

Addressing health inequalities in homeless children, young people and families

A toolkit for
Public Health Nurses



Introduction

This toolkit is a practical set of guidance that is designed to support public health nurses including health visitors, school nurses, general practice nurses and midwives to engage effectively with children, young people and families experiencing homelessness, in order to reduce health inequalities and lead to better outcomes.

This toolkit 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 young people and families who have been homeless. Specialist community public health nurses, health visitors, school nurses, general practice nurses and midwives also gave evidence and ideas for the toolkit.

Throughout the toolkit we use the term **homelessness** to cover a wide spectrum of housing insecurity and homelessness. This covers children, young people and families who are living in temporary accommodation, living in insecure housing, sofa surfing with friends and street homeless.

Throughout the toolkit we use the term **public health nurses** to refer to specialist community public health nurses (SCPHN's), health visitors, school nurses, general practice nurses and midwives.

The first section of the toolkit focuses on **how homelessness affects children, young people and families**. Section two focuses on **what professionals can do** to support children, young people and families and section three provides **resources and examples from practice**. An accompanying learning resource is also available.

Evidence statement

This toolkit 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, The Queen's 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.

KEY FACTS



Children who have been in temporary accommodation for more than a year are three times more likely to demonstrate problems such as anxiety and depression.

Shelter Chance of a Lifetime; the impact of bad housing on children's lives report

Contents

1	How does homelessness affect children, young people and families?	3
2	What can professionals do?	7
3	Resources and examples from practice	17

1 How does homelessness affect children, young people and families?

Research has found that homelessness places an enormous mental and physical stress upon children, young people and families, which can have a negative impact upon their health.

Housing can be unsuitable, unsafe, or insecure with risks of higher accident rates and overcrowding. Families who have become homeless can also experience post-traumatic stress symptoms. Stress, anxiety, depression and other mental health problems are common^{1,2}.

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: poor mental health, poor diet, respiratory problems, disturbed sleep, co-sleeping leading to increased risk of sudden infant death syndrome, reduced immunity due to exposure to infections in overcrowded settings and poor hygiene.

In a focus group undertaken by MAP, a Youth Information, Advice and Counselling service, with young people they talked about the significant impact it had on their mental health as well as the potential for increased risky behaviours such as drug and alcohol use and unsafe sexual relationships.

How many children, young people and families are affected?

Significant numbers of children, young people and families are homeless. Some of them are homeless with their families, others are homeless on their own.

There were over 60,500 households with children in temporary accommodation at the end of 2017. 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.³

12,930 households were accepted as homeless in 2016/17 where the main applicant was aged 16-24 (DCLG, 2017). However this is likely to be an underestimate as significant numbers of young people are living in precarious and temporary circumstances moving between places they can find short term accommodation.

KEY FACTS



Children who experience homelessness have school absence rates two to three times higher than average which means they miss vital learning and are taken away from friends³.

- 1 Mind [The Mind guide to housing and mental health](#)
- 2 Shelter [Chance of a Lifetime; the impact of bad housing on children's lives](#) report
- 3 [Temporary accommodation statistics live table on Gov.uk](#) [accessed 13/4/18]

Different support needs

Homelessness, its impact and the support that is needed varies for different children, young people and families.

For example, migrant and refugee families that have been given indefinite leave to remain will need guidance to navigate the system, should they find themselves homeless or at risk of homelessness. Unaccompanied minors will likewise need specialist support.

Same sex parent families can find themselves feeling unsafe, and unable to access services that are designed for heterosexual couples. About a quarter of the youth homeless population in Britain are lesbian, gay, bisexual or transgender (LGBT), with many saying that they become homeless because of unaccepting attitudes towards their sexuality⁴. A study found that the main reasons were parental rejection, abuse within the family or being exposed to aggression and violence. Among the most prevalent outcomes of LGBT people becoming homeless were sexual exploitation and mental health issues, alongside homophobic bullying and alcohol abuse.

Domestic abuse is one of the most common reasons for family homelessness. Health professionals need to be alert to the signs of potential abuse including controlling or coercive behaviour from one partner to another. Providing children and young people with an opportunity to engage with professionals independently and giving them information about safe sources of support if appropriate is also important.

Understanding the context and issues facing each child, young person and family is important. Specialist organisations are available with information and support. (link to resources section) It is also important to think broadly about available sources of support including for example faith groups.

4 AKT2015, Cull et al, 2006 LGBT Youth Homelessness

5 *The impact of homelessness on babies and their families* QNI

KEY FACTS



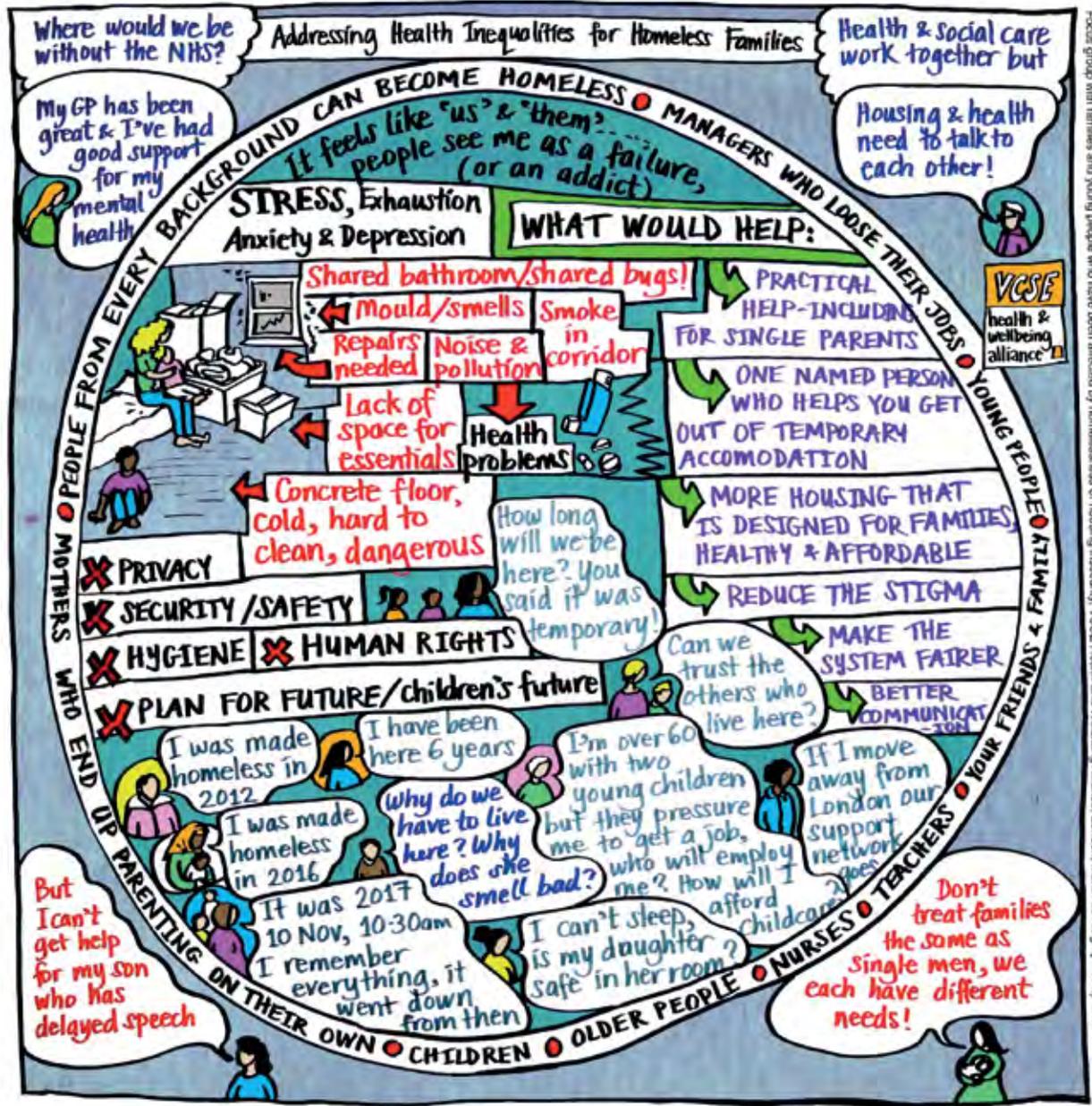
Parental homelessness and insecure housing have a significant impact on foetal development. Homelessness during pregnancy is associated with a higher risk of premature birth, low birth weight and developmental delay⁵.



USEFUL RESOURCES

Maternity Action information sheet:
Refugees – financial support and housing

Stonewall Housing:
Finding Safe Spaces toolkit



Visual minutes from focus group with families affected by homelessness, March 2018

“Mental health and homelessness go together”
 Young Person’s Focus Group

“you have no privacy, you feel desperate, unsettled and irritated”
 Young Person’s Focus Group

What are the barriers to accessing support for children, young people and families

Themes from consultations with public health nurses, families and young people.

Being homeless can also have an impact on children, young people and family's ability to access health and wellbeing services and other forms of support. In our consultations with homeless families, young people and health professionals the following issues related to access were raised:

Not prioritising health

- Health is often not a priority among all the other challenges people are facing, such as housing and benefits, so they might not recognise or prioritise their health

Stigma and lack of appropriate environments / services

- Experiences of stigma when accessing health services
- Lack of appropriate environment for health interventions
- Limited access to sexual health services was raised as a priority by young people who had experienced homelessness. They shared the increased risk of engaging in sexual activity in exchange for accommodation or being involved in sex work

Lack of continuity of care

- Letters and calls about appointments or test results can be missed if contact information is out of date or frequently changing
- Chaotic environment can make it difficult to stay engaged with care plans

- No continuity of care if people are frequently moving and lack of joined up support around families as they move
- Inability to access other services (e.g. due to opening hours, lack of information or knowledge) can lead to an over-reliance on emergency and acute services
- Unclear to young people and families what local services are available when moved to a new area

Many practical barriers

- Registering with a GP and dentist is challenging without an address or if you are in temporary accommodation
- Unable to travel to appointments as lack of transport or money to pay for it
- Understanding prescriptions and potential costs
- Language and literacy barriers – the need for interpreter/translation services to support access
- No phone or internet connection to make appointments and inflexibility of appointment booking systems

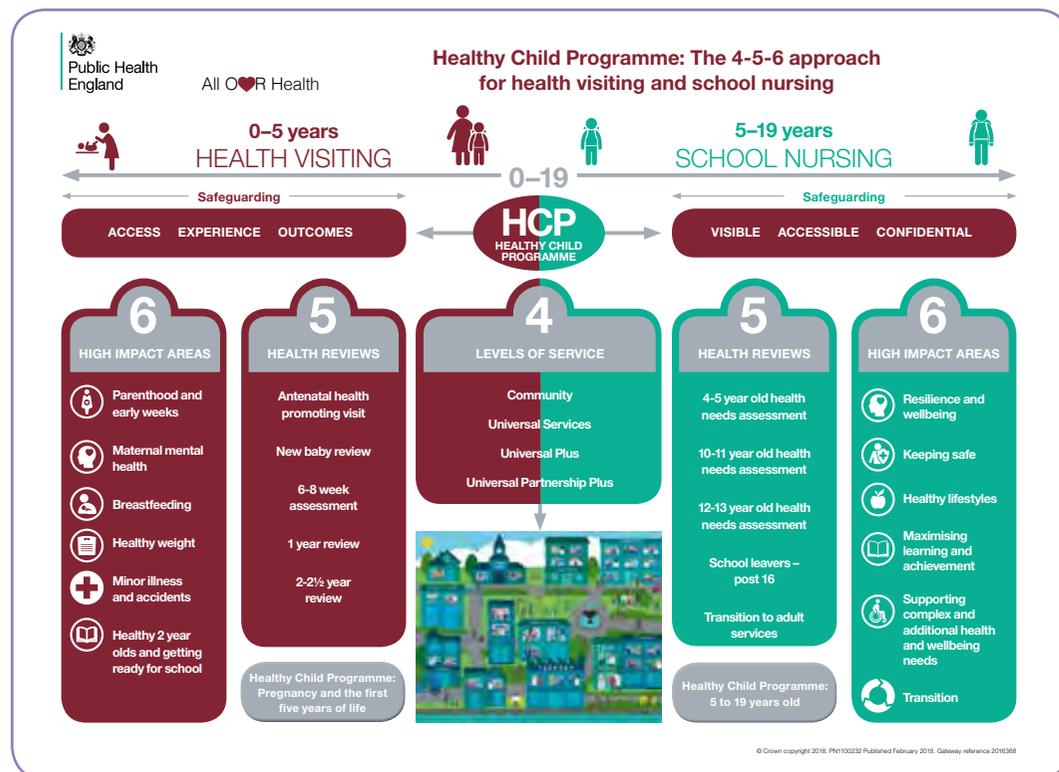


2 What can professionals do?

Healthy Child Programme

Health visitors and school nurses as leaders of the Healthy Child Programme (0–19) have a significant role in leading and co-ordinating the delivery of public health interventions to address individual and population needs, improve outcomes and tackle inequalities.

Health visitors and school nurses have a clearly defined national framework on which local services can build. The health visiting **4-5-6 model** sets out four levels of service with increased reach from community action to complex needs, five universal health reviews for all children and the six high impact areas where health visitors have the greatest impact on child and family health and wellbeing.

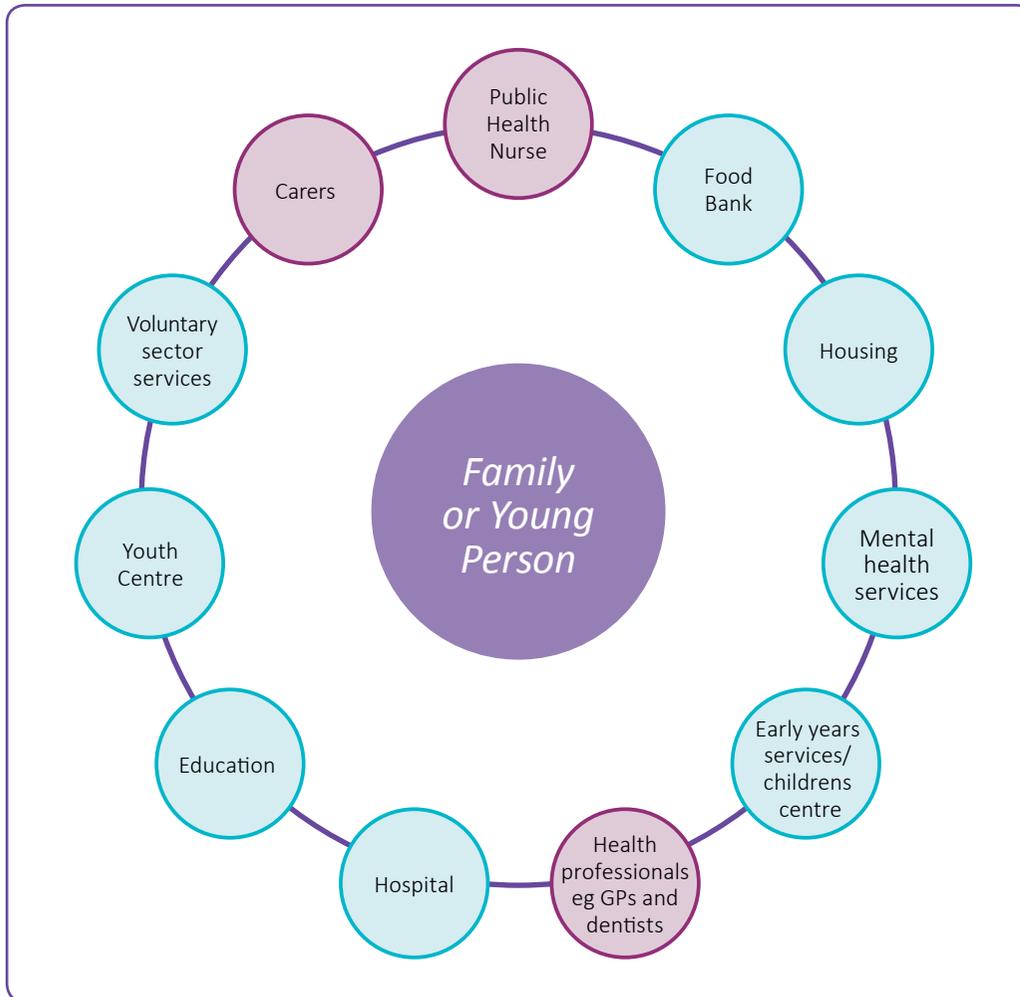


IMPORTANT

Key information to have:

- clear protocols for identifying, assessing and working with children, young people and families at risk of homelessness
- a clear process for reporting concerns
- an understanding of appeal options and the potential to support appeals where appropriate e.g. letters of recommendation or advocacy
- clear protocols for safeguarding the information you keep about vulnerable patients and to only share this with expressed consent unless in the event of avoiding harm/danger.

Community support and joint working



Sources of support for children, young people and families

● Services / ● Professionals

Public health nurses are not alone in working to support a homeless family. You can work with a range of other community support organisations and professionals. The diagram on this page shows some of the different sources of support. It is important to build good links with community support organisations, and to find out which professionals the family or young person are already working with. Services work best when they are working together to support the needs of a homeless family or young person. Public health nurses can play a key co-ordinating role, working alongside other professionals and organisations including GPs, mental health services, local homelessness charities, support groups, libraries, food banks, children's centres, hospitals, schools and colleges, drug and alcohol services and blue light services.

Multidisciplinary working is essential for effective homeless healthcare to achieve the best possible outcomes. The needs of each family and young person will differ and require different responses. Joint working relies upon clear and structured communication, good understanding of the boundaries of each role, joint planning and shared responsibility.

Advocacy: Homelessness 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.*
- Offer **emergency accommodation** to people who are homeless, eligible for assistance and in priority need.
- Secure **long-term accommodation** to people who are considered unintentionally homeless, eligible for assistance, in priority need and have a local connection.

Duty to refer

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 support⁶. These health services are emergency departments, urgent treatment centres and inpatient wards. Although there is no duty on public health nurses to make a referral, **if you are concerned that anyone you are working with might be homeless or threatened with homelessness, you should make a referral to your local housing authority** so they can access the support outlined above. You can find out who your local housing authority is on [Gov.UK](https://www.gov.uk).

6 [Homelessness code of guidance for local authorities](https://www.gov.uk) www.gov.uk

* Whether people have made themselves intentionally homeless is not taken into account for the prevent and relief duties.



PRIORITY NEED CATEGORIES

- Households with dependent children up to 16 (or 19 if studying full-time)
- Pregnant women
- Care leavers aged 18-20 who were in care when they were 16 or 17
- Young people aged 16-17 who are homeless
- People classed as 'vulnerable' by health and social care professionals

Use of bed and breakfast accommodation

It is illegal to place homeless 16 and 17 year olds in a bed and breakfast, even as emergency accommodation. Families with children and pregnant women should not be in a bed and breakfast for more than 6 weeks.

Intentionality and homelessness

Local authorities do not have a duty to offer someone long-term accommodation if they think the person became homeless because of something they deliberately did or failed to do. This might include not paying rent when they could afford to do so or being evicted for anti-social behaviour. The council must put in writing why they believe the person is *intentionally homeless* and a review can be requested within 21 days if someone believes the council has made the wrong decision.

Advocacy: The Care Act

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. Families who do not meet residency requirements may be able to access housing support under Section 17 of the Children Act if the family includes a child who is assessed as being a 'child in need.'⁷

7 Further details on [Section 17 of the Children Act](#)

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.

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.](#)



Advocacy: Equalities and inclusion health groups

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, for others it may be possible to draw on best practice models to advocate for better healthcare. You can find relevant resources from partners across the VCSE Health and Wellbeing Alliance in the resources section at the end of this toolkit.



“The doctors and nurses listen and look at me as a person and treat me as a normal human being. It’s scary to sit in a room with a big professional who probably hasn’t experienced homelessness. He was really caring. It’s the person not the patient.” Young Person

“I told them I didn’t want parents in the session and she agreed, she didn’t judge me and wanted the session to work for me. She gave me a list of what do to do to help with the sleep and self-harming. I know that she’s not going to tell my parents, I can pour out my heart to her.” Young Person

St Basils’ Youth Reference Group 2015



USEFUL RESOURCES

Shelter
0808 800 4444
www.england.shelter.org.uk

Centrepont (16-25 year olds)
0808 800 0661
www.centrepont.org.uk

Nightstop (community hosting for 16-25 year olds)
www.nightstop.org.uk

The Healthy Child Programme and working with homeless children, young people and families

Health visitors and school nurses as leaders of the Healthy Child Programme have unique roles within their communities, working creatively with professionals from all disciplines to offer the most effective care to the family. These roles cover a huge number of important roles for homeless families and young people including GP and dental registration, Immunisations, supporting breast feeding, nutrition and growth, supporting developmental progress,

parenting and attachment, linking to education, signposting to other services and identifying health and wellbeing issues early.

The table below maps some practice ideas and considerations when working with homeless children, young people and families against the Healthy Child Programme aims.

The Healthy Child Programme aims to:	Good practice suggestions for health visitors and school nurses when working with homeless children, young people and families <small>These suggestions came from public health nurses at a workshop in March 2018 run by QNI for this project.</small>
<p>Help parents develop and sustain a strong bond with children</p> <p>and</p> <p>Support parents in keeping children healthy and safe and reaching their full potential</p>	<ul style="list-style-type: none"> • Consider the babies’ practical needs and emotional cues. Help parents to identify and respond to emotional cues • Listen sensitively to potential genuine barriers to effective breastfeeding • Support mother to minimise feeding stresses – considering the environment and offering alternative solutions • Link parents to further parenting advice and support • Factor in cultural differences and ask family what they want. People may have differing views of living in mixed shared accommodation or what constitutes privacy

The Healthy Child Programme aims to:	Good practice suggestions for health visitors and school nurses when working with homeless children, young people and families <small>These suggestions came from public health nurses at a workshop in March 2018 run by QNI for this project.</small>
Protect children from serious disease, through screening and immunisation	<ul style="list-style-type: none"> • ‘One-to-one or small group-based interventions that seek to reduce differences in the uptake of specific immunisations or completion of the immunisation schedule (for example, health visitors and other community nurses following up children whose families are travellers, asylum seekers or homeless)’⁸ • Provide immunisation services for new arrivals to the UK
Reduce childhood obesity by promoting healthy eating and physical activity	<ul style="list-style-type: none"> • Share information about free local activities that can promote healthy eating or exercise • Link families and young people into local food banks and debt management and welfare advice services • Support parents to sourcing information to help them seek relevant community and health promotions information
Identify health and wellbeing issues early, so support and early interventions can be provided in a timely manner	<ul style="list-style-type: none"> • Identify any safeguarding concerns • Offer family holistic and comprehensive health assessment to gain support for their health needs • Offer linkage to local authority or community support services for support with other non-health issues e.g. debt, housing etc.,

The Healthy Child Programme aims to:	Good practice suggestions for health visitors and school nurses when working with homeless children, young people and families <small>These suggestions came from public health nurses at a workshop in March 2018 run by QNI for this project.</small>
Focus on the health needs of children and young people ensuring they are school ready	<ul style="list-style-type: none"> • Work to link family to available indoor and outdoor play opportunities • Work to link family to literacy, reading and learning opportunities • Ensure children are registered with GPs and dentists • Work to support family to maintain a home 'structure', routines and norms during difficult moves and transitions • Vulnerable childcare are entitled to free child care • Be aware of current family priorities, understanding that securing stable housing is paramount • Support family to have a structure for children to safely talk through any anxieties
Make sure children are prepared for and supported in all child care, early years and education settings	<ul style="list-style-type: none"> • Sensitively ask children about their home life and listen and talk through any concerns • Ask if there has been any recent changes in living arrangements • 'Service providers should tailor parenting support to resource-constrained circumstances'⁹ • Link children to appropriate spaces for learning such as homework clubs

9 [How Does Homelessness Affect Parenting Behaviour? A Systematic Critical Review and Thematic Synthesis of Qualitative Research](#), SpringerLink

All Our Health: Homeless families, children and young people

Public Health England's (PHE) **All Our Health** programme is a call to action for all health and care professionals to embed and extend prevention, health protection and promotion of wellbeing and resilience into practice. PHE has issued **guidance** on how this might apply to health professionals supporting homeless families, children and young people:

At a **family and individual level**, Public health nurses can:

- enquire about and record a household's housing circumstances as a matter of course
- provide person-centred interventions for an extended period of time for those who do not respond to brief interventions
- support individuals to attend appointments and engage in treatment
- check homeless patients are registered with a GP and receive primary health care, vaccinations and screening programmes
- contribute to and providing holistic health assessments for people at high risk of, or experiencing, homelessness
- promote access to community family programmes and activities that support healthy family relationships
- contribute to the assessment of children in need and their families
- support attendance for child development checks and immunisation appointments amongst families living in temporary accommodation
- support access to domestic and sexual violence and abuse services, harm reduction and exiting services for women involved in sex work

- undertake a housing medical assessment form, [see here for an example](#).

At a **community level**, Public health nurses can:

- work with local housing options and homelessness services to identify homeless households
- get to know information, advice, prevention and support services available in their local area
- identify and address missed opportunities for improving health
- attend local homelessness forums.

At a **population level**, Public health nurses can:

- support people with experience of homelessness to be heard in local commissioning, service development and improvement
- recognise homelessness as evidence of health (and wider) inequalities in local policies, and taking appropriate action to contribute to homeless prevention and reduction
- recommend local health needs audits of the homelessness population to inform commissioning and services
- feed back on access to services and outcomes to local commissioners, as experienced by homeless families, children and young people.

Top tips from young people

Young people who have experienced homelessness talked in a youth reference group¹⁰ about ways that health services could be more responsive to their needs.

- **Communicate well** “In every job you need to know how to speak to people”
- **Keep the patient safe** “When you are in the waiting area of the doctors, when someone is homeless there is a certain aura about them, the doctor calls your name [and] the people in the waiting room know my name, and they know that I am homeless and vulnerable. And I would feel [like] a target.”
- **Develop understanding** “When you hear hooves you always expect a horse, but you should expect a zebra.”
- **Have compassion and passion** “Anything small to make that person’s life better, a lot of things that don’t even cost you.”
- **See the bigger picture** “When I was younger and I was going through substance abuse [cannabis] and I told my doctor and that was it, my only problem was seen as substance abuse. They see it as one issue and just focus on that issue.”
- **Screen for disease** “Would it work out cheaper to blood test at first contact to screen for any problems at the beginning compared to further down the line.”
- **Be culturally aware** “It’s more the knowledge of certain cultures and certain religious... We are trying to become more of a multicultural society so it’s important.”

10 St Basil’s Youth Reference Group 2015

- **Take a non-judgmental approach** “It would be helpful to know I am not going to be placed in a category [and to know that] nothing I tell them will be used against me, as I think, ‘will the truth affect me – should I leave that question blank?’”

They particularly wanted health professionals to ask them:

- **How can I help you?**
- **How long have you been homeless?**
- **What caused you to be homeless?**
- **How are you feeling?**
- **What are you drinking and eating?**
- **Do you need any more clothes and what clothes do you need?**
- **What is your sexual health like?**
- **Are you taking any drugs and how long have you been taking them?**
- **What information do you need?**

With all questions, making it clear they will not be judged whatever answer they give and that it is all about helping their health is vital to building trust.



3 Resources and examples from practice

Developing services to meet the needs of homeless children, young people and families

As set out in the previous section there are many ways in which you can adapt your practice to better meet the needs of homeless children, young people and families. In some areas bespoke services have been established to increase support. Working with commissioners and others in the local area public health nurses can support an improved community approach to the health and wellbeing of homeless children, families and young people.

On the next pages we share some examples gathered from our call for evidence and engagement with professionals. These examples explore a range of services and innovative approaches which have been developed to meet the needs of children, young people and families experiencing homelessness.

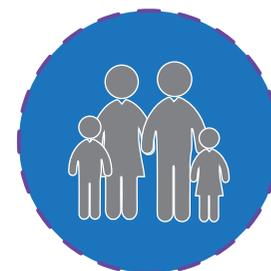
You can find more examples of innovative practice in the Learning Resource which accompanies this toolkit.



Supporting hospital discharge

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. Over 100 homeless people using the service have reported a reduced use of the crisis service.

For more information:
<https://www.stockporthomes.org/about-us/media/latest-news/charity-news/h4-hospital-from-homeless-to-healthy-and-housed/>





Supporting young people who are homeless or at risk of homelessness

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. 89% of 1500 young people accessing St Basil's services in 16/17 achieved positive outcomes and left services in a planned positive way.

They are using 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**

For more information stbasils.org.uk

For further detail on Psychologically Informed Environments, see the accompanying learning resource.



Outreach to homeless families and young people

Essex Partnership NHS Trust 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 <https://www.westsuffolkccg.nhs.uk/wp-content/uploads/2014/02/MVA-Leaflet-print.pdf>

Practice examples

The QNI asked public health nurses to share some of their innovative approaches to improving the health of children, young people and families experiencing homelessness.



PRACTICE EXAMPLE – *working holistically for the individual*

Jane was 20 weeks pregnant and homeless. She had not attended any booked any maternity care as she was homeless and had a fear that her baby would be taken away from her, if she disclosed her pregnancy. Jane was receiving no support and was sofa surfing. During a homeless outreach session Jane was identified as pregnant and was referred to the specialist homeless health team for maternity support. Support was given and Jane was booked with a GP. Urgent scan appointments were made to monitor fetal wellbeing and antenatal care pathways were put in place. Jane was supported during her pregnancy and assisted to live independently. During the postnatal period, Jane continued to receive support in order to provide the best possible start for the baby.



PRACTICE EXAMPLE – *working with community resources*



Families with children in temporary accommodation were not attending children's centres as often and were missing important early learning opportunities, such as BookTrust's BookStart Corner. A public health nurse worked with BookTrust to enable the family support worker to offer Bookstart Corner in temporary accommodation. As a result of this intervention parents felt more able to share books with their children and visit the library, improving the child's literacy development –which is vital for good health in the longer term.

Useful resources

- **Rebuilding Shattered Lives**, Report, St Mungo's (2014)
- **Reducing harm to children from unintentional accidents (Homeless families)**, Institute of Health Visiting
- **The Impact of Homelessness on Babies and their families**, Learning Resource (NSPCC for the QNI)
- **Transition to Homeless Health Nursing**, 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
- **Housing Medical Assessment Form**, Lambeth
- **C card scheme: free contraception to young people**
- **Chat health: System which provides secure & confidential text messaging service**, Leicestershire Partnership NHS Trust
- **456 model**
- **456 animation**

Supporting particular children, young people and families

- **Health and Wellbeing Alliance**, a network of Voluntary and Community Sector organisations focusing on reducing health inequalities. Links to specialist local organisations across England
- **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
- **Refugees – financial support and housing Maternity Action information sheet**
- **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, as well as on issues relating to: income, housing and access to services
- **Maternity Action's online advice sheets** provide advice for asylum seekers, those with no recourse to public funds, refugees, and refused asylum seekers

More information can be found in the accompanying learning resource.



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 – together known as the ‘system partners’, 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 six other partners (Citizen’s Advice, Maternity Action, LGBT Partnership, Mental Health Consortia, Race Equality Foundation, Win Win Alliance), and the Queen’s Nursing Institute

Young People’s Health Partnership

The Young People’s Health Partnership is a consortium of six organisations focused specifically on young people aged 10-25 – we have a network of over 1,000 organisations and reach over 500,000 young people each year. The Association for Young People’s Health (AYPH) leads the partnership and has a long track record of working with school and public health nurses to deliver resources and toolkits focusing on young people’s health. Youth Access is also a member of YPHP and is a leading organisation in young people’s mental health – engaged in national policy and, through its members, in supporting young people affected by mental health problems. The Youth Access network also provides advice to young people and has specific experience and expertise advising and supporting homeless young people.

Homeless Link

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, has over 700 members and a mandate to represent homelessness and supported housing organisations.

The Queen’s Nursing Institute

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 Queen’s Nurses serve as leaders and role models in every field of community practice across England, Wales and Northern Ireland. 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

