

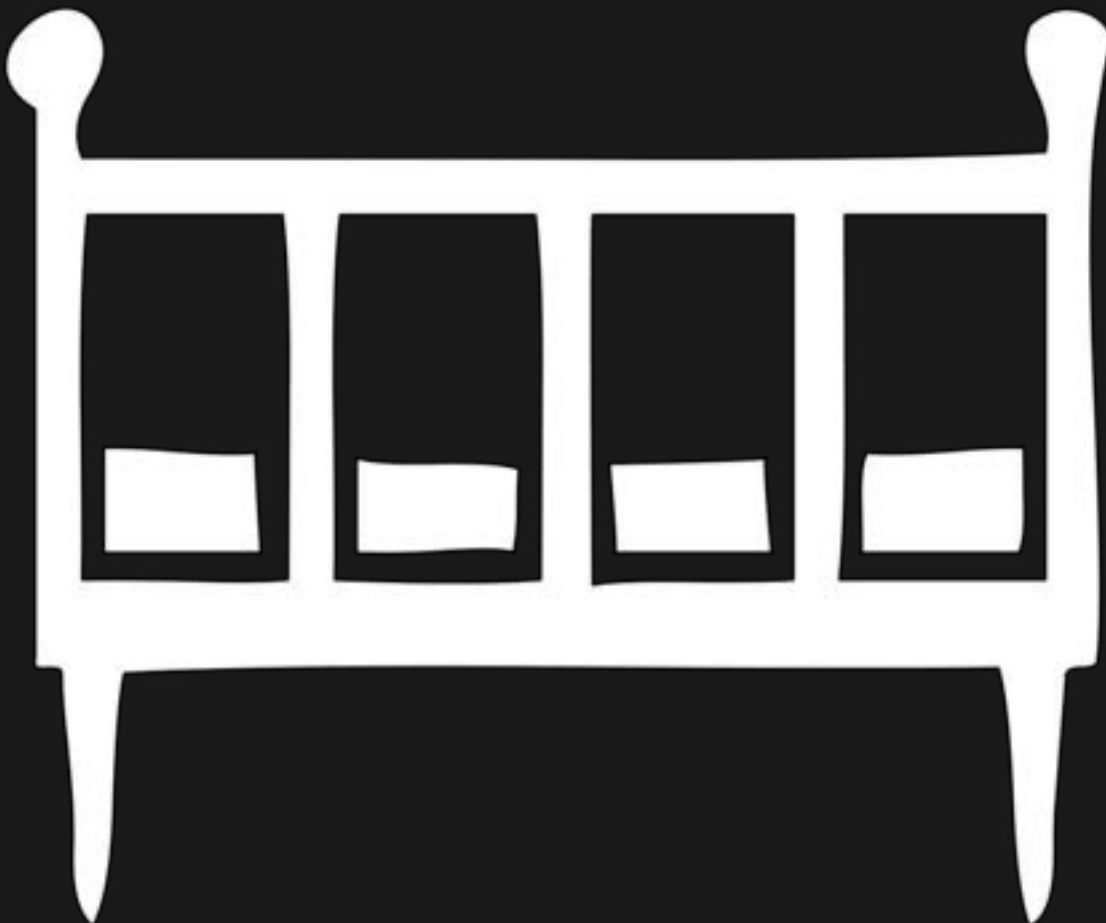


Households  
in Temporary  
Accommodation

# Child Mortality

in Temporary Accommodation

April 2026



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## Baby & Child Mortality in Temporary Accommodation 2026

The temporary accommodation (TA) crisis continues to worsen, with over 175,000 children currently homeless in taxpayer funded accommodation which routinely fails to meet their needs.

Last year, the APPG for Households in Temporary Accommodation reported that **74** children had died in temporary accommodation between 2019 and 2024, with TA indicated as a contributing factor to their vulnerability, ill-health, or death. Each death represented real children and families, and each death is a failing of the state. No child should grow up in temporary accommodation and especially should not die as a result of their homelessness.

Unfortunately, the situation has not materially improved, and the APPG can now announce updated mortality data from NCMD (National Child Mortality Database), as well as new data on stillbirths\* and neonatal deaths\*, from MBRRACCE-UK (Mothers and Babies: Reducing Risk through Audits and Confidential Enquiries).

In summary, these sets of data reveal that:

- Between 1st April 2019 and 31st March 2025, **104** children have died with temporary accommodation indicated as a contributing factor to their vulnerability, ill-health, or death. Of these **104** children, **76** were under the age of 1.
- Out of all 7,024 child deaths in England, between October 2023 and September 2025, **140** involved children whose usual place of residence was temporary accommodation. This means that nearly 2% of all child deaths in this two year period occurred among children who were homeless.
- There were 3,303 deaths (stillbirths and neonatal deaths) of babies who were born between 1st January and 31st December 2024, and of these, **91** had a record of their mother living in temporary accommodation or homeless during their pregnancy.

The data reiterates what we have long understood; that poverty, deprivation, and race inequalities are the main contributing factors for many children's mortality. New data also now gives us greater insight into the impact of temporary accommodation on pregnant mothers.

It's crucial that the Government acts urgently to address the crisis in temporary accommodation and put an end to children dying because of their homelessness. This report gives more detail on both sets of data, and recommends policy changes for national and local government to consider.

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\* For the purposes of this analysis, stillbirths are defined as births showing no signs of life from 22 completed weeks of gestation onwards; this differs from the statutory definition for stillbirth registration in the UK, which applies from 24 completed weeks of gestation. Neonatal deaths are deaths in the first 28 days following birth for babies born from 22 weeks gestation onwards.

## Child deaths in Temporary Accommodation

Data collected by the National Child Mortality Database (NCMD) represents all child deaths from 0-17 (inclusive) in England, and it shows that for children, particularly babies under the age of 1, temporary accommodation continues to be indicated as a contributory factor to at least 104 children's vulnerability, ill health or death.

This number continues to grow year on year, despite this APPG's successful campaign to change the Homelessness Code of Guidance ensuring that all children under the age of 2 years should receive a cot or moses basket.

In last year's report, the APPG announced brand new data reflecting responses to an additional question on total child deaths in TA, whether life in TA contributed to deaths or not. At this time, we reported that 80 children died in TA between 1st October 2023 and 30th September 2024.

We can now announce that a further 60 deaths have occurred in TA between September 2024 and 2025, bringing the total to 140 child deaths in TA between October 2023 and September 2025. Whether temporary accommodation was a contributing factor to these deaths will be assessed through the usual death review process, meaning the figure of 104 could increase in the following years. What this does reflect is a worsening crisis in TA, where child deaths rise each year.

### Media reports

Keith Cooper, Freelance Journalist working with *Inside Housing*, uncovered through an investigation that in 2023, the year before the guidance came in, there were more than 4,100 babies (aged under one) placed in temporary accommodation by councils that do not give safer sleep advice, as well as 2,300 pregnant women. And 903 babies in temporary accommodation were placed by councils that said they did not provide cots.\*

There is evidence that when families are out of routine, live in unstable housing, struggle to access or purchase a cot and healthcare pathways are disrupted and the system does not flex to the complexities that many households face, then children are at a higher risk of death.

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\* <https://www.insidehousing.co.uk/home/unsafe-sleep-how-councils-responded-to-the-rule-change-on-cots-in-temporary-accommodation-95955>

## Further impact

Since 2024, a collaboration between the APPG, its co-secretariats and NCMD has enabled more detailed data collection on factors related to homelessness and temporary accommodation, strengthening child death reviews and future national analysis. However, ongoing restructures mean many Integrated Care Boards may struggle to meet statutory duties, putting the continuity and quality of the child death review system and the reliability of NCMD data at risk. This will delay the future progress in understanding and reducing health inequalities experienced by families in temporary accommodation.

## Stillbirth\* and Neonatal Deaths\* in Families Affected by Temporary Accommodation During Pregnancy

Brand new data collected for the first time by MBRRACE-UK shows a parallel trend emerging, with 3% of all stillbirths and neonatal deaths to mothers living in temporary accommodation or with evidence of homelessness during pregnancy.

There were 3,303 deaths (stillbirths and neonatal deaths) of babies who were born between 1st January and 31st December 2024, and of these, 91 had a record of their mother living in temporary accommodation or homeless during their pregnancy. These 91 are categorised as 64 stillbirths and 27 neonatal deaths.

This data from MBRRACE-UK supports some factors that seem to consistently contribute to higher child mortality seen in the six years of data held by NCMD. Of the stillbirths occurring to mothers living in temporary accommodation, babies were much more likely to be of Black ethnicity and their families more likely to experience deprivation.

Health inequalities that focus on the wider social determinants of health are a large contributor to stillbirths and neonatal deaths, especially as race inequalities are over-represented in areas of deprivation. If the family is being moved between different temporary accommodations, has a lack of health education, poor nutrition, experiences domestic abuse, and has reduced accessibility to maternal health services, the risk of death for unborn and pre-term babies increases. When we look at cause and consequences, there are a myriad of complexities to solve. The underlying issue is poverty and the worst outcome is child deaths.

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\* For the purposes of this analysis, stillbirths are defined as births showing no signs of life from 22 completed weeks of gestation onwards; this differs from the statutory definition for stillbirth registration in the UK, which applies from 24 completed weeks of gestation. Neonatal deaths are deaths in the first 28 days following birth for babies born from 22 weeks gestation onwards.

## Conclusion:

A society is judged by how it treats its children. This data represents a systemic failure to protect children and parents experiencing homelessness in temporary accommodation from the most detrimental, but avoidable, outcomes. While the APPG is proud of the work we have achieved in supporting the Government to apply policy and recommendations for local authorities to support the safeguarding of these children, this has not yet seen any reduction of the numbers of children living in temporary accommodation or dying as a result of living there. Therefore, we urge the Government and local authorities to move rapidly on the below recommendations in temporary accommodation, through proven policies and strategies that reduce the risks of death and significant harm to the children involved.

## Recommendations

### Department for Health and Social Care (DHSC)

- Homelessness to be considered a risk factor in late miscarriage, stillbirth and neonatal death and health services to respond as such, such as screening for homelessness at point of the first antenatal appointment.
- Using the Duty to Collaborate, strengthen cross-government collaboration, and ensure that homelessness and housing instability are systematically considered throughout maternity planning, Early Help assessments, and family support planning.
- Housing status to be routinely recorded in pregnancy.
- Notifications to maternity units to reduce late bookings with midwives.
- Mothers experiencing homelessness alongside late miscarriage, stillbirth and neonatal death to receive mental health support through psychologists, to improve future pregnancy outcomes.
- Routinely assess parental mental health and emotional development, identifying ACEs where present, and referring onwards for formal assessments and support to improve long term outcomes.
- Ensure Integrated Care Boards have sufficient resources to meet statutory child death review requirements after re-structure.
- Health services to proactively contact all families in temporary accommodation.

### Ministry of Housing, Communities and Local Government (MHCLG)

- Launch a detailed research project to better understand the data sets with case studies from families with lived experience.
- Apply the Decent Homes Standard to temporary accommodation, with a phased implementation to ensure all TA is compliant with the DHS by 2035.
- Act to reduce out-of-area placements, ensuring families with young children have consistent healthcare and support.
- Provide Local Authorities with the resources outlined below.

## DHSC and MHCLG

- Fast track policies committed to in both government strategies *Our Children, Our Future & A national plan to end homelessness*. Reduce child mortality in temporary accommodation, clinical code for all homeless children, end placement of babies into B&Bs.

## Ministry of Justice

- Coroners to develop understanding on the risk of temporary accommodation on children's deaths.

## Local Authorities and Mayoral Combined Authorities

- Prioritise pregnant women for appropriate housing, ensuring that they are discharged into the same accommodation with the new born baby as they were living in prior to going into hospital. This means that pregnant women should be placed into the appropriate-sized accommodation for them and a baby, before they are due to give birth, in order to minimise disruption post-birth.
- Homes with small or premature babies should receive support in keeping homes warm to reduce mortality.
- Allow visitors to pregnant households and/or with small children to minimise social isolation.
- Ensure staff in temporary accommodation are fully DBS checked.
- Minimal safety equipment to be provided for pregnant mothers including cots, basic clothing & sterilising equipment. Pregnant and postpartum mothers should have access to fridges, cooking facilities and washing facilities.
- Reduce moves between temporary accommodation properties providing a maximum figure or timeframe e.g. 1x move within 6 months.
- Safer sleeping equipment should be statutory and factored into providers contracts.
- Workforce to be trained on best safer sleep practices by The Lullaby Trust.
- Family hubs should be encouraged to outreach those living in temporary accommodation ensuring accessibility for families most vulnerable and in need of this support. Including: ensuring hubs are physically accessible (both in distance & infrastructure), accessible information (ensuring families in temporary accommodation are aware of these services & can contact them within possible limitations e.g. no wifi).
- Implement the duty to notify once it becomes law, ensuring that GPs are notified when a child becomes homeless in temporary accommodation.
- Local health partnerships have a responsibility to meet the needs of vulnerable people. Therefore, Integrated Care Boards or similar need to collaborate with relevant partners to reduce child mortality in temporary accommodation.

### Number of child (0 - 17 years) deaths that occurred between 1 October 2023 and 30 September 2025, by whether the child was resident in temporary accommodation

	Oct 2023–Sept 2024	Oct 2024–Sept 2025	Total	%
<b>Is this a temporary accommodation?</b>				
Yes	80	60	140	3%
No	2,667	1,965	4,632	97%
Not known	858	1,394	2,252	–
<b>Total</b>	3,605	3,419	7,024	–

### Number of child (0-17 years) deaths that occurred between 1 April 2019 and 31 March 2025, where the CDOP had completed the review before 31 October 2025 and identified temporary accommodation as a factor which may have contributed to vulnerability, ill health or death.

	Number of deaths in TA	% of total deaths in TA
<b>Age</b>		
Under 1	76	73%
1-17 Years	28	27%
<b>Total</b>	<b>104</b>	

	Number of deaths in TA	% of total deaths in TA
<b>Area</b>		
London	24	23%
Elsewhere	80	77%
<b>Total</b>	<b>104</b>	

**Number of child (0-17 years) deaths that occurred between 1 April 2019 and 31 March 2025, where the CDOP had completed the review before 31 October 2025 and identified temporary accommodation as a factor which may have contributed to vulnerability, ill health or death.**

Deprivation Quintile*	Number of deaths in TA	% of total deaths in TA
1 (most deprived)	43	42%
2	32	31%
3	10	10%
4	13	13%
5 (least deprived)	4	4%
<b>Total</b>	<b>102</b>	

\* In 2 cases deprivation quintile was not known

	Number of deaths in TA	% of total deaths in TA
Ethnicity		
Asian, Black, Mixed, Other	40	38%
White	64	62%
<b>Total</b>	<b>104</b>	

\*

**Number of child (0-17 years) deaths that occurred between 1 April 2019 and 31 March 2025, where the CDOP had completed the review before 31 October 2025 and identified temporary accommodation as a factor which may have contributed to vulnerability, ill health or death.**

CDOP category of death	Number of deaths in TA	% of total deaths in TA
Deliberately inflicted injury, abuse or neglect; Suicide or deliberate self-inflicted harm; Trauma and other external factors	17	16%
Malignancy; Acute medical or surgical condition; Chronic medical condition; Chromosomal, genetic and congenital anomalies; Infection	30	29%
Perinatal/neonatal event	32	31%
Sudden unexpected, unexplained death	25	24%
<b>Total</b>	<b>104</b>	

Accommodation type (where info could be extracted)	Number of deaths in TA	% of total deaths in TA
B&B, hotel, hostel	19	19%
Friend or family member accommodation	26	26%
Refuge/shelter/shared accommodation	7	7%
Temporary accommodation/housing	30	30%
Other	3	3%
Unknown or unclear	19	19%
<b>Total</b>	<b>104</b>	

## MBRRACE-UK Perinatal Mortality

Number and percentage of stillbirths\* and neonatal deaths\* where the mother or pregnant person was known to have lived in temporary accommodation: data provided by MBRRACE-UK for births in England in 2024

Living in temporary accommodation	Stillbirths/Late fetal losses	% of Total	Neonatal deaths	% of Total
Yes	64	3.03%	27	2.27%
No	2050	96.97%	1162	97.73%
<b>Total</b>	<b>2114</b>		<b>1189</b>	

Number and percentage of stillbirths\* where the mother or pregnant person was known to have lived in temporary accommodation by socioeconomic deprivation quintile\*\*: data provided by MBRRACE-UK for births in England in 2024

Deprivation Quintile	Stillbirths/Late fetal losses		All stillbirths in 2024 %	All births in 2024 %
	n	%		
5 (most deprived)	18	29%	27%	20%
4	22	35%	22%	20%
3	13	21%	20%	20%
2	6	10%	17%	20%
1 (least deprived)	4	6%	14%	20%
<b>Total</b>	<b>63</b>			

\*In 1 case deprivation quintile was not known

\* For the purposes of this analysis, stillbirths are defined as births showing no signs of life from 22 completed weeks of gestation onwards; this differs from the statutory definition for stillbirth registration in the UK, which applies from 24 completed weeks of gestation. Neonatal deaths are deaths in the first 28 days following birth for babies born from 22 weeks gestation onwards.

\*\* Socio-economic deprivation is measured using the Children in Low-Income Families Local Measure based on the mother's postcode of residence at the time of birth

## MBRRACE-UK Perinatal Mortality

Number and percentage of stillbirths\* where the mother or pregnant person was known to have lived in temporary accommodation by baby's ethnicity: data provided by MBRRACE-UK for births in England in 2024.

Ethnicity	Stillbirths/Late fetal losses		All stillbirths in 2024 %	All births in 2024 %
	n	%		
Asian	8	13%	22%	15%
Black	14	22%	12%	6%
Mixed, other or missing	12	19%	15%	13%
White	30	47%	51%	66%
<i>Total</i>	64			

\* For the purposes of this analysis, stillbirths are defined as births showing no signs of life from 22 completed weeks of gestation onwards; this differs from the statutory definition for stillbirth registration in the UK, which applies from 24 completed weeks of gestation. Neonatal deaths are deaths in the first 28 days following birth for babies born from 22 weeks gestation onwards.

**Dame Siobhain McDonagh MP, Chair of the APPG for Temporary Accommodation**

*"I am appalled to see yet another rise in the number of children whose deaths have been linked to temporary accommodation, bringing the total to 104 between 2019 and 2025. Equally shocking is the finding that 3% of stillbirths and neonatal deaths in 2024 involved mothers who experienced homelessness during pregnancy. We should all be outraged by these figures.*

*I welcome the Government's commitment, through the National Plan to End Homelessness, to address the impact of temporary accommodation on children, particularly its aim to reduce child mortality. This is a vital step towards preventing the most devastating consequences faced by families at the sharp end of the housing crisis.*

*We need urgent, sustained action to bring down the number of homeless children and to ensure that no family is left in conditions that put lives at risk. Because until that happens, we cannot honestly say we are doing enough."*



**Alison McGovern MP, Homelessness Minister**

*"It breaks my heart that B&Bs are tragically contributing to the deaths of children*

*"We must and we are improving the whole system, so every child can get the best start in life.*

*"In the Child Poverty Strategy, we set out our commitment to do everything we can to eradicate unsuitable or poor-quality accommodation and ensure children in temporary accommodation do not experience or gaps in health care provision.*

*"Alongside this, the Children's Wellbeing and Schools Bill will provide the strongest protections in a generation, making sure vulnerable children are identified, supported and never again allowed to fall through the cracks."*



**Professor Lucy Smith, Professor of Perinatal Health, and Dr Ruth Matthews, Research Associate, MBRRACE-UK, University of Leicester**

*"The death of a baby is a devastating tragedy for families and communities. It is therefore deeply concerning that in 2024, 91 babies born to mothers living in temporary accommodation did not survive; a figure equivalent to almost two families bereaved every week.*

*This is the first time national data has been collected that specifically identifies families living in these challenging circumstances who have experienced the loss of their baby. While no dataset can convey the depth of grief felt by these families, establishing a clearer understanding of the number of lives affected is an essential step forward.*

*MBRRACE-UK is committed to ensuring that high-quality data on baby deaths informs learning, policy and practice. By improving the visibility of these baby losses, we hope these findings will support coordinated action across health, housing and social care to improve the health, safety and wellbeing of babies and their families, particularly those in the most vulnerable circumstances."*



**Sylvia Stoianova, Deputy Director, and Tom Williams, Data Manager, NCMD Programme, University of Bristol**

*"Consistent, high-quality data on housing status, and the experiences of children and families in temporary accommodation is essential if we are to fully understand the risks they face and the actions we must take to protect them. The continued work of Child Death Overview Panels (CDOPs) is vital. They ensure thorough, compassionate investigations and guarantee that families receive the support they need at the most devastating of times. NCMD want to acknowledge and thank CDOPs across the country for their unwavering commitment. It is through their careful, detailed work that we gain the evidence and insights needed to know what we can do better as a society."*



**Dr Laura Neilson, CEO of Shared Health, co-secretariat of the APPG for Households in Temporary Accommodation**

*“Each year this data is released, we continue to see an increase in these figures. One death is too many. 104 deaths is absolutely scandalous. Every number represents a child who has died, a future lost, and a family left to carry that grief for the rest of their lives. These deaths are not inevitable. They are the direct result of political choices, of systems that are not fit for purpose, and of a housing crisis that is pushing families into conditions that endangers their lives.*

*It is also devastating that there were 91 stillbirths and neonatal deaths in 2024, where the pregnant woman had recently experienced homelessness or was currently homeless. That should stop us in our tracks. Pregnancy should be a time of care, stability, and support. It should not be filled with uncertainty, insecurity, and the stress of not knowing where you will sleep. This must be a turning point. Because if we continue to see these figures rise year after year, it will be because we have chosen to tolerate them. That is indefensible.*

*We welcome the recent actions announced in both the Child Poverty and Homelessness strategies by the Government to reduce the effects of homelessness on children and are keen to see these policies implemented without delay.”*

**Simon Gale, CEO of Justlife, co-secretariat of the APPG for Households in Temporary Accommodation**

*“The loss of any child to preventable causes is a tragedy. The loss of 104 children linked to temporary accommodation is unacceptable.*

*It is a stark reminder of the housing crisis that more families each year are forced into situations that put their children’s health at risk.*

*We welcome recent government steps, including the ‘Duty to Notify’ between homelessness, health and education settings and the commitment to apply the Decent Homes Standard to all temporary accommodation by 2035. But this report underscores the urgency for faster action.*

*It doesn’t have to be this way. Alongside the essential recommendations set out in this report, Justlife is calling for the phased implementation – starting immediately and driven by central government – of the Decent Homes Standard across all temporary accommodation, alongside the provision of the 5 Basics: WiFi, laundry, kitchen facilities, storage, and clear information.*

*This is how we prevent further tragedies and ensure that no child’s life is put at risk by living in temporary accommodation.”*



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