

An unstable start

ALL BABIES COUNT: SPOTLIGHT ON HOMELESSNESS

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NSPCC
EVERY CHILDHOOD IS WORTH FIGHTING FOR

Caring for young minds
Anna Freud Centre

Contents

Executive summary 5

1. Introduction 8

2. Families' stories 11

3. Background: What do we know about homeless families and their needs? 13

4. How can homelessness affect babies' safety and wellbeing? 19

5. Recommendations 29

6. A Gold Standard for babies 32

Appendix A: Examples of promising practice 34

Bibliography 35

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This report is one of a series of Spotlight reports published as part of the **NSPCC's All Babies Count** campaign. All Babies Count aims to raise awareness of the importance of pregnancy and the first year of life to a child's development. The NSPCC is calling for better early support for parents during this period to ensure that all babies are safe, nurtured and able to thrive. Our Spotlight reports focus on particularly important issues that affect families during this time. Other reports in this series explore the impact on babies of parental drug and alcohol misuse, perinatal mental illnesses and parental involvement in the criminal justice system.

Executive summary

- Babies living in homeless families can be extremely vulnerable. This is because babies' development is reliant on the quality of the care their parents are able to provide and for some parents who are homeless, providing this care can be difficult.
- Homelessness means lacking a supportive, affordable, decent and secure place to live. This includes individuals and families who are judged statutorily homeless (and are housed by their local authority in the private rented sector or in temporary accommodation such as hostels and B&Bs), and those who are not eligible for support or who do not seek support (who may be staying with family or friends).
- Parents who are homeless are often themselves amongst the most vulnerable in society, bringing with them histories of trauma and loss. The state of homelessness in and of itself creates a potential physical and mental assault on parenting due to the stresses and deprivations inherent within it, such as insecurity, loss of social support, stigma and isolation.
- Pregnancy and the first years of a child's life are periods of rapid development which lay the foundation for later physical, social, cognitive and emotional development. This is a time of both vulnerability and opportunity, when experiences – positive or negative – can have a significant impact. For a healthy and safe start in life, evidence tells us that babies need the following key ingredients:

- **A healthy pregnancy**: Maternal mental and physical health in pregnancy are crucially important for babies' later wellbeing and development.
- **Healthy early relationships**: Babies need their caregivers to provide sensitive, responsive and consistent care.
- **Effective care and support for the caregivers**: Parents need social support and respectful care and help from professionals so that they have the emotional resources to care for their baby.
- **A safe and stimulating environment**: Babies need to be in a safe and stimulating environment where they are able to grow, learn and explore.

- Homelessness can affect parents' ability to meet these needs. It can impact on the physical and mental wellbeing of pregnant women because of the stresses associated with housing instability and because it is harder to adopt a healthy lifestyle in such circumstances. The capacity of parents to provide their babies with sensitive, responsive and consistent emotional care can also be affected by homelessness because of the association between adverse mental health and parenting.
- A baby's physical development can be affected, with many types of homeless accommodation lacking the important safety, cleanliness and facilities babies need in order to thrive.
- Homelessness often means that families do not receive the formal and informal support they need. Local services may not be geared to respond quickly to new homeless families in their area, and families might not know where services are or how to access them. Families might also be placed in accommodation away from their family and friends.

Recommendations

A healthy society starts with healthy babies. Yet, while we know that babies living in homeless families are some of the most vulnerable in our society, often families who are homeless do not receive even the basic support they need. How do we ensure that the developmental pathways of babies are not compromised by homelessness?

Prioritisation

Too often, the needs of babies and their parents are poorly considered in both national and local planning, and service provision for homeless families. In order to ensure that babies in homeless families get a healthy and safe start in life, these needs, in particular the need for safety, stability and social support, must be prioritised at national and local levels of government. The Government's commitment to applying a 'Family Test' to the policy making process provides an opportunity to ensure this occurs. Our recommendations include that data on the total number of babies affected by homelessness should routinely be captured through Joint Strategic Needs Assessments and that Health

and Wellbeing Boards should take responsibility for ensuring their needs are met. Local Safeguarding Children's Boards (LSCBs) should review the role that housing problems have played in Serious Case Reviews and take action to improve local policy and practice.

Service and policy integration

Homelessness requires a joined up response from public services in order to meet the multiple and complex needs that families present. A more co-ordinated response has the potential to prevent a range of poor health and social outcomes, at the same time generating savings for the public purse. However, rather than homelessness triggering this co-ordinated response, currently many families are faced with further challenges and adversity due both to the way the system operates and the way it impacts on them. These families are often called 'hard to reach', and yet many are desperately seeking co-ordinated support from services. Our recommendations include integrated pathways and processes of information sharing between housing, health, children's and adult services, and that those working directly with families and babies in housing services should have the skills, competencies and supervision to support parent and infant mental health, and family functioning.

Stability for families

Every family should be supported to live in a stable, safe and suitable home to raise their children. Unstable housing and frequent or poorly managed transitions between housing can cause stress and anxiety in parents, impacting both on the mental and physical wellbeing of mothers during pregnancy and on parents' ability to provide their babies with sensitive and attuned care. We recommend an urgent review of out of area placements and their impact on families, babies and children, and that before pregnant women or families with babies are moved between accommodation, there needs to be an assessment of the suitability of the new accommodation, the family's readiness to move and the support they will receive. The Government should also create a 'Gold Standard' that sets out expectations of what homelessness services should achieve for pregnant women and families with babies

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The scale and impact of homelessness on babies

Homelessness means lacking a place to live that is supportive, affordable, decent and secure

Numbers of homeless babies

We estimate that in England:

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

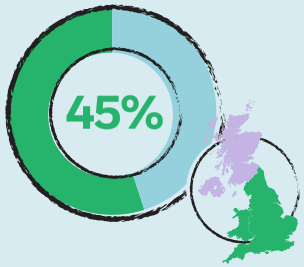
= 1,000

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

= 100

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

= 100



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

Babies' development: a time of opportunity and risk

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

Healthy brain development requires sensitive and responsive interactions with caregivers – called **'serve and return'**

The care a baby receives from **conception to age 2** shapes the way the connections in the brain form, providing a foundation for **all future learning, health and behaviour**

The impact of homelessness on babies

Parents' capacity to care



Homeless parents often have a history of adversity

74% report experiencing at least one difficulty such as **mental health problems** or **domestic violence** as an adult

Homelessness can **increase the risk of adult adversities** or compound existing difficulties

Homelessness can mean **reduced support networks** for parents because they may be housed away from friends, family and their local services

Poor living conditions

Temporary accommodation can be **small, dirty, unsafe, noisy** or lacking **equipment** babies need

The estimates are based on available data from the government and ONS population data. There remains a significant gap in the official data on these vulnerable babies. For further details, please see the full report, *An unstable start – All Babies Count: Spotlight on homelessness.*

1. Introduction

The public image of homelessness is of adults sleeping rough. Very few people ever think that a baby could be homeless. Yet sadly, many babies live in homeless families and these babies are often particularly vulnerable. This report brings those babies and their needs into the spotlight.

To be homeless is to "lack a place to live that is supportive, affordable, decent and secure".[1] Homelessness during pregnancy and infancy is a significant, and increasing, problem in the UK that is not yet getting the response it deserves. Whilst housing problems more generally are rising up the political agenda, scant attention is given to the damaging impact that homelessness can have during particularly critical lifestages and transitions, such as the birth of a baby.

The NSPCC and the Anna Freud Centre both deliver services to families during pregnancy and infancy. Our experiences working with families across the country (but especially in London) have led us to be particularly concerned about babies in families who do not have a secure and stable home. We have seen that homelessness has a direct impact on babies because it makes it much harder for families to give their babies the care they need.

The case for action

Why focus on babies?

During pregnancy, a woman's mental and physical health, behaviour, relationships and environment all influence the intrauterine environment and the developing foetus, and can have a significant impact on the baby's wellbeing and long term outcomes. After birth, babies' brains and bodies continue to develop rapidly. In the first two years of life, 700 new neural connections form in the brain every second.[2] Because of this, any early experience - positive or negative - can potentially have long term and far reaching impacts. Whilst a baby's future is not completely determined by their early life, without firm foundations, success later in life can be more difficult.[3]

The perinatal period is a time of both opportunity and vulnerability for new families. For both mothers and fathers, pregnancy and the birth of a baby is a significant transition - a time when their roles, responsibilities and relationships change. Pregnancy and childbirth are not only physically challenging for new parents, but also increase the risk of mental health problems. During this lifestage parents can be engaged and motivated to make positive changes in their life, but they can also be very vulnerable, as their roles in the family and couple change.[4]

A woman's risk of mental illness is higher in the weeks following childbirth than at any other time in her life.[5] Fathers are also at risk of experiencing depression in the postnatal period, in part as a result of changes to sleep patterns, changes to social support networks and changes to their relationship with their partner.[6] Research suggests that around 5 to 10% of fathers experience depression in the postnatal period.[7]

There are moral, social and economic arguments for investing in pregnancy and infancy:

- All children have the right to have their basic needs met, to be safe, and to have opportunities to reach their full potential.
- Healthy infant development leads to better social and emotional outcomes, so babies are more likely to grow up to be happy, healthy and fully contributing members of society.
- Prevention is both better, and cheaper, than cure. Babies who have a good start in life are likely to cost less and contribute more to the economy over their lifecourse.[8]

Why focus on homelessness and babies?

Homelessness in England is a growing problem: the number of families who are homeless has increased in recent years, and is likely to continue to increase due to a number of factors, including the economic climate and changes to the benefit system.[9] The increase in homeless families, paired with pressures on local government finances, create a 'perfect storm' which means that councils are becoming less able to provide homeless families with suitable housing and support.[10]

The limited research on the specific impact of homelessness on babies shows that homeless infants experience a significant decline in general developmental function between 4 and 30 months.[11,12] Most of the research and policy work focuses on older children, for whom homelessness is linked to an increased risk of a broad range of problems, including poor health, developmental

delays, poor school performance, behaviour problems, psychological problems, increased risk of accidents and injuries, and poor co-ordination.[13,14,15,16]

Evidence also shows that homelessness and temporary accommodation during pregnancy are associated with an increased risk of preterm birth, low birth weight, poor mental health in infants and children, and developmental delay.[17,18] All of these factors are, in turn, associated with the risk of poor outcomes in later life.

Babies seem to be overlooked in housing policy and the research in this field, perhaps because people do not appreciate how much homelessness affects babies, and because babies cannot speak out about their experience. In fact, babies are likely to be more vulnerable to homelessness than older children for a number of reasons: babyhood is a particularly critical lifestage, babies are more vulnerable and susceptible to the effects of stress and adversity on their parents, and they are also likely to spend more time at home than older children.

The policy context

The Government has made a number of welcome commitments to improve outcomes for children in early life and to promote the emotional wellbeing of parents so that they can provide their children with the best quality care. In particular, we have been pleased to see the growing consensus in parts of Westminster about the importance of early intervention and the first years of life.

"... this Government is determined that early intervention should be a defining principle in how we tackle social problems, central to our strategy for delivering social justice, breaking the cycle of disadvantage ... we are starting with the family, taking action in the earliest stages of a child's development, and helping parents in order to give their infants a better start in life."

(Rt Hon Iain Duncan Smith MP, Speech to the Wave Trust, 2013)[19]

However, as this report describes, changes to the welfare system and decisions about housing are proceeding seemingly without full consideration of their potential impacts on babies and children, and the lifelong legacy this might cause. Instead, housing policy is increasing the stress, insecurity and instability experienced by many families during the critical first 1001 days, the important period between conception and their child's second birthday.

The Prime Minister recently announced that from autumn 2014, the Government will conduct a 'Family Test' on all policies, meaning that "policies that fail to support family life will not be allowed to proceed".[20] The test specifically challenges policy makers to consider the impact of their decisions on families going through key transitions, such as becoming parents.

The new 'Family Test' requires policy makers to ask 5 questions:[21]

1. What kinds of impact might the policy have on family formation?
2. What kind of impact will the policy have on families going through key transitions such as becoming parents, getting married, fostering or adopting, bereavement, redundancy, new caring responsibilities or the onset of a long-term health condition?
3. What impacts will the policy have on all family members' ability to play a full role in family life, including with respect to parenting and other caring responsibilities?
4. How does the policy impact families before, during and after couple separation?
5. How does the policy impact those families most at risk of deterioration or relationship quality and breakdown?

It is clear that if policy makers want to create strong and healthy families and communities in the future, they should be taking decisive action now to support new parents and create the conditions in which all babies can be safe, nurtured and able to thrive. We hope that 'Family Test' will be robustly applied to housing policy and this will bring about

crucial changes to ensure the needs of pregnant women and families with babies are fully met.

The Government has recognised the huge variability in council homelessness services, and has introduced a 'Gold Standard' for the highest performing services. In this report we set out our own standards for the housing and support that should be provided for homeless families during pregnancy or with a baby. We do not believe that any service should think of itself as 'gold standard' unless it is catering to the needs of the youngest, and often most vulnerable members of society.

We recommend that:

- The Government develop and implement a clear strategy to ensure that every family can afford to live in a suitable home to raise their children. This should include:
  - The funding of enough affordable housing to meet local need;
  - A social security system that allows families on low incomes to afford suitable private rented accommodation;
  - Adequate discretionary housing payments to prevent people losing their homes; and
  - Measures to improve housing conditions, particularly in the private rented sector.

For a full list of our recommendations, please see section 5.

"There can be no keener revelation of a society's soul than the way in which it treats its children."

(Nelson Mandela, Speech at the launch of the Nelson Mandela Children's Fund, 1995)

The report structure and methodology

This report focuses on homelessness in England. We start by describing the impact of homelessness on babies by setting out the types of homelessness that families face, the number of homeless families and the reasons families become homeless. We then examine how homelessness affects the extent to which babies receive the key ingredients they need for a healthy and safe start in life. We end by making recommendations for the Government, local authorities and others who can make a difference.

To inform the research, we conducted a desk based review of the existing research literature and policy context, conducted telephone interviews with professionals from a range of relevant disciplines, spoke with families who had experienced homelessness during pregnancy and the first years of life, and held workshops both with thought leaders within the sector, and health, housing and children's services professionals.

2. Families' stories

As part of this research, we gathered case studies with families who had experienced homelessness during pregnancy and the first years of their child's life. Throughout this report, we draw upon the following two stories to bring to life the impact of homelessness and housing policies on real families.

Cathy's story

Cathy was living with her partner Jack in a house share when she became pregnant. At this time, Jack lost his job and Cathy had to stop work without pay due to back pain. When the couple told their landlord that Cathy was pregnant, he told them they could not stay because the house was not suitable for a baby. Cathy and Jack left the property and sought housing support, but were told that they were not eligible because they had become intentionally homeless. They were advised that they should have remained in the property against the landlord's wishes until legal action was threatened.

When Cathy was 28 weeks pregnant, the couple were placed in a hostel for three weeks and then were temporarily housed in a studio flat in a different local authority. The flat was infested with mice and damp, and the couple were afraid to leave their home because of the prevalence of drug use, violence and burglaries in the local area. Cathy was very scared and became depressed.

Cathy went into pre-term labour with Sam, which she attributes to the stress caused by her housing problems. Luckily the labour was stopped, and Sam was born at full-term.

When Cathy was 8 months pregnant, the couple received a letter telling them to visit the housing office to renew the lease on the flat. However when they arrived, they were told this wasn't necessary. Shortly after this, their housing benefit was terminated, which then led to a build-up of rent arrears.

When their baby, Sam, was five days old, the couple received an eviction notice. Fearing that they would be forced to sleep on the streets with their baby, the couple barricaded themselves into their flat for three months. During this time the family were helped to access legal aid by Shelter. Eventually they were supported by social services in the area where they were living, who moved them to a family hostel.

The family have a small room in the hostel, with very basic kitchen facilities and little space for Sam to play or crawl. There are no laundry facilities, so Cathy takes her washing to her mother-in-law's house. Sam has eczema, which Cathy is anxious about and attributes to living in the hostel.

Cathy said she had an excellent midwife throughout her pregnancy, although when she was moved out of the area she had to travel for appointments. She also said she got a lot of support from her health visitor. Cathy and Sam attend a Baby Group in the hostel and go out to the local children's centre. Cathy explained that she tries to get out of the hostel as much as possible.

Cathy continues to be treated for depression. She and Jack are both keen to move out of the hostel as soon as possible in order to improve Sam's quality of life. The couple have been told that they cannot get help to move until their rent arrears have been paid. They are both eager to work, but had been told that working would mean paying more to stay in the hostel, therefore preventing them paying off their rent arrears.

Beth's story

Beth had already been homeless for 15 years when she became pregnant. During this time, she had experienced severe mental health problems, including being sectioned, and was using illicit drugs. She met her partner Aaron whilst staying in a hostel for single people and became pregnant.

Beth did not realise she was pregnant until 4 months gestation. She was then referred to the Family Drugs and Alcohol Court by her social worker. With their encouragement, Beth stopped using drugs by the sixth month of her pregnancy.

Beth and Aaron continued to be housed in a hostel for single adults until she was 8 months pregnant. This was a frightening and difficult time for Beth, as she was surrounded by people who misused drugs and alcohol, and fights often broke out. Beth told us that she had a good relationship with a key worker in her hostel, although she felt he didn't do enough to help her move out of the hostel when she became pregnant.

Just three weeks before Beth gave birth, she and Aaron were moved to a family hostel. When their baby, Jess, was born, they were kept in hospital for five days because the doctors were concerned that Beth's drug use might have affected her baby. Luckily Jess was healthy. The family were then sent to a family assessment centre. There, they were well supported by a social worker and the centre, and felt supported to develop routines for caring for their baby.

After three months, and following a positive outcome, the family were moved to a family hostel where they stayed for 16 months.

In the hostel, they had one small room which included a small hob for cooking on. The room was too small for the baby to play in and the hostel did not have working laundry facilities. Beth became depressed and was prescribed anti-depressants by her GP. During this time Aaron also spent a short period in prison for breach of an ASBO.

Beth and her family have been supported by three different social workers in the two years between Beth getting pregnant and our visit to the family. Beth felt that the skills and approach of these social workers varied a lot, but she got on well with the social worker who supported her when she first moved to the hostel. Beth was also very happy with the support she had received from her midwives and health visitor.

There was a baby group at the hostel, which Beth felt was a lifeline for her.

Following 9 months of searching for private rented sector accommodation with their housing support worker, the family was moved to a large private rented flat with a small garden, where they hold a year-long tenancy. The flat is in a different local authority from the hostel, and when we met Beth she was trying to find out about the local services – such as children's centres- in the area.

3. Background: What do we know about homeless families and their needs?

Types of homelessness

'Homelessness' is a term that encapsulates a range of situations in which families lack an affordable and decent home. The impact of homelessness on families' and babies' lives and wellbeing will depend on the nature of the accommodation they live in and the amount of time that they spend there. Figure 1 shows the different types of homelessness.

Councils only have duties to rehouse people who are homeless or threatened by homelessness if they have a reason to believe the applicant:

- Is eligible for public funds (which depends on immigration status)
- Has a local connection to the local authority area*
- Is unintentionally homeless (this means that they did not become homeless as a result of deliberate action or inaction, and there is no accommodation available that they could reasonably be expected to occupy), and
- Is in 'priority need' (which includes pregnant women and families with dependent children).

Assessing whether a family is 'unintentionally' homeless is complex and can lead to errors. For example, while the Government has stated that those families who are homeless due to a reduction in benefits should not be considered as becoming intentionally homeless, some research has indicated that following the recent cap on benefits, this is occurring.[22, 23] Government guidance on intentional homelessness also clearly states that "*Acts or omissions made in good faith where someone was genuinely unaware of a relevant fact must not be regarded as deliberate … This could apply where someone leaves rented accommodation in the private sector … and the former tenant was genuinely unaware that he or she had a right to remain until the court granted an order and warrant for possession.*"[24] However in our discussions with parents and professionals, we were told about families who were treated as intentionally homeless because they did not understand the homelessness rules.

Cathy explained to us how she was categorised as intentionally homeless when pregnant because she did not understand what qualified as being evicted by her landlord.

"… I found out I was pregnant and we were living in a house share with like four different rooms and it was all men. And my landlord had said when I was pregnant, "You need to move out. You can't live here with a baby, it's not practical.

… When [the council] spoke to the landlord, the landlord told them, "Well they had to get out." So he's pretty much saying to them, "I told her she had to get out." So I didn't make myself intentionally homeless.

… Someone [at the council] said to us, "Well you should have known that we can't help you. And obviously if you leave a property without going through the right procedures … you're at fault. So therefore you've left without going through the courts and what not, so you've made yourself intentionally homeless."

They literally told us we should have left it until the point where our landlord would have taken us to court before we could have got housing."

Families who qualify as statutorily homeless are usually accommodated for a brief period in voluntary agency, local authority or housing association hostels, or in some cases a bed and breakfast. The majority (89%) of the 45,620

* Under the Localism Act 2011, local authorities are given the power to set their own eligibility criteria for those eligible to receive housing support, including what constitutes a 'local connection', although recent government guidance strongly recommends that local authorities consider introducing a minimum 2 year residency criterion.

Figure 1


Types of homelessness
Families who are statutorily homeless (or awaiting a statutorily homeless decision).
Families who are rehoused immediately (this is around 21% of statutorily homeless families in England, but only 6% of those in London).
Families placed in temporary accommodation (a self-contained unit, bed and breakfast or a hostel).
Families classed as statutorily homeless but living in unsuitable accommodation while waiting for housing (the 'homeless at home').
Families who are not eligible for support.
If families are not eligible support (for example if they are judged to be intentionally homeless or do not have recourse to public funds), the local authority can provide families with temporary accommodation for a limited period to give them a reasonable opportunity to find accommodation. Children's services may end up paying for a families' housing, if they judge this is required to safeguard and promote the welfare of the children.
The Border Agency must provide housing for asylum seekers who are destitute and homeless, but this housing will only be provided in dispersal areas outside London and the South East. Failed asylum seekers may be entitled to accommodation if they cannot return home or are seeking to reopen their application.
Families who are supported by 'homelessness prevention and relief'.
Families helped to find private rented accommodation.
Families persuaded to stay in their current accommodations.
Families who do not come into contact with services.
Families who never come into contact with homelessness services, but without a stable home eg. moving between friends and relatives (sofa surfing), or unable to sustain private rented accommodation.
Traveller families who may be homeless because they have nowhere legal to park their caravan or mobile home, or can no longer live in their current home. The council has a duty to treat such families as any other homeless families, however councils have duties to consider the particular needs of a family when dealing with their homelessness situation, which may include a travelling lifestyle.

households with children living in temporary accommodation on 30 September 2014 were described as living in self-contained accommodation.[25]

Self-contained accommodation may be flats or bedsits that are owned by the council, housing association or private providers. The benefits of self-contained units are that they offer families some privacy and have kitchen and bathroom facilities. However they are often unfurnished and can be isolated. The quality of these homes can sometimes be very poor, particularly if they are in the private sector.[26]

Cathy told us about the flat that she and her family were first placed in when they became homeless.

"That was going to be the first house we took our son to … I was scared, I didn't want to go out, I had all my stuff for the baby. I was scared someone was going to come and rob out my house and take all of our stuff and leave us with nothing … I had police knocking on our door like three, four o'clock in the morning waking me up, arguments, music blaring … When I think back to it and I think I don't know how we coped with it, but we had to. There was mould, mushrooms growing in the bathroom, mice running around the house, eating up my food, running all over the baby's stuff."

In June 2014, 7% of households with children living in temporary accommodation (3,110 households in total) were living in hostels.[27] Hostel accommodation for families can vary greatly. There are hostels specifically for families, but sometimes families can be placed in mixed hostels, and pregnant women can be placed in hostels for single people which may also accommodate difficult and potentially dangerous people. Some hostels provide very little support, but in the best cases, they can offer families a range of high quality support services including dedicated key-workers, advice services and baby groups. Most hostels have shared kitchen and bathroom facilities, and rooms can be quite small. Thus, for example, a single mother will have to leave her baby alone in the room or take the infant to a crowded kitchen. There are often limits in what furniture and belongings families can take into hostels, and who can visit them there.

Beth described the room in the family hostel where she and her family lived for 16 months.

"… And then we just moved to this one room where everything was just in one room and – I mean it was all right at first, for about the first six months and then I started to get quite depressed in there … it is the nicest hostel that I've ever stayed in but I don't think it's ideal with children. Maybe when they are babies it's not so bad but when they can start walking they haven't really got any room to stretch their leg … I had about this much worktop to make a dinner to try and make dinner because our steriliser was on there and a kettle and toaster and then it was just impossible. And then you sort of feel like you are eating right where you are sleeping. You are sleeping in the kitchen."

In extreme cases, families are placed in bed and breakfast (B&B) accommodation. In September 2014, 5% of households with children living in temporary accommodation (2,080 households in total) were living in B&Bs.[28] Based on the most recent ONS population data available, we estimate that on 30 September 2014, around 710 0-2 year olds lived in B&Bs with their parent(s).[29]

Living in a B&B tends to mean that families have a very small room, a shared bathroom, no kitchen facilities, and they may not be allowed to stay in during the day. Families with children are not supposed to be put into B&Bs for more than six weeks, but in September 2014, there were 500 families in England with children in bed and breakfast accommodation who had been there for more than six weeks.[30] Again using ONS data, we estimate that on 30 September 2014, around 170 0-2 year olds had been living with their parent(s)

in B&Bs for longer than six weeks. The period that families spend in temporary accommodation can vary from a few days to several months, or even years in some cases.[31]

Since the Localism Act 2011, local authorities have also been able to discharge their homelessness duties by placing families in private rented accommodation, provided that the accommodation is suitable and has a minimum tenancy of 12 months. This initiative is too new to really understand its impact, but charities have raised concerns that private rented accommodation is both less secure and less stable than social housing.[32] Private rented sector (PRS) accommodation can be particularly unstable for families because:

- Families can be unclear about their rights;
- Families have more responsibility for managing their own housing benefit and rent payments, which can be challenging for those with chaotic lives, poor numeracy skills and/or who have never managed a tenancy before;
- Families are often only accommodated in fixed term tenancies of 12 months, which can lead to anxiety around eviction[33] and the potential for a repeated cycle of homelessness;
- Private Rented Sector accommodation can be cold, damp, overcrowded, and landlords can be unresponsive and aggressive.[34]

Accommodation in the private sector is not always in single occupancy units, it can also be shared accommodation, known as a 'house in multiple occupancy' or HMOs. HMOs are homes with at least 2 separate households who are sharing basic amenities such as a kitchen or bathroom. Private HMOs are not always inspected before a license is issued by the local authority,[35] and there is no duty on local authority HMOs to be inspected; therefore, the quality of these homes can be variable and sometimes very poor.

We recommend that:

- Local authorities provide tenancy training for families to help them to manage their tenancy (including budgeting, understanding their entitlements to benefits and knowing their rights as tenants), so that they are better equipped to meet their baby's needs. It is particularly important that families moving out of temporary accommodation and social housing are supported to develop these skills when moving into Private Rented Sector accommodation.
- Local private rented sector access schemes extend support beyond six months so that people are able to seek help again if something goes wrong in the tenancy or if they need support to find another property.
- Local authorities provide information to ensure that landlords understand housing and benefit legislation and tenants' rights so that pregnant women and families with babies are protected.

As figure 1 shows, families who are counted amongst the 'statutory homeless' are only part of the population. There are also those who will receive support to try and avoid them becoming homeless. The 'Homelessness Prevention and Relief' scheme aims to prevent families becoming homeless by either helping them to stay in their current accommodation or finding alternative accommodation for them (usually in the private rented sector).

There are also many families who will not be judged eligible for housing services and those who do not seek formal support, who move between family, friends ('sofa surfing') and/or short term accommodation. These families are of particular concern, since they may have additional needs but are not 'on the radar' of local services to receive support.

Numbers of homeless families

Shelter estimates that every eleven minutes a family in Britain loses their home.[36] The Government collects data on the number of decisions made by local authorities on applications for statutory homelessness assistance, as well as the number of homeless households accepted as being owed the full statutory rehousing duty and living in temporary accommodation. The 'acceptance' and temporary accommodation data include the number of households with children. However, these statistics do not contain details of children within these households, such as the number of pregnant women and ages of children, so we have no official figures on how many babies are homeless. In addition, many more homeless households are now assisted outside the homelessness legislation via homelessness prevention and relief. The prevention and relief statistics do not record the number of households with children or any further household details.

Using the best data we have on statutory homelessness, we do know that the majority of households currently living in temporary accommodation include children or expected children. On 30 September 2014 (the latest statistic that is available), there were 60,940 households in temporary accommodation in England, 6 per cent higher than at the same date in 2013. Around 75% of these households included children and/or a pregnant woman (consisting of 87,420 children).[37] Using the most recent ONS data available, we estimate that around 15,700 of these children are aged 0-2.[38]

We recommend that:

- The Department for Communities and Local Government regularly collects data on the number of children and pregnant women in all homeless families, the ages of children, and their needs. This will assist national and local planning in meeting the needs of these parents, babies and children.
- Local Health and Wellbeing Boards ensure that the number, make-up, and needs of homeless families are represented in their Joint Strategic Needs Assessments.

Why are families homeless?

Not all homeless families with a baby are newly homeless. Some families will have been homeless before babies were conceived. There is a high incidence of unplanned pregnancy amongst homeless women, many of whom go on to have their babies. In a survey of 31 London hostels in 2000, 24% of women had been pregnant in the previous year.[39]

Many adults in homeless families will have experienced multiple adversities such as domestic abuse or mental illness, and losing their home is just one of a number of problems in their lives. A significant number of adults in homeless families are likely to have experienced childhood adversities.

Families become homeless for different reasons. The most common causes of homelessness in families with children are relationship breakdown (with a partner, friends or family) which may have involved domestic violence, or housing pressures such as eviction or overcrowding.[40] The birth of a baby can also be a trigger for housing problems as existing accommodation may become unsuitable.[41] During this research, we spoke to a number of family nurses who told us how relationships between new young parents and their families may break down when a child was born. Teenage mothers are sometimes evicted because their parents do not like the father of their child, or do not want the baby at home. The pregnancy could be the 'last straw' if the young woman already has a difficult relationship with her family.

There are families who have not previously experienced adversity but lose their house a result of a number of negative life events, such as the loss of a job, illness, or family breakdown. However, this is not usually the case. In a study for the Department for Communities and Local Government in 2008, 74% of adults in homeless families with children reported that they had experienced at least one form of adult adversity, such as mental health problems, violence or prolonged unemployment.[42] This means that many homeless families are already at risk of poor outcomes which may be exacerbated by their housing situation.

The relationships between adverse experiences and homelessness are complex. As noted, many of the serious personal and family problems homeless people face will exist before the person becomes homeless, but they are likely to "aggravate, precipitate or prolong" homelessness.[43,44] The data do suggest that homelessness in infancy is associated with worse maternal and infant health than would be expected using adjusted data to control for the other risk factors in affected families, demonstrating that either being or becoming homeless leads to babies having worse outcomes than they otherwise would.[45, 46]

"Homelessness is rarely a one-off event. Most families have histories of previous chronic adversities that constitute risk factors for both children and parents."

(Vostanis, 2002)[47]

"Women often described their lives as a remarkably consistent stream of distressing and spirit- breaking encounters, beginning in early childhood … including lifelong poverty, parental neglect, exposure to domestic violence, childhood abuse … and unhappy and painful personal relationships."

(David, Gelberg, & Suchman, 2012)[48]

Whilst this report focuses on homeless families with babies, it is important that services do not wait until people become parents before offering them support. In one of our case studies, Beth had been homeless for 15 years, and struggling with drug and mental health problems before she became pregnant. However it was only when she became pregnant that she received intensive support to tackle her drug habit. Better support for single homeless people could reduce the number of vulnerable homeless parents in the future.

4. How can homelessness affect babies' safety and wellbeing?

Babies need their parents to be mentally and physically healthy, and able to provide them with sensitive, consistent and nurturing care and a safe environment in which to grow. Research suggests that that there are four 'ingredients' which are critically important for babies to be safe, nurtured and able to thrive.

- **A healthy pregnancy**: Development before birth is the basis for what happens next, so maternal mental and physical health in pregnancy are crucially important for babies' later wellbeing and development.
- **Healthy early relationships**: Babies need their caregivers to provide sensitive, responsive and consistent care.
- **Effective care and support for the caregivers**: Parents themselves need social support and respectful care and help from professionals in overcoming some of the problems they may face, so that they have the emotional resources to care for their baby.
- **A safe and stimulating environment:** Babies need to be in a safe and stimulating environment where they are able to grow, learn and explore.

In this section, we explain how homelessness can threaten each of these aspects of a baby's life.

A healthy pregnancy

A mother's mental and physical health, behaviour, diet, relationships and environment all influence the intrauterine environment and the developing foetus, and can have significant impacts on a baby's wellbeing, brain development and long term outcomes.[49] We know that a woman's mental health in pregnancy affects foetal development, with lasting results. Studies have shown that foetal development can also be influenced by a wide range of factors that go beyond the mother's immediate health and wellbeing, and which include environmental factors such as exposure to pathogens, smoke, sunshine and air pollution.

Both national policies and local practice can lead to turbulence for women and their families during this important time in their lives. The timescales and priorities within the housing system do not recognise the critical importance to parents and babies of safety and security in pregnancy and the first months of a child's life. While pregnant women are recognised as a category of 'priority need' in terms of receiving accommodation, the housing system does not take into account the particular needs of pregnant women and their babies in respect to where they are placed or how they are treated.

Maternal mental health

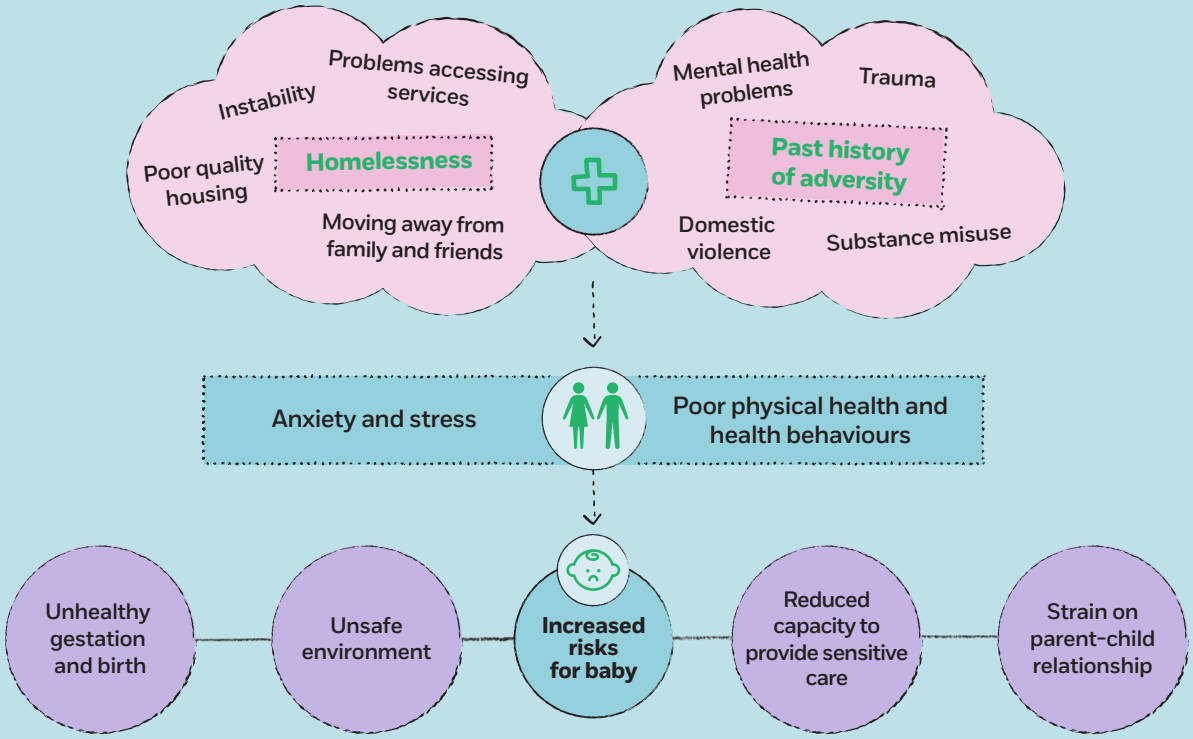
Becoming and being homeless impacts on people's mental health in a number of ways, through: stress and worry about their housing situation and financial issues; loss of social support; stigma; isolation; and fear because of their neighbours or environment. In turn, mental health problems can have consequences for a healthy pregnancy because they can make it harder for a woman to look after her physical health. To reduce the risk to maternal mental health, it is important to improve parents' pathways through the housing system and the quality of accommodation available to them. This is to ensure they have high quality care from universal services, such as midwifery and health visiting, who monitor and promote maternal mental health and make referrals to specialist services where necessary.

Beth and Cathy both told us about the impact that homelessness had on their mental health.

"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

"I've been suffering quite bad with depression since I've had him because of the whole situation … I'm still a little bit depressed and thinking, "When are things going to get *better? When's it going to be our time?"* Cathy

Double jeopardy:
How homelessness can affect babies



Maternal physical health

Homelessness can have direct and indirect effects on women's physical health. For example, living in a noisy hostel may make it more difficult to sleep, and they may find it harder to adopt a healthy lifestyle and resist behaviours such as smoking, drug and alcohol use. Smoking rates are much higher amongst homeless people and those living in hostels than in the wider population.[50] Homeless women can lack both the resources to buy nutritious food and the means to store and prepare it.

Beth described her time in the single person's hostel where she lived until she was eight months pregnant. Beth was trying to stop using drugs during this time, but the hostel environment made this more difficult.

"... fights would break out or you know someone would be drunk and the drugs was just all around me and I was really trying not to. It was just - it wasn't ideal."

Cathy also told us how the accommodation she lived in when pregnant affected her physical and mental health.

"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 ..."

Antenatal care

Homelessness can also make it harder for women to engage with maternity services, particularly if they are moved between areas (see section 'Care

for caregivers' for further information), and with specialist services, particularly therapeutic and support services in which longer-term practitioner-client relationships are part of the support system.

Instability and the impact on pregnancy

Women can be moved around different accommodation because their needs and eligibility for services change as they become pregnant and have their baby. There is also a lack of clarity and consistency about when pregnant women should be moved from hostels for single people to family accommodation. Services can be slow to react to a pregnancy and resistant to place women in family hostels until they are sure that the pregnancy is viable. This can mean that pregnant women are left in unsuitable housing and then have the upheaval of moving late in their pregnancy. In Blackpool, we were told that a new standard had been introduced to move women before they were six months pregnant. This helps to ensure that they have both safer accommodation during the end of their pregnancy, and stability around the time of their child's birth.

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 she was born on Boxing day so only a couple of weeks I moved before I had her. Then I moved there, I was there for a month only because when Jess was born, although she wasn't born addicted they wanted to get us into ... a family unit."

Under the housing benefit rules families are not eligible for a home with a bedroom for their new baby until that baby is born. This can leave them unable to plan and move in advance of the birth. It can also result in families receiving time-limited offers of accommodation whilst they are heavily pregnant, or around the time of birth, requiring them to move (sometimes to unfurnished accommodation) just after the baby is born. Moving between accommodation can be costly and difficult for them. In Blackpool, we heard how the local housing services used Discretionary Housing Payments to 'top up' housing benefit for pregnant women to enable them to move to a larger house earlier in pregnancy. However this is not standard practice in other areas.

Beth also told us how difficult it was to move when she was heavily pregnant or had a new baby. Here she describes moving to supported accommodation with a five day old baby, and then moving from the hostel to her new home.

"... when we first went we couldn't all get in the cab with the suitcases and everything and the social worker was like, well Aaron can follow up tomorrow. And I was like, no, I said, we're all going to go together and he went on the tube and got there before me."

"I asked the social worker if she would help move us because apparently the Council don't move if it's into permanent so I did ask them to help about that. After I asked her she just didn't answer the phone for a week and by then we'd had to think of something else and move anyway."

We recommend that:

- The Government, as part of their 'Family Test', review and revise housing and social security legislation and regulations, as well as statutory and practice guidance, to ensure that the system prioritises pregnant women's need for safety, stability and social support, and enables pregnant women and their families to be housed in suitable stable accommodation early in pregnancy with room for the new baby. This should include paying the spare room subsidy to families receiving housing benefit when a woman is in the final trimester of pregnancy.
- Local authorities ensure that pregnant women in temporary accommodation are routinely supported, encouraged and enabled to move to accommodation that meets the expectations set out in our 'Gold Standard' for babies, as soon as possible after housing workers are alerted to the pregnancy. This should help ensure that pregnant women are housed in safer, family-friendly accommodation.

Healthy early relationships

Babies' wellbeing and development is shaped by the world in which they live, and in the early stages of development, their world consists of their parents or caregivers. The quality of care that babies receive from their parents or carers is critically important. Babies need parents who can provide them with sensitive, responsive and consistent care, which involves being able to recognise and understand their behaviour and feelings and respond appropriately. This capacity, known as 'reflective function', is important for babies' social and emotional development. Interactions between babies and their caregivers are also important to aid their language and cognitive development, and provide physical care and protection.[51]

Parents are more likely to provide sensitive and appropriate care if they themselves have secure attachment relationships, knowledge of child development, supportive relationships, financial wellbeing, emotional wellbeing and cultural values around child protection. However, the ability of parents to attend and respond to their baby's needs and communication is affected by their own mental health and wellbeing, and homelessness can affect this in several ways.

"A successful parenting style in wealthier families occurs not because these people are intrinsically better, or that they love their children more. It is because with poverty can come a host of other problems that make parenting more difficult. Worse schools, higher crime, bad housing, unemployment, problems with alcohol and drugs, mental health condition. The wearying grind of worry about debt."

(Rt Hon David Cameron MP, Speech to Demos, 2010)[52]

Homelessness can lead to stress, anxiety and exhaustion and it can be hard to provide consistent, sensitive responses to a baby when coping with these feelings.[53] The experience of becoming and being homeless can feel like an attack on the parent's attachment system. Becoming homeless is not simply the loss of a physical home, but the loss of a 'secure base'. It is likely to be accompanied by a sense of loss of control and isolation, and diminishing feelings of self-efficacy and self-worth. This may then affect how confident and able a parent feels they are to provide for their baby.

Because homeless families often have a history of adversity, they may be coping with past difficulties which make it harder for them to care for their baby in a consistent and nurturing way, such as poor relationships with their own caregivers. They may also already be experiencing current challenges which make caring for a baby more difficult, for example struggling with substance misuse or domestic violence.[54]

Abuse and neglect

The most extreme example of poor parenting is child abuse and neglect. The evidence shows us that babies are more likely to be harmed by their parents than older children. Abuse and neglect at this young age can also have particularly damaging impacts because babies are fragile, and because harm caused at this critical period of development can have lifelong consequences.

Research has shown that children in homeless families have an increased risk of being in contact with child protection services because of neglect or abuse,[55] and housing problems feature in many reviews of serious cases of abuse or neglect.[56,57] The detailed analysis of a sub group of 40 serious case reviews conducted between April 2005 and March 2007 showed that 45% of the families were highly mobile and were living in poor conditions.[58] Likewise, an analysis of Serious Case Reviews in London completed between April 2006 and September 2009 indicated that nearly half (47%) of the 47 families in the sample had rent arrears, and had either been evicted or were described as on the verge of eviction.[59]

We recommend that:

- Local Safeguarding Children's Boards (LSCBs) review the role that housing problems have played in Serious Case Reviews and use the learning to improve local practice, services and processes to better protect babies in homeless families.
- Housing services are active members on LSCBs to ensure that they are actively involved in efforts to safeguard children in the area.

Effective care for the caregivers

Strong families and social networks

Babies benefit when both their parents are positively involved with their care, and have strong support networks around them. Homelessness can lead to the breakdown of relationships and social support networks.

Couple relationships

Babies need families. Evidence shows that the engagement of both parents can improve babies' outcomes.[60] Fathers' involvement, attitudes and support can also predict mothers' health behaviours during pregnancy and the first year, including the likelihood of initiating and sustaining breast feeding.[61]

However, the perinatal period can be a challenging time for couple relationships. Many new parents find their relationships are strained after the birth of a baby because they are tired, stressed and irritable, and coping with changing roles and relationships. The quality of the couple relationship is also important during this time. For example, it can predict the likelihood of parents experiencing, and recovering from, mental health problems, and influence the care they provide for their baby.

Cathy told us about the pressure that the housing situation had put on her relationship.

"Obviously it puts a big strain on our relationship as well. It causes arguments and makes us not want to be happy and just storm out from each other just to get some fresh air because literally we're stuck in one room."

Relationship breakdown is a cause of homelessness, and can also be a consequence of it, because homelessness makes it harder for families to maintain strong relationships. Most homeless families are led by a single woman.[62] Evidence shows that babies who are homeless are less likely to have contact with their fathers; therefore they miss out on important relationships which could support their development.[63] However, there can be a number of reasons why fathers do not have contact with babies in homeless families, including physical distance, housing benefit rules and rules in temporary accommodation which make it difficult for male partners to visit or stay with their partner and baby. As part of their new 'Family Test' the Government should look at how housing policy supports couples to stay together, where they wish to do so.

"The way in which much of the supported accommodation is provided acts to drive fathers further out of the picture."

(Crisis, 2000)[64]

Social support

Support from family members, friends and the wider community contributes to families' wellbeing during this important time and it is associated with better outcomes for mothers and babies during the perinatal period. Support from family and friends has been associated with babies' health at birth, mothers' mental health, and breastfeeding initiation and duration.[65,66] Supportive relationships can enhance feelings of well-being and personal control.

Parents' social support is also associated with their parenting behaviour. A mother's social support both prenatally and postnatally is associated with her sensitivity towards her infant, and the security of the infant-mother attachment, particularly when the family is under stress.[67,68] It is thought that social support acts as a buffer for stress, enabling parents to be more available to their baby. When families become homeless, they may have to move away from their support networks and this can increase their risk of emotional problems and poor outcomes.

Supportive, family-focused treatment by housing services

Parents themselves need to be supported so that they have the emotional resources to care for their baby. These resources are depleted when parents are stressed, distressed, worried, exhausted or without hope.

The way that public services interact with homeless families during the perinatal period can exacerbate or mitigate the stresses they face. In some areas, housing services and local authorities offer excellent help and support to families. However, in other places, the housing system is complex and

difficult to navigate, and families can struggle to get the help they need. Families can be treated with distrust as they are expected to prove their eligibility for support, and battle for scarce resources. Those working with homeless families can lack the skills, support and permission that they need to provide sensitive care to families.

Cathy was particularly upset with the treatment she had received from housing services.

"And we went to the Council for help and they were just awful, awful … yeah they just kind of did everything they could to not help us …

Yeah we just had to go back every day. We went back for a week … and then they'd make us sit outside the housing and wait until it was four and they'd be like, "Oh there's nothing we can do now. Go back to the hostel" …

I was ringing them, ringing them, ringing them. They were rude to me. One of them told me to piss off and stop ringing them …

They literally told me, "You are getting kicked out of this house and we're not helping you".

All we wanted from [the local authority] was some support … obviously it was our first time going through the whole housing thing. Obviously for them it's just their jobs so they've probably seen it 100 times over, but regardless, they weren't very sympathetic to our situation and they just thought, "Well you should know better" …."

The housing system is not designed to support families, and do what is best for babies: the pressures to save money and prevent misuse of the system have become major drivers in the system. Decisions are made to enforce rules with little discretion or thought of the implications for families. This is not just socially, but also economically questionable: undermining families has a detrimental effect on their resilience and self-efficacy, which is likely to cause further problems for public services in the future.

Cathy's experience highlights how housing services can fail to prioritise the wellbeing of babies. When her and her partner's housing benefits were stopped (following the decision that they had made themselves intentionally homeless), attempts were made to evict them and their new born baby from their studio flat.

"I had eviction notices telling me that I had to get out, people knocking on my door telling me I had to get out with my baby and be on the road. They tried to take all my stuff out the house. They tried to leave us on the pavement in the freezing cold with a five day old baby."

We recommend that:

- The Government and local authorities look at how they can redesign the housing system to ensure that it provides supportive care to the most vulnerable families. This should include mapping families' journeys through the housing system to ensure that client-service interactions help to protect and support families' relationships and that decisions are driven by the best interests of babies and their families.
- Local authorities and health practitioners ensure that the workforce who come into contact with homeless families with babies have the skills, competencies and supervision to provide sensitive care to families that is driven by the best interests of babies and their families. This requires training in and awareness raising of child development, perinatal mental health and infant mental health.

High quality care from universal and targeted services: engagement with services

Because of their increased vulnerability, and the additional challenges in their lives, homeless families are more likely to need support from both universal and targeted services.

For some families, their homeless status may trigger action from services so that their housing situation and other difficulties are addressed. For example, those escaping domestic violence may be safer and more secure in their temporary accommodation than they may have been previously, and specialist services may be triggered to address the specific problems.

However, at the same time, homelessness introduces a number of issues which make it harder for families to engage with services:

- Families have to move between universal services as they change area, so relationships with professionals such as GPs and midwives can break down. Because they move regularly, families can decide that it is not worth registering with a GP. [69]
- 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.
- Homeless families are more likely to live in disadvantaged areas, where services may already be poorer quality and overstretched.
- In a new area, 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.

"My observation is that the inverse care law is working here ... The most vulnerable homeless pregnant women receive the worst service unless they have some strong and enduring advocacy ... Many midwives feel and experience being 'powerless to act' particularly in influencing other agencies i.e. housing, benefits. A supportive letter is never enough to unlock effective support and practical action. These women require a personal advocate to ensure they navigate local services and individuals."

(Head of Midwifery, London)

Because of their specific needs, homeless families require professionals who have the time, skills and flexibility to be able to reach out and engage with them, provide consistent and intensive care despite changes in the family's housing situation, and who understand the challenges associated with poverty and homelessness. The challenges that homeless families face will not immediately disappear when they are rehoused, so it is important that they continue to receive additional support if necessary.

We recommend that:

- Local commissioners ensure that all homeless families receive high quality support from universal and targeted services, particularly during the perinatal period. This includes ensuring that there are health visitors and midwives who have had specialist training to understand the needs of homeless families, and have manageable caseloads so that they can give these families the additional support they need.
- Practitioners should be made aware of, and signpost families to, organisations that can provide housing advice, for example signposting to Shelter's website (www.england.shelter.org.uk/get_advice) and free helpline (0808 800 4444). Local commissioners should also ensure that homeless families can move easily and quickly between services if they move between areas.

High quality care from universal and targeted services: the focus of services

Both parents and professionals can become pre-occupied with sorting out immediate housing problems, so that other issues, including the wellbeing of the child, can be ignored. To inform this report, we spoke to family nurses, midwives and health visitors about the challenges that homelessness brought to their work. They reported that:

- Because professionals spend time helping families resolve housing and other financial problems, less time is spent on other issues, such as physical and emotional health.

- Professionals struggle to deliver the core services they usually provide if a mother is distracted or distressed by her housing situation, or because of increased travelling time to continue to work with a mother as she moves house.
- Professionals report that they spend a lot of time brokering contact with other services who work with the family, and this begins again every time the mother moves house.

All of this jeopardises the attention that is paid to babies' safety and wellbeing, sometimes with tragic results: in 2009, 'Baby Robert' died in Southend–on-Sea. He was 34 days old and was found on the sofa next to his alcoholic mother. In the Serious Case Review after his death, it was found that "the focus of attention was upon the mother's homelessness rather than on child protection concerns."[70]

High quality care from universal and targeted services: the network around the family

The diverse needs presented by homeless families require a co-ordinated response from different public services, including children's services, health, housing services and adult services (such as those dealing with substance misuse, mental illness and domestic violence). In order to improve the lives of these families, agencies need to work together at both strategic and operational levels to plan and provide effective support to homeless families. Whilst there are some excellent examples of joined-up approaches to prevent homelessness and support homeless families, we heard of examples where services were not working together. This is an issue often raised in Serious Case Reviews.

The services that families receive can be disrupted when they are moved between accommodation or when the way their housing situation is categorised changes; for example, eligibility for services can be dependent on families' housing situation, and some services are located within hostels and therefore not accessible for families once they leave.

After living in a hostel for 16 months, Beth was moved to a private rented flat in another local authority. This was the first time in 15 years that Beth lived in self-contained accommodation, and that she and her partner had to manage their own housing benefit and rent payments. Beth 'lost' her trusted health visitor because she was in a new area and she struggled to afford the travel expenses to go to the Baby Group in the hostel, which had been a 'lifeline' for her and her family. When we met Beth she was trying to find out about the location and opening times for children's centres in the area, which was difficult without internet access.

Families in hostels often tend not to use children's services outside the hostel, such as children's centre groups and toy libraries. Shame seems to play a role in this, in addition to other factors that make families 'hard to reach'. Therefore it is important that families are supported to access other services outside the hostel, which they might continue to use when they move on.

Many local authorities provide 'move on' services to support single adults with additional needs to live independently. These services work to ensure that people have the confidence, and emotional and practical support to live independently. They can help people to make a physical move, connect to utilities, acquire household appliances and furniture, and make contact with local services after moving house. Similar services would be beneficial to homeless families.

Because transitions between accommodation can be disruptive for families, and have wider implications beyond simply having a new home, it is important that they are carefully planned and managed, taking into account not just a family's housing needs, desires and eligibility, but also their wider circumstances and support needs.

We recommend that:

- Local authorities put in place clear protocols and pathways to ensure that pregnant women and families with babies who come into contact with homelessness services receive the support they need, when they need it. This should include ensuring that there are integrated referral pathways and information sharing about homeless families between housing, health, children's and adult services
- Local authorities ensure that all the needs of homeless families, or those at risk of homelessness, are assessed at an early stage and before each housing transition, including:
  - The readiness of the family to move;
  - Where the woman or family are moving to and the suitability of that accommodation;
  - What support the woman or family needs for the transition and following it;
  - Clear plans for withdrawing the family's care or transferring that duty of care to other services if appropriate.

High quality care from universal and targeted services: moving out of area

Providing families with appropriate and effective support is particularly difficult when a family is placed outside their normal area of residence. This is becoming increasingly common. Figures from the Department for Communities and Local Government show that at the end of September 2014, 15,260 households in temporary accommodation were placed in another local authority's area.[71] Using the most recent ONS data available, we estimate that around 4,440 of these households include children.[72] It is very hard for these families to retain relationships with their friends, family and with public services. While responsibility for providing universal health and children's services to families lies with the area in which households are placed, responsibility for targeted services is more complex and depends on whether the move is believed to be permanent. Local authorities have raised serious concerns about whether they have sufficient capacity and information to support families who are moved into their borough from another area. The professionals we consulted reported that this often means families' needs are not met: local services may not be aware of the family until problems reach 'crisis point.' This makes it very difficult for services to take proactive steps to safeguard babies.

We recommend that:

- The Government conduct an urgent review of out of area placements and their impact on families, babies and children. The Government should also provide guidance to local authorities about how to avoid such placements, and, if they do happen, how to ensure that children in homeless families are safeguarded and families get the help they need. This includes ensuring that there are systems in place to share information when families are moved out of area.

A safe and stimulating environment

Babies' physical health and safety are particularly important because they influence later development, and early problems can have significant repercussions later in life. Accommodation for homeless families often lacks the facilities and safe spaces that babies need for healthy development.

Article 27 of the United Nations Convention on the Rights of a Child states that every child has the right to "a standard of living adequate for the child's physical, mental, moral and social development." The Convention requires all states to take appropriate measures to assist parents and others responsible for the child to implement this right and, in case of need, to provide material assistance and support programmes with regard to nutrition, clothing and housing.

Space and facilities

Different types of homeless accommodation provide different levels of facilities for families, but many lack important equipment and facilities that they need to live healthy lives.

- Temporary accommodation can lack cooking and washing facilities, making it harder for families to store and prepare healthy meals and keep clothes clean. This can lead to them buying more expensive fresh or take-away food, and using laundrettes.
- Bathing facilities can be shared, and sometimes lack a safe space to bathe a baby.
- Rooms can lack cots or spaces for a cot, so babies end up co-sleeping with a parent, which increases the risk of Sudden Infant Death in babies already likely to be at increased risk, due to the vulnerability of their family.
- A lack of privacy and comfortable places to sit can make breastfeeding difficult, and the lack of kitchen facilities make it hard to prepare bottles.
- There can be a lack of safe, clean, floor space for babies to play. This can lead to problems in their physical development as some babies do not have adequate 'tummy time' and do not learn to crawl.
- Noise and disruption can make it harder for babies to settle into a regime and to sleep.
- Those living in private rented accommodation can struggle financially, making it difficult to pay for heating.
- Temporary accommodation can be poorly maintained, meaning that families live in housing where there is damp, mould or infestations.

Cathy and Beth described the conditions of the flat and hostels they lived in with their babies.

"There was mould, mushrooms growing in the bathroom, mice running around the house, eating up my food, running all over the baby's stuff." Cathy

"He literally got a space probably about the size of this table to run around in … he gets really frustrated because he just wants to play." Cathy

"There was supposed to be a laundry downstairs but that wasn't working. I think they just said that they wasn't even going to fix it. That was it, there was no more laundry so I used to take it up to my Auntie's." Beth

Economic pressures

Homelessness can also have an indirect effect on babies' wellbeing because it can exacerbate families' economic problems, making it harder for them to provide what their babies need. For example rents can be higher in temporary accommodation, and the lack of facilities can also incur costs for families (for example, having to use a laundrette or buy fresh food because of the lack of washing or kitchen facilities). A survey of adults in homeless families found that 47% of them reported being worse off as a result of their homelessness[73] and 35% of families reported that they had unmet practical needs, even though some of them had been rehoused a number of months ago.[74]

We recommend that:

- The Government continue to fund Local Welfare Assistance to ensure that pregnant women and families with babies can purchase the furniture and equipment needed for their babies.

5. Recommendations

A healthy society starts with healthy babies. Evidence tells us that babies need the following key ingredients for healthy development:

- **A healthy pregnancy**: Development before birth is the basis for what happens next, so maternal mental and physical health in pregnancy are crucially important for babies' later wellbeing and development.
- **Healthy early relationships**: Babies need their caregivers to provide sensitive, responsive and consistent care.
- **Effective care and support for the caregivers**: Parents themselves need social support and respectful care and help from professionals in overcoming some of the problems they may face, so that they have the emotional resources to care for their baby.
- **A safe and stimulating environment:** Babies need to be in a safe and stimulating environment where they are able to grow, learn and explore.

Yet, while we know that babies living in homeless families are some of the most vulnerable in our society, often families who are homeless do not receive even the basic support they need.

How do we ensure that the developmental pathways of babies are not compromised by homelessness? Our recommendations are grouped under the following three themes: prioritisation; service and policy integration; and stability for families.

Prioritisation

Too often, the needs of babies and their parents are poorly considered in both national and local planning and service provision for homeless families. In order to ensure that babies in homeless families get a healthy and safe start in life, these needs, in particular the need for safety, stability and social support, must be prioritised at national and local levels of government. The Government's commitment to applying a 'Family Test' to the policy making process provides an opportunity to ensure this occurs. We recommend that:

- The Department for Communities and Local Government regularly collects data on the number of children and pregnant women in all homeless families, the ages of children, and their needs. This will assist national and local planning in meeting the needs of these parents and babies.
- The Government and local authorities look at how they can redesign the housing system to ensure that it provides supportive care to the most vulnerable families. This should include:
  - Mapping families' journeys through the housing system to ensure that client-service interactions help to protect and support families' relationships and that decisions are driven by the best interests of babies and their families.
- 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 and use the learning to improve local practice, services and processes to better protect babies in homeless families.
- Housing services are active members on LSCBs to ensure that they are actively involved in efforts to safeguard children in the area.
- The Government, as part of their 'Family Test', reviews and revises housing and social security legislation and regulations, as well as statutory and practice guidance, to ensure that the housing and social security system prioritises pregnant women's need for safety, stability and social support, and enables pregnant women and their families to be housed in suitable stable accommodation early in pregnancy with room for the new baby. This should include paying the spare room subsidy to families receiving housing benefit when a woman is in the final trimester of pregnancy.

Service and policy integration

Homelessness requires a joined up response from public services in order to meet the multiple and complex needs the families present. A more co-ordinated response has the potential to prevent a range of poor health and social outcomes, at the same time generating savings for the public purse. However, rather than homelessness triggering this co-ordinated response, currently many families are faced with further challenges and adversity due both to the way the system operates and the way it impacts on them. These families are often called 'hard to reach', and yet many are desperately seeking co-ordinated support from services. We recommend that:

- Local authorities put in place clear protocols and pathways to ensure that pregnant women and families with babies who come into contact with homelessness services receive the support they need, when they need it. This should include ensuring that there are integrated referral pathways and information sharing about homeless families between housing, health, children's and adult services.
- Local authorities provide information to ensure that landlords understand housing and benefit legislation and tenants' rights, so that pregnant women and families with babies are protected.
- Local authorities and health practitioners ensure that the workforce who come into contact with homeless families with babies have the skills, competencies and supervision to provide sensitive care to families that is driven by the best interests of babies and their families. This requires training in and awareness raising of child development, perinatal mental health and infant mental health.
- Local commissioners ensure that all homeless families receive high quality, evidence-based support from universal and targeted services, particularly during the perinatal period. This includes ensuring that there are health visitors and midwives who have had specialist training to understand the needs of homeless families, are accountable for their care and have manageable caseloads so that they can give these families the additional support they need.
- Practitioners should be made aware of, and signpost families to, organisations that can provide housing advice, for example signposting to Shelter's website (www.england.shelter.org.uk/get_advice) and free helpline (0808 800 4444). Local commissioners should also ensure that homeless families can move easily and quickly between services if they move between areas.

Stability for families

Every family should be supported to live in a stable, safe and suitable home to raise their children. Unstable housing and frequent or poorly managed transitions between housing can cause stress and anxiety in parents, impacting both on the mental and physical wellbeing of mothers during pregnancy and on parents' ability to provide their babies with sensitive and attuned care. We recommend that:

- The Government develops and implements a clear strategy to ensure that every family can afford to live in a suitable home to raise their children. This should include:
  - The funding of enough affordable housing to meet local need;
  - A social security system that allows families on low incomes to afford suitable private rented accommodation;
  - Adequate discretionary housing payments to prevent people losing their homes; and
  - Measures to improve housing conditions, particularly in the private rented sector.
- Local authorities ensure that pregnant women in temporary accommodation are routinely supported, encouraged and enabled to move to accommodation that meets the expectations set out in our 'Gold Standard' for babies, as soon as possible after housing workers are alerted to the pregnancy. This should help ensure that pregnant women are housed in safer, family-friendly accommodation.
- The Government continue to fund Local Welfare Assistance to ensure that pregnant women and families with babies can purchase the furniture and equipment needed for their babies.

- The Government conducts an urgent review of out of area placements and their impact on families, babies and children. The Government should also provide guidance to local authorities about how to avoid such placements, and, if they do happen, how to ensure that children in homeless families are safeguarded and families get the help they need. This includes ensuring that there are systems in place to share information when families are moved out of area.
- Local authorities provide tenancy training for families to help them to manage their tenancy (including budgeting, understanding their entitlements to benefits and knowing their rights as tenants), so that they are better equipped to meet their baby's needs.
- Local private rented sector access schemes extend support beyond six months so that people are able to seek help again if something goes wrong in the tenancy or if they need support to find another property.

- Local authorities ensure that all the needs of homeless families, or those at risk of homelessness, are assessed at an early stage and before each housing transition, including:
  - The readiness of the family to move;
  - Where the woman or family are moving to and the suitability of that accommodation;
  - What support the woman or family needs for the transition and following it;
  - Clear plans for withdrawing the family's care or transferring that duty of care to other services if appropriate.
- The Government creates a 'Gold Standard' for babies that sets out expectations of what homelessness services should achieve for pregnant women and families with babies, so that the needs of pregnant women and babies are prioritised (see section 6 for full details).

6. A Gold Standard for babies

The Government has recognised the significant variability in council homelessness services, and introduced a new 'Gold Standard' which recognises those services that are doing well.[75]

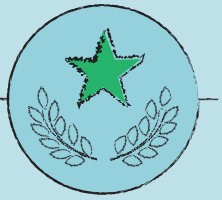
Because of the importance of pregnancy and infancy, we believe that the Government should set out standards for the housing and support that must be provided for families during pregnancy or with a baby. It should not be possible to be labelled as a 'Gold Standard' service without catering to the needs of families at this important lifestage.

In order to achieve a 'Gold Standard' for babies, data should routinely be collected regarding the ages of children and the additional needs of these families, to aid service planning and to feed into needs assessments for other services in the local area.

We recommend that:

- The Government create a 'Gold Standard' for babies that sets out expectations of what homelessness services should achieve for pregnant women and families with 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[1] 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.

[1] Families should be able to stay in this home until the baby is at least six months old.

Appendix A: Examples of promising practice

Ensuring a safe and stimulating environment: The Baby Box

In Finland, all parents are offered a Baby Box just before their baby is born. The box contains a 'starter kit' of clothes, sheets, toys and other things that parents need. It also contains a mattress and can be used as a bed. This means that all babies have a safe bed with a new mattress, which is thought to be a key reason for the low levels of sudden infant deaths in Finland.

Supporting healthy early relationships: Homeless Baby Clinic

The Anna Freud Centre works with the local health visiting team to offer a different model of baby clinic to families living in a hostel, to bring infant mental health services to vulnerable families. The clinic is facilitated by a multi-disciplinary team including a specialist health visitor and parent-infant psychotherapist.

The clinic is held in a large communal room of the hostel, where there are play mats placed on the floor. Families can drop into the clinic whenever they want, making it easy for them to engage.

During the clinic, the health visitor provides a range of medical care, as in any baby clinic, such as weighing and immunisation. Feeding support is also available. This enables the team to reach hostel families in a non-stigmatising way.

In addition to the health visiting care, the psychotherapist works with families alone and in groups, focusing on the infant-parent relationship and babies' emotional needs in a playful community setting.

In an evaluation of the service, parents and babies in the hostel with the clinic were compared to those in four comparison hostels over a three month period. Parents in the intervention had attended the clinic between 2 and 21 times in the 3-6 month time frame of the study. The study found improved mental and motor development within babies in the intervention hospital, compared to controls.

There are three ways in which a clinic like this could improve outcomes for babies:

- Through improved parental wellbeing;
- Through facilitating improvements in parent-infant interaction and the parents' ability to understand their babies' minds;
- Through enabling an infant-focused atmosphere to be embedded in the hostel.

A toddler group is also run by the Anna Freud Centre in the hostel (in conjunction with the local children's centre) to provide continuing emotional support for babies over one year old and their parents.

"Probably the baby groups were my biggest life line there." Beth

Effective care for the caregivers: health services for homeless families

Sheffield Homeless and Traveller Health Team

Sheffield has a specialist nursing team for homeless families and travellers, which comprises health visitors, one school nurse, one adult nurse practitioner and one family support worker. The city also has a specialist midwife for homeless families who works closely with the team. The nursing team receive referrals from the homeless team whenever a family becomes homeless, and from refuge staff and housing providers. They do an initial assessment of their need and then are able to offer families more intensive, home-based, needs-led support than mainstream health visitors and nurses would be able to. In 2013, the team had 119 pregnant women through the service and 178 children under one.

Family Nurse Partnership

The Family Nurse Partnership programme provides vulnerable young parents with support from a highly trained nurse during pregnancy until their child is two. Family nurses visit the family at home regularly during this period. Whilst the programme is not specifically for homeless families, it does enable such families to receive high quality support. Family nurses can reach families wherever they are, sustain relationships despite housing changes (provided the family do not move too far away), and have time to support the parents with practical housing issues, as well as helping them to care for their new baby.

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