

The Rt Hon Matt Hancock MP  
The Rt Hon Robert Jenrick MP  
The Rt Hon Priti Patel MP  
Jo Churchill MP

**28<sup>th</sup> May 2020**

Dear Ministers

### **The Plight of Homeless Families in England**

We represent specialist health visitors working with homeless families in England and are writing collectively to raise concerns about the continuing plight of homeless families, which has been thrown into sharp focus during the Covid-19 pandemic.

In December 2019, Shelter identified that there were 135,000 children living homeless in temporary accommodation, with a child becoming homeless every 8 minutes and 183 becoming homeless every day (Shelter, 2019). This was the highest recorded number of children who are homeless in 12 years, after a steep rise of 51 % in prior 5 years (Shelter, 2019). The conditions that families who are homeless experience, impact on both the physical and mental health of both children and adults, both immediately and in the long-term, with the impact starting when children are babies (NSPCC, 2015).

Recent issues described by specialist health visitors working with homeless families have included:

- There being no consistent policy on the provision of specialist homeless health visiting for homeless and vulnerable migrant families. Whether specialist provision exists appears dependent on local advocacy and strong practitioner voices;
- Notification of families moving in and out of areas is at times inadequate, and there appearing to be no consistency as to how this is managed. Health visitors in some areas receive routine Local Authority notifications, but in other areas this not happening;
- Long stays in so called 'emergency' and 'temporary' accommodation;
- Accommodation being frequently too small and sub-standard;
- Out of borough placements being very common against current guidance, and very challenging for parents regarding appointments, benefits payments, schooling, travel etc.;
- Parents lacking life skills, and this being a gap in the support available. Specialist programmes like the Family Nurse Partnership are not being consistently provided.

[See: <https://www.qni.org.uk/2020/01/29/health-visiting-for-homeless-families-the-uk-and-australian-experience/>]

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We believe in the best possible nursing for patients at home; we work with nurses and decision-makers to make sure that good quality nursing is available at home for everyone when they need it.

## **The impact of Covid-19**

As with many groups in the population, the impact of Covid-19 on homeless families in England has been severe.

Some families are still living in one room in temporary accommodation. Much of the accommodation is poor, and unsuitable for self-isolation. Some families are having to share kitchens and bathrooms, and other families being forced to share accommodation with people who have drug /alcohol problems and behavioural issues. These factors contribute towards the unacceptably high risk of death from COVID-19 we have seen in people living in more deprived areas. <sup>(1)</sup>

Limited play space increases the risk of home accidents, and teens lack privacy, study space and independence. Relationships can be intense. Children of all ages are bored, with a lack of IT, toys and activities. Internet poverty has also has a really significant impact. Another reported concern has been the increase in domestic violence, with people forced to live in very close circumstances.

Conversely for others, some families have been moved in order to access suitable accommodation - but have thus lost their support networks. Many areas' community support grant offices and charity shops have closed until further notice, which has meant that getting furniture and essential equipment for new placements has been difficult. Many families that have moved have also had problems registering with a new GP and as a result have been facing unacceptable barriers in accessing appropriate healthcare. (GP registration has become a renewed challenge for all people experiencing homelessness during Covid-19). Families have also been struggling to access basics like food and nappies, particularly if they have moved to new areas suddenly. Food bank shortages of certain items have exacerbated these problems in some cases.

Additionally, as has been reported in the media, few vulnerable families are taking up the available nursery places. Parents are often anxious about Covid-19 risks, and are also not engaging with immunisations, or mainstream general practice, including for issues that may require timely care. Finally, many children are not having one and two-year reviews undertaken, with parents being relied on to assess their children independently and report back. This obviously increases the risk that developmental issues will be missed. This exacerbates a pre-existing issue – many transient families already miss out health reviews, simply due to a move in itself. New referrals are impacted by waiting lists, so many homeless families miss developmental checks before moving on again.

We are really concerned that all these impacts of Covid-19 will have a huge impact on vulnerable children going forward, and that Covid-19 represents a perfect storm that has thrown a focus on the plight of homeless families.

### **What we are asking for now is:**

1. A renewed focus on ensuring access to GP registration for all;
2. A commitment to ensure that children get essential immunisations and vital developmental checks;
3. A commitment to support the increase in uptake of nursery and school places for vulnerable children;
4. Access to emergency support and safety for all domestic violence sufferers;
5. A commitment to ensure ongoing access to essential items like food and nappies;
6. A Government enquiry into the plight of families in temporary accommodation;
7. A subsequent commitment to set improved standards for temporary accommodation, the length of time families can stay in accommodation and the ways in which families are supported when they move. This should include ensuring that all families in temporary

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- accommodation have a single point of contact at the Local Authority to make complaints about poor standards, outstanding repairs and infestations if not addressed by landlord;
8. An expectation that Local Authorities will fund accommodation that families are placed in, and will take responsibility for accommodation standards, and use their purchasing power for change;
  9. A commitment to evaluate the role of specialist health visiting posts, such that their value may be allowed to be demonstrated.

Whilst we understand the huge number of acute concerns you are all dealing with currently, we feel that agreeing to these requests would demonstrate a real commitment to improve the lives of homeless families both now and in the future. Urgent action and planning needs to take place now, before the Covid-19 pandemic puts many more families in England at risk of homelessness and living in poverty.

We ask that you give the above requests your careful consideration.

We look forward to hearing from you.

Yours sincerely,

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