

Development of Health Visitor Services for the Homeless / Transient Population in North Tyneside

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Purpose of Document

This case study focuses on an improvement in service quality, innovation or a new way of working, specifically along one or more of the strands of the health visiting service vision and family offer

Community
Universal
Universal Plus and
Universal Partnership Plus

Brief Description of Case study/Project

This project aimed to improve the quality of service provision for homeless and transient families, by developing more robust, structured pathways of communication and co-ordination of services.

The health visitors in North Tyneside have provided services for individuals and families who are in homeless accommodation, for many years, as part of the core universal service offer. Many of the families are very vulnerable with highly complex social and emotional needs, thus co-ordination of care is paramount. The transient nature of the families has posed challenges to working together and sometimes key services have not been made aware of a family's whereabouts before they have moved. As a result service provision for this client group has sometimes been fragmented and not well coordinated.

The teacher for transient families employed by North Tyneside Council was very much part of this project development and has always been a key member of this team,

The main aim of the project was to improve the quality of service provision by developing a more joined up and coordinated service.

Key objectives for success of the project were identified as: -

- To improve the system for notification, to ensure all service providers are aware of a family's movement into and out of homeless accommodation in a timely manner
 - To ensure all relevant services receive written notification of a families whereabouts
 - To bring the team together by co- locating the teacher for transient families and children with the health visitor team
 - To work together with LA / LEA to integrate and coordinate services
 - To improve outcomes for transient families in North Tyneside in respect of health, education and safeguarding
 - To work in partnership with housing providers to ensure a holistic approach to care
 - To improve communication by regular team meetings with housing providers
 - To develop a Health Visiting standard to ensure a consistent approach to service delivery.
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Challenges

The team faced many challenges whilst developing the project :-

- Homeless families require the same services and access to healthcare and education as all other families however, because of the family's transient circumstances the service provision can become disjointed, fragmented and difficult to co-ordinate.
- A major challenge has been to ensure continuity and co-ordination of service provision when multiple service providers are involved with a family. Services often involved are listed below :-
 1. Temporary accommodation providers
 2. School admissions
 3. Education Welfare
 4. Public Health School Nurse
 5. GP
 6. Health Visitor
 7. Midwife
 8. Speech and Language Therapy
 9. Children's Centres and Local Authority Children's Services
 10. Domestic Violence agencies
 11. Mental Health services
 12. Police/ Probation
 13. Teenage pregnancy
 14. Sexual Health
 15. Drug and Alcohol services
 16. School catering service for access to free school meals
 17. Child and Adolescent mental Health
 18. Voluntary Sector
 19. Specialist Education Services
- It is well documented that homeless children are up to four times more likely to experience mental health problems and six times more likely to have speech and language problems. Early intervention for vulnerable children and families is vital in order to optimize health

and development. The transient nature of families in homeless accommodation makes early engagement often difficult to achieve

- Communication with all service providers in a timely fashion has been a challenge. The duty and responsibility of the Transient Team is from arrival in homeless accommodation to 'move on' and this is not discharged until families are successfully linked in to new services
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Summary of Achievements

- In partnership with the local authority, the team have developed a new pathway for communication when a family has been placed in temporary or emergency accommodation. The notification of a family's placement into emergency or homeless accommodation is now undertaken on a weekly basis, both verbal and written. The health visitor provides a response within a minimum of five working days, but this may be sooner based on need. The families in homeless accommodation thus receive a timely health visitor assessment and intervention. In addition a visit is conducted by the transient teacher where required. Following the initial assessment, the health visitor takes responsibility to ensure that all relevant key services receive the necessary notification in a timely manner. Services such as midwifery, public health school nursing, family health visitors and GP's all receive written notification of a family with children (up to 18 years) when they have moved into temporary accommodation.
- Joint working with the teacher for transient families has been developed. The teacher is now co located in the same office as the health visitor team to promote communication and working together. The local authority have been very supportive of this approach and have provided appropriate IT connectivity into the health centre to support this work.
- The team have been involved in the service development at both an operational and strategic level. All clinical practice is underpinned by robust governance structures for information sharing / consent etc.
- A new health visitor standard has been developed and ratified which ensures that families in homeless accommodation always receive a consistent response from the health visitor service.
- Through working with the local authority the team have arranged for families in homeless accommodation to receive an " Easy Movers Card". This entitles families to have access to fitness and leisure centres at significantly reduced rates. At a difficult time for families, this provides some normality through access to leisure facilities. This also has a therapeutic benefit as it promotes both physical and mental health. The uptake of this service has been very positive and the Easy Movers Cards have been well used. One client recently thanked the team for arranging this and stated:

"This has been fantastic, I don't think I could have managed without this."

This was a client who suffered from mental health problems and found using the leisure facilities to be a therapeutic and positive experience

- A programme of training for staff working with homeless providers regarding health issues such as safe sleeping has been delivered by the Transient Health Visitor Team. This supports the workforce to deliver consistent and safe messages to families in homeless accommodation.

- Training is also provided to student nurses, student health visitors and whole school teams (including teachers) to ensure the workforce is well equipped to support families with children whilst they are in homeless accommodation.
 - A presentation of the transient team work at the Regional Homeless Health Initiative Conference has provided the opportunity to network with other teams regionally and share best practice.
 - A new leaflet has been developed to provide information about the service for families
 - Working in collaboration with the teacher for transient families has reinforced the benefits of joined up working across organizational boundaries with the interests of children and families as central
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Impact/ Benefits

- Children have access into new North Tyneside Schools within two days of arrival into homeless accommodation. The teacher for transient families also supports with the identification of new schools when families move on to new permanent tenancy
 - Early Common Assessment Framework has been achieved where indicated
 - Families in homeless accommodation now receive more joined up and coordinated service provision
 - Notification to universal services such as Health Visitor and Public Health School Nurse/ Midwife happens in a timely way
 - This has resulted in significantly improved service delivery for families in homeless accommodation.
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Personal Narrative Story

Case Study of a young mum aged 21 years who moved into temporary accommodation with two children aged 2 and 3 years

Mum presented in homeless accommodation with two pre-school children. She was fleeing domestic violence and had a history of mental health problems and had recently taken an overdose of medication. Her past history showed a lack of engagement with relevant mainstream services and children's services were undertaking a core assessment. On day one of admission the HV was notified of the family by the homeless accommodation provider. Contact was made on the same day and a comprehensive health visitor assessment was completed with mum. The HV quickly identified a young, vulnerable mother with low self esteem and lacking in confidence to access services.

The HV completed a request for services for the local authority and attended a meeting one week later for family support intervention and nursery provision. The children's centre arranged to provide mum with confidence building sessions and support following domestic violence and in addition a family support worker was allocated. The HV arranged for mum to register at a local GP practice and supported her to make an initial appointment with a GP for further assessment of her mental health.

The youngest child was observed to have delayed speech and language development and a referral to speech and language therapy services was made. The child also received support with speech and language development whilst attending the children's centre play group.

Following the assessment the HV liaised with the housing provider staff, social worker and teacher for transient families. The housing provider made a referral to an organization that supports young parents and the teacher organized educational pre school nursery provision. The family were in homeless accommodation for one month in total and were supported to move into a permanent residence.

Within a week of moving to a new permanent tenancy the HV for the transient team visited and identified safety issues within the home and a lack of beds and furniture. The HV contacted the support worker who was able to address some of these issues. An exit strategy involved ensuring that mum and children were registered with a new GP and a joint home visit was made to introduce the new, mainstream health visitor service.
