

NSPCC

The impact of homelessness on babies and their families

Learning resource for the
Homeless Health network, QNI

EVERY CHILDHOOD IS WORTH FIGHTING FOR

Aim of this resource

This e-learning slide pack was produced by the NSPCC to support health practitioners working with pregnant women and babies living in homeless families. The content of the slide pack is based on the NSPCC and Anna Freud Centre's All Babies Count report, *An unstable start: Spotlight on homelessness*.

If you would like to download the full report, please go to: www.nspcc.org.uk/allbabiescount.



An unstable start

ALL BABIES COUNT:
SPOTLIGHT ON HOMELESSNESS

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Why is the perinatal period so important?

What happens in pregnancy can last a life time:

- During **pregnancy**, a woman's mental and physical health, behaviour, relationships and environment all influence the intrauterine environment and the developing foetus, and can have a significant impact **on the baby's wellbeing and long** term outcomes.
- After **birth**, **babies' brains and** bodies continue to develop rapidly. In the first two years of life, 700 new neural connections form in the brain every second (Center on the Developing Child, 2014).
- Because of this, any early experience – positive or negative - can potentially have long term and far reaching impacts. Whilst a **baby's** future is not completely determined by their early life, without firm foundations, success later in life can be more difficult (Center on the Developing Child, 2007).

Why is the perinatal period so important?(2)

The perinatal period is a time of both opportunity and vulnerability for new families:

- For both mothers and fathers, pregnancy and the birth of a baby is a significant transition - a time when their roles, responsibilities and relationships change.
- **Opportunity:** During this lifestage parents can be engaged and motivated to make positive changes in their life.
- **Vulnerability:** Pregnancy and childbirth are not only physically challenging for new parents, but also increase the risk of mental health problems. A **woman's risk of mental illness is higher** in the weeks following childbirth than at any other time in her life (Hogg, 2013). Fathers are also at risk of experiencing depression in the postnatal period, in part as a result of changes to sleep patterns, changes to social support networks and changes to their relationship with their partner (Domoney & Ramchandani, 2014).

Why is the perinatal period so important?(3)

There are moral, social and economic arguments for investing in pregnancy and infancy:

- All children have the right to have their basic needs met, to be safe, and to have opportunities to reach their full potential.
- Healthy infant development leads to better social and emotional outcomes, so babies are more likely to grow up to be happy, healthy and fully contributing members of society.
- Prevention is both better, and cheaper, than cure. Babies who have a good start in life are likely to cost less and contribute more to the economy over their lifecourse (Heckman, 2011).

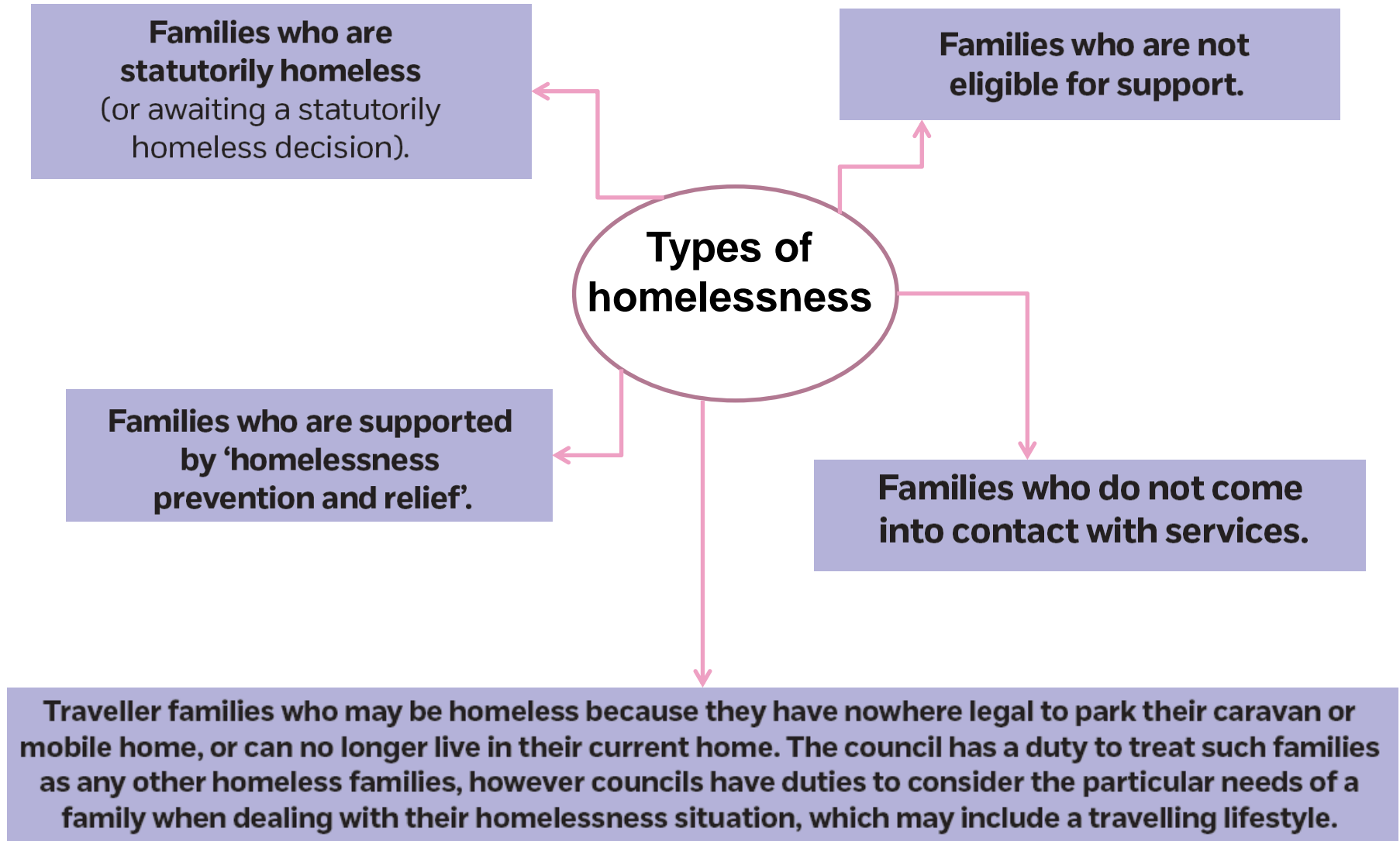
Why focus on babies in homeless families?

- **Homelessness in England is a growing problem.** The number of families who are homeless has increased in recent years, and is likely to continue to increase due to a number of factors, including the economic climate and changes to the benefit system (Houston et al., 2014).
- The limited research on the specific impact of homelessness on babies shows that **homeless infants experience a significant decline in general developmental function** between 4 and 30 months (Sleed et al. 2011; Coll et al., 1998).
- Evidence also shows that homelessness and temporary accommodation during pregnancy are associated with an **increased risk of preterm birth, low birth weight, poor mental health in infants and children, and developmental delay** (Stein & Gelberg, 2000; Richards, Merrill & Baksh, 2011). All of these factors are, in turn, associated with the risk of poor outcomes in later life.

Why focus on babies in homeless families?(2)

- Babies seem to be overlooked in housing policy and the research in this field, perhaps because people do not appreciate how much homelessness affects babies, and because **babies cannot speak out** about their experience.
- In fact, babies are likely to be **more vulnerable to homelessness than older children** for a number of reasons: babyhood is a particularly critical lifestage, babies are more vulnerable and susceptible to the effects of stress and adversity on their parents, and they are also likely to spend more time at home than older children.

Types of homelessness



How many babies are affected?



The Government collects data on:

- the number of **decisions made by local authorities** on applications for statutory homelessness assistance, as well as the number of homeless households accepted as being owed the **full statutory rehousing duty** and living in temporary accommodation (Department for Communities and Local Government, 2015).
- BUT: The 'acceptance' and temporary accommodation data include the number of households with children **BUT not any details of these children – therefore, we do not know the number of pregnant women and ages of children.**
- In addition, the prevention and relief statistics do not record the number of households with children or any further household details.
- We don't know anything about those not in contact with services.


Number of babies affected: our estimates

Based on figures from the Department for Communities and Local Government (DCLG, 2014a) and the most recent ONS data available, we estimate that:

around

15,700 0-2 year olds
live in families who are classed as
statutorily homeless




 = 1,000

around

710 0-2 year olds
live in **B&Bs**



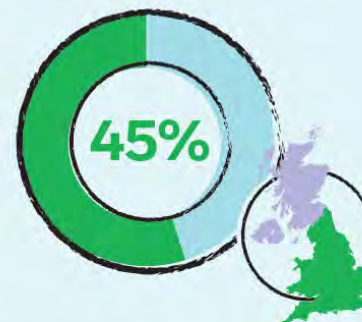
 = 100

around

170 0-2 year olds
have been living in **B&Bs**
for longer than **6 weeks**



 = 100



A study of 40 **serious case reviews** in England found that 45% of families were **highly mobile** and **living in poor conditions**

How homelessness can affect babies

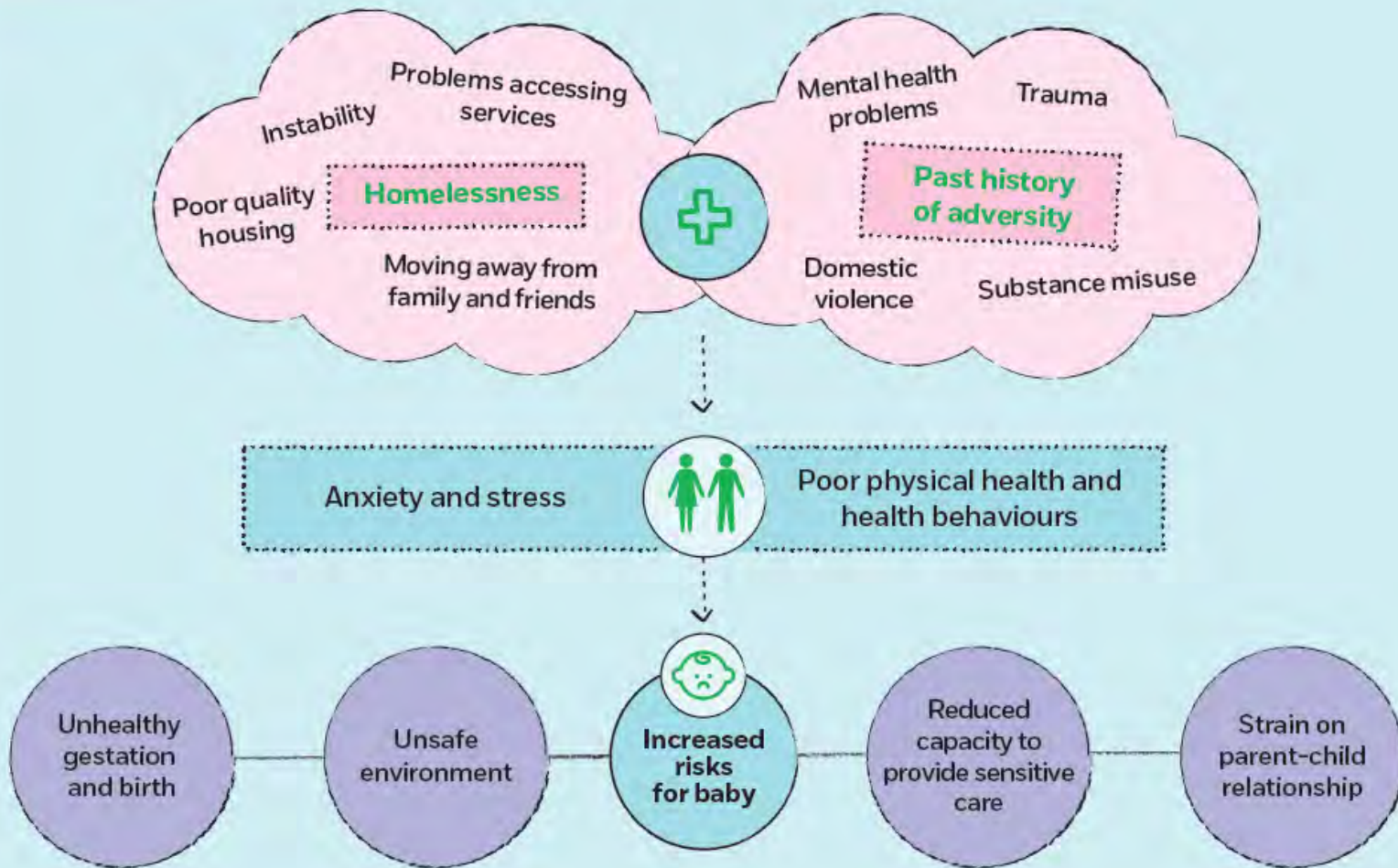
Research suggests that **that there are four 'ingredients'** which are critically important for babies to be safe, nurtured and able to thrive.

- **A healthy pregnancy:** Development before birth is the basis for what happens next, so maternal mental and physical health in pregnancy are crucially important for babies' later wellbeing and development.
- **Healthy early relationships:** Babies need their caregivers to provide sensitive, responsive and consistent care.
- **Effective care and support for the caregivers:** Parents themselves need social support and respectful care and help from professionals in overcoming some of the problems they may face, so that they have the emotional resources to care for their baby.
- **A safe and stimulating environment:** Babies need to be in a safe and stimulating environment where they are able to grow, learn and explore.

Homelessness can threaten each of these aspects of a baby's life.

What is the impact on babies?

Double jeopardy:
How homelessness can affect babies



1. Impact of on a healthy pregnancy

- **Physical health:** Homelessness can impact on the physical health of pregnant women. It can make it harder for women to have a healthy diet because they may lack the resources to buy nutritious food, or means or space to prepare it. Because the quality of temporary housing can be poor, some pregnant women may have to live with damp, mould or infestations.
- **Mental health:** Homelessness can lead to parents experiencing stress, anxiety and exhaustion, as well as feelings of loss of control, loss of self-worth and isolation. These feelings, which can also exacerbate pre-existing mental health difficulties, may impact on a **woman's ability to take care of her physical health in pregnancy.** Maternal stress during pregnancy is also associated with poorer physical, emotional and cognitive outcomes for infants (Bergman et al., 2007).

2. Impact on healthy relationships

- Those who are homeless often have a **history of adversity** that includes mental health problems and experiences that contribute to poor mental health, such as violence in the home, limited or absent social support, poverty and unemployment (DCLG, 2008). The complex difficulties that arise from this mean it can be harder for parents to provide sensitive care for their infants, because they are themselves very vulnerable.
- Parental mental health difficulties can **continue to impact on a newborn infant**. Homelessness can lead to stress, anxiety and exhaustion and it can be hard to provide consistent, sensitive responses to a baby when coping with these feelings.
- Research has shown that children in homeless families have an **increased risk of being in contact with child protection services** because of neglect or abuse (Vostanis, 2002) and housing problems feature in many reviews of serious cases of abuse or neglect (Department for Education, 2012; NSPCC, 2014).

3. Impact on care for the caregivers

- Both **social support and support from formal services can act as a buffer against mental and physical health** problems and can improve parenting behaviour.
- However, being homeless often means **frequent moves** and, in some cases, can mean families being **placed out of their local area**. This is becoming increasingly common, with figures from the English Department for Communities and Local Government showing that at the end of September 2014, 15,260 households in temporary accommodation were placed in another local authority's area (DCLG, 2014).

3. Impact on care for the caregivers (2)

Engagement with universal services:

- Frequent moves and moves out of area can affect the degree to which families engage with maternity and health services.
- Families have to move between universal services as they change area, so **relationships with professionals such as GPs and midwives can break down**. Because they move regularly, families can decide that it is **not worth registering** with a GP. Families lack the stable address that they need to prove eligibility for services and claim benefits.
- It can be **harder for home visits** to take place in temporary accommodation.
- In a new area, families **may not know where the services are** or how to access them.
- Practical and emotional issues can make it harder for families to engage with services. These include a lack of money to pay for transport, fear of stigma, low confidence and anxiety issues.

3. Impact on care for the caregivers (2)

Focus of universal services:

- Because professionals spend time **helping families resolve housing and other financial problems**, less time is spent on other issues, such as physical and emotional health.
- Professionals **struggle to deliver the core services** they usually provide if a mother is distracted or distressed by her housing situation, or because of increased travelling time to continue to work with a mother as she moves house.
- Professionals report that they spend a lot of time **brokering contact** with other services who work with the family, and this begins again every time the mother moves house.

4. Impact on a safe and stimulating environment

- Babies are hugely vulnerable to the impact of living in unclean or cramped conditions.
- Temporary accommodation can be poorly maintained, meaning that families live in housing where there is **damp, mould or infestations**. A lack of safe, clean, floor space for infants to play on can lead to **problems in their physical development**.
- Temporary accommodation can lack cooking and washing facilities, making it harder for families to **store and prepare healthy meals** and keep clothes clean. This can lead to them buying more expensive fresh or take-away food, and using laundrettes.
- Rooms can lack cots or spaces for a cot, so babies may sleep with their parent, increasing the **risk of sudden infant death**.
- **Noise and disruption** can make it harder for babies to settle into a regime and to sleep, and there may not be a safe space to bathe an infant.

Case study 1

Cathy's story

Cathy was living with her partner Jack in a house share when she became pregnant. At this time, Jack lost his job and Cathy had to stop work without pay due to back pain. When the couple told their landlord that Cathy was pregnant, he told them they could not stay because the house was not suitable for a baby. Cathy and Jack left the property and sought housing support, but were told that they were not eligible because they had become intentionally homeless. They were advised that they should have remained in the property against the landlord's wishes until legal action was threatened.

When Cathy was 28 weeks pregnant, the couple were placed in a hostel for three weeks and then were temporarily housed in a studio flat in a different local authority. The flat was infested with mice and damp, and the couple were afraid to leave their home because of the prevalence of drug use, violence and burglaries in the local area. Cathy was very scared and became depressed.

Cathy went into pre-term labour with Sam, which she attributes to the stress caused by her housing problems. Luckily the labour was stopped, and Sam was born at full-term.

When Cathy was 8 months pregnant, the couple received a letter telling them to visit the housing office to renew the lease on the flat. However when they arrived, they were told this wasn't necessary. Shortly after this, their housing benefit was terminated, which then led to a build-up of rent arrears.

When their baby, Sam, was five days old, the couple received an eviction notice. Fearing that they would be forced to sleep on the streets with their baby, the couple barricaded themselves into their flat for three months. During this time the family were helped to access legal aid by Shelter. Eventually they were supported by social services in the area where they were living, who moved them to a family hostel.

The family have a small room in the hostel, with very basic kitchen facilities and little space for Sam to play or crawl. There are no laundry facilities, so Cathy takes her washing to her mother-in-law's house. Sam has eczema, which Cathy is anxious about and attributes to living in the hostel.

Cathy said she had an excellent midwife throughout her pregnancy, although when she was moved out of the area she had to travel for appointments. She also said she got a lot of support from her health visitor. Cathy and Sam attend a Baby Group in the hostel and go out to the local children's centre. Cathy explained that she tries to get out of the hostel as much as possible.

Cathy continues to be treated for depression. She and Jack are both keen to move out of the hostel as soon as possible in order to improve Sam's quality of life. The couple have been told that they cannot get help to move until their rent arrears have been paid. They are both eager to work, but had been told that working would mean paying more to stay in the hostel, therefore preventing them paying off their rent arrears.

Case study 2

Beth's story

Beth had already been homeless for 15 years when she became pregnant. During this time, she had experienced severe mental health problems, including being sectioned, and was using illicit drugs. She met her partner Aaron whilst staying in a hostel for single people and became pregnant.

Beth did not realise she was pregnant until 4 months gestation. She was then referred to the Family Drugs and Alcohol Court by her social worker. With their encouragement, Beth stopped using drugs by the sixth month of her pregnancy.

Beth and Aaron continued to be housed in a hostel for single adults until she was 8 months pregnant. This was a frightening and difficult time for Beth, as she was surrounded by people who misused drugs and alcohol, and fights often broke out. Beth told us that she had a good relationship with a key worker in her hostel, although she felt he didn't do enough to help her move out of the hostel when she became pregnant.

Just three weeks before Beth gave birth, she and Aaron were moved to a family hostel. When their baby, Jess, was born, they were kept in hospital for five days because the doctors were concerned that Beth's drug use might have affected her baby. Luckily Jess was healthy. The family were then sent to a family assessment centre. There, they were well supported by a social worker and the centre, and felt supported to develop routines for caring for their baby.

After three months, and following a positive outcome, the family were moved to a family hostel where they stayed for 16 months.

In the hostel, they had one small room which included a small hob for cooking on. The room was too small for the baby to play in and the hostel did not have working laundry facilities. Beth became depressed and was prescribed anti-depressants by her GP. During this time Aaron also spent a short period in prison for breach of an ASBO.

Beth and her family have been supported by three different social workers in the two years between Beth getting pregnant and our visit to the family. Beth felt that the skills and approach of these social workers varied a lot, but she got on well with the social worker who supported her when she first moved to the hostel. Beth was also very happy with the support she had received from her midwives and health visitor.

There was a baby group at the hostel, which Beth felt was a lifeline for her.

Following 9 months of searching for private rented sector accommodation with their housing support worker, the family was moved to a large private rented flat with a small garden, where they hold a year-long tenancy. The flat is in a different local authority from the hostel, and when we met Beth she was trying to find out about the local services – such as children's centres – in the area.

What changes do we want to see?



Prioritisation: Too often, the needs of babies and their parents are poorly considered in both national and local planning and service provision for homeless families. In order to ensure that babies in homeless families get a healthy and safe start in life, these needs, in particular the need for safety, stability and social support, must be prioritised at national and local levels of government.

We recommend that:

- The Department for Communities and Local Government regularly collects data on the number of children and pregnant women in all homeless families, the ages of children, and their needs.
- Health and Wellbeing Boards take responsibility for ensuring their needs are met. Local Health and Wellbeing Boards ensure that the number, make-up and needs of homeless families are represented in their Joint Strategic Needs Assessments.
- Local **Safeguarding Children's Boards (LSCBs)** review the role that housing problems have played in Serious Case Reviews and take action to improve local policy and practice.

What changes do we want to see? (2)



Service and policy integration: A more coordinated response has the potential to prevent a range of poor health and social outcomes, at the same time generating savings for the public purse.

We recommend that:

- Local authorities ensure that there are integrated pathways and processes of **information sharing between housing, health, children's and adult** services.
- Local commissioners ensure that all homeless families receive high quality, evidence-based support from universal and targeted services, particularly during the perinatal period. This includes ensuring that there are health visitors and midwives who have had specialist training to understand the needs of homeless families, are accountable for their care and have manageable caseloads so that they can give these families the additional support they need.
- Practitioners are made aware of, and signpost families to, organisations that can provide housing advice, for example signposting **to Shelter's website** (www.England.shelter.org.uk/get_advice) and free helpline (0808 800 4444).

What changes do we want to see? (3)



Stability for families: Every family should be supported to live in a stable, safe and suitable home to raise their children. Unstable housing and frequent or poorly managed transitions between housing can cause stress and anxiety in parents, impacting both on the mental and physical wellbeing of mothers during pregnancy **and on parents' ability** to provide their babies with sensitive and attuned care.

We recommend that:

- When babies are moved between accommodation, an assessment of **the suitability of the new accommodation, the family's readiness to move** and the support they will receive is conducted.
- The Government conducts an urgent review of out of area placements and their impact on families, babies and children.
- The Government creates **a 'Gold Standard' that sets out expectations** of what homelessness services should achieve for pregnant women and families with babies (see following slides for more detail).

Gold Standard for babies

Proposed Gold Standard for babies



1. All services catering for homeless families should be family focused, and configured and delivered with the needs of pregnant women and babies in mind.
2. Every family should be placed in a stable¹ home with room for the new baby as early as possible in pregnancy, and definitely before 28 weeks gestation.
3. Professionals within homeless services should be trained to understand the critical importance of pregnancy and babyhood and how they can promote babies' wellbeing through their decision making and interactions with families.
4. Provision should be made for fathers and their babies to remain in close physical contact (where appropriate) even when the father is not placed with the mother and children, and vice versa, when the mother is not placed with the father and children.
5. Out of area placements should be avoided wherever possible to prevent disruption of maternity care and other family services.
6. All efforts should be made to place an expectant or new mother near to those significant members of her family or friends who are likely to offer social support during the perinatal period.
7. There should be clear and effective systems and protocols for sharing information about homeless families with babies and young children, including processes to ensure that the needs of homeless families, or those at risk of homelessness, are assessed at an early stage, and to coordinate a multiagency response.

¹ Families should be able to stay in this home until the baby is at least six months old.

Gold Standard for babies (2)

8. There should be evidence that homeless families are able to access healthcare and community services.
 9. Families who are moved into permanent housing should receive appropriate support to live independently, including advice on how to manage a tenancy.
 10. A family including a baby or woman in the last trimester of pregnancy should only be placed in housing which:
 - Complies with relevant housing quality standards including health and safety, hygiene and fire legislation and regulations.
 - Has 24 hour waking staff cover (if a hostel or bed and breakfast). Staff should be professional, supportive, respectful, and caring, and where possible should be permanent so that they are known to the residents.
 - Provides units that are secure with individual locks so people feel they and their belongings are safe.
 - Has adequate communal living space, including safe floor space where a baby can be placed to play or crawl.
 - Has individual bathroom/toilet facilities for each household, including a bath where a baby can be bathed safely and appropriate, safe and hygienic space to change a baby's nappy.
 - Includes a secure space to store a buggy or pushchair.
 - Gives families access to free or affordable on-site laundry facilities, and space for laundry to dry.
 - Gives families access to adequate cooking facilities and a fridge, which is economical to run and free of hazards for a young child.
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Other reports available in the All Babies Count series and at www.nspcc.org.uk/allbabiescount are:

All Babies Count: Prevention and protection for vulnerable babies

All Babies Count: Spotlight on drugs and alcohol

All Babies Count - Prevention in Mind: Spotlight on perinatal mental health

All Babies Count: The Dad Project

All Babies Count - An Unfair Sentence: Spotlight on the criminal justice system



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