



“We are invisible”

Children with disabilities
in temporary
accommodation

May 2026



Report written by Holly Williams, Variety, the Children's Charity

Cover photo © Katie Wilson, 2017

“Living in a hostel was awful and affected us all; our mental health was just terrible. We were not allowed any visitors or to bring any furniture with us...it was gated with a security guard, and there were random monthly checks imposed on us.”

Eloise, a mother with two disabled children.

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A special thank you to each and every parent of a child with a disability who offered to share their personal stories and experiences with us.

Their lived experience is crucial to enabling a true, accurate understanding of what families with children with disabilities experience every day and casting a light on the urgent need for tangible, sustainable change.

Thank you to Lorraine Kelly of LK Consultancy Services for sharing her expert support on the curation, drafting, publication, and dissemination of this report.

Thank you to the 122 councils who responded to our requests for information and enabled Variety to collate figures to reveal a representative scale of the housing crisis being experienced by children with disabilities.



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Executive summary

Living in a permanent, secure home is a key foundation for a healthy life for children and young people.

Nevertheless, the number of children residing in temporary accommodation has risen exponentially, now totalling 172,000 across England, representing more than a twofold increase since 2010.¹ There are a myriad of reasons why families might find themselves homeless and in need of temporary accommodation, including poverty, debt and escaping domestic violence.

Living in such uncertain, unpredictable, and often unsafe or inadequate accommodation causes significant distress and harm to children's physical and emotional well-being. It can result in long journeys to school, limited space for play, reduced contact with extended family, and declining nutrition and hygiene due to a lack of cooking and washing facilities. A total of 57 per cent of parents interviewed by Shelter reported that residing in temporary accommodation adversely affected their child's health.²

At its worst, it can pose serious risks to their health and safety, with many families with children being forced to live in mixed accommodation with single vulnerable homeless adults or in spaces containing mould, damp, and insufficient heating. The National Child Mortality Database and Shared Health Foundation found that between 2019 and 2024, at least 74 children died with temporary accommodation as a contributing factor to their vulnerability, ill health, or death. Of these, 58 were babies under the age of one.

Within this startling reality lies an additional invisible layer that has until now remained undocumented or unaccounted for. New research conducted by Variety has discovered that thousands of children residing in temporary accommodation are disabled, thereby rendering an already vulnerable and highly disadvantaged group susceptible to the detrimental effects of such arrangements. Placing disabled children in temporary accommodation breaches Article 23 of the UN Convention on the Rights of the Child, as such conditions undermine dignity, self-reliance, and community participation, a failure evidenced by the lived experiences of families documented in this report.³

We asked all 296 local authorities in England that collect housing information to provide data on children with disabilities currently living in temporary accommodation. Specifically, under the Freedom of Information Act (2000), we asked them to provide: the number of children with disabilities living in temporary accommodation within their council; the age, gender and disability type of those children; and details about the temporary accommodation being provided according to type and average length of stay. We then conducted seven interviews with parents of children with disabilities currently living in temporary accommodation.

Key findings from our research revealed:

Number of disabled children in temporary accommodation

- A total of 6,476 disabled children are currently in temporary accommodation under councils that responded with data to our information requests.
- Approximately 21,000 disabled children are therefore projected to be in temporary accommodation in England today.
- This equates to around 13% of all children in temporary accommodation being disabled.
- Within the councils that responded with data to our request for information, 38% of disabled children in temporary accommodation are female, and 62% are male.
- Within these same councils, 38.8% of disabled children in temporary accommodation are aged six to 11; 37.9% are aged 12 to 18; and 23.3% are between the ages of zero and five.

Length of stay and types of housing

- Disabled children are living in temporary accommodation for an average of between six and ten months.
- The longest period a disabled child was found to be living in temporary accommodation was six years and three months.
- The vast majority of disabled children are living in 'nightly paid' accommodation, with more than 2,000 households currently being housed in such spaces. The second most common accommodation type is hostels, with 340 families currently living in such accommodation.

Data collection across councils

- Of the 296 councils we requested information from, a total of 122 councils supplied data regarding disabled children in temporary accommodation.
- Of the 174 councils that did not supply data, 143 responded stating their reasoning, whilst 31 councils did not respond at all.

Our findings expose an unsustainable, dangerous reality for disabled children and their families across England. Based on the conclusions of this report and the meaningful work of other organisations highlighting the harmful impacts of temporary accommodation for children, Variety is calling for:

- The UK Government to lift the Benefit Cap and uprate the Local Housing Allowance for families with disabled children.
- Local authorities to regulate the quality and accessibility of temporary accommodation being offered to families with disabled children.
- A national policy ensuring that no disabled child can be placed in emergency accommodation.
- A maximum time limit on how long a disabled child can remain in temporary accommodation.
- The collection of data on disabled children in temporary accommodation to become mandatory across all local authorities.

21,000

disabled children are projected to be in temporary accommodation in England today.

Introduction

Local housing authorities have a legal duty, under the Housing Act 1996, to provide urgent shelter to individuals or families who are recognised as inadvertently homeless.⁴

This immediate housing is known as temporary accommodation, where households are placed for a limited period while awaiting suitable and secure long-term housing.⁵ Although temporary accommodation is designed to serve as a short-term measure, the ongoing national crisis of homelessness has led to many affected households remaining in such accommodation for extended periods, often lasting several years.⁶ According to the most recent national statistics for England (2025), 126,040 households are currently residing in temporary accommodation, with a total of 164,050 dependent children, representing a 15.7% increase compared to figures published the previous year.^{7,8}

Despite growing awareness of the pressures facing children in temporary accommodation, there remains a significant lack of disaggregated data and research concerning disabled children. National statistics seldom account for disability-specific experiences, resulting in an evidence gap that obscures the true scale of the problem. Without this visibility, disabled children are being overlooked in housing policy and in the allocation of resources to support their needs.

As a charity dedicated to improving the lives of disadvantaged children with disabilities, Variety has identified this as a critical gap requiring urgent attention. Disabled children and their families are among the most vulnerable in society, yet their specific challenges in temporary accommodation remain under-researched and under-represented. This report aims to address that gap by strengthening the evidence base, highlighting the lived experiences of disabled children in temporary accommodation, and advocating for changes that ensure all children have access to safe, suitable, and supportive housing environments.



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The hidden scale of disabled children in temporary accommodation

Variety requested data from all 296 local authorities in England that hold housing data on the number of disabled children living in temporary accommodation under the Freedom of Information Act (2000).

Specifically, the charity asked councils to provide data on the:

- Total number of children in temporary accommodation (within their council).
- Total number of disabled children in temporary accommodation (within their council).
- Demographic data of disabled children (ages and gender).
- Types of disability of each child, eg physical disability, autism, etc.
- Types of temporary accommodation, eg B&B, hostels, nightly let, private, etc.
- The average length of stay for families with disabled children in temporary accommodation.

We received data from 122 councils and no data from 174, resulting in a 41.2% response rate to inform the research. Across the 122 local authorities that provided data, the findings revealed that a total of 6,476 disabled children are currently living in temporary accommodation.

When projected across all local authorities to ascertain an average representative number of disabled children in temporary accommodation across England (calculations referenced in Appendix II), Variety estimates approximately 21,000 disabled children are currently living in temporary accommodation throughout England. This equates to approximately 13% of all children in temporary accommodation being disabled.

These findings are the first of their kind to offer an estimate of the number of children with disabilities currently living in temporary accommodation in England. As a charity that works with disabled children and understands the unique, case-specific needs that disabled children require to live securely and comfortably, these findings reveal a devastating reality for thousands of families across the country.

13%

of all children in temporary accommodation are disabled.

Types of temporary accommodation

Families may be placed in a range of temporary housing arrangements, which are primarily determined by the availability of accommodation managed or commissioned by local authorities.⁹

This provision includes private-sector-leased properties, self-contained flats or houses, and units from local authority social housing or registered housing providers.¹⁰ In some cases, supported lodgings or converted shared facilities may be offered as interim solutions. However, where supply pressures are most acute, families are often placed in hostels, nightly-paid hostels, or bed-and-breakfast accommodation, which are defined as emergency accommodation.¹¹ These latter forms of provision are generally considered the least appropriate for children, given their lack of stability, privacy, and suitability for family life.

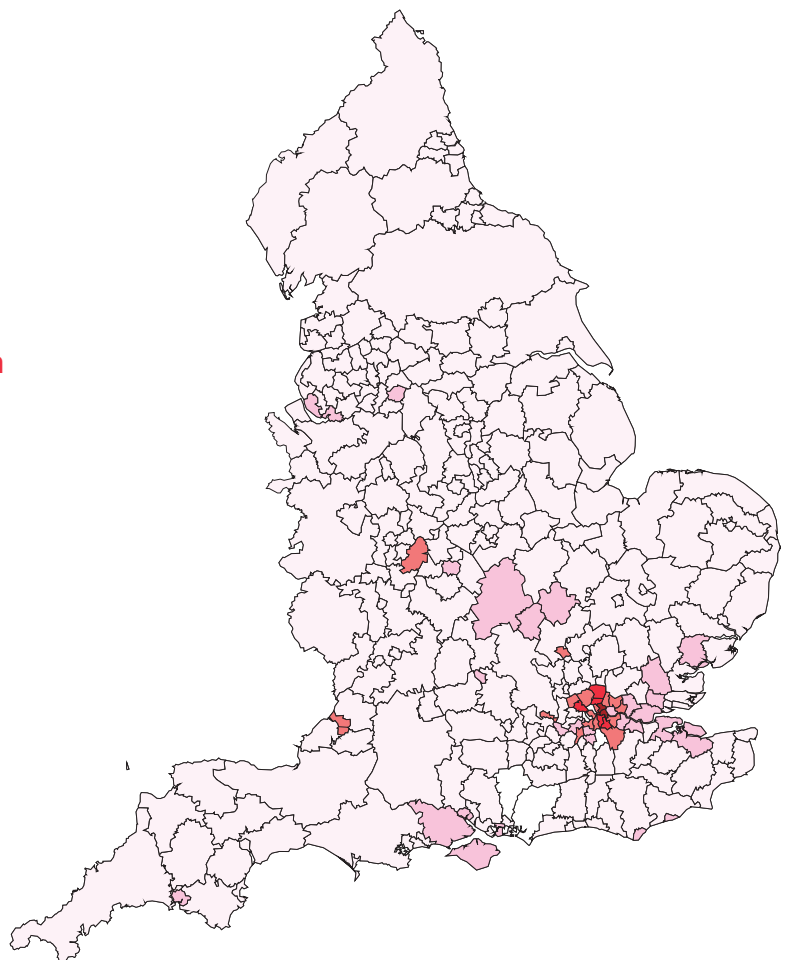
However, the diminishing supply of suitable temporary accommodation has driven a growing reliance on this emergency provision by local authorities. As a consequence, families are increasingly subjected to prolonged placements in accommodation widely recognised as unsuitable and intended only as an exceptional, time-limited measure, ordinarily restricted to a maximum of six weeks.⁴ But as evidenced in this report, this threshold is frequently being exceeded, rendering it meaningless. The variation in type and quality of temporary accommodation has a profound impact on the lived experiences of children and their families, shaping not only their immediate sense of security but also their longer-term health, well-being and development.¹²

Estimated number of disabled children in temporary accommodation

- 0-49
- 49-165
- 165-543
- 543-1399
- 1399-3679
- No data

Figure 1: Heat map indicating the estimated count of disabled children in TA, based off extrapolation from 122 responding councils. Data used: Variety FOI requests to English local authorities (2025). Local authority boundaries: ONS Open Geography Portal.

(Counts shown are estimates; areas shown in grey indicate no data).



Accommodation types available in responding councils

Temporary accommodation is delivered through a range of housing settings and procurement arrangements.

Nightly paid accommodation is secured on a per-night basis and is primarily used as an emergency or short-term measure where no settled temporary accommodation is immediately available.¹³ This procurement may include, but is not limited to, bed-and-breakfast accommodation and hostels. Bed and breakfast accommodation, comprising hotels or guesthouses that typically provide single rooms with shared facilities, is frequently procured on a nightly paid basis but is recorded separately due to specific legal and policy considerations.¹⁴ Hostels meanwhile offer shared or communal accommodation, often with some level of on-site support, and may be procured either on a nightly basis or through longer-term contractual arrangements.¹⁴ Private sector temporary accommodation generally consists of self-contained properties leased from private landlords for temporary use.¹⁴ And finally, local authority or registered provider stock refers to accommodation owned or managed by local authorities or housing associations and designated for use as temporary accommodation.¹⁴

Local authorities categorise temporary accommodation based on both the type of accommodation provided, such as bed and breakfast or hostel, and the method of procurement and payment. Consequently, specific categories reflect the accommodation's physical characteristics, while others pertain to contractual or funding arrangements. These classifications are employed in statutory homelessness reporting

and are preserved in this analysis to maintain transparency and consistency with official data.

Out of the 122 councils that provided data on accommodation types, a total of 3,393 households with disabled children are presently residing in temporary accommodation, for which the type of accommodation is known. Of these, more than two-thirds of all households (2,429) are residing in the least adequate form of temporary accommodation for families (eg nightly hostels and bed and breakfasts), indicating a pronounced imbalance in the types of temporary accommodation provided to families with disabled children. Unfortunately, emergency accommodation, despite being regarded as the least suitable, was identified as the most frequently provided option for disabled children and their families.

The significant deficiencies in emergency stock have adverse effects on families residing in these accommodations. Living in spaces that are neither explicitly designed nor suitably adapted to meet the needs of families undermines the privacy and sense of home that applicants for Temporary Accommodation (TA) seek. Emergency housing options, such as Bed and Breakfast establishments and Hostels, generally fail to incorporate essential amenities that enable families to flourish, including but not limited to kitchen facilities, private bathrooms, laundry services, and safe environments conducive to childhood development, thereby infringing upon the fundamental aspects of privacy and the capacity to thrive.⁴

The deficiency in habitability and adaptability of such spaces is particularly pronounced for families with disabled children. These environments often have numerous physical barriers, such as limited wheelchair access, unavailable lifts and inaccessible bathroom facilities. Consequently, basic cleanliness can be compromised, and more so, social isolation and health hazards can ensue due to limited mobility and an inability to attend appointments, visit friends or family and even attend school.¹⁵

This pattern exposes the systemic deficiencies in the supply of accessible and secure housing for families with disabled children. The predominance of unsuitable accommodation types highlights persistent inconsistencies between housing provision and the specific accessibility and care needs of these households. Moreover, it raises serious concerns regarding the well-being, continuity of care, and access to essential support services for children living in such precarious conditions.

Comparatively, just a small proportion of families with disabled children are provided with self-contained units designed to accommodate stability and privacy.

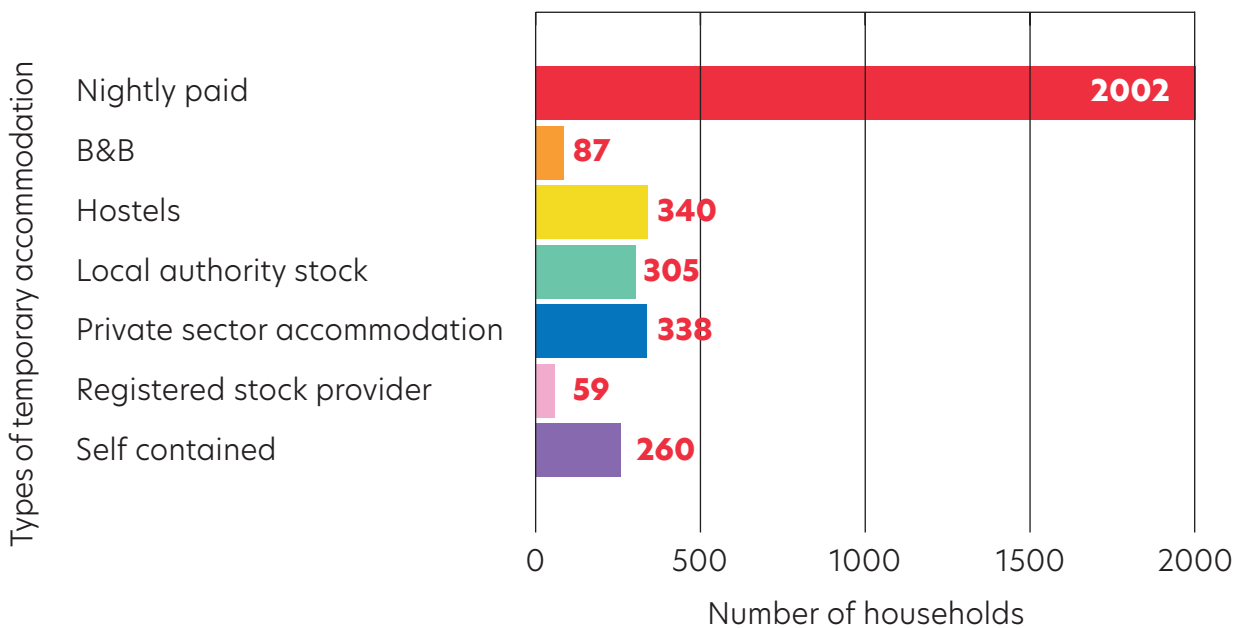


Figure 2: A bar chart demonstrating the number of households with disabled children living in Temporary Accommodation by type of accommodation. (Displaying only responding councils who were able to provide complete data).

Eloise's story

Eloise and her two sons have been living in temporary accommodation for more than 14 months, after submitting a request for council assistance in 2024 due to a volatile neighbour.

Her nine-year-old son has Autism, ADHD and Dyspraxia, and is awaiting a Dyslexia diagnosis. Her four-year-old has a speech and language delay disorder and is undergoing continued paediatric observation.

In response to her request to move, Eloise was initially told the only option available to her and her children was a hostel. They had no choice but to accept, but the conditions were inadequate and impacted the well-being of her family.

"It was awful and affected us all; our mental health was just terrible. We were not allowed any visitors or to bring any furniture with us...it was gated with a security guard, and there were random monthly checks imposed on us."

This resulted in reduced socialisation for the children and disrupted the family's support network, as Eloise's mother could no longer stay with them. Meanwhile, it imposed regular disruption to the children's routines, structure and privacy.

Eloise decided to conduct a suitability review through legal aid lawyers, supported by the charity Shelter, which concluded the space was not suitable for her family. After two more months in the hostel, they were then moved to a two-bedroom flat that was in "disrepair".

"There was a bathtub that was rusty and peeling...and some of the cupboards had black mould". These issues have since been addressed, but Eloise has felt a "constant feeling of injustice" and a sense of "being treated like the perpetrators of a crime." She believes her family has been "left behind".



“It was awful and affected us all; our mental health was just terrible.”

Eloise

Photo © Katie Wilson, 2017

Our research reveals a significant number of disabled children living in unsuitable emergency or temporary accommodation across England. As a first step, Variety believes efforts must be made to reduce the number of disabled children entering this housing pathway in the first instance; and for those in this housing pathway to be able to exit it and enter more permanent, suitable housing.

As a priority, Variety therefore recommends that the UK Government lift the Benefit Cap and uprate the Local Housing Allowance for families with disabled children. Families with disabled children should be exempt from rates and benefits where these measures prevent families from remaining in or re-entering suitable housing. Families with disabled children have higher expenditures due to their increased needs, such as round-the-clock care, transportation costs to regular medical appointments, and additional out-of-pocket expenses.¹⁶

Caring responsibilities also significantly constrain labour market participation, with 62 per cent of parents and partners of disabled children compelled to leave paid employment or reduce working hours, resulting in an average annual income loss of £21,174. Existing evidence already highlights that families with disabled children face financial adversity, being more than twice as likely to experience living in poverty compared to families without a disabled child.¹⁷

For families with disabled children, who often require more bedrooms and specialised support for example, the current benefit cap and local housing allowance rates result in larger shortfalls between benefit support and actual rent. Removing these caps for families with disabled children would be a positive first step in helping mitigate homelessness and reducing reliance on temporary accommodation in the first place. Equally, it is essential if families in temporary accommodation are to be able to re-enter and afford more permanent, suitable housing.

62%

of parents and partners of disabled children are compelled to leave paid employment or reduce working hours.

Time spent in temporary accommodation

Exacerbating the risks of such unstable living conditions is the time families must remain in them.

Our findings revealed a substantial variation in the average length of stay for families with disabled children residing in temporary accommodation across

local authorities. Among the councils that reported data, the mean duration was approximately 290 days, with a median of 184 days, indicating that most families experience stays of at least six months. However, the range extends from under one month (24 days) to more than six years (2,292 days), highlighting extreme outliers and potential disparities in local housing pathways.

Statistics	Days	Months	Years
Mean	290	9.6	0.8
Median	180	6.0	0.5
Minimum	24	0.8	0.07
Maximum	2292	75.3	6.28

Table 1: Duration of temporary accommodation stays among families with disabled children, showing mean, median and range values, based on data provided by responding local authorities.

Just 66 councils that responded with information provided data on the average length of stay. Notably, 36 councils failed to report, or were unable to provide, an average length of stay for families with disabled children in temporary accommodation; whilst 20 councils reported zero average stay, meaning they had no disabled children in temporary accommodation at all. This absence of data reflects ongoing inconsistencies in local authority monitoring and reporting practices regarding children with disabilities in temporary accommodation. Moreover, such variation in data quality may obscure the full extent of housing instability within this population and limit the ability to undertake comprehensive national comparisons.

Overall, the findings suggest that while many families experience stays of less than a year, others face prolonged periods in unsuitable or uncertain housing. The disparities in both duration of stay and data reporting expose a fragmented system of temporary accommodation in England, shaped by uneven local authority capacity, constrained housing supply, and the persistent marginalisation of disabled children within allocation priorities.

6 months

is the length of time most families stay in temporary accommodation.

Imogen's story

Imogen is a single mother who escaped domestic violence with her two children, both of whom have autism.

Despite providing complete documentation of her children's disabilities and her status as a survivor of domestic abuse, her family was placed in a hotel for eight months. The hotel had no kitchen or laundrette facilities, and when she requested a microwave, she was told it was against the hotel's policy. Instead, they were forced to live on sandwiches and costly, unhealthy takeaways, placing further financial strain on the family and preventing suitable nutrition. Compounding the unsuitability of the accommodation, mould was discovered throughout the room and Imogen was forced to sleep on the floor for five months because the cot provided could not safely accommodate her daughter's medical needs.

Due to the mould, her family was eventually relocated to a second-floor flat - which for the mother-of-two, provided some initial hope and relief. But her daughter has severely restricted mobility, and the building does not have an elevator. As such, Imogen is now forced to carry her daughter up and down two flights of stairs every day. Increasing the risks to their health and safety, there are also holes in the windows and a hole in the floor, which once led to an emergency care visit for her daughter who fell through it.

Imogen shared that her family are permanently uncomfortable and unsafe, yet she feels she has nowhere to turn. On learning her family has no case worker assigned to them, and after her health visitor stopped communication with them, she now feels that the system "doesn't care...they have no empathy...I have nobody to support me. I am all alone."

She believes authorities need to invest in "helping people properly instead of demolishing people after helping them out of a hard situation."



I have nobody to support me. I am all alone. ”

Imogen

Photo © Katie Wilson, 2017

The current housing options available in temporary accommodation are often deemed unsafe and unsuitable for families with disabled children, such as placing a child with physical disabilities in a top-floor flat without a lift. Whilst temporary accommodation is still an option councils utilise to support families at risk of homelessness, it is paramount that conditions be adapted to accommodate families with disabilities. Simultaneously, the housing stock available should be organised to accommodate families with additional needs, such as placing families with disabled children on the ground floor of residential buildings.

Variety is calling on both local and national governments to regulate the quality and accessibility of temporary accommodation being offered to families with disabled children. The extension of Awaab's Law to temporary accommodation is already a positive step in this area, and the impacts of the Decent Homes Standard with the passage of the Renters' Rights Bill will also improve outcomes in some types of temporary accommodation. However, accessibility for disabled children specifically needs to be prioritised, with key measures in place to ensure that every disabled child placed in temporary accommodation has appropriate access to and within the lodging itself, as well as to the outdoors.

Moreover, local authorities should implement integrated housing pathways for disabled children that encompass housing, health, education, and social care services. The existing system is fragmented, obliging families to navigate multiple agencies without coordinated support. Temporary accommodation systems presently focus on securing immediate housing, often located away from families' current residential areas, thereby displacing children from established relationships, schools, and general practitioners. As with Imogen, this results in increased administrative burdens for families, who must manage not only the transition to a new environment but also the establishment of new routines.

Such disruption, compounded by the absence of adequate support and streamlined pathways, contravenes the intent of the Children and Families Act 2014, which explicitly emphasises the necessity of supporting "the child and their parent, or the young person, to facilitate the child's development and to assist them in achieving optimal educational and other outcomes".¹⁹ Accordingly, the implementation of a strengthened, well-integrated system would prioritise and safeguard the child's needs and well-being and align with the principles articulated in the Children and Families Act 2014.

Impacts of temporary accommodation on children and young people

Not only has there been a marked increase in the number of households accessing temporary accommodation, but families with children are disproportionately affected, often experiencing prolonged stays.

In London, this trend is particularly pronounced, with 60% of households in temporary accommodation having resided there for two years or more.²⁰

Extended stays in temporary accommodation have been linked to having adverse impacts on children's mental and physical well-being as well as life opportunities, specifically when temporary accommodation does not align with the needs of those residing in the shelter.²¹

Housing is a fundamental social determinant of health, and the conditions associated with temporary accommodation exert profound and wide-ranging effects on children's well-being.²² When housing is insecure, overcrowded, or unsuitable, the consequences are manifested in both immediate health risks and long-term developmental harm.²³

Early childhood represents a critical window in which growth, cognitive capacity, and emotional resilience are established.²⁴ The first five years of life are especially decisive, yet poverty and homelessness systematically undermine children's ability to achieve their developmental potential.²⁵

Research demonstrates that the absence of safe and adequate space to play within temporary accommodation not only restricts gross motor development, such as walking and coordination, but also curtails opportunities for emotional regulation and social interaction.²⁶ Repeated moves further destabilise children's lives, disrupting key developmental milestones, including speech acquisition and toilet training, by eroding the stability and routine essential for learning.²²

The educational consequences of temporary accommodation are equally profound. More than a third of children placed in such settings miss over a month of schooling, with many experiencing repeated absences and disruptions.²⁷ These interruptions not only compromise immediate learning but also diminish long-term academic attainment, narrowing future educational pathways and constraining career opportunities.²⁸ The instability of temporary housing, therefore, perpetuates cycles of disadvantage, with the loss of continuity in education disrupting children's prospects well into adulthood.

The health consequences of temporary accommodation for children are also extensive and deeply concerning, with impacts that manifest across physical and psychological domains.²¹ In a national survey conducted by Shelter, three-quarters of families in temporary accommodation are reportedly living in poor conditions, while 57% of parents reported that residing in temporary accommodation had a detrimental effect on their child's physical or mental health.²⁸

Evidence consistently demonstrates that inadequate housing conditions, characterised by damp, mould, overcrowding, poor ventilation, and unsanitary environments, directly contribute to ill health among children.²⁵ The impacts on children’s physical well-being include the development or worsening of respiratory conditions such as asthma, alongside dermatological issues like eczema, gastrointestinal illness, and other communicable diseases.²² Sleep deprivation, often caused by overcrowding or unsuitable sleeping arrangements, further undermines immunity, impairs growth, and reduces children’s resilience to illness.²²

While existing studies document the adverse health impacts of temporary accommodation on children generally, there is a dearth of research that focuses specifically on disabled children, despite their greater and often more complex health needs. However, anecdotal evidence from charities and advocacy organisations suggests that disabled children are particularly vulnerable to health deterioration when housed in unsuitable or unstable temporary accommodation, with families reporting that overcrowding, damp conditions, lack of adaptations, and restricted space exacerbate medical needs and limit access to essential therapies.²⁹

Variety’s findings illustrate a broad spectrum of disabilities among children residing in temporary accommodation, encompassing physical, mental, learning, neurodevelopmental, and complex or multiple needs.

From the 122 councils that responded with data, we found that more than one-quarter (27%) of disabled children in temporary accommodation were found to have physical disabilities. Meanwhile, one in ten children were found to have multiple disabilities. Housing children with such disabilities in temporary accommodation, wherein a lack of accessibility through lifts, washing and toilet facilities, poor living conditions exist, is deeply concerning.

More than one in ten (11%) were reported to have autism/ADHD. With research strongly supporting routine, stability and permanency as having resoundingly positive impacts on children with such disabilities, long-term stays in temporary accommodation are undoubtedly unsuitable for such children.

Type of disability

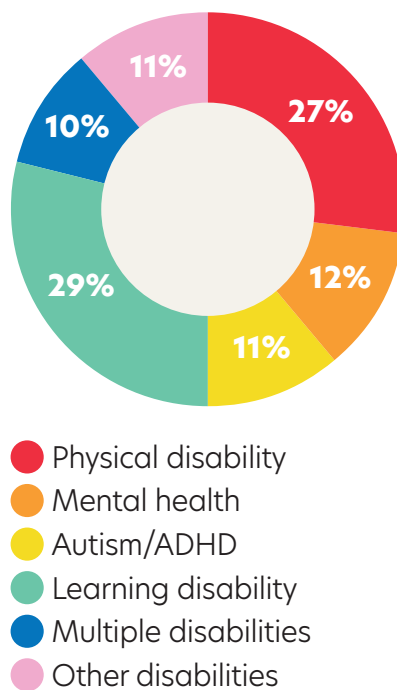


Figure 3: Types of disabilities reported among children in temporary accommodation, using data supplied by participating councils.

Practitioners working with families in temporary accommodation have raised concerns about the scale of ill health in this population and the difficulties of providing effective, consistent support.³⁰ At its most devastating, poor housing conditions have been directly implicated in child mortality, with at least 74 children reported to have died in temporary accommodation in the past five years.³¹

Housing insecurity has also been linked to heightened psychological distress among parents and children.²³ Parental distress leads to challenges in maintaining healthy routines such as regular meals and bedtimes, which in turn jeopardise children's health and well-being.²² Additionally, rates of childhood depression and anxiety are increasingly prevalent in those residing in temporary accommodation, with experiences of unhappiness, guilt, and loss of agency typifying childhood experiences in these environments.²⁶ Our findings show 12% of children and young people in temporary accommodation experience mental health challenges already - there is little doubt that inadequate living conditions negatively impact their mental health and well-being further.

Geographical relocation also exacerbates mental distress as families are frequently moved far from their schools, extended family, and community networks, isolating children from sources of support and stability.²⁷ This disconnection from friends, services, and familiar environments magnifies both the physical and emotional burden of life in temporary accommodation.

The variability across disability types underscores the urgent need for councils to adopt a more nuanced and responsive approach to housing policy and service delivery, ensuring that the individual needs of every disabled child are comprehensively recognised and addressed. These findings illustrate how temporary accommodation not only fails to provide adequate shelter but also actively generates and perpetuates significant mental and physical health risks, embedding and compounding disadvantage at the earliest stages of childhood.

74

children reported to have died in temporary accommodation in the past five years.³¹

Georgia's story

Georgia and her son, eight, have spent the past eighteen months in temporary accommodation, confined to a one-bedroom flat on the top floor of a residential block.

They share a room together and her son, who is autistic and reliant on a wheelchair, struggles to move around the apartment due to its narrow doors and lack of suitable safety features

"I'm worried about my son's safety, because there are no ramps...I have to be very careful and always watch him... and we do not have lifts".

When approaching the council for changes to the accommodation to meet her child's needs, Georgia has faced several administrative barriers: "If you need very serious changes to be made, it's almost impossible."

This has resulted in limited time outside for her son due to the lack of lift access, and the environment they live in is having a further negative impact on his mental health.

"The number of people that are here, the amount of noise we have to manage from time to time, it just makes his condition difficult, it makes him very uncomfortable. He has started to isolate himself from people and has developed anxiety".

"An autistic child thrives on routine and stability, so if the sense of instability continues from being somewhere temporarily, I'm worried how it's going to affect his general well-being further. Living here feels like I'm camping somewhere".



I'm worried about my son's safety, because there are no ramps... ”

Georgia

Photo © Katie Wilson, 2017

As evidenced thus far in this report, the turmoil inflicted due to residing in temporary accommodation exacerbates the health and well-being of disabled children. Indeed, placing disabled children in temporary accommodation violates the United Nations Convention on the Rights of the Child (UNCRC), specifically Article 23, which states: "States Parties recognise that a mentally or physically disabled child should enjoy a full and decent life, in conditions which ensure dignity, promote self-reliance, and facilitate the child's active participation in the community."³ The placement of disabled children in temporary accommodation fails to adhere to the legally binding commitments of the UNCRC, wherein temporary accommodation conditions often deteriorate dignity and self-reliance, as evidenced by the lived experiences of families detailed in this report.

Variety supports and joins in the calls of all organisations advocating for the ultimate removal of temporary accommodation for families experiencing poverty. And while securing a national commitment to ensure that no child is placed in temporary accommodation remains a long-term objective, interim measures must be implemented to limit the risks to the well-being of children and families. As such, Variety is calling for heightened and targeted focus on the needs of children with disabilities in this space, who are already at increased risk of disadvantage.

Therefore, as well as calling on local and national governments to regulate the quality and accessibility of temporary accommodation being offered to families with disabled children, Variety is also urgently calling for no disabled child to be placed in

emergency accommodation. It is highly improbable that suitable accessibility standards can be embedded into such accommodation models, because they primarily operate with a different objective to supporting people with disabilities eg B&Bs, hostels, hotels etc.

The government's recent Child Poverty Strategy, "Our Children, Our Future: Tackling Child Poverty," describes children residing in temporary accommodation, particularly for long periods, as experiencing one of the deepest forms of poverty, and has committed to ending the unlawful use of Bed and Breakfasts for families.¹ It's upcoming, cross-government Homelessness Strategy will set out in more detail the government's plan to end homelessness in England. Yet while Variety welcomes this positive step forward, more must be done to reduce the immediate harm emergency accommodation is causing disabled children.

Living for even a matter of weeks in housing that a child cannot move around in or enter or exit freely can have devastating impacts on their mental and physical health. And as highlighted in this report, most families with disabled children are remaining in temporary accommodation for at least half a year, with many experiencing several years in unsuitable conditions.

Should a disabled child need to be housed in temporary accommodation, it must be of a type where their specific disability needs are considered carefully and met. Living safely, with dignity, and with sufficient mobility must be paramount to local authorities when considering the appropriate form of temporary accommodation, and, as a first step, this means removing emergency accommodation as an

option entirely. This commitment would align with the provisions of the Equality Act 2010, which mandates the “harmonisation of thresholds for the duty to make reasonable adjustments for disabled individuals”.³²

There must also be a suitable maximum duration for the temporary accommodation of disabled children and their families. Currently, disabled children are often left in unsuitable accommodation for extended periods, with our data indicating durations sometimes exceeding several years. Such prolonged stays are known to adversely affect children’s health and developmental progress. According to UNCRC Article 23, “States Parties recognize the right of the disabled child to special care and shall encourage and ensure the extension.”³ Consequently, this legislation mandates that children remain in temporary care only in exceptional circumstances, for the maximum necessary duration, and respects their right to appropriate care. A time limit would foster urgency and accountability among local authorities to ensure that these children are transitioned into permanent and suitable housing as soon as possible.

Variations by region and deprivation levels

Based on a stratified extrapolation across all English local authorities, approximately 13% of all children living in temporary accommodation are disabled.

Shockingly, this amounts to around 21,000 children nationally (extrapolation methodology detailed in Appendix II). This indicates a substantial overlap between disability and housing insecurity, emphasising the need for improved data collection and targeted cross-departmental policy responses.

Of the 174 councils that did not supply data, 143 responded via email stating that they either did not hold this data, did not collect it, or had it but not in a reportable or transferable format, such as in individual case files that would require extensive review, potentially breaching the S12 FOI request limit. A total of 31 councils failed to respond to the FOI requests in any format.

The tables below are indicative of the percentage of disabled children living in temporary accommodation, stratified by region and Index of Multiple Deprivation (IMD) quintile.

Region	Percentage of disabled children in temporary accommodation per region
London	17.6%
South East	11.92%
East	11.51%
South West	8.48%
East Midlands	5.28%
North West	5.17%
North East	4.67%
Yorkshire & The Humber	3.64%
West Midlands	3.59%

Table 2: Estimated proportion of children in temporary accommodation who are disabled, by English region.

The regional distribution of disabled children residing in temporary accommodation exhibits significant geographic disparities, indicative of broader trends of deprivation, housing demands, and diverse support requirements throughout England. The estimated proportion of disabled children in temporary accommodation varies from 3.59% to 17.6%, underscoring considerable regional differences in the correlation between disability and housing instability. The highest proportion of disabled children living in temporary accommodation, at 17.6%, is in London, consistent with long-standing evidence that London experiences both the highest levels of homelessness and disproportionately high levels of complex family needs.³³ The concentration of households in costly, overcrowded, and insecure rental markets likely exacerbates challenges for families with disabled children, increasing their vulnerability and placing further strain on already stretched local authority services.

In contrast, the West Midlands (3.59%), Yorkshire and the Humber (3.64%), and the Northeast (4.67%) display notably lower proportions of disabled children in temporary accommodation. Although these regions have high levels of socioeconomic deprivation

overall, their considerably lower rates may be due to structural differences in housing systems, such as greater availability of affordable housing, different practices regarding temporary accommodation, or varying thresholds for accepting statutory homelessness cases.³⁴ Intermediate regions, such as the East (11.51%), Southeast (11.92%), and Southwest (8.48%), lie between these extremes. The higher rates in the East and Southeast align with increasing housing affordability pressures in commuter-belt areas, where dependence on temporary accommodation has risen sharply in recent years.²⁴

Overall, the data suggest that a combination of housing market pressures, patterns of deprivation, local authority capacity, and administrative practices in recording needs shapes the prevalence of disability among children in temporary accommodation. The magnitude of regional disparities, particularly the stark contrast between London and the northern regions, underscores the need for targeted, regionally sensitive policy responses. Addressing these disparities requires both strengthened national oversight and enhanced local capacity to identify, support, and ultimately prevent homelessness among disabled children.

IMD quintile (1 most deprived)	Percentage of disabled children in temporary accommodation per IMD quintile
1	16.2%
2	8.12%
3	7.8%
4	11.75%
5	12.55%

Table 3: Estimated proportion of children in temporary accommodation who are disabled, by IMD Quintile.

The distribution of disabled children residing in temporary accommodation across the quintiles of the Index of Multiple Deprivation (IMD) offers vital insights into the intersection of socioeconomic disadvantage, disability, and housing insecurity. The findings reveal a non-linear yet prominently patterned association between levels of deprivation and the probability that a child in temporary accommodation is disabled.

The most deprived areas (IMD Quintile 1) exhibit the highest proportion of disabled children in temporary accommodation, at 16.2%. This finding is consistent with existing evidence indicating that the prevalence of disability is substantially higher among socioeconomically disadvantaged households.³⁵ This correlation is driven by cumulative factors such as poorer maternal health, limited access to early intervention services, heightened environmental stressors, and persistent inequalities in income and employment.²⁴ Furthermore, families residing in the most deprived regions are disproportionately exposed to housing precarity, thereby increasing the probability that disabled children will occupy temporary accommodation.²⁴ The proportion drops sharply in Quintiles 2 and 3, to 8.12% and 7.8% respectively. This pronounced decline suggests that, among moderately deprived areas, temporary accommodation populations contain fewer disabled children relative to the most disadvantaged areas. Notably, the prevalence rises again in Quintiles 4 and 5 (the least deprived areas), reaching 11.75% and 12.55%.

This U-shaped distribution emphasises that disability serves as a comprehensive factor influencing housing requirements, extending beyond deprived communities. It underscores the necessity for sophisticated national policy responses that consider varying levels of deprivation, while acknowledging that families with disabled children encounter substantial housing vulnerabilities across all socioeconomic strata.

16.2%

of disabled children in temporary accommodation live in the most deprived areas.

Demographic overview

Findings from our research further highlights the age distribution and gender composition of disabled children currently residing in temporary accommodation in England.

Together, these figures provide a meaningful overview of the population characteristics within this vulnerable group.

Gender variations

The gender distribution of disabled children living in temporary accommodation is disproportionately skewed, with 62% identified as male and 38% as female. This contrasts with national trends, where 26% of females and 22% of males in the UK are classified as disabled, indicating a slightly higher prevalence among females nationally. The lack of conformity with national trends, therefore, highlights the need for a more nuanced understanding of how gender and disability intersect within contexts of housing insecurity.

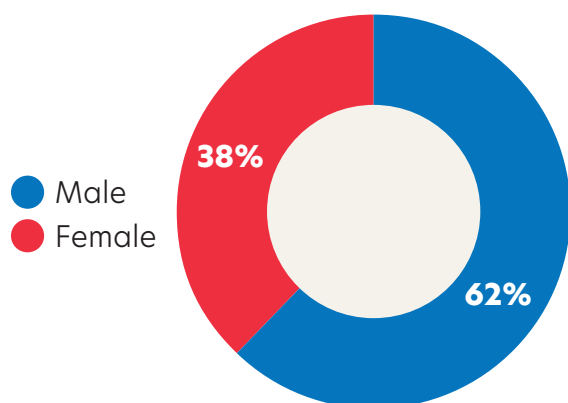


Figure 4: Gender distribution of disabled children in temporary accommodation, according to data obtained from responding councils.

Age distribution

Meanwhile, the age profile indicates that the majority of disabled children residing in temporary accommodation fall within the primary and secondary education age ranges, with those aged 6 to 11 and 12 to 18 comprising approximately 39% and 38% of the cohort, respectively. This distribution suggests that families with older disabled children may be disproportionately exposed to the risks and vulnerabilities associated with temporary housing, whereas younger children may transition more rapidly into stable accommodation or alternative care settings. Moreover, this pattern underscores the educational and social challenges experienced by disabled children at key developmental stages, whose learning and well-being may be further compromised by the instability of their living circumstances.

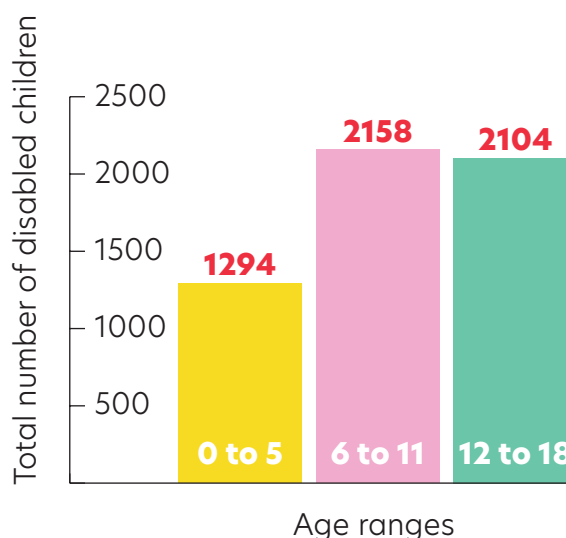


Figure 5: Age distribution of disabled children living in temporary accommodation, based on data provided by responding councils.

Rebecca's story

Rebecca is a single mother of three who has been living in temporary accommodation for nine months with her son and twin daughters.

Her daughters each have global developmental delays, a condition where 'a child is not meeting some of the expected developmental milestones for their age in two or more areas of their development'.³⁷

During this period, Rebecca and her family have been uprooted twice and now reside in their third form of accommodation. She describes feeling as though her family are being "tossed around, like musical chairs...we have had to move on very short notice, once just with four days' notice," leaving her "wondering what the long-term plan was for us".

With every move, "it felt like we were starting from scratch. There was no grounding, no feeling of stability, and the girls struggled a lot to adjust, and it broke my heart to see them so unsettled". Rebecca's children thrive off a stable, predictable routine, and this disruption she fears "is becoming a routine for them...it's just heartbreaking to watch them struggle to adapt".

Such uncertainty has contributed to a state of persistent distress, with Rebecca saying she now experiences "full-blown anxiety" because of never knowing when or whether stability will be achieved for her and her children.

She wishes "for a place my children can call home...there is no personalisation, we can't hang pictures, it feels sterile all the time".

When asked what reform is necessary, Rebecca called for "a system that

is flexible enough to be tailored to the individual needs of families with disabled children," emphasising that every family's challenges are unique. She argues that such adaptation, alongside investment in stable housing, is "not just morally imperative but economically sensible," as stability reduces "reliance on emergency services, healthcare provision, and social services".



We have had to move on very short notice, once just with four days' notice. ”

Rebecca

Photo © Katie Wilson, 2017

Data gaps and structural limitations

A central limitation underpinning this report, though itself reveals profound structural deficits, is the widespread absence of disability-specific data held by local authorities regarding children living in temporary accommodation.

The responses received by local councils throughout England expose not only administrative inconsistencies but a systemic failure to identify, monitor, and safeguard disabled children within the temporary accommodation system.

Many councils stated their inability to provide the requested data, offering responses such as “Data not held,” and “We do not hold the information you have requested.” Similarly, other councils acknowledged that their datasets are structurally incapable of distinguishing disabled children within households, stating for instance that “the data is held on the applicant solely and any children in the family are never the main applicants, therefore the data for your request is not held.” These statements make it unequivocally clear that disabled children in temporary accommodation are systematically rendered invisible within official housing records.

Several councils also invoked legal exemptions under the Freedom of Information Act 2000, stating: “The information you have requested is exempt from disclosure under section 12,” and explaining that providing the data would require either “a new bespoke report” or “a manual review of individual system records,” a process estimated to exceed the statutory time limit. These responses highlight not only resource constraints but also the absence of any routine monitoring mechanisms that would make disabled children visible in the first place.

These responses highlight an indisputable fact that disabled children in temporary accommodation cannot be protected as they are not accounted for, monitored, or formally recognised as having their needs within its housing frameworks. This issue does not just exist for families with disabled children – The Centre for Homelessness Impact highlights significant deficiencies in data collection regarding temporary accommodation and its impacts for all families in the system.⁵

The lack of disability-specific data is not a methodological inconvenience; it is a structural safeguarding failure. Without mandatory recording, reporting, and oversight, disabled children remain hidden in systems that are unable to ensure their safety, dignity, or well-being. This invisibility reinforces the urgent need for reform to establish precise data requirements, accountability mechanisms, and statutory protections for disabled families living in temporary accommodation.

As such, Variety is calling on the government to mandate the collection and monitoring of data pertaining to disabled children in temporary accommodation for every local authority. This should include information such as the type of disability, duration of stay, and appropriateness of the accommodation. Such data collection and oversight would ensure that children with disabilities are advocated for and that awareness is raised amongst the relevant governing bodies, especially considering that current homelessness data does not disaggregate by disability or child status. Indeed, the absence of comprehensive data collection undermines the obligations under the Equality Act 2010, which legally safeguards individuals against discrimination within broader society. Children with disabilities face discrimination through their invisibility and the resulting lack of accountability. Mandatory data collection is vital for effective monitoring, accountability, and targeted intervention.³¹

Conclusion

The findings from this report illuminate the distressing reality that disabled children living in temporary accommodation are being systematically failed.

This is based on the evidence highlighted in the national statistics, the demographic and accommodation data, the lived experience case studies, and the failure of councils to account for or provide information on the number of disabled children under their care. These experiences, which have extended from unsafe living environments to ongoing administrative neglect, demonstrate that the current system is not simply under pressure but structurally incapable of meeting their needs. Families facing intersecting vulnerabilities, including disability, domestic violence, poverty, and trauma, are being placed in conditions that compromise their well-being, dignity, and long-term development.

Taken collectively, the evidence points to an urgent need for local and national-level reform. The lack of statutory standards for disability-appropriate temporary accommodation, the absence of mandated data collection, and the widespread administrative failures constitute a breach of safeguarding principles and disability rights. This report highlights not only the scale of harm but also the policy vacuum that enables it. The harm documented in this report is preventable, and it is occurring not due to a lack of evidence but due to a lack of coordinated action. If disabled children are to be protected from preventable suffering, the housing system must be reshaped around their rights, their needs, and their lived experiences.

Thus, immediate reform is necessary. Disabled children and their families deserve safety, stability, and environments that sustain development, not conditions that exacerbate their hardship. The lived experiences documented in this report reinforce the need for action to be delayed no longer. Systemic transformation is not only necessary, but it is also “a moral imperative”.³⁸

Variety is calling for:

- The UK Government to lift the Benefit Cap and uprate the Local Housing Allowance for families with disabled children.
- Local authorities to regulate the quality and accessibility of temporary accommodation being offered to families with disabled children.
- A national policy ensuring no disabled child can be placed in emergency accommodation.
- A maximum time limit on how long a disabled child can remain in temporary accommodation.
- The collection of data on disabled children in temporary accommodation to become mandatory across all local authorities.

Appendix I: Methodology

This research employed a two-part mixed-methods approach to examine the circumstances of families with disabled children living in temporary accommodation across England.

The design integrated quantitative data collection through Freedom of Information (FOI) requests with qualitative interviews to capture both the scale and the lived reality of this issue.

1. Freedom of information requests

In the first phase, FOI requests were submitted to all local authorities in England. These sought information on the number of disabled children currently living in temporary accommodation, disaggregated by age, gender, type of disability, type of accommodation, and average duration of stay.

While several English councils (123) provided comprehensive responses, others were unable to supply the requested data (192). This was primarily due to limitations in data collection practices or the absence of a centralised dataset, where relevant information was instead recorded within individual housing applications. Despite these constraints, the responses received provided a valuable overview of the patterns and disparities in how disabled children are housed across different localities.

2. Qualitative interviews with parents

The second phase focused on in-depth, conversational interviews with parents currently residing in temporary accommodation with their disabled children. Recruitment was conducted through a publicly available poster, and participants expressed interest by email.

To ensure breadth and representativeness, an inclusion criterion was developed to reflect variation in geography, type of disability, and length of stay in temporary accommodation. Seven participants were selected, each offering detailed accounts of their experiences navigating temporary housing and support systems. As a gesture of appreciation, participants received a £50 gift voucher following completion of the interview.

Through combining the empirical reach of national FOI data with the nuanced perspectives of lived experience, this study provides both statistical and human insight into the intersection of disability, housing precarity, and local authority provision.

Appendix II: Analytical framework overview

Regional and local authority variations

To inform national policy on homelessness and children's services, it is essential to understand not only how many disabled children are living in temporary accommodation, but also how this varies across local authorities and levels of deprivation. Whilst a significant proportion of local councils provided data (41.2%), non-response and inconsistent reporting created unavoidable gaps and inconsistencies, necessitating a systematic modelling approach.

This section outlines the analytical framework employed to create a detailed national overview. The method combines administrative homelessness data, deprivation indicators, regional demographics, and local authority survey responses to produce a statistically robust estimate of the number of disabled children in temporary accommodation. Multiple safeguards were incorporated, such as response-bias testing, stratified estimation, cross-validation, and sensitivity modelling, to ensure transparency, accuracy, and methodological rigour.

Response bias testing

Two chi-square tests were conducted to assess the validity of the responses and to identify potential bias in data analysis and extrapolation.

Response bias was examined using chi-square tests of independence across both region and deprivation (IMD quintile). The regional analysis found a statistically significant association between response status and region (χ^2 , $df = 8$, $p = 0.0125$), indicating that responses were unevenly distributed across regions. This indicates regional response bias, meaning some regions were over- or under-represented among respondents. Conversely, no significant association was observed between response status and IMD quintile (χ^2 , $p = 0.396$), suggesting that response rates did not differ systematically by level of deprivation. Overall, these results imply that while the sample broadly reflects deprivation levels, it is not entirely representative across regions. Therefore, subsequent estimates should be interpreted with caution regarding regional distribution, although there is no evidence of socioeconomic deprivation significantly biasing the results.

Sensitivity analysis

Using a stratified extrapolation methodology coupled with sensitivity analysis, three national scenarios were generated to reflect various plausible disability rates among non-responding local authorities. Actual data obtained from responding councils were incorporated directly to produce these scenarios.

Scenario	Estimated disabled children in temporary accommodation (England)
Lower (conservative)	17,746
Central	20,563
High (upper-bound)	23,380

Table 4: Scenario-based estimates of disabled children living in temporary accommodation in England.

The conservative estimate produced (17,746) applies the lower quartile disability rate for each stratum to all non-responding councils. This scenario assumes that disability prevalence in TA among non-responders is systematically lower than among respondents.

Comparatively, the central estimate of 20,563 utilises median disability rates by stratum and is therefore considered the most reliable reflection of expected national prevalence. This scenario assumes that the disability rate in TA among non-responders is broadly similar to that among responders after controlling for region and deprivation. Whilst the upper-bound estimate (23,380) applies the upper-quartile disability rates, representing a plausible high-prevalence scenario, it also reflects the possibility that non-responding authorities may serve more complex or vulnerable populations.

These scenarios suggest that the actual number of disabled children residing in temporary accommodation in England is highly probable to be between 18,000 and 23,000, with a central estimate of approximately 20,500 children. This range provides policymakers with a realistic understanding of national need while explicitly accounting for uncertainty due to incomplete local authority reporting.

Cross-validation accuracy

To evaluate the predictive reliability of the extrapolation method, a 20% hold-out cross-validation was performed. Consequently, 24 councils were randomly sampled; however, three local authorities recorded zero disabled children in temporary accommodation. For the remaining 21 councils with non-zero counts, the mean absolute percentage error (MAPE) was 54%. This level of error signifies moderate predictive accuracy. The model effectively captures broad trends in disability prevalence across IMD quintiles and regions, though predictions at the individual level may deviate significantly from actual values. The error distribution is asymmetrical: some councils exhibit very close alignment with the observed data, while a few demonstrate substantial discrepancies, which is typical when using stratified rates to estimate missing local authority figures. The model remains suitable for national-level aggregation, as over- and under-predictions generally offset each other. Nonetheless, caution should be exercised when interpreting results at the individual local authority level.

Triangulation

To evaluate the plausibility of the national estimate, the findings were triangulated with independent, population-level evidence regarding the prevalence of disabled children. Recent national statistics from 2024 indicate that approximately 12% of children in the United Kingdom are disabled, establishing a well-founded baseline prevalence within the general child population.³⁹ In comparison to this benchmark, the study's primary estimate, that approximately 13% of children residing in temporary accommodation are disabled, appears both credible and consistent.

The modestly increased prevalence observed among children residing in temporary accommodation corroborates existing evidence indicating that homelessness disproportionately impacts families with greater support needs (24). Disability may elevate the risk of housing instability through various mechanisms, including challenges in securing appropriate accommodation, increased care-related expenses, and obstacles within the private rented sector. Consequently, it is anticipated that disabled children are at least as prevalent, potentially more so, within temporary accommodation compared to the broader population.

Importantly, this convergence between the extrapolated estimate and the national disability prevalence provides external validation of the modelling approach, despite incomplete local authority reporting. This estimate presents a realistic, policy-relevant depiction of need. Consequently, this enhances confidence in the conclusion that approximately one in eight children residing in temporary accommodation is disabled, highlighting the significance of incorporating disability considerations into homelessness policy, data collection, and service planning.

Additional notes

Where local authorities reported fewer than five disabled children (<5'), we applied a conservative assumption of two children for aggregation. This avoids overstating prevalence while allowing inclusion of these returns. (Trafford Borough Council)

IMD quintiles were assigned using the national distribution across all 317 English lower-tier local authorities, ensuring that deprivation groups reflect the overall pattern of deprivation in England. Local authorities in our responding sample were then matched to these national quintiles.

For new or upper-tier authorities that were not present in the 2019 IMD dataset (Cumberland, Buckinghamshire, and West Sussex), we derived an approximate IMD average rank by aggregating the IMD ranks of their predecessor district councils. The resulting average rank was then placed into the national IMD quintile distribution.

A total of seven councils did not provide the total number of children in TA, and therefore, no estimate could be produced for these authorities.

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Head Office: Variety, The Children's Charity,
Variety House, 93 Bayham Street, London NW1 0AG

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