Addressing health inequalities in homeless children, young people and families

A learning resource for Public Health Nurses

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Introduction

Significant numbers of children, young people and families are homeless. Some of them are homeless with their families, others are homeless on their own. Many families with children aged from 0-19 are hidden from homelessness statistics, with young people and their families that are living in temporary accommodation not always captured in national and local work. There were over 60,500 households with children in temporary accommodation at the end of 2017 (a 67% increase since the end of 2010). These households contained over 120,500 children. Over 2,000 of these households were in bed and breakfast accommodation, with 880 households there beyond the legal limit of six weeks. 12,940 households were accepted as homeless in 2016/17 where the main applicant was aged 16-24. However, this is likely to be an underestimate as significant numbers of young people stay temporarily with friends or sleep rough. Students may also become homeless and/or sofa surf because they cannot get accommodation in the locality of their college. There is a role here for public health nurses in liaison with university welfare and health services. There is also some evidence that more young people are currently approaching voluntary sector homelessness organisations for help. It is also clear that the impact of homelessness on children, young people and families from different communities facing other health inequalities may be affected in different ways and require tailored support to meet their needs. The government has recently released its rough sleeping strategy and announced funding and support to reduce rough sleeping.

This project, supported by Public Health England, provides this Learning Resource and an associated Toolkit to support public health nurses to engage effectively with this important group, in order to reduce health inequalities and lead to better outcomes.

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About this learning resource

This learning resource is designed as a self-study tool to help public health nurses including health visitors, school nurses, general practice nurses and midwives to engage effectively with this important group, in order to reduce health inequalities and lead to better outcomes.

This resource has been produced as part of the work of the Health and Wellbeing Alliance with support from Public Health England, NHS England and the Department of Health and Social Care. It is based on feedback from professionals, young people and families. We ran a focus group with homeless families and one with young people who had experienced homelessness, and we conducted a survey of public health nurses which was completed by 108 professionals. We also ran a workshop for professionals to refine the learning resource and the accompanying toolkit.

We have focused on all aspects of housing insecurity and homelessness. When we use the term homelessness in the resource, we will be referring to children, young people and families who have a wide range of experience including living in temporary accommodation, living in insecure housing, sofa surfing with friends and being street homeless.

Evidence statement

This learning resource presents a range of resources, from academic publications to examples of interesting practice that might stimulate thinking. It does not represent a systematic review of the resources available, and inclusion in the report does not mean that the resources have any kind of official endorsement from the Health and Wellbeing Alliance and its members, Queens Nursing Institute, Public Health England, NHS England or the Department of Health and Social Care. The intention is to draw as widely as possible on interesting ways forward. Many of these will require further trial and evaluation to confirm effectiveness.

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1. The multiple impacts of homelessness on children, young people and families

Becoming homeless can be a devastating emotional experience for a family. It may encompass feelings of loss, separation from friends and family, alienation from society, stigma, shame, and concerns about the future. It may involve feelings of helplessness, particularly if the experience happened suddenly, or if there is less support available to the family.

It is well evidenced that children thrive in routines and environments they are familiar with. Homelessness takes children outside of familiar environments, can take them away from their home, and may involve moving schools which takes them away from friends. This insecurity, together with uncertainty about the length of time the family will be in temporary accommodation, can leave an emotional burden on children at a time when their parents are less equipped to support them, as they are coping with numerous challenges themselves. Stress, anxiety, depression and other mental health problems are common.

⭐ **IMPORTANT**

Causes and consequences of homelessness
Homelessness is complex and there is often no one single reason why someone does not have a home. Personal circumstances and wider structural factors both play a part.

Some circumstances and experiences can make people more vulnerable to homelessness, and being homeless can also increase people's likelihood of being exposed to these circumstances.

- Domestic violence and abuse
- Mental health issues and low self esteem
- Substance use
- Relationship breakdown
- Financial insecurity
- Physical health issues
- Contact with the criminal justice system
- Harassment, bullying and stigma
- Adverse childhood experiences

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1. The multiple impacts of homelessness on children, young people and families

Temporary accommodation is often poorly suited to family life, and a range of problems persist which were found in the focus groups that we held with young people and families. These included overcrowding, a lack of safe spaces for play, private and quiet places for homework, and poor cooking arrangements. Alongside this, noise, a lack of privacy, infestations, a lack of hot water and general unclean environments also caused concern. Parents reported feeling socially isolated away from their support networks, and that living in temporary accommodation had a profound effect on their children and themselves, with delayed speech, stress, low mood and mental health issues just some of the negative outcomes.[1]

Families living in temporary accommodation do not always know who is living close by, and when children are sleeping in separate rooms, there are worries about how safe children are. Parents were also concerned about the lack of communication from their local authorities, with many unable to tell parents how long they could expect to be in temporary accommodation. When a family has been moved out of area and face long commutes to school and/or work, and do not know how long they are being expected to live in this way, further anxiety is caused.

[1] Focus group with homeless families – 9 March 2018.

Stress

The Homeless Family

Isolation

Unhealthy environments

Poorer nutrition
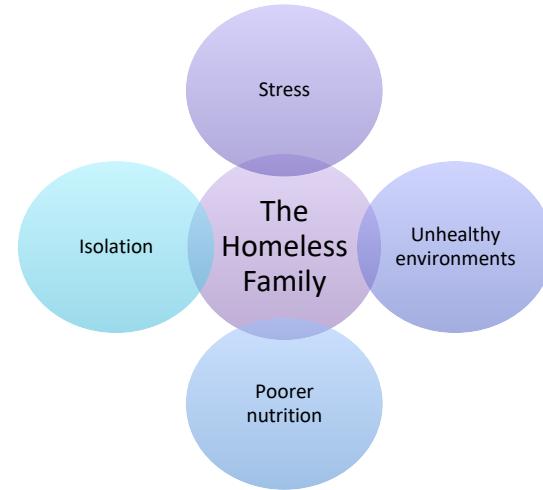
This diagram shows just a few of the health challenges a homeless family has to cope with.

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1. The multiple impacts of homelessness on children, young people and families

Risks for homeless young people

Young people experiencing homelessness are often placed in compromising situations. This was highlighted out in our focus group with young people, and therefore should be kept in mind as a key concern when working with young homeless people. The DePaul ['Danger Zones and Stepping Stones'](#) report sets out some of the key statistics:

- 59% of young people in contact with homelessness services first left stable accommodation when they were under 18
- 27% had slept rough on the streets while out of stable accommodation and almost one in five (18%) had slept in a public place, such as a train station or on public transport.
- LGBT young people were more likely than non-LGBT young people to say they had left stable accommodation to escape emotional, mental or violent abuse

Houseproud also carried out a [survey](#) of LGBT social housing residents which showed that a third of residents felt unsafe, two thirds of transgender people felt unsafe and a quarter had experienced loneliness.

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2. Definitions of homelessness and rights

Homeless legislation

The Homelessness Reduction Act 2017 sets out what local authorities must do to support people who are homeless or at risk of homelessness. Different duties apply to different groups of people. By law, local authorities must:

- **Provide advice and information** on homelessness and homelessness prevention to anyone in their area
- **Take action to prevent homelessness** if someone is at risk of becoming homeless in the next 56 days and is eligible for assistance (meets immigration and residence requirements). Priority need is not taken into account here.
- **Take action to relieve homelessness** if someone is homeless and eligible for assistance. Local authorities must work to help someone secure accommodation, but they do not have to provide accommodation themselves unless the individual is in priority need.

From October 2018, some health services have a legal duty to refer people who are homeless or at risk of homelessness to their local housing authority for support. These health services are emergency departments, urgent treatment centres and inpatient wards.

KEY FACTS i

The Homelessness Reduction Act means that if someone you are working with is homeless, or may become homeless in the next 8 weeks, there are legal duties on local authorities to offer advice and support to help them stay in or find accommodation. You can refer people to your local housing authority.

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2. Definitions of homelessness and rights

Families with children

Local authorities must provide emergency accommodation for some priority need groups if they believe they are homeless and meet immigration and residence requirements. This includes families with dependent children or a household where a woman is pregnant. Families who do not meet residency requirements may be able to access housing support under Section 17 of the Children Act 1989 if the family includes a child who is assessed as being a 'child in need'. Emergency accommodation can include self-contained accommodation, hostels or, as a **last resort**, bed and breakfast accommodation**.**

Local authorities have a further legal duty to provide **longer-term** accommodation to these priority groups if they meet certain additional criteria (this is called statutory homelessness). People might remain in emergency accommodation while councils determine whether they have a duty to house them. If someone is entitled to longer-term housing, they may be offered temporary accommodation until more permanent accommodation can be found.

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2. Definitions of homelessness and rights

Young people

For young people the picture is more complex, as some will fall under statutory homelessness definitions and be entitled to accommodation, and others will not. Young people aged 16-17, care leavers aged 18-20 who were in care when they were 16/17, and young people who are pregnant will be considered in priority need. In other cases, young people will only be in priority need if the local authority classes them as 'vulnerable'. This might be because of poor physical or mental health, time spent in prison or a history of domestic violence, although none of these automatically mean that someone is vulnerable. Guidance sets out the respective duties of children's services and housing services to secure or provide accommodation for 16 and 17 year old children who are homeless or in need of accommodation.

Young people not entitled to accommodation from the local authority may seek other forms of insecure accommodation, such as sofa-surfing with friends and family or living in squats, and in some cases may take significant risks to secure somewhere to stay. Young people may also sleep rough – 27% of young people in contact with homelessness services report sleeping rough at some point.

The number of young people aged 18-24 who considered to be statutory homeless was 2,830 at the end of 2017. It is difficult to quantify the number of young people who may be in more informal arrangements as these are not counted in official statistics, and are often referred to as 'hidden' homelessness. Official rough sleeping statistics suggest nearly 370 people aged 16-24 may be sleeping rough on any one night in England, but as this is based on a snapshot figure.

2. Definitions of homelessness and rights

Assessing need: Care Act 2014

The 2014 Care Act places a duty on local authorities to carry out a needs assessment for any adult who appears to have care and support needs, regardless of their financial situation or if the local authority thinks their needs will be eligible for support.

To be an 'eligible need', a care or support need must:
- Arise from or be related to a physical or mental impairment or illness (a formal diagnosis should not be required)
- Lead to the individual not being able to achieve two or more of the outcomes specified in the Act (examples include maintaining personal hygiene, maintaining a habitable home environment, maintaining family or other personal relationships and carrying out any caring responsibilities for a child)
- Have, or be likely to have, a significant impact on the adult's wellbeing as a result of them not being able to achieve these outcomes

If you are working with a homeless adult or young person over 18 and you think they have care and support needs that might require social care input, you could support them to request an assessment under the Care Act from their local social services department. Children under the age of 18 can access support under Section 17 of the Children Act 1989 if they are assessed as being a 'child in need'.

USEFUL RESOURCES

VOICES of Stoke have developed a toolkit to help people think about and articulate their care and support needs ahead of an assessment. Download the toolkit here.

3. The impact of homelessness on health and wellbeing

Unsafe or insecure housing can lead to higher accident rates and mental health problems are common. In a focus group undertaken by [Homeless Link](#) at the [Doorstep Homeless Families Project](#), families cited numerous impacts on their health and other problems associated with becoming homeless, including:

- Stress, anxiety, low mood and depression caused by current environment and insecurity of circumstances
- Poor mental health as a result of past experiences of trauma, abuse and neglect
- Difficulty in maintaining a healthy diet through the lack of access to cooking facilities, food storage and financial resources. This can lead to malnutrition, obesity, vitamin deficiency and other health problems related to food poverty
- Respiratory problems due to poorly ventilated buildings, damp and increased exposure to air pollutants and second-hand tobacco and cannabis
- Sleep can be disrupted from families sharing rooms and beds, lack of a routine, insomnia and noise. Co-sleeping can lead to an increased risk of Sudden Infant Death Syndrome
- Difficulty in maintaining hygiene levels because of shared facilities and reduced access to washing facilities
- Reduced immunity to coughs and colds and greater exposure to other infections in overcrowded settings
- Reduced uptake of immunisations and uptake and access to healthy child programme
- Poor oral health
- More exposure to noise pollution
- Support needs around substance use
- Higher rates of injury and/or accidents because of unsafe surroundings
- Environment and circumstances can exacerbate existing long-term health conditions

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3. The impact of homelessness on health and wellbeing

"It's hard to stay organised and keep your stuff safe. So you get stressed which also affects your mental health. We need a place that is safe to get our mail from. Some young people's advice centres allow you to do this." Young people's focus group

"It's also hard not having an address for letters to go to and many surgeries won't let you register without one. It's also hard to get benefits as well for the same reason. Some hostels won't let you have a bed unless you've got benefits sorted out." Young people's focus group

KEY FACTS

Children who have been in temporary accommodation for more than a year are over three times more likely to demonstrate problems such as anxiety and depression than non-homeless children (Shelter)

Homeless children have school absence rates two to three times higher than average (Department for Work and Pensions)

14% of homeless adults that are currently addicted to drugs or alcohol and known to the criminal justice system were homeless as children. (Lankelly Chase Foundation)

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3. The impact of homelessness on health and wellbeing

- Poor nutrition and hunger
- Disruption to development of health early relationships
- Higher hospital admission
- Poor mental health
- Missed immunisations and so less protection against communicable diseases
- Attention, behavioural and emotional problems

Visual minutes from focus group with families affected by homelessness, March 2018 (designed by Pen Mendonca)

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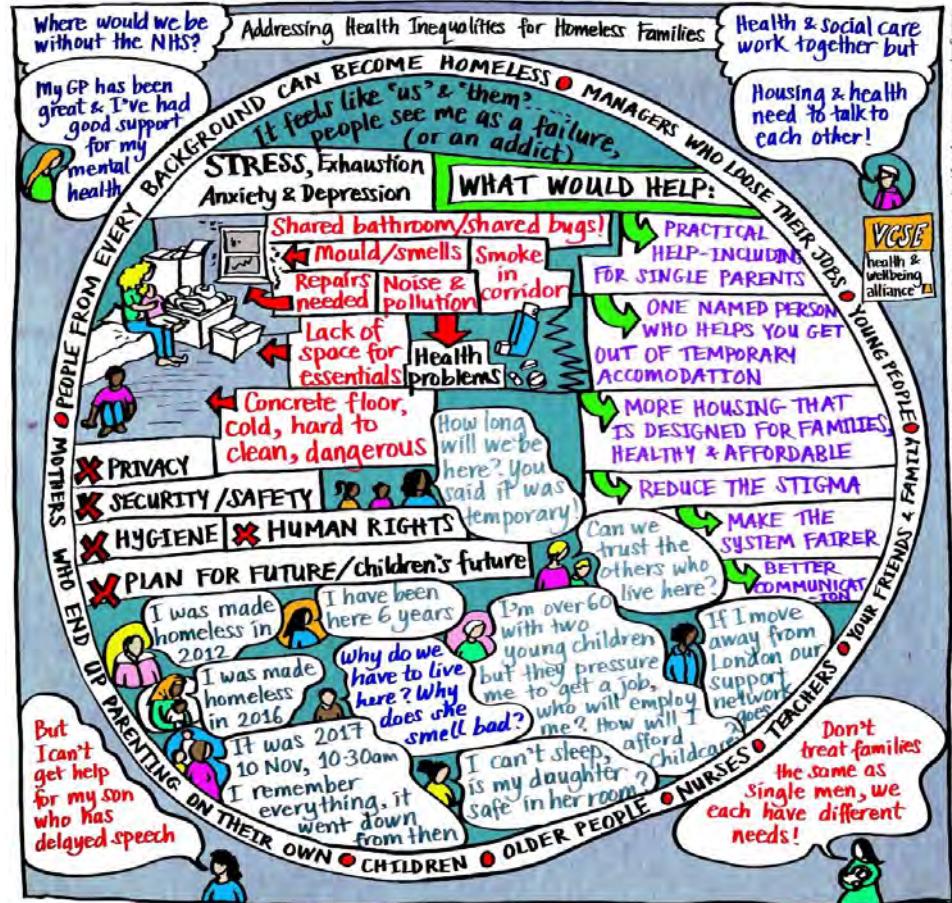
3. The impact of homelessness on health and wellbeing

Below is a non-exhaustive list of some of the impacts homelessness can have on childhood development.

Impact on parents	Impact on developing foetuses and new-born babies	Impact on infants, toddlers and pre-school children aged 0-5	Impact on school aged children and young people aged 5-19
• Reduced capacity to support • Stress • Insecurity • Loss of social support • Stigma • Isolation • Depression • PTSD • Poor nutrition and hunger • Fear of having children removed	• Premature birth • Low birth weight • Stillbirth • Neonatal death and Sudden Infant Death Syndrome • Disruption to development of health early relationships	• Lower levels of breastfeeding • Lower GP registration • Higher hospital admission • Missed immunisations and so less coverage against communicable disease • Delay in development	• Poorer mental health • Attention, behavioural and emotional problems • Increased risk of injury • Childhood obesity • Lower school attainment • Absenteeism • Moves between schools • Anxiety and Depression • Substance use • Suicide • Behavioural risk

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4. Trauma informed approaches

Adverse childhood experiences (ACEs) are "highly stressful, and potentially traumatic, events or situations that occur during childhood and/or adolescence. It can be single event, or prolonged threats to, and breaches of, the young person's safety, security, trust or bodily integrity."

Multiple and repeated exposure to trauma beginning in childhood is often referred to as complex (or compound) trauma. There is a strong link between experiences of complex trauma and homelessness. The experience of becoming homeless and being homeless is also traumatic.

Complex trauma can impact on how people engage with services and other forms of support. People may struggle to sustain stable and trusting relationships and are also more likely to experience overwhelming emotions and have difficulties controlling these. As a result, people may use maladaptive (unsuitable) techniques, such as using drugs and/or alcohol or self-harming, as a way of coping.

KEY FACTS

85% of people in touch with criminal justice, substance misuse and homelessness services experienced some form of traumatic event in childhood. (Lankelly Chase, Hard Edges)

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4. Trauma informed approaches

People experiencing homelessness are *'among those most in need of psychologically informed help, but are also among those least able to access mainstream psychological therapy services.'* Many services working with people experiencing homelessness have therefore adopted new best practice approaches to better support people experiencing complex trauma. These do not replace clinical input, but provide more therapeutic environments for people who have experienced trauma to feel safe and in control.

Psychologically informed environments
Psychologically Informed Environments (PIEs) are services that, in their design and delivery, take into account the emotional and psychological needs of the individuals they support. Relationships and interactions are key to the success of a PIE, as is the opportunity for staff to take part in reflective practice. There are five key areas to consider in designing a PIE:

- Developing a psychological framework
- The physical environment and social spaces
- Staff training and support
- Managing relationships
- Evaluation of outcomes

For more information on Trauma informed approaches read the Homeless Link briefing or watch the webinar

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4. Trauma informed approaches

Trauma-informed care focuses on improving practice by both understanding and recognising the impact of past trauma on an individual, and taking steps to ensure people supported by the service are not re-traumatised by their contact with it. Research in this area has identified four key themes across services implementing a trauma-informed approach:

1. **Trauma awareness** – incorporating an understanding of trauma into their work
2. **Emphasis on safety** – establishing physical and emotional safety for clients
3. **Opportunities to rebuild control** – increasing choice and providing predictable environments
4. **Strengths-based approach** – supporting people to identify their strengths and coping mechanisms

Supporting young people who are homeless

St Basils works with homeless young people aged 16-25, helping over 5000 young people per year across the West Midlands region.

They use **Psychologically Informed Environments** (PIE), a whole organisational integrated approach to improve outcomes for young people and families experiencing homelessness using evidence based psychological models to enhance service delivery, particularly with individuals with experiences of complex trauma. The programme recognises that a high proportion of homeless people experience mental health problems, emotional dysfunction and interpersonal difficulties and uses scientific evidence to create a psychological framework to promote positive outcomes for service users and build resilience in staff.

For more information visit stbasils.org.uk

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5. Barriers to accessing services

As well as contributing to poor health, the environment and circumstances facing homeless families can also make it difficult to access health services and other forms of support.

- Health is not a priority when people are facing other practical challenges, such as access to housing and benefits in a chaotic environment.
- No permanent address for registering for services or to receive information about appointments and test results.
- Frequent moves mean people do not know what is available locally and care is disjointed.
- Language and literacy barriers.
- Limited access to phone or internet to manage appointments.
- Experiences of stigma when accessing health services
- Difficulty travelling to appointments
- Costs of prescriptions
- Over-reliance on emergency and acute services
- Limited access to sexual health services was raised as a particular priority by young people who had experienced homelessness
- Migrants may lack knowledge about their rights and entitlements to services.

KEY FACTS

Without a fixed address, families and individuals have every right to access healthcare from a GP or other NHS service, regardless of immigration status. Groundswell and Healthy London have produced a card that can be taken to services, and there is further information available to inform families of their rights.

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5. Barriers to accessing services – Equality and Diversity

Considering equality and diversity for homeless families experiencing health inequalities should be central to any support plan. Many of the homeless families, children and young people you work with may also identify as being from other equalities and inclusion health groups. This may mean that they experience even greater health inequalities and additional barriers to accessing health services. Some of these groups will be protected by existing equalities legislation by way of the Equality Act 2010, for others it may be possible to draw on best practice models to advocate for better healthcare.

USEFUL RESOURCES

You can find relevant resources from partners across the VCSE Health and Wellbeing Alliance in the resources section at the end of this resource, and in the accompanying toolkit.

As a reminder, the four inclusion health groups are:
- Homeless people
- Gypsies and Travellers
- Vulnerable Migrants
- Sex workers

Protected characteristic groups under the Equality Act are:
- Age
- Disability
- Gender reassignment
- Marriage and civil partnership
- Pregnancy and maternity
- Race
- Religion or belief
- Sex
- Sexual orientation.

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6. Outcomes and impact for public health nurses

Public Health England's [All Our Health](#) programme aims to embed prevention, health protection and promotion of wellbeing and resilience into the practice of all health professionals.

Part of this programme is about measuring impact, and there are a number of key indicators across national outcomes frameworks that will be relevant to monitoring progress in improving health outcomes for families, children and young people experiencing homelessness. These include:

Public Health Outcomes Frameworks
- school readiness
- pupil absence
- domestic abuse
- smoking prevalence
- successful treatment of drug and alcohol addiction
- cancer screening coverage
- NHS health checks
- Warwick-Edinburgh Mental Well-being Scale scores
- incidence of TB
- children in low income families
- social isolation
- breastfeeding
- child development
- child dental health

NHS Outcomes Framework
- access to GP services
- access to dental services
- emergency admissions
- tooth extractions in children under 10
- admission rates for children with lower tract respiratory infections
- unplanned admissions for children under 19 with asthma, diabetes or epilepsy

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6. Outcomes and impact for public health nurses

The Healthy Child Programme

Community nurses and midwives have a key role to play in supporting homeless families through these difficult circumstances. Health visitors and school nurses working with homeless people have a unique role within their communities, focusing on this wide range of need and working creatively with professionals from all disciplines to offer the most effective care to the family.

The Health Visitor and School Nurse roles include the following:

- General practice and dental registration
- Immunisations
- Nutrition (breast feeding support) and growth
- Maternal and child mental health
- Developmental progress
- Managing a minor illness
- Reducing injury from unintentional accidents
- Parenting support
- Attachment
- Support with linkage to education and achievement
- Signposting to appropriate services
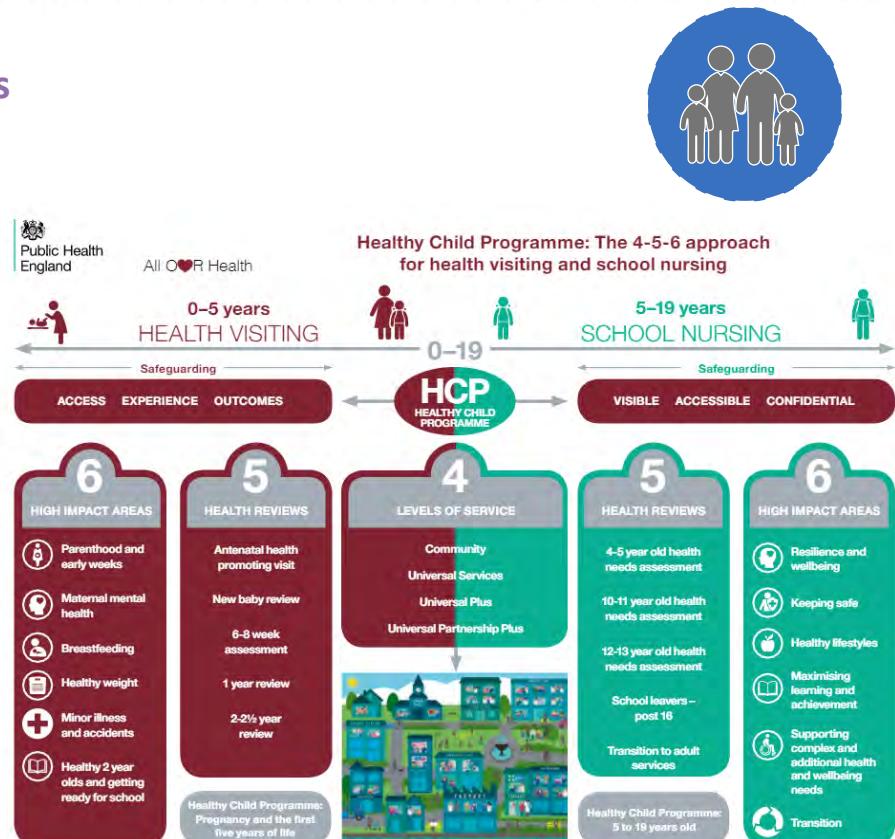
Supporting Public Health: children, young people and families, Public Health England

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7. Examples from practice – call for evidence

At the start of the project, a call for evidence was issued to the health, housing and homelessness sector, as well as to partners of the Health and Wellbeing Alliance. The examples in this section provide case study examples of where support for homeless families is working well through a range of service and good practice solutions.

Supporting hospital discharge – H4 Hospital

*H4 Hospital provides **rapid response to patients experiencing homelessness in local hospitals** including assessment of social, health and housing needs, support into suitable accommodation, intensive support to access relevant health and wellbeing services and maintain engagement and where appropriate peer support. In its first year H4 Hospital has supported over 50 people leaving hospital, and over 100 people in the community to manage their health needs. Since starting, no one supported by the project has faced being discharged to no fixed abode, or remaining in hospital longer than they needed to. One of the important outcomes is homeless people self-assessing that they feel improved wellbeing and confidence to manage their health and housing independently.* **For more information visit** https://www.stockporthomes.org/about-us/media/latest-news/charity-news/h4-hospital-from-homeless-to-healthy-and-housed/

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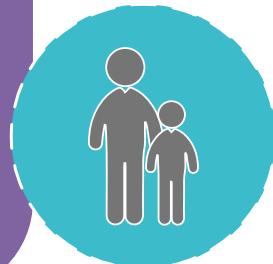
7. Examples from practice – call for evidence

Improving young people's wellbeing - The Wellbeing Burger, Salvation Army Housing Association

*The Wellbeing Burger is **a physical activity and nutrition programme to improve the wellbeing of homeless young people.** The service provides a holistic, asset-based approach with each individual, using strength-based conversations & person centred approaches to make assessments of their mood, mental state, general health, risk of homelessness, needs, interests and other relevant information. Staff apply motivational interviewing techniques to develop user-built programmes (the burger) and support homeless clients to progress to their goals. 90% of clients moved into further accommodation services.*
For more information visit https://www.salfordcvs.co.uk/wellbeing-burger-new-service

Outreach to homeless families and young people - Essex Partnership NHS Trust

*This adult service has identified a large number of homeless families placed in emergency accommodation from other areas in the county and further afield. The service visits hostels and hotels to offer support to families in order to bridge the gap when they have been moved out of area. **"Hostels see the benefit of our support and now contact us on the arrival of a new family or young person. The most common support we provide is access to primary care and access to food for those without money or awaiting benefit payment."***
For more information visit https://www.westsuffolkccg.nhs.uk/wp-content/uploads/2014/02/MVA-Leaflet-print.pdf

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7. Examples from practice – call for evidence

Supporting independent living - Home Works, East Sussex County Council

*Home Works provides a short term support service for 16-64 year olds who are homeless or at risk of losing their home and need support to live independently. They work with single people, couples and families providing a range of services including support with winter wellbeing and fuel poverty, supporting self care & self management and providing information & guidance to access community, primary care and specialist services. **The services aim to address health inequalities experienced by people and families experiencing housing problems and homelessness by providing holistic housing support** to improve health & wellbeing and prevent the need for more costly health and care interventions. Of the clients referred to the service, 79% had a mental health condition, 57% were disabled and 38% were households with children. 94% of clients were supported to better manage their health and wellbeing.*
For more information visit https://www.southdown.org/housing-support/home-works-east-sussex

Refuge provision - Ashiana Sheffield

Ashiana Sheffield offers support to BAMER women and children with no recourse to public funds who are facing domestic abuse. The service provides safe accommodation and supports clients with accessing health services and offers a holistic and therapeutic approach.
For more information visit
http://www.ashianasheffield.org/

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7. Examples from practice – call for evidence

Supporting young people who are homeless or at risk of homelessness - St Basils

St **Basils works with young people aged 16-25 who are homeless or at risk of homelessness, helping over 5000 young people per year across the West Midlands region. Three of their programmes are outlined below.**
My Strengths Training for Life (*MST4Life) is a strength-based psychoeducational programme for improving outcomes for homeless young people aged* 16-24 years co-delivered with researchers from the University of Birmingham, frontline staff from St Basils and peer mentors. Based on programmes for elite sports people, MST4Life enables young people to recognise, develop and employ mental skills to improve resilience, self-confidence and wellbeing through psychologically informed group based activities, delivered either as 10 weekly sessions or 2 weekly sessions over 5 weeks followed by a 4 day/3night outdoor adventure residential.*
Parenting Young People *is a psychologically informed parenting intervention for parents of young people aged 13-19 which takes the form of group workshops delivered in community based and hospital settings. The programme aims to reduce family conflict before it reaches the point of family breakdown, which is the leading cause of youth homelessness.*
Find out more about St Basil's work on **Psychologically Informed Environments** (*PIE) in section 4 of the learning resource. **89% of 1500 young people accessing St Basil's services in 16/17 achieved positive outcomes and left services in a planned positive way.***
For more information visit stbasils.org.uk

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7. Examples from practice – case studies

In addition to the call for evidence QNI collected a number of case studies of good practice – find more of these in the toolkit.

Maternity – the experience of a midwife

Jane* was 20 weeks pregnant. She had not booked for any maternity care as she was homeless and had a fear that her baby will be taken away from her, if she disclosed her pregnancy. Jane had no support and was sofa surfing.

During a homeless outreach session, Jane was identified as pregnant and was referred to specialist homeless health team for maternity support. Jane was registered with a GP as a result, urgent scan appointments were made to monitor foetal well-being, and an antenatal care pathway was put in place.

As Jane now had a specialist team where she was case-loaded, a professional relationship was built with her midwife, resulting in jane attending all appointments that were booked for her. With the continuity of having a named midwife, Jane felt safe and did not feel as though she was being judged at each appointment.
As well as the support that was given to Jane through her pregnancy, she assisted into independent living.
During the postnatal period, Jane continued to receive support in order to provide the best possible start for her baby.   *Name has been changed*

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8. Resources – useful tools and links

- [Rebuilding Shattered Lives](#) , St Mungo's (2014)
- [Reducing harm to children from unintentional accidents (Homeless families)](#), Institute of Health Visiting
- [The Impact of Homelessness on Babies](#) – Learning Resource (NSPCC for the QNI)
- [Transition to Homeless Health Nursing](#) – 8 chapter learning resource, QNI, 2017
- [Inclusion health in the early years](#), event presentations, QNI, 2017
- [Healthcare for Homeless Families](#), event presentations, QNI, 2017
- [The Unique Impact of Health Visitors on Poor Families](#), blog, 2018
- [Homelessness: applying All Our Health](#), PHE guidance, 2016
- [Mapping the Maze](#), directory of services and resources for women experiencing homelessness, substance misuse, poor mental health, offending and complex needs, AVA and Agenda
- [Reducing health inequalities and improving access to health and social care services for LGB&T people](#), National LGB&T Partnership
- [Finding Safe Spaces: Understanding the experiences of Lesbian, Gay, Bisexual and Trans rough sleepers](#), Stonewall Housing
- Maternity Action's [Migrant Women's Rights Service](#) provides advice and training for those supporting or advising vulnerable migrant women who are pregnant or new mothers. The service covers issues relating to: income, housing and access to services.
- Maternity Action's [online advice sheets](#)
- [Asylum seekers](#) – financial support and housing:
- [No recourse to public funds](#) – financial support and housing:
- [Refugees](#) – financial support and housing
- [Refused asylum seekers](#) – financial support and housing

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8. Resources - references

- Keats, Helen, Maguire, Nick, Johnson, Robin and Cockersell, Peter (2012) Psychologically informed services for homeless people. http://www.rjaconsultancy.org.uk/6454%20CLG%20PIE%20operational%20document%20AW-1.pdf
- Homeless Link (2017) An introduction to Psychologically Informed Environments and Trauma Informed Care
- https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/692689/Temporary_accommodation.xlsx - Temporary accommodation statistics live table on Gov.uk [accessed 13/4/18]
- Homeless Link (April 2018) Young and Homeless 2018 https://www.homeless.org.uk/sites/default/files/site-attachments/Young%20and%20Homeless%202018.pdf
- DePaul (2018) Danger Zones and Stepping Stones: Phase Two
- *The state of homelessness in and of itself creates a potential physical and mental assault on parenting due to the stresses and deprivations inherent within it, such as insecurity, loss of social support, stigma and isolation. Homelessness can affect parents' ability to meet these [babies] needs. It can impact on the physical and mental wellbeing of pregnant women because of the stresses associated with housing instability and because it is harder to adopt a healthy lifestyle in such circumstances. The capacity of parents to provide their babies with sensitive, responsive and consistent emotional care can also be affected An Unstable Start: Spotlight on Homelessness, NSPCC https://www.nspcc.org.uk/globalassets/documents/research-reports/all-babies-count-unstable-start.pdf*
- http://www.tara.tcd.ie/bitstream/handle/2262/81856/Share%20and%20Hennessy%20(2017)%20Food%20Access%20Report%20%20%20Main%20Report%20-%20FINAL.pdf?sequence=1
- Parental homelessness and insecure housing have significant impacts on foetal development. Temporary accommodation and homelessness during pregnancy are associated with a higher risk of premature birth, low birth weight and developmental delay https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/605988/evidence-resource-improving-lives-helping-workless-families-web-version.pdf.

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8. Resources - references

- Pregnancies in women in areas of high social deprivation in the UK are over 50% more likely to end in a stillbirth or neonatal death. source: MBRRACE UK (2016) Perinatal Mortality Surveillance Report. Oxford
- http://blog.shelter.org.uk/2016/03/50-years-after-cathy-come-home-babies-still-cant-sleep-safely/
- *National evidence shows that inequalities in immunisation uptake have been persistent and result in lower coverage in children and young people from disadvantaged families and communities. Unimmunised, or only partially immunised children, are more likely to live in disadvantaged areas and are less likely to use primary care services. Groups where there is greater vulnerability include Homeless families http://www.islingtonccg.nhs.uk/jsna/Chapter-16-Childhood-Immunisation-JSNA-200910.pdf*
- The poorest 20% of children are nearly three times more likely to be obese than the richest 20%. *https://www.centreforsocialjustice.org.uk/policy*
- https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/605988/evidence-resource-improving-lives-helping-workless-families-web-version.pdf
- https://england.shelter.org.uk/__data/assets/pdf_file/0009/48627/Factsheet_Young_People_and_Homelessness_Nov_2005.pdf
- *'While important, this finding must be treated with caution as the data does not tell us whether this group of young people being more likely to engage in sexual activity for a place to stay than others is at all related to their sexual identity. As mentioned above, it may be that these young people face a number of complex, interrelated issues that also have an impact on their options and choices while out of stable accommodation'.*

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About the Health and Wellbeing Alliance

Funded by the Department of Health and Social Care (DHSC), and led by the DHSC, Public Health England and NHS England the Health and Wellbeing Alliance (HW Alliance) was established to: Facilitate integrated working between the voluntary and statutory sectors; Support a two-way flow of information between communities, the VCSE sector and policy leads; Amplify the voice of the VCSE sector and people with lived experience to inform national policy; Facilitate co-produced solutions to promote equality and reduce health inequalities.

Two of the 21 members of the Health and Wellbeing Alliance, the Young People's Health Partnership and Homeless Link are leading this work alongside the Queen's Nursing Institute as a non-Alliance expert member of the project team.   The other partners were the Association of Mental Health Providers (through the Mental Health Foundation), the LGB&T Partnership, Maternity Action, the Race Equality Foundation, Citizen's Advice, and the Win Win Alliance.

The Young People's Health Partnership is a consortium of six organisations focused specifically on young people aged 10-25. AYPH leads the partnership and has a long track record of working with public health nurses. Youth Access is also a member of the YPHP and is a leading organisation in young people's mental health with expertise advising and supporting homeless young people.

Homeless Link is the national membership organisation representing providers supporting people who experience or who are at risk of homelessness, people with multiple and complex needs and people who are vulnerable and living in poor accommodation or who require supported accommodation - all of whom experience the most significant health inequalities. Our organisation is England-wide and has over 700 members.

The Queen's Nursing Institute is a charity founded in 1887 that supports nurses working in the community with information and campaigns, professional development, grants, awards and educational opportunities. Our vision is that all people are provided with the best possible nursing care by the right nurse with the right skills in homes and communities, whenever and wherever it is needed.

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