



Royal College  
of Midwives

# duty to refer

Guidance for midwives on the  
homelessness reduction act (2017)



# Duty to Refer

## Guidance for midwives on the Homelessness Reduction Act (2017)

**The Homelessness Reduction Act (HRA) came into force in England on 3 April 2018 and is the biggest change to homelessness legislation in 40 years. It brings in new duties to prevent and relieve homelessness by offering early intervention support to those with a concerning situation, before it becomes a homelessness crisis.**

The HRA also places a new duty on health services, including maternity, to help those who are homeless or at risk of homelessness, by making a referral for housing advice and assistance. With consent, midwives will be able to refer women who are homeless, or at risk of homelessness, to a local housing authority (LHA) of their choice and by following the local protocol.

As a midwife, it is important that you recognise the signs of homelessness, or those at risk of it, and to know how to refer. The RCM suggests midwives use open questions specifically relating to the woman's current housing situation on at least four occasions; at booking, 28 weeks, 36 weeks and on postnatal discharge, to remind women that a referral can be made to their local housing authority.

Women booking into maternity services may be disclosing their homelessness to a professional for the very first time. A new pregnancy is a daunting time for a lot of women and those with the added worry of securing suitable accommodation in good time for their baby's arrival will have particular need for advice and support. Many will not be aware of their rights or where to turn for help. Some women you care for may not be homeless yet, but are living in circumstances that indicate they could be at risk.

The HRA places a legal duty on local housing authorities to take reasonable steps in helping people secure accommodation and prevent homelessness. This will include providing appropriate advice and support. LHAs owe more duties to people with a local connection.



# Background

**Homelessness, in all its forms, is rising across the UK, with particular hotspots to be found in London and other large cities. Often uncoun­ted, it has a devastating impact on the health and wellbeing of those affected.**

A diminishing supply of social housing stock, rising private rents, ‘revenge’ evictions, benefit changes, such as the ‘bedroom tax’ and Universal Credit, have all contributed towards a spiralling homelessness problem<sup>1</sup>, and one that can first come to light when women are pregnant and accessing maternity services.

The confronting sight of people sleeping rough is sadly not unusual, however homelessness is complex and sometimes hidden from view.

## Examples of homelessness

- ▶ Single homeless people living in hostels, shelters or temporary accommodation.
- ▶ Statutorily homeless people currently without accommodation or at imminent risk of losing accommodation seeking re-housing.
- ▶ Concealed households, sharing overcrowded or unsuitable accommodation.
- ▶ Homeless but not roofless, sometimes referred to as ‘Sofa surfing’ is when people are staying with friends, family or strangers. Accommodation can depend on a transaction of some kind; sexual, gang related, or illegal activity.

## Temporary visitors to the UK and migrant women with nil recourse to public funds

- ▶ The duty to refer only applies to those with a right to remain in the UK without restriction. This means those with only a temporary ‘right to remain’ in the UK do not need to be referred.
- ▶ Resources for signposting migrant women with nil recourse to public funds are included in the Help and Resources section of this guidance.

<sup>1</sup> National Audit Office 2017. Homelessness. HC308. <https://www.nao.org.uk/wp-content/uploads/2017/09/Homelessness.pdf>



# Impact of homelessness

**Health needs can be less of a priority for people when they are facing other practical challenges, such as claiming benefits and coping with life in a chaotic environment. Simple administrative requirements can put up barriers to accessing health care too. People experiencing homelessness may have no permanent address and could be moving frequently. Care becomes disjointed and travel to appointments more difficult and expensive.**

Some homeless people have faced discrimination – like trying to register with a GP – when trying to access health services. Difficulty in maintaining a healthy diet and sleep routine and environmental factors – including second hand tobacco smoke, noise, exposure to damp and unsafe surroundings – all contribute to homeless people experiencing poor mental and physical health. The average homeless person has a life expectancy of just 42 years<sup>2</sup>, being homeless can have a long term impact on infant and child health.

<sup>2</sup> Office for National Statistics. 2018. ons.gov.uk



## Fact - GP registration

It is not necessary to show proof of address or be permanently resident in an area to register with a GP

## Get familiar with examples of how people can become homeless:

- ▶ Impact of violence or abuse
- ▶ An order for possession, expiry or termination of assured short-hold tenancy
- ▶ Debt or financial difficulties
- ▶ Nil recourse to public funds
- ▶ Rent or mortgage arrears
- ▶ Relationship breakdown
- ▶ Overcrowded or poor housing conditions
- ▶ Asked to leave by family or friends



# Threatened homelessness

## – some scenarios you might encounter

**The new Act requires that midwives offer to assist those at risk of homelessness, or who are homeless, by making a referral to a LHA. The scenarios below give some examples of situations where a referral with consent would be appropriate.**

### Rent/mortgage arrears

Mary and her partner rent from a private landlord, but have now been issued with an eviction notice after falling behind with their rent. Mary has lived in the local area since she was a child, but her family have since moved away. Both she and her partner are on zero hours contracts and they have no savings. They cannot afford private rents in the area.

This is Mary's first pregnancy and at 35 weeks pregnant she is very distressed, as an eviction date has been set for just after her due date.

The couple have applied for social housing but have been advised that there are thousands ahead of them on the council's housing list and it may take three years before an offer of a property is made.

### 'Sofa surfing'

Selam is 20 years old and 32 weeks pregnant. The father of her baby did not want Selam to continue the pregnancy and their relationship ended. She is staying with a friend and is estranged from her family as they disapprove of her pregnancy.

When you ask her about preparing for the baby she becomes tearful and discloses that she doesn't know where she will live. Her friend is making her feel unwelcome and she spends most days riding on buses to keep warm. She is only able to stay there until the baby arrives and has no idea where she will go after that.

### Domestic abuse

Merle has disclosed at her booking appointment that her partner works overseas and does not normally live with her. He is abusive towards her when he visits and has stolen items from her home. She has rented her two bedroom flat from the Council for two years. She is worried her partner will return to their home soon and hurt her and her baby.

### Overcrowding

Katie is 18 years old, pregnant with her first baby and living in the family home with her parents. She shares a bedroom with her 12 year old sister. Two brothers share another bedroom and her cousin is sleeping in the front room while he attends a local college. The property belongs to a housing association. The family are supportive, but are concerned they are unable to offer more suitable accommodation.

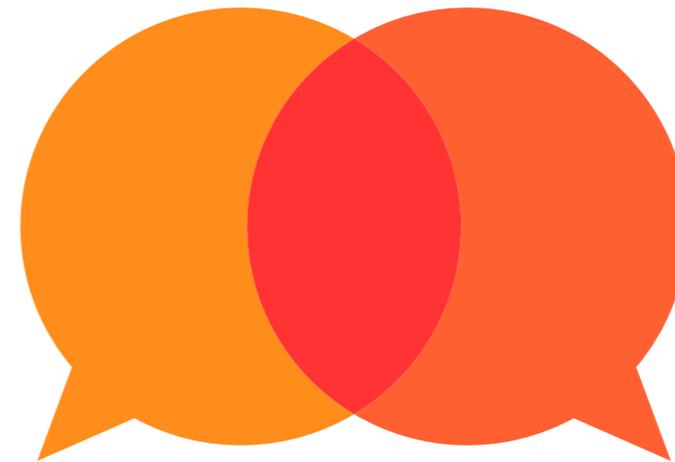


# When to assess for homelessness

**A risk of homelessness can arise at any time and it is important women are aware that services are available offering advice and support. A referral can be made in all circumstances where a midwife picks up on a housing need, regardless of vulnerabilities.**

In making the referral it is not necessary to produce evidence of homelessness, just a credible possibility of this being the case is enough of a reason for a referral to be made<sup>3</sup>.

While the RCM suggests asking women about their housing situation on at least four occasions, this is not absolute and midwives should make enquiries if they are concerned about the women they are caring for at any point in the care pathway.



## **Ways to open conversations:**

- ▶ How secure is your accommodation long term?
- ▶ Where do you plan to spend the first few weeks with your baby?
- ▶ Have you thought about where your baby will sleep?

<sup>3</sup> Local Government Association. 2018. Duty to Refer: An opportunity to cooperate to tackle homelessness



# How to make an effective HRA referral

**Every local authority will have its own protocol for making housing referrals, usually with a dedicated email address. Please check with your Head of Midwifery if you are unsure. An example Duty to Refer form is included in this guidance.**

File a copy of the referral in the hospital notes, together with receipt confirmation.

Share a copy of the referral with the woman's named health visitor and GP.

It is good practice for maternity units to monitor the overall number of referrals being made, to determine any workforce and capacity implications, as well as local housing need.

Bear in mind that homelessness can become a child protection concern if not acted on in time.

Some people classified as homeless are considered to have Priority Housing Need because of their unique vulnerability. Pregnant women and the children living with them are considered to have Priority Housing Need. Other groups include:

- ▶ Those aged 16 or 17
- ▶ Care leavers aged 18 to 21
- ▶ Those fleeing domestic abuse or violence
- ▶ Those with mental health problems



# You must obtain consent

**Consent must be obtained from the woman before a referral is made to the local housing authority and everyone has the right to refuse.**

The reasons for referral, with the emphasis on prevention, should be explained.

# What you can expect to happen following a housing referral

**Local housing authorities have been issued with guidance that referrals received should be acknowledged to the referrer.**

You may receive no further information following your referral.



# Example Duty to Refer form

**Maternity services, together with all English public authorities, are required to refer people who they have reason to believe are homeless, or may be at risk of homelessness in the next 56 days, to a Local Housing Authority (LHA).**

Check out local protocol for referrals, gain consent and ask to which LHA the woman wishes to be notified.

Consent to share information: (to be signed by the person being referred)		Details of person referred	
I agree that the information on this form can be released to my Local Housing Authority for the purpose of obtaining advice regarding my housing need.		Title	
Signed: _____ Date: _____		Family name	
		Forename	
		Preferred name	
		Nationality	
		DoB	
		Relationship status	
		Preferred language	
		Is an interpreter required	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Referrer details</b>			
NHS trust / maternity unit:			
Name and contact details of referrer:			



## Example Duty to Refer form (continued)

Accommodation	
Current address: (if applicable)	Reason for requesting Housing Assistance, for example, current accommodation is unsuitable, has been given notice to quit or will be homeless upon discharge:
	<p>Is the person in receipt of any benefits? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Which benefits does the person get? Please specify including any DLA payments:</p>
Postcode:	
Home Tel:	
Mobile:	
Email:	
Borough	
Current accommodation type: (tick most appropriate)	
<input type="checkbox"/> Owner Occupier <input type="checkbox"/> Council Tenant <input type="checkbox"/> Staying with friends/family <input type="checkbox"/> Hostel <input type="checkbox"/> Housing Association (please specify):	<input type="checkbox"/> Private Rented <input type="checkbox"/> Council Tenant <input type="checkbox"/> Sleeping Rough <input type="checkbox"/> Night Shelter <input type="checkbox"/> Other (please specify):



## Example Duty to Refer form (continued)

<p><b>Does the person have any links to the LHA you are notifying? Please mark all relevant boxes</b></p>	<p>Disability: (and any adaptations required):</p>
<p> <input type="checkbox"/> Currently resident                      <input type="checkbox"/> Employed in the area  <input type="checkbox"/> Previously resident                      <input type="checkbox"/> Parent or sibling in area  <input type="checkbox"/> Care Leaver in the area         </p>	<p>History of domestic violence or abuse:</p>
<p><input type="checkbox"/> Other family association (please describe)</p>	<p>Mental health:</p>
<p><input type="checkbox"/> Rough sleeping in the area (please give location)</p>	<p>Physical health:</p>
<p><input type="checkbox"/> Other (please explain)</p>	<p>Substance history:</p>
<p><b>Pregnancy, Medical, Social Information</b></p>	<p>Any additional information:</p>
<p>Estimated date of delivery:</p>	<p>Has MAT B1 been issued? (if so, please attach)</p>
<p>Parity:</p>	<p><b>Any other relevant information</b></p>
<p>Children: (ages, special needs, schools attended)</p>	<p>Signed: _____ Date: _____</p>



# Help and resources

**Migrant Helpline:** 0808 800 0630

**Shelter National Advice Line:** 0808 800 0661

9-5, Monday – Friday.

[shelter.org.uk](http://shelter.org.uk)

**National Domestic Violence Helpline:** 0808 200 0247

**Maternity Rights Advice Line (Maternity Action):** 0808 802 0029

[maternityaction.org.uk](http://maternityaction.org.uk)

**Rape Crisis:** [rapecrisis.org.uk](http://rapecrisis.org.uk)

**Crisis:** [crisis.org.uk](http://crisis.org.uk)

**Migrant Support:** [migrantsrights.org.uk](http://migrantsrights.org.uk)

**The Housing Act 1996:**

[legislation.gov.uk/ukpga/1996/52/contents](http://legislation.gov.uk/ukpga/1996/52/contents)

**The Homelessness Reduction Act 2017:**

[legislation.gov.uk/ukpga/2017/13/contents/enacted](http://legislation.gov.uk/ukpga/2017/13/contents/enacted)

**Ministry of Housing, Communities and Local Government.**

**Duty to Refer Guidance:**

[gov.uk/government/publications/homelessness-duty-to-refer](http://gov.uk/government/publications/homelessness-duty-to-refer)

**Department of Health and Social Care:**

Homelessness: duty to refer – for NHS staff

**National Homelessness Advice Service:** 0300 330 0517

**The RCM would like to acknowledge and thank these specialist midwives for their assistance with the production of this guidance:**

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