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IN THEIR OWN WORDS:

CHILDREN'S EXPERIENCES IN TEMPORARY ACCOMMODATION

10,360

Children Homeless In Scotland

MORE than 10,000 children [gr]owing up without a [per]manent home is [eviden]ce of the SNP's [demogra]phic failures" in [Scotland], Scottish [...] today.

of their application and 5 per cent the night before, a rise from 4 and 6 per cent respectively. Over the same period, 16,330 Scottish

Figures found that accommodation is now more likely to be a B&B as their usage grew from 12 to 16 per cent last year. Shelter Scotland's Alison Watson said: "These figures show clearly that it is children in Scotland that are paying th[e] highest price for politici[ans'] failure [...] housi[ng] "The[y] gre[...]

More Scots are struggling to put a roof over their heads

households languished in temporary accommodation, a rise of 9 per cent in a year and the highest on record. Among them were a shocking 10,110 children – itself a record high.

[...] 4 [...] y [...] nce [...] showed [...] had slept [...] three months

More families trapped in temporary accommodation than ever before

[...] Bs and

CONTENTS

ACADEMIC AUTHORS

Professor Nadzeya Svirydzenka, Principal Investigator (De Montfort University, Leicester)

Nadzeya Svirydzenka is Professor of Cultural Identities at De Montfort University. In her research, she explores issues of health and mental health within vulnerable and/or marginalised populations through culturally framed identities. As culture reflects sociocultural and economic factors underpinning power dynamics in any given society, she uses emancipatory and critical paradigms in her research, employing inclusive participatory methodologies and embracing the principles of co-creation to elicit new stories and lived experiences and catalyse fresh thinking about possible solutions. A central theme of her research lies within the CHAMPIONS research programme, focusing on three key concerns: (**i**) how health and resilience can be developed in response to social challenges like poverty and homelessness; (**ii**) what factors mitigate the adverse effects of resource poor environments on health and mental health of children; and (**iii**) how they can be mobilised from within communities for effective interventions.

Professor Monica Lakhanpaul, Co-Lead (University College London)

Monica Lakhanpaul is Professor of Integrated Community Child Health at UCL Great Ormond Street Institute of Child Health, Consultant Paediatrician and NIHR National Strategic Specialty Co-lead (Children). Her research focuses on using collaborative, participatory research methods to work with marginalised and underserved communities, particularly the most vulnerable in society, with the aim of ensuring their voices are heard in order to find the best ways of improving their health and wellbeing. For many years now she has led the CHAMPIONS project exploring the impact on children living in temporary accommodation and advocating for action and change. She is most recognised for being the first appointed Clinical Director leading the development of National guidelines for children for the National Institute of Care and Clinical Excellence (NICE), receiving the Asian Women of Achievement award in 2012 and has been awarded a prestigious Churchill fellowship, Honorary Doctorate in Science by De Montfort University in Leicester.

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Joe Williams is a Research
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experience has explored work
cultures and practices of
service providers for those
experiencing homelessness,
public health initiatives in
deprived areas, and the
operationalising of notions of
need through service provision.

He has adopted ethnographic
methods to do this, joining with
service providers and those
experiencing homelessness in
their daily lives to understand
practical troubles, challenges,
and reasoning.

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FOREWORD

WRITTEN BY ALISON WATSON, DIRECTOR OF SHELTER SCOTLAND

Every child in Scotland has the right to grow up in a safe, secure and affordable home. According to Government statistics almost 15,500 children last year became homeless and were denied that fundamental human right. At the time of writing a record breaking 10,360 children are growing up trapped in temporary accommodation (TA).

The Scottish Government has taken bold steps to adopt a human rights approach to ending adverse childhood experiences. Their decision to enshrine the United Nations Convention on the Rights of the Child into Scots Law promised a Scotland where 'every child has the right to a standard of living that is good enough to meet their physical and social needs and support their development.'

When the Scottish Government rightly declared a national housing emergency in May 2024, Ministers kick-started a debate about how we can fix Scotland's broken and biased housing system. Statistics can show us the scale of the housing emergency, but it is only children themselves who can tell us the impact it has on their lives.

Shelter Scotland is proud to have commissioned this research from University College London and De Montfort University. The ground-breaking work gives a voice to these children and allows us to hear In Their Own Words their experiences of growing up in temporary accommodation. The findings make for difficult reading. The report brings to light what until now has been hidden from view or discussed only in the abstract - the shameful reality of Scotland failing a generation of children.

As Director of Shelter Scotland, I want to personally thank the children who have taken part in this research and bravely shared their story. Their words have put into stark relief the fact that children are bearing the brunt of Scotland's housing emergency. Our children are being denied their rights and condemned to growing up in often poor quality, entirely unsuitable, temporary accommodation.

The children who shared their stories have spoken about how they are moved miles away from friends and family, left with no other option than to sleep in beds covered with black mould, placed in accommodation with urine-soaked carpets, dead rats and broken windows, with no access to decent cooking and washing facilities. As you can imagine, the impact of these experiences is significant, devastating and often long-lasting.

Temporary accommodation forms an important part of people's rights. Everyone experiencing homelessness should be given access to temporary housing while they await the outcome of their application. It should act as a safety net and a first step out of crisis, rather than causing a new crisis in itself. What has become clear from this research is that for children, unfortunately, their experience is all too often the latter.

Although these discoveries are horrifying, in the context of the managed decline of Scotland's housing system over the last decade, they are not surprising. The Scottish Government has so far failed to tackle the housing emergency, and their decision to drop their promised Human Rights Bill, which would have enshrined the right to a home in Scots Law, was a devastating blow. Those in power at all levels have chosen to pursue damaging social policies for the best part of two decades and displayed a poverty of ambition in failing to deliver the radical, progressive social changes we need.

This has led to a generation of children being actively harmed by that which is supposed to keep them safe. This research shows clearly that it is now more important than ever that all levels of government and civil society tackle the housing emergency and protect thousands of Scotland's children from further harm. There needs to be increased and sustained investment for family-sized social homes, more emphasis placed on quality and suitability of temporary accommodation, and better support for those children in temporary accommodation.

Children have bravely shared their experiences; we now have a duty to act on what they have told us. We cannot sit by as thousands of kids are robbed of a childhood, left with trauma, fear, poor health and damaged life chances. This is our wakeup call.

Alison Watson

ACKNOWLEDGEMENTS

TERMINOLOGY

Abbreviation	Meaning
TA	Temporary Accommodation
LEEP	Lived Experience Expert Panel
SAP	Stakeholder Advisory Panel
PPN	Personal Participant Number
ACEs	Adverse Childhood Experiences
UNCRC	UN Convention on the Rights of the Child
CHAMPIONS	Children in Homelessness Accommodations Managing Poverty Invisibility or Non-Inclusive Strategies

EXECUTIVE SUMMARY IN THEIR OWN WORDS: CHILDREN'S EXPERIENCES OF TEMPORARY ACCOMMODATION

Project summary

This project investigates the impact of temporary accommodation (TA) on children in Scotland, addressing a significant gap in qualitative evidence on how stays in TA affect children's wellbeing, relationships, education, and future life opportunities.

With a record number of children (10,360 as of 30 September 2024) residing in TA in Scotland – an increase of 5% compared to the previous year – this research aims to centre children's voices and lived experiences, illuminating the challenges they face and revealing the effects of TA in their own words.

Systemic challenges like lack of social housing, inadequate funding, and challenges in cross-sector working between housing, healthcare, social care, and education place children in precarious contexts of TA more frequently, for longer, and more often in spaces that violate their human rights, like women's refuges and hotel-like accommodations (The Scottish Government, 2024).

Without understanding how TA contexts affect children from their own perspectives meaningful change is impossible. Our study addresses the lack of peer-led inclusive research and collaboration with children with lived experiences, which is central to this study.

Therefore, our research objectives were to:

- **RO1.** Map the existing global evidence on the impact of precarious housing on child health and development.

- **RO2.** Explore how children live their lives in TA though their words, stories, and drawings.

- **RO3:** Supplement children's voices with parental reflections on the impact of TA on their children's physical and mental health, social relationships, and overall development.

- **RO4.** Promote uptake of research findings among policymakers and local authorities.

Methods

Utilising a cross-sectional, mixed-methods design with a participatory, settings-based approach, this study gathered data through interviews with children (5-11 and 12-18 years) and parents of younger children (0-4 years), capturing a comprehensive view of life in TA while accounting for diverse developmental needs.

To ensure inclusivity, special efforts were made to support the participation of children from groups with protected characteristics, including minority ethnic backgrounds. Additionally, the research incorporated insights from parents of 0-4-year-olds, providing a broader perspective on TA's impacts on young children's health, development, and social relationships. Twenty-three children and parents took part in this research project.

Guided by the SHE (every child to be: Safe, Healthy, Educated) Framework – a tool developed to assess children's rights and wellbeing in homelessness and TA contexts informed by the ESRC funded CHAMPIONS research programme (championsproject.co.uk) – this study produced targeted policy recommendations aimed at reducing the harm posed to children associated with living in TA. The research is of benefit to children and families in TA across Scotland, providing robust evidence to inform housing, health, education, policy and other systemic improvements.

This project, funded by Shelter Scotland, has worked closely with stakeholder and child and family advisory panels to co-develop age-appropriate research materials and ensure that children's voices are central to data collection.

Tailoring to the lived experiences and sustaining a trauma-informed sensitivity throughout data gathering and analysis are crucial considerations for the ethical and emancipatory approach taken in this research. The study employed creative and child-centred interview techniques, such as

drawing, storytelling, and vignettes, to engage children across three age groups: 0-4, 5-11, and 12-18.

In cases involving very young children, insights from parents about their children were the main focus of the data collection, with the under-fives contributing their perspectives where able in drawings or via answers to simple questions (**see Interview Guides in the Appendix I**), capturing a holistic view of the effects of TA on children's physical and mental health, social relationships, and overall development.

Findings

Research findings highlight the intimate interconnection between the TA environment and child safety, health, and education/development. We found consistently poor housing experiences as described by children between the ages of five and 18 and parents of nought to four years old who also spoke of challenges in living in such environments affecting their sense of security, their physical, mental, and social health, as well as schooling and development with academic engagement and peer relationship suffering as a result.

Many highlighted the impact of not only the state of TA (mould, vermin, overcrowding), but also the system around it (poor maintenance, frequent moves) as having detrimental effects on children's lives. Most of the impacts were relevant for all age groups of children (e.g. sleep disturbance), however with developmental variations in terms of experienced negative consequences.

Three key themes were identified from the interviews across all participants: safety, health, and education/developmental impact of TA.

1. Safety

This theme was further divided into internal and external issues. Inside, overcrowding, dampness, mould, and inadequate maintenance were observable and pervasive features of children's daily lives, impacting their emotional wellbeing, and physical health.

Overcrowded conditions strained family dynamics, disrupted routines, and hindered children's privacy and development. Substandard housing

conditions, such as mould, broken or non-existent heating, and pest infestations, exacerbated health risks and contributed to stress, not only for the parents but also the children themselves. Given the location of the housing children were placed in, children were at risk of facing physical dangers from unsafe streets, exposure to crime, and antisocial behaviour, contributing to a sense of fear and insecurity.

Additional issues included poor lighting, mobility issues, and confrontational neighbours. These amplify vulnerability, exposure to adverse child experiences (ACEs), and impacting on children's mental health.

2. Health

TA affected children's physical, mental, and social health, which often crossed over with safety issues. Sleep deprivation, known to impact on physical and mental wellbeing, as well as educational outcomes, was a common issue. Inadequate sleeping arrangements, overcrowding, and noise disturbances from neighbours or busy streets disrupted restful sleep.

Children's nutrition and food security was impacted due to poor kitchen facilities, often forcing families to rely on convenience foods or food banks. Access to physical activity was observably uneven, where some children participated in organised sports while others faced barriers to physical activity due to safety concerns and restricted outdoor spaces.

Hygiene conditions were often poor, with unsanitary living environments leading to illnesses. Additionally, health conditions were frequently exacerbated by cold, damp, and poorly maintained housing, leading to repeated hospitalisations for children with asthma or infections. Accessing healthcare was often complicated by logistical challenges, including long travel times to GPs.

The mental health theme covered the emotional toll TA environments have on children, their siblings, and their parents, including anxiety, sadness, and depression. Children and parents discussed behavioural changes due to them spending prolonged periods of time in unsuitable housing with common chronic stressors like vermin, cold, and excessive noise. Changes in behaviour included increased aggression, separation anxiety, and sleep disturbances.

The sub theme of social health addressed the increased isolation of children, and their families experienced due to limited space, stigma, and safety concerns thereby restricting their ability to maintain relationships with friends and family.

Children faced difficulties staying connected to friends due to frequent moves and unsafe environments, furthering feelings of disconnection and instability. It was seen that stable housing provides opportunities to rebuild social ties and foster a sense of belonging for children.

One important and positive finding was that when families were placed near other families or welcoming communities, this fostered a sense of cohesion and mutual support which was felt to be beneficial for their wellbeing.

3. Education/development

Key sub-themes here included proximity to school, moves between schools, continuity of education, engagement in education, travel, sleep's effect on education, and the Education Maintenance Allowance (EMA).

Children and their parents often faced logistical challenges when schools were located far from their housing, leading to long commutes, lateness, and increased stress.

Frequent relocations disrupted school attendance, social connections, and emotional stability, with many children having trouble adjusting to new schools and losing access to preferred resources or activities.

Continuity of education was disrupted by inconsistent school placements, further exacerbated by the emotional toll of housing instability.

Travel to school also presented financial and logistical burdens, with some parents spending significant amounts on transportation. Noise and inadequate sleep in temporary accommodation also negatively impacted on children's academic performance and concentration.

In addition, instability affected teenagers' eligibility for EMA, with frequent absences tied to transportation difficulties or school changes disrupting access to financial support.

Recommendations for policymakers and service providers

Based on our findings, we propose actionable recommendations that can reduce the evidenced negative impacts of temporary accommodation on children in Scotland.

We have developed our recommendations based on the lived experiences of TA shared with us by our child participants and what they said that we needed to take away for improving their safety, health, and education/development.

Taken together with key legislation such as the United Nations Convention on the Rights of the Child (UNCRC) and Scots Law, these recommendations support a comprehensive initiative for improving life chances and outcomes for children experiencing homelessness whilst limiting the risk of adverse childhood experiences.

More permanent family homes

Children have the right to be safe, healthy, and educated and a permanent home is key for children to thrive and achieve flourishing futures.

- Multi-year, long-term investment to increase the supply of family sized social homes needs to be made available. This will enable children experiencing homelessness to move into a permanent social home.

Homelessness prevention

Reducing the rising rates of child homelessness in Scotland will prevent trauma and adverse effects TA has on children.

- There should be a greater effort made to prevent unnecessary and harmful evictions for rent arrears for households with children.

- At risk families need to be supported by trained support workers and be directed to relevant and effective services to resolve crisis that might lead to homelessness (employment, mental health, substance misuse and addiction).

- The research shows the important role that general practitioners and primary health care providers play in children's lives. This should be a key consideration when designing new approaches to homelessness prevention.

Improve quality of temporary accommodation

Poor-quality temporary accommodation is posing a significant risk to life and wellbeing of children living within it.

- Increase the supply of permanent family sized social homes. Consequently, the families with children trapped in temporary accommodation will be able to move through the homelessness system into permanent housing and as a result better quality TA will become available.

- Increasing the availability good quality of temporary accommodation for households with children.

- All temporary accommodation, including those supplied by Private Sector Leasing schemes, should be maintained to the same standard as permanent social housing stock. This means that reports of poor quality should be taken seriously, repairs should be carried out in a timely manner, and comprehensive property checks are carried out before a family move in. There needs to be improved enforcement and redress for temporary accommodation which does not meet the legal repair standards.

- All children in temporary accommodation should have access to essential amenities to support their safety, health and education/ development. This includes access to basic white goods such as fridges to store food, good quality high speed internet connection and working heating systems.

- Children in temporary accommodation should also have access to decent washing facilities such as bathrooms and toilets, and families should be provided with good quality cooking facilities.

- Any items spoiled because of the quality of the accommodation must be replaced by the housing provider. For example, damp and moulded mattresses, clothes and toys.

- There was a particular theme of the need for good lighting in temporary accommodation (inside and outside the property), which is often not maintained. Creating well-lit spaces will support children's development, studying, and safety.

Taking a children's rights-based approach

The TA provided is often inappropriate for children, and the way in which it is allocated is failing to consider their needs and rights.

- Decisions around response to children's homelessness and the allocation of temporary accommodation should be made with consideration for children's rights.

- Steps must be taken for homelessness legislation in Scotland to be bought within the scope of the UNCRC.

- Children should be provided with a space to play, access to safe spaces for physical activities, access to Wifi and enough space to support their educational needs.

- Allocation policies should consider child's ethnicity and cultural background, age, neurodivergent and developmental needs, and number of siblings to provide the most suitable accommodation at the intersection of these key demographic factors.

- Children with special educational needs, neurodivergence, and/or disability should be supported through reasonable adjustments or by placing them into TA that keeps them safe. The burden should not be placed on parents to modify TA at their expense to make it safe for their children with additional space, sensory, or access needs.

- The number of moves undertaken in TA for households with children needs to be kept to a minimum.

- An end to the use of hotel-like temporary accommodation for children. When making decision on temporary accommodation placements Housing Officers need to prioritise safe and supportive environments for children to protect them from harm.

- As part of an assessment of housing needs, local authorities should have a policy of allocating temporary accommodation which keeps households with children near their current social support networks, primary care providers and in their current school catchments.
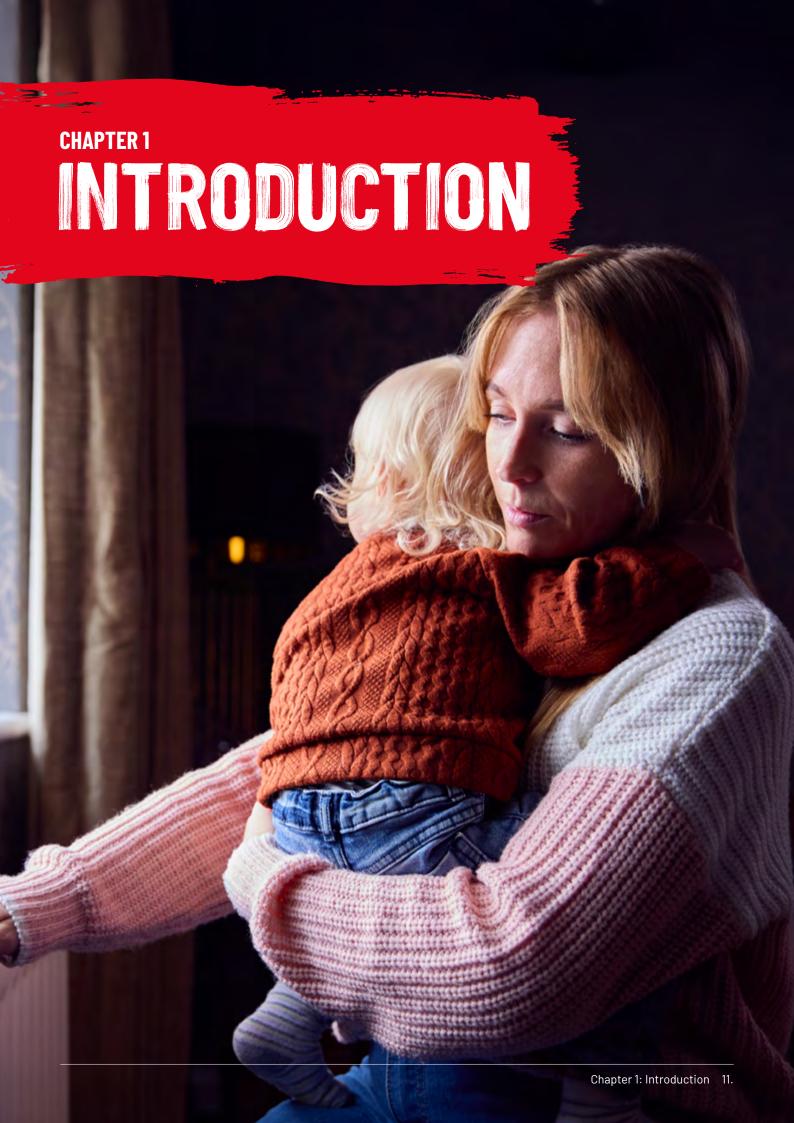
- Allocation of temporary accommodation must be done in a way which prioritises safe and adequate sleep for children of all ages in TA, which is crucial for their health and development. Families with children should not be placed in shared accommodation with single (often noisy) adults and should be offered housing that has appropriate sleeping spaces for all family members.

Person-centred support

Wrap around support for children and their families recognising their lived experience and restoring their agency.

- Enable families in temporary accommodation to have more of a control and choice when in TA, through clearer communication and greater involvement in the decision-making process. For example, to prevent 'surprise' moves.

- The significant cuts made to children's mental health services under austerity must be addressed, with more investment put into these services. Access to mental health support is crucial to help children to deal with the trauma, anxiety, depression and sadness experienced by children living in TA. These services should be trauma focused and contextually relevant for homelessness journeys faced by these children and their families. Parents and children need to be considered in tandem, as often parental psychological distress is mirrored in their children.

- Barriers to accessing primary care and dental care need to be reduced either by providing outreach services to families in TA, supporting transport costs to TA and/or services that understand the lived experiences of families living in TA and can provide tailored and targeted support for them.

- Services providing care and support for children with disabilities need to be coordinated so that there are no gaps in provision when children move from one TA to another.

- If a child has been in placed in TA out of their school catchment area, then helping them to maintain their place at their school should be prioritised.

- There is a need for flexible Education Maintenance Allowance (EMA) policies that support financial freedom and decision-making, and so children experiencing homelessness do not lose this benefit.

- Local authorities need to provide proper and safe storage of families' personal items to prevent loss and damage of families' property. Local authorities should also offer movers for families moving in between temporary accommodation placements and to permanent accommodation, so that families are able to take all their belongings with them.

- Good quality and accessible guidance (e.g. in households first language) should be provided when a family moves into temporary accommodation. This should give information on nearby the GP services, public transportation links and community groups.

- Health, housing, homelessness, and other sectors need to be empowered though shared data to help decision makers plan better services and improve health outcomes for children and their families.

- Development of a notification system so that children can have timely access to GP's, Health visitors, secondary care services, dental care and schools if they have been moved from one location to another.

INTRODUCTION

PROJECT OVERVIEW

Background

This project seeks to address a significant gap in primary research concerning the experiences of children living in temporary accommodation in Scotland and the impact this has on them and their families. Despite policy commitments by the Scottish Government to reduce the numbers of households in temporary accommodation, national statistics indicate that an unprecedented number of children remain in TA for prolonged periods.

Since 2014, the number of children in TA has increased from 4,155 to 10,360, the highest on record. Families with children face disproportionately long stays in TA, averaging 375 days, with the average for all household types was 234 days. This project aimed to gather evidence on the effects of TA on children's health, wellbeing, safety, education/ development, and future life opportunities, forming a foundation for policy recommendations to alleviate these negative outcomes.

The rationale for this Scotland-specific study lies in the distinctive policy landscape shaped by devolved housing policies, which influence children's experiences in TA.

While previous studies have examined the effects of poor housing and homelessness on children in the broader UK context, there is a lack of research focused specifically on Scotland. The unique conditions and policy responses in Scotland create the need for localised research on how children in TA are affected, especially in the context of UN Convention on the Rights of the Child (Children and Young People's Commissioner Scotland, 2023). This project therefore focuses on filling this research gap and providing tailored recommendations to improve the lives of children and families living in TA in Scotland.

This study built upon the CHAMPIONS research programme, originally a 2020 ESRC-funded initiative that have since captured wider charity and NIHR funding, led by Professor Lakhanpaul (UCL) and co-led by Professor Svirydzenka (DMU). The original CHAMPIONS project examined the impact of COVID-19 and prolonged exposure to resource-poor environments brought on by lockdowns on children under five living in TA in England, collaborating with families and professionals to co-develop recommendations for future support.

This earlier research showed that children in resource-limited environments, such as TA, experience adverse health outcomes, including respiratory issues, mental health struggles, and malnutrition. Findings from CHAMPIONS parent interviews and survey data highlighted the significant challenges these children face, including threats to physical health, developmental delays, and emotional wellbeing – often exacerbated by inadequate

living conditions. Our study applied the SHE (Safe, Healthy, Educated) Framework, a model developed from CHAMPIONS findings, to explore children's experiences and inform recommendations for improved TA policies in Scotland (championsproject.co.uk).

The need for urgent action is underscored by recent data from the National Child Mortality Database, which recorded 55 child deaths in TA in England over four years, and by Scotland declaring a national housing emergency, with a record number of children (and households) trapped in temporary accommodation, a situation worsened by the COVID-19 pandemic, rising living costs.

Such conditions contribute to severe health risks for young children, particularly those under five, who are highly vulnerable to adverse conditions during pivotal developmental period with lasting impacts.

Moreover, a report from Scotland's Children's Commissioner emphasised that certain types of TA, such as hotel accommodations, violate children's rights to a stable and safe environment (Children and Young People's Commissioner Scotland, 2023), further reinforcing the importance of this research.

Aim

This project, commissioned by Shelter Scotland, has worked closely with advisory panels, including a Participant Engagement Panel (PEP), to co-develop age-appropriate research materials and ensure that children's voices are central to data collection.

The study employed creative and child-centred interview techniques, such as drawing, storytelling, and vignettes, to engage children across three age groups: 0-4, 5-11, and 12-18.

In cases involving very young children, insights from parents will supplement children's perspectives, capturing a holistic view of the effects of TA on children's physical and mental health, social relationships, and overall development.

Research objectives

1. To explore how children experience life in TA through their stories, words, and drawings, capturing perspectives across the three age groups.

2. To include parents' reflections on how TA impacts their young children's health, relationships, and development.

3. To produce a report for Shelter Scotland that informs policy recommendations, supporting a campaign to encourage the Scottish Government to invest in social housing to expedite families' transitions from TA to stable homes.

With Shelter Scotland as a primary dissemination partner, this project will support policy advocacy for improved TA conditions, advocating for investment in social housing to reduce the number of children enduring prolonged stays in TA.

Findings from this project are anticipated to be a valuable asset in supporting Scotland's policy reforms to protect and promote the wellbeing of children living in TA.

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CHAPTER 2

LITERATURE REVIEW

THE IMPACT OF TEMPORARY ACCOMMODATION ON CHILDREN'S SAFETY, HEALTH, AND EDUCATION: A LITERATURE REVIEW

Authors: Tia Ifram, Stephanie Flack, Dr Colin Michie

Senior Authors: Prof Monica Lakhanpaul, Prof Nadzeya Svirydzenka

1. Background

Temporary accommodation is a government-mandated provision for individuals and families experiencing homelessness or housing insecurity. In Scotland, under the Homelessness (Scotland) Act 2003, local authorities are obligated to provide temporary accommodation (TA) for homeless households (The Scottish Government, 2003).

This review employed a literature search to identify and document measures of impact attributable to temporary accommodation on children from 0 to 18 years of age. The Safe, Healthy, and Educated Framework developed as part of the CHAMPIONS research programme has been applied (Lakhanpaul et al., n.d.). This framework has two advantages. Firstly, the pillars of Safety, Health and Education, prioritised by parents in qualitative interviews align closely with the existing Healthy Child Programme being used to monitor child health outcomes nationally in the UK. Secondly it facilitates comparison of research from other countries with that from Scotland.

In Scotland on the 30 September 2024 there were 10,360 children living in temporary accommodation. This is a record number (Scottish Government, 2022). This escalation is a consequence of a lack of affordable housing and a shortage of social housing. Temporary accommodation currently includes bed and breakfast rooms, hotels, refuges, hostels, self- contained flats or other council-mandated placements. The vast majority of children in temporary accommodation in Scotland are housed in the social sector; either in Local Authority furnished flats or in Housing Association properties (67% or 6,855).

The quality and provision of temporary accommodation in Scotland varies significantly by region, with some areas benefiting from third-sector support or church funding (Smith et al., 2018). Disparities in funding and other systemic challenges contribute to varying experiences of safety and stability for children and families. Families with children now spend longer in temporary accommodation than single adults. Single people spend on average 240 days in TA, compared with a single parent with children (an average of 355 days); or a couple with children (an average of 565 days) (Homelessness in Scotland, The Scottish Government, 2023-24).

Although suitable housing is crucial for a child's healthy development into adolescence and adulthood, many temporary arrangements lack safety and stability. Growing numbers of children are being housed in forms of TA which are not suitable – such as hostels and bed and breakfasts. For example, the number of children in bed and breakfasts has risen by 223% (290 children) between September 2023 and 2024 (Scottish Government, 2025).

Scarcity of social housing provision results in many children being displaced far from their familiar environments and trusted support systems. Such dislocations are closely linked to reductions in social support, mental health challenges, safety risks, potential exposure to violence, toxins and inadequate nutrition. All these factors combine and have pervasive effects on a child's development as an individual, a member of a family

and community, features that persist into later life (Croft et al., 2021).

Potential risks of temporary accommodation to children have been stratified into individual/family, community and systemic levels (Boland et al., 2018). Risks may be environmental, physical, or financial; they can have both direct and indirect effects that accumulate over time, with detrimental impacts on development into adulthood (Pouliou et al., 2015). Systemic barriers often lead in turn to community and individual-level barriers (Rosenthal et al., 2020). This interconnectedness underscores the complexity of this subject: for this reason, this review has been divided into Safety, Health and Education.

While this review leverages findings from higher-income countries, particularly the English model, as to the likely impacts of temporary accommodation on children in Scotland, it is relevant to report the unique context of Scotland's housing and social systems. Differences in policy frameworks, funding structures, and local authority practices influence the specific experiences of families living in temporary accommodation. These differences highlight the importance of tailoring interventions and policy recommendations to the Scottish context. Scotland's legislative focus on homelessness prevention, including the right to temporary accommodation for homeless households, offers both opportunities and challenges distinct from the English model.

2. Safety: impacts of temporary accommodation on children

At a community level, placement of children in temporary accommodation often leads to isolation. There is disruption of community cohesion and social support networks, children lose their trusted support systems (Aidala et al., 2016). Unsuitable Accommodation Orders (UAO) are a mechanism that directs that no household can be placed in accommodation which is unsuitable to their needs for longer than seven days. A lack of suitable temporary accommodation being available results in frequent changes of placements for some. Successive relocations of temporary placements exacerbate damage to children, who become more likely to engage in anti-social or aggressive behaviours. Placement

changes increase their own risk of becoming victims of violence.

At a systemic level, risks to child safety in temporary accommodation ultimately stem from policy-related issues. Inadequate funding to address the root causes of the requirements for temporary accommodation, together with the inadequate supply of safe social housing, result in prolonged periods of unsafe living conditions (Bhatnagar et al., 2023). Without sufficient services and support, families are inevitably exposed to higher risk environments that negatively impact the safety and wellbeing of children.

2.1 Individual / family level risks

At an individual or familial level, children at all ages experience challenges in temporary accommodation that can have a significant and detrimental influence on their safety. The physical characteristics of their environment, along with its financial characteristics can create risks to a child's health and wellbeing.

2.1.1 Physical factors

The architecture of housing impacts on child mortality, morbidity and development. At least 55% of unintentional deaths amongst those aged 0-19 years occur in the home. (DiGuiseppi et al. 2010). This observation is supported by international data from attendances in emergency departments. Falls are the fifth most common cause of accidental death in children under five years old (Peden et al., 2013). Trauma from falls in particular in the first year of life harms subsequent cognition and behaviours (Weitzman et al. 2013). Temporary accommodation often lacks essential safety features, such as window guards and step gates, making it a more hazardous environment for young children, increasing the risk to them of injury and death.

Fires in homes result from various causes including smoking tobacco, dropped cigarettes, children playing with matches, poor household wiring and defective heating systems. While fires pose risks to all age groups, children under five are particularly vulnerable, because of their higher oxygen needs relative to their body size. Smoke inhalation is therefore significantly more

dangerous, leading to more adverse outcomes when compared with older children. The structure of accommodation influences the risk and severity from fires.

> **"While 39% of temporary accommodation in their study had fire alarms, only 54% were installed correctly."**

Fire alarms are the single most effective strategy for preventing fire-related injuries in children (DeGeorge et al., 2020). Shokouhi et al. (2019) suggest that temporary accommodation presents significant fire hazards because it frequently lacks effective fire alarms. Shields et al. (2022) found that while 39% of temporary accommodation in their study had fire alarms, only 54% were installed correctly. There is a lack of evidence or research on fire safety in temporary accommodation in Scotland, limiting calibration of these risks. This highlights a need to ensure appropriate fire safety measures are in place in temporary accommodation in Scotland.

2.1.2 Environmental factors

The first years of life constitute a critical evolution in a child's development. Infants and children under five spend an average of 15-20 hours a day indoors (Ferguson et al., 2017), making them particularly vulnerable to housing quality (Bess et al 2023). For instance, their oral exploratory behaviours such as thumb-sucking or putting non-food objects in their mouths (Hauptman & Woolf, 2017) make them susceptible to ingesting harmful bacteria, pollutants or choking hazards.

The respiratory system develops throughout childhood (Crawford & Davies, 2020). Younger children have higher breathing rates and less developed immunity that predispose them to the damaging effects of poor indoor air quality (Bezgrebelna et al., 2021). Levels of exposure to mycotoxins, respiratory infections and potential allergens in temporary accommodation become particularly important contributors to their health.

Environmental noise is a detrimental risk factor, with road traffic noise being the most frequent source, particularly in urban areas (Arregi et al., 2022). While noise pollution significantly harms children's health (discussed in detail in section 2),

it also poses safety risks that result from these health effects. Loud and continuous noises can interfere with their sensitive, developing auditory systems (Preisendörfer et al., 2022).

Additionally, children under five require a routine nap/sleep schedule, an essential component of their growth that, when disrupted, can lead to chronic sleep deprivation. This deprivation can negatively impact cognitive development, resulting in long-term effects such as increased stress levels (Gilani & Mir, 2021).

These health impacts directly contribute to increased safety risks for children through the increased risk of **(1)** accidents and injuries due to impaired coordination and alertness, and **(2)** behavioural issues like aggression, further contributing to unsafe behaviours (Dreger et al., 2019). Moreover, implications for primary schoolers' safety primarily involve negative effects on auditory processing, hyperactivity, and impulsivity, making it difficult for them to follow instructions and increasing their tendency to engage in risky behaviours (Foraster et al., 2022).

For adolescents, sleep disruption is the most significant issue, leading to fatigue and decreased alertness, which can increase the risk of accidents during activities like driving (Balk et al., 2023). Additionally, noise pollution can contribute to mental health issues, potentially resulting in self-harm or substance abuse.

Another challenge faced particularly by neurodivergent children in temporary accommodation, is their varied capacities to adapt these living spaces to meet their specific needs.

Neurodivergent children, such as those with autism or sensory processing disorders, often benefit from predictable, sensory-friendly environments that provide comfort and stability.

However, temporary accommodations are typically sparse, rigidly designed, and lack flexibility in furnishings, decorations, or layout. The absence of appropriate sensory inputs, coupled with over-stimulation from factors like noise, bright lighting, or unsuitable textures, can lead to heightened stress, behavioural challenges, and difficulties in emotional regulation.

For families spending extended periods in such environments, these inadequacies compound the challenges associated with their neurodivergence

and can exacerbate the impacts on their child's development and wellbeing. There is a clear need to integrate adaptive design principles and personalised support into housing policies for these vulnerable populations placed in temporary accommodation

2.1.3 Financial factors

Family income and socioeconomic status (SES) significantly influence the physical and mental health outcomes of children, beginning in-utero. Although all children are at risk of illness and injury, those from lower SES families cope less well when compared with those from higher SES families (Friedman et al., 2015)(Chen et al 2016). Those living in temporary accommodation, commonly in a lower SES group, have been found to have more limited financial access to quality healthcare, nutritious food and safe living conditions. These contribute to poorer health outcomes

Financial factors dictate the ability for families to find safe housing and essential healthcare. The high cost of temporary accommodation can drive some families into debt to local authorities. The total debt owed to local authorities in Scotland for temporary accommodation, for instance, has reached £33.3 million (LSA, 2024). For those not in receipt of housing benefits, liability for these rents can act as a disincentive to employment, trapping families in financial insecurity and poverty.

Malnutrition can result from the direct contributions from unbalanced diets together with the indirect effects from limited food availability (Siddiqui et al., 2020). Low SES neighbourhoods typically have at least two fast food outlets within a one km radius (van Erpecum et al., 2022; Burgoine et al., 2016; James et al., 2014; Anekwe et al., 2020). Financial influences readily impact on the diet of pregnant women in temporary accommodation and can result in an imbalance between dietary intake and bodily needs (Ramadhani et al., 2021). Foetal adaptations to maternal malnutrition can alter their patterns of endocrinological development permanently, by

> **"The total debt owed to local authorities in Scotland for temporary accommodation, for instance, has reached £33.3 million."**

epigenetic mechanisms. Children from low-SES families are more likely to experience growth retardation, premature birth, low birth weight and impaired neurobehavioural development (Triunfo & Lanzone, 2017; Soeters et al., 2017; Fall, 2013). These can all contribute to a risk of obesity over time.

In the West Midlands of the UK, maternal environments were a more powerful determinant of neonatal vitamin D levels than season or ethnicity. (Hogler W et al 2022). Although not researched specifically with people living in temporary accommodation, it is likely that micronutrient deficiencies, in particular vitamin D and iron, are common. Prescription studies suggest vitamin D is less frequently prescribed for children in Scotland (Wan M et al 2019).

2.2 Community level risks

Muran & Brady (2022) explored the impact of homelessness and temporary accommodation and found that short-term housing arrangements often separated these children from their core support systems, including neighbours, friends, and extended family. This unfamiliarity with the people around them can disrupt their psychological, physical, and social wellbeing. Furthermore, another study revealed that some temporary accommodation restricts visitors, which means children up to age 11 who were accustomed to certain individuals, such as a nanny or extended family members, become cut off from these important relationships (Cai et al., 2023).

The instability causes broad disruptions across all areas of children's lives, including their routines and educational continuity (Smith et al., 2018). As a result, these children feel isolated. Further moves exacerbate these fears.

The wider environment of temporary accommodation plays a critical role in shaping children's physical, mental, and social wellbeing. A lack of access to safe outdoor spaces and opportunities for play is a particularly concerning issue. Research highlights that outdoor play and physical activity are essential for children's physical health, mental wellbeing, and social development (Ginsburg, 2007). Many temporary accommodation sites are located in areas with limited or unsafe outdoor environments, including

"The instability causes broad disruptions across all areas of children's lives, including their routines and educational continuity."

those with high levels of traffic or crime. This restricts children's ability to engage in physical activities, which contribute to negative outcomes such as increased sedentary behaviour, higher levels of stress, and poorer physical health.

Older primary school children and adolescents in temporary accommodation face considerable challenges in maintaining friendships. From a social support perspective, Albert et al. (2023) found that frequent relocations disrupt their ability to form stable social networks and maintain long-term friendships. Many of these children, particularly adolescents, feel embarrassed about the overcrowded and poor conditions of their homes, leading them to hide their living situations from their friends. This sense of shame and secrecy contributes to feelings of sadness, boredom and social isolation. Additionally, they found that financial difficulties often prevented these adolescents from participating in social activities with their peers, diminishing their self-esteem and contributing to their isolation.

Adolescent years represent a period of heightened sensitivity to social stimuli and an increased need for peer interaction (Orben et al., 2020). During this time, adolescents' cognitive abilities are continually evolving, enabling them to better understand the world around them (Fry et al., 2020). Social isolation and deprivation adversely affect adolescent brain development and behaviour (Matthews & Tye, 2019). Temporary accommodation can significantly impact this critical phase of life. A study by Brandt et al. (2022) evaluated the impact of social isolation stress on mental health and found that adolescents are more sensitive to peer acceptance and rejection compared to younger children and older adults. This plays a crucial role in shaping their identities and influencing the individuals they become. Moreover, this study revealed that social isolation hampers cognitive growth and may prevent them understanding their environment effectively. Although high-quality peer relationships have been shown to offer protection and enhance

resilience in adolescents (Icenogle et al., 2019), this protective factor is often absent in temporary accommodation, further exacerbating the challenges they face.

Adolescents in temporary accommodation are often exposed to various forms of violence, as a victim, a witness or even a perpetrator. Heerde & Hemphill (2019) identified that when experiencing homelessness and temporary accommodation, adversity becomes a driving factor in adolescents' involvement with antisocial peers, substance abuse and deviant behaviours.

They suggested that those factors that increase an adolescent's risk of carrying a firearm include gang membership, violent behaviour and illicit substance use. These features are prevalent amongst those in temporary accommodation, placing this group of adolescents at a heightened risk for conflict, gun violence, and reduced school attendance.

2.3 Systems level

Overcrowding in temporary accommodation contributes to morbidities among family members, including increased stress levels, strained social relationships, sleep disturbances and an increased risk of physical complications and mental health issues (Hock et al., 2023).

The root cause of this problem is insufficient funding and resource to effectively manage temporary housing programs. Insufficient planning for the housing needs of larger households at the local authority level further exacerbates the problem. Consequently, families often face sharing a room or bed with siblings, sleeping on the floor, a lack of privacy and challenges carrying out day-to-day tasks.

This further hinders children's cognitive and behavioural development (de Mello et al., 2014). Overcrowding drives families to accept any available accommodation, contributing to relocations as they attempt to improve their situation. This cycle of instability worsens overall discomfort and stress.

The creation of mixed housing situations places families with unrelated individuals. This can expose children to drugs, alcohol, and violence, resulting in adverse childhood experiences

(ACEs)(Radcliff et al., 2019). Mixed environments become unsafe for children such as, for example, being exposed to needles in shared toilets. This issue arises from a lack of policies or guidelines ensuring that families have their own spaces (Walsh et al., 2019).

A report by the Cardinal Hume Centre on the lived experiences of families in temporary accommodation emphasises the enduring impact of these negative environments and ACEs on children, often shaping their mental health, social behaviours, and resilience well into adulthood. Addressing trauma within the context of temporary accommodation requires both immediate support for affected families and systemic changes to reduce these stressors, ensuring that children's experiences do not become a catalyst for long-term harm.

A further significant issue lies with the broader housing system itself. A shortage of adequate affordable long-term social housing and of standardised conditions prevents an exit for families into independence. Conditions tend rather to force families and children to stay in temporary accommodation for extended periods (Baxter et al., 2019). This can contribute to repeated relocations.

3. Health: impacts of temporary accommodation

Temporary accommodation has significant and diverse adverse effects on children's health and development. Children living in low-income families are particularly vulnerable, with risks of developmental delays and damage to cognition and skills (Ginn et al., 2020).

These can have profound long-term implications, including negative impacts on overall health. The instability, marginalisation and restrictions on physical and social opportunities associated with temporary accommodation during critical developmental periods can result in significant long-term health consequences.

This area has not been greatly researched: there is an imperative to assess and document the health impacts of housing on young adults when they transition to adulthood. Approximately one-third of

homeless and marginalised youth who seek medical care present with physical health issues, while nearly half have mental health problems (Klineberg et al., 2017). To reduce these high levels, a focus needs to be directed to prevention, addressing physical and mental health concerns early for children in temporary accommodation.

3.1 Mental health

Homelessness is likely to have negative mental health effects on children of all ages. This starts with families, as challenges faced by adults inevitably influence children living with or alongside them in temporary accommodation. Chronic illnesses, including mental health disorders, have a higher prevalence among homeless adults. (Gil-Salmeron et al., 2021). 30% of homeless adults or those at risk of homelessness in Scotland report mental health problems (Karadzhov, 2023).

A systematic review of 29 studies of homeless adults with mental health disorders in the UK, found that alcohol and drug dependence were common, with rates of 21.3% and 13.5%, respectively (Onapa et al. (2022). These rates are three times higher than those found in the general population. Parents or caregivers struggling with these issues can create an unstable and unsafe environment for children, further exacerbating the risks they face in temporary accommodation.

The mental health of children is heavily influenced by their early developmental experiences: the early years are crucial for establishing the foundations for future cognitive, emotional, and social skills (Ginn et al., 2020).

Temporary accommodation almost inevitably leads to isolation from family, friends and societal exclusion. Disconnectedness during this important developmental stage therefore contributes to an increased risk of later mental health problems with their attendant complications.

Children are highly receptive to household stressors, which can lead to their developing worry, shame, anger, or helplessness. These emotions may also stem from an internalisation of their parents' stress and anxiety, rather than the stressors themselves (Bottino et al., 2019). In attempting to protect their children, parents can

inadvertently lead children to perceive these as secrets that should not be articulated. An accumulation of unexpressed feelings and emotions can manifest more prominently during adolescence and later in life (Curtis et al., 2014).

Adolescents experiencing temporary accommodation or homelessness are often exposed to environments rife with violence, discrimination, and social exclusion (Kaltsidis et al., 2022).

The lack of a safe, stable environment can contribute to a pervasive sense of insecurity, hopelessness, isolation and low self-esteem. The psychological impacts are damaging: studies indicate that homeless youth exhibit higher levels of psychological distress, with many falling into the 'high' or 'very high' distress categories when compared with housed adolescents. Elevated distress often manifests in anxiety, depression, and other mental health disorders (Klineberg et al., 2017).

The stress and instability associated with temporary accommodation can exacerbate underlying mental health problems in adolescence that relate to adverse childhood experiences. These commonly include family breakdown, neglect and abuse (Heerde et al., 2023). Marginalisation of adolescents within temporary accommodation, whether a result of domestic violence, migration status, LGBTQ+

status or those related to repeated re-housing, places them in particularly vulnerable positions, facing greater risks for mental health problems and hindering their development of a sound social mind.

Not all findings are negative with respect to children's health in temporary accommodation, particularly in terms of mental health. Research by Karadzhov (2023) found that temporary housing can promote recovery for children, especially adolescents, with a history of chronic homelessness.

They showed that specialised support offered by safe havens and emergency housing providers in Scotland resulted in positive experiences in temporary housing. These findings align with increased privacy and autonomy reported by safe haven children. Under certain conditions delivering adequate support, temporary accommodation can offer a beneficial environment that supports recovery and stability, even for those with mental health challenges.

3.2 Physical health

Antenatal care is crucial to promote foetal and maternal health. Women living in temporary accommodation frequently miss antenatal appointments because of a lack of access to healthcare facilities and limited financial resources. This situation increases the likelihood of their giving birth to low birth weight infants prematurely (Gordon et al., 2019).

Such early disadvantages set the stage for further health challenges to these children, as these conditions increase rates of infectious diseases, hypertension and multi-morbidity in adulthood (Campbell et al., 2023).

Asthma and developmental disabilities are the most common environmentally attributable childhood diseases (Landrigan et al., 2002).

Poor air quality connected with mould, second-hand tobacco smoke and limited ventilation, all identified in temporary accommodation, contribute to asthma and chronic lung conditions (Maheswaran et al., 2020). Overcrowded living spaces can increase the risk of infections, such as respiratory illnesses (Onapa et al., 2022) and gastrointestinal upsets (Kim et al., 2016).

"A cycle can develop whereby physical health issues contribute to the inability to maintain stable housing for a family…"

A lack of access to green spaces and outdoor areas with recreational facilities limits opportunities to engage in physical activity (Grazuleviciene et al., 2019) and is linked to obesity and limited physical development in children. Infestations, vermin and unsanitary living conditions if there are limited toilet facilities can cause skin infections such as scabies, lice and impetigo. These conditions may be left untreated due to financial or systemic barriers to healthcare access in disadvantaged communities. These infections carry a social stigma that also discourage families from seeking care and further exacerbating health inequalities (Daly et al., 2021).

Environmental toxins within the home can have diverse effects on neurological development (Weitzman et al., 2013). Lead exposure may be a risk to pregnant mothers and young children in temporary accommodation (Naaz & Muneshwar, 2023).

Despite efforts to reduce lead levels, lead poisoning remains a concern. The World Health Organization (WHO) states that a blood lead concentration (BLC) of 10 μg/dL or above is alarming, with even lower levels posing risks (WHO, 2021).

A study by Crabbe et al. (2022) in the UK found that private housing, including temporary accommodation, had the highest levels of lead exposure, and even low levels can significantly impact cognitive and behavioural development. Recent estimates suggest that in the UK, around 29,000 children have a BLC of ≥10 μg/dL, and 214,000 have a BLC of ≥5 μg/dL (IHME, 2024). Elevated BLCs have long-lasting effects on development, including reduced IQ, memory issues, antisocial behaviour, and aggression (Clark et al., 1985; Kipke et al., 1997). Around 50% of IQ variation is linked to environmental factors (Heidari et al., 2022), and childhood lead exposure increases the risk of academic challenges, violence, and substance abuse (Crabbe et al., 2022). A cohort study found that lead exposure accounts for nearly 90% of violent crime rates, correlating with preschool lead exposure and adolescent murder rates (Winter & Sampson, 2017).

A cycle can develop whereby physical health issues contribute to the inability to maintain stable housing for a family, and in turn unsuitable housing conditions hinders physical health (Bonfiglio et al., 2023). This issue affects individuals of all ages living in temporary accommodation. Individuals with chronic health problems, such as cardiovascular issues, chronic pain, or musculoskeletal disorders, are more likely to experience negative changes in their housing status due to the inadequacies of temporary accommodation, such as the lack of elevators or wheelchair access ramps (Kaltsidis et al., 2022).

This instability exacerbates their health conditions, creating a vicious cycle where poor health leads to more frequent moves, which in turn deteriorates physical health further. While temporary housing can offer a conducive environment for recovery by providing specialised

support and increased privacy (Karadzhov, 2023), the constant upheaval and inadequate facilities often found in such accommodation hinder this potential. Stable housing is crucial for managing health needs effectively, yet the relentless cycle of illness and housing instability continues to pose a significant barrier to achieving long-term recovery and wellbeing.

Strategies to alleviate these various impacts need to take into consideration the following factors:

a. Access to health care:

Access to health care is a fundamental need for all children, but those living in temporary accommodation face significant barriers that compromise their wellbeing. These include systemic issues that fail to accommodate their complex needs, as well as logistical challenges such as transportation difficulties, the distance to healthcare facilities and a lack of local visits, for instance by health visitors. Stigma is a major barrier described by families seeking healthcare. Families often find this deters them from seeking necessary medical assistance (Chatterjee et al., 2018). Children in temporary accommodation often miss growth monitoring, developmental assessments and vaccinations, increasing their vulnerability.

Children in temporary accommodation are rarely included in primary health prevention strategies (Heerde et al., 2023). Gil-Salmeron et al. (2021) found that homeless populations have higher rates of healthcare utilisation in acute secondary care settings, such as hospital emergency departments.

These presentations are frequently due to chronic illnesses, mental health issues, substance abuse, and injuries. Although specific data for Scotland is limited, research suggests that over 30% of homeless individuals struggle to comply with prescribed medication, often due to frequent moves, difficulty accessing healthcare services, and disruptions in repeat prescriptions, (Gil-Salmeron et al., 2021). Seeking healthcare for mental health issues is particularly problematic for those in temporary accommodation. An American study found that homeless individuals tended to

access hospitals in emergencies for behavioural problems and were less likely to attend primary care follow-up appointments (Bonfiglio et al., 2023).

The lack of access to quality social and healthcare services has severe implications for children in temporary accommodation, including higher mortality rates and reduced life expectancy. A report by the Shared Health Foundation revealed that 55 homeless children have tragically died in temporary accommodation in England since 2019, highlighting the extreme vulnerability of this population and the urgent need for better support and intervention (Shared Health Foundation, 2024). These children are less likely to have a regular General Practitioner (GP) or dentist, both of whose teams (including health visitors) are crucial to their preventative and ongoing health care. Registration issues with GPs and dentists further complicate access, leaving many health concerns unaddressed in a high-risk population (Klineberg et al., 2017).

b. Tailored Healthy Child programmes

Addressing the healthcare needs of children in temporary accommodation requires comprehensive solutions that go beyond immediate medical care. Strengthening and tailoring existing Healthy Child Programmes can be a key step, focusing on providing stable housing, integrated health services, and consistent care that meet the unique needs of these children. Enhancements could reasonably include regular health screenings (Wolfe et al., 2016) and improved access to paediatric care (Moriarty Daley et al., 2013) for early detection and treatment of health issues. Where existing programmes fall short, setting up new initiatives tailored to the specific challenges faced by children in temporary accommodation may be necessary to ensure no child is left behind.

c. Promoting mental and emotional wellbeing

Children in temporary accommodation are exposed more frequently to traumatic experiences and stressful environments that can negatively impact their mental and emotional health (Cumming et al., 2022). Child programmes that incorporate trauma-informed care and mental health support

Providing access to counselling services, therapeutic play, and other evidence-based interventions can help children manage their fear, anxiety, and pain (Bottino et al., 2019).

Furthermore, programmes that engage both children and their families in therapeutic activities can strengthen family bonds and provide a supportive environment for healing. For instance, initiatives that promote positive interaction between health and social care staff and parents in early intervention settings have shown to improve parent-child relationships and enhance overall family wellbeing (Ginn et al., 2020). These programmes can also educate parents on effective parenting strategies, helping them to better support their children's emotional needs.

d. Ensuring safe and stable living conditions

Temporary accommodation programs have shown promise in supporting access to permanent housing which can improve housing status and health outcomes (Kaltsidis et al., 2022). Access to safe, secure, and affordable housing is fundamental to addressing the health disparities faced by children in temporary accommodation (Onapa et al., 2022). Healthy child programmes should therefore advocate for stable housing solutions, like combining housing with supportive services to help families maintain stable living conditions. This approach provides a secure environment for children and facilitates

better health outcomes by allowing families to focus on their health and wellbeing without the constant stress of housing instability.

e. Integrating community and educational support

Children living in temporary accommodation often miss out on the protective influences of a stable community and educational environments (Klineberg et al., 2017). Community-based initiatives, such as circus activities, have emerged as innovative health interventions that engage children in physical and social activities, promoting their overall health and wellbeing (Coulston et al., 2023).

Moreover, early intervention preschool programmes have proven effective in mitigating developmental delays. Children engaged with these gain substantial improvements in language, reading, and mathematical skills (Ginn et al., 2020). By incorporating such activities into healthy child programmes, children in temporary accommodation could benefit from increased physical activity, social interaction, and find the opportunities they require for personal growth.

4. Education: impacts of temporary accommodation

Housing not only provides a place in which to meet the health and safety needs of children, but has powerful influences on

employability (Cunningham & Macdonald, 2012).

Children experiencing homelessness or living in temporary accommodation have been found to be at an educational disadvantage. They tend to be at risk of lower academic performance, may struggle with socialising and perhaps demonstrate challenging behaviours (Murphy, 2011; Amery, Tomkins, & Victor, 1995).

The lack of privacy and social isolation makes temporary accommodation a potentially damaging environment.

4.1 Age groups show different responses

Educational impacts of temporary accommodation can usefully be reviewed for ages 0-5, 5-11, and 11-18. A large and vital proportion of a child's cognitive development takes place before the age of three (Cusick & Georgieff, 2016). Young children living in temporary accommodation are more likely to experience developmental delays. This may be due to lack of space for young children to learn to walk, crawl, and play (Rosenthal et al., 2020).

This increased risk is paired with delays in receiving appropriate assessments and interventions such as health visiting or speech and language therapy (Rosenthal et al., 2023). Issues of access are exacerbated if the family is moved from one temporary accommodation to another, having to start over on new waiting lists for advice or treatments.

A challenge for families living in temporary accommodation is the perceived pressures from neighbours to keep young children quiet. Parents therefore pick them up more regularly, an approach that can affect the attachment styles, lead the children to show greater anxiety in their parental attachment (Halpenny et al., 2002). Such children may not develop effective self-soothing mechanisms, presenting with further difficulties at school age, significantly influencing their school readiness at age four and therefore academic performance (Bernier et al., 2020; Ricciardi et al., 2021; Willoughby et al., 2017).

Living in temporary accommodation has distinct impacts on the primary school education of children aged five to eleven. One significant disadvantage is often a lack of space for toys in their housing, as well as limited facilities to play inside and outside their accommodation (Halpenny et al., 2002). Play is an essential component of children's development, supporting the development of skills such as decision making, conflict resolution and social interactions (Ginsburg, 2007). Lack of playtime is linked to disruptive behaviour in children during their first years at school (Veiga et al., 2016).

Overcrowding, a lack of heating, or living in neighbourhoods with high levels of disorder can delay the social and emotional development of children in this age range (Laurence et al., 2024). These difficulties frequently stress parents, resulting in their exhibiting more hostile parenting styles. Such social difficulties are particularly significant as children start their school journey. Children who have behaviour problems in their first year of school have been found more likely to continue to present with behaviour problems in subsequent years, which in turn can be linked to lower academic achievement (Henricsson & Rydell, 2006).

The early identification of those with special educational needs is particularly challenging. Overcrowded living conditions that often involve shared sleeping spaces and inadequate room for studying or play further undermine their ability to focus on and enjoy their education. Social isolation, whether from being physically distant from peers or from the stigma associated with their living conditions, leads to feelings of shame, withdrawal, and emotional distress. These negatively impact their cognitive and emotional development. Children living in such accommodation are often unhappy and start fights with other children.

As children continue into adolescence, temporary accommodation presents other specific difficulties. In particular, the lack of social opportunities becomes an overt issue. Adolescents are more aware of their situation and are often anxious about their living arrangements and the wellbeing of their family.

These anxieties can make it difficult for them to concentrate and plan for their future (Bowyer et al., 2015; Halpenny et al., 2002). Relocation of TA disrupts their social links; youngsters report difficulties with having to leave their friends without saying goodbye and having to adapt to new schools (Bowyer et al., 2015).

4.2 Mobility of temporary accommodation

Families placed in temporary accommodation may be required to move regularly, at short notice. Residential mobility is likely to have multiple impacts on children in education because it creates uncertainty. This can cause them to be physically exhausted in school and at risk of social and emotional difficulties (Laurence et al., 2023; Laurence et al., 2024; Puttick, 2024).

Furthermore, families are often placed in accommodation significant distances away from their child's school, meaning they either have to make a long journey to school each day or change schools, losing their peers and friends (Halpenny et al., 2002). The choice between moving schools or having a long journey to school can be a difficult decision for parents: both situations can negatively affect the education of their children.

Children experiencing multiple school changes can be left behind academically, with difficulty forming relationships with new groups of peers and teachers (Cunningham et al., 2010; Cunningham & Macdonald, 2012). Children who must walk significant distances or take multiple buses to school suffer physical fatigue and display concentration problems during the day (Puttick, 2024).

Parents in temporary accommodation often place high importance on children's education, as it is often the only stable factor in their child's life. However logistical difficulties can lead to poor attendance, leaving them with gaps in their learning (Halpenny et al., 2002). (Obradović et al., 2009). Negative impacts on younger children may manifest as behavioural problems (Edie et al., 2024; Gambaro et al., 2022), associated with lower academic achievement in subsequent years of school (Henricsson & Rydell, 2006).

4.3 Overcrowding

Parents and children living in temporary accommodation often report being confined in a limited living space and sharing sleeping space (Halpenny et al., 2002). Overcrowding impacts the development of children in a number of ways. For example, the number of cohabiting siblings is a predictor of social and behavioural difficulties in children (Laurence et al., 2023; Roze et al., 2016).

> **"Parents in temporary accommodation often place high importance on children's education, as it is often the only stable factor in their child's life."**

Children in crowded homes may demonstrate social withdrawal, possibly as a result of excessive, unwanted social interaction at home (Evans, 2006). This social withdrawal can limit their ability to make friends.

Another consequence of overcrowding may be lack of sleep, often due to disrupted sleep routines, elevated noise levels and lack of privacy. Sleep deprivation is associated with behavioural difficulties in children (Roze et al., 2019). Additionally, crowded communal areas shared by multiple families in temporary accommodation and result in children copying inappropriate behaviours of children from other families living alongside them (Holtrop et al., 2015). Manifesting such behaviours in an educational setting may lead children to struggle with social competence, academic attainment and peer acceptance (Henricsson & Rydell, 2006).

Toddlers living in crowded homes have poorer semantic memory. The reading outcomes of 7–11-year-olds and the overall academic performance of children aged 15 has been found to be negatively affected by living in a crowded home (Evans, 2006; Goux & Maurin, 2005). This could be due to lack of a quiet place to complete homework, alongside competing family needs and schedules. Lack of sleep may also contribute (Cunningham & Macdonald, 2012; Rosenthal et al., 2023).

4.4 Health

Health risks can influence educational outcomes. For instance, children with poor health are more likely to be absent from school due to illness, resulting in them missing elements of their education. Children with poor health are also likely to be less attentive if unwell in class (Cunningham & Macdonald, 2012). A major contributor to child health is their nutrition, and several sets of data suggest this is particularly challenging. For instance, food served in homeless shelters is often high in sugar and contains limited vegetables (Yousey et al., 2007). People experiencing

homelessness tend to rely on energy dense but low nutrient foods to avoid hunger (Koh et al., 2012).

There are many barriers to parents when cooking for their children in temporary accommodation: as they rely on shared cooking facilities, lack appropriate food storage and have limited healthy food options at food banks or canteens in temporary accommodation. Food banks currently supply significant amounts of food to those in temporary accommodation. School meals of differing design attempt to help children in class.

However, there is little research into the efficiency of these interventions, particularly for children. Parents often perceive that improving the diet of their children whilst living in temporary accommodation is difficult (Edie et al., 2024; Halpenny et al., 2002).

The combination of these factors can result in children having a diet high in sugar but containing limited vegetables and fresh foods and therefore micronutrients. It is known that diets low in iron and folate can have a negative effect on the cognitive functioning of children (Bryan et al., 2004)(Yousey et al., 2007). This is particularly significant in young children, where they can influence longer-term neurodevelopment (Cusick & Georgieff, 2016).

4.5 Parenting

Parents find that temporary accommodation affects their own mental health, the relationship with their children and the way in which they discipline their children. Such parental factors can in turn affect the educational outcomes for their children (Roze et al., 2016).

In some studies, parents living in temporary accommodation demonstrate increased levels of physical punishment and harsh, inconsistent discipline, often due to high parental stress (Holtrop et al., 2015; Morris & Butt, 2003).

Parenting styles of people living in temporary accommodation has been shown to be a predictor of academic success. Supportiveness and warmth in parenting during childhood improves student performance at university level, for instance, as these children develop important skills such as persistence and self-motivation (Turner et al., 2009).

As well as the effect of temporary accommodation on parenting styles, research clearly demonstrates that parents living in temporary accommodation are at risk for suffering with mental health difficulties themselves (Holtrop et al., 2015; Rosenthal et al., 2023).

This may be connected to unmet medical needs, lack of fluency in the language spoken in the country they are living in, as well as poor housing conditions and overcrowding (Laurence et al., 2024; Roze et al., 2016). Poor parental mental health can be a barrier to positive parenting too.

4.6 Social isolation

Many drivers contribute to social isolation in temporary accommodation, including long waits for school places, language skills, a lack of opportunities to play and socialise with peers (Puttick, 2024).

It can be difficult for children to invite their friends to socialise with them after school, with the important social interactions this involves. Parents who feel embarrassed about the condition of their home may be less likely to invite children's friends to visit, impacting on their social opportunities (Laurence et al., 2024). Younger children often do not understand why they are not allowed to invite their friends to visit whilst older children may find it embarrassing to share their living situation with their peers (Halpenny et al., 2002).

Residential instability is a further cause of social isolation (Bowyer et al., 2015). This problem is particularly significant for adolescent girls, because self-esteem in teenage girls often relies on acceptance and respect from their close friends (Perry & Pauletti, 2011).

Negative friendship events can leave this group vulnerable to depression. Social isolation in an educational environment has been linked to lower academic outcomes and greater risks of bullying (Gultekin et al., 2020; Stenseng et al., 2022). Unique challenges faced by minoritised groups, children with complex needs or those from marginalised backgrounds have not been researched.

LITERATURE REVIEW: CONCLUDING OBSERVATIONS

This literature review has explored impacts of temporary accommodation on children's safety, health, and education.

These three elements are deeply intertwined. Children in temporary accommodation face a battery of challenges that exacerbate their vulnerabilities. Repeated rehousing creates a continuous cycle of uncertainty and disadvantage over which they have no control.

There is a need for an integrated health approach to temporary accommodation, with collaboration between diverse professionals. Healthcare providers, educators, social workers, and housing authorities must work together to provide holistic support for children and families. Addressing their needs requires a multifaceted strategy that not only ensures access to safe housing but also integrates healthcare, mental health services, and educational support to help children thrive in adverse circumstances.

The safety of children living in temporary accommodation is compromised at the level of individuals, families, communities and systems. Physical and environmental hazards from trauma and poor air quality, for example, put individual children at heightened risk of illness and injury. Financial instability exacerbates these dangers, as families struggle to afford basic needs, often compromising the nutrition of their children.

At a community level, frequent relocations disrupt children's social support networks, leading to isolation and increased risks of adverse behavioural problems including violence and risky behaviours, particularly among adolescents.

At the systems level, inadequate funding and policy gaps promote overcrowding and increasing times in temporary accommodation, leaving families with little choice but to endure these harmful environments. These intersecting risks jointly undermine the safety and wellbeing of children in temporary accommodation, compromising their ability to attain a healthy, secure adulthood.

Children placed in temporary accommodation are a growing and diverse population. An absence of consistent healthcare access - particularly for marginalised groups, such as low-income families, ethnic minorities, or those with complex needs - exacerbates health problems.

Missing preventive healthcare, routine check-ups, and early interventions that could prevent long-term health consequences. Barriers such as relocations, difficulties registering with GP or dental services, added to by stigma from healthcare providers make it particularly difficult for these children to receive the care they need in the community. Their high levels of hospital admission and mortality illustrate systemic gaps in access to valuable healthcare and therefore a high and hidden cost of temporary accommodation.

Rising numbers underscore the urgent need to address systemic issues surrounding temporary accommodation, while adopting a child-centred approach to ensure the wellbeing of this vulnerable population. Comprehensive, integrated support for children is essential to breaking the cycles of disadvantage often linked with temporary accommodation, fostering their safe and healthy development.

Future research should aim to provide more Scotland-specific evidence to ensure policy makers have a robust foundation for addressing the unique needs of their children in temporary accommodation.

RESEARCH METHODS

PARTICIPANTS

The participants in this research were children with lived experiences of living in TA in Scotland (either currently or within the last six months). The final participant group included the lived experiences of 23 children across Scotland from diverse cultural backgrounds (13 Black, Asian and Minority Ethnics and 10 White Scottish/British), genders (11 female and 12 male), and ages (between 0 and 18).

Interested in representing diversity of developmental experiences of children in TA, this research project included children between 0 and 18 years of age divided into three demographic groups reflected in procedural and methodological tailoring for equitable inclusion.

Table 1: Breakdown of participant age group by age and number recruited.

Participant group	Age range	No. of participants
1	0-4	4
2	5-11	10
3	12-18	9

Recruitment efforts ensured an inclusive approach and diversity among participants, excluding only children with learning disabilities as they would require an entirely different and tailored methodological approach.

Recommendations for their inclusion are made at the end of the report. Using purposive and opportunity recruitment methods through Shelter Scotland and Stakeholder Advisory Panel (SAP) organisations familiar with these families, children were recruited in four local authorities of Scotland: Edinburgh (7), Glasgow (12), West Lothian (1), and Fife (3).

The aim was to recruit good representation of different areas in Scotland, but since the majority of TA housing is in urban contexts with greater need falling to populations of Edinburgh and Glasgow, it is thus equally presented in the sample demographics with a smaller proportion falling to more rural Fife area.

Complete demographic details for the recruited participant group are represented in Table 2.

Table 2: Participant demographic details.

PPN	Age	Gender	Ethnicity	Religion	Location	GP	Dentist	Sibling with PPN
1	7	F	Polish	None	Edinburgh	Yes	Yes	P2
2	8	M	Polish	None	Edinburgh	Yes	Yes	P1
3	6	M	Pakistani	Muslim	Glasgow	Yes	Yes	N/A
4	6	F	Scottish	None	Fife	Yes	Yes	N/A
5	4	F	Scottish	None	Fife	Yes	Yes	N/A
6	6	M	Arab Scottish	Christian	Fife	Yes	Yes	N/A
7	11	F	Scottish	Christian	Glasgow	Yes	Yes	N/A
8	6	M	Scottish	None	Edinburgh	Yes	Yes	N/A
9	10	F	Scottish	None	Glasgow	Yes	Yes	P10
10	5	M	Scottish	None	Glasgow	Yes	Yes	P9
11	15	F	White British	None	Bathgate	Yes	Yes	P12
12	17	F	White British	Christian	Glasgow	Yes	Yes	P11
13	13	M	African	Muslim	Glasgow	Yes	Yes	P14
14	17	F	African	Muslim	Glasgow	Yes	Yes	P13
15	17	F	Arab	Muslim	Glasgow	Yes	Yes	P15
16	18	M	Arab	Muslim	Glasgow	Yes	Yes	P16
17	13	M	Arab	Muslim	Glasgow	Yes	Yes	P18
18	17	M	Arab	Muslim	Glasgow	Yes	Yes	P19
19	13	M	White British	–	–	Yes	Yes	N/A
20	4	M	White Scottish	No Religion	Edinburgh	Yes	Yes	N/A
21	6	M	Pakistani	Muslim	Edinburgh	Yes	Yes	N/A
22	2	F	Black African	Muslim	Edinburgh	Yes	No	N/A
23	2	F	Other	No Religion	Edinburgh	Yes	Yes	N/A

CREATIVE METHODOLOGY & CHILD-LED INTERVIEWING APPROACH

Methodology

This project adopted qualitative methods as a means of data collection. A qualitative research approach provides significant benefits for research focused on children's experiences of homelessness, allowing for the establishment of new knowledge without constraining young participants within rigid epistemological frameworks. This open and exploratory approach enabled the researchers to capture the richness and complexity of children's lived experiences, fostering an environment where participants can express themselves in their own terms.

By prioritising flexibility and responsiveness, a qualitative approach ensures that the research process remains dynamic and sensitive to the topic's inherently sensitive nature. Tailored specifically to the demographic of children's experiences of TA, this approach is further enhanced by the integration of creative methods, which hold significant advantages in engaging young participants. Techniques such as drawing, storytelling, or play help to create a comfortable and supportive atmosphere, making it easier for children to communicate their thoughts, feelings, and experiences. This creative adaptability not only accommodates children's developmental needs but also ensures their voices are meaningfully heard and authentically represented in the research.

Interviews

Face-to-face interviews were conducted with three age groups of children (0-4, 5-11, and 12-18 years) with parental permission. For children of 0-4 age group, their parents constituted the main participant group, with children being involved when they were developmentally able. Face-to-face interviews enabled rapport-building and allowed for creative, reflexive engagements. While these sessions were described as interviews, they did not strictly follow a question-answer format; instead, children were encouraged to engage in creative expressions such as drawing, storytelling,

building with Lego, or bringing an object with special meaning to share their experiences. Prepared questions helped guide the discussion, and sessions were audio-recorded and transcribed verbatim.

Interviews were designed to enable children to lead the engagement where possible, allowing the researcher to ask topic-relevant questions as the interview unfolded. Interview questions were co-developed with a Stakeholder Advisory Panel and a Lived Experience Expert Panel to ensure the topics reflected stakeholder and practitioner experiences and used the vernacular familiar to the families and children taking part in the research.

Thematically, questions aligned with the Safe, Healthy, and Educated (SHE) Framework developed as part of the ongoing CHAMPIONS research programme focusing on health, wellbeing and education/ development of children in TA in the UK. This evidence-based framework was informed by the experiences of parents raising children under five in TA in England and aligned to the National Healthy Child Programme in meeting child health and developmental needs (Lakhanpaul et al., n.d.; Office for Health Improvement and Disparities, 2023).

The SHE Framework offers a useful tool for examining children's lives in TA for the following key reasons: **(i)** It is grounded in their actual experiences as discussed by their parents that were thematically analysed; **(ii)** it offers a direct evaluative link into the Healthy Child Programme, offering contextualisation of key milestones onto TA context for assessment of gaps in provision; **(iii)** it translates child experiences into key systemic domains for policy and guidelines change in housing, health, social care, and education sectors, **(iv)** it offers a consistent framework for investigating child needs in TA across different contexts, with different populations (migrants, refugees, women fleeing domestic violence), and developmental ages (young children under 5, teenagers), and finally **(iv)** it offers a simplified yet comprehensive framework for supporting parents

Creative methods

This project employs a creative methods approach to interviews with children, thus moving beyond traditional question-and-answer formats. The intention being to foster a more comfortable and supportive environment, particularly for children experiencing challenging living conditions, such as extended stays in temporary accommodation. By prioritising the child's perspective and enabling them to lead the conversation, this approach ensures that the interviews are not purely researcher led. Instead, the methodology seeks to capture the child's authentic experiences and insights rather than merely eliciting responses to predetermined questions.

> **"Our approach in this research incorporated a variety of creative tools, including drawing, play, play dough, and activities using LEGO sets."**

The methodology draws directly on Jaakkola's (2020) emphasis on visual and creative methods to elicit rich data and enhance engagement. Similarly, Bagnoli's (2009) exploration of graphic elicitation methods, such as drawing and diagramming, informed the integration of arts-based approaches. O'Reilly and Dogra's (2017) discussion of participatory strategies, including the use of interactive and visual aids, provided further grounding for the design of these child-centred techniques.

Thus, our approach in this research incorporated a variety of creative tools, including drawing, play, play dough, and activities using LEGO sets. These tools served multiple purposes: they helped build rapport, facilitate open expression, and provide alternative ways for children to convey their experiences. For example, drawing was used as both an activity and a prompt during interviews. Children were invited to draw what they associated with their stay in temporary accommodation, and these drawings were used to explore subjects further. This visual method allowed children to represent their experiences in a way that did not rely solely on verbal descriptions, thereby accommodating diverse communication preferences and providing rich data.

The materials produced during these creative sessions – drawings, LEGO models, and other outputs – were retained by the research team. These artifacts were instrumental in uncovering nuanced perspectives and enabled a more holistic understanding of how children perceive and cope with temporary accommodation. By incorporating these innovative methods, the project highlights the importance of child-centred research practices, ensuring that the voices of young participants are authentically and respectfully represented.

Developmentally sensitive approach

Children 0-4 years and parents:

Our methods accommodated young children's limited communication abilities, focusing on parents while capturing simple input from children.

Young children's needs within a home environment are distinct from the other two age groups as the early years pose a foundation of future health and wellbeing while children themselves being wholly dependent on their parents or carers for meeting those needs. Therefore, parent's capacity to meet the needs of their young children while living in the resource limited environments like TA are best described by the parents themselves.

Thus, during data collection, interviews were held with both children and parents, with activities provided to keep young children engaged. Parents were the primary focus of questions, with a few simple prompts directed to the children based on their activities.

Activities: Researchers provided games, building blocks, and drawing materials. Activities related to housing or health, such as drawing breakfast or building a house from Lego. Simple questions followed the child's activities (see Table 3).

Children 5-11 years:

Creative methods allowed children to express experiences without the constraints of a formal interview, which was more appropriate for their development stage, attention, and engagement styles. Children were still asked questions, but

discussions centred around a shared creative activity, allowing children a safe space to allow or deny engagement on topics that might be sensitive and tools to illustrate key points about their lived experience that they might not be willing or able to narrate.

These creative activity-based interviews were conducted with children aged 5-11, lasting 30-60 minutes, encouraging them to express their experiences of TA.

Activities: Children were invited to bring an object representing 'home.' Researchers provided drawing, painting, and collage materials, using these activities to prompt discussion.

Children 12-18 years:

Creative activities employed on par with more traditional interview methods gave older children multiple ways to communicate their experiences, recognising their ability and capacity to narrate their experiences while also giving them creative

freedom to express more challenging topics in safe ways or illustrate their experiences.

Thus, interviews included creative activities and an option for a question-answer format, depending on the participant's age, and lasted between 30-60 minutes.

Activities: Participants brought significant items, creative writing, or artwork representing 'home' and discussed their meaning. Mapping exercises helped participants express their thoughts.

Table 3: Sample interview questions from participant data collection sessions.

Participant group	Sample interview questions
Children 0-4 years and parents	**Parents:** • **Safety:** "How do you feel in your accommodation?" • **Health:** "Are there impacts of living in TA on your child's health?" • **Education:** "Do you feel your child is prepared for school?" **Children:** • "Do you like your house?" • "What's your favourite food?"
Children 5-11 years	• **Safety:** "Do you like the area you live in?" • **Health:** "What do you usually have for breakfast?" • **Education:** "What's your favourite thing about school?"
Children 12-18 years	• **Safety:** "Do you have friends over to your house?" • **Health:** "Have you had to visit the doctor while living in TA?" • **Education:** "Have you ever had to move schools?"

COLLABORATIVE PARTNERS

Lived Experience Expert Panel

We have recruited children, parents, and young adults (who were children while they lived in TA) as members of our lived experience expert panel. We have met with them on a number of occasions and also sought their opinions online regarding the approach we were taking for this research project.

They also reviewed study documents and interview guides. Their input has been invaluable in shaping a lived experience conscious approach in our materials and language, making sure they are sensitive to local issues and are representative of the perspectives of children and families who were living or have lived in TA in Scotland in the past year.

Stakeholder Advisory Panel

This research benefitted from the input of the Stakeholder Advisory Panel chaired by Alison Watson. This panel met at the start of the research to feed into research strategy for better alignment with local need and to reflect local insight and expertise.

Members of the SAP (like Shelter Scotland, Fife Gingerbread, and Aberlour) also supported the dissemination of research recruitment materials to relevant families and children (while recruitment and consent process themselves were led by the project research team).

Our partner organisations identified families meeting the established inclusion and exclusion criteria.

They then reached out to these families, providing an information sheet and consent forms that outlined the details of the research. Families interested in participating were directed to contact Dr Joe Williams (researcher), who provided additional information, answered any questions, and arranged a pre-interview discussion if desired by the family (parent and/or child).

Identification process

Step 1: Partner facilitators identified families they support who met the inclusion/exclusion criteria.

Step 2: Partner facilitators contacted eligible families, inviting them to participate and providing recruitment materials, including the Participant Information Sheet (PIS) and Consent forms.

Step 3: Interested families (parents and/or children) used contact details provided on the PIS to reach out to the research team (Dr Williams, Prof Svirydzenka, Prof Lakhanpaul) for further information, to ask questions, and to provide consent if they wished to participate.

While their support with dissemination of recruitment materials have been instrumental in meeting project deadlines, methodology and approach as well as analysis of the project were led by the De Montfort University and University College London research team independently of SAP as it relied on their expertise in this area.

RESEARCH ETHICS

The ethical integrity of the project was upheld through adherence to established guidelines from Shelter Scotland and relevant professional standards, ensuring minimal disruption to participants.

The research team, with substantial experience in conducting studies with children and vulnerable populations, worked within ethical frameworks provided by the British Psychological Society, the Sociological Association, and relevant De Montfort University Ethical Guidelines.

Ethical approval was granted by the DMU Health and Life Sciences ethics committee on 10 July 2024 (Code HLS REF:622540). Discussions with project partners and advisory panels continually guided research practices, training, and integrity.

DATA ANALYSIS

Thematic analysis

For this project we adopted Braun and Clarke's (2006) approach to thematic analysis of interviews and accompanying materials.

This approach is considered to be theoretically flexible, as identifying and examining patterns in language doesn't necessitate a commitment to any specific theory of language or framework for understanding human experiences or practices (Clarke and Braun. 2013).

This flexibility allows thematic analysis to be used within a variety of theoretical frameworks and suited the purposes of the data collected.

In the context of this research, focused on Scotland and the voices of children, the theoretical flexibility of Braun and Clarke's approach was particularly significant for capturing diverse and complex lived experiences shaped by socioeconomic, cultural, and policy contexts alongside developmental considerations.

This flexibility allowed us to identify patterns in how children are impacted by, and engage with, Scotland's situational context, such as available services, family support networks, and the education system, while remaining open to other contextual nuances.

By prioritising their voices, using thematic analysis enabled an emphasis on the agency of children as active participants within these systems, ensuring their perspectives were not overlooked in the research at hand, and in the forthcoming policy discussions and recommendations.

There are six phases of thematic analysis (taken from Braun & Clarke, 2006):

1. **Familiarisation with the data:** is common to all forms of qualitative analysis – the researcher must immerse themselves in, and become intimately familiar with, their data; reading and re-reading the data (and listening to audio-recorded data at least once, if relevant) and noting any initial analytic observations.

2. **Coding:** Also, a common element of many approaches to qualitative analysis (see Braun & Clarke, 2006 for thorough comparison), this involves generating pithy labels for important features of the data of relevance to the (broad)

research question guiding the analysis. Coding is not simply a method of data reduction, it is also an analytic process, so codes capture both a semantic and conceptual reading of the data. The researcher codes every data item and ends this phase by collating all their codes and relevant data extracts.

3. **Searching for themes:** A theme is a coherent and meaningful pattern in the data relevant to the research question. If codes are the bricks and tiles in a brick and tile house, then themes are the walls and roof panels. Searching for themes is a bit like coding your codes to identify similarity in the data. This 'searching' is an active process; themes are not hidden in the data waiting to be discovered by the intrepid researcher, rather the researcher constructs themes. The researcher ends this phase by collating all the coded data relevant to each theme.

4. **Reviewing themes:** Involves checking that the themes 'work' in relation to both the coded extracts and the full dataset. The researcher should reflect on whether the themes tell a convincing and compelling story about the data and begin to define the nature of each individual theme, and the relationship between the themes. It may be necessary to collapse two themes together or to split a theme into two or more themes, or to discard the candidate themes altogether and begin again the process of theme development.

5. **Defining and naming themes:** Requires the researcher to conduct and write a detailed analysis of each theme (the researcher should ask 'what story does this theme tell?' and 'how does this theme fit into the overall story about the data?'), identifying the 'essence' of each theme and constructing a concise, punchy and informative name for each theme.

6. **Writing up:** Writing is an integral element of the analytic process in thematic analysis (and most qualitative research). Writing-up involves weaving together the analytic narrative and (vivid) data extracts to tell the reader a coherent and persuasive story about the data and contextualising it in relation to existing literature.

Transcripts

Interview transcripts were coded in NVivo – an interview analysis software, forming the basis for a first analysis, followed by interpretive analysis to align findings with project objectives. In practice, the researcher, drawing upon the transcribed interviews, selected the most relevant and poignant elements based on two key sources of information.

First, they considered the broader context of the investigation, including experiences of temporary accommodation in Scotland and elsewhere, experiences of navigating systems of provision, and the nuances and complexities of housing difficulties.

Second, they used insights gained as another active participant in the interviews – information uniquely accessible through the interaction itself, such as emotional responses, displays of significance, expressed difficulty and relevance, and repeated points. Signs and signatures of relevance that were created through conversation and interaction (Atkinson and Housley, 2003).

These elements, while not fully captured in transcribed conversation, were ethnographically constructed and understood through the accomplished interview, and used to focus on elements of the data.

Visual data (e.g., drawings) were also considered (but not formally analysed) alongside the interview transcripts, used to refer to certain elements of children's experiences of TA, and particularly used to highlight which aspects of TA were most memorable to children.

Certain creative activities, such as Lego, served as engagement tools and did not contribute to data analysis.

CHAPTER 4
FINDINGS

THIS REPORT EXAMINES THE LIVED EXPERIENCES OF CHILDREN AND FAMILIES LIVING IN, OR WITH RECENT EXPERIENCE OF, TEMPORARY ACCOMMODATION (TA), FOCUSING SPECIFICALLY ON THE CHALLENGES FACED BY CHILDREN

Organised within the S.H.E. (Safety, Health, and Education) framework, the findings drew on qualitative data to highlight which features of TA affect children the most, and the impact life in TA has on the education/development of children.

The report attends to a range of issues: issues of safety, maintenance, and comfort inside of accommodations and in the area around them, physical, social, and mental health, the effect on education, financial implications for parents, the effect of regular moves on children, and features that determine a quality of life for children and families.

Children's experiences emphasise the profound impact of these environments on their development. By shedding light on these intersecting challenges, the findings and analysis underscore the urgent need for housing policies that account for safety, accessibility, and stability to enable safer, healthier, and more supportive environments for vulnerable children.

SAFETY

INTERIOR ISSUES

This section of the report focuses on the safety issues faced by children living in temporary accommodation, both within the homes and in the surrounding areas. Inside, overcrowding, dampness, mould, and inadequate maintenance are observable, and pervasive, features children's daily lives, impacting their emotional wellbeing, and physical health.

Overcrowded conditions strain family dynamics, disrupt routines, and hinder children's privacy and development. Substandard housing conditions, such as mould, broken or non-existent heating, and pest infestations, exacerbate health risks and contribute to stress. Outside, children can face physical dangers from unsafe streets, exposure to crime, and antisocial behaviour, contributing to a sense of insecurity.

Additional issues include poor lighting, mobility issues, and confrontational neighbours, amplify vulnerability and making for difficult experiences of TA. These features create a case for developing safe, well-maintained housing and supportive environments to protect the wellbeing of children in temporary accommodation.

Overcrowding

Overcrowding and lack of space significantly impact children living in temporary accommodation, affecting their daily lives, emotional wellbeing, and social dynamics. Overcrowding forces children and their families to share limited space, leading to strained relationships, disrupted routines, and unstable sleeping arrangements.

Many participants described sharing rooms with multiple family members, with some children expressing frustration about sharing beds or sleeping in overcrowded spaces. In some cases, children slept on sofas or even on the floor due to a lack of room.

Sibling conflicts, particularly among older children, were a recurring issue, with parents noting how

tensions forced ad-hoc sleeping arrangements, such as one child regularly sleeping on the couch to avoid arguments.

Overcrowding also disrupts essential routines, particularly in the mornings when multiple family members compete for limited resources like bathrooms.

Households often had only one bathroom, creating logistical challenges during peak times, such as before school. Families frequently used shared areas like living rooms for multiple purposes, including sleeping, playing, and storage, further limiting their functionality and increasing household stress.

Parents described how space constraints left children with no dedicated areas for play, study, or relaxation.

Children and young adults were acutely affected by overcrowding, with many expressing a desire for their own room to gain privacy and independence. Overcrowding also restricted children's ability to invite friends into the house, hindering their ability to socialise and maintain friendships.

To cope with these limitations, children often sought refuge at relatives' homes, where they could play and enjoy personal space. Despite their resilience, many children described feeling frustrated with their lack of space and privacy.

The emotional and psychological toll of overcrowding was evident across children participants and their families. Parents reportedly struggled to manage large households in confined spaces, often at the expense of their own and their children's emotional wellbeing.

The temporary nature of the accommodation exacerbated these challenges, as families delayed acquiring belongings or establishing routines due to the uncertainty of their living situation.

Some parents coped by documenting their struggles or focusing on their children's happiness, while children adapted by finding creative ways to use shared spaces or by focusing on outdoor activities.

PARTICIPANTS 13 AND 14 (AGED 13 AND 17):

Researcher: And you'd like a room to yourself.

Father: The other rooms as well.

Daughter: It's so small, the rooms are literally just like that basically. I can't even put anything other than a bed.

Son: Like, my room is the smallest in the house and yes.

While overcrowding was a common challenge, its impact varied depending on household size, housing layout, and available facilities. Children in smaller households were more likely to report having adequate space for privacy and play. However, even in these cases, housing designs could introduce inconvenience, such as shared walk-through spaces that compromised functionality.

Overall, overcrowding and lack of space in temporary accommodation disrupted children's lives, created stress, and limited children's ability to thrive at home. These challenges underscore the need for better housing solutions that prioritise privacy, functionality, and long-term wellbeing, ensuring children and their families have the space and stability they need to build healthy and fulfilling lives.

PARTICIPANT 10 (AGED 5):

Researcher: If you could get something else with this place that you live now, what would you have, if you could change anything?

Child: I would like to have my own room; no one in my room.

Researcher: Do you share your room as well? Who do you share with?

Child: R and A.

Mother: His 16-year-old-brother and his 13-year-old brother.

Child: And R always sleeps in my bed.

Mother: But now R sleeps on the sofa because him and A, they used to be pals when they were younger, but now they have some puffs, so they can't be in the same room [...] There's always one on the sofa.

Across those interviewed, there was a concern

for the way in which the lack of space affected family dynamics, this was often in the context of extended stays in TA and as children become teenagers whilst living in TA.

Mould and damp

The experiences shared by participants reveal significant challenges faced by children living in temporary accommodations. A recurring issue is the poor quality of housing, particularly the prevalence of dampness and mould. Participants described severe damp conditions, with black mould developing on walls and furniture, including a child's bed.

These conditions not only create an uncomfortable living environment but also pose serious health risks, particularly for younger children. Efforts to report these issues were often met with neglect or dismissive responses from housing authorities, leaving families to cope with temporary and inadequate fixes, such as buckets to catch leaks.

The impact of these substandard conditions extends beyond physical health. Children, were directly affected, describing discomfort and fear, with some unable to use their beds due to dampness or mould.

Parents expressed frustration and stress over being ignored by housing authorities, and the emotional toll of trying to provide a safe and comfortable home under such circumstances was evident. These experiences highlight how unsuitable housing conditions disrupt daily life, including sleeping arrangements, and contribute to psychological distress.

In addition to maintenance issues, safety concerns were raised, such as the lack of window locks, which posed risks for children. The inadequate design and upkeep of these properties reflect systemic neglect, leaving families feeling unsupported.

For some, these challenges were compounded by traumatic pathways to homelessness, including exploitation by landlords, loss of belongings, and an inability to seek justice. Despite these difficulties, parents showed resilience, employing strategies to shield their children from the worst effects, such as focusing on their happiness or documenting conditions for advocacy.

The findings here underscore the urgent need for better maintenance, responsive housing authorities, and support systems that address both the physical and emotional wellbeing of vulnerable families.

PARTICIPANT 6 (AGE 6):

Mother: Do you remember what your bed was like in the room? Do you want to talk about that room?

Child: It was all damp in this one.

Mother: Were you able to sleep in that bed?

Child: No, your bed.

Mother: You had to sleep with me didn't you. But it was soaking.

Parents' concern for the impact this had on existing health conditions, such as Asthma was noted:

MOTHER OF PARTICIPANT 17 (AGE 13):

Mother: It is very cold. And in winter is like all damp and wet. I tried to clean it with, because I have two boys who have asthma, I try always to clean, open the window but it is very, very cold.

Maintenance problems

Maintenance problems in temporary accommodation significantly affect the daily lives, safety, and wellbeing of children.

Children and parents frequently reported experiencing severe issues such as non-functional heating systems, water damage, structural disrepair, and pest intrusions.

Heating problems were a recurring concern, with families enduring extreme cold during winter months due to broken radiators.

Parents described the financial strain of purchasing temporary heating solutions, which were costly and inadequate, and the adverse health impacts on children caused by cold conditions, including increased hospital visits.

Water damage emerged as another widespread issue, with leaks affecting ceilings, walls, and stairs in multiple homes. In some cases, families were blamed for the damage, despite evidence that structural faults were the root cause. Housing authorities often failed to resolve these problems, instead opting for temporary fixes, such as sealing leaks superficially, or refusing to conduct repairs until families vacated the property. The neglect of these issues led to the deterioration of homes, with conditions becoming unsafe and uninhabitable.

Children and parents also reported unsanitary and hazardous conditions upon moving into new accommodations. Instances of dead rats, cat faeces, and prescription drugs left behind by previous occupants underscored the systemic neglect of property management. These conditions exposed children to significant health and safety risks, highlighting a lack of accountability and care from housing authorities.

The impact of maintenance problems extended to outdoor spaces as well. Some children were unable to use their gardens due to uneven terrain and accessibility issues - a particular safety concern for parents with mobility challenges. In these cases, Housing Officers were unresponsive, compounding the family's frustration and sense of isolation. Children also reported being acutely aware of the poor conditions, expressing distress over issues such as pest intrusions, dampness, and unclean surroundings.

Overall, the systemic neglect by housing authorities and the reliance on temporary or inadequate fixes contributed to prolonged stress and discomfort for children and families. These unresolved maintenance problems not only affected physical living conditions but also had profound emotional and psychological impacts, disrupting children's routines and compromising their sense of safety and stability.

The findings emphasise the urgent need for housing policies that prioritise timely, comprehensive repairs and better oversight to ensure children in temporary accommodation can live in safe and healthy environments.

Lack of amenities

Children living in temporary accommodation face significant challenges due to the lack of basic amenities, which disrupts their daily routines, impacts their health and wellbeing, and forces them to rely on external support. A recurring issue is the absence or inadequacy of essential kitchen facilities. Many participants reported having no freezer, limited fridge capacity, or a complete lack of cooking utensils, making it difficult to store and prepare food. In some cases, families had to rely on donations from community organisations or workplaces to acquire basic items such as pots, pans, and towels. This lack of provision underscores the systemic inadequacy of temporary accommodations in meeting children's and families' fundamental needs.

The absence of laundry facilities was another major challenge, leaving families unable to manage their clothing and hygiene effectively. Participants described accumulating large bags of dirty laundry, sometimes filling up shared spaces such as bathrooms. This created additional stress for parents, who had to find alternative

outside the home. The lack of functional heating systems was also a significant issue, particularly during the winter months. Children endured extreme cold, with some parents resorting to costly temporary heaters that were inefficient and placed financial strain on already vulnerable households.

These conditions not only caused discomfort but also led to health problems, with parents reporting increased hospital visits for their children due to the cold.

The inadequacy of amenities often intersected with poor housing maintenance, compounding the challenges children faced. For example, unstable cupboards, poorly designed spaces, and makeshift kitchen setups further hindered families' ability to carry out daily tasks, such as cooking. In some cases, parents modified their accommodations themselves to make them functional, such as sawing off cupboards to fit a larger fridge. These efforts reflect the extent to which families must adapt to unsuitable conditions at their own expense.

Children were acutely aware of the limitations posed by a lack of amenities, with some expressing frustration over the inability to complete basic tasks like storing food or maintaining a clean home. These conditions disrupted not only routines but also children's sense of stability and comfort. The reliance on external support, such as donations or visits to relatives' homes, highlights the gaps in the provision of temporary accommodations and the importance of community networks in mitigating these challenges.

Overall, the lack of amenities in temporary accommodations creates a cascade of difficulties for children and families, forcing them to navigate disrupted routines, financial strain, and inadequate living conditions. These findings underscore the urgent need for policy changes to ensure that temporary housing includes sufficient amenities to support children's basic needs and promote their physical and emotional wellbeing.

> **MOTHER OF PARTICIPANTS 9 AND 10 (AGED 10 AND 5):**
>
> *Researcher:* There wasn't a fridge or anything?
>
> *Mother:* Nowhere to wash our clothes.
>
> *Researcher:* You couldn't do any laundry?
>
> *Mother:* Nothing. Absolutely nothing.

Rodents and insects

The presence of rodents and insects in temporary accommodation, whilst not an issue in every case, had a noticeable effect on the experiences of children and parents, with impacts ranging from fear and discomfort to serious health consequences.

Children expressed anxiety about encountering bugs and spiders, which often entered homes through structural gaps and disrepair. Parents described persistent infestations, including moths

that damaged carpets and furniture, and rats that posed direct health risks.

One mother recounted her child's hospitalisation due to an infection linked to exposure to rats, underscoring the potentially severe consequences of inadequate pest control.

PARTICIPANT 5 (AGED 5):

Researcher: Did she notice all those things?

Mother: Do you remember when we had the big, massive spiders coming out of the hole in the wall in the old house?

Child: Yeah.

Mother: How big were they?

Child: Massive.

Resolving these issues was often met with delays and neglect by housing authorities. Families reported fighting for months to get infestations addressed, with pest control services taking weeks to respond in some cases. These delays exacerbated the emotional and physical toll on children, leaving them to live in conditions that were both unsafe and distressing. Damage to belongings, such as carpets and sofas, added to the frustration and disruption caused by these infestations.

The presence of rodents and insects in temporary accommodation contributed to a sense of insecurity, undermining families' ability to feel safe and comfortable in their homes. These findings highlight the need for timely and effective pest control measures, as well as proactive maintenance to prevent infestations and ensure that families and children are no

MOTHER OF PARTICIPANT 20 (AGED 4):

Mother: Now, in the within the first three months, there was a moth infestation. The carpet had a hole in it had been eaten, but a cupboard had just been placed on top. And I had been like, what? Where are all these moths coming from? Till I moved everything.

There was that and there were holes in the sofa and stuff [...] I had to fight to get new carpets and stuff that took months. I had rats, never really. Professionals probably disagree, but my son, who had been in high defence, ended up

back in hospital with an infection that comes from animals. And he had been in hospital for two weeks ill. It did hit his chest again, yeah, to get help, to get rid of the rats, was almost near impossible.

Mobility issues

Access and mobility issues were recognised to affect children's and parent's experiences of living in temporary accommodation, particularly when housing placements failed to meet their physical needs. Families reported being assigned to homes with excessive or poorly designed stairs, despite occupational therapy (OT) recommendations for minimal steps. For parents with mobility impairments, these stairs created physical barriers, exacerbated health risks, and led to falls, adding to the emotional toll of navigating unsuitable accommodations.

These mobility challenges are particularly burdensome when raising children, which includes managing strollers, requiring parents to make multiple trips up and down stairs and pause frequently due to physical strain. The logistical difficulties add stress to daily routines and undermine families' ability to maintain a sense of normalcy.

Safety concerns further compounded the impact of mobility issues. Participants described the danger of being unable to evacuate quickly in emergencies, such as a potential fire, due to physical limitations and their position within a building (block of flats). This concern was heightened by the presence of unsafe neighbours, including individuals involved in criminal activities, which created a pervasive sense of insecurity and distance from community support.

These findings indicate the need for housing placements that consider and prioritise accessibility, safety, and alignment with tenants' specific needs to ensure a secure and manageable living environment for vulnerable families.

PARTICIPANT 7 (AGED 11):

Researcher: Where you live, are you high up at the moment?

Mother: No we're in the bottom house, but we've got 15 stairs up to it. The OT assessment says we wouldn't have any stairs. No, three, maximum.

Three stairs, and they gave us 17 stairs. And the stairs are smaller than my feet.

Child: They're tiny.

Mother: You have to walk on them sideways.

Researcher: Do you find that tricky?

Mother: Because I've got a brain condition, I get vertigo, so I have fallen down them a few times, when going up them I have to hold onto the banister. That's not good for me at all. So what I've got to do, is if I've got Ds in the pram, I've got to take Ds up first, and then I've got to come back down, and I've got to take the pram up. And I've got to stop in the middle before I go again.

EXTERIOR ISSUES

Physical dangers outside

Children living in temporary accommodation frequently encounter significant safety concerns in the areas surrounding their homes. Children and their parents described the dangers of busy roads with heavy traffic and reckless driving, which create risks for children, particularly those wanting to play outside.

Streets often lacked safe play areas, further restricting children's ability to engage in outdoor activities. In many neighbourhoods, the prevalence of violent crimes, such as shootings, stabbings, and murders, alongside frequent fighting and drug activity, fostered a pervasive sense of insecurity. Antisocial behaviour, including public intoxication and the presence of drug paraphernalia, such as empty vodka bottles, added to the distress.

Neglected public spaces, littered with rubbish and dangerous items like knives, exacerbated families' concerns about safety. Children's lives were particularly affected by these dangers. Many were restricted from playing outside, leading to frustration, fear, and a lack of opportunities for physical and social development. Some children expressed a preference for staying indoors, while others sought safer areas, such as neighbouring villages, to spend time with friends.

The emotional toll of living in unsafe neighbourhoods is evident in both children and parents and can be traumatising for the children thereby impacting on their mental health.

PARTICIPANT 11 (AGED 15):

Researcher: I'm guessing there wasn't any where that you could go in your home or your area that you felt was safe?

Child: No, I had thumping music on at all hours, and to go to school after that, it's just like so annoying. And also, you don't really feel safe because you can't exactly go and ask him to turn the music down or something, because he's got lots of mental issues.

And also the person next us in the flat, I don't know, just doesn't feel very safe. We were on the outskirts of the town we were in, but it wasn't a safe town. So, I just would usually go into the neighbouring village if I wanted to see my friends and stuff.

For parents, the unsafe environment contributes to heightened stress and frustration. Many expressed feelings of helplessness in ensuring their children's safety, with one mother emphasising how a safer street with a child-friendly environment could have transformed her family's experience.

The findings underscore the critical need for housing placements in secure neighbourhoods with well-maintained public spaces to promote safety, wellbeing, and normalcy for families living in temporary accommodation.

MOTHER OF PARTICIPANT 5 (AGED 5):

Researcher: Do you think if there was something that would have made a biggest change through your time when you were in temp, if there was one thing that was most significant that you would see changed?

Mother: Being in a safe street with a nice environment for kids. She could have been out on her bike and that, what a world of difference that would have made. Not even just for her but for me as well, just being able to get out, aye it makes a big difference. [...] the outside of the house, the environment that you're in every day, it has a big impact on you.

Issues with neighbours

Neighbours significantly influence the experiences of families in temporary accommodation, often

exacerbating the challenges of living in such environments.

Negative interactions with neighbours frequently involved exposure to antisocial behaviour, such as drug activity, theft, and noise disturbances.

Many families described living near individuals with violent or erratic behaviour, resulting in frequent police visits and a pervasive sense of insecurity.

Noise disruptions, such as loud music and arguments, disturb sleep and routines, particularly for children, who express feelings of sadness, fear, and frustration in these environments.

PARTICIPANT 11 (AGED 15):

Researcher: Do you think there was a way that it could have been made easier for you, in terms of that whole experience? Is there something in particular that you think the...

Child: Like the whole experience?

Researcher: Mmm hmm.

Child: Maybe, because when someone's, one of the neighbours, if they have anti-social behaviour it just seems simple, you just call the police. But they don't really do anything, they didn't really do anything at all. And if something, if we had different neighbours, basically, it's just luck if you got good neighbours or not.

We have quite good neighbours they have not bothered us or anything. But probably just if the neighbours weren't in there it would have made it easier.

Parents frequently report heightened stress from confrontational neighbours, particularly when neighbours restrict children's outdoor play or create unsafe living conditions. For example, one mother described how her child was subjected to hearing inappropriate noises from a neighbour's bedroom due to the proximity of their homes. The systemic placement of temporary accommodations in areas perceived as unsafe – "the roughest streets" – compounds these challenges, and places children in environments where they feel unsafe.

Despite regular challenges, a few participants reported instances of positive neighbourly interactions, underscoring the variability of experiences in temporary accommodation.

These positive encounters, though infrequent, highlight the stark contrast between supportive and disruptive neighbours and emphasise the importance of safe, cohesive communities.

Overall, neighbours play a role in shaping families' experiences in temporary accommodation. While supportive neighbours can alleviate some of the stress associated with temporary living, negative interactions with antisocial or confrontational neighbours exacerbate the emotional, physical, and logistical challenges faced by parents and children, underscoring the urgent need for housing policies that prioritise safe and supportive environments for vulnerable families.

PARTICIPANT 5 (AGED 4):

Researcher: But it wasn't, you didn't feel it was very safe.

Mother: No. So they always put, I get it, but at the same time, it's not fair on people who are trying to work and got kids and that, but they always put them in the roughest streets. We had neighbours across from us that fought consistently every week and threatened to kill each other at 3 o'clock in the morning. That's all she could hear when she was a baby.

Researcher: Really, do you think M would be able to remember that?

Mother: Aye, she'll tell you. She used to wake up and go what's happening.

Researcher: Do you remember your old house?

Child: Yes.

Researcher: Do you remember what it was like outside?

Child: Yes. People making noise and we spent a week in the kitchen.

Researcher: And what did you think, when your neighbours were shouting at each other, how did it make you feel? Can you pick one of these faces for me?

Child: Yes, when our neighbours were shouting it made me sad.

Crime in the area

Crime in the areas surrounding temporary accommodation significantly affects the

experiences of children and their families, creating an environment of fear, insecurity, and emotional distress.

Children and families frequently reported exposure to violent incidents, including stabbings, shootings, break-ins, and fights. Gang activity and antisocial behaviour, such as public intoxication and trespassing, further exacerbated these concerns.

Children and parents alike express feelings of anxiety and fear, with some choosing to avoid certain areas or restrict their outdoor activities entirely. The emotional toll is particularly pronounced for children, who may develop lasting fear and discomfort from living in such environments. Parents described the stress of navigating these unsafe spaces while trying to shield their children from harm.

Encounters with hidden dangers in neglected spaces, such as finding weapons during garden maintenance, highlight the compounded risks of living in areas with both high crime and poor infrastructure.

Some families attributed crime to external individuals (gang related) entering the area, while others described systemic placement of temporary accommodations in inherently unsafe neighbourhoods. This contributes to a perception of neglect by housing authorities, as families feel exposed to persistent risks without adequate safeguards.

Overall, the presence of crime in and around temporary accommodation profoundly affects families' ability to feel secure, maintain routines, and engage with their communities.

These findings underscore the recommendation for housing policies that prioritise the safety and security of families, ensuring that vulnerable populations are not placed in environments that expose them to significant physical and emotional harm.

PARTICIPANTS 13 AND 14 (AGED 13 AND 17):

Researcher: And you feel okay doing that in this area?

Son: Yeah, but not going to lie, I did get a bit scared after the stabbing that happened last night, there was a stabbing here.

Researcher: How is it for you?

Daughter: I think that's fine at first, O just said, after what just happened, it make us a little bit worried.

Father: It was an accident. One time only, not too much.

Researcher: The stabbing?

Father: Yeah, yeah. I think maybe some people said these guys come to do this problem, not from this area, come outside from maybe and like this, and came here to do this and go back.

Social anxieties

The social lives of parents and children living in temporary accommodation are heavily influenced by the safety and social dynamics of their environments and the areas around TA. Families often experienced significant social isolation, as unsafe conditions and negative encounters with neighbours deterred meaningful social interactions.

Parents reported avoiding socialising due to fear of crime, substance use, and erratic behaviour in their surroundings. These fears extended to their children, with many parents restricting outdoor play and limiting their mobility to protect them from perceived dangers.

Children, too, are affected by these environments. Many expressed feelings of fear, particularly in poorly maintained or intimidating settings, such as properties with dark entryways. These conditions not only restricted children's ability to socialise but also contributed to emotional distress, a diminished sense of security, and their mobility around the areas where they live.

Environmental barriers, such as the absence of outdoor lights, poorly designed infrastructure, and a lack of safe spaces, further exacerbated families' anxieties. The presence of theft, substance use, and overcrowded housing added to the stress of living in TA, creating environments that feel unwelcoming and unsafe.

Despite these challenges, some participants recounted instances of positive social interactions, such as friendly neighbours who provided a sense of community and support. These experiences underscored the importance

of fostering safe, cohesive neighbourhoods to improve the social lives of families in temporary accommodation.

In sum, the combination of unsafe conditions, mistrust, and limited opportunities for interaction creates a challenging social environment for children and parents. These findings highlight the need for housing policies that prioritise safety, community building, and the creation of spaces where families can feel secure and supported.

> **PARTICIPANTS 17 AND 18 (AGED 13 AND 17):**
>
> **Researcher:** *I guess we talked about it earlier about not having friends over. But do you think you would spend more time with friends if you were somewhere with a bit more space and a bit closer?*
>
> **Child:** *Yeah.*
>
> **Mother:** *I have a problem. I don't let my boys go around this by himself, like much time.*
>
> **Researcher:** *Is there a reason for that?*
>
> **Mother:** *I'm just scared, I'm just scared. I try to fix this in my head, but still, because I feel like this age is very difficult to go and, you know, other boys are not very good. I let them like in my house, or go to the park or go specific place is like a safe. But no, just go on around.*

Gang violence

Although not a pervasive theme throughout the data, exposure to gang violence was experienced by multiple participants and proved to shaped their experiences and sense of safety whilst in TA. Incidents of stabbings, shootings, and gang-related activity were, in some cases, a common feature of areas participants' lived in, contributing to an environment of fear and insecurity.

Both parents and children reported feeling scared, with children describing how violent events, such as a recent stabbing, made them uneasy about their surroundings.

Gang presence in the area further exacerbated these anxieties. Families described the visibility of gang members and their influence on the social atmosphere, with some individuals openly engaging in violent behaviour.

Parents expressed heightened concerns about their children's safety, leading them to restrict their mobility and discourage interaction with the local environment. Children, too, avoided certain areas they perceive as dangerous, resulting in social isolation and limited engagement with their community.

Exposure to gang violence in temporary accommodation areas undermines families' ability to feel secure and safe. The fear and anxiety associated with moving into, and living in, such areas contribute to social isolation and emotional distress, emphasising the need for consideration when placing families in TA that might put them in the way of gang related violence.

Poor lighting

Poor lighting in temporary accommodation, although a seemingly minor maintenance issue, reoccurred in the data as an element that affects the experiences of parents and children, contributing to a sense of uneasiness and practical difficulties in navigating their environment.

Families described how broken lights in stairways and the absence of outside lighting create unsafe and unsettling conditions, particularly during winter months when darkness lasts longer.

These poorly lit spaces, described by one participant as resembling "a horror film," heightened families' fears of encountering potential dangers, especially in areas where drug activity or theft is prevalent.

The emotional effect of poor lighting was evident, with both parents and children expressing fear and unease. Children described feeling scared when moving through dark stairways or entrances, and parents reported carrying torches to move through these areas, highlighting the practical challenges associated with inadequate lighting.

These difficulties compound other stressors of temporary accommodation, such as distrust of neighbours and exposure to unsafe surroundings. This is alongside the potential health outcomes such as potential falls, limits to access, and limit to when and how children are able to leave the house.

The lack of functional lighting (in combination with elements from the above sections) appears to exacerbate existing vulnerabilities associated with stays in temporary accommodation, undermining families' sense of safety and wellbeing.

Addressing lighting issues in and around temporary accommodations could be a minor, but significant, recommendation to promote security, functionality, and a level emotional stability for families.

HEALTH

This section of the report examines the impact that stays in temporary accommodation can have children's health, focusing on their physical, mental, and social health.

The physical health section explores issues that, often negatively, impact various aspects of their health and wellbeing. Sleep deprivation is a common issue, as inadequate sleeping arrangements, overcrowding, and noise disturbances from neighbours or busy streets disrupt restful sleep. Children's nutrition and food security are also made difficult due to poor kitchen facilities, often forcing families to rely on convenience foods or food banks. Access to physical activity is observably uneven, with some children participating in organised sports while others face barriers such as safety concerns and restricted outdoor spaces. Hygiene conditions are often poor, with unsanitary living environments leading to illnesses. Additionally, health conditions are frequently exacerbated by cold, damp, and poorly maintained housing, leading to repeated hospitalisations for children with asthma or infections (linking to previous sections). Accessing healthcare is often complicated by logistical challenges, including long travel times to GPs.

The mental health section delves into the emotional toll on children, their siblings, and

their parents, including anxiety, sadness, and depression. It discusses behavioural changes in children, such as increased aggression, separation anxiety, and sleep disturbances, as well as parents' struggles with a lack of control and prolonged stress. These emotional impacts often persist even after families transition to more stable housing.

The social health section addresses the increased isolation children, and their families experience due to limited space, stigma, and safety concerns, restricting their ability to maintain relationships with friends and family. Children face difficulties staying connected to friends due to frequent moves and unsafe environments, furthering feelings of disconnection and instability. It is seen that stable housing provides opportunities to rebuild social ties and foster a sense of belonging for children.

PHYSICAL HEALTH

Sleep

Living in temporary accommodation significantly disrupts the quality and amount of sleep for children, directly affecting their cognitive development, their emotions and emotion regulation, their willingness and capacity to learn, play, and engage with others–sleep is essential for healthy brain development.

Poor sleeping arrangements, such as inadequate beds or insufficient space, leave children without the conditions necessary for restful sleep. Noise disturbances, both from neighbours and external environments like pubs or busy streets, further exacerbate the problem, creating an atmosphere where sleep is difficult to achieve or maintain.

Children's sleep deprivation is particularly concerning, with some reporting that tiredness impacted their ability to stay awake in school or concentrate on their studies. Parents, meanwhile, described chronic exhaustion, often worsened by managing disruptions from children or siblings who struggled with their own irregular sleep patterns. For example, younger siblings staying awake and making noise during the night prevent older children and parents from getting sufficient rest.

Noise from neighbours, such as shouting, fighting, or activity at night, was a recurring stressor, especially in overcrowded or poorly insulated accommodations. Parents also highlighted the broader impact of living in an environment that felt chaotic or unsafe, where external noise and unfamiliar surroundings prevent a sense of comfort and restfulness.

Overall, poor sleep quality and deprivation in temporary accommodation undermine children's physical and emotional wellbeing. The findings emphasise the importance of ensuring adequate sleeping arrangements and the importance of quiet, safe environments to support the health and stability of families living in these settings.

MOTHER OF PARTICIPANT 6 (AGED 6):

Mother: It was, but as I say I was quite lucky that who was there they were lovely and they were nice. But it could have also been totally different.

Researcher: It could have gone another way.

Mother: It totally could have, yeah. I mean, above us was a young couple and they were 10 times worse, they would fight and argue, always fighting and there was always something going on. It just wasn't great. But no, the men next door were nice. But at the same time, when I first turned up, and I see all the people in one place it was quite intimidating, what are we doing.

Researcher: The upstairs neighbours, would that affect how you were at home, would it affect sleep?

Mother: Yes. So, I think the whole environment, you can't really sleep, it's right off the main street anyway where the pubs and stuff are as well. So, it was always quite noisy. R probably only sleeps about three to four hours a night most nights.

Food and nutrition

Living in temporary accommodation affects families' ability to eat well and cook adequate meals. Although, some accommodations were noted to be without issue, those who found this difficult reported this was largely due to insufficient kitchen infrastructure, food insecurity, and emotional and financial stress. Families reported using inadequate or poorly maintained kitchen facilities, such as small fridges, no freezers, and a lack of basic cooking utensils and appliances. These limitations forced families to rely on convenience foods like microwavable meals or eating out, which are often less nutritious and

financially unsustainable if used over time.

Food insecurity emerged as a recurring issue, with some families depending on food banks to meet basic needs. These experiences highlighted the stigma and emotional toll of food insecurity, particularly for children, who may struggle to understand the situation. One participant recounted her child's confusion about food banks, emphasising the social and emotional impact of these challenges.

Parents also described the financial strain of attempting to provide nutritious diets with external options, such as traveling to relatives for healthier meals or eating out. These solutions, while temporary, are costly and financially unsustainable if needed to be adopted over an extended period. Emotional stress further exacerbates poor eating habits, with some parents relying on external support, such as caregivers, to prepare nutritious meals for their families.

Children's experiences with food and cooking in temporary accommodation are also constrained. While some children express an interest in cooking, their involvement is limited due to the challenges of managing inadequate facilities and the mess associated with meal preparation.

Overall, the lack of suitable cooking facilities and the broader challenges of living in temporary accommodation contribute to the finding that families' ability to eat well and maintain healthy habits are made especially difficult when staying in TA. Addressing these issues requires improved kitchen infrastructure, better access to food resources, and support for families to reduce the emotional and financial toll of food insecurity.

MOTHER OF PARTICIPANT 8 (AGED 6):

Mother: There was one time when we were just moving for the first time, A was like but Mum, you have not paid, you've not paid for your food. You're walking out with your bag of food, and you've not paid. I was so embarrassed to tell, but do you know, but then I had to tell. So, then he said right, tell him, but I just couldn't do it in front of him because he was telling. He was like my mums not paid for her shopping and I was like this is not a shop that you just don't pay. So, I had to explain, you can't just go into a shop and take what you want because we've done it in the wee place.

Researcher: Sorry, was that the food bank?

Mother: Yeah. And he's like you've not paid for your shopping mum.

Physical activity

Children living in temporary accommodation experience varying levels of access to physical activity, sports and physical activities, influenced by both opportunities and barriers within their environment.

Some children actively participated in organised sports such as football, netball, and boxing, which provide structure and enjoyment. Others engaged in creative play at home, using available outside spaces, for physical activity.

However, barriers to regular physical activity were evident. Safety concerns and restricted access to outdoor spaces limited some children's ability to play freely.

Financial constraints also posed challenges, preventing families from purchasing equipment or setting up spaces for play. Play is a fundamental aspect of children's development and limited opportunities will have an impact on a child's emotional, cognitive, and social development.

School-based activities play a critical role in children's access to physical activity, with some children participating in sports teams or PE lessons.

However, inconsistent delivery of physical education in schools limited opportunities for regular physical activity, as one child described how her class rarely attended PE due to disciplinary issues.

While some children in temporary accommodation maintain active lifestyles through sports and creative play, barriers such as restricted access, financial limitations, and inconsistent school-based opportunities hinder many from fully benefiting from physical activity.

Addressing these challenges requires creating safe outdoor spaces, ensuring access to equipment, and improving the consistency of physical education programs in schools.

Researcher: So, you can go places, nice. Do you have, so here, I think it looks like you're outside the house. Where you live at the moment, can you go outside and play?

Child: Yes.

Researcher: What do you do? If there was one thing, your favourite thing to do outside, what would it be? There's a lot of questions, isn't it. Do you play football?

Child: Yes.

Researcher: Do you have friends who you meet outside and play with?

Child: Yes.

Hygiene

Poor hygiene levels in temporary accommodation have a significant impact on children's physical health, emotional wellbeing, and social lives. Participants reported severe issues with unclean living spaces, including contaminated carpets soaked with urine, shared bathrooms smeared with faeces, and broken fixtures that delay basic hygiene routines. These conditions make it difficult to maintain personal cleanliness, fostering unsanitary environments that lead to recurring illnesses, such as chest infections and persistent coughs.

The emotional toll is also significant. Both children and parents described feelings of disgust, discomfort, and embarrassment about their living conditions. These emotions often led to social isolation, as families avoid inviting friends or neighbours into their homes due to the state of the accommodation. One child recounted that the smell and conditions made her feel unsafe, emphasising how hygiene challenges erode the sense of security and stability in these homes.

Maintenance failures exacerbated these hygiene issues, with families citing prolonged delays in fixing essential fixtures like broken windows. In some cases, unsanitary conditions persisted for months despite repeated requests for repairs, further worsening health outcomes and emotional strain.

However, access to properly functioning facilities, such as bathtubs, provided positive moments, especially for children who enjoyed using them.

These instances underscore the importance of adequate and well-maintained hygiene infrastructure in temporary accommodation to support families' health, dignity, and quality of life.

Child: And we have to brush our teeth in the bedroom sink.

Researcher: There was a sink in the bedroom?

Mother: Yeah, so in this one in Dunfermline there was a sink in the bedroom and because it had all the poo in the other toilet, we just stayed in the bedroom. Obviously, because he was just out of hospital, I couldn't cross contaminate him at all.

Child: I know what happened, people were pooing on the ground.

Researcher: On the ground, really, outside or inside?

Child: Inside, inside the toilet. Sometimes, if they poo, they get them on the wall, and sometimes they poo on the ground.

Researcher: Was it very smelly?

Child: Yeah, it was.

Researcher: What do you think about that?

Child: That was the worst time.

Health conditions developing

In some cases, living in temporary accommodation has a serious impact on the health of parents and children, contributing to both the development and worsening of medical conditions.

Damp, cold, and unsanitary living environments exacerbate pre-existing conditions such as asthma and sleep apnoea, often leading to repeated hospitalisations. Parents described how damp and mould in their homes directly impacted respiratory health, with some children requiring oxygen or extended hospital stays during the winter months.

Poor hygiene and sanitation within temporary accommodation also led to severe infections. Unsanitary conditions, such as unclean bathrooms and contaminated water, have resulted in hospitalisations for infections, including one child losing significant weight and developing trauma from invasive medical procedures.

For parents, exposure to these conditions has led to illnesses with one reporting the conditions leading them to being diagnosed with helicobacter, further straining their health and ability to care for their children.

The emotional toll of these health challenges is significant. Children express fear and sadness over their illnesses, while parents report feelings of helplessness and frustration with the lack of institutional support.

Parents frequently cite inadequate responses from housing authorities and medical professionals, leaving them to advocate for basic living conditions and medical care on their own.

PARTICIPANT 6 (AGED 6):

Researcher: Could I ask you a question about that? When you remember these places that you lived before, with the eggs and the chicken and the poo, do you know how that made you feel? Can you point to which one maybe you think that.

Child: Which one is sad?

Researcher: That one right there. Is that how it made you feel?

Child: Because I didn't want to go to the hospital.

Researcher: You didn't want to go to the hospital. But you went to the hospital in the end. How long were you in the hospital for?

Mother: Maximum of about six weeks in total. Twice he had to get referred back in, and that was just because two environments were dirty, and that's what I blame it on.

Researcher: You think it was a direct …

Mother: Yeah, because he was told to be in a clean environment. And both times, both environments weren't clean. And he ended up spewing blood from his mouth due to it, and that was an infection. So, yeah, in the six weeks he was in he lost about two and a half stone, it was quite scary. And obviously, because he is on the spectrum, trying to get a cannula in was quite, I had to pin him down, the nurses had to pin him down. And that was quite traumatic. You didn't like that at all, did you?

Child: No.

The ongoing presence of damp conditions not only harms health but also damages belongings, requiring parents to frequently replace items like school uniforms. These challenges highlight the urgent need for safe, clean, and adequately maintained housing to protect the health and wellbeing of vulnerable families in temporary accommodation.

MOTHER OF PARTICIPANTS 17 AND 18 (AGED 13 AND 17):

Researcher: Is it an old place?

Mother: I think, yeah. It is very cold. And in winter is like all damp and wet. I tried to clean it with, because I have two boys who have asthma, I try always to clean, open the window but very, very cold.

Mother: I have A and T who is doctor hospital a lot.

Researcher: Okay, because of the cold?

Mother: Because cold, asthma, he's always like, especially in the winter he is going into the hospital. They stay in a hospital like two days more, but H just goes to take oxygen and then back.

Proximity to GP

Participants living in temporary accommodation are generally aware of where to access healthcare services, but logistical and emotional barriers often hinder their ability to do so.

Long travel times, reliance on public transportation, and a lack of guidance about nearby doctors when moving into new accommodations are recurring challenges. For instance, some participants report needing two buses to reach their doctor, with trips taking up to 50 minutes, which is particularly difficult when unwell or managing children at home.

Children, in particular, expressed discomfort with navigating unfamiliar routes or using unreliable public transport, which adds to the complexity of seeking care.

Parents also highlighted emotional reluctance to switch doctors, citing strong relationships with trusted practitioners as a reason for enduring inconvenient travel. While this trust in a known doctor is beneficial, it could possibly contribute to delays in accessing care, especially when participants are fatigued or overwhelmed by other responsibilities.

Additionally, the lack of proactive information about healthcare options upon moving into temporary accommodation exacerbated these challenges. Participants frequently must navigate these barriers independently, which adds stress and can lead to postponing necessary medical attention.

These findings emphasise the need for support systems to ensure families in temporary accommodation can access healthcare easily, including providing clear guidance on nearby services and available public transportation links. Addressing these issues would reduce barriers to care and promote better health outcomes for vulnerable families.

MOTHER OF PARTICIPANTS 17 AND 18 (AGED 13 AND 17):

Researcher: The other thing I was going to ask, as well, when you moved in, were you told about where the doctors is?

Mother: My doctor is before this area. Because I try to move her, but I feel like, because I try to move the doctor, but because I feel as my doctor, she's good. And I know what, because it's very far to me, like two buses, but I say I'm not sure where going, I change doctor every time. I'm now, it's like I feel very tired. It lasts a few weeks, but I ignored to go there. But I tried to phone her and explain what is happening with me, but I can't come into you because I'm used two buses and my children are in the house. She is good with me.

MENTAL HEALTH

Behavioural change

Children living in temporary accommodation often experience significant behavioural changes due to the instability, uncertainty, and stress associated with their environment. These changes manifest in various ways, including heightened anxiety, aggression, separation anxiety, and disruptions to sleep and routines.

Many parents reported that children became more attached, seeking constant reassurance and struggling to relax. Separation anxiety, especially for children with prior trauma or loss, was common, with children expressing fear of being left or clinging to their parents.

In some cases, children displayed aggression as a way of coping with frustration or an inability to process their emotions. These behaviours were described as uncharacteristic, highlighting the emotional toll of temporary accommodation, particularly on younger children.

Sleep disruptions were another recurring issue. Stress and trauma led to difficulty sleeping, with some children reducing their sleep hours significantly or refusing to sleep alone. This not only affected the children's wellbeing but also added strain on parents.

The emotional and behavioural challenges took time to resolve, even after families transitioned out of temporary accommodation. Recovery timelines varied, but many parents noted gradual improvements over several months in a stable environment.

This highlights the long-lasting impact of temporary housing on children's emotional and behavioural health, emphasising the need for supportive interventions during and after such transitions.

MOTHER OF PARTICIPANT 4 (AGED 6):

Mother: When we moved, it did take a wee bit of a toll on her a wee bit, and she became a bit more violent towards me.

Researcher: You noticed a change?

Mother: Oh, aye I noticed it. I upped and her whole home situation, I had help with the Charity at the time, because I did get to a point where I wasn't coping very well. She was at an age where she couldn't really explain her emotions very well, so I was getting the backlash.

But the last bit when she was trying to kick me when I was trying to get in the car and I slipped, and I smashed my knee at the side of my car, and my knee was like that. I ended up in hospital, I was on crutches. It affected my dad and that as well and things like that. It did, it took a toll on her. We were all right once we got past the last couple of months but to start with it was a bit like that.

Emotional responses to temporary accommodation

Children and parents exhibit a range of emotional responses to living in temporary accommodation, shaped by the instability and unfamiliarity of their environments. For children, feelings of sadness, anxiety, and insecurity are prevalent.

They often expressed sadness over the loss of familiar belongings or routines, as seen in one child upset about leaving behind a bed where they had created a sense of personal space. Anxiety manifests through increased reliance on parents, as children seek comfort and reassurance in uncertain conditions.

Parents described their own struggles with unhappiness and stress while living in temporary accommodation, noting how their emotional states can impact their children.

For instance, one mother observed her child becoming more sensitive and quieter during this period, highlighting the link between environmental stressors and mood changes in children.

The physical and social environment of temporary accommodation often exacerbates these emotional challenges. Noise, unfamiliar surroundings, and a lack of outdoor spaces lead to feelings of intimidation and discomfort for children.

For example, one child who previously enjoyed playing in the garden began avoiding it due to the intimidating atmosphere of a busy and noisy neighbourhood.

Encouragingly, families note emotional improvements after transitioning to more stable housing. Children who were previously anxious and overly reliant on their parents show signs of relaxation and emotional recovery over time. This highlights the importance of stable and supportive living environments in fostering emotional wellbeing for both parents and children.

MOTHER OF PARTICIPANT 17 (AGED 13):

Researcher: *Do you know what kind of things might have been affected?*

Mother: I feel he is like more sensitive and sad.

Researcher: Really, it's like a mood?

Mother: Yeah. Always, I try to play with him, his brother plays with him too.

Researcher: He's quiet?

Mother: Yeah.

Researcher: And that's a change you think?

Mother: Yeah.

Loss of control and power

Living in temporary accommodation often results in a sense of loss of control for parents and children, creating a ripple effect that impacts their emotional, social, and psychological wellbeing. For parents, the inability to influence key decisions – such as housing timelines or their children's school placement – fostered a sense of helplessness and frustration.

This lack of agency was compounded by prolonged periods of instability, with some families spending years in temporary housing without a clear resolution, as highlighted by one family's six-year experience.

For children, the loss of control disrupted their ability to form and maintain meaningful connections. Forced relocations often severed ties with friends from school or nursery, leaving children to navigate new social environments without support or familiarity. The impermanence of temporary accommodation also discourages children from personalizing their spaces, limiting their ability to feel a sense of ownership or belonging.

One child expressed frustration at the unpredictability, noting how they avoided decorating their room because they never knew when they might have to move again. These considerations impact a child's sense of belonging, fundamental to their psychological sense of self, and their sense of stability for maintaining secure attachments.

This lack of stability and control weighs heavily on families, contributing to feelings of anxiety and emotional exhaustion. For children, these experiences can lead to sadness, frustration, and difficulty adjusting to ever-changing environments. Parents described the stress of living in a constant state of uncertainty, with decisions about housing being made without transparency or communication.

The findings underscore the importance of restoring a sense of control and agency to families in temporary accommodation, whether through clearer communication, shorter stays, or greater involvement in decision-making processes. Providing stability and empowering families in this way can mitigate the emotional toll and foster better outcomes for both parents and children.

PARTICIPANT 11 (AGED 15):

Mother: Yes, I'm being told you can't get somewhere because these empty ones are all needing work done and actually it's just bull.

Researcher: Were you aware of these kinds of things, as well?

Child: Yeah, it was also hard, because we're only meant to be in the temporary for six months or something. It's just annoying waking up every day and you're like well, they could tell us oh move house today. And you can't really, like I don't want to properly deck out my room or anything. And it wasn't really that nice, but I just kind of wanted security.

Depression and sadness

Participants described feelings of sadness and depression stemming from their experiences of living in temporary accommodation, emphasising the emotional impact of unsuitable living conditions and the ways in which these environments can amplify stress.

Parents often expressed unhappiness and stress, which directly affects their children, as observed in one child's acknowledgment of their mother's unhappiness before transitioning to stable housing – demonstrating how parental struggles can shape the emotional wellbeing of children.

PARTICIPANT 8 (AGED 6):

Mother: What else is important? Was mummy happy before we got the house?

Child: Yeah.

Mother: Before or after?

Child: She wasn't happy before.

Researcher: Oh no, and what do you think about that A?

Child: It's good now. You could come over.

This also stems to show that children are not passive members of the family but are intuitive and active participants in the family circumstances, with inclination to understand what is happening around them and not only to them, but to their family. The parent child connection is critical and any impact on the mental health of the parent can

affect their parenting capacity and also potentially their attachment with their children.

The common difficulties associated with temporary accommodation contribute significantly to these feelings. Participants link their sadness and stress to living in places they find unsuitable for their needs, reinforcing how the physical environment can influence mental health. Children and young adults reported feeling the same stress and sadness as their parents, reflecting the deep interconnectedness of family emotions in these circumstances.

These findings prompt the need for addressing both the physical and emotional dimensions of temporary accommodation. Providing stable, suitable housing and access to mental health support can mitigate the sadness and depression experienced by families, breaking an apparent cycle of shared emotional distress within households.

SOCIAL HEALTH

Having friends and family to visit

Participants frequently described the inability to host friends and family as a significant challenge of living in temporary accommodation. Both circumstantial and emotional barriers prevented them from engaging in normal social interactions.

Parents and children highlighted a lack of space as a primary limitation, with cramped living quarters making it impractical to host others. Safety concerns further compounded these issues, with parents often citing their environment as unsuitable or even hazardous for visitors, particularly for children.

The emotional impact and stigma of poor living conditions was another prominent theme. Many participants felt embarrassed or ashamed of their homes, which discouraged them from inviting others. Children in particular expressed concerns about being judged by peers, with one child noting that friends would likely find their living situation "disgusting." These feelings of shame and isolation often led to diminished self-esteem and a sense of exclusion from normal social activities, such as hosting sleepovers or playdates.

Instead of inviting friends or family into their homes, participants often resorted to meeting in

neutral spaces, such as parks, further emphasising the disconnect between their living environments and their ability to maintain social relationships. The inability to personalise or take pride in their homes added to the sense of impermanence and dissatisfaction.

In contrast, transitioning to permanent housing marked a significant improvement in participants' social lives. Families described newfound opportunities to host friends and family, including sleepovers, playdates, and visits from extended family members. Children expressed excitement about having friends over in their new homes, and parents noted the emotional relief of being able to invite people into a safe and welcoming environment. This shift allowed families to re-establish social connections and regain a sense of normalcy and pride in their living situations.

Overall, the ability to host friends and family significantly affects the emotional and social wellbeing of families. Temporary accommodation often limits this aspect of life, leading to isolation and diminished quality of life.

However, permanent housing restores these opportunities, highlighting the importance of stable and suitable living conditions for fostering social connections and emotional health.

> **PARTICIPANTS 13 AND 14 (AGED 13 AND 17):**
>
> *Researcher: Wow, okay. How about here, do you have friends over here?*
>
> *Brother: Yeah.*
>
> *Sister: My friends like they come here sometimes.*
>
> *Researcher: Do you prefer that, do you like having, being able to have friends over?*
>
> *Sister: Mmm, yeah that is good.*

> **PARTICIPANT 7 (AGED 11):**
>
> *Researcher: Really, you didn't like to be at home, yeah. Things like when you had to go to sleep and things like that, would it still affect you?*
>
> *Child: Well, I did try not to think about it, but it was still quite disgusting when I was sitting.*
>
> *Mother: She couldn't have any of her friends around, she didn't have any friends there but*

she couldn't invite her friends from school or anything.

Researcher: Would you have liked to be in a place where you can have your friends over?

Child: Yeah.

Researcher: And have sleepovers and play and that sort of thing? Yeah. What about it, do you think, your friends wouldn't or wasn't good for your friends to be there?

Child: No, I think they would find it disgusting as well to be honest.

Proximity to friends and family

The experience of living in temporary accommodation often disrupts children's ability to maintain proximity to their friends, significantly impacting their social lives and emotional wellbeing.

Many participants reported being relocated to unfamiliar areas, distancing them from their established social circles. For example, one child expressed frustration over being placed in a home far from their school, noting that their friends were still near the previous temporary location.

This geographical separation not only made spontaneous interactions impossible but also required significant effort, such as lengthy bus rides or walking, to maintain friendships. This can lead to feelings of disconnection, and a grieving of lost social relationships.

PARTICIPANT 10 (AGED 5):

Researcher: Is there one thing that you would like to see changed about this place or something, if you were going to move somewhere else, I know we said about the space. Is there anything else you think you would really like? It's a big question isn't it.

Child: I want the house to be somewhere closer to my friends.

Researcher: Does it take you quite a while to go see your friends?

Child: It takes me 30 minutes to get to my friends house, but she meets me at the zebra crossing.

Researcher: And do all of your friends live far away?

Child: Yeah.

Researcher: So, it takes quite a while to go see them. Do you have friends around here?

Child: Yeah.

Children often relied on extended family, such as grandparents, to bridge the gap between their temporary homes and their friends.

One participant noted that visits to their nana's house provided an opportunity to reconnect with peers, emphasising the role of family networks in mitigating the isolation caused by temporary accommodation. However, for some, the effort required to visit friends was too great, leading to reduced social interactions and feelings of disconnection.

In temporary accommodation, forming new friendships was also challenging. The transient nature of temporary housing meant that children often avoided investing in local relationships, knowing that another move could disrupt these bonds. Additionally, safety concerns in certain neighbourhoods limited children's ability to explore and socialise. For instance, one child was only allowed to play in the backyard due to parental concerns about the surrounding environment.

In contrast, permanent housing offered children a chance to rebuild their social lives and strengthen their connections. Proximity to both friends and family was a recurring theme in improved living conditions.

Stable housing allowed children to re-establish bonds, host friends, and engage in local activities without the constraints imposed by temporary accommodation. This stability not only facilitated social interactions but also contributed to a stronger sense of belonging and emotional wellbeing.

Overall, the findings highlight how the lack of proximity to friends in temporary accommodation creates social and emotional challenges for children. Stable, permanent housing mitigates these effects by fostering opportunities for connection, reducing the barriers of distance, and restoring a sense of normalcy in children's social lives.

EDUCATION & DEVELOPMENT

The following section examines the impact of temporary accommodation on children's education and development, exploring key themes such as proximity to school, moves between schools, continuity of education, engagement in education, travel, sleep's effect on education, and the Education Maintenance Allowance (EMA).

Children and their parents often face logistical challenges when schools are located far from their housing, leading to long commutes, lateness, and increased stress. Frequent relocations disrupted school attendance, social connections, and emotional stability, with many children having trouble adjusting to new schools and losing access to preferred resources or activities. Continuity of education is disrupted by inconsistent school placements, further exacerbated by the emotional toll of housing instability.

Travel to school presents financial and logistical burdens, with some parents spending significant amounts on transportation. Noise and inadequate sleep in temporary accommodation also negatively impact children's academic performance and concentration. In addition, instability affects teenagers' eligibility for EMA, with frequent absences tied to transportation difficulties or school changes disrupting access to financial support.

These findings prompt consideration for the relationship between TA, housing placements and conditions, and education and schooling. This leads to a broader consideration for cognitive, social, and emotional development, alongside identity development within the context of TA.

Proximity to school

Proximity to school is a crucial factor influencing the experiences of families living in temporary accommodation. For many participants, being relocated further from their children's schools created logistical and emotional challenges. Long commutes, often requiring buses or lengthy walks, caused stress for both parents and children, particularly in the mornings.

Families frequently reported being late to school, which not only disrupted daily routines but also had broader implications for children's education and attendance. Parents described mornings as chaotic, with children struggling to wake up and prepare for long journeys, sometimes leading to confrontations and heightened family stress.

Children expressed frustration with the difficulties of traveling to school from temporary housing. One participant noted that they wished their house, or school could be moved closer, highlighting the desire for improved proximity. Another shared how the long journey discouraged them from fully engaging with school, while parents worried about the cumulative impact of these disruptions on their children's education.

> **PARTICIPANTS 13 AND 14 (AGED 13 AND 17):**
>
> *Researcher: Was it difficult to just get ready for school?*
>
> *Sister: Yeah and then you have to get ready in a real rush. And then, yeah, but the school is not that far from the hotel, but when we came in here, it's like, basically half an hour by a bus. We used to be late every time, basically. And we didn't move because we just started and then we don't know any other schools and stuff, we're still on the high school.*
>
> *Researcher: Okay, so moving to this place took you further away from where your school was?*
>
> *Sister: Yeah.*
>
> *Brother: I would bring the school closer, or move the house closer to school, because you have to wake up so early and you still miss the bus, it's so annoying.*

The emotional toll of being far from school extended beyond logistical concerns. Several children experienced distress when forced to switch schools due to housing relocations, particularly when it meant losing friendships and familiar routines.

Parents often prioritised keeping their children in the same schools to provide some sense of stability, even if it required enduring longer commutes. For instance, one parent emphasised the importance of maintaining their children's connections to their schools, despite the added

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In contrast, when families were placed in housing closer to their children's schools, the benefits were immediate. Shorter commutes reduced stress and improved punctuality, making mornings smoother for both parents and children. Participants with homes just minutes from school described their experiences as significantly more manageable, highlighting how proximity positively impacted their daily lives.

The findings reveal that proximity to school is a significant consideration when exploring the effect of temporary accommodation on children's education. Long commutes and frequent school changes disrupt routines, create stress, and negatively affect children's education and social lives.

Conversely, housing closer to schools fosters stability, reduces logistical challenges, and supports children's wellbeing, emphasizing the importance of considering school access in housing placements for families.

PARTICIPANT 1 AND 2 (AGED 7 AND 8):

Child: Where I used to do my swimming and my school.

Researcher: It was close to all your swimming and everything.

Child: I was walking half an hour.

Researcher: That's quite a way, isn't it?

Mother: Yeah. And because in last year we had to change school, it was....

Child: November, on my birthday.

Mother: Yes, on your birthday. And we had to change the school and it was really complicated and quite hard for them. So the most important thing was to keep the school, you know, for the kids.

Moves between schools

For children living in temporary accommodation, changing schools due to housing relocations was a complex and emotionally challenging experience.

Many participants expressed sadness and resistance toward leaving their original schools, citing emotional attachments, established friendships, and valued activities. One child noted the loss of art lessons at their former school, highlighting how a change in educational environment often led to a perceived reduction in the quality of their experience. Another child described the discomfort of leaving familiar routines, feeling displaced in an unfamiliar new setting.

Adapting to new schools required children to overcome significant hurdles, particularly in building new social connections. Several participants noted initial difficulties making friends, with some describing the adjustment process as "tricky" or "hard."

While children eventually settled into their new schools, the transition period often created feelings of isolation and anxiety, further complicating an already disruptive time in their lives.

For parents, maintaining school stability was a high priority, with some taking steps to avoid transferring their children. One parent described traveling daily with their child to keep them in their original school, emphasising the effort involved in minimising the disruption caused by temporary accommodation.

Reactions to school changes varied among children, perhaps reflecting differences in personality and circumstance. While some strongly resisted the move, expressing sadness and frustration, others welcomed the change as an opportunity to make new friends or explore new possibilities.

The findings suggest that school changes due to stays in temporary accommodation often have a disruptive impact on children's emotional wellbeing, social adjustment, and educational experience.

While parents and children strive to adapt, the added stress highlights the importance of minimising school transitions wherever possible to maintain a sense of stability and continuity in children's lives.

PARTICIPANTS 9 AND 10 (AGED 10 AND 5):

Researcher: What about for school, do you think if you moved away, you'd like to stay at the school you're at now?

Brother: Yeah.

Researcher: Would you mind moving schools if you had to?

Brother: Yeah.

Researcher: You'd prefer to stay where you are you think?

Brother: Yeah.

Researcher: What about you, D, would you like to move schools or are you happy where you are?

Sister: Not happy.

Mother: Would you like to move school?

Researcher: How come, what do you think? What about you, E, do you like school?

Sister: Yeah.

Researcher: If you had to move school E, how do you think that would make you feel?

Sister: Happy?

Researcher: That would make you feel happy, do you think E?

Sister: Yeah. I'd like to move.

Continuity of education

Living in temporary accommodation and frequent relocations showed to disrupt the continuity of children's education. Many participants reported challenges such as transferring schools, adapting to new curricula, and losing established social connections.

Some children expressed a preference for their previous schools, citing better resources, larger playgrounds, or more engaging subjects like art and gymnastics. One child described their old school as "better," highlighting the presence of art lessons and facilities absent in their current school. This sense of loss contributed to dissatisfaction and a sense of instability.

Parents also noted the emotional toll of school changes, particularly when children had to leave behind friends and trusted teachers. One mother explained that her children were "really sad" after several years of consistently having to adjust to new friends, schools, and teachers. While some children eventually adjusted to their new schools, the process often required extra effort at home to catch up academically.

In other cases, parents felt forced to make school changes for their children's wellbeing. For example, one mother relocated to be closer to family support after her child experienced emotional abuse at school. However, this move necessitated repeating a year, further disrupting the child's educational progress and emotional stability.

Geographical displacement also had practical implications. For example, a participant described moving to a location that increased the distance to school, leading to time-consuming commutes and logistical challenges. Long journeys made timely arrivals difficult, with children often late or stressed. Families that remain close to their school noted fewer educational disruptions, highlighting the importance of proximity to schools during temporary housing placements.

The instability associated with temporary accommodations often led to gaps in children's

education, requiring significant emotional and logistical adjustments. While some families eventually found stability, the cumulative effect of frequent moves and inconsistent schooling negatively impacted children's learning, social connections, and emotional wellbeing.

> **PARTICIPANTS 1 AND 2 (AGED 7 AND 8):**
>
> *Child: My old school was better.*
>
> *Researcher: The old school was better.*
>
> *Child: Yeah, and now, since I left, there were some changes in my class, I don't know how.*
>
> *Researcher: How was it better, what about it was better for you?*
>
> *Child: I had a lot of art lessons.*
>
> *Researcher: Oh, did you and you're obviously very good. Do you like art, yeah, nice. But in your new school there's not so much?*
>
> *Child: No.*
>
> *Researcher: How about you C, what do you think about your new school?*
>
> *Child: Yes, one thing it had a bigger playground. Less stuff than my old school and playground, but that's still okay. Because in my old school there was like gymnastic bars.*
>
> *Researcher: Oh, really, that sounds like fun. But the new one doesn't have any gymnastics bars?*
>
> *Child: No.*

Engagement in education

Stays in temporary accommodation are shown to affect children's engagement with their education, often resulting in disruptions to routine and stability. Moving into and between temporary accommodations can delay enrolment and cause logistical setbacks, as seen in one case where a child missed the opportunity to start primary school on time due to delays in securing a nursery place. Such disruptions create uncertainty and hinder children's ability to adapt to new educational settings.

Moreover, the emotional toll of instability compounds these challenges. For instance, one mother described how the insecurity of moving exacerbated her daughter's grief after losing her father, making it difficult for the child to settle into nursery. These emotional challenges often further alienate children from their educational experience, effecting engagement and academic attainment.

Adjusting to new schools after relocation frequently undermines children's connection to their learning environments. Some children expressed dissatisfaction with new schools, comparing them unfavourably to previous ones. This sense of dissatisfaction can diminish enthusiasm for learning and engagement with the curriculum.

External factors related to temporary housing, such as long commutes and lack of essential resources, further hinder concentration and academic achievement. For example, one child struggled to engage in class due to their broken glasses, after being seated at the back of the room.

This issue was compounded by a noisy environment and a seating arrangement that limited their ability to interact with the teacher. These practical barriers, coupled with the emotional strain of instability, make it difficult for children to fully engage with their education.

While some children reported minimal impact on their schooling, the overall effects of living in temporary accommodation often led to disruptions that hinder academic performance and engagement with their education.

The stress of repeated relocations, delays in accessing education, and difficulty in adjusting to new schools underscore the critical need for stable housing solutions and support systems that prioritise the continuity of children's education.

> **PARTICIPANT 5 (AGED 5):**
>
> *Researcher: Okay, yeah, did you notice any changes?*
>
> *Mother: She was really bad at nursery at first, I think it was just the unsettledness because she's had quite a hard couple of years leading up to that. We lost her dad a year before, so she's had a rough wee start bless her. But she's settled now, she's settling in.*
>
> *Researcher: How did those things appear, was it mood stuff?*

> *Mother:* It was more she didn't want to be left, but it's more because a certain person, because she used to spend half her time with her dad. So obviously, when he passed and it was really sudden, nobody expected it, it was a motorcycle incident. So, she went to spend half her time there to well where is he. So, she struggled a lot with me leaving her and that type of stuff. And then moving made her worse because its more insecurity and uncertainty. But she's doing good now, aren't you?

Travel

Living in temporary accommodation is shown to affect how children and parents manage school travel, often imposing logistical, financial, and emotional challenges. Limited public transportation options and long travel distances to schools or nurseries necessitate reliance on taxis, with one parent spending up to £600 a month on transportation following being placed in TA. This financial strain led some parents to reduce nursery attendance or change schools entirely.

Early starts and lengthy commutes disrupted routines, leaving children and parents stressed and tired. Children often missed opportunities like breakfast clubs, affecting their readiness for school. Parents struggle to manage the competing demands of multiple children's school schedules, especially in winter when commutes are longer or complicated by bad weather.

The challenges of school changes are compounded by logistical difficulties, with some families finding it hard to maintain social and educational continuity. However, closer proximity to schools or nurseries significantly reduces travel stress, financial strain, and time spent commuting, allowing children to feel more settled and parents to focus on other priorities.

The data highlights the critical importance of ensuring temporary accommodation is located near, or well linked, to educational facilities to support children's learning and family wellbeing.

PARTICIPANTS 9 AND 10 (AGED 10 AND 5):

> *Mother:* Less than five minutes, it's literally top of the road and around the corner. But for the first year and a half they were still at East primary, so, I was getting a taxi with them to school every morning for over a year.
>
> *Researcher:* Oh, really, that probably adds up.
>
> *Mother:* Yeah, it was something like £68 a week. And then I realised I couldn't afford it and by that time they had all made their wee friends around here, so I said just enrol them at that school.

Sleep effect on education

A significant negative effect on children's engagement with education is difficulties with sleep and nutrition. Noise disturbances and chaotic environments contribute to sleep deprivation, resulting in fatigue, reduced concentration, and falling asleep during classes. These challenges hinder academic performance and make it harder for children to keep up with schoolwork.

The instability of temporary accommodation also created psychological stress, compounding the difficulty of maintaining regular attendance and focus in school.

Disruptions in daily routines, combined with familial stressors, can lead to late arrivals, missed school days, and emotional struggles.

However, the transition to permanent accommodation appears to have a positive impact, improving the ability to focus and engage academically. Having a stable and quieter environment helps children feel secure and reduces the stress associated with transient living situations.

Ultimately, sleep difficulties resulting from temporary accommodation amplify existing challenges for children, affecting not only their physical wellbeing but also their academic achievements and school engagement.

PARTICIPANT 11 (AGED 15):

> *Researcher:* I guess, so you didn't sleep very well there because of the music and things, and then do you think that also affected how it was at school?
>
> *Child:* Yeah definitely.
>
> *Researcher:* I guess everyday life as well.
>
> *Child:* Yes, because I would fall asleep in class and stuff sometimes and it was harder.

> *Researcher:* So, did you find that it affected what you could actually achieve at school?
>
> *Child:* I think so, definitely living there, mostly with the noise thing, but that too.
>
> *Researcher:* You found it hard to work with everything that was going on around you.
>
> *Child:* Yeah.
>
> *Researcher:* Do you think again, this is probably an obvious question, but do you think having moved from the temporary accommodation into a permanent place, that you found school easier?
>
> *Child:* Yeah, I think so. And also, it's just nice to have a place you can actually call your own and they're not just going to move you. To paint your room and stuff, it's just things like that.

Education Maintenance Allowance

Living in temporary accommodation significantly impacted some teenage participants' ability to consistently receive Education Maintenance Allowance (EMA), a critical financial support tied to regular school attendance.

Distance to school, coupled with limited and unreliable transportation options, led to frequent lateness and absences, which in turn jeopardized eligibility for the allowance. One participant noted that a single missed bus could result in being unable to attend school on time, causing EMA to be withheld.

For participants transitioning between temporary accommodations or from school to college, the loss of EMA during such periods compounded these challenges. Furthermore, participants highlighted that educational and financial support systems were insufficient in mitigating the effects of these disruptions.

The findings underline how the instability of temporary accommodation extends beyond housing, directly affecting children's education and the available financial security.

Greater attention to transportation support, improved communication about school locations during moves, and more flexible EMA policies could alleviate some of these challenges.

IMPACT OF REGULAR MOVES

Loss of belongings

Participants described significant emotional, practical, and material consequences resulting from the loss of belongings during, and because of, their time in temporary accommodation.

Emotional responses were particularly pronounced in children, who struggled to leave behind personal items such as toys, swings, specific pieces of furniture or bedroom set-ups. Children form attachment to these items and loss of attachment objects carries emotional and developmental significance for the children, especially at a younger age.

Parents expressed feelings of frustration and sadness, especially when the loss impacted their children's wellbeing.

Practical challenges compounded the issue, as families frequently faced inadequate transportation, lack of storage, or environments that caused belongings to become damp or mouldy. Items such as sofas, clothes, and beds were often irreparably damaged or needed to be discarded, resulting in additional financial strain as families had to replace these while children had to do without their prised belongings and previous comforts.

Material losses were sometimes caused by negligence, such as landlords failing to properly store items or instances of theft. These experiences left families feeling helpless and unable to recover their belongings or hold responsible parties accountable.

The impact on children was particularly distressing, as they grappled with losing items they valued, leading to feelings of sadness, insecurity, and mistrust in adults around them. Some families tried to replace belongings, when possible, but these efforts were often constrained by financial limitations. The inability to reclaim possessions lost to moves or damage, added to the emotional and logistical burden of living in temporary accommodation.

Overall, the repeated loss of belongings not only disrupted participants' daily lives but also deepened their sense of instability and diminished their ability to feel settled or secure.

Mother: Yeah. I had to leave fridge freezers, couches, just things that you shouldn't have to buy when you're in a temporary house because the landlord's meant to provide it. They're meant to come round every six weeks, so they say, but I never, ever seen them until they were handing me another notice. So, three, four years, and then they were handing me another notice. And then this one time the BBC were there, and it was the biggest fright they ever got to be honest. I felt bad over it in a way. But in a way I had to explain to A, what did mummy have to say to you at Christmas time, and your birthday, when everybody was asking you want for on your Santa list? What did mummy have to say?

Child: I cant.

Mother: Yeah, because you might have to..

Child: Move.

Mother: May have to leave your.

Child: Toys behind.

Mother: Do you remember that A?

Child: Sometimes.

Mother: And what was the worst part about moving?

Child: I added to leave all my toys.

Mother: Sometimes we have to leave because he was telling everybody in the school that he was homeless, you need to get a house. So, he was going around saying have you got a house, have you got a house. It's a shame because everybody, all his friends have a house. It's just like you'll get there. But then when we did move I had to leave his trampoline, I had to leave his swings. It's just wee things like that.

Financial strain on parents

Living in temporary accommodation, and making frequent moves between accommodations, imposed significant financial strain on some participants. Participants described the burden of repeatedly purchasing essential household items, such as refrigerators and furniture, only to abandon them when moving again.

Long-term storage fees added to this financial pressure, especially when families were in temporary accommodation for longer than anticipated. One mother reported paying over six years of storage fees, a cost that was not anticipated and left unresolved by council support systems.

The lack of adequate resources in temporary accommodations forced families to rely on personal funds, external donations, or work-related contributions to secure basic everyday necessities. One participant noted receiving donations of pots, pans, and towels from her workplace, highlighting the gaps in council-provided support.

However, these ad hoc solutions were insufficient to meet ongoing needs. Families also faced challenges related to insufficient cooking facilities, leading to reliance on expensive and nutritionally inadequate microwavable meals or takeout food. For one family with a child recovering from a medical condition, this situation added a layer of stress and expense, as the mother resorted to driving long distances to her grandmother's house for healthier meals.

Transportation emerged as significant area for financial pressure. One participant recounted spending upwards of £500–600 per month on taxis to take her child to nursery, medical appointments, or shopping. This was unsustainable, forcing her to reduce her child's nursery attendance to save money.

The financial strain of temporary accommodation extended beyond monetary concerns, affecting participants' mental and emotional wellbeing. Parents felt helpless and frustrated by the constant need to spend on accommodations that were not their own home, and the length of their stay was uncertain.

They expressed distress at the lack of agency in shaping their living environment and the financial instability that came with each move. The recurring loss of belongings compounded this frustration, making it even harder for families to rebuild stability and comfort in their lives. This directly affects children by limiting their access to things they need and through their parents' stress and anxiety.

Ultimately, the financial and emotional toll of temporary accommodation not only strained families' resources but also highlighted consistent

failures in providing adequate support for those in need. This underscores the importance of addressing these gaps to reduce the cycle of financial hardship and instability.

> **PARTICIPANT 8 (AGED 6):**
>
> *Researcher: So, you were storing stuff and it would go...*
>
> *Mother: Yeah, and then I have to pay £110 a month for storage because the council wouldn't give me storage space. Even though I was homeless and having to rent out storage space, I have always had to pay and I still do until I get everything sorted. So, I still don't actually know what I have in storage and what I don't have in storage. Because it was all young stuff so it's like, put it there thinking that we wouldn't be in that long because you're only meant to be in homeless for 18 months at the most. And we were 9 years.*
>
> *Researcher: You've been paying for storage nine years?*
>
> *Mother: Well, yeah, kind of. But I have got bank transfers for the last 6 years but I was using storage and I was like, how am I, if this ever came to anything with the council, how am I going to have a claim on my hand because I don't have it on a bank transfer. So now I have got it on bank transfer because I'm like, no, why should I have to pay all this. And they don't tell you anything when you to move.*

QUALITY OF LIFE

Space to play and relax inside

The ability of children to play and relax inside temporary accommodations was influenced by space constraints, sometimes limited access to their belongings, and the inability to personalise their environment. For younger participants, toys and personal items were inaccessible due to concerns about safety or expected moves. This created a barrier to some forms of play, with digital forms serving as a common alternative option.

Digital forms of play, such as playing games on consoles or watching content on YouTube, emerged as common feature (where Wi-Fi was available). For children who lacked physical space to play or access to their toys, these digital platforms offered an accessible and immersive outlet for relaxation and enjoyment.

Additionally, online multiplayer games like Fortnite allowed children to maintain social connections and a sense of community even when they were physically distant from their friends. However, this reliance on digital play may have been a substitute for more traditional, physically active, forms of play, which were often constrained by the environment.

The absence of space and the inability to engage in physical/material forms of play had a broader psychological impact, as children could not fully relax or feel at ease in their living environments. This sense of displacement was compounded by the inability to personalise their spaces, as many families were unable to unpack belongings, decorate, or rearrange spaces to be suitable.

Some children expressed frustration and sadness over the lack of stability, which prevented them from creating a room they could feel proud of or consider their own.

While some families were placed in temporary accommodations with sufficient space and privacy, enabling children to have their own rooms and dedicated play areas, these instances were the exceptions. For the majority, the quality of housing and the limitations of temporary accommodations hindered their ability to establish routines and engage in fulfilling forms of play.

The findings highlight the significance of digital play as both a coping strategy and a reflection of the environmental constraints faced by children in temporary accommodations. While digital play served as a valuable resource,

it may also have limited opportunities for physical activity and social interaction, underscoring the need for housing solutions that support diverse forms of childhood play and relaxation.

These barriers further illustrate how temporary housing can affect the physical, emotional, and social developmental wellbeing of children.

> **PARTICIPANTS 13 AND 14 (AGED 13 AND 17):**
>
> *Sister: I don't play games, he does.*
>
> *Brother: Fortnite. I'm the top one, I'm just him.*
>
> *Researcher: That's awesome. Do you have a*

console here?

Brother: *Yeah.*

Researcher: Which one?

Brother: *PS4.*

Researcher: *Perfect. And do your mates come over and you would you play Fortnite together or are you online?*

Brother: *Online.*

PARTICIPANT 5 (AGED 5):

Researcher: *How was it space wise, did you have space?*

Mother: *It was alright, aye, it was actually alright but I think it's because there's only two of us. So, aye we were quite lucky that way.*

Researcher: *But she had space to play inside, have some privacy and have some time to herself?*

Mother: *Aye. It was weird the way the house was, so your living room was here, and you had to go through my living room to get to her bedroom. It was an old house was odd but apart from that it was fine.*

Access to green space

Children who had access to parks or outdoor spaces described feelings of happiness and opportunities for relaxation, recreation, and socialisation. Football, biking, and spending time with friends were popular activities that contributed to emotional wellbeing and physical activity.

Parents said they looked forward to having a garden for gardening activities, suggesting a desire for spaces that foster a connection to nature.

However, access to green spaces was uneven and often inadequate in TA. Participants frequently encountered gated or unsafe parks, which limited outdoor play opportunities. Some families had to drive to find suitable parks, adding logistical and financial strain. For children, the inability to access green spaces in their immediate environment led to feelings of frustration and restriction, particularly when parks were physically present but inaccessible.

The lack of green spaces in temporary accommodations highlights broader challenges related to the living conditions and planning of such accommodations.

For many participants, the lack of access to safe, local green spaces not only limited children's play but also disrupted routines (when moving between properties), strained financial resources, and diminished opportunities for social connection.

In contrast, access to these spaces had a transformative effect, offering children and parents a sense of calm, happiness, and normalcy in an otherwise uncertain living situation.

> **PARTICIPANT 17 (AGED 13):**
>
> *Researcher: So, you can go places, nice. Do you have, so here, I think it looks like you're outside the house. Where you live at the moment, can you go outside and play?*
>
> *Child: Yes.*
>
> *Researcher: What do you do? If there was one thing, your favourite thing to do outside, what would it be? There's a lot of questions, isn't it. Do you play football?*
>
> *Child: Yes.*
>
> *Researcher: Do you have friends who you meet outside and play with?*
>
> *Child: Yes.*

> **PARTICIPANT 4 (AGED 6):**
>
> *Researcher: C, can I ask you another question? So are you doing another house. Do you remember what it was like when you went outside your house, were there places outside that you could play? Do you remember, was there a park?*
>
> *Child: A place.*
>
> *Mother: There was a park, but we couldn't get into the park, could we.*
>
> *Researcher: What happened?*
>
> *Mother: It was all gated up. They came out, it was on the street, but it was all padlocked, you couldn't enter it, I'm not sure why, but I'm not too sure why it was locked.*

Effect of garden spaces

While some participants were placed in TA with gardens, others spent extended periods in accommodations where outdoor spaces were non-existent, inaccessible, or poorly maintained.

Participants who lacked gardens described being frustrated, felt they missed opportunities for relaxation outside, and missed the opportunity to create enjoyable outdoor experiences for their children. For some, gardens were a significant feature of the stability and comfort they hoped to achieve. Children were excited when they had access to garden space, using them for play (e.g., trampolines, swings) and activities. Parents also valued gardens for their potential to engage children in nature and community activities, such as gardening and playing with neighbours.

Alternatively, the absence of accessible garden space in temporary accommodations contributed to feelings of disconnection and dissatisfaction with their situation. Barriers such as rubbish-filled spaces, lack of maintenance and neglect exacerbated these issues.

When there was a garden space available, this was seen to enhance the living experience by providing physical and emotional benefits for children. Gardens offered families a space for play and connection with nature, however, these elements were often missing in participants experience of TA.

> **PARTICIPANTS 1 AND 2 (AGED 7 AND 8):**
>
> *Researcher: Do you like where you're living at the moment?*
>
> *Child: Yeah.*
>
> *Researcher: What do you like about it?*
>
> *Child: That we finally have a garden, we were waiting for almost 3 years.*
>
> *Researcher: Yeah, really, and you like the garden? What do you do when you're in the garden?*
>
> *Child: Get on the trampoline. And on the swings.*

Making a space your own

The impermanence of TA commonly contributes to a sense of uncertainty, discouraging families from investing in personalizing their living spaces. Many children expressed frustration with this unpredictability, feeling hesitant to decorate or arrange their rooms, knowing they may have to leave at any moment. Additionally, restrictions imposed by housing providers, such as prohibitions on decorating or installing basic amenities, further limited opportunities for personalisation, leaving families to rely on temporary fixes to improve their environment. Overcrowding exacerbated these difficulties, with children often sharing rooms with siblings or sleeping in communal areas, which leads

to conflicts and a lack of privacy.

The impacts of these constraints are seen to be social and emotional, as children and their families frequently feel embarrassed by their living conditions and are reluctant to invite others into their homes.

This lack of control and pride in their environment undermines their ability to create a sense of belonging and comfort. These findings emphasise the importance of policies that allow greater flexibility in temporary housing arrangements, enabling families to personalise their spaces and reduce overcrowding. Such measures could improve the wellbeing and stability of children in TA.

PARTICIPANT 4 (AGED 6):

Researcher: Oh, that's looking really good. Is that your bedroom there, in that one. Do you remember, did you like your bedroom? Do you remember it?

Child: Yeah, I didn't sleep in it.

Mother: You slept with me sometimes, but you did sleep in your room too, yeah, you did. You didn't start there, because when we first moved in, it was never nice, was it?

Researcher: Was it not, it wasn't very nice when you first moved in.

Mother: No mummy had to go get a load of paint and go and get a load of stuff to make it nice, didn't we. And there was all stuff up the walls, and it was an eyesore, but we got there in the end, didn't we?

Neurodivergent children and children with complex needs

Families living in temporary accommodation with a neurodivergent child faced significant challenge, often compounded by the limitations of their living environment. Parents described the physical and emotional toll of trying to keep their children safe in spaces that are not designed to accommodate their needs.

Neurodivergent children, who may exhibit behaviours such as incontinence, self-harm, head-banging, or an intense curiosity, often require special adjustments to ensure their safety and wellbeing. However, temporary accommodations frequently lack the necessary features, such as adequate storage, secure fittings, or private spaces, which creates constant stress for parents and additional risks for children.

Parents reported frequent incidents where their neurodivergent child accessed dangerous items due to insufficient storage or security measures. For example, one child consumed floor cleaner stored on top of a fridge and required hospitalisation, while another accessed medication and attempted to use pills as bath bombs.

Despite parents' efforts to secure their homes – such as tying doors shut with pram handles or repositioning furniture – children have managed to bypass these measures, occasionally escaping the accommodation entirely. This constant vigilance is emotionally draining for parents and affects the entire family, including siblings, who often feel displaced or lack personal space.

Overcrowding and unsuitable living conditions also contributed to these issues. For instance, some families had been housed in units with broken windows, excessive odours from carpets, and insufficient storage. In one case, a boiler located in a bedroom posed both a safety and health hazard. These conditions not only fail to meet the family's needs but also risk worsening the neurodivergent child's behaviours and health, such as triggering respiratory issues from odours or allowing access to harmful chemicals.

Siblings of neurodivergent children also face challenges in temporary accommodations. They often must share rooms, sleep in common areas, or spend time away from home to find peace and personal space. The lack of suitable environments for play or study impacts their wellbeing and progress at school.

DISCUSSION & RECOMMENDATIONS

CHILDREN'S EXPERIENCES IN TEMPORARY ACCOMMODATION: DISCUSSION OF FINDINGS

Introduction

This research was conducted to understand the lived experiences of TA from the perspective of children in Scotland. To reach this objective, we have employed flexible creative and qualitative interview approaches to gather perspectives of parents of 0–4-year-olds and to have direct conversations with five- to 11-year-olds and 12- to 18-year-olds, showcasing a diverse range of developmental experiences in TA.

Our findings follow a SHE Framework for understanding the holistic impact of TA on children's lives and show that TA has a significant negative impact on children of all ages, affecting their safety within and outside TA where they felt fearful of environment they were living in or were exposed to unsafe fittings; health of children where their health worsened or they have developed new issues; and their development where they had no space to study and frequent moves disturbed their schooling and trusted peer relationships.

This research brings into focus the holistic experience of the children in TA, paying close attention to the intersectionality of their homelessness status with their age, gender, and ethnicity. For the interventions to alleviate impact of TA on these children be effective, they need to adopt a similar lens, where children and families in homelessness are seen holistically, as agents capable of thriving, if empowered through adequate support.

Safety

Localities and indoor environments of TA have unique impact on children. Inside, overcrowding, dampness, mould, and inadequate maintenance are observable, and pervasive, features children's daily lives, impacting their emotional wellbeing, and physical health. Overcrowded conditions strain family dynamics, disrupt routines, and hinder children's privacy and development. So, for example, children are forced to negotiate

unsafe spaces to the detriment of their sleep, where adequate sleeping conditions are not available. Substandard housing conditions, such as mould, broken or non-existent heating, and pest infestations, exacerbate health risks and contribute to stress. Outside, children can face physical dangers from unsafe streets, exposure to crime, and antisocial behaviour, contributing to a sense of insecurity. Additional issues include poor lighting, mobility issues, and confrontational neighbours, amplify vulnerability, exposure to ACEs, and making for difficult experiences of TA. These features create a case for developing safe, well-maintained housing and supportive environments to protect the wellbeing of children in TA in short and long term.

The environments children grow up in are impossible to separate from their life outcomes as they shape children's understanding of their safety and autonomy, their sense of belonging, and their identity. Detrimental effects of unsafe environments are echoed in our literature review, where research showed clear links between features of unsafe environment and links to sleep deprivation (Preisendörfer et al., 2022), cognitive development and stress levels (Gilani & Mir, 2021), unsafe behaviours across developmental journey (Foraster et al., 2022), respiratory issues due to mould (Maheswaran et al., 2020) to name a few.

As a result, children are not able to meet their developmental milestones. A young child, whose sleep is disrupted due to noisy neighbours, poor sleep hygiene, and cold and damp space will struggle with memory and learning as well as emotional regulation (Kurdziel et al., 2013).

An older child will not be able to concentrate in school or have low impulse control, leading to risky behaviours and accidents (Short & Weber, 2018). Therefore, the impact of unsafe environment in TA is likely to have different impact on children of different ages, however detrimental non-the-less.

Equally, while young children are not autonomous to go outside on their own, their parents are affected by poor accessibility and lighting of

TA spaces. For older children, poorly lit spaces, higher level of antisocial behaviour, and at-risk neighbourhoods create barriers for their autonomy, play, social relationships, and overall sense of security.

Health

TA affects children physical, mental, and social health, which often crossover with safety issues in TA environments as causes underpinning these health problems. Sleep deprivation was a common issue, as inadequate sleeping arrangements, overcrowding, and noise disturbances from neighbours or busy streets disrupt restful sleep.

Children's nutrition and food security were also made difficult due to poor kitchen facilities, often forcing families to rely on convenience foods or food banks. Access to physical activity was observably uneven, where some children participated in organised sports while others faced barriers such as safety concerns and restricted outdoor spaces. Hygiene conditions were often poor, with unsanitary living environments leading to illnesses. Additionally, health conditions were frequently exacerbated by cold, damp, and poorly maintained housing, leading to repeated hospitalisations for children with asthma or infections. Accessing healthcare is often complicated by logistical challenges, including long travel times to GPs.

The mental health theme covered the emotional toll TA environments have on children, their siblings, and their parents, including anxiety, sadness, and depression. Children and parents discussed behavioural changes because of having to spend prolonged periods of time in unsuitable housing with common chronic stressors like vermin, cold, and excessive noise, such as increased aggression, separation anxiety, and sleep disturbances.

While the focus of this research is on children, it is important to recognise that mental health of parents is a strong predictor of the mental health of their children (Plass-Christl et al., 2018). Here, parents reported their struggles with a lack of control and prolonged stress. These emotional impacts often persist even after families transition to more stable housing, so early and consistent help as well as follow-up after transition to secure

housing is important.

The theme of social health addressed the increased isolation children, and their families experience due to limited space, stigma, and safety concerns, restricting their ability to maintain relationships with friends and family. Children faced difficulties staying connected to friends due to frequent moves and unsafe environments, furthering feelings of disconnection and instability. It was seen that stable housing provides opportunities to rebuild social ties and foster a sense of belonging for children.

One positive finding was that the TA where families were placed near other families or welcoming communities, that fostered a sense of cohesion and mutual support was beneficial for their wellbeing. This is not surprising, as community support and social cohesion are important evidenced social determinants of health (Bauer et al., 2021; Williams et al., 2020), and they can offer opportunities for strategic selection of housing neighbourhoods and placements.

Therefore, children's health was universally affected by poor TA facilities. However, like with safety, there are pronounced differences in how the health of children of different ages can be affected by TA. Hygiene sub-theme describes unsanitary conditions in shared toilets. While universally unacceptable and challenging, unsanitary housing conditions are likely to intersect with developmental periods of children – leading to constipation and issues with potty training for the young children, while it can also affect puberty in teenagers coming of age in those environments, affecting their self-esteem and quality of life.

Education/development

Key sub-themes here included proximity to school, moves between schools, continuity of education, engagement in education, travel, sleep's effect on education, and the Education Maintenance Allowance (EMA). Children and their parents often faced logistical challenges when schools were located far from their housing, leading to long commutes, lateness, and increased stress. Frequent relocations disrupted school attendance, social connections, and emotional stability, with many children having trouble adjusting

to new schools and losing access to preferred resources or activities. Continuity of education was disrupted by inconsistent school placements, further exacerbated by the emotional toll of housing instability.

Travel to school also presented financial and logistical burdens, with some parents spending significant amounts on transportation. Noise and inadequate sleep in temporary accommodation also negatively impact children's academic performance and concentration. In addition, instability affected teenagers' eligibility for EMA, with frequent absences tied to transportation difficulties or school changes disrupting access to financial support.

These findings prompt consideration for the relationship between TA, housing placements and conditions, and education and schooling. Cross-cutting influence of TA on the lives of children leads to a broader consideration for cognitive, social, and emotional development, alongside identity development within the context of TA all of which have support from the literature reviewed in an earlier chapter. Equally, developmental needs intersect with the relevance of TA characteristics in this theme.

While play is always an important learning mechanism, its pivotal importance is for the development of younger children to explore and understand their environment (Yogman et al., 2018). With limited physical space, vermin contaminated floor, and mould – play for young children is compromised in favour of keeping them safe, limiting their developmental opportunities (Johnson et. al., n.d.). However, ability to form relationships with peers is less important for younger children as their key developmental need is to form secure attachment with their caregivers (Rees, 2007), but for teenagers – it is one of the crucial developmental stages alongside identity exploration (Bukowski, Buhrmester, & Underwood, 2011; Kroger, 2006), which is equally compromised in TA environments as our research shows.

Therefore, the interaction between TA environment and child safety, health, and education/development is subject to their developmental needs and abilities. Findings show cross cutting strands across the three main thematic findings in safety, health, and education/ development, showing the interconnection of

these processes in TA. For example, sleep was compromised by unsafe environment, that led to health and behavioural issues, with significant consequences for cognitive development and educational engagement. While not the primary focus of our research, several of our participants spoke about neurodivergent or complex needs within TA. Lack of attention to the sensory, health, and developmental needs of these children when identifying TA placements, exacerbates their conditions, making them less able to cope. Furthermore, this inattention to their needs, and, more often, the unavailability of TA context to appropriately meet those needs puts additional burden onto parents. Child centred support and adaptive design should be supported by adequate TA environment for these children to cope with challenges of homelessness while awaiting permanent housing.

RECOMMENDATIONS FOR POLICYMAKERS & SERVICE PROVIDERS

More permanent family homes

Children have the right to be safe, healthy, and educated and a permanent home is key for children to thrive and achieve flourishing futures.

The children in this research are spending their foundational years in temporary accommodation for so long that the 'temporary' qualifier becomes a misnomer. Temporary accommodation is not a home, and children do not feel like they belong, cannot feel safe, and are frequently uprooted, losing stability needed for a happy and healthy development.

This research illustrates clearly the devastating impact that a stay in temporary accommodation can have on children. Therefore, there needs to be action taken to increase the supply of social homes to prevent children from being trapped for long periods of time in these unstable and resource-poor environments.

Multi-year, long-term investment to increase the supply of family sized social homes needs to be made available. This will allow children currently experiencing homelessness to move into permanent social homes.

Homelessness prevention

Reducing the rising rates of child homelessness in Scotland will prevent trauma and adverse effects TA has on children.

Preventing children from entering the homelessness system and temporary accommodation in the first place is key to preventing trauma and Adverse Childhood Experiences (ACEs) affecting short- and long-term consequences on their health and development.

This research shows the negative impacts that a stay in poor quality and unsuitable temporary accommodation can have, if we can prevent children becoming homeless in the first place then this potential for harm can be avoided.

Key recommendations to achieve this goal:

- There should be a greater effort made to prevent unnecessary and harmful evictions for rent arrears for households with children.

- At risk families need to be supported by trained support workers and be directed to relevant and effective services to resolve crisis that might lead to homelessness (employment, mental health, substance misuse and addiction).

- The research shows the important role that general practitioners and primary health care providers play in children's lives. This should be a key consideration when designing new approaches to homelessness prevention.

Improve quality of temporary accommodation

Poor-quality temporary accommodation is posing a significant risk to life and wellbeing of children living within it.

The research demonstrates the detrimental impact of poor-quality TA on children's health and safety, affecting their development, school-readiness, and education.

Key recommendations to improve the quality accommodation used for temporary accommodation for children:

- Increase the supply of permanent family sized social homes. This will allow households with children to move out of the homelessness system, and so better-quality temporary accommodation will become available.

- Increase the availability of good quality temporary accommodation for households with children. All temporary accommodation, including those supplied by Private Sector Leasing schemes, should be maintained to the same standard as permanent social housing stock.

- This means that reports of poor quality should be taken seriously, repairs should be carried out in a timely manner, and comprehensive property check is carried out before a family move in. There needs to be improved enforcement and redress for temporary accommodation which does not meet the legal repair standards.

- All children in temporary accommodation should have access to essential amenities support their safety, health and education. This includes access to basic white goods, decent cooking and washing facilities, good quality high speed internet connection,

- Any items spoiled because of the quality of the accommodation must be replaced by the housing provider. For example, damp and moulded mattresses, clothes and toys.

- There was a particular theme of the need for good lighting in temporary accommodation (inside and outside the property), which is often not maintained. Creating well-lit spaces will support children's development, studying, and safety.

Taking a children's rights-based approach

The temporary accommodation provided is often inappropriate for children, and the way in which it is allocated is failing to consider their needs and rights.

The research has found that children are not only being let down by the quality of the temporary accommodation that they are being housed in, but that the temporary accommodation provided is often inappropriate for their needs and is harmful to them as a result.

The findings of this report show that temporary accommodation negatively impacts many children's rights under the UN Convention on the Rights of the Child (UNCRC; Unicef, 2016). Addressing the harms that temporary accommodation causes to children should be done using a rights-based approach.

Some ways in which a rights-based approach could be embedded into responses to children's homelessness:

- Decisions around response to children's homelessness and the allocation of temporary accommodation should be made with consideration for children's rights.

- Steps must be taken for homelessness legislation in Scotland to be bought within the scope of the UNCRC.

- Allocation policies should consider child's ethnicity and cultural background, age, disability, and number of siblings to provide the most suitable accommodation at the intersection of these key demographic factors.

- Children with special educational needs, neurodivergence, and/or disability should be supported through reasonable adjustments or by placing them into TA that keeps them safe. The burden should not be placed on parents to modify TA at their expense to make it safe for their children with additional space, sensory, or access needs.

- The number of moves undertaken in TA for households with children needs to be kept to a minimum.

- An end to the use of hotel-like temporary accommodation for children. When making decision on temporary accommodation placements Housing Officers need to prioritise safe and supportive environments for children to protect them from harm.

- As part of an assessment of housing needs, local authorities should have a policy of allocating temporary accommodation which keeps households with children near their current social support networks, primary care providers and in their current school catchments.

- Allocation of temporary accommodation must be done in a way which prioritises safe and adequate sleep for children of all ages in TA, which is crucial for their health and development. Families with children should not be placed in shared accommodation with single (often noisy) adults and should be offered housing that has appropriate sleeping spaces for all family members.

- The number of moves undertaken in TA for households with children needs to be kept to a minimum.

Person-centred support

Wrap around support for children and their families recognising their lived experience and restoring their agency.

Families need to have a voice and a sense of agency throughout their homelessness journey with space to advocate for the needs of their children, and for children themselves to be heard.

Good quality support will also work to mitigate some of the harms which are caused to children because of TA. High quality, person-centred services with good regular communication and advice on housing options and support to navigate the housing system are crucial to support children and their families in TA.

Key recommendations for how this can be achieved:

- Enable families in temporary accommodation to have more of a control and choice when in TA, through clearer communication and greater involvement in the decision-making process. For example, to prevent 'surprise' moves.

- Barriers to accessing primary care and dental care need to be reduced either by providing outreach services to families in TA, supporting transport costs to TA and/or services that understand the lived experiences of families living in TA and can provide tailored and targeted support for them.

- Services providing care and support for children with disabilities need to be co-ordinated so that there are no gaps in provision when children move from one TA to another

- The significant cuts made to children's mental health services under austerity must be addressed, with more investment put into these services. Access to mental health support is crucial to help children to deal with the trauma, anxiety, depression and sadness identified in the research.

- These services should be trauma focused and contextually relevant for homelessness journeys faced by these children and their families. Parents and children need to be considered in tandem, as often parental psychological distress is mirrored in their children.

- If a child has been in placed in TA out of their school catchment area, then helping them to maintain their place at their school should be prioritised.

- There is a need for flexible EMA policies that support financial freedom and decision-making, and so children experiencing homelessness do not lose this benefit.

- Local authorities need to provide proper and safe storage of families' personal items to prevent loss and damage of families' property.

- Local authorities should also offer movers for families moving in between temporary accommodation placements and to permanent accommodation, so that families are able to take all their belongings with them.

- Good quality and accessible guidance (e.g. in households first language) should be provided when a family moves into temporary accommodation. This should give information on the GP services which are available nearby, public transportation links, community groups nearby.

- Health, housing, homelessness, and other sectors need to be empowered though shared data to help decision makers plan better services and improve health outcomes for children and their families.

- Development of a notification system so that children can have timely access to GP's, Health visitors, secondary care services, dental care and schools if they have been moved from one location to another.

LIMITATIONS AND FUTURE RESEARCH

While this research has provided much needed, albeit poignant insights into the lives of children in TA in Scotland, it is also important to note limitations to the approach and conclusions taken in this research.

First, the qualitative and creative methodology employed in this research, while appropriate and rigorous to reach the research aim and objectives in this instance, does not lend itself to establishing a representative and quantifiable level of impact.

We have identified themes that speak to the kind of impact TA has on children's safety, health, and education/development, but we cannot say from our qualitative data to what extent this had an impact. Therefore, future research should aim to use child-friendly quantitative methods to explore identified themes on the level of impact. However, with salient repetition of the themes across children's lived experiences we are confident these are significant issues that require urgent action.

Second, the sample of 23 children from Glasgow, Edinburgh, Fife and West Lothian are not representative of all childhood experiences of TA in Scotland. While identified themes repeated between the interviews, there remain the possibility that had we selected children with additional characteristics or group memberships (more rural sample, children with disability and complex needs, looked after children, members of the LGBTQI+ community) we would have heard of different specific challenges that lie beyond the scope of this research.

This was also a 12-month project, which limited the length of recruitment window for this research. When working with underrepresented communities it essential to work with communities to identify participants and to then spend adequate time to build trust. The required time to ensure the research is inclusive tailored and sensitive can limited the number of participants that can be interviewed in a given time.

Therefore, future research is needed to explore the impact of TA on children with specific characteristics to provide further diversity of experiences to make interventions group specific. In particular more research is needed to explore the impact on children with disabilities or specific challenges such as those fleeing domestic violence.

A different methodological research strategy may be required such as using a more trauma informed approaches, using theatre to build relationships prior to the interviews, or for children with disabilities working more intensely with artists, or through games to enable children with communication difficulties to share their experiences.

In addition, the topic guide would need to be modified, thereby eliciting more targeted evidence for families of children with disabilities and co creating more relevant policy and service recommendations.

Third, we know that researcher bias can lead participants to not disclose certain information they find sensitive or embarrassing if the researcher is of different gender or ethnicity to them. While we have taken active steps to employ the emancipatory methodology techniques that would empower our participants, we recognise that had we had an opportunity to vary researchers for specific groups and include co-researchers from community and specifically training children with lived experiences to be co-researchers, we could have achieved deeper insights.

We have paid careful attention to sensitisation of participants to research and the researcher to build rapport for this reason. Therefore, future research needs to actively contribute time and resources for training community and child-co-researchers.

Finally, the group of participants in this research can be at a disadvantage for participating in research for the nature of their housing situation, that will put them at a disadvantage in accessing the study or being too vulnerable to share their, often negative, experiences. While we have offered different modes of engagement (online vs face-to-face), renumerated for their time and travel costs, these are not exhaustive solutions for research access.

Future research can investigate providing childcare for parents of the nought to four group of participants or tying data collection sessions to community activities.

CONCLUSION

In summary, this piece of research established the first evidence of the impact of TA on children's safety, health, and education/development in Scotland.

Our findings make an important albeit poignant contribution to the role of current state of TA in creating further vulnerabilities for over ten thousand children experiencing homelessness in Scotland.

The research shows the intricate interconnection between environment and health, wellbeing, and development of children throughout their developmental journeys. Internal and external TA conditions such as overcrowding, unsanitary toilets and kitchens, mould, lack of space, anti-social behaviours in the neighbourhood paired with patchy and slow maintenance, lack of consideration for family composition and child needs in placements, and frequent moves fail a generation of children and violate their rights as outlines in UNCRC.

Homelessness must be seen as a significant public health issue affecting the child at every age. The real answer is for more permanent housing to be provided so that children are not placed in these vulnerable situations and are not stuck there for long periods of time. Alongside this, a whole systems integrated approach to its prevention is required.

Evidence shows that children who feel threatened or unsafe may develop physiological responses and coping behaviours that are attuned to the harsh conditions they are experiencing at the time, at the long-term expense of physical and mental wellbeing, self-regulation, and effective learning.

Children's lived experiences speak to the cross-cutting issues that stem from poor housing (in all its diversity) creating chain events of disruption that put them at risk, cause or exacerbate health issues, and prevent them thriving at school, thus undermining their futures.

Therefore, urgent action needs to be taken across sectors (housing, health, social services, education) from the early years through to adulthood to lead relevant policies and practice modifications giving these children the best start in life despite their homelessness status.

A home is at the heart of child's health and wellbeing and our research shows that children are denied this basic right, creating generation of children face inequalities and marginalisation due to homelessness.

No child should say that living in temporary accommodation was 'the worst time'.

SHELTER SCOTLAND

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APPENDIX

TOPIC DOMAINS AND THE SHE FRAMEWORK

Overview

The following schedule details the collection of topic domains expected to occur during the interviews that form the data collection element of the Child Voice project.

For clarity, an essential element of the methodology is the orientation to the child participants' own voices and sense of priority when considering their experiences of living in Temporary Accommodation.

As such, interviews will be participant-led with the researcher using their comments and responses as prompts rather than following a pre-determined and strict schedule. This is to say that the following document attends to the topics expected to be discussed and the questions, at this stage, are examples.

The schedule has been arranged to show the topic domains and the kinds of questions that may be asked. The domains are guided by the SHE Framework (Safety, Health Education).

This framework is used to inform the development of child-centred cross-sector framework for understanding children's experiences of temporary accommodation. This framework helps understand child health, wellbeing, and development along these three key rights within immediate TA environment and available systems and resources.

The actual occasion of the interviews will centre around activities, creative tasks, play, and objects that represent some meaning to the participants and will not follow a traditional question-answer format.

These activities are described below with variations for each age group. The questions asked during an interview will be in orientation to the participants' engagement with the activities, creative tasks, play, and objects and may appear in any order or, exclude questions that are offered below. Interviews will likely last between 30-60 minutes.

0-5's participant group

Description:

Interviews with children and their parents. Children will have activities to engage with for the duration of the time, whilst some questions will be asked to parents. A small number of questions/prompts will be directed to the child in reference to the activity. Participants will be asked, during a pre-interview conversation, to bring an object with them that represents their home.

Activities:

The researcher will bring games, lego/building blocks, and drawing materials to the interview for the child participants to use. Games may include an element of housing, food, or health related. The child participant may be prompted to build a house, their school, a park, etc from which the researcher will ask simple questions such as:

- Do you like your house?
- Do you like your school?
- What is your favourite food?

Topic domains/example questions for interviews with parents

Safety:

- How do you feel in your accommodation?
- Can you describe the environment around your accommodation?
- Are there any risks you can identify?
- If your child has an illness who comes and helps you?

Health (of child):

- How is your child's sleep?
- Are you able to cook and prepare food in your accommodation?
- How would you describe your child's health overall?
- Are there any obvious/clear impacts of living in TA on your child's health?

Education:

- How would describe your child's educational progress?
- Do you feel your child is prepared for school? (age dependent)
- Does your child have access to digital tools in school or at home?

General:

What would you improve or change?

5-11's participant group

Description:

Creative activity-based interviews with child participants aged 5-11. Interviews will last 30-60 minutes.

Activities:

Participants will be invited to bring an object that represents their experience of living in TA or something that represents 'home' to them, this will be used as a prompt for discussion and follow-up questions. The researcher will bring Lego building blocks, drawing, painting, and collage making materials. The participants will be prompted to present elements of their daily lives with these resources from which the researcher will draw out questions.

Topic domains/example questions for interviews

Safety:

- How do you feel at home?
- What games do you play at home?
- Is it mostly just you and your family at home or are there other people?
- Do you like the area you live in?

Health (of child):

- What did you have for breakfast today? What do you usually have for breakfast?
- Do you ever help your parents making meals at home?
- Is there a park near your house that you like to go to? What's your favourite thing to do at the park?
- You get to sleep well in your house?

Education:

- How long does it take you to get to school?
- What's your favourite thing about school? Teacher/subject/activity/playtime
- Have you just been to the one school, or have you ever had to move schools?
- Do you get to use a computer at school? Or at home?

General:

Are there things you would change about where you live?

11-18's participant group

Description:

Creative activity-based interviews with participants aged 11-18 and the possibility for question-answer based interview depending on age. Interviews will last between 30-60 minutes.

Activities:

The participants will be invited during a pre-interview conversation to bring an item or object, prepare a piece of creative writing, or prepare a piece of artwork, that represents their home/reminds them of their home. The

participant will be asked about the pieces they bring, and this conversation will act as a basis for the researcher to ask further questions.

The researcher will bring drawing/art materials to the interview and the participant may (if preferred) present ideas via this means. For example, 'mapping' their home or local area whilst explaining their thoughts. Questions will be asked by the researcher based on this activity.

Topic domains/example questions for interviews

Safety:

- How do you feel at home?
- Is it mostly you and your family in your house?
- Do you have friends over to your house?
- Do you like spending time in the area you live in?

Health:

- Can you tell me what you would eat on a typical day? What your favourite food is?
- Do you like sports / P.E. in school?
- Do you play any sports outside of school? Where would you do that? Is there access to spaces for activities near you?
- Have you ever had to visit the doctor while living in TA? Could you get there easily?

Education:

- Do you have favourite subjects in school?
- How long does it take you to get to school? What is your journey like?
- Have you ever had to move schools? How was that?
- What do you do when you're at home? TV/Gaming/Activities?
- Do you get to use a computer at school? Or at home?

General:

Would you change anything about where you live?

10,360
Children Homeless In Scotland

MORE than 10,000 children growing up without a permanent home is evidence of the SNP's "catastrophic failures" in government, Scottish Labour charged today. Latest Scottish government figures show 40,685 people made homelessness applications in 2023-24 - 4 per cent more than a year earlier and the most since 2011-12. They also showed that 7 per cent had slept rough within three months

of their application and 5 per cent the night before, a rise from 4 and 6 per cent respectively. Over the same period, 16,330 Scottish

More Scots are struggling to put a roof over their heads

households languished in temporary accommodation, a rise of 9 per cent in a year and the highest on record. Among them were a shocking 10,110 children - itself a record high.

Figures found that accommodation is likely to be a B&B a usage grew from cent last year. Scotland's Al said: "The clearly th Scotl high failur hous "They great

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Scotland's housing crisis has dee... the num... children stuck living in temporar... ... reached a record high. The "sh... the Scottish Government tod... staying with their fam...

We exist to defend the right to a safe home and fight the devastating impact the housing emergency has on people and society.

We believe that home is everything.

SHELTER SCOTLAND