



# Homelessness and Health Information Sheet

## Number 2: Health Visiting Services

### Homelessness and Health

Homeless people can face great inequalities in accessing health services, yet their health can often suffer from being homeless or living in poor quality temporary accommodation. Poor health – physical, mental or both – can also cause a person to become homeless in the first place. Homeless people may often leave health problems untreated until they reach a crisis point and then present inappropriately at A&E. This combines to make health problems more expensive to treat, hospital waiting lists longer and leads to people being less able to support themselves in their homes. It is essential that local authorities and health services work together to provide accessible and appropriate services if we are to tackle health inequalities and homelessness. To assist this, the Office of the Deputy Prime Minister and the Department of Health has issued guidance for all those involved in delivering health services to homeless and vulnerable people – local authorities, Primary Care Trusts, Drug and Alcohol Action Teams, Mental Health Trusts, Supporting People teams and voluntary organisations – on developing shared positive outcomes. The guidance was published alongside a policy brief on Addressing the Health Needs of Homeless People. Both documents are available on the ODPM website: [www.homelessness.odpm.gov.uk](http://www.homelessness.odpm.gov.uk)

### Health Visiting and Homelessness

Health visitors have been at the forefront of innovative work with homeless people for many years, working to assess health needs, improve access to all services, particularly health services, and promote healthy lifestyles. Health visitors work with a wide range of health and community professionals to

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evaluate the health needs of individuals, families and communities and then plan and implement strategies to meet them. As an integral part of the NHS's community health services, all health visitors are qualified nurses, with specialised training and experience in child health, health promotion and health education, and can offer practical support and advice in a host of diverse situations. Whilst they have traditionally been seen as working with families with young children, they have a much wider public health role, working to empower specific groups of people, such as those who are homeless.

Most health visitors working with the homeless are involved in influencing policy in their local areas. Their public health approach enables them to be at the interface between relevant services, such as housing, environmental health and the voluntary sector and can be proactive in raising awareness of the difficulties experienced by homeless people in accessing both mainstream and specialist services. There is no blueprint for a health visiting service with homeless families – it depends largely on local need as the following good practice examples demonstrate. Any of these health visitors would be willing to discuss their role with interested parties and to explain the importance of improving the health, and access to health services, of homeless people.

## Blackpool

Pamela Greenhill works as a health visitor within a nurse-led Health Team for the Homeless that is integrated into Blackpool Borough Council's Homelessness Department. The team consists of a specialist health visitor/team manager, a health visitor, a mental health nurse, a registered general nurse, a family support worker and a nursing support worker. Based in Social Services, it provide a one-stop-shop approach working alongside Housing Advice, a Homeless Action Team, Landlord Services and a Child Care Assessment Team. It is currently funded by Blackpool Primary Care Trust (PCT).

The team provides services for a wide range of homeless people although priority is given to families with children. The team takes referrals of all those placed in temporary accommodation by the Council, and from other statutory and voluntary agencies, GPs, and other health visitors. A designated nurse ensures that all families moving into the area are provided for, until GP registration. The team visits families in their accommodation, and stays in contact for six weeks after permanent accommodation has been found. Services are also provided at two drop-in clinics, and at the Social Services Area Office.

On top of a full health visiting service, the team offers more specific support such as parenting services, pregnancy testing, needle exchange and mental health assessments. They have a comprehensive referral programme into education, social services, tenancy support and the police. The team is working

to improve the self-esteem and subsequently the mental health of homeless people through health roadshows, a children's book and video library, and emergency food and clothes parcels. Tenancy support is provided through the allocation of safety packages that help to prevent accidents and illness in the home.

Between April 2002-03 the team provided a comprehensive health service to 203 new families and 393 new children, many of whom were on the Child Protection Register or the 'Cause for Concern' list. They also had contact with 1,733 single homeless people. The team has influenced local policy, in particular the local Homelessness Strategy, the Best Value Review on Homeless Services and the Vulnerable Young Person's Accommodation Strategy. They also have representatives on various steering groups, including teenage mothers, needle exchange and homeless service development.

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## North Tyneside

Anne Tierney and Helen Taylor work in a shared health visitor post at the North Tyneside Transitional Care Practice, which was set up in 2002 as a Personal Medical Service (PMS) pilot to provide medical and health visiting services to homeless people and asylum seekers. The health visiting service was brought into the PMS pilot to increase contact with homeless people and improve partnership working and is now funded by the PCT.

The service provides health care for all homeless families and single homeless people, with an emphasis on children and young people. Clients are mainly contacted through referrals by the local authority, although self-referrals and referrals from agencies such as women's refuges are also accepted. Contact with the person or family is maintained in whatever accommodation is being used and continues until they are re-housed, settled and registered with a GP, or for a longer period if they have complex needs.

The service works with the local homelessness, housing, social services and education departments and various local voluntary agencies. Care includes new patient assessments, immunisations, child health surveillance and other general medical services. As the mental health needs of the client population are particularly important, a Community Psychiatric Nurse is available to provide mental health assessments and support. A midwife provides comprehensive care to pregnant women and can refer them to mainstream services.

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The service has helped develop local policy, including the local authority homelessness strategy and local PCT priorities to reduce inequalities. The service is actively involved in educating and training professionals from health, education and social services on issues of homelessness and domestic violence and is a member of a multi-agency domestic violence forum.

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Helen Taylor: [helenv.taylor@nhs.net](mailto:helenv.taylor@nhs.net) tel: 0191 220 5969

## Greenwich

Helen Foot is a specialist health visitor providing health care, advice and support for all homeless people and refugees in temporary accommodation in the London Borough of Greenwich. Initially a temporary post, it was found to be vital to meet the health needs of local homeless people and in May 2000 it was transferred to Greenwich Primary Care Trust.

Helen gives priority to families with dependent children. Between June 2001-02 she was in contact with over 660 homeless or recently housed families, including 400 children under 16. All families or single homeless people admitted into temporary accommodation are referred to her by the Greenwich Housing Needs Unit. Referrals are followed by visits to assess clients' health needs and assist with GP registration. Helen will then continue to support people in their home during this process.

The general services Helen provides are extensive. However, she also provides more specialist support, including a comprehensive health care drop-in service at an Asylum Seeker Centre and a support group for children who experience domestic violence. She offers parenting skills training, child immunisations, nutritional advice and mental health needs support and counselling.

As well as the services provided, Helen is also involved in local policy development, and in training health care staff on the needs of homeless people. She is a member of the local Multi-Agency Domestic Violence Forum and gives presentations on her work to local councillors and voluntary organisations.

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## Gloucester

Gayle Clay has been a specialist health visitor for people who are homeless in Gloucester since 1995. She now leads a health care team for homeless people, consisting of 2 GPs and a practice nurse. The West Gloucestershire PCT is developing their services primarily to single people. The post is based at a voluntary agency for families in need, with the remainder of the team based in a clinical suite at a one-stop-shop/day centre for single people who are homeless.

The health visiting post is specifically designed to support homeless families and single people who are particularly vulnerable and referrals are mainly received from the City Council via a Notification Scheme. However, Gayle also encourages self-referral and referrals from other agencies.

Gayle provides an extremely flexible and client-centred service and often maintains contact by using alternative venues such as shopping centres and cafes. She provides both one-to-one and group health promotion, information and advice, which is tailored to specifically focus on individuals' complex needs whilst homeless and through to resettlement.

Gayle currently provides comprehensive health care support for approximately 300 families and vulnerable single people. She is working with the local housing departments on Gloucester homelessness strategies to ensure that the health needs of homeless people are addressed. The health care team are about to pilot a county scheme for hard to register/potentially violent patients.

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## Hinckley

Maxine Jenkins works as a part-time specialist health visitor in Hinckley, assessing the health needs of homeless families and single people. The post is funded through the PCT's community health visiting budget. Maxine works with all those in temporary accommodation by visiting the accommodation, identifying herself to all new comers and explaining how she can assist them. After the initial assessment any needs are managed appropriately either as a one off treatment or through a series of visits. Rough sleepers can make contact either at Maxine's base, via a hostel or through the Young People's Information Centre.

As well as general health services, Maxine provides sexual health advice, contraceptive services, supportive listening, parental support, child surveillance, behaviour management and information on/referrals to all other services within the health care trust. She is also developing links with other agencies or health professionals who may be able to provide a resource or service that would be of benefit to local homeless people.

Between March and September 2002, Maxine worked with 59 homeless families (including 66 children) and 18 single adults, and was consulted on a range of issues including domestic violence, depression and ante natal advice. Maxine contributed to the local homelessness strategy, has developed a resource pack for the homeless and is working with the YMCA to establish a network that will enable Hinckley's homeless population to have their issues raised at local and national political levels.

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If you work with homeless people or other vulnerable groups, Supporting People provides a strategic framework for the joint planning and delivery of housing related support. For more information visit their website at [www.spkweb.org.uk](http://www.spkweb.org.uk)

Please let us know of any other good practice Health Visiting schemes of which you are aware, or of any themes or examples that should be covered in future health and homelessness information sheets, at [hmd.comms@odpm.gsi.gov.uk](mailto:hmd.comms@odpm.gsi.gov.uk) or call 020 7944 3504.

The next information sheet will be on **dental services**.

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