

**NSPCC**

# **An unstable start: the impact of homelessness on perinatal and infant mental health**

*Improving mental healthcare  
for people who are homeless*

**Alice Haynes**

**EVERY CHILDHOOD IS WORTH FIGHTING FOR**

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- Why is the perinatal period so important?
- Why focus on babies in homeless families?
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- What changes will make a difference?

# Definitions

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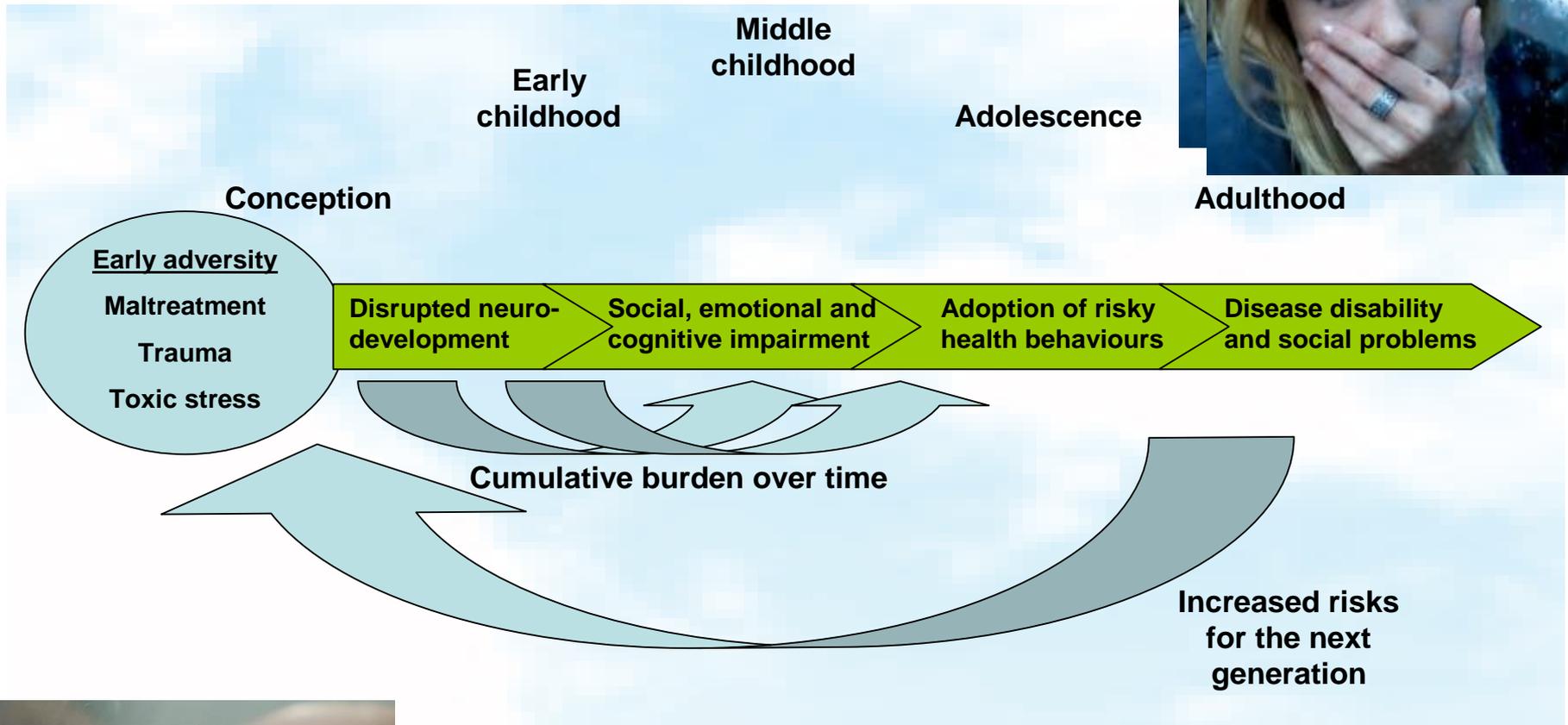
**"Perinatal"** – pregnancy and the first year of life

**"Infant mental health" (IMH)** is the healthy social and emotional development of a child from birth to 3 years

- ***Responsive relationships*** with consistent primary caregivers help build positive attachments that support healthy social-emotional development

# Why is the perinatal period so important?

## Early adversity casts a long shadow



# Why is the perinatal period so important?

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- What happens in pregnancy can **last a life time**

- The first years of life provide the foundation for future development



In the first **two years** of life,  
**700** new neural  
connections  
form in the brain **every second**

- Time of both **opportunity** and **vulnerability** for new families

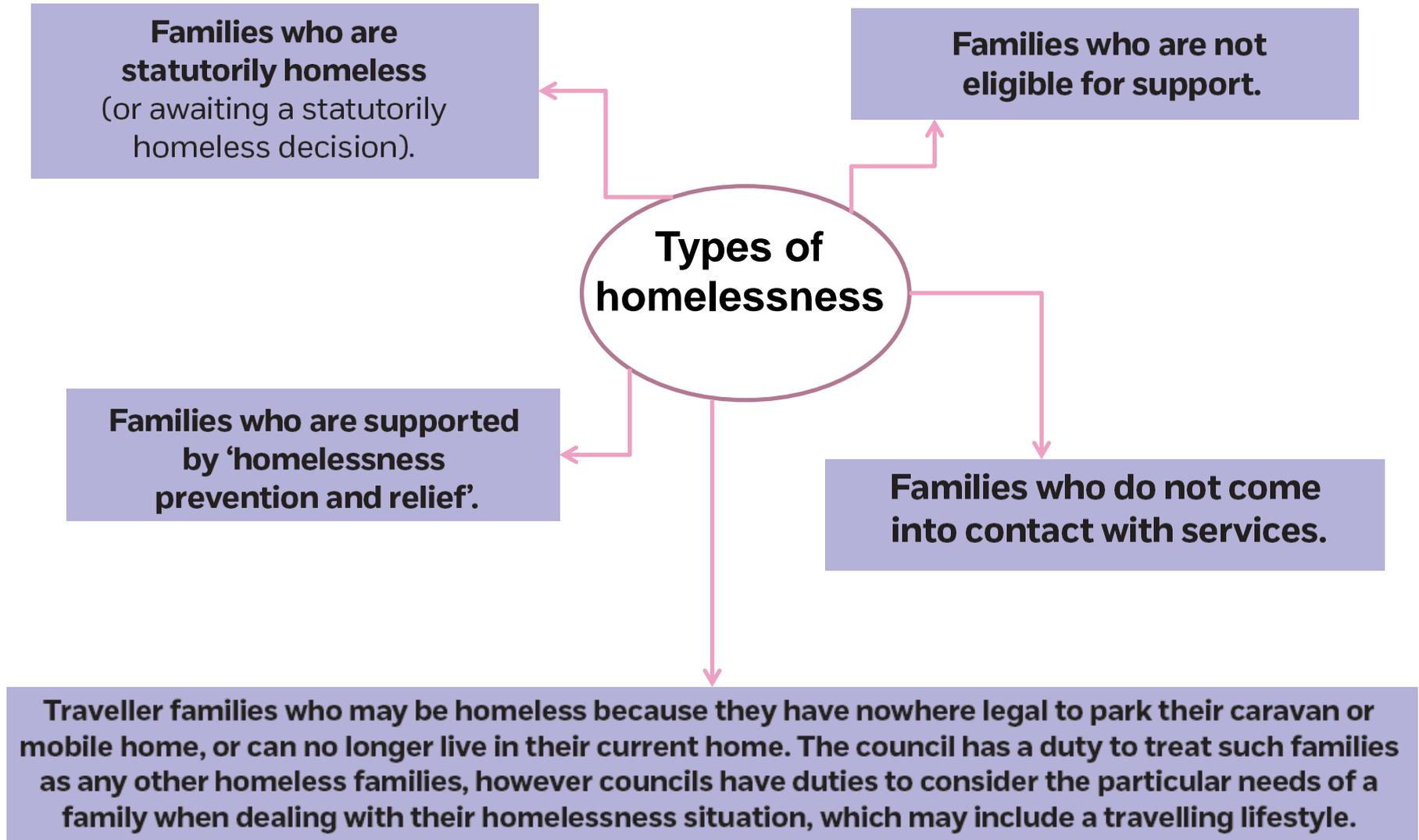
# Why focus on babies in homeless families?

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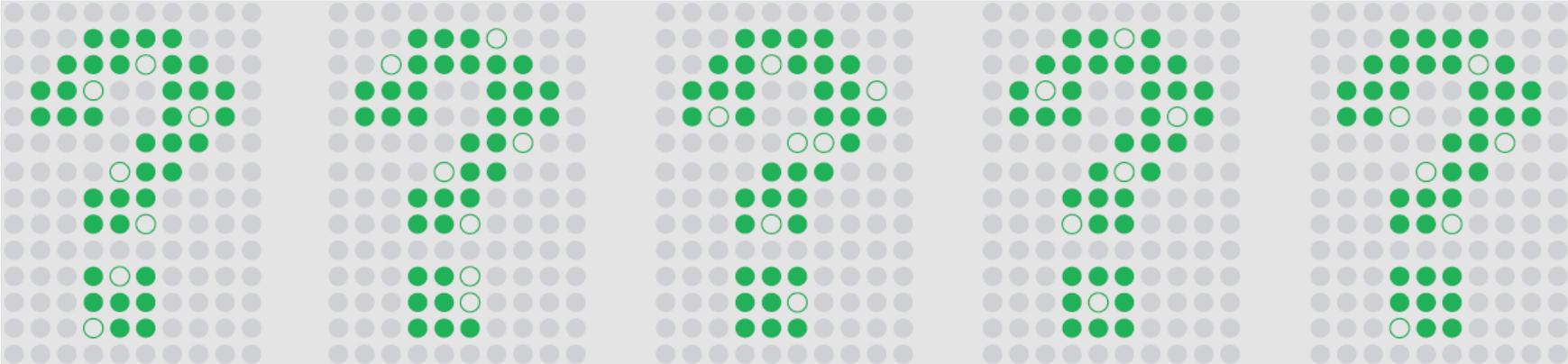
- Homeless infants experience a **significant decline in general developmental function** between 4 and 30 months
- Pregnancy and homelessness = possible increased risk of **preterm birth, low birth weight, poor mental health** in infants and children, and developmental delay = associated with the risk of poor outcomes in later life.
- Babies are more vulnerable to homelessness than older children
  - but they are overlooked in practice and policy because they **cannot speak out**

# Types of homelessness

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# How many pregnant women & babies are affected?



# Number of babies affected: our estimates

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

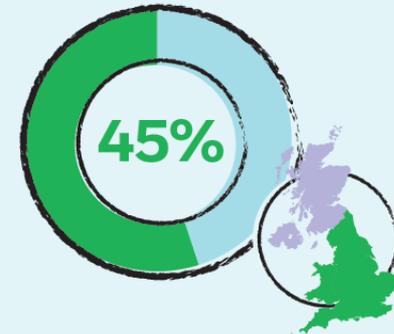


 = 1,000

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



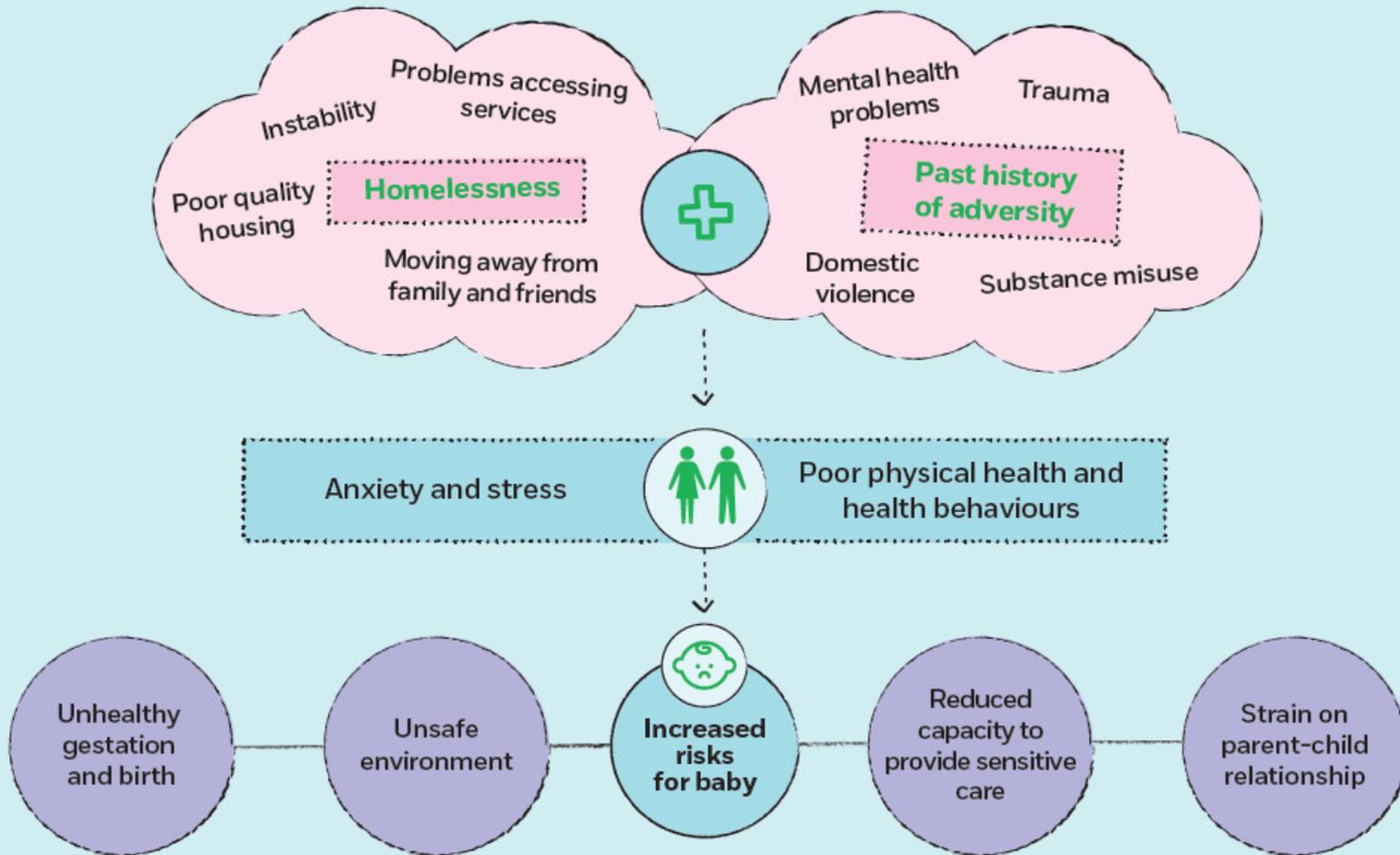
around  
**170** 0-2 year olds  
have been living in **B&Bs**  
for longer than **6 weeks**



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

# Impact on perinatal and infant mental health

**Double jeopardy:**  
How homelessness can affect babies



# Why does homelessness affect mental health?

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- Stress, anxiety
- Exhaustion
- Loss of control, loss of self-worth,
- Isolation
- Loss of social support
- Financial concerns
- Poor living conditions
- Exacerbate pre-existing mental health difficulties

***What is the impact on pregnancy and early relationships?***

# Why does poor mental health matter in pregnancy?

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- Maternal stress during pregnancy is associated with poorer physical, emotional and cognitive outcomes for infants
- Stress hormones (cortisol) are pumped into our blood when we become anxious – this can alter the development of the baby's brain
- Impact on self-care
- Mothers experiencing anxiety/depression in pregnancy often go on to have similar symptoms during the postnatal period

## Example

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Beth told us about how she had to move home twice within weeks of her daughter's birth.

*“They just thought it wasn't safe for me to stay [in the single person's hostel] but I was actually there until I was eight months pregnant. I moved in [to the family hostel] about the end of November and the baby was born on Boxing day so only a couple of weeks I moved before I had her”.*

## Example

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*“I went into pre-term labour with Sam from stresses and I literally had to go in hospital every week and go and have a test to make sure they didn’t think I was going to have him early and they put that down to stress ... I do blame [the local authority] for that because it doesn’t take more than half an hour to go and check a flat and make sure it’s stable enough to put a person in there that’s pregnant. There was mould all over the place. Like I was sick a lot when I was pregnant from the mould ... It was getting to the point where I thought I was going to go mad. I was stuck in these four walls ...” Cathy*

# How can homelessness impact on IMH?

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- Sensitive, consistent, attuned and loving care is very important
- 'Serve and return' interactions
- Poor mental health and lack of support can make this harder

*“I can’t understand how some people have stayed [in the hostel] six or seven years. I’d just go potty. I think I’d go mad because already in that room, I was only there sixteen months and the doctor said to me, I think you need to be on anti-depressants. I’d just wake up in the morning in the bed and just want to go back to sleep – have a look around and just want to go back to sleep.” Beth*

# Homelessness and safeguarding

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- Increased risk of being in contact with child protection services – feature in Serious Case Reviews
- Babies are particularly vulnerable to abuse and neglect

# Impact on getting help

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- Frequent moves
- Placement out of their local area



## Impact on getting help

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- **Relationship breakdown** with professionals such as GPs and midwives.
- 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.

# Impact on getting help

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- 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.
- Impact on **joined up working** where multiple services are involved

# Impact on getting help

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## Social support can be a buffer

- Support from family and friends associated with:
  - better outcomes for mothers and babies – **mother's mental health**, baby's health at birth, breastfeeding
  - **Infant-mother relationship**, particularly when the family is under stress

# What changes will make a difference?

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## Prioritisation

- Improved data collection
- 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 - action needed



# What changes will make a difference?

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## Service and policy integration

- Integrated pathways and processes of information sharing between housing, health, children's and adult services.
- All homeless families receive high quality, evidence-based support from universal and targeted services, particularly during the perinatal period.
  - **Specialist training** for health visitors and midwives to understand the needs of homeless families, are accountable for their care and have manageable caseloads



# What changes will make a difference?

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## Stability for families

- 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.



# 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 stable<sup>1</sup> 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.
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.

# How to access the report

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If you would like to download the full report, please go to:

[www.nspcc.org.uk](http://www.nspcc.org.uk)

Report authors: Sally Hogg (NSPCC), Alice Haynes (NSPCC), Tessa Baradon (Anna Freud Centre) and Chris Cuthbert (NSPCC)

**A resource pack on the QNI**

**Homeless Health Network:**

[http://qni.org.uk/docs/2015%20E-learning%20slide%20pack\\_NSPCC%20\(2\).pdf](http://qni.org.uk/docs/2015%20E-learning%20slide%20pack_NSPCC%20(2).pdf)



## An unstable start

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ALL BABIES COUNT:  
SPOTLIGHT ON HOMELESSNESS

Sally Hogg, Alice Haynes, Tessa Baradon and Chris Cuthbert

**NSPCC**  
EVERY CHILDHOOD IS WORTH FIGHTING FOR

Caring for young minds  
**Anna Freud Centre**

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# Comments, questions and experiences to share?

