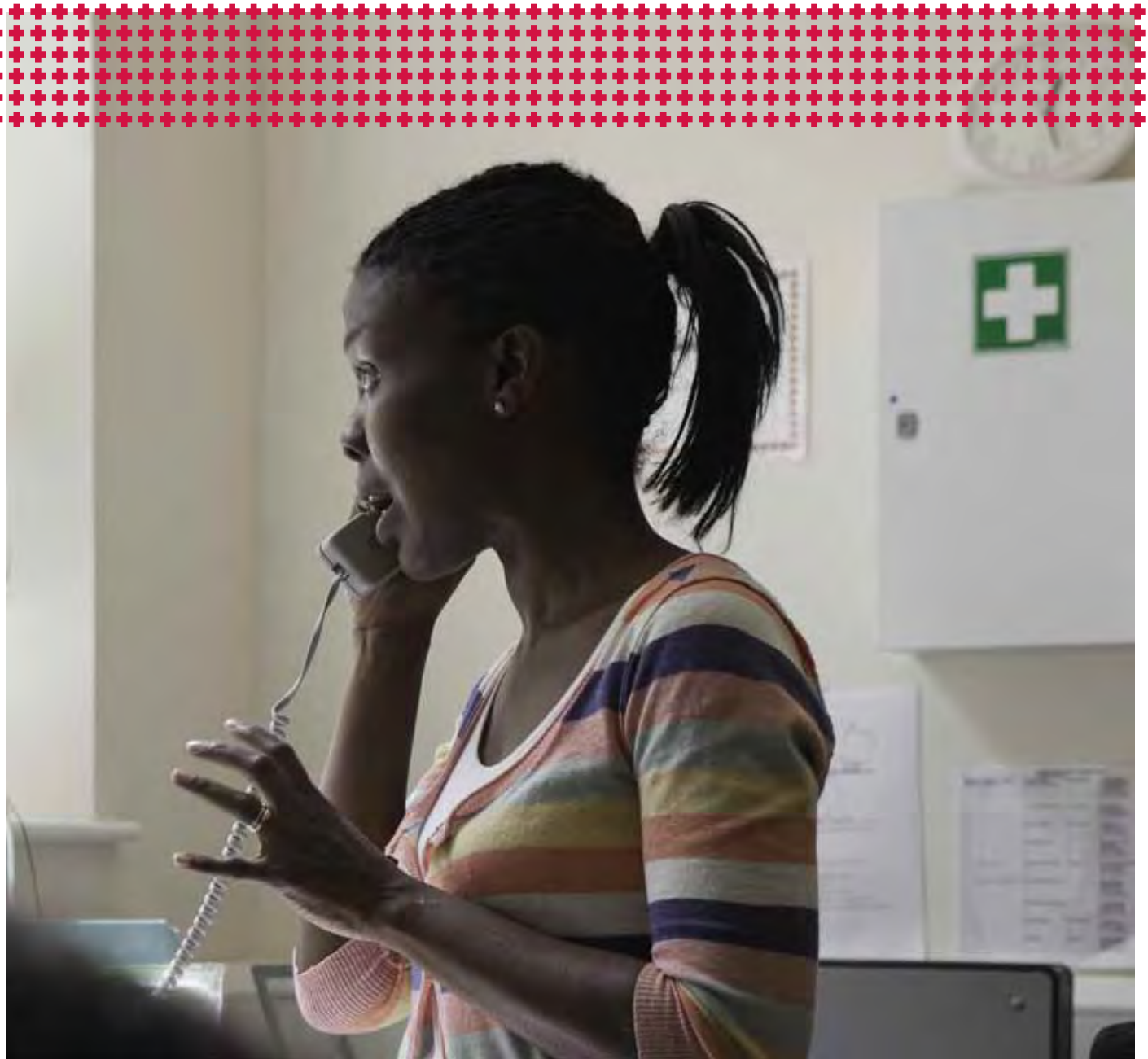
Opening Doors
Project Guidance

The Queen's Nursing Institute

Safeguarding Homeless Families

Guidance for Practitioners



Lead Author: Jane Cook

With thanks to: Maxine Jenkins and Gayle Clay

Safeguarding children and families who are experiencing homelessness

a tool for practitioners to identify needs interventions and solutions.

Contents:

Introduction

This guidance paper has been produced to help practitioners identify the needs of homeless families, and propose interventions and solutions that will act as a safeguard for families who are homeless, thus embedding good practice in service delivery.

Most nurses report on caseloads in terms of numbers, but this does not capture the complex needs of this client group and their vulnerabilities. Commissioners and planners likewise tend to look at caseloads, but often do not take in to account the multiple and complex needs that homeless families (both adults and children) present with, and therefore do not always commit adequate resources to deal with these families.

Practitioners must record the multiple issues and complexities with which homeless families present. This can provide vital evidence to discuss with commissioners and give health and wellbeing boards and steering groups direction. Data can also inform either a Joint Strategic Needs Assessment (JSNA) or the Local Strategic Partnership (LSP). The evidence can be used for developing integrated services or whole systems that improve safeguarding, health improvements and tackle health inequalities, immediately and in the longer term.

Developing robust assessment tools that gather data that identifies presenting needs, interventions and outcomes can show the added value of the work of specialist teams. Collected data can also show the costs of ***not*** developing appropriate interventions and the added value of good practice which is so important to both the families, and to service providers.

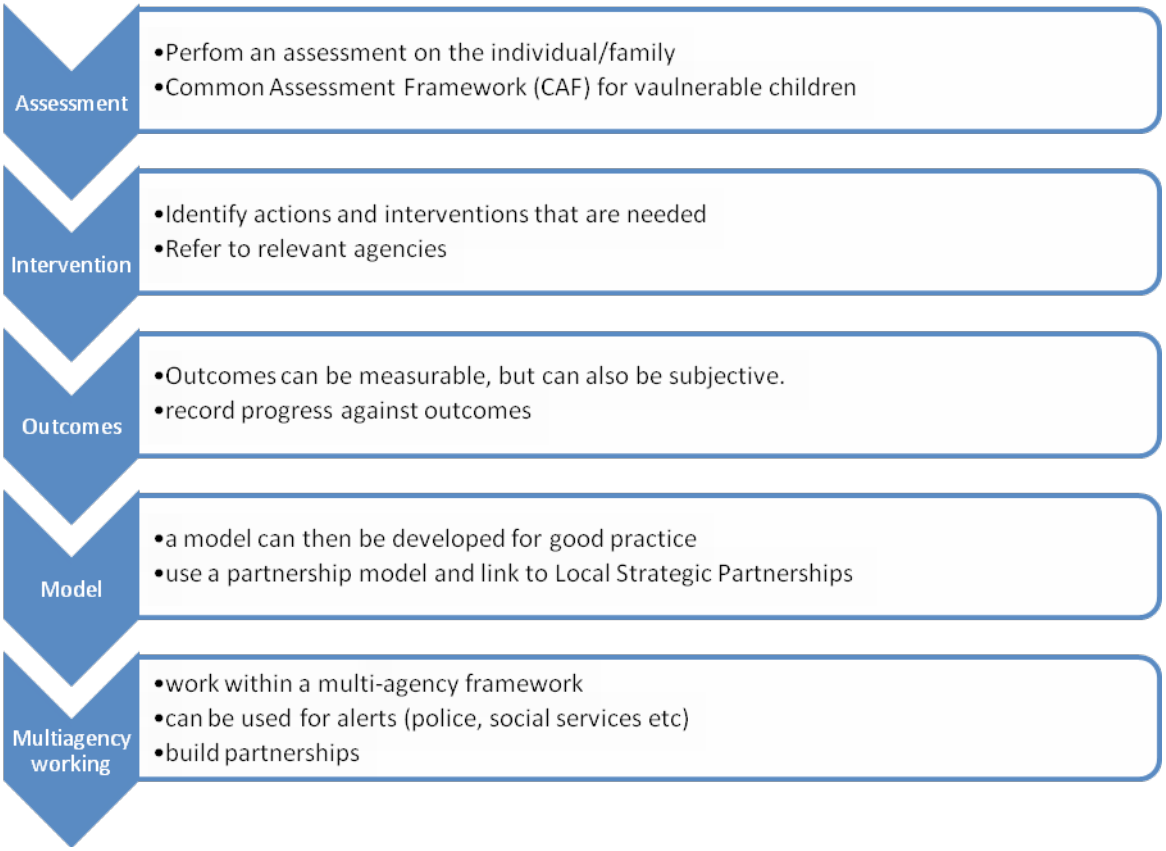
This guidance consists of a main paper that looks at the issues and risks that homeless families and children face or present with. It will help you to identify factors that can give you an indication of the risks for families. It will provide hard evidence of identified risks, interventions, outcomes and time required to work with complex family cases. It will provide a bench mark for commissioners, health and wellbeing boards as well as practitioners.

The evidence can be used for developing integrated services or whole systems that improve safeguarding and tackle health inequalities that will improve health outcomes, immediately and in the longer term. It can also be used for clinical supervision, in team reviews, in the local homeless forum and on business planning days.

The attached forms (Appendix 1 and 2) are a way of capturing the multiple and complex needs of families as well as identifying interventions and looking at outcomes. A worked example (Appendix 3) has been completed for information.

The completed forms can be used to inform commissioners, as part of the commissioning cycle, or used at a project steering group or homelessness forum to provide the evidence needed to understand the work required when dealing with complex family cases.

1. Model for assessments



2. Vulnerable families

The Child Health Promotion Programme (Department of Health 2008) listed issues that identify families as being vulnerable. We have grouped these below:

Families	Living in social housing or unsatisfactory accommodation Where the parents are not co-resident Living in poverty Having low social capital
Young Parents	Linked to poor socio-economic and educational circumstances
Parents (general)	Where one or both grew up in care Having chronic health problems Having few or no educational qualifications, or having learning difficulties Not in education, employment or training Mental health problems Ambivalence about becoming a parent Poor attachment; cold critical or inconsistent care Unstable partner relations Intimate partner abuse History of anti-social or offending behaviour Low self-esteem or self-reliance
Foreign national/asylum seekers	Where the mother's main language is not English Those awaiting outcomes of asylum applications or facing other challenges and uncertainty
Issues specific to the mother	History of abuse, being in care, alcoholism, mental illness or other issues in family Stress in pregnancy Smoking or drinking during pregnancy
Babies and young children	Low birth weight or prematurity

These issues are resonant for practitioners working with homeless families. These families usually present with multidimensional problems, which also reflect the causes of homelessness. Some examples of these are:

- Domestic violence
- Relationship breakdown
- Debt
- Mortgage/rent arrears/poverty
- Eviction
- Antisocial behaviour
- Harassment
- Overcrowding
- Lack of affordable housing

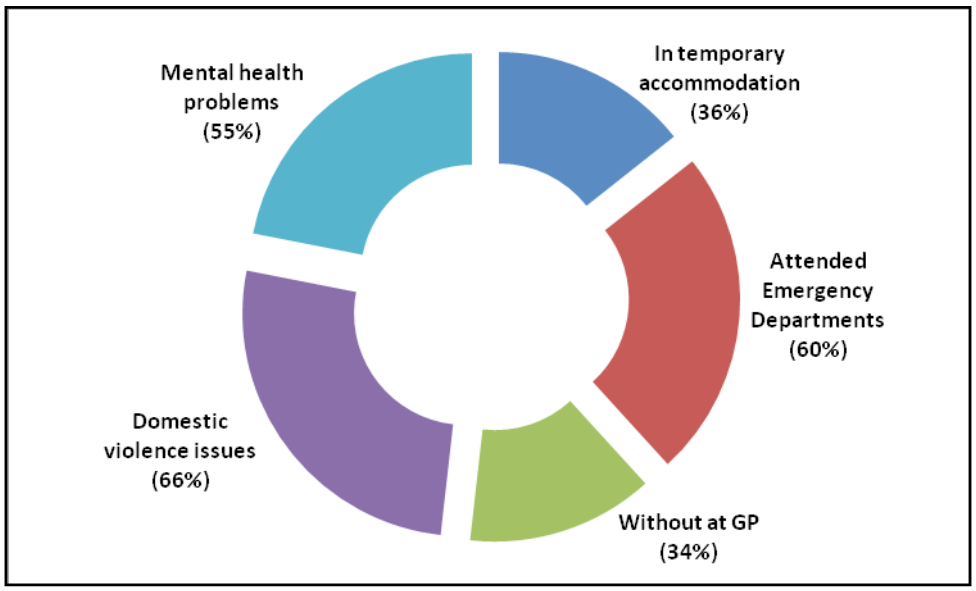
Being homeless is a marker of severe deprivation in children and can impact on their health, enjoyment, physical safety, and achievement in life.

3. Homeless families:

Homeless families are more likely to have had histories of abuse, had parents who have been in the care system, or family members who have been on the 'at risk' register.

A quarter of all homelessness is due to relationship breakdowns, with 70% involving domestic violence.

In London, families that are involved in serious case reviews tend to have similar issues as shown in the diagram below:



(London Safeguarding Children's Board 2007 Mobile Children and Families in London Child Protection Procedures, DFES 2006. Working together to Safeguarding Children)

Homelessness can leave families more vulnerable to a variety of risk factors. These include:

- Personal issues, such as loss of security and control, feelings of isolation and loss of confidence and self esteem

- Housing issues, such as overcrowding and mobility (being moved to another borough or area for instance)

- Disruption to education, with children not being enrolled in school, or impacting on the ability to study

- Lack of security, space, privacy and play areas

- Health issues, with both children and adults being at greater risk of:
    - Psychiatric problems
    - Respiratory problems
    - Skin problems
    - Gastro-intestinal problems
    - Severe developmental delay
    - Behavioural problems and regression
    - Experience multiple losses
    - Emergency admissions
    - Accidents

Children who are at risk of five or more disadvantages are more likely to experience problems and have poor outcomes – both immediately and in the long term, and are more at risk of social exclusion in adulthood. They are more likely to abuse alcohol and drugs, are more at risk of suicide, school exclusion, unemployment, anti-social behaviour and entering the criminal justice system. 'A child born into the most disadvantaged 5% of families is 100 times more likely to have multiple problems at the age of 15, than a child from the 50% best off families' (Tony Blair on 6 September 2006 – 'Our Nation's Future').

Statistically, children from Black and Minority Ethnic (BME) groups are at greater risk of multiple disadvantages than their white counterparts. Children in asylum seeking families experience numerous issues in their lives such as insecurity, poverty, and increased family mobility, and are often in families where neither parent speaks English. In addition, a parent may have mental health problems due to the trauma they have experienced.

In all situations the needs of children must be paramount. In families where parent(s) are abusing alcohol and/or drugs this can have a major impact on the children, especially if the family are also homeless and where the mother may also be pregnant. Children may be more at risk where there is substance misuse in a family. Where mothers are engaged in sex work, assessments must identify the impact of this lifestyle on her family and, if the mother is pregnant, the effect on her pregnancy.

Homelessness renders both children and parent(s) generally more vulnerable, and in greater need of safeguarding. Children are unlikely to meet the five Every Child Matters objectives, as follows:

- Being healthy
- Staying safe
- Enjoying and achieving
- Being able to make a positive contribution
- Achieve economic well-being

The Every Child Matters objectives can only be met if there is integrated working by all relevant agencies with the child at the centre (see good practice table at the end of this document).

4. Safeguarding families

As discussed above, homelessness impacts negatively on both children and adults. The causes and impact of homelessness leaves families vulnerable to multiple and complex issues, which must be identified and recorded in order to develop appropriate interventions and resources. The sooner interventions are made, the more likely the results are to be positive.

Early intervention is dependent upon comprehensive assessments, following notification/ early identification. The key to safeguarding homeless families is a 'whole systems' approach, incorporating multiagency/multidisciplinary working. Collaborative working within both service delivery and commissioning is more likely to result in seamless and integrated services.

Clear referral pathways are essential, as well as the development of training and protocols for agencies, improving access to and the provision of care. A set of appropriate interventions that empower and develop resilience and aspirations will build on a family or an individual's strengths (the strength based approach). These could include: life skill classes, practical help, parenting classes, language classes, crèche, training (tackling poverty in parents), information, signposting and family learning. For families who are homeless, appropriate information is needed to help them to make decisions. Consultation with families is essential.

5. Multi-agency working and the strategic view

Having clear governance and strong leadership is important in multi agency working. The use of joined-up strategies and planning, agreed protocols, Service Level Agreements (SLAs), identifiable lead agencies and shared information leads to a better service for the end user. The needs of homeless families need to be incorporated into all local strategies, so that partner agencies are engaged with the process and have accountability. A robust notification system such as NOTIFY is also useful.

An interagency forum, incorporating agencies that work in health, housing, education, employment, play/leisure, and advice, is essential, and that partnership should be directed by a local fully-integrated homeless strategy.

Multidisciplinary outreach teams who carry out holistic assessments and early and appropriate interventions should be working in venues accessible to the client group.

Training for providers should be given on exclusion and homelessness and its impact on the physical and mental health of children and families so as to improve the identification of children and families most at risk and to improve interventions and outcomes.

Audits of need, interventions and outcomes for both children and adults is essential to provide a measure of the work being done and the resources required to implement the interventions required. The findings of audits/surveys/consultations should be available to commissioners, analysts and planners. This allows for further research to be done ensuring seamless services.

'The process of protecting children from abuse, neglect, preventing impairment of their health and development, and ensuring that they grow up in circumstances consistent with the provision of safe and effective care which is undertaken so as to enable children to have optimum life choices.'

DFES 2006 Working Together to Safeguard Children

What good practise looks like:

Commissioners	**Local Strategic Partnerships**	**Practitioners**	**Parents**
Evidence based commissioning – driven by data from JSNA, CNA; Pooled budgets – joint commissioning Shared outcomes Local delivery plans Public health led Shared codes across providers Key Performance Indicators that relate to data and to national guidance	Cross sector approach with single set of local priorities Interagency approach through borough /county approach Whole systems approach Joint strategies and guidance Public health approach Shared: inequality indicators positive outcomes Health equity audit Named person in Public Health board Co-ordinated information strategy County-wide homeless forum Audits Consultation with clients, staff and partners	Multidisciplinary teams EIA Integrated working – joint strategies, policies, care pathways and referral pathways Public health approach Holistic Client centred Comprehensive assessments Notification systems Robust data base Audits Evaluation Client consultation Training – to providers and for staff Supervision, mentoring and debriefing Multi agency steering group Outreach - accessible	Services that are: Accessible Flexible Equitable Accountable Transparent Just Key issues: Confidentiality Consultation Life skills Parenting classes Information re rights and local services Education Employment Benefits advise Legal advise Access to child care

APPENDIX 1: Vulnerability of Children

Family Name:

Presenting Need	Child 1 m/f dob	Child 2 m/f dob	Child 3 m/f dob	Child 4 m/f dob	Child 5 m/f dob	Child 6 m/f dob	Child 7 m/f dob	Child 8 m/f dob
Developmental delay								
Regression								
Accidents - number								
Child abuse								
Infections								
Immunisations not up to date								
Mental health problems								
Respiratory problems								
Low levels of academic achievement								
Not attending school/ nursery/playgroup								
Behavioural problems - aggression, hyperactivity, impulsivity								
On child protection register								
Premature birth								
Below 10th centile								
Poor diet								
Isolated								
Carer								
Out of borough placement								
Learning difficulties								
Disabled								
Parents unable to afford basic items e.g. clothes, shoes, for children.								

APPENDIX 2: Vulnerability of Parents

Family Name:

Presenting Need	Parent 1 DOB	Parent 2 DOB	Parent 3 DOB	Parent 4 DOB
Teenage parent(s)				
Mother's main language is not English				
Parents not co-resident				
Single parent				
Where one or both parents grew up in care				
Educational problems				
Parent/s not in education/ employment or training				
Living with parents				
Unsatisfactory accommodation				
Learning difficulties				
Disability				
Non-compliant with health professionals				
Parents with mental health problems				
Unstable partner relationships				
Intimate partner abuse: Domestic violence; Rape				
Police involved: Under police protection; Injunction against partner; Victim Support				
Drug and alcohol misuse				
History of anti-social or offending behaviour/violence				
Low social capital/poverty				
Ambivalence about becoming a parent				
Stress in pregnancy				

Vulnerability of Parents CONTINUED

Family Name:

Presenting Need	Parent 1 DOB	Parent 2 DOB	Parent 3 DOB	Parent 4 DOB
Low self-esteem or low self-reliance				
Isolated				
History of abuse, mental illness or alcoholism in the mother's family				
Any underlying medical or developmental disorders and temperamental characteristics, some of which may be genetic				
Obesity in parents				
Poor attachment, cold, critical or consistent care				
Smoking in pregnancy				
Smoking by partners				
Mobile + number of moves				
Not registered with GP				
Temporary registration with GP				
Use of A&E – number of visits				
Pregnant				
Has a Child Protection Plan				
Social Services Involved				
Poor relationship or no contact with family				
Number of children				
Children in care or with partner or grandparents				
Partner has mental illness				
Partner has substance misuse problem				

APPENDIX 3: How to use the forms:

Below is a case study of a homeless family. The issues have been listed and then there is an example of the competed forms. This is completed by an analysis of the issues and what interventions are needed.

Case study:

This is a family placed from outside the area, so they are unaware of local services and are very isolated. There is a single mum who has 8 children, from 6 months-16 years old. There are two girls aged 16 and 14, and then twin boys, who are 10, followed by girls aged 8, 4 and 6 months. The family is fleeing violence from the mother's partner and the family are under Police protection. They will be required to give evidence at the forthcoming trial of their father for abuse towards them and the mother.

The two older girls have been sexually and physically abused by their father and the oldest girl is now pregnant.

The mother is very depressed and not coping with the children, so the older girls are acting as carers for the mother and the younger children, all of whom are suffering from trauma as a result of moving around and the parental abuse. The children are not at school, and because the family is new to the area, they are very isolated. They are living in temp accommodation and have very few belongings.

See worked example below. The forms are ticked for each issue identified for each of the children and the parents separately. It is suggested that you record the time spent on working with these families, so you can show how complex cases can take up a lot of time.

Actions needed:

For each child, an assessment has been done and it shows that for all eight children, there are more than 5 presenting needs, so a CAF form needs to be done for each child.

The whole family need to be registered with GP, and mental health services also need to be involved for the whole family. Social services need to be identified to give the family ongoing support. The oldest girl will need to be referred to a sexual health clinic for young people, and as she is pregnant, she will also need a midwife.

The eight year old girl will also need to be referred to a Special Needs Health Visitor.

All of the children need to get into school, or a playgroup, so will need to be referred to Education Services. The children are also required to give evidence in court at the father's trial for sexual abuse and they will need appropriate support to be able to do this, from specialist agencies.

The mother needs information about local services (food parcels, clothes for children etc). She would also benefit from a support worker as she is having trouble coping and possibly Mental Health Services.

There should be a Case conference, making sure that the family have access to benefits, housing (safe/stable) and all other support from a Multidisciplinary team. Ongoing support to be given as required.

APPENDIX 3: Vulnerability of Children

Family Name: Worked Example

Presenting Need	Child 1 ~~m~~/f dob 1.01.95	Child 2 ~~m~~/f dob 10.9.96	Child 3 m/~~f~~ dob 12.3.98	Child 4 m/~~f~~ dob 5.6.01	Child 5 m/~~f~~ dob 5.6.01	Child 6 ~~m~~/f dob 11.11.03	Child 7 ~~m~~/f dob 2.2.07	Child 8 ~~m~~/f dob 23.12.10
Developmental delay								✔
Regression							✔	✔
Accidents - number				✔	✔			
Child abuse	✔	✔	✔	✔	✔	✔	✔	✔
Infections		✔						✔
Immunisations not up to date							✔	✔
Mental health problems	✔	✔	✔			✔	✔	
Respiratory problems						✔		
Low levels of academic achievement	✔							
Not attending school/ nursery/playgroup	✔	✔	✔	✔	✔	✔		
Behavioural problems - aggression, hyperactivity, impulsivity		✔		✔	✔		✔	
On child protection register	✔	✔	✔	✔	✔	✔	✔	✔
Premature birth								✔
Below 10th centile								✔
Poor diet	✔	✔	✔	✔	✔	✔	✔	✔
Isolated	✔	✔	✔	✔	✔	✔	✔	✔
Carer	✔	✔						
Out of borough placement	✔	✔	✔	✔	✔	✔	✔	✔
Learning difficulties								
Disabled						✔		
Parents unable to afford basic items e.g. clothes, shoes, for children.	✔	✔	✔	✔	✔	✔	✔	

APPENDIX 3: Vulnerability of Parents

Family Name: Worked Example

Presenting Need	Parent 1 12.05.1981	Parent 2 DOB	Parent 3 DOB	Parent 4 DOB
Teenage parent(s)				
Mother's main language is not English				
Parents not co-resident	✔			
Single parent	✔			
Where one or both parents grew up in care	✔			
Educational problems	✔			
Parent/s not in education/ employment or training	✔			
Living with parents				
Unsatisfactory accommodation	✔			
Learning difficulties				
Disability				
Non-compliant with health professionals				
Parents with mental health problems	✔			
Unstable partner relationships	✔			
Intimate partner abuse: Domestic violence; Rape	✔			
Police involved: Under police protection; Injunction against partner; Victim Support	✔			
Drug and alcohol misuse				
History of anti-social or offending behaviour/violence				
Low social capital/poverty	✔			
Ambivalence about becoming a parent				
Stress in pregnancy	✔			

Worked Example Continued

Presenting Need	Parent 1 12.05.1981	Parent 2 DOB	Parent 3 DOB	Parent 4 DOB
Low self-esteem or low self-reliance	✔			
Isolated	✔			
History of abuse, mental illness or alcoholism in the mother's family	✔			
Any underlying medical or developmental disorders and temperamental characteristics, some of which may be genetic				
Obesity in parents				
Poor attachment, cold, critical or consistent care				
Smoking in pregnancy	✔			
Smoking by partners				
Mobile + number of moves	✔ 4			
Not registered with GP	✔			
Temporary registration with GP				
Use of A&E – number of visits				
Pregnant				
Has a Child Protection Plan	✔			
Social Services Involved	✔			
Poor relationship or no contact with family				
Number of children	8			
Children in care or with partner or grandparents				
Partner has mental illness				
Partner has substance misuse problem				

Recommended reading

Pregnancy and the First Five Years of Life (2008) Department of Health: http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_107563

Every Parent Matters (2007) DfES Publications: https://www.education.gov.uk/publications/standard/publicationDetail/Page1/DFES-LKDA-2007

Good practice briefing: engaging with homeless children. Guidance for children's centres (2008) Shelter: http://england.shelter.org.uk/__data/assets/pdf_file/0006/68613/Engaging_with_homeless_children.pdf

Good practice guide Homelessness: early identification and prevention (2007) Shelter: http://england.shelter.org.uk/professional_resources/policy_library/policy_library_folder/good_practice_guide_homelessness_early_identification_and_prevention

Joint working between housing and children's services Preventing homelessness and tackling its effects on children and young people (2008) Communities and Local government (CLG) and Department for Children, Schools and Families
http://www.communities.gov.uk/publications/housing/goodpracticeguide

Mind the Gap 2007 4 Children http://www.4children.org.uk/information/show/ref/928

National Standard Framework for Children, Young people and Maternity Services Core Standards (2004) Department of Health: http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/Browsable/DH_4094329

Choosing health: making healthier choices easier Secretary for State of Health (2004) CM 6374 TSO: http://webarchive.nationalarchives.gov.uk/+/www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4094550

The Vital Link (2004) Cook J et al. CLG and CPHVA (ISBN 1872278663 9781872278667)
Tackling Health Inequalities (2009) Department of Health: http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_098936

The Health Visitor Implementation Plan (2011) Department of Health: http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_124202

The Munro Review of Child Protection - Interim Report: The Child's Journey (2011) DfE
https://www.education.gov.uk/publications/standard/publicationDetail/Page1/DFE-00010-2011

Marmot Review http://www.marmotreview.org/reviews/english-review-of-hi

NOTES

Feedback on the Guidance

'I think the paper written as an introduction to the tool is excellent. It captures all that is current and succinctly expresses the difficulties that we all face in trying demonstrate the complexities of our client base.

'I used a current family to test out the ease of using the tool, which consisted of a young single mum and two children, It highlighted with ease and quickness, 10 ticks, child one: 6 ticks for child 2 , (who was only three days old at time of assessment). Mum, had 23 ticks out of a possible 41 categories. The tool clearly demonstrated multiple needs for all the family.'

'I wholeheartedly agree that multi agency working, with robust, clear communication between all those involved with the family is best practice. Positive outcomes will be achieved when the plan is client focussed, matching the expressed needs of the client with assessed need.'

3 Albemarle Way
London
EC1V 4RQ

020 7549 1400
www.qni.org.uk
mail@qni.org.uk

Registered Charity 213128