

Health and Wellbeing of Families in Temporary Accommodation

**Impact and Insights from London Borough
of Hackney**

July 2026

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Executive Summary

This report synthesises current evidence on the profound impact of living in temporary accommodation (TA) on the health, social, and educational outcomes of families, children, and young people in Hackney. It directly supports Pillar 4 of the North East London (NEL) Homeless Health Strategy 2025-2030, aiming to strengthen preventative approaches and mitigate poor health outcomes for this vulnerable population.

The number of households in TA is rising nationally and is disproportionately affecting London boroughs, with Hackney ranking among the highest. As of March 2025, Hackney has 2,237 households with 4,181 children in TA, with a reliance on hostels and bed and breakfast accommodations, often exceeding recommended stay limits in the latter. Approximately half of these families are placed outside the borough, leading to significant disruption to their lives.

Data suggests that adults experiencing homelessness in City and Hackney show markedly higher rates of nearly all long-term conditions, including severe mental illness (eight times more common) and obesity (more than double) compared to the general population. Mental health referral data in Hackney reveals that individuals in TA are significantly more likely to be referred for mental health problems, particularly for crisis, depression, psychosis, and unexplained physical symptoms. Both of these findings may indicate a reduced capacity of parents to care for their children.

Key findings from national studies highlight severe health disparities: child mortality rates are higher for children in TA, with a worsening trend. Living in TA negatively impacts children's development, respiratory health, and mental well-being, leading to increased anxiety, depression, and self-harm ideation. Nutritional deficiencies are common due to limited cooking facilities, and poor living conditions exacerbate health issues. Access to healthcare is hindered by frequent moves, resulting in lower GP registration and increased A&E attendance.

From an education perspective, housing instability correlates with significantly poorer academic attainment, with frequent moves disrupting learning and social connections. The home learning environment is compromised by a lack of space, privacy, and digital access. Children often arrive at school tired and hungry, affecting concentration and engagement.

Socially, children in TA face severe disruption to friendships, feelings of shame and isolation, and strain on family relationships due to overcrowding and lack of privacy. Shared environments in hostels can result in children being susceptible to traumatic experiences such as witnessing abuse and substance misuse.

Qualitative insights from education settings and other stakeholders confirm these impacts, highlighting challenges in identifying children in TA, the profound effects on well-being and learning, and the need for better information sharing and coordinated support. The "accommodation-only" mandate for TA creates service gaps, and distrust in statutory services is prevalent.

Local initiatives like the Woodberry Wetlands Pilot demonstrate effective partnership with the Voluntary and Community Sector, leveraging trusted relationships to provide holistic support. This pilot has revealed significant unmet needs in housing, benefits, food insecurity, and mental health, proving the value of co-located, multi-disciplinary advice. Other local services like CARIS Families, Hackney Playbus, Round Chapel Old School Rooms, Kitchen Club, and Homerton Health Visiting offer crucial support, but systemic challenges persist.

This report underscores the urgent need for a more comprehensive, integrated, and person-centered approach to support families in TA, moving beyond mere shelter provision to address their complex health, social, and educational needs.

This report includes key recommendations to achieve these four aims: a) Improve health and wellbeing of families in TA; b) Improve quality of experience and reduce social disruption for families in TA; c) Reduce the disruption of TA on children's education and d) Improve the support provided to families in TA from local services.

Abbreviations and Acronyms

A&E	Accident and Emergency
APPG	All-Party Parliamentary Group
AST	Assured Shorthold Tenancy
B&B	Bed and Breakfast Hotel
CARIS	Christian Action and Response in Society
FEAST	Feeding and Empowering All Sustainability Together
GCSE	General Certificate of Secondary Education
GP	General Practice
HAF	Holiday Activities and Food
LA	Local Authority
NEL	North East London
TA	Temporary Accommodation
TAAG	Temporary Accommodation Action Group
VCS	Voluntary and Community Sector

Background and Context

What is Temporary Accommodation?

When an individual reaches out for homeless help, the local authority may be able to provide temporary, or emergency, accommodation while longer-term arrangements are made. The [Housing Act 1996](#) dictates that for those with a priority need, including pregnant women, people with dependent children, and those experiencing homelessness as a result of domestic abuse, the local authority has a statutory duty to secure such accommodation (1). The type of housing provided varies based on personal circumstances and availability, but is typically one of the following (2):

- A room in a shared house
- A flat or house from a private landlord
- Supported or unsupported hostel, refuge or similar housing
- Short-term council or housing association tenancy

Accommodation is only deemed suitable for households with children under the age of two if there is adequate space for a cot for each child. Furthermore, the homeless charity Shelter recommends that families with children should be prioritised for self-contained accommodation, in which there is private use of a kitchen and bathroom. As the demand for temporary accommodation (TA) grows, there is increasing reliance on unsuitable housing, such as bed and breakfast hotels (B&Bs) with shared facilities. Due to its limitations and the recognition that living in B&B accommodation can be "particularly detrimental to the health and development of children", local authorities are advised to accommodate families in B&Bs for a maximum of six weeks per application (3). As of March 2025, almost 60% of the 3,870 households with children in B&Bs in England had been resident for longer than six weeks (4).

Chart 1: Length of time households with children in England spend in Temporary Accommodation as of March, 2025



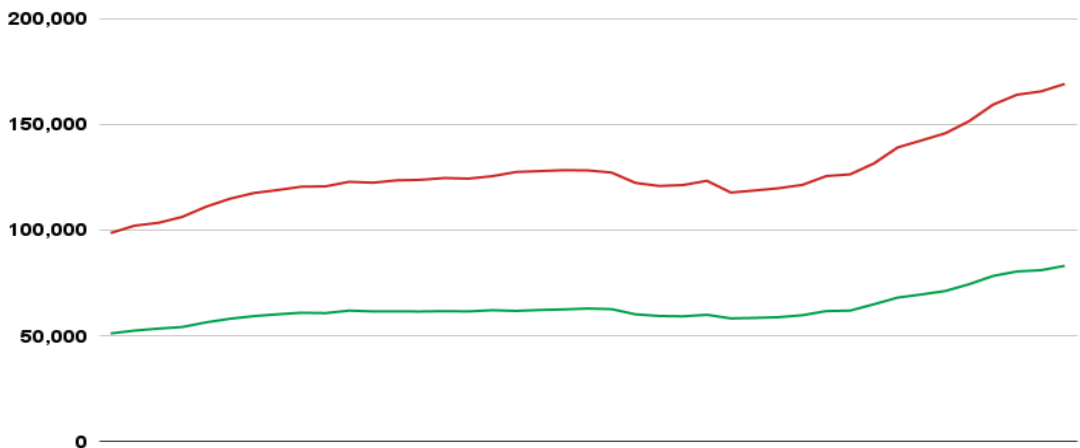
Source: Tables on homelessness - GOV.UK

Despite the name, families can remain in TA for many years due to a shortage of social and affordable housing. Analysis by the Ministry of Housing, Communities and Local Government found that as of March 2025, nationally 20.6% of households with children had been in TA for less than 6 months, 21.2% for between two and five years, and 22.4% for five years or more (5). Throughout this period, families may be asked to move on multiple occasions and with short notice. The effects of both long stays and frequent moves are explored further in a later section of this report.

The National Situation

The number of households in TA is growing year-on-year. As of March 2025, there were 83,150 households with children in TA in England, accounting for a total of 169,050 children (4). This is a 12% increase on the previous year and a 32% increase from five years earlier.

Chart 2: Number of Families with Children and Number of Children in Temporary Accommodation in England between 2015- 2025



Source: Tables on homelessness - gov.uk

Data from the [UK government's statutory homelessness tables](#) indicate that ending an assured shorthold (AST) private tenancy is the most common reason for households to be owed a housing duty. While the cost of private rented AST continues to increase (6), the pressure on supply of TA is unlikely to subside in the near future. Other common reasons for families to seek homeless help include escaping domestic violence, relationship breakdown, and families or friends being unable or unwilling to continue providing accommodation (5).

London boroughs have disproportionately high numbers of households in TA. 1 in 21 children in London or over half of the children mentioned previously are found in the capital; 94,670 in total or approximately one out of every 21 children in London. These statistics have contributed to the collective spend of approximately £114 million per month on TA in the 2023-24 financial year by London boroughs (7). This is an increase of 68% compared to the previous year.

While the issue of TA is less visible than other forms of homelessness, such as rough sleeping, its impact on individuals, families and government resources cannot be understated. These consequences have been recognised in a [report published by the Housing, Communities and Local Government Select Committee](#) on children living in TA (8). Recommendations listed in said report aim to reduce the number of families in TA, and improve the experiences of those for whom it is unavoidable.

About this Report

This evidence summary aims to synthesise the current understanding of the multifaceted impact of living in TA on the health, social, and educational outcomes of families, children, and young people. By collating and reviewing available evidence, this report seeks to illuminate the challenges faced by this vulnerable population.

This review is directly aligned with the strategic priorities outlined in the [North East London \(NEL\) Homeless Health Strategy 2025-2030](#) (9). Specifically, it provides foundational evidence for Pillar 4: "strengthen a preventative approach to reduce the risk of poor health outcomes for families living in temporary accommodation". The NEL Strategy identifies the growing number of families in TA in the region and the emerging evidence of detrimental health and social outcomes as a key

"case for change". This report serves to deepen the understanding of these impacts, providing an evidence base to support Pillar 4's objectives. These objectives include developing best practice guidance for holistic support, exploring notification systems for new homeless situations to prevent further inequalities, integrating benefit and debt advice into women's health services, and strengthening cross-sector partnership working. By focusing on families with children aged 18 or under, this summary directly addresses a core population identified by Pillar 4, reinforcing the strategic commitment to early intervention and prevention to mitigate the long-term consequences of housing instability on the most vulnerable members of communities.

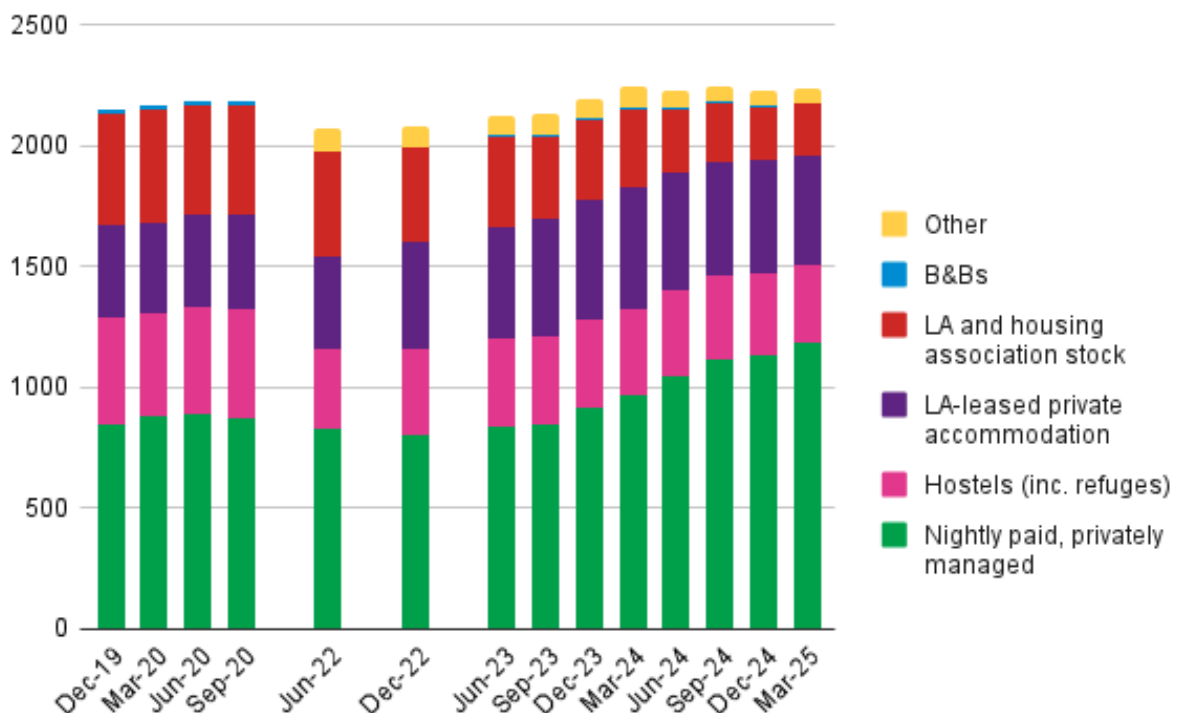
The current situation in Hackney for families in TA is summarised below. Data are shared on the numbers, location and demographics of families living in TA and compared with nearby local authorities. This is followed by a brief review of the impact of TA on the health and wellbeing of children and families. Given time and resource restraints, this information has been collated through broad searches of publications and grey literature but has not adhered to formal literature review processes. As a result, the findings are unlikely to be exhaustive.

Temporary Accommodation in Hackney

Numbers in Temporary Accommodation

In Hackney, as of March 2025, there are 2,237 households with children in TA. The total number of children in TA is 4,182. These figures do not include households with children who are owed a main duty, which is 17 as per the most recently published figures.

Chart 3: Type of Accommodation provided for households with children in TA in Hackney between 2019-2025



Source: ICS Housing Profile Data

As demonstrated in the chart above, the number of families in TA has been slowly increasing since June 2022. Although official figures were not released between September 2020 and June 2022, the drop in numbers of families in TA seen between these dates is likely a consequence of emergency measures in place during the COVID-19 pandemic.

Although the majority of families are housed in self-contained accommodation, either local authority stock or privately managed, there is ongoing reliance on hostels* and B&Bs. The most

recent figures indicate that, of households with children in TA, 324 (14.4%) are in hostels and four (0.2%) are in B&Bs. All four of these households had been resident for longer than the recommended six weeks. When comparing these figures over the previous 5 years, the number in B&Bs gradually increased from zero at the end of the pandemic, but has decreased from a high of 13 in March 2024.

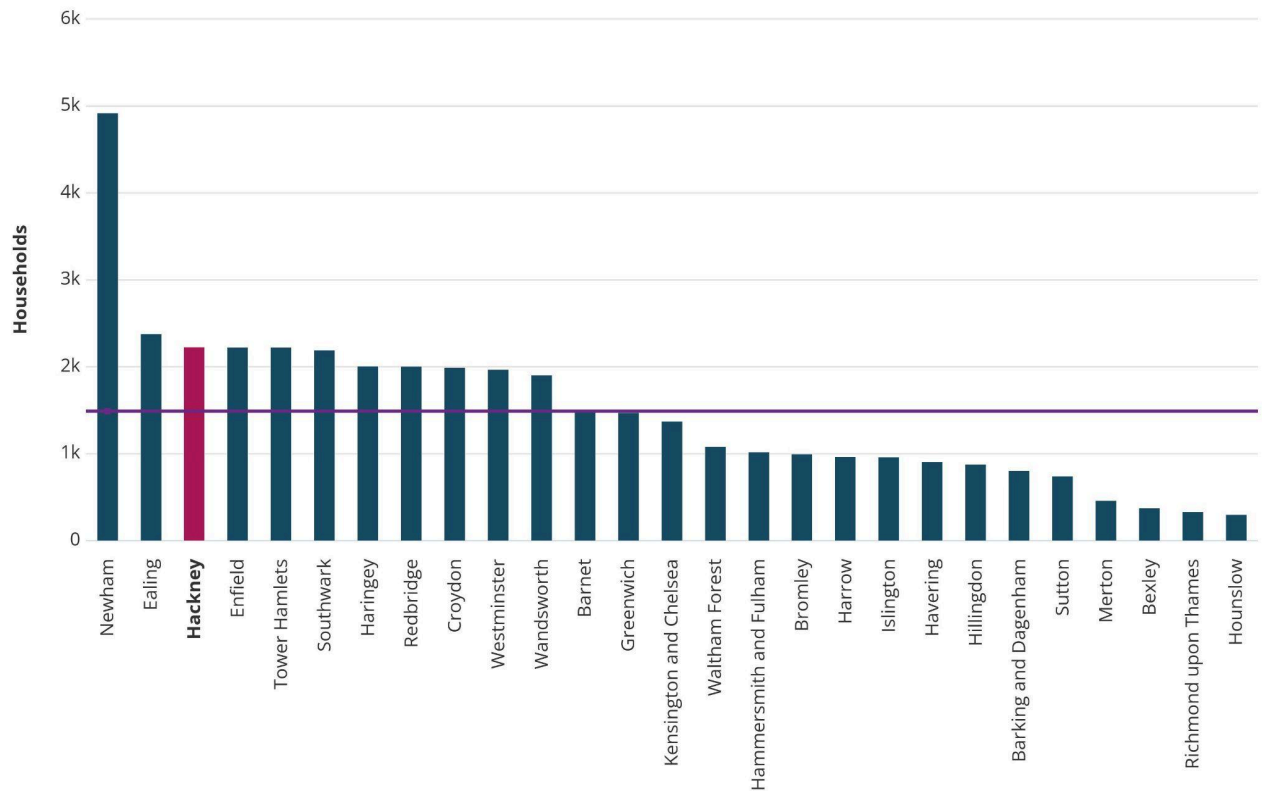
**It is important to note that hostels and B&Bs are distinct tenure types and that the majority of family hostel accommodation is suitable for family households, albeit with some shared facilities such as kitchens and laundry facilities. Issues can, however, arise later in a placement when the household circumstances change for example, additional children and development of health issues.*

Of the households in TA with children, 608 comprise two adults, 112 a single male parent and 1,387 a single female parent.

Chart 4: Households in Temporary Accommodation with Children, by Local Authorities in London

Quarter 3 - 2024-25

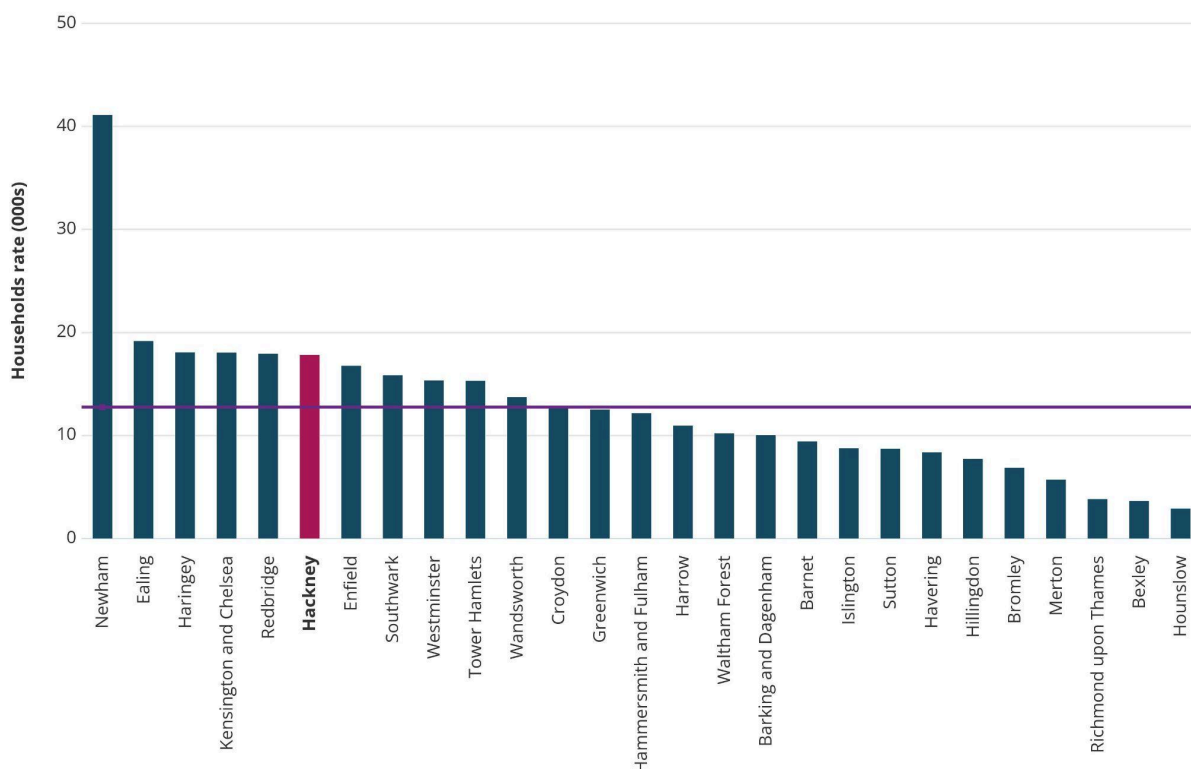
Total number of households in TA with children
(Q3 2024/2025)



Source: LG Inform Report, Ministry of Housing, Communities and Local Government

Chart 5: Households in Temporary Accommodation with Children, per 1000 households, by Local Authorities in London
Quarter 3 2024-25

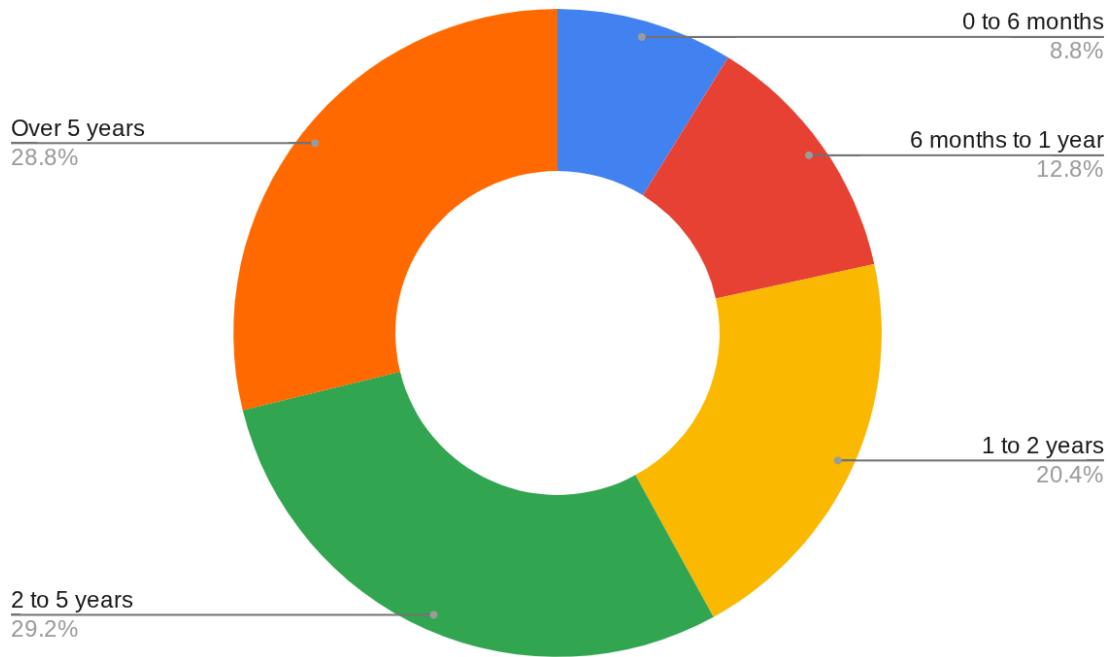
Households in TA with children per 1000 households
(Q3 2024/2025)



Source: LG Inform Report, Ministry of Housing, Communities and Local Government

When compared to other London boroughs, Hackney ranks among the highest in terms of the absolute number and proportion of families in TA. Only Newham (4,921) and Ealing (2,379) have more families in TA as of December 2024. When expressed as a proportion of the total number of households in each borough, Hackney (17.85 per thousand) ranks sixth behind Newham (41.14), Ealing (19.19), Haringey (18.10) Kensington and Chelsea (18.06) and Redbridge (17.96). These data are represented in the graphs above.

Chart 6: Length of time households with children in Hackney spend in Temporary Accommodation as of March, 2025



Source: Tables on homelessness - GOV.UK

Regarding length of stay, Hackney has a higher proportion than the England average of households with children in TA for longer than 2 years. England data showed 21.2% families stayed in TA between two and five years, and 22.4% for five years or more for England. Whereas 29.2% of Hackney families have been resident in TA for between 2 and 5 years, and 28.8% have been resident for more than 5 years. (4).

Geographical Distribution

Approximately half of the families in TA registered with Hackney local authority are housed within the borough. The remainder are placed in TA outside of Hackney. The majority of these are in other London boroughs, however there is also a reliance on accommodation in counties further afield. The following table details the locations of these households, broken down by the age of children resident.

Table 1: Location of Hackney registered Households with Children in Temporary Accommodation

Location	Locations of households with children in temporary accommodation				
	Number of households with children aged:				
	Under 2 years	2 - 5 years	6 - 11 years	12 - 16 years	17 - 18 years
Hackney	109	447	529	354	135
Other London	118	415	535	388	160
Essex	19	33	13	10	≤ 5
Buckinghamshire	0	≤ 5	0	0	0
Cambridgeshire	0	6	6	≤ 5	0
Hertfordshire	≤ 5	≤ 5	≤ 5	≤ 5	0
Kent	0	≤ 5	≤ 5	≤ 5	≤ 5
Northamptonshire	≤ 5	≤ 5	≤ 5	≤ 5	≤ 5
Nottinghamshire	0	0	≤ 5	0	0
Surrey	0	0	≤ 5	0	0

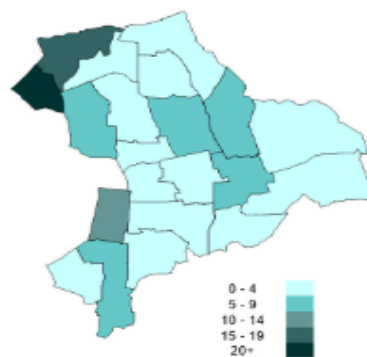
Within Hackney, the distribution of households in TA by ward is displayed in the following table and maps. Again this has been stratified by the age of children in each household due to their differing needs.

Table 2: Number of Households in Temporary Accommodation by ward in Hackney

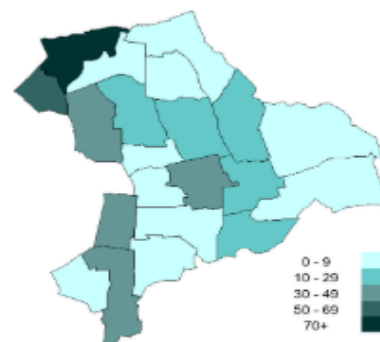
Wards	Number of households with children in TA per ward				
	Number of households with children aged:				
	Under 2 years	2 - 5 years	6 - 11 years	12 - 16 years	17 - 18 years
Brownswood	23	58	23	12	≤ 5
Cazenove	≤ 5	≤ 5	15	14	≤ 5
Clissold	≤ 5	31	25	15	7
Dalston	≤ 5	≤ 5	6	6	≤ 5
De Beauvoir	10	45	29	11	≤ 5
Hackney Central	≤ 5	38	44	20	≤ 5
Hackney Downs	≤ 5	10	8	≤ 5	≤ 5
Hackney Wick	≤ 5	9	15	12	7
Haggerston	6	20	12	15	≤ 5
Homerton	6	20	12	15	≤ 5
Hoxton East and Shoreditch	≤ 5	33	52	28	15
Hoxton West	0	≤ 5	6	8	≤ 5
King's Park	≤ 5	7	13	17	8
Lea Bridge	7	18	25	19	10
London Fields	≤ 5	≤ 5	≤ 5	≤ 5	≤ 5
Shacklewell	≤ 5	8	25	14	≤ 5
Springfield	0	≤ 5	7	9	≤ 5
Stamford Hill West	≤ 5	≤ 5	≤ 5	≤ 5	0
Stoke Newington	≤ 5	10	9	10	≤ 5
Victoria	≤ 5	11	13	11	≤ 5
Woodberry Down	19	134	192	123	44

These data show the highest numbers of children in TA can be found in the north-west of the borough, specifically in the Brownswood and Woodberry Downs wards. There are also higher numbers in Hackney Central, Hoxton East and Shoreditch. Please note that these numbers reflect the individual accounts open with the Hackney TA booking team, several of which are likely to represent households with more than one child in each age bracket. Hence, these numbers cannot be summed to represent the total number of children in each ward.

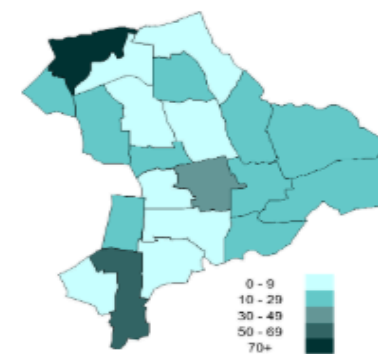
Children aged under 2 years



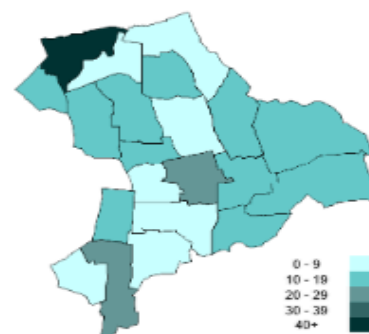
Children aged 2 to 5 years



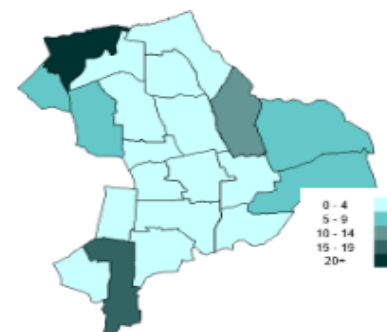
Children aged 6 to 11 years



Children aged 12 to 16 years



Children aged 17 to 18 years



Number of families with children in temporary accommodation by ward in Hackney

Health Data for Hackney Residents in Temporary Accommodation

The following sections describe data regarding the prevalence of long-term conditions and incidence of admissions for mental health conditions in adults experiencing homelessness, compared to the population of Hackney with stable housing. Although not specifically describing the impact of homelessness on families, both long-term conditions and mental health concerns can impact a parent's ability to care for their children.

**Note, the data below are associations only and do not infer a causal relationship between living in TA and a specific health outcome.*

Long-Term Conditions

The table below compares the health of all City and Hackney residents registered at a North East London GP with residents identified as experiencing homelessness, defined by a 'homeless' flag on their GP record¹. Not all people experiencing homelessness will be identified by this flag in their record, and there is likely to be misclassification bias as a result. It is also important to note that the population of people experiencing homelessness and registered at a GP is small, which means there is greater statistical uncertainty in the reported figures.

Table 3: Comparison of the incidence of long-term conditions between all City & Hackney residents and those experiencing homelessness ¹ 2023/24

	City & Hackney residents (n = 321,410)		People experiencing homelessness (n = 1,535)		Difference between rates
Condition	No. with condition	Rate (/1,000)	No. with condition	Rate (/1,000)	Percentage difference (%)
Asthma	14,420	44.9	145	94.5	65.8
Coronary heart disease	5,400	16.8	75	48.9	97.7
Chronic kidney disease	6,415	20.0	60	39.1	46.7
Chronic obstructive pulmonary disease	3,385	10.5	75	48.9	129.1
Dementia	960	3.0	*	*	
Diabetes	16,000	49.8	165	107.5	56.7

¹ Homeless flag includes where individuals are homeless, a sofa surfer, living rough, signposted/referred to homeless support, referred to/under care of homeless advocacy service, vagrant, lives in squat, sleeping out, sleeping in a night shelter, sleeping at a friends home, or sleeping in a vehicle.

Epilepsy	1,250	3.9	20	13.0	93.4
Hypertension	34,795	108.3	330	215.0	66.0
Learning disabilities	1,615	5.0	15	9.8	64.2
Multiple sclerosis	445	1.4	*	*	
Obesity	25,870	80.5	260	169.4	53.4
Peripheral arterial disease	1,105	3.4	15	9.8	95.9
Parkinson's	270	0.8	*	*	
Severe mental illness	4,825	15.0	185	120.5	155.7
Stroke/Transient ischaemic attack	3,140	9.8	45	29.3	100.0

Source: Primary care data, East London Database, 2025.

Please note: * includes where data has been suppressed due to low counts

These data show significant disparities in health between these populations. People experiencing homelessness have markedly higher rates of nearly every long-term condition recorded. For example, hypertension is reported at a rate of 215.0 per 1,000 in the homeless group, compared to 108.3 per 1,000 in the general population. Severe mental illness is eight times more common (120.5 vs. 15.0), and obesity rates are more than double (169.4 vs. 80.5). Conditions such as asthma (94.5 vs. 44.9), diabetes (107.5 vs. 49.8), coronary heart disease, chronic obstructive pulmonary disease, epilepsy, and stroke/transient ischaemic attack are also far more prevalent. These findings underscore the serious and complex health inequalities faced by people experiencing homelessness in Hackney and highlight the urgent need for targeted healthcare services and support.

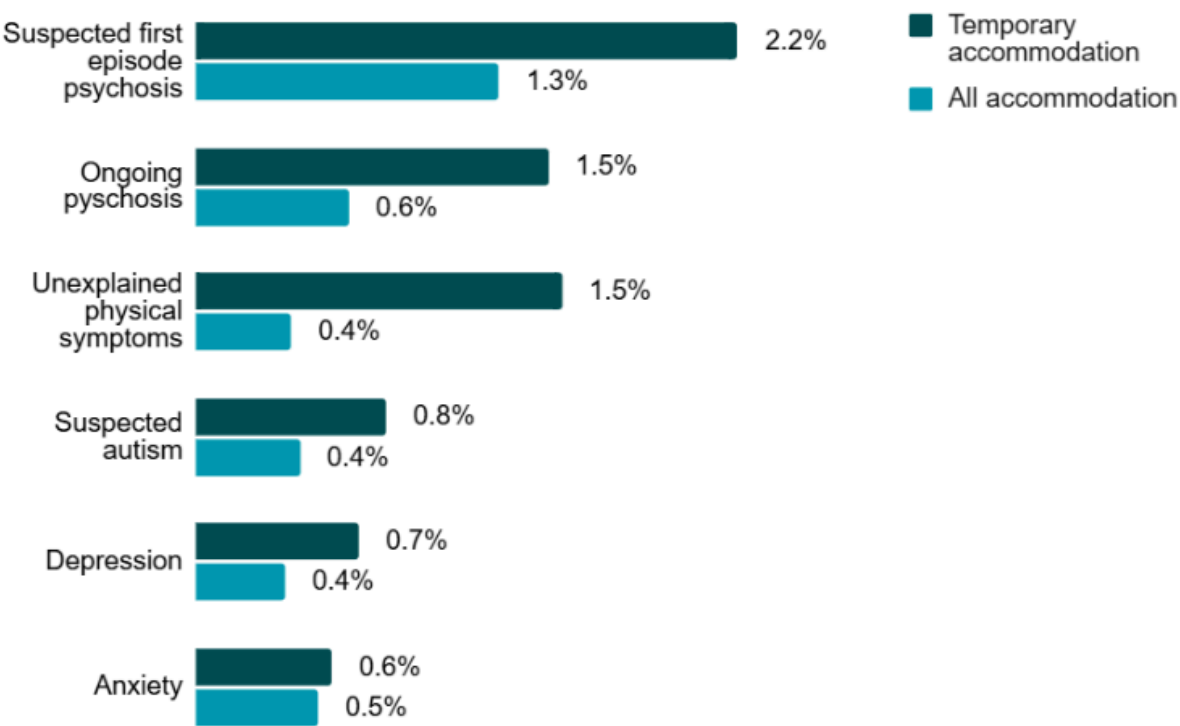
Mental Health Referrals

Analysis of mental health referral data in City and Hackney over the past five years reveals a difference in referral rates between individuals in TA and those in other housing types. Out of 38,785 referrals with documented accommodation status, 1,536 were for individuals in TA.

When examining the reasons for referral, individuals in TA showed higher proportions of referrals for several conditions compared to those in all accommodation types. These included suspected first episode of psychosis (2.2% in TA vs. 1.3% in all accommodation), crisis (89.1% vs. 72.7%), depression (0.7% vs. 0.4%), ongoing psychosis (1.5% vs. 0.6%), unexplained physical symptoms (1.5% vs. 0.4%) and anxiety (0.6% vs 0.5%).

It is important to acknowledge that accommodation status was not documented for a substantial portion of the data (45.2% referrals), which could lead to misrepresentation of certain groups. Also, the small number of referrals for individuals in TA may impact the reliability of these comparisons.

Chart 7: Proportion of referrals by primary reason² for individuals in temporary accommodation³ compared to the average across all accommodation types, 2025



Source: Mental health services dataset, 2025.

Note: Null accommodation types were excluded from the analysis, this accounted for 45,2% of referrals.

² Primary referral reason is the primary presenting condition or symptom for which the patient was referred to a Mental Health Service.

³ Temporary accommodation includes temporary housing, hostels and bed and breakfast to relieve or prevent homelessness.

The Impact of Living in Temporary Accommodation

This section of the report summarises the evidence of the effect that living in TA has on children and young people. Note, the evidence summarised below was not conducted within Hackney and so the experiences and impacts are not necessarily representative of Hackney residents living in TA.

Health

All-Cause Mortality

A recent [report from the All-Party Parliamentary Group \(APPG\) for Households in Temporary Accommodation](#) revealed that 80 children died while living in TA in England between 1st October 2023 and 30th September 2024 (10). This accounted for 3% of the total number of child deaths during this period, despite representing just over 1% of the under-18 population in England. In the five years between 1st April 2019 and 31st March 2024, 74 child deaths were recorded in which TA was a contributing factor to the child's vulnerability, ill-health or death. 58 of these children were under one year of age. The trend is worsening, with 19 deaths (including 13 of those aged under one year) occurring in the most recent year of reported data.

Childhood Development

It has been suggested that the lack of space in most TA has a negative impact on a child's development. This can result in delays in the development of both fine and gross motor skills due to an inability to play and explore safely (11). Furthermore, multiple moves have been reported to negatively impact both potty training and speech development (12).

The development of social skills are also likely to be affected. This is due to recurrent moves preventing the formation of meaningful relationships at school and in the local community. This is explored in more detail in a subsequent section of this report.

Respiratory Health

There are associations between TA and both the prevalence and severity of respiratory conditions. Multiple international studies report a higher prevalence of asthma in children in TA compared to their national average (13). Parents of children with chest or respiratory problems commonly find that TA has had a negative impact on their child's breathing (14).

Furthermore, respiratory infections have been shown to be more common in homeless children

when compared to their housed counterparts. This may be due to exposure to damp and mould, overcrowding and cold (15). As common asthma triggers, these could lead to dangerous exacerbations, increased A&E attendances, and greater need for medical treatment.

Mental Health

According to the findings of a recent report from homeless charity Shelter (14), one in four parents report their children being unhappy or depressed as a result of living in TA. Over half describe its negative impact on their children's stress, anxiety and a worsening of depression. The instability and lack of housing security has been shown to worsen thoughts of self-harm and suicide, and its psychological impact can manifest as physical pain, nightmares, interrupted sleep and bed wetting.

As well as impacting children, TA also has negative consequences on the mental health of their parents. This manifests as a worsening of symptoms of anxiety or depression and is compounded by associated factors such as food insecurity, financial insecurity and housing quality (16).

Nutrition and Food Security

[A recent review by Rosenthal et al.](#) describes barriers to adequate nutritional intake in homeless children under the age of five (17). These include a lack of access to cooking and storage resources, the high cost of healthy food and limited availability of healthy eating options. Consequently, homeless children were more commonly afflicted with nutrition-related problems than housed comparison groups. Gastrointestinal and dental problems, nutritional deficiencies and lead poisoning were all more prevalent in studied homeless children. Similar findings were reported in a systematic review by Hock et al., in which the dietary impacts of housing insecurity include refusal of solid food, inadequate nutrition due to stress and repeated moves, insufficient funds, lack of storage and preparation space, and hazardous food preparation environments (11).

In several international studies, homeless children were found to have a higher BMI than their housed counterparts. This may be due to easier access to foods high in carbohydrates and fats (13).

Although not specific to families in TA, the London-based food insecurity charity, FEAST With Us, recently published the findings from a cross-sectional study into the dietary quality and malnutrition risk of people experiencing homelessness (18). They found that 60% of this cohort had a risk of malnutrition and 44% experienced "very low" food security. As a result, FEAST With Us [recommends specific interventions](#) to promote the dietary health of people experiencing homelessness.

Impact of Living Conditions

Although the TA provided in Hackney is of generally adequate standard, it is important to recognise the fact that poor quality living environments can contribute to or exacerbate health conditions. As discussed earlier, homes with poor ventilation, cold, damp or mould can worsen

established conditions such as asthma and lead to higher incidence of respiratory infections. These infections are also more likely to spread when there is overcrowding or shared use of cooking and hygiene facilities.

Often, financial insecurity is a key factor in a person's decision to warm their home. This is equally true for parents of children with asthma, despite an understanding of the harmful effect a cold home might have on their condition (19).

Furthermore, there is evidence that the prevalence of adults who smoke is higher in TA than the general population (20). A lack of adequate outdoor space is likely to increase children's exposure to secondhand smoke, which has well established negative consequences on cardiovascular and respiratory health.

Accessing Healthcare

Children in TA have been found to attend A&E more frequently than matched peers. The most common reasons for A&E attendances are injury, asthma/respiratory conditions, and viral infections. Moreover, one study found that, of those representing an inner London A&E, families in TA were less likely to be registered with a GP (21). Another publication by Shelter reports that children living in B&Bs are twice as likely to be admitted to A&E with burns and scalding (22).

Frequent moves, as are often necessary for families in TA, are associated with poorer access to preventative health services. This is reflected in the fact that children who move more frequently are more likely to be partially immunised and unimmunised against measles, mumps and rubella (23). If required to move across local authority boundaries, there is likely to be an impact on the families' access to health services, specialist healthcare for specific health conditions and social services (11). These moves may necessitate re-registering with such services, leading to reassessments, longer wait times and the potential of missed support. As a result, many families are not changing their GP when moving to TA in a new location. Data from a local pilot in Woodberry Wetlands Neighbourhoods revealed that the vast majority of families in TA were not registered at a GP in the Woodberry Wetlands primary care network.

Of those interviewed in Shelter's "Still Living in Limbo" report, one in eight report an increased need to attend medical appointments as a result of living in TA, however, four in ten describe these appointments as more difficult to access in their current housing circumstances (14).

These findings all contribute to a situation of increased reliance on, but reduced ability to access healthcare services. This will act to exacerbate the healthcare inequalities experienced by the cohort of families living in TA.

Education

Academic Attainment

Research demonstrates a stark correlation between housing instability and educational attainment. [Analysis by the Children's Commissioner](#) reveals that pupils who experience frequent home moves during their school career are less likely to achieve strong GCSE results. For instance, only 11% of children who moved ten or more times between Reception and Year 11 achieved five GCSEs at grades 9-4, including English and Maths, compared to 65% of those with a single, stable home address. Even three home moves during this period correlate with a reduction in this attainment rate to 50%. This disruption is often compounded by forced changes in school due to out-of-area placements, leading to gaps in learning and a struggle to adapt to new environments and curricula. Such moves can mean children travel significant distances to remain at their original school, impacting their daily routines and energy levels (24).

Challenges in the Home Learning Environment

Inadequate housing directly compromises a child's ability to engage with learning outside of school hours. Some pupils report having no quiet place to read or study at home, and many lack basic amenities such as a shelf to store schoolbooks (25). Consequently, children are often forced to complete homework in unsuitable spaces, such as on a bed or the floor, rather than at a dedicated desk or table. Overcrowding frequently leads to a lack of privacy, making concentration difficult amidst family activity and noise. Beyond physical space, a lack of access to reliable Wi-Fi, laptops, or other essential equipment further exacerbates the digital divide, particularly impacting remote learning opportunities and the completion of digital assignments. For younger children, the constricted and often unsafe nature of TA severely limits opportunities for crucial play-based learning and the development of gross motor skills, which are foundational for early childhood development and school readiness (17).

Barriers to School Readiness and Engagement

The daily realities of living in TA significantly hinder a child's readiness to learn and their overall engagement at school. Shelter recently conducted [a study of teachers' perspectives](#) of the impact of TA on education (26). Teachers consistently report that pupils from inadequate housing arrive at school tired, often due to disturbed sleep in noisy, overcrowded, or unsafe environments. Many also experience hunger due to limited or non-existent cooking facilities in TA, and may struggle to maintain clean uniforms due to a lack of laundry access. These fundamental needs, when unmet, lead to difficulties with concentration, reduced energy levels throughout the day, and a decline in motivation. Furthermore, the stress and instability of their living situation can manifest as disruptive behaviour in the classroom or a reluctance to participate, affecting both their own learning and that of their peers.

Long-Term Educational Disadvantage

The cumulative impact of these challenges can lead to profound long-term educational disadvantages. Children living in inadequate housing are more likely to miss classes or entire days of school due to housing instability, frequent moves, or health issues exacerbated by poor living conditions (26). This absenteeism, combined with difficulties in keeping up with the curriculum and reduced participation in class, often translates into poorer performance in assessments and exams, including GCSEs (24). The recurring cycle of disruption, lack of suitable learning environments, and the emotional toll of housing insecurity can diminish a child's confidence, persistence with challenging work, and overall enjoyment of school, potentially trapping them in a cycle of poverty and limiting their future educational and employment prospects.

Social

The issues described below are summarised from the Shelter publications, '[We've Got No Home](#)' and '[Still Living in Limbo](#)', which detail the experiences of families in temporary accommodation, including

Friendships and Social Networks

One of the most significant social impacts of TA is the severe disruption it causes to children's friendships and social networks. Frequent forced moves, particularly to areas far from their previous homes and schools, make it incredibly difficult for children to maintain existing friendships and form new ones. Children often report feeling isolated and bored due to the inability to socialise with friends outside of school, with many describing a significant reduction in their social life. The rules of hostels or shared accommodation frequently forbid visitors, preventing children from inviting friends over or having sleepovers, further alienating them from their peers. This constant cycle of building and losing social connections can lead to sadness, low mood, and a diminished sense of continuity and belonging.

Feelings of Shame, Stigma and Isolation

Children and young people living in TA frequently experience feelings of shame and embarrassment about their living situation. They often go to great lengths to conceal where they live from friends and even teachers, fearing stigmatisation, bullying, or being perceived as "different". This reluctance to disclose their circumstances can lead to emotional isolation, as they hold back from seeking emotional support from peers or confiding in trusted adults at school. The lack of personal space and the often poor conditions of TA contribute to this shame, reinforcing a desire to keep their home life private and further hindering social interaction. This self-imposed isolation can be particularly acute for teenagers, who are more aware of social perceptions and the stigma associated with inadequate housing.

Family Relationships

The cramped and overcrowded conditions characteristic of many TAs place immense strain on family relationships and severely compromise privacy. Families often share a single room, meaning parents and children have no personal space, impacting everything from changing clothes to private conversations. Parents report feeling guilty about limiting children's play or noise to avoid disturbing other residents, leading to boredom and resentment from children. The constant close proximity, coupled with the stress and uncertainty of their housing situation, can lead to increased arguments and frustration among family members. This erosion of privacy and the heightened tension can make it difficult for children to relax or feel at ease in their own home, impacting their emotional well-being and sense of security within the family unit.

Safety and Shared Environments

Living in TA often exposes children to unsafe and unstable social environments. Parents and children report concerns about the behaviour of other residents, including witnessing drug use, violence, shouting, and even physical assaults. Some children have reported witnessing things that parents wished to shield them from. The high turnover of residents in shared facilities can create a constant sense of unease and a lack of trust in their immediate surroundings. Children may struggle to sleep due to noise from other families or unfamiliar locations, leading to anxiety and fear. Shared kitchens and bathrooms, beyond hygiene concerns, can also be sources of conflict or discomfort, further limiting opportunities for normal family routines and interaction. These external social pressures and safety concerns significantly impact a child's sense of security and ability to feel at home.

Qualitative Insight from Local Interviews

Families and Other Stakeholders

This section presents a summary of insights derived from interviews and focus groups with parents living in TA. Interviews were also held with wider stakeholders including from the voluntary and community sector, primary and secondary care, council services, children and family hubs, and hostel staff. The analysis highlights systemic challenges and opportunities for improved support for families experiencing homelessness.

The “Accommodation-Only” Mandate

A core issue identified is that TA is often commissioned solely as shelter, without an explicit requirement to provide additional support services. This approach creates a gap in provision where vulnerable families are concentrated. While hostel managers' roles are primarily administrative, the complex needs of residents often necessitate them acting in a support capacity, for which they may lack formal training or resources. This situation places additional strain on the existing system.

Communication and Information-Sharing

There is a consistent observation of inadequate information sharing between agencies when families are placed in TA. The responsibility for informing crucial services, such as schools, frequently falls to the family, who are already in a state of crisis. This lack of automated information flow means that Hackney may not have an immediate system for alerting relevant services when families are housed in TA. The housing crisis often leads to "out-of-area" placements, necessitating long and costly commutes for families to maintain existing school and healthcare connections. Fragmented communication across different public services can hinder families' integration into new communities and delay access to local support, potentially leading to increased isolation.

Erosion of Trust

Many families have experienced negative interactions with statutory services, leading to a significant level of distrust that can deter them from seeking necessary assistance. This pattern of unmet expectations can be distressing for families. Qualitative data from interviews and focus groups with parents who have lived experience of homelessness indicates that avoiding statutory services can be a reasoned decision based on past experiences, suggesting that services may be perceived as "easy to distrust." There is a recurring theme of feeling let down and a resulting lack of trust due to inconsistencies in support. Some parents have described feeling marginalised or

poorly treated when living in hostel environments.

Challenges for Frontline Professionals

Frontline professionals frequently face high demand and limited resources. Standard practices, such as simply signposting families to other services, can be ineffective and potentially counterproductive, as they may create false hope and reinforce negative experiences if the referred services are also overstretched or inaccessible. This can lead to a cycle where families are repeatedly directed to services that cannot adequately meet their needs, further eroding trust.

Suitability of Hostel Environments

The physical and social conditions within many hostels are often not conducive to family wellbeing, particularly for children. Concerns include the cohabitation of families with children alongside single adults. Families frequently encounter practical obstacles that impact their daily lives and dignity, such as a lack of reliable Wi-Fi for educational purposes or restrictive rules regarding communal facilities like laundry. For school-aged children, living in TA can be associated with feelings of shame, and the absence of internet access can impede homework completion. There is also a risk that early intervention needs for children may be overlooked in these settings.

Education Settings

In January 2025, stakeholders from education settings in Hackney were asked to complete a short questionnaire about the impacts on children of living in TA, provisions already in place at their facility and recommendations for additional support. There were 13 respondents in total, representing a mix of headteachers, teachers, special educational needs coordinators and pastoral officers. The following sections outline the key themes that emerged from the responses.

Notification and Identification

Educational settings are primarily informed of a child's placement in TA through parents/carers, the children themselves, or social care. A recurring challenge noted by respondents is the difficulty in definitively identifying all children in TA, as parents may not always disclose this information, sometimes due to embarrassment.

Impacts on Wellbeing and Learning

A strong consensus emerged among respondents that living in TA profoundly impacts children's wellbeing and learning.

Children often become more withdrawn, less sociable, anxious, confused, and sometimes display anger or fear. Some exhibit increased excitability or tiredness due to disrupted sleep or confined living spaces. Stronger-than-usual attachments to parents were also noted, potentially leading to behavioural challenges at school. Academically, a decline in attainment and a less positive attitude towards learning are frequently observed. Difficulties in completing homework are common, often attributed to limited access to devices, internet, or a suitable quiet space.

Regarding physical health and fatigue, longer journey times to school, particularly when TA is located out-of-borough, result in significant tiredness, lateness, and increased absenteeism. Some children experience health issues like asthma flare-ups due to poor accommodation conditions, or lack of food and clean clothing.

Moving to TA, especially outside the borough, disrupts children's social connections, peer networks, and engagement with extra-curricular activities. This can lead to feelings of being disconnected from their community and school, sometimes resulting in a decline in engagement as they perceive themselves as transient. The financial burden of travel, reluctance to change schools due to the temporary nature of housing, and overall family stress significantly impact children. The uncertainty surrounding the length of stay in TA contributes to increased anxiety for both children and parents.

Current Provisions

Many schools implement extra provisions to support children in TA, with varying degrees of success. Pastoral and emotional support, such as providing a trusted adult for support and

monitoring, along with individualised programs to develop emotional literacy, has proven successful. Practical support is also common and effective, including offering free breakfast clubs and after-school clubs, which alleviate some financial strain and provide a stable environment. Some schools also offer HAF (Holiday Activities and Food) places, provide thermal wear, hot water bottles, socks, food, and even wash clothes. Flexibility, such as allowing allowances for lateness and early departures, has helped accommodate challenging travel schedules. Furthermore, schools have engaged in advocacy, writing letters to support families in unsuitable TA.

Additional Guidance and Support

There is a clear desire for additional guidance and support for children and families in TA. Key areas identified for improvement include a strong need for definitive information on which children are in TA, as parents often do not disclose this. Families and schools also require more clarity on the expected length of time in TA to enable better planning and integration. Guidance on available Hackney Council services for these families and how to direct them to appropriate support is highly desired. There is an acknowledgment that schools are primarily for education, and a need for social care or other supporting bodies to be more responsive to school inquiries and provide consistent support. A call for better conditions for families housed in hotels, including information provided in their own languages, was also made. Finally, respondents emphasised that children with complex needs or those who have experienced trauma should have these factors considered when TA is being discussed, to ensure continuity of school support, and specific mention was made of guidance on how children with disabilities can be housed in permanent accommodation.

Local Offers for Families in Temporary Accommodation

Woodberry Wetlands Pilot

In response to the needs identified from the qualitative insight described in the previous section, an outreach pilot was designed collaboratively between Woodberry Wetlands Primary Care Network, the Woodberry Down Children and Family Hub, Homerton Health Visiting and members of the voluntary and community sector. This project was initially developed as a coffee morning at which wide-ranging advice and support was offered. The pilot has been adapted as a result of feedback from families regarding the venue and timings. As of January 2025, the pilot has provided fortnightly drop-in sessions at the Young Hackney Youth Hub.

This program has demonstrated effectiveness through its partnership with Voluntary and Community Sector organisations. This approach leverages existing trusted relationships within the community to enhance engagement. The program emphasises that the method of engagement is as crucial as the services provided, replacing traditional signposting with advocacy and practical assistance, effectively acting as a "navigator" for families. The pilot aims to enhance staff capacity and skills to provide holistic support, reducing the need for families to navigate multiple, disconnected services.

Preliminary data from the pilot (as of June 2025) indicates significant unmet need, evidenced by high attendance and repeat visits to drop-in services, suggesting a building of trust and value in the program. The most frequently reported issues include housing and benefits advice, food insecurity, and mental health, providing clear insights into primary stressors. Case studies illustrate positive outcomes, such as a mother accessing regular support for her child's development and reporting reduced isolation after engaging with the program. Feedback from parents indicates a sense of being heard and receiving tangible assistance. The pilot functions as a diagnostic tool, revealing needs that statutory services may not currently address due to existing barriers of distrust, and demonstrates the value of co-located, multi-disciplinary advice as a viable model for broader implementation.

Voluntary and Community Sector

CARIS Families

CARIS Families is a London-based charity dedicated to supporting homeless families living in TA hostels across the boroughs of Camden and Hackney. Recognising that children often spend significant portions of their childhoods in these challenging environments, the charity aims to mitigate the adverse impacts of hostel life by providing direct support and advocating for policy reform. Their work is structured around three core programmes: services for children, family support and housing advocacy, and solidarity and campaigns.

The charity's services for children include in-hostel play and learning clubs, such as Kids Club, Under 5s Club, and Homework Club, as well as an Enrichment Trips Programme during school holidays. These initiatives provide children with safe spaces to play, learn, socialise, and engage in enriching activities outside the confines of their temporary living situations. In 2023, CARIS Families' services were utilized by 97 children from 66 families living in hostels in Camden and Hackney. The impact of these services is notable, with 88% of parents/carers reporting an increase in their child's happiness and social confidence due to access to play clubs, and 90% of parents noting improved child wellbeing during school holidays as a result of attending Enrichment Trips.

Beyond direct support for children, CARIS Families offers comprehensive family support casework, including housing advocacy, to help parents navigate the complex housing system and transition into settled accommodation. In 2023, 26 families received Family Support Casework, with 100% of parents who accessed this service reporting they felt better informed about their housing case and options. The charity also actively engages in campaigns, contributing to national reports like Shelter's "Still Living in Limbo" and participating in groups like the Hackney Temporary Accommodation Action Group (TAAG) to lobby for improved standards and policies within the TA sector.

Website: carisfamilies.org

Hackney Playbus

Hackney Playbus is a long-running local charity that provides inclusive, mobile early years services for families who face barriers to accessing traditional forms of childcare and support. Its mission is "to provide play, learning, and support to socially excluded families in East London, to encourage children's early years development, and to strengthen families and communities." This includes many families living in TA, hostels or emergency housing in Hackney, who may otherwise have limited access to stimulating environments for their children.

The charity operates a converted bus that travels to locations across the borough. Sessions are drop-in, free to attend, and designed to be welcoming and accessible, especially for families who are new to the area, socially isolated, or lacking suitable play space at home.

Hackney Playbus sessions support the physical, social and emotional development of young children by providing access to toys, books, creative materials and safe outdoor play opportunities. For families living in overcrowded or unsuitable TA, these sessions offer opportunities for play and learning that their housing situation may not permit. Children build speech, language and motor skills while developing confidence and social connections.

Alongside benefits for children, the Playbus also supports parents and carers. Experienced early years staff offer signposting and advice to develop parenting knowledge, confidence and skills.

Website: hackneyplaybus.org

Round Chapel Old School Rooms

The Round Chapel Old School Rooms in Clapton offers a range of community-based projects that are open to all families, including those living in TA. The Wellbeing Club runs every Monday during term time and supports families living in TA or inadequate private housing. The session includes a free crèche with experienced childcare workers, giving children space to play while parents, particularly mothers, take part in wellbeing activities such as yoga, sewing, bath product making or DIY. These sessions are shaped by the interests of attendees and aim to offer time for relaxation and connection. Each session ends with a shared hot lunch, providing families with a welcoming environment to play, socialise and access informal support.

The Round Chapel also runs Stay and Play, a free drop-in playgroup offering creative activities, storytelling, music and movement for children under five and their parents or carers. The sessions support early development through play and provide a welcoming environment for families who may not have access to suitable space or resources at home.

Website: theroundchapel.org.uk

Kitchen Club

The Kitchen Club is a community-led project that provides weekly parent-and-child sessions combining healthy shared meals with play and early years activities. Delivered in partnership with venues like the Round Chapel Old School Rooms, Kitchen Club is designed to be inclusive and accessible, particularly for families living in TA or facing other forms of housing insecurity. Sessions focus on strengthening family relationships, encouraging children's development, and reducing social isolation through a consistent routine of eating, playing and learning together. By offering free, drop-in support in a safe and friendly environment, Kitchen Club helps families build connection and resilience during periods of instability.

Together, these projects provide accessible opportunities for families with young children to take part in developmentally supportive activities, strengthen local connections and engage with additional services where needed.

Website: kitchenclub.org.uk

Universal Services

Homerton Health Visiting

The Intensive Health Visiting Service from Homerton Healthcare offers a tailored model of care for families with additional needs, including those who are homeless or in vulnerable housing. This service is part of Hackney and the City's wider health visiting offer and aims to reduce health inequalities in the early years by providing flexible, sustained support to families experiencing significant challenges, such as living in TA.

Recognising the impact of housing instability on child health, safety and development, the service provides proactive outreach, frequent home visiting, and a continuity of care model that adapts to the realities of families who may move frequently or struggle to engage with traditional services.

By specifically engaging homeless and vulnerably-housed families, the service ensures that children growing up in TA are not missed by universal services. It provides a trusted point of contact, supports safeguarding where needed, and helps parents build resilience and confidence during a highly stressful period.

More information: [Homerton Health Visiting: The Intensive Service](#)

Best Start Family Hubs

The government has recently committed to investing in early years support through the roll-out of 'Best Start Family Hubs' across every local authority. This positive action focuses on co-located, integrated services and provides opportunity for early intervention and revives the benefits of previous "Sure Start" centres.

As well as providing activities for children aged 0-5, the hubs will support families with services such as housing support, health visiting and SEND support.

Despite the opportunities this investment presents, VCS organisations have described potential challenges in ensuring adequate, equitable access for families experiencing homelessness. Specifically, these include:

- Travel and accessibility: centralising services into single hub locations risks creating physical and financial barriers for low-income families. Unless Family Hubs offer free or subsidised transport, many families will be effectively excluded.
- Outreach and engagement: Vulnerable families with complex needs rarely access services by walking through a hub's front door. The success of this model depends on strong outreach strategies, including; mobile or satellite services and close partnerships with schools, health visitors, housing providers, and voluntary groups

- Sustainable funding and workforce: The current funding commitments may not be sufficient to staff and sustain these services at scale. Recruitment and training of early years professionals, mental health specialists, and support workers should be prioritised.
- Digital equity: A digital-first approach needs to be accompanied by offline options for families without smartphones, data access, or digital confidence. Digital comms and platforms need to include all language options.

Recommendations

The following recommendations are based on the evidence presented and agreed by the Hackney Families in Temporary Accommodation Steering group, following intensive engagement with members and wider stakeholders:

Aim 1: Improve Health and Wellbeing of Families in TA

- 1. Integrated health pathways & continuity of care:** Establish formal referral mechanisms and "warm handovers" to ensure families maintain visibility during transitions. This includes proactive support for GP registration, health screenings, and mitigating barriers like frequent relocation or lack of ID.
- 2. Review and promote mental health support:** Conduct a review of the Wellbeing and Mental Health in Schools (WAMHS) and Mental Health Support Team (MHST) offered to pupils in TA within Hackney schools. Findings should be shared with the steering group to strengthen psychological support for children and their families.
- 3. Promote and support to access food security schemes:** Promote and support registration for all Hackney food initiatives, including the National Healthy Start digital scheme, local Healthy Start vitamin scheme, and the Alexandra Rose Fruit and Vegetable vouchers via children's centres.

Aim 2: Improve Quality of Experience and Reduce Social Disruption for Families in TA

- 1. Review of visitors policy:** Review and reform policies regarding visitors and the cohabitation of families with single adults. The purpose of the review is to consider whether the current visitor arrangements in temporary accommodation hostels remain appropriate, fair, clearly communicated and consistently applied.
- 2. Communal, play, and social spaces:** Create safe, welcoming communal areas and playgroups (e.g., using underutilized rooms or family rooms in children's centres) to reduce isolation. This includes low-cost solutions like table trikes, bikes, and toys for children.
- 3. Access to essential amenities & dignity:** Ensure all TA settings provide reliable Wi-Fi, adequate cooking spaces, and laundry facilities. This includes developing a long term solution to replace the ending Household Support Fund laundry vouchers.
- 4. Empowerment and agency:** Implement mechanisms that give families maximum agency over placement decisions and ensure a standardized, fair approach for all families entering into TA, including those with No Recourse to Public Funds (NRPF).

Aim 3: Reduce the disruption of TA on Children's Education

- 1. Educational stability & placement proximity:** Prioritize keeping school-age children (especially those on Child Protection Plans, SEND) as close to Hackney as possible. Support this with a dedicated "Education Team around the Hostel" model to provide on-site support.

2. **Leveraging data for HEALS:** Utilize the baseline survey data from the 20 schools already contacted to strengthen HEALS (Hackney Education Alternative Learning Service) school-based support (e.g., tutoring and counseling) and extend this support to Electively Home Educated (EHE) children.
3. **Universal digital access for learning:** Mandate that all council-commissioned TA and hostels provide free, high-quality Wi-Fi and access to essential IT equipment (computers) to facilitate homework and remote learning.
4. **Dedicated study environment:** Re-designate underutilized hostel rooms to create dedicated, quiet spaces for children to study and play, ensuring the physical environment supports educational attainment.
5. **Financial cost-analysis:** Develop a comprehensive analysis comparing the cost of existing TA provision (including tutoring/hostel costs) against the cost of alternative, more stable housing solutions.

Aim 4: Improve the support provided to Families in TA from local services

1. **Integrated notification & data sharing system:** Establish a secure, proactive "identification system" (rather than just a notification) across housing, education, and health. This includes establishing data-sharing agreements that respect family anonymity while ensuring language needs and health risks are known to frontline staff.
2. **Council-wide integrated notification protocol:** Formalize links between housing, education, health and social care to create a seamless protocol for moving families into and out of TA.

This would include:

- a) standardizing "warm handovers" and Section 208 notifications for out-of-borough placements to ensure host authorities are alerted to health and education needs.
 - b) Complete a self assessment of the current Section 208 notification system followed in Hackney for families placed out of borough and incoming families placed in Hackney.
 - c) Carry out a benchmarking exercise across London about the notification process followed for out of borough placements and coordination roles to triage onward referrals with different services like health, education and children and adult social services.
3. **Place-based & navigational support:** Expand the "Edge Youth Centre" pilot model to other parts of Hackney. Use dedicated hostel-based staff to provide relational, proactive outreach—bringing services to families rather than expecting them to navigate complex systems independently.
 4. **Multi-agency capacity building:** Roll out a trauma-informed training programme for all staff interacting with families in TA (hostel staff, school staff, and council officers). Focus on mental health first aid and navigating the specific escalation pathways for housing concerns.
 5. **Financial advice and support:** Use data on families in poverty to establish a coordinated system for delivering trauma-informed preventative advice and support (e.g., employment, training, financial advice) at the earliest opportunity to families at risk of homelessness.

- 6. Enhance funding for frontline TA Services:** Secure and allocate sustainable funding to empower frontline professionals supporting families in Temporary Accommodation (TA). This initiative will ensure staff have the specialized training and resources necessary to address complex needs. Proactively develop targeted proposals for upcoming funding streams to directly mitigate the practical and daily challenges faced by families in TA.

Cross-cutting recommendations to achieve the above:

- 1. Improve communication with families:** Develop clear, multilingual communication channels to inform families about available support services, their rights, and expected timelines for accommodation, rebuilding trust.
- 2. Improve data collection and sharing:** Implement robust, automated systems for identifying and tracking children and families in TA, ensuring seamless information flow between housing, social care, education, and health services.
- 3. Whole systems approach :** Maintain and expand cross-sector working groups (housing, social care, policy, health, voluntary and community sector organisations and family Services) to foster shared purpose and co-produced solutions for families in TA.

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