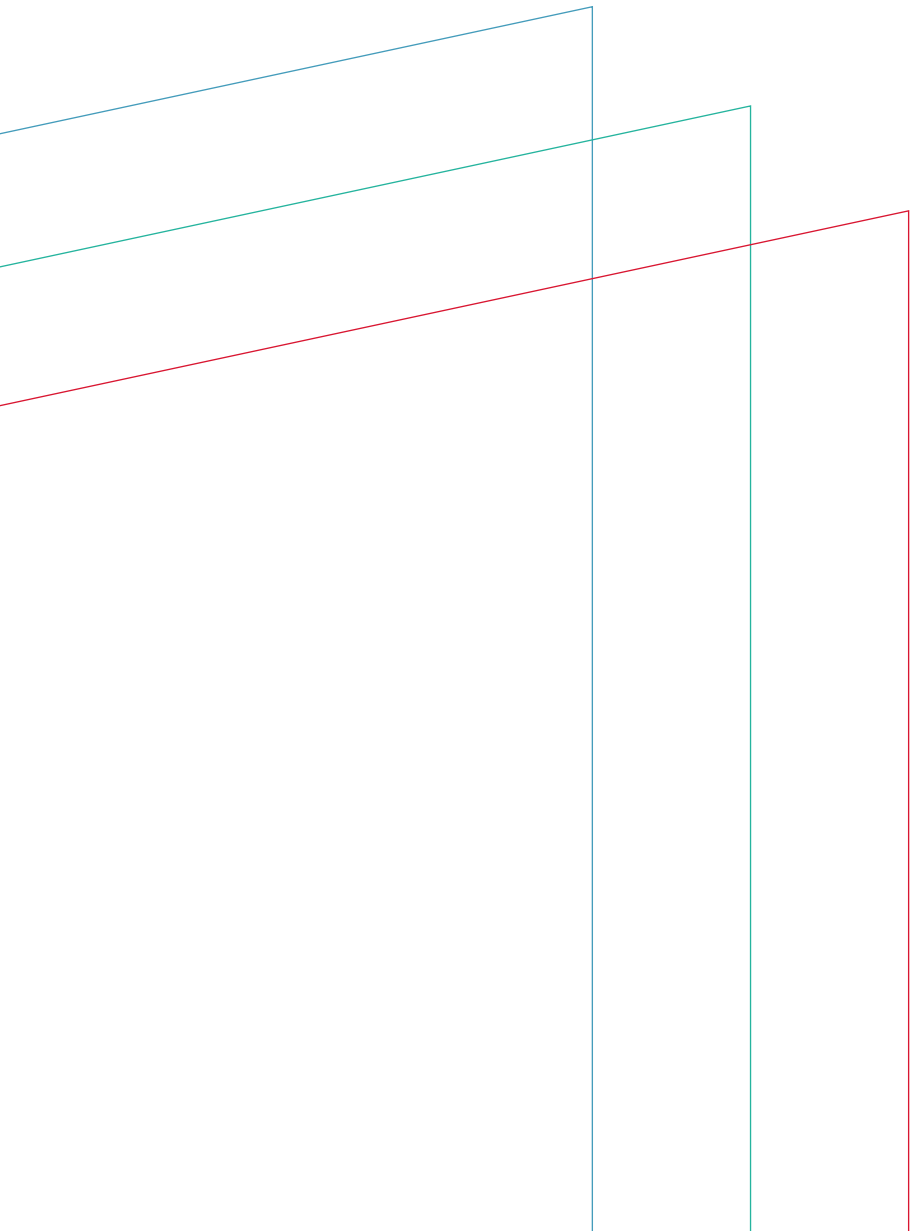
NEW ECONOMICS FOUNDATION

NOWHERE TO GROW

THE HIDDEN HARM OF TEMPORARY ACCOMMODATION ON CHILDREN

WRITTEN BY: HOLLIE WRIGHT



CONTENTS

EXECUTIVE SUMMARY

This report explores the severe impact of temporary accommodation (TA) on children's mental health and development, with a particular focus on London, using Southwark as a case study. With homelessness rising sharply, especially in the capital, children increasingly experience prolonged stays in inadequate, unstable housing. Over 160,000 children in England are currently in TA, with many enduring placements lasting years rather than weeks or months. Southwark, a borough particularly affected, witnessed a 77% increase in children in TA between 2020 and 2024.

Children in TA face significant health, developmental, and psychological harms. Poor housing conditions, overcrowding, frequent moves, and instability undermine their social-emotional functioning and educational outcomes. For example, over half of the children in TA miss school days due to housing instability, while poor conditions such as damp, mould, and overcrowding directly affect their physical and mental health. Worryingly, at least 74 children have died in TA settings in the past year, underscoring the urgency of addressing these issues.

Existing statutory frameworks, including the Housing Act 1996 and the Homelessness Reduction Act 2017, require local authorities to ensure suitable accommodation, yet implementation falls short. Systemic constraints, including severe housing shortages, under-resourcing, and fragmented inter-agency communication, further exacerbate the crisis. Despite legal duties, practical barriers such as delayed suitability reviews and inaccessible judicial processes often leave families trapped in inadequate conditions.

Qualitative interviews with stakeholders, including families and professionals in education, health, and legal sectors, vividly illustrate these systemic failings. Professionals report inadequate inter-agency communication, fragmented services, and a reactive rather than preventative approach to family homelessness. Families frequently experience disempowerment, with parents and children suffering profound psychological strain due to constant uncertainty and substandard living conditions.

Two initial proposals emerged from stakeholder workshops to improve coordination and support: introducing a statutory "duty to communicate" across local authority housing, health, education, and social services; and creating a dedicated local authority "TA family support coordinator" role. Both proposals aim to ensure holistic support for families and improve accountability, though stakeholders emphasised the need for clarity, sufficient resourcing, and phased implementation.

We recommend immediate local actions, alongside broader legislative changes. These include:

- Developing comprehensive inter-agency communication protocols to ensure timely information sharing among housing, education, health, and social services.
- Piloting dedicated "TA family support coordinator" roles within local authorities to provide consistent, holistic support to families.
- Ensuring statutory obligations around suitability assessments and housing placements are rigorously enforced, with clear accountability mechanisms.
- Implementing regular reviews of TA conditions, with mandatory reporting and public accountability to improve standards across local authorities.
- Providing adequate resources and training for frontline housing and social care staff to better recognise and proactively respond to children's needs.
- Establishing clear, accessible pathways for families to challenge unsuitable accommodation, supported by legal aid and advocacy services.

Addressing these urgent issues holistically is critical to mitigating lasting harms and ensuring that children's rights and wellbeing are protected effectively.

1. INTRODUCTION

The rising use of temporary accommodation (TA) for homeless families in England, especially within London, has reached a critical point, significantly impacting children's mental health, physical wellbeing, and overall development. This report provides a comprehensive analysis of the scale, nature, and impact of prolonged TA use, with a particular focus on Southwark. Drawing on extensive desk research and qualitative interviews with affected families, frontline professionals, and key stakeholders, the report identifies systemic failures at national and local levels, legal shortcomings, and critical gaps in inter-agency communication that exacerbate harm to children and families experiencing homelessness.

Structured in three main sections, the report first sets the broader context, outlining the scale of the homelessness crisis, the detrimental conditions prevalent in temporary accommodations, and the resulting physical, emotional, and developmental consequences for children. The second section synthesises qualitative interview findings, highlighting the profound negative impacts on families' lives and critically assessing the implementation of existing legal duties and frameworks. Finally, the report analyses insights from a targeted co-production workshop, discussing collaborative solutions to mitigate the harms identified.

2. CONTEXT AND EXISTING EVIDENCE

2.1 THE SCALE OF THE CRISIS

As more homeless families in the UK are placed in temporary accommodation (TA), the long-term impact on children's mental health and development becomes increasingly severe. Arising from a mix of a worsening housing crisis and shortfalls in policy and practice, record numbers of children are spending long periods in insecure, inadequate housing arrangements meant to be only temporary.

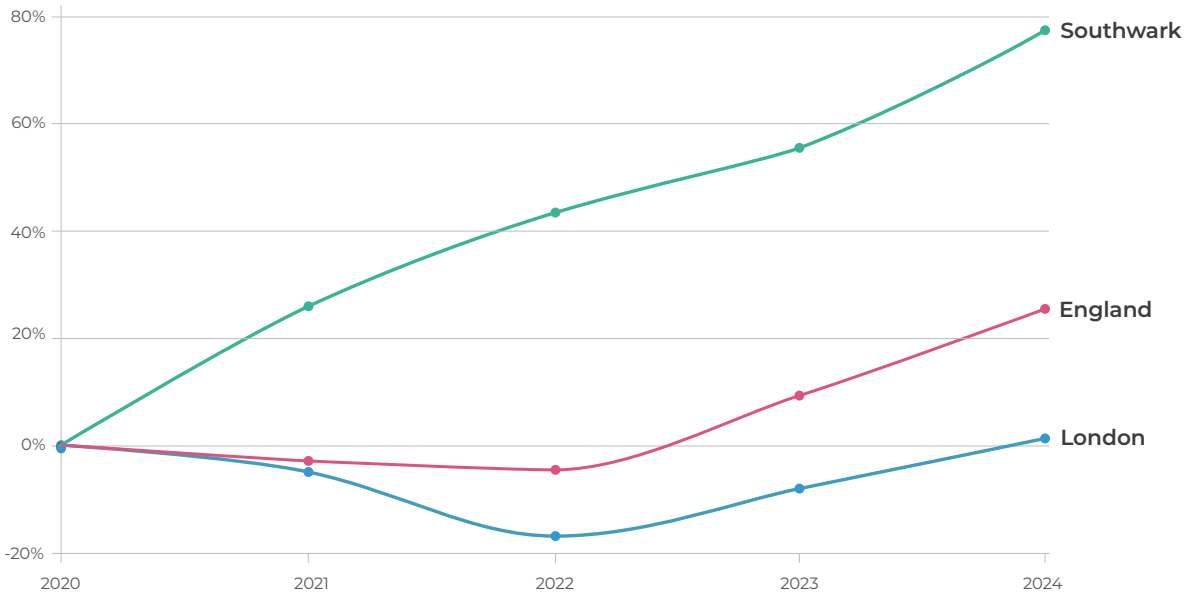
In England, the latest figures show over 160,000 children are living in TA - over two-thirds of whom had been there over a year, rising to over four-fifths in London.[1] Life in TA is becoming a protracted experience for many young people; one study identified 15,000 households (about one in nine of all in TA) stuck in this limbo state for over five years.[2]

London is at the heart of the UK's growing homelessness crisis, with family homelessness increasing by over 50% since 2010.[3] The city spends an average of £110m per month - £4m a day - on TA, up from £60m in 2019.[4]

Southwark is one of the most severely affected boroughs, with over 4,300 households in TA, about three-quarters of which are families with children or expectant mothers. Around 5.75% of all children in the borough are currently in TA.[5,6] This means there is roughly one class worth of homeless children in every primary school in the borough.[7] Between 2020 and 2024, the number of children in TA in Southwark rose by 77%, from around 1,900 to 3,500, a much faster increase than the 25% rise seen across England (see Figure 1).[8] Southwark alone accounts for nearly one in thirty households in TA nationwide, despite only containing one in two hundred of the total households.[9]

FIGURE 1: THE NUMBER OF SOUTHWARK CHILDREN IN TEMPORARY ACCOMMODATION VASTLY OUTPACES THE NATIONAL TREND

Percentage growth in children in temporary accommodation in Southwark, London, and England (2020-2024)



Source: MHCLG, Statutory homelessness live tables, Detailed local authority level tables

2.2 HARMS TO HEALTH AND DEVELOPMENT

Children in households stuck in TA are vulnerable to a host of harms. Decades of research link inadequate housing to poor outcomes in health, education, and wellbeing. Homeless children are estimated to be 3–4 times more likely to experience mental health problems than other children.[10]

The quality and stability of housing are among the strongest predictors of emotional and behavioural difficulties for children in low-income households, more so than housing affordability.[11] Frequent moves and "cumulative residential instability" have well-documented detrimental effects on children's social-emotional functioning.[12] Conversely, stable, decent housing is protective. Improving warmth, security, and housing conditions has been shown to positively influence health and wellbeing.[13]

Yet stability is precisely what many homeless families lack. TA is meant as a short-term sticking plaster, yet the data shows it is a drawn-out, disorganised stopgap. Some 30% of families in TA have lived in three or more placements, often with as little as 48 hours' notice before being moved.[14]

This has a severe impact on children's educational development, with frequent relocations disrupting their routine – almost half of children living in TA have had to move schools at least once (22% have moved multiple times), often because they are placed in accommodation far from their original area.[15] Over half of the children in TA have missed days of school due to their housing situation, and more than one in three of those have missed over a month of schooling.[16]

Living with constant disruption exposes children to ongoing anxiety, a lack of stability, and a deep sense of uncertainty, with chronic moves depriving children of the basic anchors of home and community that are essential for healthy development.

Poor conditions in TA further compound the harm. Local surveys and practitioners describe TA settings that are frequently overcrowded, substandard, and unsafe for children.[17] In one recent study, 75% of families living in TA reported poor conditions; 68% lacked adequate access to basic facilities like cooking, laundry, or Wi-Fi; and 35% of parents said their children did not have their own bed.[18] Worst of all, at least 74 children have died in TA in the past year alone — their already poor health worsened by widespread issues like damp, mould, cold, and vermin infestations.[19] This figure will only worsen with time, as 70% of families in TA visit A&E more than once a year.

London's poor conditions are particularly acute, with the capital having some of the highest rates of overcrowding in the country. London children are far more likely than adults to live in overcrowded homes, a factor associated with infectious disease spread and lower educational attainment.[20] Overcrowding and unsuitable sleeping arrangements have also been linked to elevated risks of infant harm, with more than half of unexplained infant deaths in 2020 occurring while co-sleeping in cramped conditions.[21]

Cold, under-heated accommodation is another hazard. It is associated with higher rates of respiratory illness but also poor mental health, where the impact is four times greater on adolescents compared to adults.[22] Some emergency placements lack basic facilities like cooking equipment or even a working refrigerator, leading to malnutrition and poor diets for children; one report links the lack of food storage in TA to increased tooth decay in homeless children.[23] Almost half of all serious childhood accidents are associated with physical hazards in the home environment, amplifying the danger when TA properties are poorly maintained or unsuitable for active children.[24]

This unsuitability has profound knock-on effects on children's wellbeing and development. Teachers and health professionals observe daily the toll that homelessness takes. In a national survey, 94% of teachers reported that children in bad housing or homelessness came to school tired, and 88% said those children were frequently absent due to long, difficult commutes from far-flung temporary placements.[25] Nearly nine in ten teachers noticed children in these circumstances arriving at school hungry, and a similar proportion saw children in ill-fitting or unwashed clothing because families lacked laundry facilities or stability.[26] These stressors manifest in the classroom as concentration difficulties, behavioural issues, and academic underachievement, entrenching pre-existing educational inequalities, especially in a post-pandemic era of persistent lags and academic catch-up.[27]

FIGURE 2: FAMILIES IN SOUTHWARK TEMPORARY ACCOMMODATION FACE GREATER AND MORE COMPLEX NEEDS THAN NATIONAL AVERAGE

Source: MHCLG, Statutory homelessness in England: July to September 2024.

Educational and social development are two sides of the same coin. Over three-quarters of teachers say homelessness or bad housing has led to friendship breakdowns or social isolation among their pupils.[28] Parents echo these observations. One-quarter of parents said their child was often unhappy or depressed as a result of living in TA, and one in four said their child struggled to make or keep friends.[29] Children themselves report feelings of shame and anxiety; many hide their housing situation from peers due to stigma, worsening their isolation.[30] Clinicians have warned that housing insecurity in childhood is a known risk factor for mental health conditions like anxiety and depression later in adolescence and adulthood, even after controlling for poverty.[31]

2.3 INEQUALITIES IN THE TA CRISIS

The profile of families in TA also reflects broader inequalities; white British groups are less likely to experience housing disadvantage than non-white groups.[32] In Southwark, this is particularly pronounced, with over two-thirds of statutory homeless households from Black, Asian, or minority ethnic backgrounds, and single parents and migrant families disproportionately represented (see Figure 2).[33]

Families with no recourse to public funds (NRPF) (those with insecure immigration status) face additional hardships. They are generally not eligible for mainstream housing assistance, often leaving them reliant on ad-hoc children's services support or informal arrangements. This two-tier system means migrant children can be left in an even more precarious limbo. British families facing homelessness can trigger a social services duty to accommodate the child, whereas similar support for NRPF families is frequently denied or delayed. Such disparities underscore how poverty, racial inequity, and immigration status intersect in the TA crisis, concentrating harm on those who are already marginalised and disadvantaged.

2.4 LEGAL DUTIES AND RESPONSIBILITIES

Local authorities have a set of statutory duties to protect homeless children, shaped by both housing law and children's legislation.

Under the Housing Act 1996 (Part VII) and the Homelessness Reduction Act 2017, councils must prevent or relieve homelessness where possible, and, if prevention fails, they must secure accommodation for eligible households, in priority need (including families with dependent children), and not intentionally homeless.

Where long-term housing is not immediately available, families are usually placed in TA. Importantly, any TA offered must be "suitable" for the household's needs. This suitability is assessed through a housing needs assessment, which councils are expected to carry out when a family first presents as homeless. The assessment should consider a range of factors, including the size and condition of the property, the family's health and support needs, and the proximity to schools or other essential services.

Families who believe the TA they have been offered is unsuitable can challenge the placement. There are two main routes:

- Suitability review: This is an internal review conducted by the council upon request. Families must lodge the request within 21 days of the offer, and the council is legally required to issue a decision within eight weeks.

- County Court appeal: If the council upholds the original placement following the internal review, families can escalate the case to the County Court on a point of law.

For interim placements, where no internal review process exists, families may only be able to pursue a judicial review. This involves challenging the lawfulness of the council's actions in the High Court. However, this route is often resource-intensive and difficult to access without legal support.

While these legal avenues exist in principle, they are not always accessible in practice. There are no statutory requirements for regular reassessment of suitability over time, which means that families can remain in unsuitable housing for extended periods with limited recourse. In many cases, overstretched councils fail to meet deadlines or do not engage proactively with changing family needs.

There are additional legal safeguards for children. For example, councils must not place families with children or pregnant women in B&B accommodation for more than six weeks, due to the recognised unsuitability of such settings beyond short-term emergencies. Nonetheless, breaches of this legal limit are increasingly common, as the shortage of alternative placements becomes more acute.[34]

Beyond housing law, councils also have broader child welfare duties. Under Section 11 of the Children Act 2004, public bodies – including housing departments – must ensure that the child's best interests are a primary consideration in any action that affects them. Furthermore, if a homeless household is ineligible for housing assistance (eg because of immigration status or a ruling of intentional homelessness), Children's Services may still have a duty to intervene under the Children Act 1989 to prevent a child becoming destitute or street homeless.

Although housing departments are not legally required to collaborate with social services, some councils have internal protocols for information-sharing and joint working where children are involved. In theory, this joined-up approach – coupled with the legal priority given to families with children – should ensure that no child is invisible to the system. In practice, however, as later sections of this report show, gaps between legal entitlements and lived experience are common, particularly when housing assessments fail to incorporate input from health and education services or when families do not have access to advocacy or legal support.

2.5 CONSTRAINTS ON LOCAL AUTHORITIES

While the previous sections highlight the current impacts and legislation, it is important to note that councils operate under severe constraints. There is not always a shortage of will, but certainly a severe shortage of housing and resources. In particular, London's housing crisis means demand for TA far outstrips the supply of suitable homes. Local authorities like Southwark face the unenviable task of finding placements for growing numbers of homeless families in an extremely expensive and undersupplied housing market.

Councils are spending unprecedented sums to meet their statutory duties – roughly £2.3bn was spent on TA nationally in 2023-24, with Southwark alone forecast to spend over £37m this year – yet this money often goes towards imperfect solutions such as nightly-paid accommodation because long-term housing simply isn't available.[35] Even councils with a higher-than-average number of council properties, like Southwark, struggle in light of the total number of households in TA almost doubling in the past decade.

Quality and oversight represent another systemic challenge beyond individual councils' control. The National Audit Office (NAO) has highlighted that the Ministry of Housing, Communities & Local Government (MHCLG) does not routinely collect data on the quality of TA across England.[36] Lack of national oversight and formalised monitoring of TA quality has led to "[reliance] on the individual culture, political climate and capital funds of each local authority".[37] In other words, without national standards, the conditions in TA depend heavily on each council's ever-shrinking resources, resulting in inconsistency and often inadequate conditions.

This data gap is even more stark for households placed in out-of-area TA, as central collection does not capture data on where those households are placed or what their outcomes are. This gap makes it harder to ensure accountability or to support children who may be housed far from their home borough.

These issues are widely acknowledged in research and policy circles, yet addressing them remains a challenge. Bodies like Shelter and the Children's Commissioner have repeatedly highlighted that prolonged stays in non-decent TA are violating children's rights and wellbeing, meaning immediate action is integral to protecting young people's health.[38]

Against this backdrop, some policy initiatives and good practices are emerging. An All-Party Parliamentary Group (APPG) for Households in Temporary Accommodation, along with charities, have called for a legally enforceable quality standard for TA – including basics like cooking facilities, a bed for every family member, and a safe play space for children.[39] A recent victory saw the Code of Guidance changed to ensure parents of infants are provided with a cot.[40]

Nonetheless, the literature reveals a perfect storm of more children being swept into homelessness, lengthy stays in unfit TA, and systems struggling to cope. The consequences for children's mental health and life chances are dire and multifaceted, from immediate trauma and illness to long-term developmental delays and emotional scarring. These findings highlight how system failures manifest in the everyday experiences of families. The next chapter builds on this, drawing on qualitative interviews to show how these national dynamics are lived and felt on the ground through the voices of families, frontline professionals, and local stakeholders in Southwark.

3. INTERVIEW FINDINGS

3.1 METHODOLOGY

We conducted 12 in-depth interviews with stakeholders in Southwark and beyond – including a parent with lived experience of homelessness, housing solicitors, council officers, a Child and Adolescent Mental Health Services (CAMHS) practitioner, a primary school support worker, third-sector experts, an A&E paediatrician, and a paediatric academic – to understand how temporary accommodation (TA) affects children's mental health and how agencies are responding.

Interviewees were purposely selected to reflect a broad spread of professional and lived experience across the services that typically intersect in a child's life while in TA. We particularly sought voices from housing, education, health, legal support, and voluntary sector roles, with an emphasis on those working directly with children who had additional mental health needs or disabilities. We identified initial participants through professional networks and recommendations, followed by desk-based searches to identify suitable roles and individuals.

While Southwark was the primary geographic focus, several interviewees contributed London-wide or national perspectives, offering insights into systemic patterns beyond the borough. We conducted all interviews one-to-one and remotely (via video call), using a semi-structured format designed to allow interviewees to reflect on both the statutory frameworks and day-to-day realities of service delivery. Each conversation lasted between 30 minutes and one hour.

The lead researcher manually conducted the thematic analysis using an inductive approach. After transcribing and reviewing the interviews, we identified recurrent patterns and grouped them into key themes, which we then refined and tested against the full dataset to ensure coherence and consistency. While the research benefited from the depth and diversity of perspectives, it is important to acknowledge its limitations. A single researcher conducted the analysis, and one key service area – children's social care – is notably absent from the sample, despite multiple outreach attempts. This represents a gap, given social services' formal safeguarding and coordination role, and is a clear priority for future research.

TABLE 1: PHASE 1 INTERVIEW PARTICIPANTS BY SECTOR AND ANONYMISED ROLE

Category	Anonymised reference
Medical	A&E paediatrician
Local government	Local government officer (Southwark)
Legal	Housing solicitor
Legal	Housing solicitor
Legal	Housing solicitor
Local government	Southwark local authority housing officer
Medical	CAMHS practitioner
Medical/academic	Paediatric academic
Charity	Third-sector expert
Tenant	Former TA tenant
Education	Primary school support worker
Charity	Law centre solicitor

TABLE 2: CAUSES OF HARMS IN TEMPORARY ACCOMMODATION

Unsuitable location	Poor suitability	Low quality
Noise and crime	Lack of play space	Lack of kitchen/laundry facilities
Area affordability	Physical hazards	One-room properties
Local authority services	Appropriate furniture/child locks	No/low running water
Duration of stay	Presence of vulnerable adults	Poor thermoregulation
School proximity	Accommodation accessibility	Damp and mould
Healthcare access	Negative social influences	Infestations
CAMHS	Lack of study space	Overcrowding
Proximity to social networks	Stigma	

TABLE 3: EFFECTS OF HARMS ON CHILDREN'S HEALTH AND WELLBEING

Physical effects	Psychological effects	Developmental effects
Sleep deprivation	Stress	Poor educational attainment
Injury	Fear	Slower language development
Infections and respiratory illness	Depression and anxiety	Underdeveloped social skills
Nutritional deficiency	Unmanaged neurodivergence	Poor hygiene

These conversations painted a rich, often painful picture of how day-to-day life in TA affects children, how exactly the system of duties and services is functioning, and how the interconnectedness (or lack thereof) of agencies can make or break outcomes for vulnerable families. Three core, interrelated themes surfaced repeatedly:

1. The profound impact of TA suitability on children's wellbeing and development.

2. The shortcomings in the application of legal duties and official processes intended to protect these families.

3. The fragmentation, lack of inter-agency communication, and siloing of issues between services that impede effective support.

The following discussion synthesises these themes, using the voices of interviewees themselves to illustrate the realities on the ground.

3.2 IMPACT ON CHILDREN AND FAMILIES

Our interviews reflected the existing evidence that life in TA exacts a heavy toll on children's mental health, physical health, and overall development. A recurring picture, described poignantly by both professionals and parents, is that of children who are exhausted, anxious, and missing out on their childhood due to the conditions and instability of TA. Interviewees explained how children in TA often struggle with poor sleep, poor nutrition, lack of play space, and constant insecurity, leading to severe emotional and behavioural repercussions.

To reflect these patterns, we have presented the most frequently reported causes and effects of TA on children's health and wellbeing in two tables: one outlining key causes and another detailing the resulting adverse effects. We organised these in three categories – physical, psychological, and developmental – based on insights from our desk research and interviews. This structure enables a clearer understanding of the specific

factors identified by families and professionals, including overcrowding, unsuitable location, substandard property conditions, and a lack of essential services.

While Table 2 offers clarity, it is important to emphasise that these harms rarely occur in isolation. Interviews revealed how these factors interact in compounding ways, creating feedback loops where one issue amplifies another. For instance, overcrowding contributes to sleep deprivation, which increases children's stress and anxiety, in turn undermining educational engagement and attainment. Similarly, poor housing quality leads to both physical illness and psychological distress, reinforcing a cycle of disadvantage. Understanding these dynamics is key to designing responses that do more than address symptoms; they must interrupt the reinforcing effects of instability and unmet need.

These intersections were brought to life by service providers who dealt with high numbers of children in TA. A primary school support worker in Southwark estimated that at least 20% of the pupils at their school are currently in this position, but believed it was "probably more" in reality. They relayed how children are arriving at school each day tired and distressed, whether because of long commutes from distant TA placements or chaotic, overcrowded living conditions that make a good night's sleep impossible. In one case recounted, a parent and two young boys (aged four and five) were placed in a TA room over an hour's journey from the school, after weeks of sofa-surfing and even a couple of nights where the parent had to sleep at their workplace.

As the primary school support worker explained, such extreme commutes are not uncommon, and they leave children drained. When a family of four is crammed into a single room or tiny flat, sleep hygiene and routines collapse – bedtimes are disrupted by lack of quiet, siblings must share beds or sleep in shifts, and parents cannot enforce normal schedules.

One parent-turned-advocate added to this, explaining how sharing one room erodes the boundaries children normally have:

> "You're put into one room all together… you can't hide [the stresses] from your children because you can't leave them alone in a motel room… there is no protecting them from the reality."

This parent described how their children were constantly in a heightened state of anxiety, mirroring their own stress. The cramped space forced the whole family into "torturous" proximity, aggravating the neurodivergent children's sensory issues:

> "Their needs just [were] competing in this one space… it was impossible to manage, because if you choose one child's needs, then you're not choosing the other child's needs. What do you do in that situation?"

This impossible dilemma was their daily reality – for instance, their autistic child needed darkness and silence to stay calm, while a younger child (with different neurodiverse needs) self-soothed by rocking and making repetitive noises. In a normal home, the children could have separate rooms or at least time apart; in one small room, "their needs… can't get away from each other", fuelling meltdowns and despair.

Lack of space to play or study was another sub-theme that emerged under this impact category. The primary school support worker from Southwark emphasised that many TA units are so cramped that

> "A lot of our families wouldn't have enough room for a kitchen table and chairs, so homework is done on the bed or on the floor or even on the toilet– if there's enough space for that."

Not only does this hinder academic progress, but it also affects basic parenting and bonding activities. The primary school support worker also pointed out that for younger children, especially those with developmental delays or autism, the usual recommended home activities (like floor-based play exercises or speech-and-language games) become almost impossible:

> "All of those early learning enrichment activities that parents are recommended to do with their 3-, 4-, 5-year-olds, they just can't do because there isn't enough space...it's impossible for them to progress [emotionally]."

They gave an example of a child with a speech delay for whom a therapist had given the parents a programme of exercises, but "what the parent can do with them at home is very, very limited" due to the overcrowded one-room living arrangement. These constraints can set children back developmentally at a critical age. The frustration for parents is enormous; many "feel guilty or sad" that they don't have money for fun activities and extras for their children, or that they cannot provide the environment their children need to thrive.

Several interviewees noted that parents' own mental health often deteriorates under these pressures, which in turn impacts the children. The primary school support worker explained:

> "We really need to remember the pressure on the parents and the emotional and psychological impact that [they] are under, very often, these are parents who've already been through traumas – trafficking, forced migration, domestic abuse – and then having to care for their children in suboptimal accommodation makes it even more challenging."

An A&E paediatrician similarly observed that the "knock-on impact of negative parental mental health" due to housing stress cannot be underestimated – parents in TA are often depressed or anxious, which can affect their responsiveness to children, which in turn can increase children's emotional insecurity.

Insecurity breeds fear and feelings of low safety, pervading many children's experiences in TA and directly undermining their mental wellbeing. TA placements like hostels or B&Bs often involve sharing facilities with strangers, including single adults with complex needs, due to the common practice of mixed placements. Multiple interviewees raised this as a key source of anxiety. The A&E paediatrician elaborated:

> "In TA, you've got multiple families or multiple different users [sharing bathrooms]. These are really intimate and vulnerable situations that children are in... they're having to share a lot of facilities with strangers… that's going to feed into adverse outcomes in terms of social health and mental health."

A formerly homeless parent echoed this vividly, saying they felt "somewhat safer" living with an abusive relative than in some of the unknown, chaotic TA settings they were offered. This sense of constant vigilance and insecurity means many children are unable to truly relax. They may become hyper-alert or withdrawn, especially when they have experienced past trauma. This parent had fled domestic abuse to protect their children, only to be placed in a hostel where they feared the risk of new abuse:

> "You end up thinking… it's better to go and live with a toxic family that you know how they work… than going into these horrific B&Bs… You don't know the people in there or what they could end up wanting to do. …You go from one vulnerable situation into another. It's absolutely soul destroying. And the kids pick up on that – you can't hide [it] from them."

Indeed, multiple professionals noted signs of trauma in children who have endured homelessness: for example, regression in behaviours, heightened startle responses, aggression, or clinginess born of insecurity. The primary school support worker outlined how many children are "destabilised" by the experience, and "even the healthiest...show signs of real trauma and [newfound] paranoia".

This experience is even more worrying for children already suffering from a mental health condition. For example, a CAMHS practitioner who works with adolescents recounted a case of a teenager with psychosis placed out-of-borough in TA who became "really paranoid" and fearful, partly due to being in an unfamiliar environment away from family support. Even younger children exhibit distress. Parents report bed-wetting, nightmares, and severe separation anxiety in children who have lost the comfort of a stable home:

> "[They] used to always need to sleep right next to me [in the TA room] – they were scared. If I stepped out into the corridor, they'd panic."

These accounts echo wider clinical observations, including from a paediatric academic, who described how trauma can manifest even without formal diagnosis, through sadness, hyper-vigilance, or behavioural changes.

The impact on mental health is also intertwined with physical health. Interviewees described children in TA suffering from more frequent physical illnesses and developmental problems. The A&E paediatrician explained that they see many underweight or "faltering growth" infants from homeless families, a consequence of food insecurity and lack of cooking facilities, forming a vicious cycle:

> "One of the big areas is undernutrition or malnutrition… a child who comes in [to hospital] who's based in TA is more often than not going to have a poor diet. And that diet's going to impact things like sleep, it's going to impact school, it's going to impact their ability to play."

Frontline accounts confirmed that basic needs often go unmet in TA. Families might live on takeaways or cold snacks for lack of a kitchen, compounding nutritional deficiencies. Poor housing conditions - particularly damp, cold, and mould - trigger respiratory problems like asthma in children, and constant moving disrupts the continuity of medical care. Several interviewees noted that children in TA sometimes drop off health service registers (eg GPs) when they move, disappearing from view until a crisis occurs.

Moreover, living in stressful environments can lead to psychosomatic symptoms in children. Stomach aches, headaches, and other stress-related ailments were mentioned by a parent in TA. As one third sector expert summarised, the line between mental and physical health problems blurs for these children, because "their environment is undermining both simultaneously." Social health – a child's ability to engage with peers and trust adults – is gravely impacted, and children often feel ashamed to invite friends over (if such a possibility even exists), while frequent school changes rupture friendships.

3.3 SHORTCOMINGS IN LEGAL DUTIES AND SYSTEMIC SUPPORT

Despite the existence of statutory duties intended to protect children in TA, the reality described by professionals is one of systemic under-delivery. Interviewees pointed not only to failures in implementation, but to deeper structural tendencies - defensive practices, resource-driven decision-making, and siloed systems - that leave children's specific needs unmet. The following subsections explore the recurring barriers and breakdowns identified across legal, procedural, and frontline practice.

3.3.1 Barriers to recognising need

A striking theme from the interviews was the gap between what the statutory framework is intended to guarantee for homeless families and what families actually experience on the ground. While the legal duties appear robust on paper, stakeholders described a landscape where rights are often inaccessible or inconsistently applied.

The statutory framework – housing duties under the Housing Act 1996 as amended by the Homelessness Reduction Act 2017 – ostensibly ensures that no child should remain homeless or in harmful accommodation. In practice, however, interviewees described a system that is overburdened, defensive, and at times dysfunctional, often leaving children's needs unmet despite legal entitlements.

Several sub-issues emerged: gatekeeping and delays by local authorities, the high bar for proving the "unsuitability" of TA, the lack of proactive consideration of children's needs in housing decisions, and the burden shifting onto parents or other services to fight for support.

Frontline housing solicitors in London argued that some councils are struggling to fulfil their duties and, on occasion, seem to be wilfully skirting them. One legal aid solicitor specialising in homelessness cases noted that, in theory, when a family with children presents as homeless, the council should conduct a thorough assessment of their needs (including any health or education issues) and factor those in when placing the family in TA. In reality, this interviewee felt that councils rarely account for children's special needs unless forced:

> "Local authorities don't always want to acknowledge needs because it makes finding suitable accommodation more challenging."

By needs, the interviewee was referring to things like a child's disability or mental health condition that would require a particular type of housing; for example, a ground-floor flat, an extra bedroom, or proximity to certain schools or hospitals. In their view, even when housing officers have enough information to know that a given child might need, say, their own room due to autism, they often do not act on it:

> "I think it's an active choice not to acknowledge those needs because of the additional strain of getting, for example, a three-bedroom instead of a two-bedroom property in the area they need."

Another solicitor argued that councils sometimes appear to "actively ignore or downplay" evidence provided about children's requirements. In cases where independent experts (like occupational therapists or psychologists) have assessed a child and recommended specific housing provisions – "expert reports stating the obvious need for certain children… to have their own bedrooms" – in their view, the system appeared to default to delays.

They highlighted one case in London involving a child with severe autism and physical health issues. An expert report stated the child must have access to a private garden for therapeutic reasons, yet the family was initially placed in a flat with no outdoor space. Only after a prolonged back-and-forth did the council finally concede and move them, "acknowledging what was obvious from the start".

This is a particular issue for families with additional barriers. Many parents, especially those for whom English is a second language or who have limited formal education, find the homelessness application and review procedures confusing and overwhelming. One mother recalled having to wade through complex forms and provide
repeated proof:

> "You have to update change-of-circumstance forms on your housing application, upload any diagnosis reports… But it's kind of what you do next [that is unclear], it's difficult to get your head around...especially when your kids are going through the process [of getting a diagnosis related to neurodiversity] so there's no papers in place yet."

Several participants mentioned a "tick-box" mentality in some housing departments, where the goal seems to be to fulfil the bare minimum duty (provide a roof over the family's head) rather than truly meet the family's needs. As one charity worker put it:

> "The main housing duty is being treated as a ceiling, not a floor – if they've given you a roof and four walls, they consider their job done, even if it's miles away or completely unsuitable."

One solicitor described how this plays out. A family might be placed in a high-rise hostel despite a child's medical fear of heights or an open-plan studio despite a child's autism – and the council will deem it suitable unless the family takes the initiative themselves to seek out a solicitor.

> "That's a battle. We've achieved that kind of battle [getting one placement deemed unsuitable], and then for whatever reason, because it's temporary accommodation, the placement changes and we have to battle all over again."

From a legal perspective, this solicitor believes the law itself is reasonably robust on paper – "for me, I think that bit of the law is fit for purpose. It's just not being implemented" – and that the failure is in enforcement and practice.

3.3.2 Navigating legal enforcement

Interviewees reported that families with children often find themselves pushing against intransigent bureaucracy to get their rights enacted, with endemic delays and procedural barriers. By law, when a family requests a review of the suitability of their TA (eg citing new evidence of the child's needs or a change in circumstances), the council has eight weeks to respond. Housing solicitors we spoke to noted that London councils frequently miss these deadlines:

> "Unless they are able to find a legal aid solicitor to assist them… [families] don't get any response, and even then, we often struggle to get a response ourselves. [The review request] is often ignored until we threaten a judicial review."

Even then, the council might ask for extensions or "simply do nothing", leaving families little choice but to initiate court proceedings to get a decision. One solicitor remarked in frustration:

> "The amount spent in legal costs, I don't want to know – because those funds could be reallocated to actually sourcing accommodation in the first place. You're battling over a bedroom size… It's crazy."

Indeed, some solicitors were concerned that councils can sometimes appear to pay legal costs as the price of delay, especially London boroughs with extreme housing shortages. "Appeals can take six months… you can see how a council can really drag this out," one solicitor said, noting that even if the council loses in court, "they seem not that bothered", since the delay bought them time and which they may view as an "unavoidable expense". Some participants felt that this "reluctance" cannot be explained by housing shortages alone.

4. PHASE I – LITERATURE REVIEW AND INTERVIEWS

Interviewees described a broader institutional culture of inertia and risk-aversion - one in which fulfilling the minimum requirements is treated as success. This lack of transparency was perceived by some interviewees as a form of institutional "gatekeeping", making it harder for families to access entitlements or navigate the system effectively, especially for those without formal support or legal knowledge.

The primary school support worker recounted instances of trying to contact the housing department on behalf of a vulnerable family and being frustrated by a lack of clear information:

> "The problem is so huge that [the council thinks] the more barriers we can put up for you finding the right channels, the better...on the [council] website, there is no structure… You always seem to go in at the lowest level – an info@ email – rather than knowing, this is the right person to get the support for this family."

Interviewees felt that this environment also deters families without access to legal advice from challenging their treatment. Many give up or simply endure poor conditions, fearing that complaining might jeopardise even the temporary shelter they have.

4.1 HOUSING NEEDS ASSESSMENTS

Interviewees reported that many parents are unaware that you can ask for a suitability review or extra priority for medical needs. This compounds a reported common failure on the part of councils to ask the correct questions at the initial stage of the housing needs assessments, whether due to a lack of capacity or insufficient training. Several interviewees noted a troubling tendency for genuine needs to be treated as mere "preferences" by councils during assessments. A housing solicitor described how councils frequently conduct assessments using narrowly prescribed questions that fail to capture important details:

> "The housing needs assessments are very broad, and councils just aren't capturing it... [some London boroughs have] moved to a detailed questionnaire, but it's basically just a version of their temporary accommodation policy criteria. It asks things like 'Is the mental health so severe they can't be housed out of borough?', but doesn't ask 'What is their mental health like?' They're closed questions, not open, so things get missed."

This was echoed by another solicitor who described how even clear medical issues or vulnerabilities are overlooked because the assessments don't proactively seek input from social services or healthcare providers:

> "There's basically no interaction between different parts. If social services are involved, you have to push hard to get a supportive letter—councils never proactively seek information from [us] and as far as we know, from other services."

Although tasked with a legal obligation to seek out a holistic view of a child's circumstances, there is no standardised procedure for how to conduct this process, meaning poor application of the housing needs assessments leaves local authorities open to lacking crucial information at critical stages of decision-making. This results in needs going unrecognised unless parents or advocates persistently push, highlighting a systemic failure in assessments rather than isolated oversight. Parents who are in the know or get advice from charities fare better, as observed by the CAMHS practitioner:

> "It does rely on [parents] being switched on and initiating the request for information to which I provide their documentation… I would say that's the only way I've ever done it... I haven't come across the council asking us – it's more us volunteering it when a parent pushes."

This indicates that the system is largely reactive – if a family doesn't know how to navigate it, their child's needs may not be properly advocated in the

housing process. Indeed, the CAMHS practitioner noted that housing issues often "slip down the list" for health professionals, too, unless a family really pushes:

> "We're guilty of it then slipping down to the bottom of the list… we think, oh we need to address medication and other things first… it only comes up months later that actually the environment isn't suitable and is making them way, way worse."

It exposes a key drawback; the burden frequently falls on the family (or an advocate) to alert the council to a problem. These enforcement issues are compounded further when families face additional legal or practical vulnerabilities. For migrant families with no recourse to public funds (NRPF), the stakes are higher still, as they fall outside many of the legal protections that apply to other households. Interviews pointed towards the sense that there is a parallel, lesser system for these families. The primary school support worker noted:

> "When we've had families with [NRPF]… you can't make a safeguarding referral [for homelessness] because it won't be accepted."

In their experience, child protection teams will turn away a referral from an NRPF family facing street homelessness, whereas for a non-NRPF child, they would intervene. This leaves migrant children in a dangerous grey zone, reliant on Section 17 of the Children Act but often only after extreme hardship. As the primary school support lead put it:

> "The difference we see with our [NRPF] families is really stark… it's a two-tier system in terms of how migrant children are treated compared with British children – it's really dark."

Housing solicitors and advocates similarly noted that "eligibility" rules under homelessness law exclude many immigrant families, pushing them to the margins of support. Local authorities sometimes use social services budgets to house NRPF families, but this is inconsistent.

To many of those we spoke to, the application of the statutory framework often appears beleaguered and inadequate. Legal duties exist that should prevent children from suffering in TA, but enforcement is weak, delays are routine, and families with limited means struggle to navigate the complex processes required to invoke their rights.

Because the systems implementing the law are overstretched and fragmented, children's needs often fall through the cracks. This connects to a final major theme that emerged from our interviews: how the lack of integration and communication between different services amplifies these challenges, and how better connectivity could improve support for children in TA.

4.2 FRAGMENTATION OF SERVICES AND INTERCONNECTIVITY ISSUES

As the interviews illustrate, families must navigate not only a complex legal framework but also a fragmented system of services. Children in TA are affected by decisions across housing, education, health, and social care, yet these agencies rarely operate in concert. A powerful theme in the interviews was the shortfalls around effectively coordinating and sharing information between these stakeholders, which often leaves families feeling lost in a maze and forces them to repeatedly tell their story or fend for themselves.

Many interviewees identified siloed working and poor communication channels as major barriers to helping children in TA, even when individual professionals are compassionate and aware. Perhaps the most compelling illustration came from a parent who had been homeless with two children, who described the bewildering array of agencies involved and how little they communicated with each other:

> "There were endless bodies and organisations calling me – practically once a week each of them, so I spent half my life just on the phone, keeping everyone in the loop. It was stressful – so stressful."

In the parent's case, they had interactions with three different schools, a young carers service, a family support worker from Children's Services, multiple hospital consultants for their son's medical issues, the GP, and the housing office.

Already overwhelmed, they often got conflicting information and didn't always feel treated with compassion.

> "I appreciated people checking in…but nobody could actually do anything useful to change our situation...Often, you get competing bits of information, and there was always a sense of fear as well that you're being judged… you're almost having to prove to people that… the situation is not of your own making – that the children are okay."

The lack of a single point of contact or a coordinated plan meant the parent bore the brunt of coordinating all these agencies. This resonates with what professionals say from their side; each service only sees one facet of the family's life, and without deliberate communication, important context is missed. One example of this disconnect came from the CAMHS practitioner, who described how out-of-borough placements can disrupt service continuity, especially when mental health teams dispute who holds responsibility. They noted that if one of their young clients is moved to another borough's TA stock, the CAMHS team usually retains responsibility:

> "Because the new borough's CAMHS will say, 'No, it's only temporary – it's still [old borough's CAMHS'] case.'"

This can result in logistically tricky situations where either clinicians or the patient need to travel across London because no transfer is arranged, all while that patient might also be trying to register with a new GP or access local support in their new location. As a result, in a highlighted case, a teenager from Southwark placed in a Camden TA ended up not engaging much with services:

> "Logistically, it's really difficult...if they're really unwell, you can't expect them to come all the way back… but we [Southwark CAMHS] very rarely offer outreach outside of the borough."

4.3 DATA SHARING SHORTAGE

One core issue here is not just initiative, but the foundational lack of data-sharing protocols between agencies. Both day-to-day practice and underlying systems and procedures fail to address this dislocation, largely because everyone is overstretched, under-capacity, and focused on their own remit. One third-sector expert stated plainly:

> "Within councils themselves, they're not joining up… and then there's a very obvious trinity of failure, which is schools, NHS, and local authorities not sharing [information] between them... practitioners will readily recognise those failures to join up, but are not asking questions around how do we then join up."

The strain on local authority and borough resources and staff capacity cannot be ignored as a systemic factor. A housing officer from Southwark was candid:

> "We've got 4,000 plus [households] in temporary accommodation now and only a relatively tiny amount of officers dealing with all of that...we need partnerships… we need third sector, we need schools, we need CAMHS… to let us know what those needs are."

It's obvious, then, that even well-intentioned authorities are often stuck in a position of reacting to crises rather than preventing them. The housing officer emphasised plans for regular 6-month check-ins with families and a more "fluid" transfer system to relocate families if needs change. While this is promising, it also implicitly recognises that children may languish for months with unmet needs before the system adjusts.

This will only be exacerbated if communication is lagging. One third sector expert emphasised that there are no strict legal barriers to sharing data about homeless children – GDPR and confidentiality can be managed with proper agreements – but it requires leadership and will to set up "automatic processes" that are currently not in place. At present, if one council issues a child with an Education, Health and Care Plan (EHCP) for special educational needs, the team responsible for developing the EHCP and the team responsible for allocating TA "don't necessarily speak to one another". This kind of institutional silo means that even within the same authority, crucial information may not be conveyed.

Similarly, multiple interviewees noted that housing officers are often unaware of (or unresponsive to) input from non-council health or education professionals. The CAMHS practitioner expressed dissatisfaction that even if they write a supporting letter about a patient's mental health needs in relation to housing, they receive no assurance or confirmation that it will be considered. They recounted a case where they strongly advocated to rehouse a family because their child was at serious risk in their current flat, due to suicidal ideation and being housed in high-rise living conditions. Despite clear medical evidence of risk, the rehousing process took two years.

Less acute mental health considerations – like the deleterious effect of isolation or lack of green space – "never get fairly factored into the decision", in the CAMHS practitioner's view. Multiple interviewees suggested that housing assessments might tick a box for "medical issues – yes/no" but not delve into qualitative aspects of a child's wellbeing; often, they will not draw on the perspective of connected health professionals. For children without a formal diagnosis or ongoing support from health services, their needs are even less likely to be picked up and properly accounted for.

The consequence of this fragmentation is that children's needs go unaddressed, not because of a lack of care but because no one sees the full picture. A child might be struggling at school due to homelessness-related stress, but unless the parent or school informs the housing department, the housing officer handling their case will treat it as a straightforward housing issue. Conversely, the school might not know the child is in TA unless the parent volunteers that information; as many parents feel a sense of shame, they are reluctant to disclose their status. Thus, the information disconnect is also tied to stigma.

When there is communication, for example, a teacher or GP writing to the housing department about a child's health, it may not influence the housing outcome. One third-sector expert mentioned hearing from school leaders who do refer families for extra help, "but we know that they're still waiting two years to get a suitability assessment done." This can breed a fatalism or mistrust. Some teachers and health workers the expert spoke to said: "We could flag to housing, but they're not going to listen, so it doesn't even matter."

That attitude, while understandable from frustrated experience, further erodes proactive collaboration. One interviewee responded that the solution is to systematise information-sharing so it doesn't rely on ad-hoc trust between individuals:

> "You need automatic processes… not [the] ad hoc flagging of a case, but a system where you don't need to rely on an individual...this tackles inherent insularity – everyone's focused on their own area and not a systems-level approach."

While these systemic fractures dominate the landscape, some promising practices are beginning to emerge, demonstrating that even within current constraints, coordinated responses can make a meaningful difference.

4.4 SILOED WORKING BETWEEN AGENCIES

The Southwark housing officer we spoke with described plans for a multi-agency TA working group to bring services together, with regular forums where housing, education, health, and voluntary partners share information on families so evolving needs are not missed and to facilitate "the best-informed decisions".

Another positive example came from a school-based housing advice project in Southwark. The primary school support worker explained that partnering with a local charity to offer on-site housing clinics at the school proved "really effective", since parents were more likely to seek help in a familiar, trusted setting. This model bridged the gap between the community and the council; the advisor liaised directly with the housing department on families' behalf, cutting through bureaucracy and ensuring each child's situation (including the child's school needs) is clearly communicated. The pilot not only resolved individual cases but also changed mindsets, and it has since been expanded to other schools, leading to better information flow and collaboration, ensuring families get the support they are entitled to but might not otherwise access.

Interviewees also suggested structural changes. One housing solicitor proposed creating a dedicated specialist unit, based in local authorities, to proactively seek information about a child's needs from other intersecting local services, so that a child's educational and health needs (like an EHCP or mental health support) are considered from the start when making housing decisions. This, they argued, would ultimately save council resources by preventing protracted legal battles or crises. Similarly, a housing officer emphasised providing more frequent check-ins or "touch points" with families, reflecting a more holistic, whole-family approach rather than treating housing in isolation.

There were also proposals for better notification systems so that whenever a child enters TA, their GP, health visitor, and school are automatically informed:

> "Have it as an automated flagging system...such as police currently notify schools of domestic violence incidents via Operation Encompass."

Creative local projects have sprung up as well – for example, the primary school support worker explained how their primary school piloted an on-site housing advice clinic in partnership with Kineara, a charity, recognising that the school, as a trusted space, can help families navigate the housing system and access support they might otherwise miss.

Such innovations point to a more multi-agency approach that many experts advocate: integrating housing, health, education, and social care efforts to mitigate the harm to children in TA.

Despite these innovations, many children in TA currently remain invisible to those who could help them. The paediatric academic noted that these children often don't meet thresholds for specialist mental health services, but the unstable, unsuitable nature of TA as a tenure creates adverse mental health impacts for otherwise healthy children, and no preventive service steps in to support them.

Services are not proactively recognising that these children are an at-risk group, and few safe, non-stigmatising spaces exist where children in TA can receive support without formal referrals. The key is that children shouldn't have to reach a crisis point for housing officers and other services to both prioritise TA suitability and offer help to mitigate these impacts. Better inter-agency communication would flag these needs earlier.

The interviews demonstrated that no single agency alone can address the multifaceted challenges faced by children in TA. Poor coordination and information-sharing have been a major hindrance, leading to gaps, duplication of effort, and frustration for families and professionals alike.

However, those on the ground recognise these failings and have put forward ideas to fix them – from multi-agency forums and data-sharing protocols to school-based interventions and dedicated liaison roles. Building trust and breaking down silos is both the biggest challenge and the most promising avenue for improvement.

It was in this spirit that Phase II of the project was designed, not to simply introduce solutions from outside, but to work them through with those closest to the problem. The next chapter covers the co-production workshop we convened to stress-test and develop two working proposals grounded in Phase I findings.

5. PHASE II – CO-PRODUCTION WORKSHOP

The Phase II co-production workshop was convened as a direct continuation of Phase I, moving from research findings to collaborative solution-building. The purpose was to test and refine the early proposals emerging from interviews in a structured forum that brought together stakeholders from across the system, including local authority housing officers, education professionals, legal advisors, health advocates, and third-sector support workers. These were a combination of those who had participated in Phase I interviews and further additions.

We opened the workshop with a recap of Phase I findings on children in temporary accommodation (TA), then invited participants to critique those findings based on their own experience, before introducing two draft proposals for detailed discussion. These were not polished blueprints, but provisional ideas offered up for scrutiny: the first, a potential "duty to communicate" across services, and the second, a dedicated "TA family support coordinator" role. This format was intentional. It allowed participants first to establish a shared understanding of the problems and then to engage in co-producing improvements.

The workshop was thus both a continuation of research (validating and nuancing what had been learned) and a step towards practical action, with proposals being co-developed in real time, grounded in frontline realities rather than presented as fixed solutions.

5.1 PARTICIPANTS' REFLECTIONS

Early in the workshop, we asked participants whether the Phase I findings resonated with their own professional experience. There was broad affirmation. Multiple attendees agreed that the system's fragmentation, "unknown need", and poor communication were indeed undermining support for families in TA.

This echoed the interview finding that children's mental health needs often fall through the cracks when agencies fail to talk to one another. A primary school support worker described how "the process is opaque" to families and schools. They urged that "the process needs to be crystal clear", claiming that even "basic information" often isn't proactively shared. Others concurred that no single agency currently owns the whole problem, leaving families "lost in a maze" of siloed services.

At the same time, participants added nuance to the Phase I picture with new dimensions and examples. Frontline workers spoke about the human impact of these systemic failings: for instance, the stigma and fear that homeless families experience. A charity practitioner noted that families often conceal their situation:

> "There's a huge stigma around it. Parents are really nervous to tell a school or [social services] out of fear of being kicked out… or having the kids taken away."

This insight challenges any assumption that families will simply come forward once services improve communication; mistrust and power imbalance must also be addressed through a proactive protocol. The asymmetry between families and institutions was a recurrent theme. We heard that families often feel "completely disempowered" in their interactions with services:

> "Parents may try to advocate for their child's needs, but if each agency tells them 'that's not our responsibility', they quickly hit a wall."

Moreover, families fear the power of authorities. Reluctance to inform schools or social services of their situation stems from anxiety that admitting need might lead to punitive outcomes such as eviction or child protection investigations. Participants pointed out that simply mandating communication between agencies does not automatically empower the family; indeed, one could argue it mainly empowers agencies to share data:

> "If we want to actually help children, and help their parents find root as well, these processes [suitability and refinement] have to be done with families, not just around them."

The discussion repeatedly highlighted a classic issue of institutional logic. Each service has historically focused on its own remit (housing departments focus on finding a placement, schools on enrolment and attendance, etc.), but homelessness in families cuts across all these remits. The workshop made plain that without a conscious effort to bridge these domains, children will remain invisible in the gaps. In one exchange, the group realised that when a child in TA shows up at A&E with an injury or mental health crisis, the hospital has "no way of knowing the child's unstable housing situation", a risk factor that might be crucial for proper care.

Yet there were also signs of convergence; everyone in the room shared a commitment to "get it there", to find some way to fix the coordination problem because, as one interviewee said: "You shouldn't have to rely on an individual to make the system work." The workshop itself became a space where participants could collectively own the problem. One council officer stated plainly:

> "We will only get anywhere with a very clear perspective with our partners… we certainly wouldn't do it alone."

In this, the workshop functioned as a microcosm of the system, diagnosing its fractures (data silos, misaligned duties, and mistrust) but also demonstrating the beginnings of a more integrated approach (shared forums, open dialogue, and mutual accountability).

Building on these reflections, we introduced two specific proposals for scrutiny. Both were rooted in earlier research but deliberately open-ended, intended less as finished products than as prompts for structured deliberation.

5.2 PROPOSAL 1 – A STATUATORY DUTY TO COMMUNICATE

The first proposal put forward was for a statutory duty to communicate: a formal legal obligation on councils, in addition to existing legal duties, to coordinate between housing, education, health, and social services when placing families in TA (especially when moving them across borough lines).

PROPOSAL 1: STATUTORY DUTY TO COMMUNICATE

Purpose: Mandate improved communication among housing, education, health, and social services when placing families in TA, especially when placements cross borough boundaries.

Features:

- Require local authorities to inform relevant agencies immediately upon placing a family in TA.
- Clarify roles and responsibilities of each service in communicating and responding to notifications.
- Establish clear guidelines on the minimum information shared across agencies to facilitate prompt support.

Anticipated outcomes:

- Earlier and more thorough identification of children's support needs.
- Reduction in fragmented service delivery.
- Improved accountability for coordinated support.

Participants' initial reaction to this proposal was one of cautious support. There was broad agreement that a clearer duty could help close communication gaps they had all witnessed. Several attendees noted that, in principle, such coordination "should already be happening" under existing frameworks, but acknowledged that in practice it often does not. Indeed, the discussion quickly turned to the shortcomings of current duties being inadequately enacted.

One local authority officer reminded the group that there is already a legal duty (under Section 208 of the Housing Act 1996) for one local authority to notify another when placing a homeless family in that borough, yet this is a narrow requirement and "there's no way to track" what happens beyond that. Education representatives confirmed that they typically

receive no alert at all when families are placed into TA in their area. As one participant observed, at the "very least" each service should know "who else is involved" with a given family, but "there's currently no way to track if a child is in temporary accommodation" when they show up at a new GP, Child and Adolescent Mental Health Services (CAMHS) office, or A&E. This highlighted a critical implementation issue; even if a duty exists on paper, mechanisms for information-sharing and enforcement are weak.

Given this reality, participants raised and refined several points. Feasibility and enforcement were central concerns. One Lambeth Council official stressed that any new duty would need clarity on process and accountability; otherwise, it could become a "tick-box" that still fails to trigger meaningful communication. The Law Centre solicitor in the discussion suggested a pragmatic refinement; given that changing the law will be slow, why not develop borough-level guidance or protocols now instead?

> "It may… be the case that this is guidance instead of a statutory change, as a change in legislation could take a long time when we're dealing with issues that are happening at too high a rate right now."

There was general assent that local policy could embody a duty to communicate immediately, for example via a signed protocol between agencies, while broader lobbying for a statutory duty continues in parallel. Participants saw this two-tier approach (voluntary local adoption paving the way for an eventual national mandate) as sensible, ensuring that momentum is not lost due to the slow pace of legislation.

One strand of the discussion focused on the potential for adapting existing data-sharing systems to support a duty to communicate. A health participant suggested using a common notes system, similar to those currently used in parts of the NHS, as a possible model for wider interagency collaboration in housing contexts. This prompted reflection on what it would take to extend or replicate such systems beyond the health sphere.

While participants acknowledged the barriers, particularly legal constraints on data sharing, the risk of misuse, and the challenge of interdepartmental alignment, there was also an appetite for more ambitious thinking about technical solutions. Rather than relying solely on abstract communication protocols, some favoured developing shared infrastructure capable of holding consistent information across housing, education, and health. As one attendee put it:

> "You can't just [be] making the call - it's about looking at the same file across the system."

At the same time, participants were candid about the limits of infrastructure in the absence of trust, reflecting a wider professional fatigue with dead-end referrals and siloed working. One practitioner remarked:

> "There's no trust [in the current system] that the information anyone reports will go anywhere… I'm always working with the assumption that [whatever I write] will never be read."

This scepticism, grounded in lived experience, emerged as both a challenge to and a justification for a duty to communicate. Without accountability mechanisms and follow-through, even the best-designed communication duties risk reproducing the inertia they are meant to solve. Yet for others, codifying such a duty could help rebuild confidence by giving practitioners firmer ground to stand on: a shared understanding not only that communication should happen, but that it would be acted on. This is where examples proved key.

The group also discussed operational scope. What exactly should a duty to communicate cover, and how formalised should the service be? Input from a health foundation representative was illuminating here. They described a pilot notification protocol that their team has launched in Rochdale, which extends the principle of Section 208 beyond councils. In this pilot, whenever a family is placed in TA, the child's school and GP are also informed as standard practice. Over a year-long trial period, this approach was reported to have been "hugely successful in making sure that kids actually go to school [and] that teachers are aware of a child's situation…very few parents have opted out".

Participants were enthusiastic about this example as it offered proof of concept that better communication yields real benefits within current capacity constraints. It also prompted ideas about which agencies a duty should encompass. The consensus was that housing departments should not just notify education and health partners, but also proactively liaise with children's social care when a vulnerable family is moved. By formalising who must talk to whom (and when), a duty could create a safety net of awareness around each child.

Nonetheless, some doubts and potential pitfalls were raised. A funder's representative posed a challenging question about what happens if the communication duty isn't well integrated:

> "Would you not worry that the final decisions on health, education, and housing would still sit with a housing officer?"

In other words, if a new duty simply pushes information outward but doesn't change decision-making power, housing officers might remain the de facto gatekeepers. Others echoed that concern. A duty to inform other services is important, but would those other services actually respond? For example, if a council notifies a school about a child, is there an obligation on the school to take any action (such as prioritising a school place or alerting pastoral support)?

Participants felt the proposal would need to be coupled with clear responsibilities on the receiving end; otherwise, as one person warned, agencies might treat a notice as "FYI only" and not alter their engagement. This insight refined the proposal; the duty to communicate must be multidirectional, prompting not just a sent notification but a coordinated response plan. To that end, participants suggested that any protocol include agreed-upon timeframes and follow-ups. For instance, the local authority should send a handover report that includes a list of services the child is in contact with, and the receiving services should acknowledge and perhaps convene a case meeting within a set period. Furthermore, reciprocal services could develop action plans to remove penalties for missed GP appointments or lateness to school. If, in time, made statutory, such specifics would likely need to be in statutory guidance or secondary legislation to have teeth.

In summary, the duty-to-communicate proposal was well received and considered long overdue, but participants recommended important refinements: pursuing immediate implementation through local multi-agency agreements (rather than waiting for Westminster), broadening the duty to cover all key services (education, health, social care, as well as housing), and building in accountability so that a notification actually triggers continuity of support. There was also a recognition that cultural change needs to accompany any new duty. As one attendee put it, agencies need not only rules but also "understanding", a shared recognition that communicating about homeless families is a core part of everyone's job, not an extra. The workshop's verdict was that a duty-to-communicate proposal is worth exploring further, with these caveats in mind.

5.3 PROPOSAL 2 – A TA FAMILY SUPPORT COORDINATOR

The second proposal was to establish a TA family support coordinator role, essentially a dedicated officer in each borough tasked with tracking families in TA, ensuring they access relevant services, and liaising between different departments on their behalf.

PROPOSAL: TA FAMILY SUPPORT COORDINATOR ROLE

Purpose: Introduce a dedicated local authority officer whose sole responsibility is to coordinate support across housing, health, education, and social services for families placed in TA.

Features:

- A single point of contact for families to avoid fragmented interactions with multiple agencies.
- Responsibility for identifying and communicating family support needs promptly to relevant services.
- Proactive coordination of interventions, ensuring families receive holistic and timely assistance.

Anticipated outcomes:

- Reduced stress and confusion for families navigating services.
- Improved inter-agency collaboration and responsiveness.
- Enhanced accountability for addressing families' needs effectively.

This idea was inspired by existing good practices (eg a singular asylum-seeker accommodation officer role in Lewisham and a housing worker embedded in schools in Southwark) and by widespread feedback that families need a single point of contact. A similar system, Islington's Families Intensive Team (IFIT), offers a helpful comparison. IFIT provides in-home support to families facing complex, overlapping challenges, including housing instability, through a multidisciplinary team that includes clinical and educational psychologists, an employment coach, and speech and language therapists. While not designed specifically for families in TA, the service model demonstrates how sustained, relational, and cross-sectoral support can help families navigate multiple systems more effectively.

Participants uniformly saw the appeal of this proposal. Many recounted cases where families "bounce" between offices, repeating their story, or where no one person has the full picture of a child's situation. A coordinator could potentially fill that void. As one charity worker remarked, "housing [services] is the integral thing that's connecting everything" for these families, but housing officers themselves cannot address all their needs. A coordinator could act as the bridge to education, health, and social care, making sure issues don't fall through the cracks.

The group dug into important questions of the scope, authority, and positioning of this role. One immediate question was whether such a coordinator should be inside the council or outside it, for example, based in a charity or school. Participants had differing perspectives on this. One likened it to the Independent Domestic Violence Advocate model, wondering if we could have a parallel "independent homelessness advocate" for vulnerable families. Some felt an independent advocate might win families' trust more easily, given institutional scepticism and distrust, positioning the coordinator as being on the family's side, empowered to challenge agencies if needed.

On the other hand, several argued that an external worker might struggle to get timely results from council departments. One participant voiced this concern explicitly; a charity-based coordinator might do a lot of supportive work, "but the final decision" on school placement, housing allocation, etc., would still lie with officials, potentially leading to frustration.

Those in favour of an in-house coordinator noted that being within the local authority could give the person access to internal systems and more clout. If the coordinator is effectively a council officer with a clear mandate and accountability, their requests, say, to expedite a repair or prioritise a school move are more likely to be heeded. As one participant observed:

> "If it's statutory, they have to fall in line with expectations even if it comes from the council - a coordinator positioned in the hierarchy could convene action quickly if things go wrong quickly."

In this situation, the coordinator could effectively be a "link worker" embedded in the wider housing services team, with dedicated time to convene panels and case conferences across departments. This debate led to a refinement in thinking; perhaps the role could be designed to combine the best of both. One idea was to make the coordinator a hybrid or dual role; for instance, a council-employed post that is physically co-located in the community (such as in a school or GP surgery) and works very closely with third-sector partners.

Another set of questions revolved around mandate and caseload. Participants asked questions about what powers the coordinator would have and how many families they could realistically support. On the first point, there was agreement that the role should be formally empowered to convene professionals and access information. One suggestion was to give the coordinator a clear remit from senior leadership (potentially backed by a council cabinet member's authority) to cut through bureaucracy, for example, being able to call inter-departmental meetings or escalate issues to a strategic board if needed. On caseload, frontline practitioners cautioned against expecting one individual to track every TA family in a

borough without support. The Southwark housing officer was worried that, in isolation, the addition would be insufficient:

> "Unless they're just there to share information and absolutely nothing else, I just don't see one person being able to handle all of the cases we have. Realistically, we would need about four or five of them [coordinators], and it would pass into existing remits."

Instead, the group suggested leveraging existing staff capacity. The Southwark housing officer described how the council was intending to move towards multidisciplinary working, bringing social workers into the housing team and holding regular, in-person panel meetings on TA cases. This multi-agency group (meeting quarterly) would "identify unknown needs [and] sense-check processes", aiming to improve internal transparency and ensure all partners know what the council is doing. In their view, the coordinator function might emerge from such a team-based approach rather than resting on one solitary "hero" worker, who could be overburdened.

Participants emphasised that clarity would be needed to avoid confusion; families should know what the coordinator can and cannot do. For example, the coordinator wouldn't be a "miracle worker who can instantly rehouse them", but they could ensure the family is registered with a GP, school places are not lost, referrals that were underway (like CAMHS or disability services) continue, and so on.

Overall, the reception of the TA Coordinator proposal was positive, but with a keen eye on practicalities. The workshop discussion validated that such a role "would be great to see" based on prior models that showed success. In fact, attendees lamented the ending of a funded asylum family coordinator project which had been "brilliant at dealing with dispersed families and making sure there were school places", saying they "were really sad when that service ended".

At the same time, participants wanted the final recommendation to be realistic and adaptable. They highlighted options like piloting the role first, or even trialling an approach without creating a new post immediately. "We can road test it for 1one year… if you can't commit to a new role [permanently]," one participant suggested, for instance, by appointing a few key individuals from existing teams to act as an informal coordinating group and seeing how that works.

This kind of staged approach could build the case (and gather data) for a permanent coordinator. There was also interest in exploring different host organisations for the role (council vs voluntary sector) in a pilot, to determine which yielded better engagement from families. Crucially, whatever the structure, participants felt the function must be fulfilled. As one attendee put it, at a minimum, someone needs to ensure "each [service knows] who else is involved" with a family, a role currently played by no one, but which a coordinator (or coordination team) could take on. By the end of the discussion, the group seemed to converge on a refined vision: a coordinator function that is institutionally backed (to have influence) but outward-facing (to earn trust), starting with a pilot or phased implementation to work out details like caseload and workflow.

6. CONCLUSION AND RECOMMENDATIONS

The scale and severity of harm caused to children living in temporary accommodation (TA) are now undeniable. This report has illuminated the profound impact that prolonged stays in inadequate, unstable housing have on children's mental health, physical wellbeing, educational achievement, and overall developmental outcomes. The experiences documented through interviews and workshops with stakeholders, including families, frontline professionals, and local authorities, present clear evidence of systemic failures. These include fragmented services, insufficient communication between agencies, under-resourcing, and shortcomings in enforcing existing statutory obligations.

Children in TA frequently face disruptive relocations, overcrowded and substandard living conditions, and an environment of instability that undermines their health, education, and emotional resilience. Additionally, families with no recourse to public funds (NRPF) or from marginalised backgrounds encounter even more profound challenges, highlighting broader social inequalities that exacerbate vulnerability and disadvantage.

Our stakeholder interviews and workshops consistently highlighted significant gaps in inter-agency communication, inadequate assessment processes, and procedural and cultural barriers preventing the fulfilment of legal duties. Families often find themselves navigating an opaque, complex system alone, their voices overlooked, leading to further psychological stress and disempowerment.

In response to these critical challenges, two core proposals emerged from our co-production processes:

1. BOROUGH-WIDE DUTY TO COMMUNICATE

A robust statutory duty must be established to legally mandate systematic, timely, and meaningful communication among housing, health, education, and social services. This duty would formalise clear protocols and timelines for notification when a family enters TA, with accountability built into the legislation. For effective implementation, local authorities should:

- Develop detailed inter-agency protocols clearly outlining roles, responsibilities, and communication channels. Protocols should mandate initial notification to education, health, and social services within 48 hours of placement, supported by a comprehensive inter-agency meeting within two weeks to establish an immediate support plan.
- Implement integrated data-sharing platforms similar to successful NHS models, enabling services to access real-time, shared records of family circumstances, ensuring all relevant agencies have up-to-date information.
- Establish designated points of contact within each service area (housing, health, education, social services) responsible for receiving notifications, coordinating inter-agency meetings, and following up on agreed actions.
- Draw on proven pilots like Rochdale's notification protocol, where immediate alerts to schools and GPs upon family placement in TA resulted in improved school attendance and family engagement with essential services.
- Ensure accountability through annual audits conducted by an independent oversight body that reviews compliance, identifies systemic gaps, and publishes findings publicly to ensure transparency and ongoing improvement.

2. TA FAMILY SUPPORT COORDINATION

To ensure comprehensive and sustained support for families in TA, local authorities should establish a robust Family Support Coordination framework. Recognising insights from our co-production workshops, this approach allows flexibility in implementation, accommodating either dedicated coordinator roles or multi-agency internal working groups:

Dedicated coordinator option:

- A single named professional acts as a continuous point of contact, helping families effectively navigate multiple service interactions and avoid fragmented experiences.
- Coordinators manage manageable caseloads (ideally capped at 25-30 families) to ensure sustained, personalised support.
- Coordinators are skilled professionals with expertise in housing, social work, family support, and health services, complemented by trauma-informed care and advocacy training.
- Clear accountability structures are established, with coordinators reporting regularly to senior management overseeing service quality, outcomes, and inter-agency collaboration.

Multi-agency working group option:

- Local authorities convene internal working groups comprising representatives from housing, social services, education, and health sectors.
- Regular meetings (monthly or quarterly) focus on reviewing the support needs of families in TA, identifying emerging challenges, and coordinating timely interventions.
- This collaborative structure ensures collective responsibility, promotes information-sharing, and leverages existing staff expertise without necessarily requiring new hires.
- Working groups are empowered to escalate issues directly to senior leadership, ensuring quick resolution of systemic barriers and individual family crises.

For either option to be truly effective, sustainable long-term investment is needed. This could potentially be through ring-fenced local authority funding supplemented by targeted central government grants designed specifically to address housing and child welfare priorities.

Beyond these proposals, broader legislative and practical recommendations identified in this report include the following:

- Establishing legally enforceable quality standards explicitly addressing children's health and development needs in TA, mandating minimum requirements such as safe sleeping spaces, adequate heating, cooking facilities, space for play, and privacy for older children.
- Implementing regular, scheduled, and rigorous inspections of TA properties, specifically evaluating suitability for children, conducted by trained professionals from housing and child welfare services. Inspection results should be transparently reported to local safeguarding children boards and made publicly accessible to ensure accountability.
- Providing clear, accessible channels for families to challenge unsuitable accommodation placements, supported by dedicated legal aid and advocacy services officers trained explicitly in children's welfare and housing law.
- Enhancing frontline staff training across housing and child welfare agencies, with a mandatory curriculum covering child-centred assessment methods, trauma awareness, and responsive family engagement practices, ensuring early identification of and response to children's needs.

Achieving meaningful change requires concerted action at both the local and national levels. Immediate implementation of robust multi-agency protocols are essential first steps. Sustainable transformation demands statutory backing, clear accountability mechanisms, sufficient resourcing, and dedicated inter-agency collaboration at all levels.

Ultimately, addressing the harms faced by children in TA is not merely a policy choice but a moral imperative. The detailed recommendations presented here represent an actionable, coherent approach to addressing these critical systemic issues. Prioritising the wellbeing of children and their families within TA must become a central commitment of local authorities and national policymakers alike. With the right coordination and focus, it is possible to prevent the worst impacts of TA and make sure families receive the help they need, early. This will take time and resources, but it's not optional. It's a necessary step to protect children's wellbeing and give them the stability they need to grow and thrive.

ENDNOTES

1 Ministry of Housing, Communities & Local Government. (2024). Statutory homelessness in England: January to March 2024 infographic. https://www.gov.uk/government/statistics/statutory-homelessness-in-england-april-to-june-2024/statutory-homelessness-in-england-january-to-march-2024-infographic

2 Shelter England. (2023). At least 271,000 people are homeless in England today. https://england.shelter.org.uk/media/press_release/at_least_271000_people_are_homeless_in_england_today

3 London Councils. (2024). London's homelessness emergency. https://www.londoncouncils.gov.uk/sites/default/files/2024-10/londons_homelessness_emergency_october_2024.pdf

4 London Councils. (2024). Emergency warning issued as London homelessness hits new records. https://www.londoncouncils.gov.uk/news-and-press-releases/2024/e mergency-warning-issued-london-homelessness-hits-new-records

5 Ministry of Housing, Communities & Local Government. (n.d.). Statutory homelessness live tables, Detailed local authority level tables. (n.d.). Retrieved May 13, 2025, from https://www.gov.uk/government/statistical-data-sets/live-tables-on-homelessness

6 Trust for London. (2023). Children and deprivation in London. https://trustforlondon.org.uk/news/children-and-deprivation-in-london/

7 Southwark Council. (n.d.), List of schools in Southwark. Retrieved May 14, 2025, from https://services.southwark.gov.uk/schools-and-education/schools-in-southwark/list-of-schools-in-southwark

8 Lambeth Council. (2024). Homelessness review 2024. https://haveyoursay.lambeth.gov.uk/uploads/f43a1bbd-d83a-47db-99cb-525df665d771/project_file/file/1e571a0e-4e8c-4982-b12a-15be3d12e243/Lambeth_Homelessness_Review_2024pdf.pdf

9 Ministry of Housing, Communities & Local Government. (n.d.). Statutory homelessness live tables, Detailed local authority level tables. Retrieved May 14, 2025, from https://www.gov.uk/government/statistical-data-sets/live-tables-on-homelessness.

10 Harker, L. (2006). Chance of a lifetime: The impact of bad housing on children's lives. Shelter England. https://england.shelter.org.uk/professional_resources/policy_and_research/policy_library/chance_of_a_lifetime_-_the_impact_of_bad_housing_on_childrens_lives#

11 Levine Coley, R., Leventhal, R, Doyle Lynch, A., & Kull, M. (2013). Poor quality housing is tied to children's emotional and behavioral problems. MacArthur Foundation. https://www.macfound.org/media/files/hhm_-_poor_quality_housing_is_tied_to_childrens_emotional_and_behavioral_problems.pdf

12 Baker, E., Pham, N. T. A., Daniel, L., & Bentley, R. (2019). How does household residential instability influence child health outcomes? A quantile analysis. International Journal of Environmental Research and Public Health, 16(21), 4189. https://pubmed.ncbi.nlm.nih.gov/31671903/

13 Baker et al., How does household residential instability influence child health outcomes? 4189.

14 Chartered Institute of Housing. (2024). Temporary accommodation: Children's mental health paying the price. http://cih.org/blogs/temporary-accommodation-children-s-mental-health-paying-the-price/

15 Housing, Communities and Local Government Committee. (2025). England's homeless children: Government must tackle crisis in temporary accommodation, say MPs. https://committees.parliament.uk/committee/17/housing-communities-and-local-government-committee/news/206263/englands-homeless-children-government-must-tackle-crisis-in-temporary-accommodation-say-mps/

16 Butler, P. (2023, March 9). Families in temporary housing harmed by hit to schooling, study finds. The Guardian. https://www.theguardian.com/society/2023/mar/09/families-in-temporary-housing-harmed-by-hit-to-schooling-study-finds

17 Human Rights Watch. (2022). "I want us to live like humans again": Families in temporary accommodation in London, UK. https://www.hrw.org/report/2022/01/17/i-want-us-live-humans-again/families-temporary-accommodation-london-uk

18 Housing, Communities and Local Government Committee. (2025). England's homeless children: Government must tackle crisis in temporary accommodation, say MPs. https://committees.parliament.uk/committee/17/housing-communities-and-local-government-committee/news/206263/englands-homeless-children-government-must-tackle-crisis-in-temporary-accommodation-say-mps/

19 Households in Temporary Accommodation. (2025). Child mortality in temporary accommodation 2025. https://householdsintemporaryaccommodation.co.uk/reports/child-mortality-in-temporary-accommodation-2025/

20 Trust for London. (n.d.). Proportion of households in London that are overcrowded by tenure. Retrieved June 1, 2025, from https://trustforlondon.org.uk/data/overcrowding/

21 National Child Mortality Database. (n.d.). Sudden and unexpected death in infant and childhood. Retrieved May 29, 2025, from https://www.ncmd.info/publications/sudden-unexpected-death-infant-child/

22 Institute of Health Equity. (2011). The health impacts of cold homes and fuel poverty. https://www.instituteofhealthequity.org/resources-reports/the-health-impacts-of-cold-homes-and-fuel-poverty/the-health-impacts-of-cold-homes-and-fuel-poverty.pdf

23 House of Commons. (2025). England's homeless children: The crisis in temporary accommodation. https://publications.parliament.uk/pa/cm5901/cmselect/cmcomloc/338/report.html

24 Royal Society for the Prevention of Accidents (RoSPA). (n.d.). Accidents to children. Retrieved May 18, 2025, from https://www.rospa.com/policy/home-safety/advice/accidents-to-children

25 Shelter England. (2023). Half of teachers in England work with homeless children. https://england.shelter.org.uk/media/press_release/half_of_teachers_in_england_work_with_homeless_children

26 The Childhood Trust. (2021). Bedrooms of London report. https://www.childhoodtrust.org.uk/wp-content/uploads/2021/01/Bedrooms-Of-London-Report-1.pdf

27 Major, L. E., Eyles, A., Lillywhite, E., & Machin, S. (2022). A generation at risk: Rebalancing education in the post-pandemic era. Nuffield Trust. https://www.nuffieldfoundation.org/wp-content/uploads/2022/02/A-generation-at-risk-rebalancing-education-in-the-post-pandemic-era-1.pdf

28 Shelter England. (2018). The impact of homelessness and bad housing on children's education: A view from the classroom. https://assets.ctfassets.net/6sxvmndnpn0s/AZvOBS2tanDweEV0cKiiP/71a9a9d622c24680c358fb49b7c7094c/Teachers_Research_Report.pdf

29 Chartered Institute of Housing. (2023). The ticking time bomb of temporary accommodation on a generation of children's mental health. https://www.cih.org/blogs/the-ticking-time-bomb-of-temporary-accommodation-on-a-generation-of-children-s-mental-health/

30 Chartered Institute for Housing, The ticking time bomb of temporary accommodation on a generation of children's mental health.

31 Keen, R., Chen, J. T., Slopen, N., Sandel, M., Copeland, W. E., & Tiemeier, H. (2023). Prospective associations of childhood housing insecurity with anxiety and depression symptoms during childhood and adulthood. JAMA Pediatrics, 177(8), 818-826. https://pubmed.ncbi.nlm.nih.gov/37338896/

32 Finney, N. (2022). Ethnic inequalities and homelessness in the UK. Centre for Homelessness Impact. https://assets-global.website-files.com/59f07e67422cdf0001904c14/63e6476b4d417106be76eae5_CHI.Ethnic.Inequalities.homelessness.pdf

33 Ministry of Housing, Communities & Local Government. (2024). Statutory homelessness in England: April to June 2024. https://www.gov.uk/government/statistics/statutory-homelessness-in-england-april-to-june-2024/statutory-homelessness-in-england-january-to-march-2024-infographic

34 House of Commons. (2025). England's Homeless Children: The crisis in temporary accommodation. https://publications.parliament.uk/pa/cm5901/cmselect/cmcomloc/338/report.html

35 Southwark News. (2025). Southwark Council to spend £37.2 million on temporary accommodation this year. https://southwarknews.co.uk/news/southwark-council-to-spend-37-2-million-on-temporary-accommodation-this-year/

36 Chartered Institute of Housing. (2025). CIH comment on publication of the Public Accounts Committee report following their inquiry into tackling homelessness. https://www.cih.org/news/cih-comment-on-publication-of-the-public-accounts-committee-report-following-their-inquiry-into-tackling-homelessness

37 Chartered Institute of Housing, CIH comment on publication of the Public Accounts Committee report.

38 Children's Commissioner for England. (2025). Press notice: Children living in unfit housing must have voices heard, Children's Commissioner warns as she reveals its stark impact on their GCSE success. https://www.childrenscommissioner.gov.uk/blog/press-notice-children-living-in-unfit-housing-must-have-voices-heard-childrens-commissioner-warns-as-she-reveals-its-stark-impact-on-their-gcse-success/

39 APPG on Households in Temporary Accommodation. (2023). Call for evidence: Findings Report. https://householdsintemporaryaccommodation.co.uk/wp-content/uploads/2023/01/APPG-Call-For-Evidence-Findings-Report.pdf

40 Inside Housing. (2024). Homelessness guidance changed to ensure babies have a cot in temporary accommodation. https://www.insidehousing.co.uk/news/homelessness-guidance-changed-to-ensure-babies-have-a-cot-in-temporary-accommodation-85433

WWW.NEWECONOMICS.ORG
info@neweconomics.org
+44 (0)20 7820 6300 @NEF
Registered charity number 1055254

COVER IMAGE BY:
YuliyaTaba (iStock Photos)

PUBLISHED:
August 2025

NEF is a charitable think tank. We are wholly independent of political parties and committed to being transparent about how we are funded.

WRITTEN BY:
Hollie Wright

SPECIAL THANKS TO
Clare Caudery, Isabel Kraner and Tom Pollard.

With thanks to Impact on Urban Health for funding this research.

Supported by

Impact on Urban Health