Homeless families are vulnerable due to the fact of being homeless and the causes that made them homeless. The main causes of homelessness are domestic violence, relationship breakdown and debt. Some families also may have histories of having been in care, abused and on the ‘at risk’ register.

The standard of accommodation for homeless families is often very poor and there is a lack of security, space, privacy and play areas.

Homelessness increases the vulnerability of families and they should be assessed as families in need especially where substance misuse is an issue and where there is non-compliance with health professionals.

- Meeting the needs of homeless families should be part of the local strategy for tackling health inequalities, having shared outcomes and reducing inequalities (Gill et al, 2013). Health Visitors (HVs) need to collate data on the number of homeless families locally, which should include; where families have come from, the number of adults and children, ages, family make up, the health problems of both children and adults and the presenting needs of both children and adults. This information should be part of the local Joint Strategic Needs Assessment with the information going to the local Health and Wellbeing Board and the Clinical Commissioning Group (CCG) for joint commissioning.
Good Practice Points for Health Visitors: working with minority groups

Working with Homeless Families

- Holistic assessments of families should be made by HVs using a tool that identifies the multiple issues that both adults and children are present with. The Opening Doors Project and Queens Nursing Institute has developed a tool that identifies the vulnerability of both children and adults at: bit.ly/1nq3rd7 Other useful tools for HVs include: Neglect Grading System, Assessment Triangle and Family Star. The outcomes must be shared with managers and commissioners as this will show the level of need and work load.

- Venues must be accessible to families and have services that meet the needs of families, including skills acquisition, health information and advice that is relevant to their homelessness. For example there are designated day centres, accommodation projects, night shelters and hostels but these may vary according to the local population. HVs could build up knowledge of their local area support services on offer to enable families to access appropriate support.

More information about homelessness:

Adults who are homeless often present complex and multiple problems

- Mental health problems such as depression, Post Traumatic Stress Disorder (PTSD) and isolation

- Longer term issues: such as smoking and substance misuse

- Antenatal and postnatal problems with premature births, small for dates babies and post natal depression

Children often present with multiple and complex health issues - homelessness also impacts on the development of children

- Respiratory problems particularly asthma.

- Poor dental hygiene and caries.

- Infectious diseases: such as ear infections, Lice and wound infections.

- Skin problems: such as Scabies and Eczema.

- Gastro-intestinal problems: such as Diarrhoea.

- Severe developmental and speech delay - children often regress when homeless due to lack of consistent schooling and attendance at pre-school services.

- There is a higher rate of accidents, due to: shelters and temporary housing are less structured and generally less safe.

- There is a higher rate of psychiatric problems, estimated at 30% (Vostanis, 1999); children may present with depression which can continue even after the family are housed in permanent accommodation.

- Children who are homeless are twice as likely to be admitted to hospital.

- Homeless children have low rates of immunisation.

HVs can be a crucial link for homeless families for support and signposting onto specialist organisations for further support. Building up a good relationship with the family will inevitably help families to understand the importance of good health for their children.

References


Author: Jane Cook, Specialist Public Health Nurse and Queen’s Nurse.