Nutrition Status of People Experiencing Homelessness

February 2025

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CONTENT

*different strands of work are affiliated to each of the partners throughout, see logo on each slide

FEAST With Us

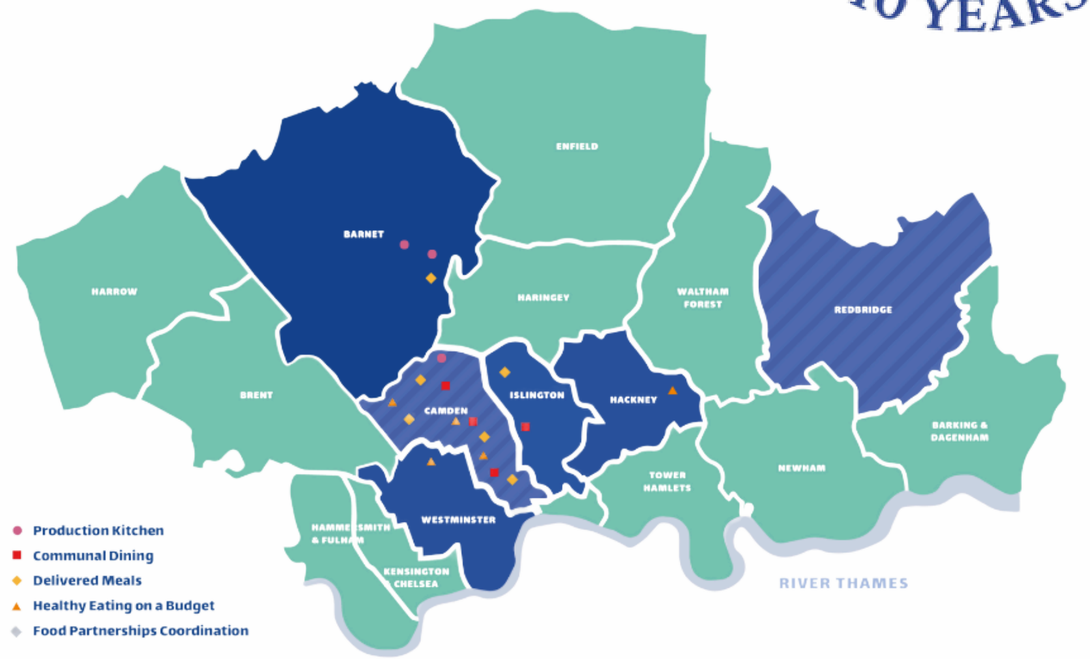
FEEDING AND EMPOWERING ALL SUSTAINABLY TOGETHER

Improving the nutrition, health and well-being of people at risk of food insecurity.

2015-2025 FEAST 10 YEARS

Nutritious Community & Delivered Meals

Healthy Eating on a Budget Programmes



Nutrition Research & Insights

Food Partnership Coordination

Camden

Redbridge

FOLLOW US

Registered Charity 1172884 www.feastwithus.org.uk

FOOD INSECURITY

MORE PEOPLE DEPENDENT ON FOOD SERVICES

5m (=8%) in 2019/20

(Sustain 2021)

7.2m adults (=14%) 2024

(Food Foundation 2025)

TERM		DEFINITION
FOOD INSECURITY		The lack of financial means to access dietary, social and nutritious food
FOOD POVERTY		The inability to afford or have access to, food to make up a healthy diet
FOOD ILLITERACY		The inability to make informed decisions regarding dietary behaviours
HUNGER		Physical discomfort related to inadequate energy intake, immediate or chronic
FOOD DESERT		Areas (often urban and deprived) with limited access to affordable and healthy food (The Public Health Effects of Food Deserts 2009)
HEALTHY EATING		Diet comprising a range of food groups consumed in balanced proportion
FOOD LADDER		Tool for local authorities and providers to facilitate sharing of social food practices

Department of Health & Social Care

EFAD

British Nutrition Foundation

University of Sheffield

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FOOD INSECURITY AND DIET

INACCESSIBLE

- **Not in walking distance**
- **Lack of Choice**
- **Need to cook it or eat it**

(Loopstra and Lambie-Mumford 2023)

POOR NUTRITIONAL QUALITY

GREATER USE OF FOOD BANKS (90% NEW)

(IFAN 2022)

Low in Fibre, vitamins, minerals

High in free sugars, fat, energy

(Ndlovu 2023)

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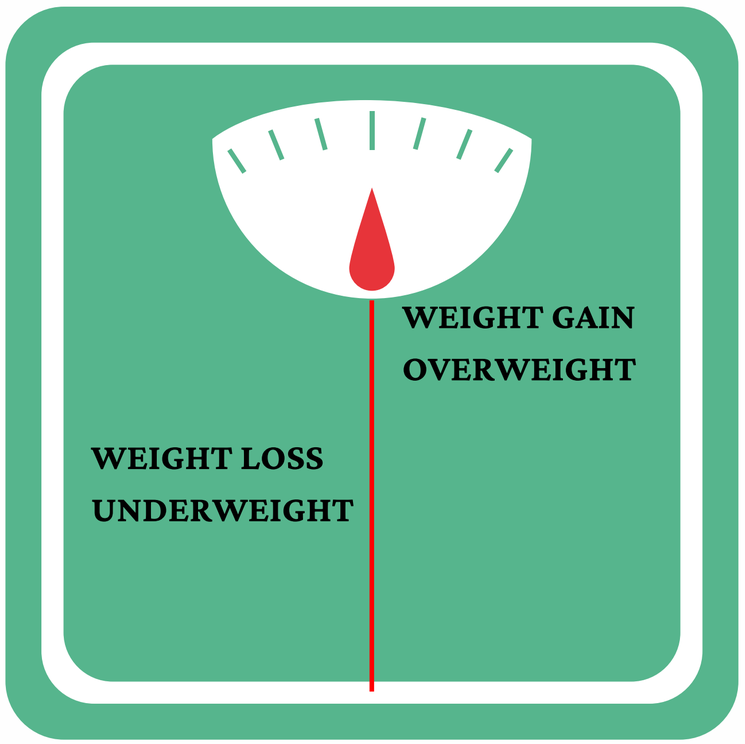
DEFINING NUTRITIONAL STATUS

AIMING FOR A HEALTHY WEIGHT RANGE

MALNUTRITION

- **2.9M PEOPLE IN UK**
- **RISK OF INFECTION**
- **RISK HOSPITALISATION**
- **PROLONGED ADMISSION**
- **£22.6B/YEAR IN 2023 IN HOSPITALS ALONE**

Future Health Research Centre (2023)



OVERWEIGHT/OBESITY

- **25.9% ADULTS LIVING WITH OBESITY**
- **RISK OF DIABETES**
- **RISK HEART DISEASE**
- **15-20YR MORTALITY GAP IN SEVERE MENTAL ILLNESS**

OHID (2023)

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DEFINING HOMELESSNESS

PEOPLE EXPERIENCING HOMELESSNESS (PEH)

'lacking a secure place to live or not reasonably being able to stay'

Crisis 2025

GROWING PREVALENCE

354,000 PEH 2024 = 1 in 182 people

8360 rough sleepers in 5 major cities

12.3% increase from 2023-2024

ONS 2024

AT RISK GROUPS

Sex workers
Trafficked workers
Risk of violence or domestic abuse

Pathway 2018

HOMELESS AND INCLUSION SERVICES

Rough sleeping
Hostels / temporary accommodation
Mobile homes
Houseboats
Uninhabitable buildings
Refugees and asylum seekers

Pathway 2018

Pathway

FOOD INSECURITY AND PEH

HOSTELS

Kitchen facilities unmaintained

Kitchens unsafe to use

Lack of cooking opportunities, deskilling

CHARITY FOOD PROVIDERS

Reliance on donated food

Donated food is poor quality

Concerns about nutritional status

Ravikumar-Grant et al 2023

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PEH'S CONCERNS ABOUT DIET

I struggle to get enough protein. I appreciate the effort they make but it's all just junk food.

I'm so hungry that I'm not hungry.

Clinical problems

I'm losing so much weight you can see my bones. It's really affecting my self-esteem.

I'm really tired and cold, it's too far.

I have money but no transport, I have to buy from the local shop and it's double the price.

Problems with Food Aid

I appreciate all they do but it's not food I like, not what I'm used to eating.

It's not food I like, I prefer to steal something, it's easier.

I know there are places that give out food but I'm really trying to stay clean, I don't want to go there.

I've just got out of rehab, It's really triggering to go there".

Problems with Cooking Facilities

"There is a kitchen but it's dirty, the others don't respect it. I can't put anything in the fridge as it would get stolen"

I'd like to cook on a fire but there's rats and nowhere to clean up.

BRISTOL INNER CITY PCN

SCREENING FOR NUTRITIONAL RISKS

FOOD SECURITY SCREENING

In the past 30 days / 6 months...

"Cut the size of / skipped meals..."

"Hungry but didn't eat..."

"Didn't eat for a whole day ..."

...because there wasn't enough money for food

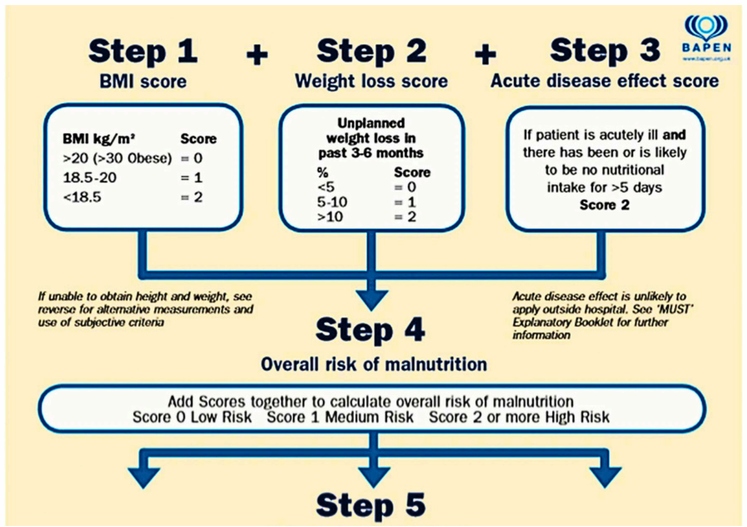
USDA:
https://www.ers.usda.gov/topics/food-nutrition-assistance/food-security-in-the-u-s/survey-tools/#six

Food Insecurity Tracker (2024) The Food Foundation

Insensitive

NUTRITIONAL SCREENING

- Body Mass Index (low, healthy, raised)
- Weight history (loss, stable, gain)
- Dietary considerations (supplements, dysphagia, vomit)



NICE CG32 (2017)

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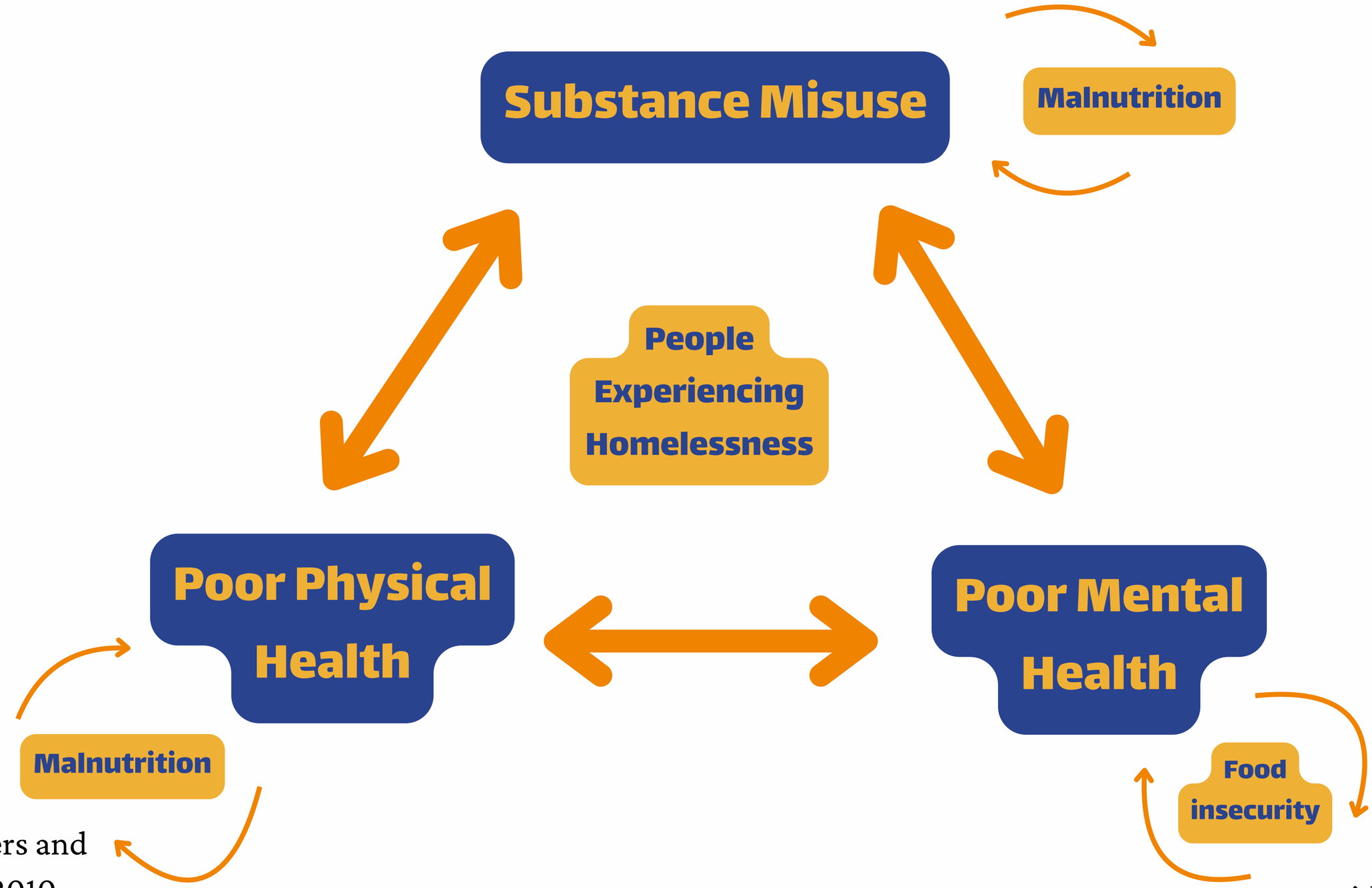
TRIMORBIDITY AND POOR DIET

Pathway 2018

Ijaz et al 2020



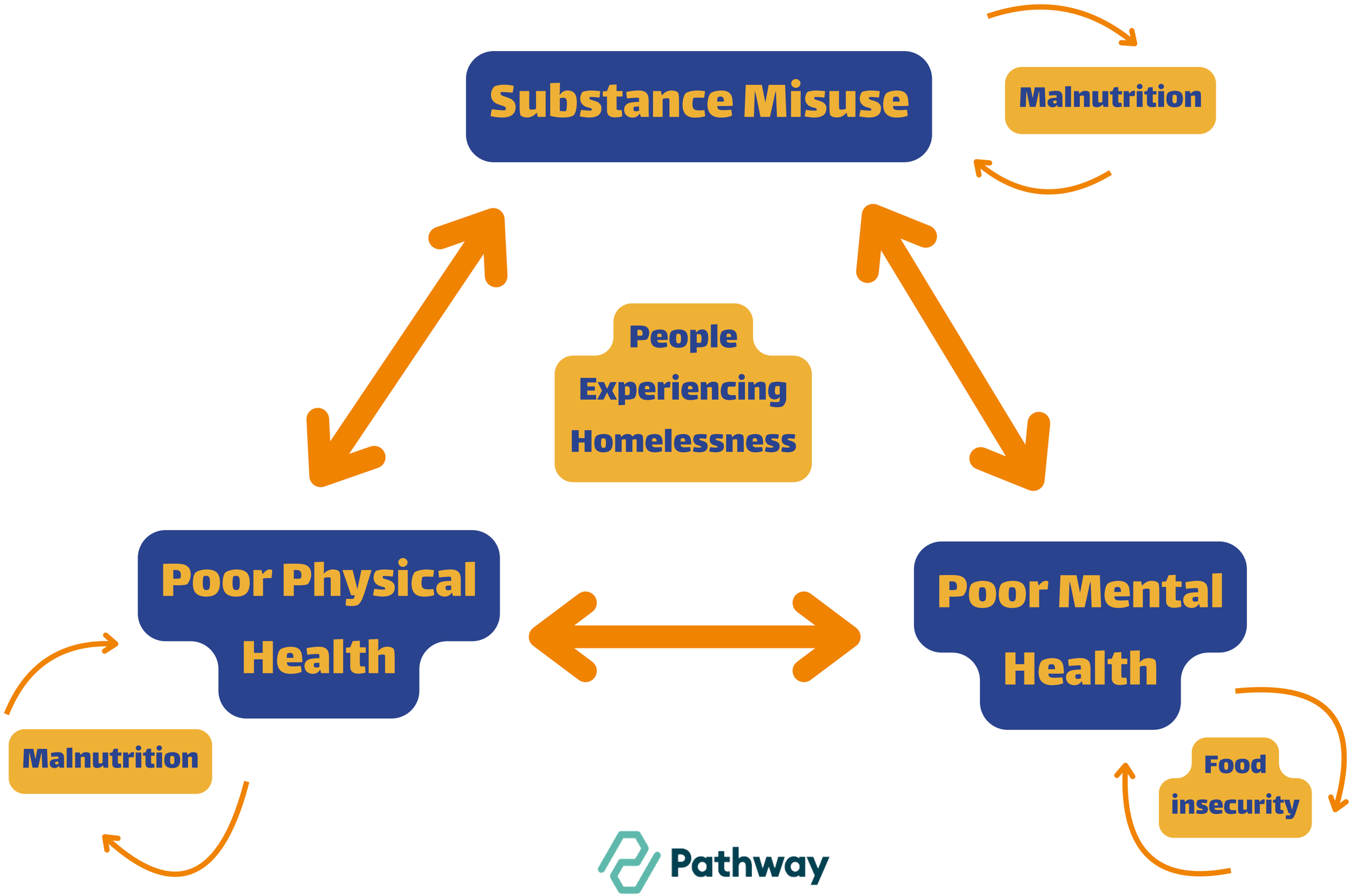
Saunders and Smith 2010

Smith et al 2023
Giles et al 2023

Pathway

Style and Swinburn, Pathway Nutrition Committee, 2024

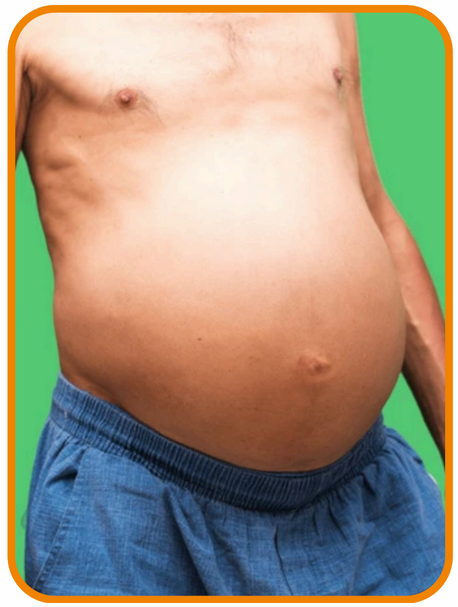
TRIMORBIDITY AND POOR DIET



Style and Swinburn, Pathway Nutrition Committee, 2024

LIMITATIONS OF MUST FOR PEH

- 32yr old male living in a hostel
- Alcohol dependant, 40 units providing 2240kcal per day
- Spice and Methadone
- Engaging with addiction services
- Normal BMI, MUST = 0



- Loss of muscle and fat
- Slightly jaundiced
- Swollen abdomen: false weight gain
- Poor dentition, loose teeth
- Poor mental health
- Not accessing food provision

BRISTOL INNER CITY PCN

NUTRITION STATUS IN PEH

Journal of Human Nutrition and Dietetics
Style, Brown and Vickerstaff 2025

PARTNERSHIP: FEAST and UCL

FUNDING: British Dietetic Association

POPULATION: N = 200 (85% male, 15% female) (61% white), (mean age = 45.7yr) 18 hostels

PRIMARY OBJECTIVES: Prevalence of malnutrition (MUST)

SECONDARY OBJECTIVES:

- Prevalence of obesity (BIA, HGS)
- Prevalence of mental illness (PHQ4)
- Prevalence of food insecurity (USDA)
- Nutrient intake (SFFFQ, 24hr recall)

METHODS: ~40mins facilitated survey

UCL

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BDA The Association of UK Dietitians

FINDINGS: POOR NUTRITIONAL STATUS

MALNUTRITION

MUST: MEDIAN SCORE 2, 60% SCORED >2

HGS: 19%

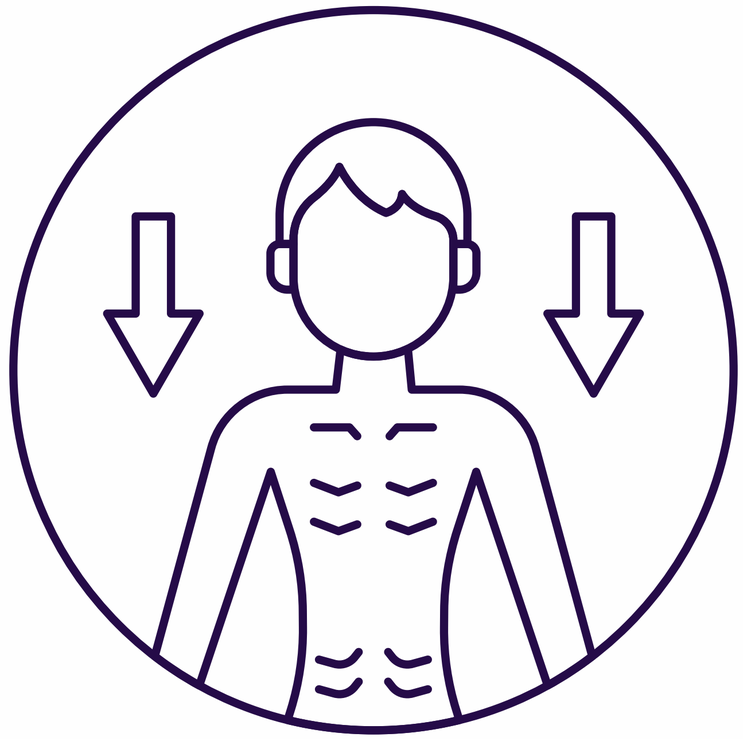
BMI:

~10% UNDERWEIGHT

~50% HEALTHY BMI (MEDIAN BMI 23.8KG/M2)

~25% OVERWEIGHT

~15% OBESITY



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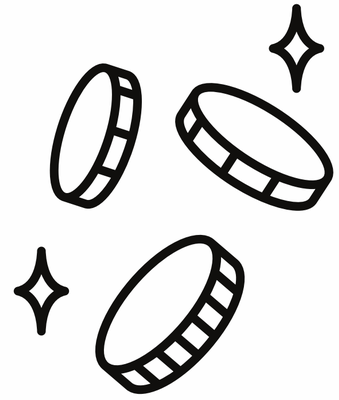
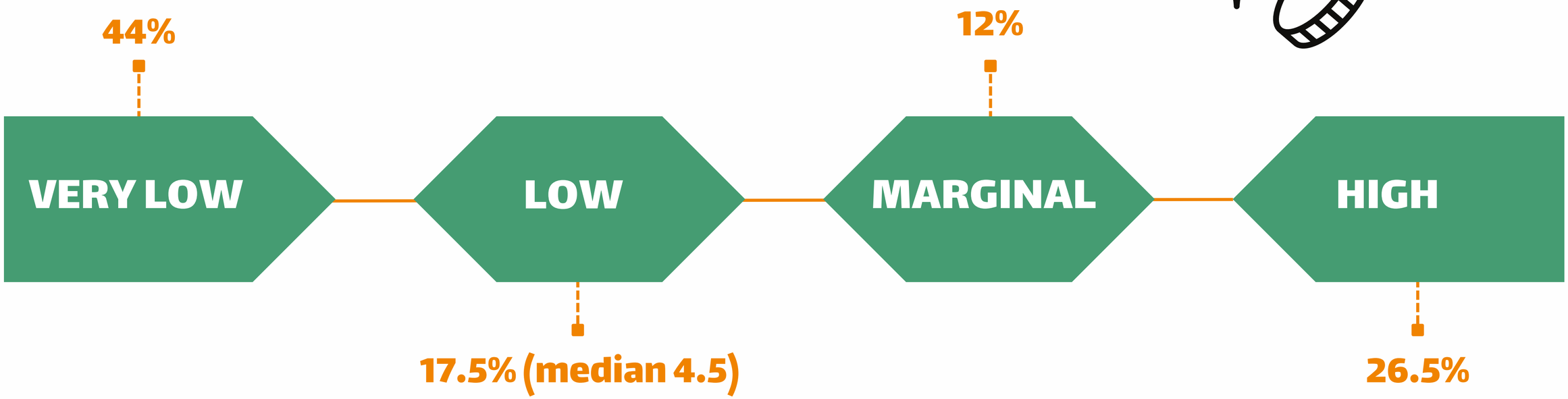
FINDINGS: VERY LOW FOOD SECURITY



FOOD SECURITY



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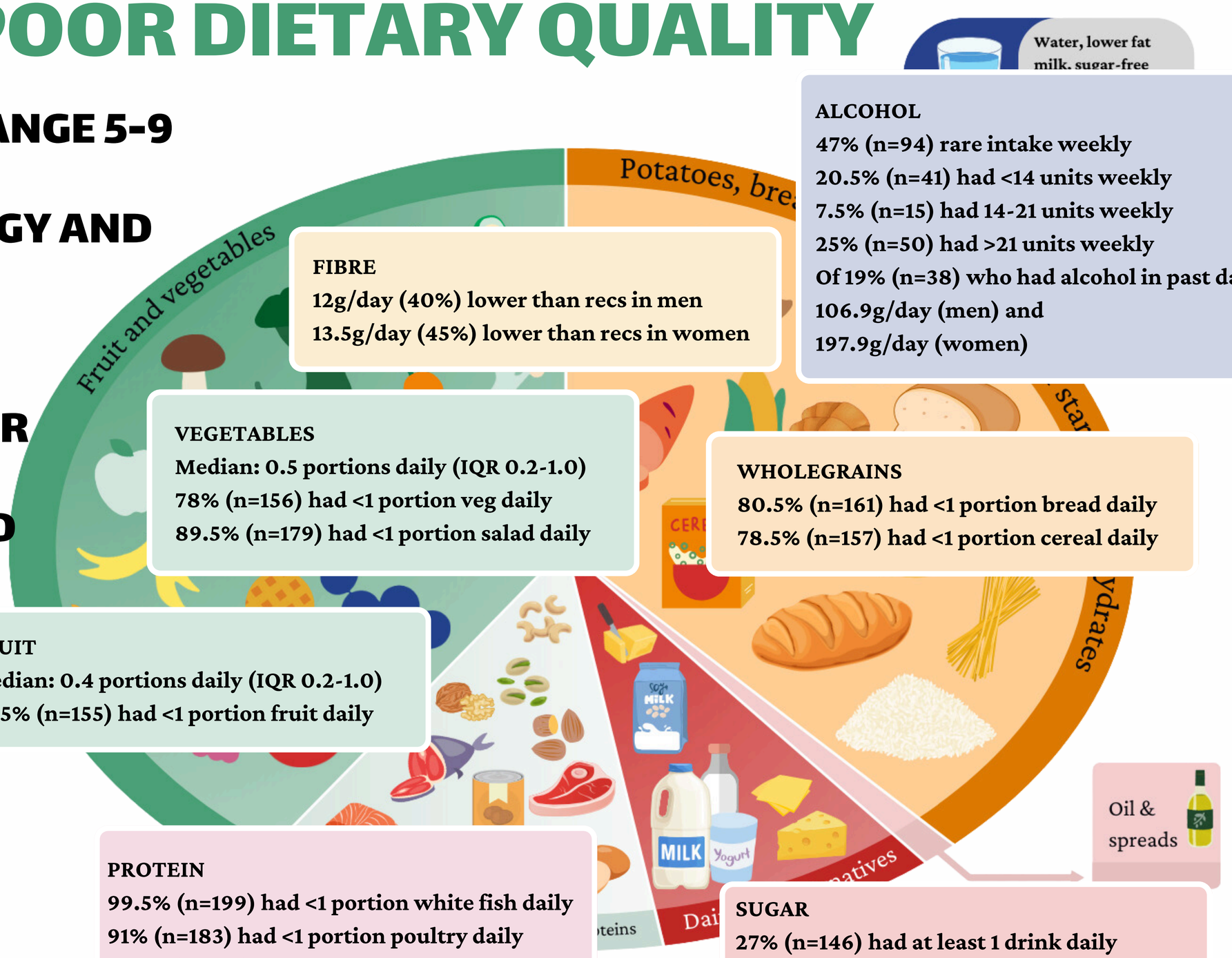
FINDINGS: POOR DIETARY QUALITY

MEDIAN SCORE 8, RANGE 5-9

LOW OVERALL ENERGY AND PROTEIN (OILY FISH)

HIGH PROPORTION ENERGY FROM SUGAR

LOW VITS, MINS AND FIBRE



FIBRE
12g/day (40%) lower than recs in men
13.5g/day (45%) lower than recs in women

ALCOHOL
47% (n=94) rare intake weekly
20.5% (n=41) had <14 units weekly
7.5% (n=15) had 14-21 units weekly
25% (n=50) had >21 units weekly
Of 19% (n=38) who had alcohol in past day,
106.9g/day (men) and
197.9g/day (women)

VEGETABLES
Median: 0.5 portions daily (IQR 0.2-1.0)
78% (n=156) had <1 portion veg daily
89.5% (n=179) had <1 portion salad daily

WHOLEGRAINS
80.5% (n=161) had <1 portion bread daily
78.5% (n=157) had <1 portion cereal daily

FRUIT
Median: 0.4 portions daily (IQR 0.2-1.0)
77.5% (n=155) had <1 portion fruit daily

PROTEIN
99.5% (n=199) had <1 portion white fish daily
91% (n=183) had <1 portion poultry daily
91.5% (n=183) had <1 portion red meat daily

SUGAR
27% (n=146) had at least 1 drink daily
62.1g/day (188.2%) higher than recs for men
73.3g/day (271.3%) higher than recs for women

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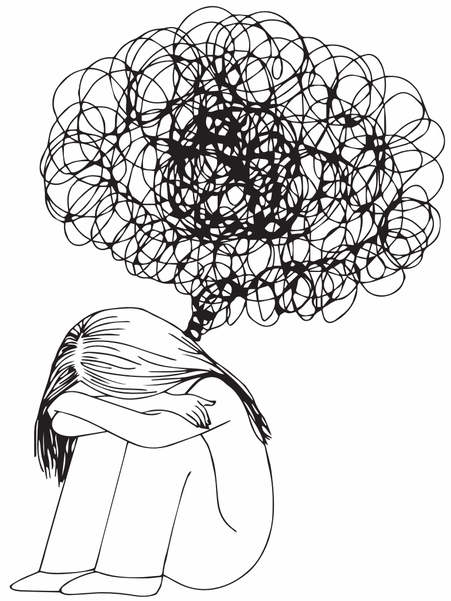
FINDINGS: POOR MENTAL HEALTH

ANXIETY AND DEPRESSION



25%

12% (median 6)

NONE DECLARED

MILD

MODERATE

SEVERE

20%

34.5%

Insensitive

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LEARNING AND NEXT STEPS

Malnutrition
Role for supplements
Poor dietary quality and food insecurity

prevalent amongst PEH

CHALLENGING AIM: REDUCE MALNUTRITION AND IMPROVE DIET QUALITY FOR PEOPLE IN TEMPORARY ACCOMMODATION

Improve and increase **nutritional screening practices**
Promote **prompt referrals for nutrition support**

Develop **nutrition standards and guidelines** for temporary accommodation
Improve **dietary quality of food provision**
Co-development and qualitative research

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PATHWAY NUTRITION COMMITTEE

AIM: IMPROVE DIETARY OUTCOMES FOR HOMELESS PEOPLE

OBJECTIVES:

COMMUNITY OF PRACTICE:

resources, committee subgroups

TRAINING AND EDUCATION

CLINICAL NUTRITION:

nutritional screening tool

POLICY DEVELOPMENT

e.g. dietary guidelines for PEH

Pathway

CHUTNEY

CO-DEVELOPMENT OF A NUTRITION SCREENING TOOL FOR PEOPLE EXPERIENCING HOMELESSNESS

WORKPACKAGE 1

Survey: Nov'24-Jan'25

Understand current nutrition practice in PEH care settings

WORKPACKAGE 2

Review: Jan-Apr'25

Scoping review of nutritional screening tools for PEH

WORKPACKAGE 3

Workshops: Apr-Oct'25

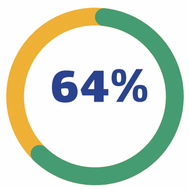
Co-development with EbE and other stakeholders of tool

Pathway UCL BAPEN

CHUTNEY

Workpackage 1: Survey Findings

- 55 respondents
- Diverse Professions
- Across 4 Nations



said no nutritional screening tool used in their practice.

Average confidence to advise on nutrition was

said said nutrition screening and food insecurity screening would help PEH.

said that they did not know where to find nutrition information resources

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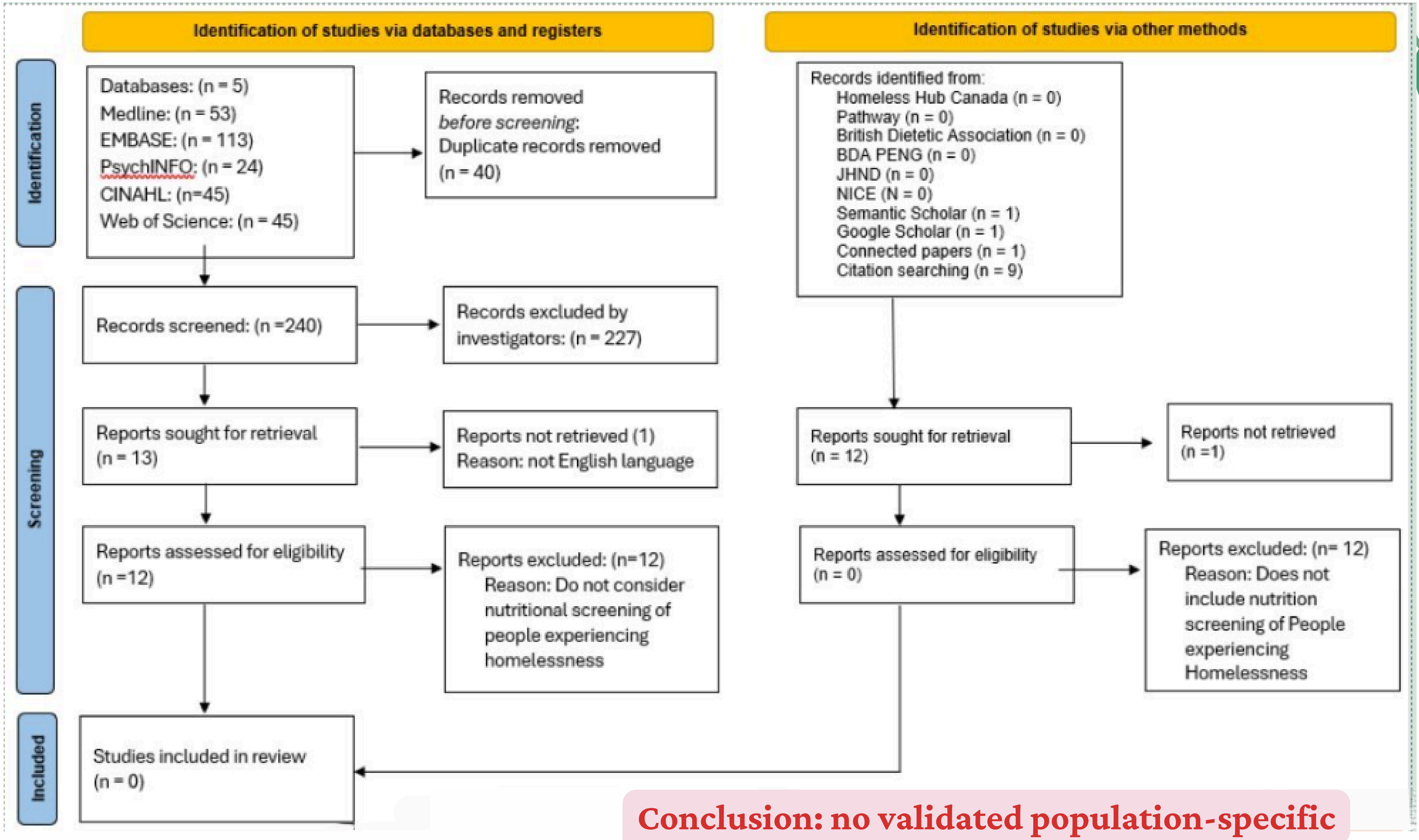
CHUTNEY

Workpackage 2: Scoping Review



Conclusion: no validated population-specific nutritional screening tool

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CHUTNEY

Workpackage 2: Scoping Review

- Unclear definition of nutritional screening
- Frequent conflation of screening and assessment
- Using invalidated methods of screening
- Heterogeneity of population
- Multiple recommendations for co-development of population-specific tool
- Recommendations for more research into diet of PEH

Pathway UCL BAPEN

DIETARY CONSIDERATIONS FOR PEOPLE EXPERIENCING HOMELESSNESS

MENTAL ILLNESS

PTSD, depression, anxiety, psychosis, OCD, schizophrenia, disordered eating, autism, ADHD, neurodegenerative conditions, sensory diet, brain injury

FOOD SYSTEM

Local and central government, clinical services, food producers, food retailers, food distributors, charity food aid

SOCIAL FACTORS

Substance dependence, sex workers, refugees, asylum seekers, single status, young carers, activity levels, consent

FOOD INSECURITY

Lack of facilities, food illiteracy, food banks, meals from charity and accommodation, food vouchers, begging, stealing, prescription

PHYSICAL CONDITIONS

Malnutrition, poor dental health, frailty, COPD, frequent infection, wounds, liver, gastrointestinal, renal, CVD, diabetes, amputation, reduced mobility, sarcopenia

Pathway

Style and Swinburn Pathway Nutrition Committee, 2024

NEXT STEPS - CHANGING PRACTICE

1-2-4 method

What can you do as an individual to help improve diet?

What system-wide changes are needed to improve diet?

Discuss as a group

What are the highest impact changes?

What are the barriers to these changes?

How can we overcome these barriers?

Join at menti.com | use code 6593 3359

Instructions

Go to

www.menti.com

Enter the code

6593 3359

Or use QR code

Pathway FEAST With Us

THANK YOU!
QUESTIONS?

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Want to get involved?

Volunteer with FEAST!

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www.feastwithus.org.uk

2015-2025 FEAST 10 YEARS

Pathway