Nutrition Project. The project demonstrates how structured nutritional support can reduce health inequalities, improve engagement with services, and support long-term recovery. It also highlights the urgent need for local authority-commissioned food services to ensure that individuals experiencing homelessness have reliable access to appropriate nutrition.

Why Nutrition Matters in Homelessness & Recovery

Malnutrition is a major but often overlooked issue among people experiencing homelessness. Poor diet contributes to physical and mental health problems, weakens immunity, delays recovery from illness, and worsens substance dependence. However, despite its importance, nutritional interventions are rarely integrated into homelessness and addiction recovery services. While existing guidelines such as the Eat Well Guide and resources on alcohol-related malnutrition provide a foundation, practical implementation remains limited due to gaps in research and service provision.

The Growing Crisis of Homelessness in Tower Hamlets

Homelessness in London and Tower Hamlets is rising sharply, driven by factors such as:

- Rising poverty and inflation
- Increasing private rents and evictions
- Reduced availability of social housing
- Changes in migration policies, leaving many with No Recourse to Public Funds (NRPF)
- Lack of investment in services and financial cuts to provisions.

In Q3 of 2024-25 **189** people were recorded as rough sleeping in Tower Hamlets, a **42**-person increase compared to the same period last year, despite a slight decrease from the previous quarter. This includes **87** new rough sleepers, with **57** spending only one night on the streets, while **21** individuals were identified as living on the streets long-term. Additionally, **86** people were classified as intermittent rough sleepers, reflecting an ongoing cycle of homelessness in the area.

Rough sleeping is a complex issue driven by individual and structural factors. By 2024, core homelessness was projected to increase by **20%** compared to 2020, with a rise anticipated in London by 2041.

77%

- Rough sleeping has increased by 55% (from 2021-2022) due to the end of Covid-19 protections and the cost-of-living crisis.
- 32% of rough sleepers are non-UK nationals, with many unable to access public support.
- Hostel capacity has been reduced by 17.5%, increasing food insecurity and demand for support.

The majority of rough sleepers **84%** and hostel residents (71%) are male, with the most common age group being 35-45 years. Women experiencing homelessness are often hidden from statistics but remain at high risk of malnutrition and related health issues.

Project Scope & Key Activities

The Providence Row Nutrition Project was designed to address these urgent challenges by:

- Providing individualised nutrition assessments and education for clients
- Supporting rough sleepers and hostel residents in improving their diet and food access
- Integrating nutrition within recovery and health services
- Establishing strong partnerships with local healthcare providers

Who are the RESET Navigators?

The RESET Navigators are a dedicated Outreach Team in Tower Hamlets specialising in homelessness and substance use. Their objective is to provide proactive, personalised support to individuals, particularly those not currently accessing treatment options. By actively engaging with 'hard-to-reach' groups, they offer tailored interventions such as motivational support and harm reduction advice. Their goal is to encourage recovery, facilitate access to treatment, and ultimately reduce hospitalisations and prevent deaths.

The MUST tool

(Malnutrition Universal Screening Tool) is a simple and effective screening method used to identify individuals at risk of malnutrition. It assesses three key factors: Body Mass Index (BMI), recent weight loss, and reduced food intake due to illness. A score of 2 or above indicates a higher risk, prompting healthcare professionals to consider additional nutritional support and referral to a dietitian for further assessment and intervention. This tool is widely used in healthcare and community settings to ensure early detection and management of malnutrition.

Implementation & Key Engagements

Over the first six months, the project:

Engaged 50 clients across hostel provision and Resource Centre through personalised nutritional assessments.

- Partnered with Reset Outreach and Referral Service (RORS) and Reset Navigators to connect both rough sleepers and hostel residents who are engaged with substance use with nutritional support.
- Delivered in-reach clinics in hostels, working closely with GPs, dental services, and social prescribers.

Over the final six months, the project:

- Shifted its focus towards the Providence Row Charity – Resource centre drop in, which serves a high number of rough sleepers, to ensure equitable access between street and hostel residents.

Aims

Client centred interventions

- Enhance Nutritional Health and education: To assess and improve the nutritional status of clients through individual nutritional assessments and psychoeducation on how poor nutrition impacts their physical and mental health and their chances of recovery from substance & alcohol use.
- Integrated Care: To consider nutrition status within their current circumstances, health and their substance and /or alcohol use, liaising with relevant agencies and signposting to appropriate services.
- Community and Stakeholder Engagement: To establish and maintain strong collaborative ties with local health services and community groups to educate and raise awareness about food and nutrition as part of the recovery process.

Objectives/Key Performance Indicators (KPIs)

Engage 50 clients in one-to-one sessions with Dr Raquel Gracia.	86 (plus 10 follow up interventions)	
100% (100) of clients will engage with a Reset worker for advice and support.	86	
100% (100) of appropriate clients will be referred into treatment.	44	
Connect 40 clients with other services as needed, including dental, GPs, dietitians, social prescribers, food banks, and other team projects to support their wellbeing agenda, such as foot care and outreach psychotherapy service	58	
Have 40 clients complete the MUST (malnutrition universal screening tool), including gathering metrics like BMI to assess the risk of malnutrition.	96	
Obtain feedback from 40 clients through client satisfaction surveys or any observed changes in eating habits resulting from the intervention.	81	
Produce best practice materials to upskill key workers and identify signs of malnutrition and what to do	Completed	
Collaborate with the Tower Hamlets Core Homeless Health Needs Assessment	29	
Provide demographic information and case studies of the pilot	See below	

Achieved	On track	Concern

One-to-One Nutritional Intervention with Dr. Gracia, GP & Associate Nutritionist Specialising in Substance Use

The project engaged 86 service users, each attending 2 to 3 sessions, delivering a total of 100 interventions. These sessions were individualised and patient-centred, providing targeted nutrition advice while also addressing broader health and substance use needs. The Nutritionist, who is also a GP with a special interest in substance misuse, integrated medical and nutritional expertise to offer holistic support.

Overall extremely positive participation except in cases, normally those most in need, for instance those not yet engaged in treatment, in chaotic lifestyles, or unwell with complex alcohol dependence, had more difficulties to focus on the session. The engagement with patient-facing stakeholders has raised the profile of nutrition as a critical tool in recovery for this cohort. The project highlighted the high levels of malnutrition and limited access to nutritious food among the participants. It is well established that malnutrition significantly impacts both physical and mental health, leading to poorer outcomes and negatively affecting recovery from substance and alcohol use.

The data indicates several significant trends and conclusions. The integration of nutritional support within substance use recovery services is vital, as addressing physical health through improved nutrition can significantly enhance overall recovery. Nutritional deficiencies and poor dietary habits

exacerbate health issues, making this integration essential. The use of the MUST screening tool enabled targeted interventions based on individual risk levels. High and medium-risk clients received specific, necessary interventions, while low-risk clients were provided with general health maintenance advice. However, it was recognised in the delivery of this project and, through research elsewhere, that this tool is not suitable for the cohort who have long term malnutrition.

Patients with long term conditions like diabetes or kidney problems were always encouraged to follow the advice of their specialist dietetics and health team, and the nutritional intervention helped to reinforce general health messages and the advice provided by their teams.

Educational efforts, particularly around Thiamine for clients with alcohol dependency, are crucial. Thiamine deficiency is common among individuals with alcohol use needs, and addressing this can prevent severe health complications.

Client feedback indicates a willingness to make dietary changes based on the education provided. This empowerment is a positive outcome, showing that clients are receptive to and capable of improving their nutritional habits when given the right information and support. The findings of normal or high BMI in many clients, despite long-term malnutrition, indicate the complexity of malnutrition in this cohort. It involves not just undernutrition but also poor dietary quality and nutrient imbalances.

The continued provision of food for high-need patients is essential, as these clients would not seek it out separately. Rough sleepers only access food that is given to them rather than that which requires preparation, such as food from food banks. Hostel residents may utilize food bank provisions if they have cooking facilities. The variety and high nutritional content of food provided at Providence Row Charity (PRC) are crucial, as clients report consuming two meals per day there, a variety not offered by other free community services. In Founders House, patients' needs varied depending on their degree of dependency. Those with fewer complex needs were more open to accessing food bank provisions and the food at Providence Row, Resource Centre if they had the capability.

It is evident that those most at risk would struggle without the food provided by Providence Rows Resource Centre. The high nutritional content and variety of the meals offered are essential in ensuring that these clients receive adequate nutrition.

Causes of Nutrition-Related Problems

Nutrition-related problems are common among patients with substance use needs and stem from a complex interplay of factors. These include:

1. **Drug-Induced Effects:**
Substance use, especially opioids, can lead to poor appetite, resulting in inadequate food intake. Additionally, certain drugs alter the pH balance of saliva, causing dental issues, constipation, and intense cravings for sweet foods. These dental complications often lead individuals to prefer soft or textured diets, which are typically low in nutrients and calories.

2. **Chaotic Lifestyles and Eating Patterns:**
Individuals with substance use needs often experience chaotic daily routines and irregular eating habits, making it difficult to maintain a balanced diet.

3. **Oral Health and Hygiene:**
Poor dental hygiene is a significant barrier, leading to difficulties in chewing and swallowing nutritious foods, further exacerbating malnutrition.

4. **Cognitive and Memory Impairments:**
ubstance misuse can affect memory and cognitive function, making it harder for individuals to remember when to eat or plan nutritious meals.

5. **Limited Nutrition Knowledge and Cooking Skills:**
Many individuals in this cohort lack the knowledge and skills needed to make healthy food choices or prepare balanced meals.

6. **Financial Constraints:**
Limited financial resources, often exacerbated by spending on drugs or alcohol, significantly restrict access to nutritious food. This situation is further worsened by the high cost of living and food insecurity.

7. **Inadequate Living Conditions:**
Homelessness or poor living arrangements frequently result in limited access to proper storage and cooking facilities, making it difficult to prepare balanced meals.

8. **Health Complications:**
Co-existing infections, such as HIV or hepatitis B and C, common among individuals with substance use needs, can further impair nutritional status and increase nutritional needs.

9. **Eating Disorders and Substance Misuse:**
Eating disorders, often co-existing with substance use needs, lead to erratic and inadequate dietary habits, compounding the risk of malnutrition.

10. **Easy Access to Junk Food:**
The convenience of low-cost, energy-dense junk foods makes them an attractive option, but these foods are nutritionally poor, lacking the essential vitamins and minerals found in fresh fruits and vegetables. This preference further undermines overall health and wellbeing.

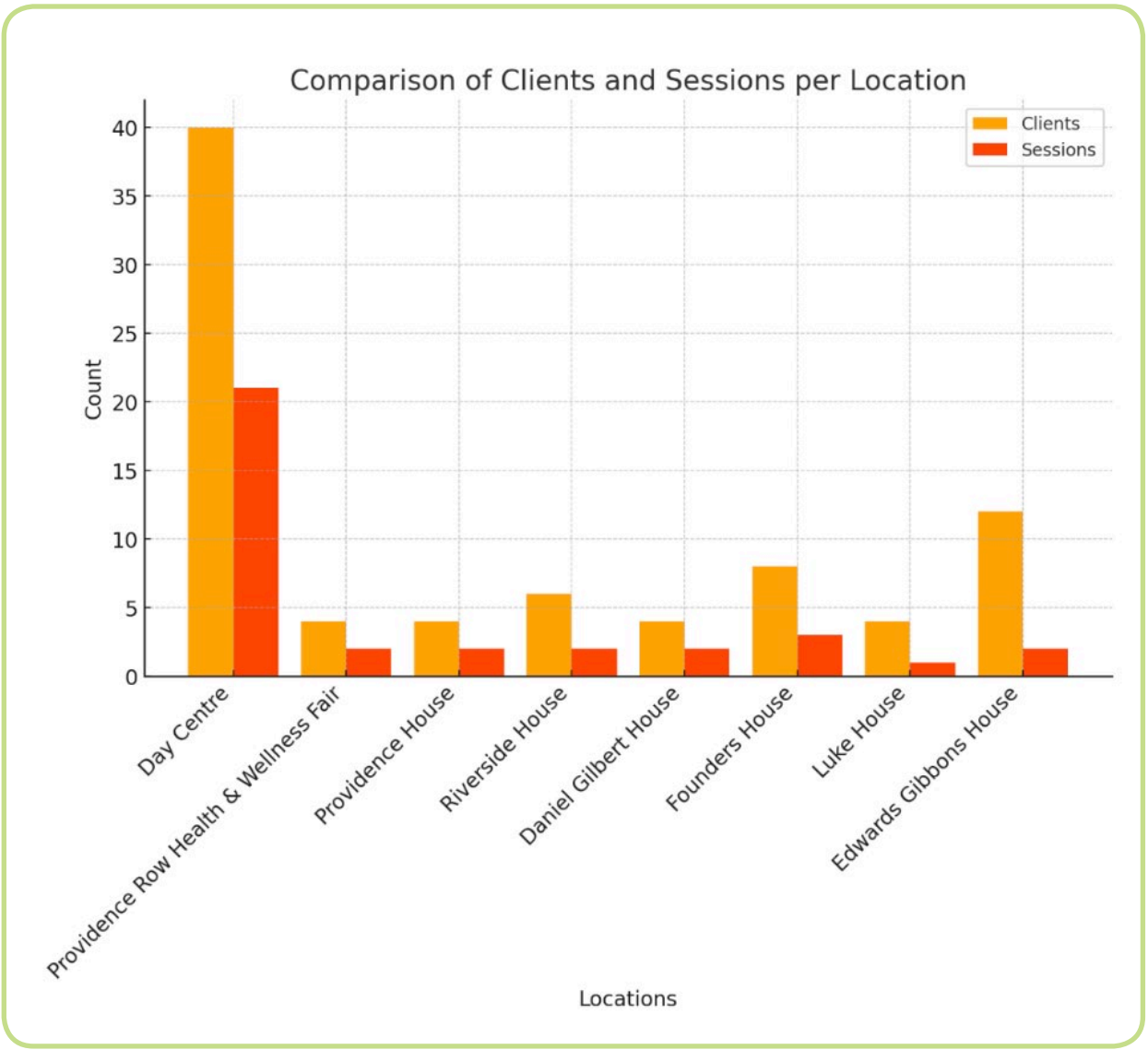
11. **Food Banks not accessible:**
Food banks are often inaccessible to rough sleepers because they typically provide non-perishable items that require cooking facilities, utensils, and storage—resources that people living on the street do not have. Without access to a kitchen, running water, or even basic equipment like a can opener, rough sleepers are unable to prepare or safely consume many of the food items distributed. Additionally, some food banks require proof of address or referrals, further limiting access for those without stable housing. As a result, rough sleepers often rely on hot meal services or day centres rather than traditional food banks.

Adverse Effects of Malnutrition

Malnutrition severely affects health by impairing immune responses, increasing infection susceptibility, reducing muscle strength and fatigue, and compromising respiratory muscle function. It raises the risk of chest infections, respiratory failure, and hypothermia. Wound healing is delayed, and recovery from illness is slower. Psychological effects, including apathy, depression, and self-neglect, worsen health outcomes. These issues lead to increased hospital admissions and longer stays, underscoring the need for proactive nutritional support.

Client centred interventions delivery: sessions and numbers seen

The chart below shows where the sessions took place, including Providence Row's Resource Centre drop-in and various hostels across Tower Hamlets. These hostels provide accommodation for people experiencing homelessness who might otherwise be sleeping on the streets. We collaborated closely with hostel partners to engage residents with the service.



Community and relevant stakeholders' engagement: meetings

Planning and Design Phase:
Providence Row's RORS and Reset Navigators teams convened to discuss, plan, and design the nutrition project. The focus was on educating team members about the importance of nutrition within the context of substance use and homelessness, ensuring a robust understanding and implementation strategy.

Outreach Collaboration:
A productive meeting was held with the Outreach ELFT team, including HE1 members to discuss the Nutrition Pilot. We explored opportunities for collaboration with a GP who conducts outreach sessions in local hostels. This partnership aims to integrate nutritional support within existing healthcare outreach efforts.

Engagement with Reset Treatment and Recovery Service and RSDATG Navigators:
We engaged with the Outreach team from the Reset Treatment and Recovery Service and RSDATG Navigators to educate them about the nutrition project. Resources were shared, and discussions centred on strategies to support their patients, highlighting the critical role nutrition plays in recovery and overall well-being.

Coordination with Tower Hamlets Community Dietician Team:
A meeting with the Tower Hamlets Community Dietician team allowed us to share information and resources developed as part of the nutrition project. We discussed referral pathways, including the feasibility of direct referrals, and reviewed ONS guidelines. Collaborative ideas were exchanged on supporting patients, particularly acknowledging the high DNA (Did Not Attend) rate among those referred to the community dietician team.

Meeting with the Providence Row Outreach Psychotherapy Service:
met with the Head of the service and four colleagues about the project and importance of nutrition providing a presentation and discussing how referrals could be made from the project to improve overall health outcomes.

Outcomes of Nutrition Project/KPIs

Patient Engagement:
All 86 clients were under the care of the Providence Row team (RORS and Reset Navigators) or Reset Treatment and Recovery teams. Among those under Reset but not currently on treatment, 2 were referred again, while engagement work continued for clients who declined referral.

100% (100) of appropriate clients will be referred into treatment if appropriate.

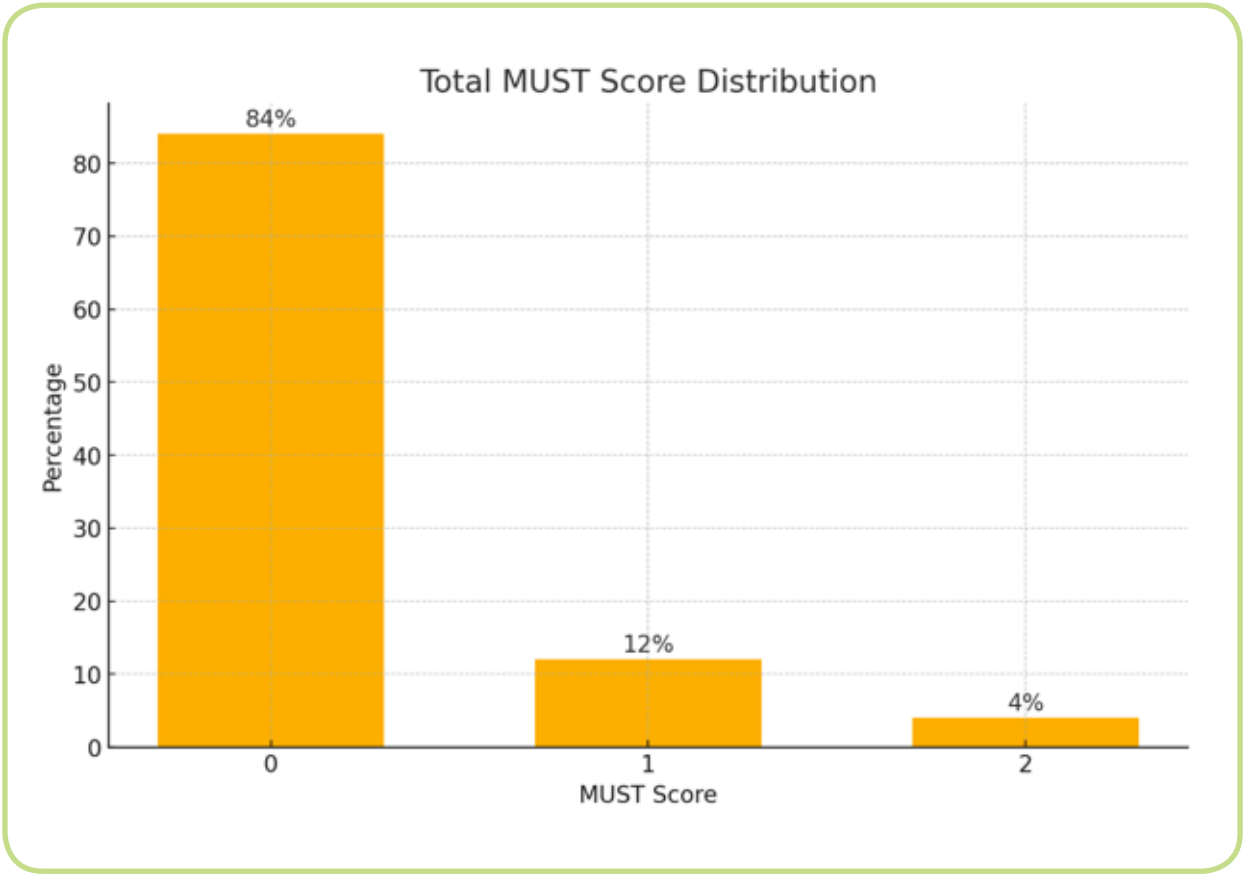
Clients were referred to the service by the RORS and Reset Navigators only which means that all those met with were being supported with their substance use. Of the 86 individuals met with 44 were referred to, or actively in, Reset Treatment. The remaining 42 were being supported towards this as appropriate.

Signposting and Referrals

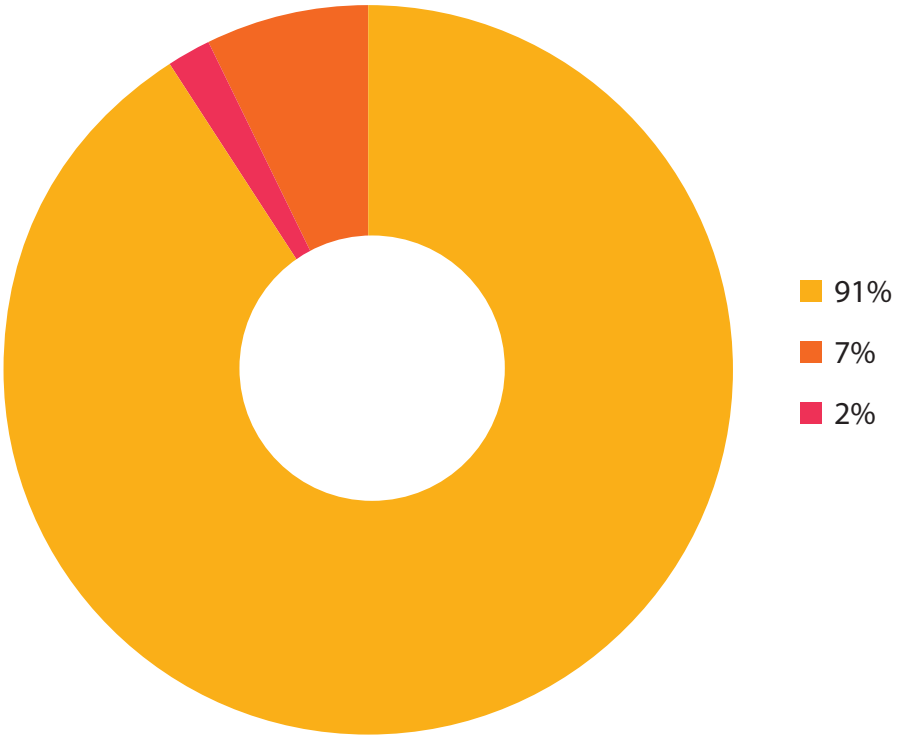
Service/Referral	Number of Clients
GP for dietician referral (MUST 2)	2
Dental services	3 (via RSDTAG worker)
Reset treatment and recovery service	2 (via RSDTAG worker)
GP signposting (for health checks and concerns)	86
Thiamine education for alcohol use	30
General signposting (Reset workers, dental services, food banks, social prescribers)	62
Psychotherapy Team	2
Foot Clinic	2

MUST Screening Tool Outcomes

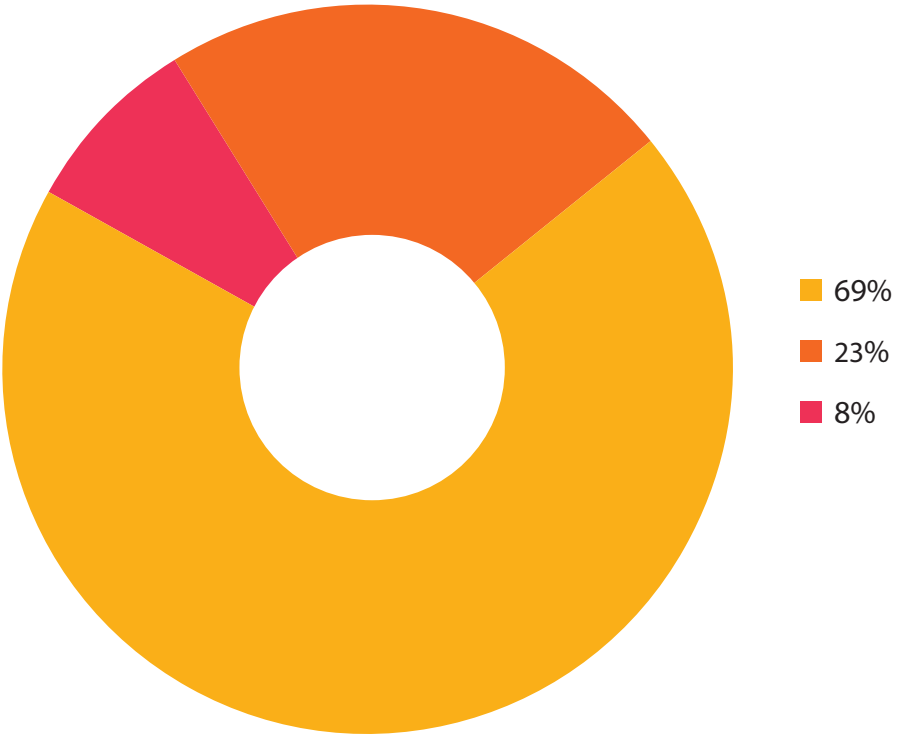
This shows the distribution of MUST scores among everyone who used the service. A score of 0 indicates a healthy weight with no significant change in the last six months, 1 suggests the need for weight monitoring, and 2 and above indicates a high risk of malnutrition, requiring special dietary and nutritional support.



MUST Score Distribution Among Rough Sleepers



MUST Score Distribution Among Hostel Residents



MUST Screening Details:

The MUST (Malnutrition Universal Screening Tool) was fully completed with 76 patients. In some patients with missing weight data (4 out of 76) an estimated MUST was conducted through clinical questioning and visual examination due to the lack of a weight scale. MUST focuses on identifying undernutrition by targeting lower BMI and weight loss within the previous 3 to 6 months. Our data suggests that the majority of our patients were not highlighted by the MUST tool as at high risk of undernutrition, and actually most of the patients had normal or high BMIs.

Overweight and obesity for people experiencing homelessness can be linked to the hunger-obesity paradox, the chronic state of hunger and obesity described amongst socially deprived groups. Although underweight has been traditionally associated with homelessness, research suggests that obesity may be the new malnutrition of the homeless.

Nutritional Interventions and Education Materials Provided

Material Provided	Number Distributed
Thiamine leaflets	30
Eat Well guide documents	66
Food Fortification leaflets	14
Food bank leaflets	13

The hunger-obesity paradox refers to the seemingly contradictory relationship where food insecurity - often associated with hunger - coexists with obesity, particularly among low-income populations.

Why Does It Happen?

1. **Limited Access to Healthy Foods** – People experiencing food insecurity often rely on cheap, calorie-dense foods (e.g., fast food, processed snacks) that are high in fat, sugar, and refined carbohydrates but low in essential nutrients.
2. **Irregular Eating Patterns** – Skipping meals or going through periods of food scarcity can slow metabolism and lead to overeating when food is available, promoting weight gain.
3. **Stress and Survival Strategies** – The stress of food insecurity can lead to emotional eating and a preference for high-energy foods, as the body prioritises calorie storage in response to perceived scarcity.
4. **Lack of Nutritional Education** – Limited knowledge about balanced diets and the impact of food choices on long-term health can contribute to unhealthy eating habits.

Who Is Affected?

The hunger-obesity paradox is particularly common among low-income households, homeless populations, and individuals relying on food banks or that may not provide sufficient access to fresh, nutritious food.

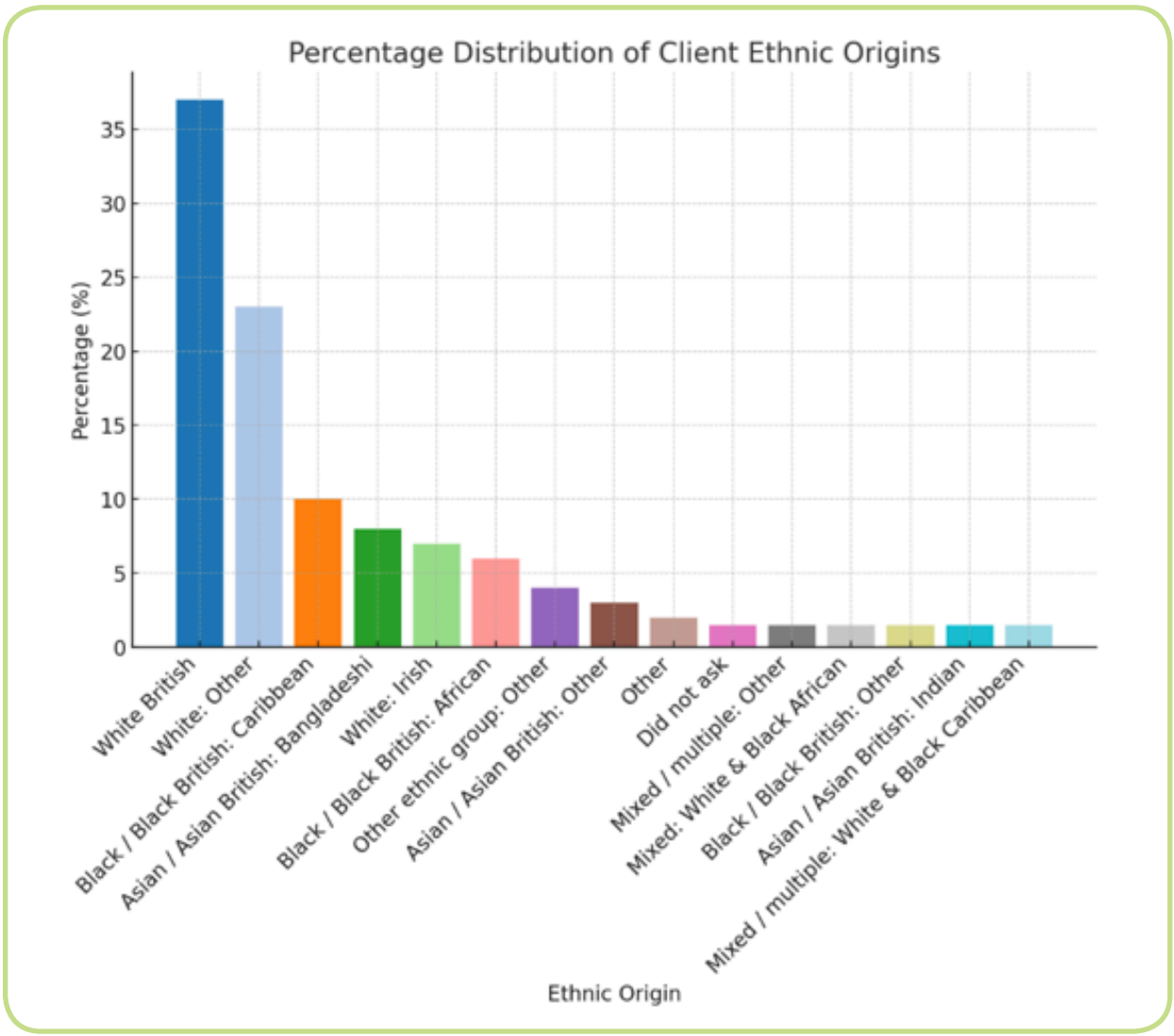
Clients who used alcohol received education on Thiamine and its role in preventing alcohol-related brain damage and were signposted to GPs for prescriptions. For those who used opiates, and often face constipation, they were directed to their GPs and provided with guidance on nutritional support.

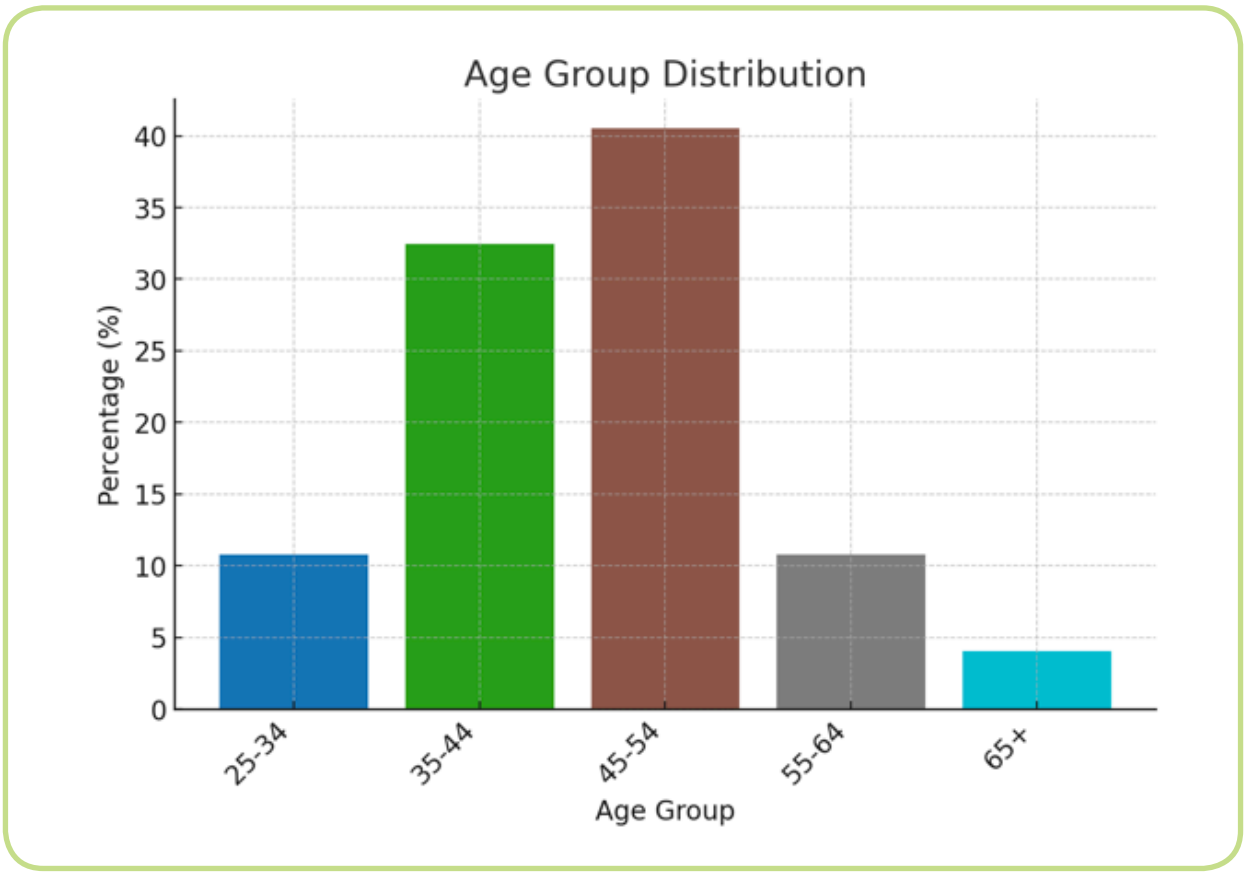
Thiamine (Vitamin B1)

Thiamine (Vitamin B1) helps the body convert food into energy and supports nerve, brain, and muscle function. A deficiency, often linked to alcoholism or poor diet, can cause fatigue, nerve damage, or serious conditions like Wernicke-Korsakoff syndrome.

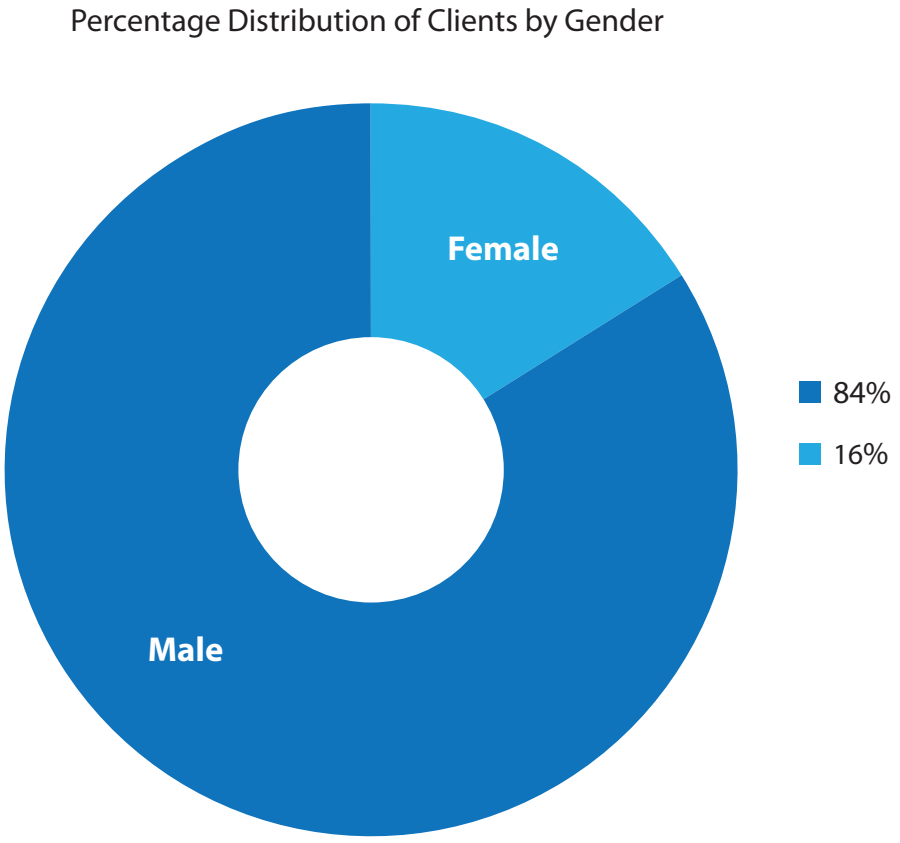
Demographics of both cohorts

This table reflects the full diversity of the local area with those of White British, White: Other descent accounting for over half of all of those supported. While Black British and Asian British accounting for almost 20% of the cohort.

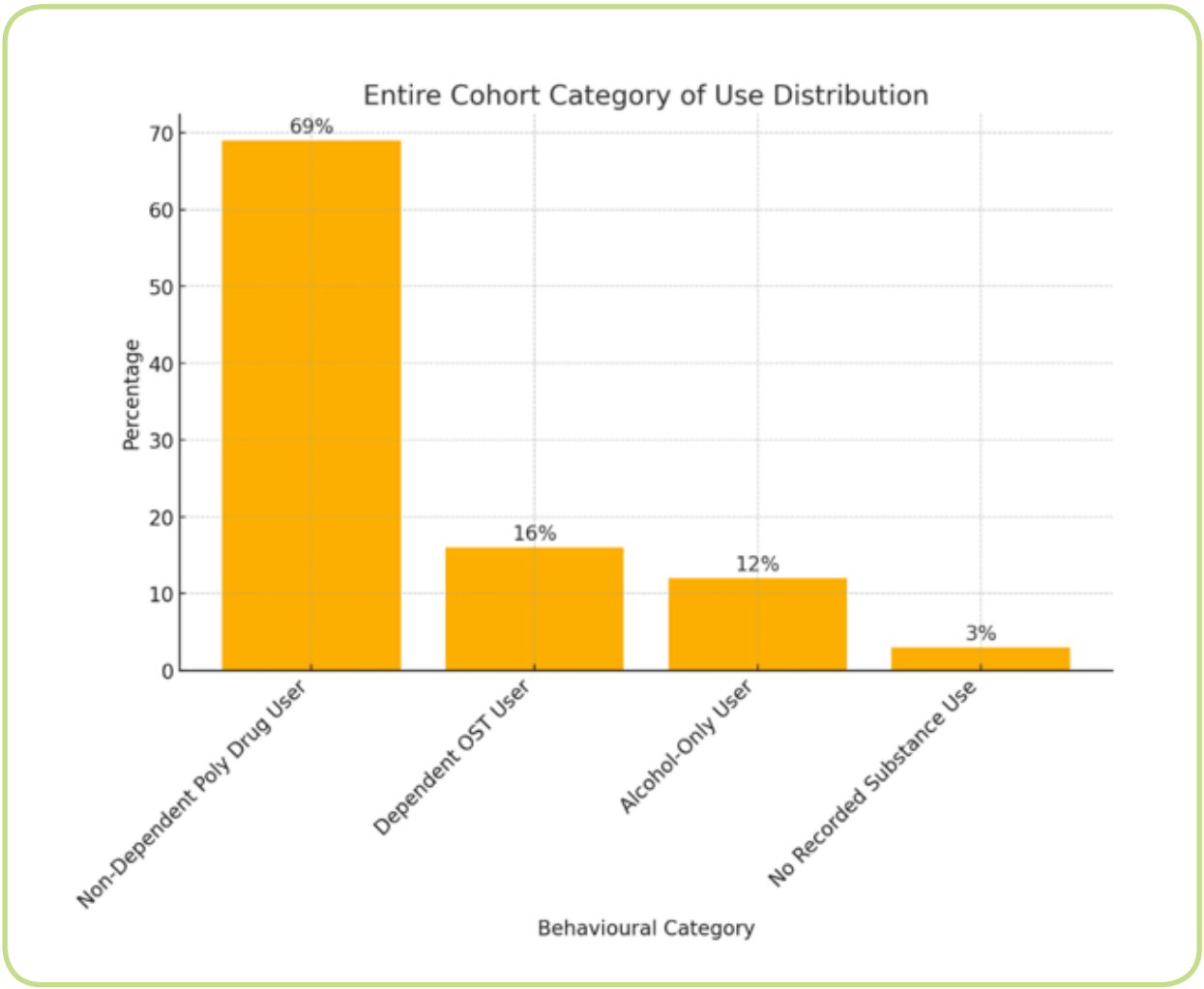




The largest age group of people rough sleeping in London is 35-44 year olds. Our data set has a more significant number of 45-54 year olds.



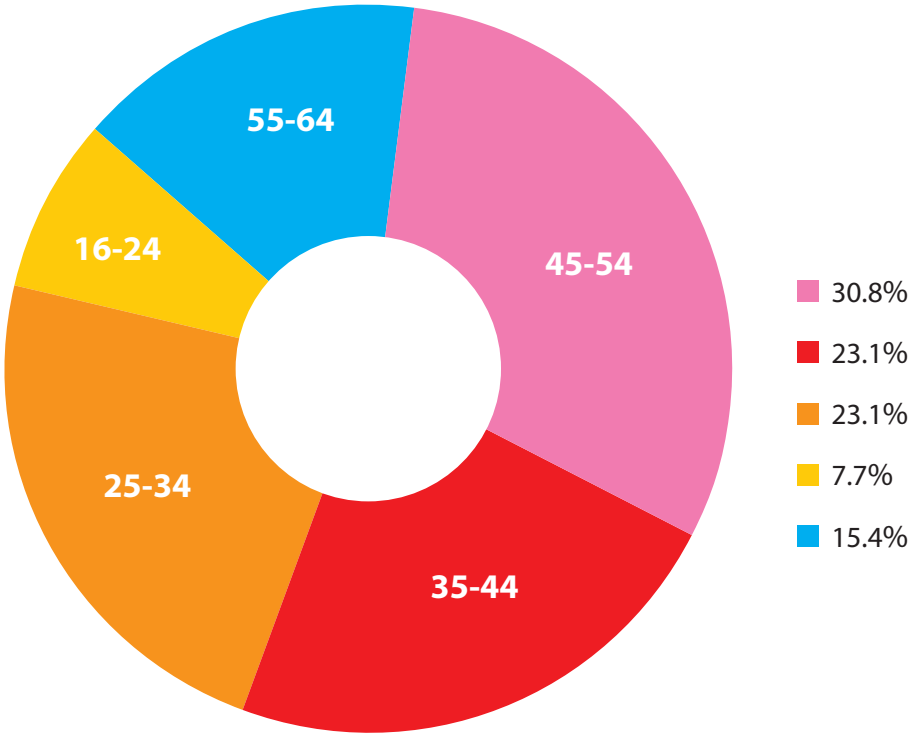
The gender distribution of our project aligns with the statistics of London based rough sleepers; 85.3% were male, 14.6% female, and 0.1% non-binary


Entire Cohort Category of Use Distribution
Percentage
0
10
20
30
40
50
60
70
69%
16%
12%
3%
Non-Dependent Poly Drug User
Dependent OST User
Alcohol-Only User
No Recorded Substance Use
Behavioural Category

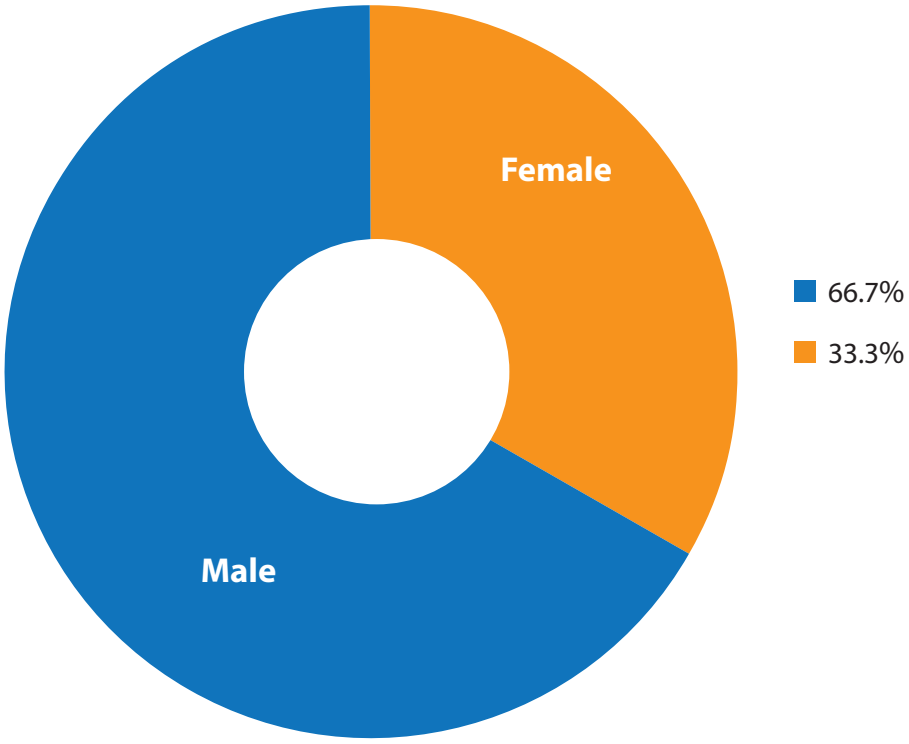
Demographics – Rough Sleepers Only

The table below shows that rough sleepers are most commonly over the age of 35, with a significant proportion aged 35–54 years. This age group is particularly vulnerable to chronic diseases, highlighting the need for nutritional support, mental health care, and substance use interventions. In our project, women experiencing rough sleeping are more frequently represented.

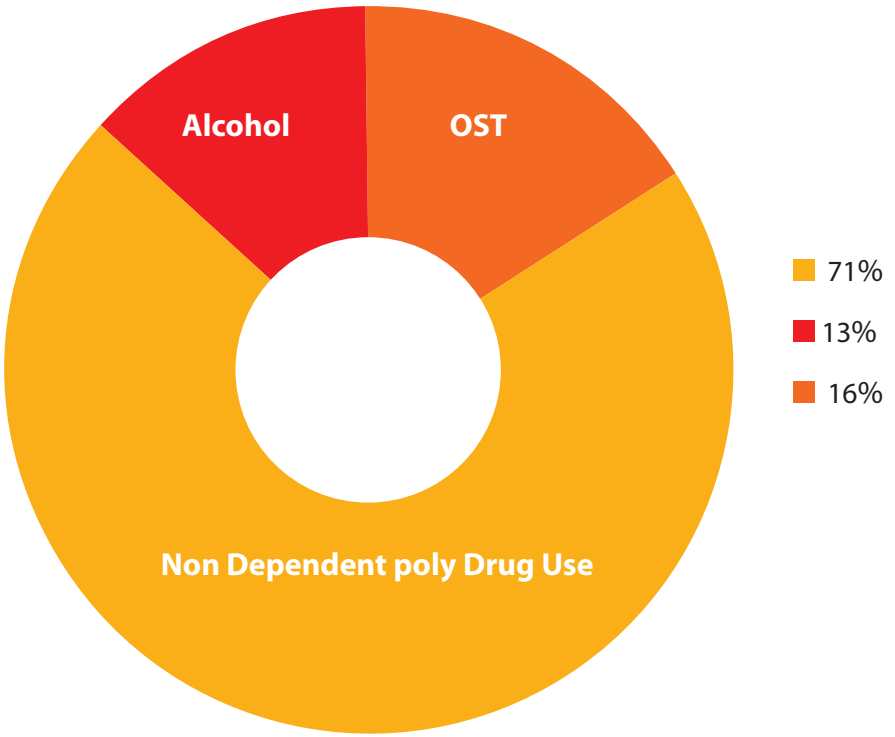
Rough Sleepers Age Distribution



Rough Sleepers Gender Distribution



Category of Substance Use for Rough Sleepers

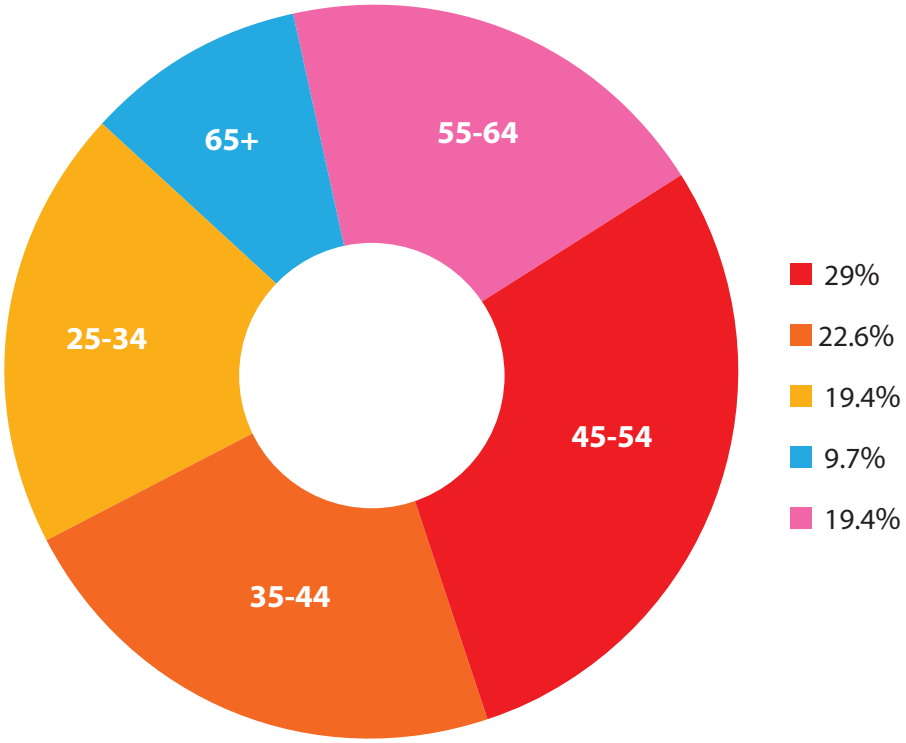


Rough sleepers on opioid substitution therapy (OST) often experience increased sugar cravings, affecting dietary choices. However, the extent of additional substance use remains unclear. One Non-Dependent Poly Drug user reported awaiting a Reset Treatment script, highlighting the complexity of substance-related dietary needs.

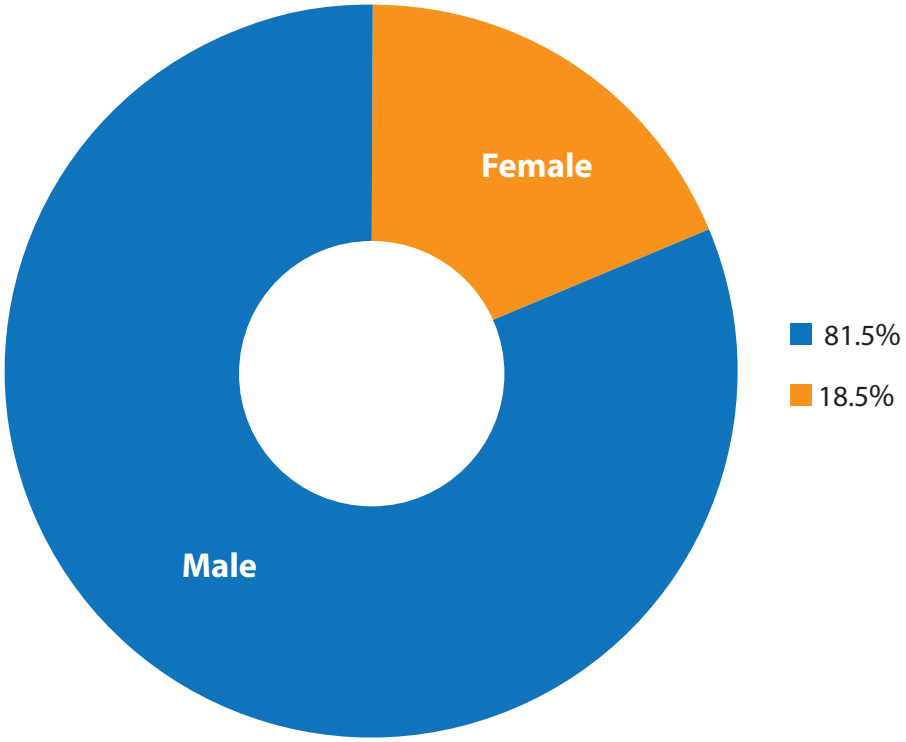
Despite these challenges, Providence Row's Resource Centre provides two daily meals, ensuring nutrient-dense, accessible food. Meals include Halal options and soft-textured foods for those with poor dental health, with vegetables blended into dishes and full-fat milk used for added nutrition. The presence of edentulous (toothless) clients further underscores the link between homelessness, poor nutrition, and long-term health risks.

Demographics - Hostel Accommodated Only

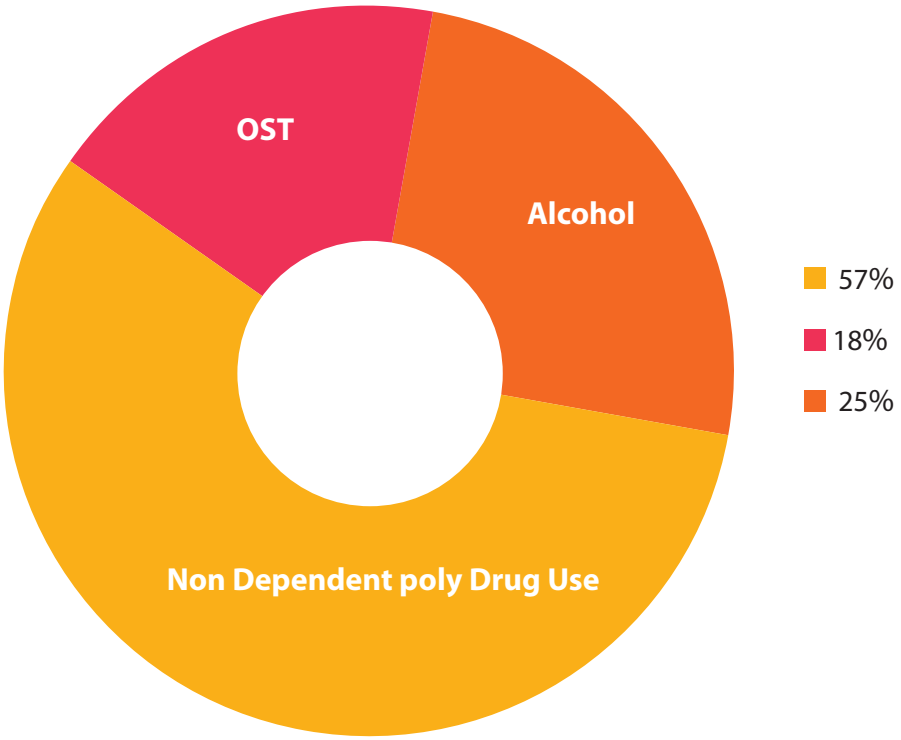
Hostel Accommodated Age Distribution



Hostel Accommodated Gender Distribution



Category of Substance Usage Among Hostel Residents



Many individuals housed in hostel accommodation have previously experienced rough sleeping, leading to similar demographic profiles and substance use patterns. Consequently, there is a crucial need for consistent and accessible food provision in hostels to address their nutritional needs effectively.

For those with access to cooking facilities and the capability to prepare meals, we provided a list of food banks in Tower Hamlets to help them access necessary food resources.

Broadly speaking, hostel residents face the similar nutritional deficiency challenges as rough sleepers. Hostels often accommodate a large number of former rough sleepers, who continue to encounter similar obstacles. Providence Row frequently provides food for former hostel residents who still struggle with food poverty, highlighting the ongoing need for nutritional support across both populations.

Produce best practice materials to upskill key workers and identify signs of malnutrition and what to do.

Collaboration with Homeless Link
Following the extension of the project we have approached Homeless Link to develop materials and guidance that can be shared widely across the sector to increase knowledge and understanding in the area of nutrition for frontline workers and services.

Collaborative Efforts with Catering Manager
The project reviewed Providence Row's food consumption approach with the Catering Manager. They provide balanced, nutritious, and culturally sensitive meals tailored to the diverse needs of service users, ensuring they receive essential nutrients.

Meals are prepared considering allergies and poor dental health, using fresh produce and full-fat dairy to make them nutrient-dense and accessible. Client feedback has been overwhelmingly positive, appreciating the quality, variety, and cultural appropriateness of the meals, highlighting the importance of considering clients' preferences and dietary needs.

Sharing of Resources
We created a shared folder named "Nutrition Project" on the Providence Row intranet, accessible to all workers. This folder contains the leaflets we use for patients and tools like MUST. The three main leaflets are the Eat Well Guide (green), the Food First or Food Fortification advice leaflet (yellow), and a Thiamine and alcohol-related brain damage leaflet. We developed a custom questionnaire or assessment tool to include all relevant information and interventions/signposting provided during appointments.

Collaborate with the Core Homeless Health Needs Assessment

In collaboration with our Public Health and LBTH commissioned partners, we played a pivotal role in supporting the delivery of the Homeless Link Health Needs Audit. This involvement not only reinforced our commitment to community health improvement but also provides us with valuable insights to tailor our services better. In total 29 individuals took part in the audit from Providence Row. 11 of which were delivered by our volunteers.

The Friends and Family Test (FFT)

is a simple feedback tool used in healthcare settings across the UK to measure patient satisfaction with services. It asks patients whether they would recommend the service they received to their friends and family if they needed similar care.

Why It's Important:

- Helps healthcare providers understand patient experiences.
- Identifies areas for improvement in care and services.
- Encourages patient involvement in shaping healthcare quality.

The FFT is widely used in hospitals, GP practices, and community healthcare settings to ensure continuous improvement in patient care.

We intend to share this report with LBTH Public Health, Substance Use, Rough Sleeping Team and Food Poverty Team.

Client Feedback and Satisfaction

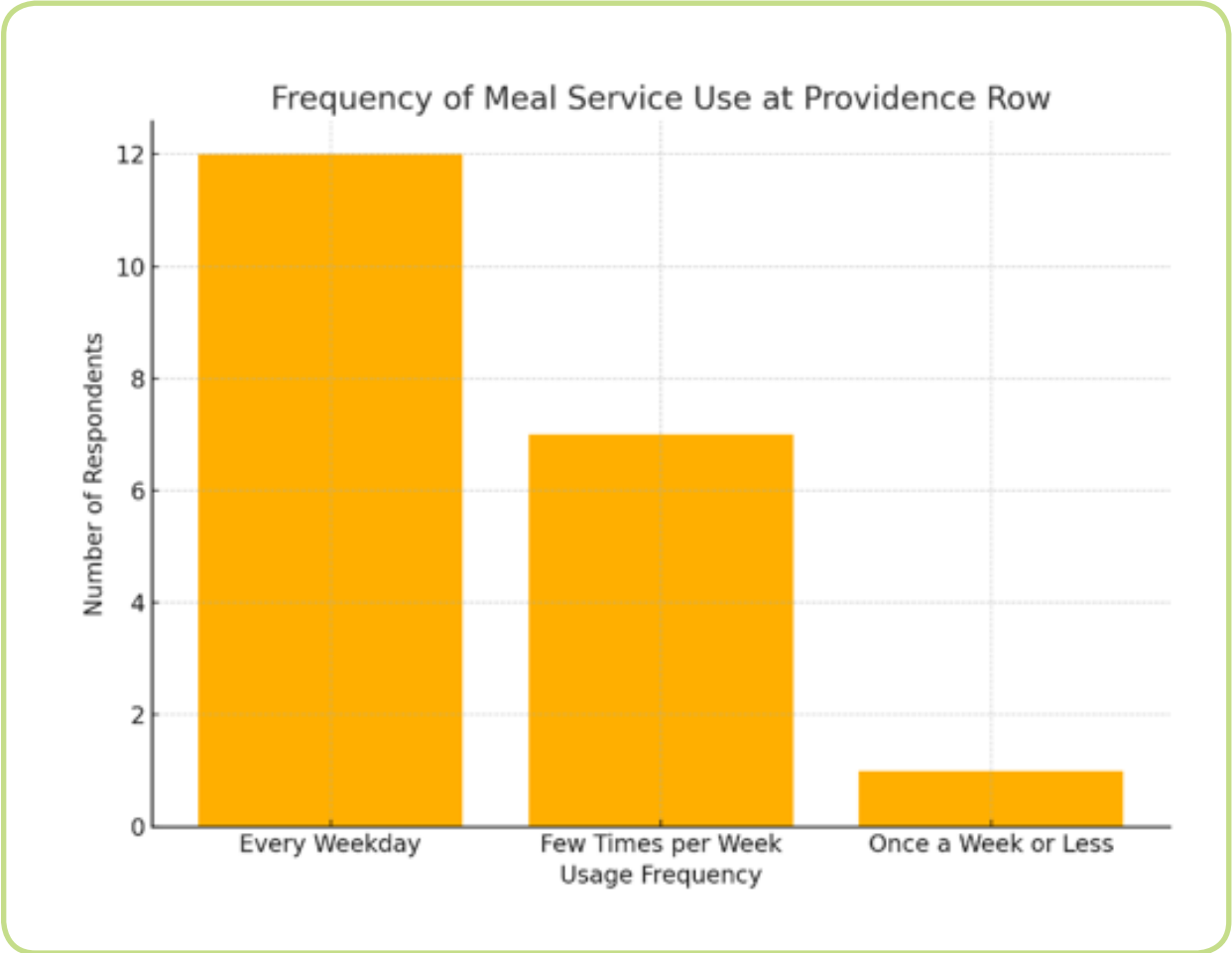
Client feedback played a central role in evaluating the impact and value of the nutrition project. As part of this process, participants were asked whether they would recommend the service to others through the Friends and Family Test. This was completed by 81 clients engaged, with 100% indicating they would recommend the intervention.

Clients particularly appreciated the time taken to focus on their wellbeing, which contributed to a strong sense of being supported and understood.

Supplementary Findings: Service User Perspectives on Food Support

To strengthen the evidence base of the Providence Row Nutrition Project, a short survey was conducted with 20 individuals currently experiencing homelessness, who regularly access meal provision at Providence Row Charity. The aim was to understand, from the perspective of service users, the value and impact of food support for people experiencing homelessness. The findings provide important insight into daily reliance on meals, the consequences of food insecurity, and the broader role of nutrition in health, wellbeing, and recovery.

How often do you eat meals from Providence Row?



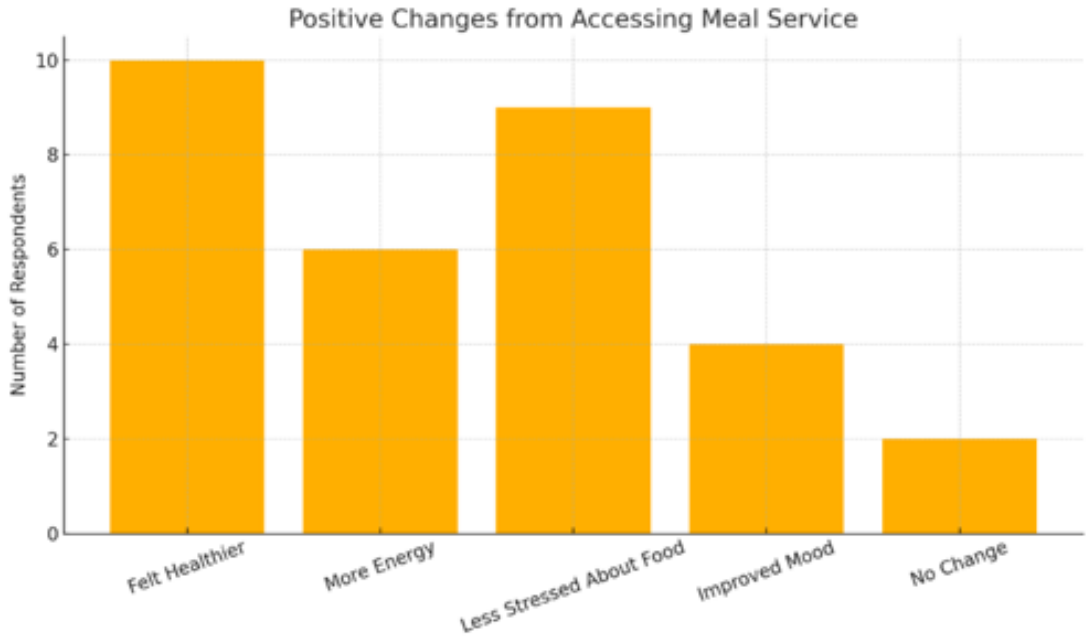
The majority of respondents, 12 out of 20, reported attending Providence Row for meals every weekday. A further seven accessed the service a few times per week, with only one individual stating they used the meal service once a week or less. These responses confirm that the service is not occasional or supplementary but serves as a core source of food for most clients. For many, it represents the only consistent and nutritionally adequate meal they can rely on each day.

If these meals were not available, how would this affect you?

Half of the participants said they would struggle to find enough food if the service ceased. Others anticipated that they would have to rely more heavily on food banks, increase their consumption of unhealthy food, or experience a decline in health and energy. Several people selected more than one of these impacts, illustrating the compounding effects of food insecurity. One respondent commented, unprompted, that they would be forced to steal to survive, a stark reminder of the risks associated with unmet basic needs.

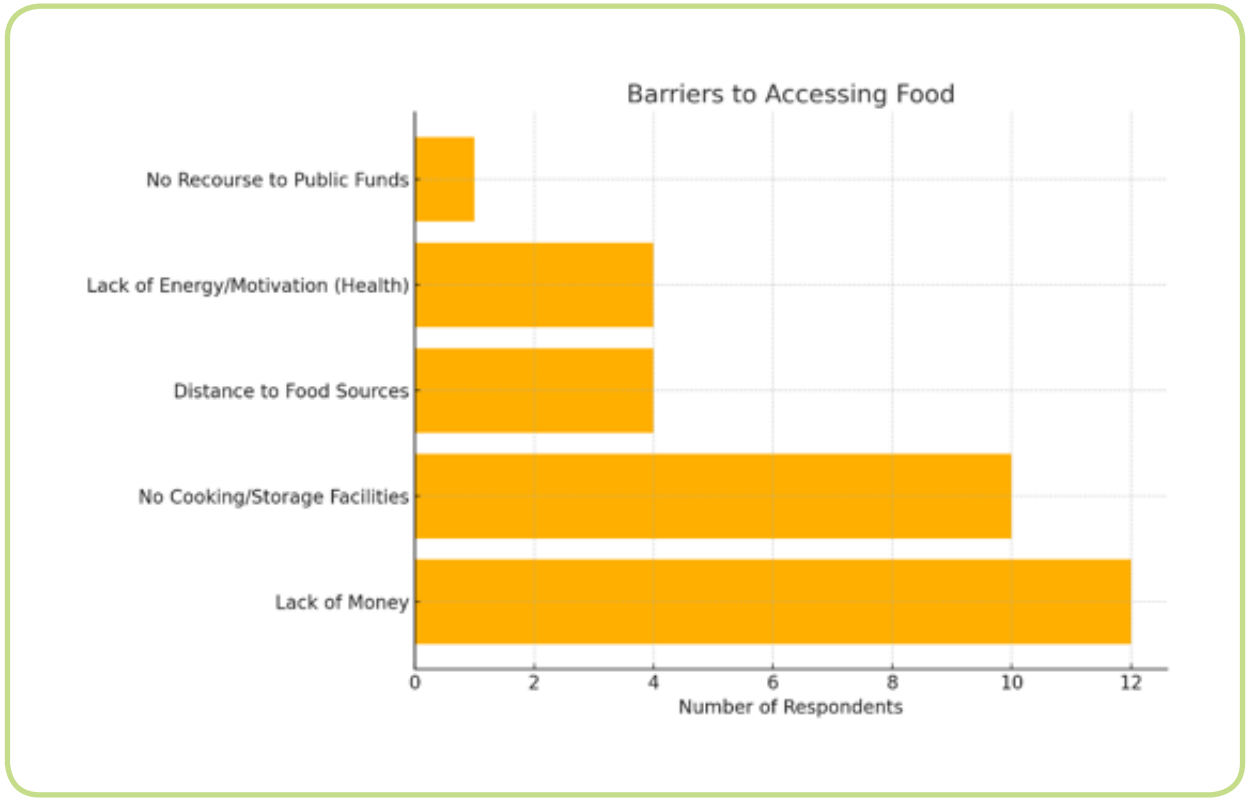
Since eating at Providence Row, have you noticed any changes?

Ten responses indicated that they felt healthier since accessing the meal service, and six reported an increase in energy. Nine indicated they felt less stressed about food, and four noted an improvement in mood. These changes, though subjective, are powerful indicators of the stabilising effect of regular, balanced meals. Only two respondents reported no change, suggesting that for the overwhelming majority, food provision has contributed positively to their wellbeing.



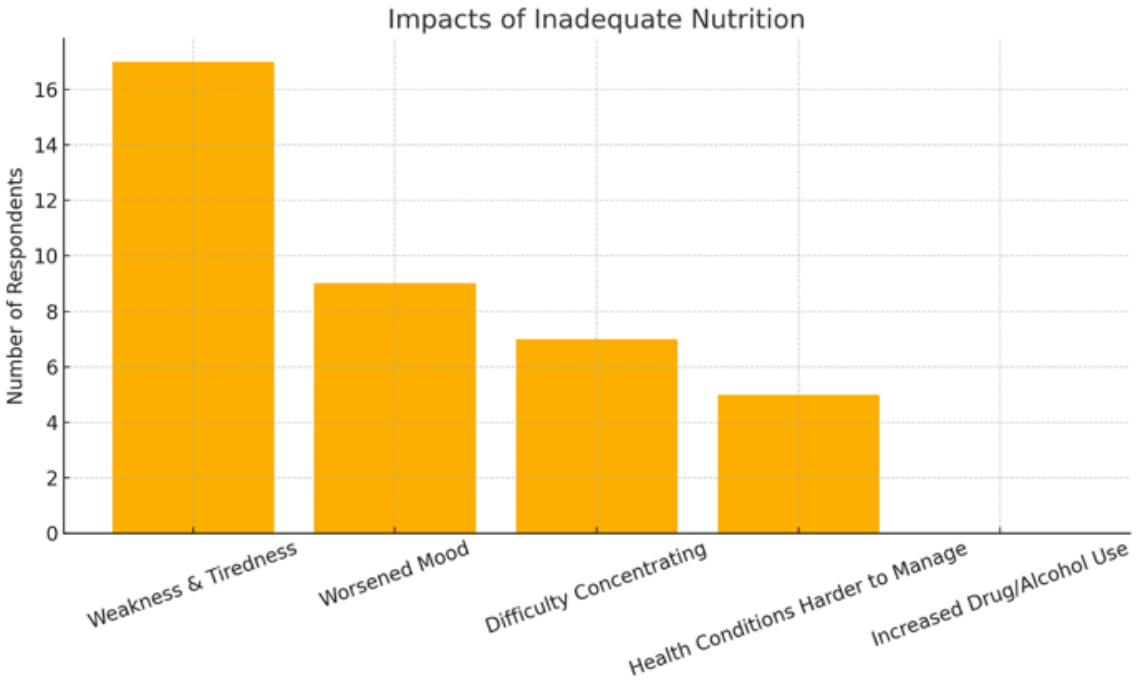
What stops you from getting enough food?

The most commonly reported barrier was a lack of money, cited by 12 individuals. Ten also noted that they had no access to cooking or storage facilities, an issue frequently echoed in the wider project. Other challenges included the distance to food banks or meal services and a lack of energy or motivation to search for food due to physical or mental health limitations. One respondent identified having no recourse to public funds as a key factor. These responses make clear that even when food is technically available in the community, systemic barriers often prevent individuals from accessing it in practice.



If you don't eat enough, how does it affect you the most?

Seventeen people said they felt weak and tired when they didn't eat enough. Nine said their mood worsened, while seven struggled with concentration or clear thinking. Five reported that their existing health conditions became more difficult to manage. No one reported increased drug or alcohol use as a coping mechanism, but the responses point to a clear and immediate link between poor nutrition and reduced physical, emotional, and cognitive functioning. These impacts are likely to make recovery, service engagement, and day-to-day survival significantly more difficult.



Do you have any comments about the meals or food support?

The feedback was largely positive, with ten respondents describing the food as "great." A few suggested minor improvements, including offering more fruit, reducing cheese in meals, and using more spices for variety. While these comments reflect personal preference, they also reinforce a desire for balanced, flavourful, and culturally sensitive meals.

Conclusion

This survey confirms that food provision at Providence Row plays a vital role in the daily lives of people experiencing homelessness. Respondents clearly rely on it not only for nutrition but also for stability, wellbeing, and a sense of routine. The risks associated with its absence - hunger, worsening health, and in some cases, potential criminalisation - underscore the essential nature of this service. The findings support the wider conclusion of this report: that food insecurity is not peripheral to homelessness - it is central.

Dietary Habits and Meal Frequency

The average meals per day for the hostel population were recorded at 1.5, a figure of particular concern among highly complex patients at Edwards Gibbons House who rely solely on the meals provided by the hostel. The evening meal witnessed the highest attendance, in contrast to breakfast, which was often missed by those who woke up late, despite being well received by others. For most, the hostel meals are the only source of food available to them.

Our survey also indicates that rough sleepers utilising our Resource Centre drop in are provided with two meals daily - breakfast and lunch. This is crucial for their daily nutritional needs, especially given the limited meal options available locally in the evenings. The absence of a third meal poses a significant concern, reflecting a substantial gap in their daily caloric and nutritional intake. Without the meals offered at the Resource Centre, rough sleepers would face even more severe challenges in meeting their basic dietary needs. The lack of consistent food provision could lead to increased health complications, impede recovery efforts, and intensify the difficulties associated with their living conditions. This underscores the vital role that the Resource Centre plays in supporting the nutritional well-being of rough sleepers and highlights the potential consequences of inadequate food provision on their daily lives.

Fruit and Vegetable Intake

The survey also assessed the daily intake of fruits and vegetables (F&Vs) among clients. Out of 78 surveys, 71 provided appropriate responses, indicating an average intake of 1.25 units per day. Alarmingly, only one client out of 78 consumed the recommended five or more units of F&Vs per day (2.86% of the sample). This contrasts sharply with the national average, where 32.5% of adults aged 16 and over consume the recommended amount, according to data from Gov.uk (April 2024).

In the UK

In the UK, the recommended daily intake of fruit and vegetables is at least five portions per day (400g total), as advised by the NHS and Public Health England, to support overall health, reduce the risk of chronic diseases, and ensure adequate vitamin and mineral intake.

Client Goals and Feedback

Clients generally expressed deep gratitude for the nutritional support provided, showing high levels of engagement not only in discussions about food but also in broader conversations about their overall well-being, substance use, and treatment journeys. Follow-up appointments strengthened therapeutic relationships, reinforcing key messages about healthy eating, goal setting, and motivation for long-term change.

Clients shared powerful reflections on the impact of food on their daily lives:

- "The days I eat, I find myself smoking less crack."
- "Food will energise me, and I will start doing things - it keeps me going."
- "It reminded me about food."
- "Food gives me a routine."

Client Goals and Behavioural Changes

The client survey included an open-ended question about personal goals and intended changes following their nutritional assessments. Responses highlighted a strong willingness to improve dietary habits and food choices. Key changes clients aimed to make included:

- Increasing fruit and vegetable intake – six clients reported a commitment to eating more fruits and vegetables.
- Drinking more water – three clients highlighted hydration as a priority.
- Seeking medical support – one client planned to consult their GP for a thiamine prescription after learning about its importance.

Clients also recognised the broader impact of nutrition on their physical and mental health, with specific plans to incorporate more high-energy foods and snacks. Some notable dietary adjustments included:

Awareness and Practical Adjustments

- Switching from white bread to wholemeal –
  "I will try and change my white bread for wholemeal."
- Cooking more meals using available facilities –
  "I will cook more in my room kitchen."
- Changing cooking methods to retain nutrients –
  "I will eat more broccoli and steam it instead of boiling."

Beyond dietary changes, clients reported a better understanding of available food resources. Several expressed appreciation for information about food banks and affordable meal options, while others linked improved housing stability to better eating habits:

- "When in more stable accommodation, I will be able to eat better."

Financial considerations also influenced food choices, with one client noting:

- "Once on treatment, I will have more money to spend on food."

Clients recognised the role of nutrient-rich meals in improving overall well-being, highlighting the importance of warm meals for comfort and rest:

- "It is very important for me to have a warm meal at night so I can sleep well."

Additionally, discussions around budget-friendly cooking were well received, particularly tips on using frozen and tinned vegetables as cost-effective alternatives. Some clients, already knowledgeable about nutrition, actively engaged in conversations, posing thoughtful questions and deepening their understanding of food choices.

Summary

Overall, the feedback highlights the positive reception and perceived value of the nutritional intervention. The responses indicate a willingness among clients to make dietary changes and an appreciation for the support and information provided. The project's impact is evident in the changes clients plan to make, underscoring the importance of continued nutritional support and education.

Findings and Recommendations

The Providence Row Nutrition Project has identified significant nutritional deficiencies, food insecurity, and dietary barriers among people experiencing homelessness. Malnutrition is common but often overlooked within homelessness and substance misuse services, negatively impacting health outcomes and recovery prospects.

Key findings include:

- Low fruit & vegetable intake (average: 1.25 servings per day).
- Nutrient-poor diets due to easy access to junk food, financial constraints, and limited cooking facilities.
- Chaotic lifestyles and substance use leading to irregular meals and poor dietary habits.
- High rates of oral health problems affecting food choices and digestion.
- Inadequate screening tools (MUST tool limitations in identifying long-term malnutrition) echoed in the work of Ghislaine Swinburn PCN dietician in Bristol (see here) and Hannah Style (Feast Founder and Research Dietician see here).

To address these challenges, we present tailored short-term and long-term recommendations for service providers, charities, policymakers, and healthcare professionals to improve food security, meal quality, and health outcomes for people experiencing homelessness.

Priority Issues and Challenges

Issue	Impact
Inconsistent access to nutritious meals	Increased malnutrition, poor recovery outcomes
High sugar intake due to substance use	Risk of diabetes, tooth decay
Limited storage/cooking facilities	Reliance on processed and takeaway food
Lack of appropriate malnutrition screening tools	Underdiagnoses of malnutrition
Oral health issues (tooth loss, decay)	Restricts food choices, limits nutrient intake
Poor hydration due to chaotic lifestyles	Increases fatigue, poor organ function
Food insecurity among hostel residents	Many rely entirely on hostel meals with limited variety

Recommendations by Stakeholder

1 Frontline Service Providers (Shelters, Resource Centres, Food Banks)

Short-Term (Immediate Actions)

Optimise Meal Provision:

- Increase fruit and vegetable portions in meals.
- Offer fortified meals (e.g., full-fat dairy, protein-rich foods, blended vegetables).
- Provide softer foods for clients with dental issues.

Enhance Hydration Support:

- Ensure easy access to water at all times.
- Provide electrolyte-rich drinks for those with substance use needs.

Expand Food Access Points:

- Establish evening meal services or coordinate with local businesses to redistribute surplus food.

Improve Nutritional Education:

- Distribute easy-read guides on healthy eating on a budget.
- Conduct cooking demonstrations in hostels with shared kitchens.

Long-Term (Sustainable Strategies)

Integrate Nutrition into Recovery Services:

- Ensure nutritional assessments are part of substance misuse treatment plans.
- Provide dietitian-led group sessions on nutrition in recovery.

Address Oral Health Barriers:

- Train staff to identify and refer clients for emergency dental care.
- Partner with mobile dental clinics for on-site treatment.

Advocate for Improved Food Security:

- Improvement needed for hostel meal funding to ensure at least two hot meals per day.

2 Charities and Non-Profit Organisations

Short-Term (Immediate Actions)

Expand Food Support for Rough Sleepers:

- Ensure food bank packages contain nutrient-dense options (e.g., canned fish, beans, whole grains).
- Collaborate with Local Authorities to secure funding for commissioned day centre food programmes, ensuring rough sleepers have access to nutritious meals and holistic support to help them move towards resolving their homelessness.

Upskill Staff and Volunteers:

- Provide training on malnutrition identification and referral pathways.
- Develop best practice toolkits for frontline workers.

Improve Food Bank Accessibility:

- Offer pre-prepared meals for those without cooking facilities.
- Partner with retailers to secure food donations for specific nutritional needs.

Long-Term (Sustainable Strategies)

Develop Community Kitchens:

- Create cooking workshops for hostel residents with kitchen access.
- Support peer-led cooking programmes to build self-sufficiency.

Ensure Food Services Are Commissioned by Local Authorities:

- Advocate for local authorities to formally commission food services that address food insecurity among homeless individuals and those in hostels.
- Push for structured, long-term funding to guarantee access to nutritious meals as a core part of **homelessness and public health strategies.**
- Work with local councils to integrate food security into health and social care planning, ensuring sustainable meal provision for those most at risk.

Advocate for Policy Change:

- Push for regular government funding for nutritional support services.
- Work with policymakers to remove barriers for non-UK nationals accessing food aid.

3 Policymakers and Government Agencies

Short-Term (Immediate Actions)

Recognise Nutrition as a Core Health Intervention:

- Ensure funding for nutritional screening and intervention in homelessness services.
- Embed nutrition into local drug & alcohol recovery programmes.

Fund Evening Meal Services:

- Provide grants for meal expansion in Resource Centres and hostels.
- Commission research on malnutrition rates and dietary needs among rough sleepers.

Long-Term (Sustainable Strategies)

Mandate Nutritional Standards in Hostels:

- Establish minimum meal requirements for publicly funded hostels. Support Food Redistribution Initiatives:
- Create tax incentives for supermarkets donating food to homelessness services.

4 Healthcare Professionals

Short-Term (Immediate Actions)

- Improve Malnutrition Screening:
- Supplement the MUST tool with qualitative dietary assessments.
- Train GPs and outreach nurses to identify hidden malnutrition.

Expand Thiamine and Nutritional Deficiency Support:

- Provide automatic Thiamine prescriptions for patients with alcohol dependency.

Strengthen GP-Dietitian Referrals:

- Enable direct referrals from homeless health services to dietitians.

Long-Term (Sustainable Strategies)

- Integrate Nutrition into Primary Care for Homeless Patients: Include nutritional monitoring in annual health check-ups.

Establish Specialist Homeless Dietitian Services:

- Fund dietitian-led outreach in hostels and Resource Centres.

Addressing Key Barriers

Barrier	Proposed Solution
Limited Funding	Advocate for ring-fenced nutrition funding in homelessness services.
Storage & Cooking Limitations	Provide nutritionally rich, ready-to-eat options in food banks.
Chaotic Lifestyles	Introduce grab-and-go meal options in drop-in services.
Oral Health Issues	Ensure dental referrals and soft meal options in meal programmes.
Low Engagement	Use incentives like food vouchers for nutritional education participation.

Dr Gracia observations on Providence Row food Programme

I would like to share with you my views on the Providence Row Food Provision Service, as a health professional working in Tower Hamlets for almost 20 years. I am a GP and have worked in substance and alcohol services being currently the substance misuse GP clinical lead in the borough. I also have the privilege of working as a nutritionist for Providence Row after I completed an MSc in Nutrition one year ago.

Providence Row provides a vital service for people who experience homelessness, having done so since 1860. Their expertise and tradition in the area, make it a well-known and extremely respected service that provides life-saving interventions for this extremely vulnerable group. The last report of the LBTH Homeless Health Needs Assessment 2022 mentions Nutrition as a key finding and challenge. Poor diet and food insecurity are key indicators of health inequalities, with diet inequality being one of the leading causes of avoidable harm to health. This population lacks access to basic nutrition for multiple reasons, therefore being at high risk of ill health and premature death. Not only that. There is growing evidence that adequate nutrition supports recovery in patients with alcohol and substance misuse, and other mental health problems.

With high levels of co-occurring substance misuse and alcohol, enduring mental health problems, and past and ongoing significant trauma in their lives, this is an extremely difficult to engage group.

What I have seen myself and talking to staff and service users, is that they come to the service mainly because of the food, to enjoy a nutritious well-balanced meal in a culturally sensitive, friendly and warm environment that they can trust. They come for their cooked breakfast and while waiting for lunch they have access to other lifesaving interventions, engaging with services that otherwise they would not reach. They can even join cooking skills courses in the kitchen taught by the chef. The quarterly Health and Wellbeing fairs are a joy to attend with many "health in action" activities. Again, the nutritious and delicious food provided in those fairs is definitely one of the highlights and attracts and connects everyone together.

The Providence Row Food Programme supports those sleeping rough in the borough with probably the only well balanced and healthy meals available to them. Most of them would not have access to nutritious meals in a warm, friendly, dignified environment. Not only that, through the food, they feel part of a community and they feel cared for and respected, which adds an extra value to the food service.
The patients I spoke to were highly satisfied with the service and felt safe, which provided a much-needed break and relaxing space, for when back on the streets.

Services like this are unique and more and more research is being published about the vital role they play in supporting those most at need.
The risks of losing the food provision service need to be considered extremely carefully, in the interest of these individuals but also of our community. It is a vital health intervention and also a platform that promotes engagement with other critical services and social inclusion.

Case Studies

Case Study 1: Daniel, Male in His Forties

Daniel, a man in his forties, was the first individual engaged by the project at the Dellow Centre. Having lived intermittently on the streets for years while awaiting rehousing, he accessed various services at Providence Row (PR), including regular breakfast and lunch at PT. He expressed interest in the new Nutrition Pilot even before learning about the incentive. When asked about his previous day's meals, he reported only having "Weetabix with milk."

Daniel had a long and complex history of mental health challenges, substance use, and homelessness. Despite these difficulties, he was stable on opioid substitution therapy (OST) prescribed by his GP in collaboration with Reset. His strong and consistent engagement with his GP was evident. At a BMI of 18, Daniel was at high risk of undernutrition, though he had not experienced recent weight loss in the past three to six months. He recalled being heavier in the past but had lost weight gradually over the years.

Daniel showed a keen interest in discussing food and meal preparation in anticipation of being rehoused. He even mentioned his aspiration to cook for friends in the future. Following nutritional guidelines, we explored the importance of high-energy foods and "food first" or food fortification strategies. Additionally, we discussed how to make nourishing drinks using dried skimmed milk powder, which he remembered from childhood. He was eager to take home written materials summarising the key recommendations.

As part of the intervention, Daniel was signposted to his GP for an annual health check through the P-Reset initiative and was encouraged to seek a referral to a dietitian for further support. We emphasised the role of hydration and how proper nutrition could enhance both physical and mental well-being. Recognising the limitations of food banks for rough sleepers due to storage and cooking constraints, we provided him with a resource list from the Tower Hamlets website to explore available support options.

Daniel also expressed a strong interest in learning cooking skills, so he was referred to the Progression & Training Programme, where he successfully enrolled. A food diary was provided to support him in tracking his intake. During the hour-long session, he remained fully engaged and receptive—an encouraging start to his journey toward improved nutrition and well-being.

Case Study 2: Ahmed, Male in His 30s

Ahmed, a man in his thirties, had been sleeping rough for several years while awaiting a decision on his immigration status. He engaged with the service over a three-month period, attending two nutritional intervention sessions.

Having registered with a local GP, he provided a self-reported health history to assess any underlying conditions. He was encouraged to seek medical support for any concerns. He accessed breakfast and lunch regularly at Providence Row, supplementing his meals with food from local friends and restaurants. His previous experience as a chef gave him an interest in food and nutrition.

During both sessions, his weight, BMI, and Malnutrition Universal Screening Tool (MUST) score were assessed, with results indicating no immediate risk of malnutrition (MUST score: 0). However, given his alcohol use needs and the instability of his housing and food access, we discussed the importance of regular meals and the role of thiamine in preventing neurological damage. He was supported in obtaining a free thiamine prescription from his GP and encouraged to engage with Reset Treatment and Recovery Service. After experiencing an alcohol-related hospital admission, he followed through with this recommendation and began engaging with Reset.

We used the EatWell Guide and a tailored leaflet on thiamine to reinforce the importance of hydration and balanced nutrition in supporting both physical and mental health. Information on local food provisions was provided, taking his circumstances into account.

Ahmed remained actively engaged with several services at Providence Row, regularly accessing food support while also seeking assistance with housing, benefits, and education and training opportunities. His progress demonstrated the impact of a holistic approach, addressing both immediate nutritional needs and longer-term well-being.

Case Study 3: Cassandra, Female, 51 Years Old

Cassandra, a 51-year-old woman, had been sleeping rough for two years and was awaiting placement in a local hostel when she first engaged with the service. She attended three one-to-one nutritional intervention sessions between July and October 2024.

She was registered with the local practice for homeless patients and self-reported a history of type 2 diabetes (managed with oral medication) and mental health conditions requiring psychotropic treatment. She was also under Reset Treatment and Recovery for opioid substitution therapy (OST) with buprenorphine and an alcohol use need.
Cassandra accessed breakfast and lunch at Providence Row on a regular basis, supplementing her meals with takeaways and donated food over the weekends.

During her initial session, her weight and BMI were assessed, revealing a BMI of 36 (Obesity Class II). She reported that she had gained weight while living on the streets and was struggling to manage her diabetes and adhere to dietary guidance from her diabetes dietitian.

We explored the impact of alcohol consumption on her health and encouraged her to discuss it further with her Reset coordinator. A brief intervention was provided, and she was advised to visit her GP to request a thiamine prescription, which was not currently part of her medication regimen. Additionally, we discussed the effects of opioid-related constipation and recommended that she speak with her GP about prescribed laxatives, alongside dietary strategies to manage constipation. Dental health concerns were also addressed.

She was given printed educational materials, including an explanation of thiamine's role in preventing brain damage and guidance on healthy eating using the EatWell Guide. Hydration and its impact on overall health were also emphasised. Given her medical history of type 2 diabetes and obesity, she was strongly encouraged to maintain regular engagement with her GP team and diabetes dietitian.

By her second session, Cassandra reported positive changes, including being prescribed laxatives and thiamine by her GP and successfully reducing her alcohol intake while continuing her buprenorphine treatment. She had also significantly cut down on fizzy drinks, replacing them with water, and described feeling "more alert" as a result. Her next appointment with the diabetes dietitian was scheduled for the following month.

By her final session, she continued to report improvements. Despite the challenges of street homelessness, she had begun making healthier food choices, particularly when purchasing takeaways. She also shared that, with encouragement from her practice nurse, she had agreed to undergo a smear test. Her weight had started to decrease, and she observed that on days when she had a nutritious breakfast, she felt physically stronger and used less crack cocaine and alcohol.

We reflected on the positive changes she had made over the previous months and how they had improved her energy levels and overall well-being. She acknowledged the significant impact of these changes and expressed a strong commitment to maintaining them. Given her ongoing medical needs, she was encouraged at each session to continue engaging with healthcare services and prioritising her diabetes management and overall health.

Appendices

- MUST tool
- Resources used with Green/Yellow and Thiamine leaflets.

PROVIDENCE ROW

HELPING HOMELESS AND VULNERABLE PEOPLE SINCE 1860

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