It's like torture
Life in Temporary Accommodation for neurodivergent children and their families

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autistica

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Contents

Foreword

If you want to understand whether a system is working, you should look at how it treats children. By that measure, the findings in this report should trouble every one of us. Too many homeless neurodivergent children, and their families, are being failed by the very systems designed to support them.

This report does not deal in abstractions. It documents real children, real families, and the real harm caused when housing, health, and education systems fail to work together. As chair of the All Party Parliamentary Group for Households in Temporary Accommodation and MP for Mitcham and Morden, I have been campaigning for improved, collaborative work between services to ensure that no more children fall through the cracks, while living in Temporary Accommodation. The consequences of not doing so are reflected in the grim realities highlighted by the findings of this report.

Neurodivergent children are among the most vulnerable in our society. They need stability, consistency, and environments that support their development and wellbeing. Temporary accommodation is the antithesis of this; it is noisy, overcrowded, unsafe, and wholly unsuitable. For some families, these conditions last not weeks or months, but years and even entire childhoods – having a detrimental effect on the health and educational outcomes of these children.

The comparison of neurodivergent children's experiences of Temporary Accommodation to 'torture' should outrage us all. These outcomes are not inevitable and should never become the norm for homeless families. The housing crisis has created a very difficult situation for local authorities and services across the country, who are under extreme pressure to support homeless households. However, it is morally unjustifiable that these children are forced to endure conditions tantamount to prison. This must change now.

This report is not just to be read. It is to be acted upon, and acted upon immediately. Until the needs of neurodivergent children are met appropriately and their wellbeing is prioritised, we will continue to fall short of our responsibility to protect them.

Siobhan McDonagh

Dame Siobhain McDonagh MP
Chair of the APPG for Households in Temporary Accommodation

Foreword

In 2018, during my official visit to the United Kingdom as UN Special Rapporteur on Extreme Poverty and Human Rights, I observed that poverty was a political choice, not an inevitability. I warned that carefully and deliberately designed austerity policies had hollowed out local authorities, shuttered libraries and community centres, frayed the social safety net, and ushered in a digital-by-default welfare state that too often placed bureaucratic hurdles over human need. I documented the growth in foodbanks and homelessness, the punitive design of Universal Credit, and the erosion of prevention and due process – findings that pointed to a profound values shift away from social protection and towards conditionality and control.

Reading the present report in 2025, I am struck by how much of that trajectory has continued – and, for children, worsened. Family homelessness in the UK has reached record levels and the lived reality for many families remains instability, debt, disrupted education, and declining health. When local systems are under-resourced and siloed, families are pushed into crisis responses that are costlier and crueller than the prevention that ought to be delivered as a matter of rights.

This report underlines, with vivid testimony, how child poverty, austerity, and homelessness now combine to produce foreseeable harm. That should make everyone think carefully about the obligations of the state. When governments place children in conditions that they know will undermine health, schooling, and safety, it is not merely a policy failure, it is a breach of the state's positive duty to protect children from harm.

In my capacity as legal adviser to UNICEF, I was actively involved in the drafting and initial implementation of the UN Convention on the Rights of the Child (UNCRC). This report shines a critical light on an area that has been largely absent from global and national discourse: the rights of neurodivergent children. Their experiences of homelessness and housing insecurity expose a profound gap in policy and practice that demands urgent attention. Importantly, this report expands the human rights lens beyond traditional definitions of harm to include sensory environments which can inflict deep suffering.

I strongly support the recommendation that the UNCRC be incorporated into UK domestic law. Incorporation would require consistent consideration of children's rights in housing, homelessness, and education decisions, and bring into daily practice the rights to safe housing, education, protection from violence and neglect, and being heard. It would set a floor beneath children's rights that cannot be bargained away for administrative, political, or financial convenience. This report is groundbreaking because it forces us to confront a neglected dimension of child rights and compels government to act boldly; incremental steps are not enough – only radical change will prevent another generation from enduring systemic harm. Temporary Accommodation must never mean permanent harm, and the UNCRC should be the legal compass that ensures children's rights are honoured to their fullest.

Philip Alston

Professor Philip Alston
UN Special Rapporteur on Extreme Poverty & Human Rights (2014–2020)
John Norton Pomeroy Professor of Law, New York University

This report contains references to distressing experiences, including self-harm, suicidal thoughts, and severe emotional distress among children and families

It’s like torture

Families told us that living in Temporary Accommodation felt ‘like torture’ for their neurodivergent children and, by extension, for them as carers. This phrase captures the relentless and creul nature of daily life marked by uncertainty, sensory overload, and the removal of familiar routines and supports.

‘Putting people who are neurodivergent through this is almost like torture to them, living with constant uncertainty, in unfamiliar surroundings without familiar things around them. It plain cruel and shouldn’t be allowed to continue.’ (Single parent with 1 adult child who is neurodivergent, now in social housing, Kent)

‘My child does not cope with the noise to the point she self-harms. We have to spend nearly all day outside which she can’t cope with due to sensory overload ... I am her main carer and have cerebral palsy. The Council have had a letter from an occupational therapist to say the property doesn’t meet our needs and we have still been left here.’ (Single mother with 1 child who is neurodivergent, has been in Temporary Accommodation for 14 months, East Sussex)

‘My child does not cope with the noise to the point she self-harms. We have to spend nearly all day outside which she can’t cope with due to sensory overload.’

‘Both of my children have a connective tissue disorder that’s commonly found alongside autism and ADHD. They have orthopaedic mattresses, chairs, TENs machines, various aids, equipment and tricks at home to take the strain off their joints and lessen pain and likelihood of injury. The beds in all Temporary Accommodation, sometimes sofa cushions on friends’ floors ... they caused them so much pain and limited their mobility. My older one went from using a walking stick mostly to having to use their wheelchair much of the time. They both need strong muscles to support their joints but had so little opportunity to move about. My 9-year old’s knee started to slip due to muscle wastage and had them tumbling down the steep steps in our temporary flat. The knee still fully dislocates as once it happens to a joint it becomes more likely to happen again. Then throw in neurodivergence and their ability to emotionally regulate when in pain or anxious about injury, I had two extremely mentally unwell children.' (Mother with two children, both of whom are AuDHD)

'It was horrific for my son. We were placed in a second floor flat with no access to an outside space and it was on the main road … So, he was really like a prisoner because of high needs and his lack of understanding of safety aspects. He couldn't access any fresh air really, apart from opening the window, which again that's not safe. As time went on, he started to confine himself completely to his bedroom, and then he became really kind of a little bit protective of that space … It was like he would get cross when we entered it. It was difficult as he's non-verbal so you can't kind of have conversations about how he's feeling.' (Mother with three children, adult child is autistic)

'It was horrific for my son. We were placed in a second floor flat with no access to an outside space and it was on the main road, so he was really like a prisoner.'

'Parents at this hostel describe it as an open prison and those with neurodivergent children say it is extremely challenging being in one small room and not being allowed visitors to help support the children and keep them safe whilst they cook or take a shower. Families have started to support each other in the hostel and have now been banned from visiting each other's rooms.' (Practitioner, charity/third sector, Hackney)

'When you're neurodivergent or supporting neurodivergent children, it's not just about having a roof – it's about routine, regulation, and feeling safe. None of that exists in this situation, and we're doing everything we can just to hold things together.' (Married/partnered neurodivergent mother with 2 autistic children, currently living in Temporary Accommodation, Belfast)

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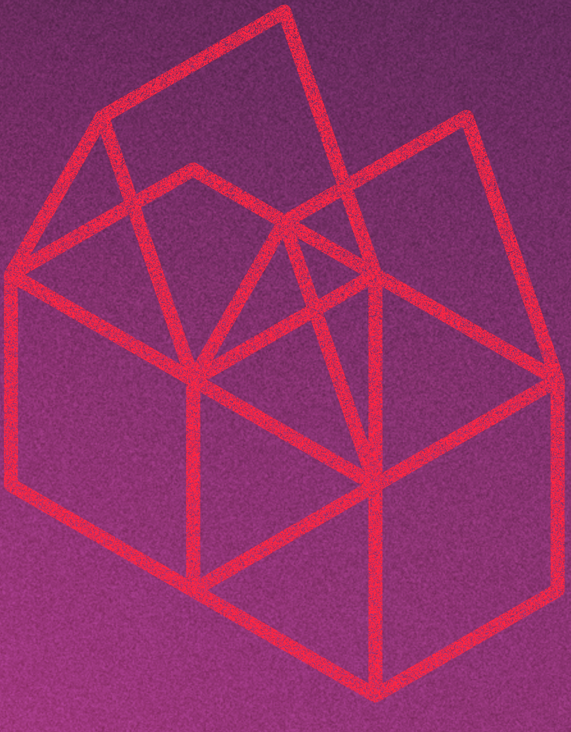
Executive summary



Executive summary

This Call for Evidence report reveals a striking and consistent theme: families and practitioners working with families describe the experiences of homeless neurodivergent children living in Temporary Accommodation as ones characterised by harm and in some cases 'like torture'. Parents report that chronic uncertainty, restricted space, lack of outdoor access, unsafe environments, and the removal of familiar supports cause severe distress for their neurodivergent children, who can become withdrawn or hyper-vigilant. Accounts describe children who cannot safely go outside, families banned from receiving visitors, and parents[2] forced to manage high needs without support, leading many to describe their living conditions as 'an open prison'. These testimonies highlight how Temporary Accommodation is imposing profound sensory, emotional, and psychological harm. Physical health was also compromised by the lack of space, damp, mould, and unsafe fittings, while restricted diets and lack of cooking facilities led to malnutrition risks. The report raises urgent questions about whether UK housing policy is inadvertently subjecting neurodivergent children to conditions that constitute *de facto* child cruelty.

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UK policymaking, charity campaigning, and advocacy work have traditionally focused on clear and recognisable forms of child cruelty – such as physical and sexual abuse, emotional abuse, neglect, exposure to domestic violence, exploitation, and institutional abuse – because these involve identifiable perpetrators and fit established legal definitions of harm. What has received far less attention, however, is how systemic or environmental conditions, such as unstable or distressing housing, can also inflict significant suffering, particularly for neurodivergent children whose needs make them especially vulnerable to harm that falls outside traditional understandings of cruelty. Having ratified the UN Convention on the Rights of the Child (UNCRC), the UK state has a positive obligation to protect vulnerable children from foreseeable harm. Yet neurodivergent children are placed in circumstances where harm is not incidental but built into the environment itself. Continuing to house neurodivergent children in such conditions in Temporary Accommodation – despite evidence of the damage it causes – can be considered as a form of torture and child cruelty. In this sense, government and societal understanding of child cruelty has not kept pace with the lived realities of neurodivergent children, leaving a significant form of harm unacknowledged and unaddressed.

Neurodivergent children are placed in circumstances where harm is not incidental but built into the environment itself.

In this report we present key findings of the first UK-wide Call for Evidence focused on families living in Temporary Accommodation with neurodivergent children. The call was conducted between May and August 2025 by King's College London's *Sensory Lives*[3] research team in partnership with the All-Party Parliamentary Group for Households in Temporary Accommodation, Shared Health Foundation, Justlife, and Autistica. It received 61 submissions – 21 from parents and 40 from practitioners – producing 280 individual responses.[4] These accounts provide a unique and urgent insight into the intersection of family homelessness and neurodiversity, an area that has been largely overlooked in policy and research.

Family homelessness in the UK is at record levels. In England alone, for the period April – June 2025, 172,420 children were living in Temporary Accommodation.[5] Scotland and Northern Ireland report similar trends, while Wales shows some marginal improvement. Despite its name, Temporary Accommodation is rarely short-term; families often remain for years due to chronic shortages of suitable housing. The average time spent by the respondents to this Call for Evidence – based on current and past stays – is 4.5 years.

Neurodivergence is a community-developed term that describes 'a group of people whose ways of processing information, behaving, and experiencing the environment differs from the neurotypical majority'.[6] It is often associated with (but is not restricted to) autism, attention deficit disorder/attention deficit hyperactivity disorder (ADD/ADHD), both autism and ADHD together (known as AuDHD), dyslexia, dyspraxia, Tourette's Syndrome, sensory processing disorders, and obsessive compulsive disorder (OCD). Some people would also include learning disabilities such as Down's Syndrome under the neurodivergence label. Importantly, neurodiversity follows the social model of disability, which emphasises that neurodivergent people are not at fault or deficient, but rather that societal structures and systems are at fault for failing to account for neurodivergent needs.

For neurodivergent children, the experience of Temporary Accommodation is not simply a housing issue but a profound form of sensory harm. Hostels, B&Bs, or emergency accommodations are often noisy, overcrowded, brightly lit, smelly, unpredictable, and shared with strangers. To a child whose nervous system reacts more intensely and more painfully, this can amount to unrelenting sensory assault. This form of housing frequently prohibits personal belongings, space to decompress, and places of quiet and calm that are essential for neurodivergent self-regulation.

Neurodivergent children commonly rely on routine, predictability, and safe environments to thrive. In contrast, Temporary Accommodation is marked by instability, overcrowding, and poor conditions, stripping away these foundations and creating a situation that is harmful to children's health, education, and overall wellbeing. Children are moved suddenly, without timelines, often with repeated relocations. Removing these stabilising supports can place the child in a state of emotional deprivation that can become psychologically excruciating, not unlike solitary stressors used in coercive environments. Disruption of schooling, therapy, and support networks further isolates children. For many, this leads to regression in communication, heightened anxiety, increased self-harm behaviours, and as previously mentioned, decreased ability to self-regulate. For neurodivergent children then, the foundations for emotional regulation and basic safety are not being met.

For neurodivergent children, the experience of Temporary Accommodation is not simply a housing issue but a profound form of sensory harm.

Education emerged as another critical area of concern in the Call for Evidence. Frequent moves between boroughs disrupt schooling and sever access to special educational needs (SEN) support. Children drop off waiting lists for diagnostic assessments and therapeutic services, delaying or denying essential interventions. For those with Education, Health and Care Plans (EHCPs), relocation threatens hard-won provision, while others miss out entirely. The consequences are long-term: some children have been out of school for years, with parents fearing irreversible impacts on learning and social development.

Urgent safety and safeguarding issues were pervasive – which means that the response to children's experiences in this report cannot be slow or fragmented. Temporary Accommodation environments often include unsecured windows, hazardous staircases, and shared spaces with vulnerable adults, creating risks for children with limited awareness of danger. Practitioners highlighted safeguarding concerns where older children of different genders were forced to share rooms, and where vulnerable young people were exposed to exploitation risks in mixed hostels.

Living in Temporary Accommodation with a neurodivergent child is a whole-family issue. Many families include multiple neurodivergent members, including parents, compounding the challenges. For parents, Temporary Accommodation imposes heavy care, advocacy, and administrative burdens, often described as equivalent to holding multiple full-time roles: caregiving, securing SEN support, and navigating housing systems. In it, parents report mental health deterioration, including hopelessness and suicidal thoughts, driven by instability, surveillance-like checks of their rooms, and the struggle to keep children regulated without respite. Severe sleep deprivation is common – parents stay 'on high alert' to mitigate safety hazards (e.g., gas hobs, unsecured windows/stairs), worry about neighbour complaints, and manage their neurodivergent child's night-time dysregulation.

Severe sleep deprivation is common – parents stay on high alert to mitigate safety hazards and manage their neurodivergent child's night-time dysregulation.

Temporary Accommodation undermines parental employment: long, complex school journeys and the regularity in which their neurodivergent child might reject school or be sent home, reduce some parents' ability to work or sustain performance at work. Financial strain and debt can be incurred because of this forced withdrawal from paid employment and the increased costs of travel/taxis and storage fees to preserve belongings for a future permanent home. The loss of support networks from no-visitor rules and relocations far from family and friends strips away informal care and statutory respite and leaves parents isolated and stressed.

Siblings can be subject to family separations because Temporary Accommodation cannot accommodate everyone's needs; some children live apart (e.g., with the other parent) when a neurodivergent child requires space or adaptations that are not provided. Sibling relationships can become strained in cramped and unsuitable spaces, with reports of increased conflict and violence when different sensory or regulatory needs collide at close quarters, sometimes resulting in injuries and hospital visits. Daily life for siblings is curtailed: they may lose access to outdoor space, be unable to invite friends over, and are often prevented from going out, particularly where constant supervision of a neurodivergent child is required for safety.

Sleep is a whole-family issue that impacts siblings as well as parents. Siblings sharing rooms (or even beds) with different ages and routines experience disrupted bedtime patterns, which in turn affects concentration, mood, and school engagement. Moves into and across Temporary Accommodation commonly sever siblings' friendship networks and informal supports; combined with strict no-visitor policies, this deepens isolation for siblings and removes vital sources of happiness and social development. Safeguarding pressures also fall on siblings – mixed-age, mixed-gender bedroom sharing beyond recommended ages, and exposure to volatile residents in shared hostels increase risk and anxiety, altering siblings' sense of safety and privacy.

Underlying all these experiences is systemic failure. Housing officers often lack training in neurodiversity and trauma-informed practice, leaving families feeling disbelieved and unsupported. Communication between housing, health, and education services is fragmented or non-existent and austerity-driven resource constraints exacerbate delays and poor decision-making. Parents described the exhausting burden of gathering evidence to 'prove' their child's needs, only to find it ignored, a process likened to a full-time job on top of caring responsibilities.

Temporary Accommodation may provide a roof, but for neurodivergent children and their families, it rarely offers safety, stability, or a home. For all children, housing should never mean permanent harm. But without decisive policy intervention, the harms documented in this report will have lifelong consequences. A rights-based, neuroinclusive housing policy would recognise these conditions as intolerable and act accordingly. Yet there is no mention of neurodiversity in either the Child Poverty Strategy[7] or the National Plan to End Homelessness[8], both published in December 2025 by government. The Child Poverty Strategy recognises that housing insecurity and poor-quality Temporary Accommodation are among the most acute drivers of child poverty. Our Call for Evidence data provides critical evidence not only of how stays worsen the financial strains that parents face, but also that they compound harm for neurodivergent children – impacting their health, education, and wellbeing. The absence of even mention of neurodivergent children in both flagship government strategies reinforces the stark reality that they continue to be neglected and forgotten within policy and strategy frameworks. Linked to this, an intersectional approach is urgently needed: one that recognises how neurodiversity interacts with poverty, disability, race, gender, and family circumstances to compound children's vulnerability to homelessness and harm. Without an intersectional lens, the most marginalised groups of children remain invisible and underserved in policy responses.

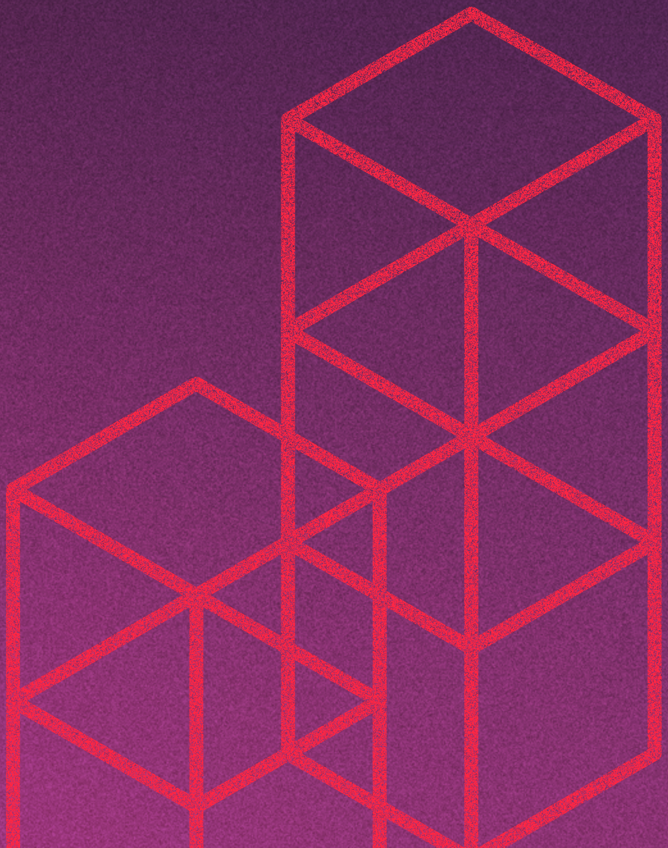
What this Call for Evidence report highlights is that commitment to cross-government working in the National Plan to End Homelessness must be met by recognition of the experiences and needs of neurodivergent children and their families – which urgently require both a whole-family and whole-government approach. The National Plan acknowledges the risk of fragmented responses to homelessness and introduces a new legal duty to collaborate across health, education, justice, and housing. This is a positive step toward avoiding siloed systems that fail vulnerable children. However, this collaboration must involve and centre the experiences and needs of families with a neurodivergent child living in Temporary Accommodation that is 'like torture'.

To prevent further harm, we ask that the UN Convention on the Rights of the Child (UNCRC) is incorporated into UK domestic law to require consistent consideration of children's rights in housing and homelessness decisions. We call for other urgent action: housing policy must recognise neurodivergent children's needs and embed neuroinclusive standards into all Temporary Accommodation provision. This includes mandatory training for housing officers in neurodiversity and trauma-informed practice; cross-sector collaboration between housing, health, and education; prioritisation of safe, accessible, and sensory-appropriate housing; and guaranteed continuity of education and SEND support during moves. Families must have the right to reasonable adjustments, respite, and advocacy support, alongside reforms to allocation systems that prevent prolonged stays in unsuitable environments. Without these changes, the systemic cruelty documented this report will persist.

For all children, Temporary Accommodation should never mean permanent harm. But without decisive policy intervention, the harms documented in this report will have lifelong consequences.

02

Introduction



Introduction

Tens of thousands of children across the UK are growing up in Temporary Accommodation, and the situation is worsening year on year. In England alone, 172,420 children were living in Temporary Accommodation between April and June 2025.[9] In Scotland, the number of children reached a record high of 10,360 as of September 2025.[10] Northern Ireland recorded 5,378 children in this form of housing as of November 2024,[11] an increase of 121% since January 2019.[12] While this trend differs slightly in Wales, where numbers fell for five consecutive months up to September 2024,[13] the overall picture across the United Kingdom continues to deteriorate.

Despite its name, Temporary Accommodation is rarely short-term; families often remain in it for years due to chronic shortages of suitable housing.[14] Recent research has shown that in some areas, housing waiting lists mean that families can wait for as long as up to 100 years for a family-sized social home.[15] Disability can be a factor in prolonging stays in Temporary Accommodation, because of a lack of suitable accommodation for people to move on to.[16]

The forms that Temporary Accommodation can take vary, from hotels and B&Bs, self-contained flats, to converted office blocks and shipping containers. Local authorities often do not inspect the conditions of these placements they use, meaning that the quality of the accommodation can be completely unsuitable for children.[17] Conditions can be starkly unsafe – highlighted by findings that between 1 April 2019 and 31 March 2024, 74 children died with Temporary Accommodation as a contributing factor to their vulnerability, ill-health, or death.[18] Of these 74 children, 58 were under the age of 1. Living in Temporary Accommodation poses other well-documented challenges for children: repeated moves, overcrowding, lack of space to play or study, and isolation from support networks. These factors all undermine health, wellbeing and education.

Parents living in Temporary Accommodation themselves express concern about its impacts on their children's health and wellbeing – for example, due to mould, or lack of sleep because of overcrowding – and social and educational development, without space to play and study or to have friends to visit.[19] Families may have to share living spaces with others, which can cause further challenges to well-being and safety and tensions in the living space.[20]

Living in TA poses well-documented challenges for children: repeated moves, overcrowding, lack of space to play or study, and isolation from support networks. These factors all undermine health, wellbeing and education.

In respect to frequent moves between Temporary Accommodation it has been shown that children with unstable housing who move multiple times in their childhood are less likely to achieve five GCSEs.[21] Another connected challenge here in terms of the disadvantage gap in education are out-of-area placements, whereby Temporary Accommodation is assigned to a family but is far away from their original location. This often means that they have to spend extra time and money to travel to school or other public services and can become isolated from support networks.[22]

Neurodivergent children's experiences of life in TA

Neurodivergence is a community-developed term that describes 'a group of people whose ways of processing information, behaving, and experiencing the environment differs from the neurotypical majority'.[23] It is often associated with (but is not restricted to) autism, attention deficit disorder/attention deficit hyperactivity disorder (ADD/ADHD), both autism and ADHD together (AuDHD), dyslexia, dyspraxia, Tourette's Syndrome, sensory processing disorders, and obsessive compulsive disorder (OCD).[24] Some people would also include learning disabilities such as Down's Syndrome under the neurodivergence label. While many of these conditions are generally classed as disabilities, many autistic / ADHD people, for example, do not see themselves as disabled. In contrast, neurodiversity originates from the social model of disability (neurological difference occurs naturally) rather than the medical model of disability (neurological difference implies a deficit)[25] and allows people to explain their lived experiences and needs in more inclusive, personal, and affirming language. However, because disability is a protected characteristic under the Equality Act 2010 but neurodivergence is not,[26] this can lead to tensions whereby an autistic person, for example, might in some contexts feel forced to self-identify as disabled and frame their needs in deficit terms to stake their right to support.

In this report, we use the terminology of neurodiversity, neurodivergence and neurotypicality inclusively, to recognise, emphasise and normalise 'difference'. We argue that, while all children find Temporary Accommodation extremely challenging, it raises particular and acute additional challenges for neurodivergent children. While we emphasise that it is the accommodation that needs to change and not the child, we also recognise that we are operating in a system which favours medical, deficit-based formal diagnoses and descriptions of need to assert a right to support. This means the report tries to navigate the tension between neurodivergent-affirming languages and descriptions, while needing to describe the realities of being neurodivergent in Temporary Accommodation in language which policymakers and practitioners understand.

Right now, neurodivergent children in Temporary Accommodation are experiencing both emotional and physical harms, the denial of basic needs, and failures to keep them safe. The 2025 Child Poverty Strategy puts 'in place specific interventions to mitigate the harm living in Temporary Accommodation can inflict on children's health, development and educational outcomes'.[27]

Neurodivergent children's needs and the urgency of putting interventions in place to mitigate and reduce the significant harms they are enduring needs to be more fully recognised and acted upon. Whether or not the legal term 'torture' applies, the ethical reality is clear: we are subjecting children to conditions that are unbearably painful to them, and we have the knowledge and capacity to stop. Despite decades of UK efforts to tackle child cruelty, policy has failed to recognise that placing neurodivergent children in Temporary Accommodation exposes them to forms of chronic distress and instability that should themselves be understood as a modern and overlooked dimension of child cruelty.

We are subjecting children to conditions that are unbearably painful to them, and we have the knowledge and capacity to stop.

In light of government estimates that 1 in 7 children in the United Kingdom are neurodivergent,[28] there are at a minimum, *at least* 25,000 neurodivergent children living in Temporary Accommodation and likely impacted. However, as neurodivergence is often thought to be genetic, it is likely that the real figure is considerably higher, with multiple neurodivergent children (and adults) concentrated in some families relative to others. In our Call for Evidence, for example, 79% of children and young people aged under 18 were neurodivergent. Pilot research conducted by Bridges Outcomes in the London Borough of Hackney in November 2024 similarly found over 70% of children across the 35 households in Temporary Accommodation were neurodivergent.[29] If we conservatively estimate that 70% of children under the age of 18 in Temporary Accommodation are neurodivergent then this equates to 120,700 (out of 172,420) children. This points to Temporary Accommodation being an epicentre of complex and intersecting needs which are poorly understood and unmet. Not only this, but a range of 25,000 – 120,700 neurodivergent children in this type of housing indicates a serious lack of data and need for further research on the links between neurodivergence and homelessness in both child and adult populations.[30]

This Call for Evidence is the first UK-wide study to examine how Temporary Accommodation impacts neurodivergent children and their families. Conducted between May and August 2025 by King's College London's *Sensory Lives* research team in partnership with the APPG for Households in

Temporary Accommodation, Shared Health Foundation, Justlife, and Autistica, the national call gathered 61 submissions – 21 from parents and carers and 40 from practitioners – producing 280 responses. These responses reveal that child homelessness is not simply a housing crisis but is a profound sensory crisis for neurodivergent children, their parents and siblings.

How neurodiversity intersects with homelessness is still a relatively unexplored area, and the research that has been conducted mainly focuses on neurodiversity and adult homelessness.[31] A few studies have looked at parents' experiences caring for younger neurodivergent children in Temporary Accommodation.[32] One study found that four in ten (39%) parents of autistic children reported that Temporary Accommodation had a negative impact on their child, including hyperactivity or lack of attention worsening.[33] The uncertainty of living in Temporary Accommodation and the physical conditions of the accommodation, such as the lack of space, were also noted to have a negative impact on autistic children.[34] This type of housing also has restrictions on the adaptations that can be made to accommodate individual needs and may have a lack of storage space or secure fittings. This, along with disrepair and poor conditions in Temporary Accommodation, can lead to difficulties for families with neurodivergent children, who may have specific sensory-processing needs that cannot be managed in the environment. Additionally, it can be a challenge to keep neurodivergent children safe in Temporary Accommodation: they may experience heightened levels of curiosity and require constant vigilance to protect themselves from hazards in their surroundings that parents have little control over.[35] This can have a significantly negative impact on both parents and siblings.

This Call for Evidence is the first UK-wide study to examine how TA impacts neurodivergent children and their families.

There has been some work that has used a human rights lens to consider children's experiences of homelessness. Inappropriate accommodation being provided for neurodivergent children could be counter to Article 23 of the UN Convention on the Rights of the Child and Article 28 of the Convention on the Rights of Persons with Disabilities.[36] The Council for Disabled Children also invokes the relevance of human rights in its legal handbook for disabled children, with a specific chapter on the responsibilities of local authorities to support homeless families with disabled children.[37] Beyond considering disabilities, the Children's Commissioner for Wales' recent research into how housing and homelessness affects children concluded that children – whether or not they have a disability – are being denied their fundamental right to a good standard of living, according to article 27 of the UN Convention on the Rights of the Child.[38] Recommendations from research carried out so far include that the housing selection and allocation schemes should take neurodiversity into account[39], and that neurodivergent children should have reasonable adjustments made in Temporary Accommodation to accommodate their needs and safety.[40]

As we go on to show, for neurodivergent children, living in Temporary Accommodation is especially challenging due to sensory and communication difficulties, unpredictable and often frequent changes to routine, and the challenges of accessing special educational needs (SEN) services and healthcare as families are moved between local authorities and on and off waiting lists for support. Hostels and B&Bs are noisy, brightly lit, and unpredictable, often prohibiting personal belongings and lacking spaces for calm. For children who rely on routine and predictability, this instability strips away the foundations of safety and emotional regulation. Families report regression in communication, heightened anxiety, increased self-harm, and disrupted education as children drop off waiting lists for assessments and therapies. Safeguarding risks are pervasive: unsecured windows, hazardous staircases, and shared spaces with vulnerable adults expose children to harm. Continuing to house neurodivergent children in environments that foreseeably inflict harm – despite evidence of damage – risks constituting systemic cruelty. The report that follows reveals the lived experiences of neurodivergent children in Temporary Accommodation and the urgent policy changes required to prevent further harm.

Neurodivergent children in TA

Risks and hazards

PHYSICAL SAFETY

FALLS
Unsecured windows and balconies; lack of childproofing, including staircases; placement in high-rise flats.

OUTDOOR HAZARDS
Placements by busy roads; unsafe gardens not childproofed; broken fences and gates allowing children to escape.

BURNS, FIRE AND CUTS
Gas hobs and cooking facilities in close reach of children; knives stored without safety locks.

STRUCTURAL HAZARDS
Damp and mould causing respiratory issues; infestations; sewage; eating of mould and flaking paint by children with Pica.

SENSORY AND ENVIRONMENTAL

OVERWHELMING NOISE
Thin walls, loud neighbours, fire alarms result in sensory overload and in some cases self-harm.

LIGHTS AND ODOURS
Bright or flickering lights and strong odours result in sensory overload and migraines.

EXTREME TEMPERATURES
Overheated rooms without safe ventilation; extreme cold with excessive condensation damp and mould.

RESTRICTED SPACE
Injuries during stimming or movement; risk to life for infants from co-sleeping and sleeping on unsuitable sleeping surfaces.

PSYCHOLOGICAL AND EMOTIONAL

NO PRIVATE SPACE
Nowhere for retreating and reducing sensory input; increased meltdowns and panic attacks.

CONSTANT SURVEILLANCE
Lack of privacy in accommodation with shared facilities; unexpected checks; heightened anxiety.

VOLATILE RESIDENTS
Risk of aggression in mixed accommodation with shared facilities; lack of security causing profound fear.

MOVES AND ISOLATION
Disruption of routine; anxiety and emotional dysregulation; no-visitor policies; loss of support.

SAFEGUARDING

MIXED-GENDER BEDROOMS
Overcrowding; sharing of children of the opposite sex 10+ years old raising privacy violations and sexual safety concerns.

EXPLOITATION RISK
Mixed accommodation with vulnerable single adults; shared facilities; vulnerability to sexual exploitation.

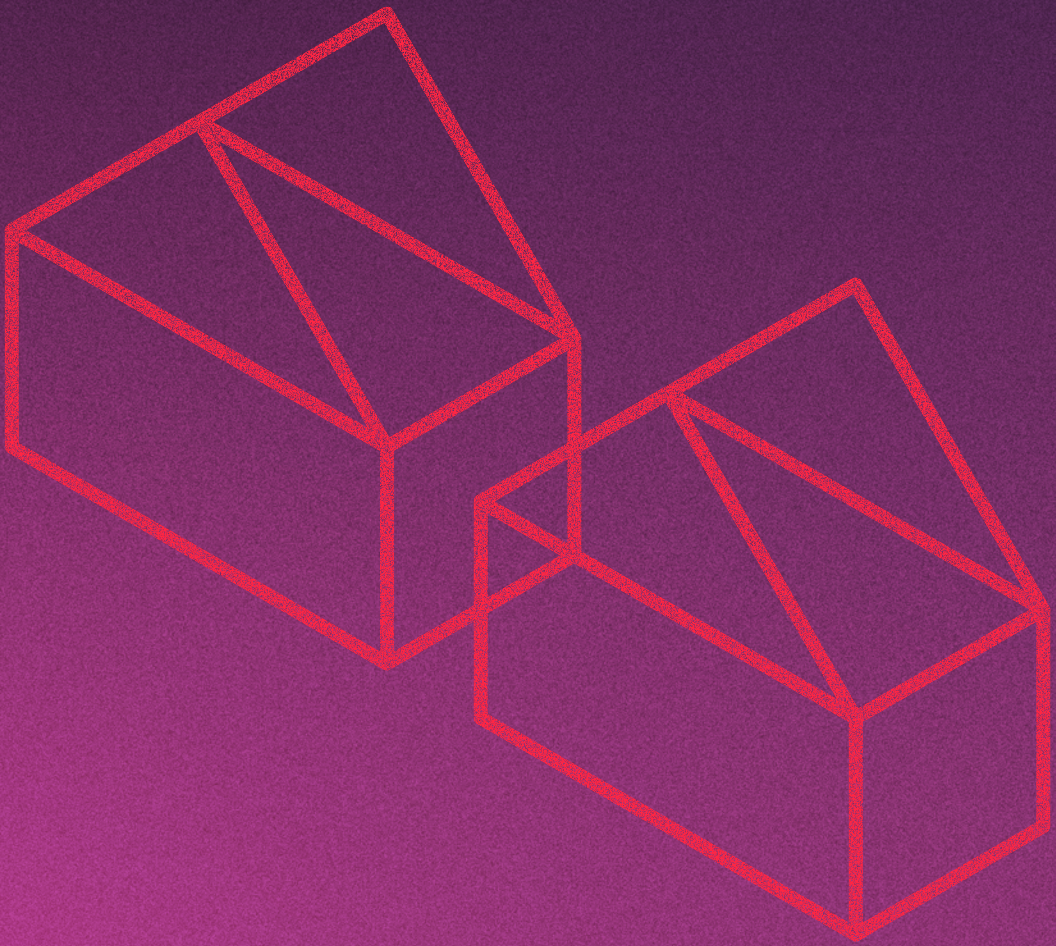
CRIME EXPOSURE
Children exposed to, and in the proximity of, substance abuse and violence; high-crime neighbourhoods.

COMMUNAL SPACES
Lack of security measures such as functioning locks on doors; lack of working CCTV in communal areas.

03

Summary findings

Health



Summary findings
Mental and physical health impacts

While we know that living in Temporary Accommodation is detrimental for *all* children and adults, the impacts on neurodivergent children and their families can be even more acute. Moving between different locations, unpredictably and often at very short notice, is even more upsetting for children who rely on strict routines. Sleep is often very disrupted. This uncertainty – coupled with a lack of space to self-regulate – can have devastating effects on neurodivergent children's mental and physical health. In households with more than one neurodivergent family member (child or adult), sensory and regulatory needs may differ, leading to conflict. For children with communication difficulties, not being able to express their feelings in a way that others understand can make their mental health challenges even harder, often leading to regression and/or self-harm. Crucially, then, this is a whole family issue: everyone's mental and physical health and wellbeing suffers when a neurodivergent child is forced to live in Temporary Accommodation.

Impacts on uncertainty and routine

57 answers mentioned the detrimental impacts that living in Temporary Accommodation had on neurodivergent children's routines. As the practitioner above explains, being able to follow regular routines can help many neurodivergent children (especially those who are autistic and/or ADHD) to feel safe and in control of themselves and their surroundings.

> 'Many of the neurodivergent children we support need a strong sense of routine, order, and familiarity to feel safe and thrive. The conditions of Temporary Accommodation frequently make this impossible to maintain.' (Practitioner, charity/third sector, Westminster)

Moves between different Temporary Accommodation locations disrupt established routines, including:

- Travel: routes to school and to family or friends' houses.
- Hygiene: where children prefer a bath/shower and only have access to the opposite.
- Diet: where cooking or fridge-freezer facilities affect access to 'safe' meals.
- Sleep: where overcrowding affects access to beds and/or quiet space.
- Self-regulation: where children can't self-regulate in the ways they usually do, e.g. stimming (repetitive self-stimulating behaviour), jumping, having quiet time, being online.

A few submissions reported that neurodivergent children were expected to adapt to the routines and rules of Temporary Accommodation spaces – often leading to meltdowns when children could not do so:

> 'Routines were out of place as a lot of the time you needed to fit into the routine the accommodation needed due to fire alarms being set off every Saturday which resulted in sensory meltdowns.' (Married/partnered parent with 1 neurodivergent child, now living in social housing, Cardiff)

Neurodivergent children often find transitions very challenging and need longer to adapt, but families are generally notified that they need to move at very short notice – sometimes that same day. The pace and frequency of moves between different Temporary Accommodation spaces is overwhelming for neurodivergent children, resulting in a semi-permanent state of meltdown. The consequence is that families can be split up and live in different places as parents try to secure some stability for their children:

While we know that living in TA is detrimental for all children and adults, the impacts on neurodivergent children and their families can be even more acute.

> ‘My daughter is staying between my mum’s and here because she can’t adapt as quickly. My mum’s home has been her safe space for the past 7 months. The transition is incredibly hard for her – especially knowing this is only temporary. She can’t process or accept that, and that’s how hard it is. For neurodivergent children, change isn’t just uncomfortable – it can feel impossible. Temporary Accommodation offers shelter, but not stability. And without that sense of safety, it’s incredibly hard for them to function, let alone feel at home.’ (Married/partnered parent with 2 children, both of whom are neurodivergent, currently in Temporary Accommodation, Belfast)

Impacts on sleep

32 answers mentioned the detrimental impacts that living in Temporary Accommodation had on the whole family’s sleep. Lots of neurodivergent children struggle with the transition to bedtime, and with sleep in general, getting a good night’s sleep is complicated in other ways, too. When a whole family is sharing one hotel room, or children of different ages share a room (or even a bed), different bedtime routines are hard to accommodate:

> ‘He finds getting into a bedtime routine hard as he shares with his siblings [and] there is an age gap of 5 & 6 years.’ (Married/partnered parent with 3 children, 2 of whom are neurodivergent, currently in Temporary Accommodation, Haringey)

Additionally, children who have spent most, or all, of their lives living in Temporary Accommodation have never slept on their own, and see it as normal that they share a bed with a sibling or a parent:

> ‘She doesn’t even have her own bed as there is no room to put a bed for her. She now has processed that she sleeps in bed with me [and we’ve] been told we could still be here for another 5 years.’ (Single parent with 1 neurodivergent child, currently in Temporary Accommodation, East Sussex)

Sharing a bed can not only be dangerous, especially for babies, and pose a safeguarding risk[41], but it can also be a sensory nightmare for some neurodivergent children:

‘We woke up in the middle of the night and she had switched on the gas cooker, which was close to her bed, so she was playing with it.’

> ‘Snoring … It would get to the point where I would be scratching and crying and rocking and wanting to hurt myself because other people would be making mouth noises in their sleep and snoring and those noises overwhelm me and cause a genuine pain response to a degree that I couldn’t cope with it. And I was losing sleep because of it. And then because I was losing sleep, I was losing the ability to cope with those noises. And it was this constant cycle of becoming more and more sensitive because I couldn’t rest and recover properly. And then because I was so sensitive, losing even more of the ability to rest and recover. I couldn’t regulate, not at all.’ (Neurodivergent young adult who was 15 years old when living in Temporary Accommodation)

Other children felt so unsafe in Temporary Accommodation that their sleep pattern was completely disrupted:

‘Her sleeping pattern is all over the place. She would sleep all day to avoid being scared and then be awake all night – too scared to sleep, in case someone broke in. In one of the properties the front door didn’t close properly and we had to wedge things to keep it closed and secure.’ (Single parent with 1 adult child who is neurodivergent, now living in social housing, Kent)

Parents of neurodivergent children also reported sleep deprivation, because their children didn’t sleep at night, or because they worried about their neighbours and their own/their family’s safety, or because there were safety issues in their own Temporary Accommodation space that meant they had to stay on “high alert”:

‘There was a time that we woke up in the middle of the night and she had switched on the gas cooker and the room was hot. The cooker was close to her bed, so she was playing with it.’ (Mother with three children, one of whom has autism, from a group submission by Shelter)

The impact of this is severe sleep deprivation for neurodivergent children, their siblings, and their parents. This significantly impacts children and adults’ mental and physical wellbeing, their ability to attend and concentrate at school, and parents' ability to focus on other tasks, including paid work and searching for secure accommodation.

Impacts on mental and physical health and wellbeing

81 answers mentioned the detrimental impact that living in Temporary Accommodation has on neurodivergent children's mental and physical health and wellbeing. From a physical health perspective, neurodivergent children with restricted diets that cannot be catered to with limited Temporary Accommodation facilities might start to struggle with malnutrition. Physical health needs which are sometimes co-morbid with neurodivergence (e.g. muscle pains or hypermobility) are exacerbated by a lack of space to move around, for specialist equipment, or by poor sleeping arrangements. Mould, damp, and infestations can exacerbate breathing and skin conditions, and lead to heightened sensory sensitivities to particular smells and textures. As one parent described:

> 'Temporary Accommodation has caused him to have sensory difficulties – there were 3 leaks in the last one. This was really difficult for him to deal with. And the smell that the flat had with the damp and mould – his breathing still hasn't gone back to normal even though we are somewhere else.' (Single parent with 1 adult child who is neurodivergent, currently in Temporary Accommodation, Bristol)

'He'd been 14 months seizure free with his epilepsy before we moved into the property. Within six weeks of being there, he was having seizures again.'

Other parents described how the stress of living in Temporary Accommodation had exacerbated serious existing physical health problems:

> 'It obviously caused him quite high stress ... he'd been 14 months seizure free with his epilepsy before we moved into the [Temporary Accommodation] property. Within six weeks of being there, he was having seizures again. So, I think that just shows the kind of mental and physical effects that had on him as a young person trying to deal with all this change and with being confined.' (Mother of three children, adult child has autism, from a group submission by Shelter)

From a mental health perspective, neurodivergent children living in Temporary Accommodation are additionally affected by uncertainty, lack of routine, unfamiliar environments, sensory overload, and lack of space/ability to self-regulate:

> 'The first night here, my son sobbed and begged to go home. The unfamiliar smells, noises, and environment sent him into a panic. Everything felt overwhelming.' (Married/partnered parent with 2 children, both of whom are neurodivergent, currently in Temporary Accommodation, Belfast)

Some parents described the slow and painful transformation of their child into a completely different person:

> 'She became agoraphobic and ended up on 7 tablets a day, just to get through ... We have had to sit back and watch my happy-go-lucky child turn into a shadow of her former self. I had to warn friends or family before they saw her, what to expect as she was almost unrecognisable to the person she was. They have been in tears having seen her in this state. This has been heart breaking for all of us and feeling very helpless to being able to help her.' (Single parent with 1 adult child who is neurodivergent, now in social housing, Kent)

'I had to warn friends or family before they saw her, what to expect as she was almost unrecognisable to the person she was.'

Impacts on children with communication difficulties

Not all children and young people are able to understand what living in Temporary Accommodation means for them. Young children, children and young people with learning disabilities, or those with processing disorders, might particularly struggle – both to understand what is going on, and to communicate how they feel in that setting:

> 'It did affect my son's health. He didn't understand why we were there. I'd explain but he doesn't understand, especially when he goes to a friend's or family's house. He was crying about why we were living there. He was very upset there. He's now doing better and is happier now we have left and have our own flat.' (Single parent with 1 neurodivergent child, now in social housing, Camden)

In other cases, children and young people with communication difficulties might be aware of what is going on but be unable to express how they are feeling about it:

> ‘We make the best of it, but this isn’t home. We have lots of items in storage. Our son has communication difficulties but is very aware. I can’t imagine how difficult it is for him being unable to express his thoughts or discuss the situation’ (Married/partnered parent with 3 children, all of whom are neurodivergent, currently in Temporary Accommodation, Lincolnshire)

Significantly, parents reported increased rates of self-harm, particularly (but not exclusively) amongst non-verbal children and young people/those with communication difficulties:

> ‘They never had a space to regulate. None of them have. So they all self-harm. However it’s definitely more prevalent in one who is non-verbal, and by self-harm I mean head banging and generally hurt[ing] themselves.’ (Mother with children with neurodivergence, from a group submission from Shelter)

Impacts on child development and regression

20 answers mentioned that living in Temporary Accommodation had caused children/young people to regress. This is especially problematic given it could have taken some parents and their children months or even years to develop these key skills in the first place. For example, one parent described their panic when they were offered an out-of-area Temporary Accommodation placement, because:

> ‘It’s really important that my son stays at his GPs as it had taken 18 months for me to get him into the GP surgery. It’s taken me so long and if you start moving all his stuff and all his nurses and that sort of thing he just won’t cope.’ (Mother with three children, adult child has autism, from a group submission from Shelter)

Other submissions described the impacts that living in Temporary Accommodation had had on children's hygiene and toileting habits:

> 'Our previous Temporary Accommodation had raw sewage coming up in the sink and bath for months which made my son so ill and then would refuse to wash or brush his teeth.' (Single parent with 2 children, both of whom are neurodivergent, currently in Temporary Accommodation, Croydon)

> 'No one slept. Mattress on floors and broken beds ... Everything being so loud meant she was so overwhelmed constantly. Her behaviour was unmanageable at times and she was screaming so much and wouldn't leave my side. She was wetting herself again day and night, so many things she made progress with she regressed on. It was truly an awful experience.' (Married/partnered parent with 1 neurodivergent child, now in social housing)

'She was wetting herself again day and night, so many things she made progress with she regressed on. It was truly an awful experience.'

Other parents struggled with nutrition, as restricted access to cooking and food storage facilities combined with the stress and unpredictability of Temporary Accommodation, meant that they couldn't work with their children to introduce new foods or expand restricted diets:

> 'My son with special needs, having rice cakes and biscuits only (no other food) for more than a year now. We cannot facilitate a right space for him to do proper training to reintroduce proper main meals to him.' (Married/partnered parent with 3 children, all of whom are neurodivergent, now in social housing, Brighton and Hove)

For parents whose neurodivergent children were older/into early adulthood, living in Temporary Accommodation could restrict their ability to help their young person to develop independent living skills:

> 'I wanted to build his independence but we never stayed anywhere long enough for me to feel safe in a space, let alone him. Every area we

> have lived in has been really busy and not safe for him to learn skills. He wasn't used to the routine in one place and then we would be moved to somewhere completely new and further away from support – this was hard.' (Single parent with 1 adult child who is neurodivergent, currently in Temporary Accommodation, Bristol)

Impacts on siblings and parents

As mentioned at the start of this section, living in Temporary Accommodation with a neurodivergent child affects the whole family. In some families, it will just be one child who is neurodivergent. In others, multiple children might be neurodivergent and have different and conflicting needs. In others, parents could also be neurodivergent and are dealing with their own needs as well as their children's. In some cases, families have been split up because the Temporary Accommodation space simply doesn't allow for everyone's needs at once:

> 'My other 2 children are staying with their father as we have been placed in a one bedroom even though they have had a written letter from her paediatric doctor stating because of her needs she needs her own room and outside space, she doesn't have any of this.' (Single parent with 1 neurodivergent child, currently in Temporary Accommodation, East Sussex)

In other cases where families were forced to live together in unsuitable and cramped Temporary Accommodation spaces, professionals reported increases in violence between siblings with conflicting needs:

> 'We have reported on multiple occasions that being in such close proximity to one another promotes increased levels of violence amongst the children. It fell on deaf ears. Endured hospital visits, injuries, you know, tenfold from just being so cramped.' (Mother with 3 neurodivergent children)

For other families, ensuring that one neurodivergent child/young person remained safe and supervised restricted the other sibling's lives:

> 'My other children were impacted because I was unable to support them. They were unable to go out. We were not in the same area where there

> was any of my 14 yr old son's friends. He wasn't able to have any outdoor access. My daughter was also unable to have any friends around because you can imagine with 100kg of disabled man charging around a confined space there is a safety issue there.' (Mother with three children, adult child has autism, from a group submission from Shelter)

For parents, living in Temporary Accommodation with a neurodivergent child can impact their own ability to undertake paid work:

> 'We have had to have lots of different ways to get him to school and then college including extra bus trips to my parents to get him on the school bus route so I can go to work. College transport does not pick him up from our current [Temporary Accommodation], this makes it very hard to go to work.' (Single parent with 1 adult child who is neurodivergent, currently in Temporary Accommodation, Bristol)

Parents also reported the impacts on their own mental health of trying to care for a neurodivergent child in Temporary Accommodation, without respite:

> 'We don't have a routine. Everything is too unstable. Child is home educated and was before we were made homeless because still waiting on a formal diagnosis which means schools were not obliged to make reasonable adjustments. Made even harder when homeless, child is very reluctant to go out at all. Fear of theft. Fear of being moved on. Makes us feel unwanted anywhere. I have suicidal thoughts frequently.' (Single parent with 2 neurodivergent children, Bristol)

'I have been robbed of the opportunity for me to be the kind of mother that I should have been.'

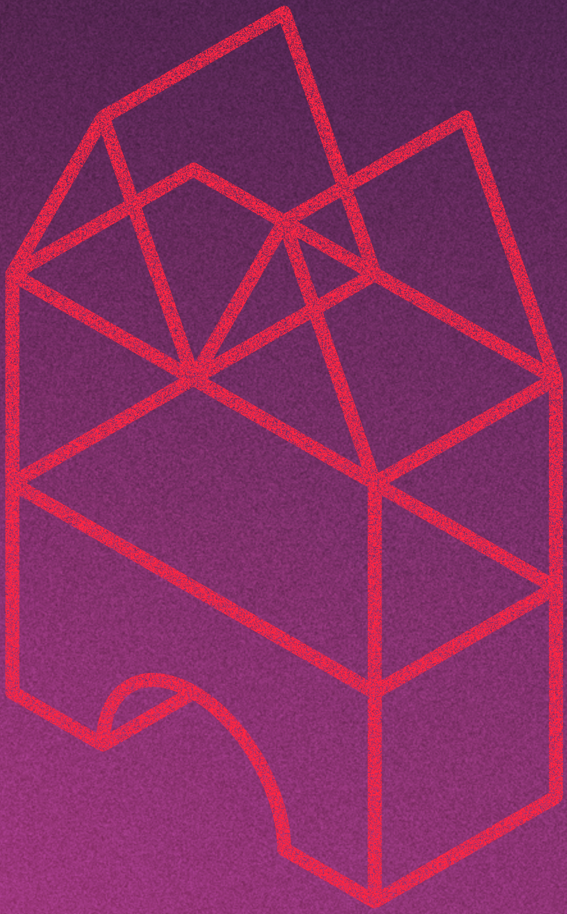
As one parent put it, living in Temporary Accommodation means that:

> 'I have been robbed of the opportunity for me to be the kind of mother that I should have been.' (Mother with children with neurodivergence, from a group submission from Shelter)

04

Summary findings

Safety



Summary findings

Space, safety and safeguarding

There are multiple different ways that Temporary Accommodation is unsafe for neurodivergent children and their families. Practically, many spaces are not safe and secure for children who may have limited understanding of danger (they have unsecured windows, un-childproofed staircases, risky cooking facilities, or are next to busy roads, for example). Psychologically, many neurodivergent children do not *feel* safe in spaces which are not their own, where they do not have private space to self-regulate, where they do not know the area, and they do not know their neighbours. They may not understand why they cannot "go home", or why they must keep moving around. They might really struggle with living in a space that they cannot call home. Additionally, Temporary Accommodation poses safeguarding risks, particularly in mixed hostels/houses of multiple occupancy (where single adults and families live together), where vulnerable young people might be at risk of exploitation, or where single-parent families are not allowed visitors for respite and to help with childcare.

Many TA spaces are not safe and secure for children who may have limited understanding of danger.

Practical safety: space, design and standards

99 answers referred to the inadequate/inappropriate space, design and standards of Temporary Accommodation. Much is practically unsafe for neurodivergent children. For children who are very active or need to move around a lot to self-regulate, restricted Temporary Accommodation spaces can cause injury:

> 'My child spins around a lot and has no awareness of space, he will bang into the table or door as he doesn't look where he is going. In the Temporary Accommodation, the spaces are too small. The kitchen has no door and there are knives in the drawers that he can open, and I worry for his safety. I have to watch him 24/7 and as a result, it is difficult for me

> to sleep.' (Mother with a neurodivergent child, from a group submission from Shelter)

Parental fears about their child's safety in the kitchen were common. Submissions reported children turning on gas hobs in the night, concerns about knives or other sharp items, or not being able to leave children unattended while they used a communal kitchen space. Other parents and professionals raised concerns with unsafe windows and stairs, particularly in high-rise accommodation:

> 'As soon as we got here, she said, "Mummy, one day I'll jump out of the window." She has tried to open it. Sometimes you're in the kitchen, she opens the door and goes outside. Because sometimes you can't be 24 hours with her. Sometimes you are cooking, she'll sneak and open the door and she'll be looking outside, and that's where I'm scared. You need eyes on her all the time and I can't do that.' (Mother with three children, one of whom has autism, from a group submission from Shelter)

> 'The Temporary Accommodation is dangerous for my child, in a way that the balcony is wide open and he sometimes he tries to climb up on the balcony. I am scared that he will fall off the balcony. The Temporary Accommodation is on the 1st floor, so it has a balcony at the front of the property and at the back of the property. My mobility issues means that I struggle to keep a safe hold on him. He often runs up the stairs and into the house before I can get to him.' (Mother with a neurodivergent child, from a group submission from Shelter)

'The accommodation is dangerous for my child. The balcony is wide open and he sometimes he tries to climb up. I am scared he will fall off.'

28 answers mentioned the lack of enclosed outdoor space which would allow neurodivergent children to let off steam safely:

> 'It was horrific for my son. We were placed on a second floor flat with no access to an outside space and it was on the main road. There was no outside safe space for him to access. So, he was really like a prisoner because of high needs and his lack of understanding of safety aspects.

> He couldn't access any fresh air really, apart from opening the window, which again that's not safe.' (Mother with three children, adult child has autism, from a group submission from Shelter)

Parents were also aware of the impacts that a lack of space might have on their neighbours, and how that led to them trying to restrict their children's self-regulating behaviours:

> 'Having such a small space and neighbours being so close it does make meltdowns harder. I worry about the impact it has on those around us. This takes away from my need to let my children fully express their needs freely. I worry about how loudly they move around, they need lots of jumping etc. That's loud for downstairs.' (Single parent with 3 children, all of whom are neurodivergent, currently in Temporary Accommodation, Brighton and Hove)

'My children have this thing called Pica: they ingest everything and anything. We were living in accommodations that had severely damaged walls. They were flaking and peeling paint, mould and damp and the children would eat it. And become poorly because of it.'

Several answers reported the direct impacts of damp, mould, and poor-quality housing on neurodivergent children with Pica: a condition often associated with autism whereby children ingest non-food items. In these cases, children ate flaking paint, mould and sewage water, creating an environmental health hazard where children became extremely ill:

> 'My children have this thing called Pica: they ingest everything and anything. We were living in accommodations that had severely damaged walls. They were flaking and peeling paint, mould and damp and the children would eat it. And become poorly because of it. There were leaks so irrespective, even if I wanted to repair or paint over, it would always ben recurring damage that I could never truly get rid of. There were even sewage eruptions, naturally it was a point of interest for the children and then a point of ingestion.' (Mother with three children with neurodivergence, from a group submission from Shelter)

Psychological safety: Space to self-regulate

74 answers referred to the impacts living in Temporary Accommodation has on neurodivergent children/young people's connected 1) sensory needs and 2) ability to self-regulate. When sensory needs are not met, i.e. the Temporary Accommodation environment is over – or under-stimulating, neurodivergent children/young people are likely to become dysregulated. Different sensory triggers can build on each other (here – sound, smell, temperature, vestibular/proprioceptive):

'My daughter does not speak, she is autistic and has Down's Syndrome among other conditions. The space was very small, which frustrated here. There was too much noise from the neighbours and strong smells. It was also extremely hot, and we couldn't open the windows because of safety concerns for me and my daughter. I couldn't bring my daughter's toys because of the lack of space. I also couldn't bring her bed [but] the mattress provided to us was uncomfortable. We were limited in so many ways.' (Mother with a neurodivergent child, currently in social housing, London)

Some neurodivergent children/young people really struggle with bright and unpredictable lighting in Temporary Accommodation:

> 'I need a very dim environment in order to function. And I mean quite literally function. Just regulating my own emotions, planning what I'm gonna do in the day, feeling calm, regulated, being able to process myself. I need that low light, bright lights ... give me awful migraines because they're so overwhelming. And it's not like a bright light as in, oh, a proper like fog light in my face. I mean just overhead lighting, just a normal room light bulb in the ceiling. That alone is so bright to me that I can't think, I can't process my emotions. And because I can't process my emotions, I get overwhelmed and either start lashing out or having panic attacks, meltdowns, those types of things. There were places we stayed that, like the overhead lighting, it wasn't a maintained space. The lights could be different colours, and that would be extremely disorienting on top of the overwhelming brightness for me. Or one of the bulbs could be flickering and that makes me feel even more overwhelmed.' (Neurodivergent young person who was 15 years old when living in Temporary Accommodation)

Other submissions show the complex interplay between one child's sensory needs, and another family's history of trauma – with neither getting the support they needed:

> 'She found it utterly terrifying. We had constant ant infestations, so she would wake up screaming as she would be surrounded (or on some occasions nearly covered) in ants. The drains constantly smelt bad and often backed up. There was only a shower, which she couldn't use due to her sensory issues which meant that she had to stay with a family member nearby one night a week (partly to give us both respite from the situation above). We were placed below an extremely traumatised refugee family who would be screaming every time a car backfired, a door slammed, constant arguments in the building. My child was often shaking in tears telling me she wanted to go home but we couldn't go home because it was no longer safe for us to be there due to years of harassment.' (Married/partnered parent with 1 neurodivergent child, now in social housing)

'I need a very dim environment in order to function. And I mean quite literally function. Just regulating my own emotions, planning what I'm gonna do in the day, feeling calm, regulated, being able to process myself.'

It is important to note that all Temporary Accommodation residents – by virtue of finding themselves in it – will have experienced a certain amount of trauma. Additionally, many residents have fled domestic abuse, harassment, or (in the case of asylum seekers and refugees) war / conflict / threats to life. On top of this, neurodivergent children/young people experience further trauma as a result of the ways that living in Temporary Accommodation impacts on their sensory needs and restricts their ability to employ self-regulation strategies:

> 'In all the Temporary Accommodation, he has had no space for his Lego, no privacy and no way to calm down when he is anxious. Lots of stuff has been in storage for ages – he was having panic attacks about his stuff.' (Single parent with 1 adult child who is neurodivergent, currently in Temporary Accommodation, Bristol)

This prevents neurodivergent children/young people from feeling psychologically safe:

> ‘When you’re neurodivergent or supporting neurodivergent children, it’s not just about having a roof – it’s about routine, regulation, and feeling safe. None of that exists in this situation, and we’re doing everything we can to just hold things together.’ (Married/partnered neurodivergent mother with 2 autistic children, currently living in Temporary Accommodation, Belfast)

As one submission set out, previously learnt strategies for communicating overwhelm and dysregulation didn’t work in restricted Temporary Accommodation space, leading to further distress for child and parent:

> ‘There’s no space, so when he’s stimming or having meltdowns … It’s just the two of us. Something I taught him [before living in TA] is you can always ask for space. Go take a bit of time out – that’s something he learned. But now, you can’t ask for space when you’re sharing a room together.’ (Mother with autistic son, from a group submission from Impact on Urban Health)

A space that feels like home

17 answers mentioned the impacts that not having a space that feels like ‘home’ had on neurodivergent children living in Temporary Accommodation. Not feeling at home meant children struggled to settle, to understand what was going on, and to feel safe:

> ‘The space is smaller, the garden is poor and has accessibility issues. Our son loved the garden at home prior to being placed here, he loved our home. The changes are difficult and upsetting, having your home taken away from you. Anyone would be devastated.’ (Married/partnered parent with 3 children, all of whom are neurodivergent, currently in Temporary Accommodation, Lincolnshire)

Consistent with research showing how stays in Temporary Accommodation can carry financial penalties and lead to (further) debt[42], parents reported spending considerable sums to pay to keep their furniture and other possessions in storage, so they could “make a home” when they were finally given the keys to somewhere permanent:

> 'I am now in debt basically. I have had to pay for the storage of lots of things in the hopes that one day we have a place where we can put it. Every time we move we have had to start from scratch. I pay £350 every 4 weeks for storage. I keep catching up and then going into more debt.' (Single parent with 1 adult child who is neurodivergent, currently in Temporary Accommodation, Bristol)

Children struggled when they couldn't have all their possessions with them:

> 'All our belongings are still in storage, so the kids don't even have their familiar things around them. They had special items they saved and cared for—but now everything feels out of reach. It's just another reminder that this house isn't really ours, and it never will be. We live with the constant awareness that we could be moved at any time, so we can't fully settle, no matter how hard we try. The emotional toll is huge. My son has had panic attacks. The uncertainty, the change, and the lack of stability are affecting not just his mental health, but his whole nervous system. This isn't just about housing—it's about wellbeing, dignity, and the basic need for safety. Temporary Accommodation may be a roof, but it's not a home.' (Married/partnered neurodivergent mother with 2 autistic children, currently living in Temporary Accommodation, Belfast)

We live with the constant awareness that we could be moved at any time, so we can't fully settle, no matter how hard we try.

2 answers mentioned the difficulty of pets not being allowed in most Temporary Accommodation. This was also mentioned in one of the pre-Call focus groups. Parents describe how animals (cats, dogs, or other pets) are part of the family, provide support, and often help to comfort and regulate neurodivergent children. Homeless families are either expected to give pets up or to leave them with someone else. One focus group participant had left their family dog with their own mother (the children's grandmother). The sudden loss of a pet – and the uncertainty of when they will leave Temporary Accommodation and be allowed the pet back – causes considerable distress both to neurodivergent children, and their other family members. In some cases parents can fight to keep a pet, but in others they won't be able to:

> ‘I insisted to social services we couldn’t leave without our cat. She’d been with us throughout, and he sort of sees her as like a support animal. And I also knew that if we left her, she would pass away. The perp [perpetrator of domestic abuse] wasn’t the one who looked after her, we did. And she needed care. So, she came with us. And I think that was a very big thing for my son.’ (Mother with teenage son who has autism, ADHD, sensory processing disorder, developmental coordination delay, from a group submission from Shelter)

> ‘We have animals who are part of our family. At first, we were told they weren’t allowed, which added to the distress. Now we’ve been told we can keep them – but only if we pay £200. It feels like we’re being held to ransom, as if being homeless isn’t stressful enough already.’ (Married/partnered neurodivergent mother with 2 autistic children, currently living in Temporary Accommodation, Belfast)

Safeguarding and security

37 answers mentioned a range of safeguarding and security issues for neurodivergent children and families living in Temporary Accommodation. Many highlighted the risks of leaving children unattended while parents used shared facilities:

> ‘Hostels in Hackney have a no visitor policy which makes it very lonely for parents and means they then cannot get any practical help at home. For example, a lone parent with a 3 year old with autism and a baby cannot take their laundry downstairs to the washing machine safely whilst managing two children and a pile of laundry. Her choice is to leave them alone in the room sleeping or have the autistic child and the baby run off as she cannot hold both their hands. Both her choices are unsafe. I have asked the hostel manager if she can have a visitor and she agreed for 6 weeks but then said she was not allowed one anymore as that was all the policy allowed.’ (practitioner, charity/third sector, Hackney)

Submissions also reported serious issues with children/young people of different ages and genders sharing sleeping spaces – something which the Housing Act 1985 does not recommended past 10 years of age:

> ‘Young SLD [severely learning difficulty] autistic male student (under 18) sleeps in same room as his younger sister because the house does not have enough rooms for the children. This means that sometimes the young SLD autistic male student (who does not understand privacy and lacks in capacity to understand that concept) might attempt to masturbate in front of the younger female child.’ (practitioner, education, Haringey)

Others reported the risks of neurodivergent children coming into contact with other volatile Temporary Accommodation residents, particularly in mixed hostels:

> ‘The hostels are shared between a large number of people, sometimes a mix of families and vulnerable single adults. The space is very limited in the rooms and we find that children, particularly neurodivergent children with hyperactivity, want to play in the hallways as there is nowhere else for them to go. This can bring them into conflict with other people in the hostel, including volatile residents and hostel staff who are required to enforce a policy of no playing in the hallways. This can pose a risk to the children’s safety and cause considerable distress to neurodivergent children who don’t have the social understanding of why they are not allowed in the hallways.’ (Practitioner, charity/third sector, Camden)

‘The space is very limited in the rooms and we find that children, particularly neurodivergent children with hyperactivity, want to play in the hallways as there is nowhere else for them to go. Hostel staff enforce a policy of no playing in the hallways.’

There were concerns that vulnerable young people were at risk of exploitation in certain areas/neighbourhoods:

> ‘Another issue in the Temporary Accommodation placements was the environment and the neighbours. There was loads of drug use outside the flat, lots of noise and he could never feel safe. When we moved in there were stabbings just outside the block of flats. I had to protect my son from hearing about them and try to keep him safe. People would knock on the door all the time thinking it was the front door or the police trying to find someone – this was really distressing … There were also safety problems

> like the door not closing properly and the garden being really unsafe. He couldn't be outside on his own as people would've noticed that he's vulnerable.' (Single parent with 1 adult child who is neurodivergent, currently in Temporary Accommodation, Bristol)

Parent submissions reported fears of crime, break-ins, drug use and stabbings in or near to Temporary Accommodation.

Access to support networks

53 answers mentioned the ways that living in Temporary Accommodation can impact on neurodivergent children and their families' support networks. For both neurodivergent children and their siblings, homelessness could mean moving away from their friendship groups and support networks and not being able to have friends over. For some families, moving into Temporary Accommodation and out-of-area meant moving away from family/friends who they relied on for support and who formed an important part of that child's network and routine. This often meant they had no easily accessible adult caring support at a time when their children were becoming increasingly dysregulated and distressed:

> 'Since she had been very small, she was used to a routine of having extended family supporting us … All of that stopped and behaviours that had become manageable were no longer, ritualistic behaviour became more entrenched, the support wasn't there, routines couldn't happen, the only friend she had she couldn't see any more. It put a huge strain on my family to continue to provide even very basic support and made me very unwell as no one slept.' (Married/partnered parent with 1 neurodivergent child, now in social housing)

Parents reported the additional difficulties of moving to a new area where their children weren't known in the neighbourhood, or they worried about complaints or abuse from their neighbours. They spoke of returning to the houses of trusted family and friends even once they had moved to try and mitigate this:

> ‘My daughter has Down’s Syndrome and is autistic. [In the Temporary Accommodation] it was a shower, and it was complicated to bathe her. I had to look for help from ... a close friend who would let me bathe her at their place. Just that, a simple shower, was complicated to do. And if I did it, it meant crying, screaming, and the space was so small. Other people also lived there, and I didn’t want to be judged or stared at, with people saying “why does your child scream so much?” or “why don’t you know how to take care of her?”. I can’t walk around with a sign or a poster on the door saying “my daughter is autistic.” That’s just not possible. So, to avoid those misunderstandings and distress, I would go out to find another place to bathe her.’ (Mother with a neurodivergent child, currently in social housing, London)

But continuing to travel to family/friends for practical and emotional support often comes at significant financial cost:

> ‘We would often stay at friends until really late and then come back at night to avoid having to stay [in Temporary Accommodation during the day] – this meant expensive taxis.’ (Single parent with 1 adult child who is neurodivergent, currently in Temporary Accommodation, Bristol)

It was a cost which parents were compelled to take on given that many Temporary Accommodation providers (particularly hotels and hostels) have strict rules forbidding guests. This can leave (often single-parent) families without respite or access to statutory support:

> ‘Families are isolated in some Temporary Accommodation where no visitors are allowed. In one hostel we work in, visitors are only allowed in extreme circumstances and this means that there is no respite for carers in the household and creates a carceral and isolating environment, severely limiting the support families can receive from informal support networks, family outside of the hostel and even statutory services.’ (Practitioner, charity/third sector, Camden)

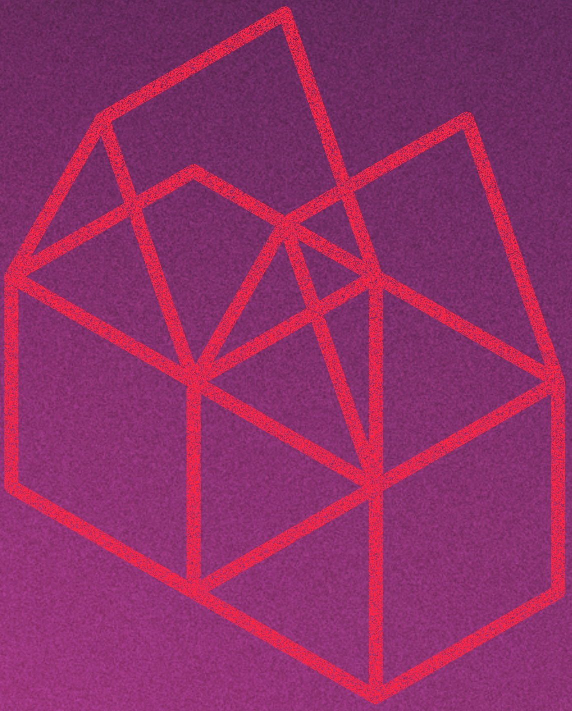
One submission recalled how families in Temporary Accommodation had tried to get round this by supporting each other, until that too was forbidden – again leaving families isolated.

‘Since she had been very small, she was used to a routine of having extended family supporting us. All of that stopped and behaviours that had become manageable were no longer, ritualistic behaviour became more entrenched, the support wasn’t there, routines couldn’t happen, the only friend she had she couldn’t see any more.’

05

Summay findings

Education



Summary findings

Access to education and SEN support

As we know, children living in Temporary Accommodation can find it extremely difficult to attend and stay in school. Children are often placed far away from their schools, making it difficult – if not impossible – for all children to attend. It can also be very expensive and time-consuming for parents if whole families have to take multiple forms of public transport to get to school. But for neurodivergent children/young people, these changes can be felt even more acutely:

> 'He couldn't face a lot of things in life during that time – school just became too much on top of everything else. For neurodivergent children, even small changes can feel massive. Living in limbo, without a stable home, makes the everyday things – like learning – almost impossible.' (Married/partnered neurodivergent mother with 2 autistic children, currently living in Temporary Accommodation, Belfast)

Many neurodivergent children already miss long periods of schooling when their setting can't meet their needs, and while they wait for an assessment/diagnosis (e.g. autism) or for an education, health and care plan (EHCP) assessment.[43] Moving out of area or being forced to move to a school that's closer to their Temporary Accommodation can disrupt and delay the process of getting support or a diagnosis, because appointments are missed or children drop off waiting lists.

For children with an EHCP in place, a lot of effort will have been put into fighting for the provision it sets out. In these cases, families may feel very strongly that they can't move out of area because the one thing they can't risk losing is their child's EHCP or school placement. While there is a statutory duty for a child's ECHP to be transferred to the new local authority within 15 days, in practice this does not always happen. Further to this, the new local authority may reassess the child and downgrade their EHCP to reduce the level of support provided and/or change their school placement.[44] Parents may then worry about being told they have made themselves 'intentionally homeless' for refusing accommodation that isn't within easy reach of their child's school.

Access to education

53 answers mentioned the impacts that living in Temporary Accommodation has on neurodivergent children's access to education. The most common experience was that if children/young people initially tried to travel long distances back to their school, it quickly became too much for them, ultimately resulting in them stopping going to school altogether.

> 'My daughter completely refused to go to school. We had to travel an hour and a half to get to school every morning. Her attendance dropped from 70% to below 40%.' (Married/partnered parent with 1 neurodivergent child, now in social housing, Cardiff)

'Living in limbo, without a stable home, makes the everyday things, like learning, almost impossible.'

Other families experienced such frequent moves that access to school was nearly impossible:

> 'One family supported by our organisation, with two SEN children with complex sensory needs, were moved 4 times by a local authority within 24 months, between 4 boroughs, resulting in their children losing access to education for nearly 12 of the 24 months. The impact on the children was stark, with both children exhibiting self-harming behaviours, and both parents seeking urgent mental health support to manage the impact of the stress.' (Practitioner, charity/third sector, Lewisham)

In some cases, parents (and children/young people) experienced abuse or negativity from teachers who weren't aware that they were homeless[45]:

> 'Being moved so often is really hard. [Last] September they moved us into 3 different properties in the space of 2 weeks. This impacted on his school life and then eventually led to me withdrawing him from school as it was all too much for him and his teacher then became very abusive

> towards me due to my son's behaviour, without realizing what was going on at home which was impacting him so bad ... I have now got him into a special needs school but because of the unknown of when we will be moved from here it is scary.' (Single parent with 2 children, both of whom are neurodivergent, currently in Temporary Accommodation, Croydon)

It is worth noting the difference here between children/young people who attend mainstream schools, and those who attend special schools. Children/young people attending special schools often had access to school transport. However, it was common for submissions to report that transport stopped when they were moved out-of-area, meaning their child couldn't get to school. But where transport continued, it provided much-needed continuity:

> 'His transport continued to collect him for his school. But that was probably by pure luck because initially the council tried to send me to a different postcode and I said I can't go because of his education. And so, I did stay in the catchment area, so his bus continued, the same driver, the same escort. So that is one thing that didn't change.' (Mother with three children, adult child has autism, from a group submission from Shelter)

For a younger child, a parent reported that they had actually *extended* their child's hours at nursery, because it gave her respite from the stresses of Temporary Accommodation:

> 'She has extended her hours at nursery just so she has room to play and less noise.' (Single parent with 1 neurodivergent child, currently in Temporary Accommodation, East Sussex)

However, unless they have an EHCP in place, children attending mainstream schools generally have less schooling and wrap-around support in place than those attending special schools. It is more likely that children without a a formal diagnosis or an EHCP will be expected to move to a school closer to their new Temporary Accommodation. For a neurodivergent child, the consequences of moving away from a known and trusted school can be severe and life-long:

> ‘My youngest has never returned to school, even four years on. They were just about to be supported in their primary, which they knew and loved, to get an autism and ADHD assessment along with applying for an EHCP ready for secondary. Living in Temporary Accommodation, them being forced to go to a different primary and refusing, meant none of this was done in time for secondary. So the support they needed in secondary wasn’t there and the placement failed before I could finish the battle for an EHCP so we could apply to a SEN provision [school] which everyone agreed is what was needed. Now they are home with me 24/7 and missing out on the education and socialisation the love. No-one realizes the impact of Temporary Accommodation, especially on neurodivergent young people, can last for years!’ (Mother with two children, both of whom are AuDHD, from a group submission from Shelter)

Access to SEND support, including diagnosis

40 answers mentioned the impacts that living in Temporary Accommodation had on children/young people’s access to SEND support, including initial diagnosis. Most of these (35) came from practitioners reflecting on their professional experience, which is important because 81% of the children represented in the data already had at least one formal diagnosis of a neurodivergent condition. The single biggest issue when accessing SEND support (assessment/diagnosis, therapeutic services or EHCPs) is moving across local authorities/boroughs because children/young people lose access to existing support services and/or drop off waiting lists for support:

> ‘In addition to SEN education and transport, moves between boroughs also often presents the challenge of children having to access and be assessed by new healthcare providers/NHS trusts. This often means losing places on waiting lists, having to be placed at the bottom of new waiting lists, leading to further time without support or diagnoses (often crucial for accessing further support).’ (Practitioner, charity/third sector, Lewisham)

In other cases, where records aren’t transferred between authorities correctly, families can find that children need to be placed on a long waiting list to be reassessed for a condition they have already been diagnosed with:

> ‘[The biggest challenge is] transfer of records: often times if a student has been involved in for example CAMHS learning disability services in a different area of the UK – they often don’t transfer any folders and we are finding that CAMHS has to start with assessment for autism, ADHD all over again; especially if they moved from different countries and had to be frequently moved around the UK – we often don’t get enough information about their past and diagnosis which is crucial to support us as professionals meeting their needs.’ (Practitioner, education, Haringey)

Delays and disruptions to diagnostic assessments are especially problematic because formal diagnoses are often needed as medical proof to access other forms of support. For example, while technically not essential, a medical diagnosis of autism or ADHD makes it a lot easier to prove need (or for need not to be questioned) for Disability Living Allowance, Carer’s Allowance, an EHCP, and Short Breaks respite care.

Children/young people could have already been on a waiting list for months, or even years, before they become homeless or are moved between Temporary Accommodation sites. If children move local authorities before they have reached the top of a diagnostic waiting list, or their diagnosis records are *lost*, it slows down the speed with which they can ask for help from their new local authority. If a family is moved again – back to their original local authority/borough, or to another new area – that process starts over again.

Additionally, parents moving between different Temporary Accommodation sites are also more likely to miss important appointment letters if they are sent to the wrong address. In these cases, children could have waited a long time for an appointment, only to be moved to the bottom of the waiting list if they don’t show up for an appointment they did not know they had.[46]

The next biggest issue for neurodivergent children/young people is moving schools and losing the support of trusted staff who understand them and their needs. This is especially challenging if a child is forced to move school while an EHCP application is in process. This is because it often takes a long time for a school to get to know a child, put them on the SEN register and try smaller-scale interventions, document how they are responding to those interventions, and *then* develop an application for an EHC needs assessment. If children move schools frequently, teachers and SEN coordinators never have time to build up that relationship and understanding before they move again, meaning access to support is delayed – or never materialises:

> 'I have had children where they have neurodivergence and we are their 5th primary school, and so no EHCP application has been made as child kept moving local authorities. I also have experience of a child who needed special school where this was not possible as they were always "about to move" but 3 years later were still living with 6 people in a 1-bedroom flat, with one child with high needs Autism.' (Practitioner, education, Barnet)

As submissions from both parents and practitioners attest, there is a complex intersection between childhood trauma caused by homelessness and behaviours associated with neurodivergence. One parent reported their concerns that their child could be autistic had been dismissed by school staff who put their difficulties down solely to their experiences of homelessness.

'The school refused to accept that she could be autistic and put down all of her needs down to the move for far too long.'

> 'The school refused to accept that she could be autistic and put down all of her needs down to "the move" for far too long – despite being in Temporary Accommodation for only 4 months. We had to eventually pay to go private because they refused to assist with her diagnosis even a year later, despite it running in the family and her stimming' (Married/partnered parent with 1 neurodivergent child, now in social housing)

It is important to recognise the additional stresses that trying to access SEN support puts on parents already dealing with the pressures of homelessness and Temporary Accommodation. Practitioner submissions emphasised that:

> 'Families with neurodivergent children often need extra support to navigate the barriers for accessing the right support for their children at school, e.g. long waiting lists for speech and language therapy, EHCP assessments. This places huge amounts of stress on parents when already

> dealing with unsuitable and unstable housing.' (Practitioner, charity/third sector, Hackney)

Where parents had managed to access therapeutic or respite support, the restrictions of the Temporary Accommodation environment meant they still struggled to implement the recommendations. This causes further stress for children and parents:

> 'My current garden is not safe and nothing has been done to make it safe so we can use the much needed outdoor space the occupational therapist says we need.' (Single parent with 3 children, 2 of whom are neurodivergent, currently living in Temporary Accommodation, Haringey)

> 'At some point it was discussed that we could have the input of a carer. However, it's not in the kids' best interest to have a carer come to an already overcrowded property.' (Mother with three children with neurodivergence, from a group submission from Shelter)

Transport and mobility

One of – if not the biggest – issue for neurodivergent children/young people when accessing school while living in Temporary Accommodation is the ways it affects their travel options. 42 answers mentioned the ways that living in this type of housing impacts on neurodivergent children/young people's transport and mobility because they have to travel further to access their support networks and services. Many neurodivergent people (children and adults) struggle with the logistics, smells, sounds, feel and unpredictability of public transport:

One of – if not the biggest – issue for neurodivergent children/young people when accessing school while living in TA is the ways it affects their travel options.

> 'He struggles with things like not having a seat – and then there's a meltdown. If there's too many people on the train and he's not able to see the station names, because he's got this fascination about routes and stations – meltdown. He's got no sense of danger – he almost fell on the tracks one time. When we got home that day, I cried my eyes out, because I was so exhausted from the anxiety of having to protect him from himself. When I

> can see he's two things going wrong from having a major meltdown, we have to get an Uber instead.' (Parent with a neurodivergent child, from a submission from a charity/third sector organisation, London)

Many submissions mentioned the safety risks associated with travelling on public transport, particularly if routes are long, complex, and unfamiliar:

> 'Travelling to school is a big stress because we have to change trains and take a bus and he doesn't understand the new routes which means he struggles to adjust. When I was in my previous home it was one straight bus. It has had a lot of impact on him – it confuses him and makes him emotionally dysregulated. He is also a flight risk so there have been many occasions where he has run away and a stranger has helped me safely take hold of him so he doesn't hurt himself.' (Mother with a child with neurodivergence, from a group submission from Shelter)

Several submissions mentioned the additional financial burden of paying for taxi fares, when they were the safest and easiest option for their child:

> 'I spend much more on cabs and travel fares than before. This is the safer option to get my child to school but it is very expensive. I stay indoors more with my child to save money on travel.' (Mother with a child with neurodivergence, from a group submission from Shelter)

Some parents even accrued new debt to secure a transport option that their child/young person could cope with:

> [It was] an hour each way on a bus to go to and from school which meant getting up really early which through their routines out, and made them crabby and out of sorts. I then got a cargo bike to cut down on that time, thanks to the Scottish Energy Savings Trust having a scheme that allowed me to do so, like, cheaply, in an affordable manner. Which I'm still paying off today, so that's left me in debt for several years.' (Single parent with a neurodivergent child, now living in social housing, Edinburgh)

One submission did describe a positive experience in terms of the location of their Temporary Accommodation. The difficulties listed above are emphasised even more when compared to a submission which highlights how positive these things are when they do work well:

> 'We have an allocated parking space outside the front door. We are 2 minutes from the bus stop and 5 from the train station. Our emergency accommodation was in the city centre and was a very convenient location.' (Single parent with 3 children, all of whom are neurodivergent, currently in Temporary Accommodation, Brighton and Hove)

Wi-Fi and digital access

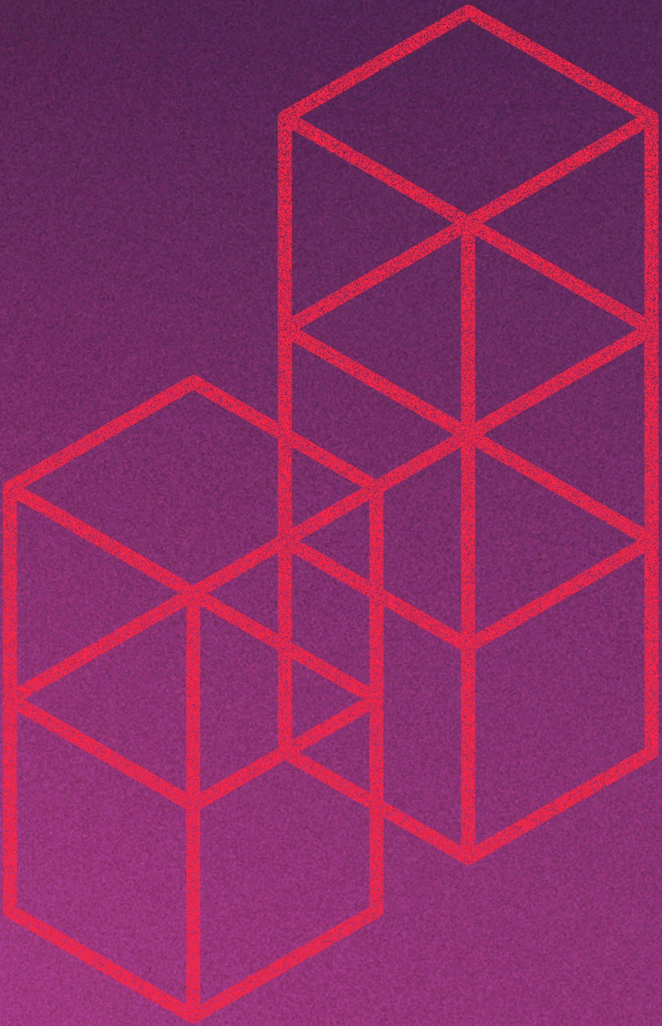
Another facet enabling or disrupting access to education is access to digital devices (laptops/tablets, phones) and Wi-Fi. It is generally essential for children's homework, and in enabling parents to keep up with correspondence and paperwork from schools, housing providers, and other welfare services. But for many children/young people who are used to it, having no Wi-Fi can also disrupt established strategies for self-regulation after a long day at school:

> 'For him the biggest problem was there was no Wi-Fi. And for my son his way of calming down or recharging has always been by going on his phone or his laptop. And having no access to Wi-Fi was a really major, major issue and we don't often have meltdowns.' (Mother and teenage son with neurodivergence, from a group submission from Shelter)

06

Summary findings

Location



Summary findings
The practicalities of TA while on the move

Living in Temporary Accommodation raises extra practical challenges for all parents, but especially for those with neurodivergent children. This is because of the additional paperwork, needs and conversations that parents need to have to advocate for their neurodivergent child's health, wellbeing and schooling. For example, parents travel long distances back to schools and family GPs, with additional impacts on their own ability to undertake/remain in employment. They spend time gathering additional paperwork to prove to their local authority that their child is neurodivergent and has specific reasons for needing to be housed close to their original school, or in a ground floor flat, for example.

Housing services are overstretched, and housing officers are over-worked, leading them first to delay and then to move families at very short notice.

Professional submissions report that housing services are overstretched, and housing officers are over-worked, leading them first to delay and then to move families at very short notice. This unpredictability – swinging between long periods of waiting and then rapid change – is particularly difficult for neurodivergent children. Submissions suggest that having a family support worker or advocate (generally from the charity/third sector) is often the difference between a family getting help with their housing, or not. On top of this, families with insecure migration status face additional challenges, including with language barriers.

Communication with housing services

72 answers mentioned the impacts that poor communication with housing services has on families with neurodivergent children living in Temporary Accommodation. Complaints about poor communication with housing services are widespread – they are not unique to families with neurodivergent children. However, there are *additional challenges* for families with neurodivergent children living in Temporary Accommodation which poor communication with

housing services makes it even harder to manage. This includes being placed in accommodation which is inappropriate for their neurodivergent child's needs, not being believed when they say it is inappropriate or unsafe, and delayed replies and actions from housing officers even when urgent safety or accessibility issues have been identified:

> 'No one ever listened. We just needed the council to be considerate. If they saw us in person maybe they'd understand but they never have ... When I have tried to explain my son's needs, I've been penalised more and things have got worse. They said they'd give me a ground floor flat due to our needs at the start. They promised this and then they moved us to an attic space. Why make those promises and do the opposite? Whenever I tried to speak to people about how hard it was, they were nasty like they are trying to trick me. There were people with no awareness of his needs and no humanity making decisions. Now we are stuck in another Temporary Accommodation which the council has agreed is unsuitable but have said they aren't able to offer us anything else until he has had an OT [occupational therapy] assessment. Why wasn't this offered at the start? We have been in Temporary Accommodation for so long they should know by now. I have only ever had a phone call assessment with my housing officer at the start – she made me cry because she would never listen. I then found out from the assessment they didn't record any of my son's needs – what was the point? There should be a specialist from the start trying to listen and understanding needs, not putting someone somewhere obviously bad and waiting for them to complain. Or assuming that I'm lying until I collect loads of letters from the GP and school.' (Single parent with 1 adult child who is neurodivergent, currently in Temporary Accommodation, Bristol)

'No one ever listened. We just needed the council to be considerate. If they saw us in person maybe they'd understand but they never have. When I have tried to explain my son's needs, I've been penalised more and things have got worse.'

Practitioner submissions (generally from other professionals working to support families, but some also from housing officers) supported the claims made by parents. They suggest that housing services/officers are not properly trained in neurodiversity awareness or trauma-informed approaches to service delivery.

Communication is poor internally *and* externally, which further slows down decision-making and responses for families:

> 'There's a clear lack of neurodiversity and trauma-informed understanding among council officers. Families feel their concerns and professional recommendations are dismissed, leaving them stuck in unsuitable, often unsafe Temporary Accommodation for too long. Services feel quite segregated, without clarity [of] whether there's communication between housing, health and education teams. Without a formal diagnosis – often delayed due to long NHS waits – families say their children's needs are ignored or downplayed.' (Practitioner, peer support/campaign, Hackney)

Significantly, parents felt they were simultaneously being ignored by housing services (as the quote above shows) and were under surveillance by those same housing services:

> 'When we were in the Temporary Accommodation, I started feeling like people were coming in without us knowing. There would be different people checking that we were there all the time so you couldn't get used to a face. Sometimes my son would be at home on his own after college or when I was at the shops and he would call me and text me very scared because there were people knocking on the door. He would either be too scared to open the door or open the door and be unaware of the risks … I started to set little traps of tin foil to see if people were coming in as things would move and he'd get really unsettled.' (Single parent with 1 adult child who is neurodivergent, currently in TA, Bristol)

Most Temporary Accommodation has a 'continuous stay' rule which means residents must be there every night or risk being declared intentionally homeless. Families described needing to "sneak out" to have some much needed respite from Temporary Accommodation itself in order to avoid getting into trouble if they were found out:

> 'When things were totally overwhelming we couldn't go on holidays as it would take months for it to be approved by the housing team. A few times we had to secretly go away to stay at his grandparents or my friends

> when it was getting too much for us. He knew that I was stressed.' (Single parent with 1 adult child who is neurodivergent, currently in Temporary Accommodation, Bristol)

Sneaking out like this shows the desperation felt by families as they try to mitigate against the stresses and harms of Temporary Accommodation which is ultimately dangerous for their neurodivergent children. Submissions evidenced the time and effort it takes to collect the evidence housing services say they need to "prove" that the Temporary Accommodation is not suitable, or that a neurodivergent child needs to be housed close to school, to have their own bedroom, or to in a ground floor flat, for example. This is an additional burden for parents who are already time-poor, are living in Temporary Accommodation, and who have caring responsibilities significantly higher than those who have non-disabled children. *Even then*, parents report that their hard work often feels as though it has been for nothing:

> 'The council asks [for] lots of evidence ... So you go through this massive process that's very stressful trying to get letters and trying to speak to neurologists who are busy people. You're trying to get all this information, and they push you so hard to get it by a certain date for it to be taken into account ... Yet you give it to them and they just file it away without reading it ... So it's basically just a tick box. I'll give you an example. After I gave all of my son's information across, the man that was dealing with my case, called up, told me he needed to speak to my son. He is non-verbal. And I was like, I can't believe you just asked me that. You've got all the information. And he hasn't even read it! And they wonder why people are so frustrated and get so upset. And the problem is the minute you get emotional, the minute you get upset they ask you to calm down and tell you that you can't be aggressive. But it's gaslighting you. They're pushing you into that position and the minute you react, they shut you down. It's really hard because you know, this is people's lives and people are obviously emotional because it's hard and [you're] under stress.' (Mother with three children, adult child has autism, from a group submission from Shelter)

One practitioner submission reflected that housing officers/housing services often simply did not have the training (or the time) they needed to be able to support neurodivergent children and their families. Where families did have a positive experience, it was often down to the individual housing officer they had been allocated:

> 'I think there is often little understanding in all these situations. I'm not aware that housing colleagues have access to specialist training regarding this area, which would greatly assist them in their decision-making. I know of some positive experiences [but these are] down to the individual housing officer.' (Practitioner, local government, Brighton and Hove)

> 'It's often down to individuals within each [housing] agency trying to advocate for families, but can really depend on the individual housing officer, as to what response the family gets and that should not be the case.' (Practitioner, local government, Brighton and Hove)

Austerity / resourcing issues

Looking at how neurodivergent children and families experience Temporary Accommodation reveals the impacts of 15 years of austerity and under-resourcing of housing services (and health, education and social security) on some of the most vulnerable children and families in the UK[47]:

> 'Local authorities are facing ongoing continuous cuts to services often at the delivery end which has a devastating effect on vulnerable adults and families ... It sometimes feels like eugenics by stealth as more and more is taken away from the poorest and most vulnerable in society.' (Practitioner, local government, East Sussex)

'Local authorities are facing ongoing continuous cuts to services often at the delivery end which has a devastating effect on vulnerable adults and families.'

Practitioner answers made 9 explicit references to austerity, resourcing or cost pressures, although these themes underly many more submissions, too. One practitioner submission reflected that:

> 'I think they [housing services] have so little flexibility because they are so under-resourced, that they feel almost scared to actually recognise [the

> needs of neurodivergent children and their families] because it will just be totally overwhelming.' (Practitioner, health, Brighton and Hove)

Many parent submissions reflected feeling disbelieved and belittled by their housing officer, and as though they were trying to "catch them out". It is clear from the submissions that this does happen. However, housing services across the country are chronically under-resourced, under-staffed, and their housing officers are working under extreme pressure.

Housing services simply do not have enough housing to offer homeless families – let alone suitable, adapted properties for children with additional needs. While families may have had poor experiences with individual housing officers, or with housing services as a whole, that is just the tip of the iceberg. Housing officers are often the first point of contact in a decimated welfare system where housing, education, health, social care and social security (benefits) are all under-funded, fragmented, and siloed.[48] Housing officers are doing a very practically and emotionally demanding job with very little power to change the system they operate in. However, this is not excuse for making families feel disbelieved, patronised or belittled, as some of the submissions here describe.

If neurodivergent children and their families were appropriately housed, everything else would likely "slot into place". The pressure on housing officers to secure permanent, accessible housing as quickly as possible is immense – but so are the consequences of failure. In trying to deal with the pressure by placing homeless families wherever they can, and – as submissions would suggest – sometimes without regard for children's safety/accessibility needs, parents feel that housing officers are effectively transferring the consequences of the failure of the system onto them.

Poor timing: too slow or too fast

The pressures that housing services are under mean that housing officers tend to work reactively, rather than proactively. Submissions report that even when local authorities are notified far in advance that a family with a neurodivergent child is about to become homeless, their case is rarely addressed until the very point of homelessness. This rapid change can be really unsettling for neurodivergent children:

> ‘When providing casework to newly homeless families with neurodivergent children, we often witness both sides of the homelessness process, that of family and of the local authority. We assist families to present as homeless to their local authority, in advance (usually 56 days in advance following a grant of refugee status) and provide evidence of their children’s needs and educational provision. These families are almost always then not contacted until the day they become homeless, leaving the local authority with the limited number of properties available to them on that day ... Because of the pressure on local authorities and the entrenched approach of only responding to same-day homelessness, there is a lack of consideration given to how sudden change can dysregulate neurodivergent children, and the additional impact this can have on families of neurodivergent children.’ (Practitioner, charity/third sector, Lewisham)

For other children who have been told to expect a long wait in Temporary Accommodation, a sudden and unexpected move to more permanent accommodation can also be unsettling, because they haven’t had time to prepare for it:

> ‘When we moved in we were told it was going to be three years or more before we’d be given an offer of permanent housing. Luckily we got lucky and it happened at 18 months, but for my kid, that meant they found it really hard to process. Because they had an expectation of being a certain age when we’d be offered a home. So it was really hard on them just to change that expectation.’ (Single parent with a neurodivergent child, now living in social housing, Edinburgh)

Welfare support services/advocacy

28 answers (23 from practitioners) mentioned the importance of welfare support services / advocacy services for homeless families with neurodivergent children – and the impacts when they don’t have that support. Some submissions mentioned how crucial it was that they maintained access to

trusted support services, including GPs, who had known their children since they were little and understood their needs:

> 'We were concerned when moving to the new Temporary Accommodation that we would need to move GP surgery. The surgery have known my son and his complex needs for his whole life, I couldn't cope with the thoughts of moving. I have used a care of address to try and keep the same surgery to keep some consistency. I'm not going to be able to get another doctor like this doctor.' (Single parent with 1 adult child who is neurodivergent, currently in Temporary Accommodation, Bristol)

Other submissions emphasised the role that schools especially play in providing supporting documentation for parents to pass on to their housing officers. This could be from the school itself, or from SEN practitioners that work with the child at school (for example, occupational therapists or speech and language therapists).

However, there was an awareness that not all families had access to the same support or support services – and that could be the difference between a family with a neurodivergent child being housed, and not. Submissions highlighted the inequity of this:

> 'I think families need one person to advocate for them and liaise with the various health professions and housing services to ensure everyone is communicating and understanding the needs of the child. With some families I have supported, Shelter workers have taken on this role and that has led to better outcomes for the family. However, Shelter is a charity with limited capacity. Therefore all families do not receive the same level of support and do not receive equal access to housing.' (Practitioner, charity/third sector, Hackney)

'I think families need one person to advocate for them and liaise with the various health professions and housing services to ensure everyone is communicating and understanding the needs of the child.'

Practitioner submissions emphasised the additional challenges of accessing support for families who didn't speak English or where there were language barriers, and who often also had insecure migration status. While the quote below references asylum-seeking families, families with No Recourse to Public Funds (NRPF), housed by the local authority under Section 17 of the Children's Act 1989, might have the same difficulties with English language and different cultural understandings of neurodivergence:

> 'The policy on allocating asylum accommodation is far more limited than statutory homelessness guidance, making it both easy and common for asylum accommodation providers to regularly move families of neurodivergent children across the country, with very limited options to challenge these transfers. In light of some families being newly arrived in the UK, different cultural understanding of neurodivergence, and language barriers, families often have limited medical evidence despite having children with high and complex sensory needs.' (Practitioner, charity/third sector, Lewisham)

Two submissions mentioned that only after a Child in Need assessment was triggered by social services – a serious safeguarding process – that the family in question was properly supported to access housing. The housing system is complex and confusing, and most families need help to understand it. This is without the additional complications of fighting for accessible housing while also caring for a neurodivergent child at the same time:

> 'With the complexity of the housing system, and a lack of capacity in the charity sector to provide evidence and support, many families are unaware of how to review their points allocation for bidding on social housing against the local authority's allocations scheme [which will vary in every local authority]. It is rare that families are able to independently and successfully request a review of their points in order to more quickly obtain a secure tenancy. Local authorities often lack the time and capacity to proactively advise families of how to increase their points, register families for alternative secure tenancy schemes such as Bridge Housing, or undertake new housing needs assessments in light of the impact of Temporary Accommodation on transfers of neurodiverse families.' (Practitioner, charity/third sector, Lewisham)

Employment

For other parents, submissions emphasised how degrading the whole experience was, of being homeless and being reliant on social security benefits and charity. They describe the stigma of relying on benefits or charity, coupled with the stigma of not being in paid employment, because their full-time caring responsibilities for their neurodivergent child/children prevent it. Parents of disabled children often describe their situation as one of holding multiple full-time jobs: of parent; carer; and of fighting for their child's SEN support.[49] Where a family is also homeless, fighting for secure, permanent and accessible housing becomes another, fourth, full-time job:

‘I am mentally drained. It got to a point I even wanted to stop work. It caught up with me and affected me in a way that I was just making mistakes at work when I'm exhausted. I’m a support worker so I want to do it properly.’

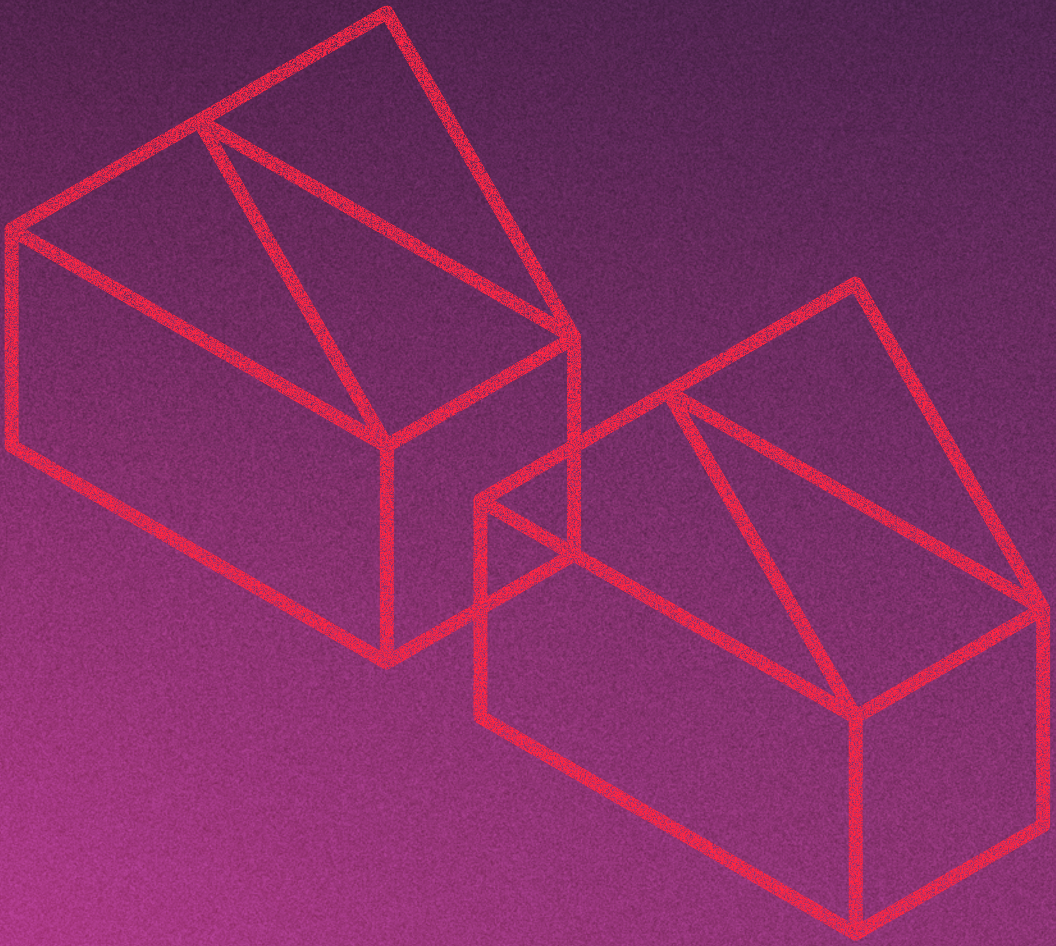
> ‘I couldn’t work as I was a full-time carer to the children, so I was reliant on benefits and charity. Charity was often soul-destroying as you’d have to prove need constantly. It was embarrassing and degrading. Honestly it was like a fulltime admin job trying to survive homelessness and get everyone’s needs met.’ (Mother with two children, both of whom have AuDHD, from a group submission from Shelter)

> ‘I’ve developed headaches. I have no energy. I have no social life because there are times nobody can come and see you, even when you are sick. The last hostel that we were in before here, you are not allowed any visitor of any kind. So even family members are not just popping in. It is like you are in a cage, a prison. You are not allowed visitors to even see the kids. I have to work and try and sort out the three of them. I am mentally drained. It got to a point I even wanted to stop work. It caught up with me and affected me in a way that I was just making mistakes at work when I’m exhausted. I’m a support worker so I want to do it properly.” (Mother with three children, one with autism)

07

Summary findings

Future research



Summary findings

Future research

The data gathered by the call is rich, but there are research gaps identified that warrant future exploration. These include: greater quantity of data from the devolved nations; the experiences of Asian/South Asian communities; the experiences of families with insecure migration status and with no recourse to public funds (NRPF); data on undiagnosed neurodivergent children living in Temporary Accommodation; and data from parents who struggle to participate in surveys due to language/literacy difficulties.

Because housing and education policy are both devolved, and with just 1 response from Northern Ireland, 1 from Wales, and 3 from Scotland, this report mainly focuses on English data and English policies. However, in the future it will be important to gather a fuller picture of the state of Temporary Accommodation and neurodivergent children's experiences of it from across the UK. This would help policymakers to share best practice for supporting neurodivergent children and their families to live in safe, affordable, permanent and sensory-friendly homes.

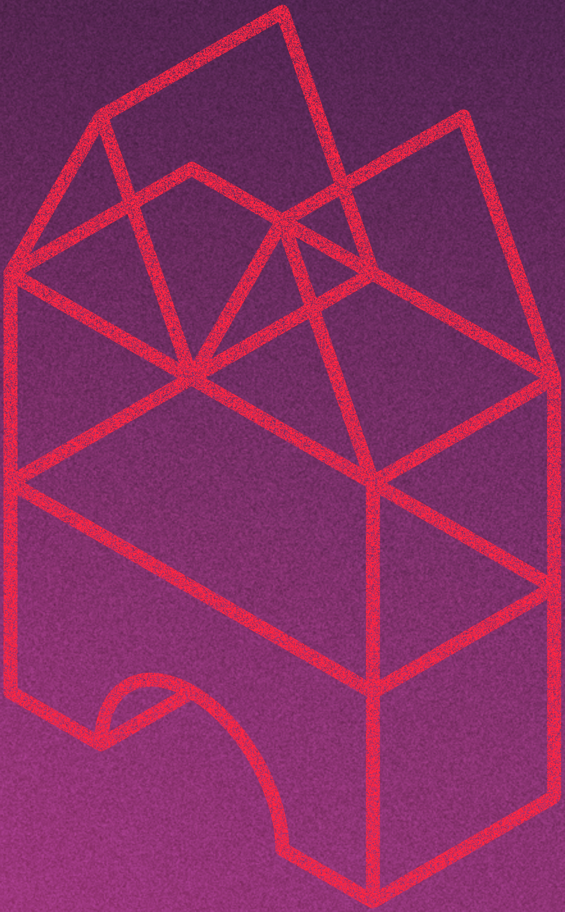
While one focus group parent participant identified as Bangladeshi, we received no survey responses from parents identifying as Asian, South Asian or East Asian, or any related country. This is a gap in the data given the housing difficulties experienced by many South Asian families especially (Pakistani-Bangladeshi households are more than seven times as likely to experience homelessness than White people in the UK, for example[50]). If the time and resources had permitted, this gap may have been addressed by translating the survey into Bengali, Sylheti and/or Urdu, and by engaging with specific community groups to spread the word.

Some families are housed in Temporary Accommodation under Section 17 of the Children Act 1989, which gives local authority social services a duty to promote the welfare of 'children in need' and their families, including those with no recourse to public funds (NRPF). While in our focus groups we included parents who were housed under Section 17, we did not separate out for Section 17 in the demographic survey questions, instead asking respondents whether they had experience of local authority Temporary Accommodation, Home Office Temporary Accommodation (for past or present asylum seekers), or both. This means families housed under Section 17 are included in the local authority Temporary Accommodation figures. There is a need for further research to better understand the specific experiences of families in Section 17 TA and with NRPF.

Unsurprisingly, this call has reached more parents of children with formal diagnoses of autism, ADHD, or other neurodivergent conditions, than those without formal diagnoses. This group is particularly hard to reach, especially when they/their parents/schools might not be aware that they *are* neurodivergent in the first place (and may also be neurodivergent themselves). Submissions by practitioners are especially important therefore for representing the experiences of undiagnosed neurodivergent children, but more work must be done to identify and support this cohort and their families.

Finally, the call was online, and submissions could only be uploaded through the online portal. The survey was available in English and in Spanish (translated by IRMO). We received 2 submissions through the Spanish version of the survey and 59 through the English version. To enhance accessibility, respondents could submit written answers or voice notes, and they could upload up to 5 photos. We also published guidance for practitioners supporting clients to submit evidence to the call and received several group submissions in this way. While these measures helped, it is clear that the call did not reach enough people with limited English language and/or literacy skills (who may have struggled to navigate the form or read the questions); neither did it reach people without digital devices, Wi-Fi, or who lacked digital literacy. More work must be done to identify and support these cohorts and their families in the future.

08
Recommendations



Recommendations

1 Pass new legislation

1A Incorporate the UN Convention on the Rights of the Child into UK law

Incorporate the UN Convention on the Rights of the Child (UNCRC) into UK domestic law to require consistent consideration of children's rights in housing and homelessness decisions. Currently, only Scotland have ratified the UNCRC into domestic law. This would oblige children's rights to be considered, protected and promoted every time a new law or policy is developed/introduced. This includes children's rights to: education; freedom from violence, abuse and neglect; to be listened to and taken seriously; a proper house, food and clothing; and to relax and play.[51] With regards to housing rights, this would oblige UK policymakers to consider and mitigate for the impacts of homelessness on children's rights to the above.

2 Fix the data gap

2A Improve H-CLIC data collection

Add fields to statutory homelessness data (H-CLIC) which record if a child has an EHCP or is on the SEN register and/or has a formal diagnosis of a condition typically associated with neurodivergence. Homelessness statistics published quarterly and annually by MHCLG do not offer any data on the number of children in Temporary Accommodation that have an EHCP, are on the SEN registerer and/or have a formal diagnosis of a condition typically associated with neurodivergence. Without this information, the scale and reach of the issue and the consequences of it are unknown.

2B

Implement the SAFE Protocol

Implement the SAFE Protocol – as committed to in the Child Poverty Strategy and National Action Plan for Ending Homelessness – for mandatory notifications to be made to schools and GPs when a child becomes homeless. These notifications should include the enhanced H-CLIC data in recommendation 2a.

2C

Local authorities to complete the long version of section 208 notices

Local authorities can complete two versions of section 208 notices, a shorter version that meets statutory requirements and a longer version that meets this requirement and Local Government Association guidance on out of area placement. The 'Social Services information' section of the longer version includes questions on if a child has Children with Special Educational Needs (SEN) and EHCP. The longer version should be considered best practice which local authorities should complete to ensure that neurodivergent children and their families' needs are identified and met.

2D

Each local authority should record and monitor the number of children with EHCPs who are either moved into Temporary Accommodation out of area (out of their home local authority) or placed in social housing out of area. This is essential for local authorities to ensure that they are meeting their obligations under the Equality Act 2010 for children who are legally classed as disabled.

3 Ensure continuity of education, health and care

3A Avoid out of area placements

Amend the Homelessness Code of Guidance with the instruction (following the Local Government Association's Out of Area protocol)[52] that local authorities avoid OOA placements as far as possible when dealing with vulnerable households, including those with a child who has an EHCP, is on the SEN register, has a formal diagnosis and is already under CAMHS or any other specialist service (e.g. SALT, OT, dentist), and/or is on any diagnosis waiting list. This will keep children as close as possible to schools, GPs, and social/support networks, and will avoid disrupting the diagnostic pathways.

3B

Where out of area placements in England are made and a child has an EHCP, the current local authority should be proactive in ensuring that the timely transfer of the EHCP to the new local authority is made, as set out in regulation 15 of The Special Educational Needs and Disability Regulations 2014.[53] The new local authority should provide the specified support immediately – it has the same legal duties as if it had issued the EHCP itself.[54]

3C Reduce moves

Minimise dysregulation and trauma caused by accommodation moves by reducing the number of moves and repeat relocations.

3D Adopt a cross-local authority protocol for home-to-school transport

As recommended by a September 2025 London Councils task force[55], adopt and implement a cross-local authority protocol ensuring continuity of home-to-school transport for children with EHCP when families are placed in Temporary Accommodation outside their home local authority. The placing council should: directly notify the receiving council immediately upon placement to expedite transport arrangements; and continue providing transport for up to four weeks after the move to prevent disruption to schooling for children attending specialist provision. This approach minimises gaps in education and supports the needs of children with SEND during housing transitions.

3E **Introduce specialist training in schools**

Invest in specialist training in schools (akin to trauma-informed training), so that staff understand how homelessness can impact neurodivergent children living in Temporary Accommodation and less punitive attendance policies.

3F As part of homeless friendly schools' accreditation being developed by Shared Health Foundation, ensure that training includes a module on neurodiversity and taking a neuroinclusive approach.

3G Flexible attendance policies should be in place to allow schools to make adjustments for children whose temporary housing needs affect punctuality or attendance. When a school is notified by the SAFE protocol that one of the students is homeless and has moved into Temporary Accommodation, add a code noting this into the attendance system. The aim is to reduce the amount of 'unauthorised' absences and potentially gives context to why a child is consistently late and/or has low or no attendance.

4 Improve communication and training

4A **Teams to monitor and support neurodivergent children in TA**

In line with Section 22 of the Children and Families Act 2024, establish multi-agency teams (housing, education, health, social care) that takes a rights-centric approach to ensuring neurodivergent children in Temporary Accommodation do not fall between the cracks. This forms part of the new 'duty to collaborate' set out for public services in the 2025 National Plan to End Homelessness (see Box 1).

4B Foster best practice by including housing officers on EHCP assessment panels.

4C Introduce dedicated support workers for homeless families who are trained in trauma-informed care and the whole spectrum of SEND.

4D Recognise homelessness as a contextual safeguarding concern[56] and support teachings to identify and support homeless students through the safeguarding pathway.

4E **Mandatory training for housing officers on neurodiversity**
Mandatory training on sensory needs, trauma-informed practice, and safeguarding for all housing officers and Temporary Accommodation providers. Training must include how to approach and complete housing needs assessments in situations in which one or more of household members are suspected or diagnosed as neurodivergent. This training must be mandated and standardised by MHCLG to ensure that training is consistent across England. An excellent resource for this training of housing officers is 2026 guidance published by Impact on Urban Health on how to meet the needs of neurodivergent children living in Temporary Accommodation.[57]

4F Implement training on family homelessness and housing for SEND practitioners, open to NHS, local authority, and third-sector staff.

4G All training should be co-designed with parents of neurodivergent children, and include parents who have experienced homelessness with them.

5 Improve housing quality and suitability standards

5A **Include neurodivergence in the Homelessness Code of Guidance**
Update the Homelessness Code of Guidance to specify (in clause 8.14b) to state that a person has priority need for accommodation if they are vulnerable as a result of mental illness, a learning disability, physical disability or neurodivergence.

5B Improve the suitability of housing for neurodivergent children

Introduce mandatory inspections before placement and ensure properties meet minimum safety standards, tailored to neurodivergent children (e.g. secure windows, ground floor accommodation, secure outdoor space, removal of hazards). Inspectors must have taken mandatory training on sensory needs, trauma-informed practice, and safeguarding. The results of the inspection must be respected by the housing service, without threat of a family being declared intentionally homeless if they/the independent reviewer says a property (covering all tenure types including Temporary Accommodation) is not safe for a given child/young person. Some neurodivergent children lack a sense of danger and so it is vital that the Temporary Accommodation they are placed in does not allow them to harm themselves. Awaab's Law principles must be followed – housing must be free from damp and mould but also safe and suitable for vulnerable children.

5C Neuroinclusive design standards

Follow best practice guidance for the design and management of Temporary Accommodation, social housing, and the private rented sector (PRS) set out in the British Standards Institute's 2022 PAS 6463 guide for creating inclusive spaces for neurodivergent individuals.[58]

5D Use Disabled Facilities Grants for modifications

Where possible, housing teams should be proactive in using Disabled Facilities Grants (DFG) to modify Temporary Accommodation for neurodivergent children in advance of them moving into it. This could include flicker-free/dimmable light switches, enclosed outdoor space, separate single-use kitchens/cooking facilities, bath and shower options (children may have different specific needs including replacing old or damaged bathware).

5E **Conduct specialist neurodivergent-affirming housing needs assessment**

Housing needs assessments must give due weight to the specific needs, risks and hazards for neurodivergent children and their families. This assessment must take a 'whole family' approach and identify and recognise the needs of neurotypical family members living with neurodivergent siblings. The assessment should also cover behaviours and experiences concomitant with undiagnosed neurodivergence. This is because it is commonplace for formal diagnostic processes to be disrupted by families becoming homeless and moved between Temporary Accommodation, especially when they are moved out of area and drop off from long waiting lists results.

5F Disability (as a protected characteristic under Section 6 of the Equality Act 2010) should be assessed on a case-by-case basis to ensure that children's needs are understood, and reasonable adjustments are made, in relation to the housing needs assessment. Parent knowledge of their child's specific needs should be respected regardless of whether they have a formal diagnosis in place or not.

5G Housing needs assessments must be conducted annually after the main housing duty is accepted by the local authority to reflect evolving needs of family members.

5H **Greater flexibility for how families communicate with housing officer**

Parents in the Call for Evidence feel that housing officers can make a better assessment when speaking face-to-face with families. However, the norm is for online assessments. There should be greater flexibility for families to choose how they would prefer to communicate with housing officers e.g. online, over the phone, or in-person. This is because neurodivergent children are more likely to have neurodivergent parents (with their own communication preferences), and because parents may feel that their child's needs are better understood in person.

5I **Relax visitor rules**

Amend restrictive visitor rules in much Temporary Accommodation to allow respite and practical support for parents of neurodivergent children, with safeguarding measures. These could include having greater security, for example a staff member on the door, or requiring visitors to sign in and out of the building. In some Temporary Accommodation properties, such as B&Bs, hostels and houses of multiple occupancy, visitors are prohibited from entering the building due to security concerns. For families with neurodivergent children, this can mean that access to vital support for both parents and children from family or friends is blocked. Families have likened this to living in prison.

5J While it is essential for Temporary Accommodation properties to be safe and secure for residents, regulations such as visitor bans are punitive to families who rely on support from others outside their household. This is particular for single parents and/or parents who are full-time carers for their neurodivergent children with no respite from the challenges of homelessness and caring for a child with additional needs.

6 Focus on housing allocations, supply, and acquisitions

6A **End the use of hotels and B&Bs for families**

Priority should be given for ending the use of hotels and B&Bs for families with neurodivergent children.

6B Interventions to ensure the 6-week legal limit is not breached should prioritise families with neurodivergent children (see Box 1 on the National Action Plan for Ending Homelessness)

6C Update the suitability section of the Homeless Code of Guidance

Specify and integrate neurodivergence into the suitability section (11.10) of the Homelessness Code of Guidance. Currently, only physical disabilities and mental health illnesses are listed in the Homelessness Code of Guidance as extra considerations when assessing the suitability of accommodation for households.

6D Mixed accommodation with shared facilities should be a 'never event'

As a particularly vulnerable cohort, neurodivergent children should never be placed in mixed accommodation with shared facilities. The Homeless Code of Guidance should be updated to ensure this. In mixed accommodation, such as B&Bs and hostels, families might be required to share kitchen and bathroom facilities with single homeless adults. Being surrounded by strangers in their living environment can further traumatise these children, particularly if these adults are experiencing their own trauma, do not understand the children's behaviour, or are themselves acting inappropriately in these areas. Both groups are vulnerable, but in different ways, and it is inappropriate to house them together.

6E Introduce a minimum notice period for TA moves

To reduce disruption and harm to neurodivergent children who typically rely on routine, introduce a minimum notice period for 'non-emergency' moves.

6F Build the housing families need

Build family-sized, accessible, sensory-friendly homes via new build, acquisitions/buy-backs, conversions and procured PRS with enforceable standards.

6G End probationary tenancies

Avoid the use of probationary tenancies in social housing to ensure families are protected from eviction on the grounds of noise complaints directly relating to their children's neurodivergent needs and behaviours.

7 Provide financial relief

7A **Support for income maximisation and welfare applications**
Prioritise households with a neurodivergent child for targeted income maximisation interventions.

7B Ensure that local authority and Department of Work and Pensions (DWP) staff are trained and available to support families to complete DLA/PIP applications (and to appeal banding awards where necessary).

7C Help families to assess if they are eligible for Carer's Allowance and Short Breaks respite care.

7D Publish guidance (in English, easy-read, BSL and community languages) which clearly sets out all the possible funding routes that families with disabled and neurodivergent children are entitled to, and how they fit together. This includes: Universal Credit, DLA, PIP, Carer's Allowance, Short Breaks. Ensure relevant staff (e.g. JobCentre) are properly trained on this guidance and know how to signpost and support parents through it.

7E **Sensory Needs Fund**

Pilot and evaluate a Sensory Needs Fund at local authority level to mitigate the specific costs of Temporary Accommodation for neurodivergent families, with no cliff-edge on move to permanent housing. Costs can be especially high for families with a neurodivergent child in Temporary Accommodation. Eligible costs could include: Wifi (to enable regulation for children who rely on digital tools), adaptations to TA space (e.g. lighting, soft furnishings, extra beds and bedding, blackout blinds, door bolsters, making good faulty fixtures and fittings, rugs), specialist equipment to help children self-regulate (e.g. ear defenders, tinted glasses, balance boards, fidget toys, weighted blankets), transport (e.g. taxis), leisure centre and similar memberships (e.g. gyms, softplay, indoor trampolining, adventure playgrounds, sports, arts, and drama clubs). Ineligible costs are those already included in DLA, including income support.

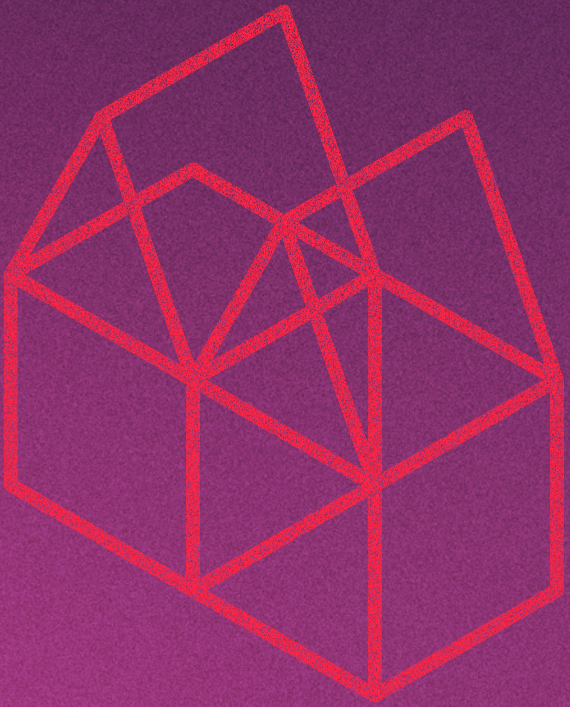
7F There should be formal monitoring and evaluation of the impact of this Sensory Needs Fund, with a close focus on the mitigation of harm and improvement in quality of life for neurodivergent children and their families.

7G **Reduce the burdensome cost of transport**

Provide free public travel passes for all children and their families in Temporary Accommodation. Taxis, commonly needed for neurodivergent children, can be costed into the Sensory Needs Fund (6d).

09

National strategies



2025 National Plan to End Homelessness

The new National Plan to End Homelessness was shaped, in part, by 'lived experience forums' and further forums may be held in the delivery phase of the strategy. These forums should include voices of families with neurodivergent children.

The strategy acknowledges harm to children in Temporary Accommodation, it advocates for trauma-informed practice, and has a strong focus on eliminating unlawful B&B use for families. It also gives priority to improving physical standards (Decent Homes Standard, Awaab's Law), and ensuring placements consider children's welfare. Whilst these measures could indirectly benefit neurodivergent children by reducing chaotic, unsafe environments, there is no mention of neurodiversity or neurodivergent children at all in the homelessness strategy – not in its analysis of vulnerability, safeguarding, or targeted prevention. Further to this, while the strategy sets out physical standards (e.g., space for cots, cooking facilities), it does not address environmental factors critical for neurodivergent children – such as sensory-friendly spaces, predictable routines, or adaptations for communication and regulation. In the strategy, targeted prevention goals focus on care leavers, prison leavers, survivors of domestic abuse, and young people at risk. Neurodivergent children – who face multiple risks – are not specifically mentioned in these priority groups and risk being forgotten. Lastly, the strategy acknowledges intersectional risks for women, ethnic minorities, and LGBTQIA+ people, but does not apply this lens to neurodivergence. This reinforces structural neglect of children whose vulnerabilities are compounded by autism, ADHD, or other neurodevelopmental conditions that mean they experience the world in a different way to the neurotypical majority.

Box 1.

2025 *Child Poverty Strategy*

Given that in Temporary Accommodation neurodivergent children experience sleep deprivation, regression, malnutrition risks, and chronic mental health issues (including anxiety and agoraphobia), this report strengthens the case for the *Child Poverty Strategy's* emphasis on improving housing quality and preventing homelessness as part of its goal to reduce child poverty. The Call findings show how Temporary Accommodation disrupts schooling and delays SEND assessments, with children dropping off waiting lists for diagnosis, mental health support, and for EHC needs assessments. Measures to close attainment gaps and improve access to education for all children – a key goal of the strategy – must be paired with housing stability to be effective. It must also recognise the specific interconnections between neurodiversity, housing precarity, and educational success. Our findings also reveal systemic failures including poor communication, lack of neurodiversity training, and fragmented services that leave families isolated and unsupported. The strategy's calls for Best Start Family Hubs and crisis funds must be trauma-informed and neuroinclusive. Finally, our report frames Temporary Accommodation conditions as the breeding grounds for child cruelty. UK safeguarding frameworks recognise emotional harm, neglect, and failure to provide safe environments as forms of cruelty – all have been evidenced in this report. This perspective, of understanding the experiences of neurodivergent children in Temporary Accommodation as tantamount to child cruelty, can inform the strategy's monitoring and evaluation framework, ensuring that housing-related harm is recognised as a child protection issue, not just a housing problem.

Box 2.

Autism Strategy and SEND white paper

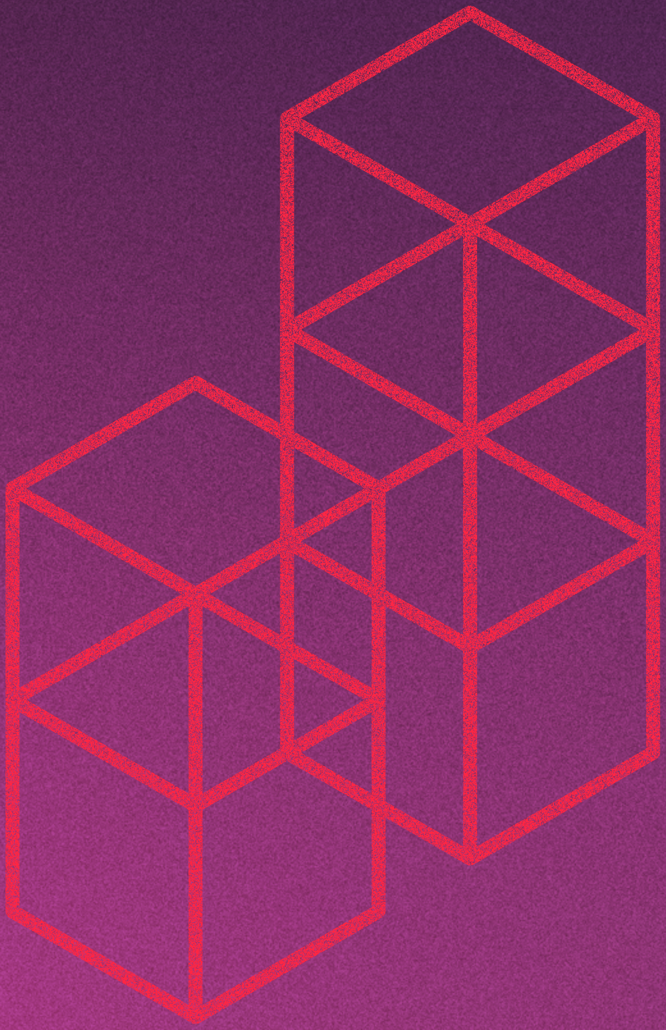
Published in 2021, the *National Strategy for Autistic Children, Young People and Adults* set out six ambitious priorities spanning awareness, education, employment, health, community support and criminal justice.[59] However, the Call findings show the strategy is failing children, young people and adults living in Temporary Accommodation. The Strategy assumes stability, yet families experiencing homelessness lack the continuity needed to access diagnostic pathways, EHCPs and ongoing support. The Call also reveals limited awareness and training among housing officers, with neurodivergent and sensory needs rarely identified. As a result, children are placed in environments that trigger sensory overload, leading to meltdowns, panic attacks and self-harm, alongside serious safeguarding risks such as exposure to mould, unsafe cooking facilities and room-sharing.

These failures underline the need for the new Autism Strategy and SEND White Paper to address systemic gaps. Closing the attainment gap requires a needs-led, not diagnostic-led, approach to support, protecting neurodivergent children from diagnostic exclusion. Mandatory neurodivergence-informed training and minimum standards for Temporary Accommodation would improve outcomes, reduce stigma and promote inclusion. Safeguarding must also be central: autism policy must be aligned with key frameworks including *Keeping Children Safe in Education*, *Working Together*, *Children Missing in Education* and the *Homelessness Code of Guidance*, ensuring safeguarding and autism are inseparable in both policy and practice.

Box 3.

10

Appendices



Appendices

About us

Dr Rosalie Warnock

Rosalie is a British Academy Postdoctoral Fellow in the Department of Geography at King's College London. She is lead researcher on the National Call for Evidence and co-investigator of the *Sensory Lives* study. Rosalie is a critical social and economic geographer with 9 years' research experience on everyday neurodiverse family lives, care, austerity welfare reform, and inequality in the UK. She has worked in a research capacity with marginalised parents across the UK (in person and online), and as a youth support worker with young autistic people in Oxford. Her PhD research (awarded from Queen Mary University of London in 2022) examined how parents of autistic children navigate and access SEND and social security support services in London. Alongside *Sensory Lives*, Rosalie also leads a research project exploring how children act as co-navigators of welfare services alongside their parents.

Professor Katherine Brickell

Katherine Brickell is Professor of Urban Studies in the Department of Geography at King's College London, principal investigator of the *Sensory Lives* study, and co-author of the 2025 book *Debt Trap Nation: Family Homelessness in a Failing State*. Since 2017 she has undertaken multiple research studies with Mel Nowicki on homeless families' experiences, the first on modular-built Temporary Accommodation in London and Dublin, and the second, on the interconnections between debt, family homelessness and domestic abuse in Greater Manchester. The Government's 2025 National Plan to End Homelessness has acted on the latter research by committing to addressing the barriers faced by survivors of domestic abuse with debt when applying for social housing. debt-trap-nation.org

Miranda Keast

Miranda is an independent consultant who combines an extensive background working in leadership roles in the homelessness sector with strong research experience. She is currently undertaking a professional doctorate in social policy at Cardiff University exploring how homeless non-UK citizens experience the making of home in the UK. In the last four years she has led and developed research and network coordination projects for organisations such as Shelter, Crisis, the Museum of Homelessness and Housing Justice. Prior to working independently, she held a range of senior management and governance roles in charities providing direct support to people affected by trauma, homelessness, migration, mental health issues, and disabilities. She has completed training as a trauma-informed coach and in transformative safeguarding methodologies. mirandakeast.co.uk

APPG HTA

Formed in early 2022 and currently active, the All-Party Parliamentary Group for Households in Temporary Accommodation (APPG HTA) is committed to improving the health, lives and experiences of families and adults living in Temporary Accommodation across England. The group highlights the damaging health and educational impacts of living in Temporary Accommodation, especially for children. householdsintemporaryaccommodation.co.uk

Shared Health Foundation

Shared Health Foundation (SHF) is a clinically-led and evidence-based non-profit, passionate about reducing the impact poverty has on health. SHF primarily support homeless families in Greater Manchester. They also campaign for policy change and are Co-secretariat of the APPG HTA. With the APPG HTA, they have successfully led the SAFE campaign to place a statutory obligation on local councils to notify a child's school and GP when a family becomes homeless. sharedhealthfoundation.org.uk

Justlife

Justlife Foundation's vision is to make people's experience of housing vulnerability short, safe and healthy. Its frontline services in Brighton and Manchester provide welfare/benefits advice, healthcare coordination, re-housing support and wellbeing support to Temporary Accommodation residents. In 2023/24 these services helped 557 hidden homeless individuals, improving beneficiaries' confidence, self-esteem, health and wellbeing, preventing evictions and enabling people to access more suitable, longer-term accommodation. They also establish and facilitate Temporary Accommodation action groups (TAAGs), and campaign for changes nationally and locally to policy and practice to fundamentally improve the experiences of all people living in Temporary Accommodation. justlife.org.uk

Autistica

Autistica is the UK's leading autism research and campaigning charity. Their mission is to create breakthroughs that enable autistic people to live happier, healthier, longer lives. Autistica do this by funding research, shaping policy and working with autistic people to make more of a difference. autistica.org.uk

Appendices
Methodology

Focus groups

The Call for Evidence was participant-led, with the final questions based on prior focus group discussions with parents with current/recent experience of living in Temporary Accommodation with a neurodivergent child, and with practitioners who work to support homeless families. 26 people (10 parents and 16 practitioners) took part in focus group discussions.

Parents

In person, we held one focus group with 6 parents (all mothers) from minoritised ethnic backgrounds and with insecure migration status. For some, their Temporary Accommodation was largely provided under Section 17 of the Children Act 1989 which places a duty on local authority social services to promote the welfare of 'children in need' and their families, including those with no recourse to public funds (NRPF). Some were single parents and some were partnered. Most of their children were under 5 had been identified as having developmental delay or emerging special educational needs (SEN).

Online, we ran two focus groups with 4 parents (all mothers) with current or recent experience of local authority Temporary Accommodation. They identified as White British (2), Bangladeshi (1) and Black (1) respectively. 1 was married and the other 3 were single parents. 2 were in employment, 1 was unable to work due to ill health/disability, and 1 was undisclosed. They lived in London (2), Gloucestershire (1) and undisclosed (1). Their 6 children were aged 7–19 and all were formally diagnosed as, or suspected to be, neurodivergent (ADHD, autism, OCD). 1 had recently moved into social rented accommodation but had spent 6.5 years in Temporary Accommodation previously. The other families had been living in TA for 9 months, 18 months and over 20 years.

Practitioners

All four focus groups were held online with a total of 16 practitioners overall. Practitioners worked across England (London and Greater Manchester), Scotland and Northern Ireland. They came from the charity/third sector, the healthcare sector, the legal sector, and local government.

Call design

The Call for Evidence was live on the *Sensory Lives* website from 22 May to 31 August 2025. All submissions were anonymous. There were separate questions for parents and practitioners. There was also the option to submit demographic data. All questions were optional. To increase accessibility, submissions could be made in written form or as a voicenote, and there was also the option of uploading up to five photos. The call was published in English and Spanish.

We published guidance for parents on how to participate in the call, and for practitioners helping parents to participate in the call.

The call was advertised on social media (Instagram, Facebook, Bluesky, X, LinkedIn) and on the APPG for Households in Temporary Accommodation website, distributed via mailing lists, and advertised via posters.

Call questions

The questions we asked were:

Parents who currently live in Temporary Accommodation with a neurodivergent child, or who have done so within the last five years:

The Temporary Accommodation space: Please could you tell us about how your child finds living in Temporary Accommodation?

Things to consider: noise, light, space, temperature, smells, hotel food, access to personal belongings, safety implications, neighbours, other sensory responses, e.g. pain, etc.

Daily routines, habits and family relationships: How does living in Temporary Accommodation impacts on your neurodivergent child's ability to follow daily routines? How does this affect you/the rest of your family?

Things to consider: home routines, access to school, getting about (public transport/walking/car/taxi), play, sibling relationships, etc.

Health and wellbeing: How does living in Temporary Accommodation impact upon your neurodivergent child's health and wellbeing? How does this affect you/the rest of your family?

Things to consider: self-regulation, mental health, physical health, personal hygiene, diet (access to cooking facilities/fridge/freezer), sleep, etc.

Education: How does living in Temporary Accommodation impact your neurodivergent child's access to education?

Things to consider: changing school, travelling to school, diagnostic assessments, access to SEND support (e.g. Education, Health and Care Plans/EHCPs), study space, academic progress, social skills, friendships, etc.

Financial implications: How has living in Temporary Accommodation with a neurodivergent child impacted your finances?

Things to consider: specific diets, adaptations to the Temporary Accommodation space to support a child's needs, cost of private taxis (e.g. if child can't manage public transport), parent's ability to work, debt, etc.

What are the biggest things that you think would make a difference to you and your family?

Things to consider: this could be "ideal world" changes, or practical/policy changes that would be relatively simple to implement. Or both. It's up to you!

Free text: Feel free to share anything else you think it's important for us to know.

Practitioners who work to support homeless families living in Temporary Accommodation with neurodivergent children:

Please describe, in your experience, the biggest challenges facing families with neurodivergent children living in Temporary Accommodation.

How well do different organisations (e.g. statutory housing teams, providers of Temporary Accommodation, providers of support specifically related to housing e.g. homelessness support charities, social services, NHS, schools) work together to support families with neurodivergent children living in TA? What works well, doesn't work, or could be improved?

How well do housing services understand the specific needs of neurodivergent children and their families, 1) when they become homeless, 2) when they are placed in TA and when moving them between TA placements, 3) when supporting them to move to more permanent accommodation? What works well, doesn't work, or could be improved?

What are some of the specific adjustments and/or larger-scale changes that could be made to better support families with neurodivergent children living in Temporary Accommodation?

Feel free to share anything else you think it's important for us to know.

The respondents

The call received 61 submissions in total. 21 of these were from parents and 40 were from practitioners working to support homeless families with neurodivergent children. This included two submissions compiled by practitioners but representing the voices of multiple families that they worked with. Across the 12 questions that respondents could answer, there were 280 individual answers in total.

Submissions came from across the UK: England (56); Scotland (3); Northern Ireland (1); and Wales (1).

Respondent locations

Belfast; Birmingham; Brighton and Hove (x4); Bristol (x3); Cardiff; Dundee (x2); Edinburgh; East Sussex (x2); Essex; Greater London (x32); Kent (x2); Lincolnshire; North Northamptonshire; Peterborough; Salford; Sheffield; Surrey; West Sussex; UK-wide (x1); non-disclosed (x3)

London locations

Camden (x2); City of London (x4); Croydon (x2); Barnet; Ealing (x2); Greenwich; Hackney (x4); Haringey (x7); Islington (x2); Kensington & Chelsea; Lambeth; Lewisham (x2); Westminster; Wandsworth

Parents

20 parents with current/recent experience of living in Temporary Accommodation with a neurodivergent child responded to the call. 1 parent submitted as if representing a young disabled adult placed in Temporary Accommodation on their own. The analysis below refers to the 20 parents.

The parents

70% of respondents (14 of 20) were women, with 1 male respondent, 1 non-binary respondent, and 2 undisclosed. Over two thirds (70%) were single parents or divorced/separated with just under one third (30%) married/partnered. Respondents' ages varied from 18 – 25 to 56 – 65, with almost half of parents (9 of 20) aged 36 – 45.

Gender

Female: 14,
Male: 1
Non-binary: 1
Not disclosed: 2

Age of respondents

18 – 25: 1
26 – 35: 4
36 – 45: 9
46 – 55: 4
56 – 65: 2

Relationship status

Single: 10
Divorced/separated: 4
Married/partnered: 6

35% of respondents (7 of 20) identified as English, Welsh, Scottish, Northern Irish or British. A further 30% (6 of 20) identified as Black, African, Caribbean or of Mixed Black heritage. Given that just 4% of the English/Welsh population identifies as Black, Caribbean or African (2021 Census), this figure is consistent with the recent finding by researchers at Heriot-Watt University that Black people are four times as likely to experience homelessness than White people in the UK.[60] While one focus group parent participant identified as Bangladeshi, we received no survey responses from Asian, South Asian or East Asian people. This is a significant gap in the data given the housing difficulties experienced by many South Asian families in particular (Pakistani-Bangladeshi households are more than seven times as likely to experience homelessness than White people in the UK, for example).

Ethnicity

African: 1
Black, Black British, or Caribbean: 4
White and Black Caribbean: 1
English, Welsh, Scottish, N. Irish or British: 7
Irish: 1

Gypsy or Irish Traveler: 1
Hispanic / Latino: 2
Any other Mixed or multiple ethnic: 1
Prefer not to say/not disclosed: 2

Almost half of parent respondents (9 of 20) were in employment, and another 2 were students. This is a significant finding given the pervading stereotypes of homeless families and of single parent families in particular (refs). One quarter of parent respondents (5) were full-time carers, which is to be expected given the complex care needs of some of the children represented in the sample.

Employment status
Employed full-time: 1
Employed part-time: 5
Self-employed: 3
Student: 2
Full-time carer: 5
Unable to work due to ill health/disability: 1
Other: 1

Significantly, almost half of parents (9 of 20) identified as neurodivergent themselves, with a further 4 saying that they 'didn't know' if they were neurotypical or neurodivergent. Given that neurodivergence is often (but not always) genetic, this again emphasises that neurodiversity is a whole family issue – with neurodivergent parents likely to experience their own sensory and practical difficulties with TA *in addition* to the challenges that their neurodivergent child/children face in TA. Furthermore, each neurodivergent family member could have different and contrasting/conflicting sensory needs.

Neurodivergence
6 parents neurotypical
9 parents neurodivergent
4 parents didn't know
1 parents responded 'other'

Parent housing type
Half of parent respondents were currently living in TA. Of those currently living in TA, 5 were in a flat, and 5 described their TA type as "other". The drop-down TA types were: hotel, HMO, B&B, flat, and other. It is unclear what "other" means in this context, although it could perhaps refer to single-occupancy houses, static caravans or women's refuges. The other 10 respondents were living in social rented housing (7), private rented housing (2), and 1 described their housing type as 'other'.

Currently in Temporary Accommodation: 10
Social rented housing: 7
Private rented housing: 2
Other: 1

The average time spent in TA by respondents to this call (based on current TA stays and past Temporary Accommodation stays) is 4.5 years. The shortest time a respondent spent in TA before moving into more permanent accommodation was 3 months. The longest time a respondent has spent in Temporary Accommodation is 14 years and counting.

Amongst those currently living in Temporary Accommodation, stays ranged from 8 months to over 14 years:

8 months (3 LA placements)
13 months (1 LA placement)
14 months (1 LA placement)
22 months (6 LA placements)
2 years (2 LA placements)
4.5 years (13 LA placements)
6 years (1 LA placement)
10 years (3 LA placements)
13 years (4 LA placements)
14 years (12 LA placements)

Amongst those who had left Temporary Accommodation (TA), stays ranged from 3 months to 7 years:

3 months (1 LA placement) – left TA in May 2025
4 month stay (LA, no. of placements unspecified) – Left TA in 2023
19 months (1 LA placement) – left TA in Feb 2025
2.5 years (1 LA placement) – Left TA in May 2025
5 years (5 LA placements) – Left TA in 2022
6– 7 years (2 LA placements) – Left TA in 2018
7 years (no. of placements/type unspecified) – Left TA in 2024

1 respondent had left TA in 2017 and moved into a very small council flat which they'd been in for 8 years. Prior to this they had 3 TA placements across Home Office and LA TA.

Of the 20 parent respondents, 80% (16 of 20) lived/had lived in local authority Temporary Accommodation. 1 had lived in both local authority and Home Office (HO) TA. 3 did not disclose the type of TA they lived/had lived in. It is worth noting that families housed in Temporary Accommodation under Section 17 of the Children's Act (families with No Recourse to Public Funds) are also housed by the local authority, but our data does not go any further into this.

80% of parents (16 of 20) reported that their housing officer had never asked about/accommodated their neurodivergent child's needs when allocating Temporary Accommodation /housing. Just 2 parents (10%) said they had been asked. 1 didn't know, and 1 didn't say.

The families

11 families were single-adult households and 4 families were dual-adult households, and 3 families were dual-adult families including 1 adult child aged 18+. 1 family contained 3 adults, where 2 were adult children aged 18+. 1 family included 4 adults in the household, where none of these were adult children. No households included students who returned home during the holidays (although this was the case for 1 of the focus group participants). Number of adults in household:

1 adult: 11
2 adults: 7
3 adults: 1
4 adults: 1

40% of families (8 of 20) included 1 child. 15% of families (3 of 20) included 2 children. 25% of families (5 of 20) included 3 children. 1 family included 4 children. 3 families included only adult children (aged 18+). Number of children under 18 in the household:

1 child: 8
2 children: 3
3 children: 5
4 children: 1
Adult children: 3

A total of 38 children and young people are represented in the call. This includes 33 under-18s (aged 2 – 17 years) and 5 over-18s (aged 18 – 28). Of the 33 children aged under-18, 79% (26) are neurodivergent, 9% (3) are neurotypical, parents are unsure about a further 6% (2) but suspect them to be ADHD and autistic respectively, and 6% (2) were not disclosed. All 5 adult children who live with their parent are neurodivergent. They all have a formal diagnosis which includes autism; 2 also with a learning disability.

81% of the neurodivergent children (21 of 26) have at least 1 formal diagnosis. 19% of the children who are neurodivergent (5 of 26) do not have a formal diagnosis, although one is part-way through the diagnostic process for autism. The neurodivergent conditions recorded include:

Autism: 16
ADHD: 7
Including combined ADHD/Autism: 3
Dyspraxia: 2
OCD: 1
Learning disability: 2

Other health issues recorded for neurodivergent children include:

Speech delay: 1
Down’s Syndrome: 1
Cerebal Palsy: 1
Asthma: 2
Sleep disorders: 2
Food allergies or special diets: 2
Anxiety: 2
Agoraphobia: 1
Other specific health condition: 7

No health conditions were reported for neurotypical children. This may be due to how the survey was worded. Therefore, it is likely that mental and physical health conditions amongst the total population of children represented in the survey are under-reported.

Education, health and care plans

13 children had EHCPs. 4 were waiting for an EHCP assessment. 5 were on the SEN register or equivalent (including 1 waiting for an EHCP assessment). 3 children had neither an EHCP, nor were they on the SEN register.

None of the neurodivergent children without an EHCP/who were not on the SEN register had a formal diagnosis. This included a sibling pair. The other child was part-way through the autism diagnostic pathway.

Disability Living Allowance (DLA)

Parents were asked if any of their children received DLA. 16 households were receiving DLA. These numbers account for households and not for individual children (i.e. some households may receive DLA for more than 1 child). While neither a formal diagnosis nor an EHCP is a pre-requisite for DLA, it was the households without EHCPs/SEN register support who did not receive DLA. This suggests these families were missing out on multiple kinds of practical, educational and financial support.

Children in 9 households were receiving DLA at the highest level. Children in 7 households were receiving DLA at the middle level. Children in 2 households were not receiving DLA. 1 household with a 19 year-old didn't know if they were receiving DLA. This would be because DLA ends at 16 and then the young person/their carers must apply for PIP instead.

Carer's Allowance

9 parents were in receipt of Carer's Allowance to care for their children. 11 were not in receipt of Carer's Allowance.

Household benefit cap

2 parents were subject to the household benefit cap. 9 parents were not subject to the household benefit cap. 9 didn't know if they were subject to the household benefit cap.

Two-child limit

4 parents were subject to the two-child limit. 1 parent was exempt from the two-child limit. 13 parents were not subject to the two-child limit. 2 not disclosed.

Practitioners

We received 40 submissions from support workers, advocates or organisations working with neurodivergent children and families in TA. This includes 2 submissions which collate the experiences of a much larger group of parents/families. The sectors represented in the submissions include:

Charity/Third Sector: 18
Education: 10
Health: 3
Legal: 1
Local Government: 3
Other: 5

Glossary

This glossary is adapted from: Warnock, R. (2022) *Navigating, Feeling and Living "SEND": Parent and Practitioner Experiences of Raising Autistic Children at a Time of Austerity*. PhD Thesis. Queen Mary University of London.

ADHD and ADD
Attention Deficit Hyperactivity Disorder (ADHD) and Attention Deficit Disorder (ADD). A neurodevelopmental condition which might affect someone's behaviour, ability to concentrate, and impulse control. It can be controlled with medication. Visit the GOSH page on ADHD[61] for an overview of how it might affect children. For adults, visit AADD-UK[62]

Autism
A lifelong, neurological developmental disability that affects how a person communicates with and relates to other people, and how they experience the world around them. Autism is increasingly understood as a spectrum organised around four key neurological points: sensory perception, language, communication, and executive function.[63]

CAMHS
Children and Adolescent Mental Health Service (CAMHS). This is the NHS service which delivers mental health care for children and young people. The service often employs clinical psychologists, clinical psychiatrists and may also employ nutritionists, play specialists, occupational therapists, speech and language therapists

Carer's Allowance
A form of social security payment designed to financially compensate adults who care for a child or adult with specific care needs (certified via DLA/PIP receipt). To qualify for Carer's Allowance, the applicant must be over 18, be caring for someone for at least 35 hours per week, not be in full-time education themselves, and not be earning more than £196 per week after tax. Carer's Allowance is currently worth £83.30 per week.[64]

Disability Living Allowance (DLA)
A form of social security now only awarded to children under 16 years who have additional care or mobility needs (children and adults over 16 should apply for PIP instead; see below). The care component can be awarded at low, medium or high rate. The mobility component can be awarded at medium or high rate.[65]

Dyslexia
A neurological condition which may cause someone to have difficulties with reading, writing, processing information, and executive function.[66]

Dysregulation / dysregulated
Describes a heightened emotional state, at which point someone is unable to regulate their own emotions. If they are unable to reg-

ulate their emotions (with or without help), dysregulation may lead to meltdown.

Dyspraxia
A condition affecting fine and/or gross motor coordination. Also known as Developmental Coordination Disorder (DCD).[67]

Education, Health and Care Plan (EHCP)
A statutory document, administered by a local authority, setting out a child or young person's education, health and care needs. Introduced in the Children and Families Act 2014 (Part 3). Further guidance on assessment and implementation is laid out in the SEND Code of Practice 2015.

The local authority where the child/young person lives is responsible for their EHCP. Under the Children and Families Act 2014, a local authority must conduct an EHCP needs assessment for a child or young person if: 'a) the child or young person has or may have special educational needs, and b) it may be necessary for special educational provision to be made for the child or young person in accordance with an EHC plan'.[68] This assessment should be completed within 20 weeks of the application to assess being made.[69]If the assessment reveals that the child/young person needs an EHCP, the local authority must issue it immediately.

Educational Psychologist A professional with expertise in psychology, with a specialism in child development and learning. Educational psychologists undertake a doctorate in educational psychology (three years' specialist training). They assess children and young people's learning needs and provide tools and therapeutic interventions to support them at nursery, school or college. Educational psychologists are employed by local authority education services, or may be employed privately.

Learning difficulty
A learning difficulty is different to a learning disability. It refers to a learning difficulty which does not affect general intellect (Mencap, n.d.). Dyslexia is an example of a learning difficulty.

Learning disability
A learning disability is defined as 'a reduced intellectual ability' and difficulty with everyday activities – for example household tasks, socialising or managing money – which affects someone for their whole life.[70] People with a learning disability tend to take longer to learn and may need support to develop new skills, understand complicated information and interact with other people'.Someone who has a learning disability is learning disabled. Visit Mencap for more information.

Meltdown
A technical term used to describe a situation where an autistic or ADHD child or adult has an 'intense response to an overwhelming situation'.[71] A meltdown is characterised by temporary verbal and/or physical loss of control.

It is not the same as a temper tantrum. There may be specific things which trigger a meltdown (e.g. sensory overload, disruption to routine, difficulty communicating a need or want), or the causes may appear random.

Neurodiversity

Following a social model of disability, neurodiversity describes the idea that brain-based differences occur naturally. It includes all brains – neurotypical and neurodivergent. Neurodiversity is often associated with the academic and activist Judy Singer[72] although others have argued that it is in fact a community-developed term with a longer history.[73]

Neurodivergence

A community-developed term which describes 'a group of people whose ways of processing information, behaving, and experiencing the environment differs from the neurotypical majority.'[74]. Neurodivergence is a community-developed term[75] which follows the social model of disability (neurological difference occurs naturally) rather than the medical model of disability (neurological difference implies a deficit). Can also be used actively or descriptively, e.g. 'I am neurodivergent' or 'they are neurodivergent'.

Neurodivergence is an umbrella term typically considered to include: autism (including Asperger's Syndrome, Non-verbal Learning Disorder, Pathological Demand Avoidance), Attention Deficit Disorder (ADD), Attention Deficit Hyperactivity Disorder (ADHD), Dyslexia, Dyspraxia, Dyscalculia, Obsessive Compulsive Disorder (OCD) and Tourette's Syndrome), Sensory Processing Disorders and). Some people would also include Learning Disability (including Down's Syndrome) and Foetal Alcohol Syndrome Disorders (FASD) in this. Because it does not have a strict definition, not everyone agrees on what should and should not be included under the neurodivergence label. It is common to be "multiply neurodivergent" or to hold diagnoses or more than one neurodivergent condition.

Some people may identify as neurodivergent with or without a formal (medical) diagnosis of a condition typically understood to fall under the neurodivergent umbrella. Other people might choose not to use the neurodivergence label at all, instead preferring to identify solely as autistic, for example.

Neurotypicality / neurotypical

The opposite of neurodivergent; someone who experiences the world around them 'typically' is described as being 'neurotypical'. Can also be used actively, e.g. 'I am neurotypical'. Commonly used by neurodivergent people to describe those who are not neurodivergent.

Non-verbal

A term used to describe someone who does not communicate verbally or has limited verbal communication skills. Commonly (but not exclusively) associated with autism and Global Developmental Delay.

Occupational Therapist
A professional with expertise in supporting people with physical, sensory or cognitive difficulties. OTs must undertake a degree level qualification (3 years) in OT. They may carry out needs assessments and provide therapeutic interventions designed to help children and adults to carry out daily tasks. They may also undertake housing assessments. OTs may be employed by the NHS or employed privately.

Personal Independence Payment (PIP)
A form of social security awarded to children (16+) and adults who have extra care or mobility needs due to disability or ill health. Like DLA, there is a daily living component, and a mobility component.[76]

Pica
A condition describing the ingestion/eating of non-edible, non-food items. Visit Beat for more information.

(EHC) Plan Coordinator
A local authority employee responsible for EHCP processes. Plan Coordinators process applications to assess for an EHCP, collate external assessment reports and documentation to write draft EHCPs, and (often with managerial approval) set the level at which an EHCP will be awarded. They also coordinate EHCP annual review processes, and deal with any other issues arising for children with EHCPs on their caseloads. In theory, Plan Coordinators should act as a bridge/spokesperson between parents and other SEND professionals.

Self-regulation
The ability for someone to regulate their own heightened emotional state.

Short Breaks
A local authority grant scheme for children who receive middle and higher-level DLA, to pay for activities and respite care. Different local authorities have different eligibility rules. In some places, 0 – 19 year-olds are eligible and in other places, 5 – 7 year-olds are eligible. As originally set out in the Children Act 1989 (Section 20).[77]

Speech and Language Therapy (SALT)
A professional with expertise in speech and communication. To qualify they must undertake a degree-level qualification (2 – 3 years) in SALT. They may work with children or adults and provide assistance with a wide range of conditions, including autism; learning disabilities; hearing impairments; selective mutism; and eating or swallowing problems. SALTs may be employed by the NHS or employed privately. They may also work closely with schools and local authority SEND services.

Special Educational Needs (SEN)
An umbrella term used to describe any kind of need, difficulty or disability which affects

a child or young person's learning, and for which they require specific support at nursery, school or college. Can also be referred to as Special Educational Needs and Disabilities (SEND), although not all disabled children have SEN, and not all children with SEN are disabled.

SEN Register/SEN Support

All schools are legally required to keep a register of children/young people with SEN. The purpose of the SEN register is to follow a graduated 'assess, plan, do review' approach to supporting that child/young person's educational needs (SEN Code of Practice 2015, 6.44 – 6.55). The SEN Code of Practice is 'statutory guidance', i.e. it is not legally binding and practices vary between schools. Mainstream schools receive a 'notional SEN budget' as part of their direct funding, which they are expected to spend on supporting pupils on their SEN register. Before they can apply for additional funding from their local authority to support a child/young person on the SEN register (via an EHC needs assessment/EHCP), they must evidence that they are already spending £6000 or more (from their notional SEN budget) to support that child's needs. See here for more information.

Special Educational Needs Coordinator

All schools are legally required to have a SEN Coordinator (SENCo), under The Education (Special Educational Needs Coordinators) (England) Regulations 2008. A SENCo may be a qualified teacher, head teacher, or working towards qualified teacher status. They may work full time as a SENCo or may have additional teaching duties.

Stimming

A type of self-stimulating and/or self-soothing behaviour involving repetitive movements or activities (for example: spinning, hand-flapping, rocking, head-banging). Common among autistic and ADHD children and adults.[78]

Endnotes

1 Impact on Urban Health (2026) *Meeting the Needs of Neurodivergent Children Living in Temporary Accommodation: Guidance for Housing Officers, Legal Representatives and Families*, London: IUH

2 We define a parent as any person with legal responsibility for a child, or who provides regular care for a child, including biological/adoptive parents, step-parents, guardians, kinship carers, and foster carers.

3 https://www.sensorylivesproject.org

4 The APPG for Households in Temporary Accommodation ran their first National Call for Evidence on families' experiences of Temporary Accommodation in 2023, receiving 81 responses. That this 2025 Call has received 61 responses specifically on living in Temporary Accommodation with neurodivergent children, shows the strength of response.

5 Ministry of Housing, Communities and Local Government (2025) Statutory homelessness in England: April to June 2025. Available at: https://www.gov.uk/government/statistics/statutory-homelessness-in-england-april-to-june-2025

6 Autistica (2024) *Embracing Complexity Research Priority Setting: Top Ten Priorities for Research*. Page 4. Available at: https://www.autistica.org.uk/downloads/files/Embracing-Complexity-2024_2024-03-14-155013_wvts.pdf

7 Cabinet Office (2025) *Our Children, Our Future: Tackling Child Poverty*. Available at: https://www.gov.uk/government/publications/our-children-our-future-tackling-child-poverty

8 Ministry of Housing, Communities and Local Government (2025) *A National Action Plan to End Homelessness*. Available from: https://assets.publishing.service.gov.uk/media/693a6e3f5cc812f50aa41fb2/A_National_Plan_to_End_Homelessness.pdf

9 Ministry of Housing, Communities and Local Government (2025) Statutory homelessness in England: April to June 2025. Available at: https://www.gov.uk/government/statistics/statutory-homelessness-in-england-april-to-june-2025

10 Scottish Government (2025) Homelessness in Scotland: 2024-25. Available at: https://www.gov.scot/publications/homelessness-in-scotland-2024-25/pages/main-findings-2024-25/

11 Northern Ireland Housing Executive (2025) Homelessness in Northern Ireland. Available at: https://www.niauditoffice.gov.uk/files/niauditoffice/documents/2025-03/NI%20Audit%20Office%20Report%20-%20Homelessness%20in%20NI_0.pdf

12 Homeless Connect (2024) Over 5,300 children living in Temporary Accommodation in the run-up to Christmas. Available at: https://homelessconnect.org/over-5300-children-living-in-temporary-accommodation-in-the-run-up-to-christmas/

13 Welsh Government (2025) Homelessness accommodation provision and rough sleeping: September 2025. Available at: https://www.gov.wales/homelessness-accommodation-provision-and-rough-sleeping-september-2025-html

14 Children's Commissioner (2019) Bleak Houses: Tackling the Crisis of Family Homelessness in England. Available at: https://assets.childrenscommissioner.gov.uk/wpuploads/2019/08/cco-bleak-houses-report-august-2019.pdf

15 Crisis, National Federation of Housing and Shelter (2025) *Ending Homelessness and Delivering Lasting Change*. Available at: https://www.housing.org.uk/globalassets/files/supply/ending-homelessness-joint-paper-1-1.pdf

16 McCrae, I (2023) '"We just want our homes not to hurt us": Disabled people trapped in Temporary Accommodation'. *Big Issue*. Available at: https://www.bigissue.com/news/social-justice/disabled-people-homes-hurt-them/

17 Housing, Communities and Local Government Committee (2025) *England's Homeless Children: The crisis in Temporary Accommodation* (HC 338). p.43. Available at: https://committees.parliament.uk/publications/47349/documents/245409/default/

18 Shared Health Foundation (2025) 'Child mortality in Temporary Accommodation 2025'. Available at: https://sharedhealthfoundation.org.uk/publications/child-mortality-in-temporary-accommodation-2025/

19 Lakhanpaul. M., Svirydzenka, N., Khan-Lodhi, B., Ucci, M., Heys, M., Raghavan, R., Fearon, K., Ankers, M. & Parry, YK. Parenting capacity and resources while living in Temporary Accommodation in England during the COVID-19 pandemic: a CHAMPIONS project qualitative investigation of raising children under 5 in resource-limited settings. *BMJ Open* 12;15(11):e099328; Z2K (2025) 'Frozen in Time': A Co-Produced Plan for Improving Temporary Accommodation in Westminster. Available at: https://z2k.org/wp-content/uploads/2025/03/Z2K-Westminster-Temporary-Accommodation-Report.pdf; East London Citizens (2024) The Impact of Inadequate Housing on Educational Experience: A Pilot Study in Newham. Available at: https://citizensuk.contentfiles.net/media/documents/CITIZENS_-_The_Impact_of_inadequate_housing_on_educational_experience_v4.pdf

20 Children's Commissioner (2019)

21 Children's Commissioner (2025) 'The impact of housing instability on children's GCSE grades'. Available at: https://www.childrenscommissioner.gov.uk/resource/the-affect-of-housing-instability-on-childrens-gcse-grades/

22 Brickell, K. & Nowicki, M (2023) 'Homeless mothers in England spend up to £300 per month on buses to get their children to school'. *The Conversation*. Available at: https://theconversation.com/homeless-mothers-in-england-spend-up-to-300-per-month-on-buses-to-get-their-children-to-school-216282

23 Autistica (2024) *Embracing Complexity Research Priority Setting: Top Ten Priorities for Research*. Page 4. Available at: https://www.autistica.org.uk/downloads/files/Embracing-Complexity-2024_2024-03-14-155013_wvts.pdf.

24 We recognise that people have differing opinions on what should or should not be included under this label. Some people may self-identify as neurodivergent with or without a formal (medical) diagnosis of a condition typically understood to fall under the neurodivergent umbrella – while others might choose not to use the neurodiversity label at all, but prefer to identify solely as autistic, for example.

25 Some forms of neurodivergence may be considered as a disability, although not everyone will identify in this way. But there are clear links between disability and poverty: over the last 20 years, disabled people have faced higher levels of poverty than those without disabilities, and the risk of being in very deep poverty for families where one

member is disabled increased by over one third between 2002-2003 and 2019/20, to 14% of the UK population. This has fallen to 11% in 2022/23, but that still represents 2.9 million people. See Joseph Rowntree Foundation (2025) *UK Poverty 2025: The essential guide to understanding poverty in the UK*. p.67. Available at: https://www.jrf.org.uk/pdf/15211. See also: Family Fund (2025) *The Cost of Caring 2025: The reality for families raising disabled or seriously ill children*. Available at: https://www.familyfund.org.uk/wp-content/uploads/2025/12/FF_Cost_of_Caring_Report_Eng_Apr25_1221_3-1.pdf

26 See closed petition to the Government to 'make neurodiversity a protected characteristic': https://petition.parliament.uk/petitions/701538

27 Cabinet Office (2025) Page 64.

28 Department of Education, Department of Health and Social Care, NHS England and The Rt Hon Bridget Phillipson MP (2025) More support for neurodivergent children in mainstream schools. Press release. Available at: https://www.gov.uk/government/news/more-support-for-neurodivergent-children-in-mainstream-schools

29 Findings of pilot project run by Bridges Outcome Partnerships, Hestia and Single Homelessness Prevention Service in Hackney in November 2024. Slides shared with Warnock and Brickell by Bridges Outcomes Partnerships.

30 It has been suggested that rates of neurodivergence might be higher amongst homeless populations than housed populations, for complex reasons that are still not fully understood. See Churchard, A., Ryder, M., Greenhill, A., & Mandy, W. (2019) The prevalence of autistic traits in a homeless population. *Autism* 23(3): 665-676.

31 Churchard et al. (2019); Kargas, N., Harley, K. M., Roberts, A., & Sharman, S. (2019) Prevalence of clinical autistic traits within a homeless population: barriers to accessing homeless services. *Journal of Social Distress and Homelessness* 28(2): 90-95.

32 See for example: Garvie, D., Pennington, J., Rich, H., and Schofield, M. (2023) *Still Living in Limbo: Why the Use of Temporary Accommodation Must End*. Shelter. Available at: https://downloads.ctfassets.net/6sxvmndnpn0s/2tH1VaV0nD4E1yfkNVgZpd/18a40c539d3d6b8771c55c318f4c0a74/Still_Living_in_Limbo.pdf

33 Garvie, D., Pennington, J., Rich, H., and Schofield, M. (2023) *Still Living in Limbo: Why the Use of Temporary Accommodation Must End*. Shelter. p. 42.

34 Garvie et al. (2023); Corr, M-L., Holland, L., & McKinstry, A. (2023) *A Place to Call Home: A Rights Based Approach to Understanding the Lived Experience of Children and Families Facing Homelessness or Housing Insecurity*. Northern Ireland Commissioner for Children and Young People. Available at: https://www.niccy.org/wp-content/uploads/2023/03/NICCY-Homelessness-A-Place-to-Call-Home-Main-Report.pdf

35 Svirydzenka, N., Lakhanpaul, M., and Williams, D. (2025) *In Their Own Words: Children's Experiences in Temporary Accommodation*. Shelter Scotland. Available at: https://downloads.ctfassets.net/6sqqfrl11sfj/7fSJxsqgmhFgYYeqKrH3Zd/a57139d368636ff5d954861899a3b823/-Digital-_Shelter_Scotland_-_In_Their_Own_Words.pdf

36 Corr, M-L., Holland, L., & McKinstry, A. (2023)

37 Broach, S. & Clements, L. (2021) *Disabled Children: A Legal Handbook*. Council for Disabled Children. Available at: https://councilfordisabledchildren.org.uk/resources/all-resources/filter/inclusion-send/disabled-children-legal-handbook-3rd-edition

38 Children's Commissioner for Wales (2025) 'A secure place to called home'. Available at: https://www.childcomwales.org.uk/our-work/commissioners-blog-and-newsletters/a-secure-place-to-call-home/

39 Shelter Scotland (2025); Corr et al. (2023).

40 Shelter Scotland (2025)

41 London Safeguarding Children Partnership. 'PG40. Safer Sleep Guidance'. Available at: https://www.londonsafeguardingchildrenprocedures.co.uk/safer_sleep.html

42 Brickell, K. & Nowicki, M. (2025) Debt Trap Nation: Family Homelessness in a Failing State. Agenda: London; Brickell, K. & Nowicki, M. (2023) *The Debt Trap: Women's Stories of Navigating Family Homelessness and Temporary Accommodation in Greater Manchester*. King's College London. Available at: https://www.debt-trap-nation.org/policy

43 An Education, Health and Care Plan (EHCP) is the highest level of support a child/young person (0 – 25 years) can receive. An EHCP gives a child/young person a statutory right to specified support to access education, paid for by their local authority (the first £6000 is paid for by their school/setting). Evidencing the need for an EHCP assessment – and then securing a Plan – is a long, hard, and fraught process (Warnock, R. (2022) *Navigating, Feeling and Living "SEND": Parent and Practitioner Experiences of Raising Autistic Children at a Time of Austerity*. PhD Thesis: Queen Mary University of London)

44 See regulation 15 of The Special Educational Needs and Disability Regulations 2014 and paragraphs 9.157-9.161 of the Special Educational Needs and Disability (SEND) Code of Practice.

45 The SAFE Protocol campaign led by the APPG for Households in Temporary Accommodation will introduce a statutory notification system whereby a child's school and GP is notified by their local authority when they become homeless.

46 While there were no explicit accounts of this in the Call for Evidence data, we have been frequently told by participants in the associated *Sensory Lives* research interviews that they have missed letters and appointments because notification has been sent to the wrong address.

47 This is clearly also part of a wider issue of the (continuing) legacies of the Right to Buy policy, a lack of social housing stock, and a failure to build new social and affordable housing (rental and private ownership) for the growing UK population. However, this is outside the scope of this report.

48 Warnock, R. (2025) Relational legacies and relative experiences: Austerity, inequality and access to special educational needs and disability (SEND) support in London, England. *The Geographical Journal*. 191(3). https://doi.org/10.1111/geoj.12536

49 Warnock, R. (2022) *Navigating, Feeling and Living "SEND": Parent and Practitioner Experiences of Raising Autistic Children at a Time of Austerity*. PhD Thesis: Queen Mary University of London

50 Fitzpatrick, S, Bramley, G, McIntyre, J, Ayed, N & Watts-Cobbe, B. (2025) *Race, Ethnicity and Homelessness in the UK: Final Report of a Knowledge and Capacity Building Programme*. Available at: https://pure.hw.ac.uk/ws/por-

talfiles/portal/152675514/HW_Homelessness_BEM_amended_A4_report_Aug25_1.0.pdf

51 Children and Young People's Commissioner Scotland (2025) *UNCRC Full Text*. Available at: https://www.cypcs.org.uk/rights/uncrc/full-uncrc/

52 Local Government Association (2023) *Local Government Out of Area Placements Guidance*. Available at: https://www.local.gov.uk/publications/local-government-out-area-placements-guidance#childrens-education

53 https://www.legislation.gov.uk/uksi/2014/1530/regulation/15

54 https://www.ipsea.org.uk/moving-to-a-new-local-authority

55 London Councils (2025) *Out of Area Notifications: Key Lines of Enquiry*. Available at: https://www.londoncouncils.gov.uk/sites/default/files/2025-10/out_of_area_placements_kloes_-_september_2025_final_0.pdf

56 NSPCC (2019) *Contextual Safeguarding: What is it and why does it matter?* Available at: https://learning.nspcc.org.uk/news/2019/october/what-is-contextual-safeguarding

57 Impact on Urban Health (2026) *Meeting the Needs of Neurodivergent Children Living in Temporary Accommodation: Guidance for Housing Officers, Legal Representatives and Families*, London: IUH. Available at: https://urbanhealth.org.uk/insights/reports/neurodivergent-children-temporary-accommodation

58 British Standards Institute (2022)

59 Department of Health and Social Care and Department for Education (2021) National Strategy for Autistic Children, Young People and Adults: 2021 to 2026. Available at: https://www.gov.uk/government/publications/national-strategy-for-autistic-children-young-people-and-adults-2021-to-2026

60 Fitzpatrick et al. (2025) *Race, Ethnicity and Homelessness in the UK*

61 https://www.gosh.nhs.uk/conditions-and-treatments/general-medical-conditions/attention-deficit-hyperactivity-disorder-adhd/

62 https://aadduk.org/

63 https://www.autism.org.uk/advice-and-guidance/what-is-autism?

64 https://www.gov.uk/carers-allowance/eligibility

65 https://www.turn2us.org.uk/Benefit-guides/Disability-Living-Allowance/What-is-Disability-Living-Allowance

66 https://www.bdadyslexia.org.uk/

67 https://movementmattersuk.org/what-is-developmental-coordination-disorder-dyspraxia/

68 Children and Families Act 2014, Section 36(8. See: https://www.legislation.gov.uk/ukpga/2014/6/section/36

69 The Special Educational Needs and Disability Regulations 2014, Regulation 13(1). See: https://www.legislation.gov.uk/uksi/2014/1530/regulation/13

70 https://www.mencap.org.uk/learning-disability-explained/what-learning-disability

71 https://www.autism.org.uk/advice-and-guidance/topics/behaviour/meltdowns/all-audiences

72 Singer, J. (1999). 'Why can't you be normal for once in your life? From a 'problem with no name' to a new category of disability'. In M. Corker & S. French (Eds.), *Disability Discourse* (pp. 59–67). Open University Press.

73 Botha, M., Chapman, R., Giwa Onaiwu, M., Kapp, S. K., Stannard Ashley, A., & Walker, N. (2024). The neurodiversity concept was developed collectively: An overdue correction on the origins of neurodiversity theory. *Autism* 28(6), pp.1591-1594. https://doi.org/10.1177/13623613241237871

74 Autistica / Embracing Complexity (2024) *Research Priority Setting: Top 10 Priorities for Research on Neurodivergence*. Available at: https://www.autistica.org.uk/downloads/files/Embracing-Complexity-2024_2024-03-14-155013_wvts.pdf

75 Botha et al. (2024). The neurodiversity concept was developed collectively: An overdue correction on the origins of neurodiversity theory. *Autism* 28(6), pp.1591-1594.

76 https://www.turn2us.org.uk/Benefit-guides/Personal-Independence-Payment/What-is-PIP

77 Department for Education (2011) *Short breaks for carers of disabled children: Departmental advice for local authorities*. Available at: https://assets.publishing.service.gov.uk/media/5a7c1b1fe5274a1f5cc75d1d/Short_Breaks_for_Carers_of_Disabled_Children.pdf

78 https://www.autism.org.uk/advice-and-guidance/topics/behaviour/stimming/all-audiences