



Households
in Temporary
Accommodation

APPG for Households in Temporary Accommodation

Call for evidence findings: summary, analysis of themes and call to action

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Shared
Health
Foundation.

www.householdsintemporaryaccommodation.co.uk



Justlife

About us

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About the APPG for Households in Temporary Accommodation

Formed in early 2022, the APPG aims to improve the health, lives and experiences of families and single adults living in temporary accommodation across England. Using insights from lived experience the APPG will present solutions to the national Hidden Homelessness situation.

About Justlife

Our vision is to make people's experience of temporary accommodation as short, safe and healthy as possible. No one should face homelessness alone but thousands are stuck in temporary accommodation, with no understanding of their rights, no knowledge of their housing options, and no clear pathway out of homelessness. We have frontline services in Brighton and Manchester as well as a Research, Policy and Communications team – the innovation and systems-change arm of Justlife, driving long-term, national change in the housing and homelessness sector.

About Shared Health Foundation

We are a clinically-led and evidence-based non-profit, passionate about reducing the impact poverty has on health. Good health should be shared with all. It should not be damaged by social or economic disadvantage. We exist to mitigate the effects of the inverse care law, adding capacity to systems which are otherwise overwhelmed by complex needs. We conduct on-the-ground work to identify challenges, pilot solutions, build an evidence base and then work alongside local and national organisations and policy makers to implement system change.

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Most importantly we'd like to thank the 81 people who took part in the call for evidence, submitting their stories and lived experience. Your generous sharing has shaped this report and given focus and meaning to the changes we are calling for.

Contents

Preface

Introduction.....6

1. Methodology:

What we asked and how we asked it.....8

2. The Respondents.....9

2.a Who took part?.....9

2.b Respondents stays in TA – in numbers.....10

3. Summary of responses –

Themes emerging from the call for evidence.....12

3.a Five key themes.....12

3.b Other underlying issues that emerged.....19

3.c Case studies.....28

4. Wider context – What's missing.....31

5. Our asks: 7 policy changes and next steps

for short to mid-term improvement for TA.....34

6. Call to action – get involved.....42

Preface

As this report goes to press, there are 95,060* households in Temporary Accommodation (TA), including 119,840* children. The cost-of-living crisis, and the ongoing impact of poverty means the threat of homelessness and housing insecurity is faced by ever more people in this country. TA use is not only a current reality for hundreds of thousands of people – it is set to increase.

Following the first Households in Temporary Accommodation APPG meeting, a call for evidence was launched to gather written and photographic evidence of conditions in TA from people who live there, or support someone who is living in or has experienced TA. 81 individuals from across England took part, sharing their stories and experiences with us. This report shares the findings of the call for evidence, providing a snapshot of life in TA, to help us understand the issues. The evidence speaks of disrepair and lack of support.

During the process of the call for evidence, other reports into conditions in TA have been published, including research by Smith Institute led by frontline insights in Manchester and London,¹ and Centre for London's report into the TA crisis in the capital.² While the details of the reports differ, together they paint a clear picture of a growing population trapped in TA that is substandard, suffering additional avoidable hardship as a consequence. It is time to take action.

Guided by the evidence we have received, we call for TA to be included in the new "Social Housing (Regulation) Bill" and propose a 7-point policy plan in this report, the first of which is to bring in a regulatory process that works for TA. If you are an organisation or research institution interested in policy solutions for TA, we invite you to contact us to explore opportunities to collaborate through the APPG so that together we can improve the lives of the 95,060 households currently stuck in TA.

1 Hackett, P, Farrelly, M (2022) Temporary accommodation at crisis point: Frontline perspectives from London and Greater Manchester Smith Institute smith-institute.org.uk/wp-content/uploads/2022/10/Temporary-accommodation-at-crisis-point.pdf

2 Bosetti, N, et al. (2022) Temporary Accommodation: London's hidden homelessness crisis Centre for London centreforlondon.org/wp-content/uploads/2022/09/Centre-for-London-Temporary-Accommodation.pdf

Introduction

In [section 1](#) we outline the questions asked and methodology used.

[Section 2](#) contains a demographic breakdown of the 81 respondents.

In [section 3](#) we analyse the patterns and themes emerging from this data. In order to highlight the lived reality this report's information is created from, we have included quotes from the call for evidence submissions throughout. We have also created some case studies from submissions in order to demonstrate the intersecting barriers some people face, and how multiple disadvantage in a chaotic and unpredictable setting, as evidence shows TA often is, can result in further harm and trauma.

[Section 4](#) discusses the wider context and what's missing from the call for evidence; issues relating to TA, that are evidenced in research and by frontline organisations, but have not been referred to at all, or in any detail, by our respondents.

[Section 5](#) lays out the seven policy asks we are calling for to improve the TA system for residents and all involved in it. Our first goal in this plan is to bring about a regulatory system for TA. The Social Housing (Regulation) Bill is in the report stage of the House of Lords at the time of writing. We are calling for an amendment to be made that includes TA. We believe this first step could be the foundation for basic, countrywide accountability. Next steps include holistic support for homeless households and support for Housing Officers.

Finally, in [section 6](#), you can find ideas for how you can get involved in helping us by adding your voice to our campaign, taking action and helping us share word of this work.

What we are calling for following this call for evidence

First step

1. Temporary accommodation regulator: temporary accommodation to be included under the new Social Housing Regulations Bill

Next steps

2. Basic facilities and adaptations provision in temporary accommodation
3. Support for Housing Officers
4. Holistic support for homeless households
5. Notification System
6. Transport access

Ongoing need

7. Mapping the out of area placements system

Read more detail about each of our 7 points on this policy plan to short to mid-term improvement for TA in [section 5](#), and how you can join our campaign to get TA included in the regulatory bill in [section 6](#).

1. Methodology: What we asked and how we asked it

We chose to carry out the questionnaire online as we wanted to encourage wide geographical coverage and use an anonymous platform. However we were aware that not all respondents would have access to digital devices or data. In order to make it possible for them to respond, we put together a guide for support workers, directing them through the on-line process and how they could support people living in temporary accommodation to complete the questionnaire. The survey was shared widely through the APPG and Co-Secretariat networks.

The questions we asked were:

1. Please choose an option which best describes yourself or your current situation: 'A current or recent resident of temporary accommodation', 'an agency advocating or working on behalf of residents of temporary accommodation', 'A research body or researcher who has carried out research into the issues around temporary accommodation', 'Any health care professional or local authority officer working with residents of temporary accommodation' or 'Other (please specify)
2. Which local authority or area is the TA you are referring to situated in?
3. If you are a resident of TA (or referring to a specific resident you work with or support) how long have you stayed in temporary accommodation, including all times you have moved.
4. If you are a resident of TA (or referring to a specific resident you work with or support), what is the makeup of your household? ie, are you a single person, a couple, family with children, pregnant or any other way you would describe your household type?
5. Please tell us about your experience in TA.
6. Please upload some photos of your temporary accommodation to be included in our national call for evidence (up to 5)

Other than the first question, which was multiple choice with the option for people to select "other" and self define, all other questions were free text answers so people could describe their experiences freely and in their own words. There was also the option to add up to 5 photographs or PDF files as an attachment.

2. The Respondents

In total 81 people responded to the call, and there were 89 specific cases referred to. Some support/health workers sent in details on behalf of clients. We also received 2 research summaries that helped us understand the wider context of the system.

2.a Who took part?

In response to being asked to best describe their current situation people answered:

- 33 (40%) a current or recent resident of TA
- 25 (32.31%) an agency or working on behalf of residents
- 9 (10.77%) a health care professional or local authority officer working with residents
- 1 (1.54%) a research body researcher who has carried out research into issues around TA
- 13 (15.38%) classed themselves as other.

Responses to “other” were: church pastor, prison service, TA/EA housing provider (2), law centre, local councillor, educational professional/teacher (4), combined authority rep, support charity rep.

29 of our respondents were single adults, 38 were part of a family unit and 21 of those identified as being single parents. 2 people were pregnant, 3 had a baby, and 7 lived in a household with one or more teenagers or a young adult child. 1 lived with a family elder.

2.b Respondent's stays in TA - in numbers

Time spent in TA by residents/specific cases supported (from 65 answers, 16 n/a)

less than 6 months	15
6 months - 1 year	13
1-2 year	9
2-3 years	8
3-4 years	10
4-5 years	5
5 -10 years	3
10 - 15 years	1
20+ years	1

Table 1

37 people spent over a year in TA. 12 people referenced themselves or their client being placed in a hotel initially. 17 people referenced being moved multiple times, and 14 directly referenced experiencing out of area placements.

Where were respondents from Geographically?

Pan - London	28
Greater Manchester	27
Birmingham	10
Brighton & Hove	8
West Midlands	3
Cheshire	3
West Sussex	3
Bedfordshire	2
Leeds	2
Eastbourne	2
Norfolk	2
Portsmouth	1
Medway	1
Bristol	1
UK-wide	1
Blackburn	1

Respondents were from across England, with Pan-London (28) and Greater Manchester (27) having the highest concentration of respondents (See table 2). Respondents mainly came from city areas and surrounding districts or large towns, with only 2 of respondents from rural locations.

The co-secretariat and APPG are largely based in Manchester, London and the South East, so we believe this over-representation to be due to the networks we are connected to. At the time of writing, London has the highest numbers in TA, followed by Birmingham. However, many areas are beginning to document the increasing use of TA as a growing problem, (see for example a recent report showing that Manchester has a fast growing number of households in TA in the Manchester Mill).³

Table 2

³ Herrmann et al. (2022): Manchester has a homelessness crisis. But it's not the one you thought. The Mill. manchestermill.co.uk/p/manchester-homeless-crisis-special-investigation

3. Summary of responses – Themes emerging from the call for evidence

While the personal circumstances and details of the stories we heard were varied and distinct in many ways, there were some strong recurring issues that emerged from the stories people told us which we've grouped into 5 “key themes”. We'll explore each of these in more detail in section 3.a, before talking about some of the broader, overarching issues in section 3.b.

3.a Five key themes

The 5 strongly recurring themes are:

1. Poor Maintenance
2. Lack of Basic Household good/services
3. Accessibility Issues
4. Sense of “Unsafety”
5. Feeling Unsupported

Poor maintenance

Poor maintenance is the first of two themes that speak of the physical issues of TA provision, and is to do with the poor physical condition of the TA properties themselves. It was mentioned 87 times in 41 submissions. This theme can be broken down into: the building being very unclean throughout (30), mould and/or damp (18), the building being in a state of dangerous disrepair (16), infestations ranging from mice, cockroaches to slugs and snails (11), leaks (7) and fire safety issues due to poor maintenance (5).



Mouse



Leaking ceiling

“It’s worse [than] a nightmare. The house is almost 50 staircases without lifts, cockroaches, mice. I fell severely when I was pregnant. Leaking, damp, roof touching our head, tiny rooms, we sleep on the ground.”

- Resident of TA

People talked about arriving to find the property in a state of disrepair and having to ask persistently for the issues to be resolved. In many cases, whether the issues were apparent on arrival or developed during their time there, people found it difficult to get maintenance issues addressed.



"We had problems with the house - mould. I had to buy a dehumidifier. They weren't concerned or do anything. One of the stairs fell in , I had to wait 2 weeks for it to be fixed"

- Resident of TA

Severely damaged ceiling

Lack of basic household goods/services

This second physical provision theme is about the facilities connected to the TA placements. It was mentioned 56 times in 18 submissions. This can be broken down into: no or limited cooking facilities (19), lack of working/appropriate household goods (18), no/limited plumbing (11), no/limited electricity and/or heating (8).



Mould damaged backpack



Ceiling cracks

"... No blinds or curtains on the window so my client was unable to sleep properly (still unaddressed) - No functioning flush on the toilet (rectified after 4 days) - Shower was broken and unusable (rectified after 4 days) - The wardrobe is full of mould (still unaddressed) - The ceiling has lots of damp patches (still unaddressed)..."

- Resident of TA

As demonstrated above, and similar to the issues highlighted under poor maintenance, while some of these issues might be resolved quickly, others remain unaddressed. These issues often led to further complications for clients, for example lack of services such as bin collection led to further hygiene and cleanliness issues; lack of heating meant people had no hot water to wash or clean in; lack of cooking facilities meant people had to rely on expensive take outs.

“Filthy. Heating not working properly - no hot water. Bin bags from previous residents in yard. No one responded to our calls for weeks. Totally ashamed to live like this”

- Resident of TA

“The cooking equipment did not work when I moved into the premises and the fridge also didn't work, I reported this immediately and it took them 4 months to repair it.”

- Resident of TA

Lack of working or appropriate household goods could be anything from appliances to furniture. A number of people talked about arriving at their property to find stained, filthy mattresses, or a complete lack of basic goods such as duvets or curtains. For many households they were moving directly from a temporary emergency placement, such as hotels, and had little to none of these types of household goods with them at the time of moving, and so had to rely on what was provided.



Dirty mattress



Inadequate bed / bedding

“ The property was meant to be furnished yet as this family were placed there 3 days prior to Christmas... there was no bedding whatsoever, they spent the first night covered in coats until the housing officer brought duvets and pillows (still no duvet covers or sheets etc)...The property had no heating or hot water and when a contractor came out he confirmed the house had not been completed and was not ready for tenants. They remained without heat or hot water n this property for two months in the middle of winter before being moved to a more suitable TA”

- Teacher

Accessibility Issues

31 people referenced having one or more disabilities and their TA experience being unsuitable because of it. This theme was mentioned 44 times throughout. 13 people had a physical disability, 4 had autism, 24 had a mental health condition, and 3 talked specifically about developing a new disability as a result of being in TA.

“My client has a severely disabled daughter who is blind & in a wheelchair & has Multiple Health conditions as well as severe scoliosis & seizures & restricted lung disease. She also has 6 sons & occupies a 3 bed property 2 double and 1 single. Her severely disabled teen child has to be carried up & down the stairs which is a hazard and quite dangerous as mum is terrified of her falling...”

- Advocate for residents

People talked about experiencing serious accessibility issues in their property such as not being able to use showers, bunk beds or get up and down stairs. One respondent, who was placed in a hotel while awaiting more long term accommodation, was unable to have their mobility device stored in their room with them, effectively meaning they were unable to move from their room. Linked to maintenance issues, there were repeated references to lifts being out of order or broken, meaning that properties that would otherwise have been accessible, were not.

“Her fibromyalgia is also very bad and she desperately needs to be either [on the] ground floor or in a block with a lift as she is not often able to manage the stairs. When there was a fire outside the block, it was terrifying for her as she was barely able to escape down the narrow stairway; similarly, when an ambulance came to her when she was having acute vomiting and body pains, the paramedics could not get her down the stairs and she had to be carried on the back of her eldest son.”

- Church Pastor

4 people talked about their experiences of TA with autism. Issues mentioned included how difficult short notices and unplanned moves can be for people with autism, including a mother of an autistic child, who found it very difficult to adjust to the new area they lived in, which had an adverse effect on her schooling. All submissions talking about the experiences of people with autism said that they felt unsupported, even in circumstances where they were promised support for their needs.

“I suffer with autism and this was not taken into consideration when I moved there which had a great impact on my routine and led me to having suicidal thoughts, I had to seek medical attention for this and had to go to a mental health service. They try to portray the service as being “supported” but the evidence of support is only on paper and not present in real life.”

- Resident of TA

There were 24 references to mental distress and staying in TA having an adverse impact on residents' mental health. Many reasons were given for this, but frequently it came down to difficulties with other residents (such as feeling unsafe, or feeling inappropriately placed), and the overall negative experience of being in TA exacerbating existing ill mental health or instigating new mental health issues.

There can be a hive of illegal activity in these properties including drug taking and dealing, this can have a negative effect on mental health, this seems to be a factor that has not been taken into consideration, people's mental health should be paramount especially when somebody has ended up in temporary accommodation.

- Resident of TA

13 people experienced cost issues such as additional bills as a result of their disability, or travel for their family's needs such as getting to school or accessing services. This was a particular issue for people who had been placed out of area (see section 3b).

Sense of "Unsafety"

14 people used the words "I felt unsafe" while describing their TA experience, 7 people stated they felt traumatised by their time in TA, and 4 people explicitly said they would prefer to sleep rough to staying in their TA due to feeling unsafe there. The experience of "Unsafety" in the submissions can be grouped into 3 sub themes: Other residents, building security, and adverse environments.

"The nights were the worst as you would hear people walking past your room to get to the bathroom and quite often your door would be tried. It was not unusual to find people drunk and asleep in the main communal area, with the television blaring away at 2 in the morning. When that was not happening, a resident with PTSD would be screaming and shouting in his nightmares."

- Resident of TA

21 submissions discussed feeling unsafe due to antisocial or illegal activities of other residents. This ranged from the general proximity to illegal activity to being a victim of harassment and being physically assaulted. One respondent referenced their client's flat being broken into by another resident, and their lock being removed leading to a terrible outcome for the resident:

"...one vulnerable female client's room was broken into and the lock was removed by the intruder and it took the building management 4 weeks to replace the lock. She felt unsafe to stay in her room at that time so returned to rough sleeping."

- Support Worker

In terms of building security, 8 people, including the above example, talked about there being no or very little security on site. One participant said that, although there was security on hand, they felt they couldn't approach them as they were lacking the training needed to deal with specific situations.

"A trans client with a number of disabilities and severe mental health problems felt unsafe in the building due to a lack of security on the desk at all times, (due to) risks from other residents... Security was not trauma-informed in their treatment of this client, she felt mocked and ridiculed and was not treated in a fair way which contributed to her not being able to stay there.

- Support Worker

People also referenced missing locks on doors and/or windows, and having difficulty getting these maintenance issues seen to in a timely manner, if at all.

Arguably many TA placements are in adverse environments, however we received some stories of residents being placed particularly inappropriately for their needs. Submissions included evidence of poor placements for families, including women and children placed into mixed accommodation.

"...The clients (a vulnerable child and adult) are in rooms alongside former offenders, active drug users and those with alcohol addictions. There are often clusters of individuals in the hallways and outside the front door, making it hard for my clients to enter and exit their room. I have another client in the same property who is a drug addict, and who uses drugs in that property and has bought drugs on the doorstep. In addition, there are regular fights within and outside the building. The staff present are for admin support and some are also residents, and are not trained security professionals."

- Advocate for clients

We heard from 5 recovering addicts placed in environments with active drug users, and 5 victims of domestic violence and trafficking placed in environments that were not safe for them.



Damp on ceiling

The young lady who had been trafficked but managed to escape and was sent to Croyden (from Manchester) to be processed only to be traumatised further by being returned to the same city from which she had escaped her captors. The charity supporting her eventually managed to get her moved, which saw her in Manchester but by the time she arrived into a damp shared house was suffering from such severe PTSD that it took several months of intensive work to get her to begin to open up and communicate.

- Health care professional



Overcrowded family room

Other issues mentioned included: overcrowding (15), with whole families sharing one room or a number of residents sharing limited bathroom or cooking facilities, and excessive noise (4).

"Terrible conditions, cramped, no ventilation, alarms going off in the night"

- Resident

Feeling Unsupported

26 people talked about feeling a lack of support, either from housing officers, or local authorities or not knowing what services they could access help from. This was particularly true of residents who had been placed out of area, away from their support networks.

"People in temporary accommodation who are placed out of area should always have access to/information about local services - this is often not the case"

- Advocate for residents

"Clients are placed out of area away from support. This is especially bad if they fall out of the catchment areas for community mental health services and adult social care. Adult social care won't access people with care support needs if they are placed outside area and new authority won't take on so people with severe support needs are left"

- Support Worker

13 people talked about making a complaint (either about the building or their support services), 5 talked about fearing eviction if they complained.

People also felt unsupported by the services managing the building. As highlighted in the previous four themes, a number of people cited lengthy waiting times when they raised a concern, or no response at all.

3.b Other underlying issues that emerged

The above are groupings of the clearest, most commonly occurring specific themes that emerged from the call for evidence. However there were other underlying issues that were present in people's stories that added to the overall hardship of the TA experience. These are summarised below.

Out of area placements

14 respondents directly referenced experiencing out of area placements, and a number of advocates and support workers also spoke about this issue in relation to how it affects their work or how they've seen it affect clients. Out of area placements were referenced as causing social isolation, impacting on people's support and health needs, affecting schooling, and in one case splitting up a family unit across the country (between London and Manchester)

“(residents are often placed) miles from schools or even out of area away from support services and networks. There have been occasions temporary accommodation had been provided to clients and there is no regard given to parents on substance misuse programmes and with designated chemists far away from accommodation. Travel to and from routine support just isn't considered. There is just upheaval and no regard to the impact on the families or children.”

- Advocate for residents

It also has an impact on how people can access building support, as it's not always clear where responsibility lies for issues such as household maintenance.

“Have had three fires since I've lived here. All related to dodgy wiring. Can't get repairs done through Council as “out of borough”

- TA resident

26,620 households in TA in England experienced an out of area placement in March 2022⁴ - 28% of all households in TA. The practice has risen nationally by 344% since the end of March 2010.⁵

⁴ DLUHC (2022): Statutory Live Tables <https://www.gov.uk/government/statistical-data-sets/live-tables-on-homelessness#flows-tables>

⁵ Wilson, W. and C. Barton (2022): Households in temporary accommodation England. House of Commons Library. <https://researchbriefings.files.parliament.uk/documents/SN02110/SN02110.pdf>

Out of area placements are an increasing practice in England and can have a huge impact on households. A 2021 blog by Justlife defines the process:

*“The pressures on Local Authorities in England are such that they increasingly look for TA in different, more affordable areas... To honour their duty of care (or while it is being assessed whether they have a duty of care), housing officers look for accommodation in cheaper areas to deal with a rising demand. This is creating a domino effect, as LAs in cheaper areas find themselves outpriced at home and needing to look further afield.”*⁶

Use of hotels as EA/TA

12 people referenced being placed in one or more hotels at some point, usually the start of their time in TA. There is no way for us to know from these submissions if their stays were classified as emergency accommodation (EA) rather than TA. However, although improving provision of EA is outside the remit of the Households in TA APPG, for residents it is part of their journey, and stays in these hotels were at times disruptive and distressing, particularly for those with accessibility needs or children.

There were knock-on effects from time spent in inappropriate hotel placements before getting a longer TA placement. In the case studies section that follows (4c), there are two extensive examples of how hotel stays added to the overall difficulty of residents’ TA journey.

Additionally, while a number of the placements discussed were within the 6 week guidance, an advocate for residents who submitted evidence also talked about the 6 week guidance not being adhered to:

“homeless hostels not being subject to 6 week guidance so families in hostels for long periods of time with shared facilities.”

- Advocate for residents

This was acknowledged in the latest government statistics, according to which there has been a 39.6% increase since last year in residents staying in hotel placements longer than the 6 week guidance.⁷

⁶ Gosmann, S. (2021): Out-of-Area Placements: Temporary Accommodation at the margins. Justlife. <https://www.justlife.org.uk/news/2021/out-of-area-placements-temporary-accommodation-at-the-margins>

⁷ DLUHC (2022): H-CLIC January-March 2022 Quarterly Release https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1094533/Statutory_homelessness_in_England_January_to_March_2022_infographic.pdf

Multiple Moves – often at short notice

17 people talked about staying in more than one accommodation throughout their experience of homelessness in TA, some of whom talked about how multiple moves brought extra confusion or difficulty to residents' experiences in TA.

“One client was moved from accommodation due to a disagreement with one of the staff. Other members of staff claimed that he had been polite and abided by the rules and were uncertain why he moved. This person was then moved to a hotel and then to other accommodations.”

- Advocate for residents

People who talked about this issue discussed not being able to get settled, not knowing how long they might be there, a sense of impermanence and not belonging. There was also an issue about storing belongings and not being able to accumulate basic things needed for a comfortable life.

Barriers due to different cultures or languages

10 of the responses talk about experiences of people from other countries or cultures than England. 2 of them reference the journey of residents who were refugees or migrants.

We know from wider research that people who are from other countries and cultures, or who do not speak English as a first language, face particular barriers while homeless in this country and in TA. We also know that support programmes that provide translation and understanding of cultural difference can have a hugely positive impact on reducing isolation, trauma and understanding what is required of them.

People from other cultures and countries feeling isolated in TA was mentioned, as were problems arising from language barriers. In the example below, the language barrier led to a Pakistani resident becoming isolated when she was placed in a different end of the country to her only family member.

“The elderly Pakistani lady who had fled religious persecution with her husband and adult son: her husband died suddenly shortly after arrival in the UK. She was placed alone in a tower block flat in Oldham, far apart from her son who was placed in London. She did not speak English and had mobility issues. She spent long periods in isolation as her son was rarely able to visit and she existed on food from the only corner shop she could access, supplemented by food parcels from the practice once we became aware of her situation.”

- Health care professional

8 Association of Translation Companies (2019): Overcoming language barriers to help vulnerable people in the UK and worldwide. ATC. atc.org.uk/overcoming-language-barriers-to-help-vulnerable-people-in-the-uk-and-worldwide

This advocate identified it as a lack of support:

“(there is a) lack of language support in TA and exempt accommodation, lack of specialist impartial housing advice in TA and exempt.”

- Advocate for residents

Childhood development

“My children and I were placed in a hotel for over 6 months, 4 of us were crowded in one room with almost all our belongings...life was a living hell, kitchen facilities were always dirty and often broke and would take days to fix them...sometimes people fought over facilities,there was a lot of violence, anti-social behavior, drugs, verbal abuse, discrimination.”

- Resident of TA



Children's bedroom

15 family residents with children reported living with damp and mouldy housing conditions, 13 reported overcrowding and were often sharing a single space, and 6 were struggling with pest infestations.

Children living in TA are at greater risk of suffering from poor health, social and educational outcomes, with indirect consequences to their emotional well-being and mental health.⁹ Damp and mould has been cited as one of the most common occurrences from the call for evidence, as well as pest infestations, disrepair and overcrowding. Children living in these conditions have a likelihood of accidental injury and developing conditions such as respiratory and gastric infections as well as other infectious diseases such as diarrhoea and vomiting, leading to a loss in weight.¹⁰ Catching preventable illnesses which can become chronic over time can, in turn, negatively affect the child's educational attendance, mental resilience and ability to form social connections.

⁹ Cross, S. et al. (2022): Housing, Homelessness and Children's Social Care: Towards an Urgent Research Agenda. The British Journal of Social Work, volume 52, issue 4. doi.org/10.1093/bjsw/bcab130

¹⁰ Polyzoi, E. and D. Polyzois (2017): Presence of Household Mold, Children's Respiratory Health, and School Absenteeism: Cause for Concern. J Environ Health. 2017 Mar; 79(7):28-35. PMID: 29144078. pubmed.ncbi.nlm.nih.gov/29144078/

Family respondents also mentioned being placed in confined spaces, and/or without basic cooking facilities to enable adequate nutritional consumption. In a previous study, it was reported that children living in small or improperly spaced accommodation suffered from lack of sleep, poor concentration and educational attainment.¹¹ What's more, the scarcity of space also resulted in a subsequently higher risk of obesity.¹²

This is due to the lack of space for infants to crawl or walk and for children to play and exercise. Bed sharing too was also referenced in the survey as parents were forced to co-sleep with their young infant or child due to lack of safer sleeping provision, which increases the risks of Sudden Infant Death Syndrome (SIDS).¹³ Additionally, TAs that provided only a microwave and no other cooking facilities limited the families' dietary options. Without opportunities to cook healthy meals, children are more likely to become malnourished, leading to vitamin deficiency, anaemia, teeth impairment, or being underweight.¹⁴

Moreover, 9 families who responded to the call for evidence reported being moved by the council multiple times out of their original locality, away from schools, GPs and support networks. Children experiencing housing instability, and/or exposure to unsafe mixed environments, are more vulnerable compared to children in stable family orientated residencies. Frequency of moves means children's lives are thrown into disarray as their social relationships are broken, their academic performance is poor and their access to healthcare is limited. Children experiencing such events are more likely to be psychologically distressed, depressed and anxious as a result. On top of this, the lack of safeguarding between households can lead to an increased risk of sexual exploitation. If this occurs, further harm would be inflicted onto a child's mental, emotional and physical wellbeing.¹⁵

11 Solari, C.D. and Mare, R.D. (2012). Housing crowding effects on children's wellbeing. *Social Science Research*, <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3805127/>

12 Schmeer, K.K. and Yoon, A.J. (2016). Home sweet home? Home physical environment and inflammation in children. *Social Science Research*, <https://ncbi.nlm.nih.gov/pmc/articles/PMC5116303/>

13 The LullabyTrust (2022): What is sudden infant death syndrome (SIDS)? <https://www.lullabytrust.org.uk/safer-sleep-advice/what-is-sids/>

14 Cross, S. (2020): Housing and Children's Health and Social Care. Shared Health Foundation. <https://sharedhealthfoundation.org.uk/wp-content/uploads/2021/09/Housing-and-Childrens-Health-and-Social-Care-Publication.pdf>

15 Homeless Link (2022): Young people and sexual exploitation: A briefing for homelessness services https://homelesslink-1b54.kxcdn.com/media/documents/Child_Sexual_Exploitation_and_Homelessness_Jan20.pdf



Overcrowded family bedroom

NCMD data

NCMD and Shared Health have worked together to bring to light the reality and risk of child death within homeless family households.

The National Child Mortality Database (NCMD)¹⁶ collates information from the statutory child death review process¹⁷ on all children in England who die before their 18th birthday. Evidence from the NCMD report on Child Mortality and Social deprivation¹⁸ shows that in 123 of the 212 child deaths reviewed in 2020/21 with evidence of factors related to deprivation, the main issue identified was housing. This also includes families being based in temporary accommodation, or frequently moving to a new house, creating an unstable living environment for the child. There were 33 deaths of babies and children in which homelessness was specifically mentioned, either related to the father, mother, or child. Factors which contributed to homelessness were mental health conditions in a parent or caregiver (15/33) and financial issues (13/33), and in some instances both factors were present (5/33). The most common themes related to homelessness concerned pregnant mothers, who went on to give birth to babies who subsequently died, families with young children, and young people having left or been forced out of their family home. Another common factor associated with housing issues was overcrowding. There was also evidence of residents significantly outnumbering bedrooms, frequently leading to unsuitable and unsafe sleeping arrangements, particularly for babies.

More recent NCMD findings show that from the child deaths reported between 1 April 2019 and 31 March 2022 there were at least 200 individual records where homelessness or living in temporary accommodation (bed and breakfast, hostel, shelter, and in extended family accommodation) were recorded as present in the child's mother, child, or child's family life at some stage. Threats of eviction, or eviction enforcement carried out, was recorded in additional 14 cases. There were further 114 cases in which overcrowding within the property was recorded.

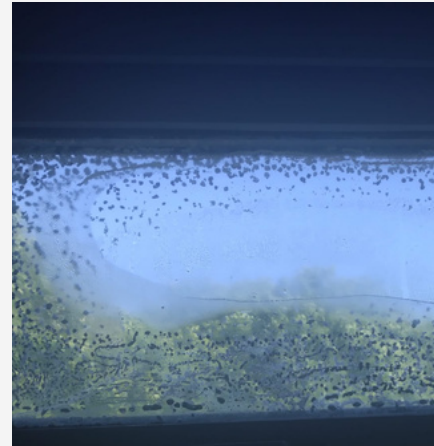
¹⁶ About the NCMD (2022) National Child Mortality Database. Available at: <https://www.ncmd.info/about/> (Accessed: November 15, 2022)

¹⁷ Department of Health and Social Care (2019) Child death review: Statutory and operational guidance (England), GOV.UK. Available at: <https://www.gov.uk/government/publications/child-death-review-statutory-and-operational-guidance-england> (Accessed: November 15, 2022)

¹⁸ Odd, D. (2021) NCMD: Child mortality and social deprivation report (May 2021), National Child Mortality Database. Available at: https://ncmd.info/wp-content/uploads/2021/05/NCMD-Child-Mortality-and-Social-Deprivation-report_20210513.pdf (Accessed: November 15, 2022)

From the finalised case reviews (6,970) of children who died in the period 1 April 2019 – 31 March 2022, in 34 cases, homelessness and temporary accommodation were recorded by the independent child death overview panel as factors that may have contributed to the child's vulnerability, ill health or death. In additional 39 child death reviews, overcrowding, threats/enforcement of evictions, and extended family accommodation were recorded as factors that may have contributed to the child's vulnerability, ill health or death. Most of the children were under the age of 1 year.

A question was added to the child death statutory reporting form from 1 April 2021, asking whether there was any indication that the child / child's family lived in poverty and/or deprivation. The answer, where it was provided, was recorded as "Yes" in 143 child death cases from the period 1 April 2021 – 31 March 2022.



Mould

Submissions from people working outside the homelessness sector

13 people who submitted evidence identified themselves as “other” in the question about what role/capacity the respondent was answering in. 8 of those were supplying support and advocacy for households experiencing homelessness, for whom that wasn’t their primary role. The sort of support provided was in some instances quite high intensity, with examples of a pastor supporting someone to go to the housing ombudsman due to how unsafe and unsuitable their placement was; or teachers supporting families in getting the facilities they needed and giving extra support for the children to complete exams.

This family were made homeless after moving from an unsuitable private rent property with damp, mould and disrepair. They were moved into a hotel ... just as the eldest child was starting to sit his GCSE's. In the last 5 weeks they have been moved into 5 different hotels. On each occasion the parent has had to contact me in school to let me know where they were going to be so that we could arrange taxis for the children to get to school and ensure he did not miss his GCSE exams.

- Support Worker from a School

4 were educational professionals/teachers. Given the sheer number of children in TA,¹⁹ it is not surprising that schools and educational settings are plugging the gaps in support and may pick up on issues that would otherwise go unnoticed.²⁰

Additionally, there was 1 pastor, 1 person who worked within the prison system, 1 person who worked at a law centre, and 1 local councillor.

¹⁹ Local Government Association (2022): More than 4,500 primary school classes worth of children spending summer holidays in temporary accommodation [local.gov.uk/about/news/more-4500-primary-school-classes-worth-children-spending-summer-holidays-temporary](https://www.local.gov.uk/about/news/more-4500-primary-school-classes-worth-children-spending-summer-holidays-temporary)

²⁰ Shelter (2017): Shelter report reveals the devastating impact of homelessness in the classroom [england.shelter.org.uk/media/press_release/as_schools_break_up_for_the_christmas_holidays_new_shelter_report_reveals_the_devastating_impact_of_homelessness_in_the_classroom](https://www.england.shelter.org.uk/media/press_release/as_schools_break_up_for_the_christmas_holidays_new_shelter_report_reveals_the_devastating_impact_of_homelessness_in_the_classroom)

People's quality of life being adversely affected by the experience of being in TA

With the exception of 2 responses, all participants shared negative experiences. One of the positive submissions came from a local authority talking about their services in general terms. The other contained positive feedback from an advocate for residents praising the support provided by staff to help clients move on. Throughout all the responses, there was a clear and consistent story that emerged: people's stays in TA were not fit for their needs, added to any hardship they were experiencing, and often created more long term issues for them.

"[My examples show] inherent cruelty and lack of respect for human dignity [from] the current policy towards accommodating people in temporary accommodation. There appears to be no compassion in arranging placements. It often feels as if there is a policy to make people suffer more. This impacts massively on their physical and their mental health and stretches their resilience and reduces their feelings of self worth to the point of utter despair and even suicide. In trying to support these people my resources are strained and stretched such that it impacts on many other patients who are struggling due to poverty and chronic physical and mental health problems."

- GP

3.c Case Studies

The themes discussed in sections 3a and 3b are taken from the stories of people's lives. The reality for our participants is that such issues often feed into one another and intersect with other difficult circumstances or disadvantages they might be experiencing. To illustrate how these themes show up and create suffering and challenges for individuals, we have included some case studies from the submissions received.

Story 1: The resident who stayed in various hotels unsuitable for their accessibility needs

The resident

This case study is from a current resident of TA. They defined as: "a single disabled person", and are a wheelchair user. They told us they had been in TA for just under a year when they submitted their story, and had just been placed in longer term TA. *

Their story

This resident was housed in a hotel due to their accessibility needs, which this hotel seemed to suit.

Shortly after moving in however, due to a council admin error, their booking was not renewed and they had to move with no notice. This was the beginning of a series of moves through hotels that were not suitable to their needs. In one placement they were expected to leave their wheelchair far away from their room in a completely different public space, with no protection or security, and at a significant distance from their room.

In another hotel placement they were expected to maintain and clean the room themselves at certain days and times, which they could not do due to their disability and accessibility needs.

"I had to collect a vacuum from downstairs which I struggled (to do) because of my chair and the fact I couldn't use the lift without standing for the buttons."

Throughout all their stays in various hotels, cooking for themselves and eating was an issue, either because food was not provided or the kitchen was inaccessible.

"I had no access to food and spent a lot of time and money searching for something. Most of the time I went hungry."

There were also issues with the accessibility of the bathroom facilities:

"I had high sided bath that I couldn't climb in easily ... It was so slippery I'd move around whilst in the shower"

Eventually the resident moved to a long term TA property that had some accessibility adaptations, but not to the required level, and still not suitable for their wheelchair.

This property was also in a bad state of repair, and the resident was not allowed to decorate. Soon after moving in, the shower unit collapsed while the resident was in it, which left them hospitalised. The repairs needed took months to complete.

Throughout their time in TA, they were repeatedly placed in rooms not suitable for their wheelchair, despite their wheelchair being damaged by these placements. This led to their chair, a critical tool for their accessibility needs, not working properly and increasing the level of unsafety for the resident. This resident is still waiting for accommodation that is fully suitable.

Comment/highlighting themes

Disability, multiple moves, stays in hotel, lack of support, lack of accessibility, increased physical illness due to placement, poor maintenance.

Story 2: The family who experienced multiple inappropriate placements

The residents

This case study is from a recent resident of TA, who identifies as “a single mother with two teenage children”, who she is an unwaged carer for. Both children have physical disabilities, one has autism and the other is a wheelchair user. They were in TA for 18 months and experienced an out of area placement in that time.

Their story

This family was moved multiple times including to hotels. In the mother’s own words “We never knew where we would be sent until we got there.” At one point they were placed in a hotel that felt unsafe for them as it also housed male prison leavers and people with active addictions.

The conditions were generally poor and unclean, and the way in which they were treated there was unwelcoming and unaccommodating for their needs:

“Some places were filthy, blood stained walls. Some kicked us out during the day and locked in at night... Welcome pack stipulated ‘no weapons allowed’”

The placements repeatedly did not meet the needs of the family. At one point one of the children was asked to use a bunk bed even though they were unable to due to their disability, and during hotel stays the lack of cooking equipment meant that the food needed to keep the children well could not be prepared. This led to the mother using all her personal savings to pay for a stay in a holiday apartment, to avoid the danger of the places they were asked to stay in.

Eventually they were placed in a TA unit. The property was in general disrepair, with mould, no working lock, and up flights of stairs. It was also out of area, which had a big impact on the wellbeing of the family. Her autistic child found it particularly challenging as they had to leave their school, and the unfamiliarity and changes in their routine led them to suffer a great deal of mental distress.

After months of bidding on a social housing property that would suit the needs of her family, she felt pressured by the council to bid on any property in response to her complaints whether suitable or not.

They have now been successful and moved into council housing. However the mother says:

“We were treated like ungrateful burdens by the council staff. I was misadvised countless times by council staff. I wasn’t checked on. If you complained they sent you somewhere worse. I wasn’t given a homeless number.... I asked for help to store my belongings and they just shrugged.... The lack of compassion and trauma of the 18 months in TA will stay with me and my children forever.”

Comment/highlighting themes

Disability, multiple moves, stays in hotel, lack of support, lack of accessibility, increased physical illness due to placement, poor maintenance, inappropriate placement, unsafety, out of area, autism.

4. Wider context – What’s missing?

5.a What’s missing?

We know from reports sent to the APPG from external stakeholders,^{21 22} and the work of the co-secretariats, that certain intersectional experiences of homelessness were not apparent in the call for evidence. It was not always clear how the respondents identified, but issues around care leavers, race, LGBTQ+ experiences were largely absent from the submissions.

There may be many different reasons why these issues were absent in the evidence. These may include lack of engagement from the services connected to the APPG, short time frame for responses or lack of understanding of how their submission would be used. It is also possible respondents felt more comfortable submitting evidence they perceived as normatively more straight forward. This format may not be best suited to reveal feelings of vulnerability as a result of identifying with a minority group.

It can be difficult to generally engage people experiencing homelessness, including those living in TA, in data collection exercises such as this call for evidence. Reasons for this could be connected to, or caused by, their current homelessness. People in traumatic situations might struggle to engage in anything beyond their day to day survival, or any range of health or support needs leading to them being more excluded.²³

We also did not hear about issues to do with lack of access to the internet, and digital exclusion, even though there is much evidence to show this is a very real issue.²⁴ This may be because the survey was hosted entirely online, although we did produce packs for workers to use to engage with clients who might not be able to participate without support.

We did however receive one summary of research from a combined authority who spoke to 21 families in 2021, which mentioned the impact of no internet: “there can be a lack of space and internet access affecting schoolwork for children”. Lack of internet can affect children’s needs and development, but also the very process of applying for support, as so many services are now hosted online.²⁵

21 Rice (2022): The experiences of families living in temporary accommodation in Westminster, London Cardinal Hume Centre and HomeStart WKCHF [Soon to be published]

22 West Midlands Combined Authority (2011): wmca.org.uk/search/?q=temporary+accommodation

23 McDonagh, T. (2011): Tackling homelessness and exclusion: Understanding complex lives . Joseph Roundtree Foundation. jrf.org.uk/sites/default/files/jrf/migrated/files/homelessness-exclusion-services-summary.pdf

24 FEANTSA, (2021): Digital Inclusion for Homeless People and Homeless Service Providers: An Analysis of Benefits, Challenges, and Solutions feantsaresearch.org/public/user/Digitalisation_Policy_Paper.pdf

25 Shelter and Healthwatch Hackney (2021): We are Still Human england.shelter.org.uk/professional_resources/policy_and_research/policy_library/hackney_ta_listenin_g_campaign

Care Leavers

7% of care leavers aged 17 years are in accommodation considered to be unsuitable, and care leavers make up 25% of the homeless population.²⁶

Forming long-term meaningful and healthy relationships is challenging for some of those leaving care. This is due to the inconsistency of key relationships in their childhood, either with their parents or care placements. This leads to a lack of trust towards adults and perceived authority figures.

It is understandable that many of these young people exhibit challenging and self-destructive behaviour. This is linked to abandonment and attachment issues where their basic needs have not been met. The self-destructive behaviour can manifest itself in sabotaging relationships and opportunities, testing boundaries and putting themselves in risky situations.

Race

Black, Asian and minority ethnic people in the UK disproportionately lack access to secure, good-quality and affordable homes,²⁷ with these disparities driven by labour market inequalities, immigration policy and the design of the social security system.

There is also substantial evidence of wider discrimination, with some private landlords unwilling to rent to Black, Asian and minority ethnic households. We increasingly hear stories of structural racism within the homelessness support system, as exemplified by Jo Bhandal, campaigns, policy and research lead at LGBTQ+ youth homelessness charity Akt: “We know from the conversations that our case workers have with young people... that often there will be instances where people will make assumptions based on their culture and then their family background for the reasons as to why they’ve become homeless.”²⁸

According to a recent Greater Manchester council document, 63% of families in temporary accommodation are from an ethnic minority.²⁹

LGBTQI+

Stonewall and YouGov research into the experiences of over 5,000 LGBT people across Britain, found that nearly one in five LGBTQ+ people (18 per cent), including 25 percent of trans people, and 28 percent of LGBTQ+ disabled people, have experienced homelessness at some point in their lives.³⁰

26 Homes for Good Statistics (2021): <https://homeforgood.org.uk/statistics>

27 Garvie, D. (2017): BAME homelessness matters and is disproportionately rising – time for the government to act. Shelter. blog.shelter.org.uk/2017/10/bame-homelessness-matters-and-is-disproportionately-rising-time-for-the-government-to-act/

28 Youde, K. (2022): How racism impacts homeless people. Inside Housing. <https://www.insidehousing.co.uk/insight/insight/how-racism-impacts-homeless-people-73717>

29 Herrmann, J. et al. (2022): Manchester has a homelessness crisis. But it’s not the one you thought. The Mill. manchestermill.co.uk/p/manchester-homeless-crisis-special-investigation

30 Bachmann, C. and B. Gooch (2018): LGBT in Britain – Health. Stonewall. <https://www.stonewall.org.uk/lgbt-britain-health>

A number of organisations report on the prevalence of LGBTQ+ experience of homelessness, however, it is hard to find clear statistics that give a general overview of the scale of LGBTQ+ homelessness due to lack of consistent data gathering, use of different definitions of identity, and limiting/discriminatory language being used. In terms of gender identity and the trans experience, the stats are even more sparse. This lack of comparative information has been acknowledged in other research commissioned by the Government Equalities Office.³¹

Sexual orientation/sexuality and gender identity are two separate identifying features of a person. Your gender does not determine your sexuality, and vice versa.

While understanding of this important distinction is growing culturally, stats still show us that trans people are disproportionately under supported while engaged in the homelessness services due to lack of understanding around their specific needs. A recent AKT report, which spoke to support workers and supporting organisations found that: “Most organisations surveyed feel that their understanding of the proportion of people who use their service who identify as lesbian, gay, and bisexual is more accurate (55 percent) than trans and non-binary people (45 percent).”³²

³¹ Hudson-Sharp, N. and H. Metcalf (2016): Inequality among lesbian, gay bisexual and transgender groups in the UK: a review of evidence. NIESR. wiralintelligence.service.org/media/1914/160719_report_lgbt_evidence_review_niesr_finalpdf.pdf

³² Bhandal, J. (2022): Building inclusive housing support for LGBTQ+ communities. AKT. akt.org.uk/lgbtq-inclusive-housing-support-report

5. Our asks: 7 policy changes and next steps for short to mid-term improvement for TA

We have identified 7 key areas and actions that would improve the system for people living in TA in the short to mid-term, as well as improving the wider system for everyone involved for the long term. Below we have laid out a plan for how we might approach each issue.

Our first goal is to bring about a regulatory system for TA. The social housing regulation bill is currently in the report stage of the House of Lords. We are calling for an amendment to be made that includes TA. We believe this “easy win” could lay the foundation for basic, countrywide accountability, from which it is possible to progress with the next steps. Our asks are:

First step

1. Temporary accommodation regulator: temporary accommodation to be included under the new Social Housing Regulations Bill

Next steps

2. Basic facilities and adaptations provision in temporary accommodation
3. Support for Housing Officers
4. Holistic support for homeless households
5. Notification System
6. Transport access

Ongoing need

7. Mapping the out of area placements system

We have separated point 7: “Mapping the out of area placements system” as we do not currently understand the system well enough to know what policy asks to make. However we know from this call for evidence, as well as the co-secretariats’ wider work³³ and available homelessness stats, that this is a substantial issue impacting almost a third of households in TA³⁴ as well as Local Authorities across the country. We know that the use of out of area is set to increase, and that it is a key indicator of a system that is not coping. The action at this point is to gather information, rather than a policy ask.

33 Gosmann, S. (2022): Out of Area Health Engagement Worker Evaluation. Justlife. www.justlife.org.uk/assets/documents/Justlife-Out-of-Area-Health-Engagement-Worker-Evaluation-2022_2022-09-06-105110_qerc.pdf

34 Wilson, W. and C. Barton (2022): Households in Temporary Accommodation (England). House of Commons Library. <https://researchbriefings.files.parliament.uk/documents/SN02110/SN02110.pdf>

Local authorities hold responsibility for carrying out day to day administration and delivery of homelessness services. However, they can only do so within the funding, policy and legislation parameters set by the Government. We believe regulation and leadership must come from the national government to tackle these issues, backed by adequate funding.

Below we lay out these points, and our next step plan, for each. Following this section, in section 6, you can read more about suggested ways you can get involved.

A word on building more social housing and how it connects to our work

The APPG acknowledges and supports the need for more social housing. We also recognise the need for prevention and the importance of addressing the root causes of homelessness. Our work is focused on seeking solutions to improve the lives and chances of the 95,060 households currently living in TA.³⁵ With intervention at this stage, further homelessness and harm can be prevented.

First step

1. Temporary accommodation regulation

The ask: Temporary accommodation to be included under the new Social Housing (Regulation) Bill.

Issue: Current consumer standards of some temporary accommodation are poor and lack regulation leading to ill health and lower standard of living.

What are we asking for

The new Social Housing (Regulation) Bill to include all accommodation provided under the homelessness legislation act (TA, B&Bs, hostels, HMOs, etc). The Bill must not only be limited to the Temporary accommodation used itself, but to all letting agreements, tenancy and licence, that a Landlord providing the TA may offer.

The new regulator should enforce consumer standards and we want to see that the regulator has sufficient powers to meaningfully intervene. Additionally, we would like to propose that this regulator enforce the minimum facilities outlined by the APPG.

In addition, there should be a clearly explained and user friendly process for residents to raise concerns if standards are not met.

³⁵ UK Gov. (2022) H-CLIC January-March 2022 Quarterly Release, DLUC assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1094533/statutory_homelessness_in_England_January_to_March_2022_infographic.pdf

Follow up action

Lobby to include TA in the social housing regulation bill.

Evidence

In addition to what we heard in the call for evidence, the report from Human Rights Watch³⁶ proves some temporary accommodation in London is not inspected to the standard that enables the property to be safe for human habitation.

Next steps

2. Basic facilities and adaptations in temporary accommodation

The Ask: Update legislation to provide provision of basic facilities and adaptations within temporary accommodation.

Issue: Many homeless households do not have basic facilities provided in their temporary accommodation, including bedding, white goods, furniture, wifi and safer sleeping cots for infants. This lack of provision adds to their already traumatic situation and creates a risk of further health complications and negative impact on day to day life and educational attainment. Lack of safer sleeping provision increases the chance of SIDS in infants.

What are we asking for

Update legislation and Homelessness Code of Guidance to include the minimum basic facilities within TA outlined by the APPG.

- Basic appliances already placed/installed such as kettles, microwaves, cookers, fridges, washing machines and carpets that are clean or in good condition(s). (self- contained or shared).
- Beds, clean bedding, pillows provided for all members of the household.
- Adequate space for children to learn, including functional furniture such as a table or a desk which can be used for homework.
- Safe space for children to play and in shared accommodation a safe communal space for children to play.
- Disability adaptations in place, and made available for use in TA.
- Enough bedrooms to accommodate family size.
- Provision of WIFI in all accommodation.

³⁶ Firth, A. (2022): I Want Us to Live Like Humans Again. Human Rights Watch [hrw.org/report/2022/01/17/i-want-us-live-humans-again/families-temporary-accommodation-london-uk](https://www.hrw.org/report/2022/01/17/i-want-us-live-humans-again/families-temporary-accommodation-london-uk)

What are we asking for continued

- Safer sleeping equipment such as cots, Moses baskets, new baby mattresses with waterproof covers and baby gates. Lack of safer sleeping equipment should also be classed as a Category 1 hazard under the HHSRS guidelines.
- No mixed homeless households in B&Bs, hotels and apartment complexes.

Follow up action

Create best practice guidance for TA providers for the interim.

Evidence

[Champions Project](#) ³⁷

[Thelma](#) ³⁸

[Shared Health Foundation Gold Standard Report](#) ³⁹

[Justlife - Disability in TA](#) ⁴⁰

Next steps

3. Support and supervision for housing officers

In order to more effectively support households experiencing homelessness, Local Authority staff require greater support to improve their own wellbeing at work.

The ask: Support, supervision and training for Housing support staff to help them feel better equipped to deal with their jobs and support their caseloads.

Issue: A main issue that featured heavily from our call for evidence was “lack of support.” The homeless households felt they were unsupported. While lack of funding leading to less staff has driven up housing workers caseloads, an issue which must be addressed in and of itself, there is also an issue with frontline Housing Officers having little to no support themselves. This has been evidenced through the co-secretariats on the ground work.

³⁷ Evidence delivered to APPG for Ending Homelessness by Prof Lakanpaul (2021): [youtube.com/watch?v=CLec7LNNxBg](https://www.youtube.com/watch?v=CLec7LNNxBg) <https://www.championsproject.co.uk/>

³⁸ Video by Thelma from Champions Project Board (2021): <https://www.youtube.com/watch?v=Sy9rRZU7t8U>

³⁹ Shared Health (2021): The Gold Standard: A Proposal. Shared Health <http://sharedhealthfoundation.org.uk/wp-content/uploads/2021/09/Homeless-Families-The-Gold-Standard.pdf>

⁴⁰ Gosmann, S (2022) Disability recommendations for the homelessness sector. Justlife <https://www.justlife.org.uk/news/2022/i-kept-falling-down-the-stairs-disability-recommendations-for-the-homelessness-sector>

Follow up action

Trial period of supervision support in Greater Manchester to gain knowledge of best practice.

Evidence

Report from The Frontline Network states that 47% of frontline workers feel resources available to relieve homelessness were 'very low' or 'quite low'. 63% of frontline workers rated their caseload as 'very high' or 'quite high', and 63% reported that the impact of their role on their wellbeing was 'very negative' or 'slightly negative'.⁴¹

Next steps

4. Holistic Support

The Ask: Wrap-around holistic support for vulnerable homeless households.

Issue: There is a lack of support that focuses on the needs of the individuals which makes the household more entrenched in the homelessness system.

What are we asking for

A person centred approach that addresses the needs of people experiencing homelessness holistically and comprehensively, rather than a one-size-fits-all approach. This would especially benefit those who identify as LGBTQ+, living with a disability, neurodivergence or have complex mental health issues, as well as those who come from other cultures or countries for whom English is not a first language.

Follow up action

Integrated trial with existing support services ie Housing First. APPG to connect with providers to find best practice. Then decide on next steps to roll out nationally.

Evidence

Government guidance for homeless households is to "take a proactive and holistic approach to supporting individuals".⁴²

Section 11 of the Homelessness Code of Guidance states "An assessment of the applicant's and household member's support needs should be holistic and comprehensive, and not limited to those needs which are most apparent or have been notified to the housing authority by a referral agency".

⁴¹ Sutton-Hamilton, C. et. al. (2022): I hoped there'd be more options. Crisis crisis.org.uk/media/247390/hra-report-2022.pdf

⁴² Public Health England - government guidance (accessed 01/10/2022): <https://www.gov.uk/government/publications/homelessness-applying-all-our-health/homelessness-applying-all-our-health>

Proof of concept has been piloted in Greater Manchester through the models of Focused Care⁴³ and The Healthy Gems Hub⁴⁴ to provide a restorative model of care to reduce crisis intervention for vulnerable families.

There is also evidence that such simple measures as providing translators when needed can have a significant impact on people's experience in TA.⁴⁵

Next steps

5. Notification System

Health and Education services to be informed about the new homeless situation of a household to prevent further inequalities.

The ask: The APPG proposes a notification system which ensures that, at the point a household registers as homeless, relevant existing services are informed. This places the onus on systems to share information, rather than homeless adults, families or children.

Issue: Families are in danger of falling through gaps of support systems. There is currently no united method of a notification system or policy which enables primary health and education providers to be alerted to homelessness status. As such, existing services are unable to respond appropriately.

Follow up action

Trial period in Greater Manchester to provide a method of best practice.

We are aware of London councils' notification system called 'Notify'. Whether Notify is used regularly or if other out of borough local authorities use their own systems is not known. These services could be reviewed and replicated for local authority, health and education sector use across England, within borough well as out of area.

Evidence

Homelessness Code of Guidance, Chapter 3.6 states that:

"Housing Authorities will need to work with other relevant statutory and nonstatutory service providers to identify groups who are at particular risk and to develop appropriate provision that is accessible to those who are likely to need it."

⁴³ Focused Care (accessed 01/10/2022): <https://focusedcare.org.uk/>

⁴⁴ Healthy Gems Hub (accessed 01/10/2022): <https://sharedhealthfoundation.org.uk/our-work/healthy-gems-hub/>

⁴⁵ Association of translation companies (accessed 01/10/2022): <https://atc.org.uk/overcoming-language-barriers-to-help-vulnerable-people-in-the-uk-and-worldwide/>

13.8 Where homelessness is relieved, but an applicant's needs, as set out in the personalised housing plan, may put them at risk of a further threat of homelessness, the housing authority should work with relevant support and specialist services to help promote sustainability.

Next steps

6. Transport Access

Remove barriers to access free bus passes and extend provision to homeless adults.

The ask: A seamless system that allows people experiencing homelessness access to free local transport whilst in TA, from when they are owed a duty to refer.

Issue: When people experiencing homelessness are placed in TA they might be placed far away from communities, education or work. The additional cost of bus passes can negatively impact a household's finances or lead to isolation and a lack of engagement with services.

Follow up action

Lobbying Department of Transport to provide free bus passes for all in temporary accommodation and to provide a standardised system for access.

Evidence

- Accessing free bus passes for school age children, in a timely manner, is currently difficult for families living in TA, and travel can be very expensive for parents travelling to school and single homeless adults travelling to work, education and accessing health services.
- Homeless children lose on average 55 days of school per year⁴⁶
- Many boroughs do not reference TA in their transport policies – so families may believe they do not qualify. Passes are issued based on distance criteria but also on the basis that children are attending their nearest school.

⁴⁶ Shelter (2008): Good practice briefing: Engaging with homeless children. Shelter
https://assets.ctfassets.net/6sxvmndnnp0s/ltQHvjgopgBbf3ykD9gTWp/7e8ea8d0482a9ea60a83982b5c76fce8/Engaging_with_homeless_children_-_Guidance_for_education_professionals.pdf

Ongoing need

7. Mapping the out of area placements system

The ask: National government must take a strategic approach to the growing trend of out of area placements in order to better enable local authorities to support those placed out of area

Issue: An increasing number of people experiencing homelessness are being placed out of area in temporary accommodation leading to isolation, difficulty accessing support and a sense of displacement.

What we are asking for

The APPG wants to improve the situation of out of area placements for the people experiencing it through a nationally designed strategy and taking leadership on this issue; including better supporting people who are placed out of area, improved communication between local authority areas, and reducing the numbers of people placed out of area.

Follow up action

Information gathering exercise and systems map.

To investigate whether there is any national strategy and what the current processes of out of area placements are, and gain understanding of funding allocated to each local authority.

Our next steps will depend on what information we find.

Evidence

- 28% all households currently in TA are in out of area placements. (26,620 out of 95,060) according to the latest government statistics.⁴⁷
- Many local authorities out of area placement policies, if they have one, are short and based on what's been observed rather than strategic.
- As placements like this often change which authority owes an individual a duty, there can be gaps in support. As such this can bring substantial secondary issues of additional cost, social isolation, worsening health.⁴⁸

47 Ukgov (2022) Statutory Homelessness January to March (Q1) 2022: England DLUC assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1094516/Statutory_Homelessness_Stats_Release_Jan-Mar_2022.pdf

48 Gosmann, S (2022) Out of Area Health Engagement Worker Evaluation Justlife justlife.org.uk/our-work/research-and-policy/out-of-area-health-engagement-worker-evaluation

6. Call to action – get involved

1. Add your voice to our TA regulation Campaign

We have identified 7 key areas and actions that would improve the system for people living in TA in the short to mid term, as well as improving the wider system for everyone involved for the long term. Below we have laid out a plan for how we might approach each issue.

Practical steps

MPs

1. Submit amendment proposing TA inclusion under the Social Housing (Regulation) Bill during Second Reading and Report stage of legislative process. The Bill is currently under review of the House of Lords but will be passed onto the House of Commons for further debate.
2. Attend one of our APPG meetings to help grow your understanding of TA and connect with other MPs, organisations and activists working on this important issue.
3. Consider tabling a question or hosting a debate on one of these themes. We have produced a document of suggested topics. Please get in touch with us if you would like help.
4. Share our campaign across your socials – see suggested tweets at the end of this section.

Organisations

1. Email or contact your MP asking them to support the policy requests. We have produced a template letter to assist with this, which can be accessed [here](#).
2. Add your organisation's name to our list of supporters and sign our open letter.
3. Share our campaign across your socials.

Join the APPG on our mission to change TA for the better

Proper regulation for TA is just the first step, and we plan to work to better understand and campaign for change around the next 6 asks. Are one of the other asks something you have knowledge about or insights into? Get in touch with us to connect up, share your thoughts and stay in the loop as we move forward.

Share this report

Please help us grow a wider understanding of this issue by sharing this report. Our findings represent a snapshot of TA and realities of it for hundreds of thousands of people across the country right now.

Sample tweets about:

- **A general tweet about supporting the work of the APPG**
- **Supporting the call to regulate TA**
- **Sharing this report**

Sample Tweet 1

“The APPG for Temporary Accommodation is working to improve the lives and health of all that live in TA. Follow and share their tweets @TA_APPG”

Sample Tweet 2

“We support the call to regulate temporary accommodation to improve the lives and health of all that live in TA.”

Consider tagging in your MP here too.

Sample Tweet 3

“Please read this report from @TA_APPG on the situation of Temporary Accommodation in England. It’s time things changed.”



Households
in Temporary
Accommodation

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**Shared
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Foundation.**

www.householdsintemporaryaccommodation.co.uk



Justlife