There’s no place like home – tackling the health and wellbeing of homeless families

Wendy Nicholson
National Lead Nurse: Children, Young People and Families
Public Health England
QNI fellow

March 2017
Homelessness?

- Homelessness is defined as;
  - Rooflessness (without a shelter of any kind, sleeping rough)
  - Houselessness (with a place to sleep but temporary in institutions or shelter)
  - Living in insecure housing (threatened with severe exclusion due to insecure tenancies, eviction, violence)
  - Living in inadequate housing (in caravans on illegal campsites, in unfit housing, in extreme overcrowding)
  - Source: ETHOS developed in 2005 by FEANTSA

- Ill-health and injury can be a cause and/or consequence
- Homelessness often culmination of several problems – not just a housing problem!

There's no place like home – tackling the health and wellbeing of homeless families
Scale of the issue

Statistics have shown:

- The number of homeless families with dependent children owed the main homelessness duty has risen: couples with dependent children have increased by 73% and lone parents by 50.1% (41,980 households).

- Although official statistics among 16 to 24 year olds reports a decrease in statutory homelessness, *Young and homeless* reported this population is considered hidden and difficult to quantify.

- There is an increase in the use of temporary accommodation, including bed and breakfast. There has also been a 255% increase in the number of homeless households who have been temporarily accommodated out of area (in another local authority area) since the low point at the end of March 2010.

- Rough sleeping has increased by 102% since 2010: official statistics reported a snap shot of 3,569 people counted or estimated on one night in November 2015. During 2015 to 2016, around 8,096 people were seen rough sleeping in London by outreach workers.
North south divide?

Number of Homeless Children in the UK

Birmingham
Manchester
Brighton
Bristol

4 There's no place like home – tackling the health and wellbeing of homeless families
The complexities

- Structural factors include:
  - unemployment, insecure and/or low paid employment
  - poverty and inequality
  - housing supply and affordability
  - access to social security
- Individual factors include:
  - poor physical health
  - mental health problems
  - alcohol and drugs issues
  - adverse childhood experiences
  - bereavement
  - relationship breakdown
  - experience of care or prison
  - experience of violence, abuse, neglect, harassment or hate crime
  - seeking asylum/refugees and other migration

(Source: PHE (2016) Applying all our health: homelessness)
Children and families

- Threat of, and actual homelessness increases stress, depression, and isolation
- Increased risk or illness or injury
- Moving regularly affects behaviour, attendance at school, attainment
- Likely poor quality and unsuitable accommodation
- Expensive: choices to make re: basic living costs, extra costs eg, school uniform, replacement of possessions, setting up new home….
- Affects life chances
Young people

• Homelessness often follows relationship breakdown
• Lack formal support and struggle to access services
• Complex and compounding challenges (sources to be supplied):
  • Lack relationship and independent living skills
  • 40% experienced abuse at home
  • 51% excluded from school & 57% are not in education, employment or training (NEET)
  • Up to 70% have mental health problems and 33% self-harm
  • Poor health eg, drug and/or alcohol problems (9%)
  • Vulnerable: gangs, criminal activity, exploitation, trafficking
• Risk of embarking on a ‘career’
Areas for attention?

Children and families

• In precarious housing, including private rented sector
• In temporary accommodation
• Relocated ‘out of area’ in temporary & settled housing
• Found ‘not homeless’ and referred to social care
• Living on unauthorised encampments

Young people

• Asked to leave by family and friends
• Unable to access assistance to meet housing needs
• Seeking to move on from homelessness to independence, including work
Why homelessness matters?

- The safety nets are not good enough
- Children and young people are ignored in decisions about them
- We need to switch from a deficit to asset based model
- Children and young people are our **now** and our future – they deserve a better future!

https://www.youtube.com/watch?v=6TLVgwoqhoc&sns=em
Individual and population health

Healthcare professionals play an important role, working alongside other professionals to:

• identify the risk of homelessness among people who have poor health, and prevent this
• minimise the impact on health from homelessness among people who are already experiencing it
• enable improved health outcomes for people experiencing homelessness so that their poor health is not a barrier to moving on to a home of their own

Homelessness: Applying All Our Health
Prevention pays – making every contact count

4-5-6: Health visitors and school nurses leading the Healthy Child Programme

0–5 years
HEALTH VISITING

0–19

5–19 years
SCHOOL NURSING

6 HIGH IMPACT AREAS
- Parenthood and early weeks
- Maternal mental health
- Breast feeding
- Healthy weight
- Minor illness and accidents
- Ready for school

5 HEALTH REVIEWS
- Antenatal health promoting visit
- New baby review
  - 6-8 week assessment
  - 1 year review
  - 2-2½ year review
- Community
- Universal Services
- Universal Plus
- Universal Partnership Plus

4 LEVELS OF SERVICE

5 HEALTH REVIEWS
- 4-5 year old health needs assessment
- 10-11 year old health needs assessment
- 12-13 year old health needs assessment
- School leavers – post 16
- Transition to adult services

6 HIGH IMPACT AREAS
- Resilience and wellbeing
- Keeping safe
- Healthy lifestyles
- Maximising learning and achievement
- Supporting complex and additional health and wellbeing needs
- Transition

There’s no place like home – tackling the health and wellbeing of homeless families
Healthcare professionals should:

• be aware that homelessness is a consequence of a complex interplay between a person’s individual circumstances and vulnerabilities and adverse structural factors, that requires different levels of intervention

• know and understand the needs of individuals, communities and populations and know who else in the local ‘system’ has a responsibility for or an interest in meeting these needs

• understand the signs that someone is homeless, at risk of homelessness or otherwise vulnerably housed

• think about the resources available in health and wellbeing, social care, housing, criminal justice ‘systems’, including the strengths and assets individuals and communities bring

• understand the range of interventions which can prevent, protect, and promote health for people at risk of becoming homeless, and what is in place locally
Positive actions

Action to prevent and respond to homelessness across the life course is essential, these can include:

• reducing the risk of homelessness to children and young people to strengthen their life chances
• enabling working age adults to enjoy social, economic and cultural participation in society
• breaking the cycle of homelessness or unstable housing by addressing mental health problems, and/or drug and alcohol use, and/or experience of the criminal justice system

https://www.youtube.com/watch?v=wSoClWtUDHk&sns=em
Getting it Right in Early Years

Wendy.nicholson@phe.gov.uk

Improving early years – a public health approach

QNI – Homelessness event