



Trust  
for London

# **Improving the health of people living in Temporary Accommodation in London**

A Groundswell project funded by Trust for London

# Introduction



**We are grateful to Trust for London for funding Groundswell to conduct research so we could better understand the experiences of people living in Temporary Accommodation (TA) in London.**

We wanted to explore how people's health and wellbeing is impacted by the process of accessing and living in TA. We also aimed to understand how living in TA can either support people to engage with healthcare services or put barriers in their way. We did our research between August 2022 and July 2023, working closely with volunteers with experience of homelessness throughout. We use the term 'peers' to describe them. This document outlines what we did and our main findings in three sections:

- 1. What we know** - A review of existing literature
- 2. What we heard** - Findings from our research and community reporting
- 3. What should change** - Solutions from peers and stakeholders



# **1 What we know - a review of existing evidence**



# What we know – a summary



- Around 170,000 Londoners are currently living in TA.
- Households from London tend to live in TA for longer. 79% of households in TA in London stay for over a year, compared to 36% of households in the rest of England.
- Much of the existing evidence focuses on the experiences of families and households with children, less on single adults.
- Evidence shows a link between living in TA and poor mental health.
- A significant proportion of people in TA have physical health problems.
- People find it hard to access appropriate healthcare while living in TA.
- Flexible and specialist support improves the health and wellbeing of people living in TA.

# What we know



We reviewed research evidence exploring the interaction between living in TA and people's health. We reviewed 16 studies from both academic and grey literature sources. We set out to learn from existing evidence, to identify gaps in knowledge, and to tailor our approach to gathering insights.

**Around 170,000 Londoners (including 83,500 children) currently live in TA, according to [2023 research](#) by London Councils.**

**Shelter's 2023 research found that households from London are more likely to be in TA for longer, with 79% of households in TA in London staying for more than a year compared to 36% of households in the rest of England.**

The term 'temporary accommodation' in most literature we reviewed refers to **accommodation provided by local authorities to people eligible for statutory support under the [Housing Act 1996](#)**. According to [government statistics](#), there were **94,870 households** in such circumstances in England in June 2022. The literature also includes references to '**unsupported temporary accommodation**', defined by JustLife as "*private, short-stay accommodation in which households do not have permanent residency status and limited access to local authority support to find settled accommodation. It includes Bed & Breakfasts (B&Bs), short-stay HMOs, private hostels, emergency accommodation and guesthouses.*" People living in such situations may or may not have been deemed vulnerable enough to receive statutory support following local authority homelessness assessments.

# What we know



- **Much of the existing evidence focuses on the experiences of families and households with children.**

Much of the research conducted on TA has given some attention to health outcomes, but nearly all of this concentrates on households with children. A [2020 literature review](#), spanning research from several high-income countries over a period of 40 years, found numerous descriptions of the adverse effects of living in temporary accommodation on the health of children under five, most often **respiratory infections and poor nutrition**.

Another common finding in the literature is that people living in TA have **insufficient access to health services**. Neighbourhood environments and parents' mental ill-health also contribute to worsening conditions and poor long-term outcomes. The COVID-19 pandemic exacerbated these health issues for under-fives, with decreased opportunities for in-person health services found to hinder development.

Historically, the vast majority of households in TA have included children, but [recent government figures](#) show a **significant increase in the number of households living in TA without children**. The COVID-19 pandemic saw an increase in the proportion of households without children in temporary accommodation, which has not returned to pre-pandemic levels. Gradual changes brought about by the Homelessness Reduction Act are also a likely factor in this shift.

# What we know



- **There is a link between living in TA and poor mental health.**

A [2020 study](#) on families in TA in Bromley found that **73% of adults had had a mental health diagnosis at some point**. This is only marginally lower than the equivalent finding (77%) from the borough's single homeless health audit, carried out the previous year, which surveyed people who were sleeping rough or staying in hostels.

[#HealthNow research](#) across various cities **found that 67% of people living in TA reported challenges with their mental health**, along with 64% of people experiencing other forms of homelessness. This suggests that mental ill-health is no less prevalent among people living in TA than among people facing other forms of homelessness. It nevertheless remains far less understood; while the NHS Mental Health Implementation plan requires mental health needs assessments for people sleeping rough, it does not require the same for people in temporary accommodation.

Much of the recently published mental health research has been explicitly connected to the COVID-19 pandemic. [Shelter research](#) found that people living in TA in 2020 were experiencing very poor mental health. **Even those who had never previously suffered from mental ill-health experienced symptoms stemming from isolation and uncertainty about their housing security**. Conversely, another COVID-19-focused [study by Justlife](#) found that, while **isolation, paranoia** and **anxiety** were all commonly reported by people in single TA households, some participants said that they had already been feeling isolated before the pandemic.

# What we know



- **There is a link between living in TA and poor mental health.**

National lockdowns had well-documented impacts on mental health for the whole population, so disentangling these from the effects of living in TA has been a challenge. To try to address this, [one study](#) compared the prevalence of mental health conditions between parents living in TA and parents living in stable housing in the London Borough of Newham. It found that **severe depression and severe anxiety were far more common among parents living in TA**. While this study had methodological constraints that meant that socio-economic differences between the two groups were likely to have been amplified, there is still reason to suspect that TA might lead to poorer mental health outcomes. **78% of participants in one 2021 study reported that living in TA had a negative impact on their mental health**. Studies commonly cite traumatic incidents and unsafe conditions in TA as drivers of this mental health deterioration.

[2023 research](#) from Shelter reinforced this and found **two in three (66%) people reported TA having a negative impact on physical or mental health**. It also found that when people were initially placed in TA, mental health problems were often exacerbated. Seven in ten (71%) reported that their stress or anxiety had worsened because of their living situation and only 14% say that it had improved.



# What we know



- A significant proportion of people in TA experience physical health needs.

In [JustLife's COVID-19 research](#), almost half of participants surveyed in Bromley had either a longstanding illness or a disability. Despite the researchers not setting out to investigate it, 37% of the participants mentioned having physical disabilities. Our review did not find any research explicitly focusing on people with disabilities living in TA.

The evidence we reviewed found that living in TA worsens existing physical health issues and creates new ones. 46% of [Shelter research](#) participants said that living in TA had affected their physical health. In another study, participants reported losing weight and developing respiratory and skin problems. Especially during lockdown, people found their personal hygiene also suffered because they only had access to communal bathrooms and there was a lack of washing machines.

Disabled people living in TA face particular challenges maintaining personal hygiene when accessible facilities have not been properly considered or provided.

# What we know



- Access to appropriate healthcare while living in TA is a challenge.

Evidence shows that people living in TA face similar **barriers to accessing health services as people experiencing other forms of homelessness**. Attendance at accident and emergency units, for instance, is similarly high for both groups. In [one study](#), **70% of families in TA visited A&E more than once in a year and 23% did more than three times**. This suggests challenges accessing primary healthcare like GP surgeries.

[Shelter's research](#) found that **four in ten (39%) people said living in TA made it harder to access healthcare appointments**, especially when people had to move regularly between different local authority areas. Problems accessing primary health services, however, were not examined in depth in the literature we reviewed.

In the evidence we reviewed, the main challenge to accessing health services is the **distance required to travel to GPs and other health services**. This can prevent people from attending appointments, especially when they have been required to move into accommodation in a different area. Support staff have reported that the distance required to travel to mental health support was, in some cases, enough to deter people from accessing it at all.

# What we know



- **Flexible and specialist support improves the health and wellbeing of people living in TA.**

To overcome barriers to accessing healthcare, services will commonly arrange for **support workers to meet residents at their temporary accommodation**. Fulfilling Lives South-East successfully did this to improve support for people facing multiple disadvantage. The project's [evaluation](#) suggested that this form of **trauma-informed floating support** – which worked alongside drug and alcohol services with the residents “*most likely to fail their tenancies*” – resulted in a reduction of evictions from otherwise unsupported TA.

People from Brighton are often relocated to other areas. The city [found that](#) providing **an out of area engagement worker helped to reduce the effects of isolation and loneliness**. This support included accompanying people to health appointments. It also facilitated engagement with therapeutic activities to promote better wellbeing.

Mental health services that provide more flexibility than NHS statutory services also helped to remove barriers for people struggling to attend appointments. The availability of **specialist services for parents** has meant that missing an appointment because of difficulties with travel or childcare does not have to result in withdrawal of services. Increasing flexibility can also include **the expansion of phone appointment options for some people**. During the COVID-19 pandemic, some TA residents – especially those with physical disabilities – said that this made appointments much easier to attend.



# **2** **What we heard - findings from our research and community reporting**



# Who we heard from



Semi-structured interviews with:

- **13** people currently living in TA across **9** London boroughs.
- **3** staff members who directly support people living in TA in London.

**3** online workshops with peer volunteers, staff members and stakeholders.



Reports from  
**10** Listen Up!  
Community  
Reporters from  
across England.

Listen Up! is Groundswell's community reporting project. It's a movement of people united in the belief that elevating the voices and insights of our reporters will challenge stereotypes and help decision makers end homeless health inequalities. Read, hear and watch reports at [the Listen Up! Hub](#).

# Key themes



A lack of choice, control and autonomy when accessing and living in TA.

Experiences of poor and inappropriate accommodation.

Significant barriers to finding and accessing healthcare support.

Limited and inconsistent support from health and housing workers.

Feelings of isolation, insecurity and hopelessness.

An inability to put down roots and engage with support within the community.

**Existing health issues get worse**

**New health issues emerge**

**Ability to address health is weakened**

# A lack of choice, control and autonomy

- Many interviewees described having minimal choice and control when initially accessing TA, this lack of autonomy continued throughout their experiences of living in TA.
- Although most people we heard from were housed in the same borough as their council, it wasn't unusual, especially for people with children, to be moved to a different local area despite already having connections with schools and healthcare services in the borough in which they had become homeless.
- The illusion of a choice was present when they were offered an accommodation option, but they knew that they had to accept this option or risk being provided no further alternatives.
- Often interviewees described being provided an opportunity to make a decision, however this was largely uninformed, where people were not provided the information they needed to make an informed choice.

*"No, you have no choice. You are basically presented with a place, and you are told to go there. You can't see it before you accept it. I mean I – this is a real problem in my case particularly. I wasn't allowed to read the tenancy agreement before I signed it. The woman just made me sign it basically – if she wants me out of the room... you are not allowed to see the property".*

*"...if they don't take it, you get taken off the list. But then if you do take it, then you also get taken off the list. So, now I am stuck in his place".*

*"I didn't even know where it was, because it's in a part of town I didn't really know. And I was basically just told to show up and collect keys. I wasn't given any information about what the property contained, if it had appliances, if there was electricity on a meter or not. Like nothing like that was explained to me at all".*

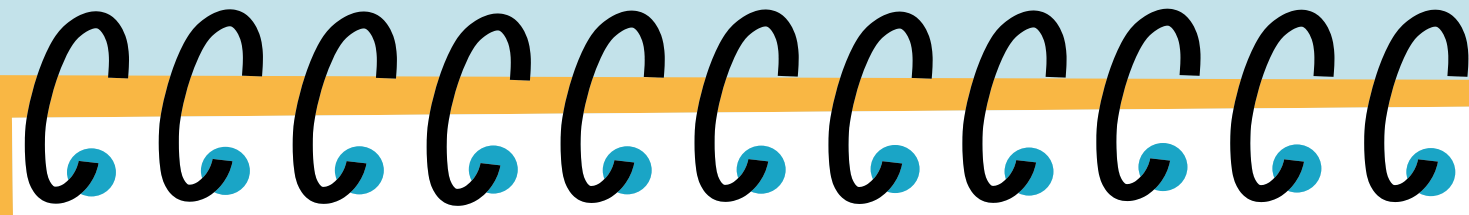


# Reporters' insights

Our Listen Up! Community Reporters have also shared their experiences of being housed in temporary accommodation. In this report, a Community Reporter describes their experience of being “continually displaced” during the process of accessing TA.

Read the report at the Listen Up! Hub:

[“And of course, all of this is temporary. So you’re continually displaced” – Navigating the process of finding accommodation, October 2020](#)



*“You can be placed anywhere in London, it doesn’t have to be in East. Sometimes they’re nice and they try to place you as close to where you are from – say if the kids have school and stuff and all that.*

*But most of the time I was never placed in my borough. It was usually placed outside of my borough, still in east London, but generally quite far. And in places that I’ve never been before”.*





# A lack of choice, control and autonomy

- The lack of agency people experienced led to a significant impact on people's ability to maintain their mental health and wellbeing, often leading to increased stress and anxiety. This was amplified by poor communication from housing professionals at the time, which heightened feelings of uncertainty.
- Whilst accessing TA, communications and information provided was often experienced as punitive and opaque in nature.
- Many people described communication stopping at the point of accessing their accommodation with a significant lack of clarity around the duration of stay or what ongoing support was available.
- For those who were able to communicate with local authorities, interactions were often described as a "fight", as people tried to challenge the decisions made and advocate for more appropriate accommodation.



*“Well it’s distressing, frustrating. You know, because they have got this thing where it’s like ‘if you don’t get in contact with us, then you are not.... Cooperating with us. So, we can just hold back any help’. And then equally go incommunicado for like months at a time”.*

*“So, every time you have to fight with the systems. And go through prolonged battles with councils, with everybody trying to argue for the individuals so that they can be housed. And it takes along long time. And it is a lot of mental torture for them”.*

*(Stakeholder interview)*

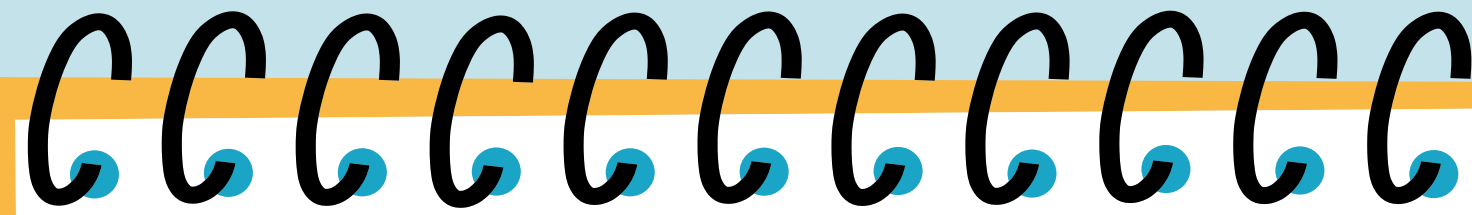
*“I feel like I am sitting here, and everyone is just sucking all of the life out of me. And I have nothing left, I cannot fight anything anymore”.*

# Reporters' insights

In this Listen Up! report, Community Reporter Aaron describes his experience of first entering TA.

Read the report at the Listen Up! Hub:

[Temporary Accommodation \[Part 1\], December 2022](#)



*“When I first approached my local council for help, I was virtually thrown into a single room in a very seedy guest house that had seen better days and if I’m going to be honest, smelt like a cannabis farm. The room consisted of a single bed, a wardrobe and a broken microwave located on the floor, next to a burnt-out plug socket.*

*I certainly didn’t feel safe being in that room, but I was grateful at least because I would no longer be sleeping rough”.*

# Poor quality and inappropriate accommodation

- Interviewees felt their healthcare needs or mobility issues had not been considered when finding them somewhere to live. Several people described living in accommodation they found difficult to physically access.
- People often described their accommodation as poor quality and lacking the required facilities to maintain their wellbeing.
- Local authorities and landlords were generally slow to respond to enquiries about repairs, housing advice and the care needs of tenants, if they responded at all.
- Some interviewees weren't sure if they had a housing officer, while others were pushed between different departments. Despite making concerted efforts to communicate with the council, some didn't receive a response or felt ignored. This leaves people feeling frustrated and powerless within a system that can be confusing and exhausting to navigate and understand and doesn't appear to help you find the answers you need.

*“Suffering with chronic fatigue syndrome there are certain things you learn very quickly about how to control your diet to best manage your energy levels. I was given no food; I was given no support to get my DWP money back. I have no laundry facilities. So, this means that I am now in the clothes that I have been wearing for four weeks”.*

*“Well should be some kind of ...I don't know, some national standards to it at least. Of what is deemed acceptable. It should be deemed as its appropriate for the persons physical and mental health needs. It should be considered who the other tenants are and if it's appropriate for that person”.*

*“Because I am so unwell and I only feel safe in the building, but the building manager is aggressive and bullies me and has manhandled me in the past. And just will not provide any kind of service to me in terms of repairs or anything like that”.*

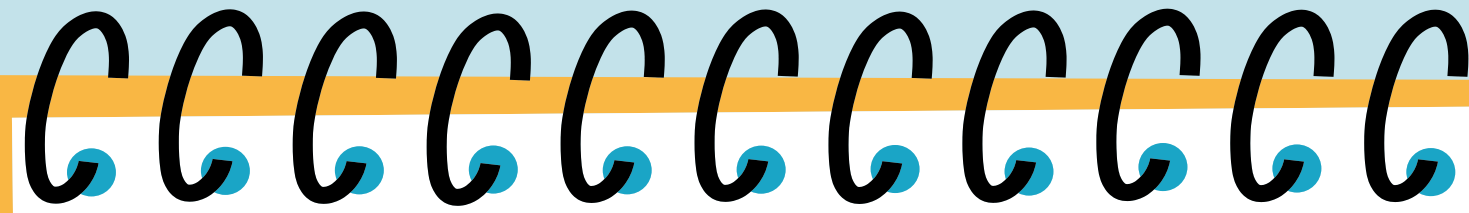


# Reporters' insights

In this Listen Up! report, Community Reporter Maya describes her experience of living in TA during a heatwave.

Read the report at the Listen Up! Hub:

[Hell is a Heatwave in a Bad Building, August 2022](#)



*“The atmosphere is muggy and there’s a sour smell in the flat, caused by the mice behind the cupboards and in the walls and by the rotting carpet. The windows are sealed shut and haven’t been washed in years. Two fans, placed as strategically as possible given the absence of plug points and with the dodgy wiring in mind, move the dense air around sluggishly.*

*Outside, the temperature is 32°C. My energy, already low because of chronic ill health, is reserved for the most minimal activity – swapping an empty water bottle for a full one, eating a small snack every few hours, intermittently soaking the t-shirt I’m wearing and sponging down the dog. Sleep is restless and sweaty, interrupted by thirst or worry or feverish dreams. We’re in survival mode”.*



# Significant barriers to accessing healthcare

- Interviewees described significant barriers to maintaining their health and accessing appropriate and timely healthcare. Many people described relying on healthcare services from different localities where they were previously accommodated.
- For those who needed support from mental health services, living in TA posed a significant barrier to access. This was especially the case for people who had been moved into different local areas and needed to re-join waiting lists for treatment.
- When people's health worsened from living in TA, it knocked their confidence and motivation to seek out support with their healthcare. This often meant people relied on support services to advocate for their health needs.

*“Because there is so many different nuances and different departments. Nobody is working together. So, even though they all need the same information, they are not taking to each other.*

*So that is what the care coordinator does. A coordinator fishes out all of the key contacts, finds out who need what information, chases people when necessary and then keeps the conversation moving forward. But unless you have a care coordinator you won't have access to these powers”.*

*“I don't have GP, I don't have anything, they are the one who help me to get a GP, to get everything and to get back to my medication. Then I was put in prior accommodation, the house [unclear] as I told you, they give me... heater for long. So, that's how loads of problems started, I changed to this place. Also, this place also... I am happy ... because I have a roof with my head”.*



# Limited and inconsistent support

- The wrap around support for people moving into TA was inconsistent and insufficient. Many people fell through the cracks and did not receive the support they needed to maintain their health and accommodation.
- Interviewees who had slept rough before being placed in TA tended to have the best routes of access to support, as they were still linked into homeless and rough sleeping services.
- Care was generally provided through a keyworker, upon whom interviewees relied to manage many of their needs. A lack of available resources and staff capacity meant people generally waited for support for long periods of time.
- There was an evident need for more collaborative and coordinated care. Access to care coordinators and key workers who could provide support was described as a "*postcode lottery*".

*"... I have chronic pelvic pain so it just means that I am immense amounts of pain 24/7. So, sometimes depending on my cycle, it can get really bad, sometimes it can be relatively good, like this where I am sitting and having a conversation with you. And then sometimes I am just paralysed from pain and I can't do anything. I need everything done for me. So, luckily, within these past years I have got a carer, it's just that I don't have enough time with her. So, again, it's the bare minimum that is being done with her. So, eating, washing my body, brushing my teeth, having a bath, eating. That's it. Medication, that's it. Whereas the rest of the stuff kind of as individual still matters. So, being able to exercise, being able to go to social activities, being able to have fun. I don't know... going to the park, going swimming, cycling... these things really make kind of my holistic treatment much better when I am able to access these services. But because I don't have the resources I don't have enough time with the care, I can't get to these things".*



# Feelings of isolation, insecurity and hopelessness

- Interviewees said the uncertainty of their accommodation situation had a significant impact on their emotional and mental wellbeing, whilst simultaneously posing barriers to accessing support to maintain their mental health. This was particularly concerning as most of people we heard from had pre-existing mental health issues.
- Often interviewees felt a sense of hopelessness around their accommodation situation, not knowing how to move forward and receiving limited support to do so.
- These feelings led to some people completely isolating themselves from their support network, unable to leave their accommodation for fear.

*“Yeah, it’s much worse. It’s got much, much worse. So, the reason I wasn’t working...was because I had ongoing mental health stuff around depression. Since then, I now such deep anxiety that I barely leave the house. And there have been periods in the last five years where I haven’t left the house for weeks at a time”.*

*“My mental health suffered early March. I was on the mend when I left hospital, I was really, really put back... I was put back together. I had a lovely team, all the nurses, all the mental health nurses, every day...Now I feel that due to very minimal support or hard to access support I struggle with adhering to my meds, I struggle with getting clean, with keeping things tidy”.*

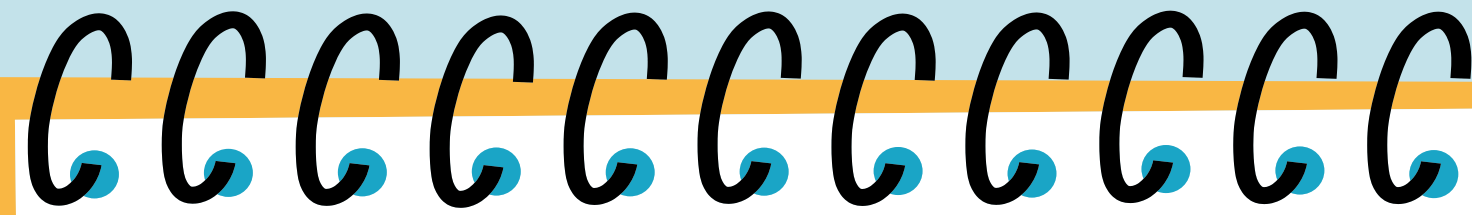
*“I mean I just live in absolute fear and insecurity and upsets. And it’s made me so depressed that I can’t leave the house and I don’t wash or eat or see my family”.*



# Reporters' insights

In this Listen Up! report, Community Reporter Mahesh describes his experience of living in TA and the toll this took on his health.

Read the report at the Listen Up! Hub at [Temporary Accommodation, Temporary Respite, February 2023](#)



*“Personally my experience of TA, was of a world difficult to access. Its wildness pummelled me, not so much mentally, as spiritually, punishing me, depressing the natural bonvivantness of my life, my joie de vivre generally.*

*I changed physically, losing body mass and muscle tone,. Some health issues raised their ugliness to me, but thankfully I received encouraging reassurances from medical professionals. My perceived stoicism and perhaps my genetic heritage kicked in to protect me.”.*





# An inability to put down roots

- Many interviewees described having to ‘start from the beginning’ when they moved into TA, often several times. This created challenges in accessing local support and engaging with the wider community.
- Interviewees described several barriers to accessing healthcare, often relating to the uncertainty arising from their accommodation situation, worsening mental health and feelings unsafe in new areas.
- We heard from several people who still had to use services in areas they no longer lived in to get their needs met. One interviewee described waking up at 5am each day to get their child to school on time in another borough.

*“The only roots I can think of are my plants really. Because I don’t really have any friends in the area. I haven’t been able to adjust into the community. I haven’t been able to go to the leisure centre. Go to the library for events or activities. So, there is a lot of things that I could be doing, but I am just not able to get out there and reach it”.*

*“Because before in [location]... my family, my friends and my community in that area because I living almost ten years there. Everything is there for me. If someone calling to help me, everyone is coming to me. Now I am far everything, doing by myself. I wake up five o’clock to take them to school, because I don’t want to be late for my daughter. And for me as well, because I just starting the course, I want to finish it...It’s very difficult”.*





# **3 What should change - solutions from peers and stakeholders**



# Co-creating actions



We hosted three online workshops to share emerging findings from the research and to co-design actions. We held the first with the national #HealthNow peer network, made up of Groundswell volunteers and volunteers from partner organisations to gather insight into the experiences of people who are homeless right now, and to give the opportunity for them to be heard by people who can listen and respond.

For the second we met with the London Participation Network, through which we bring together people with direct experience of homelessness to tackle health inequalities, in partnership with Transformation Partners in Health and Care.

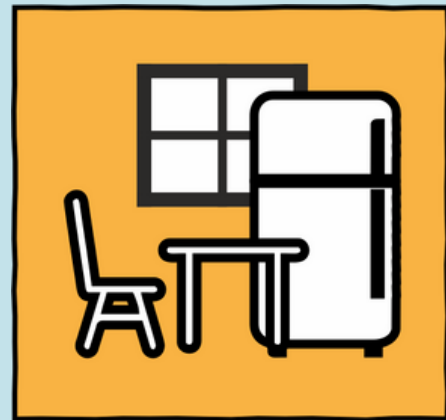
Our final session involved a range of stakeholders from across the health and homelessness sector, including representatives from the NHS, the Department of Levelling Up, Housing and Communities, local authorities and the voluntary sector.

We asked attendees to consider the findings, share their reflections and discuss potential solutions to the problems we all recognised. The workshops also provided an opportunity to share examples of good practice that could be replicated.

# Actions



Findings from our research clearly illustrate the effects on health caused by the process of accessing and living in TA. TA should be a stepping-stone towards secure accommodation – anything more than a short stay in TA has the potential to damage a person’s health, wellbeing and recovery from homelessness.



## 1. Improve the availability and quality of housing provided

- The UK and devolved governments and local authorities must invest in affordable housing, increasing social housing availability and ensuring permanent housing options are more available, reducing the need for and duration of stay in TA.
- If TA is the only solution, then local authorities should only use it for short periods, and it should be both appropriate to the needs of the tenant and of good quality.
- The Department of Work and Pensions should unfreeze and increase the Local Housing Allowance (LHA) to make it easier for local authorities to secure decent quality TA.
- Within the new Social Housing Regulations Bill, the UK government should regulate TA to ensure accommodation meets quality and safety standards. The recently introduced [Scottish framework](#) provides a good model. People with experience of homelessness should be meaningfully involved in the consultation and implementation of new regulatory structures.



# Actions



## 2. Equip people living in TA with appropriate support

- Responsible local authorities should commission support so people living in TA have a consistent point of contact who will ensure they have the right information when placed in new TA and will provide clear and regular updates throughout the stay.
- People with experience of homelessness should play a central role in the design, commissioning and delivery of support services for people living in TA.
- Invest in legal advice which is accessible to people living in TA, helping people to challenge effectively.
- Provide consistent funding for [Temporary Accommodation Action Groups](#) in each London borough to provide meaningful opportunities for engagement and allow people to build local connections and community.
- [NHS Mental Health Implementation Plan](#) should include the requirement for mental health needs assessments for people living in TA.



# Actions



### 3. Provide and encourage more opportunities for joint working between housing and health sectors

- Ensure housing and health sectors work closely to assess the health and care needs of anyone accessing TA, care and support plans should be reviewed regularly to monitor any deterioration in health and wellbeing throughout a person's time in TA.
- Provide sufficient funding to allow local authorities to ensure holistic, multi-agency support is provided for all people living in TA, with a key focus on getting people access to the physical and mental health services they need locally.
- Invest in proactive, flexible and specialist health provision tailored to the needs of people living in TA, learning from other localities where this provision has been effective.
- Integrated Care Boards (ICBs) should ensure that the needs of people living in TA are considered and embedded into their Inclusion Health Plans.
- ICBs should involve people with lived experience of homelessness in their localities in the development, delivery and oversight of local services.

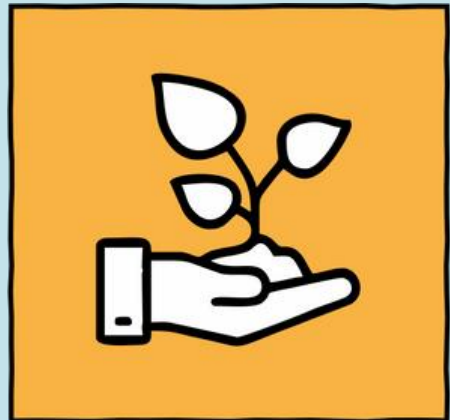


# Actions



## 4. Ensure TA is person-centred and psychologically informed

- Commissioning processes should adopt person-centred models, moving away from traditional problem-centred approaches to enable housing and health sectors to work in a flexible, relationship-focused way, responding to individual need.
- TA provision should be psychologically informed. This should be a key consideration in both the built environment and the wrap-around support provided to people living in TA.
- Commissioners should ensure that people with lived experience of homelessness are involved in the design, delivery, monitoring, evaluation and quality assurance of local services.



# A final reflection



## The way we talk can frame what we think and do

- 1 in 4 London households living in Temporary Accommodation stay for more than a year. But the *temporary* nature of that arrangement makes it harder for people to live a settled life. The name ‘Temporary Accommodation’ fuels a sense of insecurity. By reframing the way we talk about this type of accommodation, could we help shift the way people think about it?
- More precise vocabulary could better describe the intention behind this type of accommodation. Suggestions emerging from stakeholders we consulted included “transitional housing”, “introduction to rehousing” and “independent or supported pathway into housing”.



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