Shared Health Foundation.

Reducing the Impact of Poverty on Health.

Temporary Accommodation Notification Duty:

The Local Authority Toolkit

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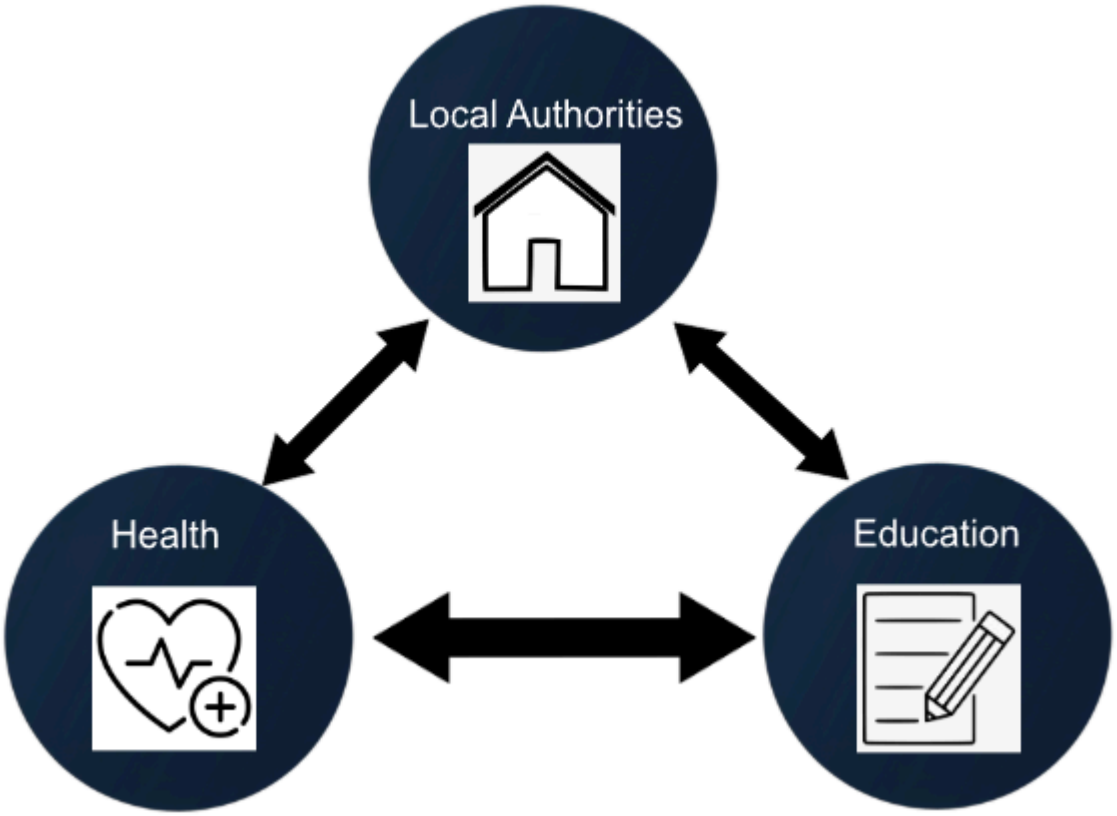
This document is a best practice guide to aid the implementation of the upcoming Statutory duties for Local Authorities to put into place a consent-based notification system to alert Schools and GP's when a child moves into temporary accommodation. This builds on existing legal duties for local authorities, such as S208 notifications between authorities for out of area placements. This expands these duties to involve wider support systems in health and education settings, both inside and outside the council area.



The SAFE Protocol introduces a new requirement within the statutory homelessness duties for Local Authorities (LAs). It requires LAs to notify a child's school, GP and health visitors when they move into Temporary Accommodation (TA). This measure has been brought forward through an amendment to the Children's Wellbeing and Schools Act (2026), aligned with the Government's Child Poverty and Homelessness Strategies. It marks an important step toward better coordination between housing, health and education services, helping to ensure that professional support is in place for children experiencing homelessness.

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Shared Health is a not-for-profit organisation dedicated to reducing the impact of poverty on health. We operate a frontline service in Oldham supporting families living in temporary accommodation, providing access to advice, information, laundry facilities, and essential items such as nappies and baby formula. Through this direct work, alongside wider research projects and partnerships, we have seen first-hand the significant and long-term effects that growing up in temporary accommodation can have on a child's health and education.

Data from the National Child Mortality Database shows that between 2019 and 2025, 104 children died where temporary accommodation was identified as a contributing factor. Tragically, 76 of these children were under the age of one. These figures underline the urgent need for improved systems of support and information sharing.

When families are effectively connected to relevant services, a more holistic approach to support can be given. Fundamentally, lives can be saved when the right professionals are alerted at the right time.

A child's education can be profoundly affected by housing instability. A report by the Children's Commissioner found that only 10% of children who move more than ten times during their school career achieve more than five GCSEs. Some families living in temporary accommodation may move this frequently within a single year. The unstable nature of temporary accommodation means it's difficult for families to put down roots. From our experience, children are often disengaging from education due to homelessness-related factors, including being placed out of area or at significant distances from their school, increasing travel time and financial pressures.

Where families are placed in B&Bs or hotel accommodation, they may not have access to laundry facilities. This can leave parents unable to wash school uniforms, creating further barriers to school readiness. These circumstances can lead to reduced school attendance and missed learning opportunities, with long-term consequences for educational attainment, employment prospects and future life chances.

However, when schools are informed that a child is experiencing homelessness, they are able to take a compassionate response, and implement practical steps to support homeless students and their families through their homeless journey. We have seen examples of schools purchasing washing machines for families to use, offering access to WiFi, and arranging transport vouchers from school budgets to help pupils remain engaged and connected to their education. These relatively simple interventions can have a transformative impact.

Furthermore, parents are often unlikely to disclose their homelessness to services themselves. There are many reasons for this, including feelings of shame, guilt and stigma, as well as fear about the consequences of their situation, particularly when children are involved. As a result, vital support can go unnoticed or delayed. Enabling Local Authorities to notify schools and GPs directly helps to overcome this barrier, ensuring that professionals are aware of a family's circumstances and can provide timely and appropriate support.

Clear processes around consent should underpin the protocol to ensure that families understand how their information will be shared and feel confident that it is being used appropriately, and in their best interests.

The data gap

A further benefit of the notification protocol is the opportunity to significantly improve data collection. At present, much of the data linking homelessness with health and educational outcomes remains incomplete or fragmented. While there is strong anecdotal evidence that children experiencing homelessness face poorer school attendance and reduced educational attainment, the lack of consistent quantitative data makes it difficult to fully understand the scale of the problem or to drive meaningful systemic change.

For example, we currently do not have clear figures on how many children are missing school specifically as a result of living in temporary accommodation. Similarly, there is limited data on the prevalence of health conditions, such as respiratory illnesses, among children living in temporary accommodation. We only count what we care about.

The notification protocol creates an opportunity for more effective cross-departmental data sharing between housing, health and education services. This will help ensure that the experiences and outcomes of children experiencing homelessness are accurately recorded, analysed and communicated to policymakers. Stronger evidence will allow for better-informed decision making, leading to more effective policy responses and, ultimately, improved outcomes for children in temporary accommodation.

The Single Unique Identifier (SUI), also set out in the Children's Wellbeing and Schools Act, represents an important step forward in cross-departmental data sharing between local authorities, health teams, and education. Children are best supported and safeguarded when professionals work together seamlessly, with the right information available at the right time. We urge local authority housing teams to utilise the SUI for homeless children, in addition to health, education and social services colleagues.

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Step by Step guide for Local Authorities to implement the protocol:

Inform schools, GP Practices and Health Visiting Teams about the SAFE protocol	Share the following documents, which outline the new statutory duties for Local Authorities to implement a consent-based notification system alerting Schools, GP Practices and Health Visiting teams when a child moves into TA; and the recommended steps for schools, GPs and Health Visiting teams to take after they receive a notification from the LA. LINK TO HEALTH TA GUIDE LINK TO SCHOOL TA GUIDE LINK TO GOVERNMENT GUIDE
Agree designated TA contact point for schools, GPs and Health Visiting teams.	Contact each school, GP Practice and Health Visiting service to obtain a designated email address for notification purposes. For schools, this may be the Designated Safeguarding Lead (DSL) or another pastoral lead.
Update housing management information systems	The housing management information system should be updated with the following **mandatory** data fields: • School attended by each child in TA, and designated contact at School. • GP Practice at which each child is registered, and designated contact at GP Practice. • If the family has a child under the age of 5, or an under-18 year old who is pregnant. • Whether or not consent was given by the family to share TA status with the child's School, GP Practice and Health Visiting service (where relevant). Scripts and paperwork of the relevant Housing Officers / contact personnel should be updated accordingly.
Streamline housing management system for Notification	Integrate this information into the housing management system. Streamline the notification process by enabling automated emails sent directly from the system, where family consent has been obtained. If this isn't feasible initially, a manual email notification system should be introduced. This will ensure that messages are not sent from personal email accounts, maintaining a consistent communication channel even as staff members change. Implementing this approach would require the creation of a dedicated shared mailbox for sending all official notifications. The format we recommend is: **notification@yourlocalauthority.gov.uk**

Strengthen communication at the point of presentation	**Share Family guidance for the TAND to communicate the benefits of notifying their child's School, GP Practice, and Health Visiting team (where relevant), including the types of support that is available if consent is given. Ensure this information is clear and accessible.** ● Emphasise how notification can improve continuity of care, safeguarding, school attendance, and access to practical assistance. ● Use a trauma-informed script, ensuring the approach is sensitive, supportive, and responsive to the family's circumstances.
When a family presents as homeless	Explain the TAND to the family, including why it is important for School's, GP Practices, and Health Visiting teams to be aware of their child(ren)'s housing status.
	Seek informed consent to notify services of the family's TA status.
	Record which Schools are attended; GP practice registration; whether the family has a child under the age of 5 or a pregnant u18 year old; and whether consent was given to share TA status with support services.
	When consent is provided, send a notification email to the relevant School and/or GP Practice, and/or Health Visiting team (if the family has a child under 5, or under-18 year olds if pregnant) on the day that the family moves into emergency accommodation, to inform them of the family's updated housing situation, and attach the following resources outlining their responsibilities and the steps they should now take. We have provided a template email below. LINK TO HEALTH TA GUIDE LINK TO SCHOOL TA GUIDE LINK TO GOVERNMENT GUIDE
4-6 week follow-up for those who did not consent	Families presenting as homeless are often experiencing acute hardship, trauma, and stress. At that initial point of crisis, they may not feel able to make an informed decision about consent. For this reason, we recommend re-visiting the question where a family remains in temporary accommodation 4-6 weeks after the original discussion. This follow-up provides families with the opportunity to reconsider once circumstances may feel more stable. It is particularly important for families who initially declined consent during school holiday periods, as they may wish to revise their decision once term time resumes.

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Here is a notification communication template:

FAO Designated Safeguarding Lead

We are notifying you that Ms ****** ********, Date of Birth 00/00/0000 (daughter of Ms ******* *******) has recently been placed into temporary accommodation by … Council. We are sharing this information, with the consent of the family, to allow you to be aware of their circumstance and offer appropriate support and understanding whilst they navigate their homelessness journey.

We recognise that a multi-agency approach provides the best outcomes for families, and that Schools are well placed to deliver care and support, as well as safeguarding the children, with levels of trust and rapport already being established.

Guidance on the impact of homelessness on children and suggestions of ways to support them and can be found here:

Link to Health Guidance

Link to School Guidance

Link to Government Guidance

This guidance has been produced by health professionals, schools and families with lived experience of homelessness.

Whilst in temporary accommodation, the family will receive advice and support from … Council to support them in finding settled accommodation.

Yours sincerely,

Allocations Officer

When notifying GP Practices, Shared Health recommends that a similar template is also used. For Health Visiting teams, the information provided by LA's should also include: TA address, contact phone number and name of the parent/guardian (or 16-17-yo if they are living independently with a child/pregnant). This means that the Health Visiting team can contact, and visit the family in temporary accommodation directly. This is particularly important in out of area or long-distance placements.

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Case studies

Manchester:

Manchester implemented the protocol in early 2025 and is currently issuing notifications to schools only. Overall, feedback from Manchester has been positive. Schools have consistently reported that awareness of a pupil's housing instability significantly enhances their ability to provide timely and appropriate support.

For example, one school purchased washing machines specifically to enable students experiencing homelessness to wash their uniforms. This addressed a practical but significant barrier to attendance for families living in B&Bs or hotel accommodation without access to laundry facilities.

Schools have also supported families by arranging transport to and from school and by offering flexibility around arrival times where pupils are travelling longer distances from temporary accommodation. Feedback highlights that schools can provide a wide range of practical and pastoral interventions for children living in temporary accommodation, but this support is only possible when they are informed of the child's circumstances.

In 2025, Manchester Council provided monthly data detailing the number of notifications issued and the proportion of families who did or did not provide consent. While overall annual figures indicate that consent was given in the majority of cases, closer analysis of the monthly data reveals a more nuanced trend.

Consent rates were consistently higher during school term time. However, consent declined significantly during, or immediately prior to, school holiday periods. In some holiday months, the number of families withholding consent exceeded those agreeing to notification.

This pattern presents a challenge to the effectiveness of the notification system. For schools and GP practices to provide timely and appropriate support, they must first be aware that a child has moved into temporary accommodation. Lower consent rates during holiday periods risk delaying this awareness and, consequently, access to essential services.

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Rochdale: Feedback from Rochdale has been overwhelmingly positive. The Housing Team reports that the system is straightforward to use and has now become embedded as standard practice. They have also highlighted that families have responded positively to the additional support, noting improved access to healthcare and education services as a direct result.

Healthcare

Rochdale has been able to facilitate targeted support to families placed in temporary accommodation (TA) by proactively notifying GP practices of a family's homelessness status. This has helped secure repeat prescriptions and maintain scheduled appointments without disruption. In addition, GP practices were provided with guidance developed by Shared Health Foundation outlining best practice in supporting homeless families. As a result, several families have been able to remain registered with their existing GP despite being placed in TA outside of the usual catchment area, ensuring continuity of care during a period of instability.

Education

The notification protocol has also contributed to improved school attendance among children living in TA. Schools and the Local Authority (LA) have worked collaboratively to provide practical support, including travel arrangements and greater flexibility around drop-off and pick-up times.

In one case involving a family fleeing domestic abuse, the protocol played a vital safeguarding role. By informing the school of the family's circumstances, the council enabled adjustments to the child's school hours, preventing the perpetrator from accessing the child at drop-off and pick-up times. More broadly, schools have been better equipped to support pupils experiencing homelessness by offering safe spaces, breakfast and after-school club places, and ensuring children remain included in social activities with their peers. These measures have also provided valuable childcare support for parents during an already challenging time.

The protocol has further strengthened joint working between Housing and Education departments within the council. This has streamlined processes for school and nursery registration and facilitated access to bus passes where needed. By coordinating support in this way, the council has reduced administrative pressures on parents who may otherwise struggle to navigate these systems without Local Authority assistance.

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The evidence is clear: when housing, health and education services work together, children experiencing homelessness are far better protected. The SAFE Protocol offers Local Authorities a practical and achievable way to ensure that the right professionals are alerted at the right time. By embedding simple notification processes and prioritising informed consent, councils can help ensure that no child's needs go unseen because they're living in temporary accommodation. We urge all Local Authorities to adopt and implement the SAFE Protocol as standard practice, strengthen collaboration across services, and commit to improving the data and systems that support children in temporary accommodation. Every notification represents an opportunity to intervene early, provide stability and compassion, and ultimately protect the health, education and future life chances of some of the most vulnerable children in our communities.

Shared Health offers training, guidance and support to Local Authorities in addition to this document. Please email contact@sharedhealth.org.uk to book training, if you require further information or have any questions.