



Shared  
Health  
Foundation.

# Focused Care for Homeless Families

Oldham Pilot

## **Introduction**

Shared Health Foundation (SHF) began working with Oldham Housing Team in April 2020 during the initial lockdown period of the pandemic. SHF, aware of the priority to move families out of B&Bs and into houses or flats in Oldham, adapted its initial pilot model to respond and reflect the changing support families' needed in the pandemic.

Focused Care<sup>1</sup> is a model based in General Practice and is one which provides an elastic remit of support to the most vulnerable and complex households in the community. Patients typically supported by Focused Care are individuals who are frequently difficult to engage and often present at crisis point for support from other statutory services.

SHF began working with homeless families in 2017. Our work quickly identified grave concerns around the extent to which the experience of homeless families was hidden from view as they navigated the homeless journey for extended periods of time. With no clear attention or prevention policy for homeless families in place SHF responded to address the persistent health inequalities for some of the most vulnerable women and families in our communities.

SHF approached Oldham to pilot the 'Focused Care' model to support families experiencing homelessness by engaging families as they enter crisis housing support. Our aim was to build on the good practice and legislation around the Homeless Act whilst developing a strategic approach. Our priority is to facilitate equitable access to health for families and support engagement in early intervention services. Focused care is unique in its approach which seeks to address some of the more complex social situations which negatively impact health and become barriers to families moving out of temporary accommodation.

Early in the pandemic the need for increased collaborative work across statutory and VCSE organisations was highlighted. With our 'Focused Care' model being successfully piloted in Oldham and other areas of Greater Manchester an incredible opportunity for partnership began.

This report sets out to highlight the work undertaken during this pilot.

## **Background to Support offered through Homeless Families Project**

[All numbers and statistics shown are from April 2020–April 5th 2022]

Angie Ouattara, Maternal Health Lead for Shared Health Foundation, has worked full time since March 2020 and led the pilot in Oldham. As an experienced midwife, maternal and child health is where her clinical expertise and passion for vulnerable women and families began. Matt Frosdyck joined the project and quickly added his area of expertise focusing on the prolonged barriers to families with young children, and the impact of chaotic debt management, missed health appointments and school attendance. Matt works 0.8 WTE

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<sup>1</sup> Focused Care CIC – [www.focusedcare.org.uk](http://www.focusedcare.org.uk)

(30 hours per week) and both Focused Care Practitioners work closely alongside the Oldham housing team to best support families.

Focused Care aims to build on existing good practice to address health inequalities, which persist within this chaotic cohort. Furthermore they support vulnerable families to overcome the barriers that restrict them from moving on to stable tenancies.

Angie and Matt are experienced Focused Care Practitioners with years of experience working from a household approach. Addressing the health inequalities and the social determinants which negatively impacts them. Our model strives to lead families to solutions which remove barriers and give families a platform to thrive.

Our partnership work and collaboration with Oldham housing officers is trailblazing what we believe is best practice. We aim to demonstrate the positive impact on health, building on existing good practice around the legal duty and responsibilities held by local authority for homeless families.

Providing the most vulnerable families with the extra support and time required to unpick the complex cascade of events which has often led to their homeless story. Our experience in both clinical and social care is coupled with our expertise in clinical history taking, ensuring our practice is trauma informed.

Our Interventions are strength and solution focused. We frequently respond and manage complex adverse childhood experiences and the negative consequences to health and life which often follow.

Our unique model of Focused Care support combines a household and intergenerational approach. Focused Care prioritises interventions which prevent further harm. Public health experience supports us to equip families with skills and tools they can draw on to prolong their life and promote their families health. We support steps out of the entrenched mindsets towards life, health, universal screening, prevention programmes, therapy and debt management.

### Safer Sleep

A recent partnership working with NHS properties and Shared Health Foundation has led to the launch of The Healthy Gems Hub at John St Medical Practice. Innovation and partnership has developed the ideology of Salford Baby Bank into our provision at the Hub and is a resource for all housing officers in Oldham. In addition to care packages of hygiene essentials, clinical expertise and therapeutic space for targeted work is available. Our aim is to develop families' resilience and provide equitable access to universal health provision and screening.

Recognition that safer sleep practice for infants whose families are homeless becomes a lot more complex in temporary accommodation. Professionals are often giving safer sleep advice in the context of best case scenario, access to resources/finance and a stable home.

We have been able to facilitate housing officers as they work tirelessly to place and support families in Oldham who have entered crisis and the homeless journey with young babies. Our understanding around advice and provisions which is acceptable to each family is facilitating the advice and support we can provide. We are working with the Lullaby Trust to develop a bespoke campaign with accessible resources. Together we are building on best practice demonstrated by Oldham Council and providing safer sleeping practises for infants in temporary accommodation offering safer sleeping advice in a "Home away from Home" context. This is given within a cultural context to try to reduce complicated belief systems surrounding safer sleep practices.

We have worked in partnership with the housing officers to help them best support families in the postnatal period who have entered temporary accommodation, following NICE guidelines Postnatal care's safer sleep guidance (2021).<sup>2</sup>

In The Child Safeguarding Annual Report from 2020, 30.6% of child's deaths were a result of Sudden Unexpected death in infancy (SUDI)<sup>3</sup>. We have found that when an infant dies at home, the type of accommodation is unrecorded. This means that it is not possible to link Sudden Infant Deaths (SID) with living in substandard accommodation. Yet, it is known and officially recorded that the type of accommodation links to the risk of SUDIs<sup>4</sup>. From this, we know that there could be a link between the type of accommodation and the likelihood of a SID. However, with incomplete recordings of infant deaths, we cannot know for sure and therefore action cannot happen if no one is aware.

SHF works at both advocacy and policy level to steer change and raise awareness regarding standards. In December we saw the launch of the first APPG for Households in Temporary Accommodation in partnership with JustLife. This is to ensure not only the standards of temporary accommodation are properly regulated but also that adequate resources are provided to local authority from the central government to ensure regulation is maintained.

## Debt Management

Debt management and finance support are key areas of support which have been compounded by changing jobs and disruption to Universal Credit and debt management services. The problems have existed for a long time however the pandemic has exacerbated the effects with Oldham ranking 16th for the highest debt in England with an average debt of £18,091 in the third quarter of 2021.<sup>5</sup>

The beginning of the initial lockdown was at a time we saw an increased number of refugees and asylum seekers being embedded into the local area with no recourse to public funds providing significant barriers to household health and wellbeing. In order to support the housing officers in removing barriers stopping families from moving from the homeless system, we facilitated conversations and offered practical advice and support regarding photo ID, bank accounts and debt management plans.

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<sup>2</sup> <https://www.nice.org.uk/guidance/qs37/chapter/Quality-statement-4-Infant-health-bed-sharing>

<sup>3</sup> [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/984767/The\\_Child\\_Safeguarding\\_Annual\\_Report\\_2020.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/984767/The_Child_Safeguarding_Annual_Report_2020.pdf)

<sup>4</sup> [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/901091/DfE\\_Death\\_in\\_infancy\\_review.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/901091/DfE_Death_in_infancy_review.pdf)

<sup>5</sup> <https://www.aryza.com/wp-content/uploads/2021/10/UK-Debt-Statistics-Report-October-2021.pdf>

In the pandemic, the social capital collapsed and systems that were already struggling, failed under the additional demand that the pandemic brought. Many individuals and families could no longer rely on the social support of those around them and therefore sought support from welfare systems. With job losses and informal work not available, need increased.

From our work with asylum seekers and refugees, we have seen there is a lack of understanding of how multiple systems work and the expectations placed on families in order to move forward in the homeless system. Language barriers, little input and ownership over their own application process, results in stagnant cases where families are stuck in the homeless system. Focused Care bridges the gap between this cohort of families and the housing team, supporting them in a way that facilitates the housing officer's efforts to move families on. The Officers have been vital in informing Angie and Matt of what evidence is needed, what can be actively done to progress each case. The pivotal moment is when bidding numbers lead to an open bidding number.

## Maternal and Child Health

We know that the first 1001 days of a child's life lay the groundwork for the child's future. What happens in these early days lay the foundation for the child's physical and emotional development. The ability to learn and their capacity for resilience and ability to form secure, healthy attachments and ability to adapt is also influenced<sup>6</sup>. We know that adverse childhood experiences (ACEs) continue to affect the individual well into adulthood. Those with 4 or more ACEs are likely to experience more issues as an adult (see figure 1 below). A stark figure shows that people in Wales who have experienced 4 or ACEs are 16 times more likely than the general public to experience homelessness<sup>7</sup>.

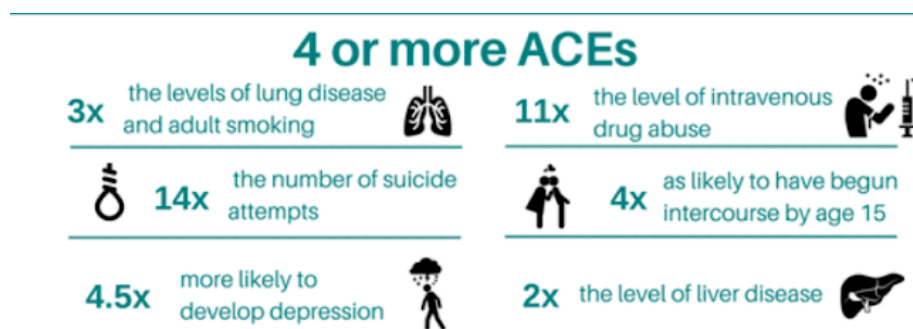


Figure 1: infographic showing the outcomes of having 4 or more ACEs

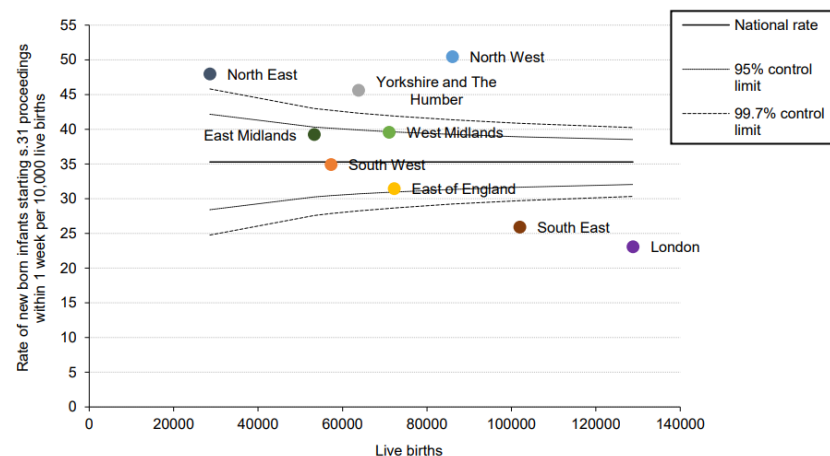
One in four care leavers end up homeless when they leave the care system at 18, and 14% end up rough sleeping<sup>8</sup>. Many of those in care will have experienced ACEs and may have been homeless before moving into care. Here we see the cycle that so many people get stuck in.

<sup>6</sup> <https://parentinfantfoundation.org.uk/1001-days>

<sup>7</sup> <https://phw.nhs.wales/news/significant-childhood-adversity-linked-to-increased-risk-of-homelessness/>  
[https://www.feantsa.org/public/user/Resources/magazine/2019/Winter/Homeless\\_in\\_Europe\\_Winter\\_2019\\_-\\_Article\\_8\\_-\\_Homelessness\\_and\\_childhood\\_adversity\\_-\\_Charlotte\\_Grey\\_and\\_Louise\\_Woodfine.pdf](https://www.feantsa.org/public/user/Resources/magazine/2019/Winter/Homeless_in_Europe_Winter_2019_-_Article_8_-_Homelessness_and_childhood_adversity_-_Charlotte_Grey_and_Louise_Woodfine.pdf)

<sup>8</sup> <https://www.theguardian.com/cities/2019/nov/11/we-are-failing-children-in-care-and-they-are-dying-on-our-street>

At Shared Health we are passionate about breaking these negative cycles which keep people entrenched in poverty and on a trajectory for poorer health. The Born Into Care Report (Nuffield Family Justice Observatory for England & Wales, 2018)<sup>9</sup> found that the North West had the highest rate of newborn infants starting s.31 proceedings within 1 week per 10,000 live births. The s.31 proceedings consist of “placing a child in the care of a designated local authority, with parental responsibility being shared between the parents and the local authority.”<sup>10</sup> We know that having a child removed at birth, not only impacts the child themselves but also impacts the mother. As part of SHF’s prevention work, we look into how we can support mothers while they are at risk of having their child removed, as well as supporting them if their child is subsequently removed.



**Note:** The funnel plot visualises incidence rates per region against an average for the year 2016. Each coloured point is a different region of England. Regions with smaller numbers of live births fall to the left of the diagram and the regions with higher numbers to the right. The straight horizontal line represents the national average and we would expect most regions to fall close to line. The dotted or broken lines represent 'control limits' as described above – we would expect 95% of the regions to fall within the inner boundaries and 99.7% within the outer boundaries of the funnel. If regions fall outside the lines, then variation is greater than expected and indicates that these regions depart significantly from the national average.

Figure 2: s.31 proceedings issued for newborns. Rates per 10,000 live births, per region, per year (2016)<sup>11</sup>

Our work on the ground has been focused on the context of individuals' lives and has supported young families, mothers, pregnant women and infants and young children to thrive in the midst of existing and tangible chaos. The figures show that in 2020/2021, 21,850 single mothers with dependent children were homeless<sup>12</sup>. This disproportionate number of women of child bearing age are negatively impacted by poverty and are frequently forced into a homeless situation whilst trying to nurture and provide for their children's needs.

## BAME Community

Oldham has a higher proportion of Black and Minority Ethnic residents than other boroughs in Greater Manchester, the North West and overall in England, with a percentage of 22.5%<sup>13</sup>. In January 2017, the school census showed that, in Oldham, 46.5%

<sup>9</sup> Born into care Newborns in care proceedings in England Final report, October 2018.  
<https://www.nuffieldfjo.org.uk/resource/born-into-care-newborns-in-care-proceedings-in-england-final-report-october-2018>

<sup>10</sup> <https://www.scie.org.uk/publications/introductionto/childrensocialcare/lookedafterchildren.asp#:~:text=Section%2031%20of%20the%20Children,parents%20and%20the%20local%20authority.>

<sup>11</sup> Born into care Newborns in care proceedings in England Final report, October 2018.  
<https://www.nuffieldfjo.org.uk/resource/born-into-care-newborns-in-care-proceedings-in-england-final-report-october-2018>

<sup>12</sup> Statutory homeless live tables <https://www.gov.uk/government/statistical-data-sets/live-tables-on-homelessness>

<sup>13</sup> [http://www.oldham-council.co.uk/jsna/wp-content/uploads/2018/11/Oldham\\_in\\_Profile\\_2019.pdf](http://www.oldham-council.co.uk/jsna/wp-content/uploads/2018/11/Oldham_in_Profile_2019.pdf)

of pupils in state-funded primary schools and 39.8% of pupils in state-funded secondary schools were of a Black or Minority Ethnic background. Of the main applicants for those who are owed relief or prevention duty by Oldham, 5% are Black minority ethnic and 16% are Asian minority ethnic (2020–2021 financial year)<sup>14</sup>.

With this in mind our practice recognises the reality that mortality rates of mothers from Black, Asian and mixed ethnicity groups are much higher than white mothers. Black women are 5 times, Brown women 3 times more likely to die in pregnancy than white women<sup>15</sup>. These racial issues continue into the postnatal period as well and cross over into all areas of perinatal mental health, wholly unacceptable health inequalities Shared Health Foundation are committed to address.

In the 2020–2021 financial year, of those owed relief duty in Oldham, 17% were single mothers with dependent children<sup>16</sup>. We can assume that a significant proportion of these mothers were from BAME backgrounds.

As a large proportion of Oldham's population are BAME, and a large proportion of homeless families are BAME, these statistics are far more relevant and therefore it is even more important to address the health inequalities that these women and vulnerable individuals face.

Oldham housing prices are lower in comparison to Greater Manchester and regional and national levels<sup>17</sup>, making Oldham a desirable place to have social housing. Oldham has about 21.1% social housing in comparison to 17.7% in England (2011)<sup>18</sup>. This means that it is easier to place homeless families in Oldham and therefore the population is far more vulnerable than other areas of Greater Manchester and England as a whole. As many of these families will be BAME, this increases their vulnerability and as a result the vulnerability of the homeless families with duty of care to Oldham.

In addition to existing mental health problems, the impact of isolation and restricted living space for families result in issues around parent mental health and children's wellbeing can deteriorate. Perinatal mental health is often undiagnosed and can have a negative impact and adversely affect the development of babies and children, and in the most severe cases, maternal suicide.

Our model of care ensures that no vulnerable parent or child, especially those from BAME communities, fall through the gaps or become invisible to universal health services.

Below is a graph showing the ethnicity demographic of our families. The majority of our families are White British at 36.6% but a large number are BAME at 27.24%.

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<sup>14</sup> <https://www.gov.uk/government/statistical-data-sets/live-tables-on-homelessness>

<sup>15</sup> MBRRACE 2020- [https://www.npeu.ox.ac.uk/assets/downloads/mbrrace-uk/reports/maternal-report-2020/MBRRACE-UK\\_Maternal\\_Report\\_2020\\_-\\_Lay\\_Summary\\_v10.pdf](https://www.npeu.ox.ac.uk/assets/downloads/mbrrace-uk/reports/maternal-report-2020/MBRRACE-UK_Maternal_Report_2020_-_Lay_Summary_v10.pdf)

<sup>16</sup> <https://www.gov.uk/government/statistical-data-sets/live-tables-on-homelessness>

<sup>17</sup> [http://www.oldham-council.co.uk/jsna/wp-content/uploads/2018/11/Oldham\\_in\\_Profile\\_2019.pdf](http://www.oldham-council.co.uk/jsna/wp-content/uploads/2018/11/Oldham_in_Profile_2019.pdf)

<sup>18</sup> [http://www.oldham-council.co.uk/jsna/wp-content/uploads/2018/11/Oldham\\_in\\_Profile\\_2019.pdf](http://www.oldham-council.co.uk/jsna/wp-content/uploads/2018/11/Oldham_in_Profile_2019.pdf)



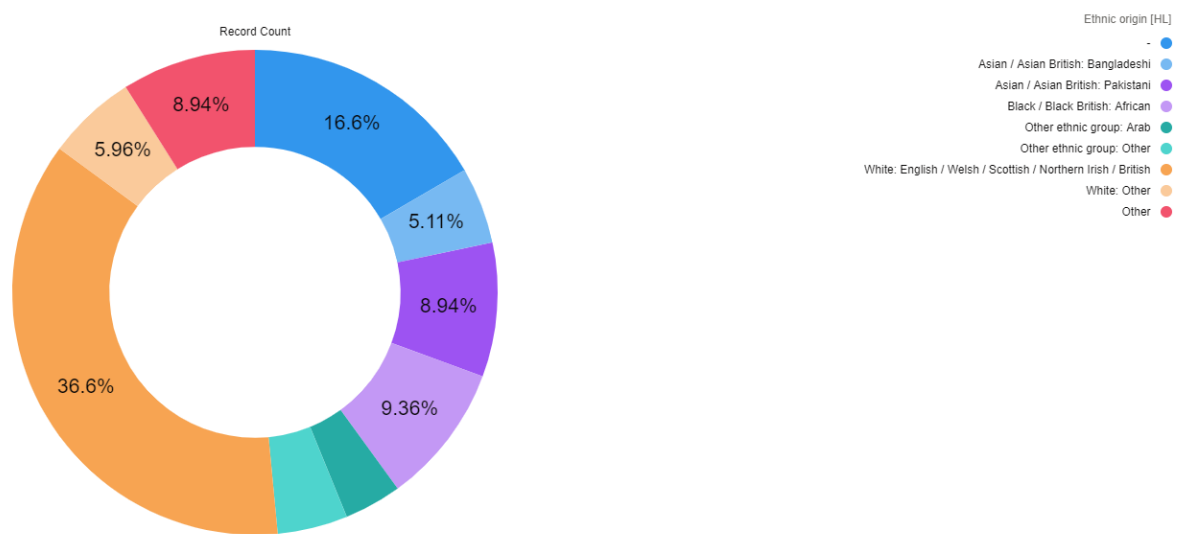


Figure 3: A graph showing the ethnicity demographic of the families worked with.

## Working with the Housing Team

Working in partnership with the housing officers allows for unique and tailored support for our families. Over our time working in the temporary housing team, we have learnt a huge amount from their experience in the homeless journey. Working in partnership with the officers at Oldham has led to a developing collaborative culture with a new multifaceted approach focused on Housing, health, education and prevention of harm with the additional benefit of support to the team.

Angie and Matt have the time and capacity to build relationships with the families, they are able to identify specific needs that are overlooked by the system. Direct communication has meant a hotline for small practical things that often get missed in the chaos and the complexity of some situations. Shared Health Foundation aims to have solution focused interventions, working alongside the housing officers ensures barriers are addressed and solutions can be expedited. Due to the open communication between ourselves and the housing team, together, we are able to minimise the impact the arduous and time-sensitive practicalities have on our families, ensuring that solutions are found quickly and in the most compassionate way. They are able to foresee things that will put additional strain on the families whilst waiting for the system to catch up to them and be able to support them. This strain and stress, mental as well as physical, like having no heating when families first move into social housing, can impact their health and wellbeing. Our aim is to mitigate the effects of this on those who are already vulnerable.

Due to the sheer volume of families presenting and requiring a duty of homelessness, "the system" can often become process driven or the minimum standard is the legislative requirement. We have witnessed Oldham respond proactively and compassionately to individual families' additional needs, frequently going beyond the minimum standard. Oldham's housing officers go above and beyond and have embraced



this more multifaceted approach to ensure good practice working tirelessly towards families receiving what we now see as best practice within the process of homelessness. With a continuing need and the growing confidence in our support, over the past two years, there has been a steady increase in referrals per month.

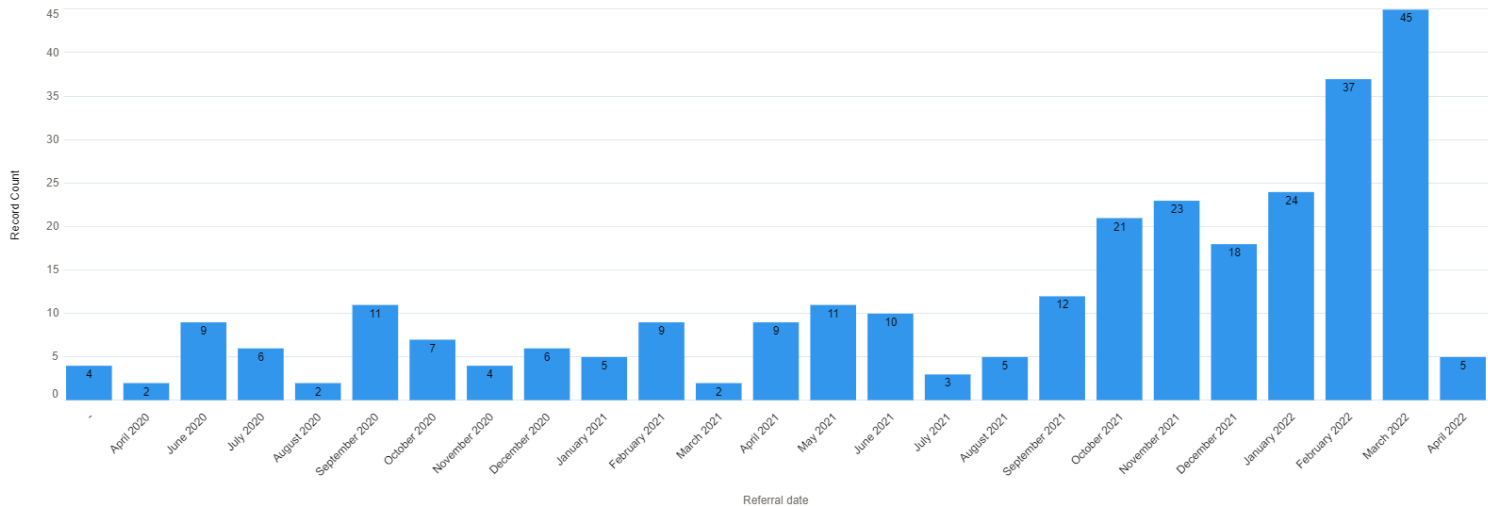


Figure 4: A graph showing the total number of referrals per month, from April 2020 until April 5th 2022.

Families have been referred into our service for a variety of reasons, as shown below in the graph. The main reasons families have been referred are 'household with dependent children' followed by 'applicant homeless in emergency', 'violence/threat of violence', and 'household with pregnant member'.

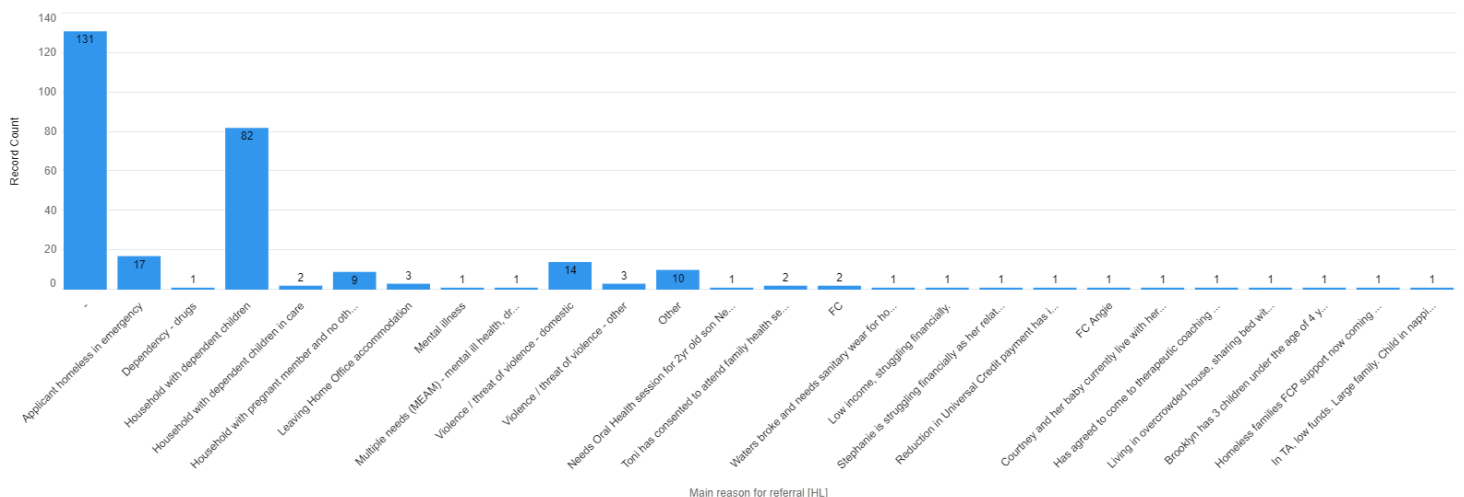


Figure 5: A graph showing the reasons families are referred in.

The majority of the referrals came from Oldham Housing Temporary Accommodation team demonstrating the close working relationship with the housing team and SHF.

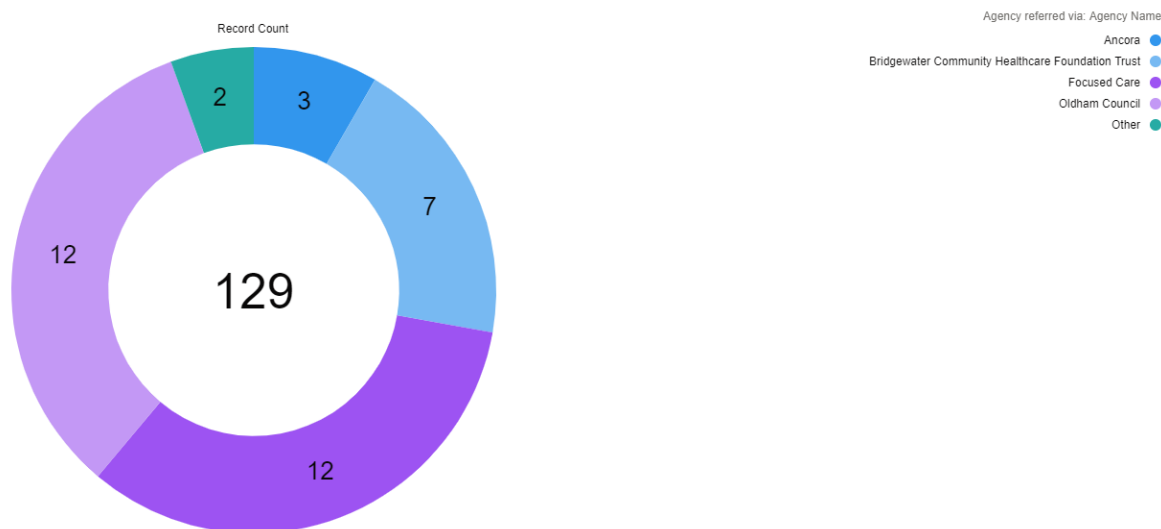


Figure 6: A graph showing the agencies referring in.

## Support and Provisions

[Please note- all names and ages in the following case studies have been changed for confidentiality reasons.]

[All numbers and statistics shown are from April 2020-April 5th 2022]

The graph below shows the number of clients in Oldham across SHF's three projects in Oldham; Focused Care for Homeless Families (FC for HF), the Healthy Gems Hub and the GP Plus Placement (other). Since April 2020, 290 families and individuals have been supported.

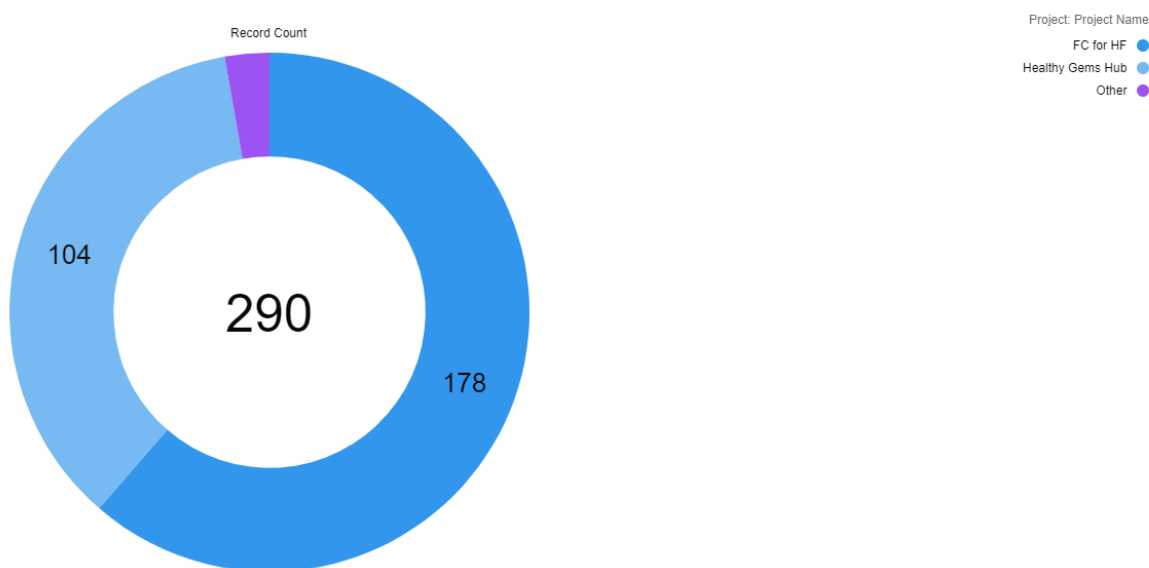


Figure 7: This figure shows the total number of families/ individuals in each project in Oldham from April 2020 to April 2022.

As part of our work with the most vulnerable families, we aim to set goals of what each family and individual needs. These goals range from applying for ID, registering at a GP or school to clearing debt and accessing social housing. Over the past two years, approximately 682 goals have been completed. Some goals can be completed with one action with a family/ individual or another agency, whereas the majority of goals take multiple contacts with the family/ individual and/ or other agencies. The total number of actions recorded is 2,436, which includes phone calls with the families, casework where goals are worked towards, meetings with other agencies etc.

Over the past two years, we have worked in unison with various charities and organisations across Oldham to ensure our families receive the best support. We have worked majoritively with Oldham housing however have been involved with Oldham social services, health visitors, midwives etc. This has demonstrated the importance of cross organisational working and communication.

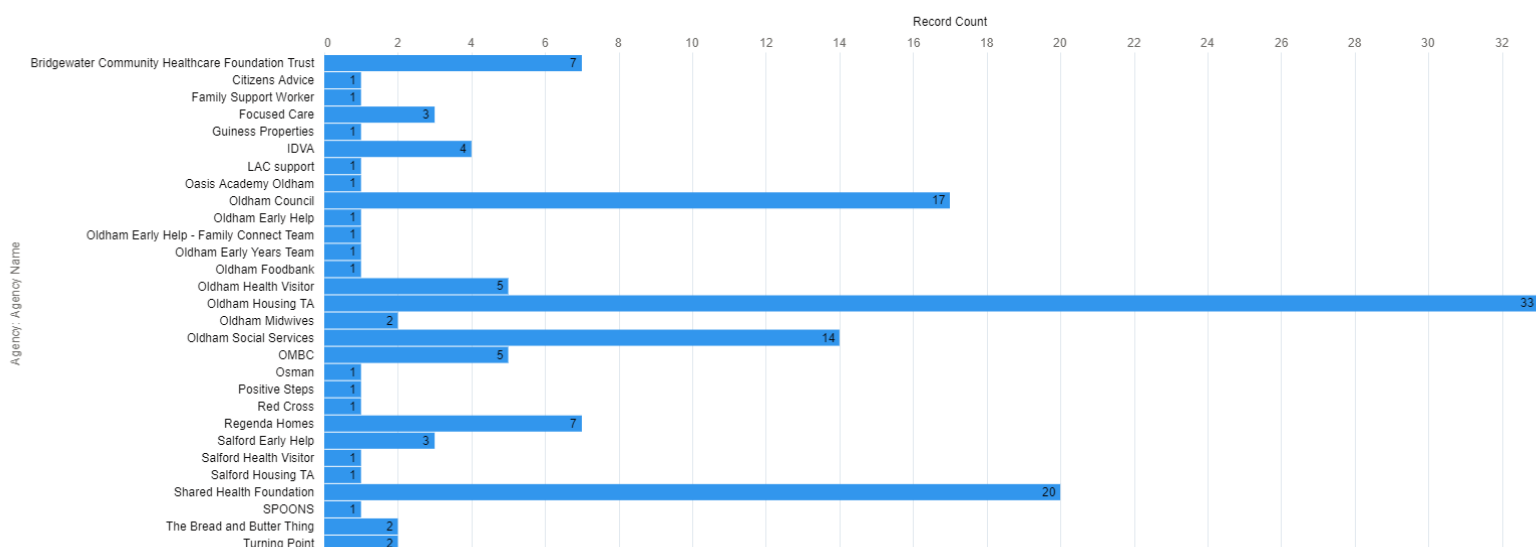


Figure 8: A graph showing the various agencies worked with.

## Health Access and Engagement

Due to the pandemic, our initial primary aim was to ensure individuals and families were utilising health services appropriately and were successfully able to navigate the adapted services in primary care and general practice. We remained one of few patient-facing services throughout the pandemic allowing us to engage those struggling with digital exclusion or facing additional barriers such as language or literacy skills.

We ensured individuals and families were registered and accessing GP practices, pregnant women were engaged with antenatal and postnatal services and women with young children were in contact with their health visitor (facilitating digital access, where required).

Booking appointments and ensuring prescriptions were issued became further complicated during the pandemic, especially for families who already had complex social circumstances and health needs. We assisted families, and stretched statutory services, to ensure communication and access to clinical care were more seamless. This covered more than just physical care as we facilitated and encouraged mental health support. We became the hands and feet of many services which had retracted into a virtual world which established strong therapeutic relationships which enabled us to support families further.

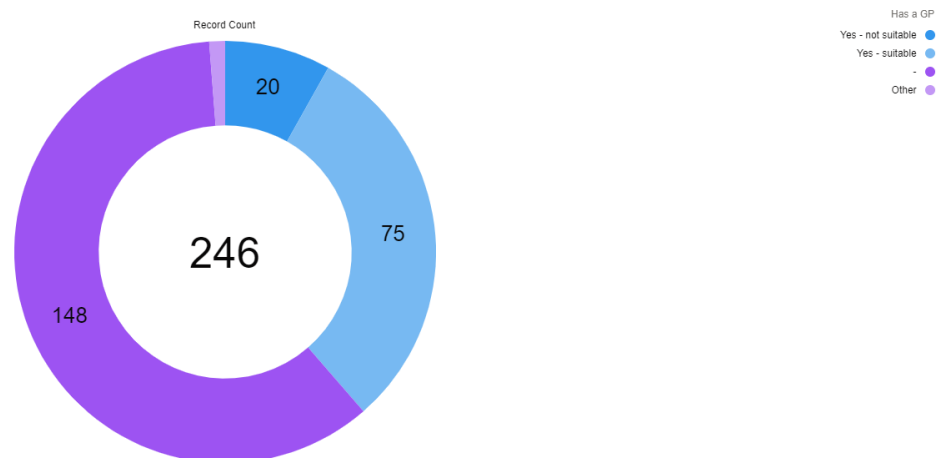


Figure 9: A graph showing the number of clients who are registered with a suitable GP, unsuitable GP or not registered.

### **Case Study 1: AA, wife (33) and child (2).**

*AA and his wife moved to the UK through an asylum claim and their daughter was born in the UK. They both had very low levels of English and struggled to follow the requirements and processing for accessing the support. The family were provided with safer sleeping information and a safety gate. Matt assisted them in registering with the GP and ensured all were booked in for a health check and child immunisations were brought up to date.*

### **Maternal Health and Infant Support**

Since April 2020, our projects have supported 76 pregnant women. In 2021 the Healthy Gems Hub launched and our primary service is a baby bank providing family and baby hygiene products, infant formula, equipment for safer sleep provisions and nappies. As the hub develops as a resource, we hope this will alleviate the feeling of responsibility for housing officers when families are in crisis and being placed in accommodations. We aim to have a prompt response to referrals and provide an intentional household approach.

Alongside these practical provisions, two additional services have been piloted. The hub offers therapeutic coaching which is a safe holding space for young women and mothers to have some space to make good decisions. Since November 2021, 5 women have

completed their sessions, 2 are currently still attending their sessions and 6 more women are due to start. We have seen, of the two ladies who have completed the therapeutic sessions, both have gone on to make wise decisions. We hope to see more of this where we are able to facilitate and support the mental health of the young women we work with.

In cases where women have fled domestic violence, often proceedings have to move fast ensuring the safety of the woman and child is prioritised. This can often be difficult to navigate in the context of a system that requires regulations to be followed that do not always fit the complexity of the situation. Working alongside the housing officers, we have been able to navigate these situations, with some housing officers even going above and beyond their role to ensure the safety of the family.

We have seen an increase in domestic violence offences and arguably, the extremity of them, over the pandemic<sup>19</sup>. From our work we have seen a trend that women from non-western cultures who flee domestic violence often struggle with the responsibility to make decisions they are suddenly faced with when entering the homeless journey.

SHF have also aimed to support the physical health of these mothers as well. SHF believes that it is vital that contraception is sorted and mothers are encouraged to start it after giving birth. We see this as a preventative measure, especially when family lives are chaotic and having another child would not be beneficial for the mother at the time. As well as this, we have noticed that many mothers who are in the homeless system do not attend their smears. Encouraging our mother's to have their cervical smear is key in helping reduce the health inequalities we see in Oldham. So far, 8 women have attended for their screening.

### **Case study 2: Aabinta (Age 27 & Mohammed Age 5)**

*Initially referred to us as she had become homeless due to domestic violence. Pregnant with her second child she fled and was placed in a hotel before being placed in temporary accommodation. Originally from Bangladesh she left her job in a university and she arrived in the UK as part of an arranged marriage. Quickly she entered into the daily tasks many would equate to domestic servitude and within a week she experienced the violent attacks which would physically and verbally become almost weekly events in the marriage.*

*When pregnant with her second child following a domestic incident, police were called and she accepted help to flee as she had no social support outside her husband's family circle. Her case was open to social services but due to having left the relationship was quickly closed. She was 6 weeks pregnant and needed confirmation of pregnancy, a midwife appointment and a dating scan to be scheduled. Folic acid was provided and advice and support regarding the methods of coercion and pressure she was feeling to return from family. Pastoral support continued with reflection on the courage and bravery she was showing and the stark difference this baby would experience in the womb compared to her son. Discussions surrounding the universal dream of "happy ever after" and*

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<sup>19</sup> <https://www.ons.gov.uk/peoplepopulationandcommunity/crimeandjustice/articles/domesticabuseduringthecoronaviruscovid19pandemicenglandandwales/november2020>

*the reality of broken promises and going home alone with a newborn weighed heavy. The reality that an immediate referral back to social services helped to steady and focus intrusive and persistent thoughts. With no family and limited support, isolation often breeds fear and concern regarding ways to cope with even the simplest circumstances and daily tasks. The homeless journey complicated life further and when Aabinta experienced complications it led to her admission for nearly a month leading up to the delivery of her daughter. Under the constant threat of haemorrhage, infection and preterm labour concerns grew regarding a planned emergency section.*

*Health visitors were unable to visit to offer support due to pandemic restrictions on visits and the school were unable to facilitate getting her son to school as it was logistically impossible with staffing and covid restrictions.*

*Her son was unable to attend school for a total of 6 weeks because the only family friend she had, held her place of safety secret and cared for her son, but lived too far away to take him to school. This friend was made through an ESOL class she attended early after she arrived in the UK.*

*Hospital visits and support in the postnatal period ensured missed primary visits were completed and referrals to specialists for review of the baby was sent to Alder Hey Children's Hospital. Informed discussions around the birth certificate and parental rights were explored and mum chose to not put dad as father breaking with cultural and religious norms but safeguarding any future attempts to control.*

*Further discussions have led to the completion of a smear test, complete registration of family with GP and immunisations have been commenced. She has also once again broken with cultural and religious norms, and asked for support in researching and identifying the safest way to get access to child maintenance and a divorce.*

### **Case Study 3:**

**Nathan and Helen (35) (Pregnant), Son 1 (12), Son 2 (11), Daughter (11), Son 3 (2)**

*The family were registered with a GP but due to challenges getting in contact with the practice, especially with the mother pregnant, Matt supported them in changing their GP to a larger, local practice. The family had health assessments and the need for immunisations was assessed. The timescales for midwifery involvement and the steps to take regarding information about statutory bodies further along in the pregnancy was discussed. The husband became concerned for his wife in pregnancy. Matt talked through the need to go to A&E for urgent concerns, and to contact 999 if they were unable to make it there safely on their own. When this was resolved, the care pathway for such incidents was discussed and the importance of bypassing the GP in urgent situations.*

## Debt Management & Financial Support

Debt and financial struggles are key barriers that stop families from moving through the homeless system into permanent housing. Many families that we work with face large amounts of debt. Only 22 of our families' debt has been recorded and this alone totals £17,890.56. As not all debt amounts have been recorded for all the families with debt, it is hard to quantify how much the total debt is.

It is vital that these families have the correct benefits in place, are able to access further financial support (like free bus passes for school when appropriate), can show evidence of debt management plans, and are able to show their ability to manage their benefits. Working with these families, we aim to identify the problem and work with them to tackle these often entrenched barriers.

Often, cultural differences can mean families do not understand the British system and therefore struggle to understand the way the system is working and therefore cannot take appropriate action. At times this leads to escalation in the situation which can mean support is required to facilitate court visits and request reconsideration of fines. Our remit of care ensures all aspects of removing barriers are part of our role with families.

Due to SHF's ability to follow families into a tenancy, means they can bridge this transition gap which often creates excessive stress and confusion for families as homeless duty is closed and a tenancy is signed with a local housing provider.

Our ability to focus on supporting families at this time, ensures they understand the way to pay bills and access the right utilities they need. We aim to minimise the amount of disruption and delay in connecting all utilities for the family in their new home. Through good communication and joint working with officers we support the efforts made to apply for welfare provision and convey the message around preparation for the initial days in the new tenancy.

#### **Case Study 4:**

*Mary (35) (pregnant), daughter (4) twins (11 months)*

*Single mother, daughter, pregnant with twins.*

*Mary was referred in as she was a recent Serco leaver who had just moved into temporary accommodation (TA). Upon moving into her TA, Mary received a costly energy bill that was linked to the previous Serco address. Matt linked in with the energy provider and Serco to arrange for this debt to be removed. Matt assisted Mary in working through the process of checking and updating Universal Credit in order that she could continue to do it unsupported. With the debt dealt with, Mary could begin to bid on houses. Mary was successful in bidding for a house and all services were in place.*

#### **Education**

The uncertainty and instability that comes with living in temporary accommodation, and often the reason they are in temporary accommodation, can have a big impact on children's mental and emotional wellbeing. Amidst the chaos, it is so important that children have some stability and a safe place to be. Therefore, we find it extremely



important that children are in school during this time. Our role involves setting up online accounts with the schooling system in order to get children registered as well as ensuring transport, free school meals and uniform needs are met.

### Practical Provisions

We are fortunate in Oldham that a welfare provision remains in place. This ensures families can have a grant which includes white goods and basic furniture and carpet in certain designated areas. Working with families, we support the housing officers in communicating the importance of taking responsibility for starting their new life in their new home to avoid families becoming solely dependent on welfare provisions.

The system of accessing furniture and appliances is one that does not always work efficiently. Historically, this application can only be made once keys have been exchanged and therefore can lead to delays in delivery. If the message around the transition has not been communicated or understood fully, then families can find themselves in a situation with very basic provisions. This is further complicated if families choose to not leave their temporary address once they have their keys as this can place the families in new debt.

In all our support, working in conjunction with Oldham Housing has meant that there is open communications which allows us to provide the best support with compassion and dignity to the families in a chaotic and distressing time.

Unfortunately, due to the high demand and the limited number of temporary accommodation and social housing properties, houses are not always suitable for the needs of some families. At times, we have seen mothers with young children and/or infants placed in accommodation with stairs that make it very difficult to navigate with young children, pushchairs, shopping etc. Working in conjunction with Oldham's housing officers has meant that when properties are completely unacceptable for these families, we are able to work around these problems with either practical resources or different accommodation.

The most basic level of support SHF has offered these families have been practical provisions. This has often looked like supporting families to access charities, such as Bulky Bobs who help them with furniture needs or food banks. Approximately, 200 provisions have been provided, either directly from SHF via the Healthy Gems Hub or through a referral to another organisation. From the Healthy Gems Hub alone, approximately 78 provisions have been provided.

Provision	Total Number
Baby Formula Pack	24
Hygiene Pack	80
Bedding	6
Clothing	7
Delivery Packs	9
Dry Goods	1
Family Pack	73

Table 1: table shows the types and numbers of provisions from April 2020 until April 5th 2022 by Shared Health Foundation.

## Notification System

Shared Health Foundation has identified that when a homeless family presents there is no automatic system that notifies schools or health care professionals of the change in circumstances. This can contribute and exacerbate both educational attainment and health inequalities which persist in deprivation and as families fail to attend vital health appointments.

In conjunction with the homeless families steering group, we are currently developing a notification system called Operation Affinity. This alerts schools and GP practices when a child becomes homeless.

SHF is developing resources to guide schools in supporting children, raising awareness that homelessness is an adverse childhood experience with potential long term effects on health, physically, psychologically and emotionally.

## Duty of Care and Safeguarding Stability for the Future- working across borders

Shared Health Foundation has the ability and capacity to work across different areas in Greater Manchester. To ensure continuity of care, if a family is moved out of one area, we will move with them to continue to support them along their journey through the homeless system. Once families have received a permanent contract, we keep them on our caseload for a further year as we are aware that a permanent contract does not guarantee stability in an individual's or families' life.

### **Case Study 5:**

*Sophie, (29yrs)*

*Sophie was sofa surfing with her sister who was placed in a safe house in Salford by Oldham Council due to domestic violence. Another of our Focused Care colleagues in Oldham working with the sister had advised us that Sophie had thought she was pregnant but had no support and the paternity of the child was unknown.*

*Struggling with her own adverse childhood experiences coupled with her sister's chaotic and similar experiences led frequently to friction, physical fights and police call outs. Substance misuse, poor mental health and codependent relationships with family and drug dealers often led to complex and emergency situations. Sophie consented to engage with Focused care and our primary aim was to get her engaged with maternity services and accessing care and support. Following advice from social services a confirmation pregnancy test was done and she was given folic acid. Sophie then consented for us to refer her into Salford social services due to her previous history of having one child adopted and another 3 in foster care.*

*Gathering vital information we facilitated the Midwifery first point of contact and this allowed us to get her seen within the week. The specialist midwife in Salford who also works with strengthening families was able to book her scan and universal screening because we had managed to engage her early in the maternity care pathway. Over the following weeks we were able to build a positive therapeutic relationship, facilitating maternity, sexual health and gp appointments. Support with requests for food parcels and hygiene essentials would be arranged. Further support was given during the pre-birth in person when assessments were scheduled with social workers, this commenced whilst the court case for the previous 3 children ran in tandem.*

*Just after Christmas last year an incident with drug dealers, a machete attack and threats to life at the address, Sophie's safety was no longer possible in Salford and the duty for her was not accepted. Following a few nights in emergency accommodation in Salford Quays the duty was accepted by Manchester where another B&B was provided. The next destination was Longsight where she was given temporary accommodation to await the birth of her son. The positive relationship that we had built allowed us to remain involved to offer again practical first provisions for the baby and keepsake treasures for both Sophie and the baby. Further support was given in the postnatal period. Though this baby was removed at birth, we had been able to minimise the detrimental exposures this child experienced in utero. Sophie was given as much support as she was able to accept and remained in her temporary accommodation awaiting her own tenancy in Manchester.*

## **Statistics**

Due to the introduction of a new data system in the summer of 2021, the data collated is not a full representation of the work undertaken in Oldham and does not fully reflect the depth of work complete, as the data prior to summer 2021 is limited. The data does however still demonstrate the amount of work done and the clear need for this kind of support.

A fluid referral system was used where officers were asked to consider vulnerable families in their caseload and contact SHF either via a referral form or email. This data also includes referrals made to the Healthy Gems Hub in Oldham. Many of these families are often already being supported through the homeless families project.

## **Conclusions**

The last 2 years have been a great opportunity to work collaboratively with the Oldham Housing Team. We have been able to more holistically support families and move them through the homeless system more efficiently and with the least amount of additional trauma.

As the system of recording our work improves, the data we will acquire will be more detailed and better show the ways we are helping tackle health inequalities in Oldham.



**290**

total families/  
individuals supported



**76**

Pregnant women supported



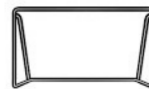
**27.24%**

BAME families



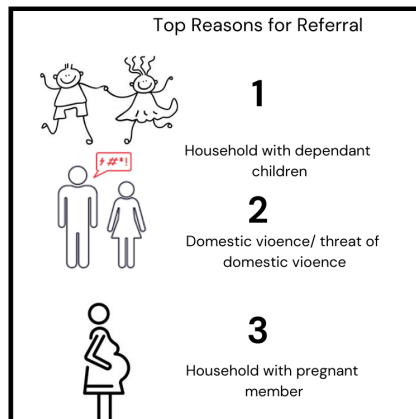
**2,436**

Actions completed



**682**

Goals achieved



**5**

Therapeutic coaching completed



**200**

Total provisions given

Figure 10: An infographic showing some important statistics

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