



Shared
Health
Foundation.

CHILDREN LIVING IN TEMPORARY ACCOMMODATION:



AN ABSOLUTE SCANDAL

About Shared Health Foundation

Shared Health is a not-for-profit organisation, grounded in expertise on health inequalities caused by deprivation, that aims to alleviate the impacts of homelessness on children and families. We work on the ground with families, as well as in the political sphere to influence policy. As co-secretariat to the All-Party Parliamentary Group for Households in Temporary Accommodation (APPG for TA), Shared Health works nationally to generate positive change that will improve the lives of children trapped in temporary accommodation.

Acknowledgements

Shared Health Foundation is grateful to all the families we work with. Their input is invaluable and we thank them for their contributions. We appreciate the courage to share their stories in order to improve the lives of other families in temporary accommodation.

Each of the case studies in this report has been anonymised and comes from families living in temporary accommodation all over England.

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EXECUTIVE SUMMARY OF RECOMMENDATIONS

GENERAL

1. Taking a children's rights-based approach to tackling homelessness
2. The implementation of the SAFE Protocol
3. Better data collecting and sharing
4. Recognition of racism in the homelessness system
5. Reducing child mortality
6. Support for homeless parents in employment

LOCAL GOVERNMENT

7. Improving access to bus travel for homeless families
8. No mixing of single adults and families in temporary accommodation
9. Recognising the need for postnatal support following hospital discharge

NATIONAL GOVERNMENT

Ministry of Housing, Communities and Local Government

10. Regulation of temporary accommodation
11. Move away from crisis management to prevention
12. Enforcing the *Homelessness Code of Guidance*

Department for Health and Social Care and the NHS

13. Easing registration with GPs and accessing appointments for homeless families
14. Coding for temporary accommodation in the NHS
15. Better mental health support for parents
16. Early access to maternal pathways

Department of Education

17. Flexible support for homeless children
18. Improve the educational rights of children in temporary accommodation
19. Better data collection on the educational impacts caused by temporary accommodation

Foreword by Dr Laura Neilson, CEO of Shared Health Foundation



This report is another milestone in the journey Shared Health Foundation has been part of in understanding and identifying issues regarding family homelessness in England.

We first wrote about these issues in 2018 and since then the number of children and families living in temporary accommodation has risen fast. At the same time, it could be argued that conditions have deteriorated and uncertainty has heightened.

Every child should have a home. A place where they are safe to sleep, to learn, to be. A place where they can receive food, education and play. A nurturing environment where they can develop friendships and relationships and build trust. Sadly for many children in England, temporary accommodation makes this almost impossible.

We see some progress, notably the change in the *Homelessness Code of Guidance* that children under 2 living in temporary accommodation must have a cot to sleep in. Despite this change in guidance, we still see young children and babies dying in TA, sometimes without a cot.

We have also seen a sharp increase in the number of children moved out of their local area, moved multiple times, or living in hotels well beyond the nationally set limits. All this impacts children and young people who tell us in stark frankness about travelling long journeys to school, having nowhere to keep food or cook, having nowhere to play and missing education.

The economic cost of TA continues to escalate and is now a significant burden on local councils, affecting other service provision. The human cost is unimaginable. The consequence for children living in TA is lifelong, falling out of education, failing to develop relationships and routine, and living in often dangerous conditions.

In a country as wealthy and able as ours, we can and should do better. So we dare to hope for change.

I hope you find this report helpful in deepening your understanding. I hope this report inspires you to join us and others in making the changes described happen. Each of these 165,510 children needs us to bring our best intelligence, our best system thinking, our courage and compassion. Let the day be when no child is living in unsuitable, unsafe temporary accommodation and every child has access to food, education, community and most of all somewhere that is home.

Many thanks,
Dr Laura Neilson

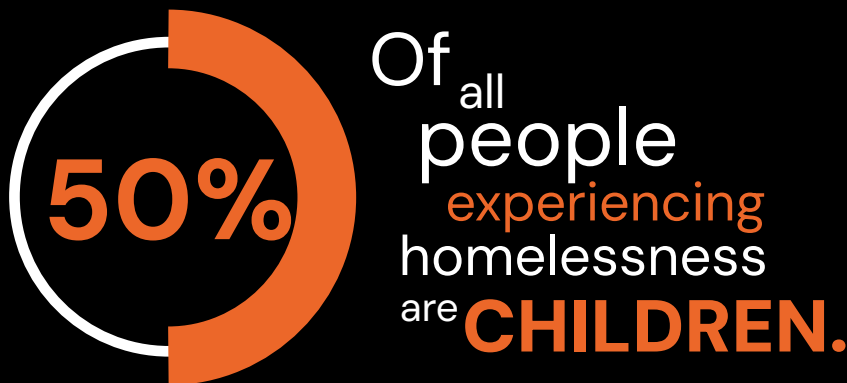


INTRODUCTION

Extent of family homelessness

In the last year, the number of children living in temporary accommodation (TA) in England has increased by 19,710, now at **165,510**. In Greater Manchester alone, there has been a 79% increase in the number of children in TA in the last 4 years¹.

The extensive need for TA has caused a reliance on emergency accommodation (EA), such as B&Bs and hotels. This has a detrimental effect on the wellbeing of these families, particularly on children. The North-West of England saw a 384% increase in the number of families with children placed in EA between 2014 and 2019².



This includes rough sleeping, temporary accommodation, sofa surfing and other forms of homelessness.

Secretary of State for Housing, Angela Rayner, reminded fellow politicians in the Chamber that “behind every single one of the figures is a human being” when addressing the statistics regarding TA. Parliamentary Under-Secretary of State for Homelessness and Rough Sleeping, Rushanara Ali MP, has referred to the crisis of children living in temporary accommodation as “an absolute scandal”. Other descriptions by MPs and campaigners highlight the issue as ‘morally unjustifiable’, ‘devastating’ and ‘a national disgrace’ as they have spoken of their inboxes being flooded by desperate families living in unsuitable TA. It is too easy for lives to become statistics and for action not to be taken. Childhood homelessness has only recently been raised on the political agenda and the Government is yet to highlight what is being done to mitigate the detriments caused by TA to children.

“devastating”

“morally **unjustifiable**”

“a national disgrace”

“An absolute **scandal**”



Causes of family homelessness

A family can become homeless for many reasons, most commonly as a result of

POVERTY, FLEEING DOMESTIC VIOLENCE, FAMILY BREAKDOWNS, OR RECEIVING A SECTION 21 NOTICE FOR EVICTION.

Furthermore, the privatisation of housing stock through the Right to Buy scheme and an unregulated private rented sector (PRS) are catalysts for proliferating the housing crisis. There have been many political catalysts, including welfare reforms that accentuated the pressures on working-class and low-income families, the lasting effects of the pandemic, the cost-of-living crisis, and the aftermath of multiple budget changes, leading to the “snowball effect of family homelessness”³.

UNPAID ARREARS AND DEBT can be contributing factors towards a family becoming homeless and are also significant reasons as to why families remain trapped in the system, even if this was acquired under a previous abusive relationship. In many local authorities, the policies in place block families from bidding for social housing because of a debt that isn't theirs. Domestic abuse isn't always taken into account when looking at a household's debt⁴.

THE LACK OF A NATIONAL STRATEGY

for the **PREVENTION** of **FAMILY HOMELESSNESS** has been felt for decades.

This has contributed towards the rapidly increasing rate of families spending prolonged periods of time in emergency accommodation. During their time there, families may be moved around multiple times. Shared Health has heard reports from families that have been moved to several new hotels or B&Bs every five weeks to avoid breaking the six-week limit in each accommodation.

IN SOME CASES, FAMILIES ARE ONLY GIVEN AN HOUR TO VACATE THEIR ACCOMMODATION.

This has a detrimental effect on the children in these households as they face constant disruption, not knowing each day they go to school if they will go back to the same accommodation. Once in TA, they may spend years waiting for permanent housing.

Intersectionality and family homelessness

Research carried out by Crisis has emphasised the issues caused by differential treatment stemming from racist assumptions and stereotypes throughout the homeless journey. This leads to a significant lack of support by services and leaves families isolated⁵. Xenophobic and racist public perceptions of immigration contribute to the stigmatisation of non-white homeless families and may affect how they are treated by services and local authorities⁶. Language barriers are also a cause of isolation for homeless families and can render them powerless as they attempt to navigate the complex housing system. The Centre for Homelessness Impact also highlights that all ethnic groups are more likely to experience housing disadvantage than White British groups⁷.

**BLACK HOUSEHOLDS ARE
11 TIMES MORE LIKELY
TO LIVE IN TA** than white households⁸.

The effects of this are linked with health and education, having impacts on all aspects of these families' lives and adding to the adverse childhood experiences of children in TA.

Racial inequalities intersect with other inequalities caused by class, gender, age, sexuality, religion and disability, among others, to increase the risk of homelessness. Homeless households with dependent children are more likely to be female-led⁹. There is a greater risk for women to experience physical violence from a partner during pregnancy or with young children, leading to a heightened vulnerability to homelessness when fleeing¹⁰. Additionally, people with disabilities are more likely to experience homelessness, as research by Homeless Link highlights disproportionate rates of those with complex needs in the homeless system¹¹.

Families in TA face unique and multiple disadvantages that will affect them

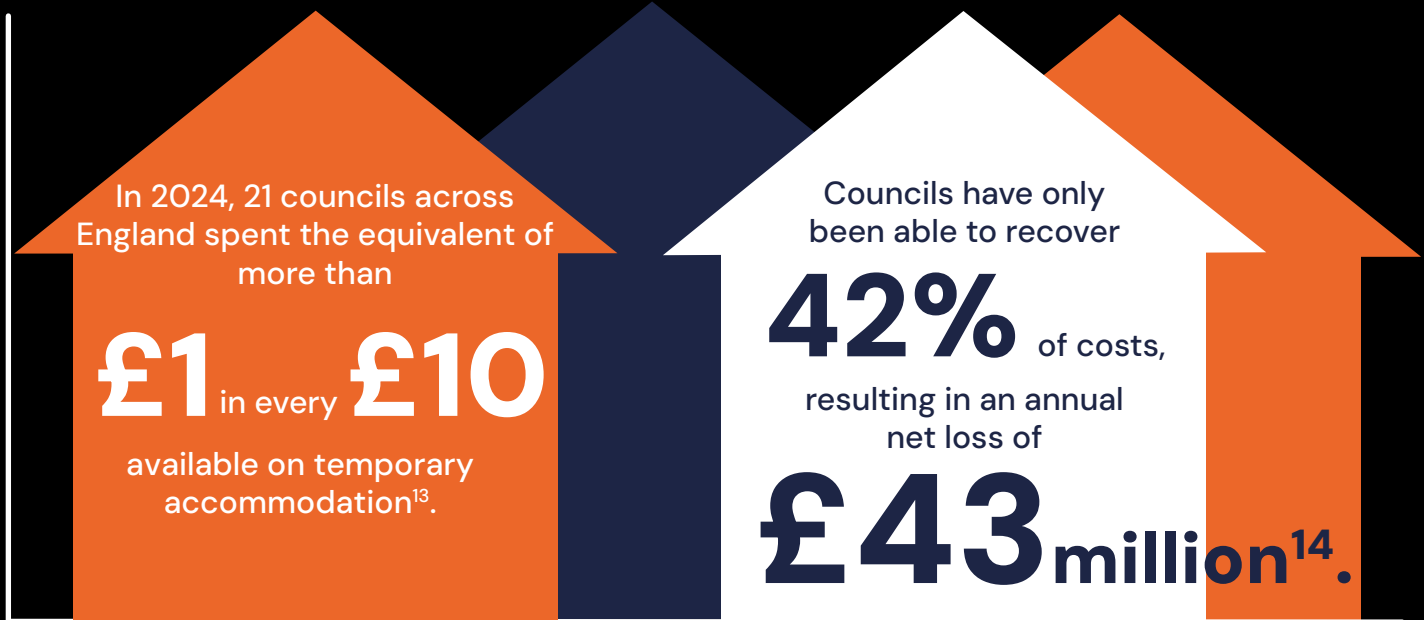
**BEFORE, DURING & AFTER
HOMELESSNESS.**

Costs to councils

The cost of TA is unsustainable. This is exemplified by councils across Greater Manchester, who are spending at least

£75 million per year

on temporary accommodation¹².



Local Housing Allowance rates are frozen until 2026, having not increased with inflation. This, combined with rising rents, the costs of nightly paid accommodation and contracts with private landlords, is becoming an increasing financial burden for councils. In addition, some landlords are terminating regular contracts within the private rented sector and letting out their properties to councils to be used as TA for a much higher rate. It is projected that by 2029, the cost of TA to the taxpayer will have risen by 71%, reaching £3.9bn per year¹⁵. Despite these immense costs, the quality and standards of accommodation are poor, and do not provide an adequate living space for families.

Case Study: Hannah

Child's age: 12 years

Following a Section 21 eviction, Hannah and her daughter were placed into emergency accommodation. Shortly after they were moved to temporary accommodation, with a mixture of single adults and families all sharing kitchen facilities, at £350 per week for one room with a small en suite and an extra £25 service charge every week. Hannah's room, per month, costs almost double the average monthly rent of a private sector property in the area her TA is located in¹⁶. The landlord advised Hannah to

**give up work and claim benefits to cover the cost of the TA,
otherwise she would not be able to afford it.**

After settling into the accommodation, Hannah expressed her desire to get back to work as she spent every day sitting in her room. She was then advised by the landlord to apply for PIP, rather than returning to employment.



**It's just... So, you're in there,
there's people screaming in there,
there was drug addicts in there.
And, I was in there with my youngest
child at the time, and he was only two,
maybe three. My two oldest children
were at their grandma's.**

It was just hell.

– Lauren





HOUSING QUALITY IN TA

In most cases, when being placed into TA, families must accept the first offer of accommodation or they will be considered 'intentionally homeless' by local authorities. This means that families must accept the offer of accommodation, even if it is:



SUB-STANDARD,

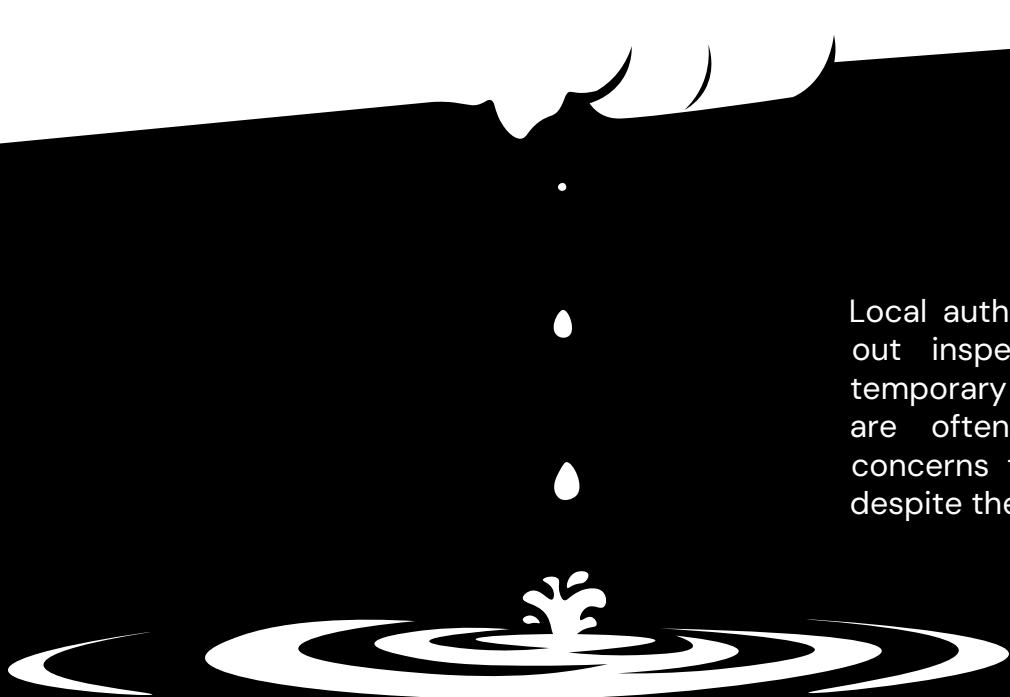
FAR AWAY FROM SUPPORT NETWORKS,

OR UNSUITABLE FOR THEIR NEEDS.

If they refuse the offer of accommodation and are deemed intentionally homeless, local authorities may discharge their duty to house them, leaving families facing street homelessness.

Poor maintenance

There is a consensus that poor quality TA is detrimental to the health of children. Examples of poor quality housing include structural damage and shoddy maintenance, a lack of safe cooking and cleaning facilities, overcrowding, infestations, damp and mould, leaks, fire safety issues, no/limited plumbing, accessibility issues and inability to regulate temperatures. Additionally, hygiene standards in shared accommodation are poor. Toilets, sinks, and showers are often out of order and are unusable, contributing to even poorer hygiene and the exacerbation of illness among children. The effects are extensive, with Shelter reporting that 57% of parents interviewed stated that living in TA had a negative impact on their child's health¹⁷.



Local authorities are not required to carry out inspections of the quality of the temporary accommodation used¹⁸. Parents are often ignored when voicing their concerns to landlords or local authorities, despite the risks that the hazards in TA pose to their children's health.

Lack of security

Families in TA report a lack of security measures in properties, such as functioning locks on doors and a lack of working CCTV in communal areas. Not only is this dangerous, but it also heightens stress for parents and affects their children. This sense of insecurity is already present for homeless families as they are often moved around different accommodation, but this is worsened by being placed in TA that actively makes them feel unsafe.

Additionally, families in London are being placed in shipping containers because of a shortage of TA, yet they are based in dangerous locations. The families in these containers highlight that they can become extremely hot or cold throughout the year, however, it is not safe for their children to spend time outside the containers because of other individuals in the area.

This means children are forced to endure the unbearable conditions to avoid threats they may face outside of their TA¹⁹.

Inaccessibility

Families and children living in TA can have complex physical or mental needs. However, accommodation for these families is difficult to find, and they are often placed in unsuitable and inaccessible properties.

Shared Health has witnessed examples of wheelchair users being placed in TA on the top floor of the building, with shared bathroom and kitchen facilities based on the floors below.

Some parents are having to carry their child around inside their TA as it is not large enough for wheelchair usage, increasing the risk of a serious accident occurring. This is also a significant issue for mothers and babies in TA, with the use of prams without lift access. It is dangerous to both parent and child and inappropriate for the family's needs.

In addition, for neurodivergent children, adjusting to a new living environment is challenging and has adverse effects on their mental health and development²⁰. This is worsened when children have to share facilities with strangers, and when children are moved multiple times without the appropriate time for parents to help prepare them adequately. Routine is highly important for children with neurodivergent needs, yet it is impossible to maintain this when moved to temporary accommodation.



WALL MOULD IN TA. PHOTO: APPG FOR HOUSEHOLDS IN TEMPORARY ACCOMMODATION



Case Study: Shabana

Shabana was initially referred to Shared Health for crisis provisions. She was visited in a refuge where she had been placed by the local authority and is a victim of domestic abuse. Shabana fled her home while pregnant, leading to her placement in a room on the 3rd floor of a refuge, but access to a bathroom and kitchen was on the 1st floor. Unfortunately, Shabana



FELL DOWN A COMPLETE FLIGHT OF STAIRS.

Thankfully, the baby was not harmed but she suffered a dislocated knee which now requires surgery that she cannot have until after her child's birth. Shabana's mobility is impacted but she has managed through wearing a knee brace and using a crutch. She has now been moved to another refuge in the area but is still facing financial hardship as a result of restricted movement and relying on taxis for medical appointments. Shabana remains isolated away from family and friends.







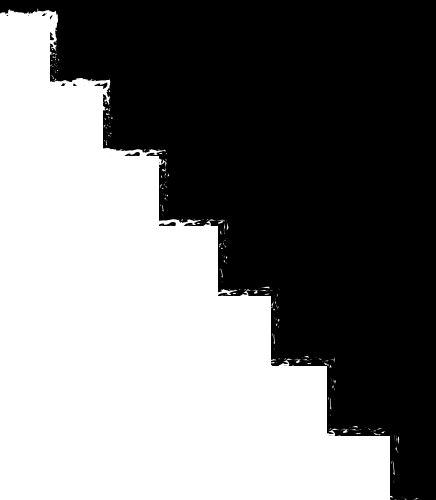
And, obviously, a single parent having to get a pram up there, because the lift wouldn't work.

It was impossible.

We used to have to leave the pram at the bottom of the stairs, carry my son up, and then run back down dead quick for the pram. Or, sometimes, if I was feeling brave, I'd risk it and carry the whole pram up with him in, cos I didn't really like leaving him on his own, even though it was only for like two seconds while I run back down the stairs.

It just wasn't safe for me to do so with my son.

– Danielle



THE USE OF B&BS AND OTHER UNSUITABLE TA

Due to the rapidly diminishing stock of TA as family homelessness worsens, the six-week limit on stays in emergency accommodation for families under the *Homelessness (Suitability of Accommodation) (England) Order 2003* is often overlooked. This means that families are trapped in B&Bs, hotel rooms and other types of deeply unsuitable TA that have significant consequences on the wellbeing of children.

Safeguarding in mixed accommodation

In mixed accommodation, families are living in the same environment as single vulnerable homeless adults. This is a significant safeguarding issue, and Shared Health has worked with families that have reported feeling unsafe and fearful of other residents in their accommodation. The findings of the All-Party Parliamentary Group for Households in Temporary Accommodation's Call for Evidence report outline the mental health impacts of feeling unsafe for recovering addicts housed with active drug users, and survivors of domestic violence and human trafficking placed in the same accommodation as single men²¹.

Families have reported witnessing violence or being physically assaulted by other residents in mixed temporary accommodation. Conflicts between residents have led to the banning of visitors in some TA blocks. **Not only does this create prison-like conditions for residents in the blocks, but it is detrimental to families, particularly for new mums needing support.**

This has led to the occurrence of a mum and her newborn baby having to meet the baby's family on the wall outside of the accommodation during winter.

A mum going through cancer treatment could not have a visitor to help her with childcare whilst experiencing the profound side effects of treatment.

Shared Health has been made aware of reports of the sexual harassment and assault of children by other residents in TA. This, combined with a lack of security measures, including locks that do not work and no CCTV, provides a dangerous living environment for families and children.

No parent wants to put their child in this position, yet they have no choice.



Lack of facilities

The lack of facilities in mixed accommodation increases the difficulty of using equipment such as shared fridges.

Families have reported their food being stolen from shared cupboards, as well as being prohibited from using cooking equipment.

The struggle for use of shared bathrooms can result in children not being able to wash before school. Similarly, these types of TA do not have laundry facilities, meaning that families have to hand wash and dry clothes in their rooms, which can cause a build-up of damp and mould.

Additionally, the absence of safe areas for children to play in B&Bs is problematic for their development as well as wellbeing. Toddlers have delayed milestones due to not having physical space to learn to crawl and walk. This affects their social and emotional development, having an impact on school readiness.

Access to healthy food options

Families placed in B&Bs can live there longer than the legal six-week limit. This is detrimental to families that are placed in B&Bs located in a 'food desert', in which there are no supermarkets nearby. Therefore, there is a reliance on takeaway and nutrient-lacking food that causes significant damage to a child's health, such as weight problems and dietary issues²².



PHOTO: APPG FOR HOUSEHOLDS IN TEMPORARY ACCOMMODATION



CLOTHES BEING WASHED AND DRIED IN A TA BATHROOM. PHOTO: SHARED HEALTH FOUNDATION

Costs to families

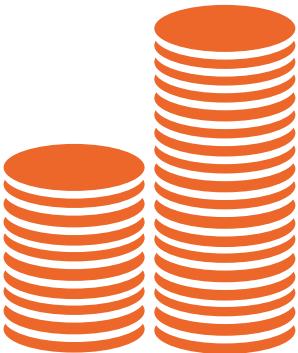
The cost of living in temporary accommodation for families is extensive.



Often being placed far away from support networks or their school, parents are spending huge amounts of money on **TRAVEL.**



The **COST OF FOOD** increases, with the lack of ability to cook meals leading to a reliance on expensive alternatives.



Families have also reported spending significant amounts of money on **CLEANING SUPPLIES** to improve the unsanitary conditions of TA for their children²³. Particularly in accommodation with shared facilities, the cleanliness is sub-par and parents have to take on the financial burden of cleaning to ensure the health of their children is not affected.

Good Practice: Ending the use of B&Bs in Manchester

Manchester City Council have taken steps to stop using B&Bs as TA for families completely. There must be further efforts made to reduce the numbers of families moved out of area, however, this is a great move to mitigating the impacts of unsuitable accommodation on children.



They need to work harder to regulate the conditions, the buildings, the contents of the buildings, the rooms that they're putting families in. Me and my 3-year-old is in a bunk bed, like a single bed. There's no real cooking facilities. I had to go out and buy an air fryer so I could make my daughter chicken nuggets.

– Rachel



THE COST TO CHILDREN'S HEALTH

Child mortality

In collaboration with the National Child Mortality Database, Shared Health uncovered that in the last 5 years, between 2019 and 2024, at least

74 CHILDREN HAVE DIED
WITH TEMPORARY ACCOMMODATION AS A CONTRIBUTING
FACTOR TO THEIR VULNERABILITY, ILL HEALTH OR DEATH.

58 OF THESE WERE
BABIES UNDER THE AGE OF ONE²⁴.

These deaths happened to children that, outside of TA, would otherwise still be alive. A combination of poverty, the complexity of homelessness and deprivation are contributing factors to the deaths of children in TA, as well as a lack of safer sleep practices leading to Sudden Infant Death Syndrome (SIDS)²⁵.

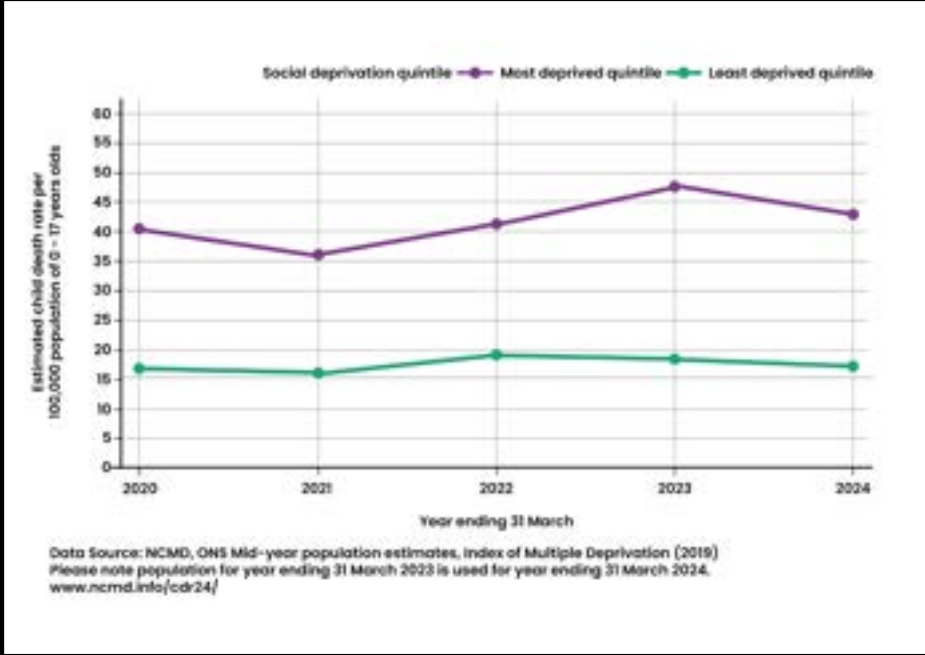
The collaboration with the NCMD further revealed that out of the 3,605 child deaths in England,

80 CHILDREN HAVE DIED
WITH TA AS THEIR MAIN RESIDENCE.

These numbers were obtained from the NCMD between 1st October 2023 and 30th September 2024, accounting for 3% of the total number of child deaths during this period. The deaths reported account for all causes of mortality, yet the total number is significant as this is the first time this data has been collected in England. This has been due to the collaborative work from the APPG, its co-secretariats and the NCMD. In October 2023, the Child Death Overview Panel (CDOP) process was updated with questions about temporary accommodation. Whether temporary accommodation was a contributing factor to these deaths will be assessed through the CDOP process as usual²⁶.

In November 2023, the APPG for Households in Temporary Accommodation ran the “Silent Nightmare” campaign to change the *Homelessness Code of Guidance* to include cots and Moses baskets for infants under the age of 2 living in TA. Despite the success of the campaign, there are still families living in unsuitable accommodation without safer sleep provision for their child. This increases the risk of SIDS.

Data from the NCMD shows that, in the year ending 31st March 2024, the child death rate for children resident in the most deprived neighbourhoods of England was more than twice that of children resident in the least deprived neighbourhoods²⁷. Currently, there is no national strategy for reducing child mortality in temporary accommodation. Without a strategic plan to tackle the impact that poverty has on a child’s health, **we will continue to see preventable childhood deaths in TA.**



A report from Health Equity North states that "The UK has...the highest income inequality in Western Europe, which is significantly related to its poor performance on infant mortality.

The layers of racial disparity are also stark, with babies from Black ethnic groups having a higher infant mortality rate compared to White British.

Action is needed at local, regional and central level, to address the causes of infant mortality with better support during pregnancy, appropriately resourced maternity and early years services and fiscal measures to alleviate poverty."²⁸



Good Practice: Stock of cots in Oldham

A TA provider in Oldham that houses families has a large stock of cots and mattresses ready for when families with babies arrive.

Impacts on children's health

Homelessness is a traumatic and turbulent experience for anyone facing it, but the impacts on the health of homeless children are catastrophic. Most of the health issues faced by children in TA are caused by a poor living environment. This includes factors such as structural damage to the properties being resided in, a lack of facilities, and the effects of parental stress on children. Families often face difficulties in accessing primary care services if they are moved away from their previous home area, as GP practices remain hesitant to register temporary patients in some cases.

The exacerbation of existing illnesses and the development of new ones leads to children in TA becoming increasingly vulnerable to long-term health impacts.

Some of these impacts include:

- Mental health illnesses: depression and anxiety, psychiatric problems.
- Struggling with the unfamiliar environments in TA, disruption to their routine and trauma of losing their previous home. Experiencing additional stress from the negative impacts on their parents' mental wellbeing.
- Poor diet: gaining or losing weight, as well as other diet-related health problems. A lack of access to cooking facilities often leads to diets that are high in fat, sugar and salt because of a reliance on instant food products.
- Accidental injury.
- Gastro-intestinal issues.
- High rates of infectious diseases, sickness and diarrhoea.
- Sleep deprivation due to anxiety, noise, bed-sharing or lack of bedding.
- Respiratory illnesses caused by exposure to mould.
- Skin diseases.
- Delayed physical development due to a lack of space in the accommodation for infants to crawl/walk and children to play and exercise.
- Emotional development impacted by parental stress and unsafe physical environments limiting the opportunities for crucial 'explore and return' interactions between parent and infant.
- Behavioural problems and regression.
- Emergency admissions.
- Increased hospital admissions.
- Low uptake of developmental checks and missed immunisations.
- Higher incidence of premature births, babies with low birth weight and higher incidence of babies with breathing or feeding problems after birth.
- Delayed access to referrals and assessments, particularly when moving across health commissioning boundaries, leading to delayed diagnosis and support in areas such as audiology, neurodivergence, etc.



Case study: Lydia & family

Children's ages: 10 years, 6 years, 4 years, 4 years, 1 year

Lydia lives with her five children and was placed in a hotel following a Section 21 eviction from a privately rented accommodation. Her 4-year-old son has type 1 diabetes and requires insulin to be stored in their room. However, no non-PAT tested appliances and no cold storage are available or allowed in the rooms, meaning that Lydia would have to store her son's insulin in a communal fridge accessible to anyone.

She reports raising this issue with the council but being told that the medical nature of her family's case

MAKES

NO DIFFERENCE

and is not a reason to be moved out of the hotel.

Lydia had no option but to bring a small fridge into the room without permission and is aware of the risks of doing so. The hotel's location, like many, is situated in a food desert and Lydia is struggling both financially, with the burden to purchase takeaways, and practically, to provide all the children with a healthy and balanced diet.

The impact on mum's normal practice around nutrition and managing her son's diabetes is

DETRIMENTAL

and she is constantly anxious regarding her son's blood sugar levels spiking.



THE PERINATAL PERIOD IN TA

The health of the parents has a significant impact on the health of their children. This is pertinent for families experiencing homelessness as

the mental and physical strain of living in TA for parents will affect the development of their children.

Becoming homeless is a traumatic time for anyone and deeply affects the wellbeing of parents who are

desperate to find
somewhere **safe**
for **their children** to live.

Babies and small children take in the stress that their parents are experiencing, **shaping the development of their brain around this stress.**

Pregnancy in TA

Pregnancy is a life-changing time for all parents, but can also represent an increased risk of domestic violence or relationship breakdown for some, leading to an increased chance of homelessness for women.

The experience for homeless mums and the implications of living in TA can lead to SEVERE physical and mental harm that can affect BOTH THEM AND THEIR UNBORN BABY.

Stairs and uneven surfaces can be perilous for them and accidents can have serious consequences. The lack of cooking facilities leads to nutritional deficiencies in pregnant women, and the health risks of poor quality housing are dangerous for mum and unborn baby. The detriment to mum's mental health is extensive; they face the trauma of homelessness and the stress of finding a safe home for their new baby. Without access to support networks, it is both mum and unborn baby that suffer significantly from this isolating experience. This is heightened when placed out of area, as it can be difficult to establish new sources of support. Such impacts to mum can affect the development of the baby, and the consequences of this may be seen in the child's later life.



Complications

The impact of living in TA on a mother's health can be a cause of complications during pregnancy. This may include miscarriage and premature birth. Limited access to vital appointments, such as scans and screenings, can lead to complications being missed and a lack of early intervention. Ectopic pregnancy and other abnormalities go undetected without routine screening and thorough maternal care. Focused Care for Homeless Families Practitioners at Shared Health work with many women in TA who have socially complex lives that may stem from adverse childhood experiences. With this, is the risk of addiction and other issues that can provide further complications during and after pregnancy. This may indicate the need for maternal pathways for specific needs, however, this is often missed because of difficulties for homeless expectant mums to access maternal care. In the occurrence of miscarriage or stillbirth, mums are de-prioritised for housing and may be moved elsewhere as they are considered 'single' rather than a family. Not only does this cause healthcare implications in accessing further appointments, but it also impacts a grieving parent's mental health after experiencing significant loss.

IT ALSO MEANS THEY WILL REMAIN **HOMELESS FOR LONGER.**

Women in TA often have traumatic births. The annual MBRRACE report that details the deaths of women and babies in the UK consistently highlights how these tragedies are much more common for women with multiple disadvantages²⁹. This refers to homelessness, poverty, race and ethnicity, and not having English as a first language. Black women are more than four times, and Asian women are twice as likely as white women to die during childbirth³⁰. Underlying complications might be missed, contributing to an increased risk of serious illness or maternal mortality.

Focused Care for Homeless Families Practitioners have also reported that women report pain to healthcare professionals, yet their pain is minimised, or they do not mention it at all, as they feel they will be ignored. This might be the case for non-white mums or those whose first language is not English, because of unconscious racial bias by clinicians, as well as a lack of culturally competent practice and interpreting services.

THE EFFECTS OF THIS CAN BE **CATASTROPHIC** FOR BOTH MUM AND BABY.



Alongside increasing numbers of homeless pregnant mums is an increasing number of newborn babies being discharged from hospitals into temporary accommodation.

Hospital discharge

During an already stressful period of becoming a new parent, bringing a baby to live in an insecure, unsuitable, and dangerous accommodation is an extra level of stress. New parents in TA are not allowed to have visitors stay with them to support them with newborns. This environment increases the likelihood for babies to be unsettled for a prolonged period of time and can impact development. It is not always possible for parents to provide the nurture that a baby needs while in TA as it is much harder to respond to the baby while stressed. Breastfeeding can be a difficult experience for new mums in TA without support and often leads to mums giving up. Stress affects breastfeeding as oxytocin levels are inhibited, leading to poor quality and reduced flow. Poor access to nutritional foods also affects the quality of milk, which is pertinent for new mums in accommodation with no or shared kitchen facilities, or located in a food desert.

Stress is compounded as parents face difficulties accessing all the supplies needed for a newborn due to a combination of financial constraints and a lack of storage for essentials. The absence of space also has consequences for the sterilisation of pumps and bottles, posing the risk of bacteria building up that can cause other health issues. The possibility of infant mortality is increased in TA due to a lack of space for safer sleep, exemplified by the tragic deaths of 58 babies.

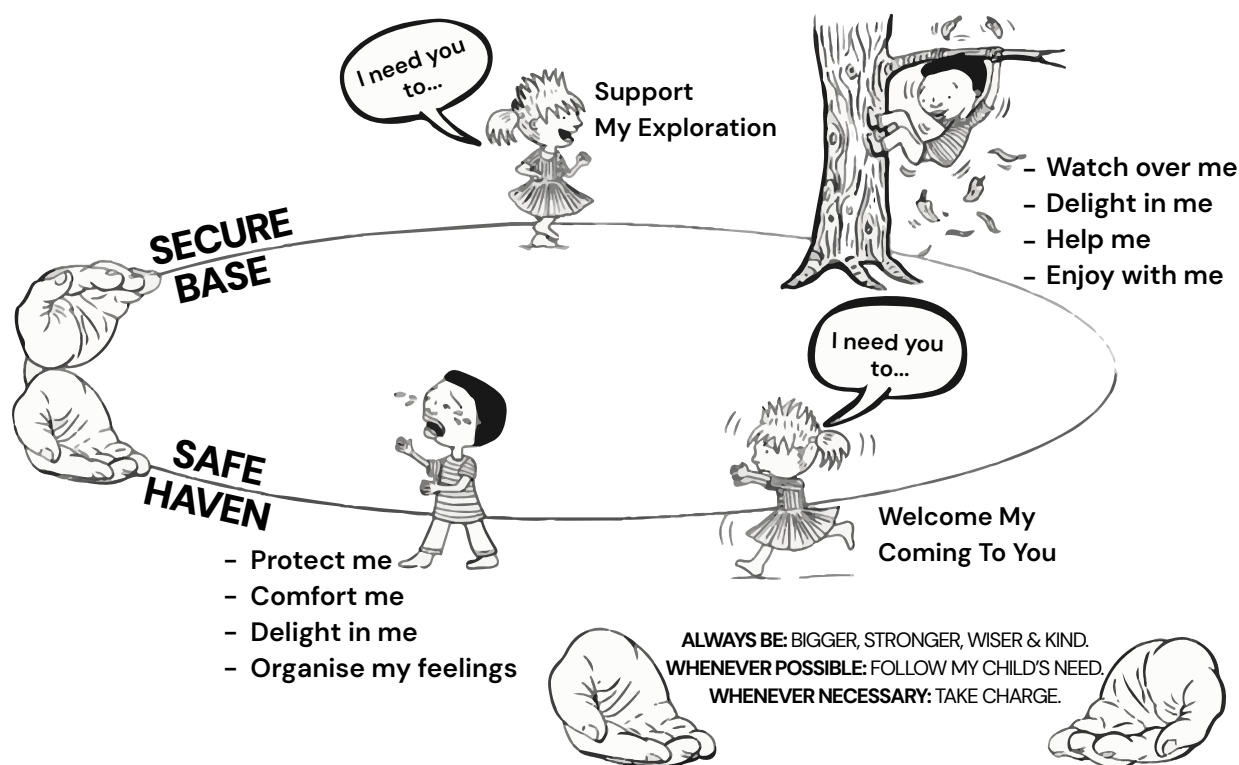
TEMPORARY ACCOMMODATION DOES NOT OFFER A SAFE ENVIRONMENT FOR PARENTS TO NURTURE THEIR NEWBORN BABY.

First 1,001 days

The first 1,001 days of a child's life are the most important for their development and babies are at their most vulnerable during this time³¹. A baby's brain is shaped by the environment they are born into. If this environment is one of stress, the baby's brain is wired accordingly, and we can see the impact of that throughout a child's development and life. Infants require a circle of security where they can explore and learn about the world at a safe distance from their parent and then come back to them to be nurtured. Parental stress and a lack of appropriate physical space in temporary accommodation can disrupt this process. This can make it incredibly difficult for parents to develop secure attachment relationships, with potential implications in terms of physical, cognitive, social and emotional development and school readiness.

A parent's wellbeing is essential to a child's development during the first 1,001 days³².

However, many new parents, often mums, are isolated and unable to travel to seek social support during the perinatal period, despite this being critical for mum and baby. This is because the physical impact of pregnancy and labour, as well as the demands of caring for a baby in this early period, limit travel. Financial constraints add another barrier to travel as families are often placed at a distance from their support networks. Visitor bans in TA settings further disrupt the crucial need for social support in the perinatal period, putting families at increased risk of mental health conditions such as depression and post-traumatic stress³³. These barriers could also affect baby's opportunity for social development and connection, as they may not be meeting other babies and adults, which may impact their social understanding and communication in the future. Families are often faced with a choice, remaining isolated in temporary accommodation or venturing out with babies to sit outside in unsafe spaces in order to access social support.



Good Practice: Play space in TA

A TA block in Manchester has dedicated a communal play space for the children residing there. The space was co-produced by staff, parents and children, providing a safe area for children to play and explore.

Child removal

Mums in TA often have complex lives caused by previous trauma or the trauma of homelessness. As a result of a lack of mum and baby units, there are increasing rates of babies being placed into foster care. As a consequence of child removal, mums are de-prioritised on the waiting lists for self-contained TA and social housing, as they are now considered a single adult household. This is incredibly traumatic for mums, particularly if they have no established, or are moved away from, support networks.

Parents that have experienced child removal can be placed in unsuitable accommodation, potentially with fewer bedrooms available. This makes family reunion much more difficult and is often caused by a lack of joined-up working with local authorities, housing and children's services. Not only is this harmful to the wellbeing of parents, but it can have unintended consequences for their child.

Early trauma can have an adverse effect on a child's emotional response to certain situations, as well as how they build relationships with adults and other children in later years³⁴.



Despite this understanding, further research is needed to explore how temporary accommodation can be a factor in children being removed from care.

Good practice: The Together Service

The Together Service in Manchester is an infant-parent service offering universal antenatal sessions for pregnant women and families to promote social and emotional wellbeing, as well as tailored support for families living in TA. This includes strengthening infant-parent relationships, support around baby loss, parental mental health work, and wider family interventions during the perinatal period. The service is based in a primary care setting and offers sessions to families in different languages, making it easily accessible.

BARRIERS TO ACCESSING HEALTHCARE SERVICES

Registering

Families in TA face further challenges in accessing vital healthcare services, such as GP appointments, due to difficulties registering.

Many GP practices are not willing to take on temporary patients, such as homeless families³⁵.

This is in contrast to the requirement of GP practices to be inclusive of the needs of the population, including those that are homeless³⁶. Language constraints are also a common issue in accessing healthcare, particularly for families placed away from their support networks, and a lack of support can result in families without knowledge of the services available to them.

Good Practice: Focused Care for Homeless Families in Oldham

Focused Care for Homeless Families Practitioners working in Oldham link families back to mainstream services if they have slipped through the cracks. This has ensured that children are receiving the vital healthcare they need, as well as ensuring their engagement with educational services.

Travel constraints

As families are moved around different accommodation, they can be placed far away from vital appointments. This means that they must find ways to travel longer distances with limited support to do so. The financial constraints facing families in TA mean that it is not always possible to access appointments, and it is not always physically viable or safe to travel great distances.

VITAL SCANS, TESTS AND CHECK-UPS MIGHT BE MISSED, AND THIS CAN HAVE SEVERE CONSEQUENCES.

Penalties for missed appointments

Some families are able to remain with their GP, however, difficulties in physical access lead to missed appointments. They are penalised for this, to the extent of being struck off the register, causing them to have to re-register elsewhere. This can cause missed universal screenings such as appointments with health visitors for children aged under 5.

Reliance on A&E

The lack of ability to access primary care services has resulted in an increased reliance by homeless families on A&E. Austin Croft, *et al.* found from families in TA they interviewed in Bromley that;



Until children have moved schools or registered with local GPs, health visitors are not always allocated or aware of the whereabouts of homeless families, meaning that support cannot be offered. This is prominent when a family is moved to a new area without being made aware of the services available to them or signposted to healthcare professionals, including health visitors or GP practices.

The result of this is the increased possibility of **homeless families** slipping through the **cracks** and not obtaining the support they need³⁸.

These barriers contribute to social isolation and further strains on their mental wellbeing, often having a significant impact on the children, and a reliance on emergency services.

Case study: Mustafa & family

Children's ages: 17,16,14,12 & 10

Mustafa was reunited with his wife and children who arrived in the UK from Lebanon, and family was placed in a Travelodge Hotel in Bury. They have access to local shops and takeaways but have no access to a kitchen, cold storage or a washing machine. Communication with services is difficult for the family due to a language barrier, which proved an issue when they were relocated multiple times across Greater Manchester. The children are not registered at school because of the family's constant movement. As the only member of the family to be registered with a GP, Mustafa tried to get them all registered because of concerns over his daughter's genetic condition.

The GP refused to register them as they had been moved out of the area, meaning the daughter was not able to access more of the medication she needed.

Focused Care for Homeless Families successfully registered the mother and two daughters at a local practice. One of the unregistered daughters later had to be taken to A&E, leaving with a diagnosis of Bell's Palsy. While in the hospital, the hotel staff advised them that they must leave by 12pm the following day as no further booking had been confirmed. They were later moved again to another hotel where another daughter had conjunctivitis. Focused Care for Homeless Families has continued to support the family as they remain in a Premier Inn.

BARRIERS TO EDUCATION

There is little data documenting the educational outcomes of children living in temporary accommodation. It is unknown how many children in school are homeless because this data is not collected nationally. Schools are often unaware that pupils are living in temporary accommodation, as they are not informed by other statutory services. The stigma around homelessness and the fear of involvement of children's social services leads to parents withholding from telling the school that they live in temporary accommodation. Therefore, children can be left unsupported, and their education is likely to suffer as a result.

Attendance

The most up-to-date data that outlines the average attendance of children in temporary accommodation highlights that this cohort misses fifty-five days of school a year³⁹. However, this data is twenty-one years old and will not reflect the situation today. Since this revelation, stays in temporary accommodation have grown longer as the crisis has worsened, meaning the number of days of school missed is likely to be much higher.

We do know that access to school is difficult for many children living in temporary accommodation. As families are often placed out of their local authority area, they are either required to travel greater distances or register at a new school. The disruption this causes to a child's education is extensive. Children may arrive at school late, tired, hungry, in dirty or incorrect uniform, and unable to concentrate throughout the day. The cost of travel may be a barrier preventing children from accessing school, affecting their attendance. In some cases, children can apply for a free bus pass but this is a difficult process and parents are not eligible, meaning it is still costly to get to school. Children who must register at a new school face further disruption as they are moved away from friends and trusted teachers, adding to the trauma of homelessness. This is exacerbated for children with complex needs who might be stripped of support when moved to a new school.

Behaviour and engagement

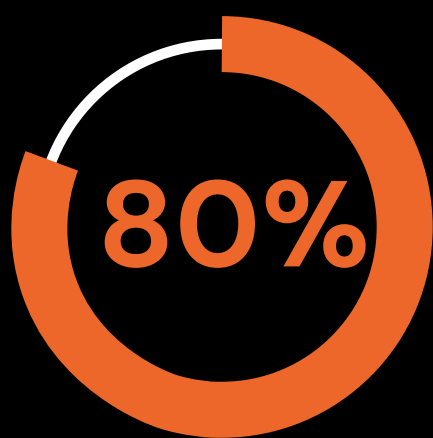
The behaviour of children experiencing homelessness is more likely to be dysregulated. Poor behaviour might be punished by exclusions, yet this is not productive in ensuring that these children remain engaged and supported in school. Difficulties with focus or engagement in lessons can lead to children becoming disruptive or hostile to teachers and peers⁴⁰. Additionally, children experiencing homelessness may isolate themselves from other children. This might be caused by feelings of anxiety and shame because of their housing status⁴¹. Isolation can be a contributing factor towards poor attendance, as school might not feel like a supportive place away from parents.

This report has highlighted the delays to development for younger children living in temporary accommodation, leading to setbacks in school readiness. Emotional self-regulation and social competence are factors determining school readiness that are delayed by slower development caused by living in temporary accommodation⁴². The lack of school readiness affects children's behaviour with peers and teachers, as well as their academic attainment throughout their school career.

Attainment

The ability of children experiencing homelessness to perform well academically is significantly impeded. The toll of lower attendance and delays to school readiness, combined with the lack of ability to do homework in unsuitable accommodation, the disruption of constant moves around, the increased risk of illness and injury, and the chaos of homelessness, all inhibit the attainment of children living in temporary accommodation.

Research carried out by the Children's Commissioner highlights that children experiencing housing instability are less likely to obtain five or more GCSEs⁴³. Children who have been moved over ten times between Reception to Year 11 have a one-in-ten chance of obtaining five GCSEs. Some children in temporary accommodation are moved around this many times in the space of a few months. Findings from research completed by Shelter highlight that from the teachers they interviewed;



of teachers emphasised that bad housing and homelessness impeded children's performance in exams such as SATs and GCSEs⁴⁴.

The instability caused by insecure housing is detrimental to the ability of children to perform well at school.

Good practice: Support for students at risk of or experiencing homelessness

Staff from a school in Manchester have been working in collaboration with Manchester City Council and the voluntary sector to support students who are at risk of or are experiencing homelessness. As they have access to families day to day, they are able to supervise at-risk families and provide early intervention. School staff have been upskilling as frontline workers to direct families in the right direction for help, or can help prevent homelessness so they don't end up at crisis point, and students are well supported at school.

THE UNITED NATIONS CONVENTION ON THE RIGHTS OF THE CHILD

The United Nations Convention on the Rights of the Child (UNCRC) is an international treaty that outlines the basic human rights specifically held by children under the age of 18⁴⁵.

While the UK has ratified this Convention and has obligations to follow its provisions, certain rights stated within it are routinely violated for children in TA. Violations of these rights are serious but remain undetected in political discourse and without consequence for the failure to protect them as the UK has not incorporated the UNCRC into domestic law.

HOW MANY CHILDREN MUST REACH **CRISIS POINT** BEFORE THEY ARE PROTECTED?

The UN Committee on the Rights of the Child published a series of recommendations for the UK to adopt in May 2023, following the reports of the 6th and 7th period reports submitted by the Government⁴⁶. One of these recommendations was to address the root causes of homelessness among children and to strengthen measures to phase out the use of TA.

HOWEVER, THE RELIANCE ON TA IS SEVERE

and previous and current governments have taken minimal steps to address this, given the following rights are routinely violated:

UNCRC Article 2: Non-discrimination

Children from ethnic minorities are disproportionately affected by homelessness and are more likely to experience discrimination during the homeless journey.

UNCRC Article 3: The best interests of the child must be the primary consideration in all actions that affect them

Despite 50% of the homeless population being children, focus has been centred around ending rough sleeping, thereby excluding the needs of children.

UNCRC Article 6: The right to life

The State has a positive obligation to protect this right by taking active measures to prevent child mortality, yet this is not the case for the 74 children who have died with TA being a contributing factor to their death.

UNCRC Article 9: The right to not be separated from parents against their will except when separation is necessary for the best interests of the child

The banning of visitors in certain TA blocks violates this right when it restricts a parent visiting their child.

UNCRC Article 16: The right to privacy

This is violated in accommodation with shared facilities.

UNCRC Article 19: The right to be protected from violence

While in mixed accommodation, children may witness or be subjected to violence from other residents.



UNCRC Article 23: A mentally/physically disabled child should enjoy a full and decent life in conditions that ensure their dignity and promote self-reliance

The lack of accessibility for children needing extra support with physical or mental disabilities in TA is dangerous and can lead to accidents, as well as inhibiting a child's ability to move around without the assistance of their parents.

UNCRC Article 24: The protection of the health and treatment of illness for children

The health risks posed to children in TA, barriers to accessing healthcare, reliance on unhealthy food options, and a lack of a safe environment to live in constitute violations of this article.

UNCRC Article 27: The right to an adequate standard of living

The appalling standards of some TA ensure that this right is routinely violated for homeless children, impacting on other rights.

UNCRC Article 28: The right to education

This is not universally enforced for children that experience difficulties in accessing school due to their placement in TA.

UNCRC Article 31: The right to leisure and rest

The lack of space for play in hotels and shared accommodation, and barriers to engaging in recreational activities, limit the enjoyment of this right.

UNCRC Article 33: The right to be protected from illicit drug use

This right is violated when a child is exposed to others dealing and/or using narcotics around them, which can occur in mixed TA.

UNCRC Article 34: The right to protection against sexual abuse and exploitation

Families should, under no circumstances, be placed in the same accommodation as single homeless adults, as they may be vulnerable to sexual harassment or assault.



A FAMILY IN THE NORTH WEST LIVING IN TA. PHOTO: ANTHONY LUVERA

SUMMARY

While housing is being built and long-term strategies are being formed, children in TA are stuck in conditions that could be improved immediately. They are being failed by a broken system that strips away their childhood. It is vital that the impacts of homelessness for children are mitigated upstream, to reduce issues that they will likely face as adults, such as long-term health effects and repeated homelessness. The TA emergency will continue to worsen over the coming years as the housing crisis deepens. Child homelessness will continue to escalate, meaning that rates of child mortality in TA will rise with it.

Journalist Daniel Hewitt reports that children in temporary accommodation are

“victims of a housing crisis that every day casts a wider net, trapping and traumatising families...”⁴⁷

As one hidden form of homelessness, TA has significant impacts on children that are overlooked, meaning they are vulnerable to slipping through the cracks of support. Furthermore, these impacts constitute a violation of some of these children’s basic human rights under the UNCRC. This framework includes provisions that the State must implement mechanisms to protect the rights and lives of children, but children are omitted from national strategies for ending homelessness.

And yet, we dare to hope.

There are areas of good practice for families in TA, which can be replicated across the country. There are some immediate solutions that can be adopted by local and national governments to protect them from the damaging effects of living in TA. These solutions are logistical, rather than costly, and would mitigate some of the preventable impacts these children face. All it requires is brave leadership and partnership working. Children cannot wait for long-term solutions to be implemented, as their suffering is happening now.

WE CAN DO BETTER.

WE MUST DO BETTER.



RECOMMENDATIONS:

1. Children's rights-based approach

The UNCRC contains the basic human rights held by every child and the State has the responsibility to ensure the realisation, protection and promotion of these rights. The UN Committee for the Rights of the Child recommended in 2023 that the root causes of child homelessness should be addressed and that measures to phase out the use of TA are strengthened. This needs to be a priority for both local and national governments and must be carried out through a children's rights-based approach. National approaches to tackling homelessness ignore the voices of children, meaning their experiences are neglected. This must be changed. The incorporation of the UNCRC into domestic law would require the State to conform to the framework, and would effectively protect the rights of the most vulnerable children.

2. Implementation of the SAFE Protocol

The APPG for Households in TA has launched a new national campaign for the implementation of the SAFE Protocol to ensure that local authorities notify the schools and GPs of children that have been placed into TA. This is so that the relevant services are equipped to appropriately support children and their families when they become homeless, to prevent further disruption. **Schools and GPs** will be provided with guidance to ensure they are aware of how to support children once they have been notified of the children's homelessness status. Initially piloted in Rochdale, the local authority has highlighted success stories showing that the notification helps ensure that schools can be more flexible with rules, such as lateness or uniform issues, for children living in TA. It has also made sure that families are able to register with a new GP once they have been moved. The notification protocol has also recently been implemented in Islington and Manchester.

The Government has expressed its interest in supporting the introduction of this protocol, outlining that it will look at the viability in enacting the protocol through primary or secondary legislation. Additionally, the Housing, Communities and Local Government Select Committee's report from the findings of its inquiry into children in temporary accommodation recommends that the Government takes action to implement the notification protocol⁴⁸.

3. Better data collecting and sharing

The Centre for Homelessness Impact highlights deficiencies in data collection regarding temporary accommodation and its impacts⁴⁹. There is a reliance on anecdotal evidence, rather than recorded evidence on a national scale. Better data collection is needed across the Government to effectively mitigate the situation for households in TA, as well as for local authorities. It is essential that these children are tracked so the Government is able to implement measures to support them more effectively. It is unknown how far children are being moved out of area when moved to or around TA, what the educational impacts are, how many pregnant mums are living in TA, and how many accidents or illnesses are directly caused by TA. This data should be collected and shared in collaboration with local governments, schools, and the NHS to provide a more holistic overview of the extent and impacts of TA.



4. Recognition of racism in the homelessness system

Homelessness disproportionately affects individuals and families of colour due to systemic inequalities that target specific groups. This is prevalent before and during experiences of homelessness, as well as being likely to affect them after. Therefore, services must reflect on the existence of racism and tackle direct and indirect racial injustices. This includes listening to the experiences of individuals or families who have been silenced by services because of conscious or unconscious bias, or because of a lack of available translation options. Such recognition can then ensure that systemic racial inequalities can be reduced, if not stopped.

5. Reducing child mortality

As the report has stated, seventy-four children have died with temporary accommodation listed as a contributing factor to their death since 2019. Local and national governments must commit to reducing, and ultimately eliminating, preventable child mortality caused to children living in TA by implementing the recommendations listed in this report.

6. Supporting parents with employment

The cost of paying for TA is immense and is a barrier to parents from continuing in or going back into work. Landlords and local authorities are encouraging some families to claim benefits, despite their willingness and ability to enter employment again, as they will not be able to cover the cost of their accommodation. Parents must be supported to work, and the cross-departmental strategy for tackling homelessness must consider a payment structure for temporary accommodation that allows them to do so. Allocations for out-of-area placements must also consider parents that work within their local authority area, as moving them away is likely to contribute to them falling out of employment with time and financial constraints. Unemployment is a huge cost to the taxpayer.

It is vital that parents are supported to remain in work when placed into temporary accommodation.

LOCAL GOVERNMENT

7. Bus passes

Families are often placed in TA outside of their area, and therefore moved away from their children's schools. The children are sometimes entitled to free bus passes, however, this is not clear to families. Parents must also be entitled to free bus travel to take their children to school as this can be costly and limit their ability to take their child to school. Additionally, the process of obtaining a free bus pass must be made easier for homeless families who may have limited internet access or ability to provide evidence of their situation. Conflicts of responsibility between local authorities for providing bus passes for families moved to TA out of area must be prevented.

8. Safeguarding in accommodation with shared facilities

Mixing families and single vulnerable adults in temporary accommodation is dangerous and inappropriate for children. It should be a never event. Local authorities must dedicate placements in TA purposefully for families only and for singles only, to prevent the ease of safeguarding breaches for these different vulnerable groups. Such an adjustment would also prevent visitor bans. This would mitigate some of the issues facing parents in the perinatal period, as well as for other families in TA.

9. Recognising the need for postnatal support following hospital discharge

It is vital that mums discharged from hospital to temporary accommodation are allowed to have visitors to support them and their newborn for at least the first week. The ban on visitors can be detrimental to the wellbeing of mums and babies during a traumatic and stressful period. Local authorities must recognise the importance of this support during the postnatal period for mums in temporary accommodation.



STUDENT LIVING IN TEMPORARY ACCOMMODATION. PHOTO: ANTHONY LUYERA



NATIONAL GOVERNMENT

Ministry of Housing, Communities and Local Government

10. Regulating the quality of temporary accommodation

Both national and local governments should be regulating the quality of temporary accommodation to ensure that it is appropriate for children. This would include ensuring that hygiene standards are raised and maintained, repairs are carried out immediately to prevent accidents, and that communal spaces are accessible for residents to use safely. The extension of Awaab's Law to temporary accommodation is a move in the right direction and with the passing of the *Renters' Rights Bill* through Parliament, the effects of the Decent Homes Standard on some types of privately rented TA will be beneficial. However, there needs to be more effective regulation of the standards of all TA, including B&Bs, hotels and hostels, so that all homeless children are protected from poor quality and dangerous accommodation.

Block purchasing is likely to be more cost-effective for councils with standards applied in line with other procurement, rather than single-purchase. For example, a local hotel is exclusively used to accommodate homeless families for over four years, with each room block booked at £200 per night. If procured and contracted, then kitchen facilities, play spaces and standards could be implemented.

11. Move away from crisis management to prevention

Aside from plans to build more houses, national prevention strategies for all forms of homelessness remain limited. It is not clear how much social housing will be included with increased housebuilding, and while the introduction of the *Renters' Rights Bill* will end Section 21 evictions, the reliance on TA will continue while houses are being built. Such reliance on TA is a result of the need for crisis management caused by a lack of previous governments to generate preventative measures for households affected by homelessness. As expressed by its name, TA is supposed to be 'temporary'. However, the reality is that families are spending increasing periods of time trapped in TA, thereby removing the 'temporary' element of this. The Government must include prevention measures in its cross-departmental strategy for tackling all forms of homelessness that extend beyond housebuilding, such as investing in the early years and health visiting. The long-term rough sleeping prevention strategy starts with children.

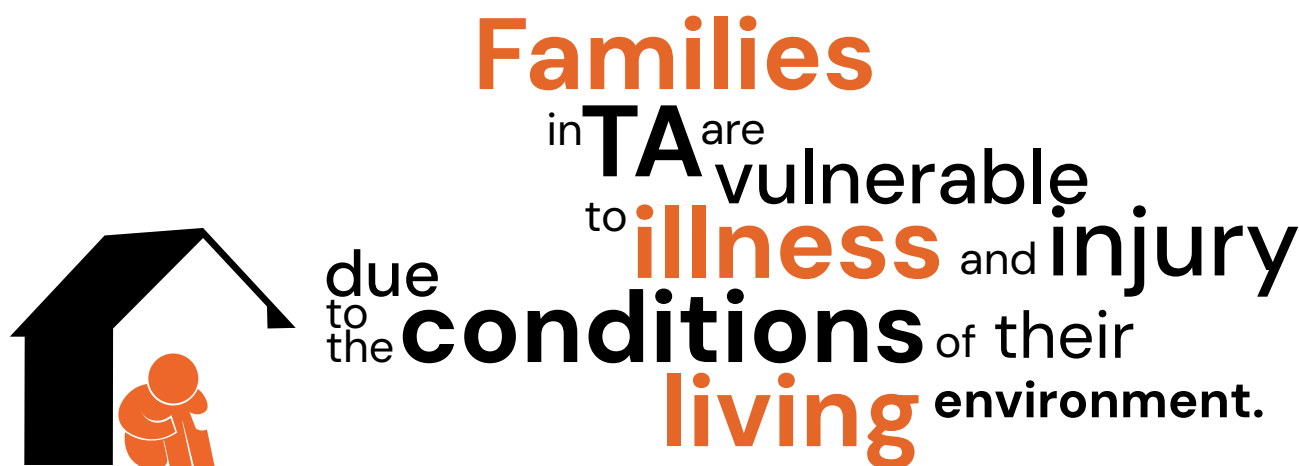
12. The Homelessness Code of Guidance and enforcement

The Homelessness Code of Guidance, as drafted by MHCLG, provides a framework that authorities should follow. However, the nature of this as guidance limits the enforcement of its provisions. An example of this is the recent amendment that the APPG for Households in Temporary Accommodation campaigned for regarding the provision of cots in TA for children under the age of 2. Despite it being advised in order to improve safer sleep practices and protect the health and wellbeing of infants in TA, it is not fully enforceable as it is not a legal requirement for local authorities and there are no repercussions for not following this. This guidance should be made statutory, as there is a need for

GREATER PROTECTIONS
FOR CHILDREN IN TA that are binding and fully enforceable.

This would ensure that the lives of children are protected in TA and that no more preventable deaths can occur.

13. Ensuring the ease of registering with GP practices and accessing appointments for homeless families



Health needs for areas in deprivation are aggregated and therefore require unique support. Families should not be limited in registering for primary care because of their homelessness and easing this process will decrease homeless families' reliance on emergency services.

Difficulties in accessing appointments and the inability to cancel appointments may result in homeless families being struck off waiting lists or registers. It is then difficult for families to register elsewhere for these services or be referred again back into the system. Healthcare providers must not penalise families for missing appointments due to circumstances outside of their control, and should have policies that are flexible when required to support children into the services they need.

14. Coding for temporary accommodation in the NHS

Children in TA often live in complex circumstances and easily fall out of healthcare systems. The growing reliance on placing families in TA out of their local authority area has meant that growing numbers of children are unable to access healthcare services, or that they have to be re-referred into a new waiting list following a move. Families face difficulties in registering with new GP practices or accessing their existing ones, and illness may go untreated until children present in A&E. Health visitors also experience barriers in seeing families as their whereabouts may be unknown. The lack of data regarding hospital admissions and accidents recorded within the NHS means that these children are hidden from healthcare services, despite their high vulnerability. We are unable to isolate the frequency of and trends in accidents and illnesses experienced by children in TA.

The NHS must start coding for TA when treating children. This data is essential for forming solutions to preventing these accidents and illnesses and ensuring families receive the support they need.

15. Mental health support for parents

Becoming homeless is stressful and traumatic for parents, and these emotions can become

mirrored by their **children.**

Support for both parents and children throughout the homeless journey is limited, exacerbating these issues and having long-term impacts on these children through to adulthood. Therefore, there needs to be greater mental health support for parents in TA for their own wellbeing, as well as their child's.

16. Early access to maternal pathways

Pregnant women are at a higher risk of domestic abuse and homelessness from fleeing, therefore, attention to maternal health must be made a priority. As the report states, it can be fatal if complications, such as blood clots and deep vein thrombosis, are not detected early. Living in temporary accommodation provides barriers to accessing appointments and scans, particularly if expectant mums are moved around different accommodations and local authorities. Questions must be asked around the suitability of accommodation and service provision for mums in temporary accommodation to ensure support is in place and prevent the worst outcomes.

Department for Education

17. Flexible support for homeless children

In connection with the notification protocol, once schools are aware of any pupils living in TA, it is important that they are able to support them appropriately. This includes being therapeutic in their response to tiredness, lateness, dirty uniforms, incomplete homework, and dysregulated behaviour. Children should not be punished for circumstances that are unavoidable while living in TA, and their school can often be a place of stability and safety for them. Among the UN Committee on the Rights of the Child's recommendations from 2023, was the need to strengthen measures to improve educational outcomes and reduce inequalities. Therefore, the importance of providing support by schools is imperative in upholding the wellbeing of a child in TA and promoting positive educational outcomes.

18. Improve the educational rights of children in TA

Children living in TA are not offered the same rights as other vulnerable children in education. This includes prioritisation in school admissions when moved to a new area. Because children in TA are not allocated accommodation with school placements in mind and no prior arrangements for their admission to a local school in the new area, they are likely to face significant disruption to their education. Anecdotal evidence has shown that some children living in TA have missed so many days of school, that they have been off-rolled. No child should be punished in this way because they face difficulties in accessing their education.

19. Better data collection on the educational impacts caused by TA

The Department for Education does not track how many children in school are living in TA. Without this, there is little evidence that shows the impact that TA has on children, despite anecdotal evidence highlighting the range of implications for educational attendance and attainment.

WHAT WE DO NOT COUNT, WE DO NOT SEE.

The Department's drive to improve the safeguarding of children must include the protection of homeless children, and it must start tracking children in school that live in TA, to ensure that the best support can be provided for them to minimise impacts to education.





They should think about what it's like for us, you know, it's our home, our life, it's not an adventure. Nobody wants that situation for yourself or for the kids.

They should think about how we are human – not a case, not paperwork – and we suffer.

Because if you find yourself in the temporary accommodation then definitely something's gone wrong. They should find help and improve that situation.

– Maja





CEILING DISREPAIR IN TA. PHOTO: APPG FOR HOUSEHOLDS IN TEMPORARY ACCOMMODATION

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