

Good practice: briefing

Supporting homeless children

Guidance for health visitors

Introduction

Children¹ living in bad housing or who are homeless can be seriously affected by their housing situation. It can impact upon their health, physical safety, enjoyment, personal achievement, schooling and life chances. Children living in temporary accommodation, or those who move home frequently, may not be registered with a local GP or be known to local health services. Children living in bad housing, for example housing that is damp or overcrowded, can experience health problems such as respiratory issues or slow physical growth.²

This briefing looks at how bad housing and homelessness affect children, and discusses the ways in which health visitors can engage more effectively with homeless children and their families. The briefing identifies examples of organisations that promote good practice and discusses the services they provide. Although specialist health visitors or health teams for homeless families have been introduced in a number of areas, many more are still without such services, and links between housing providers and health services and the homeless sector are not as well developed.

¹ For the purposes of this briefing, the term 'children' refers to children and dependent young people up to the age of 18.

² Shelter, *Chance of a lifetime: The impact of bad housing on children's lives*, 2006.

Homelessness and temporary accommodation

The term homelessness is often misunderstood; many people believe that the definition is restricted to those who sleep on the streets. In fact, the definition is far broader.

There are several ways in which a person can be legally defined as homeless:³

- they have no accommodation, in the UK or abroad, in which they have a right to live and which is available to them⁴
- they have a right to continue to occupy their accommodation but cannot secure entry to it⁵
- their home is a moveable structure such as a houseboat or caravan and they have nowhere to park it and reside in it⁶
- there is nowhere in which the whole household can live together⁷
- they have accommodation but it is not reasonable for them to continue to occupy it, for example because of its poor condition⁸
- they, or a family member, will be at risk of domestic or other violence if they remain in their accommodation.⁹

The local authority has a legal duty to give advice to people who are homeless.¹⁰ In addition, if the local authority believes that someone who has submitted a homelessness application is homeless, eligible for assistance and in priority need, then it must provide temporary accommodation for the applicant until a decision is made as to whether the authority owes them a main housing duty.¹¹ An applicant may be ineligible for assistance if they have lived or come

from abroad.¹² People considered to be in priority need include pregnant women, or someone living with a pregnant woman, and someone living with dependent children (including children who are under 19-years-old and in full-time education).

Homeless applicants can be housed in different types of temporary accommodation, including bed and breakfast hotels, hostels, registered social landlord and local authority accommodation, or private rented properties arranged through the local authority. There is no choice offered to the applicant and the quality of such accommodation varies greatly. However, the law requires that all accommodation offered be 'suitable'.¹³

To be suitable, the accommodation must meet the individual needs of the applicant (and household). This is a personal test related to each individual, but the length of time an applicant is expected to stay in the accommodation can be a factor in assessing suitability. Bed and breakfast hotels and hostels have shared kitchen and bathroom facilities and often there is no suitable access to cooking facilities. Bed and breakfast accommodation is often unsuitable for vulnerable people and is rarely suitable for households with children. Pregnant women and families with children can only be housed in bed and breakfast accommodation when no other accommodation is available¹⁴, but they can only stay there for a maximum of six weeks before the local authority must find them somewhere more suitable to live.¹⁵

Issues faced by children in bad housing

In 2003, the Government published the green paper *Every Child Matters*¹⁶, which identified the five most important outcomes for children and young people. These outcomes serve as universal ambitions for every child and young person, irrespective of their

3 ss.175–177 Housing Act 1996.

4 s.175(1) Housing Act 1996.

5 s.175(2)(a) Housing Act 1996.

6 s.175(2)(b) Housing Act 1996.

7 s.176 Housing Act 1996.

8 s.175(3) Housing Act 1996.

9 s.175(1)(a)–(b) Housing Act 1996.

10 s.179 Housing Act 1996.

11 s.188(1) Housing Act 1996.

12 s.185(2) Housing Act 1996.

13 s.206(1) Housing Act 1996.

14 Art 4(1)(a) The Homelessness (Suitability of Accommodation)(England) Order 2003, SI 2003/3326.

15 Art 4(1)(b) The Homelessness (Suitability of Accommodation)(England) Order 2003, SI 2003/3326.

16 HM Treasury, *Every Child Matters*, 2003.

circumstances or background. Improving the outcomes of all children and young people underpins all the development and work of children's services. Shelter's report, *Chance of a lifetime* illustrates the devastating results that bad housing can have on these five outcomes (the findings below come from this report).¹⁷

Although there are strong similarities in the negative effects of living in bad housing and being homeless, it should be acknowledged that being homeless is strongly linked to mental health problems, while bad housing is more closely associated with physical health problems.

Be healthy

Accommodation that is damp, cold, overcrowded or in a poor state of repair has negative implications for health. Children in bad housing conditions are more likely to:

- have mental health problems such as anxiety and depression
- contract meningitis
- have respiratory problems such as coughing and wheezing
- experience long-term ill health and disability
- experience slow physical growth
- have delayed cognitive development.

Stay safe

Poor physical housing conditions can make it difficult to keep children safe.

- Almost half of all childhood accidents are associated with physical conditions in the home.
- Families living in properties that are in poor physical condition are more likely to experience a domestic fire.

Enjoy and achieve

Living in bad housing or temporary accommodation greatly reduces children's enjoyment and achievement in life.

- Homeless children have lower levels of academic achievement that cannot be explained by differences in their levels of ability.

Make a positive contribution

Living in bad housing or temporary accommodation can be detrimental to children's self-confidence, schooling, and the ability to deal with life changes and challenges.

- Homeless children are more likely to have behavioural problems such as aggression, hyperactivity and impulsivity.
- One study suggests almost half of young offenders have experienced homelessness.

Achieve economic wellbeing

Housing circumstances can impact strongly on children's life chances.

- The high costs of temporary accommodation can make it difficult to make working financially worthwhile, trapping homeless families in unemployment, which is strongly associated with poverty and reduced life chances for children.
- Living in bad housing as a child carries a risk of low educational achievement. This in turn results in an increased likelihood of experiencing unemployment or working in insecure or low-paid jobs as an adult.
- Bad housing in childhood is linked to long-term health problems, which can affect employment opportunities later in life.

¹⁷ Shelter, *Chance of a lifetime: The impact of bad housing on children's lives*, 2006.

Issues faced by homeless parents

Debt issues leading to the threat of homelessness can be a huge problem for some families. Many are preoccupied with practical problems, such as trying to meet rent or arrears payments, and so do not realise that they are at real risk of homelessness. Other families may be dealing with more complex issues such as drug and alcohol abuse, or mental health issues and so the threat of homelessness is largely ignored.

The breakdown of relationships is a major cause of homelessness. For some this can be the result of fleeing, or attempting to flee, domestic violence. To leave a violent relationship or situation, many people have to leave their homes and have nowhere permanent to go, therefore becoming homeless. They may move to a refuge or hostel, or stay with friends, but these are only temporary placements. People who have experienced domestic violence have been through great trauma and often suffer from depression and anxiety as well as poor physical health. Their self-esteem and confidence will be low and they may find it difficult to build trusting relationships with others, including professionals. In these situations, children are also victims, either directly from violence and abuse, or from witnessing the violence and its effects on other members of the family. The whole family will need specialist support.

Homeless families in a period of transition, for example staying in temporary accommodation, may find it difficult to access health and support services, and even harder to maintain contact with these services. Feelings of shame or embarrassment regarding their personal situation may make it difficult for them to engage with professionals. Ambiguity about which service to refer to because of the temporary nature of a family's address may also present a barrier to accessing services. Some

services are location based and not universal; in such cases a family may experience a lack of continuity in service provision. The fact that they will have to change services when they move on from their temporary accommodation can prevent a family from building a relationship with the service provider.

Homeless families moving from temporary accommodation to permanent accommodation face a critical time of change. Families continue to need support as they establish themselves into a new community and may need help to ensure that they register with a new local GP service.

What health visitors can do and why

Health services need to respond to the specific needs of their locality. The needs of local homeless people must be assessed and included in local strategic planning such as Joint Strategic Needs Assessments and Local Area Agreements, and services need to be delivered based on those needs. In areas where there are high numbers of families in temporary accommodation, a specialised worker role or team is effective.

Families at risk

As well as carrying out health needs assessments, health visitors should assess the overall needs of homeless or at-risk families as soon as possible or find out if a Common Assessment Framework (CAF)¹⁸ has already been done. The CAF provides an assessment of a child's strengths and needs, taking into account the role of the parents, carers and any environmental factors that may impact on their development. Health visitors can then refer or signpost families to other services for support on issues outside their health needs, for example children's centres. It is useful, therefore, to make

¹⁸ For more information about CAF, go to the Every Child Matters website: <http://shltr.org.uk/6r>

contact with the local children's centres and make sure they regularly provide updated information on their activities and provision.

Health visitors need to be aware of the presence or requirement of a Lead Professional when dealing with children or young people who have additional support needs. The Lead Professional is a key element of integrated support, taking the lead in co-ordinating provision of services for the child and acting as a single point of contact for the child and family. Appointing a Lead Professional is central to the effective frontline delivery of services for children with a range of additional needs. Health visitors need to establish contact and work with an existing Lead Professional in each child's case.

Health visitors would benefit from a basic working knowledge of housing and homelessness issues, which would allow them to identify problems at an early point and refer clients for help with housing issues where necessary.

Families in temporary accommodation

Outreach services are essential in the case of families living in temporary accommodation because families experiencing a crisis will not automatically seek external support. Health visitors should make themselves aware of temporary accommodation providers and the homeless persons department (or similar) in their area. Health visitors should review their services to improve accessibility to families living in temporary accommodation or who are homeless:

for example, is it harder for homeless families to access health visitors, or for health visitors to access the families?

Multi-agency working

In order to improve the lives of homeless children, agencies need to work together to develop and maintain contact with families. Establishing effective links and maintaining positive relationships with other local organisations can achieve this multi-agency approach. Health visitors are ideally placed to take a key role in identifying families in need, and to support referrals to other services such as children's centres, Home-Start, housing, children's services and social care.

Many health visitors now have regular contact with children's centres, in part because they hold baby clinic sessions there. Children's centres that provide specific activities for homeless families can be a good way for health visitors to find out more about homeless families in their area.

Families in permanent accommodation

Some families may require support to maintain a new tenancy and prevent them from becoming homeless again: health visitors can refer families to support services to help them achieve this. If a family is moving to a new area, outside the boundaries of the service, it is important to refer them to the health visitor team in their new locality.

Good practice examples

Shelter Keys to the Future (Bristol)

The Bristol Keys to the Future project is a pilot project that exists to assess and support the needs of homeless or unsettled children. It provides tailored, intensive support for the children who need it and delivers this through a multi-agency model. The project receives around 75 per cent of its referrals from health visitors following a number of presentations and awareness-raising sessions.

The following examples have been provided by the Homeless Health Initiative (more information on the Initiative can be found in 'Further Information' on page 7).

Hounslow Community Health Care (London)

The specialist health visitor provides a short-term intervention to homeless families and refers them on to mainstream services once the families are aware of, and appropriately accessing, services. She also provides specialist support to young parents and families through groups that incorporate in their agendas general health promotion, access to health, and engagement with health. However, due to the vulnerability and complex needs of these clients, it is not usually possible for the specialist health visitor to support all the homeless families in Hounslow.

Westminster Health Support Team (London)

Westminster has a lead person, health visitors, community nurses, a community psychiatric nurse, a welfare/community benefit adviser and support workers in their health support team that deals with families living in temporary accommodation, hostels and bed and breakfast accommodation, and refugee and asylum seekers.

Gloucester Healthcare Team (Gloucestershire)

Gloucester has a Personal Medical Services Healthcare Team for homeless people consisting of two GPs, a health visitor and one clinical nurse. The health visitor supports homeless families and single homeless people by providing a client-centred service and can provide for the complex combination of health problems associated with homelessness.

Blackpool Health Support Team (Lancashire)

Blackpool has a team consisting of a specialist health visitor, a general health visitor, a mental health nurse, and family and nursing support workers. They run a one-stop shop of health support working alongside housing advice services, the homeless action team, and the child assessment team.

Newcastle Primary Care Trust (Tyne & Wear)

Newcastle Primary Care Trust is committed to tackling health issues for homeless people and those in housing need. In prioritising this target, a specialist health visitor was appointed to ensure that the health needs of homeless people entering Hill Court (temporary accommodation provided by Newcastle City Council) are assessed and met.

In 2009, more than 143 families with 220 children were accommodated in Hill Court. It was identified that these residents were often disengaged from universal services, so targets were negotiated between the City Council and the Primary Care Trust to ensure that every household member is registered with a GP. A specialist health visitor for the homeless is responsible for ensuring this target is met and that the health needs of vulnerable families and children are assessed. To date, this target has been fully satisfied.

It was also identified that homeless children often had poor school attendance records or did not attend school at all. Through joint working between the specialist health visitor, the City Council education welfare service, advice and support workers, Children North East staff and support from the head of children's services in Newcastle, a target has been agreed so that all homeless children are offered a school place or alternative school provision within five days of entering Hill Court. This ensures that they have contact with school health advisors as well as enabling them to continue their education. This is closely monitored. One case involved a 13-year-old boy who had not attended school for four years because he had 'slipped through the net' as he moved between different areas of the country. This situation was quickly addressed and he soon commenced alternative school provision.

Further information

Shelter Children's Service

Good practice briefings offering guidance for education professionals and children and family services are available to download free from: shelter.org.uk/childrensservice

Shelter Children's Service Advice Line

0845 421 4444

Lines are open Monday to Friday 8am to 8pm.

Health visitors who are working with homeless people and are members of the Homeless Health Initiative, and health professionals supporting families with children and 16- and 17-year-olds, whether living in a family or independently (including the Family Nurse Partnership), can call Shelter's Children's Service Advice Line for specialist housing advice for their clients. There is no charge for this service other than the cost of a phone call.

Comments from callers to the Advice Line:

'A very useful service that I have used twice now. [It] makes me feel confident that I can contact [it] at any time and get helpful advice. [The] copy of the information sent on email [is] also very useful.'

'Overall it is a useful service for those that don't know much about housing and clients' rights. Advice is given straightaway which you can act on straightaway.'

'This up-to-date, quantifiable service, available free at point of delivery, is an absolute boon for community workers everywhere, even if only to reinforce what they already think. Shelter has such a good reputation, this only enhances it.'

Women's Aid

www.womensaid.org.uk

0808 2000 247

Women's Aid is the key national charity working to end domestic violence against women and children.

Homeless Health Initiative, Queen's Nursing Institute

Homeless Health Initiative offers free support to any nurse, midwife or health visitor who encounters homeless people in the course of their work. For more details see: <http://shltr.org.uk/6v>

Health visitors can contact it to join the initiative and access free updates on resources and professional development.

The *Assessing homeless families' health needs* briefing can be downloaded from the Queen's Nursing Institute website: <http://shltr.org.uk/6w>

Common Assessment Framework guidance

Guidance for children's services and housing services on how to use the Common Assessment Framework when dealing with the needs of homeless young people can be accessed on the Department for Children, Schools and Families website:

<http://shltr.org.uk/6x>

Healthy Child Programme

The Programme contains references to homeless families. It can be downloaded from the Department of Health website: <http://shltr.org.uk/6y>

Working together to safeguard children

Guidance published by the Government in 2006, with a section on homeless families, can be downloaded from: <http://shltr.org.uk/70>

Mental health of homeless children and their families

Vostanis, Prof P, 'Mental health of homeless children and their families', *Advances in Psychiatric Treatment*, 8, pp 463–469, 2002: this helpful article can be downloaded from: <http://shltr.org.uk/6z>

Recommendations

There are measures that health visitors should adopt to assist families and children who are homeless or living in temporary accommodation:

- Increase their awareness of bad housing and homelessness and its effects, particularly in relation to the five Every Child Matters outcomes.
- Ensure staff are trained on basic housing rights to enable them to make appropriate referrals to external organisations where necessary.
- Attend and participate in local housing and homelessness forums in areas where there is a high level of homelessness and people living in temporary accommodation.
- Develop knowledge of, and relationships with, local housing, debt and advice services and support organisations so that referrals can be made for practical support when necessary.
- Create a simple referral or notification process with the housing department and/or providers of temporary accommodation so that health visitors are informed about any child in temporary accommodation or at risk of homelessness.
- Identify and liaise with the Lead Professional for each child living in temporary accommodation.
- Ensure every child is tracked and supported.
- Ensure links are maintained between the family and the health visitor service when families move into more settled accommodation to ensure that the family continues to receive the appropriate support. It is imperative that health visitors refer families to other teams when they move on to settled housing outside the area.

Shelter, the housing and homelessness charity

Until there's a home for everyone

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shelter.org.uk

Registered charity in England and Wales (263710) and in Scotland (SC002327).

Shelter